



MENTAL HEALTH CARERS NSW ANNUAL REPORT

2019/2020

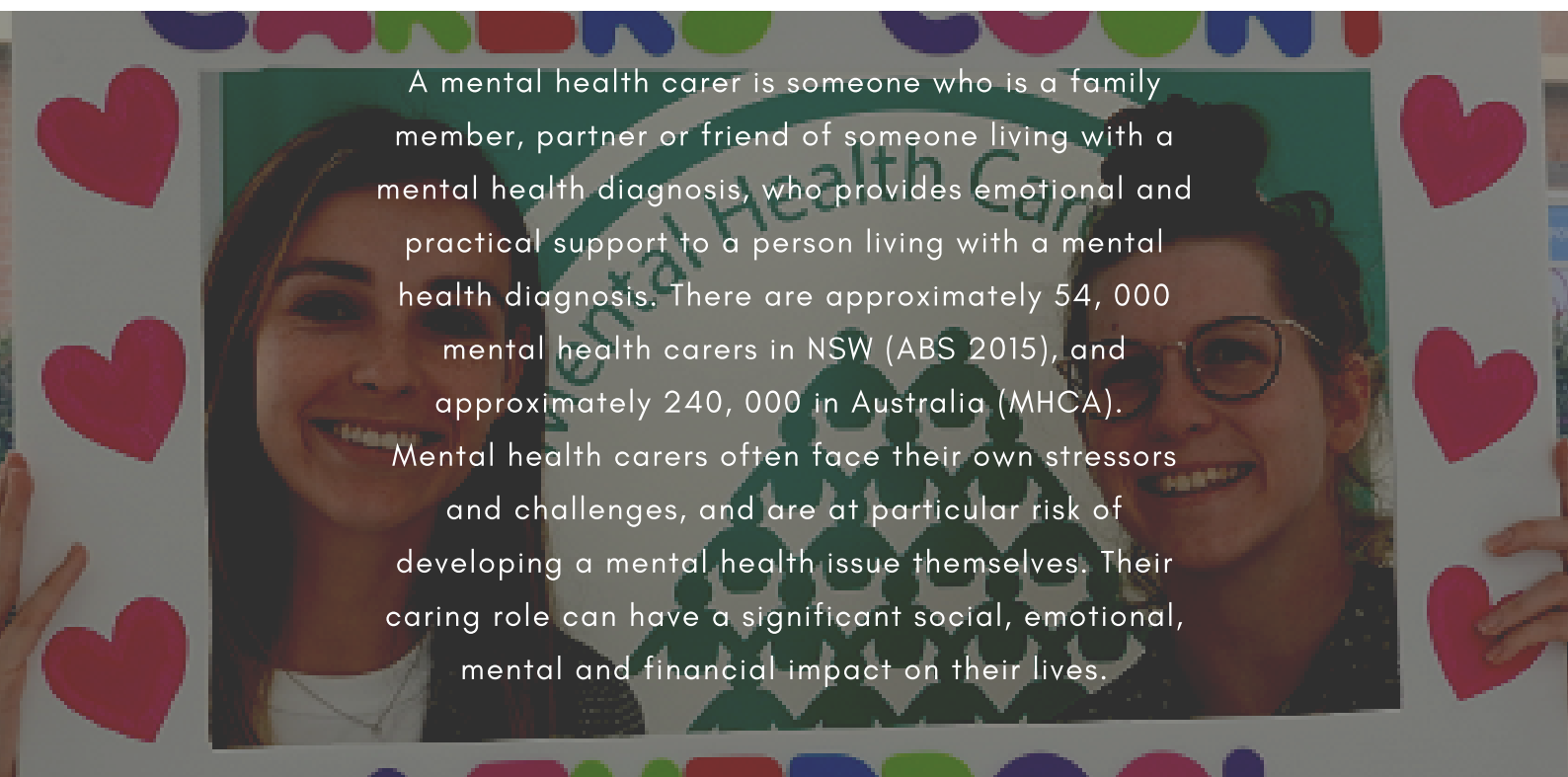
**EMPOWERING CARERS
FOR MENTAL HEALTH**

WHO ARE MHCN?

EMPOWERING CARERS FOR MENTAL HEALTH

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

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



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



PRESIDENT'S REPORT

JENNY LEARMONT, AM, HON. MD
MHCN BOARD PRESIDENT

When I was writing my 2019 report at about this time last year, I never in my wildest dreams imagined that in 2020 a pandemic would bring the world to its knees wreaking a terrible mental well-being and financial toll across the globe. Throughout most of this year, lock-down restrictions caused distress, loneliness, and feelings of hopelessness for many, and our carers and their families have been particularly impacted.

Mental Health Carers NSW (MHCN), the NSW peak mental health carer Community Managed Organisation, led by CEO Jonathan Harms and his amazing team, has managed to support carers and their families during these difficult times by the use of Zoom facilities. Zoom has been beneficial in many ways as it has enabled us to reach many more carers from across the state than previously.

In 2020 Jonathan and I represented MHCN at (Zoom) meetings held by Mental Health Carers Australia (MHCA). Under the strong leadership of its President Jerome Coggin and CEO Katrina Armstrong, MHCA is becoming an increasingly powerful national advocate for carer rights and carer issues in Australia.

The MHCN team attended a recent MHCA virtual face to face meeting with the board of MHCA during which Vice President, Kerry Hawkins, who has been assisting MHCN with its co-design projects made some very complimentary comments on the work being done by our team.

MHCN has a highly experienced board and executive finance committee. Andrew Pryor continues as a truly outstanding treasurer and he is supported by a strong board that is untiring in its efforts to support MHCN. I should like to once again express my heartfelt thanks to our extremely dedicated CEO, Jonathan Harms, and the staff, volunteers and students he leads, for their commitment to the well-being and support for carers, families and friends.

Finally, I wish to acknowledge and thank our major funding body, The Ministry of Health, for its ongoing support and recognition of the important role MHCN plays as the mental health carer peak organisation. I will conclude again with my favourite saying:

“When times are tough and things aren’t going to plan and the outcome is not as expected, Never give up hope. Hope is not a fairy tale ending but a gritty commitment to the recovery journey, When hope is knocked down it gets up.”

Jenny Learmont



CEO'S REPORT

JONATHAN HARMS, CHIEF EXECUTIVE OFFICER MHCN

Greetings Mental Health Carers of New South Wales and Australia! The financial year 2019 – 2020 has been both an incredibly challenging and an extremely rewarding one for Mental Health Carers NSW, ('MHCN', formerly ARAFMI NSW Inc.).

At the beginning of 2019 – 2020, MHCN faced a year of major changes and challenges. The Collective Purpose ('CP') co-location arrangements had come to an end at the end of the 2018-2019 financial year and MHCN, along with partners WayAhead and Being had to determine new arrangements for its corporate services, Financial, Human Resources and Administrative; as well as resolving issues under the CP Joint Venture Agreement and finding new premises along with new co-location partners Smart Recovery and International Social Services.

In addition, MHCN was successful in obtaining grants for new projects, being funded right at the beginning of the financial year for the Carer Lived Experience Advocacy Project (C-LEAP), by the NSW Mental Health Commission.

MHCN then applied for and succeeded in being awarded an Information, Linkages and Capacity ('ILC') Grant from the Commonwealth to co-design training to help carers support their loved one's.

MHCN was also recognised as a partner to assist with a third major project, the roll out of the federally funded Carer Gateway with the Benevolent Society for the central NSW region, by providing specialised training about carers.

MHCN needed to enhance its delivery capacity around capacity development for mental health carers as well as enhancing its project management processes. To help build such capacity, MHCN took on some smaller projects, including a collaboration with the Australian College of Applied Psychology ('ACAP'), where MHCN supervised 9 international students in projects including one relating to university supports for international students and the other being an examination of understandings of mental health in the Nepalese community.

MHCN thus supported some excellent peer research as well as enhancing its own capacity development around this as well as student supervision methods and processes, assisted by Anne Stedman, Katie Jones and Peta Smit-Colbran.

Katie, supported by Peta and Laura Knight (and others), organised the initial implementation of the C-LEAP project. Katie organised two events, one for Mental Health Month and the other for Carers Week. The Mental Health Month project was titled 'Sharing the Caring Journey' and included co-developing 'Purposeful Storytelling' training which was then delivered to a group of carers who shared their lived experience with an audience. The Carers Week event was titled 'Lunch & Learn' and involved an educational, self-care half day for carers

Peta undertook an extensive research into co-design and also supported C-LEAP, as did Akanksha Bhatia, reviewing MHCN's ability to engage in advocacy through social media and to support carers to do so, a gap in MHCN's advocacy armoury revealed by its tepid support for carer engagement with the Caring Fairly Campaign supported by Mind and Mental Health Carers Australia, ('MHCA'). Akanksha Bhatia was originally hired to assist with the strategy and content of MHCN's social media capacity building and she and Laura are now revamping the website and Stakeholder Engagement Strategy.

MHCN also maintained our standard round of policy activities, working with NSW Health's state-wide policy committees (like Clinical Advisory Council), and special project committees (such as that reviewing the NSW Health Policy Directive on Seclusion and Restraint) and the Mental Health Commission on advocacy matters, the Lived Experience Framework and the review of the Commission, as well as things like the Commission's a Health Literacy Initiative.

MHCN wrote impactful and important submissions on the recognition of Human Rights in our mental health and other systems, to the Productivity Commission on its review of the mental health system and to the Royal Commission on Aged Care, setting a high standard for both practical advocacy and ethical innovation.

MHCN achieved all this, despite moving premises in December / January and working from home since March due to the COVID-19 pandemic, while picking up new policy projects (like the COVID-19 Committee convened by the Mental Health Commission and MHCN's 'Carer COVID-19 Experience Report' based on MHCN's survey of carers) and continuing to implement strategic process improvement projects across the organisation, including more effective policy support to MHCA.

This has required the concerted effort of staff, Board, volunteers, co-designers, co-design consultant (National Mental Health Commissioner, Kerry Hawkins), as well as carer stakeholders and system funders and organisational collaborators. But all these people and organisations have made the tremendous effort needed to achieve an excellent result for MHCN in 2019-2020, as we learn from the past and design our future together. On behalf of the mental health carers of NSW and their loved ones, thank you all very much!



MHCN'S STRATEGIC PLAN 20 – 23

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1. Influence Policy Leadership & Reform

- 1.1 Advocate for the needs and views of mental health carers at the systemic level in NSW state mental health, carer and related policy processes; and with service providers and policy makers on other relevant state or national issues.
 - 1.2 Promote and support mental health carer participation, leadership and advocacy in policy, co-design and service delivery processes.
 - 1.3 Develop, maintain, and leverage strategic relationships for advocacy.
 - 1.4 Promote the voice of mental health carer lived experience in the sector & community.
 - 1.5 Promote a mental health system that is open to everyone who needs it when they do, providing a safe and competent partner in case to mental health carers that promotes recovery through trauma informed services.
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2. Mental Health Carer and Community Capacity Development

- 2.1 Developing and supporting mental health carer capacity in care and advocacy through information, learning, mutual support and development.
- 2.2 Promoting and using co-design and co-delivery concepts for external and internal service and system reform.
- 2.3 Promote development of capacities for services and system to effectively recognise, engage and respect the lived expertise of mental health carers.
- 2.4 Promote development of lived experience mental health carer networks and capacity for self-advocacy and mutual support through social media and emerging technology.

3. Mental Health Carer Networks, Peer Support & Self-Advocacy

- 3.1 Create a multi-faceted stakeholder engagement strategy and program to better engage mental health carers with MHCN to more effectively promote their voices.
 - 3.2 Broaden the population of carers engaged with, targeting diverse populations to better represent the diversity of mental health carers in the Australian community
 - 3.3 Promote innovation and research for, by and with mental health carers.
 - 3.4 Reduce stigma and improve social inclusion of mental health carers by informing and educating the community.
 - 3.5 Promote the role of mental health carers mutual support including carer peer workers and lived experience workers.
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4. Continuous Organisational Development and Improvement

- 4.1 Develop an outreach program as part of a co-designed engagement strategy to build collaborative networks of mental health carers, identifying and developing capacity of carers to participate, educate and collaborate.
- 4.2 Develop in-house co-design capacity including a co-design committee to work under the Board, with staff and other stakeholders to support the development of the organisation, its programs, engagement strategy advocacy, and tools.
- 4.3 Promote engagement with MHCN through multiple channels and levels of engagement from membership to subscription to program participation.
- 4.4 Identify and develop ethical and sustainable funding opportunities to remove cost as an obstacle to engagement and promote sustainability.
- 4.5 Conduct a co-designed review of MHCN systems for continuous quality improvement and accreditation.



MHCN
Mental Health Carers NSW

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funded by the NSW Ministry of Health



CONTINUOUS ORGANISATIONAL DEVELOPMENT & IMPROVEMENT

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OVERVIEW OF CONTINUOUS ORGANISATIONAL DEVELOPMENT & IMPROVEMENT

JONATHAN HARMS, CHIEF EXECUTIVE OFFICER MHCN

The December 2019 Staff Planning Day reviewed MHCN's operations of 2019 and sought to identify both opportunities for organisational improvements as well as the scope and approach to implementation of 3 new capacity development (training) projects.

General findings were that while MHCN had achieved results in advocacy and training as well as its events, feedback and analysis indicated that MHCN could achieve improvements in performance by the better design and implementation of business processes. The allocation, sharing and recording of tasks particularly needed improvement. Clarifying the roles of staff members would empower staff and facilitate better collaboration between MHCN and carers. To maximise efficiency, sustainability, and compliance with new processes, where possible new business processes would be supported by software in the Office 365 suite and would be aligned with the: reviewed MHCN's Strategic Plan including Mission and Vision (due 2020); reviewed MHCN's Stakeholder Engagement Strategy and organisational activities; and MHCN's new projects and services co-designed with mental health carers.

The Board, Staff and carer stakeholders reviewed the Mission and Vision in the MHCN Constitution as part of the Strategic Plan Review at the (MHCN) Carer Peak Advisory Committee and joint staff and Board meetings in February 2020. The revised MHCN strategy and Strategic Plan calls for the organisation to:

- Seek external funding for carer capacity development so that this can be delivered free to carers and in collaboration with carer organisations and peer groups with no cost barriers and close to where the carers live and in their networks.
- Develop deeper relationships with more carers by providing co-identified and co-designed capacity development training through partner organisations and peer groups in: 'capacity in care, (including self-care), capacity in advocacy; (including self-advocacy, systemic advocacy through story telling including via social media and advocacy for their loved ones with services); and capacity in reform and governance; on committees, via co-design and through participation in consultations, etc.
- Use the new relationships with carers and carer organisations to engage carers in systemic advocacy activities.

The Strategic Plan domains have been realigned and the new organisational structure will create functional teams to deliver outcomes in these domains:

- Policy and Advocacy Team, or 'PAT'
- Capacity Development Team, or 'CDT' (includes the Co-Design Committee)
- Stakeholder Engagement Team, or 'SET' (including the Network Register) and
- Business and Organisational Support Services, or 'BOSS'.

MHCN 'pitched' these ideas to the NSW Mental Health Commission, which liked them so much they have funded a major new project, the Mental Health Carers Network Register which MHCN will use to underpin the new Strategy. Alyce Cannon was subsequently recruited to the Project Manager role, and 11 carers recruited to a standing 'Co-Design Committee' to support this and other projects. MHCN's process improvement projects are continuing to enhance the efficiency, sustainability, and safety of MHCN operations and will culminate in the accreditation of the organisations with funding provided by the Commission in the first half of 2020, complete with a new manual of software supported business processes. Well done to all staff and stakeholders for their patience and commitment in achieving these results.

MHCN BOARD

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Lynda (Vice President). Lynda has been a carer in a number of capacities for many years. She has a particular interest in older person's mental health and aged care advocacy, and has volunteered as a mental health advocate in her local community.



Andrew (Treasurer). Andrew has over 30 years of financial corporate experience. He is passionate about improving mental health across society, and has particular interest in youth mental health. Andrew also has lived experience of being a carer for his daughter.



Chris (Secretary). Chris is the assistant principal of a school focusing on mental health and special educational needs. She has worked with MHCN for a number of years including presenting at forums and developing resources. She supports her grandchildren with mental health needs.



Madeleine (OBM). Maddy is a MHFA instructor and the founder of Meeting Minds training, which specialises in providing MHFA training for young people and adults who support them.



Lyn (OBM). Lyn sits on a number of state-wide, hospital and NGO committees and advisory groups representing carers. She also has a lived experience of caring for a loved one with a mental illness.



Rob (OBM). Rob has worked with MHCN and the regional ARAFMs for many years. Rob is a passionate community carer advocate and also has a lived experience of caring for a loved one with a mental illness.



Catherine (OBM). Catherine manages a team of carer advocates in the Hunter New England region, and particularly understands mental health issues living in rural and remote communities. She also has a lived experience of caring for a loved one with a mental illness.



Jodie (OBM). Jodie facilitates a carers group in Cootamundra and is passionate about informing and empowering carers, as well as advocating for others. Jodie is a carer for 2 children with mental health issues and disabilities.

MHCN STAFF

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Laura Knight - Business & Organisational Support Services Manager

How would you describe working at MHCN?

I enjoy working with a great team of passionate people and meeting the many carers out there that constantly inspire me with their stories and experiences.

What have been your key achievements in the last year working at MHCN?

Developing the FAQ carer resource, working on MHCN's website, watching student placements enjoy their time with us, and transitioning online during COVID 19!

What do you hope the next year brings?

Meeting lots of wonderful carers in expanding the way that we work e.g. using new co-design processes, and through exciting new projects like the Network Register.

Anne Stedman - Trainer & Facilitator

How would you describe working at MHCN?

My experience of working at MHCN has been the most enjoyable and fulfilling role I have had. Our team is a diverse range of ages and backgrounds, yet we all come together with a passion for social justice and representing the voices of mental health carers in NSW.

What have been your key achievements in the last year working at MHCN?

I have implemented 2 training workshops - recovery oriented practice and inclusive care planning, and have been engaged in co-review of existing and co-design of 2 new training packages. I have also engaged with social work students which is a great learning opportunity for myself and the talented professionals of the future.

What do you hope the next year brings?

I am intending to incorporate changes in my training delivery brought about through COVID measures to engage in more online activities and extend the MHCN presence and advocacy representation to more diverse populations and regions of NSW.

**Katie Jones - Capacity Development Project Officer****How would you describe working at MHCN?**

It is like working within a melting pot of like minded yet diverse people who are kind, intelligent, passionate and fun! MHCN has a wonderful workplace culture. I feel privileged to be able to say I enjoy coming to work.

What have been your key achievements in the last year working at MHCN?

Organising events such as 'Sharing the Caring Journey' and 'Lunch and Learn' for Mental Health Month and Carers Week 2019, supervising wonderful students, and stepping up in my WHS and Wellbeing Officer role. I have enjoyed taking on more responsibility through my tasks such as forming MHCN's first co-design committee and coordinating MHCN's capacity development projects.

What do you hope the next year brings?

In 2 words - capacity development! I hope that because of this new world, MHCN is upskilled through transforming some of our processes to online. I hope to build the capacity of mental health carers through activities such as our co-design committee and the upcoming roll out of our accessible training courses.

**Peta Smit-Colbran - Policy Officer****How would you describe working at MHCN?**

What I really love about MHCN is how much everyone works to make sure that everyone whether carer or staff feels welcome, safe and supported.

What have been your key achievements in the last year working at MHCN?

I wrote submissions to the Human Rights Commission and the Productivity Commission on mental health and gave evidence at the Productivity Commissions hearing on the importance of mental health carer support and family focused recovery. I also developed co-design training and helped to develop the Mental Health Carer Network and Register project.

What do you hope the next year brings?

I am excited that MHCN has the opportunity to work with carers to co-design a mental health carer network which is intended to support carers to engage and participate in advocacy. I hope that this project helps MHCN to reach a diverse range of carers, to better understand their opinions and experiences and to empower them to have a voice that is heard.



Akanksha Bhatia - Stakeholder Engagement Officer

How would you describe working at MHCN? MHCN is a warm and welcoming team and creates a safe space for you to make mistakes and try new things.

What have been your key achievements in the last year working at MHCN?

Working on our internal process improvement and digital transition process, working on the engagement team re-design proposal, and putting together some great digital events.

What do you hope the next year brings? I am keen to establish an engagement committee with carers and look forward to redesigning some of our current engagement tools like our website and the e-news.



Richard Baldwin - Senior Policy Officer

How would you describe working at MHCN? MHCN provides a very satisfying work environment due to the combination of the opportunity to influence policy, advocate for carers and to work as part of a highly motivated team.

What have been your key achievements in the last year working at MHCN?

Bringing the needs of carers to the focus of key policy makers across a range of topics including the importance of involving carers in assessment, when restrictive practices are used, when caring for older people and through the restrictions imposed as a result of the COVID-19 crisis.

What do you hope the next year brings? Continuing to develop our productive working relationships with senior policy makers at the Ministry of Health and other key organisations.



Alyce Cannon - Network Register Manager

How would you describe working at MHCN? I enjoy working at MHCN because the team is inclusive and always looking for ways to support each other. Working in such a supportive environment means that I feel empowered in everything that I do.

What have been your key achievements in the last year working at MHCN?

Although I have only recently started at MHCN, my working with the Mental Health Carers Network Register project has already been extremely fulfilling. My highlights so far have been learning more about co-design processes and working with the co-design committee to develop a comprehensive consultation process to assess how organisations can better engage carers in advocacy in NSW!

What do you hope the next year brings? My goal is to have co-designed a carer advocacy register and be working towards growing a network of carers who are empowered, trained, and supported in their advocacy journeys. I am also excited to meet more carers along the way, hear their stories and learn from their expertise.



INFLUENCE POLICY, LEADERSHIP & REFORM

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POLICY & ADVOCACY OVERVIEW

EMPOWERING CARERS FOR MENTAL HEALTH

A key purpose of MHCN is to advocate for mental health carers by influencing the policies of governments and mental health provider organisations. The aim is to encourage these organisations to continually focus on the needs of carers and family members of people with a mental illness. Constant vigilance is needed to ensure that the needs of carers and family members are not overlooked in the day to day activities of service providers and that services that support carers and family members are provided. As a peak body, we undertake policy and advocacy work to represent carers and carer organisations across the state.

We seek to influence policy in several ways: involvement in committees and working parties (for example, the NSW Mental Health Clinical Advisory Council, Community Living Supports and Housing & Accommodation Support Initiative, Peak Stakeholder Forum), communicating directly with government departments (for example, with the NSW Mental Health Commission and Ministry of Health concerning COVID-19 restrictions on carer visits to people in hospital), submissions to government enquiries (such as the Productive Commission into the Social and Economic Benefits of Improving Mental Health) and participating with service providers (for example, South Eastern Sydney Public Health Network).

The year in review was dominated by two major enquiries at the national level: The Productivity Commission enquiry into mental health and the Royal Commission into the Aged Care system in Australia.

Our submission to the Productivity Commission on the social and economic benefits of improving mental health focused on:

- the value of the contribution of carers and the lack of recognition of this contribution
- the cost to carers on their physical health, their earning potential and the loss of study and career opportunities
- the value of cost reduction to governments from the contribution of carers and the cost effectiveness of supporting carers to carry out their role
- the impact of the loss of the contribution of carers when they withdraw their support due to the lack of support
- the cost effectiveness of support services for carers.

We emphasised the prevalence of mental illness among recipients of aged care in our submission to the Royal Commission into the aged care system.

We argued that:

- the prevalence of mental illness among people receiving aged care is high and higher than dementia, yet this is not recognised either at a policy level or a facility level
- aged care staff are deficient in the skills they need to recognise and manage mental illness in the consumers under their care
- mental illness in people receiving aged care is often unrecognised by aged care staff either through lack of training, neglect, or disinterest
- there is inadequate funding for aged care services to provide quality care for consumers with a mental illness due to the component of the subsidy based on the assessment of mental illness
- the knowledge, views and preferences of carers are often ignored or overlooked
- the current oversight of aged care services in relation to quality and outcomes lacks a consumer and carer perspective.

MHCN has also advocated strongly to the NSW Ministry of Health, (supported by the Mental Health Commission and Being, who met regularly at a COVID-19 Impacts meeting after March 2020), concerning the impact on carers of the emergency legislations introduced in response to COVID-19. These changes temporarily altered the operations of the Mental Health Review Tribunal (MHRT) and the way in which mental health services allowed carers to visit and keep in contact with consumers in mental health wards of public hospitals in NSW. Many hearings by the MHRT were delayed and the move to videoconferencing seriously disadvantaged carers participation in hearings. Many of the changes introduced by mental health care providers, in response to COVID-19, were made without consultation of lived experience advocacy groups. MHCN has been active in informing policy makers of the need for continual engagement to ensure the rights of carers are recognised.

MHCN also provides carer lived experience to projects to develop the capacity of the sector to support both carers and their loved ones and their relationships more effectively. The Mental Health Commission's Health Literacy Initiative and co-design exercise to develop a better ('Joined Up') mental health system are examples of major projects MHCN has supported in this regard last year, along with the MHCC's Community Engagement Education Package (CEEP) pilot project.



MENTAL HEALTH CARER NETWORKS, PEER SUPPORT & SELF ADVOCACY

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NETWORK REGISTER PROJECT & LEAP

EMPOWERING CARERS FOR MENTAL HEALTH

As part of the Mental Health Commission's Lived Experience Framework, MHCN and Being were invited to apply for funding for the co-design and development of two networks: one for carers and one for consumers. MHCN proposed to develop a Network Register, a centralised database of carers looking to get involved in advocacy throughout NSW that would be used to upskill and empower carers through training in advocacy, governance, and practical skills, as well as setting up Local Advocacy Hubs throughout NSW where carers can connect with each other and work together to advocate in their communities.

MHCN are currently in Stage 1 of the Network Register project co-design, where we have focused on our co-design methods, research, and strategizing how we can engage with carers using the Network Register. It has been an immensely valuable and empowering project so far, especially in terms of how we have improved our co-design processes to ensure more meaningful and robust conversations and workshoping with our dedicated and experienced committee of carer co-designers. Working with carers from the outset and throughout has meant that our Network Register is being built with carers issues, experiences, and needs at its core.

Since Alyce Cannon, MHCN Network Register Manager, has been recruited into this project, MHCN have developed detailed stakeholder engagement strategies, refined our literature review, and co-designed and promoted a survey for Carer Advocacy in NSW, where we looked into what motivates carers to get involved in advocacy, what barriers are in place, and what organisations like MHCN can do to better engage the experience and expertise of carers in service, policy, and program design and reform. From this survey, we have been able to collect data that highlights that carers are not only acutely aware of the systemic issues that affect them, those they care for, and people in their communities, but they are also educated and trained, they are passionate, and they want to be involved in systems change. In short: carers know what is happening in the social and health systems, they make time to train and develop their skills, and they want to use those skills and their lived experience to mobilise other carers in their communities.

When we asked carers about what motivates them to get involved in advocacy, the responses highlighted carers' inherent drive to be of service, to use their experiences to help change things, and to make life better for those who are struggling. Using this survey and multiple different types of consultation methods, including a Carer and Sector Network Co-design Workshop in December, we will identify the types of training and support systems that we can develop and partner with organisations to deliver to carers across NSW. We already have many people who have expressed their interest in adding their details to our Register and to learn more about Network activities in their area and related to their interests.

The Network Register is an ambitious project with purpose-driven goals. But, by using co-design methods and drawing on the wealth of lived experience of the co-designers will ensure that the programs and pathways to advocacy that we develop are based on what carers actually want and need. Alyce and MHCN look forward to rolling out the Network Register in the new year and meeting more carers from around NSW!

As the peak body for mental health carers in NSW, we always aspire to advocate with carers and be led by their opinions, experiences and knowledge. This means engaging with carers as advocates across all levels of the mental health system, including as leaders within MHCN. We had previously received feedback from carers who sit on our Peak Advisory Committee that getting involved in advocacy as a carer can be challenging, intimidating and inaccessible and that many carers lack the knowledge, skills or resources to feel confident to speak up about what they would like to see changed. In light of this feedback, we sought grant funding to develop resources to support carers as advocates and were fortunate to receive a grant from the Mental Health Commission of NSW in 2019-2020 to: "develop training and resources to upskill people with lived experience to have influence at a system level" and so the "Carer Lived Experience Advocacy Project" was born. As a part of the Carer Lived Experience Advocacy Project MHCN:

- Initiated a literature review into carer advocacy in order to identify what type of skills, knowledge and resources could support carers to be successful as advocates.
- Engaged a carer academic to upskill and mentor staff in co-design methodologies.
- Developed comprehensive co-design training for carers which incorporates a range of modules including; the principles of co-design, the co-design process, power dynamics in co-design, teamwork, safe storytelling and maintaining wellbeing as an advocate.
- Developed online resources for carers to learn about and engage in advocacy.
- Recruited and trained a group of carers for a co-design committee which will support a range of projects at MHCN, including the development of the 'Carer Lived Experience Network and Register' and training for carers of people living with a psychosocial disability.



MENTAL HEALTH CARER & COMMUNITY CAPACITY DEVELOPMENT

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EVENTS & COMMUNITY ENGAGEMENT

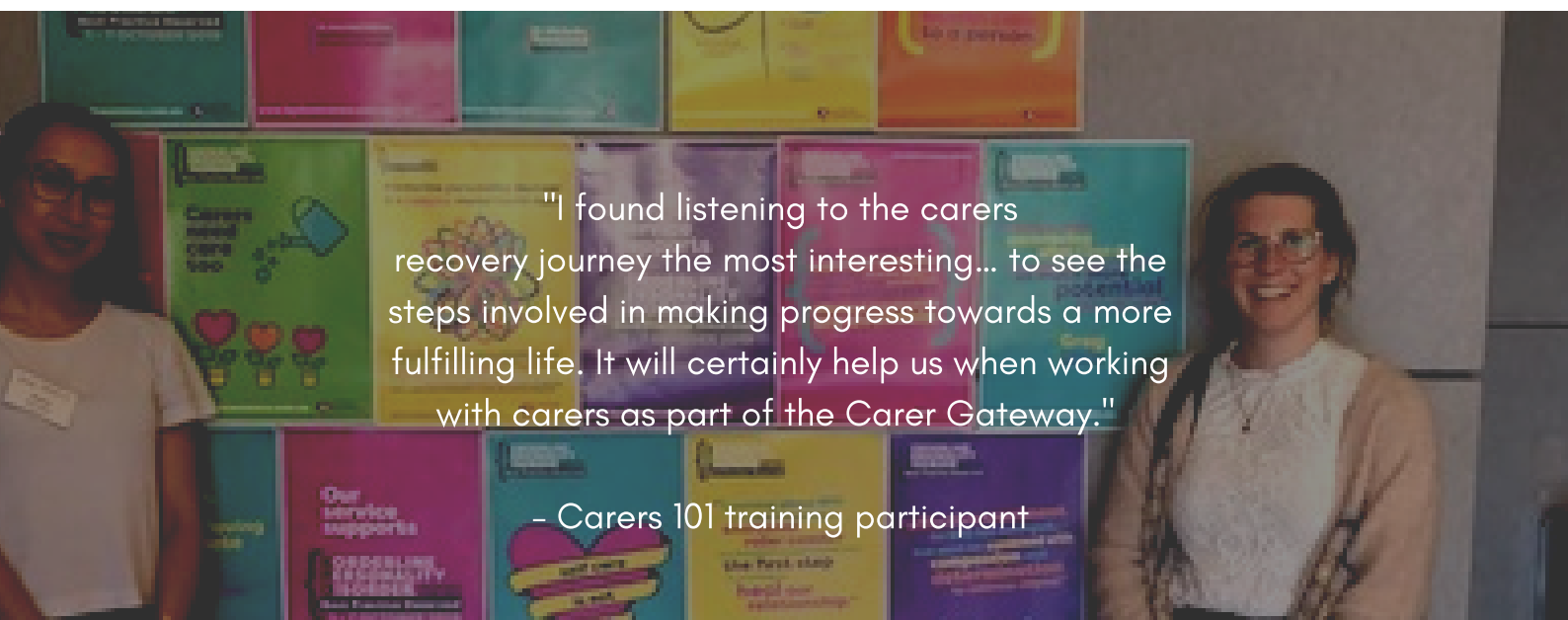
EMPOWERING CARERS FOR MENTAL HEALTH

MHCN have been very privileged to be invited to a number of events and conferences by a range of mental health and carer organisations over the last year. We attended Carers Day Out, hosted by Carers NSW in October 2019, and hosted an information stall where we got to speak to lots of different carers. We attended Project Air's Consumer Carer and Family Day as part of their Personality Disorder's Conference in November 2019. We also provided bursaries to assist carers to travel to the event in Wollongong. We attended Generation Next, a forum run across Australia about young people's mental health and wellbeing. We ran an information stall and got to speak to a range of school counsellors, teachers and other school staff about young carers.

We ran our Carers Week event, Lunch and Learn, where we got to provide free training to a small group of carers and have lunch and networking afterwards. Thank you to Carers NSW who provided us with a grant to host this event. We ran our Mental Health Month event, Sharing the Caring Journey, where we heard from 5 mental health carers who shared their stories and experiences with the audience, who then got to sit down with each carer and ask them questions, followed by a lunch and networking. Thank you to Way Ahead who provided us with a grant to host this event.

We attended the BPD Awareness Week event for NSW hosted by Project Air and the Australian BPD Foundation NSW Branch which was held at our Collective Purpose premises, where we heard from a range of speakers with lived experience of BPD and/or working in the BPD space.

We ran the e-Carer Experience Survey launch, with special guest from InforMH Sarah Kelshaw. The event was to talk about the Carer Experience Survey which is now accessible on online platforms for carers to give feedback about how services engaged with them. We attended the Carers Week event at Liverpool Hospital, and hosted an information stall where we got to speak with local carers and hand out information and resources. We attended the Mental Health Matters Awards hosted by our partner, WayAhead, to celebrate the launch of Mental Health Month. The Awards recognise the efforts of individuals and organisations working towards better mental health and wellbeing outcomes for their communities.

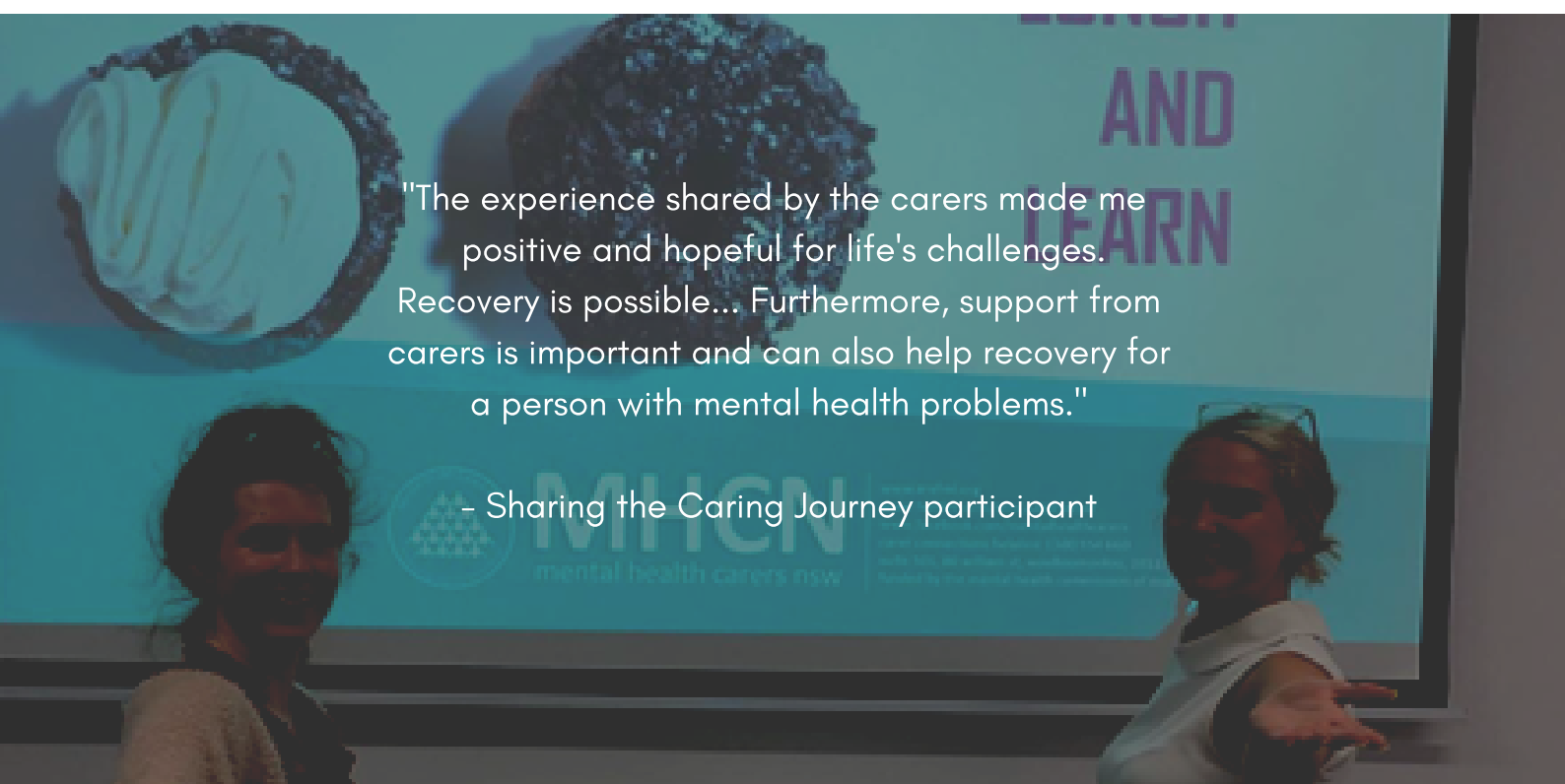


"I found listening to the carers recovery journey the most interesting... to see the steps involved in making progress towards a more fulfilling life. It will certainly help us when working with carers as part of the Carer Gateway."

- Carers 101 training participant

We continued to run the Vietnamese Carer and Consumer Support Group in Ryde, with a grant from the City of Ryde. The grant also enabled us to develop a Vietnamese Mental Health Resource booklet in Vietnamese, translated by our friends at Polaron. Thank you to the city of Ryde for providing this grant to do this work. MHCN were also guests at the Forensic Carers event as part of Mental Health Month at the forensic hospital in Malabar.

MHCN look forward to what the next year brings for community engagement, especially living in a post COVID-19 world and the transition to using digital mediums to engage with carers across NSW.



"The experience shared by the carers made me positive and hopeful for life's challenges. Recovery is possible... Furthermore, support from carers is important and can also help recovery for a person with mental health problems."

- Sharing the Caring Journey participant

ILC PROJECT

EMPOWERING CARERS FOR MENTAL HEALTH

MHCN received funding from the National Disability Insurance Agency (NDIA) as part of their Information, Linkages and Capacity (ILC) Strategy. We have been funded under the Individual Capacity Building Program (ICBP) for three years to deliver a project which aims to support the inclusion of people with disability. MHCN is using this funding to develop 'Peer Led Psychoeducation and Training for Mental Health Carers', that has a direct benefit for the people they provide care for.

This project involves co-reviewing three of our existing training courses (User's Guide to the NSW Mental Health System, Inclusive Care Planning, and Recovery Oriented Practice, which Training Coordinator Anne Stedman developed and implemented last year), and co-designing two new training courses. These five training courses will be delivered for free, with a total of 45 training sessions to be delivered over the three-year period. The courses will be delivered by carer peer trainers who MHCN will recruit. Delivery will take place predominantly online, and potentially in person in Sydney and the greater Sydney region.

In the 2019-2020 financial year, MHCN mostly engaged in the planning phase for this project. We developed the structures for MHCN's first 'Co-design Committee' and recruited mental health carers for this committee. These carers were given information, training and the opportunity to learn from one another, and also co-reviewed the first MHCN training course, Recovery Oriented Practice.

In this financial year, the co-design committee members have co-reviewed the other 2 existing courses, and co-designed 2 new courses. MHCN is working to finalise these training courses, and then the members will evaluate them. Next, we will be looking to deliver this training internally to MHCN stakeholders, then externally to other stakeholders, and recruiting carer peer trainers.

This project has meant that MHCN's engagement with mental health carers from diverse backgrounds, ages and regions has grown extensively over the last year. Through this project, MHCN hopes to build the capacity of mental health carers, those they care for and relevant professionals so that they become informed and empowered advocates for themselves and others.

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

FINANCIAL REPORT

For the year ended

30TH JUNE 2020

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 2020.

Committee Members

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

Jenny Learmont (President) - elected President
Andrew Pryor (Treasurer) - elected Treasurer
Lynda Walton (Vice-President) - elected Vice-President
Madeleine Fabian - re-elected
Chris Avent OCM, (Secretary) - elected Secretary 21 November 2019
Rob Wellman - elected
Lyn Anderson - elected
Catherine Wendell - elected 21 November 2019
Jodie Roberts - elected 21 November 2019
Tess Delagiacoma (Secretary) - resigned 21 November 2019
Matthew Ovens - resigned 22 October 2019
Michael Granzia - resigned 25 July 2019

Principal Activities

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

Significant Changes

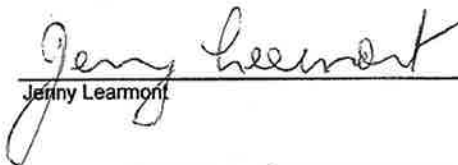
No significant changes in the nature of these activities occurred during the year.

Operating Result

The surplus for the association after providing for income tax amounted to \$28,673. This included the inflow of Government COVID-19 funding support of \$38,496, in boosting cashflow for employers.

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

President:


Jenny Learmont

Treasurer:


Andrew Pryor

Dated:

30/10/20

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

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED 30TH JUNE 2020

	Notes	2020 \$	2019 \$
REVENUE			
INCOME			
Donations received		24,430	23,925
Grants received		439,162	391,596
Other grants		80,734	29,637
		<u>544,326</u>	<u>445,158</u>
OTHER INCOME			
Interest received		226	2,210
Government stimulus COVID-19 support		38,496	-
Other revenue		7,545	26,179
		<u>46,267</u>	<u>28,389</u>
TOTAL INCOME		<u>590,593</u>	<u>473,547</u>
EXPENDITURE			
Auditor's remuneration		4,000	5,870
Advertising		1,864	1,238
Amortisation		-	503
Bank charges and fees		2,359	1,254
Carers accommodation and travel		742	-
Conference expenses		994	945
Consultancy fees		5,819	4,397
Computer and IT expenses		3,806	-
Depreciation		37,742	712
Events and workshops		4,988	2,812
Filing fees		197	246
General expenses		1,592	395
Insurances		9,482	9,641
Interest expense		6,946	-
Postage		420	314
Printing, stationery and copier		1,692	5,208
Programs, resources and training		1,305	18,259
Service promotion		-	500
Wages and fringe benefits		341,660	254,635
Shared services and HUB charges		84,984	131,153
Staff training and welfare		1,670	2,137
Subscriptions and memberships		8,274	2,826
Superannuation contributions		30,277	24,913
Telephone and internet		6,876	4,890
Travelling and accommodation		4,231	4,939
		<u>561,920</u>	<u>477,787</u>
Profit / (loss) before income tax		<u>28,673</u>	<u>(4,240)</u>
Income tax expense	1(g)	-	-
Profit / (loss) after income tax		<u>28,673</u>	<u>(4,240)</u>
Other comprehensive income		-	-
Total comprehensive income for the year		<u>28,673</u>	<u>(4,240)</u>

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

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

STATEMENT OF FINANCIAL POSITION
AS AT 30TH JUNE 2020

	Notes	2020 \$	2019 \$
Current assets			
Cash and cash equivalents	3	791,207	110,658
Trade and other receivables	4	28,807	83,550
Other	5	41,554	2,254
Total current assets		<u>861,568</u>	<u>196,462</u>
Non-current assets			
Property, plant and equipment	6	1,080	831
Right-of-use assets	7	317,182	-
Total non-current assets		<u>318,262</u>	<u>831</u>
Total assets		<u>1,179,830</u>	<u>197,293</u>
Current liabilities			
Trade and other payables	8	57,844	44,709
Contract liabilities	9	647,297	50,000
Employee provisions	10	17,579	2,642
Lease liabilities		78,989	-
Total current liabilities		<u>801,709</u>	<u>97,351</u>
Non-current liabilities			
Employee provisions	10	27,264	21,166
Lease liabilities		243,408	-
Total non-current liabilities		<u>270,672</u>	<u>21,166</u>
Total liabilities		<u>1,072,381</u>	<u>118,517</u>
Net assets		<u>107,449</u>	<u>78,776</u>
Equity			
Retained funds		107,449	78,776
Total equity		<u>107,449</u>	<u>78,776</u>

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

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

STATEMENT OF CHANGES IN EQUITY
AS AT 30TH JUNE 2020

	Retained earnings	Total equity
	\$	\$
Changes in equity		
Balance at 1 July 2018	83,016	83,016
Profit/(loss) for the year	(4,240)	(4,240)
Other comprehensive income	<u>-</u>	<u>-</u>
Balance at 30 June 2019	78,776	78,776
Profit/(loss) for the year	28,673	28,673
Other comprehensive income	<u>-</u>	<u>-</u>
Balance at 30 June 2020	<u><u>107,449</u></u>	<u><u>107,449</u></u>

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

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

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30TH JUNE 2020

	Notes	2020 \$ Inflows (Outflows)	2019 \$ Inflows (Outflows)
Cash flows from operating activities			
Cash receipts from customers		1,244,740	481,317
Cash payments to suppliers and employees		(524,695)	(464,191)
Interest received		226	2,210
Interest paid		(6,946)	-
Net cash provided by / (used in) operating activities	12(b)	<u>713,325</u>	<u>19,336</u>
Cash flow from investing activities			
Payments for property, plant and equipment		<u>(1,947)</u>	<u>-</u>
Net cash provided by / (used in) investing activities		<u>(1,947)</u>	<u>-</u>
Cash flow from financing activities			
Repayment of leases		<u>(30,829)</u>	<u>-</u>
Net cash provided by / (used in) financing activities		<u>(30,829)</u>	<u>-</u>
Net increase / (decrease) in cash held		680,549	19,336
Cash at the beginning of the financial year		<u>110,658</u>	<u>91,322</u>
Cash at the end of the financial year	12(a)	<u><u>791,207</u></u>	<u><u>110,658</u></u>

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

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2020

Note 1 - Statement of significant accounting policies

Financial Reporting Framework

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

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

Statement of Compliance

The financial statements have been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the Australian Charities and Not-for-profits Commission Act 2012, the basis of accounting specified by all Australian Accounting Standards and Interpretations, and the disclosure requirements of Accounting Standards AASB 101: Presentation of Financial Statements, AASB 107: Cash Flow Statements, AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors, AASB 1031: Materiality and AASB 1054: Australian Additional Disclosures.

The association has concluded that the requirements set out in AASB 10 and AASB 128 are not applicable as the initial assessment on its interests in other entities indicate that it does not have any subsidiaries, associates or joint ventures. Hence, the financial statements comply with all the recognition and measurement requirements in Australian Accounting Standards.

Basis of Preparation

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

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

Accounting Policies

(a) Property, plant and equipment

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

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

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

(b) Leases

Leases are recognised under Accounting Standard AASB 16: Leases. Applicable leases whether finance or operating in nature are to be recognised on the statement of financial position as liabilities with corresponding right-of-use assets. These leases are measured at their net present values and include future lease payments under an option where that option is reasonably expected to be taken up. The leases are amortised on a straight-line basis over the term of the lease. For operating leases that do not need to meet the requirements under this standard being leases that are less than 12 months or of minor values, and where substantially all the risks and benefits remain with the lessor, these are recognised as expenses over the term of the lease.

The association has adopted AASB 16: Leases using the modified retrospective approach with the cumulative effect of initially applying the standard recognised at 1 July 2019. In accordance with AASB 16 the comparatives for the 2019 period have not been restated.

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2020

Note 1 - Statement of significant accounting policies (continued)

(b) Leases (continued)

The association has recognised a lease liability and right-of-use asset for all leases (with the exception of short-term and low-value asset leases) which are recognised as operating leases under AASB 117: Leases where the association is the lessee.

The lease liabilities are measured at the present value of the remaining lease payment. The association's incremental borrowing rate as at 1 July 2019 was used to discount the lease payments.

The existing lease expired during the year and was not renewed and therefore was not required to be accounted for under the new standard.

(c) Impairment of non-financial assets

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

(d) Employee provisions

Provision is made for the association's liability for employee entitlements arising from services rendered by employees to balance date. Employee entitlements expected to be settled within one year, together with entitlements arising from wages and salaries, annual leave and long service leave which will be settled after one year, have been measured at their nominal amount.

Contributions are made by the association to employee superannuation funds and are charged as expenses when incurred.

(e) Provisions

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

(f) Trade and other payables

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

(g) Income tax

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

(h) Cash and cash equivalents

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2020

Note 1 - Statement of significant accounting policies (continued)

(i) Revenue recognition

The association has applied AASB 15: Revenue from Contracts with Customers (AASB 15) and AASB 1058: Income of Not-for-Profit Entities (AASB 1058) using the cumulative effective method of initially applying AASB 15 and AASB 1058 as an adjustment to the opening balance of equity at 1 July 2019. Therefore, the comparative information has not been restated and continues to be presented under AASB 118: Revenue and AASB 1004: Contributions.

On the application of these standards there were no adjustments required to be made to the opening balance of equity.

Grants, donations and bequests

Contributed assets

If the association receives assets from the government and other parties for nil or nominal consideration in order to further its objectives, these assets would be recognised in accordance with the recognition requirement of other applicable standards (AASB 9, AASB 16, AASB 116 and AASB 138).

On initial recognition of an asset, the association recognises related amounts (being contribution from owners, lease liabilities, financial instruments, revenue or contract liabilities arising from a contract with a customer).

The association recognises income immediately in profit and loss and the difference between the initial carrying amount and the asset and the related amount.

Operating grants and donations

When the association receives operating grant revenue or donations, it assesses whether the contract is enforceable and has sufficient specific performance obligations in accordance with AASB 15. When both these conditions are satisfied the association identifies each performance obligation relating to the grant, recognises a contract liability for these obligations and recognises revenue as it satisfies its performance obligations.

Where the contract is not enforceable or does not have sufficiently specific performance obligations the association either recognises the asset received in accordance with the requirements of other applicable accounting standards, recognises related amounts or recognises income immediately in profit and loss as the difference between the initial carrying amount of the asset and the related amount.

If a contract liability is recognised as a related amount above, the association recognises income in profit and loss when or as it satisfies its obligations under the contract.

Revenue is measured at the fair value of the consideration received or receivable. Amounts disclosed as revenue are net of taxes paid. Revenue is recognised for other items as follows:

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

Other revenue is recognised when the right to receive the revenue has been established.

(j) Good and services tax (GST)

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

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2020

Note 1 - Statement of significant accounting policies (continued)

(k) Trade and other receivables

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

(l) Economic dependency

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

(m) Financial instruments

Initial recognition and measurement

Financial assets and financial liabilities are recognised when the entity becomes party to the contractual provisions to the instrument. For financial assets, this is equivalent to the date that the association commits itself either purchase or sell the asset (trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are expensed to profit or loss immediately.

Trade receivables are initially measured at transaction price if the trade receivables do not contain significant financing components.

Classification and subsequent measurement

Financial instruments are subsequently measured at fair value, amortised cost using the effective interest method, or cost. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between the initial amount and the maturity amount calculated using the effective interest method.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying amount with a consequential recognition of an income or expense item in profit or loss.

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

As per AASB 9 an expected credit loss model is applied, and not an incurred credit loss model as per the previous applicable standard (AASB 139). To reflect changes in credit risk, this expected credit loss model requires the association to account for expected credit losses since initial recognition.

AASB 9 also determines that a loss allowance for expected credit loss be recognised on debt investments subsequently measured at amortised cost or at fair value through other comprehensive income, lease receivables, contract assets, loan commitments and financial guarantee contracts as the impairment provision would apply to them.

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

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2020**

Note 1 - Statement of significant accounting policies (continued)

Financial instruments (continued)

In the case of financial assets carried at amortised cost, loss events may include: indications that the debtors or a group of debtors are experiencing financial difficulty default or delinquency in interest or principal payments; indications that they will enter bankruptcy or other financial reorganisation; and changes in arrears or economic conditions that correlate with defaults.

If the credit risk on a financial instrument did not show significant change since initial recognition, an expected credit loss amount equal to the 12 month expected credit loss is used. However, a loss allowance is recognised at an amount equal to the lifetime expected credit loss if the credit risk on that financial instrument has increased significantly since initial recognition, or if the instrument is an acquired credit-impaired financial asset.

The association has adopted the simple approach under AASB 9 in relation to trade receivables, as the loss allowance is measured at the lifetime expected credit loss.

The association reviewed and assessed the existing financial assets on 1 July 2019. It was determined that there was no significant change in credit risk from the date they were initially recognised and no adjustment was required.

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expire or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are discharged, cancelled or have expired. The difference between the carrying amount of the financial liability, which is extinguished or transferred to another party, and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

(n) New and Amended Accounting Policies

The association has considered all new and amended accounting standards effective from 1 July, 2019 being AASB 16: Leases, AASB 15: Revenue from Contracts with Customers and AASB 1058: Income of Not-for-Profit Entities which have been disclosed in the notes to the financial statements.

	2020 \$	2019 \$
Note 2 - Revenue		
Donations received	24,430	23,925
Grants received	439,162	391,596
Other grants	80,734	29,637
Interest received	226	2,210
Government stimulus COVID-19 support	38,496	-
Other revenue	7,545	26,179
	<u>590,593</u>	<u>473,547</u>

Note 3 - Cash and cash equivalents

Cash on hand	268	263
ING business account	-	45
Bendigo bank	2,600	3,914
Bendigo bank - operating account	248,091	106,435
Bendigo bank - account (bequest)	40,248	1
Bendigo bank - term deposit (bequest)	500,000	-
	<u>791,207</u>	<u>110,658</u>

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

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

	2020 \$	2019 \$
Note 4 - Trade and other receivables		
GST receivable	11,877	11,336
Trade debtors	15,138	72,214
Other debtors	1,792	-
	<u>28,807</u>	<u>83,550</u>
Note 5 - Other		
Deposits	23,560	2,254
Prepayments	17,994	-
	<u>41,554</u>	<u>2,254</u>
Note 6 - Property, plant and equipment		
Office furniture and equipment - at cost	1,947	21,892
Less: accumulated depreciation	<u>(867)</u>	<u>(21,061)</u>
	1,080	831
Website	-	2,499
Less: accumulated amortisation	<u>-</u>	<u>(2,499)</u>
	-	-
Total property, plant and equipment	<u>1,080</u>	<u>831</u>
Note 7 - Non-current assets - Right-of-use assets		
The association's lease relates to leased premises which is recognised under AASB 16 in the statement of financial position.		
Leased buildings	353,226	-
Accumulated amortisation	<u>(36,044)</u>	<u>-</u>
Net carrying amount	<u>317,182</u>	<u>-</u>
	Leased buildings \$	Total \$
Balance at the beginning of the period	-	-
Additions	353,226	353,226
Depreciation charge	<u>(36,044)</u>	<u>(36,044)</u>
Closing net book amount	<u>317,182</u>	<u>317,182</u>
AASB 16 related amounts recognised in the statement of profit or loss		
Amortisation charge on right-of-use assets	36,044	-
Interest expense on lease liabilities	6,946	-
Note 8 - Trade and other payables		
Trade creditors	13,840	14,897
Other creditors and accruals	13,975	7,635
GST Payable	30,029	8,669
PAYG Withheld	-	4,860
Superannuation payable	-	8,648
	<u>57,844</u>	<u>44,709</u>

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

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2020**

	2020 \$	2019 \$
Note 9 - Contract liabilities		
Grants in Advance	107,049	50,000
Bequests in trust	540,248	-
	<u>647,297</u>	<u>50,000</u>

A bequest was received during the year from the Estate of Eunice Lonergan amounting to \$538,447. This bequest is held in trust by MHCN and the funds and interest earned are to be applied for the purposes set out in the bequest. The balance of the bequest funds at year end was \$540,248.

Note 10 - Employee provisions

Current

Provision for annual leave	17,579	2,642
	<u>17,579</u>	<u>2,642</u>

Non-current

Provision for long service leave	27,264	21,166
	<u>27,264</u>	<u>21,166</u>

Note 11 - Related party transactions

The Association engaged the services of Madeleine Fabian who is one of the committee members to deliver training programs during the year. The amount of \$Nil (2019 - \$4,310) was paid to her for these consultancy services.

Note 12 - Cash flow statement

(a) Reconciliation of cash

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

	2020 \$	2019 \$
Cash on hand	268	263
Cash at bank and on deposit	790,939	110,395
	<u>791,207</u>	<u>110,658</u>

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

Profit / (loss) for the year	28,673	(4,240)
<i>Non-cash flows in operating surplus</i>		
Depreciation and amortisation	37,742	1,215
<i>Changes in assets and liabilities</i>		
(Increase) / decrease in trade debtors	57,076	(40,020)
(Increase) / decrease in other receivables and deposits	(41,633)	(8,270)
Increase / (decrease) in trade and other payables	13,135	24,896
Increase / (decrease) in contract liabilities	597,297	50,000
Increase / (decrease) in employee provisions	21,035	(4,245)
	<u>713,325</u>	<u>19,336</u>

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2020

Note 13 - Collective purpose agreement

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

The "Collective Purpose Agreement" ceased between the parties effective 30 June 2019. Mental Health Association NSW Limited calculated and issued an invoice to Mental Health Carers ARAFMI NSW Inc in respect of the associations share of costs on the cessation of the Collective Purpose Agreement. The amount and the basis of calculation of the costs arrived at was disputed between the parties. Mental Health Association NSW Limited advised the association in writing that they recorded a provision for doubtful debts for the full amount of the invoice effective 30 June 2019. As a result, no amount has been recognised in the financial statements in relation to the cessation of the "Collective Purpose Agreement" effective 30 June 2019.

Note 14 - Events subsequent to balance date

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the association in financial years subsequent to the financial year ended 30 June 2020.

MENTAL HEALTH CARERS ARAFMI NSW INC.
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**ANNUAL STATEMENTS GIVE TRUE AND FAIR VIEW OF FINANCIAL POSITION AND PERFORMANCE OF
INCORPORATED ASSOCIATION**

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

The statements attached to this certificate give a true and fair view of the financial position and performance of Mental Health Carers ARAFMI NSW Inc. (Non-reporting) during and at the end of the financial year of the association ending 30 June 2020.

President: 
Jenny Learmont

Treasurer: 
Andrew Pryor

Dated: 30/10/20

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

STATEMENT BY MEMBERS OF THE COMMITTEE

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

In the opinion of the committee members the financial report:

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

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

President:


Jenny Learmont

Treasurer:


Andrew Pryor

Dated:

30/10/20



THOMAS DAVIS & CO
CHARTERED ACCOUNTANTS
ESTABLISHED 1894

www.thomasdavis.com.au
mail@thomasdavis.com.au

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

AUDITOR'S INDEPENDENCE DECLARATION

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

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2020 there have been:

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

Thomas Davis & Co.

THOMAS DAVIS & CO.

J.G. Ryan

J.G. RYAN PARTNER

Chartered Accountants

Sydney

Date: *30th October 2020*

A member of



Independent legal & accounting firms

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Liability limited by a scheme approved under professional standards legislation



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INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF MENTAL HEALTH CARERS ARAFMI NSW INC.

Opinion

We have audited the financial report of Mental Health Carers ARAFMI NSW Inc, which comprises the statement of financial position as at 30 June 2020, the statement of profit or loss and other comprehensive income, statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the committee members certification.

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

- (a) giving a true and fair view of the entity's financial position as at 30 June, 2020 and of its financial performance for the year then ended; and
- (b) complying with Australian Accounting Standards to the extent described in Note 1 and the Australian Charities and Not-for-profits Commission Regulation 2013 and the Association Incorporations Regulations 2016.

Basis for Opinion

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

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

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

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

Responsibilities of the Committee Members for the Financial Report

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

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

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Auditor's Responsibilities for the Audit of the Financial Report

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

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

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

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



THOMAS DAVIS & CO.



J G Ryan

Partner

Chartered Accountants

SYDNEY

Date: 30th October 2020

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HOW YOU CAN HELP US

Donate: By making a donation to Mental Health Carers NSW (MHCN, formerly Arafmi NSW), you will have the opportunity to aid carers and families of individuals who experience mental illness with support and understanding. Find out how to donate by contacting us.

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

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

**EMPOWERING CARERS
FOR MENTAL HEALTH**



MENTAL HEALTH CARERS NSW

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FUNDED BY THE NSW MINISTRY OF HEALTH

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