

MENTAL HEALTH CARERS NSW

# ANNUAL REPORT

2017–2018



**MHCN**  
mental health carers nsw

[www.mentalhealthcarersnsw.org](http://www.mentalhealthcarersnsw.org)  
[www.twitter.com/MHCARERSNSW](https://twitter.com/MHCARERSNSW)  
[www.facebook.com/mentalhealthcarers](https://www.facebook.com/mentalhealthcarers)  
carer connections helpline 1300 554 660  
general line 02 9332 0777  
suite 501, 80 william st, woolloomooloo, 2011  
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 and 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 Community Managed Organisations Review



# CEO's Report

## Jonathan Harms Chief Executive Officer



Welcome to the Mental Health Carers NSW Inc., ('MHCN', formerly ARAFMI NSW), 2017-2018 Annual Report. This Report describes the major activities of MHCN over the course of the financial 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.

This year has seen many changes for MHCN. Since 1 July 2016 Mental Health Carers ARAFMI NSW Inc. has been trading as 'Mental Health Carers NSW Inc.', as this name more clearly reflected the organisation and is in line with changes to most interstate 'Arafmi' organisations. This change will soon be reflected in our Constitution. We have continued to develop the Collective Purpose with our partners in mental health, Way Ahead (formerly Mental Health Association of NSW), and Being (formerly NSW Consumer Advisory Group). 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), the NSW Branch of the Australian Borderline Personality Disorder Foundation and the Mental Health Professionals Network for BPD that this now supports. We continue to work closely with the NSW Mental Health Commission, and Commissioner, Catherine Lourey, which undertook a joint review of all the CMO's it funds including the Collective Purpose partners and the resulting report gave important insights into the areas for future development for MHCN. We also participated in the statutory 5 year review of the Commission itself and the processes to implement the refinements to its role these reviews recommended.

### Changing Faces

Over the course of the year, MHCN welcomed a new Training Manager Anne Stedman, after a lengthy recruitment process. Finding a qualified and experienced trainer with the right kind of 'lived experience' as a mental health carer and the selection of skills that this role required was not easy but we identified Anne as being an excellent candidate. She stepped down from her Board role and applied and we were delighted to add her to the staff team in March 2018. Anne has made a significant contribution to the success of our training program even in the short time that she has been in the job. Our Policy Team of Richard Baldwin (PhD), and Peta Smit-Colbran has collaborated very effectively in our policy work and our Social Media, PAC Secretariat and event's organiser Laura Knight has now developed excellent practices which allow us to undertake our many systemic activities with this small but dedicated staff to a consistent high standard.

### Overview of MHCN Activities and Events 2017-2018

In 2017-2018 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. Child and Young Person's Mental Health Services, and MHCN provides representatives for the carer viewpoints and for these committees. Our own Carer Peak Advisory Committees had largely corresponded to the major state-wide committees (except the Alcohol and Drug Carer Peak Advisory Committee) to support our input to them by canvassing the range of views and experiences from the diversity of the carer population and carer oriented CMOs. The role of these Committees has been refined in light of the documentation and co-review of MHCN's Stakeholder Engagement Strategy. More detailed reports on their activities follow.

MHCN also regularly attended the Family and Carer Mental Health Program ('F&CMHP') Steering Committee, after sponsoring the CMO part of the meeting to reconvene in the previous year. However, MHCN took on a bigger role with InforMH by co-convening the Carer Experience Survey (CES) Steering Committee as it prepared for the state wide roll out of this experience measure for mental health carers using public mental health services, due to commence across NSW in 2018-2019.

The issue which dominated much of this policy discourse was the 'Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities' conducted by NSW Health and the Chief Psychiatrist Dr Murray Wright, reporting in December 2017 and the response to the recommendations and the design of a plan to start to implement them. MHCN undertook surveys and consultation and provided both submissions to the review and feedback on the implementation plans. In addition, important strategic planning work for NSW Mental health Services and Workforce dominated the 'ad-hoc' policy work of MHCN with NSW Health this financial year.

MHCN supported Project Air's 11<sup>th</sup> Personality Disorder Conference Consumer and Carer Day by providing 20 bursaries of \$20 for travel costs for carers and/or their loved ones wishing to attend which Project Air also supported with free registration (MHCN administered these bursaries). I also gave the opening address on the day in Wollongong.

MHCN launched the Borderline Personality Disorder Mental Health Professionals Network in collaboration with the Australian BPD Foundation, whose NSW Branch MHCN has been supporting by hosting meetings and providing secretariat services. The Launch at the Wesley Centre in October 2017 was attended by 140 people and was highly successful and MHCN went on to host another 2 network meetings at the Collective Purpose premises before the end of the financial year, also well attended by clinicians and informed by the voices of lived experience.

MHCN also supported Mary Cantrill from the Australian College of Applied Psychology (ACAP) to run the 8 weeks 'Family Connections Program' for carers of people experiencing BPD from the Collective Purpose premises. MHCN also supported students research projects of mutual interest in the mental health and carer policy areas.

MHCN continued to host the SANE Lived Experience Forum for carer on its website and I participated in the Sane Forums Topic Tuesday on changes that carers experience (in terms of rights, influence and access) when their child turns 18.

As a result of the Community Managed Organisation (CMO) Review conducted by the NSW Mental health Commission of all the CMO's it funds, MHCN undertook a review of its documented 'Stakeholder Engagement Strategy'. This strategy for the first time sought to put all of MHCN's activities into context and to seek stakeholder input into the design of the program. The Combined Carer Peak Advisory Committees Meetings were convened in December, January and June and the year's calendar of events and meetings was planned.

Subsequently it was decided to review the original innovation (to hold only quarterly all-day meeting of all the PACS together), but rather to also hold specific Younger Persons, Older Persons, general C-PAC and Alcohol and Drug PACs as required over the year but as required for specific consultation purposes rather than just having routine regular

meetings without specific reasons for doing so. It was also decided to emphasise more direct consultations with carers in the community and both of these strategies continue to be implemented with a services of consultations being held to inform the MHCN submission on the roll out of the NDIS to the NSW Parliamentary Inquiry for example.

The Stakeholder Engagement Strategy also confirmed the redesign of the Carer Support Worker Forum from one large conference to 4 smaller events over the year, now also filmed and posted on the website. The new format has been popular and well attended. MHCN will continue to implement the revised strategy and will hold another planning meeting with stakeholders for the year's program in January 2019.



Professor Mitchell, Mental Health Commissioner Catherine Lourey, Susanna Bluwol from Bipolar Australia, our CEO of MHCN Jonathan Harms and Carmel Tebutt CEO of the Mental Health Coordinating Council launching the Coming Home with Bipolar Guide for Families and Carers.

#### Major NSW Ministry of Health Committees 2017

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

#### Major Policy Projects and Forums with Mental Health Branch Projects

- Review of Collective Purpose Community Managed Organisation Partners (MHCN, Being, Way Ahead)
- Review of NSW Mental Health Commission 2017 – 2018
- Specialist Mental Health Services for Older People Community Model of Care Monitoring
- Family Focused Recovery Review Project
- Health Education Training Initiative Education and Outreach Standing Committee
- HETI Consumer and Carer Academic Panel Consultation Project (with Being)
- Mental Health Commissioning Steering Group
- Review of Transfer of Care & Seclusion and Restraint Policy Directive
- Mental Health Reference Group - Partnerships for Health

## Forums and Networks

- Mental Health Carer & Support Worker Forum
- Aged Care Collaborative Forum
- Borderline Personality Disorder Mental Health Professionals Network (BPD MHPN)
- Central and Eastern Sydney Primary Health Network (CESPHN)

## Community Managed Organisation Partners and Projects

- Board, Mental Health Carers Australia
- Board, Mental Health Coordinating Council (MHCC)
- Carers NSW Strategic Carers Action Network
- Health Education Training Institute (HETI) Review of Training Modules
- Australian BPD Foundation
- NSW Branch (Aust. BPD Foundation) hosting and secretariat
- SANE Forums (Carer Forum on MHCN website) & Topic Tuesday and seminars
- COPSETI Expert Reference Group
- Back Up For Life NSW Police Legacy Conference Stall
- Inner City Recovery Network - Cadre Collaboration
- Team Marbles Challenge (ICRN) Team marbles Event & Fund Raising
- Yourside Community Forum Training Delivery
- Australian College of Applied Psychology Student Research Projects and Family Connections Training
- Australian Campaign to End Loneliness Project

## Other Policy Work

- Submission to Review of Seclusion, Restraint and Observation in NSW Mental Health Acute Facilities
- Submission to Guardianship Review (NSW Parliament)
- Submission to Youth Suicide Inquiry (NSW Parliament) (MHCN surveyed of young and adult carers)
- Submission to NDIS Costs Review (Productivity Commission) (MHCN surveyed NDIS carers)
- NSW Department of Family and Community Services (FACS) Digital Inclusion Forum
- Design of Carer Statement Template for NDIS Planning Meetings (Peter Heggie)
- Submission for Review of the Mental Health Review Tribunal in respect of Forensic Patients
- Letters to the Minister of Mental Health on Health Insurance Elections for Acute Mental Health Services
- Letter to the Attorney General and Ministers for Mental Health on financial responsibility of carers for legal costs of loved ones experiencing mental illness and access to Legal Aid
- Response to the Implementation Plan for the Recommendations of the Review into Seclusion Restraint and Observation in NSW
- Comments on the Strategic Plan for NSW Mental Health Services
- Comments on the Strategic Plan for NSW Mental Health Service Workforce
- Submission to the Review of the NSW Mental Health Commission (MHCN surveyed mental health carers)

## NSW Mental Health Commission Collaborations: Review of CMOs funded by Commission

The NSW Mental Health Commission funded consultants 'Sally Gavin Consulting' to undertake a programmed review to assess the efficiency and effectiveness of these organisations in terms of their grant management and performance. As all three organisations are core-funded, the review will also consider broader organisational aspects in terms of the governance, representativeness and systems in place to ensure the organisations are best positioned to use and leverage their grants.

The review generally found that the organisations were operating efficiently and discharging their strategic goals but that there was room for improvement, including better documentation of strategies and more stakeholder involvement in the design of the program and management of the organisation. In addition, it was found that there was a need for the organisation to work on building its profile with mental health carers, although it was well recognised in the specific mental health sector. MHCN has documented, reviewed and revised its Stakeholder Engagement Strategy



with carers and other stakeholders as a result. The Commission also funded Social Ventures Australia to assist them design 'Outcome Measures' for its Key Performance Indicators in its funding agreement with the Mental Health Commission which were duly incorporated into it.

### Review of Mental Health Commission

MHCN participated in the Review of the NSW Mental Health Commission as required under the legislation setting up the body. MHCN participated with Being and other key stakeholders in the Expert Reference Group and in providing stakeholders to participate in the review in direct consultation and through surveys. MHCN surveyed carers and developed its own submission, calling for the Commission's capacities to be enhanced to help it achieve the lofty goals imagined for it. The final report of the Consultant, Dr David Chaplow called for a refocusing of the Commission more broadly on mental health and wellbeing. MHCN remains committed to supporting the Commission in its strategic role of improving the mental health of carers and consumers in NSW and the systems that support them, with legislation to support these refined goals before the NSW Parliament.

MHCN also participated with the NSW Mental Health Commission in its projects on:

- Living Well in Later Life (Paper Launch)
- Towards a Just System (Paper Launch)
- Open Dialogue Interest Group (Ongoing)
- Carer Lived Experience Project (Lived Experience Framework) (Commenced)
- Building Community Based Services and Supports Project (Commenced)



Jonathan Harms celebrating Marriage Equality

### 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.

MHCN has also participated extensively in the planning exercises which have sought ways to increase the effectiveness and scale of the organisation including through increasing membership.

MHCN has worked with MHCA's 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. MHCN organised & participated in a panel of carer state representatives from the MHCA members as speakers to present at TheMHS Family & Carer Pre-Conference on the NDIS and its impact on mental health carers.

Later in 2017-2018 Jenny Branton retired from the organisation and subsequently there have been a renewed focus on the CEOs and Board members meeting more regularly by teleconference with a view to continuing the development of the organisation and the prosecution of its advocacy case.

Key partner and supporter Mind (which had absorbed ARAFEMI Victoria) has started developing the 'Caring Fairly' campaign and MHCN is very interested in bringing this campaign to NSW and starting to develop it among mental health carers here.

# Presidents Report

Anne Stedman & Jenny Learmont

It was with some sadness, yet excited anticipation that I stepped down as President of the Board of MHCN in April. I felt this, my final report, would be an ideal opportunity to share with you all my personal journey over my years of membership and Presidency of the Board.

I have found my years on the Board and as President very rewarding. The boardroom has been a place of meeting with like-minded individuals who are committed to working collaboratively, harnessing their individual strengths to guide and oversee the organisation to adapt and respond to change. The role as an advocacy organisation is to inspire positive system change, whilst genuinely representing the concerns and interests of the mental health carers of NSW. Since my initial involvement, first as a committee member for Central Coast ARAFMI, then board member of NSW and later President, I have witnessed significant change and growth in the mental health sector. Recovery oriented/ trauma informed practice and empowerment of the disadvantaged is reflected throughout our service system, not only within the sector, but also the community. Mental health awareness and knowledge, in our increasingly complicated and potentially stressful modern lives, is now a common topic and regarded as vital to our wellbeing as physical health.

Some of the changes:

In the Community managed organisation (CMO) sector federal block funding to organisations has changed to individualised funding through people's NDIS packages. This is evolving into a person-centred approach to service delivery, which promises better outcomes for individuals. For those ineligible, or not wishing to engage with NDIS, as well as mental health carer support, funding will be channelled through the Local Area Health District. This should result in a more localised, community needs-based support system.

Changes to reporting from activity based KPIs to outcome measurement reflects another big change in the sector. For those of us 'fortunate' to have accessed the rather limited supports available until quite recently, this is a potentially significant improvement in accountability and efficiency. Inspired by hope in recovery, deliverers of services are encouraged to engage at a more creative, solution-focussed and person-centred level to support individuals to identify



their strengths, goals and supports required to achieve change and empowerment to engage purposefully in their community of choice.

Change is the operative word here, and it is not change for change's sake, but a recognition that even with the best intentions things weren't working. Often the barriers and obstacles were unrecognised, and as so often occurs we blame the individuals not the outdated/inadequate system. However some of the great advocates have learned from their experiences have listened to those of others and have strived to communicate and influence decision makers at both State and Federal levels.

The passion which drives my involvement with the mental health Carer organisations is their fundamental origins as grass-roots organisations.

These years have been so rewarding for me. I began this journey as a confused and drained carer. My knowledge of the area of mental health, personal development and ability to acknowledge different perspectives has grown over these years. I have met and engaged with an immense range of people from the service delivery level to senior bureaucratic, and am constantly heartened by the underlying premises of social justice- equity and fairness, reflected in open-minded, creativity, empathic and respectful attitudes.

In the modern world, we can often lose our connections with family, friends and community as we juggle increasing workloads and priorities, or those connections can be lost due to stigma associated with difference. I seem to be driven by the desire to encourage/enable others to create those connections through 'bridge building' and communication, communication, communication. Essential in this process is an acknowledgment of difference of perspective, when we can rise above the personal experience to observe trends and patterns, embrace difference and utilise collective wisdom in creating solutions to some very complex social and cultural issues, while always keeping the underlying principles in mind as we collaborate with others in the quest.

You have probably heard collaboration and co-design mentioned a lot of late. In many ways this seems like a common sense way of approaching any planning process, whether it be for a project or a person's care plan, which actively involves the "end-user" in the design, implementation and monitoring of outcomes to ensure the relevance to the initial goal or object of the plan. Yet I still hear from many carers that they feel excluded from this process. An example of this process has been my engagement as a Carer representative with the NSW Mental Health Commission. This involved active participation in a co-design workshop to develop a 'Lived Experience Framework' to promote and embed lived experience **participation, influence and leadership** at every level of the mental health and social support services. The workshop was held with equal representation of consumers, carers and stakeholders from across the NSW Health and social support systems, including both government and non-government organisations.

This exercise provided me the opportunity to reflect on the opportunities and growth I have experienced through my membership of the MHCN/ARAFMI Boards. As grass roots, community based organisations, ARAFMI embraces involvement by all members and supports us to grow and thrive and build stronger more resilient communities.

To finish up, I wish to acknowledge Jonathan and the staff, students and volunteers of MHCN for their commitment and support to the organisation and the mental health carers of NSW. I also wish to thank Jenny Learmont (VP) for stepping up to the President's role. Jenny and I have been Board colleagues for many years now and I value her experience, wisdom and support. We welcome Jenny Learmont, the new President of the Board, and wish her the best in the role

Yours Sincerely, Anne Stedman





Above: Laura and Student Placement Katie Jones collaborating with partner organisation Way Ahead.

Below: Collective Purpose staff 'Share the Journey'!





# Our Year In Numbers



We had 77, 651 hits on the MHCN website for 2017—18.



The Carer Connection Helpline has 205 calls, with 573 referrals for callers to local mental health services in NSW.



MHCN weekly digest e-news currently has 1060 subscribing!



MHCN had 301 users and 535 sessions for 2017—18.

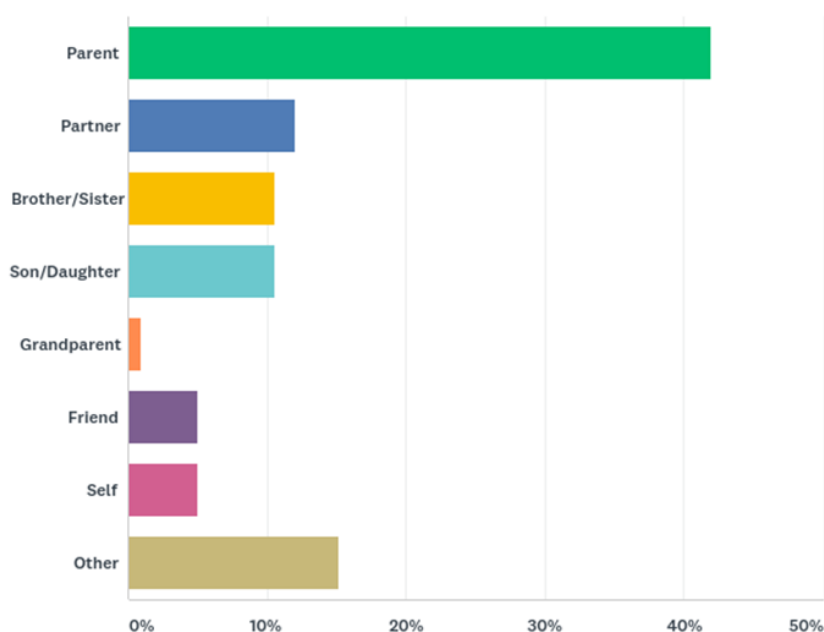
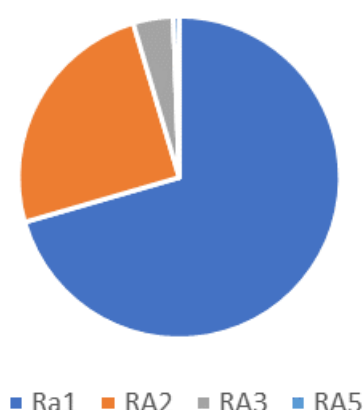
# Media Activity

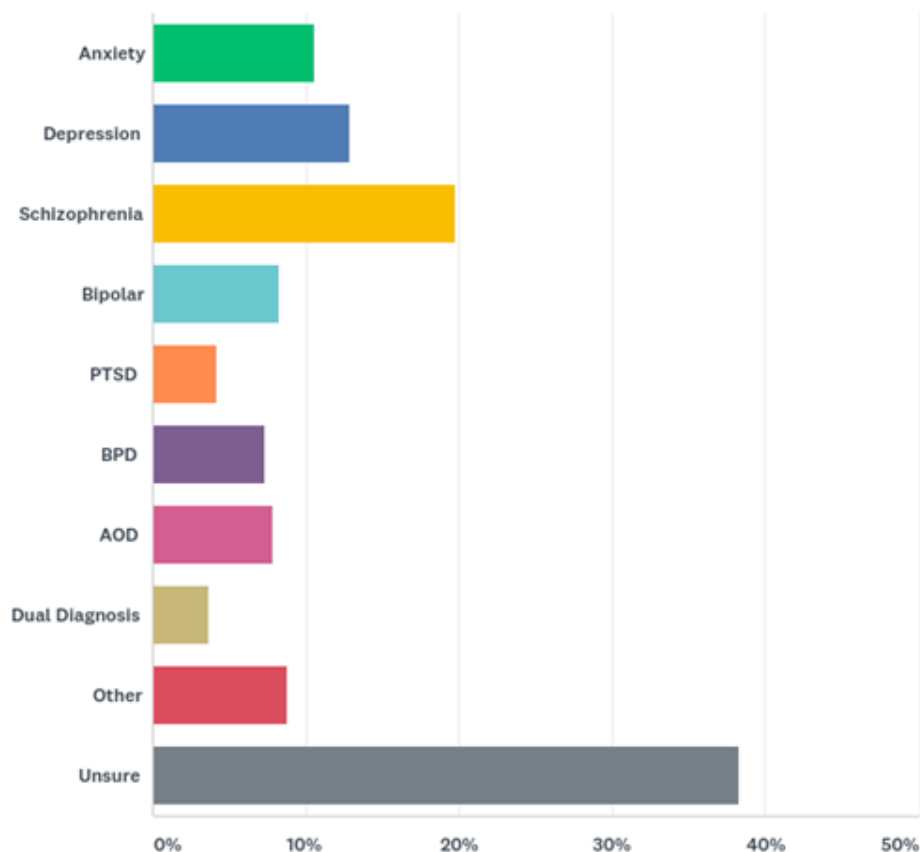
## Carer Connections Helpline

MHCN strongly believes in the importance of carers developing good community supports and networks to help them in their caring role. The Carer Connection Helpline is an information and referral service, and whilst not a counselling or crisis service, we do endeavour to be good listeners and as supportive as possible.

MHCN received a total of 217 calls to the Carer Connections Telephone Helpline service this year and made a total of 585 referrals to a range of local services across NSW. The majority of calls (56%) were received from major cities (RA1), with 20% of calls from inner regional areas (RA2) and 3% of calls coming from outer regional (RA3), remote or very remote areas (RA5), indicating that MHCN has a broad reach to carers across NSW. 58% of the callers identified as a carer, which continues the trend observed in previous years where family members and friends who provide supports often don't identify with the term 'carer'. 78% of the callers were female and 67% were aged between 30-60 years of age. 42% of callers identified as a parent of the person they care for, with 11% caring for partner, 10% caring for a sibling and another 10% caring for a parent.

Callers by Region





58% of callers indicated that they were requesting help for themselves with 44% requesting non-clinical services for the person they care for and 41% requesting clinical services. This demonstrates the need for quality mental health services in NSW, especially services intended to support carers. For 87% of calls, services were available in the local area that met all of the caller's needs and for a further 9% calls the caller was not requesting services, or it was more appropriate to discuss ways to better utilise existing services and supports. For 4% of the calls, there were limited services available in the local area that were able to meet the caller's needs. The majority of these calls came from rural or remote areas or involved complex needs such as comorbid diagnoses of mental illness, intellectual disability and/or substance issues.

38% of callers indicated that their loved one had not been diagnosed or they were unsure of the diagnosis. This is a significant figure, given that a diagnosis is often required for people to be eligible for mental health services. This was often due to callers loved ones refusing to engage with mental health services despite being significantly unwell. Carers of young people also reported that doctors had not been able to determine the type of mental illness diagnose or because it was unclear whether the person's symptoms related to mental illness or drug use. This highlights the complexities involved when people seek support and demonstrates the need for an open door policy when it comes to mental health services.

## Website



There was a slight drop in website hits to the [website](#) for the 2017—2018 financial year. Having been redeveloped in 2016, the 2017—2018 financial year focused on improving MHCN website content including information and resources provided by MHCN and by other organisations. New sections were added to the website, including the Australian BPD Foundation NSW Branch, and the Carer Experience of Service Survey. 'Useful Services' was updated to include a wider range of supports, including phone counselling, LGBTQI specific counselling, legal services, mental health system complaints services, and more information on the Family and Carer Mental Health Program including how to access the program. MHCN also dedicated a section to their website on a range of resources for teacher's, parents and carers of young people experiencing ill mental health, and young carers. The was a joint project with the Younger Person Peak Advisory Committee, with Program Manager Caitlin Bambridge and Project Officer Laura Knight, compiling the information.



## Social Media

Our [Facebook page](#) has continued to steadily grow, with 1417 Page Likes and 1399 Page Followers. There was a steady growth in [Twitter](#) with 47 536 Tweet Impressions but a drop from last year in profile visits to 1930.

The MHCN weekly Mental Health Carer Digest Mailchimp e-newsletter has 1060 subscribers, with 56.1% subscribers accessing our e-news via a desktop, and 43.9% accessing our e-news via a mobile phone, seeing a slight increase in viewing our e-news on a mobile from a desktop.

## SANE Forums



MHCN joined the [SANE Australia Online Forums](#) in 2014 as a partner and continues to host the Lived Experience and Carers Forums on our website. MHCN are proud to promote the SANE Forums through our telephone Helpline service and various social media platforms including Facebook and our weekly e-news. MHCN looks forward to continuing to host the SANE Forums, and values its strong partnership with SANE.



# Training

## Training development & delivery



*“Great basic knowledge and  
trainer was great— positive  
energy in a minefield of  
change! “*

- User's Guide participant, April 2018

The 2017 – 2018 financial year saw the introduction of Anne Stedman, who stepped down from being the President of the MHCN Board to accept the role as Helpline Coordinator and Training Facilitator, as well as internally supervising student placements MHCN hosts. Yourside commissioned MHCN to develop a training package to deliver to carers in the Chatswood area. Anne developed a range of short training sessions, including open dialogue, navigating your way through the NSW MH System, carer peer support, and supporting your loved one to create a wellness recovery action plan (WRAP).

MHCN continued their current training of Youth Mental Health First Aid, Mental Health First Aid for the Suicidal Person, and User's Guide to the NSW Mental Health System to a range of carers, consumers and professionals, with the highly experienced and engaging facilitators Madeleine Fabian and Suzanne Freund.

During 2017-2018, 32 people attended User's Guide training, 52 people attended Mental Health First Aid for the Suicidal Person, and 49 people attended Youth Mental Health First Aid.

MHCN internally revised their training package that is delivered to new students, volunteers, and staff, by writing a more comprehensive guide of how the mental health system works, referral pathways, complaint processes, and information around the Mental Health Act and the terms designated carer and principal care provider.

Training offers a forum not only to learn but also to participate and contribute ideas, experiences and knowledge to increase the understanding and contribute to improvements in the NSW mental health system and its engagement with carers.

MHCN's external training also involves liaising/reaching out to carer support services to develop relationships within our communities. MHCN has found it rewarding to develop relationships with groups that now have solid grounding in recovery principles and, for some, further participation in contributing to improvements in the mental health system. Ultimately, MHCN hopes that these groups continue and are able to achieve sustainability through mentoring newer members.



Helpline Coordinator and Facilitator Anne Stedman with Mad Music's Esther Pavel Wood

# Student and Volunteer Development

MHCN has continued to provide student and volunteer's opportunities to individuals including individuals with a lived experience of mental illness and/or caring for them. MHCN offered student placements to 6 students from a range of Universities (ACAP, UNSW & WSU) studying Masters of Social Work, and TAFE studying a Certificate IV in Mental Health. We also welcomed a new volunteer who started working on the Vietnamese Support Group Project which MHCN and Way Ahead received a grant from the City of Ryde from. All students and volunteers undertake an orientation process, including an extensive Helpline training with support from staff, with further opportunities for training and ongoing support from staff.

The students bring with them knowledge, skills and attitudes, as well as a genuine passion for working to support the community. It is a mutually beneficial relationship as MHCN provides students with practical opportunities to engage with a range of community organisations, mental health carers and people with a lived experience of mental health issues, as well as further training opportunities and attendance at forums and meetings. The students contribute to the continuous quality improvement of MHCN resources and provide vital support to our hard working staff, as well as supporting further training opportunities. Student's can also elect to participate in advocacy work including contributing to policy development, writing policy documents such as positions papers, and attend forums and meetings.



MHCN Student Placement Sophie, and Laura, Project Officer, at Carer's Day Out in Redfern 2017

# Events & Activities

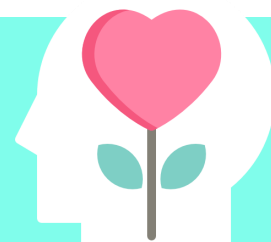


## Vietnamese Mental Health Support Group

In March 2018 MHCN, in conjunction with Way Ahead, applied for a grant from Ryde City Council to establish a Vietnamese Mental Health Support Group for individuals with a lived experience of mental illness, and their families, carers and friends.

MHCN and Way Ahead received a grant of \$10,000 to establish exciting new project for the Vietnamese community. MHCN and Way Ahead reached out to Transcultural Mental Health in the establishment phase of the project to discuss the type of training that the facilitators will need to lead the support group, and to discuss the ways in which we need to be culturally competent and appropriately connecting with the Vietnamese community. Former MHCN volunteer and Way Ahead student Abby Nguyen was instrumental in the development of this project, and we thank her for her dedication, time and hard work to this project. This is an ongoing project into 2019, and MHCN and Way Ahead are looking forward to working with Transcultural Mental Health, and for the support group to begin in late 2018. This project was supported by funding from City of Ryde.

## Peak Advisory Committee – Advocacy Planning Days



In the beginning of 2018 MHCN reevaluated the structure of the Peak Advisory Committees with two planning meetings, with representatives from the Carer Peak Advisory Committee, Younger Person Peak Advisory Committee, Older Person Advisory Committee, and Alcohol and Drug Peak Advisory Committee.

The Advocacy Planning Days resulted in the formulation of MHCN's Stakeholder Engagement Strategy (SES). The SES has been formed to detail specifically how MHCN plans to engage with our stakeholders and carers of a loved one with a mental illness throughout 2018, and to ensure that MHCN is engaging with stakeholders effectively.

The SES includes:

- A range of consultations to be held in various locations in NSW on a range of topics, such as the experience of carers in their loved ones transition to the NDIS and its impacts in Newcastle to help inform MHCN's Parliamentary Inquiry into the NDIS submission;
- Smaller and topical Mental Health Carer and Support Worker Forums to allow for a larger range of issues in the sector to be discussed, including the filming of the Forums so that they can be put on MHCN's YouTube so a broader range of people are able to view who may not be able to attend if they are living in regional and remote areas;



- Reaching out to Carer Peak Advisory Committee Members, our members and broader networks when MHCN is contacted by other stakeholders seeking feedback;
- The delivering of the Sydney Borderline Personality Disorder Mental Health Professionals Network (MHPN) quarterly, including the filming of the Forums so that they can be put on MHCN's YouTube so a broader range of people are able to view who may not be able to attend if they are living in regional and remote areas;
- Ad-hoc meetings for MHCN's Carer Peak Advisory Committee, Younger Person Peak Advisory Committee, Older Person Peak Advisory Committee, and Alcohol and Drug Peak Advisory Committee when issues arise in each sector which require discussion, feedback and further advocacy work. This is a big change from 2017, as each Committee met bi-monthly. The restructure of the Committees has allowed for more meaningful and effective engagement with specific issues;
- Using a range of ways to communicate with our stakeholders and carers, including teleconference, topical meetings when required as opposed to fixed scheduled meetings, email updates, surveys, questionnaires, and so forth. Having stakeholders from regional areas outside of Sydney means that attending face to face meetings is not always possible and can present obstacles, especially for many carers. Part of our Stakeholder Engagement Strategy is to not confine involvement and engagement, but to utilise a range of communicative avenues.



## Carer Experience of Service Survey

The Mental Health Carer Experience of Service Survey (CES) is being rolled out by InforMH, (the specialist mental health data management agency for NSW Health), under the direction of a Steering Committee jointly hosted and facilitated by InforMH and MHCN, project managed by Sarah Kelshaw. InforMH also collects and provides service data for benchmarking and other service improvement exercises by the Ministry. InforMH is on schedule to collect data from the Carer Experience of Service Survey in all mental health services, beginning in July 2018. MHCN assisted to develop and promote the survey. MHCN expects to provide a launch for the survey at the Mental Health Carer and Support Worker Forum to be hosted by MHCN in July 2018.

The CES has been developed by the Australian Mental Health Outcomes and Classification Network (AMHOCN) after careful consultation across Australia with mental health carers. It is the companion of the Your Experience of Service ('YES') survey designed for the consumers of mental health services. The CES is designed to help identify how carers are recognised, engaged in care and supported by public mental health services, when their loved ones are receiving care. NSW Health already requires all public mental health services to encourage all clients to complete the YES survey and report on this data. NSW Health is to be congratulated for its progress towards adopting the CES for all of its services (as well as the YES).



The CES is a very important feedback tool to allow services to meet their obligations under National Mental Health Service Standards and other policies. It is essential to collect and use the experience of people receiving assistance to improve their services. The CES will help to identify defects in service delivery which negatively impact on carers and the ability of carers to effectively support their loved ones. The CES allows for the state authorities to include additional questions and MHCN has worked with InforMH and the CES Steering Committee to develop two.

One of these (Q15) asks if carers have been given specific information about their loved one's case to allow them to provide appropriate care, and another (Q19) asks about whether carers have been advised about their rights as Designated Carers or Principle Care Providers under the NSW Mental Health Act. If it is appropriate for a carer to be involved in someone's support, then it is important that they are given the information to allow this to be done effectively. We congratulate the Mental Health Branch and the Ministry of Health in NSW for once again taking a leadership role in such an important area of reform. We have [dedicated a section to our website](#) to host information about the CES.



Laura Knight at NSW Parliament

## Consultations

In 2017-18 MHCN developed a new 'Stakeholder Engagement Strategy' (SES) based on feedback from Peak Advisory Committee Members, many of whom have lived experience as carers. As a peak body, MHCNs primary concern is to ensure that the voices of people who care for a person living with mental illness are heard and responded to by policy makers and service leaders. A key component of the new SES is a renewed focus on participatory consultation to inform the design and evaluation of MHCNs policy advocacy documents. This incorporates both regular Peak Advisory Committee meetings, online surveys and consultation events where MHCN meets with carers in a variety of locations.

In 2017-18 MHCN sought the views and opinions of carers on a variety of policy issues through surveys and consultations. Key examples include;

### Review of the Mental Health Commission

MHCN conducted an online survey of carers, consumers, clinicians and community members on the Mental Health Commission which received 66 responses and was used to inform our submission to the Mental Health Commission Review.

# Review of the Mental Health Review Tribunal in Respect to Forensic Patients

To inform MHCN's submission to the Review of the Mental Health Review Tribunal in Respect to Forensic Patients MHCN met with and interviewed carers of forensic patients and also conducted an online survey. 8 carers were interviewed, and 5 carers responded to the online survey. This is a good response rate given that there are 425 forensic mental health patients in NSW.

## 'Carers; Tell us What is Important to You!' Survey

MHCN conducted an online survey seeking carers' opinions and experiences of the mental health system. Importantly the survey aimed to identify which issues carers consider important in order to prioritise these in planning future policy advocacy. The survey provided important information around access to mental health supports, the NDIS and carer respite.

## Newcastle Carer Consultation

The 'Newcastle Carer Consultation' at Flourish Hunter discussed the changes which have occurred following the transition to the NDIS. Attendees were given the opportunity to identify how this had impacted them and tell us what they would like to be different about the NDIS. The information was used to inform our policy advocacy including a submission to the 'NSW parliamentary inquiry on the implementation of the NDIS and the provision of disability services in NSW'. The consultation event was a success due to the excellent partnership between Flourish Hunter who generously hosted the event and provided catering. MHCN would also like to note the contribution of Michaeli Gwilliam, Manager of Flourish Hunter in orchestrating the event.



## MENTAL HEALTH CARER & SUPPORT WORKER FORUM

In 2017 MHCN changed the format of the Annual Carer Support Worker Forum from a large one day event, to a series of smaller topical events. The topic of the first small forum was 'Seclusion and Restraint' which was held on the 7<sup>th</sup> September in the MHCN office in Woolloomooloo from 9am – 11am, with 20 attendees including a range of community support workers, individuals with lived experience, and carers and family members.

Presentations included;

- A lived experience consumer perspective by Kaye Stanton;
- A lived experience carer perspective by Lyn Anderson;
- The 6 core strategies to reduce seclusion and restraint by Carolyn Rae from NSW Health;
- Best Practice: success in a special needs school by Assistant Principal Chris Avent.

The topic of the second forum was 'The Benefits of Carer Peer Workers & Peer Workers' and was held on the 7<sup>th</sup> December in the MHCN office in Woolloomooloo from 9.30 – 11.30am with 30 attendees.

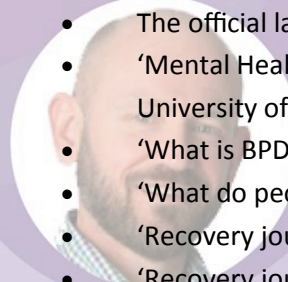
Presentations included;

- The benefits of carer peer workers and why they are needed by the first peer worker in NSW, Janette Hannaford;
- The carer peer worker role by carer peer worker and carer advocate Eileen McDonald;
- Peer work in Borderline Personality Disorder by Fiona Ng, Research Fellow from Project Air;
- Specialist mental health service for older people peer worker project by Grace Ongley from Specialist Mental Health Services for Older People on the Central Coast.

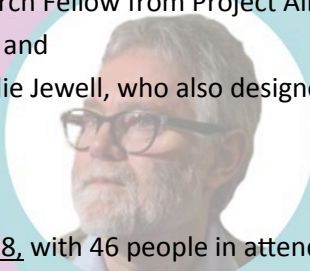
# Australian BPD Foundation and Sydney BPD Mental Health Professionals Network

In 2017 MHCN and the Australian BPD Foundation launched the Sydney BPD Mental Health Professionals Network, an interdisciplinary network of professionals with an interest in Borderline Personality Disorder. The Launch of the network was run in conjunction with our annual BPD Awareness Week event and was held on the 5 October 2017 at the Wesley Conference Centre in Sydney. Over 140 people were in attendance for the launch and event, to watch presentations on:

- The official launch of the Sydney BPD MHPN by Catherine Lourey, NSW Mental Health Commissioner;
- 'Mental Health Professionals Networks and BPD Network Aspiration, Q&A', by Professor Chris Willcox from the University of Newcastle;
- 'What is BPD and how can it be treated?' by Professor Brin Grenyer from Project Air Strategy;
- 'What do people with BPD want from treatment?' Fiona Ng, Research Fellow from Project Air Strategy;
- 'Recovery journey, a carer perspective' by BPD carer Peter Heggie; and
- 'Recovery journey, a consumer perspective' by BPD advocate Mahlie Jewell, who also designed all of the promotional materials for the event and launch.

  
Catherine Lourey  
NSW Mental Health  
Commissioner

  
Prof. Brin Grenyer  
Project Air Strategy



Assoc. Prof. Chris Willcox  
University of Newcastle

The beginning of 2018 saw the next meeting for the Network on March 28, with 46 people in attendance. The Meeting included a range of presentations from professionals and individuals with lived experience, including:

- 'Conversational model therapy. Other psychodynamic therapies and stepped care, Q&A' by Dr Anthony Korner;
- 'Radically open DBT: differences to traditional DBT and when to apply it, Q&A', by Rebecca Ciatto;
- 'Managing counter-transference reactions, Q&A' by Mitchell Howarth;
- 'Engaging people with BPD, a lived experience perspective, Q&A', by Shay Gilbert;
- Case study and panel by the presenters commenting from different perspectives.

The June 25 Meeting had 23 attendees, and included a range of presentations from professionals and individuals with lived experience, including:

- 'BPD traits of youth, Q&A', by Rebecca Ciatto;
- 'Importance of self-care for those who care for someone with BPD, Q&A', by Ann Brita Nilsson;
- 'Understanding suicide, Q&A', by Liz Whyte;
- 'Lived experience of caring for a partner with BPD, Q&A', by Peter Heggie.

  
Peter Heggie  
Carer Advocate



Mahlie Jewell  
Consumer Advocate

Flyer Design for the Launch of the Sydney BPD MHPN by Graphic Designer Mahlie Jewell





- **Don't Lose Your Marbles Challenge:** MHCN once again participated in the annual Don't Lose Your Marbles Challenge for the Blue Team, captained by CEO Jonathan Harms, looking to win the challenge for the second year running. This event aims to raise awareness of mental health and to break down stigma by engaging and connecting the community – unfortunately MHCN did not retain the title!
- **Carers Day Out 2017:** MHCN hosted an information stall at the Annual Carers NSW Carers Week Event 'Carers Day Out', where our staff and students provided support and resources to a range of carers in the community. The day was a big hit, with a free BBQ, massages and pampering, haircuts, and much more!
- **Justice Health Forensic Mental Health Family and Carer Networking Event:** MHCN staff attended and brought a range of information to hand out to forensic mental health carers and family members. MHCN was thrilled to listen to a range of music and poetry by individuals at the Forensic Hospital in what was an engaging and inspiring day.
- **BACKUP for Life Expo:** MHCN, with Way Ahead and Being, hosted a stall at the expo to provide information and resources for former NSW police, current NSW police, and their families.
- **Generation Next:** MHCN once again attended Generation Next, an annual Mental Health and Wellbeing of Young People Conference at Sydney Town Hall in August. MHCN hosted a stall with a range of information and resources for those who work with and support young people including teachers, counsellors, and mental health professionals.
- **Fair Day:** MHCN in partnership with WayAhead and Being held a stall at Fair Day in Victoria Park on the 18<sup>th</sup> February 2018 to provide information and resources to LGBTQI carers and families and engage with the LGBTQI community.
- **TheMHS:** Jonathan Harms, MHCN CEO presented at the Carer Forum at TheMHS in Sydney on the NDIS and the State Government Response.



Cupcakes for Wear it Purple Day



Laura & Alyce at Fair Day



Team Marbles Challenge 2017



NOFASD Awareness Afternoon Tea



Right: Laura and Caitlin at the Carer's Day Out Stall in October 2017 at Redfern Community Centre.



Below: Staff at Collective Purpose celebrating YES to Marriage Equality in November 2017.





# Staff Highlights

## Laura Knight Project Officer

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In January 2018 Laura transitioned from permanent part time 4 days a week to a full time staff member when Caitlin Bambridge, Program Manager, said goodbye to MHCN and hello to ACON.

Laura's current responsibilities include social media and communications, graphic design, coordination of MHCNs events, community engagement, managing MHCN internal training, Helpline support, membership, secretariat to the Peak Advisory Committees and the Australian BPD Foundation NSW Branch, Network Coordinator of the Sydney BPD MHPN, student supervision support, managing MHCNs website, and administration.

Laura coordinated the October 2017 Borderline Personality Disorder Event at the Wesley Centre in Sydney which was also the launch of the Sydney BPD Mental Health Professionals Network. The day was a great success, with over 140 attendees.

Laura is the Sydney BPD MHPN Network Coordinator and has coordinated the March and June MHPN Meetings post the MHPN Launch in October. The March MHPN included a range of presentations, including conversational model therapy, other psychodynamic therapies and stepped care, radically open DBT, managing counter transference reactions, and engaging people with BPD – a lived experience perspective, followed by a case study and panel. The June MHPN included a range of presentations, including BPD traits of youth, importance of self-care for those who care for someone with BPD, understanding suicide, and lived experience of caring for a partner with BPD.

Laura coordinated the Mental Health Carer & Support Worker Forums, which were revised and delivered in a range of shorter forums on a range of topics, to make it more accessible and broaden the reach of topics addressed for carers. In September 2017 Laura organised the first forum on Seclusion and Restraint, held in the MHCN office in Woolloomooloo. Laura also organised the second forum in December 2017 on the Benefits of Carer Peer Workers and Peer Workers.

In March 2017 Laura wrote the Social Support grant application from the City of Ryde to establish a Vietnamese Mental Health Support Group for both carers and consumers, and was successful in securing \$10,000 to execute this exciting new project. Laura subsequently worked on this project with Way Ahead, with support from Transcultural Mental Health, in developing the project plan and timeline, interviewing potential support group facilitators, heading the graphic design, supporting content development, and organising the Launch event for the Vietnamese Support Group.

Laura has also redeveloped the Carer Connections Helpline Training for MHCN staff, students and volunteers, by including more extensive information such as outlining the changes to the Mental Health Act including the change of terminology of designated carers and principal care providers, how to access psychologists and psychiatrists, the Family and Carer Mental Health Program, and with further resources and helpful referrals that are available for carers and families.

Laura also wrote the MHCN position statement on the distinction between carers of a person with substance misuse issues and carers with substance misuse issues in March 2018.



# Anne Stedman

## Helpline and Training Coordinator

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Anne Stedman stepped down as President from the Board of MHCN, after 10 years dedicated service, to take on the role of Helpline and Training Coordinator on a permanent part-time basis, and in preparation for supporting the office during the CEO's well deserved 6 week holiday from 18th April to 30th May 2018. Anne brings with her in depth knowledge of MHCN, TAFE Mental Health Cert IV and Diploma teaching experience, membership of the NSW Mental Health Commission's Lived Experience Advisory Group as well as lived experience as a mental health carer to this role.

Anne undertook a review of current training resources, undergone consultations with carers and developed new resources based on feedback from focus groups, and compiled data/evidence of outcomes. Anne's role also involves liaising/reaching out to carer support services to develop relationships within our communities.

An important aspect to the training is the recording of pre and post evaluations of the experience to capture outcomes as well as suggestions for future topics and continuous improvements in delivery.

Since undertaking the role of Helpline Coordinator, Anne has reviewed MHCN processes, data collection tools and utilisation of data to provide evidence of carer concerns and gaps/anomalies in service provision. MHCN is working collaboratively with Way Ahead on improvements in data collection and acquiring feedback from callers to improve the quality of our service and ensuring that our referrals are effective.

Social work students undertaking placement at MHCN have provided excellent support for MHCN's limited staff in managing MHCN's Helpline calls. In the interest of sustainability and providing capacity building opportunities for mental health carers wishing to develop their skills and help others, Anne has recently put out an expression of interest, and is seeking to build a supportive team of volunteers. It is imperative that people in this role are provided with training and that the organisation follows trauma-informed practice, not only in their support of callers, but also in supporting workers and volunteers.

Anne and Andre Maddocks, a Master's Social Work placement, undertook a Newcastle Carer Consultation as part of MHCN's Stakeholder Engagement Strategy 2018 on the 23rd May at Flourish Hunter. They provided a short presentation, followed by a focus group, around the impacts of loved one's NDIS supports.

Anne is looking forward to mentoring social work student placements at MHCN in the latter half of 2018 and 2019, and focusing on developing the Helpline to further engage with carers.



# Peta Smit-Colbran

## Policy Officer

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Peta was employed as a Policy Support Officer for two days per week in 2017-18. Her current responsibilities include providing policy analysis and advice on issues affecting mental health carers by writing submissions, correspondence, position papers and representing MHCN on external committees. Peta is also a Carer Connections Helpline operator and is involved with MHCNs Peak Advisory Committees.

In 2017-18, Peta wrote a number of advocacy documents on key policy issues related to mental health and the criminal justice system. These included, correspondence to the Attorney General of NSW, the NSW Minister for Mental Health and the Director of the Department of Public Prosecutions (DDPP) in relation to access to diversion through the criminal justice system. Currently magistrates are reliant on the existence of appropriate mental health treatment services which are often overstretched and under resourced to provide an effective order for diversion. The letter recommended amendments to the Mental Health Act (2007) and Mental Health (Forensic Provisions) Act (1990) and the DDPPs guidelines to public prosecution be changed to provide comprehensive guidance on the prosecution of people living with mental illness, to mandate diversion to mental health treatment for people who offend owing to mental ill health and to increase options for diversion under the act. The letter also drew attention to MHCNs position that the assets of carers should not be included in the means testing for legal aid.

Peta also assisted with the development of the submission to the Review of the Mental Health Review Tribunal in regard to Forensic Patients. Peta worked in partnership with the Carer Engagement of Officer at Justice Health to interview carers of forensic patients to gain insight into their experiences of the Mental Health Review Tribunal. The submission highlighted the need for carers of forensic patients to receive supports, including carers who are also considered to be 'victims of the index offence'. The submission also addressed the need for carers to be included in and supported through Tribunal processes so that their views are heard and considered. The final report of the Review of the Mental Health Review Tribunal was positive, including recommendations to increase opportunities for 'registered victims' to provide input to the tribunal and to increase support services for 'victims'. As MHCN highlighted in the submission 'victims' are often the carers of the person who committed the offense.

Other key policy documents which Peta was involved in writing include correspondence on access to social security payments for people living with comorbid mental illness and substance use issues and the impact of the implementation of the NDIS to carers access to supports such as respite. Peta also represented MHCN on a number of external committees including the Older Persons Mental Health Working Group and attended the Specialist Older Persons Mental Health Services Benchmarking Forums. Key issues discussed included new model of care for Specialist Older Persons Mental Health Services and the Patient Safety Initiative.

To increase MHCNs reach to a broad range of carers Peta represented MHCN and promoted mental health carer re-courses at public events such as GenNext and Fair Day. Peta also developed the 'Top Tips for Carers Recognising FASD' resource and the 'Transfer of Care Checklist'. The transfer of care checklist provides information to carers around discharge planning from mental health services. It is designed as a tool for carers to use to talk with hospital staff so that they can prepare for the person they care for to come home.



# Richard Baldwin

## Senior Policy Officer

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Richard has continued his contribution as a senior policy officer employed for five hours a week during 2017/18. His responsibilities range of developing MHCN's approach to 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.

Richards's responses to NSW Ministry of Health Papers included:

- Comments on the draft NSW Strategic Framework and Workforce Plan for Mental Health 2018–2022
- Submission to the Review of Seclusion and Restraint use in NSW
- Submission to the Review of the NSW Mental Health Commission

Richard's correspondence and document preparation included:

- Letter to the NSW Minister for Health on the policy of the use of private insurance for mental health patients in NSW public hospitals [NB: The Minister's response acknowledged our concerns and in August 2018 the Ministry of Health released a revised policy on private patient election with specific reference to the need for the assessment of capacity for mental health patients to make decisions in relation to their insurance status.]
- First draft of chapter on Carer for the 4th edition of Mental Health in Australia
- Participated in the Way Ahead policy committee

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

- Central and South Eastern Sydney Primary Health Network working party on the Regional Mental Health and Suicide Prevention Plan
- NSW Clinical Advisory Council
- MSW Ministry of Health Community Living Supports and HASI Peak Stakeholder Forum
- Benchmarking Forum Acute Adult Mental Health
- Benchmarking Forum Older Persons Mental Health Services
- Benchmarking Forum – Rehabilitation and long stay units across NSW
- Older Persons Mental Health Advisory Committee



# Board Members

Anne Stedman	President
Jenny Learmont	Vice President
Fayez Nour	Treasurer
Madeleine Fabian	Secretary
Lynda Walton	Ordinary Board Member
Linda Manoukian	Ordinary Board Member
Kristine Havron	Ordinary Board Member
Karin Wright	Ordinary Board Member
Michael Granziera	Ordinary Board Member
Leisa Doherty	Ordinary Board Member
Carla Brown	Ordinary Board Member
Tess Dellagiacoma	Ordinary Board Member
Amelia Martinez	Ordinary Board Member

# Volunteers & Students

Abby Nguyen	Volunteer
Zafer Yalcin	Volunteer
Bi Yun Wood	Volunteer
Cassandra Hastie	Student: WSU
Katie Jones	Student: UNSW
Andre Maddocks	Student: ACAP
Sophie Armstrong	Student: ACAP
Kennedy Anyanwu	Student: ACAP
Josh Heilpern	Student: TAFE

# Carer Peak Advisory Committee

## Members

Anne Stedman	Alcohol & Drug Peak Advisory Committee
Chris Avent	Younger Person Peak Advisory Committee
Carolina Simpson	Older Person Peak Advisory Committee
Doug Sewell	Peak Advisory Committee
Eileen McDonald	Peak Advisory Committee
Erika Ballance	Peak Advisory Committee
Jill Faddy	Older Person Peak Advisory Committee
Jenny Learmont	Peak Advisory Committee & Alcohol & Drug Peak Advisory Committee
Kerry Searle	Younger Person Peak Advisory Committee
Kris Havron	Peak Advisory Committee & Alcohol & Drug Peak Advisory Committee
Laura Knight	Younger Person Peak Advisory Committee
Leahkena Suos	Peak Advisory Committee
Lynda Walton	Older Person Peak Advisory Committee
Lyn Anderson	Peak Advisory Committee
Linda Nador	Alcohol & Drug Peak Advisory Committee
Louise Gray	Alcohol & Drug Peak Advisory Committee
Liz Fitzsimons	Peak Advisory Committee
Mag Eli	Younger Person Peak Advisory Committee
Peter Heggie	Peak Advisory Committee
Rob Wellman	Peak Advisory Committee
Robyn Smith	Alcohol & Drug Peak Advisory Committee
Richard Baldwin	Older Person Peak Advisory Committee
Sandy Ogier	Peak Advisory Committee
Satu Beverly	Younger Person Peak Advisory Committee
Sharyn McGee	Older Person Peak Advisory Committee
Tom Hinton	Older Person Peak Advisory Committee
Tony Humphrey	Peak Advisory Committee

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

**FINANCIAL REPORT  
FOR THE YEAR ENDED  
30 JUNE 2018**

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 2018.

**Committee Members**

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

Jenny Learmont (President)

Fayez Nour (Treasurer)

Lynda Walton

Linda Manoukian

Madeleine Fabian

Lelsa Doherty – elected 28 November 2017

Michael Granzia – elected 28 November 2017

Anne Steadman – resigned 7 March 2018

Amelia Martinez – resigned 18 December 2017

Kristine Havron – resigned 7 November 2017

Teresa Dellagiacoma – retired 28 Nov 2017

Carla Brown – elected 28 November 2017; resigned 21 May 2018

Karen Wright – elected 28 November 2017; resigned 17 August 2018

**Principal Activities**

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

**Significant Changes**


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

**Operating Result**


The profit of the association after providing for income tax amounted to \$40,105.

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

President:

  
Jenny Learmont

Treasurer:

  
Fayez Nour

Dated:

19. 11. 2018

*The accompanying notes form part of these financial statements.*

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

**INCOME AND EXPENDITURE STATEMENT**  
**FOR THE YEAR ENDED 30 JUNE 2018**

	Note	2018 \$	2017 \$
<b>INCOME</b>			
Donations Received		28,677	26,569
Grants Received		382,045	372,727
Other grants		39,648	10,261
Membership Fees		-	-
		450,370	409,557
<b>OTHER INCOME</b>			
Interest Received		2,264	1,158
Other Revenue		78,013	39,496
		80,277	40,654
		530,647	450,211

*The accompanying notes form part of these financial statements.*

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

**INCOME AND EXPENDITURE STATEMENT**  
**FOR THE YEAR ENDED 30 JUNE 2018**

	Note	2018 \$	2017 \$
<b>EXPENDITURE</b>			
Auditor's Remuneration		5,930	6,080
Amortisation		499	499
Bank Charges & Interest		1,361	194
Book stocks		-	1,270
Carers Accom & Travel		972	2,181
Conference Expenses		300	5,820
Consultancy Fees		2,200	500
Depreciation		1,398	2,762
Events & Workshops		15,417	1,574
Filing Fees		173	190
General Expenses		377	287
Insurance		9,411	8,260
Postage		397	707
Printing, Stationery & Copier		1,625	3,724
Programs, Resources & Training		12,465	11,420
Service Promotion		351	181
Wages & Fringe Benefits		258,815	241,691
Shared Services & HUB charges		128,203	124,800
Sponsorship		368	1,075
Staff Training & Welfare		1,321	1,682
Subscriptions & Memberships		15,757	8,151
Superannuation Contributions		22,819	22,158
Telephone & Internet		4,362	8,143
Travelling & Accommodation		6,021	5,580
		490,542	458,929
Profit before income tax		40,105	(8,718)
<b>Profit for the year</b>		40,105	(8,718)
Retained earnings at the beginning of the financial year		42,911	51,629
<b>Retained earnings at the end of the financial year</b>		83,016	42,911

*The accompanying notes form part of these financial statements.*

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

**ASSETS AND LIABILITIES STATEMENT**  
**AS AT 30 JUNE 2018**

	Note	2018 \$	2017 \$
<b>ASSETS</b>			
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	3	91,322	62,076
Trade and other receivables	4	37,514	34,184
<b>TOTAL CURRENT ASSETS</b>		<u>128,836</u>	<u>96,260</u>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	5	2,046	3,943
<b>TOTAL NON-CURRENT ASSETS</b>		<u>2,046</u>	<u>3,943</u>
<b>TOTAL ASSETS</b>		<u>130,882</u>	<u>100,203</u>
<b>LIABILITIES</b>			
<b>CURRENT LIABILITIES</b>			
Trade and Other Payables	6	19,813	42,812
Employee Provisions		13,273	14,480
<b>TOTAL CURRENT LIABILITIES</b>		<u>33,086</u>	<u>57,292</u>
<b>NON-CURRENT LIABILITIES</b>			
Employee Provisions		14,780	-
<b>TOTAL NON-CURRENT LIABILITIES</b>		<u>14,780</u>	<u>-</u>
<b>TOTAL LIABILITIES</b>		<u>47,866</u>	<u>57,292</u>
<b>NET ASSETS</b>		<u>83,016</u>	<u>42,911</u>
<b>EQUITY</b>			
Retained earnings	7	83,016	42,911
<b>TOTAL EQUITY</b>		<u>83,016</u>	<u>42,911</u>

*The accompanying notes form part of these financial statements.*



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

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2018**

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**NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Financial Reporting Framework**

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.

**Statement of Compliance**

The financial report has been prepared in accordance with NSW Associations Incorporation Act 2009, the basis of accounting specified by all Accounting Standards and Interpretations and the disclosure requirements of Accounting Standards AASB 101: Presentation of Financial Statements, AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors, AASB 1031: Materiality and AASB 1054: Australian Additional Disclosures.

**Basis of Preparation**

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.

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

**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2018**

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**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 2018**

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**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 2018**

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**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 2018**

	2018 \$	2017 \$
<b>2 Revenue</b>		
<b>Revenue from Continuing Operations</b>		
Interest	2,264	1,158
Grants Received	382,045	372,727
Other	28,677	26,569
	<u>412,986</u>	<u>400,454</u>
<b>3 Cash and Cash Equivalents</b>		
Cash on Hand	264	264
ING Business	40,734	37,170
Bendigo Bank	8,345	5,161
Bendigo Bank - Operating Account	41,744	19,131
Bendigo Bank NR	235	350
	<u>91,322</u>	<u>62,076</u>
<b>4 Trade and Other Receivables</b>		
<b>Current</b>		
Rental Bond	70	70
Input Tax Credits	4,705	8,264
Deposits Paid	545	494
Other Debtors	32,194	27,509
	<u>37,514</u>	<u>36,337</u>
<b>5 Property, Plant and Equipment</b>		
Office Furniture & Equipment	21,892	21,892
Less: Accumulated Depreciation	(20,349)	(18,951)
	<u>1,534</u>	<u>2,941</u>
Website	2,499	2,499
Less: Accumulated Amortisation	(1,996)	(1,497)
	<u>503</u>	<u>1,002</u>
<b>Total Plant and Equipment</b>	<u>2,046</u>	<u>3,943</u>
<b>Total Property, Plant and Equipment</b>	<u>2,046</u>	<u>3,943</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 2018**

	2018 \$	2017 \$
<b>6 Trade and Other Payables</b>		
<b>Current</b>		
Trade Creditors	7,034	24,950
GST Payable	3,248	6,110
Amounts Withheld	2,828	2,445
Superannuation Payable	6,703	7,153
	<u>19,813</u>	<u>40,658</u>
<b>7 Retained Earnings</b>		
Retained earnings at the beginning of the financial year	42,911	51,629
Net loss attributable to members of the company	40,105	(8,718)
Retained earnings at the end of the financial year	<u>83,016</u>	<u>42,911</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 \$4,300 was paid to her for her consultancy 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, Jenny Learmont 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 2018.

President:   
Jenny Learmont

Treasurer:   
Fayeze Nour

Dated : 19. 11. 2018

**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 2018, 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 in all material respects, the financial position of the association as at 30 June 2018 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 2017.

**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 2017 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 Director:   
Ronald G Goss

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

Dated: 23rd November 2018.

Liability limited a scheme approved under  
Professional Standards Legislation.

# ABOUT MHCN

Mental Health Carers NSW (formerly Arafmi NSW) is a non-government organization that provides systemic advocacy and support for families, relatives and friends of people touched by mental health experience.

MHCN reaches out with friendship and understanding to all whose lives are touched by a mental health problem. We aim to maintain and improve existing levels of support services to all relatives and friends of people with a mental illness.

As the peak body for mental health carers in NSW, MHCN is regularly asked to provide feedback on policies and services on behalf of carers to the NSW Ministry of Health and to Local Health Districts. By influencing changes in policy, legislation and service provision, MHCN makes a positive difference to the mental health system for carers. In order to provide accurate and representative feedback, MHCN talks to people with lived carer experience across NSW.

The aims and objectives of MHCN are to:

- Be a voice for families and carers of people with a lived experience of mental illness;
- Advocate for governments and health services in policy, planning and evaluation to recognise families and carers' experience, knowledge and rights; Assist in family and carer focused research and its application to health service delivery;
- Collaborate within and across the sectors to promote systemic reform to better meet carer needs;
- Educate the community to reduce stigma and the social isolation of carers and those for whom they care and the challenges they face;
- Promote respect for the carer's lived experience and expertise about those for whom they care; and
- Support carers to access appropriate care for their loved ones regardless of culture, language, gender or age while respecting cultural differences and individual special needs; whether or not they choose to become members of MHCN.



# MHCN

mental health carers nsw

[www.mentalhealthcarersnsw.org](http://www.mentalhealthcarersnsw.org)  
[www.twitter.com/MHCARERSNSW](https://twitter.com/MHCARERSNSW)  
[www.facebook.com/mentalhealthcarers](https://www.facebook.com/mentalhealthcarers)  
carer connections helpline 1300 554 660  
general line 02 9332 0777  
suite 501, 80 william st, woolloomooloo, 2011  
funded by the mental health commission of nsw