

MENTAL HEALTH CARERS NSW INC.

ANNUAL REPORT
2018-2019



empowering carers for mental health since 1974



MHCN
mental health carers nsw

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OUR VISION

Our Vision is “Compassionate Communities, Connected Carers”.

Our Vision is for compassionate communities that value, include and support respectfully:

- the carers of people with mental illness;
- and the many people with an experience of mental illness and its impact on their lives, relationships and well-being (physical and mental).

OUR MISSION

Our Mission is “Empowering Carers for Mental Health”

By:

- Ensuring Carers data is being captured and reported upon;
- Designing services and resources in collaboration with carers;
- Employees, students & volunteers develop a better understanding of mental illness and of working towards recovery;
- Carers have their expertise in mental health issues acknowledged.

MENTAL HEALTH CARERS NSW

Mental Health Carers NSW ('MHCN', formerly Arafmi NSW) is the peak body for mental health carers in NSW. MHCN is a community based, non-government organisation that provides systemic advocacy and education for carers, family and friends of those experiencing mental illness across NSW.

MHCN works to ensure that the voices of mental health carers in NSW are represented and heard in policy and service provision reform processes to ensure that they are recognised and that their rights are upheld. We endeavour to empower mental health carers across the state to engage with mental health reform and advocacy.

WHO ARE MENTAL HEALTH CARERS?

A mental health carer is someone who is a family member, partner or friend of someone living with a mental health diagnosis, who provides emotional and practical support to a person living with a mental health diagnosis. There are approximately 54, 000 mental health carers in NSW (ABS 2015), and approx 240, 000 in Australia (MHCA). Mental health carers often face their own stressors and challenges, and are at particular risk of developing a mental health issue themselves. Their caring role can have a significant social, emotional, mental and financial impact on their lives.

PRESIDENT'S REPORT

The year 2019 is drawing to a close. Our thoughts are now turning to Christmas festivities and our hopes for 2020. It seems a good time to look at our achievements over the past year and to turn our attention to filling any gaps that we have identified in the services we are striving to provide for all mental health families and friends in NSW.

2019 has been an outstanding year for Mental Health Carers NSW (MHCN) as you can see next from the report of our CEO, Jonathan Harms. MHCN has more than fulfilled its role as the NSW peak mental health carer NGO. And, it has done this within a very slim budget, due principally to the dedication and hard work of our CEO and his staff, students and volunteers. In addition, MHCN is fortunate to have a highly experienced executive finance committee, a truly outstanding treasurer, Andrew Pryor, and a strong Board. All are untiring in their efforts and have significantly helped the organisation go from strength to strength. They have truly had "their shoulder to the wheel" and much time, advice, and effort has been asked of all members to successfully negotiate our way forward, following 'Beings' decision to move to new premises and withdraw from the joint venture agreement between them, MHCN and Way Ahead.

I should like to express my heartfelt thanks to our extremely dedicated CEO, Jonathan Harms, and the staff, volunteers and students he leads, for their commitment to the wellbeing and support for carers, families and friends. We endeavour to connect with carers, relatives, and friends, through our weekly newsletter.

However, I believe we have not been able to find a mechanism to identify and connect to more of the countless, it is estimated many hundreds of thousands, of carers, relatives and friends in NSW, who would benefit from contact with MHCN.



Jenny Learmont was Vice President of the Board of MHCN until 2018 and became President when Anne Stedman stepped down.

Jenny has been a carer for many years, of a son who developed severe OCD at the age of 13, and later developed Bipolar Disorder, Borderline Personality Disorder (BPD), and, in an effort to relieve very distressing and debilitating symptoms, resorted to drug and alcohol misuse.

*"This is
indeed a
very positive
change".*

This is an enormous challenge. To address this gap, MHCN will be using social media to raise our profile by connecting with more carers, increasing carer engagement at our training and events, and empowering carers with relevant and timely information regarding any news, updates or opportunities in the mental health sector.

Many carers, myself included, find navigating the mental health system daunting to say the least, despite our efforts to remedy that problem. We hold regular sessions providing information on navigating the NSW Mental Health System, Introductions to Recovery Oriented Practice, and Inclusive Care Planning. The sessions seek to capacity build carers through knowledge sharing, awareness of rights, and networking opportunities. These sessions are invaluable for carers, and on a very personal level I wish they had been available many years ago.

I have been asked to make some personal observations and can say that as a carer for over 40 years, for much of that time I had only limited success in accessing available health services—both private and public. However, in recent years my involvement has only been with public mental health units, and I have witnessed positive changes in the attitudes of the staff of these units towards me. In years past, thankfully long gone, I as a mother was ignored and felt very unwelcome during my visits to my son. In the last two years, in four different public mental health units, I have been treated with courtesy, understanding, experienced a non-judgmental attitude, and my input has been welcomed. This is indeed a very positive change.

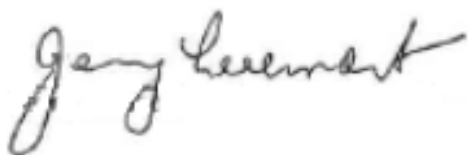
I should like to draw members' attention to an illuminating story that appeared recently in the British newspaper, The Economist. Tom Dark the Sheriff of Cook County, Illinois (Chicago), the paper reported, has revamped the jail system he oversees to better serve the inmates with mental illness. Solitary confinement has been eliminated and psychologists and other specially trained staff have been hired.

Pharmacological treatment, counselling, and the opportunity to participate in activities are provided. Before the inmates leave, the jail prepares a discharge plan. The most vulnerable are helped to find housing, food and clothing on release.

What a positive model this is for our Mental Health Units to introduce. Although providing the services described above would require increased funding at what is sometimes called "the pointy-end," the reforms introduced by Tom Dark would not only ensure that the time spent in a mental health unit provided safety and necessary medical treatment, but it would also ensure a doable/positive recovery pathway for consumers instead of the revolving door which now so often occurs with little or no positive outcome for them or their families.

At present it is often said that too much money is already spent on the pointy-end rather than being devoted to community services (and indeed a great proportion of the NSW Mental Health budget is). Nevertheless, Dark's is a bold initiative, and support for its adoption in NSW deserves our serious consideration. With all mental health funding it is essential it be guided by "bottom up" and not "top down". I saw an example where this was not happening at an AIDS conference in South Africa years ago. I was so impressed with the incredible prevention efforts trying to be achieved in the community, but they had very disappointing results, because at that time there was negligible support from the South African government. While this is not the case for MHCN, as we have both community and government support, we need to make a concerted effort in 2020 to convince government we are seriously under resourced, and cannot provide all we wish to for carers given our current level of funding.

Finally, I wish to acknowledge and thank our major funding body, The Ministry for Health through the NSW Mental Health Commission, for their ongoing support and recognition of the important role MHCN plays as the mental health carer peak organisation. I will conclude with my favourite saying: "When times are tough and things aren't going to plan and the outcome is not as expected, never give up hope. Hope is not a fairy tale ending but a gritty commitment to the recovery journey. When hope is knocked down it gets up".



JENNY LEARMONT AM HON MD

President MHCN

CEO'S REPORT

Mental Health Carers NSW Inc., ('MHCN', formerly ARAFMI NSW), is recognised by the NSW Ministry of Health as the peak body for mental health carers. MHCN undertakes systemic advocacy on behalf of NSW's mental health carers and their caring role for the people they care for and support. This 2018-2019 Annual Report gives an overview of the major activities of MHCN over the course of the financial year and includes our audited annual financial report.

The year 2018 - 2019 was a positive one for MHCN. On a mental health policy level, it was dominated by the response to the Review of Seclusion, Restraint and Observation in NSW Mental Health Facilities as the NSW state government rolled out numerous projects to address key recommendations of this insightful and important report by the Chief Psychiatrist, Dr. Murray Wright. MHCN participated in a number of these, from the Therapeutic Environment Minor Capital Works Project, (which saw MHCN participate in a panel to approve funding for co-designed projects to reduce the potential from trauma in NSW acute and Emergency Department facilities), to the Expert Reference Group for Action 11, (of the response to the recommendations), designing systems that allow consumers and carers to have more input to the design of care plans.

In addition, the federal government requested the Productivity Commission to inquire into the mental health sector and MHCN developed its own response and also supported Mental Health Carers Australia in the development of a national submission, including input from all of the interstate mental health carer organisations (that are or were Associations of the Friends and Relatives of the Mentally Ill, 'ARAFMI's).



Jonathan has been the CEO of MHCN since 2013.


After becoming CEO of MHCN, he has initiated a number of changes, including the creation of Carer Peak Advisory Committee(s) to enhance stakeholder participation in MHCN policy development, the Carer Support Worker Forum, and a weekly e-newsletter, to enhance networks for carer support workers and carers across NSW for consultation and advocacy purposes.

Apart from these projects MHCN also continued to work with InforMH to roll out the Carer Experience Survey, (CES), mandated by NSW Health to be implemented across all Local Health Districts as the tool for gathering carer feedback on mental health services. This important project provides a means of gathering the feedback from large numbers of carer right across NSW and all state public mental health services, a vital element of making services more responsive to carer needs.

At the organisational level, MHCN continued to support the work of the Mental Health Coordinating Council (MHCC), the NSW Peak for community managed organisations (CMO's), both on the Board and for a number of projects.

MHCN has continued to increase its ability to advocate for a safe and effective mental health system that carers can rely upon as a respectful, competent and trustworthy partner in the care of their loved ones, that is responsive to their needs and respectful of their relationships and caring role. We look forward to developing these skills and capacities in our carer stakeholders to benefit the whole system.

"We have increased our ability to advocate for a safe and effective mental health system that carers can rely upon".



JONATHAN HARMS

CEO Mental Health Carers NSW

Strategic Plan 2017-2020

Strategic Objective

Success Criteria

1 Influence policy leadership and reform

- 1.1 Advocate for the needs and views of mental health carers in policy debate
- 1.2 Promote carer participation, leadership and advocacy in reform processes
- 1.3 Develop maintain and leverage strategic relationships for advocacy
- 1.4 Be a leading voice in the sector

2 Systems development and capacity building

- 2.1 Developing and supporting carer access to sector through information, learning and development
- 2.2 Promoting co-design and co-delivery concepts for service and system reform
- 2.3 Develop capacity of services and system to effectively respond to the needs and lived expertise of carers
- 2.4 Advocate for awareness of mental health carer needs across sectors

3 Recognition, empowerment and representation

- 3.1 Consult with mental health carers and carer staff to understand current issues
- 3.2 Represent the diversity of mental health carers in the Australian community
- 3.3 Promote innovation and research for, by and with carers
- 3.4 Reduce stigma and improve social inclusion of carers by informing and educating the community

4 Continuous organisational development and improvement

- 4.1 Build collaborative networks and key stakeholder relationships
- 4.2 Conduct critical review of our systems for continuous quality improvement
- 4.3 Represent and grow our MHCN membership
- 4.4 Identify and develop ethical and sustainable funding opportunities
- 4.5 CMO Review

STAKEHOLDER ENGAGEMENT STRATEGY

As a result of the NSW Mental Health Commission's Review 2018 – 2019 of all of its funded organisations, MHCN documented our 'Stakeholder Engagement Strategy' (SES). This included all of our major activities around engagement with, and advocating for, mental health carers. In accordance with this SES, 'All-PAC' (Peak Advisory Committee) Meetings were convened in December and June to review the SES and to help plan the year's calendar of events and meetings.

This confirmed the limitation of the topical PACs (Older Persons, Younger Persons, Alcohol and Other Drug and the general Mental Health Carers PAC) to specific consultation purposes, i.e. meetings were held to contribute to MHCN's submissions to the Aged Care Royal Commission and the Ice Inquiry.

MHCN and the PACs identified that the SES lacks some elements of supporting carers to undertake their own advocacy, particularly using the many avenues available through social media. In response to this, MHCN have added some elements to the Strategy around the development and support of carer capacity in this emerging platform.

COLLECTIVE PURPOSE

MHCN has continued to occupy co-located premises at the Collective Purpose offices in Woolloomooloo with our partners in mental health, Way Ahead, and Being. We have been joined by other community managed organisations, (CMOs), International Social Services (ISS), and Smart Recovery. Co-location continues to facilitate higher levels of worker well-being by creating a community of like minded individuals and organisations collaborating effectively so that staff feel valued and supported.

Since Being's move to its fabulous new premises close by, MHCN are committed to continuing to work together as close collaborators to ensure the voice of lived experience of mental illness and caring is heard and acted upon in policy and reform in the NSW mental health sector and will formalize these arrangements between each other in the coming year.

The NSW Mental Health Commission funded the Collective Purpose Partners to undertake accreditation. The accreditors (HMED Consult) are still in the process of reviewing MHCN's policies and procedures, and will provide recommendations in the first half of 2020.

Continuous Organisational Development & Improvement

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BOARD OF MHCN

**LYNDA
WALTON**
Vice President



With a father who was present at Nagasaki for the clean-up following the big bomb and so suffered with PTSD and a mother who was abused as a child, Lynda was a carer from a very young age. Lynda found herself in many caring rolls throughout her life, including caring for many friends with drug and alcohol issues. Lynda volunteered as a mental health advocate within her local community, mostly for people from culturally diverse backgrounds including some of which Lynda took into her home to avoid them becoming homeless. She became particularly passionate about aged care advocacy when her own mother was financially and emotionally abused. Lynda was diagnosed with complex PTSD in 2003, said to be exacerbated by her carer roles. 2 of Lynda's children have generalised anxiety disorder. Lynda has experienced a rich and fulfilling life and due to her personal history and subsequent recovery journey, has had many professional and personal achievements.



Following a lengthy corporate finance career and related qualifications, I was keen to join the Board of MHCN to use my experience and knowledge, including as a carer for my daughter with a lived experience of mental health. I have dedicated this phase of my life towards supporting various NFP's in the escalating challenges for Mental health particularly for our youth and being an advocate for carers who play such a critical role in the support and recovery journey for those with a mental illness. My experience as a Carer provided me insight into the Mental Health system, including public and private hospitals, related medication, programs and services available to consumers and carers both in-patient and out-patient, as well as modern therapy treatments. With the ultimate joint focus, from both a clinical and carer perspective, being to support my daughter back to being a fully functioning individual and to help others.



**TESS
DELLAGIACOMA**
Secretary



Tess has a lifelong commitment to improving mental health services for carers and consumers. She is a child of a parent with a mental illness and her former partner also has a mental illness. Having worked extensively in public hospitals, government health and community departments as well as community managed organisations, Tess has the skills, training and experience to support the work of the board. With a professional background in nursing, law and policy work, Tess understands the systems in which we operate. Residing in Lismore, far north NSW, Tess contributes a voice for regional carers on the board.

Matthew has been counselling individuals, couples and families for 25 years, including periods working in Canada and England. Matthew has been employed within the state health system as a senior clinician and family therapist for the South Western Sydney Local Health District Mental Health Service for 20 years, where for the past 8 years he has worked with the more complex family presentations across the District, as well as training and supervising clinical staff across the District, including Clinical Psychologists, Social Workers, Psychiatrists & Occupational Therapists. For the past 12 years he has represented the Service in regards to the NSW Family & Carer Mental Health Program. More recently he has represented the Service at the NSW Carer Experience Survey Advisory Committee.



I have been working with children and young people for over thirty-eight years in the fields of education and mental health care. I feel I can contribute my experience and insights into the needs and lived experience of carers and those they care for. I initially committed to MHCNs Younger Person Peak Advisory Committee (YPAC) and from there it seemed a logical step to join the Board as an Ordinary Member. I strongly believe in the need for frontline stakeholders such as teachers to have had training in recognising and supporting the mental health needs of young people or those who are carers of family with mental health needs. Societal change and recognition at all levels is needed. I want to add my experience and voice to advocacy for mental health carers and the Board is a wonderful way to do so.



I was familiar with Mental Health Carers (ARAFMI) NSW through my work in the mental health sector and the more that I saw of their work the more that I came to appreciate the values and the ethos of the organisation. When I became aware that nominations were being sought for the Board I was excited about the opportunity to be part of that and to learn more about advocacy and governance from people who have a long history in the sector. Being a member of the MHCN Board has been a great experience for me; it has been an incredibly supportive environment within which to share my skills and to develop new ones.

**LYN
ANDERSON**
Ordinary Board
Member



Lyn joined the MHCN Board in 2018 after many years of association with MHCN. With 30 years of lived experience of mental health caring, she is one of the leading advocates for recognition of the role as well as championing the carer peer worker role. Lyn is a member of the NSW Mental Health Commission's Community Consultative Committee and recently worked on the Lived Experience Framework for NSW. Lyn is also active within the northern Sydney community as a carer consultant on many committees. Her membership of the MHCN Board is a natural progression from active, hands on participation within the community to further influence and contribute to positive systemic change.



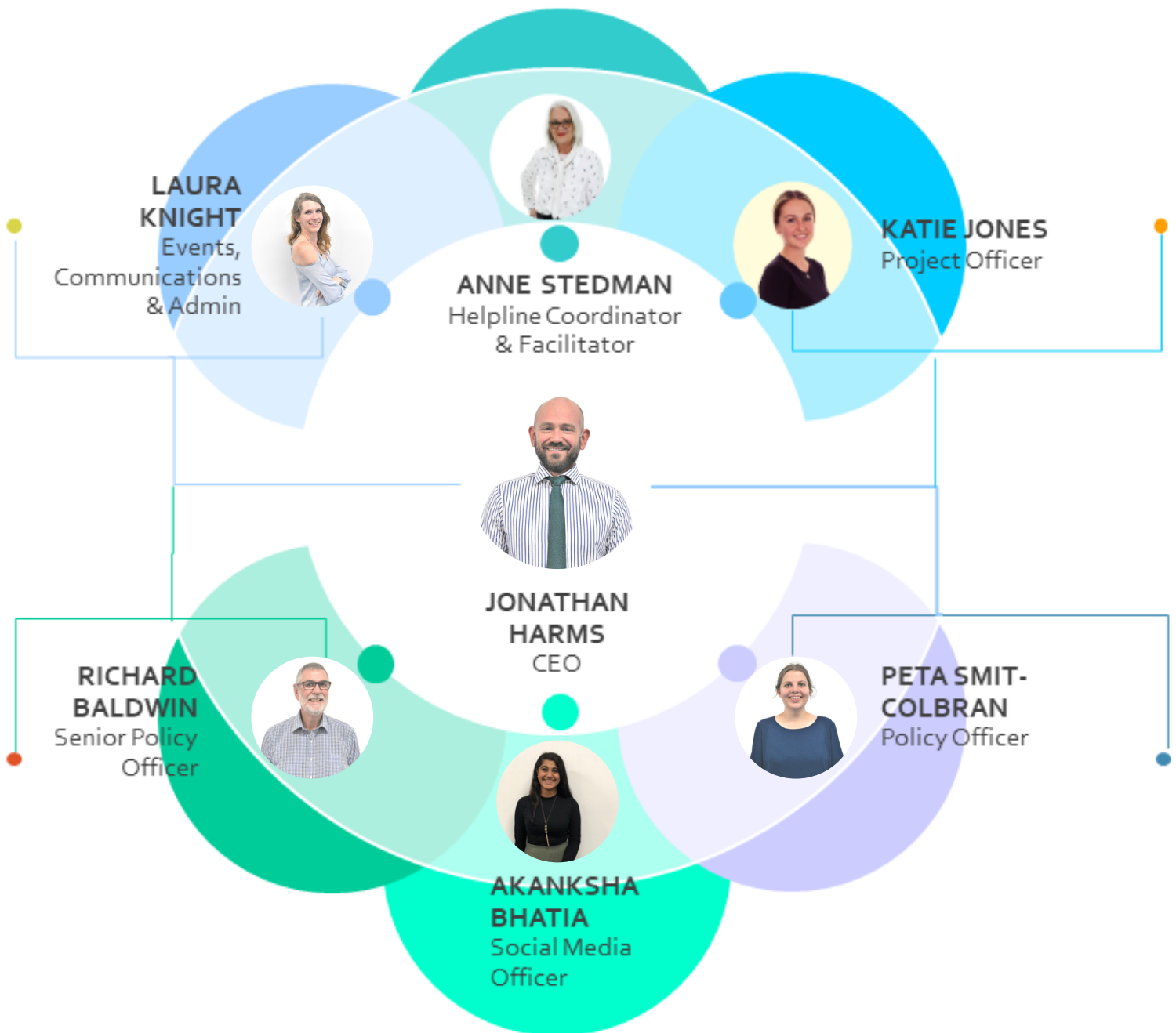
**ROB
WELLMAN**
Ordinary Board
Member



Rob has been involved with ARAFMI since 1990 on the Central Coast and subsequently MHCN in Sydney. He has been a mental health carer for the past 18 years. He is currently on the Peak Advisory Committee at MHCN and has attended numerous Forums and Conferences over the years. He received an Award for being an outstanding carer from the local Rotary Branch in 2010, a Certificate of appreciation from Volunteering Australia and ARAFMI in 2013. He has helped quite a few people and families navigate the mental health system in NSW.



MHCN ORGANISATIONAL CHART



STAFF REPORTS

LAURA KNIGHT: EVENTS, COMMUNICATIONS & ADMINISTRATION OFFICER

Laura has taken on a much more active role in the organisational development and management of MHCN & the MHCN team in the 2018 – 2019 period. She has organised a wide range of events for MHCN in the 2018 – 2019 period, including the Mental Health Carer and Support Worker Forums, MHCNs internal training including User's Guide to the NSW Mental Health System, Recovery Oriented Practice, Inclusive Care Planning, and Youth Mental Health First Aid, and the BPD Awareness Week Event and MHPN Meetings. Laura continued her role as the MHPN BPD Network Coordinator until the beginning of 2019 when she stepped down, but is still an active member of the BPD MHPN Network. Laura also worked on 2 grant applications to help host the BPD Event and establish a Vietnamese support group in North Ryde, both of which MHCN attained.

Laura also has an active role in community engagement, and attended a number of events throughout the year representing MHCN and raising awareness of mental health carers, including Generation Next, Carers Day Out, Liverpool Hospital Carers Week Event, Forensic Hospital Mental Health Month Event, Consumer and Carer Day as part of Project Air's Personality Disorders Conference, and many more. Laura creates information resources for carers for MHCN, including 'Culturally and Linguistically Diverse Carers', and 'Am I A Young Carer?' and is the graphic designer for all of MHCNs publications. Laura is also the coordinator of MHCNs social media engagement activities including writing the weekly e-newsletter, Facebook and MHCNs website.

Laura has been with MHCN since 2014, after completing a student placement as part of a Diploma of Community Services (Distinction). Laura also has a Cert IV in Mental Health and a Bachelor of Arts in History, Politics and Philosophy from WSU. Laura is formerly a young carer, having carer for a parent living with schizophrenia from a young age. Laura is passionate about making a difference for the lives of mental health carers especially hidden carers, including young and make carers.



Anne joined the staff last year and has witnessed exciting changes in MHCN. The organisation has been through a significant shift in its focus and growth in staff to accommodate these changes. The change process has been gradual, with a particular focus on staff well-being and development. Due to this, as well as increased communication between staff/students and volunteers, MHCN have been able to extend the range of engagement activities and projects without compromising the well-being of MHCN's staff members. Anne recognises the responsibility for organisations working within the mental health sector to reflect and model good practice when it comes to mentally healthy workplaces, just as MHCN would advise carers to practice self-care as a means to increase their own well-being, enabling them to support others more effectively.

MHCN offer placement opportunities to students from UNSW, WSU and ACAP which Anne supervises. During their time at MHCN, the students apply their theoretical learnings to research and develop resources for Mental Health Carers, review policy documents and submissions, engage with a range of carers, increase their practical knowledge of the NSW Mental Health System, carer needs and concerns, as well as becoming familiar with the range of services and referral pathways supporting carers. MHCN recognises the mutual benefits gained from this engagement with the next generation of social workers. Each student displays sound ethical principles and a social justice perspective to their interest and interactions with carers. Some come to the realisation that they have lived experience of caring themselves. Their enthusiasm and interest in supporting and advocating, both at practical and systemic levels, for carers and improvements to the mental health system is heartening.

Anne would like to thank MHCN for providing her with the opportunity to harness and utilise her knowledge, skills and lived experience to contribute to the sector. Anne finds it very rewarding to work with bright young colleagues who display such dedication and concern in working towards increasing the recognition, health and well-being of Mental Health Carers in NSW.



When Anne is not at MHCN, she spends her time teaching TAFE and engaging in various lived experience advisory committees, both at systemic and service level. The knowledge and understanding of the complexity of the treatment and support options and funding landscape, as well as workforce issues within the sector, gained through this engagement, further supported and underpins her contribution to MHCN.

PETA SMIT-COLBRAN: POLICY OFFICER

Peta has worked as a Policy Officer at Mental Health Carers NSW for the past two years. Peta's responsibilities include policy research and analysis, stakeholder engagement, submission writing, grant writing and project support. Peta works on the Carer Connections Line as an operator and in the past year has implemented quality improvement processes based on analysis of call data. Peta is also a representative of Mental Health Carers NSW on several committees including the Older Persons Mental Health Working Group. Major submission work which Peta completed in 2018-2019 included Submission to the Parliamentary Inquiry into the Implementation of the NDIS, Submission to the Special Committee of Inquiry into the 'Drug Ice', and Submission to the Productivity Commission into Mental Health.

Peta has planned and conducted several carer consultations over the past year including on the National Disability Insurance Scheme (NDIS) and Older Persons Mental Health. Peta and Cassie Hastie (a former social work student placement at MHCN) also developed a suite of procedures and policy which support Mental Health Carers NSW commitment to conduct consultation and co-design ethically, in a way that values carers' confidentiality, dignity and capacity to make decisions. Peta also worked on several grant applications which sought funding to build Mental Health Carers NSW's capacity to engage with carers in mental health reform.



Peta has been with MHCN since 2015, after completing a student placement as part of a Diploma of Community Services. Peta has a special interest in the empowerment of mental health carers as systems advocates and has been instrumental in developing consultation and co-design processes to build on the inclusion of carer voices in Mental Health Carers NSW policy work.

RICHARD BALDWIN: SENIOR POLICY OFFICER

Richard's contribution to MHCN in the 2019 – 2019 financial year included developing MHCN's approach to draft government policy statements, preparing submissions and correspondence, representing MHCN at external meetings with the Ministry of Health and participating in internal advisory committees.

Submissions and correspondence prepared:

- Provided feedback to the Ministry of Health on the first draft of the policy on seclusion and restraint in mental health services in NSW;
- Provided feedback to the Agency of Clinical information, Ministry of Health, on the first draft of the guidelines on the development of Collaborative Cultures in mental health services;
- Contributed to the submission to the Productivity Commission on its inquiry into the Social and Economic Benefits of Improving Mental Health;
- Held a workshop at MHCN on the Royal Commission into Aged Care Quality and Safety to understand carers needs on improvements in the care of older persons receiving aged care funded by the Australian Government who have mental health issues;
- Attended the NSW Clinical Advisory Committee to provide input on carers views of policies and programs with in NSW Health;
- Attended the NSW Clinical Council to provide input on carers views of policies and programs with in NSW Health;
- Provided feedback on the Draft Policy Directive: Mental Health Discharge Planning and Transfer of Care for Mental Health Clinicians to the NSW Ministry of Health;
- Provided advice to the Ministry on the amendments to the regulations under the Mental Health Act 2007.

Richard enjoys his one day a week at MHCN because he gets to work with a great team of dedicated staff as it provides an opportunity for him to continue to contribute to the important work of supporting carers and consumers challenges by mental health issues. This policy work compliments and benefits from his other role as an Official Visitor under the Mental Health Act.



Katie started off as a social work student at MHCN in 2018 from July to November. She then became a volunteer from December 2018 to February 2019. During her time as a volunteer, Katie took an interest in the quality improvement of the organisation, specifically, enhancing communication channels. As a result, Katie researched, implemented and established weekly Staff Meetings.

Katie transitioned into a paid role at MHCN in March 2019. Her role mainly consists of research assistance and grant writing. Katie applied for two grants – Carers NSW 'Carers Week' grant and WayAhead's 'Mental Health Month' grant. She was successful with both applications. Katie also took an interest in the training MHCN provides. She analysed the current training system, identified gaps and areas for improvement, and developed a plan for how to improve training. This included amending the existing structures and investigating the expansion of training.

Katie has also worked on the initial steps involved in the process of accreditation which included consolidating internal policies. Katie provided informal peer supervision to the social work students that MHCN takes on, being passionate about this area due to her own experience as a student. She also manages the social media accounts of Instagram and Twitter, manages the data collection of phone call statistics, and regularly contributes to the e-news.



Katie undertook her student placement with MHCN in 2018. After her placement finished, she continued working as a volunteer whilst she completed her Thesis. Katie has since graduated from UNSW with a Bachelor of Social Work (Honours – Second Class, Division 1).

Akanksha expressed an interest in volunteering with MHCN due to her personal experience of being a friend to someone living with a mental health diagnosis. This opened her eyes to the importance of support for carers and friends of people with a mental health diagnosis. Akanksha values working at MHCN because of their culture of honest communication and collaboration which makes her feel welcomed and valued.

As a volunteer this past year at MHCN, Akanksha started volunteering as a Helpline Operator. She was then tasked with exploring ways in which MHCN could engage with young carers. Akanksha developed a young carer communication strategy, highlighting potential avenues to explore and new initiatives that could be developed to engage young carers.

MHCN has been working on raising its profile, by improving its social media presence and engagement. With that in mind, Akanksha developed a social media calendar, listing celebrations, mental health awareness days, public holidays and MHCN events. Akanksha also worked with CEO Jonathan, to incorporate excerpts on how social media was being used to engage stakeholder groups.

The Caring Fairly campaign is coordinated by Mind Australia and aims to progress the rights of unpaid carers. MHCN is a campaign coalition member. Akanksha developed a strategy for MHCN to effectively engage with the campaign.

Akanksha began at MHCN as a Volunteer in 2018 and subsequently became employed in 2019. Akanksha is currently studying psychology at UNSW. Akanksha loves to go to festivals in Sydney and sampling foods from different cultures.



STUDENTS & VOLUNTEERS

Mental Health Carers NSW acknowledges the wonderful work that students from a range of educational institutions studying Social Work, and volunteers contribute to empowering mental health carers in NSW.



Deanna Dvorak,
UNSW



Yianni Giannopoulos, WSU



Kate Howard, WSU



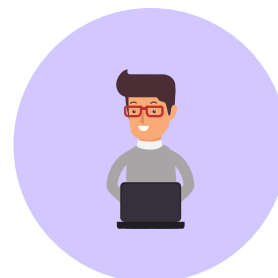
Prasiddha Pandey, ACAP



Katie Jones, UNSW



Cassandra Hastie, WSU



Andre Maddocks, ACAP



Akanksha Bhatia, Volunteer




James Fox, Volunteer



Bi Wood, Volunteer

The work that students and volunteers provide assists MHCN greatly in our advocacy and policy work. There have been opportunities for students and volunteers to become employees of MHCN after their placement ends or from their volunteer work, as has been the case with a number of student placements and volunteers. MHCN looks forward to the continual collaboration between tertiary institutions and working with the future generation of social work students.

Influence Policy, Leadership & Reform



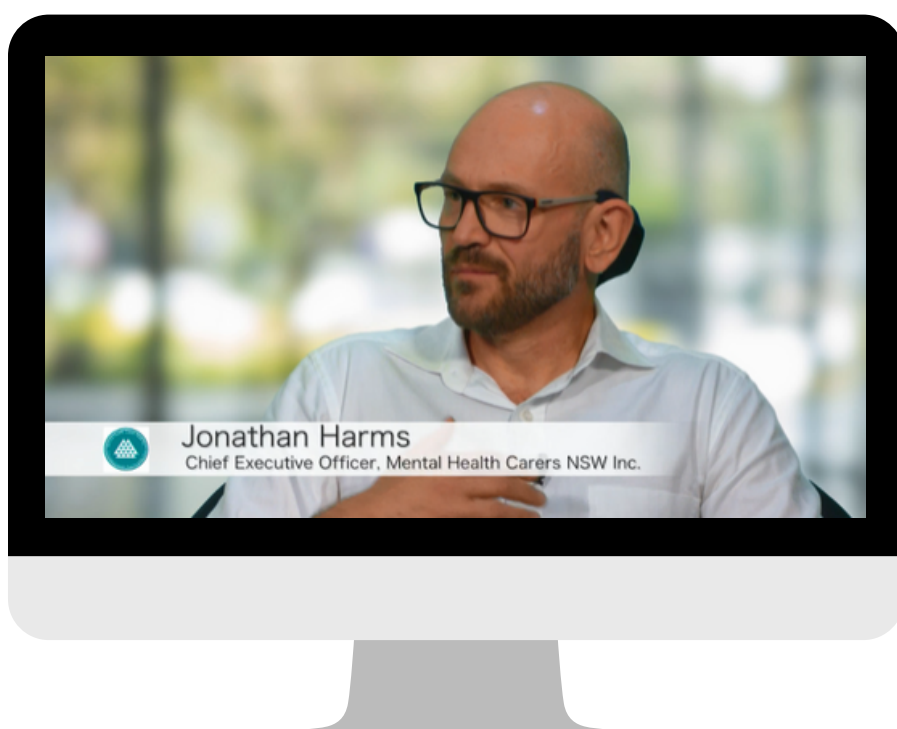
POLICY & ADVOCACY WORK

MHCN in its advocacy always seeks to support and appropriately empower mental health carers and their needs. However, we also take care to provide feedback and ideas to improve the mental health sector and system. This is because mental health carers need a safe and effective mental health system to support their loved ones recovery. When the system demonstrates that it is not safe for consumers or a reliable and trustworthy partner in care, this further increases the scope and and potential toll of the caring role.

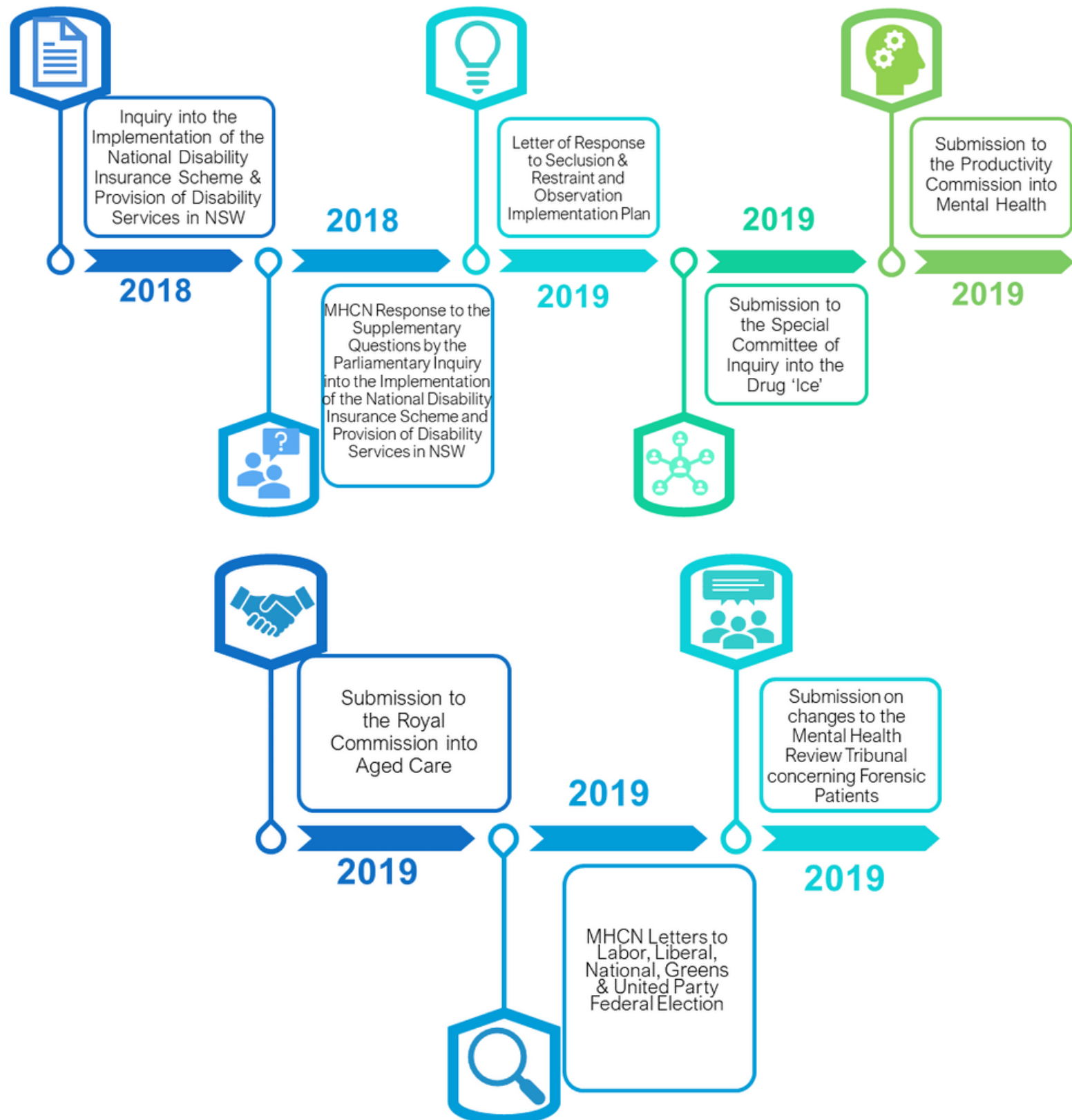
In 2018-2019, mental health systemic advocacy has been dominated by the response to the Review of Seclusion, Restraint and Observation in NSW mental health acute facilities. This report has led to the adoption of more effective trauma informed care (TIC) techniques, much of which relies upon the implementation of specific strategies to reduce the likelihood of trauma in our mental health services. The Report found this to be an all too frequent outcome of consumer engagement with acute services. The implementation of TIC and the access to emergency mental health crisis support, and the possibilities for more comprehensive service planning at the regional level, which we investigated by participating in the Central and Eastern Sydney Primary Health Network Regional Mental Health and Suicide Prevention Plan Meetings, have been major advocacy themes for the year. Our research, consultation and collaborations have allowed us to help the sector to be more carer responsive as well as safer and more effective for both consumers and carers.

We have also continued to work on both aspects of our advocacy mission through participation in Health's regular standing policy committees as well as through a variety of special projects with the Mental Health Branch of NSW Health and other agencies and organisations.

Jonathan Harms speaking about the CEEP Project as part of a series of webinars delivered by the Mental Health Coordinating Council.



SUBMISSIONS & INQUIRIES



MENTAL HEALTH CARERS AUSTRALIA & NMHCCF

MHCN continued to work closely with its national peak body, Mental Health Carers Australia on the National Helpline and the 'A Practical Guide to Working with Carers of People with a Mental Illness', now being rolled out in demonstration projects across Australia. MHCN has also supported consultation activities and provided extensive input to many of the MHCA's policy and advocacy activities. Major focuses for the 2018-2019 year have been:

- Organisational development work
- The Productivity Commission Submission
- Work on Practical Guide to Supporting Mental Health Carers
- Development of a set of recommendations for a new NDIS psycho-social stream endeavoring to improve the experiences of mental health families and carers in relation to engagement with the NDIS.

MHCN looks forward to collaborating further with MHCA on these topics in the coming year.

Longtime advocate, PAC member and supporter of MHCN, Eileen McDonald was elected to become National Mental Health Consumer and Carer Forum (NMHCCF), Carer Co-Chair & NSW Carer Representative. In the report 'Annual Achievements Report 2018 - 2019', NMHCCF reported developing the following submissions this year:

- Senate Community Affairs References Committee Public Hearing - accessibility and quality of mental health services in rural and remote Australia - 19 July 2018
- Submission in response to the Senate Community Affairs References Committee inquiry to the My Health Record
- Submission in response to the Productivity Commission inquiry into mental health
- Online feedback to the draft National Mental Health and Suicide Prevention Information Priorities 3rd edition
- Four teleconference consultations with the Productivity Commission regarding the inquiry into mental health
- Teleconference consultation regarding the Implementation review of the Pharmacy Trials Program.

In addition, the NMHCCF undertook a range of organisational activities, participated in many systemic consultations and helped to maintain the voice of lived experience loud and clear in national forums.

NSW MENTAL HEALTH COMMISSION

MHCN participated in the Review of the NSW Mental Health Commission as required under the legislation setting up the body after 5 years of operation. The final report of the Consultant, Dr David Chaplow called for a refocusing of the Commission more broadly on mental health and wellbeing. MHCN remains committed to supporting the Commission in its strategic role of improving the mental health and well-being of carers and consumers in NSW.



Anne Stedman and Lisa Sandryk, from the NSW Mental Health Commission, discussing Living Well

MHCN attended many of the events the NSW Mental Health Commission held, including:

- Australian Mental Health Leaders Meeting
- Building Community Based Services and Supports Project (Commenced)
- Carer Lived Experience Project (Lived Experience Framework) (Commenced)
- Lived Experience Framework
- Living Well in Later Life
- Macquarie University Executive Boardroom Lunch Ms Catherine Lourey, NSW Mental Health Commissioner
- Mid-Term Review of NSW Mental Health Commission
- Open Dialogue Interest Group (Ongoing)
- Peer Hub Review
- Steering Committee meeting - Building Community-based Mental Health Supports and Services Project
- Towards a Just System (Paper Launch)

KEY ADVISORY GROUPS & MEETINGS

Mental Health Line Review NSW Health, Mental Health Branch

NSW Health & Education CAMHS Steering Committee

Family Support Advisory Group, Mental Health Branch

Family Workforce Development Project, Mental Health Branch

Indicators for Mental Health, NSW Mental Health Commission

Family & Carer Mental Health Program Steering Committee

Central & Eastern Sydney PHN Mental Health and Suicide Prevention Plan

Older Persons Mental Health Working Group and Advisory Group

Australian Coalition to End Loneliness

Child and Youth MH Subcommittee

Mental Health Reference Group – Partnerships for Health

Mental Health Strategy Meetings

Mental Health Workforce Plan Meetings

NSW Health Mental Health Reference Group

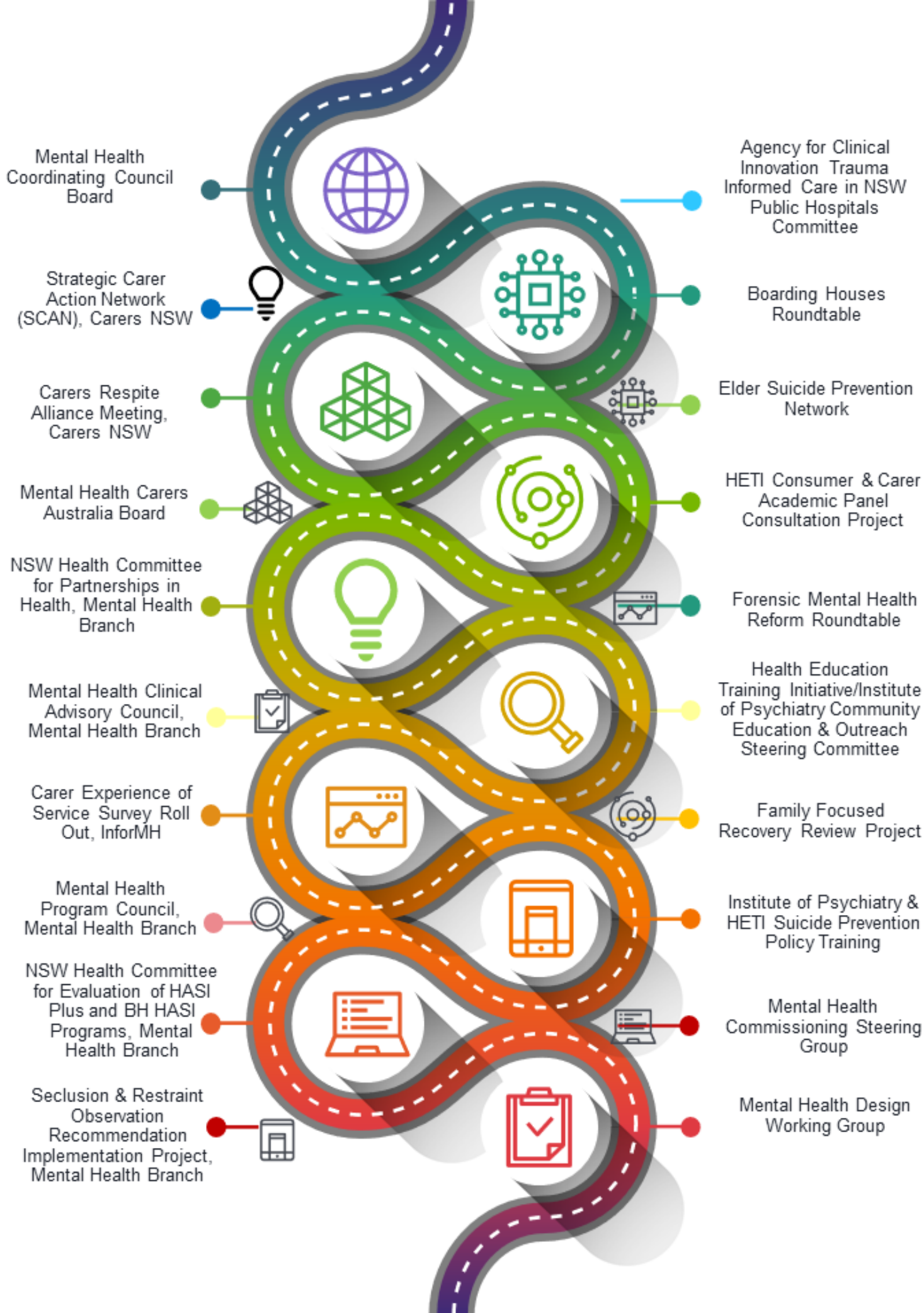
Pathways to Community Living

Review of Transfer of Care Policy Directive

Specialist Mental Health Services for Older People
Community Model of Care Monitoring

Therapeutic Environment Minor Capital Works Project

NSW Strategic Framework and Workforce Plan for Mental Health 2018 – 2022: Implementation Plan



Recognition, Empowerment & Representation



CARER PEAK ADVISORY COMMITTEE

MHCN would like to thank the many carers and representatives from carer and community organisations who sit on our Peak Advisory Committees (PAC). Our PAC Members make a valuable and significant contribution to the work that we do at MHCN, including giving feedback and advice on policy work, submissions, and systemic advocacy. This year, PAC members gave feedback and input into a range of our submissions, including the Inquiry into the NDIS, Productivity Commission Inquiry into Mental Health, and our Submission into the Special Commission on Inquiry into the Drug 'Ice'.

SYSTEMIC CHANGE

Reporting on and identifying serious issues which directly impact mental health carers and should be prioritised in MHCN's systemic advocacy work.

Providing feedback on submissions and comment on draft policy documents based on their lived experience and/or experience as professionals in the field.

Informing MHCN and other PAC members about the latest policy and research developments in the field.

Informing MHCN and other PAC members about examples of best practice in mental health, disability, carer supports etc.

YPAC

- C. Avent
- M. Eli
- K. Searle
- L. Knight
- S. Beverly

p.g.31

CPAC

- E. McDonald
- D. Sewell
- R. Wellman
- S. Judd Lam
- J. Roberts
- L. Fitzsimons
- W. Dwyer
- P. Heggie
- L. Anderson
- T. Humphries

OPAC

- T. Hinton
- P. Smit-Colbran
- R. Baldwin
- J. Faddy
- S. McGee
- L. Walton

ADPAC

- A. Stedman
- J. Learmont
- E. Ballance

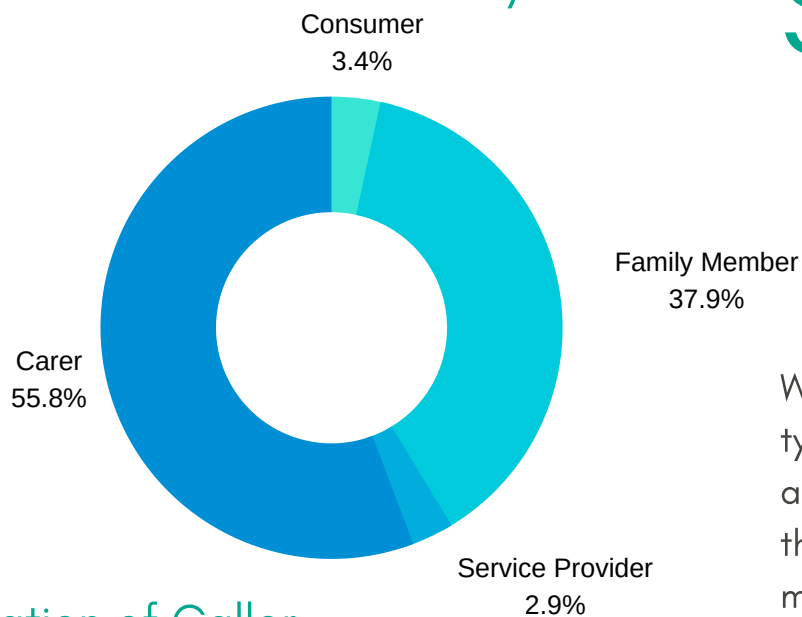
CARER CONNECTIONS LINE

MHCN's Carer Connection Line aims to connect mental health carers with support services in their local region, including support groups, counselling, training and education, and information. The Carer Connection Line is led by Helpline Coordinator and Facilitator Anne Stedman, who oversees MHCN staff, students and volunteers answering calls, collaborating for referrals, and is followed by an extensive debriefing process. Anne and Laura Knight run all staff, students and volunteers through a rigorous induction for the Carer Connection Line, and are always looking towards continuous quality improvement and professional development to develop skills and capacity for operators to answer Helpline calls.

MHCN received a total of 197 calls between 1 July 2018 – 30 June 2019 and from these calls staff, volunteers, and students made a total of 584 referrals to a range of vital services across not only NSW, but also VIC and the ACT. While MHCN's Helpline is based in NSW the carer connection line often receives calls from other states, therefore we continue to link people with services that are most appropriate to their area and location. Of the referrals provided, a large focus was on carer supports (500 referrals), which signifies the importance of services responding to carers' needs. It also highlights the impact being a carer can have on people of all ages, and the various issues often associated with the caring role.

"Thank you so much, and thanks for your time today - it is much appreciated! This has been so helpful".

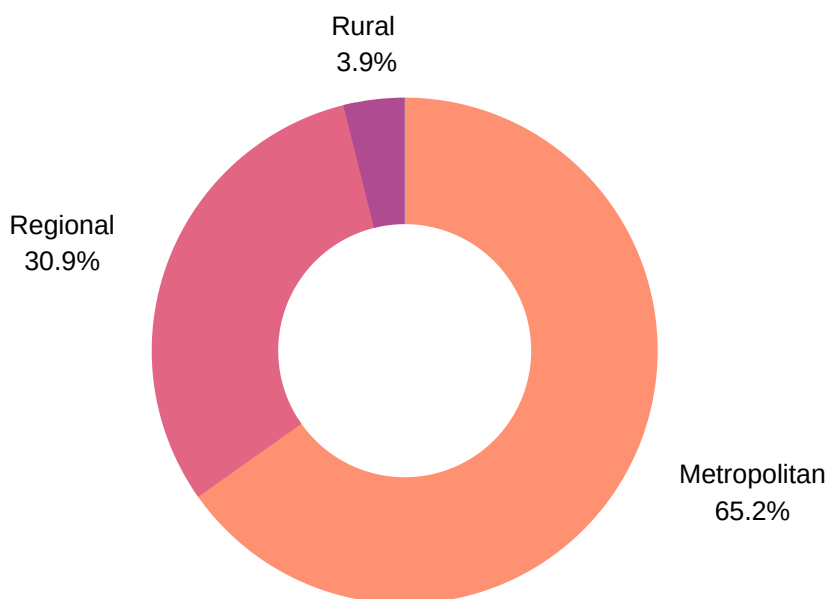
What does the caller identify as?



STATISTICS

When reviewing the data and the types of calls received, we can analyse various reasons people call the helpline and what services they might be seeking.

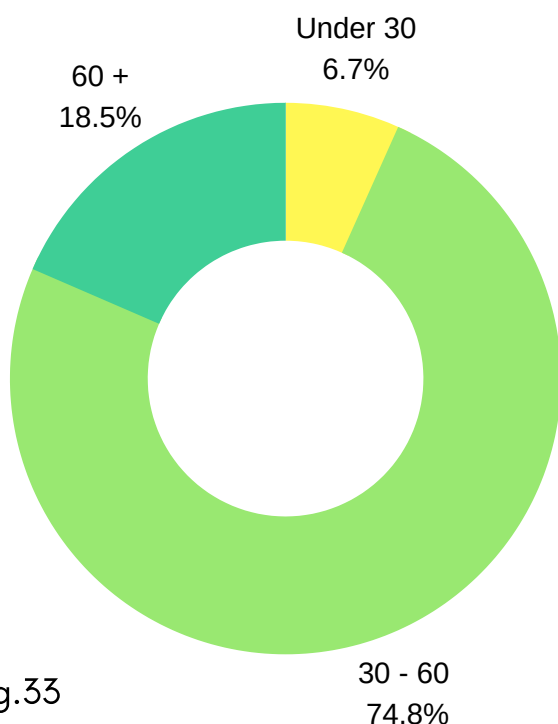
Location of Caller



Reflecting on this information provides staff with the ability to improve performance in the best possible ways. One of the ways we have tried to enhance staff performance is by collecting information recorded over the past financial year and categorise the types of calls.

This led to the development of the frequently asked questions (FAQ) which will soon be added to the MHCN website. If staff are aware of the common types of calls, we can develop our responses and provide better assistance to the caller.

Age of Caller



The FAQ will also provide an alternative avenue for carers or individuals seeking information. If carers do not feel confident in calling, the FAQ provides a useful tool for self-empowerment as carers can gain information independently.

Training


A particular area of growth and engagement with MHCN's stakeholders has been through MHCN's tailored training opportunities. Through MHCN's extensive interactions with Mental Health Carers – listening and responding to their needs – as well as the lived experience of mental health caring (the majority of our staff, Board and students) – MHCN have built a small suite of core sessions which provide information on navigating the NSW Mental Health System, Introduction to Recovery Oriented Practice, Inclusive Care Planning and Alternative Relational/Dialogic/Community Approaches to Mental Health and Well-being. The sessions seek to capacity build carers through knowledge sharing, awareness of rights, and networking opportunities. After these training sessions, many carers and participants said that they felt like they had a greater understanding of navigating the mental health system, understanding recovery oriented practice with their loved one, and the importance of inclusive care planning when their loved one may be unwell.

"I really enjoyed this training. The group discussions were really well run and super informative. A wide range of information covered!"



Whilst most of MHCN's training has been delivered in Sydney, Anne has also had the opportunity to engage with the Family and Carer Mental Health program deliverers on the North Coast in the interest of staff development and hopes to build more opportunities for regional and remote engagement. The knowledge sharing component of the training is a mutual exercise, in which MHCN also gathers rich first-hand knowledge of people's experiences at the 'coal face'. Whilst raising awareness of policies, standards and guidelines within the sector, MHCN is also updated on how the implementation process plays out on the ground and the plethora of gaps and barriers to accessing assistance and support within the community. Anne is looking forward to further opportunities to engage with stakeholders and community organisations to develop and deliver training, as well as developing the training calendar for next year to deliver to carers and support workers.

Systems Development & Capacity Building



COMMUNITY ENGAGEMENT & COLLABORATION

MHCN has had a very busy year engaging with carers, consumers, and support workers at a range of community events both internal and external. MHCN attended the Mental Health Matters Awards, run by partner organisation WayAhead as an introduction to their Mental Health Month, celebrating the wonderful work many individuals and organisations are doing in the community to help improve outcomes for individuals living with a mental illness and the carers, families and friends that help to support them.

October was a very busy month, with Mental Health Month, Carers Week, and BPD Awareness Week all falling within that month. MHCN was invited to attend Carers Day Out by Carers NSW at Redfern and had a stall with a range of information. MHCN valued connecting with the wide range of carers who attended, handing out information and informing carers of local services and supports, and enjoying the entertainment and that Carers NSW provided to the attendees. MHCN followed it up by attending Liverpool Hospital's stalls as part of Carers Week, speaking to many carers who passed through the Hospital and handing out information about us and the Carer Connections Helpline that we operate.

Our partner organisation WayAhead invited us to share a stall with them at Bedlam at the Bay, run by Happy Hens in partnership with WayAhead at Gladesville as a mental health month event. The event aims to destigmatise mental health issues that people may experience in the community, and their carers, families and friends. Many community organisations attended, and we enjoyed the self-care activities provided to everyone who attended, as well as engaging with the local community – some old faces, and some new faces.

MHCN attended the Marbles Challenge as part of the CADRE Project at Northcott Community Centre, with CEO Jonathan Harms Captain of the Blue Team. MHCN were also guests at the Forensic Carers event as part of Mental Health Month at Malabar in October.



"Community engagement is so important as it gives us an opportunity to connect with carers and community members & to hear is what is happening at the coal face".

COMMUNITY ENGAGEMENT & COLLABORATION

MHCN together with WayAhead launched the Vietnamese Carer and Consumer Support Group, a project funded by the City of Ryde, in October during Mental Health Month. The event was delivered in Vietnamese and a range of clinicians, the support group facilitators, and people with lived experience, discussed their stories and experiences with the audience. A mental health resource was also developed and translated into Vietnamese which was identified as a need for the community during the Project. We would like to thank the City of Ryde for funding this project.

MHCN attended Generation Next, a Conference run across Australia for young people's mental health and wellbeing, with presentations from a range of experts in young people's mental health and wellbeing. MHCN held an information stall and raised awareness of young carers in the schooling system by speaking to a range of teachers, school counselors and other school staff.

MHCN attended Project Air's Annual Personality Disorders Conference Consumer and Carer Day in November and provided bursaries to help 20 carers to attend the day. MHCN were happy that the day included presentations from people with lived experience, including a carer story, as it is so valuable that people's own experiences and journeys are heard.

MHCN auspiced Mad Music and were delighted to attend Mad Music's event at Parliament House, listening to concert violinist Filip Pogady. Mad Music was founded by Esther Pavel Wood, and it aims to bring people together to listen to classical music, which promotes mental wellness and mental health promotion messaging. Mad Music hosts pop up concerts across Sydney for people living with a mental illness and experiencing homelessness during Mental Health Month in October.

MHCN were invited to Western Sydney's One Talk Carer event, where CEO Jonathan Harms was the key note speaker. Jonathan spoke about what MHCN does, the sorts of barriers that mental health carers face, and the rights of mental health carers. Following were presentations from a young carer sharing their experience, and a program that Western Sydney University runs to assist their student carers. After the event, MHCN handed out information to all attendees and enjoyed speaking to audience member and the guest speakers.



"I enjoyed all of the presentations! Thank you for organising this Forum and inviting us as a carer group leader" - MHCSW Forum



Events

MHCN continued to host 4 smaller Mental Health Carers and Support Worker Forums throughout the year, attended by carers, community support workers, and clinicians, with presentations on new and exciting projects, programs and resources in the mental health sector and for carers. MHCN would like to say a big thank you to all who offered their time, knowledge, expertise and stories to present, and all the carers, community support workers, and clinicians who attended. These Forums are a valuable contribution as they inform families, carers, consumers, community workers and clinicians of what is happening in the sector, as well as offering a safe place for carers to connect and network, and to ensure that their voices and experiences are heard.

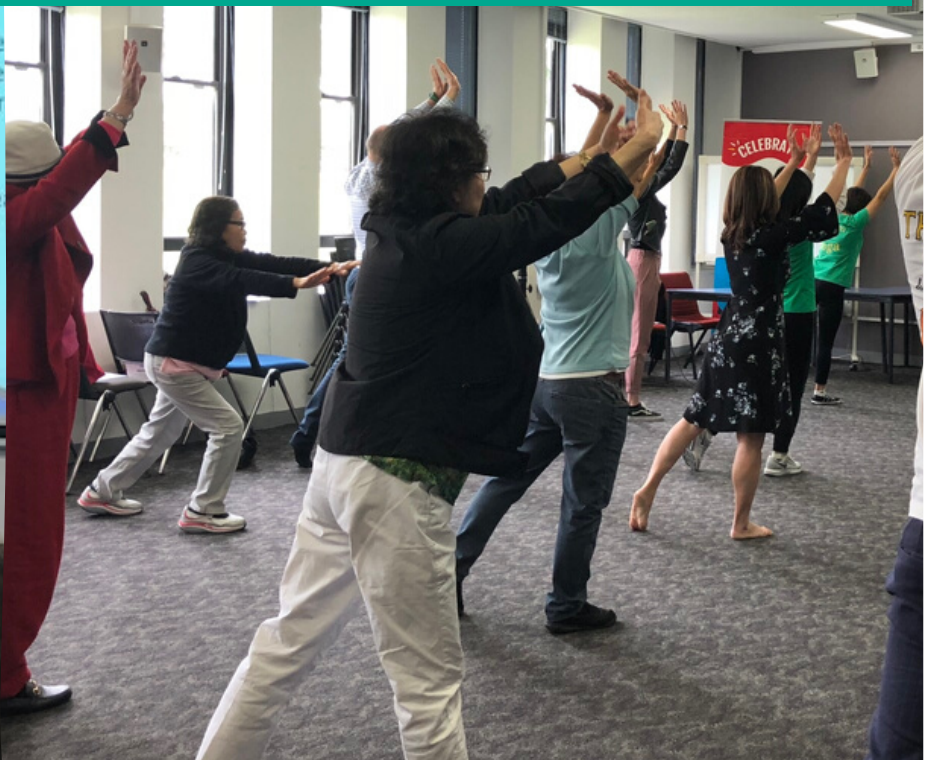
"It is there forums that will bring about positive change pertaining to stigma, treatment, education and awareness" - BPD MHPN Meeting

Jonathan Harms and Laura Knight were the Network Coordinators for the Sydney BPD MHPN and continued to host meetings which bring together network practitioners who work in the field and are interested in BPD and other personality disorders. The BPD MHPN Meeting in October served also served as MHCNs Annual BPD Awareness Week Event which also was Launch of the Borderline Personality Disorder Anti-Stigma Campaign by Mahlie Jewell.

MHCN also continued in its support of BPD by hosting the Australian BPD Foundation NSW Branch meetings, until early 2019 when MHCN handed over the NSW Branch to Kate Lewis from Project Air. Jonathan Harms and Laura Knight also finished their role as the MHPN BPD Network Coordinators and handed over to Kate Lewis, Anne Brita Nillson and Avishen Saurty. MHCN continues to support the NSW BPD Foundation NSW Branch and the BPD MHPN by attending the many events and meetings that they hold and give a big thank you to the Australian BPD Foundation, Project Air, the MHPN and the many Branch Members.



*"It was one of the best days of my life,
thank you for giving me the opportunity to
share my story" - Launch of the Vietnamese
Support Group*



MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N. 70 653 824 650

FINANCIAL REPORT

For the year ended

30TH JUNE 2019

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N. 70 653 824 650

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MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N. 70 653 824 650

COMMITTEE'S REPORT

Your committee members submit the financial report of the Mental Health Carers ARAFMI NSW Inc. (Non-reporting) for the financial year ended 30 June 2019.

Committee Members

The name of each member of the committee who held office at anytime during the year and up to the date of the report;

Jenny Learmont (President) - elected President 28 November 2018
Andrew Pryor (Treasurer) - elected 28 November 2018
Lynda Walton OCM, (Vice-President) - elected Vice-President 28 November 2018
Linda Manoukian OCM retired 28 November 2018
Madeleine Fabian retired as Secretary, became OCM 17 April 2019
Tess Delagiacoma (Secretary) - appointed 1 May 2019
Chris Avent - elected 28 November 2018
Matthew Ovens - elected 28 November 2018
Rob Wellman - elected 28 November 2018
Lyn Anderson - elected 28 November 2018
Fayez Nour (Treasurer) - retired 28 November 2018
Lelsa Doherty - resigned 14 November 2018
Michael Granzla - resigned 25 July 2019
Karen Wright resigned 17 August 2018

Principal Activities

The principal activities of the association during the financial year were to provide support and advocacy for the families with mental illness or disorder. Mental Health carers ARAFMI NSW Inc. reaches out with friendship and understanding to all those lives that are touched by mental illness. Our aim is to maintain and improve existing levels of support and crisis resolution to all relatives and friends of people with a mental illness.

Significant Changes

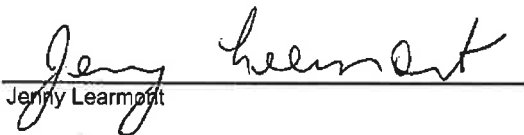
No significant changes in the nature of these activities occurred during the year.

Operating Result

The loss for the association after providing for income tax amounted to \$4,240.

Signed in accordance with a resolution of the Members of the Committee.

President:


Jenny Learmont

Treasurer:


Andrew Pryor

Dated:

15/11/2019

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N. 70 653 824 650

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30TH JUNE 2019

| | Notes | 2019 \$ | 2018 \$ |
|---|-------|----------------|----------------|
| REVENUE | | | |
| INCOME | | | |
| Donations received | | 23,925 | 28,677 |
| Grants received | | 391,596 | 382,045 |
| Other grants | | 29,637 | 39,648 |
| | | <u>445,158</u> | <u>450,370</u> |
| OTHER INCOME | | | |
| Interest received | | 2,210 | 2,264 |
| Other revenue | | 26,179 | 78,013 |
| | | <u>28,389</u> | <u>80,277</u> |
| TOTAL INCOME | | <u>473,547</u> | <u>530,647</u> |
| EXPENDITURE | | | |
| Auditor's remuneration | | 5,870 | 5,930 |
| Advertising | | 1,238 | - |
| Amortisation | | 503 | 499 |
| Bank charges and fees | | 1,254 | 1,361 |
| Carers accommodation and travel | | - | 972 |
| Conference expenses | | 945 | 300 |
| Consultancy fees | | 4,397 | 2,200 |
| Depreciation | | 712 | 1,398 |
| Events and workshops | | 2,812 | 15,417 |
| Filing fees | | 246 | 173 |
| General expenses | | 395 | 377 |
| Insurances | | 9,641 | 9,411 |
| Postage | | 314 | 397 |
| Printing, stationery and copier | | 5,208 | 1,625 |
| Programs, resources and training | | 18,259 | 12,465 |
| Service promotion | | 500 | 351 |
| Wages and fringe benefits | | 254,635 | 258,815 |
| Shared services and HUB charges | | 131,153 | 128,203 |
| Sponsorship | | - | 368 |
| Staff training and welfare | | 2,137 | 1,321 |
| Subscriptions and memberships | | 2,826 | 15,757 |
| Superannuation contributions | | 24,913 | 22,819 |
| Telephone and internet | | 4,890 | 4,362 |
| Travelling and accommodation | | 4,939 | 6,021 |
| | | <u>477,787</u> | <u>490,542</u> |
| Profit / (loss) before income tax | | (4,240) | 40,105 |
| Income tax expense | 1(g) | - | - |
| Profit / (loss) after income tax | | (4,240) | 40,105 |
| Other comprehensive income | | - | - |
| Total comprehensive income for the year | | <u>(4,240)</u> | <u>40,105</u> |

The statement of profit or loss and other comprehensive income should be read in conjunction with the notes to the financial statements.

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N. 70 653 824 650

STATEMENT OF FINANCIAL POSITION
AS AT 30TH JUNE 2019

| | Notes | 2019 \$ | 2018 \$ |
|--------------------------------------|-------|----------------|----------------|
| Current assets | | | |
| Cash and cash equivalents | 3 | 110,658 | 91,322 |
| Trade and other receivables | 4 | 85,804 | 37,514 |
| Total current assets | | <u>196,462</u> | <u>128,836</u> |
| Non-current assets | | | |
| Property, plant and equipment | 5 | 831 | 2,046 |
| Total non-current assets | | <u>831</u> | <u>2,046</u> |
| Total assets | | <u>197,293</u> | <u>130,882</u> |
| Current liabilities | | | |
| Trade and other payables | 6 | 44,709 | 19,813 |
| Other | 7 | 50,000 | - |
| Employee provisions | 8 | 2,642 | 13,273 |
| Total current liabilities | | <u>97,351</u> | <u>33,086</u> |
| Non-current liabilities | | | |
| Employee provisions | 8 | 21,166 | 14,780 |
| Total non-current liabilities | | <u>21,166</u> | <u>14,780</u> |
| Total liabilities | | <u>118,517</u> | <u>47,866</u> |
| Net assets | | <u>78,776</u> | <u>83,016</u> |
| Equity | | | |
| Retained funds | | 78,776 | 83,016 |
| Total equity | | <u>78,776</u> | <u>83,016</u> |

The statement of financial position should be read in conjunction with the notes to the financial statements.

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N. 70 653 824 650

STATEMENT OF CHANGES IN EQUITY
AS AT 30TH JUNE 2019

| | Retained earnings | Total equity |
|-----------------------------------|------------------------------|---------------------|
| | \$ | \$ |
| Changes in equity | | |
| Balance at 1 July 2017 | 42,911 | 42,911 |
| Profit/(loss) for the year | 40,105 | 40,105 |
| Other comprehensive income | - | - |
| Balance at 30 June 2018 | 83,016 | 83,016 |
| Profit/(loss) for the year | (4,240) | (4,240) |
| Other comprehensive income | - | - |
| Balance at 30 June 2019 | <u>78,776</u> | <u>78,776</u> |

The statement of changes in equity should be read in conjunction with the notes to the financial statements.

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N. 70 653 824 650

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30TH JUNE 2019

| | Notes | 2019 \$ Inflows (Outflows) | 2018 \$ Inflows (Outflows) |
|--|-------|-------------------------------------|-------------------------------------|
| Cash flows from operating activities | | | |
| Cash receipts from customers | | 481,317 | 523,698 |
| Cash payments to suppliers and employees | | (464,191) | (496,716) |
| Interest received | | 2,210 | 2,264 |
| Net cash provided by / (used in) operating activities | 10(b) | 19,336 | 29,246 |
| Cash flow from investing activities | | | |
| Payments for property, plant and equipment | | - | - |
| Net cash provided by / (used in) investing activities | | - | - |
| Net increase / (decrease) in cash held | | 19,336 | 29,246 |
| Cash at the beginning of the financial year | | 91,322 | 62,076 |
| Cash at the end of the financial year | 10(a) | 110,658 | 91,322 |

The Statement of Cash Flows should be read in conjunction with the notes to the financial statements.

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N. 70 653 824 650

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2019

Note 1 - Statement of significant accounting policies

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

The financial report has been prepared with the mandatory Australian Accounting Standards applicable to entities reporting under the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act), in accordance with the Associations Incorporations Act (NSW) 2009 and the significant accounting policies discussed below, which the committee have determined are appropriate to meet the needs of the members.

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

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

(a) Property, plant and equipment

Leasehold improvements, plant and equipment is brought to account at cost less, where applicable, any accumulated depreciation and provision for impairment.

The depreciable amount of all plant and equipment is depreciated over the useful lives of the assets of the association commencing from the time the asset is held ready for use.

Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

(b) Leases

Leases of property, plant and equipment, where substantially all the risks and benefits incidental to the ownership of the asset (but not the legal ownership) are transferred to the association, are classified as finance leases.

Finance leases are capitalised by recording an asset and liability at the lower of the amounts equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for that period.

(c) Impairment of non-financial assets

At the end of each reporting period, the committee reviews the carrying amounts of assets to determine whether there is an indication that those assets have been impaired. If such an indication exists, an impairment test is carried out by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised as an impairment in the profit or loss and other comprehensive income statement.

(d) Employee provisions

Provision is made for the association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee provisions have been measured at the amounts expected to be paid when the liability is settled.

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N. 70 653 824 650

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2019

Note 1 - Statement of significant accounting policies (continued)

(e) Provisions

Provisions are recognised when the association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions are measured at the best estimate of the amounts required to settle the obligation at the end of the reporting period.

(f) Trade and other payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the association during the reporting period that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(g) Income tax

The association is exempt from income tax under section 50-50 of the Income Tax Assessment Act 1997.

(h) Cash and cash equivalents

Cash includes cash on hand, deposits held at call with banks, and other short-term highly liquid investments with short-term maturities.

(i) Revenue recognition

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. For this purpose, deferred consideration is not discounted to present values when recognising revenue.

Interest is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument.

Grant and donation income is recognised when the entity obtains control over the funds, which is generally at the time of receipt.

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

If conditions are attached to the grant that must be satisfied before the association is eligible to receive the contribution, recognition of the grant as revenue will be deferred until those conditions are satisfied.

All revenue is stated net of the amount of goods and services tax.

(j) Good and services tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

(k) Trade and other receivables

Trade receivables and other debtors include amounts due from customers and donors. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current.

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N. 70 653 824 650

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2019

Note 1 - Statement of significant accounting policies (continued)

(l) Economic dependency

The association's continuing operations are dependent on the receipt of government grants for financial support.

(m) New and Amended Accounting Policies

The association has adopted AASB 9 with a date of initial application of 1 July 2018. On the application of this standard there were no retrospective changes required to prior period comparatives.

There were no financial assets/liabilities which the company had previously designated as fair value through profit or loss under AASB 139 that were subject to reclassification upon the application of AASB 9. There were no financial assets/liabilities which the company had elected to designate as at fair value through profit or loss at the date of initial application.

(n) Accounting Standards for application in future periods

The AASB has issued a number of new accounting and amended accounting standards that have mandatory application dates for future reporting periods, some of which are relevant to the entity. The directors have decided not to early adopt any of these new and amended pronouncements.

The following standards are expected to have some impact on the association in future periods;

AASB 16: Leases (applicable to annual reporting periods beginning on or after 1 January 2019).

AASB 1058: Income for Not-For-Profit Entities and AASB 15: Revenue from Contracts with Customers (applicable to annual reporting periods beginning on or after 1 January 2019).

Note 2 - Revenue

| | 2019 \$ | 2018 \$ |
|--------------------|----------------|----------------|
| Donations received | 23,925 | 28,677 |
| Grants received | 391,596 | 382,045 |
| Other grants | 29,637 | 39,648 |
| Interest received | 2,210 | 2,264 |
| Other revenue | 26,179 | 78,013 |
| | <u>473,547</u> | <u>530,647</u> |

Note 3 - Cash and cash equivalents

| | | |
|----------------------------------|----------------|---------------|
| Cash on hand | 263 | 264 |
| ING business account | 45 | 40,734 |
| Bendigo bank | 3,914 | 8,345 |
| Bendigo bank - operating account | 106,435 | 41,744 |
| Bendigo bank - NR | 1 | 235 |
| | <u>110,658</u> | <u>91,322</u> |

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N. 70 653 824 650

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2019**

| | 2019 \$ | 2018 \$ |
|---|-----------------|-----------------|
| Note 4 - Trade and other receivables | | |
| Rental bond | 70 | 70 |
| GST receivable | 11,336 | 4,705 |
| Deposits paid | 2,184 | 545 |
| Trade debtors | 72,214 | 32,194 |
| | <u>85,804</u> | <u>37,514</u> |
| Note 5 - Property, plant and equipment | | |
| Office furniture and equipment - at cost | 21,892 | 21,892 |
| Less: accumulated depreciation | <u>(21,061)</u> | <u>(20,349)</u> |
| | 831 | 1,543 |
| Website | 2,499 | 2,499 |
| Less: accumulated amortisation | <u>(2,499)</u> | <u>(1,996)</u> |
| | - | 503 |
| Total property, plant and equipment | <u>831</u> | <u>2,046</u> |
| Note 6 - Trade and other payables | | |
| Trade creditors | 14,897 | 7,034 |
| Other creditors and accruals | 7,635 | - |
| GST Payable | 8,669 | 3,248 |
| PAYG Withheld | 4,860 | 2,828 |
| Superannuation payable | 8,648 | 6,703 |
| | <u>44,709</u> | <u>19,813</u> |
| Note 7 - Other | | |
| Grants in Advance | 50,000 | - |
| | <u>50,000</u> | <u>-</u> |
| Note 8 - Employee provisions | | |
| Current | | |
| Provision for annual leave | 2,642 | 13,273 |
| | <u>2,642</u> | <u>13,273</u> |
| Non-current | | |
| Provision for long service leave | 21,166 | 14,780 |
| | <u>21,166</u> | <u>14,780</u> |
| Note 9 - Related party transactions | | |

The Association engaged the services of Madeleine Fabian who is one of the committee members to deliver training programs during the year. The amount of \$4,310 (2018 - \$4,300) was paid to her for these consultancy services.

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N. 70 653 824 650

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2019

Note 10 - Cash flow statement

(a) Reconciliation of cash

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

| | 2019 \$ | 2018 \$ |
|--------------|----------------|---------------|
| Cash on hand | 263 | 264 |
| Cash at bank | 110,395 | 91,058 |
| | <u>110,658</u> | <u>91,322</u> |

(b) Reconciliation of cash provided by / (used) in operating activities

| | | |
|---|---------------|---------------|
| Profit / (loss) for the year | (4,240) | 40,105 |
| <i>Non-cash flows in operating surplus</i> | | |
| Depreciation and amortisation | 1,215 | 1,897 |
| <i>Changes in assets and liabilities</i> | | |
| (Increase) / decrease in trade debtors | (40,020) | (4,682) |
| (Increase) / decrease in other receivables and deposits | (8,270) | 1,352 |
| Increase / (decrease) in trade and other payables | 24,896 | (22,999) |
| Increase / (decrease) in income in advance | 50,000 | - |
| Increase / (decrease) in employee provisions | (4,245) | 13,573 |
| | <u>19,336</u> | <u>29,246</u> |

Note 11 - Collective purpose agreement

Mental Health Carers ARAFMI NSW Inc entered into the "Collective Purpose Agreement" in 2016 with Mental Health Association NSW Limited and New South Wales Consumer Advisory Group - Mental Health Inc. This agreement involved the sharing of facilities and contributing to the cost of capital works, ongoing rent, outgoings and other expenses as set out in the agreement.

The "Collective Purpose Agreement" ceased between the parties effective 30 June 2019. Mental Health Association NSW Limited issued an invoice after year end but effective as of 30 June 2019 to Mental Health Carers ARAFMI NSW Inc in respect of the associations share of costs due on the cessation of the Collective Purpose Agreement. The association is disputing the amount of the invoice raised and the basis of calculation of the costs arrived at. The invoice also included estimates for future potential amounts not incurred to date. At this point in time this invoice has not been recognised in the financial statements as it cannot be determined what if any amount might be payable. Mental Health Association NSW Limited have subsequently advised the association in writing that they intend to record a provision for doubtful debts for the full amount of the invoice as at 30 June 2019.

Note 12 - Events subsequent to balance date

Other than the matter referred to in Note 11 no other matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the association in financial years subsequent to the financial year ended 30 June 2019.

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N. 70 653 824 650

**ANNUAL STATEMENTS GIVE TRUE AND FAIR VIEW OF FINANCIAL POSITION AND PERFORMANCE OF
INCORPORATED ASSOCIATION**

We, Jenny Learmont and Andrew Pryor, being members of the committee of Mental Health Carers ARAFMI NSW Inc. (Non-reporting) certify that:

The statements attached to this certificate give a true and fair view of the financial position and performance of Mental Health Carers ARAFMI NSW Inc. (Non-reporting) during and at the end of the financial year of the association ending 30 June 2019.

President:


Jenny Learmont

Treasurer:


Andrew Pryor

Dated:

15/11/2019

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N. 70 653 824 650


STATEMENT BY MEMBERS OF THE COMMITTEE

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

In the opinion of the committee members the financial report:

1. The financial statements and notes satisfy the requirements of the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act).
2. At the date of this statement, there are reasonable grounds to believe that Mental Health Carers ARAFMI NSW Inc will be able to pay its debts as and when they fall due.

This declaration is made in accordance with a resolution of the committee and is signed in accordance with subsection 60.15(2) of the Australian Charities and Not-for-profits Commission Regulation 2013.

President: 
Jenny Learmont

Treasurer: 
Andrew Pryor

Dated: 15/11/2019



THOMAS DAVIS & CO
CHARTERED ACCOUNTANTS
ESTABLISHED 1894

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mail@thomasdavis.com.au

MENTAL HEALTH CARERS ARAFMI NSW INC.
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AUDITOR'S INDEPENDENCE DECLARATION

Auditor's Independence Declaration to the Committee Members of Mental Health Carers ARAFMI NSW Inc., under section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act)

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2019 there have been:

- (a) no contraventions of the auditor independence requirements of section 60-40 of the ACNC Act in relation to the audit; and
- (b) no contraventions of any applicable code of professional conduct in relation to the audit.

Thomas Davis & Co.

THOMAS DAVIS & CO.

J.G. Ryan

J.G. RYAN PARTNER

Chartered Accountants

Sydney

Date: *15 November 2019*

A member of



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INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF MENTAL HEALTH CARERS ARAFMI NSW INC.

Opinion

We have audited the financial report of Mental Health Carers ARAFMI NSW Inc, which comprises the statement of financial position as at 30 June 2019, the statement of profit or loss and other comprehensive income, statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the committee members certification.

In our opinion, the financial report of Mental Health Carers ARAFMI NSW Inc, has been prepared in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012 and the Associations Incorporations Act 2009 (NSW) , including;

- (a) giving a true and fair view of the entity's financial position as at 30 June, 2019 and of its financial performance for the year then ended; and
- (b) complying with Australian Accounting Standards to the extent described in Note 1 and the Australian Charities and Not-for-profits Commission Regulation 2013 and the Association Incorporations Regulations 2016.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Committee's APES 110: Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Emphasis of Matter - Basis of Accounting and Restriction on Distribution and Use

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the entity's financial reporting responsibilities under the Australian Charities and Not-for-profits Commission Act 2012 and the Associations Incorporations Act (NSW) 2009. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of the Committee Members for the Financial Report

The committee members of the entity are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the needs of the requirements of the Australian Charities and Not-for-profits Commission Act 2012, the Associations Incorporations Act 2009 (NSW) and is appropriate to meet the needs of the members. The committee members' responsibility also includes such internal control as the committee members determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the committee members are responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the committee members either intend to liquidate the entity or to cease operations, or have no realistic alternative but to do so.

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Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the committee members.
- Conclude on the appropriateness of the committee members' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the committee members regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Thomas Davis & Co.

THOMAS DAVIS & CO.

J.G. Ryan

J G Ryan

Partner

Chartered Accountants

SYDNEY,

Date: *15 November 2019*

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DONORS

MHCN would like to thank the following donors, and anonymous donors, who have supported mental health carers in NSW.

- P & Y. De Haan
- E. Lonergan

thank you!

HOW CAN YOU HELP US?

Donate: By making a donation to Mental Health Carers NSW (MHCN, formerly Arafmi NSW), you will have the opportunity to aid carers and families of individuals who experience mental illness with support and understanding. You can donate by clicking [here](#) or visiting our website.

Become a member: There are many benefits to MHCN membership! Visit the membership section on our website below or click [here](#).

A bequest: If you are able to help MHCN through a donation in your Will, you may wish to consult your solicitor, trustee company or the Public Trustee regarding the wording.

Join our Peak Advisory Committee: Click [here](#) or contact us below.

Sign up to our e-newsletter! Click [here](#) or contact us below.



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