

Mental Health Carers NSW

ANNUAL REPORT 23 – 24



**Mental Health
Carers NSW**



Mental Health Carer Advocacy Network
Embedding Local Experience and Creating Carer Communities

About MHCN, Our Vision & Mission

Mental Health Carers NSW (MHCN) is the peak body for mental health carers in NSW. Founded as ARAFMI in 1974 by social worker Margaret Lukes, she believed there needed to be more support for families, friends and carers of people living with a mental illness.

Mental health carers are people who support friends, partners, members of their family, kinship groups or communities, when they experience health conditions.

MHCN is the peak body in NSW for mental health carers, advocating for a vision of safe and competent mental health services and systems that recognise and respect carers as partners in care planning and delivery, to achieve recovery.

MHCN's Mission is to support, empower, capacity build, and advocate with mental health carers to ensure their voices and experiences are heard.





**Mental Health
Carers NSW**

Strategic Plan 2024 – 2026

1. Influence Policy Leadership & Reform

- 1.1 Develop and maintain new strategic relationships with policy makers, service providers and community partners.
- 1.2 Advocate for increased engagement of mental health carer experience and representation in reform and governance processes.
- 1.3 Support mental health carer advocacy, participation, and leadership in policy, co-design and service delivery processes.
- 1.4 Promote the importance of mental health carers voices and lived experience.
- 1.5 Advocate for a mental health system that is accessible and inclusive for mental health carers and those that they care for.

2. Community, Mental Health & Carer Services Development

- 2.1 Raise awareness of the value of increasing mental health carers capacity through education and information.
- 2.2 Recognise, respect, engage, and promote mental health carer lived experience in policy, and systemic and service reform.
- 2.3 Improve social inclusion of mental health carers and reduce stigma by informing and educating the community, health and human services sectors.
- 2.4 Advocate for and promote the importance of the role of mental health carer peer workers and lived experience peer workers.

3. Promote Mental Health Carers Capacity Development

3.1 Enhance the capacity and knowledge of mental health carers to navigate the mental health system through information, resources, training and peer support.

3.2 Foster innovation in research by collaborating with and facilitating relationships between mental health carers, researchers, and sectors.

3.3 Lead by example through engaging with mental health carers as partners in mutual support, advocacy and governance.

3.4 Develop new ways for mental health carers to engage and participate in MHCN and sector activities, to increase awareness and recognition of mental health carer experiences and expertise.

4. Continuous Organisational Development and Improvement

4.1 Provide opportunities for mental health carers to engage in policy and advocacy, capacity development, and share their stories and experiences through MHCN's ***Mental Health Carer Advocacy Network***.

4.2 Foster co-design within MHCN through consultation and co design where able, to support MHCN's policy and advocacy, capacity development, and engagement programs.

4.3 Identify sustainable funding resources to remove cost as a barrier to mental health carer engagement and participation, and to achieve organisational sustainability.

4.4 Review MHCN's policy and advocacy, capacity development and engagement programs for continuous quality improvement and accreditation.



**Mental Health
Carers NSW**

MHCN
ANNUAL REPORT 2024

MHCN President, Jenny Learmont

It is a pleasure to give my 2024 Report for Mental Health Carers NSW ('MHCN', formerly ARAFMI NSW) the peak body for mental health carers in NSW. As a peak body, we aim to influence government policy and funding, and engage in systemic advocacy to ensure that the rights of families, carers and kin caring for a person experiencing mental health illness are upheld.

MHCN follows the dictum "Don't speak about us, without us". We talk with carers and listen to what they think and want so we can represent their views. Their lived experience makes them powerful advocates for both people with lived experience of caring and of people with mental illness.

A major change in the mental health landscape took place in 2024. This was the formation of two national mental health peaks, Mental Health Carers Australia, and The Consumer Alliance. Jonathan Harms, CEO of MHCN, and I, attended a meeting at the Australian Parliament House on 2nd July together with many carers and consumers to hear the very exciting announcement by the Hon Emma McBride, Minister for Mental Health, that the two national mental health peaks would receive three years funding.

It had long been the hope for many years that such a day would ever occur. The feeling in the room was of great hope for the future. Carers and consumers now had a national voice with direct access to government and their combined voice was being heard and was important. It is of great credit to the current national government that the peaks have been funded. They are the first such peaks in the world.



As we know, MHCN has limited resources and a small staff and yet our staff produce the most amazing outputs, and consistently perform far above their weight. On behalf of the board, I would like to take this opportunity to thank them and their tireless CEO, Jonathan, and I wish to highlight some of their achievements.

Laura Knight, MHCN's Organisation & Development Officer, was responsible for the accreditation process with Quality Innovation Performance (QIP). Consultant Julie Millard AM worked diligently with Laura for months to prepare MHCN for this accreditation. The assessors from QIP visited MHCN over 2 days in May 2024 and spoke with staff, board members, stakeholders and carers that MHCN work with. I am excited to say we are now successfully accredited and comply with the Health and Community Services Standards.

This year, the Capacity Development Team/Stakeholder Engagement Team under Jade Curran focused on delivering training sessions to various NSW communities to broaden MHCN's carer network and forge partnerships with local organisations, including Head to Health, the Benevolent Society, and Central Coast ARAFMI. As a result, the positive feedback from attendees and



higher retention rates of training participants has highlighted the value of MHCN's mission to build carer capacity development and enhance carers' confidence with navigating the NSW mental health system.

Alyce Cannon, our Research and Policy Coordinator under the Disability Advocacy Futures Network Program (DAFP), produced a major Housing Position Paper titled 'The NSW Housing Crisis and its Impacts on Psychosocial Disability'. In addition, Alyce made joint submissions and state government responses with the NSW Disability Advocacy Network and held meetings with the Minister for Mental Health and the Minister for Disability Inclusion. She also wrote a submission to the NSW Parliamentary inquiry into Loneliness.

The Mental Health Carer Advocacy Network and Register (MHCAN) led by Anne Stedman, our Deputy CEO and Carer Peer Trainer, heads MHCN's stakeholder engagement program that was designed with carers, families, and friends of people with mental illness. It is MHCN's core membership program. The Network is free to join, meets monthly and gives carers a valuable forum to share and air problems and issues and look at solutions.

The Policy and Advocacy Team (PAT) under Prasheela Karan, Team Coordinator, together with Jonathan Harms, has undertaken significant engagement with carers and other stakeholders to influence policy reform, advocating on key issues impacting effective mental healthcare access, such as NDIS reforms, restrictive practices and family focused approaches. Jonathan and Prasheela have also made submissions on community mental health and outpatient services and stigma in media.



Finally, this is MHCN's 50th year. Laura (in her spare time!) has organised the 50th Anniversary with a very special lunchtime event at Parliament House to be held on the 28th November. Lifetime Memberships will be awarded by CEO Jonathan Harms, and Carer Recognition in Advocacy Awards by Minister for Mental Health Rose Jackson. The family of our founder, the late Margaret Lukes, will also attend the celebration, as will staff, board members, carers, the ARAFMI branches, other stakeholders and many people we've worked with over the years.

MHCN has a highly experienced board and executive finance committee that is untiring in its efforts to support the organisation. Andrew Pryor continues, as he has over many years as a truly outstanding Treasurer. My thanks to Vice President, Lynda Walton, in supporting me as President, and I should like to welcome our new and truly experienced Secretary, Elizabeth Priestley, and our new Board Member, Jess Treacy.

I should like to once again express my thanks to our extremely dedicated CEO, Jonathan Harms, and the staff 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 NSW 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 AM,
Hon MD, President**



MHCN CEO, Jonathan Harms

Greetings mental health carers and allies, and welcome to the Mental Health Carers (formerly ARAFMI) NSW Inc 2023 – 2024 Annual Report. In this 50th anniversary year for MHCN, there is much to look back and reflect upon, both in the last 12 months and the last 50 years.

In 2023 – 2024, MHCN's own Capacity Development Team continued to develop, deliver and review co-designed training modules to complete the Information Linkages and Capacity (ILC) program for the development and delivery of training for carers after an extension by the Department of Social Services.

In addition, a Department of Communities and Justice (DCJ) funded Carers and Consumers Lived Experience Advocacy Community of Practice was approved and MHCN has engaged Lived Experience Australia (LEA) to partner in its delivery to ensure we had the right expertise and experience to engage this diverse group. This program will be implemented in the 2024 – 2025 financial year.

We also completed and printed 10 new pamphlets and started designing 6 more, as well as arranging for translation of key titles into 4 languages, from funds provided by NSW Health for the development of information resources for carers under the Family and Carer Mental Health Program (FCMHP). MHCN has distributed thousands of these co-designed pamphlets to the FCMHP providers across the state.

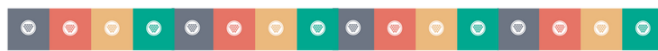


MHCN is now able to mail out packs of pamphlets to community organisations and groups on request through our website, and many organisations have taken advantage of this.

MHCN's core Policy and Advocacy Team (PAT) also went from strength to strength, after some turnover, with the recruitment of two new team members and some structural changes to enhance psychological safety and efficiency.

The Policy and Advocacy Team had a very busy year with the NDIS review and the Disability Royal Commission, as well as all our regular work supporting NSW Health stakeholder engagement and advocating for carer needs in exercises as diverse as the implementation of the Carer Experience of Service Survey to the mid-term review of the Older Person's Mental Health Services Plan. This also supported our collaborative advocacy with the Mental Health Alliance, a group including Being, RANZCP, MHCC and Wayahead among others which has been working closely with the Mental Health Minister, the Hon. Rose Jackson, on planning for reform.

PAT also supported the Carers of Forensic and Corrections Patients Network meeting which has proved a rich source of experience and



knowledge, allowing MHCN to contribute to seminal work such as Legal Aid Australia's development of 'Trauma Informed Lawyering' Guidelines and Community of Practise as well as NSW Health projects like the Review of the Forensic Mental Health Policy Directive and Strategy. This complements the Mental Health Carer Connection Meeting formerly convened by Douglas Holmes, now Anne Stedman, which has also been developing its links with MHCN's advocacy and helping to focus our attention on carer's priorities and needs.

MHCN's Psychosocial Disability Advocacy, funded from the Department of Communities and Justice Disability Advocacy Futures Program (DAFP) has continued, with the engagement of renowned lived experience advocate, Simon Katterl, who provided an informative report about the engagement of stakeholders, as well as MHCN starting an ambitious program of engagement and advocacy, notably including a housing consultation, leading to the development of a major report into the issues relating to the difficulties of people with psychosocial disability in and out of public or social housing. The DAFP team also supported the initiation of a Yarn group in collaboration with BEING to help MHCN to understand how to engage with First Nations people and include their experience and needs in our advocacy on behalf of the whole community.

I congratulate all our teams, carers and stakeholders on a year of achievement and look forward to another to come, our 50th year doing the work of love; with, by and for carers and the people whose recovery journey they seek to support.



Jonathan Harms, CEO



Influence Policy, Leadership & Reform

The Policy and Advocacy Team and the Disability Advocacy Futures Project Team is focused on the first of the four pillars of our Strategic Plan – on influencing policy, leadership and reform. The Policy and Advocacy Team consists of Prasheela Karan, Policy Coordinator, Richard Baldwin, Senior Policy Officer, and Armie Farooqui, Policy Engagement Officer. The Disability Advocacy Futures Network Team consists of Alyce Cannon, Research and Policy Coordinator, and Ellie Christen, Policy Engagement Officer.

PAT aims to influence policy reform and the decisions of leaders by engaging with and collecting evidence on the experiences of mental health caring (and that of their loved ones and their advocates) to inform our advocacy. We advocate for governments and service provider organisations to be responsive to the needs of mental health carers, including family and kinship members or people experiencing mental health concerns or psychosocial disability. We also seek to improve systems for people experiencing mental ill health and distress, and support carers to get services for their loved ones which are accessible, effective, safe, fair and adequately funded.

Over the 2023 – 2024 financial year, PAT has undertaken a range of activities to advocate with mental healthcare in systemic reform. We made a substantial submission to the Legislative Council Inquiry into community mental health and outpatients services. MHCN also attended hearings of the Inquiry and provided verbal evidence to the Committee. The Report of the Inquiry includes a specific recommendation to the NSW Government for funding for carer education, carer supports and respite services. Details of additional funding for these services are now incorporated in the pre-budget submission prepared by the MHCC.

MHCN, in conjunction with BEING, made representations to NSW Health concerning the lack of progress in implementing the recommendations of the 2017 Inquiry into the use of restrictive practices in NSW Public Hospitals. The Ministry of Health has acknowledged our concerns and has announced a review of the current Policy Directive on the use of Seclusion and Restraint in NSW Hospitals. MHCN will be invited to participate in this review process when it commences.



PAT developed 6 new information resources funded by the Ministry of Health. These resources have now been approved for use and are being made available along with the previous 10 information brochures. These brochures can now be often found in the pamphlet racks of waiting rooms across NSW hospitals and community mental health services. Digital copies can also be downloaded from [MHCN's website here](#).

Through our convenorship of the Carers of Forensic and Corrections Patients Network in collaboration with Erika Ballance, Family and Carer Consultant, Justice Health and Forensic Mental Health Network, we have advocated for increased family and carer support and are undertaking a co-design of a resource to support new carers.

We have completed several submissions on the NDIS, including on the experiences of carers in remote, regional and rural areas, and to the Review of the Anti-Discrimination Act 1977 (NSW). The Team has also conducted monthly Mental Health Carer Connection Meetings in which participants discussed the need for funding of respite directly for carers, and for including grandparents and siblings in the Family Focused Recovery Framework (2020 - 2025). We have received an encouraging response from external stakeholders to our advocacy in this area and have been invited to participate in an upcoming review of this Framework by the Ministry of Health.

We have also enjoyed opportunities for professional development, attending co-design training, and Open Dialogue workshops which promote a family-focused therapeutic approach, ensuring carers and families are integral to decision-making in mental health services.



It has been a busy and productive year for the DAFP Team. We have worked closely with the NSW Disability Advocacy Network to produce several joint letters, submissions and statements to government on policy changes, the NDIS and the Disability Royal Commission.

We have also met quarterly with the Minister for Disability Inclusion where MHCN's DAFP have ensured the Minister is aware of the unique systemic issues facing people with psychosocial disability, carers, family, and kin. We produced a major piece of policy research on the NSW Housing Crisis and its impacts on psychosocial disability that identified issues preventing safe, secure and sustainable housing. Consultation revealed major barriers including painfully long waitlists, stigma and discrimination by service providers, resource and support deficits when navigating, applying, and accessing a service and unsafe living conditions.

MHCN recommended a state wide inquiry into root causes of psychosocial discrimination, mandated mental health literacy training for providers and personnel, funded peer support programs across catchment areas and continued funding to dedicated psychosocial housing programs such as Haven on the Central Coast.



The DAFP policy representation also includes a submission to the Inquiry into Loneliness and pre-budget submission and participating in roundtables and panels such as the Psychosocial Disability Roundtable and TheMHS Conference. We also provide advice and representation to several working groups and committees such as the ACI Mental Health Network, Housing and Mental Health Agreement Committee, and the HASI/CLS Review Committee. This representation is important because it makes sure that the needs and issues faced by people with psychosocial disability, their carers, families, and kin are on the agenda and discussed with policy makers.

Lastly, we are very proud to have established a First Nations Mental Health Yarn group with BEING to improve and inform how we can work with First Nations people in NSW and advocate for mental health consumers and carers, family and kin. The primary actions that have emerged from the Yarn have been decolonisation within first response for a mental health crisis, training for mental health sector workers on unconscious bias and anti-racism training and autonomy for Aboriginal people on solution implementation and resource control. This group will work as an advisory body for MHCN and BEING which informs us on issues that impact First Nations people. The Yarns are held every 2 months, in June, September and the next one scheduled for December.

The DAFP look forward to another productive year where we continue to advocate for the inclusion, recognition and destigmatisation of psychosocial disability.

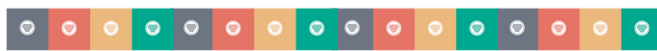


Community, Mental Health & Carer Services Development

The Stakeholder Engagement Team and Mental Health Carer Advocacy Network Team is focused on the second of the four pillars of our Strategic Plan – on contributing to the development of community, mental health, and carer services. The Mental Health Carer Advocacy Network (MHCAN) Team consisted of Douglas Holmes, Carer Peer Facilitator, and the Stakeholder Engagement Team (SET) consists of Jade Curran, Stakeholder Engagement Coordinator, with administrative assistance from Alex Brown, Administration Coordinator, and Laura Knight Organisational & Development Officer.

In the 2023 – 2024 financial year, MHCN's Mental Health Carer Advocacy Network membership increased to 500 individual and organisational members from across NSW. After the departure of Carer Peer Network Facilitator, Douglas Holmes, in May this year, Anne Stedman, MHCN's Carer Peer Trainer & Deputy CEO, took on the facilitator role for the monthly Carer Connection Meetings. This is a monthly online meeting developed for carers to engage in mutual support, develop connections and build their skills in advocacy for a better mental health system. These meetings have been invaluable for MHCN, allowing us to hear directly from carers about the most pressing issues they experience, which we incorporate into our policy strategy. They also serve as a bridge, connecting numerous carers and lived experience representatives with organisations and researchers for consultations with an emphasis on ensuring fair compensation for their time and insights.

In celebration of Mental Health Month 2023, the Stakeholder Engagement Team attended various community engagement events such as Carers NSW Carers Day Out held at Redfern Community Centre, the Mental Health Matters Awards hosted by Wayahead and the Mental Health Commission Parliamentary Showcase, which facilitated engagement between MPs, advisors and local communities to demonstrate support for people with a lived experience of mental health issues and caring, families and kinship groups.

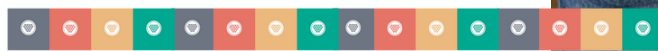


Led by art therapist Lisa McArthur-Edwards, SET hosted a National Carers Week creative workshop that encouraged participants to contemplate their dream life or aspiring goals through an art collage, consider the steps needed to achieve them and lay out stepping stones to create a physical pathway to their desired outcomes. A morning tea was also included to give attendees a chance to unwind and connect with other carers. Additionally, SET organised a fun online trivia event that included an array of music, movie, animal, food and pop-culture questions and a prize for the trivia winner.

SET had a wonderful time attending the TheMHS Forum in April this year, which focused on models of compassionate and inclusive care, exploring how the mental health system can work as an adjunct to the full context of a person's life and promote inclusion, recovery, resilience, and better mental health. Guest speakers included MHCN's President, Jenny Learmont AM, who shared her personal experiences as a carer and discussed how carer advocacy has evolved over the years. MHCN also invited carers from our Forensic and Carer Connections groups to attend and join in the conversation.

In December 2023, SET released a Peak Speaks episode titled 'Open Dialogue Within the Mental Health Sector' on MHCN's YouTube channel. Hosted by MHCN's Stakeholder Engagement Coordinator, Jade Curran, Shubhangi Kaushik and Mark Hopfenbeck from The Open Dialogue Centre discussed the core outcomes and values of Open Dialogue and identified the systemic factors that support this recovery approach within Australia. [Click here to view the episode](#) on MHCN's YouTube channel.

Our goal for the year to come is to continue building relationships with mental health carers, carer support organisations and allied health workers across NSW. There are still many areas relating to communication channels and respectful involvement, including upholding of rights and responsibilities and workforce capacity, that our members can contribute their valuable insights and expertise towards.

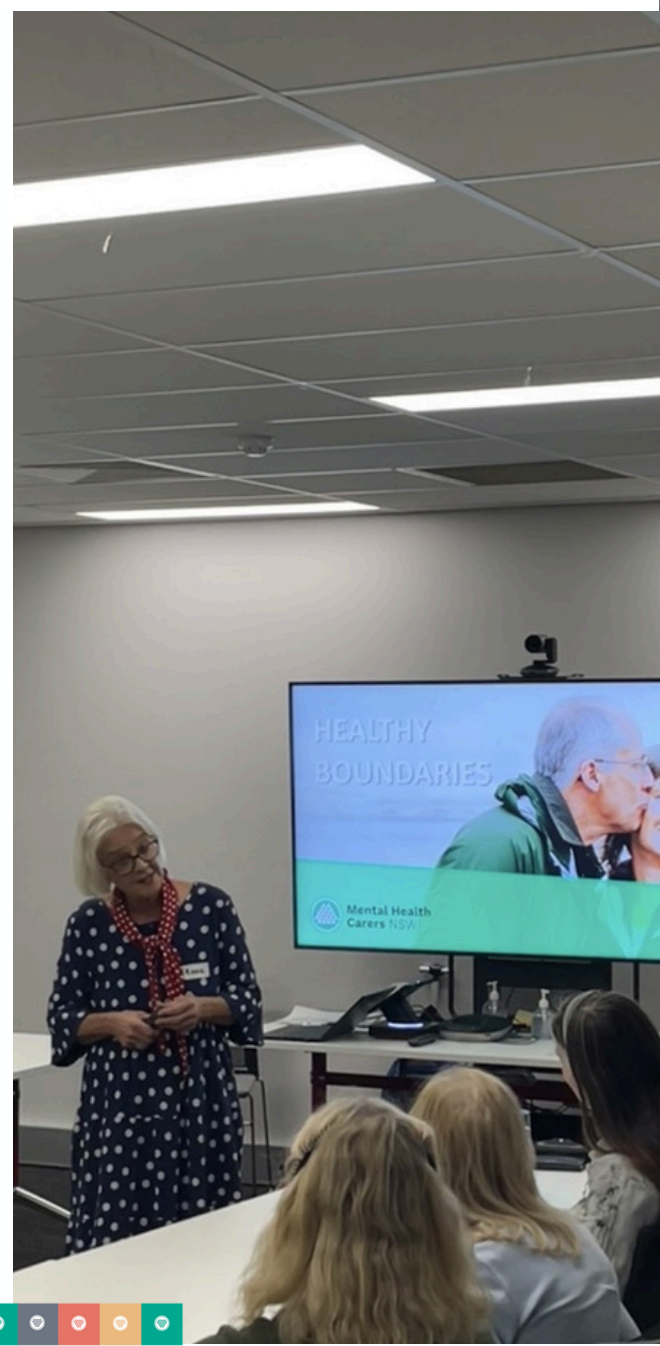


Promote Mental Health Carers Capacity Development

The Capacity Development Team (CDT) is focused on the third of the four pillars of MHCN's Strategic Plan – to promote mental health carers capacity development. The Capacity Development Team consists of Anne Stedman, Carer Peer Trainer & Deputy CEO, and Jade Curran, Stakeholder Engagement Coordinator, with administrative assistance from Alex Brown, Administration Coordinator, and Laura Knight, Organisational & Development Officer.

It has been a very productive year for the CDT team, thanks to the focus and opportunity to have a full-time employee, Jade Curran, further developing MHCN's resources and promoting engagement opportunities across the state.

This year, CDT completed the Information, Linkages and Capacity (ILC) project, funded by the Department of Social Services (DSS) under the Individual Capacity Building Program (ICBP). This project involved co-reviewing and co-designing 5 training modules with carers of someone with a lived experience of psychosocial disability and then delivering 67 online and in person training sessions across the 2022 – 2023 and 2023 – 2024 financial years. At the beginning of 2024, the Capacity Development Team delivered 5 ILC training modules of online and in person training sessions to Central Coast ARAFMI in Narara.





Throughout March 2024, CDT collaborated with Parramatta Head to Health to facilitate three advocacy and capacity development training sessions to mental health carers and consumers within Western Sydney. These sessions included Healthy Boundaries, Purposeful Storytelling and Carers & Advocacy: Foundations. CDT also facilitated a Purposeful Storytelling training session for a mentoring program developed by a local organisation that provides pathways to work, training and education opportunities for women in Sydney, impacted by homelessness, domestic and family violence, and social disadvantage. The training was delivered to mentors with a lived experience of domestic and family violence and aimed to provide the necessary skills required to share lived experience stories safely, in a way that avoids feelings of burnout, vicarious trauma or compassion fatigue.



In June 2024, CDT delivered an Inclusive Care Planning training session to a group of Local Health District staff members to raise carer awareness amongst mental health clinicians. The session provided a space for participants to discuss what obstacles and possible enablers they experienced in clinicians working collaboratively with families, friends and kinship groups of people experiencing mental health challenges.

Our peer trainer, Anne, was very heartened to be offered this opportunity to work with allied health in strengthening the knowledge base around mental health carer rights and inclusion and anticipates further growth in this area. When family, supporters, and kinship groups work collaboratively with the person and allied health supports, the whole community benefits.

Continuous Organisational Development & Improvement

Focusing on the last of the four key pillars of the Strategic Plan, continuous organisational development and improvement, and underpinning MHCN's operational activities, is the Business and Organisation Support Services Team (BOSS), consisting of Jonathan Harms, CEO, Laura Knight, Organisation & Development Officer, and Alex Brown, Administration Coordinator.

After experiencing some uncertainty and upheaval at the beginning of the 23 – 24 financial year and seeing the departure of key staff members, MHCN has worked hard to restructure, recruit and bounce back stronger than ever.

We have welcomed the addition of two new Policy Engagement Officers, Ellie Christen and Armie Farooqui who have provided fresh perspective to the Policy and Advocacy Team as well as seen the return of Alyce Cannon to Australian soil, who has since completed her PhD studies and is continuing her work with the Disability Advocacy Futures Program project (DAFP) in her new role as Research and Policy Coordinator.

To complement her position as Carer Peer Trainer, Anne Stedman was appointed as Deputy CEO, providing pivotal support to Jonathan Harms including overseeing staff supervision, and MHCN was delighted when Laura Knight returned after her resignation in October last year to assist in the accreditation process as well as to organise our 50th year anniversary celebration.

It has been a productive year for the BOSS team. We said goodbye to Katie Thorburn and Rachael Laidler from the Policy Team, and Cyril O'Connor, HR Officer. A need was then identified for HR support within the organisation and MHCN has employed the expert



services of HR consultant Fiona Bell from Employee Matters as well as begun to implement a new Human Resources Information System, Employment Hero.

In May 2024 MHCN met with a team of QIP accreditors to undergo two days of interviews in our assessment to meet accreditation. Prior to this and under the watchful eye of consultant Julie Millard, Laura Knight worked tirelessly to overhaul MHCN's policies and procedures and implement new systems to ensure all areas of accreditation were fulfilled. The assessors provided a handful of remedial actions around risk management, feedback management, and quality improvement, to take over the next few months to bring MHCN up to standard to meet accreditation. MHCN is excited to say we are now successfully accredited against the Health and Community Services Standards. The assessors also provided MHCN with commendations on the advocacy MHCN conducts with and for mental health carers in NSW, noting the professional and evidence-based submissions, representations and letters to external agents and government bodies on carer issues and needs.

Last year's AGM saw the re-election of Christian Avent and Yolande Williams as Ordinary Board Members and the election of Elizabeth Priestley who was nominated as Board Secretary. Elizabeth, who served as CEO of Wayahead (formerly the Mental Health Association) from 2010 - 2021 brings a wealth of mental health experience and knowledge and we are excited to welcome her to the team.

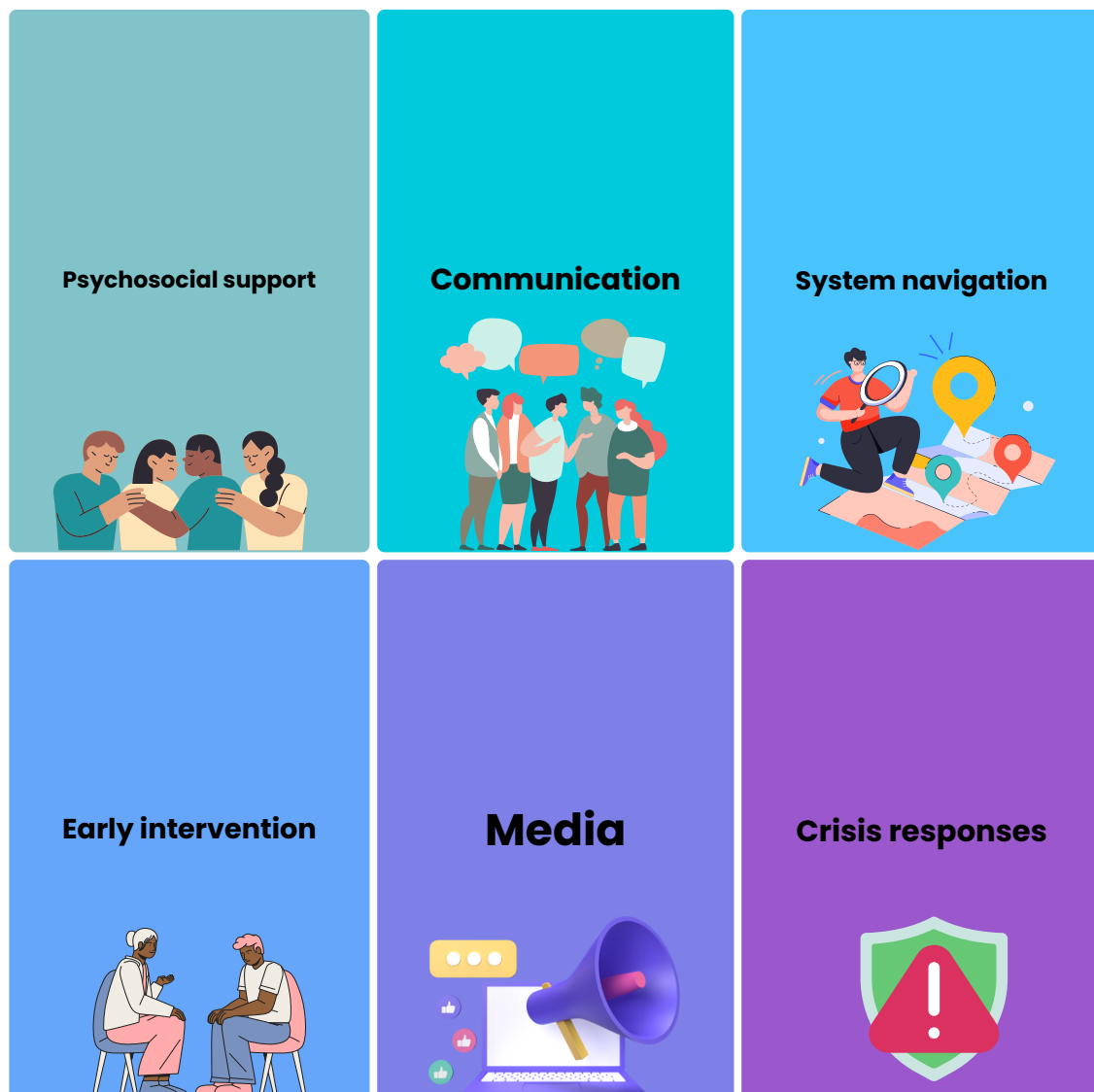
MHCN would like to thank its volunteer Board members, carers, stakeholders, our funders, staff and volunteers for a very fruitful 2023 - 2024 financial year.



Issues Raised from MHCN's Carer Networks

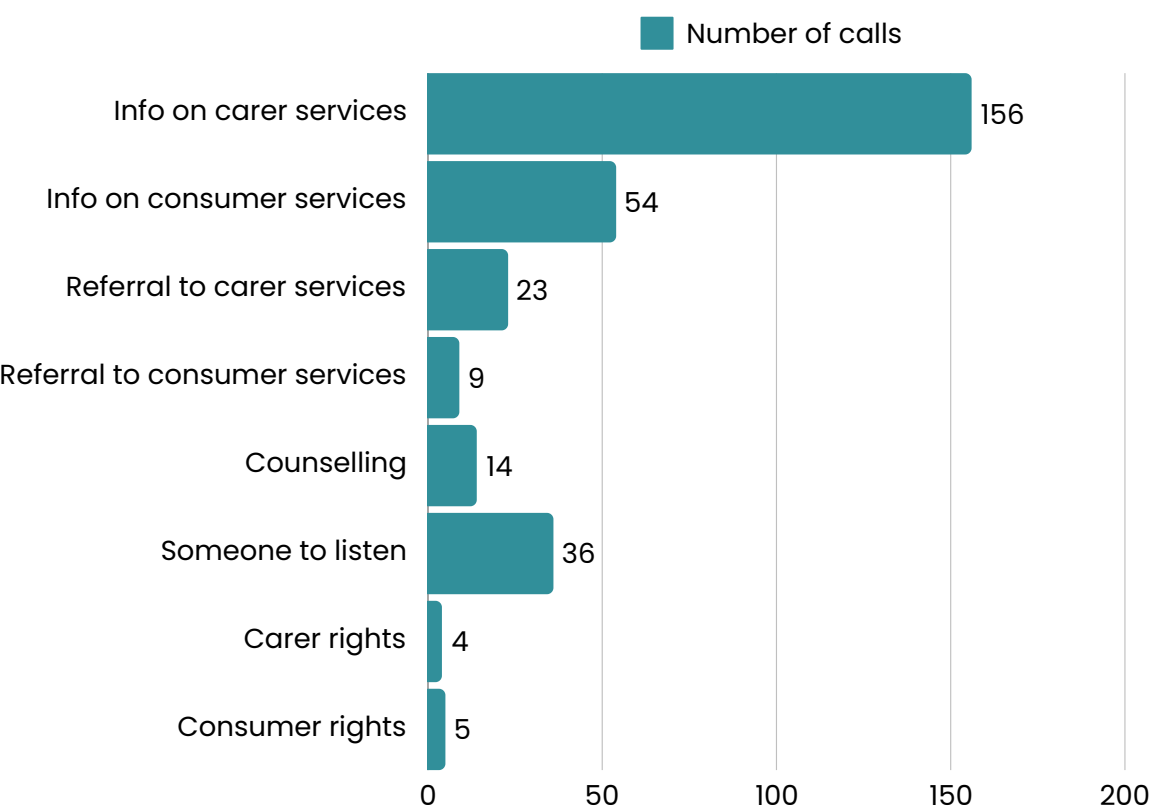
The following lists the key concerns of carers from MHCN's Carer Connections Meetings and Carers of Forensic and Corrections Patients Network Meetings:

- Fund respite directly for carers, including residential respite and a 'carer respite card' to access entertainment venues.
- Psychosocial support, including for carers of forensic and corrections patients.
- Better communication and information from services about the person they care for.
- Support with navigating the mental health system.
- Early intervention supports and services.
- Mental health crisis responses in the community should include clinicians, and not only police.
- Sensationalist media reporting of forensic (mental health criminal) cases.



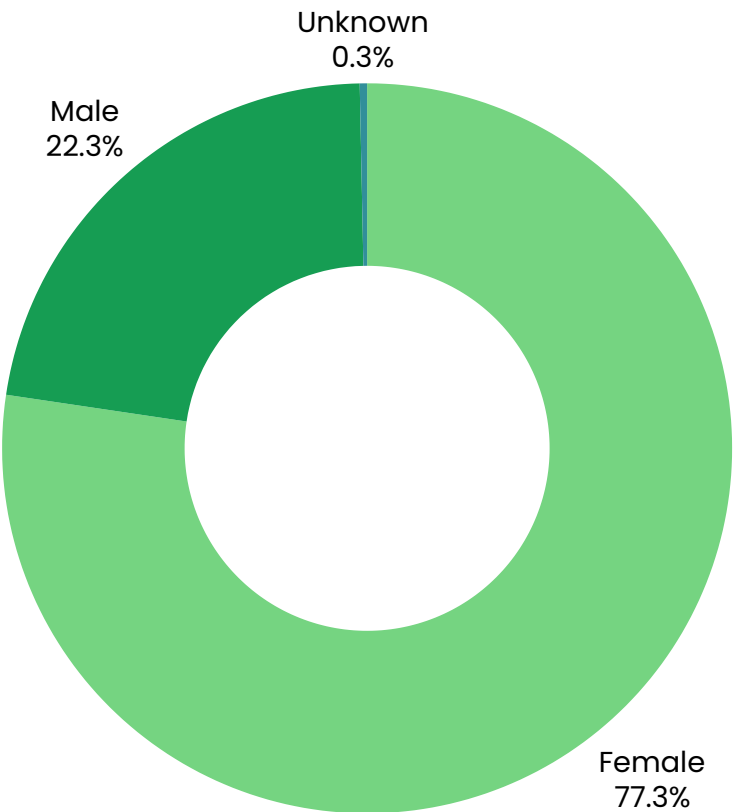
Carer Connections Helpline

Main reason for the call

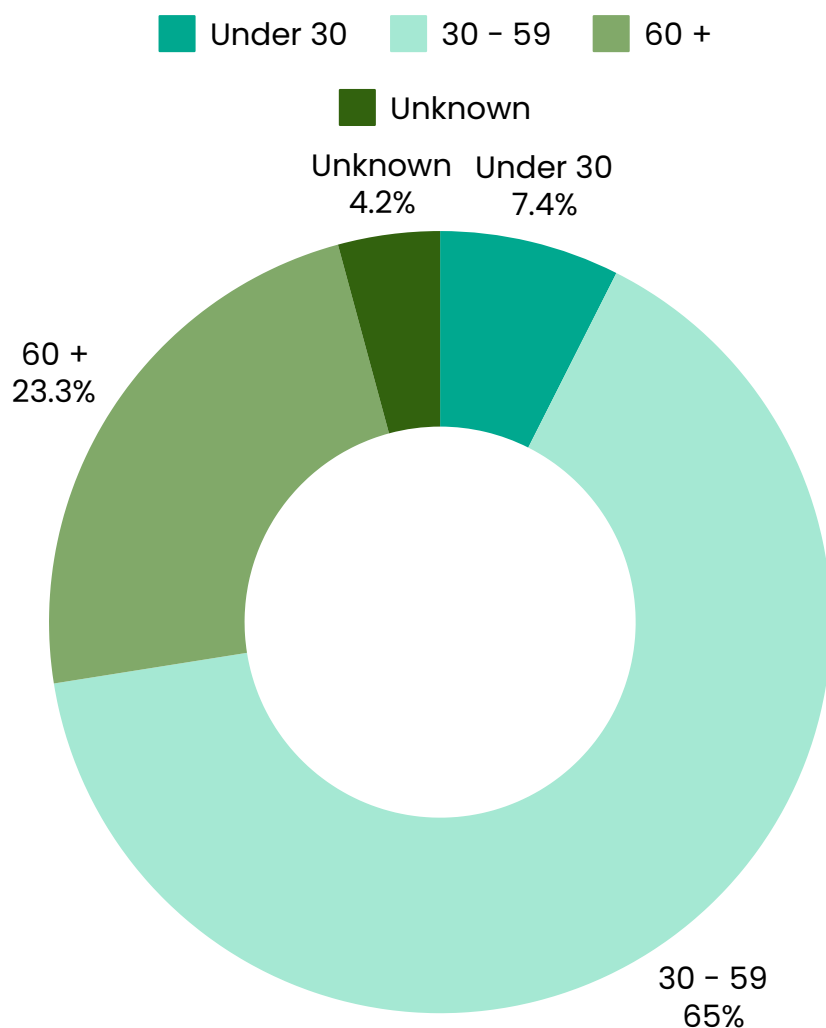


Female Male Unknown

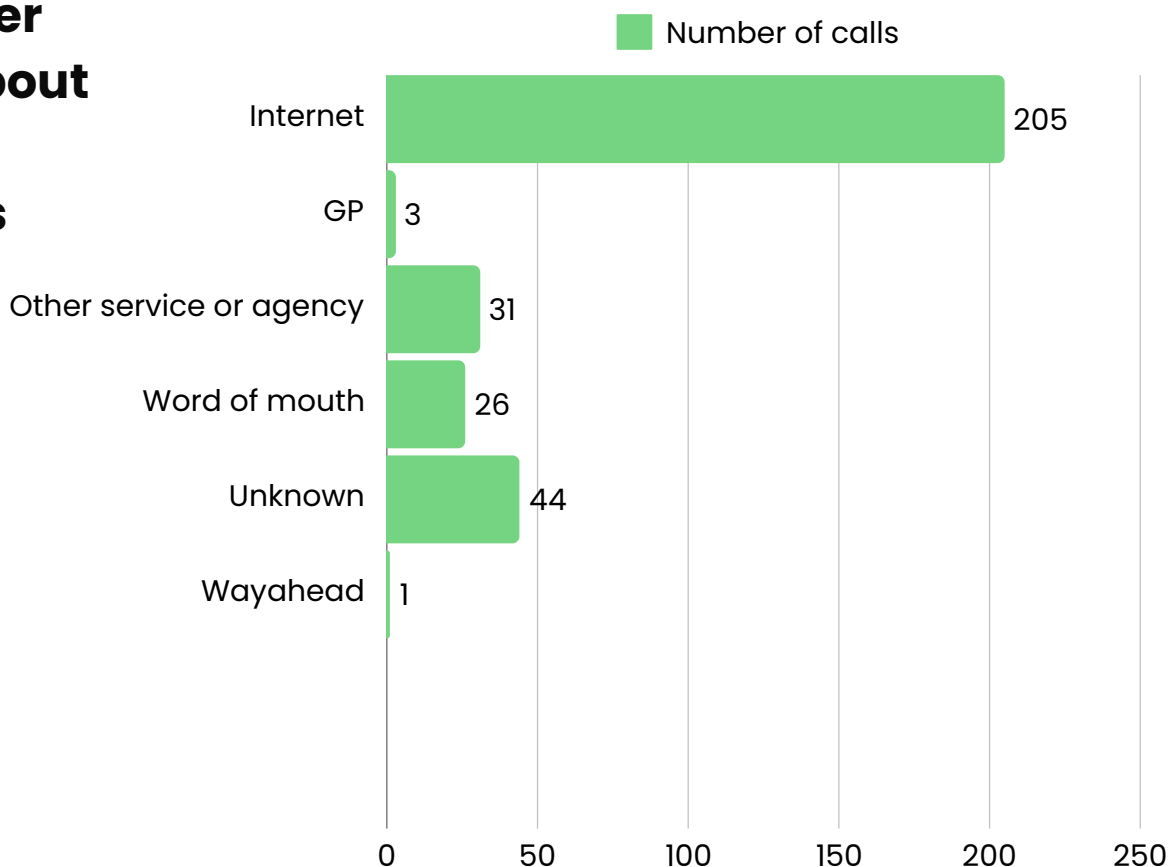
Gender of the caller



Age of the caller



How the caller found out about the Carer Connections Line



Board Meeting Attendance

FY 2023 – 2024

Board Meetings			Executive & Finance Meetings	
Name	Attended Meetings	Total Number Meetings	Attended Meeting	Total Number Meetings
Jenny Learmont – President	6	6	5	5
Lynda Walton – Vice President	5	6	5	5
Andrew Pryor – Treasurer	6	6	5	5
Elizabeth Priestley – Secretary (Elected 16 November 2023)	4	4	3	3
Chris Avent – OBM (Re-elected 16 November 2023/previously Secretary)	6	6	2	2
Rob Wellman – OBM	2	6	N/A	N/A
Catherine Wendell – OBM (Retired 17 January 2024)	2	2	N/A	N/A
Yolande Williams – OBM	5	6	N/A	N/A
Robyn Carmody – OBM (Retired 22 September 2023)	0	1	N/A	N/A
Raja Gopalan – OBM	2	6	N/A	N/A



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

FINANCIAL REPORT

For the year ended

30TH JUNE 2024

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

CONTENTS

Committee's Report	1
Statement of profit or loss and other comprehensive income	2
Statement of financial position	3
Statement of changes in equity	4
Statement of cash flows	5
Notes to the financial statements	6
Annual statement	14
Statement by members of the committee	15
Auditor's independence declaration	16
Auditor's report	17

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 2024.

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

	BOARD MEETINGS		EXECUTIVE & FINANCE	
	ATTENDED	TOTAL	ATTENDED	TOTAL
	MEETINGS	MEETINGS	MEETINGS	MEETINGS
Jenny Learmont (President) - re-elected President 17 November 2022	6	6	5	5
Andrew Pryor (Treasurer) - re-elected Treasurer 17 November 2022	6	6	5	5
Lynda Walton (Vice-President) - re-elected Vice-President 17 November 2022	5	6	5	5
Elizabeth Priestley (Secretary) - elected Secretary 16 November 2023	4	4	3	3
Chris Avent - re-elected 16 November 2023	6	6	2	2
Rob Wellman - re-elected 17 November 2022	2	6		
Catherine Wendell - re-elected 16 November 2023 / retired 17 January 2024	2	2		
Yolande Williams - re-elected 16 November 2023	5	6		
Robyn Carnody - elected 17 November 2022 /retired 22 September 2023	0	1		
Raj Gopalan - elected 17 November 2022	2	6		

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 deficit for the association amounted to \$125,660. This deficit partly offsets the surplus from last year, representing grants received last year partially utilised this year.

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

President: 
Jenny Learmont

Treasurer: 
Andrew Pryor

Dated: 24/10/2024

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 2024

	Notes	2024 \$	2023 \$
REVENUE			
INCOME			
Donations received		24,074	25,093
Grants received		572,481	524,116
Other grants		365,261	517,736
		<u>961,816</u>	<u>1,066,945</u>
OTHER INCOME			
Interest received		293	180
Other revenue		250	-
		<u>543</u>	<u>180</u>
TOTAL INCOME		<u>962,359</u>	<u>1,067,125</u>
EXPENDITURE			
Accounting fees		36,870	29,750
Auditor's remuneration		4,700	4,450
Advertising and resources		12,264	6,545
Bank charges and fees		513	458
Carers accommodation and travel		-	300
Carers sitting fees		11,762	19,819
Consultancy fees		161,539	98,659
Computer and IT expenses		32,558	16,102
Depreciation		61,643	86,879
Donations		1,692	-
Events and workshops		3,032	2,232
Filing fees		-	-
General expenses		1,976	4,197
Grants provided		6,318	462
Insurances		17,134	17,178
Interest expense		961	5,398
Legal fees		-	742
Postage		190	606
Printing, stationery and copier		3,932	20,823
Programs, resources and training		2,149	1,927
Rent		2,902	-
Wages and fringe benefits		610,096	473,736
Recruitment expenses		850	-
Staff training and welfare		11,925	11,567
Subscriptions and memberships		16,937	20,099
Superannuation contributions		73,846	49,850
Telephone and internet		4,944	3,010
Travelling and accommodation		7,286	2,843
		<u>1,088,019</u>	<u>877,632</u>
Profit / (loss) before income tax		(125,660)	189,493
Income tax expense	1(h)	-	-
Profit / (loss) after income tax		(125,660)	189,493
Other comprehensive income		-	-
Total comprehensive income for the year		<u>(125,660)</u>	<u>189,493</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 2024

	Notes	2024 \$	2023 \$
Current assets			
Cash and cash equivalents	3	1,109,878	1,195,933
Trade and other receivables	4	26,730	18,428
Other	5	21,723	33,964
Total current assets		<u>1,158,331</u>	<u>1,248,325</u>
Non-current assets			
Property, plant and equipment	6	11,337	-
Right-of-use assets	7	-	57,670
Total non-current assets		<u>11,337</u>	<u>57,670</u>
Total assets		<u>1,169,668</u>	<u>1,305,995</u>
Current liabilities			
Trade and other payables	8	89,052	113,602
Contract liabilities	9	743,561	660,313
Employee provisions	10	42,390	50,279
Lease liabilities		-	65,752
Total current liabilities		<u>875,003</u>	<u>889,946</u>
Non-current liabilities			
Employee provisions	10	17,142	12,866
Lease liabilities		-	-
Total non-current liabilities		<u>17,142</u>	<u>12,866</u>
Total liabilities		<u>892,145</u>	<u>902,812</u>
Net assets		<u>277,523</u>	<u>403,183</u>
Equity			
Retained funds		277,523	403,183
Total equity		<u>277,523</u>	<u>403,183</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 2024

	Retained earnings	Total equity
	\$	\$
Changes in equity		
Balance at 1 July 2022	213,690	213,690
Profit/(loss) for the year	189,493	189,493
Other comprehensive income	<u>-</u>	<u>-</u>
Balance at 30 June 2023	403,183	403,183
Profit/(loss) for the year	(125,660)	(125,660)
Other comprehensive income	<u>-</u>	<u>-</u>
Balance at 30 June 2024	<u><u>277,523</u></u>	<u><u>277,523</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 2024

	Notes	2024 \$ Inflows (Outflows)	2023 \$ Inflows (Outflows)
Cash flows from operating activities			
Cash receipts from customers		1,037,886	1,154,390
Cash payments to suppliers and employees		(1,042,211)	(741,474)
Interest received		293	180
Interest paid		(961)	(5,398)
Net cash provided by / (used in) operating activities	11(b)	<u>(4,993)</u>	<u>407,698</u>
Cash flow from investing activities			
Payments for property, plant and equipment		(15,310)	-
Net cash provided by / (used in) investing activities		<u>(15,310)</u>	<u>-</u>
Cash flow from financing activities			
Repayment of leases		(65,752)	(92,234)
Net cash provided by / (used in) financing activities		<u>(65,752)</u>	<u>(92,234)</u>
Net increase / (decrease) in cash held		(86,055)	315,464
Cash at the beginning of the financial year		1,195,933	880,469
Cash at the end of the financial year	11(a)	<u><u>1,109,878</u></u>	<u><u>1,195,933</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 2024

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 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.

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 2024

Note 1 - Statement of significant accounting policies (continued)

(c) Revenue recognition

The association is first required to determine whether amounts received are accounted for revenue as per AASB 15: Revenue from Contracts with Customers or Income as per AASB 1058: Income for Not-for-Profit Entities.

Funding arrangements which are enforceable and contain sufficiently specific performance obligations are recognised as revenue under AASB 15. Otherwise, such arrangements are accounted for under AASB 1058, where upon initial recognition of an asset, the entity is required to consider whether any other financial statement elements should be recognised (eg financial liabilities representing payable amounts), with any difference being recognised immediately in profit or loss as income.

Revenue is measured at the fair value of the consideration received or receivable. The company recognises revenue when the amount of revenue can be reliably measured, it is probable that future economic benefits will flow to the entity and specific criteria have been met for each of the company's activities as described below. All revenue is stated net of the amount of goods and services tax (GST).

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 as 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.

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.

(d) 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.

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 2024

Note 1 - Statement of significant accounting policies (continued)

(e) 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.

(f) 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.

(g) 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.

(h) Income tax

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

(i) 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.

(j) Good and services tax (GST)

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

(k) Trade and other receivables

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

(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.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30TH JUNE 2024

Note 1 - Statement of significant accounting policies (continued)

(m) Financial instruments (continued)

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.

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 at the beginning of the year. It was determined that there was no significant change in credit risk from the date they were initially recognised and no adjustment was required.

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 2024**

Note 1 - Statement of significant accounting policies (continued)

(m) Financial instruments (continued)

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) Critical Accounting Estimates and Judgements

Management evaluate estimates and judgements incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

Key estimates include assessing impairment at year end of financial instruments and reviewing the effective life of plant and equipment.

Key judgements include identifying performance obligations under AASB 15 with management exercising judgement to determine whether the promise is sufficiently specific in satisfying the obligation. Identifying leases terms and options to extend and the likelihood of the lease being terminated or being extended.

(o) New and Amended Accounting Policies

The association has assessed all new and amended accounting standards issued and effective for the current financial reporting period. None of these have had any material impact on the financial statements.

	2024 \$	2023 \$
Note 2 - Revenue		
Donations received	24,074	25,093
Grants received	572,481	524,116
Other grants	365,261	517,736
Interest received	293	180
Other revenue	250	-
	<u>962,359</u>	<u>1,067,125</u>

Note 3 - Cash and cash equivalents

Cash on hand	-	268
Bendigo bank	1,305	2,344
Bendigo bank - operating account	539,264	641,241
Bendigo bank - account (bequest)	38,261	40,267
Bendigo bank - term deposit (bequest)	531,048	511,813
	<u>1,109,878</u>	<u>1,195,933</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 2024**

	2024 \$	2023 \$
Note 4 - Trade and other receivables		
GST receivable	9,810	8,936
Trade debtors	16,920	9,492
	<u>26,730</u>	<u>18,428</u>
Note 5 - Other		
Deposits	5,250	22,665
Prepayments	16,473	11,299
	<u>21,723</u>	<u>33,964</u>
Note 6 - Property, plant and equipment		
Office furniture and equipment - at cost	41,856	26,546
Less: accumulated depreciation	(30,519)	(26,546)
	<u>11,337</u>	<u>-</u>
Total property, plant and equipment	<u>11,337</u>	<u>-</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	-	(295,556)
Net carrying amount	<u>-</u>	<u>57,670</u>
	Leased buildings	Total
	\$	\$
Balance at the beginning of the period	57,670	57,670
Additions	-	-
Depreciation charge	(57,670)	(57,670)
Closing net book amount	<u>-</u>	<u>-</u>
AASB 16 related amounts recognised in the statement of profit or loss		
Amortisation charge on right-of-use assets	57,670	86,504
Interest expense on lease liabilities	961	5,398
Operating lease commitments		
Non-cancellable short-term lease commitments not capitalised		
- payable not later than one year	<u>33,784</u>	<u>-</u>

The association entered into a short-term lease agreement for new office premises commencing 1 February 2024 and ending on 31 January 2025.

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 2024

	2024	2023
	\$	\$
Note 8 - Trade and other payables		
Other creditors and accruals	19,640	34,561
GST Payable	23,732	41,402
PAYG Withheld	15,816	16,233
Superannuation payable	29,864	21,406
	<u>89,052</u>	<u>113,602</u>

Note 9 - Contract liabilities

Grants in Advance	174,270	108,248
Bequests in trust	569,291	552,065
	<u>743,561</u>	<u>660,313</u>

A bequest was received in the 2020 period 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 \$569,291.

Note 10 - Employee provisions

Current

Provision for annual leave	27,728	21,944
Provision for long service leave	14,662	28,335
	<u>42,390</u>	<u>50,279</u>

Non-current

Provision for long service leave	17,142	12,866
	<u>17,142</u>	<u>12,866</u>

Note 11 - 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

	2024	2023
	\$	\$
Cash on hand	-	268
Cash at bank and on deposit	1,109,878	1,195,665
	<u>1,109,878</u>	<u>1,195,933</u>

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

Profit / (loss) for the year	(125,660)	189,493
<i>Non-cash flows in operating surplus</i>		
Depreciation and amortisation	61,643	86,879
<i>Changes in assets and liabilities</i>		
(Increase) / decrease in trade debtors	(7,428)	(2,741)
(Increase) / decrease in other receivables and deposits	11,367	4,148
Increase / (decrease) in trade and other payables	(24,550)	41,608
Increase / (decrease) in contract liabilities	83,248	90,186
Increase / (decrease) in employee provisions	(3,613)	(1,875)
	<u>(4,993)</u>	<u>407,698</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 2024**

Note 12 - Related party transactions

The Association did not engage the services of any committee members during the current or previous year.

Key management personnel compensation

Any persons having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that entity is considered key management personnel.

The totals of remuneration paid to key management personnel of the company during the year are as follows;

	2024	2023
	\$	\$
Key management personnel compensation	<u>128,566</u>	<u>135,041</u>

Note 13 - 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 2024.

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

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

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

The statements attached to this certificate give a true and fair view of the financial position and performance of Mental Health Carers ARAFMI NSW Inc. (Non-reporting) during and at the end of the financial year of the association ending 30 June 2024.

President: 
Jenny Learmont

Treasurer: 
Andrew Pryor

Dated: 24/10/2024

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;

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 2022.

President: 
Jenny Learmont

Treasurer: 
Andrew Pryor

Dated: 24/10/2024



THOMAS DAVIS & CO
CHARTERED ACCOUNTANTS
ESTABLISHED 1894

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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 2024 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.

J.G. RYAN PARTNER

Chartered Accountants

Sydney

Date: 24 October 2024

A member of



Independent legal & accounting firms

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CHARTERED ACCOUNTANTS
AUSTRALIA • NEW ZEALAND



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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 2024, 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, 2024 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 2022 and the Association Incorporations Regulations 2022.

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.

A member of



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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.

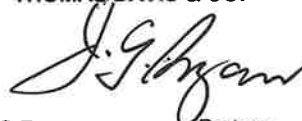
As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- 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: 24 October 2024

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Mental Health Carers NSW



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