

ANNUAL REPORT

2016-17

MHCN
mental health carers nsw

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funded by the mental health commission of nsw



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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 well-being (physical and mental).

Our Mission

Empowering Carers for Mental Health

We endeavour to empower carers for mental health reform by:

- 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.

Strategic Plan 2017-2020

Strategic Objective

Success Criteria

1 Influence policy leadership and reform

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

2 Systems development and capacity building

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

3 Recognition, empowerment and representation

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

4 Continuous organisational development and improvement

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

CEO's Report

Jonathan Harms, Chief Executive Officer

Welcome to the Mental Health Carers NSW Inc., ('MHCN', formerly ARAFMI NSW), 2016-2017 Annual Report. This Report describes the major activities of MHCN over the course of the year. It includes our audited annual financial report and reports for members relating to our Board, our various Advisory Committee's, and major events and issues addressed as part of our systemic advocacy on behalf of NSW's mental health carers and the people they care for and support.

CEO's Overview of Year

This year has seen many changes for MHCN. From 1 July 2016 the Board resolved that Mental Health Carers ARAFMI NSW Inc. should begin trading as 'Mental Health Carers NSW Inc.', as this name more clearly reflected the organisation. We are now moving to complete this change in our Constitution. We continued to develop the Collective Purpose collaboration in our recently renovated 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). This continues to deliver a high standard of corporate services and access to excellent facilities for all collaborating partners. This year we have been joined by new co-located CMOs, International Social Services and SMART Recovery, in addition to the Hearing Voices Network and Community Managed Organisations Peers Empowered. We look forward to developing our partnerships with all. These outcomes are in line with the Collective Purpose project objective to enhance the facilities available to the partners and to extend these to more CMO's and individuals supporting social justice outcomes.

Some joint Collective Purpose activities include a Leadership Forum, Collective Purpose Cultural Awareness Training and Inspire Leadership Training for staff. We also collaborated with others for joint bids for funding for joint projects.

MHCN has been able to use the enhanced facilities provided through Collective Purpose to support a number of other collaborative CMO / mental health capital building projects like the Australian Coalition to End Loneliness (with Way Ahead and Being), and the Elder Suicide Prevention Network. As well we have been able to directly support organisations, for example hosting the NSW Branch of the Australian Borderline Personality Disorder Foundation. We continue to work closely with the Mental Health Commission, sadly farewelling the first NSW Mental Health Commissioner John Feneley and gladly welcomed our illustrious new Commissioner, Catherine Lourey. We look forward to continuing our close and supportive relationship with the Commission after the completion of the statutory 5 year review currently underway.

Changing Faces

Over the course of the year we had two staff members move on. David Peters left as Deputy CEO and went to work managing a major call center / helpline for another Community Managed Organisation (CMO) and Edward Curtis left to concentrate on his studies. However, we also welcomed Peta Smit-Colbran to the policy

team and now have 6 employees (2 full time, one 0.8 FTE). Staff in 2016-2017 included David Peters, (Dep CEO), Caitlin Bambridge, (Operations Manager), Laura Knight, (CAMHS, PAC & BPD Foundation Secretariat), Audra O'Grady, (Training), and the policy team; Richard Baldwin, Edward Curtis, Lynette Anderson and Peta Smit-Colbran.

Overview of MHCN Activities and Events 2016-2017

In 2016-2017 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.

Mental Health Branch State Wide Policy Committees

The NSW Ministry of Health's (MoH) Mental Health Branch (MHB) provides a common policy framework for mental health services by operating a number of state wide policy committees to ensure a commonality of approach for different classes of services, e.g. Older Persons Mental Health Services, and MHCN provides the carer viewpoints and advocates for recognition of carer needs for these committees. Our own Carer Peak Advisory Committees correspond to the major state-wide committees (except the Alcohol and Drug CPAC) to support the canvassing of the range of views and experiences from the diversity of the carer population and also carer oriented CMOs. These Committees have undertaken a number of important Policy Directive Reviews and other projects in which MHCN has participated and more detailed reports on their activities follow.

MHCN also supported the revival of the Family and Carer Mental Health Program ('F&CMHP') Steering Committee, which meetings had ceased with only the LHD F&CMHP staff meeting regularly for a number of years. MHCN took on the revival of these meetings at the suggestion of participants, hosting two with all relevant LHD and CMO parties invited to the Collective Purpose premises. Seeing the value NSW Health has taken these back over with new program Framework being developed for publication and reporting mechanisms being reviewed among other positive developments. MHCN has also supported the Elder Suicide Prevention Network (ESPN) with a venue and secretariat services and through this is supporting the Australian Coalition to End Loneliness.

Major NSW Ministry of Health Committees 2017:

- Mental Health Clinical Advisory Council
- Mental Health Program Council
- Older Persons Mental Health Working Group
- Specialist Older Persons Mental Health Advisory Group
- Child and Adolescent Mental Health Subcommittee
- Child and Young Persons Mental Health Subcommittee
- NSW Agency for Clinical Innovation (ACI)
- Family and Carer Mental Health Program Steering Committee
- Elder Suicide Prevention Network
- Institute of Psychiatry (IoP) / Health Education Training Institute (HETI)
- Mental Health Reference Group - Partnerships for Health

Major Policy Projects and Forums with Mental Health Branch

Projects

- Review of Suicide Prevention Policy Directive
- Review of Seclusion and Restraint Policy Directive
- Specialist Mental Health Services for Older People Recovery Oriented Practise Improvement Project
- Specialist Mental Health Services for Older People Community Model of Care Project
- Family Focussed Recovery Review Project

- HETI / IoP Community Education and Outreach Standing Committee
- HETI Suicide Prevention Training Project
- Carer Experience of Service Questionnaire Project (InforMH)
- NSW Health Mental Health Reference Group
- Pathways to Community Living
- Mental Health Commissioning Steering Group
- Review of Transfer of Care Policy Directive
- Mental Health Reference Group - Partnerships for Health

Forums

- NSW Mental Health Collaborative Workforce Framework Forum
- Aged Care Collaborative Forum
- Bob Fenwick Memorial Mentoring Ceremony
- Lived Experience Exchange Forum
- "Creating Positive Cultures of Care" Initiative for the Reduction of Restrictive Practices
- Community Living Supports Peak Stakeholders Forum
- 2nd Housing and Accommodation Support Initiative (HASI) Plus Program Evaluation at the NSW Ministry of Health.
- Drug and Alcohol, Mental Health, and Primary Care: Working Towards Integration Forum



Peter Heggie, Marsha Linehan and Jonathan Harms

Australian BPD Foundation NSW Branch

Mental Health Carers NSW have been hosting the Australian Borderline Personality Disorder NSW Branch Meetings at the Collective Purpose. The Branch has been working on numerous exciting projects, including gearing up for the launch of the NSW BPD Mental Health Professionals Network at the event for BPD Awareness Week on 5 October 2017. Once the network has been launched, MHCN will continue to look at the feasibility of hosting future MHPN meetings at the Collective Purpose. MHCN is very excited about this collaboration, as a MHPN specifically for Borderline Personality Disorder is much needed as those diagnosed with BPD and their families and friends often suffer discrimination in seeking treatment.

MHCN has engaged Project Air and other LHD clinicians and services in this Network and this can multiply the impact of both. Additionally the NSW Branch wrote to Assoc. Prof. Chris Willcox requesting that further research be conducted into the use of Dialectical Behaviour Therapy (DBT), for the treatment of BPD followed by the Conversational Model (CM), after meeting with Dr Marsha Linehan, (pioneer of DBT), and Emeritus Prof. Russell Meares, pioneer of CM. They were interested in the suggestion that outcomes of those with BPD may be improved when using both models. MHCN will continue to support the Foundation's NSW Branch as personality disorder is one of the three most common mental health presentations at hospital Emergency Departments and access to services and impacts on family and carers are major issues.

Community Managed Organisation Partners and Projects

- Mental Health Matters Awards (Way Ahead)
- Beautiful Minds: Mad Hatters Dinner Party (Mad Hatter Award received)
- Urban Partnership (St Vincent's) looking at partnering with LHD and PHN in commissioning new services to help people avoid admissions and emergency presentations.
- Carers NSW Strategic Carers Action Network
- HealthDirect Australia on National Services Directory.
- Australian BPD Foundation Conference and launch
- NSW Branch (Aust. BPD Foundation) hosting and secretariat
- COPSETI Expert Reference Group
- MHCC Board and CMO activities
- No FASD
- SANE Forums (Carer Forum on MHCN website) & Topic Tuesday and seminars
- St Vincent's U-Space Peer Support
- Back Up For Life NSW Police Legacy
- New Sydney Co-Design Workshop - NDIS Psycho-social Online Resources Project
- MHCC Strategic Planning Review Workshop
- Inner City Recovery Network Collaboration
- Team Marbles Challenge (ICRN)
- Promoting Recovery Month Peer Empowered
- SO YOU WANT TO CHANGE THE WORLD Peers Empowered
- Central & Eastern Sydney Primary Health Network Co-Design Workshop
- Northside Community Forum Service Providers Partnership Meeting
- Australian College of Applied Psychology Student Research Projects
- NSW Carers Strategy Information co-design workshop
- Carers NSW Strategic Carers Action Network (SCAN)
- Australian Campaign to End Loneliness Project
- TheMHS Conference

Other Policy Work

- Guardianship Review (NSW Parliament)
- Youth Suicide Inquiry (NSW Parliament)
- NDIS Costs Review (Productivity Commission)
- NSW Department of Family and Community Services (FACS) Digital Inclusion Forum

NSW Mental Health Commission Collaborations

In 2016-2017 we continue to work closely with the NSW Mental Health Commission, our main funder. We sadly farewelled the first NSW Mental Health Commissioner John Feneley and gladly welcomed our illustrious new Commissioner, Catherine Lourey, wishing her a long and successful tenure. As part of the Commission's activities this year the Commission convened the Carer Lived Experience Project Committee to give carers a chance to identify some capacity enhancing projects and to discuss the empowerment of

carers in mental health management and reform.

MHCN had close associations with many of the participants in this committee, including volunteers, staff and Board Members, for example Eileen McDonald (vol.), Anne Stedman (Bd), and Lyn Anderson and Caitlin Bambridge (staff). Among other things they supported the very moving Carers Day event hosted by John Feneley as part of his official farewell to carers in his capacity as Commissioner on 30 June 2017 at the Atrial Centre at the University of Technology, Sydney.

The Commission reviewed MHCN along with the other CMOs whose grants it administers (Being, Way Ahead and Beyond Blue), using consultants 'Sally Gavin' in a well-designed process with ample input from carers and consumers and other relevant stakeholders for each organisation. The consultation made recommendations to improve governance by documenting policies and strategies better as well as supporting efforts to diversify income and the Collective Purpose collaboration in general.

MHCN and its partners and stakeholders are also participating in the expert reference group ('ERG'), to review the Commission itself. This process is being conducted by consultants Dr David Chaplow under the direction of the Mental Health Branch. While this is also a rigorous and transparent process, our carers have noted that the Commission did place more emphasis on 'lived experience' input and this possibly demonstrates that the Commission still has some work to do, even within so professional and compassionate a bureaucracy as NSW Health.

Projects and activities undertaken with the NSW Mental Health Commission include:

- Open Dialogue Interest Group
- Carer Lived Experience Project
- CMO Grants Review
- Mental Health Commission Carer Event to Farewell Commissioner John Feneley



Members of MHC's Carer Lived Experience Project Steering Group with Commissioner John Feneley

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 the 'A Practical Guide to Working with Carers of People with a Mental Illness', now being rolled out in demonstration projects across Australia.

As MHCN's CEO David Peters attended the MHCA AGM in 2016 with Board delegate (Kristine Havron) while I attended the planning day earlier in 2017. We are continuing to work to expand our membership and advocacy capacity.

MHCN has worked with MHCA's new CEO, Jenny Branton, on a number of national submissions and we have been continuing to consider the best methods of collaboration not just with the national body but also with our interstate counterparts on national advocacy projects and in the development of the national profile of the organisation and carer issues generally.



Jonathan Harms

Chief Executive Officer
Mental Health Carers NSW



President's Report

Anne Stedman, President MHCN

A warm welcome to all to the Annual report for 2016/2017. Yet another busy and productive year for MHCN, as the Peak continues to develop stronger communication and engagement mechanisms with mental health carers, stakeholders and community.

MHCN has also been actively involved in strengthening its governance and continuous quality improvement through bimonthly Planning Days, facilitated by our wonderful Board member Anne Rouse, and lately an external facilitator, Debbie Kaplan. Our strategies align well with, and will continue to support, recommendations from the NSW Mental Health Commission's CMO review held earlier in the year. The Board was grateful for this support from the Commission, which affirmed the direction in which we were heading and helps guide further quality improvement measures.

A crucial goal for MHCN is to expand our funding base, whether through growing our membership, increasing sponsorship and donations, as well as broadening our funding application base. So much is achieved by so few at present.



With further resources, we could expand our reach and support to Mental Health Carers through innovative training and engagement strategies throughout the state.

As the representative of MHCN, I have continued my involvement with the Collective Purpose Governance Committee. This committee is an outstanding example of how three organisations can work collaboratively to guide and administer a social impact enterprise. The CP Hub provides opportunities for smaller organisations to work alongside the Peaks and Way Ahead, strengthening the range of knowledge and evidence based ways for supporting our Local and NSW community around mental health and broader social issues.

I was also involved, earlier this year, in the NSW Mental Health Commission's Carer Lived Experience Project Steering group. In line with the vision set out in Living Well: A Strategic Plan for Mental Health in NSW 2014-2024, the NSW Mental Health Commission has been undertaking a number of projects to further understand how rights can be met and opportunities taken up in relation to consumer and carer participation, influence and leadership.

To progress this work, the Commission established a Steering Group to lead a time-limited (five month) project focusing on carer participation. The Steering Group began its work by reviewing existing work related to participation, identifying gaps, refining the objective for the project and developing a methodology to meet this objective. A number of outcomes were achieved, not the least being "My Pathway Stories", in which members of the group identified and shared their stories of what inspired them to participate in organisations and community to influence outcomes for their loved ones and others, and some to evolve into leaders of change.

This was a valuable time for myself, and other members of the group, to reflect on our experiences and first hand knowledge of the system/community in an effort to assist the NSW MHC achieve improvements in the mental health system. We thank them for listening and respecting our lived experience knowledge and opinions.

I take this opportunity to encourage other carers to participate and engage with their local communities and organisations, not only to receive much needed support but also to contribute their knowledge to improving the mental health of the wider community.

We have seen some changes within the MHCN Board this year. Sadly, Anne Rouse, who has contributed so much time and expertise in planning and facilitating our Planning Days, stepped down due to family caring duties. Anne was a recruit from Women on Boards over three years ago. She has been a great mentor and support for me in my role as President, as well as member of the CP Governance Committee. On behalf of the Board, I wish to thank her for her invaluable contribution, we will miss her enthusiasm and extensive knowledge of the community sector, and hope she will stay in contact with MHCN. Our thoughts are with her as she focuses on her work and family.

Another Board member, Irene Gallagher, has also stepped down from the Board as she has taken on the role of CEO of Being. Though her time on the Board was short, she brought a wealth of knowledge of the sector as well as lived experience to the group. MHCN looks forward to a productive working relationship with her in the future as we continue further collaboration with Being to influence policy, advocate and guide policy and system change.

Our current board members reflect our community, both veteran and new, and bring an enthusiasm and drive for excellence that strengthens our organisation and its role. I look forward to the AGM as an opportunity to recruit more members to our committees and Board. In particular we are seeking EOIs for a Funding/Financial Committee.

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 graceful manner, and the terrific staff, volunteers and students he leads, 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 NSW ARAFMI & CC ARAFMI, Board member Hunter ARAFMI

Carers as Leaders and Influencers

The '**Carer pathway stories**' were written by members of the NSW Mental Health Commission's Carer Lived Experience Steering Group. Established by the Commission in early 2017, the group aims to help other carers discover how they can engage and influence mental health services and systems, and become leaders in the mental health sector.



Anne's Carer Pathway

This story is part of a series written by mental health carers in which they share how they became participants, influencers and leaders in the NSW mental health sector, in hopes of encouraging other carers to do the same. [See the full series, and learn more about the project.](#)

My pathway has been a long and winding road and has been a huge learning experience for me. Often the most difficult challenges we face provide the greatest opportunities to learn and grow.

If asked to give advice to other mental health carers, I would begin by saying that everyone's path is individual and that the magic element has been time. No matter how much effort we put into learning and strategies, we are not in control of everything, but so long as you are moving in a positive direction and maintain your health and spirit, things do tend to work out in the end.

I spent many years of 'groundhog day' caring for my son who was under a community treatment order for most of that time. I received counselling and had what I would consider a good communicative relationship with the mental health team. During this period, as someone with a community minded background, I became a committee member of my local carer support organisation. This then led to me becoming a board member of the Peak organisation.

The organisations provided me with many opportunities to grow and develop my skills. But most importantly provided me with the opportunity to attend mental health conferences and forums. I was able to meet others in my circumstances, hear the latest developments within the sector, learn more about the range of services available and hear recovery stories from people with a lived experience of mental illness, with the latter being the most eye opening!

I had also enrolled in the Certificate IV and Diploma in Mental Health and Alcohol & Other Drugs with the hope that I might be able to use the knowledge to assist my son, who was reluctant to engage with services and who was not receiving the support I felt he needed. I remember turning up to the first class very sceptical of this concept of "recovery", but as I learned more and heard the stories from the conferences I began to have hope. I also realised that in my support, which usually related to 'rescuing', I was most likely enabling him to continue his self-destructive path and preventing him from learning the consequences of his actions. I was treating him like an invalid and not as an adult who could take responsibility for himself. The drain on my resources, both financial and emotional, was immense. I made the decision, in consultation with the community mental health team, to draw back and put my energy into more productive pursuits.

Over the last 15 years much has changed in regard to community knowledge and awareness of mental health. What I learned through this period was that there were developments around policy and guidelines for the treatment of mental illness that didn't necessarily translate to the community support required. I have since been actively engaged in system change.

I achieve this through my role on boards, on carer and consumer advisory committees, via TAFE teaching, and by undertaking voluntary roles which allow me to utilise my engagement skills and achieve first-hand experience of working with people with a lived experience of mental illness. What I have learned from the challenges I have experienced has enabled me to help others and lead an interesting, purposeful life.

Also, my son and I have now reconnected. He has matured, is now in the initial stages of embracing the concept of recovery and we have healthy boundaries in place. It is the kind of relationship we all wish to have with our adult children.

My thoughts and best wishes for all mental health carers and those they care for.

Anne's Carer Pathway Story is published on the [Mental Health Commission of NSW's website](#).

Carer Peak Advisory Committee Report

Mental Health Carers NSW (MHCN) Carers Peak Advisory Committee (CPAC) was established in 2013. The aim of this committee is to provide the link between MHCN Board, MHCN management and staff and the Helpline with advise on a diversity of carer issues. The CPAC members identify projects, activities and key current advocacy issues and a regular exchange of carer views on topics for MHCN to action. The CPAC has also initiated a range of subcommittees, each with carer co-chairs and diverse membership, to ensure more carer leadership and participation. These subcommittees give opportunity for targeted carer issues to be raised and the appropriate advocacy strategies specifically targeted by MHCN:

- 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. CPAC and its subcommittee members from outside of the Sydney region participate in meetings by telephone. Additional members include representatives of other mental health and carer organisations.

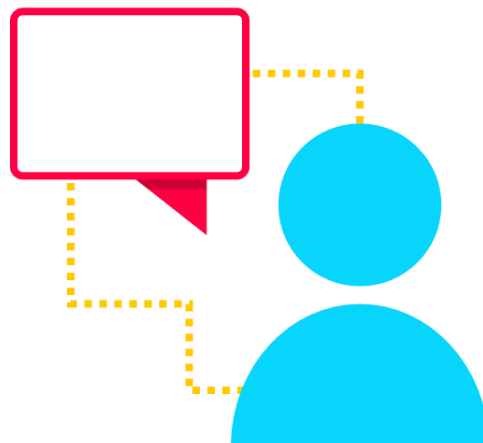
All of the bi-monthly meetings have very extensive agenda contributed by members, resulting in the many activities and accomplishments of CPAC and MHCN throughout the year. Additionally, in 2017, all the CPAC and Subcommittees met for a day together in June 2017 with a comprehensive program:

- Overview of Mental Health Carers Peak Advisory Committees from Jonathan Harms,

- CEO Mental Health Carers NSW
- Overview of the Implementation of the Strategic Plan for MH in NSW and how carers and consumers can support this work from Ben Harland-Cox, NSW Mental Health Commission
- Overview of role and current projects Child & Youth Mental Health Subcommittee from Titia Sprague, MH-Children and Young People
- Older People's Mental Health Working Group -Overview of role and current projects, including brief overview on OPMH Policy Unit from Susan Hornidge, Older People's Mental Health Policy Unit, Mental Health and Drug & Alcohol Office
- Clinical Advisory Council Overview of current projects: Pathways to Communities & Partnerships for Health from Karin Lines, Mental Health Drug and Alcohol Programs, NSW Ministry of Health
- Open Discussion Workshop: Developing a Position on Carer Representation in NSW Health Services and Governance Processes

We are grateful to the MHCN staff for their diligent support and especially a thank you to all the members of the CPAC and its Subcommittees.

Submitted by CPAC Co-Chairs: Eileen McDonald, Doug Sewell & Kristine Havron



Our Year in Numbers

Website Hits

87,357



We received 87,357 views to the website from 1st July 2016 – 30th June 2017 which is a 30% increase in usage from last year.

Referrals

1,016



MHCN received a total of 363 calls on the Carer Connection Telephone Helpline service this year, with 1016 subsequent referrals made to caller's local mental health services across NSW.

e-News

997



The MHCN Weekly Mental Health Carer Digest mailchimp e-newsletter currently has 997 subscribers.

Sane Forums

1,079



MHCN joined the Sane Australia Online Forums as a partner in April 2014 and continues to host the Forums on our website. This year we had a total of 551 users and 1,079 sessions, 50% of which were new sessions.

Media Activity

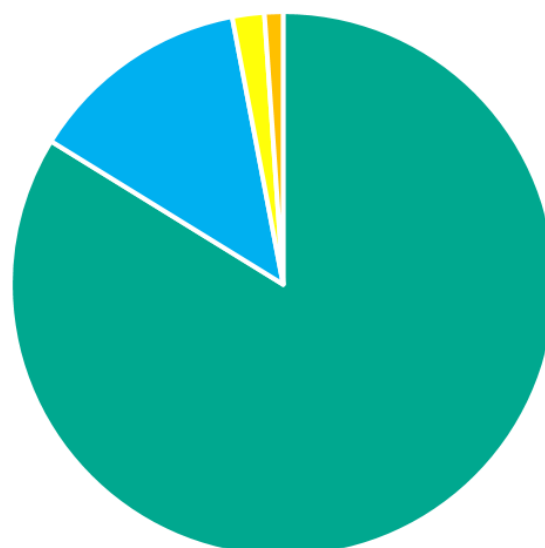
MHCN's core media communications include the Carer Connection Telephone Helpline service, MHCN website, Facebook page, Twitter account, weekly e-newsletter and partnership with Sane Australia on the SANE Online Forums.

Carer Connections Helpline

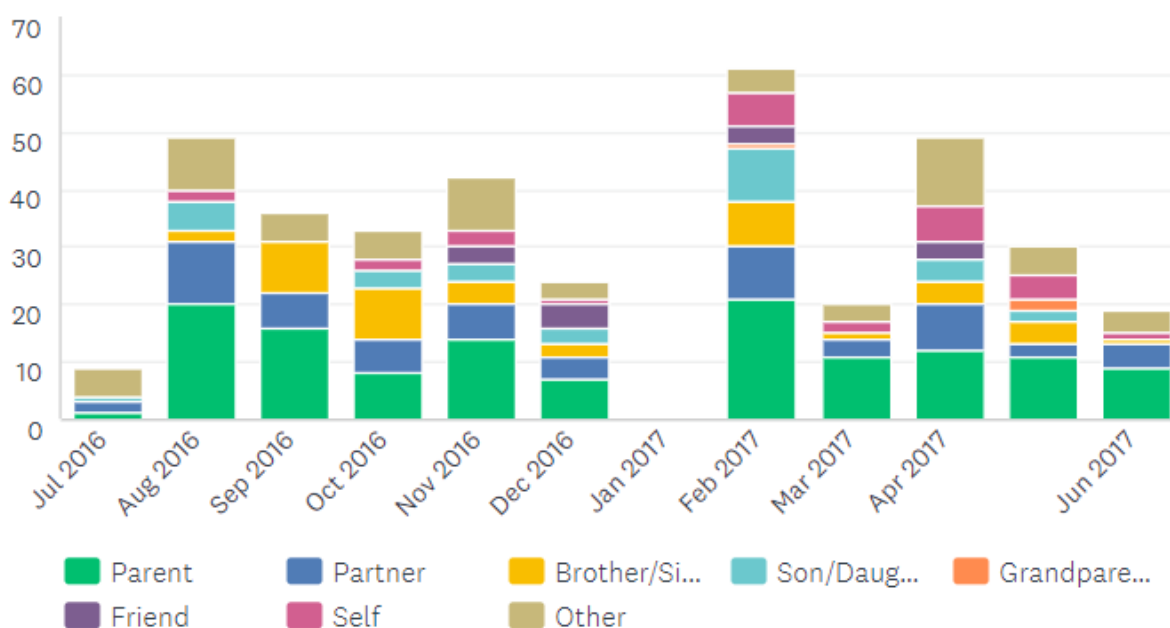
MHCN received a total of 363 calls on the Carer Connection Telephone Helpline service this year, with 1016 subsequent referrals made to caller's local mental health services across NSW. We are pleased to witness a growth in the reach and awareness of our service from last year's figures which totalled 298 calls received and 751 referrals made, with more mental health carers accessing support and information needed to support them in their caring roles this year. Of total calls received this year, 13.2% were from Inner Regional areas (RA2), 1.9% from Outer Regional areas (RA3), 1.1% from Remote areas (RA4), with the majority of calls received from Major Cities (RA1) (locations are classified by [ASGC Remoteness Areas Codes](#)).

Of the 363 callers, 226 identified as the carer of the person. The trend in carers not identifying as 'carers' as seen in previous years remains prevalent. 75% of callers were female and middle-aged (between 30-60 years), with 35% identifying as a parent of the person they care for, 44% as a sibling, 16% as a partner and 8% as a son or daughter.

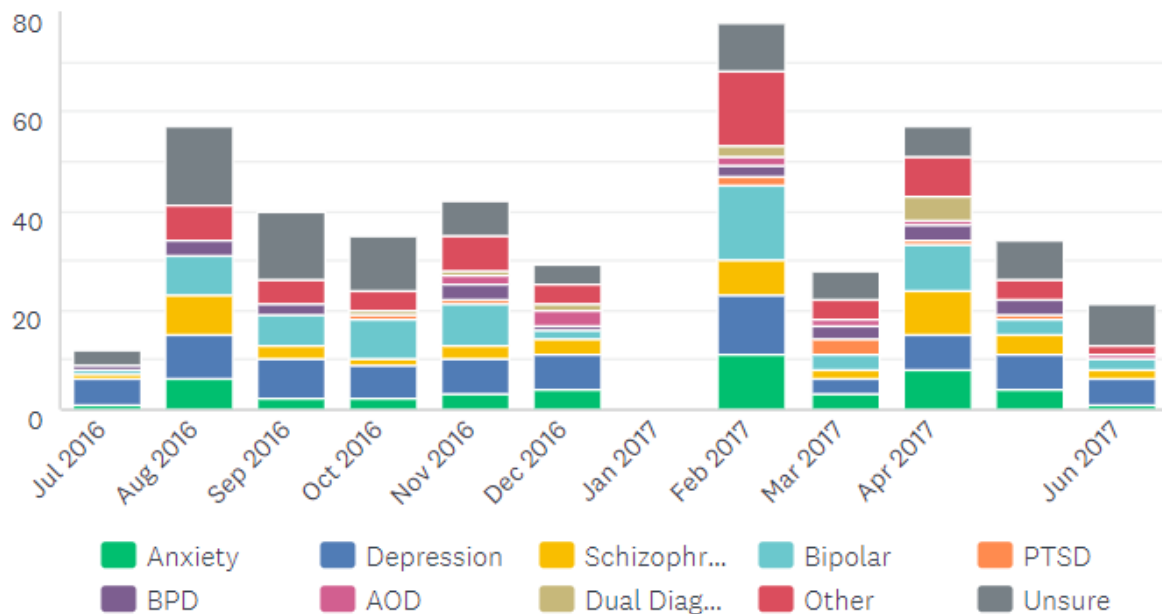
Helpline Caller Location



Major Cities RA1 Inner Regional RA2
Outer Regional RA3 Remote RA4



70% of callers were requesting support services for themselves in their caring role, with 38% requesting non-clinical services for the person they care for. As identified last year, these figures continue to indicate a need for the development of more community mental health support services for both carers and their loved ones. With the roll out of the NDIS many community mental health services, in particular carer support services, have had their funding absorbed into the NDIS which has broadened gaps in carer service provision.



The above graph displays the broad range of mental illnesses experienced by loved ones as identified by carer callers. 25.6% of callers said they were unsure of their loved one's diagnosis predominantly due to not being able to engage the person to receive diagnosis. This highlights the challenges mental health carers face in trying to get their loved ones engaged with treatment and mental health services, as some people with mental illness are unaware of their illness and do not wish to receive treatment because they do not feel they need it, thus going undiagnosed and unable to access public mental health services to get the help they need.

Website

In December 2016, we redesigned our website to create a more user-friendly interface where information can be easily located, and to rebrand from 'ARAFMI NSW' to 'MHCN'. To evaluate the redesign MHCN issued a survey to community members where feedback received was overall positive with 100% of participants stating they would recommend our website to a friend. One respondent commented "The website is fantastic! Truly clear and easy to understand." We received 87,357 views to the website from 1st July 2016 – 30th June 2017 which is a 30% increase in usage from last year. We anticipate with the ongoing development of our website that these figures will continue to steadily grow throughout the new financial year.



Facebook, Twitter & Mailchimp

Our Facebook page has continued to grow with a total 1282 page Likes and 94,902 daily impressions (any seen content associated with our Page). A similar growth was witnessed with our Twitter page with 3522 profile visits and 38,492 tweet impressions. 2016-17 has seen a significant investment in social media to create a stronger online platform to better engage our audience and broaden our reach. The MHCN Weekly Mental Health Carer Digest mailchimp e-newsletter currently has 997 subscribers with 56.3% of users accessing our e-newsletter via a desktop and 43.7% via mobile phone.



Sane Forums

MHCN joined the Sane Australia Online Forums as a partner in April 2014 and continues to host the Forums on our website. This year we had a total of 551 users and 1,079 sessions, 50% of which were new sessions. The average time spent in a session is approx. 6 minutes which is an increase from last year's figures. In September 2016, our CEO Jonathan Harms participated in a panel for Sane Forums Topic Tuesday carers session 'Carers Connect Q&A' to answer questions and provide a carer community service perspective to the topic. MHCN highly values the role of peer support in mental health recovery and continues to promote the service via our telephone Helpline service and social media platforms.



Policy Officer & Senior Helpline Operator Laura Knight

Training

Student & Volunteer Development

MHCN have continued our commitment to providing volunteer and student placement opportunities to enhance the mental health workforce, especially for those with a lived experience of mental illness or caring who seek employment experience. This year MHCN provided student field placement to 6 students from a variety of university and TAFE agencies, and employed 8 volunteers on an unpaid basis (3 of which were students studying mental health courses seeking first-hand experience working in the mental health sector). All students and volunteers undertake an orientation process which includes ample support and telephone Helpline Induction Training where the principles of recovery-oriented practice are greatly emphasised.



Social Work field placement students Angelica and Anna

Community Partnerships

In 2016 MHCN delivered a two-day Carer Leadership training course in partnership with Beautiful Minds for carers who want to initiate mental health change in their local area. The training equipped carers with the skills to connect with their local mental health hospital, how to fundraise at a local level to build recovery-oriented spaces for consumers and carers, and how to make mental health caring a positive experience. This training was delivered to 12 participants.

We also partnered with the National Organisation of Fetal Alcohol Spectrum Disorders Australia (NOFASD) to deliver an introduction course on fetal alcohol spectrum disorder (FASD) to families, carers and clinicians. This course was attended by 21 participants and covered what causes FASD, the signs and symptoms, common behaviours with FASD, the process of diagnosis, strategies and tips for responding to FASD and support for parents, families and practitioners in their local area.

MHCN continued our partnership with Meeting Minds to deliver Youth Mental Health First Aid training this year, training 28 participants in mental health first aid skills on how to give initial help to adolescents and young adults experiencing mental health problems, in mental health crisis situations or in the early stages of mental illness.

In partnership with Being, WayAhead and the NSW Department of Fair Trading, MHCN hosted an NDIS (National Disability Insurance Scheme) education session to create an opportunity for a facilitated, face-to-face discussion on what protective actions individuals can take to protect themselves, including what to look out for and how to complain if something goes wrong. This workshop was organised in response to the concerns voiced by mental health carers and consumers who had encountered difficulties engaging with the NDIS for psychosocial disability. The workshop was attended by 13 participants.

The CADRE Connect program was developed by Inner Sydney Voice, St Vincent's Australia, Mental Health Recovery and Partners in Recovery. This training course broadens participant's understanding of mental health needs, develops insights and practical skills needed to work with the diversity of people in our community, equips participants with the skills to identify needs and possible responses, understand the role of recovery in mental health and equips participants with effective coping and support strategies for mental health consumers and their families. MHCN delivered this training to 11 participants.

Training Development & Delivery

This year MHCN developed a new training course 'Users Guide to the NSW Mental Health System' to respond to the difficulties involved in navigating the complexities of the NSW mental health system for both mental health carers and the professionals who work in the mental health sector.

The training course provides an overview of the mental health sector from primary care through Medicare under General Practitioners, to involuntary hospital treatment under the supervision of the Mental Health Review Tribunal. The course includes a detailed handbook with a wealth of information and resources, some from the Ministry itself about current policies and procedures. We ran this course for the first time in May 2017 to 18 participants.

"Certainly would recommend to colleagues, great for carers to attend."

- Feedback on Users Guide to the NSW Mental Health System Training

We also developed a 'Mental Health Awareness' training course to respond to sector enquiries from organisations who required mental health education for their teams of staff. The course provides an introduction to mental illness and the different myths and perspectives surrounding mental health, the principles of recovery-oriented practice, best practice for working with mental health consumers and carers and treatment options such as psychotherapy and psychoeducation. This course was delivered to Northside Community Forum and International Social Services to a total of 28 participants.

MHCN delivered Mental Health First Aid for the Suicidal Person training to 29 participants. This training course covers how to understand accurate information about suicide rates and risk factors in the Australian context, how to intervene when someone is experiencing suicidal thoughts and behaviours and the opportunity to practice these skills in a safe environment.



MHCN volunteers and students running a Bunnings Sausage Sizzle to fundraise for our 2016 Mental Health Carer Support Workers Forum

Events & Activities

CSWF 2016



The Mental Health Carer Support Workers Forum (CSWF) was held on the 18th November 2016 at Collective Purpose offices (Level 5, 80 William St, Woolloomooloo). From the 85 Carer Support Workers and carers registered across rural and metropolitan NSW, we had a total of 74 attendees on the day. The purpose of the event was to both inform and educate on the changes in the mental health sector and how they impact the roles of mental health carers, and to empower carers and carer support workers to be champions for change in advocacy for mental health reform.

This Forum was funded by MHCN fundraising activities. Activities were run by staff and MHCN volunteers and included: Sausage Sizzle at Mascot Bunnings and the Schizophrenia Fellowship of NSW's Wellness Walk. An additional one-off small grant was awarded by the Mental Health Commission of NSW to enable MHCN to provide travel support to carers or carer support workers residing outside the Sydney Metropolitan area. With this grant, MHCN assisted four carers and carer support workers from regional NSW to attend this Forum.

Our key partners for CSWF 2016 were the Mental Health Commission of NSW (Commission), Carers NSW and Carer Assist. As well as the financial contribution from the Commission to our Forum, the Commissioner hosted a 'Carer morning tea' to field questions from the audience and respond to pre-submitted questions. Carers NSW's contribution to MHCN's Forum included providing two presentations and organising and facilitating a young carer panel, and Carer Assist provided a representative to participate in our Forum Planning Committee which included assisting with program development.

Presentations on the day included:

- 'Strategic Plan for Mental Health update & carer morning tea with the Commissioner' by Commissioner John Feneley, Mental Health Commission of NSW. The format of this session began with a short presentation by the Commissioner on the implementation and progress of the Strategic Plan for Mental Health. Facilitator Jonathan Harms then proceeded to ask the pre-submitted questions received from participants prior to the Forum for the Commissioner to answer before opening to the floor to share carer's and Carer Support Workers (CSWs) experiences of mental health services.
- 'Overview of the current projects of the Official Visitors Program and discussion on how they can help carers' by Karen Lenihan, Principal Official Visitor, NSW Official Visitors Program. This session included a short presentation with questions taken throughout. The Principal Official Visitor then proceeded to answer the pre-submitted questions received from participants prior to the Forum before opening to the floor to hear questions on when and why carers should call the Official Visitors and lived experience stories.
- 'Changes to the Mental Health Act & carer experiences of the changes' by Jonathan Harms. The format of this session began with a short presentation on the changes to the Act and how carers are affected. The presentation was followed by a panel consisting of Peter Heggie (mental health carer), Margaret Collins (mental health carer & carer support group facilitator from regional NSW), Christine Mae ((mental health carer & carer support group facilitator from regional NSW), Barbara Macintosh

(mental health carer) and Susan Morris (Carer Advocate, Carer Assist). Panellists discussed their lived experiences before opening to questions from the floor.

- 'Top tips for carers on eligibility, assessment planning and the carer experience of the NDIS' by Katherine Stone, Executive Manager Policy, Education and Research, Carers NSW. This session included a short presentation with questions taken throughout before opening to the floor to answer questions, and hear experiences and challenges in accessing the NDIS.
- 'Making sure no one is left behind: Challenges as a result of NDIS implementation and changes to ADHC, mental health support services and Commonwealth carer respite funding' by expert panel. Expert panellists included: Charmaine Jones (Executive Officer, Inner Sydney Voice), Enis Jusufspahic (HACC Development Officer, Eastern Sydney), Katherine Stone (Executive Manager Policy, Education and Research, Carers NSW), Mike Ansky (Coordinator, Bradfield Park Carers Program) and Maria Cassanitis (Centre Manager, Transcultural Mental Health Centre). Panellists answered pre-submitted questions facilitated by Jonathan Harms (CEO, MHCN) before opening to the floor to field further questions.
- 'Young carers: Who are they and how can we support them in their caring roles for the \$96 million available under the Try, Test & Learn funding programs' by Bonnie Faulkner, Coordinator Children & Young People Services, Carers NSW. These sessions began with a short presentation detailing the statistics around young carers in NSW and was followed by a young carer panel consisting of 4 young carers aged 18-22. The young carer panel was facilitated by Bonnie Faulkner who posed the pre-submitted questions to the panellists. This session was not open to questions from the floor to ensure questions posed to the panel were appropriate and sensitive given their young age. The audience was able to provide positive comments to the panellists at the end of the session.

A detailed report on the Mental Health Carer Support Workers Forum 2016 can be accessed on our [website](#).



NDIS 2017



MHCN hosted an NDIS Mental Health Carer Forum on the 6th April 2017 to provide an opportunity for mental health carers to voice their experiences of the NDIS, hear the latest information from NDIA representatives and workshop recommendations for future improvements. The Forum was attended by 20 participants. MHCN invited key stakeholders including two Community Engagement Officers from the NDIA and local mental health service providers to field questions from mental health carers to broaden the knowledge and understanding of how the Scheme will support and benefit the lives of people with disabilities and carers.

MHCN has released a [report](#) based on the discussions and key concerns identified for mental health carers in engaging with the NDIS, to not only highlight these issues to the NDIA, but to shed light on the detailed processes involved in accessing and participating within the NDIS for mental health carers and carers and consumers more broadly.

The NDIA have confirmed they can bring in approx. 6,500 new participants in this financial year across NSW. Next financial year they can bring in 24,000 new participants across NSW. A key concern identified in the Forum are the gaps in service provision as funding is re-allocation to the NDIS and existing services are defunded before people are transitioned into NDIS, leaving them unsupported potentially for long periods. Worse off are those currently supported but considered ineligible for the NDIS. The requirement for permanency of disability eliminates many with psycho-social disability with fluctuating mental health issues, and any possibility for NDIS to do early intervention. Likewise, Carer respite is available, but only to support carers working on their loved one's care, rather than to meet the carer's needs.

The Forum identified issues with the NDIS that specifically impact mental health carers and consumers, and others experiencing reduced capacity and cognitive impairment, concerning engagement and consent. Many carers and consumers are still experiencing high levels of uncertainty and fear over the NDIS transition. Further, there is a lack of mental health awareness in planning teams and Local Area Coordinators, although the NDIA and local service providers are actively working to rectify this. This Forum made clear there is a lack of transparency and consistency, but planning processes are evolving to ensure that participants are not left worse off. This makes community education on the NDIS difficult. It is important that the NDIA and peak organisations continue to provide avenues for people to voice their concerns and to learn from their experiences for service improvement.

In a further response to the concerns raised by mental health carers, MHCN have released an [NDIS Carer Statement Template](#) which was developed by mental health carers to address the difficulties experienced in communicating their needs and the needs of the consumer in planning meetings to achieve appropriate support packages. The template is not a compulsory document to complete to access the NDIS, but is rather a tool to assist consumers, families and carers to understand the terminology the NDIS use, and aid them to identify their care and support needs.



NDIS CARER STATEMENT TEMPLATE



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The roll out phase currently occurring in NSW is one where we, (mental health and disability support service providers, carers and consumers), need to learn more about each other, so we can understand the expansion now required for our mental health and disability support services and how they both intersect with each other. What NDIS will in part help facilitate, is the most significant change in the sector in decades. It needs to be managed and supported with appropriate resources and workforce development as support workers need to learn new and appropriate skills to address psycho-social disability.

BPD 2016



MHCN partnered with the Australian BPD Foundation to deliver their 6th Annual National BPD Conference 'Achieving Recovery Together' on the 6th October in Sydney for BPD Awareness Week. The event was held at the Wesley Conference Centre with 140 participants in attendance. MHCN provided project planning and event coordination to the Conference.

Presentations on the day included:

- NSW Mental Health Commissioner John Feneley launched the NSW Branch of the Australian BPD Foundation.
- Consumer keynote 'Creating and Sustaining Recovery within BPD' by Mahlie Jewell.
- Carer keynote 'Achieving Recovery Together' by Jenny Learmont AM Hon MD.
- Overview of the Project Air Strategy for Personality Disorders and challenges to implementing BPD treatment principles within the NSW public and private mental health systems by Prof Brin Grenyer (Project Air Strategy).
- Hope and optimism for BPD in Australia by A/Prof Sathya Rao (Spectrum Personality Disorder Service for Victoria).

Workshop Program:

- Consumer Panel – 'What works for me: consumer stories'.
- Carer Panel – 'Achieving recovery together: Carer stories'.
- 'Borderline Personality Disorder and substance use' by Dr Chris Wilcox (Head of Psychology Hunter New England Mental Health, Conjoint Associate Professor, School of Psychology, University of Newcastle).
- 'BPD: A social and emotional wellbeing perspective' by C. Minchin & K. Zulumovski (Charles Sturt University, Gamarada Universal Indigenous Resources).
- 'Dialectical Behaviour Therapy: states of mind, mindfulness and crisis survival skills' by Dr Chris Wilcox (Head of Psychology Hunter New England Mental Health, Conjoint Associate Professor, School of Psychology, University of Newcastle).
- 'Breaking the Code: BPD, relational mindfulness & families' by Dr Peter McKenzie (Bouverie Centre, Latrobe University).
- 'Towards a conceptual framework of recovery in BPD' by Fiona Ng (Project Air Strategy, University of Wollongong, Sydney).
- 'Self-harm in high school students: issues, controversies and responses' by Dr Michelle Townsend (Project Air Strategy, University of Wollongong, Sydney).

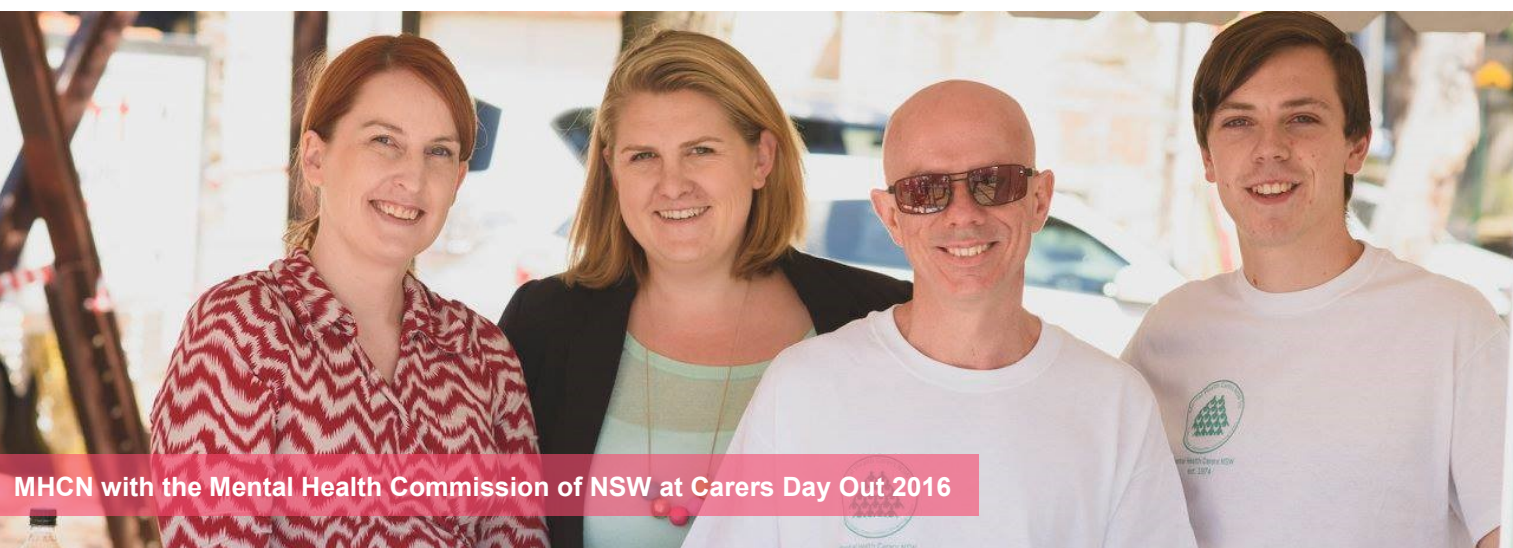
Videos of the presentations can be viewed on the Australian BPD Foundation [website](#).

Community



MHCN participates in a number of community activities to engage with mental health carers and provide information and resources to community members about our services.

- Carers Day Out: MHCN hosted an information stall at Carers NSW Carers Week event 'Carers Day Out' at Redfern Community Centre where our staff provided support and resources to carers in the community.
- Don't Lose Your Marbles Challenge: MHCN staff formed a team (captained by our CEO) and participated in the Marbles Challenge at Northcott Community Centre hosted by the Mental Health Recovery Network (MHRN). The activity aims to raise awareness and break down stigma around mental illness through a fun community event and information sharing.
- Generation Next: MHCN hosted a stall at the annual Mental Health & Wellbeing of Young People Conference at Sydney Town Hall to provide information and resources to educators, professionals in the youth sector and young people.
- TheMHS: MHCN staff member attended the TheMHS 2016 Conference in Auckland to present his published paper 'Comorbidity and Recovery: Is increased mental illness a consequence of sobriety?'
- Justice Health Forensic Mental Health Family & Carer Networking Event: MHCN staff attended to assist with registrations and provide support and information to forensic mental health families and carers. MHCN further supported this event by providing a financial contribution to cover catering expenses.
- BACKUP for Life Expo: MHCN hosted a stall at the Expo to provide information to former NSW police officers and their immediate families about a broad range of support services and systems to assist in their transition to civilian life.
- Girl in the Mirror Book Launch: In August 2016 MHCN hosted the launch for the release of Lumi Winterson's book 'The Girl in The Mirror'. The evening was a celebration of the successes of Lumi on her recovery journey and was an opportunity to acknowledge the importance of the community in supporting those on their respective journeys. The event was attended by 40 community members.



MHCN Staff Key Highlights

MHCN staff bring to the organisation a diverse breadth of lived experience, professional experience, and are committed to advocating at the systemic level for mental health carers across NSW. Learn about our staff's key achievements of the year.



Caitlin Bambridge

Program Manager

Caitlin worked as a Project Officer at MHCN for 20 months before being promoted to Program Manager in February 2017. Her current responsibilities include operations management, project management, supervision of staff/volunteers, field education supervisor to social work field placement students, graphic design and publication management, submission writing and social media and communications support.



In 2016 MHCN reconvened the state-wide networking meetings of the Family and Carer Mental Health Program in NSW with LHD (Local Health Districts) and CMO (Community Managed Organisations) program coordinators. Originally these meetings were held at the Ministry of Health but had been discontinued for some years. MHCN facilitated two meetings at our office in Woolloomooloo in July and November 2016, and as a fantastic result the Ministry of Health agreed to resume hosting the meetings going forward. Outcomes seen from these networking meetings include the development of a policy framework for the state-wide program, and revision to the reporting mechanisms of the program. Caitlin coordinated the organisation and planning of the meetings held at our office, and secretariat duties to these and to the first meeting hosted at the Ministry of Health in March 2017.

Caitlin coordinated MHCN's NDIS (National Disability Insurance Scheme) Forum in April 2017 to provide an opportunity for mental health carers to come together and voice their experiences of the NDIS and workshop recommendations for further service improvement. Key partner stakeholders including the NDIA (National Disability Insurance Agency) and local mental health service providers were invited to help field questions and concerns to broaden the understanding of the changes to the sector and how to best navigate the Scheme. Caitlin completed a [discussion report](#) on the Forum to share these findings broadly with mental health carers and the professionals who work to support them, and assisted a mental health carer in creating an [NDIS Carer Statement Template](#) to assist other mental health carers to engage and participate in the NDIS. Caitlin sought review of the NDIS Carer Statement Template from the NDIA Engagement Team who provided edit and informal endorsement of the Template.

Caitlin has continued her role as MHCN's [MindOut!](#) Champion for LGBTI inclusive practice. Outcomes from this project have included writing a [position statement](#) on the mental health impact of a marriage equality plebiscite on LGBTI Australians, creating a dedicated [webpage](#) on MHCN's website for LGBTI carers on the rights and recognition of LGBTI families in NSW and relevant resources, registering our co-located office Collective Purpose with [ACON's Safe Place Program](#) to promote visibility of our services to the LGBTI community which was launched at the office Mardi Gras party she coordinated in March 2017, and establishing a Champions Working Group with representatives from key partners BEING and WayAhead to assist in the further development of initiatives and activities to promote LGBTI inclusivity in both our services and workplace.

In December 2016 Caitlin undertook a complete redesign of the MHCN website which went live over the Christmas holiday break. This included self-teaching how to write CSS code via Google tutorials in her free time and extensive testing to ensure a smooth transition. The purpose of the redesign was to create a more user-friendly website that encouraged engagement, was visually appealing and easier to navigate and locate information. Caitlin surveyed community members on their experience of the new website in early 2017 and feedback received was positive. MHCN's website usage has increased by 30% since the website redesign. Caitlin has managed the organisation's rebrand from 'Arafmi NSW' to 'MHCN'.

Laura Knight

Policy Officer

Laura worked as a casual Policy Officer one day a week at MHCN for 20 months before becoming permanent part-time in March/April 2017 and working 4 days a week. Her current responsibilities include being the secretariat for all of the Peak Advisory Committees (PAC, YPAC, OPAC, and ADPAC), providing secretariat duties for the Australian BPD Foundation NSW Branch, social media and communications support, event organisation, and project support especially in her area of interest which is younger person mental health and wellbeing.



Laura took over the secretariat role from Program Manager Caitlin Bambridge for the Peak Advisory Committees and the Australian BPD Foundation NSW Branch in April 2017. This role includes drafting agendas for the committees, minute taking, and ensuring action points arising out of the meeting are followed up, as well as communicating with committee members on relevant information and events within the mental health sector in between meetings.

One of Laura's key tasks are research and report writing. In 2016 Laura completed a report on Community Treatment Orders, how it affects the lives of carers, and her own lived experience as a young carer of her mother with schizophrenia. As a result of this report Laura was approached by a university student to take part in an interview process about her lived experience as part of a student assignment. In addition to her report writing, Laura has developed a number resources for carers for MHCN including brochures on: Dual Diagnosis Pamphlet, Young People and Dual Diagnosis, Bullying, and Supporting Young People Tough Times.

In 2017 Laura worked on developing a number of education based resources to be used by education staff and parents to assist younger people. This included ['Information Guide for Suicide Prevention and Post-vention Strategies for NSW Education Based Environments'](#), ['Information on 16A and Confidentiality'](#), and ['Parents and Teachers Collaborating for Student Wellbeing Factsheet'](#).

Laura has provided event planning coordination and support to numerous events, including Generation Next 2016, which provides education and information to young people and those who work in the field to protect and enhance the mental health of young people.

Laura represented MHCN at several external sector committee meetings and provided feedback and reports which were fed back to MHCN Carer Peak Advisory Committee meetings. Committees in which Laura was our representative include the Health and Education Child and Adolescent Mental Health subcommittee, and the Family Focussed in Recovery Framework of which the final version is being developed. The main focus of this framework places family as the central focus point of recovery in mental health.

Laura has also drafted letters in response to issues arising out of the Carer Peak Advisory Committees, including:

- A letter to Minister for Education Rob Stokes on issues for younger persons mental health and wellbeing within education settings. The key points highlighted were that MHCN and committee members are concerned in the lack of training for youth mental health and wellbeing for teachers and other relevant education staff, lack of counsellors within the education sector nor students knowing who/where their school counsellor is located, the absence of mental health and wellbeing within the Wellbeing Framework for schools, and the need for collaboration between education staff, parents, and other clinical/community services engaged in a young persons care.

- A letter to Minister for Aged Care & Indigenous Health Ken Wyatt and Minister for Health Greg Hunt highlighting issues with the Aged Care Funding Instrument. The key points addressed were that the instrument provides a \$214.06 per day for residents in aged care for their care needs, however it is only possible to claim \$36 per day for behavioural and mental health issues which many services find it difficult to claim. Additionally, MHCN emphasised the need for carers and consumers to be engaged in the Review of the ACFI, and that there needs to be further investigation by the academic community regarding the ACFI. Minister Wyatt's responded asserting that the Department of Health have engaged with the University of Wollongong to develop a range of options to inform the design of future residential aged care funding models. Additionally, the Department and University have given a number of ACFI reform seminars, contracted the Applied Aged Care Solutions to review the ACFI, and are undertaking a study to determine the characteristics of residents that drive residential care costs.

Richard Baldwin

Senior Policy Officer

Richard was employed as a senior policy officer for five hours a week during 2016/17. His responsibilities include preparing MHCN's written responses to requests for comments on draft government policy statements, preparing submissions and correspondence, representing MHCN at external meetings with the Ministry of Health (mostly) and participating in internal advisory committees. Occasionally Richard works additional hours when the workload demands.



Submissions & Correspondence Prepared

NSW Law Reform Commission Review of the NSW Guardianship Act 1987

The Law Reform Commission produced six issue (Question) papers and called for submissions on each one. MHCN completed and submitted a response to all questions. Our response was prepared following discussions within the four PACs operated by MHCN. The submissions took the form of responses to the number of questions raised in each of the discussion papers. The submissions were:

- [Our response to Questions 1, 2 and 3 \(4,000 words on alternative decision making, definitions of disability, capacity and 'best interest'\) on the was submitted in October 2016](#)
- [Our response to Question 4 \(3,500 words on the registration of guardians and the establishment of a public advocate in NSW\) was submitted in June 2017](#)
- [Our response to Question 5 and 6 \(3,500 words on the issue of consent and restrictive practices\) was submitted in June 2017](#)

Responses to NSW Ministry of Health Papers

- Community services model of care guideline July 2016
- NSW Older Persons Mental Health Service Plan draft May 2017

Correspondence

- [Letter to Federal Minister for Health on the ACFI funding model October 2016](#)
- [Letter to the NSW Minister for Health on the policy of the use of private insurance for mental health patients in NSW public hospitals October 2016](#), you can also read the response received from the Minister [here](#).

- Letter to the NSW Minister for Health in relation to the planning of mental health services in NSW August 2016

Meetings Attended

The following half day and full day meetings were attended as a representative of MHCN advocating on behalf of carers:

- NSW Clinical Advisory Council in August and November 2016 and March 2017 (half day)
- NSW Ministry of Health Community Living Supports and HASI Peak Stakeholder Forum in June 2017 (half day)
- Benchmarking Non-Acute Inpatient Mental Health Services in July 2016 (full day)
- Acute Adult Mental Health Benchmarking Forum in September 2016 (full day)
- Benchmarking forum on Specialist Mental Health Services for Older People July 2016 (full day)
- Benchmarking Forum – Rehabilitation and long stay units across NSW April 2017 (full day)
- Older Persons Peak Advisory Committee
- Alcohol and Drug Peak Advisory Committee

Audra O'Grady

Policy Officer

Audra has worked as a Policy Officer at MHCN for 3 years on a casual basis. Audra provides policy work support, and develops and facilitates training courses for both carers and the professionals who work to support them.

This year Audra was MHCN's Project Lead on developing our 'Users Guide to the NSW Mental Health System' training course which included



writing course content and an in-depth course handbook to accompany the program which is provided to each participant. Audra co-facilitated the delivery of this training with MHCN CEO Jonathan Harms to 18 participants in May 2017. Of the 18 participants, 11 returned evaluation forms. Of the participants who returned evaluation forms, all strongly agreed or agreed that they:

- Gained an acceptable understanding of the NSW mental health system, and the complexity of health and community service structures across NSW
- Gained an understanding of the rights of consumers and carers under the Mental Health Act 2007
- Increased their awareness of what services exist or are available
- Recognised the value of cooperative care and knowledge sharing

Audra also led the development of MHCN's 'Mental Health Awareness' training course for professionals who require mental health education for their teams of staff. Audra co-facilitated this training with our CEO Jonathan Harms to Northside Community Forum and International Social Services to a total of 28 participants.

Lynette Anderson

Carer Engagement Officer

Lynette has worked at MHCN as a casual for 5 years in a variety of capacities from Project Officer to most recently, Carer Engagement Officer. Her core responsibilities include representing MHCN at key stakeholder events, participating in sector Committees as MHCN's Carer Representative and speaking to external bodies on the issues impacting carers. This year, Lynette has represented MHCN at forums, meetings, focus groups, research projects and events.



Forums, Meetings & Events attended where Lynette provided a carer perspective:

- Represented MHCN with the purpose of informing the Commission in their aim of prioritising the physical health of people living with mental illness and the launch of the Equally Well Initiative.
- Acted as Co-Chair of the Mental Health Commission of NSW's 'Carer Lived Experience Project Steering Group' which was established to inform the Mental Health Commission of NSW on the barriers to effective carer participation, influence and leadership. The outcome of which is to feed into the Commission's bigger project on creating a [Lived Experience Framework](#). A part of this project included completing a Carer Pathway Story which is available on the [Commission's website](#).
- Acted as Carer Representative on the NSW Mental Health Commission's Community Advisory Council.
- Appointed as Carer Representative to Mental Health Australia's National Register to represent carers and consumers nationwide on various committees and public speaking engagements.
- Represented MHCN on the TheMHS Organising Committee for the 2017 TheMHS Conference.
- Represented MHCN on CCNB's Community Mental Health Expert Advisory Panel.
- Represented MHCN on Manly Hospital Northern Sydney LHD Working Group as Carer Representative to represent the carer perspective with the purpose of informing the LHD decision makers and create a better understanding of the role of carers within their service.

Edward Curtis

Carer Engagement Officer

Edward has worked at MHCN as a volunteer and casual staff member for 4 years. His responsibilities include representing MHCN at the Ministry's Child and Young Persons Mental Health Subcommittee and the Older Persons Mental Health Working Group. He also provides administrative support to MHCN through processing MHCN membership applications and answering MHCN's telephone Helpline service.



Board Members

Anne Stedman	President
Jenny Larmont	Vice President
Fayez Nour	Treasurer
Tess Dellagiacoma	Secretary
Anne Rouse	Ordinary Board Member
Lynda Walton	Ordinary Board Member
Linda Manoukian	Ordinary Board Member
Madeline Fabian	Ordinary Board Member
Amelia Martinez	Ordinary Board Member

Carer Peak Advisory Committee Members

Alex Freeman	Drug & Alcohol Carer Peak Advisory Committee
Alice Zhang	Younger Persons Carer Peak Advisory Committee
Angela Milce	Carer Peak Advisory Committee
Anne Stedman	Carer Peak Advisory Committee, Drug & Alcohol Carer Peak Advisory Committee
Caitlin Bambridge	Younger Persons Carer Peak Advisory Committee
Carolina Simpson	Older Persons Carer Peak Advisory Committee
Chris Avent	Younger Persons Carer Peak Advisory Committee
Doug Sewell	Carer Peak Advisory Committee
Edward Curtis	Older Persons Carer Peak Advisory Committee
Eileen McDonald	Carer Peak Advisory Committee
Erika Ballance	Carer Peak Advisory Committee, Drug & Alcohol Carer Peak Advisory Committee
Gerard Byrne	Drug & Alcohol Carer Peak Advisory Committee
Jenny Larmont	Carer Peak Advisory Committee, Drug & Alcohol Carer Peak Advisory Committee
Jenny Smith	Carer Peak Advisory Committee
Jill Faddy	Older Persons Carer Peak Advisory Committee
Josh Vinson	Younger Persons Carer Peak Advisory Committee
Julie Leitch	Younger Persons Carer Peak Advisory Committee
Kate Hocknull	Drug & Alcohol Carer Peak Advisory Committee
Kerry Anne Searle	Younger Persons Carer Peak Advisory Committee
Kristine Havron	Carer Peak Advisory Committee, Drug & Alcohol Carer Peak Advisory Committee, Older Persons Carer Peak Advisory Committee
Laura Knight	Younger Persons Carer Peak Advisory Committee
Leakhena Suos	Carer Peak Advisory Committee, Older Persons Carer Peak Advisory Committee
Lina Nador	Carer Peak Advisory Committee, Drug & Alcohol Carer Peak Advisory Committee
Louise Gray	Drug & Alcohol Carer Peak Advisory Committee
Lynda Walton	Older Persons Carer Peak Advisory Committee
Lynette Anderson	Carer Peak Advisory Committee, Older Persons Carer Peak Advisory Committee
Mag Eli	Younger Persons Carer Peak Advisory Committee
Michele Bell	Older Persons Carer Peak Advisory Committee
Peter Heggie	Carer Peak Advisory Committee
Richard Baldwin	Drug & Alcohol Carer Peak Advisory Committee, Older Persons Carer Peak Advisory Committee
Rob Wellman	Carer Peak Advisory Committee
Robyn Smith	Drug & Alcohol Carer Peak Advisory Committee
Ryan McGlaughlin	Drug & Alcohol Carer Peak Advisory Committee
Sandy Ogier Denys De Collors	Carer Peak Advisory Committee
Satu Beverley	Carer Peak Advisory Committee
Sharyn McGee	Older Persons Carer Peak Advisory Committee
Simon Lewer	Drug & Alcohol Carer Peak Advisory Committee
Suzy Nixon	Younger Persons Carer Peak Advisory Committee
Tom Hinton	Older Persons Carer Peak Advisory Committee
Tony Humphrey	Carer Peak Advisory Committee



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

**FINANCIAL REPORT
FOR THE YEAR ENDED
30 JUNE 2017**

Liability limited by a scheme approved under
Professional Standards Legislation

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

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

COMMITTEE'S REPORT

Your committee members submit the financial report of the Mental Health Carers ARAFMI (NSW) Inc. (Non reporting) for the financial year ended 30 June 2017.

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
Irene Gallagher – elected 24 November 2016; retired 18 August 2017
Madeleine Fabian – elected 24 November 2016
Amelia Martinez – elected 24 November 2016
Kristine Havron – elected 24 November 2016
Judith Nicholas – retired 5 October 2016
Anne Rouse – retired 18 August 2017

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.


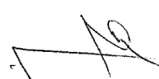
Significant Changes

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 \$8,718.

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

President: 
Anne Steadman
Treasurer: 
Fayez Nour
Dated: 24/11/2017

The accompanying notes form part of these financial statements.

Page 1

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

INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2017

	Note	2017 \$	2016 \$
INCOME			
Donations Received		26,569	42,547
Grants Received		372,727	363,636
Other grants		10,261	12,880
Membership Fees		-	249
		<u>409,557</u>	<u>419,312</u>
OTHER INCOME			
Interest Received		1,158	2,327
Other Revenue		39,496	36,879
		<u>40,654</u>	<u>39,206</u>
		<u>450,211</u>	<u>458,518</u>

The accompanying notes form part of these financial statements.

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

INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2017

	Note	2017 \$	2016 \$
EXPENDITURE			
Auditor's Remuneration		6,080	5,140
Amortisation		499	499
Bank Charges & Interest		194	213
Book stocks		1,270	-
Bookkeeping Fees		-	9,905
Carers Accom & Travel		2,181	-
Conference Expenses		5,820	8,203
Consultancy Fees		500	5,400
Depreciation		2,762	5,509
Events & Workshops		1,574	6,674
Filing Fees		190	100
General Expenses		287	120
Insurance		8,260	9,550
Leasing & Overheads PiMH		-	13
Postage		707	598
Printing, Stationery & Copier		3,724	5,298
Programs, Resources & Training		11,420	10,515
Service Promotion		181	1,016
Wages & Fringe Benefits		241,691	232,398
Shared Services & HUB charges		124,800	121,680
Sponsorship		1,075	850
Staff Training & Welfare		1,682	551
Subscriptions & Memberships		8,151	7,407
Superannuation Contributions		22,158	20,087
Telephone & Internet		8,143	8,222
Travelling & Accommodation		5,580	7,863
		<u>458,929</u>	<u>467,811</u>
Loss before income tax		<u>(8,718)</u>	<u>(9,293)</u>
Loss for the year		<u>(8,718)</u>	<u>(9,293)</u>
Retained earnings at the beginning of the financial year		<u>51,629</u>	<u>60,922</u>
Retained earnings at the end of the financial year		<u>42,911</u>	<u>51,629</u>

The accompanying notes form part of these financial statements.

Page 3

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

ASSETS AND LIABILITIES STATEMENT
AS AT 30 JUNE 2017

	Note	2017 \$	2016 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	3	62,076	84,070
Trade and other receivables	4	34,184	7,560
TOTAL CURRENT ASSETS		<u>96,260</u>	<u>91,630</u>
NON-CURRENT ASSETS			
Property, plant and equipment	5	3,943	7,204
TOTAL NON-CURRENT ASSETS		<u>3,943</u>	<u>7,204</u>
TOTAL ASSETS		<u>100,203</u>	<u>98,834</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and Other Payables	6	42,812	31,855
Provisions		14,480	15,350
TOTAL CURRENT LIABILITIES		<u>57,292</u>	<u>47,205</u>
TOTAL LIABILITIES		<u>57,292</u>	<u>47,205</u>
NET ASSETS		<u>42,911</u>	<u>51,629</u>
EQUITY			
Retained earnings	7	42,911	51,629
TOTAL EQUITY		<u>42,911</u>	<u>51,629</u>

The accompanying notes form part of these financial statements.

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

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 2017

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 2017

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 2017

	2017 \$	2016 \$
2 Revenue		
Revenue from Continuing Operations		
Interest	1,158	2,327
Grants Received	372,727	363,636
Other	26,569	42,796
	<u>400,454</u>	<u>408,759</u>
3 Cash and Cash Equivalents		
Cash on Hand	264	228
ING Business	37,170	70,687
Bendigo Bank	5,161	5,610
Bendigo Bank - Operating Account	19,131	7,430
Bendigo Bank NR	350	115
	<u>62,076</u>	<u>84,070</u>
4 Trade and Other Receivables		
Current		
Rental Bond	70	70
Input Tax Credits	8,264	6,994
Deposits Paid	494	496
Other Debtors	27,509	-
	<u>36,337</u>	<u>7,560</u>
5 Property, Plant and Equipment		
Office Furniture & Equipment	21,892	21,892
Less: Accumulated Depreciation	<u>(18,951)</u>	<u>(16,189)</u>
	2,941	5,703
Website	2,499	2,499
Less: Accumulated Amortisation	<u>(1,497)</u>	<u>(998)</u>
	1,002	1,501
Total Plant and Equipment	<u>3,943</u>	<u>7,204</u>
Total Property, Plant and Equipment	<u>3,943</u>	<u>7,204</u>

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

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2017

	2017 \$	2016 \$
6 Trade and Other Payables		
Current		
Trade Creditors	24,950	674
GST Payable	6,110	2,998
Amounts Withheld	2,445	953
Superannuation Payable	7,153	25,109
Accrued Expenses	-	2,121
	<u>40,658</u>	<u>31,855</u>
7 Retained Earnings		
Retained earnings at the beginning of the financial year	51,629	60,922
Net loss attributable to members of the company	<u>(8,718)</u>	<u>(9,293)</u>
Retained earnings at the end of the financial year	<u>42,911</u>	<u>51,629</u>

8 Related Party Transactions

During the year the Association engaged the services of Madeleine Fabian to deliver training programs. Madeleine Fabian is a Committee member. During the year \$2,295 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 Fayeze 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 2017.

President: 
Anne Steadman

Treasurer: 
Fayeze Nour

Dated : 24/11/2017

**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

Opinion

We have audited the financial report of Mental Health Carers ARAFMI (NSW) Inc. (the association), which comprises the assets and liabilities statement as at 30 June 2017, the income and expenditure statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, 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.

In our opinion, the accompanying financial report gives a true and fair view of, the financial position of the association as at 30 June 2017 and 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 and Associations Incorporation Regulation 2016.

Basis for Opinion

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

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

Responsibilities of the Committee for the Financial Report

The committee is responsible for the preparation and fair presentation of the financial report in accordance with the financial reporting requirements of the Associations Incorporations Act 2009 and Associations Incorporation Regulation 2016 and for 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,

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

Auditors' Responsibility for the Audit of the Financial Report

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

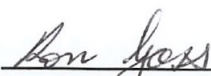
**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF MENTAL HEALTH CARERS ARAFMI (NSW) INC.
A.B.N. 70 653 824 650**

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

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

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

Name of Firm: GOSS & CLARKE
Chartered Accountants

Name of Partner: 
Ronald G Goss

Address: Level 6, 10 Spring Street, Sydney, NSW, 2001.

Dated: 24 November 2017.

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 2017 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 2017 amounting to \$Nil are based on physical quantities determined as at 30 June 2017 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 2017 other than those reflected in the financial statements.

Page 1 of 3

Mental Health Carers ARAFMI (NSW) Inc.

Suite 501, Level 5, 80 William Street
SYDNEY, NSW, 2011

- 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 2016. 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.

Mental Health Carers ARAFMI (NSW) Inc.

Suite 501, Level 5, 80 William Street
SYDNEY, NSW, 2011

-
- 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: 24/11/2017



MHCN
mental health carers nsw

www.mentalhealthcarersnsw.org
[www.twitter.com/MHCARERSNSW](https://twitter.com/MHCARERSNSW)
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