Annual Report
2015 - 2016

Mental Health Commission of New South Wales

Mental Health Commission of New South Wales

The Hon. Pru Goward MP
52 Martin Place
Sydney NSW 2000

Dear Minister Goward

I am pleased to submit the Annual Report of the Mental Health Commission of New South Wales for the year ended 30 June 2016.

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 2016

Contents

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 advises Aboriginal and Torres Strait Islander readers that this report may contain images of people who have passed away.

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

Welcome to the Annual Report of the Mental Health Commission of New South Wales for 2015-16.

This year the *Living Well* reforms became deeply embedded in systems and services, making a real difference to people who experience mental illness and inspiring those who work to support them.

Living Well: A Strategic Plan for Mental Health in NSW: 2014-2024 has proven to be a potent catalyst for change and a manifesto of hope for mental health consumers, and their families and carers, across this state.

It has become a by-word for positive change and I am delighted to see a number of Local Health Districts (LHDs) develop mental health plans for their regions, which take *Living Well* as their blueprint and play out its principles according to the particular needs of their communities.

The Government's $115 million extra investment in community-based mental health programs in support of *Living Well* is flowing through to LHDs, which report these enhancements are making a real difference to their ability to provide timely and sufficient services in their communities. Community living supports, whole family teams and specialist services for older people have all expanded as a consequence.

Of course, in-patient mental health services have an important role to support people intensively in times of acute crisis. But by backing this modest but significant increase in services based fully in the community, the Government has taken a significant step towards a different future: an expectation that such crises will be averted as far as possible so that, whatever their challenges, people can live their life meaningfully, with family and friends around them, according to their own choices.

Nowhere is this clearer than in the Ministry of Health's excellent Pathways to Community Living Initiative (PCLI), a response to a central *Living Well* recommendation that has already seen many people move from long term institutional care into homes in the community. Many of these people, who had lived in hospitals for an average 14 years, have now moved into aged care facilities where they are supported alongside their peers.

This program is transforming people's lives, and it also carries a symbolic weight: it says that we must never again tolerate a situation where people are separated indefinitely from the life of the community. I look forward to seeing younger cohorts of long-stay patients progressively move into supported homes during the next phase of PCLI.

The Mental Health Commission Act 2012 requires the Commission to report on the implementation of

Living Well, and *One Year On*, its first progress report, was released in February 2016. It identified some stand-out projects like PCLI despite a generally slow start, partly attributable to the interruption caused by the state election in March 2015. *One year on* also highlighted where further action is needed to realise *Living Well*.

Under its establishment Act, the Commission is also able to undertake mental health research, innovation and community education. In 2014-15, the Commission received an additional $1.8 million from the Government, to fund during that year and 2015-16 research projects which are foundational to reform. This grant was drawn from the $5 million difference between the initial $30 million commitment made by the Government on the Commission's establishment for its first three years of operation, and the recurrent funding it actually received during this period. (The Government allocated the remainder to other reform-related activities.)

The Commission invested in nine projects, most of them with NSW researchers and implementation specialists, to bring innovative ideas rapidly into practice.

Among these, the Commission funded the National Health & Medical Research Council's Centre of Research Excellence for Suicide Prevention (CRESP) and Black Dog Institute to assess how a "systems approach" to suicide prevention – in which effective strategies are applied simultaneously in an integrated model – could work in NSW. On the basis of the Commission's ground-breaking work, the Paul Ramsay Foundation in December 2015 agreed to commit $14.7 million to bring these ideas into reality, with a four-site trial to run over six years – and the potential to save many lives.

The Wellbeing Collaborative NSW, funded in part through the same special grant, has gone from strength to strength, with 18 members in its Strategic Leadership Group and another 130 members registered with the related Network. Together they are promoting the use of Mental Wellbeing Impact Assessments, to ensure agencies can plan systematically for positive mental health in all their programs, policies and workplaces.

The Commission launched an online hub which translates research knowledge about peer workers – who bring their lived experience to formal roles – into an accessible set of tools for would-be employers.

Further projects include: the mapping of mental health services according to a rigorous University of Sydney methodology, which is now being rolled out across multiple LHDs following successful demonstration in Far West NSW and Western Sydney; and the development by the University of New South Wales of a formal network of centres that perform electroconvulsive therapy (ECT), to ensure consistent, quality practice across NSW.

All these projects have resulted in sustainable innovation transfer, with the Commission's involvement decreasing over time as the work continues under the guidance and investment of others. When I look to 2016-17, though, I am less sanguine that we can continue the model that we have pioneered. The Commission has received no enhancement funding for the year ahead and its discretionary capacity has been reduced. My staff will continue to work energetically and creatively to support mental health reform, but their effectiveness will inevitably be limited if the Commission is unable to invest in the best ideas.

When the Commission itself undergoes statutory review in 2017, after its first five years of operation, I hope its important contribution to the mental health of the people of NSW will be clear. And I hope the Commission continues to receive both moral and financial backing to continue its work until we can truthfully say that our vision has been achieved: that the people of NSW have the best opportunity for good mental health and wellbeing and to live well in their own community and on their own terms.

John Feneley

About the Commission

Our role

"The Commission has a particular responsibility to consult with and represent the views of people with lived experience of mental illness, and their families and carers."

The Mental Health Commission of New South Wales was established in 2012 for the purpose of monitoring, reviewing and improving the mental health system and the mental health and wellbeing of the people of NSW. It does not purchase or deliver any mental health services, but works instead by advising Government and influencing the community-managed and private sectors and the wider community to promote good policies and practices that make a positive difference in people's lives. It achieves this through partnerships, collaboration and dialogue.

The Commission has a particular responsibility to consult with and represent the views of people with lived experience of mental illness, and their families and carers. In all its work it embeds the principle of recovery – the idea that people who live with mental illness are not defined by it, and are able to choose the services or other supports they need to live well in their own communities and on their own terms. The Commission recognises the citizenship of people whose lives are affected by mental illness and is dedicated to guiding NSW away from its history of stigma and discrimination.

Under its establishment legislation, the Mental Health Commission Act 2012, the Commission must particularly consider the views and needs of Aboriginal communities, of people who live in rural and regional NSW, and of culturally and linguistically diverse communities. The Commission regards its consultation with the community not as an isolated activity but as a continuing conversation that allows it to bring people's ideas and experiences into the heart of its advice to government.

Under its Act, the Commission was required to develop a draft strategic plan for mental health in NSW. In May 2014 it delivered ***Living Well: A Strategic Plan for Mental Health in NSW 2014-2024***, which was adopted by Government in December 2014. Since then the Commission has continued to work with Government and the community to ensure NSW derives the greatest possible benefit from the ***Living Well*** commitment. Through monitoring, reporting, reviewing, research, advocacy, innovation, influencing, education and knowledge sharing, the Commission supports progress towards the directions and actions of ***Living Well,*** which will be progressively realised over the strategy's 10-year horizon.

A vision of better mental health and wellbeing, for people whose lives are affected by mental illness and for the whole NSW community, is at the heart of all the Commission's work.

Purpose

To drive reform that improves the mental health and wellbeing of the people of New South Wales.

Vision

The people of New South Wales have the best opportunity for good mental health and wellbeing and live well in their own community and on their own terms.

Guiding principle

We will be guided by the lived experience of people with a mental illness and their families and carers in all that we do.

Values

- Leadership
- Independence
- Innovation
- Integrity
- Courage
- Hope

Pictured from left to right: The Hon. Pru Goward MP, Minister for Mental Health, NSW Deputy Mental Health Commissioner, Fay Jackson, NSW Premier Mike Baird, The Hon. Scott Farlow MP, Chair of the Parliamentary Friends of Mental Health, NSW Mental Health Commissioner John Feneley

Highlights 2015


Mental Health Month at Parliament House


Consumer Led Research Network


Sandra Morgan

Minister visits the Commission


Gayaa Dhuwi Declaration launch

July The Hon. Pru Goward MP, Minister for Mental Health visited the Commission office at Gladesville.

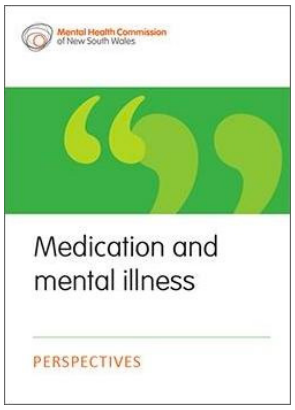
August ***Gayaa Dhuwi (Proud Spirit) Declaration*** launched. The Declaration calls for increased Indigenous leadership in Australia's mental health system.

September Community Champion Award presented to Sandra Morgan for her outstanding work leading the relocation of 20 people who were long-stay mental health patients from Kenmore Psychiatric Hospital in Goulburn to community-based accommodation.

October Mental Health Month showcase at Parliament House. The Commission joined with the NSW Minister for Mental Health and community based service providers to bring Mental Health Month to the Parliament of NSW.

November The Consumer Led Research Network hosted 80 consumer researchers, service providers and academics at a forum about consumer perspectives in research.

December ***Medication and mental illness: Perspectives*** paper released - exploring the challenges and opportunities presented by medication as a treatment for mental illness.



Highlights 2016

January Submission to Arts and Health Taskforce - showcasing how the Commission promotes and fosters the integration of art and mental health.

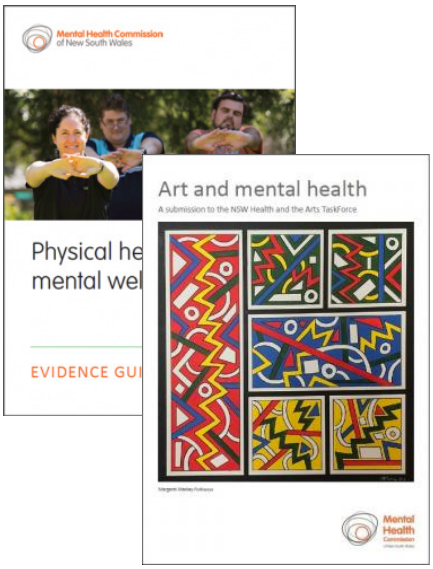
February *One year on* report released - focussing on the implementation of Living Well and the notable achievements that have been made towards its overall objectives.

March Dr Sandra Steingard presented at a free public lecture on the features and benefits of 'slow psychiatry'.

April Launch of *Physical Health and Mental Wellbeing: an Evidence Guide*, which guides policy and program leaders in improving the physical health of people who experience severe and persistent mental illness.

May South Western Sydney Wellbeing Collaboration, and the Five Ways to Wellbeing strategy that underpins it, were launched at Liverpool Hospital.

June Emerging mental health leaders learned techniques to translate evidence-informed research and knowledge into effective programs at SPARK training workshops.




SPARK training graduates


Dr Sandra Steingard


South Western Sydney Wellbeing Collaboration

Our work

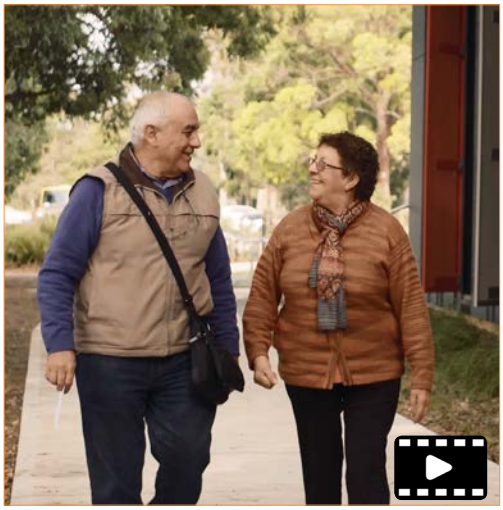
An influential commission

The Commission has no role in the provision of mental health services. All of its impact therefore is based on how it influences other government agencies, the community-managed sector and the community more generally to make positive changes that improve the mental health system and the mental health and wellbeing of the people of NSW. Its most obvious influence is through the Government's adoption of *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024*, and its progressive implementation of the 10-year reform agenda.

But the Commission works in many additional ways to spark the ideas, develop the evidence, seed the projects and foster the relationships that make change possible. This work is described in detail in the pages of this report – with a focus on the work that the Commission leads or directly funds.

However the *Living Well* reforms are really about **creating consensus and momentum for change**, and 2015-16 saw an upsurge in new work undertaken by others, with reference to *Living Well* but without the direct involvement of the Commission. This is a powerful indicator of the success of the reform principles, which clearly resonate in the community, and of their sustainability. The following are just a few examples:

- South Western Sydney Local Health District (SWSLHD) has developed the ***Five Ways to Wellbeing*** strategy, which was launched in May 2016 and responds directly to *Living Well*. In related work, SWSLHD held a Wingecarribee Wellbeing Forum, which provided an opportunity for key stakeholders and community members in the Wingecarribee to identify population groups in particular need and explore possible strategies to improve mental health and wellbeing in these communities.
  This Community Wellbeing Forum model will be replicated in other local government areas in South Western Sydney to ensure a consistent approach to population planning for wellbeing across the district
- In 2014-15 the Commission funded the University of Sydney to develop a **Mental Health Atlas of Far West NSW**, which for the first time offered policy-makers and planners a consistent way to classify and geo-locate the range of mental health services available in the region across health, social care, education, employment and housing. This information is essential as Commonwealth and State reforms in mental health and the roll out of the National Disability Insurance Scheme require major changes to systems and services. The pioneering concept has been



Orlando Sandoval and Nadia Rivera, members of the Spanish Speaking Choir, benefit from the 5 Ways to Wellbeing strategy implemented by SWSLHD.

adopted across NSW and Australia, including in the metropolitan Sydney area which will be fully mapped by July 2017. Regional atlases are under development in the ACT, Victoria and Queensland, while the Western Australian Ministry of Health is funding the mapping of all services in Western Australia.

- In 2014-15, the Commission contracted the University of New South Wales to develop a network of hospitals that conduct electroconvulsive therapy (ECT), to contribute to a world-first clinical database with potential to identify the safest and most effective approaches to ECT, and to train clinicians in their use. The **Clinical Alliance and Research in ECT (CARE) network** conducts research into the relationship between different modes and doses of ECT and consumer responses. Thirty-two Australian hospitals participate, including 17 in NSW, and 75 NSW clinicians have been trained in cognitive testing for ECT consumers. Benchmarking has confirmed that ECT is effective and results in a substantial improvement in quality of life, but also that there is considerable clinical variation in ECT practice and outcomes. By improving data collection and analysis there is real potential for the CARE network, which has expanded to hospitals in Singapore, Spain and Belgium, to further improve clinical services and reduce variation in clinical practice.

Advising and informing

- The Commission contributes to the development of good practice in relation to mental health consumers across the whole spectrum of Government and community support sector activity by providing **policy advice** across a range of participation mechanisms. During 2015-16 the Commission made **written submissions** to policy processes and reviews, including:
  - the Commonwealth Standing Committee on Community Affairs Inquiry into Indefinite Detention of People with Cognitive and Psychiatric Impairment in Australia
  - the call for preliminary views by the NSW Law Reform Commission for its review of the Guardianship Act, and
  - the NSW Department of Justice's consultation in relation to the introduction of children's champions and pre-recording of evidence in child sexual abuse matters involving child witnesses
  - the NSW Taskforce on Health and the Arts in relation to the role of art in supporting mental health recovery
- The Commission entered into a Memorandum of Understanding/ information sharing agreement with the **Mental Health Review Tribunal** in September 2015 to identify systemic issues facing the current mental health system and promote collaboration.
- The Commission continues to co-chair with Legal Aid NSW the **Health Justice Partnerships Community of Practice**, which promotes and supports the establishment of Health Justice Partnerships in NSW and builds the evidence base for these initiatives. Recognising the complexity of disadvantage, Health Justice Partnerships bring together health and legal services to provide integrated, person-centred services for individuals, and to advocate for systemic change.
- The Commission continued to chair the Transition Committee that is monitoring the NSW Institute of Psychiatry's (NSWIOP) transition to the Health Education and Training Institute (HETI) following the Commission's 2013 review. In 2015-16 all NSWIOP education staff transferred to HETI; HETI applied to Tertiary Education Quality Standards Agency to continue to offer higher education courses; and governance and advisory structures were established.

The Commission in the community

The Commission has a unique opportunity to ensure the needs and wishes of people across NSW are heard by Government so that they can inform mental health policy and planning. The Commissioner, Deputy Commissioner and Commission staff travel frequently within the state, to talk with agency representatives, local government, community managed organisations, consumers, carers and members of the community, observing first-hand the things they are doing to respond to local needs.

Community Visits

Each year the Commission makes a series of extended **community visits**, in a structured program that yields an in-depth understanding of their particular issues. Through private and public meetings, the Commission learns about opportunities and barriers in progress towards the *Living Well* reforms, investigates service innovations that may have potential be replicated elsewhere in NSW, and develops relationships with individuals and services in those areas in order to start a continuing conversation about their experiences.

After focusing on rural communities in 2013-14 and 2014-15, the Commission turned its attention in 2015-16 to regions within and closer to Sydney, making visits typically of two or three days' duration to **Western Sydney**, **Nepean and the Blue Mountains**, the **Central Coast**, and **South West Sydney**.

The Commission teams met with Local Health District and other agency leaders, facilitated community conversations about current issues including the National Disability Insurance Scheme, and hosted informal gatherings with consumer and carer groups.

They saw encouraging evidence of change, with many Government and community sector agencies using *Living Well* as a template for the reorientation of programs and services to focus more sharply on consumer values and recovery. The visits also highlighted a continuing need for information and support, particularly for smaller organisations as they navigate a complex and changing mental health policy landscape at both NSW and Commonwealth levels. Video profiles were created of some of the excellent projects and organisations the Commission visited, and these are available on the website.

The Commission sincerely thanks all those who warmly and generously welcomed its staff.

Individual district reports from the community visits are published on the Commission's website.


1


2

1. Peer workers Ian Dennis (left) and Trent Kilby (right), discussing the importance of peer work at a Commission forum in Nepean and the Blue Mountains
2. Adrian Marsh at Lerida House, which is run by Mental Health Carers NSW on the Central Coast
3. Julie Robotham, Director of Strategic Operations and Communications at the Commission, meets with local mental health service users in Katoomba
4. The Spanish Speaking Choir performs in South Western Sydney
5. Discussion about the National Disability Insurance Scheme in Terrigal, on the Central Coast
6. Nepean Blue Mountains residents enjoy a Yulefest community dinner and screening of mental health videos in Katoomba

Aboriginal people and communities

- The Commission seeks at all times to be respectful of **Aboriginal people and communities**, and to ensure their holistic perspectives about social and emotional wellbeing are embedded deeply in its work. During NAIDOC week In July 2015 the Commission signed a Memorandum of Understanding (MoU) with the Aboriginal Health and Medical Research Council (AH&MRC) formalising the important relationship of the two organisations. The MoU recognises the shared commitment to promoting positive partnerships for mental health reform and improving the mental health and social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples of NSW. The MoU recognises the complementary roles of the Commission and AH&MRC and provides a platform for future collaboration.

  The Commission continued to provide administrative and strategic support to the **National Aboriginal and Torres Strait Islander Leadership in Mental Health** (NATSILMH) group, including in its development of the ***Gayaa Dhuwi (Proud Spirit) Declaration***, which was launched in August 2015, calling for increased Indigenous leadership in Australia's mental health system.

  A staff member attended the inaugural Aboriginal and Torres Strait Islander Suicide Prevention Conference in Alice Springs in May 2016, which brought together experts and members of Aboriginal and Torres Strait Islander communities to discuss how Aboriginal communities can work to decrease the tragedy of suicide, which occurs at twice the rate of non-Aboriginal people.

  The Commission's internal cultural respect program included in-house commemoration of Closing the Gap Day and Sorry Day.

Culturally and linguistically diverse communities

- **People from culturally and linguistically diverse backgrounds** experience mental distress at higher rates than other people in the community. They may have experienced war, bereavement and other traumas, and cultural attitudes and stigma may inhibit them from seeking mental health support. When they do seek support it may not be readily available in their community language or in a culturally appropriate context. In September 2015 the Commissioner participated in the Together4Hope Walk in the culturally diverse community of Auburn, in Sydney's west, which was held to coincide with World Suicide Prevention Day and RUOK? Day. The Commission developed a film from the event, featuring people from a wide variety of cultural backgrounds offering a message of hope and encouragement about mental health in their community languages.
- The Commission worked with the Transcultural Mental Health Centre and Hunter Institute of Mental Health to develop a new ***Conversations Matter* resource for discussing suicide,** tailored to professionals working with culturally and linguistically diverse communities.

Living well in many languages: Together 4 Hope Walk

Living well@work community event

To increase awareness of mental health issues and to help reduce stigma and discrimination, each year the Commission produces a large-scale event to which the whole community is invited.

More than 200 people gathered at Parramatta's Riverside Theatre in May to discuss how employees and employers can best manage mental health issues in the workplace.

The panel conversation, ***Living well@work,*** was facilitated by ABC journalist Natasha Mitchell. It featured lawyer John Canning and hydrologist Mark Jacobsen, who shared their lived experience of mental illness and how they navigated work during times of distress.

Host Natasha Mitchell with panellists Sam Harvey, Rachel Clements, John Canning and Megan Kingham.

Mark Jacobsen spoke about his recovery

"Part of my recovery was overcoming self-stigma before sharing my story at work," Mr Canning said. "I've had great support from my colleagues and my workplace. I believe people do care."

Mr Jacobsen's employer was instrumental in helping him identify that he was unwell and needed assistance. "I didn't know at the time but I was having a morning of severe anxiety and panic. My supervisor initiated a conversation with me and was understanding," Mr Jacobsen said.

The panel canvassed other ways employers can assist someone who is experiencing a mental health issue. "The greatest indicator for wellbeing at work is supportive leadership," said organisational psychologist, Rachel Clements. Megan Kingham, manager of Health and Wellbeing at Optus, shared the employer's perspective. "With technological changes and increased flexibility around work, our jobs are impacting on our private lives much more than they used to. How can we then not expect our private lives to impact on our work?"

Researcher and psychiatrist Associate Professor Sam Harvey said clinicians need to change their treatment approach. "What people actually need to do is say to their treating clinician that work is an important part of getting well and the clinician needs to factor that into the recovery plan", he said.

The 90 minute event included much input from consumers and carers, as well as from organisations including Mates in Construction, Western Sydney University, RichmondPRA and SANE Australia. It was recorded for future television broadcast.

A packed house in Riverside Theatre, Parramatta

The Commission has created a **library of videos** and other user-friendly resources, freely available online to support community understanding of the *Living Well* agenda, and mental health service provision. The videos are intended for use by the Commission and its partners, for display at public events, embedded in websites, and many other purposes. They include:

- Mental health consumer and carer experiences of the introduction of the National Disability Insurance Scheme to support people with a psychosocial disability
- Mental health peer work, from the perspectives of peer support workers and leaders
- A film for healthcare providers about how to respectfully take account of the views of consumers in prescribing medications for mental illness.

www.youtube.com/user/NSWMHCommission

National Disability Insurance Scheme (NDIS) - mental health perspectives

The Power of Peer Work

Medication and mental illness

The ***Living Well: ideas learning conversations*** brand was developed to support the Commission's growing series of public speaker events. International guest experts have proven extremely popular, with consumers and carers joining clinicians and professionals to hear about mental health practice and reform initiatives overseas. Their experiences help shape a positive and realistic conversation about change in mental health services and how they can be successfully implemented.

The Commission was delighted to host free public presentations from:

- Dr Christopher Gordon and Brenda Miele Soares from non-profit organisation Advocates to share how they adapted the progressive mental health support technique Open Dialogue, developed in Scandinavia, for use in Massachusetts, USA;
- Dr Sandra Steingard, a psychiatrist at the Howard Center in Vermont, USA, who spoke about the features and benefits of 'slow psychiatry', an approach adapted to the needs of individuals.

The public presentations are made available on video, to extend the debate they generate broadly across the whole community.

The Commission also engages very actively with the community via its website, print and electronic reports and publications, specialist and mainstream media and monthly enewsletter which at the end of June 2016 had 1361 subscribers.

Living Well
ideas · learning · conversations

The Commission's Twitter page had 2,479 followers, and its Facebook page was 'liked' by more than 1,200 people. It also has a YouTube channel and LinkedIn presence. Through these channels the Commission tells stories of recovery and promotes its own and its partners' work to a very wide group of highly engaged people across NSW and beyond.

Dr Sandra Steingard

Mental Health Month 2015

Mental Health Month is celebrated each October to raise awareness of mental health issues and promote mental wellbeing across the whole community. In NSW it is led by WayAhead, a community-managed organisation that is grant funded by the Commission to promote positive mental health and combat stigma. In October 2015, the Commission marked Mental Health Month with an intensive series of public and media events and opportunities:

- Deputy Commissioner Fay Jackson appeared in a special edition of the ABC's Q&A current affairs show devoted to mental health.
- The Commissioner, John Feneley, published an opinion piece in the *Sydney Morning Herald*, under the headline: Severe mental illness is hard to witness, most of us avert our eyes.

1. Deputy Commissioner Fay Jackson appeared on a special mental health edition of the ABC's Q&A
2. The Commissioner and staff join in Schizophrenia Fellowship's Wellness Walk across Sydney Harbour Bridge
3. The Hon Scott Farlow MP, Chair of the Parliamentary Friends of Mental Health

- A barbecue and showcase was held in Parliament's Speaker's Garden, with 21 mental health service providers who receive funding from the NSW Government on hand to present programs offered across the life course and for different areas of need such as substance use, homelessness and unemployment. The objective was to highlight for MPs and their staff the quality, breadth and capacity of NSW's community-based mental health sector. The Premier, Mike Baird, welcomed the participants and spoke movingly of his appreciation for community-based support services in his local area, and of his family's experience with mental health issues.

4

5

7

6

4. The Minister for Mental Health, The Hon. Pru Goward MP, learns about the work of Tharawal Aboriginal Corporation
5. Pamela Rutledge, CEO of RichmondPRA in the frame for social media
6. The NSW Premier, The Hon. Mike Baird MP, thanks community mental health organisations for their work
7. Commission show-bags and a snag sanger at a barbecue in the Speaker's Garden of the NSW Parliament

Improving the journey for people who use mental health supports

The services used by people who experience mental illness – not just health care but many others including education, housing and family services – often have not been designed with the needs of mental health consumers clearly in mind.

The *Living Well* blueprint offers a unique opportunity to make positive change across the full range of Government services. This year the Commission led or funded a number of projects aimed at delivering integrated services that conform better to people's needs – either by better understanding those needs or finding innovative ways to address them.

- **Synergy NSW Trial** – the Commission partnered with the Young and Well Cooperative Research Centre to trial an online system of tools and applications to improve the mental health and wellbeing of young people. The trial engaged young people in three NSW communities (Far West, Western Sydney and Central Coast) in a participatory design approach to the Synergy system. The trial also customised and integrated three key e-mental health tools and services - ReachOut Next Steps, Happiness Central and Mental Health e-Clinic - into the Synergy system and developed and delivered an education and training program to promote the use of technology and the uptake of the e-mental health ecosystem in professional practice.
- As at 30 June 2016, the trial was half complete and was expected to run until the 30 September 2016. At the end of this time the trial data will be collated and analysed to inform a report on the experiences of the young people who engaged with the system.
- The Commission is a partner in a project led by the University of New South Wales and funded by the National Health and Medical Research Council, focused on ***Improving the Mental Health Outcomes of People with Intellectual Disability***. Two key components - data linkage to better understand current access of mental health services by people with an intellectual disability, and a review of current policy at national and state level – were completed in 2015-16. In 2016-17 the focus will be on data analysis and feeding back to State and Commonwealth governments the findings of the policy review.
- The Kirby Institute at the University of New South Wales was engaged to undertake a long-term research project on the **population impact of mental illness on offending behaviour in NSW**. Reporting will be informed by a data linkage study drawing on information from NSW Health, the NSW Bureau of Crime Statistics and Research and Corrective Services NSW. During 2015-16 the major data sets were linked. In 2016-17 the focus will be on linking of further data sets and preliminary data analysis to support the release of initial headline findings.
- The Commission partnered with Mental Health Co-ordinating Council to update the ***Mental Health Rights Manual***, an online guide to the legal and human rights of people navigating the mental health and human service systems in NSW, which was released to coincide with commencement of the amendments to the NSW Mental Health Act in August 2015.
- It can take decades for even the strongest research evidence about mental health service provision to filter into routine practice. Australia is one of eight member countries of the **International Initiative for Mental Health Leadership (IIMHL)**, a network

of government agencies, organisations and individual mental health leaders which aims to reduce this bottleneck by sharing insights into the implementation of programs that respond in new ways to the mental health needs of people and communities. The Commission, in partnership with the NSW Ministry of Health, will host IIMHL's Leadership Exchange in Sydney in February 2017, themed ***Contributing lives, thriving communities***. Planning for this event, which more than 300 people from around the globe are expected to attend, progressed substantially in 2015-16. A governance structure was established and more than 30 two-day site visits planned across Australia and New Zealand, after which delegates will converge on Sydney for their combined meeting, with prominent speakers and large-scale facilitated discussions. This national project is being planned in a cooperative and consultative way across jurisdictions and sectors, and the Commissioner, John Feneley, is currently the Chair of the IIMHL's Sponsoring Countries Leadership Group. Mr Feneley attended the Vancouver Leadership Exchange in September 2015, where he formally accepted Sydney's nomination as the next host. The NSW Minister for Mental Health, the Hon. Pru Goward, MP, welcomed IIMHL members to Sydney via a video screened

at the close of the Vancouver conference.

- In partnership with the National Mental Health Commission, the Commission hosted a two day knowledge exchange training course, known as **Supporting the Promotion of Activated Research and Knowledge (SPARK)**, which like the IIMHL focuses on bringing evidence-informed innovations in mental health more rapidly into practice. The training was delivered by the Canadian Mental Health Commission to 30 emerging mental health leaders from across Australia, who gained new insights and skills in fostering strong collaborations across sectors, engaging deeply with stakeholders and summarising their proposal into a one-minute 'elevator pitch'. The SPARK graduates include early and mid-career leaders in Aboriginal social and emotional wellbeing, occupational therapy and psychiatry, and several consumer and carer leaders, from the Government, community-managed and private sectors. They are expected to attend the IIMHL in Sydney in 2017, applying their learning in the meeting and bringing new knowledge into their networks and organisations.

Emerging mental health leaders gather for SPARK training

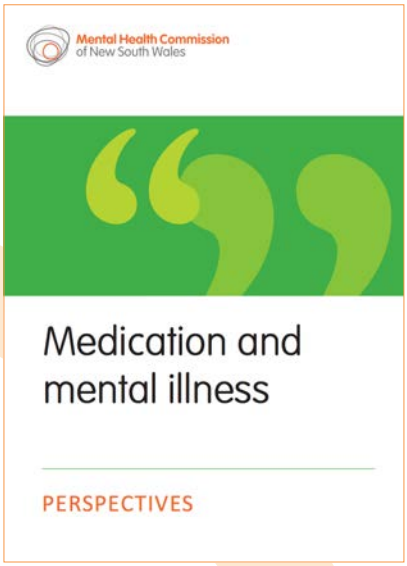
Amplifying the voice of lived experience

People who live with mental illness, and their families and carers, know the systems of mental health support best and can give unique advice about what matters most. At the same time, there is a growing recognition of the value of employing people with lived experience of mental illness or of caring for someone with a mental illness as peer workers, embedding this experience within the formal service response in person-to-person support roles and also in advisory and management capacities.

In all its work, the Commission is guided by the lived experience of people with mental illness. The Commission promotes policies and practices that recognise the autonomy of people who experience mental illness and support their recovery, emphasising their personal and social needs and preferences as well as broader health.

During 2015-16, the Commission developed its lived experience perspectives into a major program of work that is having significant influence across the mental health and social services sectors.

- The Commission released its report ***Medication and mental illness: Perspectives*** in December 2015. This report explores the challenges and opportunities presented by medication as a treatment for mental illness, primarily from the perspective of consumers and carers. The report advocates for change in how GPs, psychiatrists and pharmacists engage with consumers around medication, including more complete exploration of alternative treatment options, better disclosure and monitoring of side-effects, respectful engagement including consideration of language and other barriers to understanding, and more consideration of the impact on personal finances. The report was presented at the NPS MedicineWise biennial symposium, and a short film was also produced about its key findings. Further engagement with clinicians is planned for 2016-17 around safe and effective medication use.

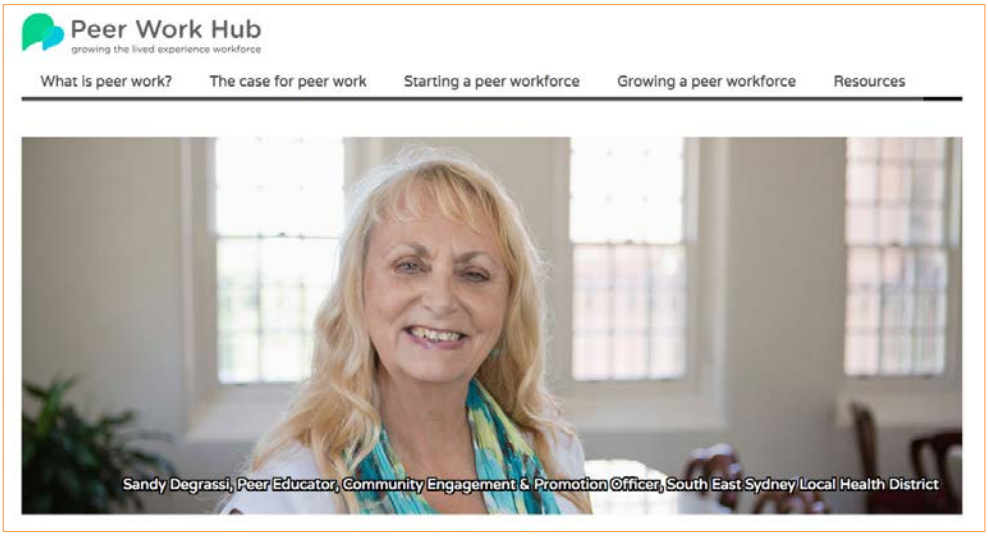


- A scoping study was undertaken to identify the key focus areas for a **systemic review into consumer and carer participation in mental health reform**.

- In 2016 the Commission established a **Lived Experience Steering Group** of people with lived experience. On the principle of maximising the autonomy and control of mental health consumers, the Commission did not direct the group's work but instead asked the participants to develop ideas for a project on the broad topic of consumer participation, influence and leadership, and offered secretariat support and administrative assistance, provided by staff who themselves have a lived experience. The group opted to prioritise development of a **framework for consumer and carer participation, influence and leadership**, and successfully completed initial consultations with about 150 NSW consumers and a smaller number of carers, including face-to-face sessions in Sydney and Lismore as well as an online survey. The next phase of the project will be the development of the framework, which will provide a consumer and carer led guide for government and community agencies on how to achieve meaningful consumer and carer participation, influence and leadership in their organisations. The work demonstrates the feasibility of consumer and carer led and run projects, operated at arms' length from the Commission's regular work streams. A carer steering group will be established in 2016/17 to undertake a carer led project, modelled on this success.
- The **Peer Work Hub**, launched in May 2016 and based on a review of research and resources prepared by Craze Lateral Solutions, brings together the case for peer work with practical resources for employers to initiate and/or grow and strengthen a peer workforce. The Hub is an online resource for employers and provides evidence and advice for employers on how and why they should develop a mental health peer workforce within their organisation – a key priority in ***Living Well***. It includes powerful video testimonials from peer workers themselves and their employers.

  The Peer Work Hub comprises three components:

  – A Business Case, outlining the latest Australian and international evidence on how and why mental health, community services and care organisations benefit from the inclusion of peer workers
  – A Toolkit that addresses the practical elements of peer workforce planning, recruitment, supervision and evaluation.
  – Language Guides that explain specialist terms often used in the peer work sector.



Celebrating the role of art in living well

A series of exhibitions featuring artwork on the subject of wellbeing graced the walls of the Commission's Gladesville premises this year, illustrating a commitment to promoting the importance of living well, breaking down the stigma around mental illness and giving a voice to people living with mental illness.

Sunflower with her artwork, *Planets of Pain,* Recovery in Art exhibition

In June 2016 the Commission worked with the Benevolent Society to bring another ***See Me Hear Me*** art exhibition to the Gladesville office - the fifth in a series that has been displayed in the office. The Commission welcomed the Benevolent Society and artists from the Campbelltown and Fairfield areas, almost all of them self-taught.

Pieces from Being's 2015 ***Recovery in Art*** exhibition went on display in December 2015, featuring artworks by people with a lived experience of mental illness. The exhibition recognised the important role played by art practice in the recovery journey for some people, and the artists visited the Commission to celebrate its launch.

That followed the temporary display in November of works from Sydney Local Health District's inaugural ***Living Well Photography Competition***. The competition was open to residents and employees of the District and was held to mark Mental Health Month. Submissions captured representations of wellbeing, resilience, purpose or happiness and all related to the competition theme of ***Living Well, Mental Health***.

The exhibitions have proved to be very inspiring for Commission staff, but also for those visiting the Commission for meetings. The artist statements that often accompany the works give a window into the lived experience of the artists and can be exceptionally moving. Debra Beale, the creator of ***Trauma Trails*** featured in the Recovery in Art exhibition, wrote in her artist statement: "My artwork through the years has always been a therapy for me. This allows me to stay on my spiritual journey creating new song lines for self and my children and children to come... This year 2015 the works I have created helped me through my healing process to be grounded and focus on my health and wellbeing."

The Commission believes art is very important to mental health and made a submission on this subject to the NSW Taskforce on Health and the Arts.

- The Commission has continued its partnership with the Butterfly Foundation, completing the **Insights in Recovery** project in 2015-16. The project, a consumer-informed guide for health practitioners working with people with eating disorders, includes lived experience narratives from which key messages for clinicians have been derived. The project distilled the following messages that people with lived experience wanted to share with health professionals:
  - Let's develop a shared understanding of recovery
  - Help me to talk about my eating disorder
  - Help me to feel safe
  - Be aware of the words you use
  - Help me to find my identity
  - Help me to make safe choices
  - Help me to find heathy support for recovery
  - Learn with me.

The Guide will be launched during 2016-17.

- The Commission continued to provide secretariat support to the **Consumer Led Research Network**, established to promote, support and undertake consumer led research activities in NSW and chaired by Deputy Commissioner, Bradley Foxlewin. In partnership with the Community Mental Health and Drug and Alcohol Research Network, a partnership between the Mental Health Coordinating Council and the Network of Alcohol and other Drugs Agencies, the Network held a forum in November 2015 under the banner ***Enabling consumer-led and co-production research in a world that's not used to it***. Keynote speakers and workshop facilitators explored topics including what consumer-led research looks like in the mental health and drug and alcohol sectors, how meaningful co-production can be achieved, and what research methods and values are important in consumer-led research.
- In partnership with the NSW peak body for mental health consumers, Being, and with advice from the NSW Mental Health Consumer Workers' Committee, the Commission supports the staging of the annual **Consumer Workers' Forum**, which offers an important professional development opportunity. This year's Forum was held in November 2015 and heard from mental health leaders and mental health consumer workers from across Local Health Districts. Workshops covered career building, boundaries, systemic advocacy and peer work with diverse populations.

Consumer Led Research Network forum

Preventing suicide

Suicide and attempting suicide are the most devastating consequences of mental distress. We know suicidal behaviour results from interaction between many factors in a person's life, including their social and economic circumstances and their culture and individual history. A wealth of evidence shows suicide can be prevented through strategies aimed at individuals and entire communities.

The Commission has a clear commitment to rigorously understanding the causes of suicide and the best means for preventing it, for the whole community and for groups that are affected by suicide at much greater rates than others.

- In August 2015 the Commissioner launched the ***Proposed Suicide Prevention Framework for NSW*** at a National Suicide Prevention Summit at Parliament House in Canberra. The work was funded by the Commission and developed by the National Health and Medical Research Council's Centre of Research Excellence in Suicide Prevention (CRESP) with the Black Dog Institute. The framework identified a 'systems approach' to suicide prevention: nine strategies for application in parallel at a local or regional level to reduce the number of suicides - including reducing access to lethal means, making available school-based peer support, improving mental health literacy, offering gatekeeper training for those such as teachers, clergy and social workers who are likely to be in contact with high risk individuals, offering phone and online counselling to people who have made a previous suicide attempt or are in current crisis through, and increasing training for hospital emergency department staff.
- Based on that foundational work, in December 2015 the **Paul Ramsay Foundation made a $14.7 million donation** to the Black Dog Institute, the largest ever philanthropic contribution to suicide prevention in Australia, to trial the approach in four NSW communities over six years, commencing in late 2016.
- In February 2016, the Commission convened its inaugural **Suicide Prevention Advisory Group** meeting, comprising public, industry and community sector leaders, including those with lived experience of suicide, to strengthen the planning, monitoring and co-ordination of state-wide suicide prevention efforts – in the fulfilment of a key action identified in ***Living Well***. The inaugural meeting, co-chaired by NSW Mental Health Commissioner John Feneley and Dr Karin Lines from the NSW Ministry of Health, focused on the upcoming systems approach trial. The Advisory Group will meet twice a year, providing expert advice to the Commission on issues relating to suicide prevention.

First meeting of the Suicide Prevention Advisory Group

- In October 2015 the NSW Minister for Mental Health, the Hon. Pru Goward MP launched ***Communities Matter: suicide prevention for small towns and communities***, a practical online resource for local communities to use to help prevent suicide. Developed through a partnership between the Commission and Suicide Prevention Australia, and based on extensive consultation across the state, the resource helps community groups apply evidence-informed strategies to prevent suicide and combat stigma. ***Communities Matter*** is freely available as an online resource and includes:
  - Guidelines on how to set up and run a local suicide prevention action group
  - Stories from existing action groups
  - Resources including fact sheets, sample documents and templates
  - Opportunities to connect with like-minded community leaders
  - Information on how to help as an individual.
- A ***Supporting CALD communities to talk about suicide*** resource, which provides information for health professionals to guide safe and appropriate discussions about suicide with culturally and linguistically diverse (CALD) people and communities, was launched in April 2016. The resource was funded by the Commission and developed in partnership with the Hunter Institute for Mental Health and Transcultural Mental Health Centre NSW. The resource forms part of the online ***Conversations Matter*** suite of resources to support safe and effective community discussions about suicide and follows the identification in ***Living Well*** of a need for a stronger multicultural mental health workforce and the development of mental health and suicide prevention policies, tools and health promotion resources for CALD communities.
- The Commission continued to work with the Black Dog Institute to enhance and extend **iBobbly**, a smartphone app designed to reduce suicidality among Aboriginal young people. Originally developed for the Kimberley region of Western Australia, the app has been adapted for national use, in consultation with local Aboriginal communities, including those in NSW. The project was completed in late 2015 and a national trial of the enhanced app is under way.
- The Commission **purchased data from the Australian Bureau of Statistics** that will be used to develop geographic profiles of self-harm and associated factors in NSW. This information will be developed by the Commission in 2016-17 to enhance the knowledge base about current trends in suicide across NSW, in order to support the development of more targeted services for people who need them. The data will be analysed and publicly released in 2016-17.

Mental health advocate John Harper, CEO Suicide Prevention Australia Sue Murray, Minister Goward and John Feneley at the launch of *Communities Matter*.

Promoting mental wellbeing and resilience

Good mental health and wellbeing are not only about happiness. They are the foundation stones for positive life choices, strong relationships, supportive communities and the capacity to cope in adversity. A growing body of research evidence shows wellbeing and resilience are not a matter of chance, but can be directly influenced by individual and community-wide strategies.

Wellbeing is a Commission priority because it offers an opportunity to help people, families and communities build their own their capacity to live well. If we act on the things we know, we can over time reduce the number of people who develop mental illness and take the pressure off our strained mental health services. At the same time, developing mental wellbeing is a sound investment. It allows people to contribute socially and economically to their full potential.

- The Commission has led the development of the **NSW Wellbeing Collaborative**, a cross-agency, cross-sectoral group of strategic leaders in wellbeing, since early 2014. The Commission supported an initial working group of interested representatives to strategically plan to influence future directions in wellbeing.

  The Wellbeing Collaborative was formally launched in June 2015, and provides a platform to share knowledge and promote innovative and successful wellbeing activities across government and the community.

  During 2015-16 the Wellbeing Collaborative has identified and undertaken a number of priority projects including the development of a draft *Wellbeing Language and Definitions Guide* scheduled for release in early 2017.

The guide was drafted after extensive consultation with a wide range of stakeholders, including Wellbeing Collaborative members, consumers and other organisations.

In a partnership with the University of Technology Sydney's Design Innovation Research Centre, the Wellbeing Collaborative has used a design thinking process to inform the Collaborative's development and identify future areas of work. The design thinking process involves

applying the tools and methods of designers to look at policy problems in a new way.

The Commission continues to provide leadership to the Wellbeing Collaborative, knowledge exchange through the Wellbeing Collaborative website and other communication platforms, and support to priority wellbeing projects.

Members of the Wellbeing Collaborative include: Transcultural Mental Health Centre, iCare, Justice Health and Forensic Mental Health Network, Local Government NSW, NSW Treasury, NSW Ministry of Health, Department of Premier and Cabinet, Centre for Rural and Remote Mental Health, NSW Department of Education, Hunter Institute of Mental Health, NSW Ambulance, Office of Local Government, ACON, Way Ahead and the NSW Department of Family and Community Services.

- The **Mental Wellbeing Impact Assessment** (MWIA) is designed for agencies to assess the impact of policies, programs and services on the wellbeing of individuals, stakeholders, and communities. Promoting the use of MWIAs is an action in ***Living Well***, requiring all NSW government agencies to develop a mechanism to include MWIA in the development or review of policy and legislation.

  Following the success of the three MWIA demonstration sites undertaken in early 2015 with the NSW Department of Education, Department of Family and Community Services, and ACON, there has been continued effort to build MWIA capacity in NSW.

Wellbeing Framework Design Thinking Workshop

Ensuring systems and services rise to the reform challenge

Current mental health practices are deeply embedded in structures that have taken decades to develop – buildings, funding mechanisms, organisational hierarchies and professional boundaries. Some of these structures need to change in order to unlock the promise of reform – something that is increasingly recognised at both state and Commonwealth levels.

- From June 2013, The Commission partnered with the Mental Health Coordinating Council (MHCC) in employing an officer at the Hunter National Disability Insurance Scheme (NDIS) launch site to **monitor the implementation of the NDIS for people with a psychosocial disability**. This work led to the establishment of a Community of Practice with regular forums where public sector agencies, community-managed organisations, consumers and carers share their experiences and hear from key organisations including the National Disability Insurance Agency (NDIA) and Hunter New England Local Health District. MHCC developed a report including findings and recommendations to improve outcomes for people affected by mental health issues. This report has informed the Commission's advice to Government and NDIA with a view to refining the operation of the program in NSW. While this project finished on 30 June 2016, the Commission will continue to liaise with the NDIA and relevant state agencies in relation to the NDIS roll-out and its impact on support for people with psychosocial disability. It is particularly concerned to ensure there are appropriate governance mechanisms and models of support for people with a psychosocial disability who have additional health or social issues, and those who come into contact with the criminal justice system. On this basis the Commission has made input into the draft NDIS Quality and Safeguarding Framework under development by the Commonwealth. The Commission also represents the combined Australian Mental Health Commissions on the NDIA National Mental Health Sector Reference Group.
- At the end of 2015, the University of Sydney and the University of New South Wales signed a **Memorandum of Understanding to create a visible partnership in mental health, addiction, and neuroscience**, to build the reputation of Sydney as an international centre of research excellence in these disciplines. The first agreement of this type, the MoU represents an important recognition of the great skill base in these areas across these universities, and the potential to maximise through collaboration the impact and benefits of their research on systems, services and policies to enable mental health and wellbeing of both individuals and the community. The complementary strengths and skills of each university offer the potential to amplify their work and influence reform agendas in mental health, addiction and aging. As part of the Commission's role in supporting research and innovation, Sarah Hanson, Executive Officer, was seconded jointly by the Universities for six months to provide strategic advice to the Steering Committee established to put the MoU into practice, scoping the inaugural operational plan and initial priority projects.
- ReachOut.com led a pilot project across Western NSW Local Health District to demonstrate the effectiveness and acceptability of a **stepped-care approach** that is designed to improve mental health and increase service access and use amongst vulnerable young people. This work integrated

a continuum of care options from online information and self-care to specialist (face to face) mental health services. The pilot provided useful insights about how online interventions can be integrated into local communities to increase support options and create local pathways to care. ReachOut.com has drawn on the key learnings from this pilot to develop other projects. This includes ReachOut Next Steps, which has been integrated into the Synergy NSW Trial discussed on p20.

- The Commission has engaged the University of Sydney to conduct **a quantitative analysis of Coronial findings** and recommendations where the individual has had interactions with the mental health system or mental ill-health was in any way a contributing factor to the death.
- The Commission was part of the NSW Institute of Psychiatry's **Mental Health Act Implementation Expert Reference Group** and provided advice and input into the development of training materials to support implementation of changes to the Mental Health Act by Local Health Districts.
- To help Government agencies and the mental health support sector understand more fully the opportunities presented by reforms at both State and Commonwealth levels, and of overseas trends, the Commission hosts events to bring together key players in a productive dialogue. In 2015 these included:
  - a forum co-hosted with the Ministry of Health about the application of the National Disability Insurance Scheme for people with a psychosocial disability. Participants from the Ministry of Health, Department of Premier and Cabinet, Department of Family and Community Services, the Mental Health Coordinating Council and the National Disability Insurance Agency came together for a day of conversations about key aspects of the scheme ahead of its wider roll-out. A video highlighting a consumer experience in the Hunter was shown as part of the event and is available on the Commission's YouTube channel.
  - Bruce Kamradt, the founder of the Wraparound Milwaukee program from the USA, addressed 30 mental health leaders about the scheme, which aims to reduce reliance on residential and inpatient treatment centres, focusing instead on services for children and their families in the community and the child's home. The system developed out of a US federal government funding model that called for more family inclusion in treatment programs along with collaboration among child welfare, education, juvenile justice and mental health organisations in the delivery of services – which in turn has parallels with the ***Living Well*** change agenda.

Monitoring and reporting

Existing data-sets show how many people receive mental health services, and what type, but reveal little about whether they are contributing to positive changes in people's lives. By drawing on multiple sources to develop its own assessments, the Commission aims to create a clear understanding of progress towards *Living Well*, and of particular issues related to the mental health and wellbeing of the people of NSW. Through its legislated responsibility to report to Parliament on issues that affect the lives of people who experience mental illness, the Commission has a unique opportunity to shine a light on systemic problems and nurture a consensus for change at the highest levels.

More broadly, the Commission stands for transparency and accessibility in the reporting of data. Only by knowing what is happening in the system can people, including consumers, effectively advocate for system change. During 2015-16 the Commission advanced a number of projects to bring previously unpublished or unanalysed data-sets into public view.

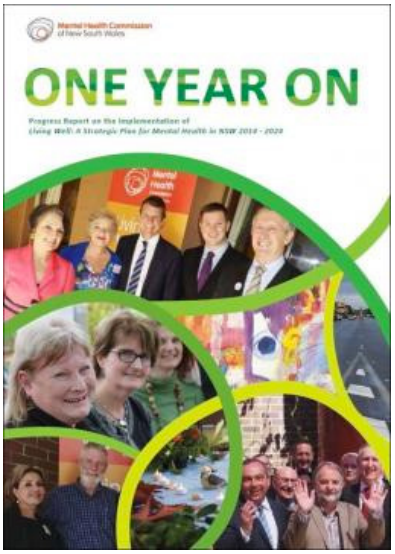
- The **Australian Bureau of Statistics** was commissioned to prepare a set of analyses on patterns of mental health service and pharmaceutical use in NSW. The Commission will further develop this analysis into a report in 2016-17 that will highlight key factors associated with mental health service and pharmaceutical use in NSW. This report will add to the evidence base needed to support mental health reform.
- The Commission has summarised and coded **population health data** that shows associated health behaviours and outcomes for people with high to very-high psychological distress in NSW. Interactive online presentation enhances timely access to community and mental health sector data on a regional or community basis which can inform mental health reform.

In line with its responsibilities around knowledge exchange and community education, the Commission will expand this program of work in 2016-17, making other data-sets accessible through user-friendly online applications.

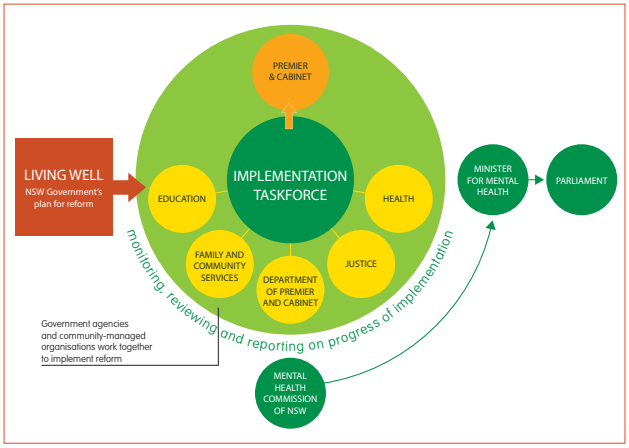
- In 2016 a scoping study was undertaken to inform a **review of three Commission grant-funded organisations**. This scoping study will be used to guide the scope, terms of reference and process of future independent reviews of these organisations to be conducted in 2016-17, which will seek to determine the appropriateness and impact of the work of funded organisations in relation to mental health reform and more broadly.

Progress towards *Living Well*

The Commission's first reform progress report, ***One year on*****,** was tabled in Parliament by the Minister for Mental Health, the Hon. Pru Goward MP, on 23 February, 2016, describing the status of the Government's work towards its commitments under ***Living Well: A Strategic Plan for Mental Health in NSW: 2014-2024*** – which was accepted in full in December 2014 by the NSW Premier, Mike Baird. ***One year on*** – which considered the situation to December 2015 – drew from four types of source: Government agencies' responses to an information request from the Commission (these responses are published on the Commission's website); the Commission's own observations through its community visits and ongoing engagement with agencies, the community-managed sector, peak representative groups and the community; published data; and an online survey which attracted



744 organisational and individual respondents. The Commission found positive steps has been taken towards achieving the 141 actions outlined in ***Living Well***, including the Government's allocation of $115 million to programs of community-based mental health support and its establishment of a Mental Health Reform Implementation Taskforce to oversee, monitor and report on ***Living Well's*** implementation. Some LHDs had begun to reshape their mental health services to align with ***Living Well***, while the transition of long-stay mental health patients to community accommodation was in active planning. Beyond the health portfolio, the Department of Education had begun implementation of the Wellbeing Framework for Schools. Other activities undertaken by government align strongly with ***Living Well***, including the Department of Family and Community Services' initiative The Collective NSW, which employs an innovative model of cross-sector collaboration to find new solutions to issues faced by disadvantaged communities. However ***One year on*** also detailed areas for urgent action during calendar year 2016, including the need for stronger internal and external communication across the whole of Government to make people aware of the ***Living Well*** commitments, clearer acquittal against the recurrent $1.7 billion annual mental health budget, development of a mental health workforce plan, including the peer workforce, and greater empowerment of local leaders. Some of those issues were progressed between January and June 2016, notably the start of development of a workforce plan.

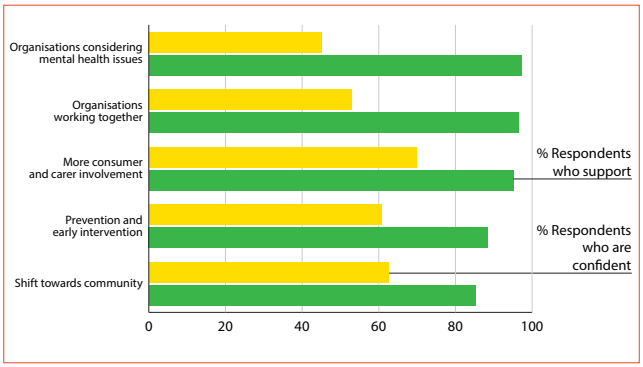


Mental health reform implementation and reporting governance

Community survey – a snapshot

As part of ***One year on***, the Commission published its community survey, Ready for Change, on its website from 2-16 September 2015, and publicised it via emails to people listed in its database, enewsletter, and through partner organisation networks. The Commissioner also wrote to the heads of government agencies to ask them to encourage staff to participate. The survey was open for anyone to complete, and 744 people did so by the closing date. Of these, one-third identified as having a lived experience of mental illness, while a quarter were mental health practitioners or clinicians. There was a high response rate – 4.7 per cent – from Aboriginal people.

The survey was a particularly valuable way of assessing people's experience of the momentum behind the reforms. It identified a strong appetite for change, and knowledge of and support for the directions of ***Living Well***. Most respondents indicated they were already seeing evidence of preparations in their local areas for implementation of ***Living Well*** reforms. However the survey also found some scepticism, particularly among government respondents, about the prospect of change happening in a timely and integrated way.



Support for reform priorities and confidence in their implementation

Moving out of hospital and into the community

On adopting ***Living Well*** in December 2014, the Premier, Mike Baird, announced a $115 million initial investment in a number of foundational projects and programs within the Ministry of Health, intended to set a course towards a more community-focused response to mental health issues. While the Commission is not responsible for implementing this work, it retains a keen interest in its progress. The Commission cannot comprehensively profile the extensive reform work of the Ministry and others in its annual report, but has chosen to highlight the Pathways to Community Living Initiative (PCLI) as an illustration of the positive achievements already flowing out of the ***Living Well*** agenda.

The objective of PCLI is to support people with severe and enduring mental illness, who have stayed at least 365 days in a mental health in-patient unit, to be able to have a place they can call home.

Among more than 2000 in-patients in acute and non-acute units in NSW at any one time, the great majority can, when they are ready, move back into the community, to their family or to supported accommodation services. Some people however have much more complex illness and have not been able to return home in this way.

Under PCLI, which began in late 2015, new service models are being developed, implemented and evaluated. They will make community living possible for people who require high levels of support for their clinical needs and associated disability.

The Ministry of Health is leading and coordinating PCLI in collaboration with Local Health Districts, consumers and their families and carers, and community partners in order to create new recovery-oriented community-based options for people who have been resident in mental health in-patient units. It also aims to redesign care pathways for people with severe and enduring mental illness so as to decrease long admissions in future.

Stage One is under way and is creating options for people who have stayed in hospital for many years, and who now have aged care needs. Stage Two is under development and will be for younger adults with complex mental illness.

Dulcie* altogether spent more than 28 years in mental health units, most recently at a mental health hospital in regional NSW. She was assessed as having aged care needs, and said she would like to move home - inner city Sydney. Under PCLI, Dulcie was assisted to move to a specialist aged care facility in the inner city. She still has delusional thoughts due to her mental illness but has her own bedroom with a window seat looking out on to the park, her own bathroom, and support to enable her to walk to the park every day, have coffee down the street and see her family each week. She attends her local church. Dulcie says, "It is good here. I have a home".

- The Commission honoured consumer advocate Sandra Morgan as the NSW Community Champion at the 2015 Mental Health Matters Awards in October 2015. Sandra's award followed her outstanding work leading the relocation of 20 people who were long-stay patients at Kenmore Psychiatric Hospital in Goulburn to community-based accommodation – a precursor to the roll-out of PCLI. Ms Morgan said, "A hospital is not a home. Even though the care was excellent and the staff very attentive, the patients wanted to go home. In most cases their original homes no longer existed but we found them new homes that were in a location they preferred, or close to family and friends."

**Name has been changed to protect the patient's identity*

The Hon. Pru Goward MP, Minister for Mental Health, with Sandra Morgan, recipient of the 2015 NSW Community Champion Award

The people who write to us

The Commission does not provide mental health services to the community, nor does it have any separate complaints function. Nevertheless, many people contact the Commission via letter, email or its website contact form to share their experiences and perspectives. This correspondence is a very rich resource in terms of ensuring the Commission understands the things that are happening for people across NSW in their contact with the mental health system, and the Commissioner and staff are grateful for the time and trouble people take in bringing important issues to light in this way.

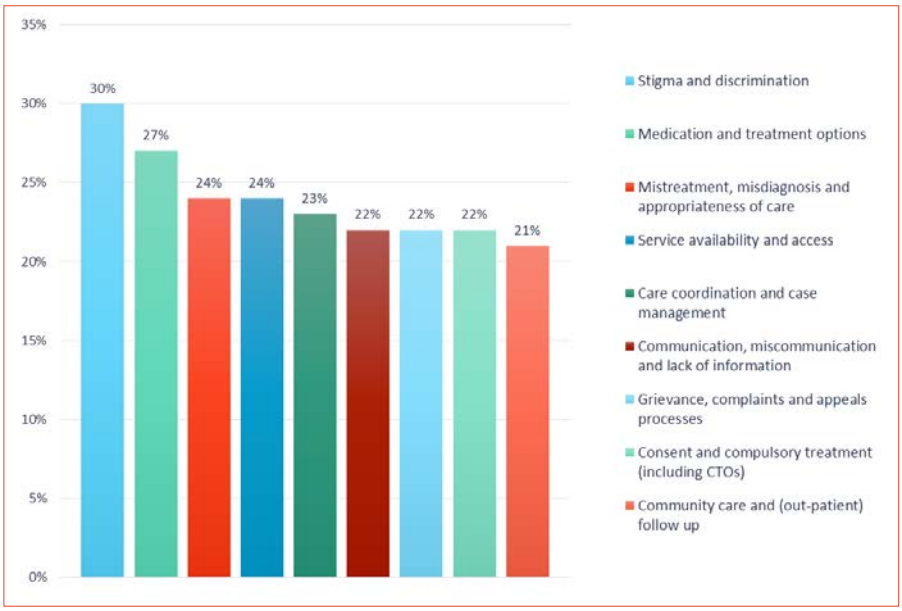
The Commission conducted a **content and demographic analysis of its correspondence** from December 2014 to July 2016, in order to identify any prominent or recurrent themes and better understand the backgrounds and concerns of those community members who correspond with the Commission. During this period:

- The Commission received 175 chains of written correspondence – 73 per cent by email, 18 per cent via the website and 9 per cent as letters.
- Most of the people who wrote to the Commission were women (63 per cent), and most identified as consumers (41 per cent) and/or carers (29 per cent). Only 4 per cent were clinicians or involved professionally within the mental health system.
- Many people (46 per cent) wanted to share their story or be heard by the Commission. Other purposes included providing system-level feedback (27 per cent), make a complaint or request the Commission's intervention in a specific matter (26 per cent), obtain information or advice (25 per cent) and gain the Commission's support for a particular program (23 per cent).

The tone and substance of the correspondence revealed a great deal of goodwill towards the Commission. Equally, there remains considerable anger, resentment and hurt towards the mental health system as a whole. The Commission is perceived as a trusted third party that can be contacted when more obvious avenues – for example the Official Visitors Program, local health districts and the police - have been exhausted. Many people appeared unaware of the Health Care Complaints Commission, and some correspondents were directed to it.

Almost one-third of all mental health-related correspondence mentioned stigma or discrimination. The figure would be close to 40 per cent if 'culture', which captured built-in institutional attitudes, were also taken into account.

Correspondents more often focused on the attitudes and the manner in which services were delivered than they did on accessing care. In fact, only 24 per cent of correspondence was primarily focused on the themes of housing, service access and availability, funding, disability and the NDIS or employment.



Common themes in Commission correspondence, December 2014 - July 2016

Our partners

Commitment to partnership

Partnerships are at the heart of the work of the Commission, which is in a unique and fortunate position to work with a broad range of partners with which it shares values and a commitment to improving the mental health system in NSW.

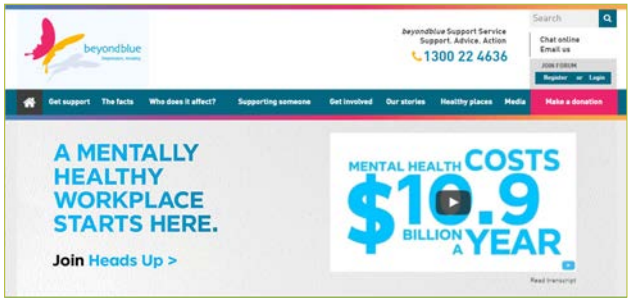
Embedding a reform agenda relies on collaboration and opportunities to listen, learn, share and advocate with and on behalf of those who are closest to the challenges and achievements in the community.

The Commission partners with organisations that include people who have a lived experience of mental illness, and their families and carers, through consumer participation at all levels of planning, service delivery and policy development. It also partners with community and government groups that bring a regional or local collaboration focus to their work, because mental health reform needs to respond to specific needs in different areas of NSW. And it partners with organisations conducting research that can be translated readily into better practice.

The Commission works particularly closely with four key mental health organisations - which it also funds - to engage and empower consumers and carers, to ensure these constituencies can be authentically represented, and to improve the mental health and wellbeing of people in NSW:

beyondblue

www.beyondblue.org.au



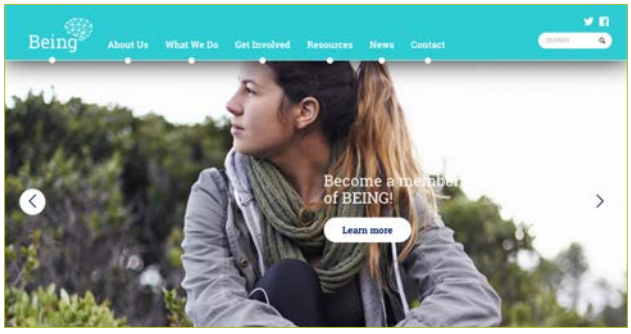
beyondblue is a national non-government organisation working to reduce the impact of depression, anxiety and suicide in the community by raising awareness and understanding, empowering people to seek help, and supporting recovery. It publishes position statements and information papers on key issues associated with depression, anxiety and suicide prevention.

beyondblue received $1.2 million from the Commission towards the delivery of programs in NSW.

These programs addressed the priority areas of early intervention, challenging stigma and discrimination, and improving links between primary care and mental health services to support people who are affected by depression, anxiety and suicide.

Being

being.org.au

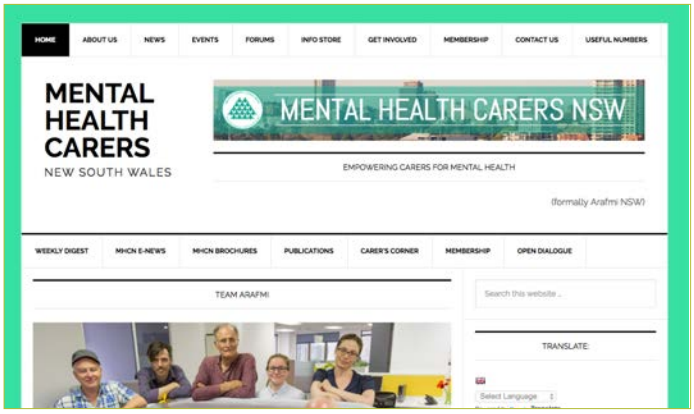


Being is an independent, state-wide organisation for people with a lived experience of mental illness (consumers) in NSW. Being works with consumers to achieve and support positive changes in services, in public policy, through legislation and within the community more generally, with the goal of improving the wellbeing, lives and experiences of all people with a lived experience of mental illness. Being carries out research and projects on key consumer issues, delivers education and training to consumers and organisations who work with consumers, and runs community events to strengthen understanding between consumers and the broader community. By collaborating with consumers, community and government groups, Being influences changes and improvements at the broader system-wide level for all consumers.

Being received $648,000 from the Commission to support its work.

Mental Health Carers ARAFMI NSW

www.arafmi.org

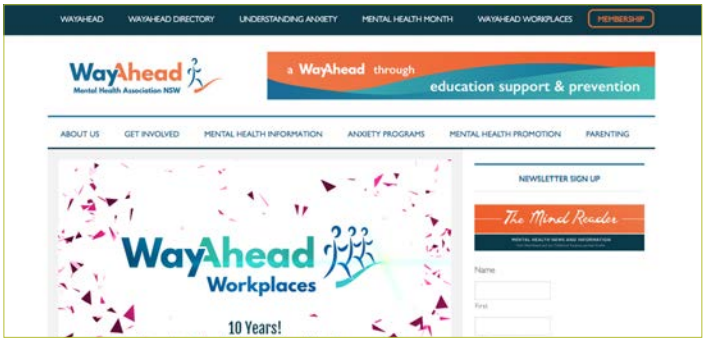


Mental Health Carers ARAFMI NSW Inc. (ARAFMI) is the NSW peak body for mental health carers. It regularly consults carers across NSW to gain insights into their experiences with the mental health system and their views about it. This includes convening forums and regular Carer Peak Advisory Committees to support its work with the Commission and the Ministry of Health. ARAFMI uses the lived experience of carers to provide feedback on policies and services to the Commission, government and service providers. ARAFMI also operates a state wide Helpline for carers advising of local services as well as providing psycho-education, advocacy and other relevant training to support carer activists and is working to develop networks of carer advocates across the state and across sectors, particularly through its regular newsletter *@Arafmi* and email updates. ARAFMI supports carers making a difference to the NSW mental health system and other human services that support mental health carers and their loved ones. By influencing changes in policy, legislation and service provision, ARAFMI makes a positive difference to the mental health system for carers.

Mental Health Carers ARAFMI received $377,000 from the Commission to support its work.

WayAhead - Mental Health Association NSW

www.wayahead.org.au



WayAhead seeks to influence decision-makers to create positive changes for consumers, carers and the community. It works in partnership with others to address the stigma around mental illness and to promote mental health and wellbeing through public education, support and advocacy. WayAhead provides information and support to mental health consumers, their families and carers, and to the general public, and runs the Mental Health Information Line and the Anxiety Disorders Information Line. It also plays a prominent role in Mental Health Month.

WayAhead received $976,000 from the Commission to support its work.

Our Executive Leadership Team

NSW Mental Health Commissioner

John Feneley was appointed as the inaugural Commissioner of the Mental Health Commission of NSW on 1 August 2012. He has led the Commission in its first four years to become a dynamic force for change in NSW, winning the confidence of the Government mental health sector and the community. Mr Feneley has emphasised the need to work in sustainable partnerships with other agencies and community-managed organisations, stepping away from programs of work once they are established and running smoothly so the Commission can continue to drive community awareness of mental health, normalise help seeking and support the development of emerging service and practice innovations that better respond to need in the community.

Mr Feneley's priorities as Commissioner are influenced by his earlier career, 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 including 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 (ICAC). Mr Feneley is a lawyer by profession and holds a Bachelor of Laws from the University of Sydney.

Director, Strategic Operations and Communications

Julie Robotham is responsible for ensuring the work of the Commission resonates powerfully with the community and the mental health and social services sectors for maximum influence and effectiveness. She joined the Commission in its establishment phase in early 2013, initially as Manager, Communications and Stakeholder Relations, and subsequently in interim roles developing its strategic positions and key publications.

Ms Robotham's background is in journalism, and she was previously Health Editor at the ***Sydney Morning Herald***, where she managed the newspaper and website's coverage of health and medical policy, practice and research.

Ms Robotham is a graduate of the University of Oxford. She is also a former fellow of the MIT Knight Science Journalism Fellowship program based at the Massachusetts Institute of Technology and Harvard University, intended to expand the scientific knowledge and interests of working journalists.

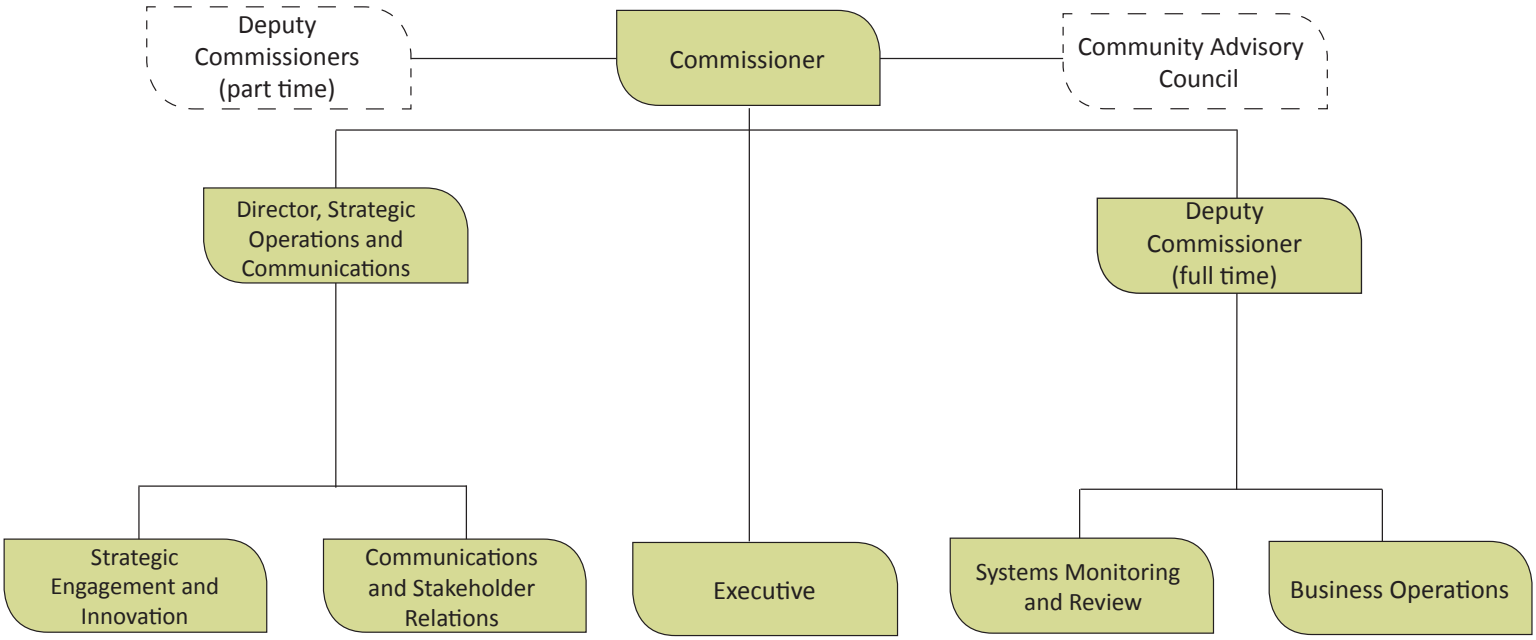
Deputy Mental Health Commissioner

Catherine Lourey was appointed Deputy Commissioner in May 2016. This followed a period where, as Special Advisor to the Commission, she was integral to the delivery of the ***One year on*** progress report. Her 30 years' experience in the health and mental health sector includes developing the 2014 ***National Review of Mental Health Programmes and Services*** while Acting Deputy CEO of the National Mental Health Commission.

Ms Lourey believes that collaboration, partnerships and the involvement of people with a lived experience of mental health lie at the heart of successful reform.

"I am thrilled to be given this opportunity at the Commission to work with people across NSW, consumers and carers, professionals and community managed service providers, to improve outcomes and the lives of people living with mental health problems and the people who support them," she said.

Our people



Kerri Lawrence
Manager

This 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.

Jenny Crocker
Manager

This team manages the Commission's events, publications, media, and outreach activities with community and specialist groups.

Sarah Hanson
Executive Officer

This team supports the Commissioner and Deputy Commissioners, leads legislative and justice projects and liaises with NSW Government.

Cathy Baker
Manager

This team monitors and reports on progress with mental health reform in NSW. The team also reviews and evaluates mental health services and programs.

Adrian Piotto
Manager

This team manages the Commission's financial, audit, human resources, corporate governance operations, facilities and support functions.

Our Deputy Commissioners

Under the *Mental Health Commission Act 2012*, the Governor may appoint one or more Deputy Mental Health Commissioners, for an initial period of up to three years, 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 Commission has one full-time Deputy Commissioner in an executive role (see p.42) and three part-time Deputy Commissioners, whose role is to support the Commission and the mental health community through their leadership in relation to issues that matter to people who live with mental illness, and their families and carers. The Commission's work is informed by the diverse expertise of the Deputy Commissioners, and importantly by the insight of the two Deputy Commissioners who have a lived experience of mental illness. Dr Robyn Shields AM, Bradley Foxlewin and Fay Jackson were reappointed in March 2015. The reappointments will continue until November 2016.

Dr Robyn Shields AM

Growing up in the shadow of an asylum, Dr Robyn Shields' first impression of mental illness was that it was about being locked away and was not to be discussed.

"I didn't know what asylums were about until I found myself having a professional career in mental health," recalls Dr Shields of the asylum, which is now closed. " I was amazed and traumatised by seeing first hand the treatment mentally ill people were given in those days. It was awful."

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

Since her career started in mental health, Shields has concentrated on raising the status of people experiencing mental illness in the public consciousness, talking about trauma informed care and recovery, as well as developing new models of care for mentally ill people for the most disadvantaged groups, particularly Aboriginal people and forensic patients. "I'm interested in breaking the cycles and patterns of dysfunction in the mental health system."

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

Highlights for 2015-16:

"It is an honour to continue my appointment as Deputy Commissioner and to have the opportunity to work alongside the dedicated Commission team to bring Aboriginal people's experiences of mental health and social and emotional wellbeing into the heart of the organisation's thinking.

In July 2015 the Commission signed a Memorandum of Understanding with the Aboriginal Health and Medical Research Council (AH&MRC) formalising the important relationship of the two organisations, providing a platform for future collaboration, which I'm excited about.

As a member of the National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH) group I contributed to the development of the Gayaa Dhuwi (Proud Spirit) Declaration, which was launched in August 2015, calling for increased Indigenous leadership in Australia's mental health system.

I was proud to be included in *The Australian Financial Review* and Westpac's 2015 100 Women of Influence in October for my work in public policy in the area of Aboriginal mental health and social and emotional wellbeing."

Fay Jackson

Fay Jackson experienced mental health issues from her early teenage years and was diagnosed with bipolar disorder at the age of 37. Early medical advice included that she would not be able to work and would have limited ability to contribute to the lives of those around her, advice which devastated her.

Following the death of an adored brother, Ms Jackson decided to become a champion for people with mental health issues, and show her daughters and others that there are ways of living well with mental illness.

At the age of 40, she was appointed to her first permanent role as a mental health advocate, and has since gone on to hold a number of roles drawing on her lived experience. In addition to serving as Deputy Commissioner since 2013, Ms Jackson is General Manager, Inclusion at Flourish Australia (formerly RichmondPRA) and CEO of her own company, Vision in Mind.

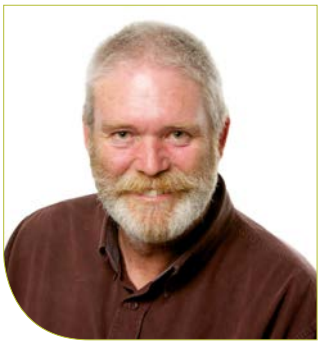
Ms Jackson's focus is on the positive attributes of people with mental health issues, their abilities, their need and desire to work, to raise healthy, happy families, receive good education and to ensure their physical health needs are met. Ms Jackson is passionate about the fact that mental health is an intergenerational, whole of health, whole of life issue and hopes to create a better mental health care system for her children and grandchildren.

Highlights for 2015-16:

"There were a number of events throughout the year that were particularly important and meaningful for me, because they were such powerful illustrations of positive change. At the launch of the Commission's *Medication and mental illness: Perspectives* paper, I witnessed NSW's Chief Psychiatrist, Dr Murray Wright, tell a crowded room of his realisation that medication is not always the answer. I could not have imagined hearing those words from a psychiatrist when I began my work as a mental health advocate.

At the launch of *Physical Health and Mental Wellbeing: An evidence guide*, I met members of an exercise and nutrition program run for young people with mental health issues. I hold great hope these young people will enjoy good physical health, unlike many of my brothers and sisters who've gone before them."

Bradley Foxlewin



Bradley Foxlewin remains committed to a positive work-life balance for himself and to serving as a mentor to others. It is a balance that informs and supports his significant contribution to the community.

Mr Foxlewin leads training courses that educate government and community sector agencies on how to centre the needs of people who experience mental distress. He understands deeply the ongoing challenges people can face. He makes time to take care of his wellbeing by making sure he stays connected to his peer support network. He accesses psychotherapuetic services in support of integrating his experiences of anxiety, dissociation and depression which are a result of his past traumatic childhood experiences.

Mr Foxlewin says people with mental illness nearly always experience stigma, which can lead to feeling undervalued and internalising this stigma. "Understanding how that works has been one of the biggest parts of the recovery process for me." Mr Foxlewin encourages people to make their own informed decisions around care and how to live, supported if necessary by professionals.

"When people are treated as second-class citizens and not valued as contributing relational beings, the system teaches helplessness." He has advocated strongly against seclusion and restraint in support of better outcomes for people with mental illness, describing the practices as re-traumatising. He was instrumental in the ACT Government's commitment to reduce incidents of seclusion and restraint in its mental health system, and he brings this knowledge and expertise to the Commission.

Highlights for 2015-16:

"I continue to be inspired by the work of the Consumer Led Research Network, which in 2015-16 included a successful forum with over 100 people registered to attend, as well as two current research projects looking at acute care models and the practice of dialectical behaviour therapy. Seeing other consumer led research initiatives spring up in NSW has been very exciting, including one where consumers have evaluated the Partners in Recovery program of work in Sydney's north shore and beaches. There is also the research report launched in April by the Benevolent Society and Western Sydney University - *Stories of Recovery from the Bush: unravelling the experience of mental illness, self and place,* featuring mental health consumer stories."

Community Advisory Council

Meeting four times during 2015-16, the Mental Health Community Advisory Council continued to provide invaluable advice to the Commission and to ensure its work remains aligned with community priorities.

As well as providing advice on issues referred by the Commission, Council meetings are an opportunity for members to inform the Commission about important activities and issues in their communities.

The Council has 16 members including the Commissioner, Chair and Deputy Chair.

Special acknowledgement and thanks go to Murray Bleach, Chris Maylea, Diana McKay and Russell Roberts who all moved on from the Council in 2015-16, for their commitment and contribution to the Council.

A message from Karen Burns, Chair:

The Mental Health Community Advisory Council again used their deep and diverse expertise to provide the Commission with purposive advice in 2015-16. The Council continued to provide advice on a range of specific Commission projects and helped keep the Commission abreast of changes in the policy and service delivery environment.

A particular focus for providing advice was on the Commission's *One year on* progress report on the implementation of *Living Well*.

At a February 2016 two-day workshop with the Deputy Mental Health Commissioners, Council members identified priority areas for mental health reform in the current environment. The top six issues were:

- supporting emerging workforces
- peer and consumer design and delivery of care
- integrated services
- social inclusion
- trauma informed practice
- improving community based services.

The Council will continue to provide input into these key issues moving forward.

Council members as at 30 June 2016:

Ms Karen Burns (Chair)

Ms Burns has extensive experience in the mental health sector and is the CEO of UnitingCare 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.

Dr Josey Anderson

Dr Anderson is the Clinical Director of the Black Dog Institute and leads the Institute's Depression Clinic. As a child and adolescent psychiatrist she has a special interest in early intervention, treatment and recovery in child and youth mental health. She also has a keen interest in innovative service development in collaboration with public, private and non-government partners-in-care.

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 employed by NSW Health as the NSW State-wide Coordinator for the NSW Aboriginal Mental Health Workforce Program.

Ms Jenni Campbell

Ms Campbell is Executive Director of Mental Health for Murrumbidgee Primary Health Network. 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. She is also a member of the National Primary Mental Health Leadership Group.

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 runs a social policy, strategy and change management consultancy. She has extensive experience in the areas of housing and homelessness and from 2004 to 2011 was CEO of Homelessness NSW. Ms Cripps trained as a 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 non-government mental health sector and is a member of the TheMHS Learning Network Management Committee and the NSW Public Mental Health Consumer Workers Committee.

Mr Tim Heffernan

Mr Heffernan is employed as a Peer Support Worker for the Illawarra Shoalhaven Local Health District and as Senior Peer Worker (Recovery Learning Network) with Flourish. He is chair of the Being board, deputy chair of the NSW Public Mental Health Consumer Workers Committee and a member of the Agency for Clinical Innovation's Mental Health Network Executive Committee. Mr Heffernan volunteers as a Community Presenter/Ambassador for the Black Dog Institute.

Dr Cathy Kezelman AM

Dr Kezelman is a consumer advocate who has worked as a medical practitioner. Dr Kezelman is President of the national organisation, Adults Surviving Child Abuse and advocates for services for complex trauma consumers as well as a trauma-informed approach to care. She is co-author of nationally and internationally acclaimed Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery.

Mr Eugene McGarrell

Mr McGarrell is General Manager, Community and Health Engagement at iCare NSW. Since starting his career as a mental health nurse, Mr McGarrell has amassed extensive experience working in government health and social services in the UK and Australia, including as District Director North Sydney with the Department of Family and Community Services. In this capacity, Eugene started The Collective NSW to better connect community, government, non-government and business to work together on collective issues.

Dr Brian Pezzutti

Dr Pezzutti is a registered medical practitioner and is 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 is Chair of the Northern NSW Local Health District Board.

Mr Vince Ponzio

Mr Ponzio is employed as Acting Executive Director, Clinical Operations, Forensic Mental Health, Justice Health & Forensic Mental Health Network. Mr Ponzio has extensive experience in the mental health and intellectual disability sectors and has a background in management and clinical psychology. Mr Ponzio has also served on the NSW Mental Health Review Tribunal.

Ms Yvonne Quadros

Ms Quadros serves on the NSW Carers Advisory Council and has extensive experience in contributing to programs and consultations in the mental health sector. Ms Quadros has a particular interest in issues facing people from culturally and linguistically diverse backgrounds and those living in remote and rural areas. Ms Quadros is a carer of loved ones with mental illness.

Ms Erica Roy

Ms Roy is 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.

Mr Alan Woodward

Mr Woodward is Executive Director at the Lifeline Research Foundation and a Board Director for Suicide Prevention Australia. Mr Woodward has experience in the design and conduct of research to explore consumer use and experiences of services, program evaluations, policy analysis, and services development, especially in the areas of housing, mental health, suicide prevention, children and young people, ageing and rural and regional service delivery.

Appendix 1: Staffing

Human resources

At four years old, the Commission is now a mature agency and the organisational structure with which it began in 2012 was revised this year to allow it to embrace its current and future opportunities more effectively.

- The **senior executive team** was restructured to lead the Commission across its core functions, with two new roles working closely with the Commissioner, **John Feneley**, on all critical strategic issues. Ms **Julie Robotham** was appointed to the new role of Director, Strategic Operations and Communications in April 2016, and Ms **Catherine Lourey** was appointed to a full-time role as Deputy Commissioner in May 2016.

Ms Robotham is responsible for the work of the Strategic Engagement and Innovation team and the Communications and Stakeholder Relations team. This encompasses the Commission's outward-facing work: its innovation partnerships and projects with the community sector and government agencies, and all its publications, events and engagement with the community more broadly.

Ms Lourey is responsible for the work of the Systems Monitoring and Review team and the Business Operations team. This includes the Commission's focus on monitoring progress towards the ***Living Well*** reforms, and the effectiveness more generally of the mental health system and its responses to people who live with mental illness, as well as the Commission's internal functioning and its compliance with legislation and Government requirements.

Deputy Commissioner and Community Advisory Council member recruitment was commenced in early 2016, ahead of the expiry of the current terms of all (with the exception of Ms Lourey) in November 2016. The Commission has sought an amendment to its legislation to provide for a maximum number of years of appointment as a Deputy Commissioner rather than the present limit of two appointment terms, given the variability in the length of term that may be granted.

Staff profile

Number of employees by remuneration level

Remuneration level	2012-13	2013-14	2014-15	2015-16
Clerk 1/2	0	0	0	0
Clerk 3/4	0	0	1	1
Clerk 5/6	0	0	0	2
Clerk 7/8	1	3	3	2
Clerk 9/10	4	5	7	12
Clerk 11/12	4	5	5	5
Senior Executive	1	1	1	1
TOTAL	**10**	**14**	**17**	**23**

Of the 23 employees working at the Commission at 30 June 2016, 19 were employed on an ongoing basis.

As Statutory Office Holders, the Commissioner and Deputy Commissioners have not been included in this count.

The Commission's **recruitment program** progressed with 13 more staff appointed into ongoing and temporary roles bringing the total employees to 25, including the Commissioner and Deputy Commissioner, at year's end. At 30 June 2016, eight agency personnel were also supporting the work of the Commission, some of them in part-time roles. The Commission's recruitment practices comply with the *Government Sector Employment Act 2013*.

- A number of human resources policies were developed and implemented during the year including:
  - Work Health and Safety Policy
  - Staff Separation Policy

  A full list of the Commission's policies is available on its website.

Learning and development

The Commission is committed to the ongoing development of staff to increase or maintain their skills, knowledge and experience. Initial work in 2014-15 towards a formal learning and development program continued in 2015-16 in conjunction with a performance management program.

In addition to individuals' attendance at courses, conferences and other programs, the Commission provided organisation-wide training opportunities for staff throughout the year. These included programs in Adaptive Leadership, Mental Health First Aid, and

Preventing Bullying and Harassment, which was delivered through the NSW Anti-Discrimination Board.

Requirements arising from employment arrangements

The Mental Health Commission of NSW is the controlling entity of the Mental Health Commission Staff Agency established pursuant to Part 2 of Schedule 1 of the *Government Sector Employment Act 2013*. It is a not-for-profit entity. The Mental Health Commission Staff Agency's objective is to provide personnel services to the Mental Health Commission of NSW. It is consolidated as part of the NSW State Sector Accounts.

Commissioner, Deputy Commissioners and Community Advisory Council

On 1 July 2012, the Governor of NSW appointed John Feneley Commissioner for a five-year term.

Mr Feneley's conditions of employment are outlined in his instrument of appointment, and his salary is paid in line with the determinations made for Public Office Holders by the Statutory and Other Officers Remuneration Tribunal (SOORT).

The total annual remuneration package for Mr Feneley was $297,225 excluding superannuation. In its Determination No. 1 effective from 1 July 2015 to 30 June 2016, SOORT awarded a 2.5 per cent increase to office holders in receipt of a total remuneration package, which includes the Commissioner.

In May 2016, a new full time Deputy Commissioner, Ms Catherine Lourey, was appointed for an initial three-year term up to and including 30 April 2019. SOORT determined pursuant to section 14(2) of the Statutory and Other Offices Remuneration Act 1975 the remuneration of the full-time Deputy Commissioner at $237,980 excluding superannuation, effective from 17 December 2015.

Part-time Deputy Commissioners who are not otherwise employed within the public sector are paid at a daily rate of $750.00 for a pre-determined number of days per month. All Deputy Commissioners receive reimbursement for reasonable actual expenses or relevant allowances in relation to activities conducted on behalf of the Commission.

There are also 16 members (including the Commissioner) on the Community Advisory Council, some of whom are paid an allowance by the Commission.

Executive management

In 2015-16, the Commission's senior executive team consisted of:

- Darryl O'Donnell, Executive Director

Mr O'Donnell's salary package during the reporting period was $216,140. Mr O'Donnell left the Commission on 4 March 2016.

- Carlton Quartly, Manager, Systems Monitoring and Review

Mr Quartly's salary package during the reporting period was $176,882. Mr Quartly left the Commission on the 17th of June 2016.

- Julie Robotham, Director Strategic Operations and Communications

Ms Robotham's salary package at the end of the reporting period was $203,933.

Total number of senior executives in 2015–16

Level	2015-16
Band 4	0
Band 3	0
Band 2	1
Band 1	2
Total	**3**

12.54% of the Commission's employee related expenditure in 2015-16 was related to senior executives, compared with 14.39% in 2014-15.

Appendix 2: Risk Management and insurance activities

Audit and Risk Committee

The Commission's Audit and Risk Committee provides independent assistance to the Commissioner by overseeing and monitoring the Commission's governance, risk and control frameworks and external accountability requirements.

In 2015-16, the Committee met on five occasions. The Committee provided guidance in relation to the Commission's preparation of its financial accounts and external financial audit, internal audit plan, business continuity management plan, financial delegations, legislative compliance framework, and risk management policies and procedures.

The Commission's risk register is reviewed quarterly and reported to and discussed with the Audit and Risk Committee. The Committee also discussed the outcomes of internal audit reports and monitored the implementation of recommendations arising from the audit reports.

The Audit and Risk Committee also monitors the Commission's compliance with Treasury Policy Paper TPP 14-05-Certifying the Effectiveness of Internal Controls over Financial Information and Treasury Policy Paper TPP 15-03-Internal Audit and Risk Management Policy for the NSW Public Sector.

The Committee has reported the Commission's risk, control and compliance framework to be sound.

Insurance

The NSW Treasury Managed Fund provides insurance cover for the Commission's activities, including public liability, property, workers compensation and miscellaneous. Under staff employment arrangements with the NSW Ministry of Health, Commission staff are covered under the workers compensation policy held by the Ministry.

The Commission made no insurance claims in the reporting year.

Appendix 3: Internal audit and risk management policy attestations

Internal Audit and Risk Management Attestation Statement for the 2015-2016 Financial Year for the Mental Health Commission of NSW

I, John Feneley, am of the opinion that the Mental Health Commission of NSW has internal audit and risk management processes in operation that are, excluding the exceptions or transitional arrangements described below, compliant with the eight (8) core requirements set out in the *Internal Audit and Risk Management Policy for the NSW Public Sector*, specifically:

Core Requirements		For each requirement, please specify whether compliant, non-compliant, or in transition[1]
Risk Management Framework		
1.1	The agency head is ultimately responsible and accountable for risk management in the agency	Compliant
1.2	A risk management framework that is appropriate to the agency has been established and maintained and the framework is consistent with AS/NZS ISO 31000:2009	Compliant
Internal Audit Function		
2.1	An internal audit function has been established and maintained	Compliant
2.2	The operation of the internal audit function is consistent with the International Standards for the Professional Practice of Internal Auditing	Compliant
2.3	The agency has an Internal Audit Charter that is consistent with the content of the 'model charter'	Compliant
Audit and Risk Committee		
3.1	An independent Audit and Risk Committee with appropriate expertise has been established	In transition
3.2	The Audit and Risk Committee is an advisory committee providing assistance to the agency head on the agency's governance processes, risk management and control frameworks, and its external accountability obligations	Compliant
3.3	The Audit and Risk Committee has a Charter that is consistent with the content of the 'model charter'	In transition

Membership

The chair and members of the Audit and Risk Committee:

- Chair: Carolyn Walsh March 2013 - July 2016
- Independent Member: Peter Scarlett November 2012 – ongoing
- Independent Member: Carol Holley September 2015 - ongoing
- Non-independent Member: Sarah Hanson March 2013 – September 2015

Attestation continued over the page

Departures from Core Requirements

I, John Feneley advise that the internal audit and risk management processes for the Mental Health Commission of NSW depart from the following core requirements set out in the *Internal Audit and Risk Management Policy for the NSW Public Sector:*

1. The departure from the core requirements is due to the agency implementing measures to achieve compliance with new policy requirements consistent with the permitted transitional arrangements, ~~OR~~

2. ~~The circumstances giving rise to these departures have been determined by the Portfolio Minister and the [agency] has implemented [or is implementing] the following practicable alternative measures to meet the core requirements:~~

Departure	Reason for departure and description of practicable alternative measures implemented
Non-Compliance	
N/A	N/A
In Transition	
▪ Core Requirement 3.1	▪ From July 2015 to September 2015, the Mental Health Commission's Audit and Risk Committee had two independent members and one non-independent member (Sarah Hanson). ▪ Carol Holley, independent member was appointed to the Audit and Risk Committee in September 2015 and attended the December Audit and Risk Committee meeting. ▪ Since September 2015, the Mental Health Commission's Audit and Risk Committee has comprised three independent members in accordance with Internal Audit and Risk Management Policy for the NSW Public Sector. ▪ The period of transition was due to the Commission implementing measures to comply with the new core requirements in TPP 15-03 as permitted by the transitional arrangements.
▪ Core Requirement 3.3	▪ From July 2015 to June 2016, the Commission's Audit and Risk Committee Charter was based on the model charter in TPP 09-05. ▪ In July 2016, the Commission's Audit and Risk Committee endorsed a revised Audit and Risk Committee Charter that is consistent with TPP 15-03. The Commissioner approved the revised Charter in August 2016 and is in effect. ▪ The period of transition was due to the Commission implementing measures to comply with the new core requirements in TPP 15-03 as permitted by the transitional arrangements.

These processes, including the practicable alternative measures implemented, demonstrate that the Mental Health Commission of NSW has established and maintained frameworks, including systems, processes and procedures for appropriately managing audit and risk within the Commission.

John Feneley

Commissioner

Date: 1 September 2016

Agency Contact Officer

Adrian Piotto

Manager, Business Operations

Phone: (02) 9859 5200

Appendix 4: 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 in accordance with their instruction and the purposes for which it was offered.

As at 30 June 2016, 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 5: Government Information (Public 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 continues to review its approach to information release and has sought to proactively publish a wide range of documents, including details of meetings and committee minutes, to support its objective of being a transparent, accountable organisation.

The Commission received no requests under the GIPA Act during 2015-16.

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
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

** 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).

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
Total	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

* 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.

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

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 NCAT	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 6: Engagement and use of consultants

Consultancies equal to or more than $50,000

Consultant	Project	Actual costs (excluding GST)
Nil	Nil	Nil

Consultancies less than $50,000

Number of engagements = 1	$3,533

Appendix 7: 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 8: Funds granted to non-government organisations

Organisation	Amount ($)
Being (formerly NSW Consumer Advisory Group - Mental Health)	648,000
Mental Health Carers NSW (formerly ARAFMI)	377,000
WayAhead (formerly Mental Health Association of NSW)	976,000
beyondblue	1,200,000
Total grants paid during 2015-16	3,201,000

Appendix 9: Payment of accounts

Aged analysis at end of each quarter 2015–16

Quarter	Current. (ie. 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
All suppliers					
Sep 15	20,947.26	0	0	0	0
Dec 15	0	0	0	0	0
Mar 16	48,956.58	0	0	0	0
Jun 16	185,165.73	0	0	105.01	0
Small business suppliers					
Sep 15	0	0	0	0	0
Dec 15	0	0	0	0	0
Mar 16	0	0	0	0	0
Jun 16	0	0	0	0	0

The Commission's finance team on a weekly basis follows up its outstanding invoices already processed but not yet paid.

Appendix 10: Time for payment of accounts

Accounts due or paid within each quarter

Measure	September 2015	December 2015	March 2016	June 2016
All suppliers				
Number of accounts due for payment	299	240	166	286
Number of accounts paid on time	299	240	166	286
Actual percentage of accounts paid on time (based on number of accounts)	100%	100%	100%	100%
Dollar amount of accounts due for payment	$2,858,868.89	$3,120,746.59	$1,722,871.36	$2,041,287.71
Dollar amount of accounts paid on time	$2,858,868.89	$3,120,746.59	$1,722,871.36	$2,041,287.71
Actual percentage of accounts paid on time (based on $)	100%	100%	100%	100%
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts	0	0	0	0
Small business suppliers				
Number of accounts due for payment	6	5	0	2
Number of accounts paid on time	6	5	0	2
Actual percentage of accounts paid on time	100%	100%	100%	100%
Dollar amount of accounts due for payment	$139,597.75	$113,677.94	$0.00	$820.00
Dollar amount of accounts paid on time	$139,597.75	$113,677.94	$0.00	$820.00
Actual percentage of accounts paid on time (based on $)	100%	100%	100%	100%
Number of payments for interest on overdue accounts	0	0	0	0
Interest paid on overdue accounts	0	0	0	0

Appendix 11: Legal change

As at 15 July 2015 consequential amendments were made to the ***Mental Health Commission Act 2012*** as a consequence of the ***Statute Law (Miscellaneous Provisions) Act 2015*** and amendments to section 30C of the ***Interpretation Act 1987*** No 15. These changes encompassed:

- Amendment to the definition of public sector agency (s4)
- Repeal of s5(5) and insertion of s14A regarding staff of the Commission.
- Schedule 1 as it relates to ***Government Sector Employment Act 2013*** (formerly the Public Sector Employment and Management Act 2002).

Appendix 12: Exemptions

As a small statutory organisation the Commission is required to report on certain items in the NSW Treasury Annual Report Compliance Checklist on a triennial basis and therefore will report on the following areas in 2017-2018:

Workforce Diversity, Disability Inclusion Action Plans, Multicultural Policies and Services Program, Work Health and Safety (WHS).

Appendix 13: Digital Information Security Annual Attestation Statement

Annual Attestation Statement

Digital Information Security Annual Attestation Statement for the 2015-2016 Financial Year for the Mental Health Commission of NSW

I, John Feneley, am of the opinion that the Mental Health Commission of NSW had an Information Security Management System in place during the 2015-2016 financial year that is consistent with the Core Requirements set out in the *NSW Government Digital Information Security Policy*.

The controls in place to mitigate identified risks to the digital information and digital information systems of the Mental Health Commission of NSW are adequate.

There is no agency under the control of the Mental Health Commission of NSW which is required to develop an independent ISMS in accordance with the *NSW Government Digital Information Security Policy.*

John Feneley

Commissioner
Mental Health Commission of NSW

Appendix 14: Promotion

Name	Overseas travel and purpose	Dates
John Feneley	Vancouver, Canada, International Initiative for Mental Health Leadership (IIMHL) Exchange	20 September – 1 October 2015
Bradley Foxlewin	New Zealand, 2015 Service User Academia Symposium Registration	29 November – 1 December 2015
Jonathan McGuire	New Zealand, 5th Australasian Mental Health and Outcomes Conference	10 November -15 November 2015
John Feneley	Washington DC, USA, IIMHL Sponsoring Countries Leadership Group meeting	3 April – 9 April 2016

Appendix 15: Statutory reporting compliance checklist

	Page
Access details	115
Agreements with Multicultural NSW	N/A
Additional matters for inclusion	49, 119
Aims and objectives	6
Application for extension of time	N/A
Audited financial statements	64
Availability of annual report	114
Budgets	62
Charter	6
Consumer response	35
Consultants	52
Credit card certification	52
Digital information security policy attestation	54
Disability inclusion action plan	N/A
Disclosure of controlled entities	N/A
Disclosure of subsidiaries	N/A
Economic or other factors	N/A
Exemptions	53
External costs	114
Government Information (Public Access) Act 2009	49
Financial statements	64
Form of annual reports	114
Funds granted to non-government community organisations	52
Human resources	44
Identification of audited financial statements	64
Implementation of price determination	N/A
Inclusion of unaudited financial statements	N/A
Internal audit and risk management policy attestation	47
Investment performance	N/A
Land disposal	N/A

	Page
Legal change	53
Letter of submission	2
Liability management performance	N/A
Management and activities	8
Management and structure	38
Multicultural Policies and Services Program	N/A
Numbers and remuneratiion of senior executives	45
Payment of accounts	52
Privacy and personal information	49
Promotion	54
Public availability of report	114
Public Interest Disclosures	N/A
Research and development (see ***Our work***)	10
Requirements arising from employment arrangements	45
Risk management and insurance activities	46
Summary review of operations	8, 63
Table of contents	3
Time for payment of accounts	53
Unaudited financial statements	N/A
Website address	114
Work Health and Safety	N/A
Workplace diversity	N/A

N/A = not applicable

Appendix 16: Meetings and forums attended by the Commissioner

2015

July

1 - Toby Raeburn, Sydney Nursing School, University of Sydney

2 - Anita McRae, Medicare Local Murrumbidgee and Philip Amos, Philip Amos Consulting
- Deborah Latta, Northern Beaches Hospital, Frenchs Forest
- Jenine van Bruinessen, Western Sydney Local Health District

3 - Leanne Craze, Craze Lateral Solutions
- Anne Stedman and Jenny Learmont, ARAFMI
- Kelsey Hegarty, Director of Researching Abuse and Violence Program, University of Melbourne

7 - Paula Hakesley, Executive Director, Mental Health Services, Shellharbour Hospital

8 - Karin Lines, NSW Ministry of Health, Bishop Columba Macbeth-Green, Diocese of Wilcannia-Forbes

9 - Aboriginal Health & Medical Research Council (AH&MRC) – Signing of the Memorandum of Understanding

10 - Alison Churchill, Community Restorative Centre
- Peri O'Shea and Anna Heldorf, Being
- Andrew Kirk, Office of the Hon Jillian Skinner MP, Minister for Health

13 - NAIDOC PhotoVoice Exhibition Launch

14 - Deputy Commissioners' meeting

15 - Mary Foley, NSW Ministry of Health

16 - NSW Council for Intellectual Disability Conference

17 - Jan Roberts and Michelle Everett, Official Visitors Program
- Robert Ford, Western Sydney Local Health District and Paul O'Halloran, Mental Health International Networks for Developing Services

20 - Jennifer Nobbs and James Downie, Independent Hospital Pricing Authority
- Office of the Children's Guardian
- Being board meeting

21 - Elizabeth Koff, NSW Ministry of Health
- Audit and Risk Committee
- William Crook and Simon Fontana, Office of the Hon. Pru Goward MP, Minister for Mental Health
- Jane Oakeshott, University of Sydney

23 - The Hon. Pru Goward MP, Minister for Mental Health
- Murray Wright, NSW Ministry of Health
- Gerry Naughtin and Margaret Grigg, Mind Australia

24 - Generation Next Leadership Conference
- Kathy Eagar, University of Wollongong

27 - Audit and Risk Committee
- Nick Kowalenko, Emerging Minds
- Vice Chancellors Dinner, University of Sydney and University of New South Wales

28 - Launch of University of Sydney's Brain and Mind Centre

30 - 3rd National Aboriginal Health Summit

31 - 3rd National Aboriginal Health Summit

August

3 - Beth Kotzé, Mental Health Children and Young People
- Tom Watson, Office of the Hon. Pru Goward MP, Minister for Mental Health
- Annette Solman, Health Education Training Institute

4 - The Hon. Pru Goward MP, Minister for Mental Health

5 - National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH)

6 - Janet Schorer and Melanie Hawyes, Department of Premier and Cabinet
- Ben Pike, Sunday Telegraph
- Mission Australia

7 - Grant Sara, NSW Ministry of Health and Aaron Groves, South Australia Health

10 - Black Dog Suicide Prevention Summit

11 - Institute of Psychiatry Transition Oversight Committee

12 - Derek Wright, Illawarra Shoalhaven Local Health District
- Lynda Walton, ARAFMI and Lynda Holden, Western Sydney University

13 - Deputy Commissioners' meeting

14 - Community Advisory Council meeting

17 - National Mental Health Steering Reference Group

18 - Committee for Economic Development
- beyondblue Board Meeting

19 - National Mental Health Commission Investment Logic Workshop
- Governor Reception, Schizophrenia Fellowship NSW Wellness Walk

20 - Wesley Missions 2015 LifeForce Networks meeting
- Mary-Ann O'Loughlin, NSW Department of Premier and Cabinet
- Wesley Lifeforce 20th Anniversary Dinner

21 - Cyndi Shannon Weickert, Neuroscience Research Australia
- Planning Committee for the International Initiative for Mental Health Leadership 2017 Exchange

24 - Janet Vickers and Alison Wheele, NSW Department of Family and Community Services

25 - Social Leadership Australia, Sydney Leadership 2016 Information Session
- Sonia Kumar, Brain and Mind Centre

26 - Council on the Ageing NSW (COTA NSW) Forum

27 - The Mental Health Sector Conference, Canberra
- Gayaa Dhuwi (Proud Spirit) Declaration Launch

28 - The Mental Health Sector Conference, Canberra

September

1 - The Hon. Pru Goward MP, Minister for Mental Health

2 - Health Industry Breakfast

3 - Lisa Charet, NSW Deparment of Family and Community Services

4 - Colin Seery, Healthcare Direct
- Janet Schorer and Melanie Hawyes, NSW Department of Premiers and Cabinet
- Claire Harvey, Daily Telegraph
- Eugene McGarrell, NSW Department of Family and Community Services and Kirsty Muire, Centre for Social Impact

7 - Jaelea Skehan, Hunter Institute of Mental Health
- Tim Lambert, Concord Centre for Cardiometabolic Health in Psychosis
- Ramesh Manocha and Gyongyi Horvath, Generation Next
- Karin Lines, NSW Ministry of Health

8 - Michael Coutts-Trotter, Department of Family and Community Services
- Murat Dizdar and Brian Smyth King, NSW Department of Education

10 - Walk for World Suicide Prevention Day / Auburn Hope for Life

11 - Steve Kinmond, NSW Ombudsman

15 - Karin Lines, NSW Ministry of Health
- Sax Institute Research Action Awards 2015

16 - Good Pitch 2, Sydney Opera House

17 - Peri O'Shea, Being
- Audit and Risk Committee

18 - David Butt, Sally Goodspeed and Jane Moxon, National Mental Health Commission
- Senate Select Committee on Health Public Hearing
- Tom Watson, Office of the Hon. Pru Goward, Minister for Mental Health, Helen Christensen Black Dog Institute, Murray Wright and Karin Lines, NSW Ministry of Health
- Mary Ann O'Loughlin, NSW Department of Premier and Cabinet

21 - International Initiative for Mental Health Leadership and International Initiative for Disability Leadership conference (until 25 September)

28 - Whistler Workshop, Mental Health Commission of Canada (until 29 September)

October

6 - NEAMI State Forum

7 - Recovery in Art, Being

8 - Pharmacotherapy Advisory Group meeting
- Nick Krasner GP

9 - Maree Teesson, University of New South Wales
- The Hon. Pru Goward MP, Minister for Mental Health

11 - Schizophrenia Fellowship NSW Wellness Walk

12 - Steven Drew, Pharmaceutical Society of Australia

13 - Janet Schorer and Melanie Hawyes, NSW Department of Premier and Cabinet
- Kathryn Refshauge, Sydney University
- Hornsby Kuring-gai Support Group Meeting

14 - Institute of Public Administration Australia (IPAA) - National Conference

15 - ***Living Well*** showcase at Parliament House for Mental Health Month
- 100 Women of Influence event

19 - Rob Ramjan, Schizophrenia Fellowship of NSW

20 - beyondblue Board meeting

21 - Launch of ***Communities Matter*** website
- The Hon. Pru Goward MP, Minister for Mental Health

22 - Marsh Workforce Strategies Forum
- Daniel Howard, Maria Bisogni and Rodney Brabin , Mental Health Review

23 - Synergy NSW Trial, quarterly stakeholder meetings
- Irene Gallagher, South Eastern Sydney Local Health District

26 - Karin Lines, NSW Ministry of Health
- Bruce Kamradt, Wraparound Milwaukee, public lecture
- Adults Surviving Child Abuse Blue Knot Day

27 - Future of Health Policy Reform Summit
- Neel Gobin, Christopher Lemon and Ashna Basu, NSW Medical Students Council

28 - Elizabeth Scott and John Grant, Brain and Mind Centre
- Moira Clay, NSW Institute of Psychiatry
- Leanne Craze, Craze Lateral Solutions

30 - Community Advisory Council meeting
- Aboriginal Health and Medical Research Council 30 Year Gala Dinner

November

2 - Nicholas Gruen, Lateral Economics
- Deputy Commissioners' meeting

3 - NSW Carers Support Services Workshop
- WayAhead – Mental Health Association Annual General Meeting

4 - The Hon. Pru Goward MP, Minister for Mental Health
- Mary Foley, NSW Ministry of Health
- Elizabeth Koff, NSW Ministry of Health
- Consumer Led Research Forum
- Mental Health Steering Committee – University of New South Wales and University of Sydney

5 - National Disability Insurance Scheme (NDIS) Forum
- Open Dialogue seminar
- Open Dialogue public session

6 - 9th Annual Conference on Treatment of Personality Disorders

7 - Australasian Society for Bipolar and Depressive Disorders Conference

9 - Sue Murray, Suicide Prevention Australia

10 - National Mental Health Commission Expert Panel Advisory Group
- Jenna Bateman, Mental Health Coordinating Council
- Institute of Psychiatry Transition Oversight Committee

11 - Spann Oration

12 - Jonathan Nicholas, ReachOut Australia
- Jan Roberts and Michelle Everett, Official Visitors Program

13 - National Occupational Therapy Mental Health Forum

16 - Hunter Institute for Mental Health Risk and Resilience Forum

17 - Peter McClelland, Mates in Construction
- ***Living Well*** Photography exhibition launch

18 - Karin Lines, NSW Ministry of Health
- Mental Health First Aid Training

19 - Mental Health First Aid Training

20 - Grainne O'Loughlin, Karitane
- Dermot Roche and Colman O'Driscoll, Medibank
- Murray Wright, NSW Ministry of Health
- Fran Silvestri, International Initiative for Mental Health Leadership (IIMHL)

23 - Karin Lines, NSW Ministry of Health
- Elizabeth Koff, Ministry of Health
- Eileen Baldry, University of New South Wales

24 - The Hon. Pru Goward MP, Minister for Mental Health

25 - The Mental Health Conference

26 - Launch of Mental Health Atlas

27 - Stephen Priestly, South Australia Mental Health Commission
- Disability Employment Advisory Committee

28 - International Society for the Study of Trauma and Dissociation (ISSTD) Australian New Zealand Regional Conference

30 - South Western Sydney Local Health District Mental Health Strategic Plan
- Being Annual General Meeting

December

1 - Community Child and Adolescent Mental Health Services Quality Improvement and Benchmarking Forum
- Helen Christensen, Black Dog Institute and Simon Freeman, Paul Ramsay Foundation

2 - *Medication and Mental Illness: Perspectives* launch

3 - Black Dog Institute and Ramsay Foundation Partnership launch

4 - The Hon. Stephen Wade MLC, South Australia
- Prime News
- Stephen Allnutt, Community Forensic Mental Health Service

7 - Senior Leaders in Health Forum

8 - Being Recovery in Art Exhibition
- Philip Amos, Philip Amos Consulting and Anita McRae, Murrumbidgee Partners in Recovery

9 - Deputy Commissioners' meeting
- NSW Synergy Online Ecosystem meeting
- Governor's Christmas Reception

10 - Pat Dudgeon, National Mental Health Commission

11 - Jim Longley, NSW Department of Family and Community Services
- Grant Sara, NSW Ministry of Health

14 - NSW Ministry of Health

15 - beyondblue board meeting
- Vivienne Miller, The Mental Health Services Conference
- David Dutton, NSW Ambulance

16 - Karen Burns, UnitingCare Mental Health and Josh Onikul, Headspace
- Planning Committee for the International Initiative for Mental Health Leadership 2017 Exchange
- Elizabeth Koff and Karin Lines, NSW Ministry of Health

17 - Audit and Risk Committee

2016

January

19 - Jane Oakeshott, University of Sydney and Peter Noble, University of New South Wales
- The Hon. Pru Goward MP, Minister for Mental Health

21 - Helen Telford, Consultant
- Rhonda Loftus, Rod McKay and Mark Wilbourn, NSW Institute of Psychiatry
- Karin Lines, NSW Ministry of Health
- Tracey Howes, NSW Council of Social Services
- David Butt, Macquarie University
- David Butt, National Mental Health Commission

22 - Systems Approach to Suicide Prevention Working Group

28 - Paul Jelfs, Justine Boland, Michelle Ducat, Australian Bureau of Statistics
- Philippa Vojnovic and Peter Hosie, Curtin Graduate School of Business
- The Hon. Pru Goward MP, Minister for Mental Health

29 - Chris Puplick, Taskforce for Health and the Arts
- Sue Sacker and Valerie Petersen, Schizophrenia Fellowship of NSW

February

1 - Suicide Prevention Advisory Group

2 - Jane Oakeshott, University of Sydney and Peter Noble, University of New South Wales

4 - Professor Nick Titov, MindSpot, Jennie Hudson Centre for Emotional Health

5 - Maria Humphreys, University of Sydney,

8 - Governor's Reception for the Veterans Centre, Sydney Northern Beaches
- Tony Penna and Kerry Chant, NSW Ministry of Health

9 - Sally Redman, Bob Wells and Anna Williamson, Sax Institute
- Institute of Psychiatry Transition Oversight Committee

10 - NSW Synergy Online Ecosystem meeting
- Lea Armstrong, Crown Solicitors Office
- James Atkinson, NSW Treasury
- Schizophrenia Fellowship of NSW

11 - Sam Refshauge, Batyr
- Karin Lines, NSW Ministry of Health
- Annette Cairnduff, University of Sydney
- Jane Burns, Young and Well Cooperative Research Centre

15 - Planning Committee for the International Initiative for Mental Health Leadership 2017 Exchange

16 - Office for Health and Medical Research, NSW Ministry of Health
- Planning Committee for the International Initiative for Mental Health Leadership 2017 Exchange

17 - Planning Committee for the International Initiative for Mental Health Leadership 2017 Exchange

18 - Community Advisory Council

19 - Community Advisory Council

23 - Nick Newling, Black Dog Institute
- The Hon. Pru Goward MP, Minister for Mental Health

24 - Royal Australian College of General Practitioners (RACGP) Roundtable

25 - Driving Public Sector Diversity forum

26 - David Kelly and Olav Nielssen, Matthew Talbot Hostel
- Eliminating Duplication Panel, NSW Treasury

29 - Phillipa Hay, Shameran Selwa-Tounan, Peter Zelas and Annemarie Hennessy, Western Sydney University

March

1 - George Catford, Care Quality Commission London
- Janet Schorer and Melanie Hawyes, NSW Department of Premier and Cabinet, Luis Salvador-Carulla, University of Sydney

2 - Elizabeth Koff, Karin Lines, NSW Ministry of Health

4 - Louise Griffiths, Urbis
- Julie Babineau and Christopher Puplick, Justice Health and Forensic Mental Health Network

8 - National Disability Insurance Agency, National Mental Health Sector Reference Group
- Bureau of Health Information
- Mental Health Review Tribunal

9 - Mental Health Reform Implementation Taskforce meeting

10 - Danny Lester, NSW Ombudsman

11 - Peter Gianfrancesco, Neami National

14 - Pharmacotherapy Advisory Group

15 - Global Challenges Living Well, Longer advisory board meeting, University of Wollongong
- Project Air Launch

17 - 2016 Meeting of Australian Mental Health Commissioners

18 - beyondblue board meeting

21 - Suicide Prevention Framework Working Group
- Sandy Steingard public lecture

22 - Luis Salvador-Carulla, University of Sydney

23 - Wesley Mission Annual Easter Breakfast
- National Mental Health Commission Expert Advisory Group, National Consensus Statement

29 - Social Sustainability Briefing, City of Sydney
- Disability Employment Advisory Committee

April

1 - Catherine Shaw, Positive Living Skills

5 - Dr Arthur Evans, Philadelphia USA
- International Initiative for Mental Health Leadership Sponsoring Countries Leadership Group, Washington USA (until 8 April)

14 - Round table on Governance for Individuals with Complex Needs
- Michelle Everett and Karen Lenihan, Official Visitors Program

18 - Public Interest Advocacy Centre

20 - Mark Wolczak, Tony Keevers and Sue-Ellen Douglass, NSW Ministry of Health

21 - The Hon. Pru Goward MP, Minister for Mental Health
- Commission on Safety and Quality in Health Care

22 - Royal Australian College of General Practitioners
- NSW Ministry of Health

26 - Murali Sagi, Ernie Schmatt and Una Doyle, Judicial Commission
- Sam Harvey, University of New South Wales
- Dominic Morgan, NSW Ambulance

27 - Faculty of Health Sciences Dean's Reception
- The Hon. Susan Ryan AO, Australian Human Rights Commission
- NSW Health Workforce Planning
- The Hon. Pru Goward MP, Minister for Mental Health

28 - Alison Vickery, holistic health coach
- MindSpot
- Niels Buus, University of Sydney

29 - Margo Lydon and Lucy Brogden, SuperFriend
- Janet Schorer and Melanie Hawyes, NSW Department of Premier and Cabinet

May

16 - City of Sydney
- Peer Work Hub launch

17 - Fayez Nour, Being

18 - Primary Health Network Forum, Mental Health Coordinating Council

19 - Community Advisory Council

20 - Jeanette James, KidsMatter and MindMatters

23 - Suncorp Emergency Services Workshop
- Planning Committee for the International Initiative for Mental Health Leadership 2017 Exchange

24 - Peter Gianfrancesco, Neami National

26 - Fran Silvestri, International Initiative for Mental Health Leadership
- Living well @ work panel event

30 - NSW Catholic Secondary Schools Association

31 - Parliamentary Friends of Mental Health Committee
- The Hon. Pru Goward MP, Minister for Mental Health and the Hon. Jillian Skinner MP, Minister for Health

June

1 - Jenna Bateman, Mental Health Coordinating Council and Karin Lines, NSW Ministry of Health
- NSW Aboriginal Mental Health and Wellbeing Policy Consultation
- Margaret Crawford, Kathrina Lo, NSW Audit Office

2 - headspace
- Schizophrenia Awareness Week Parliamentary Luncheon

6 - Sax Institute
- NSW Department of Premier and Cabinet
- Michael Spence , University of Sydney
- Lived Experience Framework consultation

9 - International Initiative for Mental Health Leadership Planning Teleconference with Fran Silvestri and Karin Lines, Ministry of Health
- Helen Telford, consultant

10 - NSW Council of Social Service

20 - Workplace Health Promotion Network Annual Members Forum
- Kylee Wade, Ambulance NSW

21 - Cervantes Institute and Brain and Mind Centre Forum

22 - Jacq Hackett, consultant

23 - The Hon. Pru Goward MP, Minister for Mental Health
- Janet Schorer
- Vinnies CEO Sleepout launch

24 - NSW Fire and Rescue Mental Health Program

27 - Central Coast Local Health District Board Meeting

28 - Richard Cogswell, Mental Health Review Tribunal

29 - National Hoarding and Squalor Conference

30 - Erica Crome, Macquarie University
- Sue Dawson, Health Care Complaints Commission

Budgets

The Commission's initial 2015-16 revenue budget was $10.093 million. This budget included funds of $930,000 that were rolled over from 2014-15. This was the remainder of the Living Well grant not fully utilised in the previous financial year. The net result of $150,000 was the initial required surplus for the Commission. The components of the initial required surplus include: net cost of service, acceptance by the Crown of employee benefits and the Commission's capital budget.

For the 2016-17 financial year, the initial revenue budget has increased from the previous year's budget mainly due to the Commission assuming responsibility for a new NGO grant from the Ministry of Health. This funding is received from the Ministry of Health and then the full amount is forwarded to the NGO. For 2016-17, the Commission receives the same capital grant of $25,000 as in 2015-16.

Detailed Budget 2015-2016

Description	*Amount $'000*
EXPENSES	
Operating expenses	
Employee related	4,554
Other operating expenses	1,307
Depreciation and amortisation	176
Grants and subsidies	3,906
Total expenses	**9,943**
REVENUE	
Recurrent grant from Ministry of Health	10,018
Other	75
Total revenue	**10,093**
Net result	**150**

Budget Outline 2015-2016

Description	*Amount $'000*
EXPENSES	
Operating expenses	
Employee related	4,470
Other operating expenses	1,963
Depreciation and amortisation	186
Grants and subsidies	4,092
Total expenses	**10,711**
REVENUE	
Recurrent grant from Ministry of Health	10,525
Other	25
Total revenue	**10,550**
Net result	**-161**

Financial overview

Audited and signed financial statements have been provided.

Statement of Comprehensive Income

The Commission's favourable net result of $297,000 was in line with budget.

Operating result 2015–16

	$'000
Expenses	10,361
Revenue	10,658
Net result	297

Financial position 2015–16

	$'000
Assets	707
Liabilities	1,339
Net assets	(632)

Revenue

The main source of revenue is a recurrent grant ($10,500,000), and a capital grant ($25,000) from Treasury, received via the cluster head, the Ministry of Health. Other revenue includes acceptance by the Crown Entity of employee benefits and other liabilities. The Commission does not provide services and therefore does not generate any revenue from its activities.

Expenses

Total expenses were $10,361,000, which included employee-related expenses of $3,703,000, other operating expenses of $2,273,000, depreciation and amortisation of $180,000, grants and subsidies of $4,203,000 and finance costs of $2,000.

Assets

Assets of $707,000 comprised $141,000 in cash, receivables of $286,000, office fit-out, furniture and information technology equipment of $204,000 and computer software of $76,000. The Commission does not own or lease any motor vehicles and does not own any land or buildings.

Liabilities

Liabilities total $1,339,000, comprising current payables of $896,000 and current leave provisions of $439,000 and a non-current leave provision of $4,000.

Net Equity

Net liabilities of $(632,000) reduced from $(929,000) in 2014-15.

INDEPENDENT AUDITOR'S REPORT

Mental Health Commission of New South Wales

To Members of the New South Wales Parliament

Opinion

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 2016, 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.

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 2016, 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 (PF&A Act) and the Public Finance and Audit Regulation 2015.

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

Basis for Opinion

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report.

I am independent of the Commission and the consolidated entity in accordance with the auditor independence requirements of:

- Australian Auditing Standards
- ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 'Code of Ethics for Professional Accountants' (the Code).

I have also fulfilled my other ethical responsibilities in accordance with the Code.

The PF&A Act further promotes independence by ensuring the Auditor-General and the Audit Office of New South Wales are not compromised in their roles 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.

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

Level 15, 1 Margaret Street, Sydney NSW 2000 I GPO Box 12, Sydney NSW 2001 I t 02 9275 7101 I f 02 9275 7179 I e mail@audit.nsw.gov.au I audit.nsw.gov.au

The Commissioner's Responsibility for the Financial Statements

The Commissioner is responsible for preparing 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 Commissioner determines is necessary to enable the preparation of financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Commissioner must assess the ability of the Commission and the consolidated entity to continue as a going concern unless operations will be dissolved by an Act of Parliament or otherwise cease. The assessment must include, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting.

Auditor's Responsibility for the Audit of the Financial Statements

My objectives are to:

- obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and
- issue an Independent Auditor's Report including my opinion.

Reasonable assurance is a high level of assurance, but does not guarantee an audit conducted in accordance with Australian Auditing Standards will always detect material misstatements. Misstatements can arise from fraud or error. Misstatements are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions users take based on the financial statements.

A further description of my responsibilities for the audit of the financial statements is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/Home.aspx. The description forms part of my auditor's report.

My opinion does *not* provide assurance:

- that the Commission or the consolidated entity carried out their activities effectively, efficiently and economically
- about the assumptions used in formulating the budget figures disclosed in the financial statements
- about the security and controls over the electronic publication of the audited financial statements on any website where they may be presented.

Chris Clayton
Director, Financial Audit Services

28 September 2016
SYDNEY

Mental Health Commission of NSW

Financial Statements

30 June 2016

MENTAL HEALTH COMMISSION of NSW

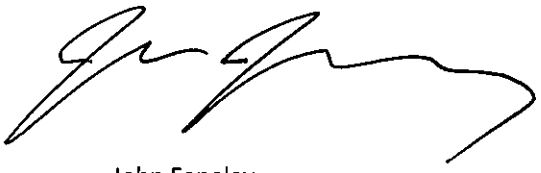
STATEMENT BY THE COMMISSIONER

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 2016 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 2015,* applicable Australian Accounting Standards, Australian Accounting Interpretations, *Treasurer's Directions* and the Financial Reporting Code for NSW General Government Sector Entities.

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
Mental Health Commission of NSW

28 September 2016

Start of Audited Financial Statements

MENTAL HEALTH COMMISSION of NSW

Statement of comprehensive income for the year ended 30 June 2016

	Notes	Parent		Consolidated		
		Actual 2016 $'000	Actual 2015 $'000	Actual 2016 $'000	Budget 2016 $'000	Actual 2015 $'000
Expenses excluding losses						
Operating expenses						
Employee related	2(a)	-	-	3,703	4,554	2,706
Personnel services	2(b)	3,570	2,601	-	-	-
Other operating expenses	2(c)	2,273	3,693	2,273	1,307	3,693
Depreciation and amortisation	2(d)	180	258	180	176	258
Grants and subsidies	2(e)	4,203	4,052	4,203	3,906	4,052
Finance costs	2(f)	2	3	2	-	3
Total expenses excluding losses		10,228	10,607	10,361	9,943	10,712
Revenue						
Investment revenue	3(a)	-	79	-	-	79
Grants and contributions	3(b)	10,525	10,780	10,525	10,018	10,780
Acceptance by the Crown Entity of employee benefits and other liabilities	3(c)	-	-	133	75	105
Total revenue		10,525	10,859	10,658	10,093	10,964
Net result		297	252	297	150	252
Other comprehensive income						
Total other comprehensive income		-	-	-	-	-
TOTAL COMPREHENSIVE INCOME		297	252	297	150	252

The accompanying notes form part of these financial statements

MENTAL HEALTH COMMISSION of NSW

Statement of financial position as at 30 June 2016

	Notes	Parent		Consolidated		
		Actual 2016 $'000	Actual 2015 $'000	Actual 2016 $'000	Budget 2016 $'000	Actual 2015 $'000
ASSETS						
Current Assets						
Cash and cash equivalents	4	141	661	141	3,302	661
Receivables	5	286	594	286	157	594
Total Current Assets		427	1,255	427	3,459	1,255
Non-Current Assets						
Plant and equipment	6	204	315	204	214	315
Intangible assets	7	76	113	76	122	113
Total Non-Current Assets		280	428	280	336	428
Total Assets		707	1,683	707	3,795	1,683
LIABILITIES						
Current Liabilities						
Payables	8	1,206	2,489	896	1,274	2,229
Provisions	9	133	-	439	204	256
Total Current Liabilities		1,339	2,489	1,335	1,478	2,485
Non-Current Liabilities						
Provisions	9	-	123	4	118	127
Total Non-Current Liabilities		-	123	4	118	127
Total Liabilities		1,339	2,612	1,339	1,596	2,612
Net Assets (Liabilities)		(632)	(929)	(632)	2,199	(929)
EQUITY						
Accumulated funds		(632)	(929)	(632)	2,199	(929)
Total Equity		(632)	(929)	(632)	2,199	(929)

The accompanying notes form part of these financial statements

MENTAL HEALTH COMMISSION of NSW

Statement of changes in equity for the year ended 30 June 2016

2016	Parent Accumulated Funds $'000	Consolidated Accumulated Funds $'000
Balance at 1 July 2015	(929)	(929)
Net result for the year	297	297
Total other comprehensive income	-	-
Total comprehensive income for the year	297	297
Balance at 30 June 2016	(632)	(632)

2015	Parent Accumulated Funds $'000	Consolidated Accumulated Funds $'000
Balance at 1 July 2014	1,829	1,829
Net result for the year	252	252
Total other comprehensive income	-	-
Total comprehensive income for the year	252	252
Transfer of surplus cash to Treasury	(3,010)	(3,010)
Balance at 30 June 2015	(929)	(929)

The accompanying notes form part of these financial statements

MENTAL HEALTH COMMISSION of NSW

Statement of cash flows for the year ended 30 June 2016

	Notes	Parent		Consolidated		
		Actual 2016 $'000	Actual 2015 $'000	Actual 2016 $'000	Budget 2016 $'000	Actual 2015 $'000
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
Employee related		-	-	(3,514)	(4,529)	(2,543)
Personnel services		(3,514)	(2,543)	-	-	-
Grants and subsidies		(4,491)	(3,642)	(4,491)	(3,906)	(3,642)
Other		(3,812)	(3,207)	(3,812)	(1,387)	(3,207)
Total Payments		(11,817)	(9,392)	(11,817)	(9,822)	(9,392)
Receipts						
Interest received		51	55	51	-	55
Grants and contributions		10,510	10,652	10,510	10,018	10,652
Other		760	557	760	-	557
Total Receipts		11,321	11,264	11,321	10,018	11,264
NET CASH FLOWS FROM OPERATING ACTIVITIES	13	(496)	1,872	(496)	196	1,872
CASH FLOWS FROM INVESTING ACTIVITIES						
Purchases of plant and equipment		(24)	(103)	(24)	(25)	(103)
NET CASH FLOWS FROM INVESTING ACTIVITIES		(24)	(103)	(24)	(25)	(103)
NET INCREASE/(DECREASE) IN CASH		(520)	1,769	(520)	171	1,769
Opening cash and cash equivalents		661	1,902	661	3,131	1,902
Transfer of surplus cash to Treasury		-	(3,010)	-	-	(3,010)
CLOSING CASH AND CASH EQUIVALENTS	4	141	661	141	3,302	661

The accompanying notes form part of these financial statements

Mental Health Commission of NSW
Notes to the financial statements
for the year ended 30 June 2016

1 Summary of significant accounting policies

(a) Reporting entity

The Mental Health Commission of NSW (the Commission) is a NSW Government entity established under the *Mental Health Commission Act 2012.* The 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 Commission as a reporting entity incorporates the Mental Health Commission Staff Agency (the Agency) under its control.

In the process of preparing the consolidated financial statements for the economic entity, including the controlled entity, all inter-entity transactions and balances have been eliminated, and like transactions and other events are accounted for using uniform accounting policies.

The Agency provides personnel services to the Commission because the Commission cannot employ staff. The head of the Agency is the Secretary of the NSW Ministry of Health.

The Commission is domiciled in Australia and its principal office is at Gladesville, NSW.

These financial statements for the year ended 30 June 2016 have been authorised for issue by the Commissioner on 28 September 2016.

(i) Service Group

Mental Health Commission of New South Wales has one service group named 'Mental Health Commission'. This service group forms part of the Health Cluster.

(ii) Service Definition

This service group covers monitoring, reviewing and improving the mental health system, and mental health and wellbeing of the people of New South Wales. It works with the Government and community to secure better mental health for everyone, prevent mental illness and ensure appropriate support is available close to home.

Mental Health Commission of NSW
Notes to the financial statements
for the year ended 30 June 2016
(continued)

1 Summary of significant accounting policies (continued)

(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 2015* 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 except where specified otherwise.

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 Australian Accounting Standards Board 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 these accounting policy notes to the financial statements.

Certain new accounting standards and interpretations have been published that are not mandatory for the 30 June 2016 reporting period. In accordance with the NSW Treasury mandate (NSWTC 16/02), the Commission did not early adopt any of these accounting standards and interpretations that are not yet effective.

The Commission has considered the impact of AASB 124 Related Party Disclosures for not-for-profit public sector entities and the assessment is that this standard will not materially affect any of the amounts recognised in the financial statements. The standard is likely to increase disclosures to the financial statements relating to related party transactions, outstanding balances and Key Management Personnel remuneration.

(ii) Statement of compliance

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

(c) Cash and cash equivalents

Cash and cash equivalents are cash on hand (petty cash advance) and operating grants as deposits at bank.

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

Mental Health Commission of NSW
Notes to the financial statements
for the year ended 30 June 2016
(continued)

1 Summary of significant accounting policies (continued)

(d) Trade and receivables

Trade and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. These financial assets are recognised initially at fair value. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment of receivables.

Any changes are recognised in the net result for the year when impaired, derecognised or through the amortisation process.

Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

(e) Derecognition 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.

(f) Assets

(i) Acquisition of assets

Assets acquired are initially recognised at cost. Cost is the amount of cash or cash equivalents paid or the fair value of 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, are initially recognised at their fair value at the date of acquisition.

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at measurement date.

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 over the period of

(ii) Capitalisation thresholds

The capitalisation threshold is $10,000 for physical and non-current assets including computer equipment. For more information see Note 1 (p).

Mental Health Commission of NSW
Notes to the financial statements
for the year ended 30 June 2016
(continued)

1 Summary of significant accounting policies (continued)

(iii) Revaluation of 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 14-01). This policy adopts fair value in accordance with AASB 13 Fair Value Measurement and AASB 116.

Plant and equipment is measured at the highest and best use by market participants that is physically possible, legally permissible and financially feasible. The highest and best use must be available at a period that is not remote and take into account the characteristics of the asset being measured, including socio-political restrictions imposed by government.

In most cases, after taking into account these considerations, the highest and best use is the existing use. In limited circumstances, the highest and best use may be a feasible alternative use, where there are no restrictions on use or where there is a feasible higher restricted alternative use.

Fair value of plant and equipment is based on a market participants' perspective, using valuation techniques (market approach, cost approach, income approach) that maximise relevant observable inputs and minimise unobservable inputs.

Most of the Commission's assets (hardware, equipment, leasehold improvements and furniture) are non-specialised with short useful lives and are therefore measured at depreciated historical cost, as an approximation of fair value. The Commission has assessed that any difference between fair value and depreciated historical cost is unlikely to be material.

(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:

Asset class	2016	2015
Plant and Equipment	5 years	5 years
Furniture and Equipment	4 to 5	4 to 5
Computer Equipment	4 years	4 years
Leasehold Improvements	Term of lease	Term of lease

(v) Derecognition

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

Mental Health Commission of NSW
Notes to the financial statements
for the year ended 30 June 2016
(continued)

1 Summary of significant accounting policies (continued)

(vi) Impairment of plant and equipment

As a not-for-profit entity with no cash generating units, impairment under AASB 136 Impairment of Assets is unlikely to arise. As plant and equipment is carried at fair value or an amount that approximates fair value, impairment can only arise in the rare circumstances such as where the costs of disposal are material. Specifically, impairment is unlikely for not-for-profit entities given that AASB 136 modifies the recoverable amount test for non-cash generating assets of not-for-profit entities to the higher of fair value less costs of disposal and depreciated replacement cost, where depreciated replacement cost is also fair value.

(vii) Restoration

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.

(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.

(g) Intangible assets

The Commission recognises intangible assets only if it is probable that future economic benefits will flow to the Commission and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value at the date of acquisition.

The capitalisation threshold for intangible assets is $10,000.

All research costs are expensed in the statement of comprehensive income. Development costs are only capitalised when certain criteria are met.

The useful lives of intangible assets are assessed to be finite.

Intangible assets are subsequently measured at fair value only if there is an active market. As there is no active market for the Commission's intangible assets, the assets are carried at cost less any accumulated amortisation and impairment losses.

The Commission's intangible assets are amortised using the straight-line method. During the year the Commission reassessed the useful lives of its intangible assets to determine the appropriate amortisation rates for these assets. The review indicated the following useful lives.

Asset class	2016	2015
Software	4 years	4 years

Intangible assets are tested for impairment where an indicator of impairment exists. If the recoverable amount is less than its carrying amount the carrying amount is reduced to recoverable amount and the reduction is recognised as an impairment loss.

1 Summary of significant accounting policies (continued)

(h) Leases

A distinction is made between finance leases which effectively transfer from the lessor to the lessee substantially all the risks and rewards incidental to ownership of the leased assets, and operating leases under which the lessor does not transfer substantially all the risks and rewards.

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 recognised as an expense on a straight-line basis over the lease term.

(i) 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. 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.

(j) Employee benefits and other provisions

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

Salaries and wages (including non-monetary benefits) and paid sick leave that are expected to be settled wholly within 12 months after the end of the period in which the employees render the service are recognised and measured at the undiscounted amounts of the benefits.

Annual leave is not expected to be settled wholly before twelve months after the end of the annual reporting period in which the employees render the related service. As such, it is required to be measured at present value in accordance with AASB 119 Employee Benefits (although short-cut methods are permitted). Actuarial advice obtained by Treasury has confirmed that using the nominal leave balance plus the annual leave entitlements accrued while taking annual leave (calculated using 7.9% of the nominal value of annual leave) can be used to approximate the present value of the annual leave liability. The Commission has assessed the actuarial advice based on the Commission's circumstances and has determined that the effect of discounting is immaterial to annual leave.

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

Mental Health Commission of NSW
Notes to the financial statements
for the year ended 30 June 2016
(continued)

1 Summary of significant accounting policies (continued)

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. This is based on the application of certain factors (specified in NSWTC 15/09) 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 a 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.

iii) Consequential on-costs

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

iv) Other provisions

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.

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 $200.00 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.

(k) Borrowings costs

Borrowing costs are recognised as expenses in the period in which they are incurred, in accordance with Treasury's Mandate to not-for-profit NSW GGS entities.

Mental Health Commission of NSW
Notes to the financial statements
for the year ended 30 June 2016
(continued)

1 Summary of significant accounting policies (continued)

(l) 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.

(m) Income recognition

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

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 and contributions are recognised at their fair value where the Commission obtains control of the right to receive a grant, it is probable that economic benefits will flow to the Commission and it can be reliably measured.

(n) Goods and services tax (GST)

Income, expenses and assets are recognised net of associated GST, unless the GST incurred is not recoverable from the Australian Tax Office. 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 Australian Tax Office are classified as operating cash flows.

(o) Fair value hierarchy

A number of the Commission's accounting policies and disclosures require the measurement of fair values, for both financial assets and liabilities. When measuring fair value, the valuation technique used maximises the use of relevant observable inputs and minimises the use of unobservable inputs. Under AASB 13, the Commission categorises, for disclosure purposes, the valuation techniques based on the inputs used in the valuation techniques as follows:

- Level 1 - quoted prices in active markets for identical assets/liabilities that the entity can access at the measurement date.
- Level 2 - inputs other than quoted prices included within Level 1 that are observable, either directly or indirectly.
- Level 3 - inputs that are not based on observable market data (unobservable inputs).

The Commission recognises transfers between levels of the fair value hierarchy at the end of the reporting period during which the change has occurred.

Mental Health Commission of NSW
Notes to the financial statements
for the year ended 30 June 2016
(continued)

1 Summary of significant accounting policies (continued)

As disclosed in Note 1(f), the Commission holds non-specialised assets with short useful lives and these are measured at depreciated historical cost as an approximation of fair value. Consequently there are no further disclosures made in relation to the AASB 13 fair value hierarchy.

(p) Change in Accounting Estimates

Effective 1 July 2014, the Commission changed the capitalisation threshold for physical non-current assets including computer equipment, to align it to that of the NSW Ministry of Health. The threshold has increased from $5,000 to $10,000. The implementation of this new threshold is a change in accounting estimates as per AASB 108 and resulted in an additional depreciation expense for the following classes for the previous financial year:

- $51,999.90 for Computer Equipment
- $3,360.00 for Furniture and Fixtures
- $7,601.00 for Intangible Software

The Commission believes this change in accounting estimates is not material in nature and best reflects the economic benefits expected to flow into the entity.

There has been no change to accounting estimates during the current financial year.

(q) Equity - Accumulated Funds

The category 'Accumulated Funds' includes all current and prior period retained funds.

(r) Budgeted amounts

The budgeted amounts are drawn from the original budgeted financial statements presented to Parliament in respect of the reporting period. Subsequent amendments to the original budget (e.g. adjustment for transfers of functions between entities as a result of Administrative Arrangement Orders) are not reflected in the budgeted amounts. Major variances between the original budgeted amounts and the actual amounts disclosed on the primary financial statements are explained in Note 12.

(s) Going Concern

The Commission's net liability position is as a result of the introduction of the new Treasury cash management Policy in the 2014/15 financial year, not due to a liquidity management issue. As a government agency, the Commission has ready access to required financial resources under the cash reforms via its cash buffer and we believe the going concern is appropriate based on the following:

As presented in the NSW Government's annual State Budget Paper 3, NSW Treasury through the NSW Ministry of Health provides grant funding to the Commission to meet its legislative responsibilities each year including meeting its liabilities inclusive of its financial liquidity and balance sheet provisions.

Mental Health Commission of NSW
Notes to the financial statements
for the year ended 30 June 2016
(continued)

1 Summary of significant accounting policies (continued)

Other circumstances why the going concern is appropriate include:

- Allocated funds, combined with other revenues earned, are applied to pay debts as and when they become due and payable.
- The Commission has the capacity to review timing of grant payments from the Ministry of Health to ensure that debts can be paid when they become due and payable.

(t) Comparative information

Except when an Australian Accounting Standards permits or requires otherwise, comparative information is presented in respect of the previous period for all amounts reported in the financial statements.

MENTAL HEALTH COMMISSION of NSW

	Parent		Consolidated	
	2016 $'000	2015 $'000	2016 $'000	2015 $'000
2. Expenses excluding losses				
(a) Employee related expenses				
Salaries and wages (including annual leave)	-	-	2,883	2,270
Superannuation - defined contribution plans	-	-	237	173
Long service leave	-	-	133	105
Workers' compensation insurance	-	-	20	27
Payroll tax and fringe benefit tax	-	-	172	131
Redundancy payments	-	-	258	-
Total employee related expenses	-	-	**3,703**	**2,706**
(b) Personnel services				
Salaries and wages (including annual leave)	2,883	2,270	-	-
Superannuation - defined contribution plans	237	173	-	-
Workers' compensation insurance	20	27	-	-
Payroll tax and fringe benefit tax	172	131	-	-
Redundancy payments	258	-	-	-
Total personnel services	**3,570**	**2,601**	-	-
(c) Other operating expenses				
Auditor's remuneration - audit of the financial statements	36	37	36	37
Audit and Risk Committee fees	37	29	37	29
Advertising	12	1	12	1
Cleaning	15	14	15	14
Computer maintenance, software licences and other related expenditure	217	235	217	235
Consultants	4	113	4	113
Other contractors	729	1,492	729	1,492
Corporate shared services fees	181	143	181	143
Equipment	15	52	15	52
Fee for services rendered	598	1,029	598	1,029
Insurance	-	4	-	4
Maintenance *	8	13	8	13
Operating lease rental expense-minimum lease payments	124	121	124	121
Telecommunications	20	12	20	12
Printing, postage and stationery	51	101	51	101
Staff development	57	51	57	51
Travelling, removal and subsistence	120	173	120	173
Utilities	8	34	8	34
Other	41	39	41	39
Total other operating expenses	**2,273**	**3,693**	**2,273**	**3,693**
* Reconciliation - total maintenance				
Maintenance expense - contractor labour and other (non-employee related), as above	8	13	8	13
Employee related maintenance expense included in Note 2 (a)	-	-	-	-
Total maintenance expenses included in Note 2 (a) and 2 (c)	**8**	**13**	**8**	**13**

MENTAL HEALTH COMMISSION of NSW

2. Expenses excluding losses (continued)

	Parent		Consolidated	
	2016 $'000	2015 $'000	2016 $'000	2015 $'000
(d) Depreciation and amortisation expense				
Depreciation				
Computer equipment	20	90	20	90
Furniture and equipment	11	16	11	16
Plant and equipment	11	12	11	12
Leasehold improvements	101	101	101	101
Total depreciation	143	219	143	219
Amortisation				
Software	37	39	37	39
Total amortisation	37	39	37	39
Total depreciation and amortisation	**180**	**258**	**180**	**258**
(e) Grants and subsidies				
NSW Consumer Advisory Group - Mental Health Inc	648	553	648	553
Mental Health Association NSW	976	458	976	458
Mental Health Carers ARAFMI NSW Inc	377	355	377	355
Beyond Blue Limited	1,200	1,200	1,200	1,200
Young and Well Cooperative Research Centre Ltd	253	162	253	162
ReachOut Australia	166	135	166	135
Other grants and subsidies	583	1,189	583	1,189
Total grants and subsidies	**4,203**	**4,052**	**4,203**	**4,052**
(f) Finance costs				
Unwinding of discount rate	2	3	2	3
Total finance costs	**2**	**3**	**2**	**3**

MENTAL HEALTH COMMISSION of NSW

	Parent		Consolidated	
	2016 $'000	2015 $'000	2016 $'000	2015 $'000
3. Revenues				
(a) Investment revenue				
Interest received on bank accounts	-	79	-	79
Total Interest on bank accounts	-	79	-	79
(b) Grants and contributions				
Operating grant from the NSW Ministry of Health	10,500	10,525	10,500	10,525
Capital grant from the NSW Ministry of Health	25	100	25	100
Other Commonwealth Government grants	-	155	-	155
Total grants and contributions	10,525	10,780	10,525	10,780

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

(c) Acceptance by the Crown Entity of employee benefits and other liabilities

The following liabilities and / or expenses have been assumed by the Crown Entity or other government agencies:

Long service leave	-	-	133	105
Total liabilities assumed by the Crown Entity	-	-	133	105

MENTAL HEALTH COMMISSION of NSW

	Parent		Consolidated	
	2016 $'000	2015 $'000	2016 $'000	2015 $'000
4. Current assets - cash and cash equivalents				
Cash at bank and on hand	141	661	141	661
Total cash and cash equivalents	**141**	**661**	**141**	**661**
For the purposes of the statement of cash flows, cash and cash equivalents include cash on hand and cash at bank. Cash and cash equivalent assets recognised in the statement of financial position are reconciled at the end of financial year to the statement of cash flows as follows:				
Cash and Cash equivalents (per statement of financial position)	141	661	141	661
Closing cash and cash equivalents (per statement of cash flows)	**141**	**661**	**141**	**661**
Refer Note 14 for details regarding credit risk, liquidity risk and market risk arising from financial instruments.				
5. Current/non-current assets - receivables				
Current				
Sundry receivables	111	111	111	111
Less : Allowance for impairment	-	-	-	-
	111	111	111	111
Prepayments	33	142	33	142
Interest receivable	-	51	-	51
GST receivable (net)	142	290	142	290
Total receivables	**286**	**594**	**286**	**594**
Movement in the allowance for impairment				
Balance at 1 July	-	-	-	-
Balance at 30 June	-	-	-	-
Details regarding credit risk, liquidity risk and market risk, including financial assets that are either past due or impaired, are disclosed in Note 14.				

6. Non-current assets - plant and equipment

2016

Parent and consolidated	Plant and Equipment $'000	Computer Equipment $'000	Furniture and Equipment $'000	Leasehold Improvements $'000	Total $'000
At 1 July 2015 - fair value					
Gross carrying amount	45	183	64	396	688
Accumulated depreciation and impairment	(20)	(123)	(35)	(195)	(373)
Net carrying amount	**25**	**60**	**29**	**201**	**315**
At 30 June 2016 - fair value					
Gross carrying amount	45	207	64	404	720
Accumulated depreciation and impairment	(31)	(143)	(46)	(296)	(516)
Net carrying amount	**14**	**64**	**18**	**108**	**204**

Reconciliations

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

2016

Year ended 30 June 2016	Plant and Equipment $'000	Computer Equipment $'000	Furniture and Equipment $'000	Leasehold Improvements $'000	Total $'000
Net carrying amount at start of year	25	60	29	201	315
Additions	-	24	-	-	24
Make good	-	-	-	8	8
Depreciation expense	(11)	(20)	(11)	(101)	(143)
Net carrying amount at end of year	**14**	**64**	**18**	**108**	**204**

2015

Parent and consolidated	Plant and Equipment $'000	Computer Equipment $'000	Furniture and Equipment $'000	Leasehold Improvements $'000	Total $'000
At 1 July 2014 - fair value					
Gross carrying amount	45	152	63	395	655
Accumulated depreciation and impairment	(8)	(33)	(18)	(94)	(153)
Net carrying amount	**37**	**119**	**45**	**301**	**502**
At 30 June 2015 - fair value					
Gross carrying amount	45	183	64	396	688
Accumulated depreciation and impairment	(20)	(123)	(35)	(195)	(373)
Net carrying amount	**25**	**60**	**29**	**201**	**315**

Reconciliations

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

2015

Year ended 30 June 2015	Plant and Equipment $'000	Computer Equipment $'000	Furniture and Equipment $'000	Leasehold Improvements $'000	Total $'000
Net carrying amount at start of year	37	119	45	301	502
Additions	-	31	-	-	31
Make good	-	-	-	2	2
Disposals	-	-	-	(1)	(1)
Depreciation expense	(12)	(90)	(16)	(101)	(219)
Net carrying amount at end of year	**25**	**60**	**29**	**201**	**315**

MENTAL HEALTH COMMISSION of NSW

7. Intangible assets

	Parent and Consolidated 2016		
	Software $'000	Software under construction $'000	Total $'000
At 1 July 2015			
Cost (gross carrying amount)	158	-	158
Accumulated amortisation and impairment	(45)	-	(45)
Net carrying amount	**113**	**-**	**113**

	Software $'000	Software under construction $'000	Total $'000
At 30 June 2016			
Cost (gross carrying amount)	158	-	158
Accumulated amortisation and impairment	(82)	-	(82)
Net carrying amount	**76**	**-**	**76**

Reconciliations

Reconciliations of the carrying amounts of each class of intangibles at the beginning and end of the current and previous financial years are set out below.

Year ended 30 June 2016	Software $'000	Software under construction $'000	Total $'000
Net carrying amount at start of year	113	-	113
Amortisation (recognised in 'depreciation and amortisation')	(37)	-	(37)
Net carrying amount at end of year	**76**	**-**	**76**

	Parent and Consolidated 2015		
	Software $'000	Software under construction $'000	Total $'000
At 1 July 2014			
Cost (gross carrying amount)	70	16	86
Accumulated amortisation and impairment	(6)	-	(6)
Net carrying amount	**64**	**16**	**80**

	Software $'000	Software under construction $'000	Total $'000
At 30 June 2015			
Cost (gross carrying amount)	158	-	158
Accumulated amortisation and impairment	(45)	-	(45)
Net carrying amount	**113**	**-**	**113**

Reconciliations

Reconciliations of the carrying amounts of each class of intangibles at the beginning and end of the current and previous financial years are set out below.

Year ended 30 June 2015	Software $'000	Software under construction $'000	Total $'000
Net carrying amount at start of year	64	16	80
Additions	72	-	72
Transfer between classes	16	(16)	-
Amortisation (recognised in 'depreciation and amortisation')	(39)	-	(39)
Net carrying amount at end of year	**113**	**-**	**113**

MENTAL HEALTH COMMISSION of NSW

	Parent		Consolidated	
	2016 $'000	2015 $'000	2016 $'000	2015 $'000
8. Current/non-current liabilities - payables				
Current liabilities - payables				
Accrued salaries, wages and on-costs	-	-	38	93
Creditors	180	1	180	3
Accrued operating expenditure	621	2,124	678	2,133
Provision for Personnel Services Liability	405	364	-	-
Total payables	1,206	2,489	896	2,229

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				
Annual leave	-	-	257	212
Long service leave on-costs	-	-	49	44
	-	-	306	256
Other Provisions				
Restoration	133	-	133	-
Total current provisions	133	-	439	256
Non-current				
Employee benefits and related on-costs				
Long service leave on-costs	-	-	4	4
Other provisions				
Restoration	-	123	-	123
Total non-current provisions	-	123	4	127
Total Provisions	133	123	443	383
Aggregate employee benefits and related on-costs				
Provisions - current	-	-	306	256
Provisions - non-current	-	-	4	4
Accrued salaries, wages and on-costs (Note 8)	-	-	38	93
Total aggregate employee benefits and related costs	-	-	348	353

The annual leave liability at 30 June 2016 was $257,000 (2015: $212,000). This is based on leave entitlements at 30 June 2016 using remuneration rates to be payable post 30 June. Of this liability, the value expected to be paid within twelve months is $222,000 (2015: $181,000) and $35,000 (2015: $31,000) after twelve months.

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.

Movement in provisions (other than employee benefits)

2016	Parent and Consolidated	
	Restoration $'000	Total $'000
Carrying amount at the beginning of the financial year	123	123
Additional provision recognised	8	8
Change in discount rate	2	2
Carrying amount at the end of the financial year	133	133

MENTAL HEALTH COMMISSION of NSW

	Parent and consolidated	
	2016	2015
	$'000	$'000

10. Commitments for expenditure

(a) Capital Commitments

Aggregate capital expenditure contracted for at balance date and not provided for:

Not later than one year	-	-
Total (including GST)	-	-

(b) Operating lease commitments

Future non-cancellable operating lease rentals not provided for and payable:

Not later than one year	139	137
Later than one year but not later than five years	-	140
Total (including GST)	**139**	**277**

Operating leases relate to office accommodation. The lease is for a period of five years with an option to renew for a further five years. The lease payment is subject to annual CPI rent reviews on the anniversary of the commencement of the lease. The Commission 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 $12,637 (2015: $25,212) that are expected to be recovered from the Australian Taxation Office.

11. Contingent liabilities and contingent assets

The Commission does not have any contingent assets or liabilities

MENTAL HEALTH COMMISSION of NSW

12. Budget review

Net result

The net result for the Commission is close to the budgeted required surplus. Increased Grants and contributions revenue was mainly due to the Commission inheriting a new grant from the Ministry of Health which was forwarded onto the Mental Health Association of NSW, represented in the Grants and subsidies expenditure.

Employee related expenditure was specifically under budget as at times contractors were used to fill vacant roles in the staff establishment throughout the financial year

Assets and liabilities

Cash and cash equivalents was $3.161m less than budget mainly due to the implementation of Treasury's cash management policy in the 2014/15 financial year.

Receivables is over budget due to a higher than expected June 2016 GST receivable and sundry debtors.

Payables is under budget due to a lower than expected June 2016 creditor accrual of operating expenditure.

Cash flows

The cash flow forecast for 2015/16 was substantially different to the actual net cash flow movement for the Commission.

The high June 2015 creditor accrual of operating expenditure paid in July 2015 is the main contributor to the higher than anticipated payments outflows.

13. Reconciliation of Cash Flows from Operating Activities to Net Result

	Parent		Consolidated	
	2016 $'000	2015 $'000	2016 $'000	2015 $'000
Net cash used on operating activities	(496)	1,872	(496)	1,872
Depreciation and amortisation	(180)	(258)	(180)	(258)
Finance costs	(2)	(3)	(2)	(3)
Decrease / (increase) in creditors	1,273	(1,656)	1,273	(1,656)
Decrease / (increase) in provisions	10	-	10	-
Increase / (decrease) in prepayments and other assets	(308)	297	(308)	297
Net result	**297**	**252**	**297**	**252**

MENTAL HEALTH COMMISSION of NSW

14. Financial instruments

The Commission's principal financial instruments are outlined below. These financial instruments arise directly from the Commission's operation or are required to finance the Commission's operations. The Commission does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes. The Commission's main risks arising from financial instruments are outlined below, together with the Commission'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 Commission, 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.

The Commission 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

		Parent		
			2016	2015
Financial Assets	**Note**	**Category**	**Carrying Amount**	**Carrying Amount**
Class:			**$'000**	**$'000**
Cash and cash equivalents	4	N/A	141	661
Receivables	5	Loans and receivables (at amortised cost)	111	162
Financial Liabilities	**Note**	**Category**	**Carrying Amount**	**Carrying Amount**
Class:			**$'000**	**$'000**
Payables	8	Financial liabilities measured (at amortised cost)	1,206	2,489

		Consolidated		
			2016	2015
Financial Assets	**Note**	**Category**	**Carrying Amount**	**Carrying Amount**
Class:			**$'000**	**$'000**
Cash and cash equivalents	4	N/A	141	661
Receivables	5	Loans and receivables (at amortised cost)	111	162
Financial Liabilities	**Note**	**Category**	**Carrying Amount**	**Carrying Amount**
Class:			**$'000**	**$'000**
Payables	8	Financial liabilities measured (at amortised cost)	839	2,220

(b) Credit risk

Credit risk arises when there is the possibility of the Commission's debtors defaulting on their contractual obligations, resulting in a financial loss to the Commission. 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 Commission, including cash and receivables. No collateral is held by the Commission. The Commission has not granted any financial guarantees. Credit risk associated with the Commission's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards.

MENTAL HEALTH COMMISSION of NSW

14. Financial instruments (continued)

(i) 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.

(ii) Receivables

All trade debtors are recognised as amounts receivable at balance date. Collectability 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 Commission 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.

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

2016	Total	Past due but not impaired	Considered impaired
	$'000	$'000	$'000
< 3 months overdue	110	110	-
3 months - 6 months overdue	-	-	-
> 6 months overdue			-

2015	Total	Past due but not impaired	Considered impaired
	$'000	$'000	$'000
< 3 months overdue	-	-	-
3 months - 6 months overdue	11	11	-
> 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 statement of financial position. Each column in the table reports 'gross receivables'.

MENTAL HEALTH COMMISSION of NSW

14. Financial instruments (continued)

(c) Liquidity risk

Liquidity risk is the risk that the Commission will be unable to meet its payment obligations when they fall due. The Commission 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 Commission'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 NSWTC 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 during the year was $Nil (2015: $Nil)

During the current and prior year, there were no loans payable.

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

	2016 $'000	2015 $'000
Cheque Cashing Authority (per fortnight, non-cummulative)	2	2

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

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

Maturity analysis and interest rate exposure of financial liabilities

Parent	Weighted average effective interest rate	Nominal amount (1)	Interest rate exposure	Maturity dates	
			Non interest bearing	< 1 year	1 - 5 years
2016	**%**	**$'000**	**$'000**	**$'000**	**$'000**
Payables:					
Payables	-	1,206	1,206	1,206	-
Total financial liabilities		**1,206**	**1,206**	**1,206**	**-**
2015					
Payables:					
Payables	-	2,489	2,489	2,489	-
Total financial liabilities		**2,489**	**2,489**	**2,489**	**-**

Consolidated	Weighted average effective interest rate	Nominal amount (1)	Interest rate exposure	Maturity dates	
			Non interest bearing	< 1 year	1 - 5 years
2016	**%**	**$'000**	**$'000**	**$'000**	**$'000**
Payables:					
Payables	-	839	839	839	-
Total financial liabilities		**839**	**839**	**839**	**-**
2015					
Payables:					
Payables	-	2,220	2,220	2,220	-
Total financial liabilities		**2,220**	**2,220**	**2,220**	**-**

(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.

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 Commission's exposure to market risk is primarily through interest rate risk on the Commission's cash balances. The Commission has no exposure to foreign currency risk and does not enter into commodity contracts.

The effect on the net result 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 Commission 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.

(i) 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 Commission's exposure to interest rate risk is set out below.

	Carrying Amount	Net result	Equity	Net result	Equity
	$'000	$'000	$'000	$'000	$'000
2016		-1%		+1%	
Financial Assets					
Cash on hand	2	-	-	-	-
Cash at bank	139	(1)	(1)	1	1
2015		-1%		+1%	
Financial Assets					
Cash on hand	2	-	-	-	-
Cash at bank	659	(7)	(7)	7	7

(e) Fair value measurement

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

INDEPENDENT AUDITOR'S REPORT

Mental Health Commission Staff Agency

To Members of the New South Wales Parliament

Opinion

I have audited the accompanying financial statements of Mental Health Commission Staff Agency (the Staff Agency), which comprise the statement of financial position as at 30 June 2016, 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.

In my opinion, the financial statements:

- give a true and fair view of the financial position of the Staff Agency as at 30 June 2016, 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 41B of the *Public Finance and Audit Act 1983* (PF&A Act) and the Public Finance and Audit Regulation 2015.

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

Basis for Opinion

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report.

I am independent of the Staff Agency in accordance with the auditor independence requirements of:

- Australian Auditing Standards
- ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 'Code of Ethics for Professional Accountants' (the Code).

I have also fulfilled my other ethical responsibilities in accordance with the Code.

The PF&A Act further promotes independence by ensuring the Auditor-General and the Audit Office of New South Wales are not compromised in their roles 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.

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

Level 15, 1 Margaret Street, Sydney NSW 2000 | GPO Box 12, Sydney NSW 2001 | t 02 9275 7101 | f 02 9275 7179 | e mail@audit.nsw.gov.au | audit.nsw.gov.au

The Commissioner's Responsibility for the Financial Statements

The Commissioner is responsible for preparing 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 Commissioner determines is necessary to enable the preparation of financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Commissioner must assess the Staff Agency's ability to continue as a going concern unless the Staff Agency will be dissolved by an Act of Parliament or otherwise cease operations. The assessment must include, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting.

Auditor's Responsibility for the Audit of the Financial Statements

My objectives are to:

- obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error
- issue an Independent Auditor's Report including my opinion.

Reasonable assurance is a high level of assurance, but does not guarantee an audit conducted in accordance with Australian Auditing Standards will always detect material misstatements. Misstatements can arise from fraud or error. Misstatements are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions users take based on the financial statements.

A further description of my responsibilities for the audit of the financial statements is located at the Auditing and Assurance Standards Board website at: http://www.auasb.gov.au/Home.aspx. The description forms part of my auditor's report.

My opinion does *not* provide assurance:

- that the Staff Agency carried out its activities effectively, efficiently and economically
- about the security and controls over the electronic publication of the audited financial statements on any website where they may be presented.

Chris Clayton
Director, Financial Audit Services

28 September 2016
SYDNEY

Mental Health Commission Staff Agency

Financial Statements

30 June 2016

MENTAL HEALTH COMMISSION STAFF AGENCY

STATEMENT BY THE COMMISSIONER

I state that in my opinion:

1. The accompanying financial statements exhibit a true and fair view of the financial position of the Staff Agency as at 30 June 2016 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 2015,* applicable Australian Accounting Standards, Australian Accounting Interpretations and the *Treasurer's Directions.*

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
Mental Health Commission Staff Agency

28 September 2016

Start of Audited Financial Statements

MENTAL HEALTH COMMISSION STAFF AGENCY

Statement of comprehensive income for the year ended 30 June 2016

	Notes	Actual 2016 $'000	Actual 2015 $'000
Expenses excluding losses			
Operating expenses			
Employee related	2(a)	3,703	2,706
Total expenses excluding losses		3,703	2,706
Revenue			
Personnel services revenue - Mental Health Commission of NSW		3,570	2,601
Acceptance by the Crown Entity of employee benefits and other liabilities	3(a)	133	105
Total revenue		3,703	2,706
Net result		-	-
TOTAL COMPREHENSIVE INCOME		-	-

The accompanying notes form part of these financial statements

MENTAL HEALTH COMMISSION STAFF AGENCY

Statement of financial position as at 30 June 2016

	Notes	Actual 2016 $'000	Actual 2015 $'000
ASSETS			
Current Assets			
Receivables	4	405	364
Total Current Assets		405	364
Total Assets		405	364
LIABILITIES			
Current Liabilities			
Payables	5	95	104
Provisions	6	306	256
Total Current Liabilities		401	360
Non-Current Liabilities			
Provisions	6	4	4
Total Non-Current Liabilities		4	4
Total Liabilities		405	364
Net Assets		-	-
EQUITY			
Accumulated funds		-	-
Total Equity		-	-

The accompanying notes form part of these financial statements

MENTAL HEALTH COMMISSION STAFF AGENCY

Statement of changes in equity for the year ended 30 June 2016

2016	Accumulated Funds $'000	Total $'000
Balance at 1 July 2015	-	-
Net result for the year	-	-
Total other comprehensive income	-	-
Total comprehensive income for the year	-	-
Balance at 30 June 2016	-	-

2015	Accumulated Funds $'000	Total $'000
Balance at 1 July 2014	-	-
Net result for the year	-	-
Total other comprehensive income	-	-
Total comprehensive income for the year	-	-
Balance at 30 June 2015	-	-

The accompanying notes form part of these financial statements

MENTAL HEALTH COMMISSION STAFF AGENCY

Statement of cash flows for the year ended 30 June 2016

	Actual 2016 $'000	Actual 2015 $'000
CASH FLOWS FROM OPERATING ACTIVITIES		
Payments		
Total Payments	-	-
Receipts		
Total Receipts	-	-
NET CASH FLOWS FROM OPERATING ACTIVITIES	-	-
CASH FLOWS FROM INVESTING ACTIVITIES		
NET CASH FLOWS FROM INVESTING ACTIVITIES	-	-
CASH FLOWS FROM FINANCING ACTIVITIES		
NET CASH FLOWS FROM FINANCING ACTIVITIES	-	-
NET INCREASE/(DECREASE) IN CASH	-	-
Opening cash and cash equivalents	-	-
CLOSING CASH AND CASH EQUIVALENTS	-	-

The accompanying notes form part of these financial statements

Mental Health Commission Staff Agency
Notes to the financial statements
for the year ended 30 June 2016

1 Summary of significant accounting policies

(a) Reporting entity

The Mental Health Commission Staff Agency (the Agency) is a Division of the Government Service established pursuant to Part 2 of Schedule 1 of the *Government Sector Employment Act 2013*. It is a not-for-profit entity as profit is not its principal objective. The Agency's objective is to provide personnel services to the 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 2016 have been authorised for issue by the Commissioner on 28 September 2016.

(b) Basis of preparation

The financial statements of the Agency 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 2015*.

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 Agency has adopted all of the new and revised Standards and Interpretations issued by the Australian Accounting Standards Board 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 these accounting policy notes to the financial statements.

Certain new accounting standards and interpretations have been published that are not mandatory for the 30 June 2016 reporting period. In accordance with the NSW Treasury mandate (NSWTC 16/02), the Agency did not early adopt any of these standards and interpretations that are not yet effective.

The Agency has considered the impact of AASB 124 Related Party Disclosures for not-for-profit public sector entities and the assessment is that this standard will not materially affect any of the amounts recognised in the financial statements. The standard is likely to increase disclosures to the financial statements relating to related party transactions, outstanding balances and Key Management Personnel remuneration.

Mental Health Commission Staff Agency
Notes to the financial statements
for the year ended 30 June 2016
(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 Agency 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 Agency 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.

(e) Employee benefits and other provisions

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

Salaries and wages (including non-monetary benefits) and paid sick leave that are expected to be settled wholly within 12 months after the end of the period in which the employees render the service are recognised and measured at the undiscounted amounts of the benefits.

Annual leave is not expected to be settled wholly before twelve months after the end of the annual reporting period in which the employees render the related service. As such, it is required to be measured at present value in accordance with AASB 119 Employee Benefits (although short-cut methods are permitted). Actuarial advice obtained by Treasury has confirmed that using the nominal leave balance plus the annual leave entitlements accrued while taking annual leave (calculated using 7.9% of the nominal value of annual leave) can be used to approximate the present value of the annual leave liability. The Agency has assessed the actuarial advice based on the Agency's circumstances and has determined that the effect of discounting is immaterial to annual leave.

Mental Health Commission Staff Agency
Notes to the financial statements
for the year ended 30 June 2016
(continued)

1 Summary of significant accounting policies (continued)

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

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

(ii) Long service leave and superannuation

The Agency's liabilities for long service leave and defined benefit superannuation are assumed by the Crown Entity. The Agency 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. This is based on the application of certain factors (specified in NSWTC 15/09) 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 a 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.

(iii) Consequential on-costs

Consequential costs to employment are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised. This includes outstanding amounts of payroll tax, workers' compensations insurance premiums and fringe benefits tax.

(f) Revenue recognition

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

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

Revenue is recognised when the Agency 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.

(g) Comparative information

Except when an Australian Accounting Standards permits or requires otherwise, comparative information is presented in respect of the previous period for all amounts reported in the financial statements.

MENTAL HEALTH COMMISSION STAFF AGENCY

	2016 $'000	2015 $'000
2. Expenses excluding losses		
(a) Employee related expenses		
Salaries and wages (including annual leave)	2,883	2,270
Superannuation - defined contribution plans	237	173
Long service leave	133	105
Workers' compensation insurance	20	27
Payroll tax and fringe benefit tax	172	131
Redundancy payments	258	-
Total employee related expenses	**3,703**	**2,706**

	2016 $'000	2015 $'000
3. Revenues		
(a) Acceptance by the Crown Entity of employee benefits and other liabilities		
The following liabilities and / or expenses have been assumed by the Crown Entity or other government agencies:		
Long service leave	133	105
Total liabilities assumed by the Crown Entity	**133**	**105**

	2016 $'000	2015 $'000
4. Current/non-current assets - receivables		
Current		
Amounts due from other government agencies	405	364
Total receivables	**405**	**364**

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

MENTAL HEALTH COMMISSION STAFF AGENCY

5. Current/non-current liabilities - payables

	2016 $'000	2015 $'000
Current liabilities - payables		
Accrued salaries, wages and on-costs	38	93
Creditors	57	11
Total payables	**95**	**104**

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

6. Current / non-current liabilities - provisions

	2016 $'000	2015 $'000
Current		
Employee benefits and related on-costs		
Annual leave	257	212
Long service leave on-costs	49	44
Total current provisions	306	256
Non-current		
Employee benefits and related on-costs		
Long service leave on-costs	4	4
Total non-current provisions	4	4
Total Provisions	**310**	**260**
Aggregate employee benefits and related on-costs		
Provisions - current	306	256
Provisions - non-current	4	4
Accrued salaries, wages and on-costs (Note 5)	38	93
Total employee benefits and related on-costs	**348**	**353**

The annual leave liability at 30 June 2016 was $257,000 (2015: $212,000). This is based on leave entitlements at 30 June 2016 using remuneration rates to be payable post 30 June. Of this liability, the value expected to be paid within twelve months is $222,000 (2015: $181,000) and $35,000 (2015: $31,000) after twelve months.

MENTAL HEALTH COMMISSION STAFF AGENCY

7. Commitments for expenditure

Capital commitments

The Agency does not have any capital commitments as at 30 June 2016 and 30 June 2015.

Operating lease commitments

The Agency does not have any operating lease commitments as at 30 June 2016 and 30 June 2015.

8. Contingent liabilities and contingent assets

The Agency does not have any contingent assets or liabilities

MENTAL HEALTH COMMISSION STAFF AGENCY

9. Financial instruments

The Agency's principal financial instruments are outlined below. These financial instruments arise directly from the Agency's operation or are required to finance the Agency's operations. The Agency does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes. The Agency's main risks arising from financial instruments are outlined below, together with the Agency'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 Agency, 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 Agency's independent Audit and Risk Committee.

The Agency 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	Carrying Amount 2016 $'000	Carrying Amount 2015 $'000
Class:				
Receivables	4	Loans and receivables (at amortised cost)	405	364

Financial liabilities	Note	Category	Carrying Amount 2016 $'000	Carrying Amount 2015 $'000
Class:				
Payables	5	Financial liabilities measured (at amortised cost)	38	94

(b) Credit risk

Credit risk arises when there is the possibility of the Agency's debtors defaulting on their contractual obligations, resulting in a financial loss to the Agency. 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 Agency, i.e. receivables. No collateral is held by the Agency nor has it granted any financial guarantees. Credit risk associated with the Agency's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards.

MENTAL HEALTH COMMISSION STAFF AGENCY

9. Financial instruments (continued)

(ii) Receivables

All trade debtors are recognised as amounts receivable at balance date. Collectability 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 Agency 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 Agency 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 (2016: $405,000; 2015: $364,000) and not less than 6 months past due (2016: $nil; 2015: $nil) are not considered impaired and together these represent 100% of the total trade debtors (2015: 100%).

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.

2016	Total $'000	Past due but not impaired $'000	Considered Impaired $'000
< 3 months overdue	-	-	-
3 months - 6 months overdue	-	-	-
> 6 months overdue	-	-	-

2015	Total $'000	Past due but not impaired $'000	Considered Impaired $'000
< 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 statement of financial position. Each column in the table reports 'gross receivables'.

MENTAL HEALTH COMMISSION STAFF AGENCY

9. Financial instruments (continued)

(c) Liquidity risk

Liquidity risk is the risk that the Agency will be unable to meet its payment obligations when they fall due. The Agency 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 Agency'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 NSWTC 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 table below summarises the maturity profile of the Agency's financial liabilities, together with the interest rate exposure.

Maturity analysis and interest rate exposure of financial liabilities

	Weighted Average Effective Interest rate	Nominal Amount (1)	Interest rate exposure	Maturity dates	
			Non Interest Bearing	< 1 year	1-5 years
	%	$'000	$'000	$'000	$'000
2016					
Payables	-	38	38	38	-
Total financial liabilities		**38**	**38**	**38**	**-**
2015					
Payables	-	94	94	94	-
Total financial liabilities		**94**	**94**	**94**	**-**

(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 STAFF AGENCY

9. 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 Agency's exposure to market risk is considered minimal as the Agency has no cash balances, has no exposure to foreign currency risk and does not enter into commodity contracts.

(i) Interest rate risk

Interest rate risk is the risk that the value of financial instruments will fluctuate due to changes in market interest rates. The Agency has no exposure to interest rate risk.

(e) Fair value measurement

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.

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

This report is available on our website:
www.nswmentalhealthcommission.com.au

This report was produced in-house by Commission staff.

ISSN 2202-767X (print)

ISSN 2203-1316 (online)

Mental Health Commission of New South Wales

Locked Bag 5013
Gladesville NSW 1675

T 02 9859 5200
F 02 9859 5251

E mhc@mhc.nsw.gov.au
W www.nswmentalhealthcommission.com.au