ANNUAL REPORT 2015-16

MHCN

mental health carers nsw

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www.twitter.com/MHCARERSNSW
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suite 501, 80 william st, woolloomooloo, 2011
funded by the mental health commission of nsw

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Our Mission

Empowering Carers for Mental Health

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

Our Vision

Compassionate Communities, Connecting 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 wellbeing (physical and mental).

Our History

The first ARAFMI group was formed in Sydney in 1975 by Margaret Lukes. Margaret identified the need for a service that would specifically address the concerns of carers, relatives and friends. The ARAFMI movement quickly spread to other States and Territories and the ARAFMI organisations became the primary provider of services for carers of people with a mental illness in Australia.

In January 2009, ARAFMI NSW was appointed by the NSW Minister for Health as the peak body in NSW representing the families and carers of people living with a mental illness. As such, ARAFMI NSW was given the responsibility to:

- Conduct regular consultative work with carers across the state to obtain representative information on carer's views and experiences
- Use this information to provide advice and input on policy and services to the NSW Ministry of Health and to other government bodies

From 01 July 2016, 'Arafmi NSW' commenced trading as 'Mental Health Carers NSW (MHCN)' in order to not only align with our National body, 'Mental Health Carers Australia', but also with Recovery Focused Language.

Key Strategic Objectives

Strategic Objective	Summary	Success Criteria
Striving for Organisational Excellence	Our focus is on the internal operations of the organisation to continue to deliver quality, high valued services to members efficiently and professionally.	• Member satisfaction ratings of services and products >70% • Self-funding equates to 30% of annual budget • Skilled and expanding workforce • Number of website views pa 10, 000
Recognised as the 'voice' for Mental Health Carers	Persist with work on Mental Health Branch committees and projects. Identify new opportunities for collaboration in health service reform and progress it by effectively capturing and telling carer stories.	• Membership of advisory committees • Projects to capture and publicise carer and lived experience stories
Empowering Carers	Develop training, information resources and tools as an organisation and as a health service partner to equip carers to participate effectively in the care of their loved ones.	• Feedback
Influencing Government Policy and Reform	Be an effective policy and advocacy body, working to encourage government mental health policy to acknowledge and incorporate families, friends and carers of people with mental illness.	• Number of meetings attended with Government • Number of Peak Advisory Committees

Jonathan Harms, CEO pictured with Commissioner John Feneley at Collective Purpose Official Launch

CEO Report

Annual Report CEO Message 2015-2016

Welcome to the 2015-2016 Mental Health Carers NSW, ('MHCN') Annual Report relating to our financial position, Board administration and major activities for the year. This Report seeks to help describe the major work of MHCN over the course of the year. From 1 July 2016 the Board resolved that Mental Health Carers ARAFMI NSW Inc. should begin trading as 'Mental Health Carers NSW' as this name more clearly reflected the organisation.

Overview of Year

This year has been a busy and important one for MHCN. We began the financial year shortly after the renovations of our joint premises with our partners in mental health, the 'Way Ahead' (formerly Mental Health Association of NSW), and 'Being' (formerly the NSW Consumer Advisory Group), were completed, a major milestone in the Collective Purpose collaboration. This project seeks to enhance the premises and services available to the partners and to extend these to more Community managed organisations supporting mental health and / or social justice outcomes. We have also made great progress in the Shared Services component of this project with the joint Financial Services and Human Resources Management commencing in 2015 and developing rapidly over 2015 – 2016. In addition, MHCN's capacity to deliver policy work, from consultative committees, convening conferences, delivering training or education, making submissions, meeting participation and systemic advocacy has also been significantly expanded.

Staff Changes

As a result of the implementation of the Collective Purpose shared services project, there were two redundancies with Micheal Broadhurst and Sue Gates retiring. Later in the year our long time graphic designer Angelique Parras also graduated and went on to full time employment. However, we also welcomed Richard Baldwin to the policy team and now have 7 employees (3 full time).

Carer Peak Advisory Committees Overview

MHCN has expanded its Peak Advisory Committees (PACs) beyond the general Carer Peak Advisory Committee (C-PAC) to include specialist committees to identify and advocate issues for younger carers, (Y-PAC) older carers, (O-PAC), and alcohol and drug related issues for mental health carers (AD-PAC).

The C-PAC was the first MHCN Peak Advisory Committee to which representatives of other

mental health and carer organisations had been invited as well as mental health carers. MHCN was very fortunate to have excellent representation from Carers NSW (Katherine Stone) and Carer Assist (Angela Milce) among other representatives from these organisations.

The C-PAC Discussions raised may significant issues for mental health carers, such as:

- concerns about health service planning principles being employed in allocation of resources to mental health services;
- issues with the applicability to people with experience of mental illness of the proposed 'Residential Tenancies and Housing Legislation Amendment (Public Housing – Antisocial Behaviour) Bill 2015';
- whether carers recognised under the Mental Health Act have any enhanced right to receive information about their loved one's general health issues, (no they don't); and,
- the issue of remuneration for carers attending policy meetings, (they should be paid, but guidelines often describe all such people as 'consumers' for this purpose).

Younger Persons Carer Peak Advisory Committee had also had representatives including from Carers NSW, Coreen School, Northside Community Forum (Young Carers Program), Careers Australia, Kookaburra Kids and Reachout.

The Y-PAC caused MHCN to schedule a very informative meeting with the Education Department to discuss its response to 'Living Well' (the Strategic Plan for Mental Health in NSW), and raised many significant issues for younger carers, such as:

- the issue of domestic violence and its impact on young people,
- why mental health is not given priority in schools,
- why mental health is not included in teacher training and why teachers can't advise parents about what is the best approach to take when dealing with their children from a psychosocial perspective when this is crucial to the academic outcomes achieved
- there appears to be low awareness by students of who their school counsellor is and what they do
- even if there is an appropriate school counsellor to speak to, many young people won't access the counsellor due to the stigma associated with going to see them.

Older Person's PAC has sought and obtained representatives from Carers NSW, Alzheimer's Aust., and the Aged Care Services NSW/ACT, as well as a number of retired clinicians and academics, carers of older people and older carers.

The O-PAC caused MHCN to sponsor the Older Person's Mental Health Matters Award and O-PAC discussions raised many significant issues for older carers, such as:

- consumer and carer rating of aged care services;
- provided feedback to the Older Person's Mental Health Working Group on the Community Model of Carer and the Recovery Oriented Practise Improvement Project,
- provided feedback for MHCN on the Guardianship Review, the Elder Abuse Inquiry (NSW Parliament), and the MHCN feedback for Carers NSW submission on the Review of the Carer Recognition Act, and,
- asked us to write to the Federal Minister to oppose the January 2017 changes to aged care

which will result in an 11% reduction in funding, including to a program which helps manage poly-pharmacy (a huge issue for older people with mental health concerns and their carers).

Finally, keen interest from general Carer Peak Advisory Committee members resulted in MHCN setting up the Alcohol and Drug Peak Advisory Committee (Ad-PAC) and we sought representatives from Family Drug Support and the Justice Health & Forensic Mental Health Network; as well as successfully recruiting a pharmacist/clinical educator and of course carers whose lives had been touched by issues of comorbid mental health and drug and alcohol issues.

The AD-PAC caused MHCN to contact NOFASD (National Organisation for Fetal Alcohol Spectrum Disorders), and to have training for carers and consumers delivered here, and AD-PAC discussions raised many significant issues for carers, such as:

- there is often an underlying mental health issue that causes people to abuse AoD and if the underlying mental health issue re-emerges because AoD are no longer supressing it with then you are setting a person up to fail at getting clean or maintaining mental wellbeing if both issues aren't addressed at once;
- the suitability of SMART Recovery groups for carers and consumers;
- hopes that the splitting of the Mental Health Drug and Alcohol Office policy role between the new Mental Health Branch and Public Health (now housing the Alcohol and other Drug policy team), does not result in any diminution of the access of people with mental illness to AoD services;
- MHCN should research the incidence of addiction in carers as well as developing information resources around how carers can support loved ones with duel diagnosis of mental illness and alcohol and drug issues.
- bulletins had been written after each PAC meeting and in the coming year we are considering consolidating these into four (4) quarterly Bulletins in addition to our annual Mental Health Carer Issues Report.

We also held an 'All PACs' meeting on Monday 6th June. This meeting was an opportunity for all our PAC members to hear presentations from the NSW Mental Health Commission, Ministry of Health and the Mental Health and Drug & Alcohol Office on their current projects and the ways in which MHCN works with them in advocacy. I would like to say a big thank you to our presenters (Ben Harland-Cox of MHC NSW, Titia Sprague of MH-Children and Young People, Susan Hornidge of Older People's Mental Health Policy Unit and Karin Lines of NSW Ministry of Health) for taking the time to visit our office and speak to our Committee members on their work.

Overview of MHCN Activities and Events 2015-2016

In 2015-2016 there were many important developments in the mental health, disability support and other human services sectors. MHCN participated in many policy projects, consultations and events. Key highlights are as follows:

- Laura Knight and Caitlin Bambridge attended the Generation Next Forum in July 2015.

- Introduction to Systemic Advocacy training was delivered by MHCN for Inner West PiR in Ashfield to around 18 carers in October 2015 now developing a follow up, 'Practical Advocacy in Mental Health Settings'. The new, 'Practical Advocacy in Mental Health Settings' was delivered initially to a group of activist carers in North Sydney. This training was also funded by Partners in Recovery. We took feedback on further improvements and additional items and now have an excellent guide to how the mental health system should work and what carers can do when it doesn't as well as sections on the NDIS and working with the Mental Health Commission.
- Wellness Walk Launch August 2015 and then the Wellness Walk itself.
- Consultation with MHCC (Mental Health Coordinating Council) for the Review by Auditor General of the Transition of Care 7 Day Follow Up Standard.
- Attending formal Proclamation of Changes to the *Mental Health Act* (effective from 31st August) 8th September 2015.
- MHCN represented at Parliamentary Forum on Mental Health 15th October 2015. "Living Well: Value Your Mind – Mental health service provision by NGOs in the community" at the Speakers Garden at NSW Parliament House. This lunchtime BBQ event was designed to allow MPs to see and learn about some of the mental health services provided in the community by non-government organisations across the entire lifespan – from mums and babies, to the elderly, and everyone in between. The event was attended and addressed by the Premier of NSW, the Hon. Mike Baird, MP, the Hon. Pru Goward, MP, and NSW Mental Health Commissioner, Mr John Feneley.
- Co-delivered 'Designing and Delivering Mental Health Services in NDIS' a joint presentation with Jane Henty 22nd October 2015.
- Implementing Peer Supported Open Dialogue in the UK presented by Jane Hetherington 16 Feb 2016.
- Recovery Forum on 9th March for MHCN and Collective Purpose staff and volunteers which included inspiring presentations from both consumer, carer and clinical perspectives on recovery principles in mental health.
- Launch of Literature Review Commissioned by Mind Australia of Implications for family carers when people with psychosocial disability have individualised funding packages & A PRACTICAL GUIDE FOR WORKING WITH CARERS OF PEOPLE WITH A MENTAL ILLNESS; 15 March 2016.
- Governance training Boards and Senior MHCN Volunteers 18 March 2016.
- Taree Conference presented at the 'Telling Stories for Change: Leadership and Advocacy in Mental Health' conference in Taree on 19 May 16 with Dr Peri O'Sea and Dr Sharon Andrews. I spoke on how carers can advance advocacy in the mental health system by telling compelling personal stories that illustrate how services or policies impact them or otherwise using their 'lived experience' to inform service governance and reform.
- NSW Mental Health Collaborative Workforce Framework Forum 29 June 16.
- MHCN addressed Northside Community Forum's Northern Sydney Community Care Regional Forum, on the issues for carers under the NDIS.
- MHCN worked with a number of small organisations, especially with a carer focus, such as Bipolar Australia and ASTeen, exploring how we can support their development and any joint projects, with governance training for the Boards of Collective Purpose organisations scheduled for March being opened to people developing peer organisations or

representation to help develop skills in the sector.

- Consumer and Carer Co-Design in Mental Health Forum included discussions around the future of service design in mental health involves a far greater emphasis on consumer and carer experience and the outcomes achieved by services, not acquitting KPIs.
- Participated in the Central and Eastern Sydney PHN Carer Consultation Session to help identify the services needed for carers and the best way to engage with them.
- MHCN visited Penrith to talk to the local Partners In Recovery, Carer Regional Development team on MHCN views on carer participation in mental health systemic matters, our policy views and positions as an organisation, and future directions for MHCN.
- Developed and been administering a survey for mental health carers to test awareness of the new Designated carer and 'principle care providers' under the amended Act.
- Deputy CEO, David Peters presented his paper on 'Comorbidity and Recovery: Is increased mental illness a consequence of sobriety?' at the Australian & New Zealand Addiction Conference in the Gold Coast.
- David Peters presented on mental health and substance abuse issues at Bipolar Australia's Conference 'Living with Bipolar'.
- MHCN supported the launch of the NSW Chapter of the National BPD Foundation in June 2016 and a full report along with photos are available on our website.
- Team Marbles Challenge (Collective Purpose Blue Team, MHCN Team Supporter and Captain).
- David Peters presented at a Recovery Network Group for the Salvation Army in Collaroy and talked about the importance of recognising mental illness and the benefits of using recovery based principles in dealing with those affected by substance addiction. He also discussed the impact that comorbidity can have on families and carers.
- MHCN attended the 'What's the Harm' Fair at Waterloo with other partner organisations Being and Way Ahead to support community education around co-occurring alcohol and drug issues.

Major Policy Projects with Mental Health Drug and Alcohol Branch 2015 - 2016

- Suicide prevention Policy Directive review – MHDAO
- Seclusion and Restraint Policy Directive review
- Institute of Psychiatry development of Information Packs and Training (Clinical Assessment and Management of suicidal behaviour education and training initiative ERG (CAMSBETI ERG), and changes to MH Act)
- SMHSOPs Community Model of Care
- SMHSOPs Acute Inpatient Model of Care
- SMHSOPs Recovery in Practise Improvement Project
- Family and Carer MH Program - evaluation - Stakeholder Consultations
- Family Focused Therapy Forum convened by MH-Children and Young People (MH-CYP), emphasizing the important point that people don't live in silos and can't be treated or supported in silos either. Supporting the whole family unit however works wonders!
- Participated in interviews for the qualitative review of the PiR scheme
- Younger People in Paediatric Settings Working Group and Advisory Group

- Mental Health Reference Group - Partnerships for Health
- 2nd Housing and Accommodation Support Initiative (HASI) Plus Program Evaluation at the NSW Ministry of Health. The aim of this evaluation is to revise the framework document and discuss whether the program is meeting its expectations and objectives for future funding purposes.

Other Projects with Community Managed Organisation Partners

- Mental Health Matters Awards (Way Ahead)
- Scholarship Review Panel Cert IV in Mental Health Peer Work (MHCC)
- Pathways to Practice Mental Health Practitioner 2016 National Conference
- Development of mental health carer training:
  - 'Introduction to Systemic Advocacy Training', and
  - 'Practical Advocacy in Mental Health Settings'.
- Urban Partnership (St Vincent's) looking at partnering with LHD and PHN in commissioning new services to help people avoid admissions and emergency presentations.
- St Vincent's Hospital proposal for a Carer Reference Group, to be administered by St Vincent's discussed and supported. The role of the Carer Reference group is to work collaboratively with St Vincent's to improve carer services at the hospital through an increase of carer participation in service delivery issues.
- Strategic Carers Action Network & Carer Strategy 2.3 Embed Information for Carers (Carers NSW). Attended a working group with HealthDirect Australia on the progress of their National Services Directory. This is a new directory that lists all health services across Australia.
- Auspiced the Peer Ignition 'Friends of the Acute Unit Beautiful Minds Carer Training Project' for Lyn Anderson (bringing Sandra McDonald's Beautiful Minds concepts and training to carer peer leaders).
- BPD Foundation Launch & BPD Awareness Day Conference (planning)

NSW Mental Health Commission and the Strategic Plan for Mental Health – 'Living Well'

'Champions for Change' Consultation

The Strategic Plan for Mental Health, 'One Year On' first assessment of NSW's progress towards mental health reform was released. The One Year On report highlights the need for critical action in key areas, Commissioner John Feneley is pleased to report that the Commission found that many foundational steps have been taken towards achieving the 141 actions outlined in Living Well's ten year plan.

MHCN conducted the Champions for Change consultation at Hornsby RSL in June 2015 and in the last MHCN e-news called for final submission to our survey about how carers and other community members can be supported to be 'Champions for Change'.

MHCN analysed the results and drafted a report for the NSW Mental Health Commission. These

showed some fascinating insights into the carers (and others) currently involving themselves with mental health reform in NSW and Australia today. It showed that there are not huge numbers of people with such arcane and selfless interests and that such people need to be treasured and supported by bodies seeking to effect reform.

MHCN also supported the development of the Peer Hub with advice on suitable resources for carer peer workers and supported Eileen McDonald and Lyn Anderson to work on various carer peer worker projects with the Commission.

The Commission presented on its work in this regard for carer peer workers at the 2015 Mental Health Carer Support Worker Forum.

New CEO for Mental Health Carers Australia ('MHCA')

MHCN continued to work closely with its national peak body, Mental Health Carers Australia on the National Phone line and National Carer Gateway, (which is a national telephone referral line for carers), after discussions between the Commonwealth and the then CEO of MHCA Jane Henty. We were also given an update on the Carer Gateway by HealthDirect when MHCN met with the DSS on the new carer supports being developed relating to the Carer Gateway April 2016 and reiterated advice provided by Jane Henty.

MHCN's CEO attended MHCA and Mind's consultation on the development of a national survey for carers to help support advocacy for mental health carers across the nation and provided many ideas for this.

MHCN CEO and carer volunteers appeared before Senate Select Committee on Mental Health on 28th August 2015 in agreement with MHCA. The Senate Select Committee on Health, which was established to inquire into and report on various aspects of healthcare and the health system in Australia, was held in Hurstville. MHCN and MHCA presented their collaborative views on the National Mental Health Review. Further to this, there was a roundtable held before the session for people with lived experience of mental illness and people caring for those with mental illness. The roundtable is a chance for people to share their experiences with the Senators, and this was made up of several MHCN volunteers and staff and also staff from BEING. The views expressed by this roundtable committee were well received by the Senators.

MHCN also provided the NSW launch of 'A Practical Guide to Working with Carers of People with a Mental Illness' while also introducing the literature review 'Implications for Family Carers when People with Psychosocial Disability have Individualised Funding Packages'. MHCN also submitted jointly with MHCA on the National Disability Advocacy Framework.

Jane Henty announced her resignation in early 2016 and subsequently a new CEO, Jenny Branton, has been employed. We will continue to work fruitfully with Jenny on national advocacy projects and in the development of the national profile of the organisation and carer issues generally.

Mental Health Carer Support Worker Forum 2015

Our Mental Health Carer Support Workers Forum went extremely well on Tuesday 22nd September

2015. This was organised in collaboration with MHCA; our national body. The theme of this year's Forum was 'Advocacy; Equipping Carers to become Champions for Change'.
100 people attended the event, with stalls for people to browse through and connect with other services. The three interstate winners of the Forum 2015 Advocacy Submission Competition were:

- Jenna Williams
- Sarah Sutton
- Cerise Sherwell

The three winners received flights to and from Sydney and 2 night's accommodation to attend the Forum. We received lots of responses from passionate advocates who contributed their valuable insight into the issues facing individuals when advocating within the mental health system at local, organisational, and systemic levels.

David Meldrum gave the opening address with some great insights into how to get your message heard by key decision makers and he was followed by a cavalcade of creative carers and carer support workers, including Ian Brooks, (Mind) Cherie Adams, (Carers Assist), Doug Holmes (St Vincent's), Aida Morden (Side by Side Advocacy), Eileen McDonald, (NMHCCF and PiR Western Sydney), Sarah Judd (Carers NSW), Tina Smith, (MHCC), Katrina Davis (NSW Mental Health Commission), Leanne Craze (Craze Lateral Solutions), and Jane Henty, CEO of MCHA. The staff who particularly assisted with this project include Caitlin Bambridge, David Peters and (student placement) Annaliese Mayday. MHCA CEO Jane Henty, also provided great assistance including with the funding application.

This event was well attended and well received. As a result of feedback we decided to make future events more interactive and focussed on topical subjects.

Jonathan Harms
Chief Executive Officer
Mental Health Carers NSW

President's Report

Welcome to all. What a very exciting and productive year all those involved with Mental Health Carers NSW have had. We have settled into our upgraded premises and our close working relationship with Being and WayAhead, through Collective Purpose, has benefited our organisational capabilities greatly. By working together through such a representative collaboration all three organisations are able to influence effective change within the mental health sector and general community.

The last few years have involved many changes within the sector, not least the system change to person centred approach to mental health support, but also significant funding changes. In my role, I have sought to be informed through the many forums and seminars associated with organisational/ funding model changes.

Two of the ARAFMI Branch Managers and I attended a two day NSW Health Procurement Training session and found it very informative. An important take-away from the training was in regard to collaborative relationships. Whether they be within one's local area, across the PHN, or state-wide, working with other organisations strengthens the success of the tender and increases the capacity of the smaller organisations to deliver innovative services to a greater cross section of our community.

Mental Health Carers NSW has been undergoing a series of business planning sessions most generously facilitated by Board member, Anne Rouse. A number of strategic initiatives were explored around expanding our support and networks across the state. At a recent planning day, we were pleased to note that many of our strategic initiatives were now in place and could be considered "business as usual". Again a big thank you to Anne for her time, planning and facilitation of these productive sessions. I look forward to an exciting future for Mental Health Carers NSW as we consolidate on our development and continue to evolve.

Much of my time and resources are spread between Sydney, Hunter and the Central Coast. This has been very useful in the range of information sharing and gathering, as well as networking I am able to achieve. The state of mental health services and support, and the issues surrounding living with the experience of mental illness, are so complex that it is important to gain as many perspectives as possible. I have also been privileged to meet so many wonderful, brave, dedicated and compassionate people across all the sectors in my journeys.

Earlier this year, I delivered Advocacy Training in the Hunter, which was a very rewarding experience. The training was offered in Newcastle, Maitland and Taree and the participants consisted of a diverse spread of experience, background and expertise. We were able to learn, consider and discuss, the strategies involved in advocating for improved mental health services and to ensure both carer and

consumer rights are observed.

Most importantly, I could not emphasise enough, for carers to recognise the toll caring can take on their lives and the importance of self-care. Two sessions took place in Taree, due to the amount of interest and scarcity of Carer support services as we move further from the urban hubs. I look forward to MHCN exploring further training and support, perhaps new branches, in regional and remote areas of NSW.

CC ARAFMI held its 40th birthday and opening of Lerida House and the Newcastle Permanent sponsored "Recovery Shed" on Saturday 21st of May. It was heartening to see community members dropping in and engaging with the premises and participants. I would like to see more Open days in the future. It serves to de-stigmatise, break down the barriers and rebuild community spaces where all belong.

Carlton Quartly and Danielle Keogh from the Mental Health Commission had visited Lerida and were so impressed with what is being achieved at the location that they offered to create a short film which has now been placed on the MHCN website. I'd like to think that this could inspire others including both large and small organisations to replicate this model of an inclusive, collaborative healing place where the community offers the support, inclusion, as well as purposeful and rewarding opportunities for all.

The Hunter branch of ARAFMI now has a new Operations Manager, Veronica Mortell, who brings to the role experience in project management and business skills. Veronica's experience is mainly in the social housing sector, but she brings with her an understanding of complex needs and a warm and compassionate attitude to the role.

Her brief for Hunter will be to grow the business, its sustainability and professionalism to ensure that ARAFMI maintains its position in an increasingly competitive market. Veronica was able to join CCARAFMI (Central Coast ARAFMI) Board for part of its planning day to discuss ways the two branches can build on their strengths, especially now that they share the same Primary Health Network.

Lastly, I wish to acknowledge our major funding body, NSW Health through the Mental Health Commission, for their ongoing support and recognition of the important role MHCN and partners play as peak organisations. And of course, a big thank you to our tireless CEO, Jonathan Harms for his expertise and gracious manner, and staff David Peters (Deputy CEO), Caitlin Bambridge, Audra O'Grady, Richard Baldwin, Edward Curtis, Laura Knight, Lyn Anderson, our wonderful volunteers and students, as well as Board members who contribute so much to make our organisation the Peak Body for Mental Health Carers in NSW.

Thank you to all for your support,

Yours Sincerely,

Anne Stedman
President Mental Health Carers NSW,
President CC ARAFMI,
Board member Hunter ARAFMI

Peak Advisory Committee Chair Report

Mental Health Carers NSW (MHCN) Carers Peak Advisory Committee (CPAC) was established in 2013. The primary aim of this committee is to provide the link between MHCN Board, MHCN management and staff and the Helpline on a diversity of carer issues by providing MHCN advice, input and objectiveness from carers. The CPAC members identify projects, activities and advocacy issues and a regular exchange of carer views on topics for which MHCN is asked to comment.

The CPAC has also initiated a range of sub committees to ensure as many carer issues are addressed and the appropriate advocacy strategies specifically to mental health carer issues:

- Younger Persons Peak Advisory Committee (Y-PAC)
- Older Persons Peak Advisory Committee (O-PAC),
- Alcohol and Drug Peak Advisory Committee (ADPAC)

CPAC and its subcommittee members are carers experienced in systemic advocacy from a wide range of ages, recruited from urban, regional and remote parts of NSW. They utilise their lived experience, diversity of skills and cultures including experience of the public, private and forensic mental health systems.

Key Issues discussed and strategies identified in 2015-16 included

- Increasing the skills of carers to advocate for systemic change in the mental health systems as well as in their local areas
- The need for cultural change in the mental health and wider health systems and organisations to give the same equity to carers as given to consumers
- The identification of consumers who are also carers and of carers who are also consumers
- Suicide prevention, as well as the needs of those impacted by suicide
- Co-design principles for Mental Health Reforms including carers and consumers involvement with Primary Health Networks
- The impact of poly-pharmacy and poly-medications on physical health
- Increased Wellbeing needs in schools for students, staff and families
- The lack of Australian recognition of Foetal Alcohol Syndrome (FASD) as a disability and the specific advocacy needed
- Mental Health implications around transition into aged care
- The Open Dialogue method, which places a person's engagement as the core element to the model of care; this model reinforces ethical imperatives that respect human rights and dignity

Key activities of CPAC members included

- Contributing to NSW and national submissions, research and surveys
- Supporting the work of MHCN in all activities including two key projects with Mental Health Drug & Alcohol Office (MDHAO): the Review of the Seclusion and Restraint Guidelines and a Register for Recording Seclusion and Restraint. CPAC members emphasised prevention and planning to prevent escalation, identifying triggers and coping strategies by engaging the carers in finding out what they are from people with lived experiences.
- Assisting MHCN with the development and training in systemic advocacy and lived experience local project development skills
- Regular reporting from the CPAC member representing all NSW Mental Health Carers on the National Mental Health Consumer and Carer Forum
- Participating in the NSW Mental Health Commissions Lived Experience Steering Group and working on a framework for increasing the opportunities for lived experience participation and leadership.
- Involvement in the development and launch of the NSW Mental Health Commissions Peer Work Hub. The Hub provides a business plan and tools to equip employers to appropriately employ the consumer and carer peer workforce
- Providing expertise and training in the Hoarding and Squalor Project for health workforce and family and friends of those impacted by this issue

This is only a brief summary and not all of the very extensive agenda, activities and accomplishments of CPAC throughout the year. We are grateful to the MHCN staff for their diligent support and especially a thank you to all the members of CPAC and its subcommittees.

By Doug Sewell, Deputy Chairperson &
Eileen McDonald, Committee Member

Peak Advisory Committee Members 2015-16

Carer Peak Advisory Committee	Alcohol & Other Drug Peak Advisory Committee	Younger Persons Peak Advisory Committee	Older Persons Peak Advisory Committee
Angela Milce	Alex Freeman	Bonnie Faulkner	Carolina Simpson
Catalina Valencia	Angela Milce	Caitlin Bambridge	Colleen Rivers
Doug Sewell	Anne Stedman	Chris Avent	Edward Curtis
Eileen McDonald	Bradley Foxlewin	Eileen Burke	Jill Faddy
Erika Ballance	David Peters	Jamie Thaidy	Lynda Walton
Jacquelin Hochmuth	Edward Curtis	Julie Leitch	Marija Stupar
Jenny Learmont	Eileen McDonald	Laura Knight	Richard Baldwin
Judy Nicholas	Erika Ballance	Natasha Lay	Sharyn McGee
Katherine Stone	Gerard Byrne	Nerida Watson	Susan Humphries
Kristine Havron	Jenny Learmont	Mag Eli	Tom Hinton
Lynette Anderson	Kristine Havron	Rachel Flint	
Mag Eli	Laura Knight	Suzy Nixon	
Pauline Ferkula	Louise Gray	Yara Ibrahim	
Rob Wellman	Maurice Byok		
Sandra McDonald	Richard Baldwin		
Satu Beverley	Sharon Mumford		
Sheila Peel	Shweta Sharma		
Snow Li	Simon Lewer		
Tony Humphrey			

Official Committees
MHCN Representatives List

Name of Committee	Meeting Host	Core Purpose of the Meeting	MHCN Representative
Community Mental Health Drug and Alcohol Research Network (CMHDARN)	MHCC/NADA	To discuss opportunities for research within MH/AOD sectors and to bring these sectors in alignment with each other. To promote opportunities for consumer-led research.	David Peters
Strategic Carer Action Network (SCAN)	Carers NSW	To discuss action points relating to systemic carer advocacy strategies.	David Peters
NSW Health Committee for Evaluation of HASI Programs (HASI Plus & BH HASI)	Mental Health Branch	To evaluate program guidelines for HASI programs with the view of secure future funding	David Peters
NSW Health Committee for Partnerships in Health	Mental Health Branch	To discuss opportunities for partnerships between NSW Health and NGO's in the mental health sector.	David Peters
SMHOP Advisory Committee	Mental Health Branch. NSW Health, (MHDAO).	To provide resources and informed feedback for the development of Specialist Mental Health Services for Older People (SMHSOP) in Local Health Districts and Speciality Networks, across NSW.	Edward Curtis
Older Persons Mental Health Working Group	Mental Health Branch. NSW Health.	To provide overarching policy direction and development and supports initiatives for all older persons mental health services in NSW.	Edward Curtis
NSW Health and Education CAMHS Steering Committee	Department of Health and the Department of Education	Department of Health and the Department of Education understand the mental health of children and young people as a priority. The Steering Group aims to further strengthen CAMHS and Education partnership initiatives, including School-Link.	Laura Knight and Edward Curtis
NSW Family Focused Framework Advisory Group	NSW Health, MH-Children and Young People	The Family Focused Recovery (FFR) Advisory Group provides expert advice in the revision of the *NSW Children of Parents with a Mental Illness (COPMI) Framework for Mental Health Services 2010-2015*.	Laura Knight
Younger People in Paediatric Settings Working Group	NSW Health, MH-Children and Young People	To develop a training package to deliver to staff in inpatient paediatric settings to how better deliver mental health carer to young people.	Laura Knight and Edward Curtis
Child and Youth Mental Health Subcommittee	NSW Health	To support the Mental Health Program Council in undertaking its responsibilities for the mental health of infants, children, adolescents, young people and their families, including the departmental interagency responsibilities.	Edward Curtis and Laura Knight
Adult Mental Health Benchmarking Forum	InforMH, NSW Ministry of Health	To review performance and outcome data generated from NSW public sector adult mental health services	Richard Baldwin
Older Persons Mental Health Benchmarking Forum	InforMH, NSW Ministry of Health	To review performance and outcome data generated from NSW public sector adult mental health services	Richard Baldwin
Children's and Adolescent Mental Health Benchmarking Forum	InforMH, NSW Ministry of Health	To review performance and outcome data generated from NSW public sector child and adolescent mental health services	Richard Baldwin
Rehabilitation and Long Stay Mental Health Benchmarking Forum	InforMH, NSW Ministry of Health	To review performance and outcome data generated from NSW public sector rehabilitation and long stay mental health services	Richard Baldwin
NSW Mental Health Program Council	Ministry of Health	Review policy and practice related to mental health services in NSW	Richard Baldwin
NSW Mental Health Clinical Directors Advisory Group	Ministry of Health	Coordinate policy and practice related to mental health services in NSW	Richard Baldwin

2015-16 MHCN Team

Staff	Students	Volunteers
Audra O'Grady	Andrea Stephens	Alex Freeman
Caitlin Bambridge	Angelica Margaritis	John Bear
David Peters	Annaliese Mayday	Kay Healy
Edward Curtis	Amanda Skropidis	Leakhena Suos
Jonathan Harms	Georgia Harley	Zafer Yalcin
Laura Knight	Greta Storm	
Lynette Anderson	Karen Cheung	
Richard Baldwin	Marsha Hubbard	
	Sarah Zordan	

MHCN Bulletins

Over the past year 2015-2016, MHCN has developed and published 12 bulletins. These bulletins pull together the advocacy work and activities of each of MHCN's Peak Advisory Committees (General, Older Persons, Younger Persons & Alcohol and Other Drugs), while further highlighting current initiatives and projects occurring in the mental health sector.

These bulletins assist in continuing the momentum of our volunteer Committees throughout the year, and also provide members who sit on different Committees the opportunity to stay informed and involved in what issues each Committee are focussing on. These bulletins are made available on our website, click to view our most recent bulletins:

- Carer Peak Advisory Committee Bulletins
- Older Persons Peak Advisory Committee Bulletins
- Younger Persons Peak Advisory Committee Bulletins
- Alcohol & Other Drugs Peak Advisory Committee Bulletins

These bulletins also provide an opportunity for Peak Advisory Committee members to advertise their own organisation's activities and events to the MHCN community. MHCN endeavours to publish one bulletin per Committee per quarter.

Media Activity Report

MHCN's major media sources of communication include the 'Carer Connections' telephone line service, our website, our Facebook page, our weekly sector e-newsletters and our partnership with SANE Australia on the SANE Online Forums.

MHCN received a total of 298 calls on the Carer Connections telephone line over the financial year period for this report, ranging from 01 July 2015 to 30 June 2016. 751 referrals were made from these calls. This is an average of 2.5 referrals to other organisations per call which shows MHCN providing a thorough referral service throughout NSW, thus supporting many other mental health related services across the state and adhering to the NSW Mental Health Commission's Strategic Plan of connecting mental health services together. This is further supported in the statistic that almost all callers (97.7%) received at least one referral, and a further 77.2% of all callers received a second referral.

One third (33%) of all callers were calling from Regional NSW, which shows MHCN as having some good reach into other, more remote areas within that state that do not have as much abundant access to mental health services as those in the metropolitan areas do. While over 50% of callers did formally identify as the carer of the person, 48% either did not identify as the carer or were unsure as to whether they were a carer.

We received a total **298** calls on the Carer Connections Helpline over the last financial year, with 751 referrals made.

This data may be consistent with research conducted by the Carer Gateway, which shows that 79% of all people accessing the Gateway website and call centre do not identify as carers. The ongoing trend that MHCN has monitored for a number of years now is that the majority of carers who seek help appear to be middle aged females, who are either the parent or partner of the person they care for, which is a middle aged male.

A total of 66% of all callers were calling to request support services for themselves in their caring role, with a further 34% of all callers also requesting non-clinical support services for the consumer. This figure shows that more community support is required and should be made available for both carers and the people they are caring for.

MHCN's website has continued to grow, with 67,443 views to the site being recorded over the last financial year. This is over 10,000 more views than last financial year. The website is constantly being reviewed and revised, the major change being in July 2016 when Arafmi NSW changed its trading name to Mental Health Carers NSW (MHCN). We are current averaging close to 300 views per day.

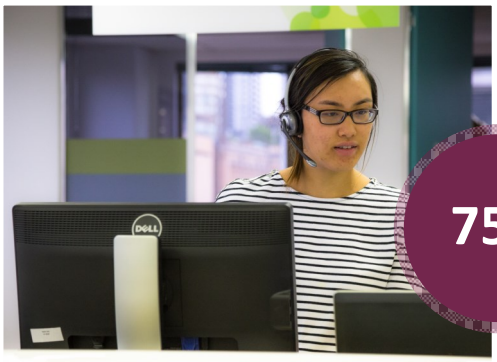
Our Facebook page has certainly increased rapidly over the last financial year. As at July 2016, MHCN has accumulated a total of 1010 'likes' to the page, increasing from 846 likes July 2015. Our Facebook page received a total of 174.867 instances where people logged on and viewed any content associated with the page, which is 53,190 more views than the previous year.

Over this last financial year, MHCN has combined 2 newsletters into one, and branded this as our Mental Health Carer Weekly Digest. This is in addition to our weekly peak Advisory Update. The number of recipients has increased greatly, from 411 recipients last financial year to 1025 recipients, which includes our Peak Advisory Committee newsletter, Weekly Digest and our MHCN e-news. We have also introduced our regular Advisory Committee bulletins, which contains updates on action points discussed after each Advisory Committee meeting.

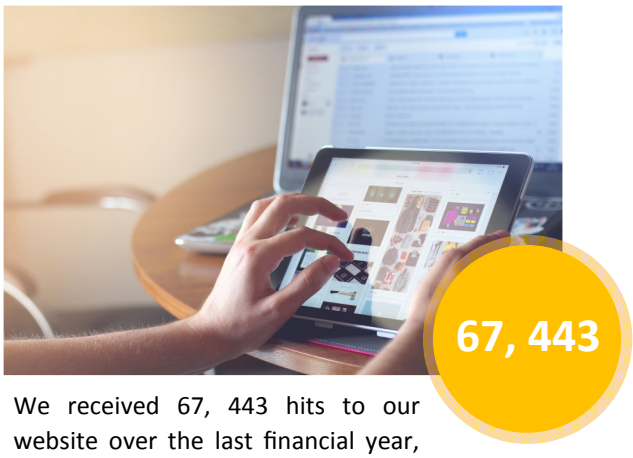
Finally, MHCN is pleased to continue its partnership with SANE Australia on the SANE online forums. We are now coming into our 3rd year of partnership and our impact in holding a version of the forums on our website is significant. The last financial year saw a total of 1552 members log into the forums via our website to seek peer support. MHCN is more than happy continue this important partnership, thus further promoting the importance of peer support in recovery from mental illness.

Overall, Mental Health Carers NSW Inc. is very pleased with its media activities throughout the financial year period of 01 July 2015 – 30 June 2016. We feel we are meeting the needs of, and connecting with many carers across NSW. Furthermore, we are pleased to announce that we have not only met our target for this last financial year, but far exceeded even our own expectations. We look forward to another successful year at MHCN.

Our Year in Numbers



We made 751 referrals to connect mental health carers with their local mental health services via calls on the Carer Connections



We received 67, 443 hits to our website over the last financial year, this is 10,000 more than the previous year.

66% of all callers were seeking support services for themselves to continue in their caring role. This figure indicates that a need for further community support directed at carers may be needed.

Our weekly MHCN e-News has grown to 1025 recipients from last year's figure of 411.

MHCN is pleased to continue its partnership with SANE Australia on the SANE online forums. We are now coming into our 3rd year of partnership and our impact in holding a version of the forums on our website is significant. The last financial year saw a total of 1552 members log into the forums via our website to seek peer support. MHCN is more than happy continue this important partnership, thus further promoting the importance of peer support in recovery from mental illness.

"Thank you so much for this opportunity. An atmosphere of trust and support allowed for open discussion and sharing of experiences."
- Participant of Advocacy Training, Newcastle

Training Overview

The last financial year has been an exciting one for Mental Health Carers NSW Inc. (MHCN), with many successful training ventures taking place.

We have continued our commitment in developing the future of the mental health system in NSW by employing a number of student placements. During the last financial year, MHCN hosted a total of 8 students, 3 of which were studying Social Work at university level. This included providing a thorough Induction Training process.

During 2015/2016, we revisited our current Induction Training procedures and developed an entire new method of training for all MHCN new staff, students and volunteers. This revised program incorporated a strong emphasis on recovery based principles when dealing with callers in distress, more in-depth analysis of carer's issues and ways to assist carers, and a more comprehensive overview of suitable suicide and mandatory reporting procedures. We also added an entire new section on inclusivity when dealing with the LGBTI communities. Furthermore, we continue to provide in depth on the job coaching to all new staff, students and volunteers when placing them on the various project work that we undertake.

Lastly, we encourage all at MHCN to attend external professional development opportunities, thus enhancing their knowledge of the mental health sector.

During the last financial year, MHCN also developed a comprehensive Advocacy Training program, encapsulating effective methods for systemic advocacy and practical methods for individual advocacy for mental health carers. The aim of the course is to provide participants with the basic tools, skills and confidence to plan an advocacy initiative and embark on advocacy efforts.

This training has been highly successful, with MHCN contracted to deliver the training in 4 regions throughout the Hunter on behalf of Hunter Partners in Recovery in April 2016, to a total of 80 carers. We also delivered this training to Inner West Partners in Recovery and a Carer Advocacy committee in the Northern Beaches to a total of 28 attendees.

MHCN has also continued to provide specific mental health related training throughout the sector in the last

financial year. In 2015, we provided the 2 day Mental Health First Aid (MHFA) training to 24 participants. In April 2016, we provided Youth Mental Health First Aid (YMHFA) training to 18 participants and in May/June of 2016, we held the Responding to Suicide for Carers training on two separate occasions to a total of 29 participants.

Finally, in March 2016, MHCN held its Recovery Forum, offering and overview of Recovery Principles, perspectives from a variety of community groups and techniques on how using different Recovery Principles can help people to address issues such as comorbidity. There were a total of 26 attendees to this forum, which was received with excellent feedback, and MHCN plans to hold a subsequent forum later in 2016.

The total number of people who received training via Mental Health Carers NSW Inc. for the financial year of 1 July 2015 – 30 June 2016 made a total of 213 attendees, which included staff, students, volunteers, carers and other professionals within the mental health sector.

MHCN will continue to provide ongoing training to all new staff, students and volunteers to the organisation within the future, whilst also providing scope for opportunities for carers and professionals within the mental health sector to experience formal training in all aspects of mental health recovery.

Staff Profiles

Jonathan Harms, Chief Executive Officer

Born in 1969 in Mount Lawley WA, growing up in Perth and graduating with Bachelors of Arts and Laws from the University of Western Australia, Jonathan subsequently worked as a plaintiff lawyer, as well as a public servant, policy advisor and stakeholder manager for a variety of State and Federal Ministers, (Attorney General, WA and Human Services, Commonwealth), government departments (Ministry of Health), private corporations (Insurance Australia Group) and non-government organisations, including Mental Health Carers NSW Inc. (MHCN).

In the course of this career he has gained significant experience in the development of policy, including regulatory schemes, e.g. the creation of the Life Time Care and Support Scheme for the NSW CTP and workers compensation schemes; and the Health Practitioners Regulatory Authority created to set up nationally applicable medical practitioner registrations.

After becoming CEO of MHCN, which is the peak body for carers of people with lived experience of mental

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

MHCN is now also a key partner in the Collective Purpose collaboration project with Being and Way Ahead to pool resources around the provision of corporate back office services to reduce costs and enhance standards. This project will greatly help all organisations achieve organisational excellence in the years to come.

David Peters, Deputy CEO

David originally began as a volunteer at MHCN before moving into a paid position which he has held for the last 3 years. He has a lived experience of drug and alcohol issues, including mental health issues that co-exist with this lifestyle.

David is qualified in Counselling, AoD and Mental Health, Training and Assessment and is currently studying an Advance Diploma in Leadership and Management. David is responsible for providing induction and ongoing training to all new staff at MHCN, and oversees MHCN's various projects.

David sits on many committees on behalf of MHCN, including the Community Mental Health Drug and Alcohol Research Network (CMHDARN), the Strategic Carer Action Network (SCAN) – Carers NSW, NSW Health Committee for Evaluation of HASI Programs (HASI Plus & BH HASI), NSW Health Committee for Partnerships in Health, Collective Purpose Wellbeing Committee, Mental Health Carers NSW Carer Peak Advisory Committee and Mental Health Carers NSW Drug and Alcohol Advisory Sub-Committee.

David has written many published articles on mental health for MHCN, and often presents at many forums and workshops within the mental health sector.

In 2015, David published a paper titled "Social Exclusion and Addiction: Creating a sense of belonging", which detailed data recorded from a group he runs directed at people at risk of homelessness in Sydney's Inner West called Essential Living. Here, participants can present with many issues, including mental health issues, AoD problems, self-esteem issues and experiences of social isolation and exclusion. He then presented his paper and findings at the Addiction 2015 Conference on the Gold Coast, showing that by combating social exclusion, the instances of intoxication and subsequent behaviours can decrease.

David has also written a peer-reviewed and published article for the Addiction 2016 Conference, titled "Comorbidity and Recovery: Is increased mental illness a consequence of sobriety?" which he presented to

the Addiction Conference in 2016. David also travelled to the TheMHS Conference in Auckland to present this paper in August 2016.

David sees the fundamental aspect of his role as ensuring a high quality of work is being delivered by MHCN staff at all times, ensuring all MHCN students, volunteers, staff and any other stakeholders have a positive experience of the organisation, and to develop and maintain healthy, positive and professional relationships between MHCN and all relevant organisations within the mental health sector.

Caitlin Bambridge, Project Officer

Caitlin has worked as a Project Officer at MHCN for fifteen months in a variety of capacities ranging from event coordination, submission writing, administration, project management, graphic design, website development and social media management. In addition to these responsibilities Caitlin also acts as Secretariat to all MHCN Peak Advisory Committees (PAC) (including Younger Persons, Older Persons, Alcohol & Drug, and General Carers). This role involves recruiting and liaising with volunteers, organising meetings and managing communications between MHCN, PAC members and stakeholders.
Prior to Caitlin's work at MHCN she completed a Bachelor of Social Work at the University of New South Wales where she worked as a Research Assistant within the University's Student Development Department under the 'Transition and Engagement Team'. Her background is in student wellbeing project and policy development.

For the first time this year, MHCN ran an 'All PACs' meeting where all MHCN committee members were invited to a networking meeting to learn how we can all work better together to advocate for mental health reform. This was a great opportunity for our committee members to meet each other and learn about the work of MHCN and their own role in the systemic advocacy process. We hope to turn this meeting into an annual event for all MHCN members in future.

Caitlin's key areas of interest are younger person's mental health and wellbeing, anxiety disorders, LGBTI carer issues and policy development. In this past year at MHCN she attended the Annual LBQ Women's Health and Wellbeing Conference in Melbourne, acted as MHCN's representative on MindOut's Champions Project, coordinated an event to recognise International Day Against Homophobia and Transphobia (IDAHOT) and produced a brochure on the rights and recognition of non-traditional families in NSW.

These activities have served to further highlight the significant need for an increase in LGBTI-specific mental health support services and basic training for practitioners in LGBTI issues across all health services in Australia. Due to fear of discrimination and/or prejudice in accessing mainstream services, LGBTI consumers are placing added stress on their partners and carers as they act as their single support network. This in turn increases the stress and subsequent risk of developing a mental illness on their partners and carers as they increase their caring responsibilities. This is of particular concern for older LGBTI people who due to their historical experiences of discrimination, are less likely to maintain contact with family members or have children.

In addition to an increased risk of developing mental health issues, LGBTI carers remain invisible in both support services and carer discourse concerning the strategic planning for mental health reform. Their lack of visibility is exemplified in their absence of reference within the *NSW Carers Strategy 2014 – 2019*. Caitlin identifies as a member of the LGBTI community and has a lived experience of mental illness. She also cares for her partner who has a dual diagnosis of depression and obsessive compulsive disorder. Caitlin hopes to utilise her position at MHCN to advocate for the recognition and rights of LGBTI carers in NSW.

Audra O'Grady, Policy Officer

Audra has been with MHCN for almost two years working in a variety of areas and roles.

A large part of her time in the past year has been spent on the development of a number of training courses that we deliver, such as Practical Advocacy in NSW Mental Health Settings. Her hope in working on these projects has been to help carers with pragmatic solutions to achieve their desired outcome, and also to illustrate some of the intricacies of the NSW Health system.

Other parts of Audra's role include writing policy submissions and comments, and assisting carers with advice and support regarding health care complaints. Audra recently had the opportunity to co-deliver (with Peri O'Shea, CEO, Being) a lecture to psychiatrists-in-training at the Institute of Psychiatry NSW, and was able to share many carer perspectives to an open and engaged audience.

Submissions she has worked on include commenting on the revision of the Guardianship Act 1987 (NSW), the NSW Carer's (Recognition) Act 2010, the MH Wellness Plan (clinical documentation); and the Consultation Draft of the National Consensus Statement: Essential Elements for Recognising and Responding to Deterioration in a Person's Mental State (ACSQHC).

Audra keeps her eye out for news and items of interest in the mental health sector to share with her col-

leagues; and she also has a responsibility to consider positions and arguments we take by posing and exploring different possible viewpoints.

Audra's key areas of interest are: mental illness and unrelated physical comorbidities; medication and mental illness; improving communication between clinicians, carers, and consumers; and the effective implementation and governance of NSW Health policies and guidelines.

Laura Knight, Carer Engagement Officer

Laura's primary role at Mental Health Carers NSW (MHCN) is looking at younger person's mental health and young carers, specifically with our Younger Person Peak Advisory Committee (YPAC). Our committee specifically looks at issues pertaining to young carers and younger people's mental health, for example, we have recently been looking into the mental health approach in schools. Our committee has found that there is not enough being done in schools in a range of ways, including teachers and parents knowing what to look out for when a young person is experiencing mental health issues, or practical ways in which young people can help themselves when they realise that something might be wrong. A previous article by the Sydney Morning Herald in 2015 reported that many teachers did not see it as their responsibility to deal with young people's mental health, which is alarming as many mental health issues develop in adolescence and schools have a great platform in which they can reach many young people in order to address this problem at the source and it is underutilised.

Laura's role also involves sitting on a range of committees including the Mums and Kids Matter Evaluation Subcommittee which evaluated the MAKM program run by Wesley Mission since 2014 and to suggest improvements where needed. She is also involved with the Younger People in Paediatric Settings Subcommittee (YPIPS), which aims to develop a training package around how inpatient staff can better approach young people with mental health issues who are admitted into hospital.

Laura is involved in running MHCN's stall at Generation Next Conference at Town Hall, which is focused around youth mental health and wellbeing. Our aim is to hand out information around young people's mental health including brochures that she has worked on around young people and bullying, common mental health issues, and dual diagnosis, as well as gathering resources from other organisations involved with mental

health and related areas to hand out.

Laura is currently involved in a project with Youth Action and their Friend2Friend program which is a peer to peer, youth led mental health program which aims to teach young people knowledge and skills in order to better address mental health issues. We are collaboratively working with Youth Action around how we can help them to roll this out and what MHCN can offer to the project.

Laura started at MHCN in April 2015 as a student which led to a paid position at MHCN. Laura has lived experience as a young carer of a parent with a severe mental illness. Working at MHCN has greatly helped her in not only her research capacity but engaging with many carers and people from all walks of life who are touched by mental illness. Laura's interests in working in this field focus around young people's mental health, specifically in schools, involuntary treatment (as the issues surrounding it are not black and white and perspective lies in personal experience), and dual diagnosis, as often mental health goes hand in hand with AOD issues.

Edward Curtis, Carer Engagement Officer

Edward's role is to attend a range of committees that are related to mental health services for people in New South Wales. Here he represent Carers concerns in service planning, design and delivery. These committees are usually administered by the Mental Health Drug and Alcohol Office (recently re-named the Mental Health Branch) of The Ministry of Health for New South Wales.

They are:

- Children and Young Peoples Mental Health. (CYPMH).
- Specialist Mental Health Services for Older People.
- Mums and Kids Matter.
- Young People in Paediatrics Inpatient Settings Advisory Group

Edward's interests are around mental health, dual diagnosis, homelessness, the support of carers and social justice, particularly for marginalised people.

Edward attended a Homelessness Forum on Monday the 11 of July 2016, hosted by the Mental Health Coor-

dinating Council and Homelessness NSW.

Sam Tsemberis, who founded Pathways Housing in the United States, described the way that a housing first model can work with Pathways Housing.

The aim is to provide housing first, and then combine that housing with supportive treatment services in the areas of mental and physical health, substance abuse, education, and employment. Housing is provided in apartments scattered throughout a community. This "scattered site" model fosters a sense of home and self-determination, and it helps speed the reintegration of Pathways for clients into the community.

The model also uses harm minimisation, is person focused, and aims to build a therapeutic relationship that is empowering to individuals. Peer workers are used in the teams that support individuals. Since its founding, housing retention rates have remained at 85 – 90 percent even among individuals who have not succeeded in other programs.

The Pathways Housing First model is effective at keeping people housed and working toward recovery, it has also proven to be incredibly cost-effective. Providing homes and support services to the chronically homeless costs less than the expensive cycling through of emergency rooms, shelters, jails, and psychiatric hospitals.
The Housing First Model is evidenced based and is an example of addressing homelessness for people who may have complex needs.

Edward has been working at MHCN since April 2014 and has enjoyed not only learning much about mental illness and how carers are affected, but also becoming aware of and learning about his own personal issues. Edward feels that MHCN has offered him much scope for self-reflection and personal growth, whilst at the same time presenting him with the opportunities to really make a difference to other within the mental health and other related sectors.

Lyn Anderson, Carer Engagement Officer

Lyn has worked for Mental Health Carers NSW since 2012, a total of 5 years. She has worked in different roles with MHCN, starting as a policy/project officer attending meetings with government and NGOs groups and advocating for systemic change, networking and drafting reports on important milestones and events effecting mental health carers.

This year her position is Carer Engagement Officer. She is involved in a number of carer related projects. Lyn was the first carer to complete the Certificate IV in Mental Health Peer Workers, a new course initiated by the Mental Health Commission and now available through TAFE and other training organisations to train carers and consumers to work as peer workers in paid roles in Health and NGO organisations.

Both consumer and carer peer workers in mental health are more effective by virtue of their 'lived experience' to connect with and assist carers and consumers, as well as influence better communication with services and help reduce stigma. Many hospitals and NGO services now employ peer workers and the Mental Health Commission has a dedicated space on their website to assist employers who wish to employ peer workers.

Another area of interest to Lyn is assisting carers to navigate the new National Disability Insurance Scheme which will reverse the way non-government mental health services operate by putting consumers, not services, at the center of care and giving consumers choice and control.

Lyn has completed a project with Mental Health Australia looking at "Supported Decision Making, Psychosocial Disability and the National Disability Insurance Scheme." This useful report has recently been published and is available to view on Mental Health Australia website. The report assist in helping to identify needs and support aspects of care in the transition to the NDIS.

Lyn is completing another 12 month study, the Peer Ignition Training Program, run by Verge Collaborative. This excellent program teaches carers and consumers the skills needed to set up our chosen mental health related business or project. Skills include business management, planning, projects, funding, account keeping, marketing, company start up and mentoring.

The project she has chosen is to train carers in advocacy and fundraising so that they can enhance their local hospital's mental health space and at the same time connect with other carers in a practical and meaningful

way. She is running a three day training course at MHCN on 2 and 9 September, and a third day in October. She has enlisted the very capable Sandra McDonald from "Harmony House" to train carers in this project. Interested carers can book with MHCN. The training is free and places are limited.

Lyn's vision is for every hospital in NSW to have a carers group attached to them, a "P & C for hospitals," to work for a better recovery space and equipment which will benefit consumers, staff and carers as well as promoting better communication and understanding between carers and the hospital staff.

Lyn is a founding member of a carers network in North Sydney whose aim is systemic change and better mental health services for the ones they care for. She also works as a carer representative with PIR, her local hospital, Carers NSW and Schizophrenia Fellowship as a Remind speaker.

She speaks about the experience of being a mental health carer to training groups such as the Rural Drs, St. Vincent's Nurses, the Police, and other groups who will be better informed through hearing the carer perspective.

As a carer of 27 years' experience, Lyn believes that education and training is the key to being an effective carer and that doing something positive for their loved ones is the best way to support both themselves and their loved ones. Lyn is happy working with MHCN as they give employees the support and autonomy to follow their areas of special interest.

Synopsis of Mental Health Carer Issues: NSW

Legislation

The 'Residential Tenancies and Housing Legislation Amendment (Public Housing – Antisocial Behaviour) Bill 2015 (that purportedly allows 'easier' eviction of undesirables from public housing- e.g. for drug dealing without conviction), while antisocial behaviour would attract a 'strike'- three strikes in a year allowing for eviction raised concern among some carers.

MHCN was concerned about the forensic processes to be employed as many carers have reported to us dubious complaints that appear to stem from the stigmatising attitudes of some neighbours towards people with a mental illness, rather than any unacceptable behaviours. While vulnerable residents do need better protection from anti-social behaviour, MHCN suggested that one strike evictions be eliminated and that all evictions should require three strikes in order to minimise the scope for people experiencing mental ill health to be discriminated against.

'Carers (Recognition) Act 2010' Review Joint Submission with Carers NSW

This submission pointed out that the Mental health Act and the Strategic Plan for mental health both had strong carer recognition in part due to the passage of this Act. It also recognised the importance of:

- carer representation in PHNs and LHD management, service commissioning etc., being supported by this; and
- that sometimes carers also need support to be able to stop caring and this should also be recognised, particularly for the older carers (but also sometimes for very young carers too, who have their own needs for support).

Mental Health Carer Issues 2015-2016

MHCN advocated for a wide range of issues for mental health carers in a variety of policy reform and general administration processes with the Ministry of Health and others. Here are a selection of issues raised for advocacy.

Carer perspectives on the physical health of mental health service consumers were requested for a number of policy processes. MHCN advocated around issues relating to medication and its side effects, such as metabolic syndrome, lethargy, and weight gain (particularly with antipsychotic medication), and smoking and diet.

Many carers raised the difficulties involved in supporting good health practices, and were unsure of the best way to encourage exercise and smoking cessation. The hospital policy of smoke free environments, and health service promotions of lifestyle changes created some friction when encouraging people to seek help.

The importance of physical health care, particularly for those not able or not willing (for whatever reason) to identify emerging health problems, was identified as a current issue. This circumstance is especially problematic in emergency department presentations where a medical problem/issue may be further complicating a mental health issue.

Carers asked MHCN if being recognised under the Mental Health Act gives carers any additional rights to information about a loved one's general health information. MHDAO has however confirmed internal legal advice that the enhanced carer recognition does not provide enhanced access to non-mental health related health information, complicating carers support for their loved ones non-mental health needs.

The separation of MHDAO into a new 'Mental Health Branch' (MHB), with Alcohol and Other Drug policy teams going to public health within the NSW Ministry of Health, did raise concern amongst some carers given the multifactorial approach required for 'dual diagnosis'. The current consensus is that the separation of these teams at the ministerial level is unlikely to make a decisive difference at the service delivery level.

MHCN was concerned at the carer experience of extended waiting lists for rehabilitation services for their loved ones with experience of mental ill health (with no interim service provision), and this issue was raised through the Clinical Advisory Council.

The MHCC's consultation for the 'New South Wales Auditor-General's Report, Performance Audit, Mental health post-discharge care, NSW Health' 2015 raised several issues. The seven day follow up measure is a very blunt instrument, and discharging a person for the first time into an undeveloped support network is very different from discharging someone when such a network was well established.

The identity of the actual '7 day contact' varies across health services- from the person themselves in some cases, to the proposed support system in others. If someone has not attended the new service, seven days is far too long to find out the reason why or the location of the person concerned.

The transition of care and follow up cannot work if there are not sufficient community based services for people to be discharged too. 'It's like we have a bucket that takes a ton of sand and every year we get two tons and wonder why we spill it everywhere. The fact is, no matter how carefully we shovel it, we can't avoid spilling it until we buy a big enough bucket to take all the sand we know we are going to get.'

The importance of recognising mental illness and the benefits of using recovery based principles in dealing with those affected by substance addiction; the high incidence of mental health issues which may have prompted substance abuse (like anxiety, depression or Post-Traumatic Stress Disorder), re-emerging when a person embraces sobriety, often precipitating relapse and making the treatment of both mental health and addiction issues simultaneously crucial for the success for many people in addressing addiction and substance abuse and the impact that comorbidity can have on families and carers and the lack of clear advice about who to deal with such problems in a compassionate, supportive and effective way.

The 'Neuroscience in Schools' project, currently focused on students from lower socioeconomic backgrounds, is a program that recognises the positive long-term effect of a mental health approach on academic achievement. MHCN met with the education department to discuss our interest in and support of the neuroscience project, and the department's response to the Living Well Strategic Plan that includes $300 million for wellbeing initiatives: 'Wellbeing Frameworks', 'Specialist Network Centres', and over 200 additional school counsellors (reducing the school counsellor qualification requirement of degrees in both teaching and psychology to one in psychology).

MHCN participated in the 'Partnerships for Health Reference Group' at the NSW Ministry of Health. This reference group is facilitated by MHDAO, and is the second stage of the evaluation of key service types in NSW aligning state-wide and local planning in consultation with NSW Local Health Districts. The group's main focus will be to establish a strong foundation for strategic commissioning from 2016 into 2017. MHCN advocated for PHN's to be included in these processes.

Northside Community Forum's Northern Sydney Community Care Regional Forum had fascinating presentations from service providers regarding the low levels of pricing for services which make it uneconomic for many service providers to deliver services to NDIS funded recipients. The suggestion that efficiency is always the best option stimulated discussion from Ability Options; ideas raised included using apps and automated timesheets (which also facilitate easy interaction with clients under the NDIS consumer directed funding models).

To help magnify lived experience input into reform, MHCN suggested mapping existing community, carer and consumer liaison committees or reference groups, peer workers employed by Local Health Districts, and Community managed Organisations delivering services to NSW Health. MHCN continues to work on this objective.

Federal Issues 2015-2016

MHCN has once again advocated for an improved assessment process for carer payment and carer allowance as these benefits were originally designed with physical disability in mind, and are not appropriate to measure the disability and impact upon work capacity by mental illness; nor the support required by one experiencing a mental illness. The lack of access to supported accommodation for many people with psycho-social disability in Australia, only to be partially addressed by the National Disability Insurance Scheme (NDIS), means that carers are often faced with stark choices for their loved one's welfare if they do not personally support them; it seems unfair that mental health carers should not be entitled to such benefits.

The Australian federal government released its response to the National Mental Health Commission's review of Mental Health Programmes and Services, which could be a very positive development in the provision of mental health services at the primary care level. This has resulted in the Primary Health Networks (PHN's) being mandated to commission services for mental health support and alcohol and drug services in collaboration with advice from local consumers and carers. MHCN has been advocating to NSW Health and PHN's that these commissioning processes be done in conjunction with LHD service planning processes to ensure new services achieve maximum impact for the people within each individual region. NSW Health, PHNs and LHDs seem to be receptive to this and are undertaking joint planning exercises.

Federal Budget 2015-2016.

While some of the cuts to hospital and domestic violence funding in 2014 have been partially reversed, paused indexation of Medicare fees means the payment gaps for medical services will continue to grow. The proposed withdrawal of carbon compensation for most new welfare recipients were defeated in the Senate.

Conclusion

While this is not a comprehensive list of issues for mental health carers revealed or advocated for by MHCN over the course of 2015-2016 it is hoped that this gives a greater insight into some of the positions and policy work undertaken by MHCN over the course of the year.

Carer Stories

Judy's Story

My journey into mental disorder began in 1969, when I married.

After several disagreements I suggested my husband visit a 'shrink'. Imagine my surprise when he returned saying the "shrink" needs to treat both of us. In disbelief I returned from my visit with the same diagnosis, Obsessive Compulsive Disorder. I was fairly put out, because I thought I was OK and he was the problem. Weekly joint appointments with the psychoanalyst lasted two years where we learned about ourselves and each other, how our poverty stricken childhoods deprived us of most of the normal preparations for life.

The constant challenges of a joint relationship made us each deal with situations differently and they affected us differently. I suffered post natal depression after several miscarriages which grew to become chronic, and evident for the rest of my life, even after we had two physically healthy girls. To cope with stresses, disappointments and my inability to remain constantly positive caused me to experiment with various addictions. Smoking, alcohol, excessive coffee intake, excessive eating, second hand clothes shopping, buying at garage sales, collecting from beside the road, keeping everything i.e. hoarding were experiences I revelled in over 35 years. I accepted my behaviour as normal so I only tackled some, and my lack of motivation for the remainder were the source of irritation for the rest of the family. I ignored any protests and in retrospect I've learned how people will only change when they are ready.

I spent twenty years seeking equality in the relationship after reading Germaine Greer in the 70's. With each step I made towards independence, he became more and more hostile as his dominance was threatened. Dealing with each other's idiosyncrasies or should I say not dealing with them caused disharmony, frequent arguments, anger and resentment. All this became too much for our two girls who escaped to university. Sadly they were soon diagnosed with OCD with one having Schizophrenia and Bipolar disorder. Learning to accept this was extremely hard as the family felt the denial "this cannot be" then "what is it" and "what will we do?" My anger is what I found hardest to accept. The family had to come to terms that there would be no university degree or career for these girls, no friends or boyfriends, no marriage, no children, no house of their own, no travel and no grandchildren for me.

The anger is what propelled me into action. My first confrontation was with Centrelink when my application for a Carer's Allowance was rejected in 2001. I re-applied and was rejected another two times that year. The following year I re-applied and attended two Hearings, interviewed by three Tribunal Officials. My plea was to inform them the application form was biased towards physical disabilities. My experience as a registered nurse documenting for Accreditation in nursing homes led me to criticise the wording and recognise areas of ambiguity. Carers NSW and Human Rights Commission came on board and just prior to attending a third Hearing I was accepted. As a result the form was changed to incorporate the word "prompt" to replace the word "help". This enabled me to assist many carers to be granted the Allowance.

My eldest daughter had excelled at school in speech and drama, so on finding a mentor she entered the world of presenting the story of her journey of lived experience, and she shares this with health professionals, consumers and the community at Rotary Forums. The outcome was so positive in raising her self esteem despite

such a stigmatised area I decided to join her and have double the impact at conferences depicting two sides, consumer and carer, mother and daughter.

Reading, learning about and presenting became my next addiction and has filled the vacuum in my soul. I have enjoyed inspiring others by being a facilitator of a Carer Support Group for six years. I have contributed to the industry by being a member of hospital committees, several non-government mental health organisations including boards. These activities have prevented me from wallowing in sadness and "why me" contemplation.

Through print, television and radio I continue to raise awareness to work towards the day mental illness is accepted, just like having a broken leg.

Ben's* Story

The story of Ben* a man from country NSW is a heartbreaking demonstration of the failure of mental health and other human services in Australia. At an early age, around seven or eight years old, Ben developed behavioural problems and began to frequently get into trouble at school. Although health professionals were consulted by his family, there was no real diagnosis and no intervention or support through the school or otherwise.

After leaving school Ben started to get into trouble with the law, and it was after the first few arrests Ben's family realised that 'there must be something more to this'. His family started to recognise the early signs of deterioration and sought to get him help. Ben's crimes, usually public order, assault or property offences, were committed when he was unwell and delusional.

In spite of the huge contribution of mental illness to his unlawful activities, Ben spent a lot of his adult life in prison and, after belated diagnosis, in mental health facilities. The rate of reoffending and re-incarceration for those with comorbid substance abuse and mental health disorders (often referred to as 'dual diagnosis') is far higher than for other cohorts of prisoners. Ben rarely received treatment whilst in prison, and effective follow up was seldom attempted. In hospital he fared better, but

"He would go really good but then as soon as he would get out of hospital he would go straight back [to being

ill] and there was no case management whatsoever, you know, it was just me and my baby sister to go and chase everything up…" - Ben's sister

There were many times when Ben was delusional, even aggressive, so his family would attempt to have him hospitalised involuntarily, but to no avail. The Community Treatment Orders (CTO's) Ben was placed on rarely included the medication that was clearly the most effective in addressing his symptoms.

"I had to fight and it was a system that I hated fighting against because I felt so overwhelmed that I couldn't help and… I was just so full of love that I wanted to help my brother but nobody could help me." -Ben's sister

In the final period of his life, Ben was living in the community with family, supported by a case manager and receiving depot medication under a CTO.

Eventually Ben's family realised that he was deteriorating and beginning to experience psychosis. Realising he needed to be involuntarily admitted to hospital (scheduled) a call was made to Ben's case manager, who told the family that they should call the police and have him scheduled. At approximately 11:30pm that night, ambulance officers, accompanied by police, attended Ben's residence (his mother's house) where he was assessed as both competent and capable. His family's concerns were not heeded, he was not taken to hospital.

Throughout that night many members of Ben's family called police and the mental health triage service without result. Ben was extremely distressed and his behaviour increasingly bizarre; he began to collect sticks and his attending family were afraid he would attempt to set fire to the house. Ben had a history, well known by his case manager, of violence towards others, and arson (he suffered severe burns from a fire he set in his cell at prison, and once attempted to burn down the flat he was residing in).

The next morning it was arranged by his sister that his case manager would finally visit the residence to assess Ben's condition. At roughly 9:10am an ambulance attended in response to a call from Ben (made unbeknownst to the family), who had complained of 'a broken arm'. A quick visual assessment was made through a closed screen door and when it was determined that no injury had taken place, the ambulance officers left. Although Ben had not broken his arm, he was in fact experiencing a heart attack, (which had triggered his psychosis). This was not detected by this cursory assessment.

In less than 10 minutes after this Ben collapsed and another ambulance was called by his mother. Almost immediately three police officers attended, two plain clothed officers nearby had heard the commotion and a concerned family member hailed a passing highway patrol vehicle. Unfortunately, the previous ambulance had immediately been reassigned and a wait of 40 minutes or so for another was expected.

On arrival the officers noted that Ben was making 'gurgling noises' but appeared to be breathing. It is known that one officer was in conversation with the call centre, and one officer continued to monitor Ben; yet at some point both plain clothed officers advised that he had 'appeared to have passed away'. Shortly afterwards three further officers arrived, the senior officer noting that Ben had no pulse, was not breathing, and his lips were blue; he consequently started CPR and requested an already present officer to bring a mask over so he could begin EAR (expired air resuscitation) whilst that officer continued CPR. Despite the efforts of this officer, Ben could not be revived. These unhappy events occurred in 2012.

Later these two officers received an award that commends the application of 'life saving skills in emergency

situations'. The local media covering the story declared the awards to be for 'bravery'; clearly a disturbing description for Ben's family. Not only was Ben* poorly served and eventually failed by the mental health system, but the award portrayed rendering CPR to a person after they had passed away in your presence as 'courageous'. Ben's family believed that more could have been done to save his life.

Ben's family question whether his experience was tainted by prejudice, and whether he might have survived if he had received different care? They ask this because they, and their beloved Ben, are Aboriginal. Did tension between the police and the local Aboriginal community contribute to a negative outcome? Or was this just another symptom of the under-provision of mental health services to all communities in NSW? Why are police expected to play such a large part in providing mental health services in NSW, especially in rural areas? Do they have the necessary clinical skills? Is this appropriate or in fact likely to traumatise vulnerable people even more? If there had been more community mental health services generally and specifically more culturally appropriate services available in this area, would Ben's story still have had he same tragic outcome?

You've got to acknowledge the people, like I know that when I go into community services I prefer to have a yarn with one of my mob. - Ben's sister

*Name was changed to protect privacy.

Christine's Story

When our daughter becomes unwell and ends up being admitted to hospital she invariably excludes me. She nominates her partner and her father – the two people who are not able to fully support her at this time.

Even trying to find out whether she has been admitted to the Mental Health Unit becomes a frustrating challenge for me.

3 years ago she was an involuntary patient and I was excluded by her in receiving any information and this was enforced by the nursing staff until she changed it.

Again during her current admission when I tried to find out whether she had actually been admitted (unit is in

the next town), I was told that she was there but I was specifically excluded from receiving information and I was not the “Primary Carer” even though the nurse admitted she was aware of what happened last admission around her excluding me.

There were no suggestions that I could be nominated as a Principal Care Provider by the treating Doctor as her parent with a caring history and connection when she is well.

Her nomination this time was updated when she was made an involuntary patient and she nominated her partner only as a designated carer. After continual requests from her to me for help I suggested that she needed to include me along with her partner as a designated carer so I could help with the hospital, she agreed to this. Next visit I mentioned this to her nurse after again discussing this with her and her partner. The nurse then took her aside and asked her if this was really what she wanted. Subsequently I was added as the second designated carer.

I find this far from being sensitively handled and I was disappointed by this treatment. I have been supporting my daughter through hospitalisations for 17 years since she was 14 years old.

Someone who is suffering from disordered thoughts being asked who they nominate and exclude from receiving information does not appear to serve anyone’s best interests, especially our loved ones at this stressful time.

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

FINANCIAL REPORT
FOR THE YEAR ENDED
30 JUNE 2016

Liability limited by a scheme approved under
Professional Standards Legislation

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

CONTENTS

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 2016.

Committee Members

The name of each member of the committee during the year and if different, at the date of the report;

Anne Steadman (President)
Fayez Nour (Treasurer)
Jenny Learmont
Teresa Dellagiacoma
Lynda Walton
Linda Manoukian
Judith Nicholas
Anne Rouse

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 change in the nature of these activities occurred during the year.

Operating Result

The loss of the association after providing for income tax amounted to $9,293.

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

President: A Steadman

Anne Steadman

Treasurer:

Fayez Nour

Dated: 22/11/16

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

INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2016

	Note	2016 $	2015 $
INCOME			
Donations Received		42,547	25,953
Grants Received		363,636	365,514
Other grants		12,880	-
Membership Fees		249	568
Conference/Consultancy Fees		-	4,656
		419,312	396,691
OTHER INCOME			
Interest Received		2,327	2,322
Other Revenue		36,879	22,010
Loss on Sale of Non-current Assets		-	(1,892)
		39,206	22,440
		458,518	419,131

The accompanying notes form part of these financial statements.

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

INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2016

	Note	2016 $	2015 $
EXPENDITURE			
Auditor's Remuneration		5,140	5,590
Amortisation		499	499
AGM & Annual Reports		-	1,500
Bank Charges & Interest		213	266
Bookkeeping Fees		9,905	13,060
Conference Expenses		8,203	6,615
Consultancy Fees		5,400	5,582
Depreciation		5,509	8,115
Entertainment & Donations		-	540
Events & Workshops		6,674	12,426
Filing Fees		100	98
General Expenses		120	-
Holiday Pay		-	(34)
Insurance		9,550	9,198
Leasing & Overheads PiMH		13	19,376
Postage		598	1,038
Printing, Stationery & Copier		5,298	18,363
Programs, Resources & Training		10,515	2,070
Service Promotion		1,016	100
Prior Year Adjustment		-	455
Wages & Fringe Benefits		232,398	264,601
Shared Services & HUB charges		121,680	-
Sponsorship		850	-
Staff Training & Welfare		551	2,198
Storage Fees		-	770
Subscriptions & Memberships		7,407	8,384
Superannuation Contributions		20,087	24,002
Telephone & Internet		8,222	7,829
Travelling & Accommodation		7,863	10,136
		467,811	422,777
Loss before income tax		(9,293)	(3,646)
Loss for the year		(9,293)	(3,646)
Retained earnings at the beginning of the financial year		60,922	64,568
Retained earnings at the end of the financial year		51,629	60,922

The accompanying notes form part of these financial statements.

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

ASSETS AND LIABILITIES STATEMENT
AS AT 30 JUNE 2016

	Note	2016 $	2015 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	3	84,070	96,934
Trade and other receivables	4	7,560	5,452
TOTAL CURRENT ASSETS		91,630	102,386
NON-CURRENT ASSETS			
Property, plant and equipment	5	7,204	13,212
TOTAL NON-CURRENT ASSETS		7,204	13,212
TOTAL ASSETS		98,834	115,598
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	6	31,855	40,112
Provisions		15,350	14,567
TOTAL CURRENT LIABILITIES		47,205	54,679
TOTAL LIABILITIES		47,205	54,679
NET ASSETS		51,629	60,919
EQUITY			
Retained earnings	7	51,629	60,919
TOTAL EQUITY		51,629	60,919

The accompanying notes form part of these financial statements.

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

The financial statements are special purpose financial statements prepared in order to satisfy the financial reporting requirements of NSW Associations Incorporation Act 2009. The committee has determined that the association is not a reporting entity.

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

The following significant accounting policies, which are consistent with the previous period unless stated otherwise, have been adopted in the preparation of these financial statements.

Property, Plant and Equipment

Leasehold improvements and office equipment are carried at cost less, where applicable, any accumulated depreciation.

The depreciable amount of all PPE is depreciated over the useful lives of the assets to 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.

Leases

Leases of PPE, 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 a 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.

Leased assets are depreciated on a straight-line basis over the shorter of their estimated useful lives or the lease term. Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

Impairment of Non-Financial Assets

At the end of each reporting period, the committee reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, an impairment test is carried out on the asset 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 in the income and expenditure statement.

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.

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.

Accounts Payable and Other Payables

Accounts payable 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.

Income Tax

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

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

Cash and Cash Equivalents

Cash on hand includes cash on hand, deposits held at call with banks, and other short-term highly liquid investments with original maturities of three months or less.

Revenue and Other Income

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 revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

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

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.

Goods 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 assets and liabilities statement.

Accounts Receivable and Other Debtors

Accounts receivable and other debtors include amounts due from members as well as amounts receivable from 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 assets.

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

		2016 $	2015 $
2	**Revenue**		
	Revenue from Continuing Operations		
	Interest	2,327	2,322
	Grants Received	363,636	365,514
	Other	42,796	31,177
		408,759	399,013
3	**Cash and Cash Equivalents**		
	Cash on Hand	228	(211)
	ING Business	70,687	58,154
	Bendigo Bank	5,610	361
	Bendigo Bank - Operating Account	7,430	38,515
	Bendigo Bank NR	115	114
		84,070	96,934
4	**Trade and Other Receivables**		
	Current		
	Rental Bond	70	-
	GST Payable	6,994	109
	Deposits Paid	496	-
	Payroll Clearing Account	-	361
	Prepayments	-	4,982
		7,560	5,452
5	**Property, Plant and Equipment**		
	Office Furniture & Equipment	21,892	21,892
	Less: Accumulated Depreciation	(16,189)	(10,680)
		5,703	11,212
	Website	2,499	2,499
	Less: Accumulated Amortisation	(998)	(499)
		1,501	2,000
	Total Plant and Equipment	7,204	13,212
	Total Property, Plant and Equipment	7,204	13,212

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2016

	2016 $	2015 $
6 Trade and Other Payables		
Current		
Trade Creditors	674	-
Input Tax Credits	2,998	-
Amounts Withheld	953	2,378
Superannuation Payable	25,109	11,204
Accrued Expenses	2,121	25,253
Fringe Benefits Payable	-	1,276
	31,855	40,112
7 Retained Earnings		
Retained earnings at the beginning of the financial year	60,922	64,565
Net loss attributable to members of the company	(9,293)	(3,646)
Retained earnings at the end of the financial year	51,629	60,919

8 Related Party Transactions

During the year the Association engaged the services of Anne Steadman to deliver training programs. Anne Steadman is the President of the Committee. During the year $4,962.68 was paid to her for her consulting services.

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, Anne Steadman and Fayez Nour, 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 on 30 June 2016.

President: _____
Anne Steadman

Treasurer: _____
Fayez Nour

Dated : 22/11/16

INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF MENTAL HEALTH CARERS ARAFMI (NSW) INC.
A.B.N. 70 653 824 650

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of Mental Health Carers ARAFMI (NSW) Inc (Non-reporting), which comprises the assets and liabilities statement as at 30 June 2016, income and expenditure statement for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the certification by members of the committee on the annual statements giving a true and fair view of the financial position and performance of the association.

Director's Responsibility for the Financial Report

The committee of Mental Health Carers ARAFMI (NSW) Inc (Non-reporting) is responsible for the preparation of the financial report and has determined that the basis of preparation described in note Note 1 is appropriate to meet the requirements of the Associations Incorporations Act 2009 and is appropriate to meet the needs of it's members. The committee's responsibility also includes such internal control as the committee determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

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

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

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

INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF MENTAL HEALTH CARERS ARAFMI (NSW) INC.
A.B.N. 70 653 824 650

Auditors' Opinion

In our opinion, the financial report presents fairly, in all material respects the financial position of Mental Health Carers ARAFMI NSW (Non reporting) as at 30 June 2016 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and the requirements of the Associations Incorporations Act 2009.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist the Association (non reporting) to meet the requirements of the Associations Incorporations Act 2009. As a result, the financial report may not be suitable for any other purpose.

Name of Firm: GOSS & CLARKE
Chartered Accountants

Name of Partner: Ron Goss
Ronald G Goss

Address: Level 6, 10 Spring Street, Sydney.

Dated : 23rd November 2016

Liability limited a scheme approved under
Professional Standards Legislation.

Mental Health Carers ARAFMI (NSW) Inc.
Suite 501, Level 5, 80 William Street
SYDNEY, NSW, 2011

Messrs Goss & Clarke
GPO Box 3777,
SYDNEY NSW 2001.

Dear Sirs

Pursuant to your request and in connection with your examination of our financial statements for the year ended 30 June 2016 we submit the following representations, after making appropriate enquiries and according to the best of our knowledge and belief:

A. Assets

1) The inventories of publications at 30 June 2016 amounting to $Nil are based on physical quantities determined as at 30 June 2016 by actual count by competent employees under proper supervision and adjusted for intervening transactions to the end of the year where appropriate.

2) Goods of any nature where on consignment or otherwise which are held on behalf of other persons or companies and which are not the property of this company have been excluded from the inventory.

3) No stock-in-trade or goods held by agents or others on behalf of the company at balance date have been omitted from the inventory.

4) The nature of the inventories is such as the company normally would have for sale.

5) The inventories do not include any items billed to customers but not dispatched, nor any item returned by customers for which credit has not been recorded. The inventories were priced at the lower of cost or net realisable value.

6) There were no commitments for purchase of trading stock in excess of normal requirements or at prices in excess of the prevailing market prices nor agreements to repurchase items previously sold.

7) Accounts receivable at balance date, represented valid claims against customers and other debtors and adequate provision has been made for allowances and for losses which may be sustained in their collection.

8) The additions to fixed assets accounts, as recorded in the books, represent the cost of additional facilities or additions or improvements to existing facilities or replacements thereof. All units of property which have been replaced, sold, dismantled or otherwise disposed of, or which are permanently unusable have been removed from the fixed assets accounts. Adequate provision determined in a manner consistent with that of the preceding year, has been made to write off depreciable assets over their useful lives having regard to both the current year's provision and the accumulated amount provided to date. No circumstances have arisen which render adherence to the existing basis of depreciation misleading or inappropriate.

9) There were no contractual commitments of a material nature not included in the financial statements.

10) There were no deficiencies or encumbrances attaching to the title of the company's assets at 30 June 2016 other than those reflected in the financial statements.

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11) Adequate provision has been made in the financial statements for any permanent diminution in value of investments.

12) The value of non-current assets as disclosed in the financial statements does not exceed their recoverable amounts.

13) All known assets of the company at balance date were recorded in the books of account as at that date, and the company has satisfactory title to those assets.

B. Liabilities

14) All known liabilities of the company at balance date were recorded in the books of account as at that date.

15) There were no contingent liabilities, including guarantees, at balance date which are not shown in the notes to the financial statements.

In this context contingent liabilities, included bills and accounts receivable discounted, assigned or sold and which are subject to recourse, endorsements or guarantees, pending lawsuits, unsatisfied judgements or claims, repurchase agreements and, in some cases, uncalled capital on shares held in other companies.

C. General

16) No events have occurred either before, or since, the date of the balance sheet which would render the financial statements inaccurate or misleading in any material respect.

17) All assets and insurable risks of the company are adequately covered by insurance.

18) The minutes of members and directors' meetings made available to you are a complete and authentic record of all meetings since 30 June 2015. All statutory records were properly maintained during the year.

19) There were no commitments for purchase or sale of securities or any options given by the company.

20) There were no defaults of principal, interest, sinking fund or redemption provisions with respect to any issue of securities, borrowing or credit arrangements or any breach of covenant of a related deed or agreements.

21) Except as are reflected in the balance sheet there were no agreements under which any of the liabilities of the company had been subordinated to any other of its liabilities nor were any receivables owned by the company subordinate to any other liabilities to the debtor companies.

22) There are no related party transactions or amounts payable to or receivable from related parties, at balance date, that have not been properly disclosed in the financial statements.

23) There have been no changes during the period in the company's accounting policies and practices.

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24) Except as disclosed in the financial statements, the results for the year were not materially affected by:

i. extraordinary or abnormal items;

ii. charges or credits relating to prior years; or

iii. changes in bases of accounting.

25) We have responded fully to all enquiries made to us during the course of your examination.

26) Nothing has come to our attention that would indicate that the financial statements are inaccurate, incomplete or otherwise misleading.

27) In our opinion, there are no factors which would impinge upon the appropriateness of the financial statements continuing to be presented on a going concern basis.

Anne Steadman (President)

Fayez Nour (Treasurer)

Dated: 22/11/16

ABOUT US

Mental Health Carers NSW (MHCN) act as a community-based, non-government organisation that provides systemic advocacy, education and a local service referral telephone helpline for the carers, family and friends of those experiencing mental illness across NSW.

MHCN provides support and education for carers by:

- Operating our Carer Connections telephone service that listens to and provides relevant referrals for carers
- Conducting research and compiling reports for Government bodies in order to influence policy change
- Supporting systemic advocacy on behalf of mental health carers and to improve mental health services for the whole community
- Delivering relevant training and information
- Hosting industry-relevant forums (including out annual Carers Support Workers Forum)
- Providing weekly electronic newsletters to carers across NSW
- Encouraging awareness by promoting other services via our website and social media means, thus supporting a more inclusive mental health sector across NSW

There are currently 2.8 million unpaid carers in Australia, 39% of whom provide more than 40 hours of care a week. Due to the demands of their full time caring role, carers are at a high risk for developing mental health issues.

CONTACT US

www.arafmi.org
www.twitter.com/MHCARERSNSW
www.facebook.com/mentalhealthcarers

MHCN

General Line: (02) 9332 0777
Carer Connections Helpline: 1300 554 660
Email: arafmi.admin@arafmi.org
Address: Suite 501, Level 5, 80 William St, Woolloomooloo, NSW, 2011

MHCN is funded by the NSW Mental Health Commission

MHCN

mental health carers nsw

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