

Annual Report

2016 - 2017



**Mental
Health
Commission**
of New South Wales



The Hon. Tanya Davies MP
52 Martin Place
Sydney NSW 2000

Dear Minister Davies

I am pleased to submit the Annual Report of the Mental Health Commission of New South Wales for the year ended 30 June 2017.

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*.

A handwritten signature in black ink, appearing to read "Catherine Lourey". The signature is fluid and cursive, with the first name "Catherine" being more prominent than the last name "Lourey".

Catherine Lourey
NSW Mental Health Commissioner

October 2017

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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 2016-17. As I reflect on the work we have completed this year, I feel proud of the aspirations it embodies and the agenda it sets for others.

The Commission's remit under its legislation is exceptionally broad. We are responsible for nothing less than monitoring, reviewing and improving the mental health system and the mental health and wellbeing of the people of NSW. Of all the many choices we could make under that banner, we deliberately pursue work that is foundational to the directions set out in *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024* – building the case for service innovations, modelling new approaches and fostering lasting collaborations.

The Commission brings the voice of lived experience, of sector professionals and workers, and of the community into its work.

In October 2016 we held an online survey to learn what advances they were seeing. A diverse group of 1510 people responded. Overall, the community has seen some improvement across the 12 priority areas of *Living Well*, with the greatest improvement in the focus on recovery – where one-third of people said things had changed for the better. That is excellent news, but we should remain mindful that in most domains many people said there had been no change, while in some – particularly the accessibility and responsiveness of services – up to a quarter said things had gone backwards.

The Commission has always recognised the importance of the workplace for positive intervention when people are experiencing mental health challenges.

The *Mental health and wellbeing strategy for first responder organisations in NSW*, developed in partnership with emergency services, the Black Dog Institute and Government agencies, is a template for how employers can respond to mental wellbeing needs. First responders have unique challenges and exposures, but the principles of early intervention and supportive care before, during and after mental illness – and both during any absence and afterwards – are important across all industries and sectors. As the NSW Government increasingly focuses on the wellbeing of its own workforce, I hope these resources will serve as a model.

Our Check Up from the Neck Up screening events took mental health support to two of the most public places in NSW: Martin Place in the Sydney CBD and the Sydney Royal Easter Show. By encouraging hundreds of people to reflect on their mental wellbeing during their daily lives, we demonstrated that help-seeking can be a routine action, just like checking blood pressure or going to the dentist. We partnered in these events with Local Health Districts and with Flourish Australia

and Lifeline, which offered clinical and peer support to visitors. This shared focus on early intervention and health promotion is hugely important.

The Commission works closely with people with lived experience of mental health issues as leaders and advisers within our organisation. During 2016-17 we positioned lived experience even more prominently in our thinking, with two innovative consumer- and carer-led projects that will be developed into a framework for inclusive practice. It was inspiring to support people with lived experience as they conceived and completed these influential projects.

Our biggest commitment of the year was to co-host, with the NSW Ministry of Health and on behalf of Australia, the International Initiative for Mental Health Leadership (IIMHL) Exchange. This series of events in February and March brought leaders from all over the world to Sydney to share their learning. IIMHL's unique focus on practical solutions for real-world challenges offered important insights to the Australian leaders who attended. I especially thank those organisations that hosted one of the 31 separate two-day intensive meetings on particular topics. These 'matches' were an extraordinary contribution to international knowledge exchange.

My term as Commissioner began on 18 August 2017, just after the year covered by this report and five years into the Commission's work. The achievements of the 2016-17 year, and their influence and impact, are a testament to

the leadership of the inaugural Commissioner, John Feneley. John's energy and ability for linking people and conversations, has been an inspiration to the entire sector. It was a privilege to work with him closely for more than two years, and now to carry the baton forward.

I welcome three new Deputy Commissioners - Dr Martin Cohen, Karen Burns and Allan Sparkes - and the reappointments of Dr Robyn Shields and Fay Jackson. Their complementary expertise and experience allow us to address the most compelling questions in our sector from multiple angles. And I thank Bradley Foxlewin, an inaugural Deputy Commissioner whose term expired this year, for his tireless advocacy on behalf of consumers.

It is a time now to build on our foundations to support the progress of person-centred, recovery-oriented, community-based mental health reform across the state, for the present and the future.

During the year ahead our work and legislation will be reviewed by the NSW Government as required under our Act. The reviewers are diving deep into our work and talking widely with our sector stakeholders and the community. A report will be tabled in Parliament by 30 June 2018 and I am confident its recommendations will ensure the Commission remains powerfully aligned to the needs and wishes of the NSW community, and positioned for the next phase of the reform journey that we undertake together.

I thank the team at the Commission who work with great dedication to

achieve our ambitious program of work. I also thank each of the Deputy Commissioners and the Community Advisory Council members for their advice, insight and contributions as well as our agency and sector collaborators. Finally, I thank all those with lived experience of mental health issues and those who support them, for generously contributing to our work by attending our forums, participating in surveys and sharing their stories. In this way the voice of lived experience remains at the heart of our work.



Catherine Lourey

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 July 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 mental health services, but works 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.

In line with the requirements of its Act, the Commission 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.

Purpose

To drive reform that improves the mental health and wellbeing of the people of NSW.

Vision

The people of NSW 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



From left: Catherine Lourey, Deputy Commissioner; Karin Lines, Executive Director Mental Health Branch, NSW Health; Fran Silvestri, President and CEO, IIMHL; Louise Bradley, President and CEO, Mental Health Commission of Canada; John Feneley, NSW Mental Health Commissioner; Ed Mantler, Vice President, Mental Health Commission of Canada; Fredrik Lindencrona, Swedish Association for Local Authorities and Regions; pictured at the International Initiative for Mental Health Leadership Exchange in March 2017.

Highlights 2016

Evidence of change

A survey about mental health reform in NSW



July

A community mental health reform survey was launched to build a picture of progress and understand the impact across government, non-government, private sectors and the community. 1,510 people participated. The results were published in June 2017.

August

Leading American health innovator Dr Arthur Evans spoke about how to promote mentally health cities at a lecture held at The Mint in Sydney.



September

The Commission visited Port Stephens and Newcastle to learn about the community's experience of mental health responses and mental health reform implementation in their areas.

October

The *Mental Health and Wellbeing Strategy for First Responder Organisations in NSW* was launched by Premier Mike Baird. The strategy was the result of a collaboration between the Commission, Black Dog Institute, University of NSW and five first responder agencies.

November

Launch of *Insights in Recovery*, funded by the Commission and developed by the Butterfly Foundation. The guide aims to help health professionals adopt a person-centred, recovery-oriented approach when working with people with anorexia, bulimia or other eating disorders.



Highlights 2017

January

Personal stories from first responders were released on the Commission's YouTube channel. The videos are part of the Commission's ongoing efforts to protect and promote the mental health and wellbeing of the people of NSW.

February

The *Growing up digital* community event was held at Sydney Town Hall featuring experts in online culture, digital media and youth mental health, to answer questions and explore how parents and the community can act to increase the mental wellbeing of young people.

March

The Commission hosted the International Initiative for Mental Health Leadership Exchange Combined Meeting between 1-2 March 2017, in partnership with the NSW Ministry of Health.

April

Check-Up from the Neck-Up was presented at the Sydney Royal Easter Show. The initiative, developed by the Commission and based on a successful US program, invites participants to take time out for a mental wellbeing assessment.

May

The Commission visited Orange and Grafton to learn about the communities' experiences of mental health responses and mental health reform implementation in their areas.

June

A *caring collective* forum was held for mental health carers as the Commission celebrated its fifth birthday.



Our work

An influential commission

The Commission's focus brings the voice of lived experience together with expertise, evidence and promising practice across the sector to improve outcomes for people in the community. All of its impact 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 the 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 throughout the pages of this report – with a focus on the work the Commission leads or directly funds.

The Commission also contributes its expertise and unique perspective to policy processes led by others, to ensure lived experience and a focus on mental health and wellbeing are embedded deeply in the thinking of Government across multiple domains. In 2016-17 this included:

- The Commission continued to support the implementation of the **Memorandum of Understanding between the University of Sydney and the University of New South Wales** to create a visible partnership in mental health, addiction, and neuroscience. In August 2016, the Commissioner opened a workshop in which mental health professionals, consumers and carers joined with researchers from both universities to explore future potential areas of research in three areas: prevention and early intervention for young people; improving responses to support those living with both mental illness and drug and alcohol addiction; and prevention and early intervention in later life. As part of the Commission's role in supporting research and innovation, Sarah Hanson, Executive Officer, finalised her secondment to the universities having provided strategic advice to the Steering Committee established to put the MoU into practice, and scoping the inaugural operational plan and initial priority projects. Ms Hanson has since been invited to join the Steering Committee as a non-voting member.
- Throughout 2016-17 the **NSW Law Reform Commission reviewed the Guardianship Act 1987 (NSW)**. The Commission provided submissions on its six consultation papers, and participated in a face-to-face consultation. The submissions advocate for the introduction of a supported decision-making model and a series of changes aimed at promoting the dignity and rights of people with a disability, including people who experience mental illness, in line with Australia's obligations under the United Nations Convention on the Rights of Persons with Disabilities.
- Deputy Commissioner Dr Robyn Shields AM was appointed to an expert panel convened to investigate

seclusion, restraint and observation practices across the NSW mental health system. The review, expected to report in 2017-18, follows the release of disturbing video footage of events leading to the death of a patient at Lismore Hospital in 2014, after an episode of seclusion.

- The impacts of childhood trauma have long lasting and pervasive effects on survivors. The **Royal Commission into Institutional Responses to Child Sexual Abuse** provides an unprecedented opportunity for governments across Australia to rise to the challenge posed by childhood trauma, and the NSW Mental Health Commission has actively engaged with the Royal Commission including through informal meetings and by giving evidence before a public hearing. The Commission also:

- took the lead in developing a consensus statement on behalf of all mental health commissions in Australia which identifies the mental health responses governments need to take in order to support people who were abused;
- invited Commissioner Helen Milroy to present to more than 300 delegates from around the world at the International Initiative for Mental Health Leadership Exchange in early 2017;

- partnered with advocacy organisation Blue Knot Foundation to conduct preliminary research into the impact of public discussion about child abuse in retraumatising people who have experienced this issue or prompting vicarious trauma in others, with a view to developing safety guidelines.
- The Commission participated in the Australian Human Rights Commission's consultations in relation to Australia's ratification of the **Optional Protocol to the Convention against Torture** through meetings and roundtable discussions. The Commission will continue to engage with the Australian Human Rights Commission around this issue in 2017-18.

Submissions

The Commission contributes to the development of good practice in relation to mental health and wellbeing across the whole spectrum of government and community support by providing policy advice in response to a broad range of consultations. During 2016-17 the Commission made written submissions to a number of processes and reviews, including:

- the City of Sydney's A City for All Draft Inclusion (Disability) Action Plan
- the Australian Government's Disability Employment

Taskforce discussion paper, New Disability Employment Services from 2018

- the Commonwealth Senate Standing Committees on Community Affairs on the inquiry into the delivery of outcomes under the National Disability Strategy 2010-2020 to build inclusive and accessible communities
- the University of Sydney's Medical School Curriculum
- NSW Health on the NSW Youth Health Policy consultation
- the Department of Family and Community Services on Foundations for change: Homelessness in NSW
- the review of the *Coroners Act 2009*
- Compulsory Third Party (CTP) Motor Accident Insurance Reforms
- the Australian Digital Health Strategy national consultation
- the national consultation on the draft National Consensus Statement: Essential Elements for Recognising and Responding to Deterioration in a Person's Mental State
- the development of the Fifth National Mental Health and Suicide Prevention Plan.

Dr Arthur Evans public lecture

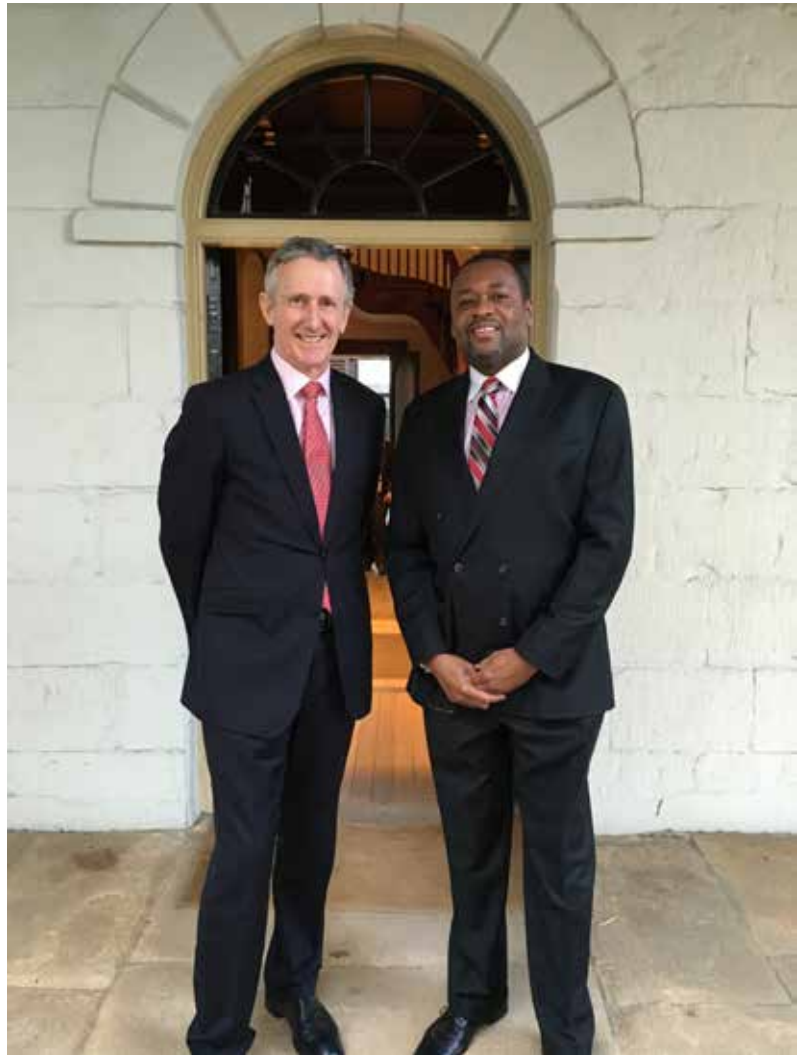
Leading US health innovator Dr Arthur Evans held a diverse audience spellbound on 31 August 2016 as he outlined the major strides he has made toward instituting a population-based approach to mental health in his city of Philadelphia.

Since taking the role of Commissioner of Philadelphia's Department of Behavioral Health and Intellectual disAbility Services (DBHIDS) a decade ago, Dr Evans has measurably improved the mental health of communities and lowered treatment costs by taking solutions to the people rather than waiting for people to come for treatment. Focussing on early intervention, community support and building the mental health literacy of those who are not affected by mental illness, the city's programs are far-ranging and comprehensive.

One community initiative, Healthy Minds Philly, engages whole communities to work toward better mental health at a grassroots level and empowers individuals to take responsibility for their own wellbeing. One aspect of this is the mental wellbeing tests offered free in local neighbourhoods and train stations, with practical follow-through for those who need help.

By hosting Dr Evans, the Commission hopes to inspire NSW leaders to take an active, whole-of-community approach towards good mental health in addition to their existing focus on responding to people who are unwell.

Guests who attended the event at The Mint in Sydney included members of the Parliamentary Friends of Mental Health The Hon. Scott Farlow MP (Chair); Kate Washington, Member for Port Stephens; The Rev. Hon. Fred Nile MLC; and Anoulack Chanthivong, Member for Macquarie Fields. Other attendees included Phil Minns, Deputy Commissioner of the NSW Public Service Commission and Professor Ian Hickie, Co-Director Health and Policy of the Brain and Mind Centre at the University of Sydney.



NSW Mental Health Commissioner John Feneley and Dr Arthur Evans at The Mint, Sydney



Dr Evans on air with Fran Kelly from ABC's RN

International Initiative for Mental Health Leadership Exchange

The International Initiative for Mental Health Leadership (IIMHL) is a collaboration between eight countries that aims to improve mental health and alcohol and other drug services for people who need them and their families. The eight member countries are Australia, Canada, England, New Zealand, Republic of Ireland, Scotland, Sweden and the USA.

The collaboration was borne out of recognition that research evidence and clinical practice alone cannot ensure the success of community-based mental health services. The sector also needs skilled leaders who can promote and support the practices most likely to help people recover from mental illness.

One of the collaboration's regular activities is a 'leadership exchange'. Every 16 months, delegates from the eight member countries gather together to share innovations, to solve problems, and to network across countries and agencies.

In 2017, the leadership exchange was hosted by the NSW Mental Health Commission in partnership with the NSW Ministry of Health. On the first two days of the exchange, February 27 and 28, more than 300 delegates dispersed to one of 31 'matches' (meetings) held across Australia and New Zealand to explore specific topics in depth with peers from across the globe. Topics included perinatal and infant mental health; suicide prevention; working with older people; rural and remote care; physical health outcomes; Indigenous leadership in mental health; and the lived experience workforce.

From 1-3 March, delegates gathered in Sydney to share their learnings from the matches and to participate in discussions led by experts including:

- Tom Calma, AO, Co-chair Reconciliation Australia
- Fay Jackson, NSW Deputy Mental Health Commissioner
- Helen Milroy, child and adolescent psychiatrist and Commissioner at Australia's Royal Commission into Institutional Responses to Child Sexual Abuse
- Monique Faleafa, chief executive Le Va, a national NGO focused on Pacific people's wellbeing
- David Covington, leader of the Zero Suicide initiative.

The 2017 IIMHL Leadership Exchange was held alongside a similar event called the International Initiative for Disability Leadership (IIDL) Exchange, which aims to support leaders in disability services.

The Commission introduced a number of innovations to the IIMHL 2017 program, in order to make the learning more accessible both within and beyond the mental health sector.

- Blendology interactive name tags allowed the wearer to exchange information and interests with another delegate simply by bumping their two tags together. It is hoped these contacts will form into ongoing international partnerships in the future.
- Thirty early and mid-career mental health leaders from across Australia who participated in mental health leadership training in 2016 put their new skills into practice during IIMHL. The graduates of a training program

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1. Deputy Commissioner Fay Jackson addresses delegates
2. Aboriginal group Descendance performs at the opening of the Leadership Exchange
3. NSW Mental Health Commissioner John Feneley officially opens the Leadership Exchange

International Initiative for Mental Health Leadership Exchange

called Supporting the Promotion of Activated Research and Knowledge (SPARK), developed and delivered by the Mental Health Commission of Canada in Sydney and supported by the NSW Mental Health Commission, the National Mental Health Commission, and the graduates' employers. The program focuses on how to move innovative ideas in mental health and wellbeing rapidly into practice.

The emerging leaders were identified with a badge, with other delegates encouraged to talk with them about their experiences and careers. They were also welcomed to a special reception at Government House by His Excellency General The Honourable David Hurley AC DSC (Ret'd), Governor of NSW.

- A parallel arts program offered intense and at times very personal works and reflections that emphasised the individual nature of the experience of mental distress and its impact.

This included:

- Multi-award winning slam poet, Philip Wilcox, who synthesised and commented on the meeting sessions in verse
- Drummer Evan Yako, who came to Australia from Iraq as a refugee at 17, and his drumming group of school students organised through the NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS).
- The Spanish Speaking Choir, with members drawn from STARTTS' support group for women from South and Central America.
- Previews of two major works to feature at The Big Anxiety arts festival in Sydney in October 2017, namely: an immersive interactive work presenting the stories of women who were sent to Parramatta Girl's Home in the 1970s; and the Mood Lab, which uses electronic soundscapes controlled by changes in alpha brainwave activity to guide participants to a place of intense but wakeful stillness.

The Commission developed video features from six of the topic-focused matches, and of the Combined Meeting plenaries, as well as written summaries from many of the other matches, in order to make the work as accessible as possible to anyone who might wish to use it. These materials are all available on the Commission's website.



4. Professor Tom Calma, AO, Co-Chair Reconciliation Australia, and Michel Rodrigue, Mental Health Commission of Canada

5. Commissioner John Feneley with meeting participants

6. Appreciative audience



7. Plenary sessions

8. Neeraj Hansji and Mark Thompson, SPARK graduates, wearing blendology smart badges which allow people to exchange contact details

9. The Urban Planning Supporting Health and Wellbeing match hosted by the Greater Sydney Commission

10. Minister Davies at the Perinatal and Infant Mental Health match hosted by Karitane

11. Interactive mental health technology featured at the Combined Meeting

12. Aunty Millie Ingram (centre) after welcoming international delegates to NSW

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 Commissioners 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.

The *Living Well* reforms put the community at the heart of a modern, person-centred mental health response. The community is usually the best place for a recovery-focused response when people are unwell; it is also the driver of some of the most positive innovations in the mental health system, harnessing the commitment of individuals and organisations to those who are most closely connected to them, either by geography or culture.

Each year the Commission focuses in detail on four communities, exploring their strengths and understanding their needs for additional support. The opportunity to meet people and services on their home ground provides invaluable insights. It highlights systemic issues that the Commission can then raise with Government agencies, or address in its own work program. It also sharpens the Commission's knowledge of local programs,

understanding the elements of their success and how those might be replicated in other regions and populations.

During 2016-17 the Commission further strengthened its relationships with Aboriginal communities, and expanded its emphasis on the mental wellbeing of children and young people.



NSW Mental Health Commissioner John Feneley with carers in Newcastle

Community visits

Commission staff travelled to Grafton, Orange and Lismore as part of ongoing efforts to engage with and influence mental health reform in regional NSW.

The Grafton visit on 10-11 May 2017 focussed on the successful local collaboration, *Our Healthy Clarence*. This community-wide initiative includes government and community-managed agencies, community leaders,



1. NSW Mental Health Commissioner John Feneley talking with Clair Morton from *The Daily Examiner* in Grafton
2. Deputy Commissioner Karen Burns met with headspace and Marathon Health in Orange
3. Commission staff met with members of the Our Healthy Clarence Steering Committee
4. Sam Osborne from the Rural Adversity Mental Health Program and Giane Smajstr from Clarence Valley Council in Grafton

consumers and primary health practitioners working together to find ways to reduce suicide and improve mental resilience and wellbeing in the Clarence Valley area.

The trip to Orange on 17-18 May encompassed a wide range of initiatives and organisations, including meetings with Western NSW Local Health District and people and families who live with mental illness. NSW Deputy Mental Health Commissioner Karen Burns hosted an afternoon tea for people with lived experience.



5. Commission staff visit Cranes Community Support Programs, Grafton

6. Autumn colours in Orange

7. Karen Burns with Nathan Sutherland, Aboriginal Medical Service, Orange

8. Commission staff with the Mayor of Orange, Councillor John Davis OAM and Scott Maunder, Community Services Director, Orange

Engagement with Aboriginal communities

Projects that support Aboriginal self-determination, and share best practice learnings from Aboriginal communities and those who work with them, have an enormous potential to improve social and emotional wellbeing for all Aboriginal people.

The Commission worked with **Tharawal Aboriginal Corporation** to profile how it works to improve the social and emotional wellbeing of its clients in the Campbelltown area, including spotlighting how the organisation works closely with South Western Sydney Local Health District to improve care for shared clients. The resulting three short videos are intended to assist other mental health services to understand how they can better support Aboriginal clients.

The Commission also profiled the work of **Weave Youth & Community Services**, which has operated in inner Sydney for the last 40 years. Three short videos aim to convey how Weave became part of the Waterloo and Redfern communities, including how it earned the trust of Aboriginal community members, and why the service provides trauma-informed care and works to empower young people.

This suite of videos, called Profiling best practice, can be viewed on the Commission's YouTube channel.

One of the intensive topic-focused matches held in the lead up to the International Initiative for Mental Health Leadership Exchange was **Healing and empowerment: Indigenous leadership in mental health and suicide prevention**, hosted by National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH) and the Queensland Mental Health Commission and held in Cairns. A video about the match can be viewed on the Commission's YouTube channel.

The Commission also strengthened its partnership with the **Aboriginal Health and Medical Research Council (AH&MRC)** via a renewed Memorandum of Understanding.

Through the Memorandum, the Commission formally recognises the AH&MRC's unique capacity to provide expertise on the mental health and social and emotional wellbeing of Aboriginal people in NSW, and to provide leadership to the Aboriginal Community Controlled Health Services sector.



IIMHL Cairns Match



John Feneley with AH&MRC CEO Sandra Bailey, signing the MoU



Screenshots from Weave and Tharawal videos

Young people and mental health

More than 150 people gathered at Sydney's Town Hall on 28 February 2017 to learn how to assist young people to stay safe and well as they use digital technologies.

The public forum, called Growing Up Digital, was organised by the NSW Mental Health Commission and chaired by digital journalist and founder of the Mamamia Women's Network, Mia Freedman.

Panellists, including Jonathan Nicholas, CEO of youth mental health service Reachout.com and father of three boys, Samantha Yorke, director of public policy at Google and mother of one, and Ms Freedman, who has three children, encouraged parents to try out the new technologies and apps their kids are using rather than avoid them.

Their tips included:

- Worry less about screen time, social media use and mobile phone use and more about whether your children are happy and well
- Encourage kids to use the 'grandma rule' – if they wouldn't show content to grandma, then they shouldn't post it online
- Try using non-confrontational conversation methods – such as talking in the car or texting
- Avoid using mental health language – rather than asking if kids are feeling depressed or anxious, use the language they use such as 'I'm feeling really stressed by exams'
- Remember that kids don't distinguish between the 'online world' and the 'real world' – they see them as one and the same.

A [list of useful resources](#) was developed and was shared with attendees and is available on the Commission's website.

View the [Growing up digital videos](#) on the Commission's YouTube channel.



Growing up digital short video



Mia Freedman, Samantha Yorke and Jonathan Nicholas

Amplifying the voice of lived experience

People who live with mental illness and their families and carers bring invaluable expertise to the planning or operation of mental health services. Whether providing insights from the consumer perspective or taking part as peer workers in person-to-person support roles and management, their role is rapidly growing, thanks in part to the Commission's work.

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 wellbeing. Highlights from 2016-17 include:

- A Carer Steering Committee was established in April 2017 with eight carer representatives and two consumer observers to lead the **Carer Lived Experience Project**. The objective was to find ways to embed carer lived experience at every level in mental health and related services and promote carer participation, influence and leadership. The project included a survey of 90 carers, whose insights will inform development of a **Lived Experience Framework** to include both consumer and carer perspectives. This will be developed during 2017-18 using a co-design approach.
 - 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 supported the annual **Consumer Workers' Forum**. This year's Forum was held in November 2016 and heard from mental health consumer workers from across Local Health Districts and other mental health leaders. The Commission also co-facilitated a breakout session on medications and mental illness based on its work in this area.
 - In partnership with the Butterfly Foundation and the Ian Potter Foundation, the Commission released ***Insights in Recovery: A consumer-informed guide for health practitioners working with people with eating disorders***. Based on advice from more than 100 people who have had eating disorders, it provides guidance for GPs and other professionals on how to adopt a person-centred, recovery-oriented approach to working with people with anorexia, bulimia and other eating disorders. Its recommendations include:
 - establish a shared understanding of recovery
 - help individuals talk about their eating disorder
 - help individuals feel safe
 - use mindful language
 - help individuals find their identity beyond the eating disorder
 - integrate choice into treatment decisions
 - encourage the use of healthy supports in everyday life
 - listen and incorporate the perspectives of those with lived experience.
- The Commission has distributed the publication to targeted groups of GPs and plans further promotion of the resource during 2017-18.
- The Commission continued to provide secretariat support to the **Consumer Led Research Network**. Members of the Network have taken up opportunities to be involved in and lead research projects and have explored strategies that will best support their goals and objectives over time and continue to identify new research questions and the most meaningful and ethical approaches to exploring them.

- The Commission undertook a final round of consultations on the ***Living Well in Later Life: The Case for Change*** and ***Statement of Principles*** documents. These bring together evidence and directions for reform required to address the particular mental health and wellbeing needs of older people. These consultations involved extensive feedback from more than 30 organisations. The draft report was finalised and was scheduled for release in July 2017.
- 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**. The project has three components - data linkage to better understand current access of mental health services by people with an intellectual disability; a review of current policy at national and state level; and qualitative work to better understand the lived experience of consumers and carers in trying to access and navigate care. In 2016-17 results from the policy review were fed back to State and Commonwealth governments. It is anticipated that a launch of the results from all three streams will occur in 2017-18.

A Caring Collective

A Caring Collective – a workshop event intended to empower mental health consumers' families and carers – was held in Sydney in June 2017 to set an agenda for carers' needs. It included presentations about privacy and participation in care, carers' rights under the Mental Health Act, the National Disability Insurance Scheme and how it operates for people with psychosocial disability and those who support them, and how carers can find support for themselves.

To make the event as accessible as possible, the event was live-streamed via Facebook, and videos of the sessions made publicly available soon afterwards. Family members and carers were also invited to record video messages about what mattered most to them, which are available on the Commission YouTube channel. Carers are encouraged to share these videos as a tool to engage decision makers.



A report from the forum was also compiled. *Caring for the future* presents solutions and strategies from mental health carers to enrich policy-making that affects the carers, families and supporters of people living with mental illness. The report is available on the Commission website.

Promoting wellbeing and preventing suicide

Good mental health and wellbeing are the foundations for positive life choices, strong relationships, supportive communities and the capacity to cope in adversity, so people can live fully and contribute socially and economically to society. A focus on strengthening wellbeing can also reduce suicide and attempting suicide by helping individuals, families and communities to come through times of adversity. The Commission works to embed an emphasis on wellbeing across all Government programs and agencies, and to increase self-agency and resilience throughout the NSW community.

- Workplaces are vital settings for promoting good mental health, preventing distress and responding to people experiencing mental illness. This is because people spend an average of 40 hours at work each week and workplaces themselves can create the conditions that enhance or threaten our mental health. Through partnerships with icare, SafeWork NSW and WayAhead Workplaces, the Commission has been a strong advocate for mentally healthy workplaces in 2016-2017 and a contributor to improved policy and practices in **workplace mental health**. Creating mentally healthy workplaces will open doors for the many people in NSW who are excluded from work because of a lack of accommodation and understanding in relation to their mental illness. The Commission has been an active contributor to work led by the Public Service Commission and the Department of Family and Community Services on increasing the inclusion of people with disability in public sector workforces.
- At the request of the Premier and Minister for Mental Health, the Commission brought together NSW's first responder agencies - NSW Police, Fire & Rescue NSW, NSW Ambulance, NSW State Emergency Service and NSW Rural Fire Service - with researchers from the Black Dog Institute at the University of New South Wales and developed a shared **mental health and wellbeing strategy for first responder staff and volunteers**, who are regularly exposed to traumatic situations. This initiative, launched in October 2016, was Australia's first cross-agency mental health strategy for first responders. The Commission also partnered with icare to produce a series of videos that first responder agencies use in their workplaces to help staff and volunteers understand why and how they can look after their mental health. The videos have been used in NSW Police training sessions and multiple agencies' mental health education days and had more than 6000 views by June 2017. The Commission continues its engagement with first responder agencies to support the strategy's implementation.
- In 2016, the Commission distributed hard copies of **Communities Matter** factsheets to community-led networks (including suicide prevention networks) in rural and remote NSW. The Commissioner and Minister Goward wrote to all mayors in NSW asking them to promote the resource. The Commissioner and the Executive Director of the Mental Health Branch at the Ministry of Health wrote to all the Mental Health Directors in Local Health Districts asking them to promote Communities Matter and distribute the electronic copies of the fact sheets to their services.
- The Commission co-hosted the **Working Together to Prevent Suicide in Rural Areas forum** at the 2017 Sydney Royal Easter Show, with the Centre for Rural and Remote Mental Health.
- The Commission visited the Clarence Valley in May 2017 to meet the Our Healthy Clarence Steering Group and learn about and promote a locally

designed and led whole of community suicide prevention and wellbeing plan.

- The Commission hosts the NSW **Suicide Prevention Advisory Group** (SPAG), co-chaired with the NSW Ministry of Health. The group, which includes clinicians, policy-makers, advocates and people with lived experience of attempted suicide or bereavement after suicide, meets twice a year. Members share intelligence on issues relating to suicide prevention, in order to improve the planning, monitoring and co-ordination of suicide prevention activities in NSW.
- The Commission has led the establishment of the **NSW**

Wellbeing Collaborative, a cross-agency, cross-sectoral group of strategic leaders in wellbeing, since early 2014.

The Collaborative brought together several foundational pieces of work during 2016-2017 through the finalisation of the Wellbeing Series publications comprising a *Language and Definitions Guide*, *A Case For Change* and *Principles for Action*. The Collaborative also commenced work on its next priority – measurement and monitoring – through a scoping project with the Centre For Social Impact at the University of New South Wales.

- The **Mental Wellbeing Impact Assessment (MWIA)** tool 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*, and the Commission has continued to facilitate capacity building in this area. In August 2016 the Commission partnered with icare and the Department of Education in delivering training in the MWIA methodology.

- The Commission visited Orange in May 2017 to meet the Act-Belong-Commit Orange steering group and all Rural Adversity Mental Health Program (RAMHP) workers, in order to inform its wellbeing program of work.

Wellbeing Collaborative Match

The Commission hosted the IIMHL Wellbeing Collaborative Match, one of 31 intensive meetings held as part of the International Initiative for Mental Health Leadership Exchange. Day one of the match took place in Sydney and included workshops on design thinking, and evaluation and measurement, and an impressive performance from hip hop group Indigenoise. Day two of the match saw participants travelling to University of Wollongong to learn about innovative approaches to wellbeing supported by the University. Match outcomes include videos, a shared discussion paper, and a summary article.

The participants came together to network; to present, workshop, formulate, share and gather ideas; to get a taste of wellbeing programs in action; and to seek out opportunities for collaboration on wellbeing across organisations and disciplines. They represented a diverse range of organisations and institutions. Pictured below are the match participants en route to the University of Wollongong, which has an innovative wellbeing program for residential students and an early learning research centre.



Check-Up from the Neck-Up

Following its successful inaugural event in Martin Place in October 2016, the Commission hosted another Check-Up from the Neck-Up event at the 2017 Sydney Royal Easter Show to promote wellbeing in the community.

The initiative, developed by the Commission and based on a successful US program, invites participants to take time out for a mental wellbeing assessment.

The two-day activity at the Easter Show aimed to target regional and rural exhibitors with few health resources in their home settings and while country-dwellers flocked to the Check-Up marquee, mums, dads, seniors and other show-goers from all over NSW also joined in.



1. NSW Mental Health Commissioner John Feneley and Julie Robotham from the Commission at the Check-Up from the Neck-Up event in Martin Place
2. Martin Place train station entrance, with the Check-Up marquee in the background
3. A volunteer psychologist with the Snapshot app on the iPad, ready to chat with the public
4. From left: Julie Robotham, Scott Farlow MLC, John Feneley and Sue Murray of Suicide Prevention Australia

The event was staffed by mental health professionals from Sydney, South East Sydney, Western Sydney and Northern Sydney Local Health Districts, along with Flourish Australia peer workers and Lifeline volunteers. The Commission is indebted to these organisations for their generous support.

The response from show-goers was overwhelmingly positive. The Check-Up was attended by His Excellency General The Honourable David Hurley AC DSC (Ret'd), Governor of New South Wales; his wife Mrs Linda Hurley; the Hon. Tanya Davies MP, Minister for Mental Health; and the Hon. Scott Farlow MLC, Chair of the Parliamentary Friends of Mental Health.

The Check-Up from the Neck-Up wellbeing assessments were done using the Snapshot tool developed by the Black Dog Institute.



5. Governor of NSW David Hurley and Linda Hurley have a check-up at the Easter Show

6. Police officers and Commission staff at the Easter Show Check-Up stall

7. John Feneley, Governor of NSW David Hurley and Linda Hurley, Jaelea Skehan and Allan Sparkes with Commission staff and volunteers

8. Jenny Crocker from the Commission showing the Wheel of Wellbeing to children visitors at the Easter Show

Mental Health Month 2016

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.

'Mental wellbeing for everyone in NSW' was the focus of the Commission's activities in Mental Health Month.

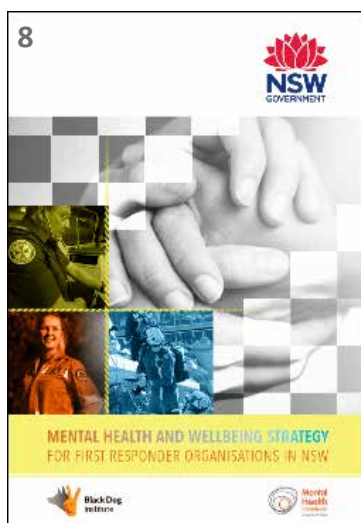
On 12 October 2016, the Commission staged a **showcase of initiatives by community organisations** in the Speaker's Garden at Parliament of NSW. The showcase featured innovative and exciting work that is keeping people recovering from mental illness well and connected to their communities. It included performances by drummers from Cabramatta High School and singers from the Spanish-Speaking Choir, both initiatives of the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS). Other participants included the youth support organisation WEAVE, whose Aboriginal ambassadors encouraged visitors to write and send messages of hope; St Vincent de Paul's Compeer program and headspace's therapy dog program.



1. Minister Goward speaks at the Mental Health Month Parliamentary showcase, with Premier Mike Baird and John Feneley listening in the background
2. RSPCA therapy dog with a representative from headspace Penrith
3. ReachOut.com youth ambassador enjoying the barbecue offerings in the Speaker's Garden
4. The Spanish Speaking Choir from Fairfield performing on the verandah in the Speaker's Garden

On the same day, the Premier the Hon. Mike Baird MP and Minister for Mental Health the Hon. Pru Goward MP launched a **strategy to support the mental wellbeing of emergency workers**.

The publication of this document represents the first time in Australia's history that first responder agencies have collaborated to develop a shared mental health and wellbeing strategy. The milestone achievement was made possible by the Commission, which brought the agencies together and facilitated the strategy's development, and the Black Dog Institute, which provided the evidence base to support the strategy direction. University of New South Wales researcher and workplace mental health expert Associate Professor Sam Harvey, who is based at the Black Dog Institute, was the strategy's lead author.



5. Minister Goward with members from the Volunteer Rescue Association

6. Terry Savage and Dominic Morgan from NSW Ambulance

7. John Feneley with representatives from Fire and Rescue NSW

8. *Mental Health and Wellbeing Strategy for First Responder Organisations in NSW* cover image

9. John Feneley and Minister Goward with representatives from NSW Rural Fire Service

The *Living Well* agenda

In December 2014 the Government adopted *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024*. Since then its influence has continued to grow as the Government has funded new programs to support its objectives, and the community has adopted its principles. Agencies and community-managed organisations working across the full spectrum of mental health and social supports have embraced the language of *Living Well*, which promotes a whole-of-government, whole-of-community and whole-of-life perspective with community-based support, wellbeing and recovery at its heart.

The Commission's work to embed the *Living Well* reforms across the whole community has continued in 2016-17.

- The Commission completed a major **review of the transparency and accountability of mental health funding to Local Health Districts and Specialty Health Networks** within NSW Health. It focuses on the continuing transition towards activity-based funding (ABF) for mental health services, which follows the 2011 National Health Reform Agreement between the Commonwealth Government and the states and territories. Under ABF, health services are no longer allocated an adjusted budget based on their previous year's spending. Instead they receive a uniform "efficient price" for each episode of each particular type of service they provide. The review, conducted under the Mental Health Commission Act, was undertaken through detailed interviews and reviews of documentation at four representative LHDs, conducted in late 2016 and early 2017. Consultation included representative bodies including the NSW Branch of the Royal Australian and New Zealand College of Psychiatrists. It follows the concerns expressed by some clinicians, raised by the Commission in *Living Well* and again in 2015's *One Year On*, that money earmarked for mental health might not be getting through to front-line services. A report from the review will be published in 2017-18.
- The Commission purchased NSW data from the Australian Bureau of Statistics about the **mental health characteristics of culturally and linguistically diverse people** and about the **characteristics of people who care for someone who has a mental illness**. This information will be published on the Commission's website to guide policy and planning decisions, and will also be used to inform community consultations and resource development during 2017-18.
- Work commenced on the preparation of a report on progress in mental health reform as reflected by the 10 **Living Well indicators**. Data was provided by the Ministry of Health and other data was submitted by external organisations. A report on progress against these indicators will be published in 2017-18 as a function of the Commission's monitoring and reporting responsibilities.
- The Commission contracted the Australian Institute of Health and Welfare to investigate the current and future availability of data about **expenditure levels and funding sources for mental health related programs offered by community managed organisations**. The study will also examine mental health related programs delivered by NSW Government agencies other than NSW Health, and will be completed in early 2017-18.
- The Commission conducted an **independent review of**

three community managed organisations to which it provides core funding, focused on broad organisational aspects including their representativeness and the governance and systems in place to ensure they are strongly positioned to use and leverage their grants. The review identified opportunities for the consumer and carer peak groups Being and Mental Health Carers NSW to focus their operations and business practices more clearly to achieve strategic objectives, and for mental health promotion organisation WayAhead to expand its influence through systemic advocacy. It also recommended the Commission revise its reporting requirements from the organisations to align more closely to their strategic purposes. The Commission supported the organisations to move towards these

improvements through the provision of a business improvement grant, and this work will continue into 2017-18.

- The University of Technology Sydney prepared, on behalf of the Commission, **a consultation plan to measure progress in building community-based mental health support** in NSW. The plan, which was informed by a literature review and preliminary interviews with stakeholders including consumers and carers, proposes a methodology and interview framework to document people's experiences and perspectives. It will inform a more complete study in 2017-18.
- In partnership with the Mental Health Coordinating Council (MHCC) and the Network of Alcohol and other Drugs Agencies (NADA), the Commission supports the work of the **Community Mental**

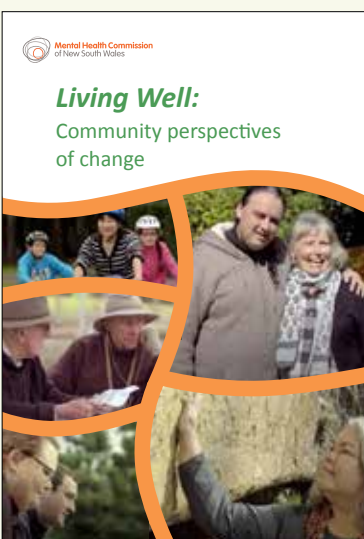
Health Drug and Alcohol Research Network, which was established to broaden the involvement of the community mental health and alcohol and other drugs sectors in practice-based research and promote the value of research and the use of research evidence in practice.

- The **intersection between the criminal justice system and the mental health system** was a major focus during 2016-17. At least half of adult prisoners and 87 per cent of young people in custody have been diagnosed with a mental health disorder and between eight and 20 per cent with an intellectual disability - with some overlap between the two. Without proper support, data shows the majority will reoffend. The Commission made important progress on four major projects that seek to clarify the needs of people who experience mental illness

An online survey in October 2016 examined the changes people were observing or experiencing in mental health services, assessing the impact of the *Living Well* reforms. **Living Well: Community perspectives of change** attracted 1510 responses from consumers, families and carers, and people who work in mental health services.

The findings indicate some evidence of improvement across 12 priority areas with about a quarter of respondents saying things were better. The greatest improvement was in service providers' focus on recovery, which 34 per cent of respondents said had improved, and in the availability of good quality information about mental health conditions and services. Less positively, only 16 per cent thought access to services and supports had improved, while 23 per cent said this had worsened.

The survey results can be used to guide policy and planning and performance reporting.



or cognitive impairment in the prison or forensic mental health systems and promote better quality and fairer responses to them:

- The Commission convened an expert advisory group to review issues raised by the NSW Law Reform Commission in 2012 and 2013 in the context of a growing prison population and the forthcoming report of the Royal Commission into Institutional Responses to Child Sexual Abuse. The resulting report will be tabled in 2017-18.
- The Commission continued its three year partnership with the Kirby Institute at the University of New South Wales to establish a linked data set to gain a better understanding of the impact of psychosis on offending behaviour. This project brings together records from NSW Health, the Bureau of Crime Statistics and Research and Corrective Services NSW, which will now be analysed and inform the work of NSW agencies.
- To improve understanding of the forensic patient journey, the Commission partnered with the University of New South Wales School of Psychiatry to develop a de-identified database of demographic, clinical and legal information about forensic patients. This detailed information will provide an evidence base to improve services and interventions offered to forensic patients in NSW, improving their health and enhancing community safety.
- The Commission engaged Craze Lateral Solutions to document the evidence base for implementing recovery-oriented, trauma-informed approaches in justice settings across NSW. The research included a literature review and a targeted survey of people with lived experience of mental illness and the criminal justice system and with professionals who work in the system. In 2017-18 the results of the research will be developed into a discussion paper to inform guidelines for NSW justice settings.
- The Commission partnered with the Centre for Disability Research and Policy at the University of Sydney to investigate the utility of **coronial data** for understanding the circumstances of deaths that are related to a person's mental health.
- The Commission continued its support for the establishment of **Health Justice Partnerships (HJP)** in NSW, developing a position paper on behalf of the HJP Community of Practice, which it co-chairs with Legal Aid NSW, setting out the role of HJPs in the NSW context. It also co-hosted with Legal Aid a forum on consumer participation in HJP design and delivery.
- Activities to monitor the implementation of the **NDIS for people with a psychosocial disability** and to advocate for their views and needs continued in 2016-17 as the Commission represented state and national mental health commissions on the National Disability Insurance Agency's Mental Health Sector Reference Group, and engaged with state and national agencies about the issues confronting individuals. It also made a written submission to the Commonwealth Joint Standing Committee on the NDIS about the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition and the Commissioner gave oral evidence to a Committee hearing.
- Following a request from the NSW Minister for Mental Health in 2013, the Commission conducted a functional review of the Institute of Psychiatry (IoP), which recommended alignment with mainstream mental health workforce training to maximise opportunities for shared education and integrated governance and planning. The Commission chaired the committee overseeing the staged transition process for the **integration of the Institute of Psychiatry with the Health Education and Training Institute (HETI)**. In 2016-17 the transition was completed, with HETI gaining accreditation as a training provider.

Reporting and monitoring

Reliable data is essential to understanding how people experience their mental health, and how our mental health and social support systems respond to them. This is the evidence that can make the case for change, and reveal whether the reforms we make are effective in improving people's lives.

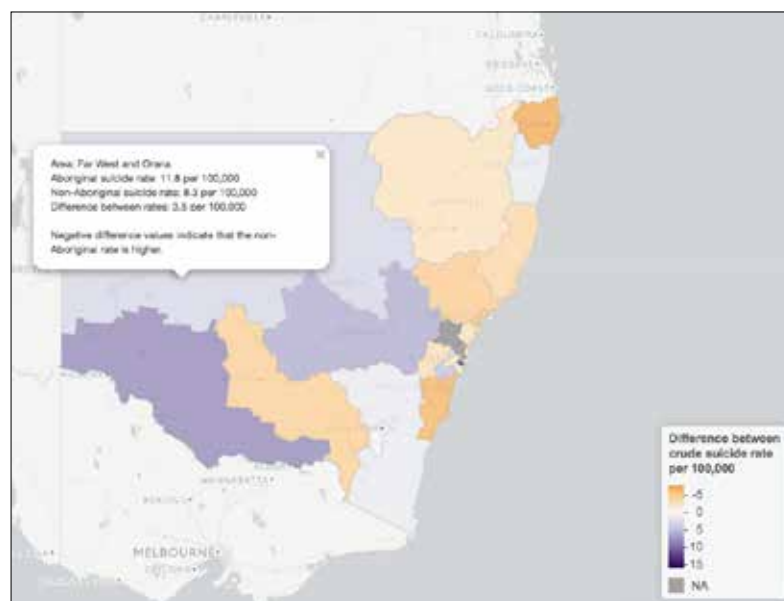
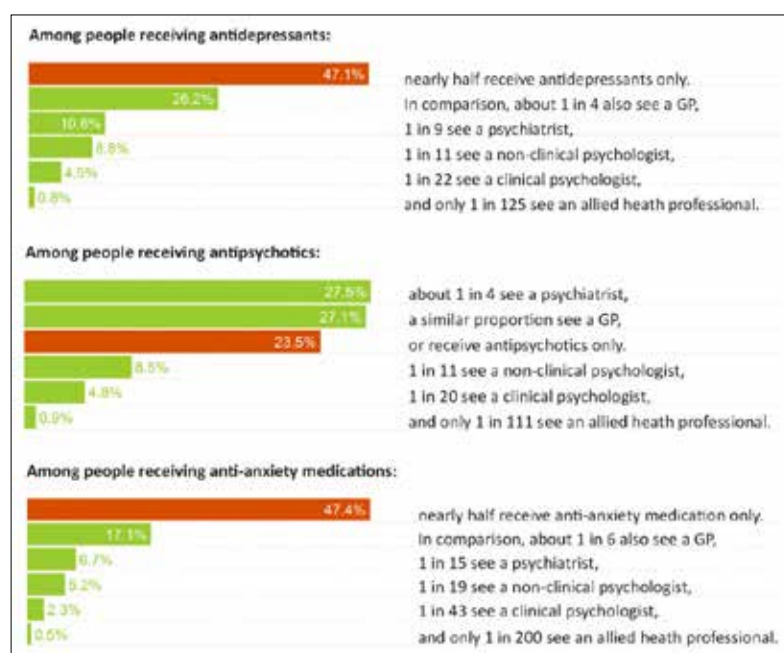
Under the Mental Health Commission Act, the Commission is required to monitor and report on the implementation of *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024*, and also to review and evaluate services and programs provided to people who have a mental illness. In addition the Commission is expected to undertake and commission research, innovation and policy development.

In order to properly fulfil these functions, the Commission is working to increase the amount and quality of data from which it is able to draw in the course of its work. It is doing this through strategic projects with the Australian Bureau of Statistics, universities, the NSW Government and others to develop and analyse new data-sets or to link existing ones - with the potential to produce important new insights that can guide service development and planning.

At the same time, the Commission has created a suite of interactive presentations and snapshots which make NSW mental health-related data more accessible to consumers, academics and the whole community, supporting research and advocacy to improve mental health outcomes.

These visualisations enable the user to investigate an array of characteristics associated with the use of mental health services and medications. This information can assist service and program planning efforts and provide important information about access to services to researchers and mental health advocates.

The Commission also developed visualisations of life characteristics associated with different levels of psychological distress for people living in NSW. Derived from data provided by the Centre for Evidence and Epidemiology within the Ministry of Health, this information offers a baseline from which to measure progress in mental health reform.



Interactive data now available on the Commission's website

Our partners

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 works particularly closely with four key mental health organisations - which it also funds at a total of \$3,865,000 - 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.

Besides the grant amounts outlined below the Commission gave business improvement grants of \$50,000 to WayAhead and \$6,000 to Being in 2016-17.

beyondblue

www.beyondblue.org.au

beyondblue is an independent, not-for-profit organisation working to reduce the impact of anxiety, depression and suicide in Australia.

beyondblue provides information and support to help everyone achieve their best possible mental health, whatever their age and wherever they live. beyondblue works to give everyone in Australia the confidence to speak openly about anxiety, depression and suicide – both to seek support when they need it and to check in with those close to them – and tackle prejudice and discrimination wherever they exist.

beyondblue's tools, resources and services create mentally healthy environments. Through beyondblue's dedicated programs, they support schools, universities, workplaces and community organisations to protect and promote good mental health.

beyondblue received \$1,200,000 from the Commission towards depression, anxiety and suicide prevention initiatives in NSW.



Being

being.org.au

Being is the independent, state-wide peak organisation for people with a lived experience of mental illness in NSW.

Being (formerly NSW Consumer Advisory Group or NSW CAG) works with people 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 holds consultations, carries out research and projects on key issues, delivers education and training to people with a lived experience of mental illness and organisations who work with them, and runs community events to strengthen understanding in the broader community. By collaborating with people with a lived experience, community and government groups, Being influences improvements at the system-wide level.

Being received \$669,000 from the Commission to support its work.



Mental Health Carers NSW

www.arafmi.org

Mental Health Carers NSW ('MHCN'; formerly, 'ARAFMI NSW') is the NSW peak body for families and carers of people with experience of mental illness. 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 regular Carer Peak Advisory Committees and other forums to support its work with the Commission and the NSW Ministry of Health.



MHCN uses the lived experience of carers to provide feedback on policies and services to the Commission, government and service providers. MHCN also operates a state wide helpline for carers to provide general support and referral to their local mental health services, as well as providing psycho-education, advocacy and other relevant training to support carer champions/leaders. MHCN is working to develop networks of carer advocates across the state and across sectors, particularly through its e-newsletter Mental Health Carer Weekly Digest.

MHCN supports carers making a difference to the NSW mental health system and other human services that are used by mental health carers and their loved ones. By influencing changes in policy, legislation and service provision, MHCN makes a positive difference to the mental health system for carers.

Mental Health Carers ARAFMI received \$390,000 from the Commission to support its work.

WayAhead - Mental Health Association NSW

www.wayahead.org.au

WayAhead (formerly Mental Health Association NSW) plays a vital role in the development of mental health initiatives which increase community awareness and knowledge of mental health issues. 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 strives for a society that understands, values and actively supports the best possible mental health and wellbeing for all people. Wayahead also plays a prominent role in Mental Health Month.



WayAhead received \$1,606,000 from the Commission to support its work.

Our Executive Leadership Team

NSW Mental Health Commissioner*



John Feneley was appointed as inaugural Commissioner of the Mental Health Commission of NSW on 1 August 2012. He has led the Commission in its first five 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 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.

**John Feneley's term as Commissioner ended on 31 July 2017.*

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*



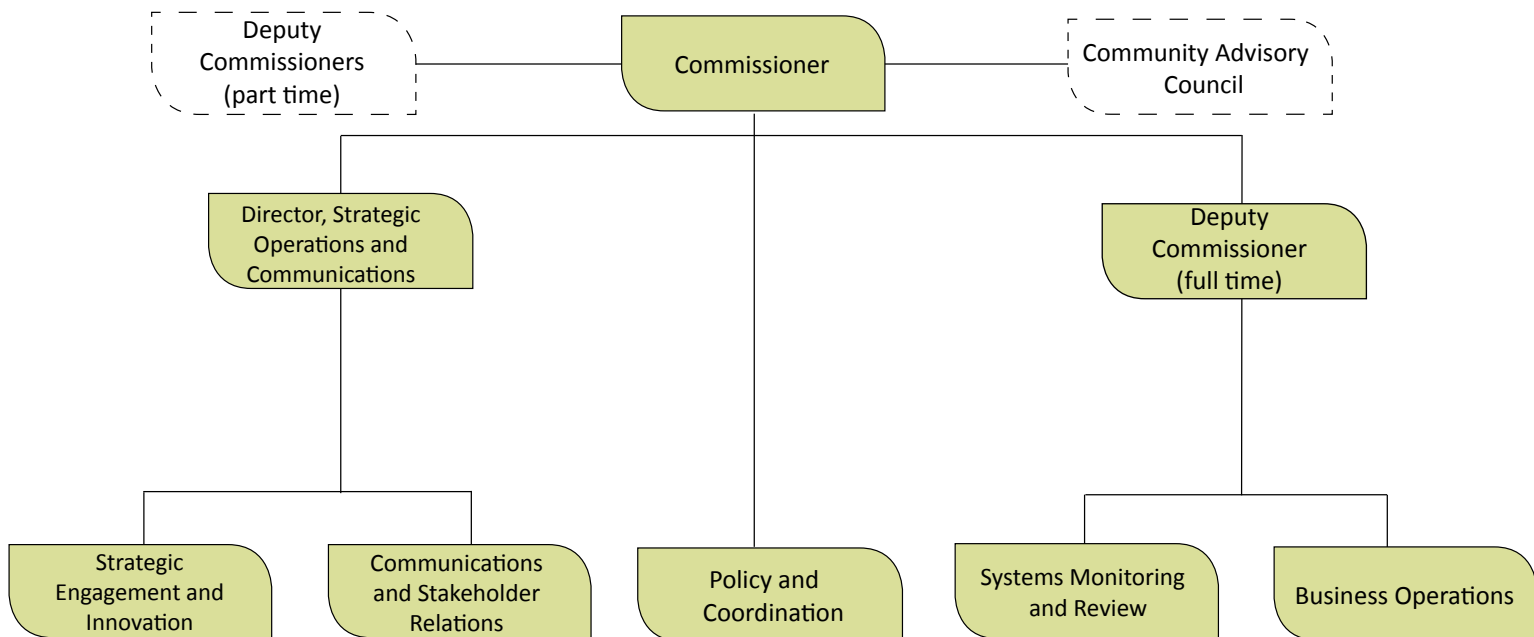
Catherine Lourey was appointed Deputy Commissioner in May 2016, and is responsible for the system monitoring and review activities of the Commission, and oversight of its business operations, audit and risk and financial management functions. Ms

Lourey is also the Chief Audit Executive. Ms Lourey's appointment 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, and the delivery of the first National Report Cards on Mental Health and Suicide Prevention in 2012 and 2013.

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.

**Catherine Lourey was appointed NSW Mental Health Commissioner on 18 August 2017.*

Our people



Kerri Lawrence
Manager, Strategic Engagement and Innovation

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, Communications and Stakeholder Relations

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



Sarah Hanson
Manager, Policy and Coordination

This team conducts the Commission's activity in law reform and policy, with particular emphasis on issues related to justice and disability.



Cathy Baker
Manager, Systems Monitoring and Review

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, Business Operations

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.

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.

"When I found myself with a professional career in mental health, I was

amazed and traumatised by seeing first-hand the treatment mentally ill people were given. It was awful," she says.

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

Reducing stigma, promoting trauma-informed care and recovery and finding mental health solutions for the most disadvantaged groups, particularly Aboriginal people and forensic patients, are her passions. "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 Indigenous communities to design and control their own services. "There's no easy fix, but it's essential this never gets put off the government's agenda."

Dr Shield's appointment as Deputy Commissioner began in March 2013. Her second term is current until November 2018.

Highlights for 2016-17:

"A highlight for me was working with organisations like the University of New South Wales, Aboriginal Legal Service and Justice Health and Forensic Mental Health Network to look at how we can ensure that culturally appropriate evidence is provided in court matters, and to make sure individuals have access to culturally appropriate mental health support both in the community and when detained.

I was also appointed to the NSW Government's seclusion, restraint and coercive practices review committee. I look forward to listening to the experiences of affected people, particularly in Aboriginal communities, and delivering recommendations for safer, less traumatising inpatient units.

I was honoured to present a keynote address to AH&MRC Meeting Ground 2017, which recognises the importance of Aboriginal self-determination in mental health. It was also an opportunity to pay tribute to Sandra Bailey, my long-time colleague and friend, as she departed the AH&MRC after 25 years. At that same meeting, the Commission and the AH&MRC renewed our Memorandum of Understanding, recommitting to improve the social and emotional wellbeing of Aboriginal people in NSW."

Fay Jackson



Fay Jackson experienced mental ill health from her early teenage years and was diagnosed with bipolar disorder at the age of 37. Early medical advice was that work and a contributing life would not be possible for her. Ignoring this, she has become a potent champion for people with mental

health issues, appointed to her first permanent role as a mental health advocate at the age of 40. She is now General Manager, Inclusion at Flourish and CEO of her own company, Vision in Mind. She uses her lived experience to focus attention on the positive attributes of people with mental health issues and their contributions to work, society and family life and believes that mental health is an intergenerational, holistic, whole-of-life issue.

Ms Jackson's appointment as Deputy Commissioner began in March 2013. Her second term is current until November 2018.

Highlights for 2016-17:

"I had the opportunity to address a number of conferences this past year. At the International Initiative for Mental Health Leadership (IIMHL)

Exchange in March, I spoke about the role of trauma in the development of mental health issues. It was heartbreaking but also heartening that society is beginning to understand how common these experiences are and how tragically long-lasting their effects. I also spoke about the re-traumatising effect of seclusion and restraint and called for leadership on both issues.

At the 2017 Council of Australian Tribunals (COAT) Conference in June, I spoke to judges, lawyers and academics about the need to pull down the "professional barriers" and interact with us on a human level, understanding the trauma we have suffered. There was a standing ovation at the end of the speech and I don't believe it was for me. I believe it showed the increasing willingness to change attitudes.

The year also included an in-depth interview with ABC TV's national *One Plus One* program. I had the chance to talk about so many important things: why a diagnosis does not define you, how peer work can support recovery, my love for my family. After it aired in January 2017, I was inundated with messages from individuals and families affected by mental health issues, including stories of great suffering. It was overwhelming but it was also galvanising: there is still so much work that must be done."

Bradley Foxlewin



Bradley Foxlewin left behind a lasting legacy when he stepped down as Deputy Commissioner after the completion of his second term in November 2016.

A passionate advocate for the rights and wellbeing of people who experience

mental illness, he used his own lived experience of mental health issues and skills as an educator to champion mental health reform in NSW.

Backed by his 20 years working with male survivors of child sexual abuse, Mr Foxlewin led the call for more widespread implementation of trauma-informed recovery practice in NSW. In particular, he spoke up for people who have been traumatised by the use of seclusion and restraint in our mental health care system.

Mr Foxlewin was instrumental in setting up the Consumer Led Research Network which now has its own Facebook Group and aims to promote, support and undertake consumer-led research in NSW.

At his farewell celebration at the Commission, Mr Foxlewin said he was proud to have contributed to efforts to improve mental health care in NSW.

"The world has not always done well by people with lived experience of mental illness, and the Commission's work to change this has been deeply important to me.

"Through my role as Deputy Commissioner, I have had the privilege to advocate for and implement changes that I know will make a lasting difference.

"I am very thankful to all those who have worked alongside me to make a difference for the most vulnerable individuals in our communities."

Mr Foxlewin was initially appointed as Deputy Commissioner in March 2013.

Allan Sparkes CV, OAM, VA



At his darkest time, Allan Sparkes could easily have died. A police officer, who had brought off an extraordinary rescue of a child trapped underground in a stormwater drain, he was a hero in the eyes of the world. In his own mind he floundered in the event's

aftermath, with severe depression, post-traumatic stress disorder and potent ideas of suicide.

By seeking formal help, and with the support of his family, he pulled back from the brink and is now a committed mental health advocate.

"People are trying to stay alive behind some very dark doors. To open those doors takes a lot of guts. But getting in early enough to avert crises would bring huge collateral benefits for people and their families," he says. He is also interested in the impact of diet, exercise and sleep on mental health.

Allan is the only Australian to be awarded Australia's highest civil award, the Cross of Valour and a subsequent Australian Bravery Decoration, the Commendation for Brave Conduct. He is an

ambassador for beyondblue, Australia Day, Soldier On and Kookaburra Kids. He is also a member of the NSW Police Mental Health Intervention Training team.

Mr Sparkes' appointment as Deputy Commissioner is from December 2016 until November 2018.

Highlights for 2016-17:

"This is the first year I have had the honour of carrying the title of Deputy Commissioner, Mental Health Commission of NSW. When I was a client of the NSW public mental health system, this would have been unthinkable.

I have been able to work hand in hand with our police force, paramedics and fire and rescue officers, to see how trauma-related mental illnesses are now being regarded as injuries that can be treated, managed and overcome. To speak to officers who have recovered and are returning to full operational duties is an extraordinary experience. And now to see programs that educate and empower people about the psychological risks they face carrying out their roles in our society is something I have waited years to witness. We have come a long way and I am confident the gains we have made in adopting a proactive approach to mental wellness will continue to be enhanced."

Dr Martin Cohen



Conjoint Associate Professor Martin Cohen is a long-time advocate from within the system for people who experience mental illness. A former Executive Director and current board member of Hunter New England Mental Health, he is also a board member of the Hunter Medical Research Institute and joint

Managing Director of Asclepius Health.

As a psychiatrist, Dr Cohen hopes to be able to work with representatives from the clinical disciplines to further embed a person-centred, community-focused perspective. "There certainly has been a lack of understanding of the actual reform process in some sectors of the medical and allied health professions," he says. "The emphasis has often been on in-patient public mental health services, and we need to put more focus on community-based services to deliver a coherent clinical message."

As a leader in the early development of the National Disability Insurance Scheme (NDIS) pilot site in the Hunter region, Dr Cohen helped ensure psychosocial disability as a consequence of mental illness was

properly served. "I believe the NDIS is a great thing for people with a mental illness," he now says.

Dr Cohen's passions are the mental health and social and emotional wellbeing of Aboriginal people and physical health support for people who experience mental illness and promoting good mental health and prevention through regional Primary Health Networks.

Dr Cohen's appointment as Deputy Commissioner is from December 2016 until November 2018.

Highlights for 2016-17:

"I have enjoyed the opportunity to represent the Commission at forums and have been delighted to engage in lively debates with people with an array of views in the refugee advocacy space.

The challenges that face our system as it transforms are considerable and I have found the engagement and enthusiasm of many to be reassuring. I have also heard dissenting views from some, particularly in relation to the speed and process of transformation. All of these conversations demonstrate that our community is engaging with the work of the Commission as we change our approach to mental health across all sectors and amongst all people. I am excited to be able to continue the work of the Deputy Commissioners before me and join with the Commission to ensure that *Living Well* becomes ingrained in the vernacular of NSW."

Karen Burns



As a leader with exceptionally wide experience in the community managed sector, Karen Burns brings technical knowledge and cultural understanding at a time when the National Disability Insurance Scheme and the rise of Primary Health Networks

are creating massive changes for mental health community-managed organisations.

"It's about positioning the Commission to provide the right sort of support that will let those organisations flourish," says Ms Burns. "There is great opportunity to optimise the way we operate to be much more responsive to local needs."

One aspect is developing leadership and business skills among community-managed organisations to help them respond to the more entrepreneurial operating environment. Sustaining and protecting small, highly specialised organisations is another.

With professional qualifications in nursing and psychology, Ms Burns has worked in adult and adolescent mental health, drug and alcohol and tele-health services across the government, private and community-managed sectors. She was motivated to work in mental health by her childhood experience of seeing her family inclusively support a relative with a severe and persistent mental illness, and believes strongly in "diversity and difference in how people choose to live their lives and how they engage with their experience of the world."

A former Chair of the Commission's Community Advisory Council, she was also until recently Chair of the Mental Health Coordinating Council, the NSW peak for community-managed organisations working in mental health.

Ms Burn's appointment as Deputy Commissioner is from December 2016 until November 2018.

Highlights for 2016-17:

"This year has seen a number of highlights, with a focus on mental health in the workplace. I was able to engage with a number of corporate organisations with positive and practical mental health and wellbeing strategies. These include assessing overall physical and psychological health, and supporting parents to flourish not only as productive and contributing employees, but as people with a balanced family and work life. I was delighted to learn of the role that Karitane is playing in providing onsite support and resources to employees.

I took part in the Commission's community visit to Orange, meeting with clinicians and allied health staff, consumers and families and carers and a diverse spectrum of service providers and organisations. It was encouraging to understand the active role that the local Council was playing in supporting not only local service providers, but also by modelling good citizenship in supporting community members who were experiencing vulnerable times. It was also wonderful to observe people living with mental illness being supported to transition from long term care within traditional inpatient services to community living in Orange."



Deputy Commissioners with John Feneley 2017

Community Advisory Council

Meeting four times during 2016-17 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 18 members including the Commissioner, Chair and Deputy Chair.

A message from Jenni Campbell, Chair:



In December 2016, the Council welcomed seven new members in the biggest change to its membership since its establishment in 2013 under the Mental Health Commission Act.

Collectively the membership provides diverse insights, and a critical connection with communities across NSW. It was excellent to increase the number of

members with a lived experience of mental health challenges and to increase the proportion who live outside Sydney.

Throughout 2016-17, the Council provided advice to the Commission on priority areas, including:

- Workforce planning, peer workforce and peer led initiatives
- The impact of reform (national, state and NDIS) on the service delivery environment in NSW
- The successes and challenges of regional planning and commissioning associated with Primary Health Networks

The Commission sought specific advice from the Council on a wide range of projects, including:

- Living well in later life
- Mental health and the criminal justice system
- Approaches to suicide prevention
- Measuring community experiences of reform
- Improving access to data for planning purposes

Special acknowledgment and thanks are due to Sue Cripps, Paula Hanlon, Erica Roy, Vince Ponzio, and Yvonne Quadros whose terms with the Council concluded in September 2016. Your commitment and contributions since the inception of the Council are very much appreciated.

Council members* as at 30 June 2017:



Dr Josey Anderson

Josey 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.



Ms Lyn Anderson

Lyn Anderson has 27 years' experience caring for a loved one with mental illness. She is a founding member of the North Shore Carers Network, is a carer representative with Carers NSW and One Door Mental Health, and is on the advisory committee for Sydney North



Shore and Beaches Partners in Recovery. She works as a Carer Consultant with Mental Health Carers NSW.

Mr Tom Brideson

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



Ms Jenni Campbell (Chair)

Jenni Campbell has a strong background in mental health leadership, planning and policy having worked across non-government recovery oriented services, primary mental healthcare and more recently as part of the executive leadership team of a large rural Primary Health Network. Ms Campbell holds

qualifications in social work and human services management and has worked in rural mental health settings for 13 years.



Ms Maria Cassaniti

Maria 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 Irene Gallagher

Irene Gallagher is a passionate peer support worker, advocate, educator and academic who has served in the mental health sector for 25 years. Irene is the child of refugee parents and has a particular interest in peer work, trauma informed practice, homelessness, suicidality, and culturally and linguistically diverse (CALD) communities. She identifies as a carer and a person with lived experience.



Mr Peter Gianfrancesco

Peter Gianfrancesco has worked in the mental health field in Australia and the United Kingdom for 35 years. He is currently the NSW State Manager for Neami National and holds extensive clinical experience with a focus on crisis intervention and home treatment. He is passionate about recovery oriented practice.



Mr Tim Heffernan

Tim Heffernan is the Mental Health Peer Coordinator at COORDINARE, South Eastern NSW Primary Health Network. Previously he worked as a consumer peer worker for Illawarra Shoalhaven Local Health District. He is a past chair of Being (NSW Consumer Advisory Group) and the NSW Public Mental Health Consumer Workers Committee. He was a foundation member of the Agency for Clinical Innovation's Mental Health Network Executive Committee. Tim is an executive member of the Illawarra Shoalhaven Suicide Prevention Collaborative.



Ms Daya Henkel

Daya Henkel has been a peer worker for nine years, and currently works as a Mental Health Peer Worker with Hunter New England Local Health District Mental Health Services. She is passionate about growing the peer workforce and recovery-oriented, trauma-informed care. She brings her experiences as an LGBTI person, a person with a mental illness, a carer, and a person living in a regional community.



Dr Cathy Kezelman

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



Dr Rod McKay

Rod McKay is a psychiatrist and Director, Psychiatry and Mental Health Programs at the Health Education and Training Institute (HETI) Mental Health Portfolio. He is also Clinical Advisor, Older People's Mental Health, Mental Health Branch, NSW Ministry of Health and current Chair of the Royal Australian and New Zealand College of Psychiatrists' Community Collaboration Committee.



Mr Eugene McGarrell

Eugene 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, he started The Collective NSW to better connect community, government, non-government and business to work together on collective issues.

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Hon. Dr Brian Pezzutti

Brian 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 to 2003 and is Chair of the Northern NSW Local Health District Board.



Ms Jenna Roberts (Deputy Chair)

Jenna Roberts is working at Murrumbidgee Primary Health Network. Ms Roberts has lived experience of mental illness and is actively involved in suicide prevention and awareness initiatives.



Ms Jaelea Skehan

Jaelea Skehan is the Director of the Hunter Institute of Mental Health and an internationally respected leader in the prevention of mental illness and suicide. She is a registered psychologist with more than 15 years of experience working in mental health and suicide prevention and holds a conjoint appointment with the School of Medicine and Public Health at the University of Newcastle.



Ms Janet Vickers

Janet Vickers is the former Executive Director, Program and Service Improvement for the Department of Family and Community Services (FACS). Janet has a Bachelors degree in Social Work and a Masters degree in Public Administration and served the public sector for more than 35 years.



Mr Alan Woodward

Alan Woodward is Executive Director at the Lifeline Research Foundation and a Board Director for Suicide Prevention Australia (SPA). 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/regional service delivery.

**All council members have been appointed for a term of three years, effective from 1 December 2016 up to and including 30 November 2019.*



Community Advisory Council members in February 2017

Appendix 1: Staffing

Human resources

The Commission's recruitment program progressed with two staff appointed into roles bringing the total 22 at 30 June 2017, including the Commissioner and Deputy Commissioner. Six 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: Staff Orientation and Induction and Code of Conduct.

Learning and development

The Commission is committed to the ongoing development of staff to increase or maintain their skills, knowledge and experience. Initial work towards a formal learning program continued in 2016-17 in conjunction with a staff performance and development program.

The Commission provided organisation-wide training opportunities for staff throughout the year. These included Mental Health First Aid, and several human resources specialist training sessions covering:

- Flexible working hours and agreements
- Leave matters
- Conflicts of interest and corrupt conduct.

The human resources delegations for the Mental Health Commission of NSW have been revised and updated throughout the financial year to reflect the current decision making management structure.

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.

Staff profile

Number of employees by remuneration level

Remuneration level	2013-14	2014-15	2015-16	2016-17
Clerk 1/2	0	0	0	0
Clerk 3/4	0	1	1	0
Clerk 5/6	0	0	2	2
Clerk 7/8	3	3	2	4
Clerk 9/10	5	7	12	10
Clerk 11/12	5	5	5	5
Senior Executive	1	1	1	1
TOTAL	14	17	23	22

Of the 22 employees working at the Commission at 30 June 2017, 19 were employed on an ongoing basis.

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

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 \$304,655 excluding superannuation. In its Determination No. 1 effective from 15 July 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 \$243,930 excluding superannuation.

The Commission employs five part-time Deputy Commissioners. Three new appointments were made in 2016-17: Karen Burns, Martin Cohen and Allan Sparkes. Fay Jackson and Robyn Shields were re-appointed for a second term. All current Deputy Commissioner roles will end in November 2018.

Deputy Commissioners who are not otherwise employed within the public sector are paid at a

daily rate of \$750 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 17 members (including the Commissioner) on the Community Advisory Council, some of whom are paid an allowance by the Commission.

Executive management

In 2016-2017, there was one Senior Executive Service Officer: Julie Robotham, Director Strategic Operations and Communications. Ms Robotham's salary package at the end of the reporting period was \$209,018.

Total number of senior executives

Level	15-16	average salary	16-17	average salary
Band 4	0		0	
Band 3	0		0	
Band 2	1 M	\$216,140	0	
Band 1	2 M,F	\$190,408	1 F	\$209,018
Total	3	1		

(M = male F = female)

5.64% of the Commission's employee-related expenditure in 2016-17 was related to senior executives, compared with 12.54% in 2015-16.

Ensuring responsible management

In 2016-17 the Commission undertook specific projects, reviews and activities to ensure it managed its strategic responsibilities.

Business improvement

The Business Operations team oversaw the updating and development of operational policies including the Induction Manual, Records Management Policy and Human Resources Policy.

Strategic planning workshop

In February 2017 a two-day strategic planning workshop was held by the executive team with the Deputy Commissioners and Community Advisory Council. This provided a forum for discussion of the priority issues and strategic directions for the Commission in its work program.

Appendix 2: Risk Management and insurance activities

Audit and Risk Committee

The Commission has maintained and developed its risk management framework in 2016-17, overseen by the Audit and Risk Committee in accordance with Treasury Policy Paper 15-03, Internal Audit and Risk Management in the NSW Public Sector.

The Commission's Audit and Risk Committee provides independent advice to the Commissioner in relation to the Commission's governance, risk management, control and compliance frameworks, external accountability and internal and external audit functions. The Committee met on four occasions in 2016-17.

The Commission, with guidance from the Committee, reviewed the strategic and operational Risk Register in 2016-17, focussing on sound and practical mitigation strategies and controls for identified risks. Other key elements of the risk management framework were also monitored and reviewed, including the business continuity management plan and the fraud control plan.

The Commission's outsourced internal auditors, BDO East Coast Partnership, conducted two internal audits in 2016-17: Risk Management Framework and Risk Register and Finance and Administrative Health Check. Audit recommendations were implemented and monitored with oversight from the Audit and Risk Committee.

The Committee has reported the Commission's risk management, internal 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 activities. 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.

Internal Audit and Risk Management Attestation Statement for the 2016-2017 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

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 | Compliant |
| 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' | Compliant |

Membership

The chair and members of the Audit and Risk Committee are:

- Independent Chair (former), Carolyn Walsh, appointed March 2013, term expired in July 2016
- Independent Chair, Jon Isaacs, appointed August 2016, first term expires in August 2021
- Independent Member, Peter Scarlett, appointed August 2012, first term August 2012 to August 2015, second term extended from August 2015 to August 2019
- Independent Member, Carol Holley, appointed September 2015, first term expires September 2018


John Feneley
Commissioner

Date: 10 August 2017


Agency Contact Officer:
Catherine Lourey
Chief Audit Executive
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 2017, 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.

A revised Agency Information Guide was developed in line with recommended guidelines.

The Commission received no requests under the GIPA Act during 2016-17.

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

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 safe	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

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

Description of consideration	Number of times consideration
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

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 = 7	\$41,819
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Appendix 7: Credit card certification

The Commissioner certifies that credit card use in the Commission has been in accordance with Premier's Memoranda and Treasurer's Directions.

Appendix 8: Funds granted to non-government organisations

Organisation	Amount (\$)
Being (formerly NSW Consumer Advisory Group - Mental Health)	669,000
Mental Health Carers NSW (formerly ARAFMI)	390,000
WayAhead (formerly Mental Health Association of NSW)	1,606,000
beyondblue	1,200,000
Total grants paid during 2016-17	3,865,000

Appendix 9: Payment of accounts

Aged analysis at end of each quarter 2016–17

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
<i>All suppliers</i>					
Sep 16	22,908.59	0	0	0	0
Dec 16	11,880.00	0	0	0	0
Mar 17	7,349.94	0	0	0	0
Jun 17	113,648.44	0	0	0	0
<i>Small business suppliers</i>					
Sep 16	0	0	0	0	0
Dec 16	0	0	0	0	0
Mar 17	0	0	0	0	0
Jun 17	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 2016	December 2016	March 2017	June 2017
All suppliers				
Number of accounts due for payment	297	306	195	281
Number of accounts paid on time	295	301	195	280
Actual percentage of accounts paid on time (based on number of accounts)	99%	98%	100%	100%
Dollar amount of accounts due for payment	\$2,050,085.77	\$2,784,617.48	\$1,658,300.04	\$3,023,917.08
Dollar amount of accounts paid on time	\$2,038,304.99	\$2,768,295.09	\$1,658,300.04	\$3,022,597.08
Actual percentage of accounts paid on time (based on \$)	99%	99%	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	1	0	0	3
Number of accounts paid on time	1	0	0	3
Actual percentage of accounts paid on time	100%	100%	100%	100%
Dollar amount of accounts due for payment	\$145.75	\$0.00	\$0.00	\$9,600.00
Dollar amount of accounts paid on time	\$145.75	\$0.00	\$0.00	\$9,600.00
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: 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 12: Digital Information Security Annual Attestation Statement



Appendix 13: Promotion

Name	Overseas travel and purpose	Dates
Danielle Keogh	Travel to attend The Mental Health Services (TheMHS) Conference in Auckland, New Zealand	23 -26 August 2016
Sage Green	Travel to attend The Mental Health Services (TheMHS) Conference in Auckland, New Zealand	23 -26 August 2016
Katrina Davis	Travel to attend The Mental Health Services (TheMHS) Conference in Auckland, New Zealand	23 -26 August 2016

The Commission's website was redesigned in 2016-17 to better reflect the Commission's priorities which include lived experience, community, wellbeing and suicide prevention and the *Living Well* agenda. The website is responsive and designed to meet accessibility guidelines.



Appendix 14: Statutory reporting compliance checklist

	<i>Page</i>		<i>Page</i>
Access details	112	Legal change	N/A
Agreements with Multicultural NSW	N/A	Letter of submission	2
Additional matters for inclusion	49, 112	Liability management performance	N/A
Aims and objectives	6	Management and activities	10
Application for extension of time	N/A	Management and structure	36
Audited financial statements	64	Multicultural Policies and Services Program	N/A
Availability of annual report	111	Numbers and remuneration of senior executives	47
Budgets	62	Payment of accounts	52
Charter	6	Privacy and personal information	49
Consumer response	N/A	Promotion	54
Consultants	52	Public availability of report	111
Credit card certification	52	Public Interest Disclosures	N/A
Digital information security policy attestation	54	Research and development (see <i>Our work</i>)	10
Disability inclusion action plan	N/A	Requirements arising from employment arrangements	46
Disclosure of controlled entities	N/A	Risk management and insurance activities	47
Disclosure of subsidiaries	N/A	Summary review of operations	63
Economic or other factors	N/A	Table of contents	3
Exemptions	54	Time for payment of accounts	53
External costs	111	Unaudited financial statements	N/A
<i>Government Information (Public Access) Act 2009</i>	49	Website address	112
Financial statements	64	Work Health and Safety	N/A
Form of annual reports	111	Workplace diversity	N/A
Funds granted to non-government community organisations	52		
Human resources	46	N/A = not applicable	
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	48		
Investment performance	N/A		
Land disposal	N/A		

Appendix 15: Meetings and forums attended by the Commissioner

2016

July

- | | |
|--|---|
| <ul style="list-style-type: none"> 4 - Visit to Jade House, Karitane 5 - His Excellency General The Honourable David Hurley AC DSC (Ret'd), Governor of New South Wales 6 - NSW Department of Premier and Cabinet 11 - NSW Child Death Review Team 12 - Legal Aid NSW <ul style="list-style-type: none"> - Quarterly meeting with Justice Health & Forensic Mental Health Network 13 - NDIS Forum at Parliament of NSW <ul style="list-style-type: none"> - Mental Health Reform Implementation Taskforce 14 - State Coroner's Office <ul style="list-style-type: none"> - Rebecca McMahon, University of New South Wales 18 - Paul Ramsay Foundation Mental Health Roundtable 19 - Opening of Collective Purpose facility 20 - Secretaries, Agency Heads and Band 3's cluster wide meeting <ul style="list-style-type: none"> - Tim Peck, beyondblue 21 - NSW Ambulance Health and Wellbeing Summit <ul style="list-style-type: none"> - The Hon. Pru Goward MP, Minister for Mental Health - NSW Premier's Office - John Dowd, International Commission of Jurists 22 - Alastair McEwin and Eileen Baldry, Disability Council NSW 25 - First Responder Mental Health Working Group 26 - NSW Open Dialogue Interest Group 28 - Russell Roberts, consultant for NSW Health 29 - Medical Research Future Fund public forum <ul style="list-style-type: none"> - Legal Aid NSW | <ul style="list-style-type: none"> 3 - Launch of BACKUP for Life, NSW Police Legacy 4 - Official Visitors' Conference <ul style="list-style-type: none"> - icare 8 - 'Strengths Model' launch, South Western Sydney Local Health District <ul style="list-style-type: none"> - 'The Girl in the Mirror' book launch, Mental Health Carers NSW 10 - Jon Jureidini, Critical and Ethical Mental Health research group 16 - beyondblue teleconference board meeting 17 - NSW Institute of Psychiatry Transition Oversight Committee <ul style="list-style-type: none"> - Edwina Light, University of Sydney 18 - Launch of 'The Integrated Mental Health Atlas of the Central and Eastern Sydney PHN' <ul style="list-style-type: none"> - Richard Thornton, Bushfire and Natural Hazards Cooperative Research Centre 19 - Mental Health and Wellbeing of Young People seminar, Generation Next <ul style="list-style-type: none"> - Pathways to Community Living Initiative Stage Two, briefing 23 - Mental Health and Wellbeing in NSW First Responder Agencies workshop 24 - Quarterly meeting with Mental Health Review Tribunal <ul style="list-style-type: none"> - Margret Meagher, Australian Centre for Arts and Health - NSW Department of Premier and Cabinet - Quarterly meeting with NSW Ministry of Health 25 - The Hon. Pru Goward MP, Minister for Mental Health 26 - Opening of Grow (NSW) office 29 - Janis Redford, Hoarding and Squalor Resource Unit, Catholic Community Services NSW/ ACT 30 - Consumer Led Research Network 31 - Arthur Evans guest lecture: 'Promoting mentally healthy cities' |
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August

- 1 - NSW Official Visitors Program
 - Department of Family and Community Services
- 2 - University of Sydney and University of New South Wales Mental Health, Addiction and Neuroscience Collaborative Research Workshop

September

- 1 - icare
- 6 - Port Stephens Council
 - Port Stephens Suicide Prevention Network
 - Port Stephens community forum

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- | | |
|---|---|
| <p>7 - Marcia Fogarty, Hunter New England Local Health District</p> <p>- Richard Nankervis, Hunter New England Central Coast Primary Health Network</p> <p>- Hunter New England carer network</p> <p>8 - Brian Kelly, University of Newcastle</p> <p>12 - NSW Child Death Review Team</p> <p>- Rural Mental Health Directors strategic planning workshop, Centre for Rural and Remote Mental Health</p> <p>13 - Suicide Prevention Advisory Group</p> <p>14 - First Responders Mental Health and Wellbeing workshop</p> <p>15 - 'Humans and Machines: A quest for better mental health' symposium</p> <p>- Quarterly meeting with Mental Health Review Tribunal</p> <p>- 'Humans and Machines: A quest for better mental health' dinner</p> <p>16 - Peter Joseph, Black Dog Institute</p> <p>- Fiona Rafter, The Inspector of Custodial Services</p> <p>- Mental Health Coordinating Council board meeting</p> <p>19 - NSW Police Force</p> <p>20 - Local Community Services Association's Connecting Communities Conference</p> <p>21 - icare</p> <p>- The Hon. Pru Goward MP, Minister for Mental Health</p> <p>26 - Katherine O'Reagan, Future Cities Collaborative</p> <p>- Fran Silvestri, International Initiative for Mental Health Leadership</p> <p>- Connie Digolis, Mental Health Council of Tasmania</p> <p>28 - The Hon. Scott Farlow MLC</p> <p>- Gerry Naughtin, Mind Australia, and Marie Fox, Open Minds Australia</p> <p>29 - Mental Health Matters Awards</p> <p>October</p> <p>4 - Launch of The Way Back Support Service (NSW)</p> <p>5 - Juvenile Justice</p> <p>- Schizophrenia Fellowship of NSW</p> | <p>6 - 6th Annual National Borderline Personality Disorder (BPD) Conference 2016</p> <p>7 - KPMG Australia</p> <p>11 - Elizabeth Koff, NSW Ministry of Health</p> <p>- Eugene McGarrell, icare</p> <p>12 - Launch of 'Mental Health and Wellbeing Strategy for First Responders Organisations'</p> <p>13 - Mental Health Month breakfast</p> <p>13 - Centre for Rural and Remote Mental Health</p> <p>- Bob Fenwick Memorial Mentoring Grants Program awards ceremony</p> <p>17 - Sydney Local Health District 'Living Well' Photography Competition 2016</p> <p>19 - NSW Department of Premier and Cabinet</p> <p>20 - Check Up from the Neck Up, Martin Place</p> <p>21 - Pete Shmigel and Alan Woodward, Lifeline</p> <p>24 - NSW Disability Employment Advisory Committee</p> <p>24 - Blue Knot Day</p> <p>28 - 'Let's End Loneliness' roundtable with Paul Cann, UK Campaign to End Loneliness</p> <p>31 - Mental Health and Justice Workshop</p> <p>November</p> <p>2 - Roundtable on Mental Health and the NDIS</p> <p>3 - Launch of 'Being Well in the Law' guide</p> <p>- Rafael Calvo, University of Sydney</p> <p>- Peter McGeorge, St Vincent's Private Hospital Sydney</p> <p>4 - Jenna Bateman, Mental Health Coordinating Council</p> <p>8 - Launch of 'Insights in Recovery' guide</p> <p>- NSW Institute of Psychiatry Transition Oversight Committee</p> <p>- Mental Illness Fellowship of Australia annual general meeting</p> <p>15 - Launch of Front Up arts and cultural program</p> <p>16 - 8th Annual International Arts and Health Conference, The Art of Good Health and Wellbeing</p> <p>- The Hon. Pru Goward MP, Minister for Mental Health</p> <p>17 - Elizabeth Koff, NSW Ministry of Health</p> <p>18 - Mental Health Carer Support Workers Forum</p> <p>- 60th Anniversary of Council on the Ageing NSW</p> |
|---|---|
-

- 21 - Peter McClellan, Royal Commission into Institutional Responses to Child Sexual Abuse
 - icare Foundation
- 22 - Sydney Local Health District Youth Suicide Prevention Workshop
 - Quarterly meeting with Justice Health & Forensic Mental Health Network
 - Elizabeth Koff, NSW Ministry of Health
- 23 - Quarterly meeting with Mental Health Review Tribunal
- 24 - Richard Buss, Northern NSW Local Health District
- 25 - Northern NSW Branch 5th Annual Conference, Australian College of Mental Health Nurses
 - Toby Mackinnon, Justice Health & Forensic Mental Health Network
- 29 - Patient Centred Medical Home Showcase
- 30 - Small Business and Mental Health discussion, hosted by icare
 - BEING's Annual General Meeting 2016

December

- 1 - Kay Patterson, Age Discrimination Commissioner, Australian Human Rights Commission
 - Westmead Institute for Medical Research
- 2 - Launch of the Health Education Training Institute's higher education courses
 - NSW Department of Premier and Cabinet and Mental Health Review Tribunal
- 5 - Australian Human Rights Commission Optional Protocol to the Convention Against Torture workshop
 - icare and Public Service Commission
- 6 - Peggy Brown, National Mental Health Commission
 - Economics of Mental Health roundtable, National Mental Health Commission
 - Open Dialogue Interest Group
- 7 - Award ceremony for the Australian Mental Health Prize
- 8 - Luis Salvador-Carulla, University of Sydney
 - 2016 Annual Public Meeting, Justice Health & Forensic Mental Health Network
- 9 - Professor Hegerl, Sir Angus Houston of Lowy Institute

- Human Rights Awards
- 13 - beyondblue board meeting
- 16 - Quarterly meeting with NSW Official Visitors Program
- 19 - Naomi Englebrecht, Catholic Archdiocese of Sydney

2017

January

- 19 - Jennifer Smith-Merry, University of Sydney
- 20 - The Hon Scott Farlow, MLC
- 23 - WEAVE Youth & Community Services
- 25 - Stanley Alchin (individual)
- 30 - Judge Peter Johnstone, Children's Court of NSW
 - Jill Bennett, The Big Anxiety Festival

February

- 6 - Alastair McEwin, Disability Discrimination Commissioner, Australian Human Rights Commission
- 8 - Suicide Prevention Advisory Group
- 9 - Laurent Rivory, University of Sydney and Emma Johnston, University of New South Wales
- 10 - Hunter New England Local Health District
 - SAX Institute
- 13 - Juvenile Justice Advisory Committee
- 16 - NSW Institute of Psychiatry
- 22 - Fifth National Mental Health Plan workshop
- 23 - NSW Ministry of Health
- 24 - Mental Health Reform Implementation Taskforce
- 27 February – 3 March 2017 – 2017 International Initiative for Mental Health Leadership Exchange – Matches / Meeting / Post-Leadership Exchange

March

- 6 - National Mental Health Sector Reference Group, National Disability Insurance Agency
- 7 - Fredrik Lindencrona, International Initiative for Mental Health Leadership
- 8 - Quarterly meeting with Mental Health Review Tribunal
- 10 - Redefining Leadership, David Rock, NeuroLeadership Institute

- 13 - NSW Child Death Review Team
 - Jennifer Smith-Merry, University of Sydney
- 14 - NSW Ministry of Health
- 15 - National meeting on Equally Well consensus statement
- 16 - Sue Dawson, Health Care Complaints Commission
 - Quarterly meeting with Justice Health & Forensic Mental Health Network
 - Open Dialogue Interest Group
- 17 - The Royal Australian & New Zealand College of Psychiatrists NSW Branch
- 20 - Bi-monthly meeting with NSW Official Visitors Program
- 21 - beyondblue board meeting
- 22 - SafeWork NSW
- 24 - Jane Connolly and Aoife Garrard, Consulate General of Ireland, Sydney
- 27 - headspace Penrith
 - NSW Disability Employment Advisory Committee
- 29 - Health Justice Partnership Consumer Participation Forum
 - Launch of Cana Enterprise
- 30 - Appearance before Royal Commission into Institutional Responses to Child Sexual Abuse
 - ReachOut 19th Birthday Party
- 31 - NSW Institute of Psychiatry 2017 graduation

April

- 3 - PwC Australia
- 5 - Chatswood WayAhead Mental Health Expo
- 6 - The Hon Tanya Davies MP, Minister for Mental Health
 - NSW Department of Premier and Cabinet
 - The Sydney Institute Annual Dinner 2017
- 7 - Career Transition Day, Royal Commission into Institutional Responses to Child Sexual Abuse
- 11 - Working Together to Prevent Suicide in Rural Areas forum
- 19 - Beck Dawson, City of Sydney
 - National Mental Health Commission Role and Governance Review
- 20 - The Hon Tanya Davies MP, Minister for Mental Health

- 27 - Launch of the Community Mental Health Drug and Alcohol Research Network (CMHDARN) Seeding Grants program
 - Bringing Them Home commemorations launch
 - Open Dialogue Interest Group

May

- 2 - Filming for Legal Aid NSW
 - Mission Australia
- 4 - The Hon Tanya Davies MP, Minister for Mental Health
 - WayAhead 85th Birthday
- 5 - Safework NSW
- 8 - Fire and Rescue NSW Managing Mental Health seminar
- 9 - Clarence Valley community visit
- 11 - Cana Communities
 - NSW Department of Justice
- 12 - Appearance before Commonwealth Joint Standing Committee on the National Disability Insurance Scheme
- 16 - Secretaries, Agency Heads and Band 3's cluster wide meeting
- 17 - Mental Health Coordinating Council
- 19 - Older People's Mental Health (OPMH) Recovery Forum
- 19 - Julian Trollor, University of New South Wales
- 22 - Bi-monthly meeting with NSW Official Visitors Program
- 24 - Susana Bluwol, Bipolar Australia
- 25 - NSW Department of Family and Community Services, NSW Department of Premier and Cabinet, and Mental Health Review Tribunal
- 26 - Clinical Advisory Council, NSW Health
- 30 - NSW Department of Family and Community Services and Flourish Australia
- 31 - Hunter New England Local Health District 2017 Mental Health Leadership Forum

June

- 2 - His Excellency General The Honourable David Hurley AC DSC (Ret'd), Governor of New South Wales
- 5 - Sue Murray, Suicide Prevention Australia
 - Jennifer Smith-Merry, University of Sydney, and NSW Ministry of Health

-
- 7 - Aboriginal Health and Medical Research Council of NSW (AH&MRC) Aboriginal Health College 10th Graduation
 - 8 - The Hon Brad Hazzard MP, Minister for Health, and The Hon Tanya Davies MP, Minister for Mental Health
 - Quarterly meeting with NSW Ministry of Health
 - 25th Anniversary Justice Health & Forensic Mental Health Network board dinner
 - 13 - The Hon Robert Stokes MP, Minister for Education, and Lucy Brogden, National Mental Health Commission
 - 14 - Quarterly meeting with Mental Health Review Tribunal
 - Mental Health Coordinating Council
 - 15 - Quarterly meeting Justice Health & Forensic Mental Health Network
 - NSW Department of Justice
 - 16 - Memorandum of Understanding signing with Aboriginal Health & Medical Research Council
 - 19 - Paul Ramsay Foundation
 - Lesley van Schoubroeck, Queensland Mental Health Commissioner
 - 20 - beyondblue board meeting
 - WayAhead Workplaces Annual Members Forum
 - Cancer Institute NSW
 - 21 - NSW Department of Premier and Cabinet and Mental Health Review Tribunal
 - Blue Knot Foundation film viewing 'Don't tell'
 - 23 - Mental Health Reform Implementation Taskforce
 - 26 - Elizabeth Koff, NSW Ministry of Health
 - 27 - Julian Leeson MP
 - 27 - Luke Foley MP
 - 28 - Jewish House
 - 28 - Quarterly meeting with Mental Health Review Tribunal
 - 30 - 'A Caring Collective' carers forum

Budgets

The Commission's 2016-17 budget was \$10.550 million. This budget included initial recurrent grant of \$10,500,000, initial capital grant of \$25,000 and acceptance by the Crown Entity of employee benefits and other liabilities of \$25,000. The net result of -\$161,000 was the initial required deficit for the

Commission. The components of the initial required deficit include: net cost of service and acceptance by the Crown Entity of employee benefits and other liabilities.

For 2017-18, the Commission receives a capital grant of \$25,000. The Employee Related Expenses cap has been increased to

accommodate the proposed staff structure at the Commission.

Detailed Budget 2016-2017

<i>Description</i>	<i>Amount \$'000</i>
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

Budget Outline 2017-2018

<i>Description</i>	<i>Amount \$'000</i>
EXPENSES	
Operating expenses	
Employee related	5,231
Other operating expenses	1,764
Depreciation and amortisation	108
Grants and subsidies	3,975
Total expenses	11,078
REVENUE	
Recurrent grant from Ministry of Health	10,945
Other	50
Total revenue	10,995
Net result	-83

Audited and signed financial statements have been provided.

Financial overview

Statement of Comprehensive Income

The Commission's favourable net result of \$276,000 was primarily due to savings in Employee related expenses and increased revenue in Acceptance by the Crown Entity of employee benefits and other liabilities.

Operating result 2016–17

	\$'000
Expenses	10,622
Revenue	10,898
Net result	276

Financial position 2016–17

	\$'000
Assets	750
Liabilities	1,106
Net assets	(356)

Revenue

The main source of revenue is a recurrent grant (\$10,440,000), and a capital grant (\$85,000) from Treasury, received via the cluster head, the Ministry of Health. Initially the recurrent grant was (\$10,500,000) with capital grant of (\$25,000). During the year to meet the capital requirement the Commission requested and it was approved by Treasury to transfer (\$60,000) from Recurrent grant to Capital grant. In addition, in the financial year of 2016-17 the Commission received (\$251,000) from Commonwealth government and other state government agencies on International Initiative of Mental Health Leaders (IIMHL) which was co-hosted in March 2017 by the Commission and the New South Wales 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 \$10,622,000, which included employee-related expenses of \$3,701,000, other operating expenses of \$2,488,000, depreciation and amortization of \$193,000, grants and subsidies of \$4,238,000 and finance costs of \$2,000.

Assets

Assets of \$750,000 comprised \$349,000 in cash, receivables of \$249,000, office fit-out, furniture and information technology

equipment of \$48,000 and computer software of \$104,000. The Commission does not own or lease any motor vehicles and does not own any land or buildings.

Liabilities

Liabilities total \$1,106,000 comprising current payables of \$595,000 and current leave provisions of \$374,000 and a non-current leave provision of \$5,000 and restoration of \$132,000.

Net Equity

Net liabilities of (\$356,000) reduced from (\$632,000) in 2015-16.

Mental Health Commission of NSW

Financial Statements

30 June 2017

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 2017 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.



Catherine Lourey
Commissioner
Mental Health Commission of NSW

29 September 2017

Start of Audited Financial Statements

MENTAL HEALTH COMMISSION of NSW

Statement of comprehensive income for the year ended 30 June 2017

	Notes	Parent		Consolidated		
		Actual 2017 \$'000	Actual 2016 \$'000	Actual 2017 \$'000	Budget 2017 \$'000	Actual 2016 \$'000
Expenses excluding losses						
Operating expenses						
Employee related	2(a)	-	-	3,701	4,470	3,703
Personnel services	2(b)	3,579	3,570	-	-	-
Other operating expenses	2(c)	2,488	2,273	2,488	1,963	2,273
Depreciation and amortisation	2(d)	193	180	193	186	180
Grants and subsidies	2(e)	4,238	4,203	4,238	4,092	4,203
Finance costs	2(f)	2	2	2	-	2
Total expenses excluding losses		10,500	10,228	10,622	10,711	10,361
Revenue						
Grants and contributions	3(a)	10,776	10,525	10,776	10,525	10,525
Acceptance by the Crown Entity of employee benefits and other liabilities	3(b)	-	-	122	25	133
Total revenue		10,776	10,525	10,898	10,550	10,658
Net result		276	297	276	(161)	297
TOTAL COMPREHENSIVE INCOME		276	297	276	(161)	297

The accompanying notes form part of these financial statements

MENTAL HEALTH COMMISSION of NSW

Statement of financial position as at 30 June 2017

	Notes	Parent		Consolidated		
		Actual 2017 \$'000	Actual 2016 \$'000	Actual 2017 \$'000	Budget 2017 \$'000	Actual 2016 \$'000
ASSETS						
Current Assets						
Cash and cash equivalents	4	349	141	349	255	141
Receivables	5	233	286	249	166	286
Total Current Assets		582	427	598	421	427
Non-Current Assets						
Plant and equipment	6	48	204	48	22	204
Intangible assets	7	104	76	104	89	76
Total Non-Current Assets		152	280	152	111	280
Total Assets		734	707	750	532	707
LIABILITIES						
Current Liabilities						
Payables	8	958	1,206	595	1,078	896
Provisions	9	-	133	374	256	439
Total Current Liabilities		958	1,339	969	1,334	1,335
Non-Current Liabilities						
Provisions	9	132	-	137	127	4
Total Non-Current Liabilities		132	-	137	127	4
Total Liabilities		1,090	1,339	1,106	1,461	1,339
Net Assets (Liabilities)		(356)	(632)	(356)	(929)	(632)
EQUITY						
Accumulated funds		(356)	(632)	(356)	(929)	(632)
Total Equity		(356)	(632)	(356)	(929)	(632)

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 2017

2017	Parent Accumulated Funds \$'000	Consolidated Accumulated Funds \$'000
Balance at 1 July 2016	(632)	(632)
Net result for the year	276	276
Total comprehensive income for the year	276	276
Balance at 30 June 2017	(356)	(356)

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

The accompanying notes form part of these financial statements

MENTAL HEALTH COMMISSION of NSW

Statement of cash flows for the year ended 30 June 2017

	Notes	Parent		Consolidated		
		Actual 2017 \$'000	Actual 2016 \$'000	Actual 2017 \$'000	Budget 2017 \$'000	Actual 2016 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
Employee related		-	-	(3,467)	(4,452)	(3,514)
Personnel services		(3,467)	(3,514)	-	-	-
Grants and subsidies		(4,238)	(4,491)	(4,238)	(4,092)	(4,491)
Other		(3,406)	(3,812)	(3,406)	(1,995)	(3,812)
Total Payments		(11,111)	(11,817)	(11,111)	(10,539)	(11,817)
Receipts						
Interest received		-	51	-	-	51
Grants and contributions		10,776	10,510	10,776	10,525	10,510
Other		576	760	576	-	760
Total Receipts		11,352	11,321	11,352	10,525	11,321
NET CASH FLOWS FROM OPERATING ACTIVITIES	13	241	(496)	241	(14)	(496)
CASH FLOWS FROM INVESTING ACTIVITIES						
Purchases of plant and equipment		(33)	(24)	(33)	(25)	(24)
NET CASH FLOWS FROM INVESTING ACTIVITIES		(33)	(24)	(33)	(25)	(24)
NET INCREASE/(DECREASE) IN CASH		208	(520)	208	(39)	(520)
Opening cash and cash equivalents		141	661	141	294	661
CLOSING CASH AND CASH EQUIVALENTS	4	349	141	349	255	141

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 2017

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 2017 have been authorised for issue by the Commissioner on 29 September 2017.

(i) Service Group

The Commission 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.

(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.

1 Summary of significant accounting policies (continued)

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

(i) New Australian Accounting Standards effective for the first time in 2016-17

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.

AASB 2015-6 Amendments to Australian Accounting Standards - Extending Related Party Disclosures to Not-for-Profit Public Sector Entities extends the scope of AASB 124 Related Party Disclosures to include application by not-for-profit public sector entities. The application of this standard has resulted in increased disclosures in the financial statements relating to related party transactions and Key Management Personnel compensation.

(ii) New Australian Accounting Standards issued but not yet effective

NSW public sector entities are not permitted to early adopt new Australian accounting Standards, unless Treasury determines otherwise. In accordance with the NSW Treasury mandate (NSWTC 17-04), the Commission did not early adopt any of these accounting standards and interpretations that are not yet effective.

The Commission's assessment of the impact of these new standards and interpretations is that they will not materially affect any of the amounts recognised in the financial statements or significantly impact the disclosures in relation to the entity other than as set out below;

- AASB 16 Leases operative from 1 January 2019 will require entities to recognise an additional asset on the Statement of Financial Position representing the economic benefit of having the 'right of use' of a leased asset in return for making regular lease payments. A lease liability will also be required to be recognised representing the obligation to make lease payments over the term of the lease.

(iii) 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 2017
(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 credit.

(ii) Capitalisation thresholds

The capitalisation threshold is \$10,000 for physical and non-current assets including computer equipment.

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 Property, Plant and Equipment.

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	2017	2016
Plant and Equipment	5 years	5 years
Furniture and Equipment	4 to 5 years	4 to 5 years
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 2017
(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	2017	2016
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 2017
(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.

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 2017
(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

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.

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
Notes to and forming part of the Financial Statements
for the year ended 30 June 2017

	Parent		Consolidated	
	2017	2016	2017	2016
	\$'000	\$'000	\$'000	\$'000
2. Expenses excluding losses				
(a) Employee related expenses				
Salaries and wages (including annual leave)	-	-	3,096	2,883
Superannuation - defined contribution plans	-	-	270	237
Long service leave	-	-	122	133
Workers' compensation insurance	-	-	19	20
Payroll tax and fringe benefit tax	-	-	194	172
Redundancy payments	-	-	-	258
Total employee related expenses	<u>-</u>	<u>-</u>	<u>3,701</u>	<u>3,703</u>
(b) Personnel services				
Salaries and wages (including annual leave)	3,096	2,883	-	-
Superannuation - defined contribution plans	270	237	-	-
Workers' compensation insurance	19	20	-	-
Payroll tax and fringe benefit tax	194	172	-	-
Redundancy payments	-	258	-	-
Total personnel services	<u>3,579</u>	<u>3,570</u>	<u>-</u>	<u>-</u>
(c) Other operating expenses				
Auditor's remuneration - audit of the financial statements	38	36	38	36
Audit and Risk Committee fees	36	37	36	37
Advertising	7	12	7	12
Cleaning	15	15	15	15
Computer maintenance, software licences and other related expenditure	174	217	174	217
Consultants	42	4	42	4
Other contractors	729	729	729	729
Corporate shared services fees	173	181	173	181
Equipment	42	15	42	15
Fee for services rendered	698	598	698	598
Insurance	4	-	4	-
Legal costs	4	-	4	-
Maintenance *	4	8	4	8
Operating lease rental expense-minimum lease payments	126	124	126	124
Telecommunications	14	20	14	20
Printing, postage and stationery	86	51	86	51
Staff development	69	57	69	57
Travelling, removal and subsistence	122	120	122	120
Utilities	63	8	63	8
Other	42	41	42	41
Total other operating expenses	<u>2,488</u>	<u>2,273</u>	<u>2,488</u>	<u>2,273</u>
* Reconciliation - total maintenance				
Maintenance expense - contractor labour and other (non-employee related), as above	<u>4</u>	<u>8</u>	<u>4</u>	<u>8</u>
Total maintenance expenses included in Note 2 (a) and 2 (c)	<u>4</u>	<u>8</u>	<u>4</u>	<u>8</u>

MENTAL HEALTH COMMISSION of NSW
Notes to and forming part of the Financial Statements
for the year ended 30 June 2017

2. Expenses excluding losses (continued)

	Parent		Consolidated	
	2017	2016	2017	2016
	\$'000	\$'000	\$'000	\$'000
(d) Depreciation and amortisation expense				
Depreciation				
Computer equipment	25	20	25	20
Furniture and equipment	12	11	12	11
Plant and equipment	11	11	11	11
Leasehold improvements	108	101	108	101
Total depreciation	<u>156</u>	<u>143</u>	<u>156</u>	<u>143</u>
Amortisation				
Software	37	37	37	37
Total amortisation	<u>37</u>	<u>37</u>	<u>37</u>	<u>37</u>
Total depreciation and amortisation	<u>193</u>	<u>180</u>	<u>193</u>	<u>180</u>
(e) Grants and subsidies				
NSW Consumer Advisory Group - Mental Health Inc - Being	669	648	669	648
Mental Health Association NSW -Way Ahead	1,606	976	1,606	976
Mental Health Carers ARAFMI NSW Inc	390	377	390	377
Beyond Blue Limited	1,200	1,200	1,200	1,200
Young and Well Cooperative Research Centre Ltd		253		253
ReachOut Australia		166		166
Other grants and subsidies	373	583	373	583
Total grants and subsidies	<u>4,238</u>	<u>4,203</u>	<u>4,238</u>	<u>4,203</u>
(f) Finance costs				
Unwinding of discount rate	2	2	2	2
Total finance costs	<u>2</u>	<u>2</u>	<u>2</u>	<u>2</u>

MENTAL HEALTH COMMISSION of NSW
Notes to and forming part of the Financial Statements
for the year ended 30 June 2017

	Parent		Consolidated	
	2017	2016	2017	2016
	\$'000	\$'000	\$'000	\$'000
3. Revenues				
(a) Grants and contributions				
Operating grant from the NSW Ministry of Health	10,440	10,500	10,440	10,500
Capital grant from the NSW Ministry of Health	85	25	85	25
Other Commonwealth Government grants	251	-	251	-
Total grants and contributions	<u>10,776</u>	<u>10,525</u>	<u>10,776</u>	<u>10,525</u>

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

(b) 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	-	-	122	133
Total liabilities assumed by the Crown Entity	<u>-</u>	<u>-</u>	<u>122</u>	<u>133</u>

MENTAL HEALTH COMMISSION of NSW
Notes to and forming part of the Financial Statements
for the year ended 30 June 2017

	Parent		Consolidated	
	2017	2016	2017	2016
	\$'000	\$'000	\$'000	\$'000
4. Current assets - cash and cash equivalents				
Cash at bank and on hand	349	141	349	141
Total cash and cash equivalents	<u>349</u>	<u>141</u>	<u>349</u>	<u>141</u>

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)	349	141	349	141
Closing cash and cash equivalents (per statement of cash flows)	<u>349</u>	<u>141</u>	<u>349</u>	<u>141</u>

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

5. Current – Receivables

Sundry receivables	14	111	14	111
Amounts due from other government agencies	2	-	18	-
Prepayments	47	33	47	33
GST receivable (net)	170	142	170	142
Total current receivables	<u>233</u>	<u>286</u>	<u>249</u>	<u>286</u>

Details regarding credit risk, liquidity risk and market risk, including financial assets that are either past due or impaired, are disclosed in Note 14.

MENTAL HEALTH COMMISSION of NSW
Notes to and forming part of the Financial Statements
for the year ended 30 June 2017

6. Non-current assets - plant and equipment

2017

Parent and consolidated

At 1 July 2016 - fair value

	Plant and Equipment \$'000	Computer Equipment \$'000	Furniture and Equipment \$'000	Leasehold Improvements \$'000	Total \$'000
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

At 30 June 2017 - fair value

	Plant and Equipment \$'000	Computer Equipment \$'000	Furniture and Equipment \$'000	Leasehold Improvements \$'000	Total \$'000
Gross carrying amount	45	207	64	404	720
Accumulated depreciation and impairment	(42)	(168)	(58)	(404)	(672)
Net carrying amount	3	39	6	-	48

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.

2017

Year ended 30 June 2017

	Plant and Equipment \$'000	Computer Equipment \$'000	Furniture and Equipment \$'000	Leasehold Improvements \$'000	Total \$'000
Net carrying amount at start of year	14	64	18	108	204
Depreciation expense	(11)	(25)	(12)	(108)	(156)
Net carrying amount at end of year	3	39	6	-	48

2016

Parent and consolidated

At 1 July 2015 - fair value

	Plant and Equipment \$'000	Computer Equipment \$'000	Furniture and Equipment \$'000	Leasehold Improvements \$'000	Total \$'000
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

	Plant and Equipment \$'000	Computer Equipment \$'000	Furniture and Equipment \$'000	Leasehold Improvements \$'000	Total \$'000
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

MENTAL HEALTH COMMISSION of NSW
Notes to and forming part of the Financial Statements
for the year ended 30 June 2017

7. Intangible assets**Parent and Consolidated****2017**

	Software \$'000	Total \$'000
At 1 July 2016		
Cost (gross carrying amount)	158	158
Accumulated amortisation and impairment	(82)	(82)
Net carrying amount	<u>76</u>	<u>76</u>

	Software \$'000	Total \$'000
At 30 June 2017		
Cost (gross carrying amount)	222	222
Accumulated amortisation and impairment	(118)	(118)
Net carrying amount	<u>104</u>	<u>104</u>

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.

	Software \$'000	Total \$'000
Year ended 30 June 2017		
Net carrying amount at start of year	76	76
Additions	65	65
Amortisation (recognised in 'depreciation and amortisation')	(37)	(37)
Net carrying amount at end of year	<u>104</u>	<u>104</u>

Parent and Consolidated**2016**

	Software \$'000	Total \$'000
At 1 July 2015		
Cost (gross carrying amount)	158	158
Accumulated amortisation and impairment	(45)	(45)
Net carrying amount	<u>113</u>	<u>113</u>

	Software \$'000	Total \$'000
At 30 June 2016		
Cost (gross carrying amount)	158	158
Accumulated amortisation and impairment	(82)	(82)
Net carrying amount	<u>76</u>	<u>76</u>

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.

	Software \$'000	Total \$'000
Year ended 30 June 2016		
Net carrying amount at start of year	113	113
Amortisation (recognised in 'depreciation and amortisation')	(37)	(37)
Net carrying amount at end of year	<u>76</u>	<u>76</u>

MENTAL HEALTH COMMISSION of NSW
Notes to and forming part of the Financial Statements
for the year ended 30 June 2017

	Parent 2017 \$'000	2016 \$'000	Consolidated 2017 \$'000	2016 \$'000
8. Current liabilities - payables				
Current liabilities - payables				
Accrued salaries, wages and on-costs	-	-	10	38
Creditors	123	180	123	180
Accrued operating expenditure	440	621	462	678
Provision for Personnel Services Liability	395	405	-	-
Total payables	<u>958</u>	<u>1,206</u>	<u>595</u>	<u>896</u>
Details regarding credit risk, liquidity risk and market risk, including a maturity				
9. Current / non-current liabilities - provisions				
Current				
Employee benefits and related on-costs				
Annual leave	-	-	272	257
Payroll tax	-	-	45	-
Long service leave on-costs	-	-	57	49
Total current employee benefits and related on-costs provisions	<u>-</u>	<u>-</u>	<u>374</u>	<u>306</u>
Other Provisions				
Restoration	-	133	-	133
Total current provisions	<u>-</u>	<u>133</u>	<u>374</u>	<u>439</u>
Non-current				
Employee benefits and related on-costs				
Long service leave on-costs	-	-	5	4
Total non-current employee benefits and related on-costs provisions	<u>-</u>	<u>-</u>	<u>5</u>	<u>4</u>
Other provisions				
Restoration	132	-	132	-
Total non-current provisions	<u>132</u>	<u>-</u>	<u>132</u>	<u>4</u>
Total Provisions	<u>132</u>	<u>133</u>	<u>511</u>	<u>443</u>
Aggregate employee benefits and related on-costs				
Provisions - current	-	-	374	306
Provisions - non-current	-	-	5	4
Accrued salaries, wages and on-costs (Note 8)	-	-	10	38
Total aggregate employee benefits and related costs	<u>-</u>	<u>-</u>	<u>389</u>	<u>348</u>

The annual leave liability at 30 June 2017 was \$272,000 (2016: \$257,000). This is based on leave entitlements at 30 June 2017 using remuneration rates to be payable post 30 June. Of this liability, the value expected to be paid within twelve months is \$235,000 (2016: \$222,000) and \$37,000 (2016: \$35,000) 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)

	Parent and Consolidated Restoration \$'000	Total \$'000
2017		
Carrying amount at the beginning of the financial year	133	133
Unused amounts reversed	(3)	(3)
Change in discount rate	2	2
Carrying amount at the end of the financial year	<u>132</u>	<u>132</u>

MENTAL HEALTH COMMISSION of NSW
Notes to and forming part of the Financial Statements
for the year ended 30 June 2017

	Parent and consolidated	
	2017	2016
	\$'000	\$'000
10. Commitments for expenditure		
(a) Operating lease commitments		
Future non-cancellable operating lease rentals not provided for and payable:		
Not later than one year	142	139
Later than one year but not later than five years	599	-
Total (including GST)	<u>741</u>	<u>139</u>

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 \$67,405 (2016: \$12,637) 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
Notes to and forming part of the Financial Statements
for the year ended 30 June 2017

12. Budget review

Net result

The net result for 2016-17 is favourable, primarily due to savings in Employee related expenses and increased revenue of \$97k in Acceptance by the Crown Entity of employee benefits and other liabilities.

Increase in Grants and contribution revenue of \$251k represents contributions from Commonwealth government and other state government agencies on International Initiative of Mental Health Leaders (IIMHL) which was co-hosted in March 2017 by the Commission and the New South Wales Ministry of Health.

Savings in Employee related expenses are offset by increases in Other operating expenses, as agency temporary staff are contracted to fill in the vacant roles in the staff establishment throughout the financial year.

Assets and liabilities

Total assets is higher than initially budgeted mainly due to higher than budgeted cash and cash equivalents and GST receivables.

Total liabilities is less than budget due to a lower than expected June 2017 operating expenditure accrual.

Cash flows

The Cash Flow forecast for 2016-17 is different to the actual movements in Cash Flows due to the \$251k contributions from other agencies for IIMHL and less than expected employee related expenditure.

	Parent		Consolidated	
	2017	2016	2017	2016
	\$'000	\$'000	\$'000	\$'000
13. Reconciliation of Cash Flows from Operating Activities to Net Result				
Net cash used on operating activities	241	(496)	241	(496)
Depreciation and amortisation	(193)	(180)	(193)	(180)
Finance costs	(2)	(2)	(2)	(2)
Decrease / (increase) in creditors	268	1,273	268	1,273
Decrease / (increase) in provisions	(1)	10	(1)	10
Increase / (decrease) in prepayments and other assets	(37)	(308)	(37)	(308)
Net result	276	297	276	297

MENTAL HEALTH COMMISSION of NSW
Notes to and forming part of the Financial Statements
for the year ended 30 June 2017

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				
			2017	2016
Financial Assets	Note	Category	Carrying Amount	Carrying Amount
Class:			\$'000	\$'000
Cash and cash equivalents	4	N/A	349	141
Receivables	5	Loans and receivables (at amortised cost)	16	111
Financial Liabilities	Note	Category	Carrying Amount	Carrying Amount
Class:			\$'000	\$'000
Payables	8	Financial liabilities measured (at amortised cost)	958	1,206
Consolidated				
			2017	2016
Financial Assets	Note	Category	Carrying Amount	Carrying Amount
Class:			\$'000	\$'000
Cash and cash equivalents	4	N/A	349	141
Receivables	5	Loans and receivables (at amortised cost)	32	111
Financial Liabilities	Note	Category	Carrying Amount	Carrying Amount
Class:			\$'000	\$'000
Payables	8	Financial liabilities measured (at amortised cost)	573	839

MENTAL HEALTH COMMISSION of NSW
Notes to and forming part of the Financial Statements
for the year ended 30 June 2017

14. Financial instruments (continued)

(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.

(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.

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.

2017	Past due but not		
	Total	impaired	Considered impaired
	\$'000	\$'000	\$'000
< 3 months overdue	-	-	-
3 months - 6 months overdue	-	-	-
> 6 months overdue	14	14	-

2016	Past due but not		
	Total	impaired	Considered impaired
	\$'000	\$'000	\$'000
< 3 months overdue	110	110	-
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 of NSW
Notes to and forming part of the Financial Statements
for the year ended 30 June 2017

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 (2016: \$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:

	2017 \$'000	2016 \$'000
Cheque Cashing Authority (per fortnight, non-cumulative)	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
2017	%	\$'000	\$'000	\$'000	\$'000
Payables:					
Payables	-	958	958	958	-
Total financial liabilities		958	958	958	-
2016					
Payables:					
Payables	-	1,206	1,206	1,206	-
Total financial liabilities		1,206	1,206	1,206	-

Consolidated	Weighted average effective interest rate	Nominal amount (1)	Interest rate exposure	Maturity dates	
			Non interest bearing	< 1 year	1 - 5 years
2017	%	\$'000	\$'000	\$'000	\$'000
Payables:					
Payables	-	573	573	573	-
Total financial liabilities		573	573	573	-
2016					
Payables:					
Payables	-	839	839	839	-
Total financial liabilities		839	839	839	-

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

MENTAL HEALTH COMMISSION of NSW
Notes to and forming part of the Financial Statements
for the year ended 30 June 2017

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
2017		-1%		+1%	
Financial Assets					
Cash on hand	2	-	-	-	-
Cash at bank	347	(3)	(3)	3	3
2016		-1%		+1%	
Financial Assets					
Cash on hand	2	-	-	-	-
Cash at bank	139	(1)	(1)	1	1

(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

A new commissioner was appointed on 18 August 2017.

Other than the above, the Commission is not aware of any events since balance date that would materially affect the disclosures outlined in this report.

MENTAL HEALTH COMMISSION of NSW
Notes to and forming part of the Financial Statements
for the year ended 30 June 2017

16. Related Parties

A related party is a person or entity that is related to the entity that is preparing financial statements. As a general government agency 100% controlled by the NSW Government, the Commission is a related party of all NSW Government controlled agencies and State Owned Corporations.

(a) Key Management Personnel

In accordance with AASB 124 Related party disclosures, Key Management Personnel 'KMP' are those having authority and responsibility for planning, directing and controlling the activities of the entity including whether executive or otherwise.

The Commission has determined the following positions are key management personnel:

- Commissioner
- Deputy Commissioner
- Director Strategic Operations and Communications

The Commissioner, Deputy Commissioner, and Director Strategic Operations and Communications are considered the 'Leadership Group' and these roles have the delegation authority and responsibility for planning, directing and controlling the activities of the Commission. These three roles have substantial financial delegation and decision making power on project planning that cover the entire organisation. Even though the Full time Deputy Commissioner and Director have direct supervision of two teams each, planning decisions are made as a group.

Committee Members of the Audit and Risk Committee are not considered KMP's because the objectives of the committee is to provide advice to the Commissioner. (Audit and Risk Charter)

The Commission did not enter into transactions with close family members or entities controlled or jointly controlled by key management personnel during the year.

The entity's key management personnel compensation are as follows:

	2017 \$
Short-term employee benefits:	
Salaries	725,753
Other long-term employee benefits	13,299
Post-employment benefit	85,413
Total remuneration	<u>824,465</u>

(b) Other related party transactions

Cluster agencies:

The Ministry of Health (MoH) pays recurrent and capital grants to the Commission.

For the year ending 30 June 2017 MoH has paid \$10.440m and \$0.085m respectively to the Commission.

Other government agencies:

The Commission transacts with Family and Community Services (FACS) in the normal course of activities. These transactions include transfers of cash to FACS on a fee for service basis. These services include Finance, IT, Payroll and records management.

End of Audited Financial Statements

Mental Health Commission Staff Agency

Financial Statements

30 June 2017

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 2017 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.



Catherine Lourey
Commissioner
Mental Health Commission Staff Agency

29 September 2017

Start of Audited Financial Statements

MENTAL HEALTH COMMISSION STAFF AGENCY

Statement of comprehensive income for the year ended 30 June 2017

	Notes	Actual 2017 \$'000	Actual 2016 \$'000
Expenses excluding losses			
Operating expenses			
Employee related	2(a)	3,701	3,703
Total expenses excluding losses		3,701	3,703
Revenue			
Personnel services revenue - Mental Health Commission of NSW		3,579	3,570
Acceptance by the Crown Entity of employee benefits and other liabilities	3(a)	122	133
Total revenue		3,701	3,703
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 2017

	Notes	Actual 2017 \$'000	Actual 2016 \$'000
ASSETS			
Current Assets			
Receivables	4	411	405
Total Current Assets		411	405
Total Assets		411	405
LIABILITIES			
Current Liabilities			
Payables	5	32	95
Provisions	6	374	306
Total Current Liabilities		406	401
Non-Current Liabilities			
Provisions	6	5	4
Total Non-Current Liabilities		5	4
Total Liabilities		411	405
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 2017

2017	Accumulated Funds \$'000	Total \$'000
Balance at 1 July 2016	-	-
Net result for the year	-	-
Total other comprehensive income	-	-
Total comprehensive income for the year	-	-
Balance at 30 June 2017	-	-

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	-	-

The accompanying notes form part of these financial statements

MENTAL HEALTH COMMISSION STAFF AGENCY

Statement of cash flows for the year ended 30 June 2017

	Actual 2017 \$'000	Actual 2016 \$'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 2017

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 2017 have been authorised for issue by the Commissioner on 29 September 2017.

(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 effective for the first time in 2016-17

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.

AASB 2015-6 Amendments to Australian Accounting Standards - Extending Related Party Disclosures to Not-for-Profit Public Sector Entities extends the scope of AASB 124 Related Party Disclosures to include application by not-for-profit public sector entities. The application of this standard has resulted in increased disclosures in the financial statements relating to related party transactions and Key Management Personnel compensation.

(ii) New Australian Accounting Standards issued but not yet effective

NSW public sector entities are not permitted to early adopt new Australian accounting Standards, unless Treasury determines otherwise. In accordance with the NSW Treasury mandate (NSWTC 17-04), the Agency did not early adopt any of these accounting standards and interpretations that are not yet effective.

1 Summary of significant accounting policies (continued)

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

(iii) 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.

Mental Health Commission Staff Agency
Notes to the financial statements
for the year ended 30 June 2017
(continued)

1 Summary of significant accounting policies (continued)

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.

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
Notes to and forming part of the Financial Statements
for the year ended 30 June 2017

	2017 \$'000	2016 \$'000
2. Expenses excluding losses		
(a) Employee related expenses		
Salaries and wages (including annual leave)	3,096	2,883
Superannuation - defined contribution plans	270	237
Long service leave	122	133
Workers' compensation insurance	19	20
Payroll tax and fringe benefit tax	194	172
Redundancy payments	-	258
Total employee related expenses	<u><u>3,701</u></u>	<u><u>3,703</u></u>
3. Revenues	2017 \$'000	2016 \$'000
(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	<u>122</u>	<u>133</u>
Total liabilities assumed by the Crown Entity	<u><u>122</u></u>	<u><u>133</u></u>
4. Current/non-current assets - receivables	2017 \$'000	2016 \$'000
Current		
Amounts due from other government agencies	<u>411</u>	<u>405</u>
Total receivables	<u><u>411</u></u>	<u><u>405</u></u>

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
Notes to and forming part of the Financial Statements
for the year ended 30 June 2017

	2017 \$'000	2016 \$'000
5. Current liabilities – payables		
Current liabilities - payables		
Accrued salaries, wages and on-costs	10	38
Creditors	22	57
Total Current liabilities – payables	<u>32</u>	<u>95</u>
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		
	2017 \$'000	2016 \$'000
Current		
Employee benefits and related on-costs		
Annual leave	272	257
Payroll tax	45	-
Long service leave on-costs	57	49
Total current provisions	<u>374</u>	<u>306</u>
Non-current		
Employee benefits and related on-costs		
Long service leave on-costs	5	4
Total non-current provisions	<u>5</u>	<u>4</u>
Total Non-current Provisions	<u>379</u>	<u>310</u>
Aggregate employee benefits and related on-costs		
Provisions - current	374	306
Provisions - non-current	5	4
Accrued salaries, wages and on-costs (Note 5)	10	38
Total employee benefits and related on-costs	<u>389</u>	<u>348</u>

The annual leave liability at 30 June 2017 was \$272,000 (2016: \$257,000). This is based on leave entitlements at 30 June 2017 using remuneration rates to be payable post 30 June. Of this liability, the value expected to be paid within twelve months is \$235,000 (2016: \$222,000) and \$37,000 (2016: \$35,000) after twelve months.

MENTAL HEALTH COMMISSION STAFF AGENCY
Notes to and forming part of the Financial Statements
for the year ended 30 June 2017

7. Commitments for expenditure

Capital commitments

The Agency does not have any capital commitments as at 30 June 2017 and 30 June 2016.

Operating lease commitments

The Agency does not have any operating lease commitments as at 30 June 2017 and 30 June 2016.

8. Contingent liabilities and contingent assets

The Agency does not have any contingent assets or liabilities.

MENTAL HEALTH COMMISSION STAFF AGENCY
Notes to and forming part of the Financial Statements
for the year ended 30 June 2017

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	Carrying Amount
Class:			2017	2016
			\$'000	\$'000
Receivables	4	Loans and receivables (at amortised cost)	411	405

Financial liabilities	Note	Category	Carrying Amount	Carrying Amount
Class:			2017	2016
			\$'000	\$'000
Payables	5	Financial liabilities measured (at amortised cost)	10	38

(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
Notes to and forming part of the Financial Statements
for the year ended 30 June 2017

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 (2017: \$411,000; 2016: \$405,000) and not less than 6 months past due (2017: \$nil; 2016: \$nil) are not considered impaired and together these represent 100% of the total trade debtors (2016: 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.

2017	Total \$'000	Past due but not impaired \$'000	Considered Impaired \$'000
< 3 months overdue	-	-	-
3 months - 6 months overdue	-	-	-
> 6 months overdue	-	-	-

2016	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'.

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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
2017					
Payables	-	10	10	10	-
Total financial liabilities		10	10	10	-
2016					
Payables	-	38	38	38	-
Total financial liabilities		38	38	38	-

(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.

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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

A new commissioner was appointed on 18 August 2017.

Other than the above, the Staff Agency is not aware of any events since balance date that would materially affect the disclosures outlined in this report.

11. Related Party Transactions

All transactions and outstanding balances in these financial statements relate to the Agency's function as the provider of personnel services to the immediate parent. The Agency's total income is sourced from the immediate parent, and cash receipts and payments are affected by the immediate parent on the Agency's behalf.

Key management personnel compensation are borne by the immediate parent. There were no transactions with the ultimate parent during the financial year.

End of Audited Financial Statements

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