

2019

annual report



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About the Mental Health Association NSW

The Mental Health Association NSW Inc (MHA) is a non-profit, non-political, community organisation. It is a registered charity and receives funds from NSW Health. The MHA celebrated its 75th birthday in 2007.

The MHA's primary activities include the provision of mental health information, advocacy on mental health issues and the promotion of mental health through public education. This includes the Facing Anxiety Program, which specialises in awareness of anxiety disorders.

The voluntary Board of Management is elected annually from among the MHA's members. A core team of staff operates from a Sydney-based central office and a small branch operates in Gilgandra in the western region of NSW.

The Mental Health Association NSW is accredited against Quality Improvement Council (QIC) Standards.

Our Vision

A society that values, promotes and protects mental health and wellbeing for its citizens.

Our Mission

To promote opportunities for the people of NSW to achieve their optimal level of mental health through providing information, education about mental health, mutual support and advocacy services.



President's message

It is always a pleasure to write this report and to have the opportunity to reflect on the work of the Mental Health Association NSW (MHA) in the past year, and to think about how community attitudes towards mental health and services for people living with mental ill health have changed.

The recent federal election saw all parties vying for the votes of people concerned about mental health issues. With the outcome of the federal election still to be decided at the time of writing, mental health is still on the political agenda with both major parties promising increased funding for mental health services.

The MHA has had a successful year with a number of projects and achievements. The image of the MHA continues to be positive and we are recognised as one of the key organisations in the promotion of mental health. In the past we have showcased a number of projects and have seen the ideas behind the projects taken up by other community and government agencies.

In the past year, much of our work in mental health promotion, education, support work and community information has relied on the real participation of people who have experienced mental ill health and are making a significant contribution back to the community. Better medication, better support, earlier recognition and treatment of mental health problems and better services have enabled many people recovering from mental illness to return to meaningful and productive lives.

Part of our mission at the MHA will always be to monitor mental health services and to advocate for continued improvement in mental health care in the community and to highlight emerging needs in mental health. Both state and federal governments are lobbying for the mental health vote and there are real opportunities in the coming year to let all political parties know that people who are concerned about mental health issues are a significant and real voting force.

The success of the MHA's work is dependent on the commitment of the excellent staff we have and our dedicated volunteers. I would particularly like to thank Gillian Church who recently retired as our Chief Executive Officer. Gillian came into the organisation when we were still a small group in a tiny cottage in the grounds of the old Gladesville Hospital. She has led the organisation through significant changes and growth. It has been a pleasure and a delight to work with enthusiastic and dedicated staff and Board members throughout the past year.

Looking through the annual report you will find many inspiring examples of the work of the MHA. We welcome volunteers and students who can contribute to our work and I look forward to working with you in the coming year.

A handwritten signature in black ink, appearing to read 'M Smith', written in a cursive style.

**Associate Professor Meg Smith OAM
President**



CEO's message

In 2009–10, we completed a number of new time-limited projects (see below), produced community service announcements (commercials), released the Way Ahead Directory 9th edition and organised a conference, among many other things. This was in addition to managing our ongoing programs—the Mental Health Information Service, Mental Health Promotion, and the Facing Anxiety Program.

The projects we completed during the year included the CALD and Indigenous project which commenced in 2008–09. Implementing the project's three year strategic plan, we were able to achieve a number of goals. Specifically, to form relationships with CALD (culturally and linguistically diverse) and Indigenous organisations. We also, for the first time, employed an Aboriginal Development Officer to assist us in forming relationships with Indigenous organisations.

We completed the Seasons for Growth pilot and produced an external evaluation report. Based on the results of the pilot, the MHA will be able to seek further funds to roll out the program more extensively. In future there will be an emphasis on CALD and Indigenous people as trainers and participants.

The What Works? Research Project that commenced last year looked into the problem of cannabis abuse by individuals aged 18–30 who have a mental illness. The project was substantially completed by the end of the financial year and the final report will be released in the next few months. The research steering committee is looking at disseminating the findings through a variety of publications. This project was a successful collaboration between the MHA, NSW Consumer Advisory Group (CAG), Association of Relatives & Friends of the Mentally Ill (ARAFMI) and the University of Western Sydney.

The Building Resilience—From Surviving to Thriving conference was very well attended and feedback was extremely positive. This is the first conference that the MHA has organised in some years and we hope it will be an annual event from now on.

There is still a long way to go in the provision of mental health services. However, I have seen many changes and much progress in my time working at the MHA. I earnestly hope that in the next few years our political leaders will put their (our) money where their mouths are, and utilise the many great talents that exist within our sector. We are not short on evidence based programs and good ideas. I really feel that there is now a groundswell of public opinion in favour of promotion, prevention and early intervention alongside enhancing services for people with a mental illness.

At the time of writing I have resigned and will leave at the end of July 2010 after having had the privilege of being the MHA's CEO for more than 14 years.

The Board has recruited a new CEO and I look forward to seeing Elizabeth Priestley take the organisation to the next level. The MHA has grown significantly over the years and still has a great deal of potential yet to be realised.

I would like to take this opportunity to thank Board members, present and past, particularly the Executive Committee who generously provided me with support and guidance over the years. Also all the staff who have worked diligently to contribute to the organisation, some of whom have been with us for many years. Thanks as well to the many members who have remained solidly with us for a long time. I wish you all, and the MHA, nothing but the very best for the future.

Gillian Church
Chief Executive Officer

How you can make a difference

Join The Mental Health Association NSW

Why become a member?

- Keep up-to-date with mental health issues
- Help promote mental health and wellbeing
- Participate in information exchange
- Facilitate your professional development
- Participate in Mental Health Month NSW
- Support the work of the MHA

As a Financial Individual member you get:

- Our monthly e-communication newsletter
- A copy of our quarterly magazine *Mental Health Matters*
- 10% discount on the MHA's publications
- 10% discount on seminars and conferences affiliated with the MHA
- One vote in MHA elections

As a Financial Organisational member you get:

- Our monthly e-communication newsletter
- Up to five copies of our quarterly magazine *Mental Health Matters*
- 10% discount on the MHA's publications
- 10% discount on seminars and conferences affiliated with the MHA
- Two votes in MHA elections
- Advertising opportunities for events and positions vacant
- A link on the MHA's website to your organisation's website
- Hire of boardroom and equipment at a discounted rate

Donations/bequests/sponsorships

The MHA needs donations, bequests and sponsorships to continue to provide our current level of services and programs, and to create new ones. You can make a donation through our website (www.mentalhealth.asn.au) or by mailing us a cheque.

If you would like to discuss making a donation, arranging a bequest or sponsoring a specific area of activity, our senior staff would be happy to hear from you.

Becoming a volunteer

You can help us achieve our mission of building a society that accepts the rights of people experiencing a mental illness and promotes emotional wellbeing for each and every one of us.

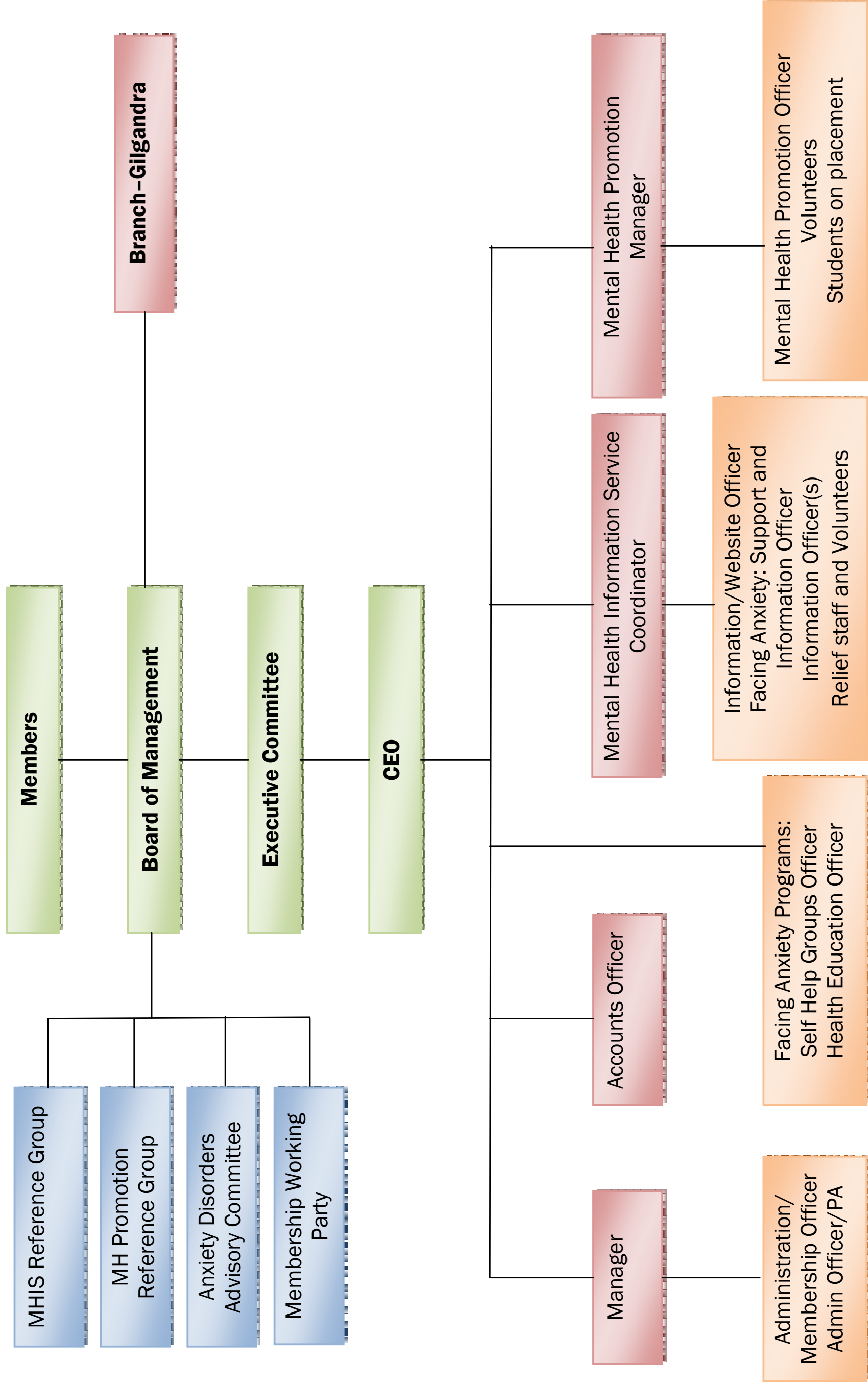
If you want to make a contribution and get involved, then talk to us about your ideas. We are always open for discussion, as our students and volunteers enhance the work we do.

Volunteering can open the door to many possibilities. For some of us, it may be through helping people, for others it's an opportunity to develop skills that could lead to a better job.

At the MHA we recognise that employees, volunteers and students are partners working towards the same goal—providing better outcomes for people affected by mental illness and working towards a society that values mental health without stigma or shame.



Organisational Chart



Strategic goals for 2007–10

One: Promote good practice in mental health

- 01
- Develop policy on contemporary mental health issues
 - Participate in systemic advocacy
 - Work to eliminate stigma and discrimination for people with mental illness
 - Seek opportunities to work in partnership with co-location partners on new and existing projects
 - Seek opportunities to work in partnership with other non-government organisations (NGOs) or community organisations on new and existing projects
 - Extend MHA programs to meet the needs of people with dual diagnosis

Two: Increase community awareness of mental illness and promote mental health

- 02
- Continue to enhance programs that identify MHA as the leading NGO in mental health promotion in NSW
 - Provide education programs
 - Publish Mental Health *Matters* magazine quarterly
 - Develop a policy and implement a plan for the usage of the Mental Health Information Service (MHIS) database by other organisations

Three: Inform and support people to access appropriate mental health interventions

- 03
- Operate and develop the MHIS
 - Increase use of MHIS by identified groups
 - Support the establishment of local groups
 - Operate the Resource Centre in partnership with Partners in Mental Health
 - Produce the Way Ahead Directory annually
 - Identify and highlight gaps in service provision

Four: Continually improve the viability, capacity and operation of the Association

- 04
- Develop and adopt a strategic approach for the future direction of the MHA
 - Ensure the MHA Board is highly skilled in governance and leadership
 - Undertake program evaluation
 - Increase membership of the MHA
 - Oversee, support and liaise with branch(es), including development of new branches
 - Regularly review occupational health and safety in accordance with the OH&S Act and regulations
 - Submit new and recurrent funding applications
 - Maintain Continuous Quality Improvement
 - Develop and support co-location partnership joint projects

Promote Good Practice in Mental Health

Develop policy on contemporary mental health issues

During the year the MHA contributed to a number of submissions by the Council of Social Service of New South Wales (NCOSS) and other organisations with which we have an advocacy relationship. The MHA is reviewing how to better develop its policy role in the future.

Participate in systemic advocacy

Contributions to systemic advocacy

The MHA made the following contributions to systemic advocacy during the year:

- National Women's Health Policy – attended Commonwealth consultation on the policy
- Non-Government Organisation Review – attended consultation/workshop
- NSW Liberals and Nationals Roundtable – attended meeting/consultation
- NSW Health Suicide Prevention Policy Workshops – attended workshops
- NSW Charter of Victims' Rights – submission to the NSW Attorney General's Department
- AIDS Council of NSW (ACON) Mental Health Strategy – response to request for feedback on the strategy
- The Hon Barbara Perry MP, Minister Assisting the Minister for Health, Mental Health – meeting to advocate on issues such as the lack of adequate case management and the need for promotion and prevention
- National Health and Hospitals Reform Agenda – attended consultation
- Response to "A Healthier Future for all Australians" – Final Report of the National Health and Hospitals Reform Commission (NHHRC) – submission to the Hon Kevin Rudd, Prime Minister
- NGO Program Review – consultation meeting with NSW Health consultant
- NCOSS report on the value of health NGOs – contributed to the report
- Support for Suicide Prevention Australia – submission to the Senate Inquiry into suicide
- Council of Australian Government (COAG) Reforms – Letter to the Hon Nicola Roxon, Minister for Health.

Advocacy assistance was also provided to individual complainants regarding mental health services.

Representation on committees

The MHA was also represented on a number of committees, including:

- NSW Health Drug and Alcohol Health Promotion Sub-Committee

- NSW Health Promotion, Prevention and Early Intervention Sub-Committee
- NSW Health Anxiety Campaign Advisory Committee
- NCOSS Health Policy Advisory Group
- NCOSS Forum of Non-Government Agencies
- NSW Attorney General's Department Missing Persons and Mental Health Reference Group
- Missing Persons Committee (NSW) Inc
- Workplace Health Promotion Network
- RUOK? Day (Suicide Prevention) Organising Committee
- Mental Health Telephone Access Line Evaluation Panel
- Anti-discrimination Board: Lesbian, Gay and Transgender Consultation
- Network of Government Agencies (NOGA)
- School of Public Health and Community Medicine
- Oral Health Special Needs Services Advisory Group
- Mental Health Legislative Framework Committee
- *Mental Health Act 2007* Regulation Amendment Expert Panel—Deep Brain Stimulation and Tourette's Syndrome
- Mental Health Advisory Forum.

Government Advocacy/Liaison Committee

The MHA has a long history of raising public policy issues to promote improvements for people with mental health issues. We established the Government Advocacy/Liaison Committee to monitor government planning and directions in mental health, and met four times during this reporting period. The notable activities were as follows:

- In November 2009, Dr Nick O'Connor (MHA Deputy Chairperson) wrote an article for the MHA's *Mental Health Matters* magazine, *A Healthier Future for All Australians—A View from Mental Health: The National Health and Hospitals Reform Commission's Final Report*.
- In April 2010, the Terms of Reference were revised to reflect changes in the membership, and the Committee explored an ongoing joint partnership with NSW Consumer Advisory Group (Mental Health).

Work to eliminate stigma and discrimination for people with mental illness

Mental Health Matters Awards

The MHA is passionate about recognising and encouraging individuals and organisations who strive to improve understanding, awareness and service provision in mental health. Accordingly, each year the MHA presents the *Mental Health Matters* Awards to outstanding people and projects making a difference in NSW.

In 2009, 14 award winners were recognised across 10 categories and each was invited to receive their award from Her Excellency Professor Marie Bashir AC, CVO, Governor of New South Wales, at the Mental Health Week launch in Martin Place in Sydney's CBD on 7 October 2009. Following is a full list of these inspiring recipients and a selection is showcased here.

Maree Twomey, Hawkesbury Bipolar Bears Support Group
Consumer Involvement and Engagement Category

Maree was diagnosed with bipolar disorder before moving to the Hawkesbury. She discovered there was a lack of support for individuals living with mental illness in the area and formed a monthly support group—the Hawkesbury Bipolar Bears. The group provides a safe and supportive environment for members, carers and families. Maree also arranges social activities and outings for members, in addition to providing them with a detailed monthly newsletter about upcoming events and activities.

The Hawkesbury Bipolar Bears have been actively involved in numerous activities aimed at de-stigmatising mental illness and raising community awareness. The group provides members with an opportunity to connect with others and develop skills through public speaking and publishing the newsletter. This is a valuable service in the Hawkesbury, reducing isolation and improving quality of life.

The Jacaranda Project, Northern Sydney Sexual Assault Service
Mental Illness Prevention and Early Intervention Category

The Jacaranda Project was developed to meet the existing need for interventions for adult survivors of child sexual assault. An initiative of the Northern Sydney Sexual Assault Service, the project provides therapeutic groups and builds capacity amongst counsellors in other services to work with adult survivors.

Over an eight-year period and two extensive evaluations, the Jacaranda Project has shown very positive results. Both qualitative and quantitative research has demonstrated that it has been effective in treating many of the pervasive effects of a history of childhood sexual abuse.

The Virtual Clinic
Research and Evaluation Category

The Virtual Clinic is an internet-based service that provides education and treatment for people living with anxiety and depression. It is run by a team of clinicians and researchers from the Clinical Research Unit for Anxiety and Depression at St Vincent’s Hospital, and the School of Psychiatry, University of New South Wales. The Clinic provides a treatment option for those who face barriers of cost, stigma and remoteness in accessing traditional treatment.

The Clinic employs a systematic research agenda to develop the treatment program. Results from clinical trials demonstrate benefits to participants that are equivalent to those obtained from some face-to-face treatment programs.

Camp Kookaburra Incorporated
Carer Involvement and Engagement Category

Camp Kookaburra supports children from the Sutherland Shire

Mental Health Matters Awards recipients 2009	
Award Category	Award Recipient
Carer Involvement and Engagement	Camp Kookaburra Incorporated
Consumer Involvement and Engagement	Hawkesbury Bipolar Bears Support Group
Cross Sector Collaboration	Marianna Wong, Tanya Byak, Michael Gock, Philip Morton and Sandy Schieb for the Northern Sydney Central Coast Area Health Service’s Vocational Education Training and Employment (VETE) Service
Culturally and Linguistically Diverse Communities	South Eastern Sydney Illawarra Health, Area Mental Health and Multicultural Health Services for the Macedonian Mental Health Project Phase 3: ‘Fear and Shame’
Indigenous Mental Health	Brenda Freeman – Aboriginal Mental Health Support and Education
Innovation in Service or Program Delivery	Jessica Cullen and Christine Richards for the Toastmasters program at Morisset Hospital
Innovation in Service or Program Delivery	ycentral – one stop youth mental health shop
Innovation in Service or Program Delivery	Karl Symonds and Adam Bryant for the MATES – something for men – men’s health group
Media	NBN Mind Matters Series
Mental Health Promotion	Bankstown City Council’s Community Planning and Development and Mental Health Week working party members
Mental Illness Prevention and Early Intervention	The Jacaranda Project, Northern Sydney Sexual Assault Service
Research and Evaluation	Associate Professor Christian Alexander and Professor John Fraser for their research into general practitioners’ management of patients with mental health conditions
Research and Evaluation	Professor Robyn Richmond, Professor Amanda Baker and Dr Frances Kay-Lambkin for the Healthy Lifestyles Program
Research and Evaluation	The Virtual Clinic



Mental Health Matters Award winners with the Governor of NSW, Her Excellency Professor Marie Bashir AC, CVO.

and the St George District of Sydney who have taken on a caring role in families affected by mental illness. It was established in 2000 by Dianne Madden, who recognised the presence of an unmet need in the community. It is run by local services and volunteers and supports more than 200 families by providing annual camps and other safe activities for children between the ages of 8–16 years.

As well as offering great fun experiences, the camps and other programs link children into support services, provide access to counsellors and enable children to meet peers with similar experiences.

Living Library

A Living Library was a popular feature of the Mental Health Week (MHW) launch again this year. A Living Library works like a normal library except that the ‘books’ are people representing groups frequently confronted with prejudice and who often experience discrimination or social exclusion. Readers and their borrowed ‘book’ spend time together in a personal dialogue.

The aim of the Living Library in 2009, tying into the theme for MHW—Sign up, Link in, Get involved—was to promote the importance of community participation in protecting and improving mental health. ‘Readers’ were able to choose a ‘book’ who could be borrowed for up to 20 minutes. The book catalogue was as follows:

- Buddhism: a cookbook for a more meaningful life
- Lost and found
- A journey from powerlessness to hope and strength
- Lesbian clergy
- Living with Obsessive Compulsive Disorder (OCD)
- The secret problem (OCD from a carer’s perspective)
- Happiness can be achieved against the greatest odds
- Hope faith recovery: caring for a daughter with schizophrenia

There are challenges in running such an event outdoors and appealing mainly to passers-by who do not understand the concept of a Living Library (40% of readers had not heard of a Living Library before). However, overall the feedback was positive and affirming.

All readers (100%) said that they had learned something new by participating, including:

“That there is a light at the end of tunnel”

“Services on offer to assist with mental health issues”

“A stronger understanding of the human conditions and common denominator in everyone”

Sixty-seven per cent (67%) of readers believed that the Living Library was very effective in challenging stereotypes they had about a Living Book and 87% said they would borrow again.

All of the participants said they enjoyed the experience of being a Living Book and expressed a number of benefits from being borrowed and read, for example:

“Way to help the community have a better understanding”

“Enjoy meeting people and exchanging ideas [and] experiences”

None of the books felt they had any difficulties talking to borrowers and all felt they had a moderate to great impact on readers. The most frequently asked questions directed to books varied between participants and included readers wanting to know more about their story, the impact their story had on their lives and families, as well as questions about recovery.

Seek opportunities to work in partnership with co-location partners on new and existing projects

During the year the Partners in Mental Health (PiMH), which includes the MHA and our co-location partners the Consumer Advisory Group (NSW CAG) and Association of Relatives and Friends of the Mentally Ill (ARAFMI), worked together on one major project (What Works? Research Project, see below) and various back office and promotion projects.

As well as sharing back office services (including joint purchase of office equipment), the PiMH share staff expertise and skills, the Mental Health Resource Centre (see page 21), information booths at conferences and events, cross-promote activities and special events, speak as a group with visiting students and other large groups, and regularly seek funding opportunities where we can contribute to a joint program.

The Partners meet monthly to discuss progress with the co-location and new ideas for joint projects. We expect that opportunities to work collaboratively will increase over the next few years.

The MHA and ARAFMI are also partners in the unfunded Mental Health Support Group Project. This allows us to share support group leader training and provide them with information and resources. It is proposed that we expand this project over the next 12 months and develop a clearinghouse facility for mental health support groups throughout NSW.

Seek opportunities to work in partnership with other NGOs or community organisations on new and existing projects

Seasons for Growth

Seasons for Growth is a community development pilot project for adult mental health consumers. Through the project, eight free workshops were held in Sydney during 2007–09 to assist consumers in developing skills and strategies for coping with change, loss or grief. In addition, eight mental health consumers and workers were trained as ‘Companions’ (program facilitators) and were provided with regular supervision. The MHA ran the program in partnership with Good Grief Ltd.

An external evaluation of the project was undertaken in late 2009 and the MHA received the NSW Seasons for Growth Pilot: Final Evaluation Report in February 2010. The evaluation found that participants were able to apply knowledge and skills gained through the program in their personal journey towards recovery. Outcomes included decreased stress and anxiety, enhanced resilience and overall improved mental health.

Following the pilot, the program was adapted slightly to better meet the needs of consumers (for example, with extra session

“People are experts in their own lives, they have the skills, competency, values and abilities within to assist them to reduce the influence of problems in their lives....”

Adapted from Epston & White (1990)

time allocated, peer led educators and session evaluation forms for participants).

The report recommended that the MHA’s adapted version of the program continue to run and be expanded to other groups with significant change, loss and grief issues which affect mental health (such as Indigenous communities, refugees, and people living with domestic violence).

In June–July 2010 two groups were run in Sydney for culturally and linguistically diverse consumers, one at Eastlakes and one in East Sydney. The groups were funded by the Mental Health Coordinating Council and involved eight participants.

Feedback from participants was positive and included:

“It really helps one to move on and grow as an adult”

“[aspect of the program that was most helpful]... the opportunity to participate and share experiences... learning from each other in a confidential, friendly environment.”

The MHA will continue to apply for funding to run future groups within the Sydney metropolitan region, with a view to expanding to regional NSW when possible.

Extend MHA programs to meet the needs of people with dual diagnosis

What Works? Research Project

In 2008, the Partners in Mental Health (the MHA, ARAFMI NSW and NSW CAG) and the University of Western Sydney successfully applied to the Mental Health Coordinating Council for funds to conduct a research project into cannabis use by mental health consumers aged 18–30 years.

The project starting point was that many people living with mental illness have a co-occurring substance abuse problem. Theories for the high use of recreational drugs by people who have a mental illness suggest that people may use them to alleviate depression, cognitive difficulties and medication side effects and that recreational drug use begins through peer pressure.

The research aimed to:

- identify what people living with mental illness say about why they use cannabis
- what prompted them to stop using the drug
- what maintains the behaviour for those who continue to use cannabis
- understand what aspects of health promotion campaigns motivate young people (18–30) with a mental illness who use cannabis to cease or decrease use
- understand the limits of health promotion campaigns from the perspective of young consumers.

It is expected the research outcomes will identify issues that people living with mental illness see as important in helping them to reduce or withdraw from cannabis use. The data collected may be useful in developing a health promotion program aimed at young people living with mental illness at risk of developing a substance abuse problem. The full report will be released in late 2010.

Increase community awareness of mental illness and promote mental health

Continue to enhance programs that identify the MHA as the leading NGO in mental health promotion in NSW

Building Resilience campaign 2008–10

Year 1 2008: Appreciate the Little Things in Life

Year 2 2009: Sign up, Link in, Get involved

Year 3 2010: Good Friends Help us Bounce Back

2009 was the second year of the MHA's three-year mental health promotion campaign focused on 'Building Resilience'. The campaign encourages people to think about strengthening their ability to 'bounce back' from challenges and stresses. Resilience can provide us with the ability to see beyond current challenges, enjoy life more and handle stressors constructively.

The campaign encourages people to develop their resilience in simple ways, by appreciating the little things in life, as this can help to develop a more optimistic outlook. Many studies have shown that resilient individuals experience more positive emotions which they use to cope with difficult situations.

The campaign also encourages people to think about how they can develop their resilience by building stronger connections to their community. It promotes the mental health and wellbeing benefits of connecting with family and friends; participating in community clubs and groups; activities such as volunteering, physical activity and continuing education; and making contact with local services.

The particular theme for 2009—Sign up, Link in, Get involved—was reflected in activities including Mental Health Week.

Mental Health Week 2009

Background

Held in October each year to correspond with national and international mental health campaigns, Mental Health Week NSW (MHW) plays a major role in bringing mental health issues to public attention. This large scale campaign, which incorporates Stress Less Day, attracts widespread media attention and participation. With the assistance of the MHA, mental health services around NSW work with local organisations and individuals to stage projects and events including seminars, forums, media campaigns, creative arts projects and information stalls.

Through MHW, the MHA achieves its objectives of raising awareness, increasing understanding, challenging stigma and promoting mental health, illness prevention and early intervention strategies.

The MHA was once again proud to be entrusted with this task, and we thank the Mental Health and Drug and Alcohol Office, NSW Health, for their continued funding of MHW.

From 2010, MHW will be extended for the full month of

October in recognition of the diverse range of mental health promotion activities occurring across NSW.

Promotional materials and resources

To tie in with the MHA's three-year 'Building Resilience' campaign, the theme of MHW in 2009 was Sign up, Link in, Get involved. This was reflected in promotional materials and resources. In addition to general MHW materials, the following specialised materials were also available:

- Stress Less Day postcards and posters—Stress Less Day coincides with MHW (see page 15) and materials were produced and distributed throughout the week.
- CALD materials—In 2009 the MHA made a commitment to improve its inclusion of people from culturally and linguistically diverse (CALD) communities in MHW by extending its ongoing partnership with the Transcultural Mental Health Centre (TMHC). The TMHC translated two MHW factsheets into 10 community languages and also sponsored a number of small grants and a Mental Health Matters Awards category.
- Perinatal mental health issues—As part of the community awareness component of the National Perinatal Depression Initiative, the MHA developed two resources—a '10 Tips to Stress Less' postcard for mums and a Sign up, Link in, Get involved pamphlet describing ways new and expectant mums can stay connected to their community and support networks to protect their mental health. These were developed in consultation with the Perinatal, Infant and Early Childhood Working Party of the Child and Adolescent Mental Health Services Sub-Committee (NSW Mental Health Program Council), and with the support of MH-Kids, Mental Health and Drug and Alcohol Office, NSW Health. The resources were distributed to all NSW Area Health Services, as well as Justice Health and the Children's Hospital Westmead, in time to tie in with MHW celebrations.

Materials were printed and also available for download from the MHA website.



HAVE THE COURAGE TO BE IMPERFECT
TAKE TIME FOR YOURSELF
SIGN UP FOR THAT COURSE, JOIN THAT CLUB
BE ACTIVE EVERY DAY IN AS MANY WAYS AS YOU CAN
SPEND TIME WITH PEOPLE WHO MAKE YOU FEEL GOOD
LAUGH OUT LOUD EACH DAY
INVITE YOUR NEIGHBOUR OVER FOR A CUP OF TEA
DO ONE THING NOW YOU'VE BEEN PUTTING OFF
REMEMBER, THIS TOO SHALL PASS
FOCUS MORE ON THINGS YOU CAN CONTROL



Clockwise from above: Volunteers and staff at the launch; MC Julie McCrossin on stage at the launch; Performers from Drum Circle Events at the launch of Mental Health Week 2009.

Promotional Materials and Resources

- MHW Starter Kits 500
- MHW Posters (A2) 4,000
- MHW Postcards 60,000
- Stress Less Posters (A2) 5,000
- Stress Less Postcards 60,000
- Balloons 10,000
- MHW Information Kits 700
- 113 media mentions tracked
- Calendar of Events online at www.mentalhealth.asn.au

The launch

MHW was launched on 7 October 2009 via an outdoor festival in Martin Place in Sydney's CBD. Hosted by Julie McCrossin, the festival's stage show line-up included an address by the Hon. Barbara Perry MP, Minister Assisting the Minister for Health (Mental Health), accounts of lived experience from two special guests, Greg Wilson and Craig Hamilton, interactive entertainment and the presentation of the Mental Health Matters Awards by Her Excellency Professor Marie Bashir AC, CVO, Governor of New South Wales.

The forecourt displayed stallholders providing information about mental health and wellbeing and ideas on how to Sign up, Link in [and] Get involved. Free massages, a BBQ, an art activity and a Living Library were also featured.

Overall the launch was a successful event. A

significant number of launch participants reported learning new things and planning changes to future behaviour. Invited stakeholders were generally positive in their feedback, with one commenting:

"The whole day was seamless in both organisation and support to us as stall holders and everyone who attended. There was a great sense of openness and inclusion for all and a wonderful feeling of joy as well. It was special."

Our thanks to all our staff and volunteers for their hard work.

Participation

More than 100 other MHW events were held across the state, many attracting up to 500 people. Two events were state-wide, 60 were held in the Sydney metropolitan area, 15 in coastal NSW and 23 in regional areas. Many event organisers who rated the Sign up, Link in, Get involved theme as 'very useful' appreciated that it gave a focus to their activities and promotion, or said that it fitted well with the aims of their organisation or program.

Community participation survey

As a strategy to boost media interest in MHW, the MHA conducted a research study based on the theme of Sign up, Link in, Get involved. With the support of Associate Professor Helen Berry at the Australian National University, the MHA ran an online survey during September–October 2009 to identify

community participation trends in NSW and how they related to mental health.

The survey collected data on types of community participation, including social networking sites; mental health and happiness levels; demographics; and what people get out of participating, including benefits and barriers.

Three-hundred and nine (309) people completed the survey and findings included a number of interesting patterns about the relationship between community participation and mental health. As expected, psychological distress or mental ill-health was related to low levels of community participation. People in the community were isolated in different ways—young people don't see their neighbours, whilst older people don't see their friends often; men weren't sure if they see their friends enough, whereas women reported seeing their friends a lot. Women also reported being happier than men.

The report recommended that more is needed to encourage people to socialise and connect with others and to provide opportunities for people to participate in their community. More is also needed to develop life and relationship skills, particularly for people living with a mental illness, so that they can experience more enjoyment from socialising with others.

The results of the survey were released on 1 October as a brief summary with an attached media release. The Australian Associated Press ran the release and it was featured on the home page of www.smh.com.au on Saturday 3 October and printed in the *Sunday Herald* the following day as well as all major metropolitan newspapers in print and online on the east coast and in Western Australia.

Small grant winners

The MHA offered a number of small grants to local organisations to assist the staging of MHW activities. In 2009, 128 applications for funding were received and 26 grants were given. Applications were judged by a sub-committee of the Mental Health Promotion Reference Group. Congratulations in particular to Twenty10/Gay & Lesbian Counselling Service, and Greater Western Area Health Service, which were each awarded \$1,000 grants.

Local organisers were also invited to apply for grants for MHW activities specifically targeting people from culturally and linguistically diverse (CALD) communities. These grants were sponsored by the Transcultural Mental Health Centre, which also appointed a panel to assess the applications. Thirty-five (35) applications were received and seven were funded.

Workplace Health Promotion Network

The Workplace Health Promotion Network aims to promote mental health and wellbeing in the workplace by bringing together Human Resources professionals to listen to speakers and exchange ideas. The Network continued to grow this year and now has a contact list of 247 people from 122 companies, government departments and NGOs across Australia.

Over the past 12 months, the Network was privileged to have several speakers address members at quarterly meetings,

discussing a variety of issues regarding health and wellbeing in the workplace:

- **Professor Timothy Sharp**, Chief Happiness Officer, The Happiness Institute, "Using the Tools of Positive Psychology for a Happy and Healthy Workplace"
- **Dr Anne Wyatt** and **Dr Carlo Caponecchia**, Beyond Bullying, 'Unacceptable Behaviour At Work'
- **Ingrid Ozols**, Director, Mental Health @ Work, "Putting Heart Back Into Business—A Journey to Creating Mentally Healthy, Supportive and Resilient Workplaces"
- **John Littleton**, Psychological Services Coordinator NSW/ACT, Medibank Health Solutions, "Managing Psychological Injuries in the Workplace."

The Network has been operating for three years and has never received any dedicated funding. Members were asked to consider a number of options for ensuring long term sustainability and it was decided that an annual membership fee would be introduced. To date, 24 organisations have become financial members. The first task (now completed) was developing a Network logo (right). Other immediate priority areas for the funds are redeveloping the Network website, funding catering at meetings, producing factsheets and resources and running workshops in partnership with other organisations.



In May 2010, the MHA partnered with Safety Works to hold a Gala Fundraising Dinner in Sydney to tie in with their annual conference. The event was attended by approximately 80 people and Greg Wilson gave an inspiring speech as the MHA's Ambassador. Over \$1,200 was raised towards the development of a 'mental health in the workplace' toolkit.

Auseinet "Understanding Mental Health and Wellbeing"

The MHA has continued to play a lead role in delivering the Auseinet "Understanding Mental Health and Wellbeing" module in NSW. The module introduces prevention, promotion and early intervention to workers across the health and the non-health sectors and is part of a national workforce development strategy.

In partnership with the Institute of Psychiatry, the MHA has run nine workshops in East Sydney and Parramatta, as well as two workshops in Gosford and Wollongong for Mission Australia employees.

Stress Less campaign

The annual '10 Tips to Stress Less' resource, developed and distributed for Stress Less Day, proves to be enormously popular each year. In 2009, the campaign was extended to promote the Stress Less message over 10 months. From November 2009 to July 2010, a new postcard was released every month, each featuring one of the 10 tips from the 2009 Stress Less



Clockwise from left: Greg Wilson speaking at the conference; Conference MC Julie McCrossin with Gillian Church; The Hon Barbara Perry MP opening the conference; Conference coordinators Elizabeth Priestley and Lindsay Haraden.

postcard. The postcards are distributed by Avant Card through their network of stands in places such as theatres, universities and cafes across NSW. A partnership was developed with the MHA's sister organisation in the ACT, the Mental Health Foundation ACT, to distribute the postcards in the ACT.

The postcards feature a link to a campaign website (www.stresslesstips.org.au) which was developed by a pro

bono developer, Toby Hede, using Facebook Connect so that people can submit their own content each month to enter monthly competitions and share content with their networks. The website includes information on how to deal with stress and related mental health issues, links to appropriate resources and services, as well as postcards that are available to download, print and distribute or send to friends



as e-cards. Each month the new stress less tip is endorsed by a mix of celebrities and experts including Dr Timothy Sharp, Julie McCrossin, Sarah Wilson and Neighbour's actor Jackie Woodburne.

Two of the postcards have won Avant Card's Postcard of the Month competition (left).

Social media

To tie in with the Stress Less campaign, the MHA created Facebook and Twitter pages to help spread awareness and engage with people in a more interactive way. Using social media is an excellent way to provide information and get feedback about MHA activities and keep up with current events and activities related to mental health (in a year where mental health has become a common topic in media stories). Our fan and follower base is constantly growing (about 1,000 people combined) and the MHA will further explore the possibilities that social media provides for mental health in relation to health promotion, early intervention and treatment.

Resilience Doughnut ©

Tying in with the 'Building Resilience' campaign, the MHA now offers workshops on resilience to community organisations, schools and school children.

The MHA's Mental Health Promotion Manager and Health Education Officer became accredited trainers of the Resilience Doughnut©, a model developed by Sydney-based clinical psychologist Lyn Worsley for building resilience in children and young people by focusing on strengths. It provides a tool to foster resilience in young people using factors already present in the young person's life.

During 2010, we ran workshops in East Sydney, Glebe, Lindfield and Woollooware attended by over 60 people. Feedback from participants was extremely positive, with people reporting that they found the content practical, easy to use and relatable.

Provide education programs

Small Steps

Small Steps aims to educate teachers and parents of primary school children about anxiety disorders through free seminars and a parent self-help program. During the year, 50 school seminars and two parent groups were conducted, reaching approximately 1,100 people.

The school seminars give teachers and parents an opportunity to learn about the most common types of anxiety disorders in children, the signs and causes of anxiety and what can be done about it. Participants continue to respond positively to the seminars with high levels of satisfaction recorded.

The Parent Self-Help Program gives parents an opportunity to learn strategies to help manage anxiety in children, with a strong focus on mutual support and encouragement. Participants are provided with information



resources about the causes and types of anxiety disorders, what maintains anxiety, why anxiety disorders must be treated, treatment options, common co-occurring conditions, book lists, website resources and more. Feedback from parents indicates that they find the program a valuable tool to assist them in managing their children's anxiety.

During the year, the MHA's Health Education Officer attended the Happiness Conference in Sydney and the Reconnexions Anxiety Conference in Melbourne, which provided valuable opportunities to learn more about anxiety and consider new directions for Small Steps to grow and evolve.

Facing Anxiety Program promotions

The Anxiety Disorders Support and Information Officer participated in eight promotional engagements during the year, which included one newspaper article, three radio interviews and four public forums. With the aim of forming closer links, the Facing Anxiety Program staff visited six anxiety clinics this year and will visit the remaining ones by end of 2011.

Building Resilience conference and workshops

In April 2010, the MHA organised its first conference for many years. Titled "Building Resilience: From Surviving to Thriving", the two-day conference was held in Sydney and explored the importance of building resilience in our lives.

The conference was opened by The Hon Barbara Perry MP, Minister Assisting the Minister for Health (Mental Health), and MC Julie McCrossin ensured the program ran smoothly.

Day One of the conference involved presentations from a range of speakers (see page 26 for a full list) and focused on the four themes of Workplace Resilience, School Resilience, Community Resilience, and Resilience and Culture.

Keynote speakers were:

- **Professor Timothy Sharp**, Chief Happiness Officer, The Happiness Institute (Workplace Resilience)
- **Lyn Worsley**, Clinical Psychology and author, The Resilience Doughnut (School Resilience)
- **Gary Moore**, Director, Community Services Marrickville Council (Community Resilience)
- **Brenda Freeman**, Aboriginal Social and Emotional Wellbeing Worker, Sydney South West Area Health Service (Resilience and Culture)

On Day Two, participants took part in four half-day workshops which also focused on the four resilience themes. Feedback from the 210 delegates was extremely positive, which has led the MHA to make the conference an annual event.

The MHA is grateful to our conference sponsors, particularly NSW Health who funded 50 consumers and carers to attend.



Publish Mental Health Matters magazine quarterly

The MHA publishes the *Mental Health Matters* magazine to keep members and subscribers up-to-date with both the work of the MHA and developments in the mental health sector. It looks at issues from the perspective of consumers, carers and professionals, and includes information about research findings, government policies, mental health promotion and upcoming conferences and events. Over the past 12 months the magazine was re-designed to incorporate the previously separate Facing Anxiety newsletter. Three issues of *Mental Health Matters* were published during 2009-10.

Develop a policy and implement a plan for other organisations' use of the Mental Health Information Service database

The MHA continues to explore ways to make the Way Ahead database more widely available (see page 21 for more information about the database). While our ultimate goal is to publish it on the Internet, this is not currently feasible as income from sales is needed to enable continued production of the resource. With the assistance of our pro bono solicitors, Teece Hodgson & Ward, the MHA developed a licensing agreement to cover multiple users in a single organisation.

Inform and support people to access appropriate mental health interventions

Operate and develop the Mental Health Information Service

The Mental Health Information Service (MHIS) provides members of the public with information about mental health issues and a reliable, up-to-date referral service using the Way Ahead database.

The MHIS provides a personalised, anonymous helpline via telephone and email. The service operates two telephone information lines—a general mental health information service (MHIS) and the Anxiety Disorders Information (ADI) line.

The information lines are staffed by a full-time service coordinator, a website information officer, and two part-time information officers. Casual staff and students on placement also contribute to our work.

The phone lines are open from 9.00am–5.00pm Mondays, Tuesdays, Thursdays and Fridays and from 12.30pm–5.00pm on Wednesdays.

During 2009–10, the service responded to 5,686 enquiries. The majority of these (4,534) were to the MHIS line, with the remaining 1,152 calls to the ADI line. Most of the enquiries were by phone (94%) with the remainder via email. Most enquirers found the service through phone book listings across NSW (49%) with a growing number doing so via the internet (11%).

Information lines: user analysis

Similar to previous years, most callers to the MHIS were female (67%). Consumers (41%), carers, friends and families (42%) made up the majority of enquiries, with other caller groups including professionals and service providers (15%) and students (2%). Most calls were handled within 10 minutes (80%); 8% of calls required over 15 minutes.

The figures in relation to the ADI line showed an even higher proportion of female callers (75%), with most calls coming from consumers (65%). The remainder was from carers, family and friends (23%) and professionals and service providers (12%). Most calls were handled within 10 minutes (67%); 10% required more than 15 minutes. The figures for both lines reflect a similar pattern to last year.

While 36% of callers to both lines were within the Sydney metropolitan area, the majority of calls came from outside Sydney (58%) and 6% from outside NSW (see Figure 1).

The kind of assistance requested on both lines was recorded according to 18 categories. These included: Accommodation, Employment, Law and Justice, and Practical Support Services. The two largest categories overall were Mental Disorders (61%) and Health Services (16%). Under Health Services, most requests were for the contact details of local Community Mental Health Centres. As Figure 2 shows, the most common requests were for information about depression, bipolar disorder, psychosis and

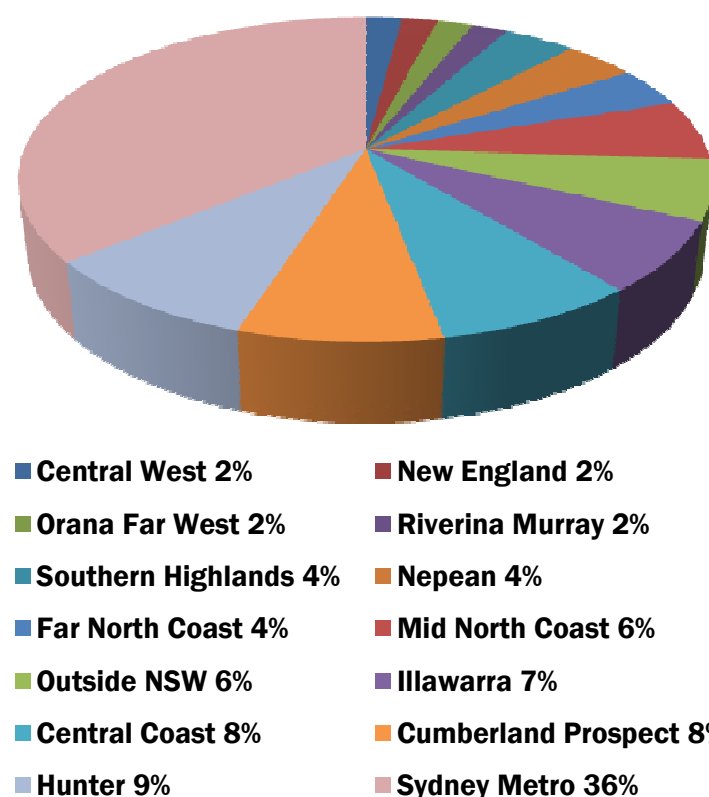


Figure 1: Location of callers.

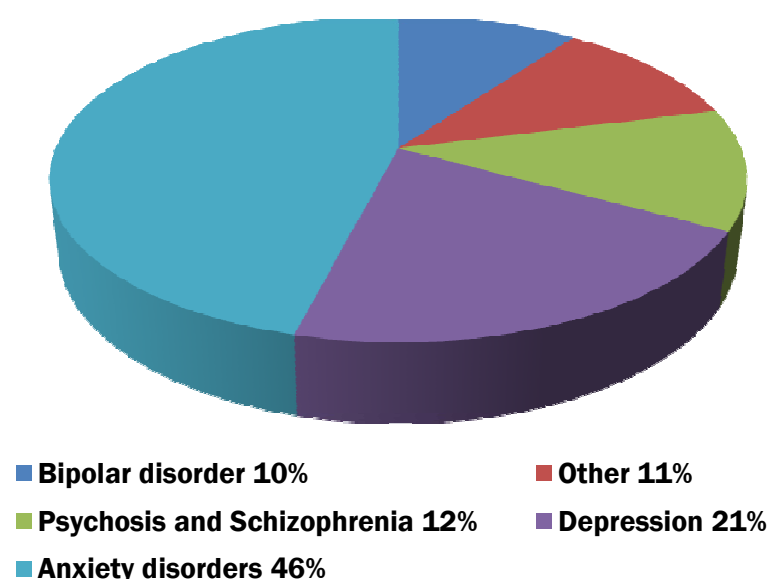


Figure 2: Nature of assistance requested.

schizophrenia and anxiety disorders.

The assistance requested on the Anxiety Disorders Information Line was focused on anxiety disorders and treatment options (85%). The most frequently requested information was in relation to Obsessive Compulsive Disorder (32%), Generalised Anxiety Disorder (29%), Panic/Agoraphobia (23%), and Social Phobia (10%), with Post Traumatic Stress Disorder and specific phobias making up the remainder.

Official Visitors Line

The MHIS has provided a telephone answering service for the Official Visitors program since November 2004. Official Visitors inspect hospital and community mental health services on a regular basis, enquire into the care and treatment of patients, and report back to the Principal Official Visitor and Minister for Health.

Each mental health facility displays a poster informing consumers and carers about the program and encouraging them to call with concerns or complaints. The MHIS takes these calls and relays them to the specific Official Visitor rostered for that day.

The service has continued to operate smoothly over the past 12 months with 1,526 calls handled by MHIS staff. This represents a significant increase (45%) on the calls taken in the previous year (1,052). The service continues to operate under a Memorandum of Understanding between the Official Visitors Program and the MHA, which will be reviewed in December 2010.

Fact sheets

Over 50 fact sheets are available for download from the MHA website. In addition, an estimated 11,000 fact sheets were distributed at 23 conferences and community events, including Mental Health Week, the MHA Building Resilience Conference, and Rotary Community Forums at Toronto and Wollongong.

The MHIS also receives requests each year to republish specific fact sheets. This year extracts from "Coping with Grief and Loss" will appear in a publication to be distributed to 2,500 Secondary School students.

With funding from the Ian Potter Foundation and the City of Sydney, we were able to stock eight information booklets, along with an A5 booklet stand and an A4 promotional poster, to 75 selected libraries across regional and metropolitan NSW. The booklets provided information about depression, bipolar disorder, recognising and managing stress, anxiety, schizophrenia, alcohol and other drugs, caring for someone with a mental illness, and finding sources of help. They complement a series of six DVDs on mental health issues by Monkey See Productions which the MHA previously distributed to libraries and video stores across the state. The booklets were delivered in time to tie in with Mental Health Week 2009 celebrations.

Feedback surveys are included with all the information packs mailed to MHIS clients. Of the 641 packs sent out in 2009–10, 12 feedback surveys were returned. As in previous years, most were from consumers and carers, with many expressing their thanks for both the information and the understanding they received.

Promoting the MHIS

The MHIS was active in promoting its services and mental health issues generally during the year. Activities included holding information stalls and giving talks to community groups about mental health topics and the work of the MHIS.

The posters and wallet cards developed during the previous year remained popular with service providers, and 5,410 Helpline Cards and 816 posters were distributed. The Breathe Slowly card promoting the Anxiety Disorders Line was also widely distributed and re-prints of all of these free resources has occurred.

The website continues to have an important role in the promotion of the service along with the Stress Less Campaign and Community Service Announcements.



Website

Following on from last year, we now have a revised website with a number of useful features showcasing our activities, such as an event calendar and news inventory. The redevelopment of the site is a significant improvement on the old website.

MHA website agreements

We have partnerships with Health InSite and Health On the Net Foundation (HonCode). These enable web users to find us quickly via credible health and medical databases.

Health InSite is an Australian Government initiative that provides a single access point for quality health information via its partners' websites. Health On the Net Foundation is a non-profit, non-government organisation that is accredited with the United Nations Economic and Social Council.

Increase use of MHIS by identified groups

As part of considering how we could better reach callers from culturally and linguistically diverse communities and Indigenous communities, callers to the MHIS and ADI phone lines were asked about their background over a four week period in May–June 2010.

Where appropriate, callers were asked about their country of birth, their ethnic identity, whether they spoke another language at home, and whether there were any cultural issues they would like us to be aware of. Of the 372 callers to the service during this period, data was gathered from 92 callers (25%). Of these, 79 were born in Australia, six in the UK, two in India, with one each born in New Zealand, Poland, Italy, Lebanon and the United States.

Eighty-one (81) described their ethnic identity as either Australian or Anglo Australian, while five described themselves as Aboriginal or Torres Strait Islander. The rest described themselves as either Tamil, Indian, German, Chinese, Maltese or American. Of this sample only one caller spoke another language at home and felt that there were particular cultural issues of relevance to their call.

During this 12 month period information about the Telephone Interpreter Service was added to all of our fact sheets, with nine callers making use of this service. The languages covered were Cantonese, Persian, Spanish, Serbian and Russian. This annual snapshot of the cultural backgrounds of callers is assisting us in building a service that is more responsive to the diversity of our community.

Support the establishment of local groups

Anxiety support/OCD support groups

The Facing Anxiety Program had 15 monthly support groups running during the year, which provided 872 occasions of service, an increase of 6.2% on last year. The monthly groups are led by trained volunteer facilitators who provide support, education and information. Group members meet in a

friendly atmosphere to offer each other support and share their experiences of their disorder. Groups are open to both consumers and their family and friends. Evaluation of the support groups showed attendees came along to meetings to learn more, learn strategies, and interact with others. Ninety-eight per cent (98%) of the evaluation forms said that these objectives were achieved.

Current Anxiety Support Groups
<ul style="list-style-type: none"> • Bankstown • Bondi Junction • East Sydney • Epping • Glebe • Gordon • Jesmond • Kingsgrove • Milson's Point • Niagara Park • Parramatta • Sutherland • Warringah
Current OCD Support Groups
<ul style="list-style-type: none"> • Blacktown • Rockdale/Kogarah

In May 2010, the MHA celebrated the people who volunteer for the MHA, Anxiety Support Groups, and ARAFMI, with an afternoon tea, a certificate and a national Volunteer Week medal. Our support groups would not be possible without the dedication, commitment and enthusiasm of our facilitators and other volunteers who support the program.

The Facing Anxiety Program held a training day during the year for volunteer support group leaders, this provided new leaders for existing groups, and new groups in Milson's Point, Gordon and Bankstown. More groups are planned for the 2010–11 year.

Facing Anxiety Program self-help groups

The Facing Anxiety Program (formerly Triumph over Phobia) self-help groups are a 12 week structured behaviour therapy program. The groups, which meet weekly and are run by a trained facilitator, are suitable for people with social anxiety disorder, OCD, panic and specific phobia. Groups ran this year at East Sydney, Bankstown and Newcastle.

Feedback received shows that members value the support given to them by other group members.

"Fantastic feeling when I meet my friends every week and open up!"

"The "baby steps" approach we learn from the group to deal with the tasks and goals is effective and it works."

"The regularity of the meetings... makes me feel committed to perform the tasks and fill in the work sheets."

"..the friendly atmosphere in the meeting is priceless!"

An external evaluation of the program was undertaken in 2009 to ascertain its continued relevance in light of changes within society, technology and psychological practice. One recommendation in the evaluation was that the program name be changed (from Triumph Over Phobias to the Facing Anxiety Program) to make it self-explanatory for people looking for

services, therefore potentially attracting a greater number of people to the program.

The recommendations of the review were implemented and, with the assistance of the Anxiety Disorders Advisory Committee, are being monitored to assess their effectiveness.

Operate Resource Centre in partnership with Partners in Mental Health

The Mental Health Resource Centre is a partnership project between the MHA, Consumer Advisory Group (NSW CAG) and Association of Relatives and Friends of the Mentally Ill (ARAFMI) and is situated at Level 5, 80 William St, East Sydney.

The Centre specialises in stocking books, CDs and DVDs, for anyone interested in learning more about mental health, including ill-health, treatment, recovery, advocacy, history and the political arena.

The Centre continued to be very popular with staff, students and volunteers during the year, with 943 registered users and more than 150 resources borrowed.

The Centre is open Monday to Friday 9.00am–5.00pm. People can visit in person or items can be posted provided return postage is paid by the borrower. The catalogue of resources available for loan is online at: [www.mentalhealth.asn.au/Be Informed/Resource Centre/View Resource Centre Catalogue](http://www.mentalhealth.asn.au/Be%20Informed/Resource%20Centre/View%20Resource%20Centre%20Catalogue).

Produce the Way Ahead Directory annually

The Way Ahead Directory, is a resource of mental health services assisting people within NSW. It contains information on drug and alcohol services, supported accommodation, counselling services, law and justice, practical care services, community mental health centres, and inpatient units both public and private.

The resource is used by the Mental Health Information Service, and sold to predominantly community and health workers across different sectors such as housing, drug and alcohol, disabilities, Police and corporate.

The resource continues to be sold in high numbers. In the past financial year, sales totaled \$26,872. This figure consists of the following breakdown:

Way Ahead 9th edition books 213 sold

Way Ahead 9th ed CD-rom 105 sold

Way Ahead 8th ed CD-rom 16 sold

The MHA is pursuing several avenues within the government and non-government context to ensure even greater market penetration.

Identify and highlight gaps in service provision

The MHA is concerned about the lack of support for people in the community with a mental illness—in particular problems with housing and a lack of case managers at Community Health Centres. This leads to people being admitted to hospital because they cannot be adequately supported in the community when they become unwell and they cannot be intensively supported on leaving hospital leading to increased disability or further admissions. This is apparent through calls by consumers and carers to the MHIS and which was the subject of a meeting between the MHA and the Hon. Barbara Perry MP, the Minister Assisting the Minister for Health (Mental Health) in February 2010.

Continually improve the viability, capacity and operation of the Association

Develop and adopt a strategic approach for the future direction of the MHA

The MHA Strategic Plan 2007–10 was due to finish at the end of this financial year. After consideration and discussion with key stakeholders, it was agreed that the Plan would be extended for another 12 months to June 2011. This will coincide with the three year funding agreements with NSW Health, meaning the next Plan and funding performance agreements will run concurrently from 2011–14.

In May 2010, MHA Board members and staff reviewed our progress against the Strategic Plan. To help us remain focused on our goals and strategies, we changed the format for reporting to the Board, with all action items and results now itemised under one of four strategic goals listed in the plan. As an extension, all external reporting is formatted in this manner, including this and last year's annual report.

We were pleased with the progress to date, as there are only a few strategies still to be achieved. We are confident that they will be completed within the last 12 months of this current plan.

Ensure the MHA Board is highly skilled in governance and leadership

All new MHA Board members participate in an orientation session with the CEO. A new Board member kit includes official documents and information that clearly explains the roles and responsibilities of Board members of incorporated organisations. Immediately before the first Board meeting following an AGM, and if there are newly elected Board members, the Chairperson and Treasurer conduct a brief presentation on accountability and compliance and on the operations of the MHA.

'Governance' is now a standing item on the Board agenda, and updates are given on any new legislation or procedures that may have implications for the way we conduct our business.

MHA Board members are invited to attend relevant governance workshops throughout their term at no cost to them.

Undertake program evaluation

The MHA continues to evaluate all ongoing projects as well as one-off, time limited projects. Staff responsible for particular MHA programs are required to undertake ongoing evaluation against agreed outcomes. This information is collated and reported to the appropriate managers and to the Board. Funded projects are evaluated against agreed Key Performance Indicators and the results are reported in annual acquittals to NSW Health.

Two projects, Seasons for Growth, and Triumph over Phobia (now Facing Anxiety Program), were evaluated this year. Both evaluations were conducted by independent experts and recommendations from the evaluations form the basis for

program changes and for funding submissions for program expansion or continuation. Evaluation reports are available from the MHA office on request.

Increase membership of the MHA

This financial year the MHA changed its constitution to allow organisational members two votes per organisation rather than one. This was seen as positive in encouraging more organisations with an interest in mental health to become financial members of the MHA. This follows changes in the previous year that allowed for free or affiliate members. At that time there was some concern that there would be a reduction in full membership if free membership was available. This has not happened. In fact the membership has increased during the last 12 months, from 280 financial members to 312.

Oversee, support and liaise with branch(es), including development of new branches

The MHA undertook a promotional campaign during the year with the aim of increasing the number of MHA branches. Six requests for information were received, one of which resulted in a public meeting held on the North Coast in which attendees discussed the benefits of forming a new branch. A final decision has not yet been made.

In following up other requests it became obvious that initial interest had waned as no financial assistance was available from the MHA to keep the branches going. If this is a priority area, the MHA will need to consider how to better support branches, financially and in kind.

Gilgandra branch

The Gilgandra branch of the MHA has been active since 2002 and is made up of community members concerned with improving mental health outcomes for residents in Gilgandra and the surrounding shire. The branch undertook a range of activities during the year as outlined below.

Local advocacy:

- As a result of the branch's advocacy, mental health was included in the Gilgandra Shire Council's Strategic Plan. One of the Council's areas of focus is building an inclusive community and a key strategy under this is 'to improve community wellbeing (physical and mental)'. Two actions to meet this strategy now include:
 - o Supporting the provision of respite services to people living with a mental illness and their carers
 - o Advocating the delivery of mental health training for Council staff and the broader community.

Branch members will deliver an outcome associated with these actions by working with the MHA and Greater Western Area Health Service to provide training during Mental Health Month in October 2010.



ABOVE: Terry Cotter and Marie Dell at the Cooee Festival Oct 2009.

RIGHT: Cameron Black Physical Performance Consultant (red shirt) with Bill Welsh Fitness Officer (kneeling with white shirt) with a group of participants on Stress Less Day.



- The branch is building links with a local domestic violence group which runs workshops and other activities to provide education and support regarding domestic violence. The branch hopes to strengthen these links over the next year.

Promoting positive mental health:

- The branch has updated materials included in the display stands they purchased and placed throughout the community and information has also been distributed to the Youth Service.
- The branch was active during Mental Health Week, partnering with Gilgandra Shire Council’s Fitness Officer Bill Welsh and a Physical Performance Consultant, Cameron Black, to organise activities for Stress Less Day at the Gilgandra Fitness Centre. Cameron—who has worked with the NSW Waratahs and Australian Rugby Union in Elite Player development, strength and conditioning—came to

Gilgandra free of charge. He delivered 30 minute sessions throughout the day, which concluded with a talk about the combination of exercise and mental wellbeing. Healthy food and drink was available, as was information about mental health. Eighteen (18) residents came throughout the day, as well as the health team from Gilgandra Multi Purpose Service (MPS). The branch had organised flyers promoting the day which included information about the Fitness Centre,

encouraging people to join and look after their physical wellbeing. This resulted in dozens of new members.

- The branch also held a stand at the Coo-ee Festival on the October long weekend which precedes Mental Health Week. They distributed 150 flyers promoting the Stress Less Day activity, which also resulted in more new members for the Fitness Centre.
- Attendance at the Gilgandra Show in May 2010 was the most positive to date. Members talked with show attendees and lots of information was picked up on the day. Our Shire residents are becoming less hesitant in coming forward to talk or ask questions, and it appears our persistent efforts in getting our profile into the community is beginning to pay off, with very positive results .

Media:

- Advertising continues in the Toora Bungles community newsletter, the Gilgandra Weekly and the Community Radio WARFM, highlighting Branch activities or promoting events.

Men's Shed:

- The branch is delighted that the Gilgandra Men's Shed is now up and running. Branch members were actively involved in getting the initiative off the ground and are now represented on the steering committee. The Shed is open every Wednesday and up to 30 men attend regularly to chat or undertake some of the hands-on activities. The group is hoping to expand their opening times to include Saturdays.

Regularly review occupational health and safety in accordance with the OH&S Act and regulations

An OH&S audit was conducted in partnership with NSW CAG and ARAFMI. Staff were asked to complete the audit on their own work area and a student completed the audit on the common areas. Any matters raised were itemised, actioned and reported to the Board.

The MHA's annual Staff Satisfaction Survey included questions relating to workplace health and safety. This survey was reported to the Board along with an action list and time line. Actions included, for example, the purchase of a standing desk which can be used staff or volunteers who would like to stand and work for a period rather than remain seated for most of the day.

OH&S is a standard agenda item at all internal meetings, and all staff and volunteers are encouraged to report any matters.

Submit new and recurrent funding applications

This financial year the MHA concentrated on finalising various project grants, including:

- Video Store Project (funded by *beyondblue*)

- Seasons for Growth (funded through the Yvonne Shipp Fund)
- Small Steps presentations in regional NSW (funded by the Howarth Foundation)
- CALD/Indigenous Project (funded through a Mental Health Coordinating Council (MHCC) Infrastructure Grant)
- Mental Health First Aid Project (funded by NSW Health)
- MHCC/Network of Alcohol and Other Drug Agencies (NADA) Research Grant (funded by NSW Health)

The MHA was successful in obtaining extra funds from NSW Health for Mental Health Week (which is now Mental Health Month) and for Mental Health *Matters* Awards, which in previous years was part of Mental Health Week but is now a separate project and event.

The MHA also has three recurrent grants from NSW Health—the Mental Health Promotion and Information Grant, the Facing Anxiety Program Grant and the Core Grant. As these were not on the same three year cycle, NSW Health has agreed to roll these into one grant to streamline the application and reporting process and reduce the level of duplication. In order to do this the MHA has applied for one year funding for the Core Grant (2010–11) to bring it into the same funding cycle as the other grants which are both due for renewal in 2011.

Maintain Continuous Quality Improvement

The MHA maintained its program of continuous quality improvement (CQI) using Quality Improvement Council Standards. The MHA was externally accredited in May 2009 and is due for another review by September 2011. This program was funded through an NGO Quality Improvement Grant from NSW Health which has now ceased. The MHA is required to self fund the ongoing CQI program to continue accreditation. A number of options for achieving this are currently under consideration.

The MHA has enjoyed enhancing its culture of CQI, and significant improvements were made in how things are done internally, and in client and sector services. The MHA now has improved accountability and a desire to continually improve its products and resources.

Develop and support co-location partnership joint projects

As detailed on page 12 ('Seek opportunities to work in partnership with co-location partners on new and existing projects') the MHA works collaboratively with its Partners in Mental Health (PiMH)—the Consumer Advisory Group (NSW CAG) and Association of Relatives and Friends of the Mentally Ill (ARAFMI)—in a number of ways. These include undertaking one major project (What Works? Research Project, see page 12) along with running the Mental Health Resource Centre (see page 21) and sharing back office resources, training and promotional opportunities.



Board Members (L to R) Jay Myers, Jill Faddy OAM, Peter Trebilco OAM, Associate Professor Meg Smith OAM, Dr Audrey Wyatt, Dr Nick O'Connor, Frank Flannery.

Board members and meeting reports

Member	Executive Finance Committee (out of 12)	Board (out of 5)
OFFICERS OF THE BOARD:		
A/Professor Meg Smith OAM – President	9	4
Ms Jill Faddy OAM – Vice President	9	5
Ms Tony Ovadia – Vice President	9	5
A/Prof Janette Perz – Honorary Secretary	5	1
Mr Jay Myers – Honorary Treasurer**	9	4
Mr Peter Trebilco OAM – Chairperson	11	5
ORDINARY MEMBERS:		
Dr Nick O'Connor – Deputy Chairperson	0*	4
Mr Frank Flannery	0*	4
Mr Larry Billington	0*	1****
Ms Sandra Hoot OAM	0*	4
Mr Fred Kong	0*	2
Ms Sharyn McGee	0*	4
Mr Ken Neyle	1*	4
Ms Megan Wintle	0*	1****
Mr Mark McMillan**	0*	0**
Ms Audrey Wyatt	0*	0***
Ms Pamela Verrall (Staff representative)	0*	2
Ms Faye McMillan	0*	1
BRANCH DELEGATES:		
Ms Jill Blackman – President, Gilgandra Branch	0*	0

Notes:

* Ordinary board members and branch delegates are not expected to attend these meetings

** Mark McMillan has been on leave

*** Audrey Wyatt resigned from the Board during the year

**** Megan Wintle and Larry Billington were not re-elected at the AGM in 2009



Staff (L to R) Linda June, Pam Verrall, Gillian Church, Elizabeth Priestley, Sandra Sutalo.

Members of Standing, Advisory and Steering Committees

Yvonne Shipp Steering Committee

Ms Gillian Church
Ms Paula Hanlon
Ms Sandra Hoot OAM
Ms Lorna McNamara
Associate Professor Meg Smith OAM

“What Works” Research Steering Committee

Mr Keiran Booth
Ms Gillian Church
Ms Sharyn McGee
Ms Katie Mears
Ms Karen Oakley
Ms Peri O’Shea
Ms Carl Portelli
Ms Elizabeth Priestley
Associate Professor Meg Smith OAM
Ms Pam Stavropoulos
Ms Katrina Stewart

Mental Health Support Group Network

Ms Susana Bluwol
Mr Keiran Booth
Ms Vassilka Dimitrova ‘Isbell
Ms Julie Leitch
Ms Liz Priestley
Mr Topo Rodriguez
Associate Professor Meg Smith OAM

Anxiety Disorders Advisory Committee

Dr Nick O’Connor – Chair
Dr Andrew Baillie
Mr Larry Billington
Ms Gillian Church
Dr Rocco Crino
Mr Adam Guastella
Mr Warren Heggarty
Dr David Rouen
Dr Tamsen St Clare
Dr Nick Titov
Dr Anne Wignall

Mental Health Promotion Reference Group

Ms Jenice Alliston
Dr Alan Avery
Ms Karen Bedford
Ms Nataly Bovopoulos
Ms Cherie Carlton
Ms Katrina Davis
Mr Lawrence Fong
Professor Ian Hickie
Ms Judy Jones
Mr John Lang
Ms Anita Pesa
Dr Husna Razee
Ms Bernadette Rose
Ms Archimedes Salinas
Associate Professor Tim Sharp
Mr John Spiteri
Ms Julie Taylor
Mr Peter Trebilco OAM
Ms Lauren Whibley
Ms Ann Wilson Whatley

Mental Health Information Service Reference Group

Ms Pamela Verrall – Convenor
Ms Gillian Church
Ms Jill Faddy OAM
Mr Peter McGhee
Dr Nick O’Connor
Mr Bruce Pollack
Ms Magi Rai
Mr Michele Sapucci
Ms Ann Whatley Wilson
Dr Audrey Wyatt

Government Advocacy/Liaison Committee

Ms Patricia O’Brien – Convenor
Ms Gillian Church
Mr Fred Kong
Dr Nick O’Connor
Associate Professor Meg Smith OAM

MHA NSW Advisers

Ms Janet Meagher AM – Consumer Advisor
Mr Richard Neal – Honorary Solicitor (Teece, Hodgson & Ward)

Honorary Life Members

Ms Marjorie Bull
Ms Margaret Lukes OAM
Ms Janet Meagher AM
Dr Donald Scott-Orr

Gilgandra Branch

Ms Jill Blackman – President
Mr Terry Cotter
Ms Marie Dell
Ms Kath Hutchison
Ms Cherie Milgate
Ms Anne O’Keefe
Mr Pat O’Keefe
Ms Jan Raines
Mr Brian Riley

STAFF AND VOLUNTEERS

Staff (at 30 June 2010)

Mr David Belasic – Health Education Officer – Small Steps
Ms Nataly Bovopoulos – Mental Health Promotion Manager
Ms Gillian Church – Chief Executive Officer
Ms Katrina Davis – Mental Health Promotion Officer
Ms Vassilka Dimitrova-Isbell – Administration Officer/Personal Assistant
Ms Rhonda Dixon-Grovenor – Indigenous Project Officer
Ms Christina Ip – Administration/ Membership Officer
Ms Linda June – Facing Anxiety Self Help Groups Coordinator
Ms Julie Leitch – Anxiety Disorders Information Officer (Facing Anxiety Program)
Ms Terri Marsh – Information Officer – Resource Centre
Mr Gerard Newham – Acting MHIS Coordinator
Ms Elizabeth Priestley – Manager
Ms Sandra Sutalo – Information Officer – Website
Ms Pamela Verrall – MHIS Coordinator
Ms Lai Ha Wu – Accounts Officer

Casual staff

Ms Angela Geltch – MHIS Information Officer
Ms Sarah Hariz – MHIS Information Officer
Ms Linda Manoukian – MHIS Information Officer
Ms Katie Mears – MHIS Information Officer
Mr Gerard Newham – MHIS Information Officer
Ms Emma Pinn – MHIS Information Officer
Ms Vanessa Rossi – MHIS Information Officer

Ms Harriet Sciberras – MHIS Information Officer
Ms Saramarie Younes – MHIS Information Officer

Staff farewells

Ms Tracy Callaghan – Seasons For Growth Project Officer
Ms Emma Pinn – Health Education Officer (Facing Anxiety Program)

Seasons for Growth Companions

Ms Susana Bluwol
Ms Rhonda Dixon-Grovenor
Ms Paula Hanlon
Ms Vicki Katsifis
Ms Eriko Kinoshita
Ms Suzanne Rix
Ms Sandra Sutalo

“What Works” Research Project (employed by UWS)

Ms Katie Mears
Ms Pam Stavropoulos

Speakers at Building Resilience Conference

Dr Bronwyn Batten, NSW Dept of Environment Climate Change and Water
A/Professor Natalie Bolzan, University of Western Sydney
Ms Cay Camden, Catholic Schools Office
Ms Cherie Carlton, NSW Institute of Psychiatry
Mr Tony Cotton, Australian Federal Police
Ms Ruth Fordyce, The Resilience Doughnut
Ms Brenda Freeman, Sydney South West Area Health Service
Ms Losena Fuko, Metro Migrant Resource Centre
Dr Fran Gale, University of Western Sydney
Ms Charmaine Jones, Surry Hills Public Tenants Association
Associate Professor Vijaya Manicavasagar, Black Dog Institute
Dr Lynn McAtamney, Telstra
Ms Kim McConville, Beyond Empathy
Mr Gary Moore, Marrickville Council
Dr Toni Noble, Australian Catholic University
Ms Ingrid Poulson, Steadfast Training
Professor Tim Sharp, The Happiness Institute
Dr Fiona Stanaway, School of Public Health University of Sydney
Mr Greg Wilson, MHA Ambassador, Consumer & Artist
Ms Lyn Worsley, The Resilience Doughnut.

Student Placements

Ms Hayley Barnes
Ms Sia Fainuu
Ms Lindsey Haraden
Ms Nicole Hathaway
Ms Jasmine Khan
Ms Rebecca Lam
Ms Alison McCloud
Ms Akansha Ram
Ms Bethany Stringer

Volunteers

The MHA is extremely grateful to the individuals who volunteer their time, energy and support to assist and

enhance the work of the MHA. We would like to acknowledge the volunteers who have worked with us on various projects during the year.

Mood Disorders Program Group Leaders

Ms Susana Bluwol
Mr David Harper
Mr Tony Haylen

Anxiety Disorders Support Group Leaders

Ms Debbie Admoni
Ms Anet Babakhani
Mr Phillip Ball
Mr Jeremy Bastow
Ms Suzana Bicnic
Ms Trish Bowie
Ms Narelle Connelly
Ms Katheen Dack
Ms Jacqueline Davis
Ms Lyn Fouracre
Ms Angela Geltch
Ms Candice Green
Ms Sarah Hariz
Ms Kate Johnson
Mr Michael Johnson
Ms Victoria Kiambi
Ms Rebecca Koncz
Ms May Lim
Ms Sharita Lobo
Ms Linda Manoukian
Ms Michelle Pal
Ms Maree Richards
Ms Vanessa Rossi
Ms Carla Sarkis
Ms Sophi Schneider
Ms Harriet Sciberras
Ms Emily Smith
Ms Ali Sullivan
Mr Greg Swan
Ms Frances Szabo
Ms Keang Thai
Ms Alice Waring
Mr John Young

Facing Anxiety Self Help Group Leaders

Ms Elaine Efstratiou
Mr David Foxley
Ms Sarah Hariz

Mental Health Promotion Volunteers

Ms Leticia Alvarez
Ms Lucy Arblaster
Ms Nicola Bevitt
Ms Shailaja Bodas
Mr Andrew Bovopoulos
Ms Kate Chambers
Ms Zoe Champion
Mr Lou Chan
Mr Ken Davis
Ms Wendy Davis
Ms Ros Glee
Ms Kerrie-Anne Ho
Ms Su-Yin Kee
Ms Jenny La
Mr Edmund Ong
Ms Harriet Sciberras
Ms Natalie Sin
Ms Holley Skene
Ms Leah Wiernik
Ms Thurid Zettler

2011 Conference Volunteers

Ms Jessie Dunphy – Coordinator

Financial Report for the year ended 30 June 2010

Statement of Financial Position

	Notes	2010 \$	2009 \$
Current assets			
Cash assets	5	775,354	790,786
Receivables	6	13,756	18,929
Inventories	7	8,823	2,020
Total current assets		<u>797,933</u>	<u>811,735</u>
Non-current assets			
Property, plant and equipment	8	106,139	153,556
Total non-current assets		<u>106,139</u>	<u>153,556</u>
Total assets		<u>904,072</u>	<u>965,291</u>
Current liabilities			
Payables	9	73,848	129,308
Provisions	10(a)	74,774	60,442
Other	11	206,502	223,567
Total current liabilities		<u>355,124</u>	<u>413,317</u>
Non-current liabilities			
Provisions	10(b)	53,253	43,669
Total non-current liabilities		<u>53,253</u>	<u>43,669</u>
Total liabilities		<u>408,377</u>	<u>456,986</u>
Net assets		<u>495,695</u>	<u>508,305</u>
Members' Funds			
Retained funds	15	495,695	508,305
Total Members' Funds		<u>495,695</u>	<u>508,305</u>

The Statement of Financial Position should be read in conjunction with the notes to the financial statements.

Statement of Comprehensive Income

	Notes	2010 \$	2009 \$
Revenue from ordinary activities	2	1,499,524	1,526,640
Expenses from ordinary activities	3		
Cost of goods sold		8,430	4,542
Employee expenses		780,985	749,805
Professional and consultancy fees		400	170
Occupancy expenses		236,176	226,808
Other expenses from ordinary activities		486,143	516,417
Surplus / (deficit) from ordinary activities before income tax expense		(12,610)	28,898
Income tax revenue / (expense) relating to ordinary activities	4	-	-
Surplus / (deficit) from ordinary activities after related income tax expense		(12,610)	28,898
Other comprehensive income		-	-
Total comprehensive income attributable to the members of the entity		(12,610)	28,898

The Statement of Comprehensive Income should be read in conjunction with the notes to the financial statements.

Statement of Cash Flows

	Notes	2010 \$ Inflows (Outflows)	2009 \$ Inflows (Outflows)
Cash flows from operating activities			
Interest received		26,563	48,798
Receipts from government grants		1,257,827	1,262,540
Membership fees		13,903	11,330
Other receipts		116,761	75,053
Payments to suppliers and employees		(1,420,607)	(1,424,189)
Net cash provided by / (used in) operating activities	13(b)	<u>(5,553)</u>	<u>(26,468)</u>
Cash flow from investing activities			
Proceeds from the sale of investments		–	5
Payments for property, plant and equipment		(27,969)	(25,146)
Proceeds from the sale of property, plant and equipment		18,090	–
Net cash provided by / (used in) investing activities		<u>(9,879)</u>	<u>(25,141)</u>
Net increase / (decrease) in cash held		(15,432)	(51,609)
Cash at the beginning of the financial year		790,786	842,395
Cash at the end of the financial year	13(a)	<u><u>775,354</u></u>	<u><u>790,786</u></u>

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

Notes To and Forming Part of the Financial Statements

Note 1 – Statement of significant accounting policies

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 statements have been prepared in accordance with the requirements of the following Australian Accounting Standards:

AASB 1031 Materiality
AASB 110 Events after the Balance Sheet Date

No other Australian Accounting Standards or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The financial statements are 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 the financial statements.

(a) Current investments

Investments are brought to account at cost or at committee members' valuation. The carrying amount of investments is reviewed annually by the committee to ensure it is not in excess of the recoverable amount of these investments. The recoverable amount is assessed from the investments' current market value. The gains or losses, whether realised or unrealised, are included in net profit.

(b) Plant and equipment

Plant and equipment is brought to account at cost or at an independent committee's valuation.

The depreciable amount of all plant and equipment is depreciated on a straight line basis over the useful lives of the assets of the Association commencing from the time the asset is held ready for use.

The carrying amount of plant and equipment is reviewed annually by the committee to ensure it is not in excess of the recoverable amount from these assets.

The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets employment and subsequent disposal. The expected net cash flows have not been discounted to their present values in determining recoverable amounts.

(c) Inventories

Inventories are measured at the lower of cost and net realisable value.

Notes To and Forming Part of the Financial Statements (continued)

Note 1 – Statement of significant accounting policies (continued)

(d) Employee entitlements

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 sick leave which will be settled after one year, have been measured at their nominal amount. Other employee entitlements payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

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

(e) Taxation

The activities of the Association are exempt from income tax.

(f) Revenue recognition

Amounts disclosed as revenue are net of returns, trade allowances and duties and taxed paid. Revenue is recognised for the major operating activities as follows:

(i) Government grants

Grants received are brought to account as income on a progressive basis over either the period to which the grant relates or the period over which the grant is expended.

(g) Receivables

All trade debtors are recognised at the amounts receivable as they are due for settlement no more than 30 days from the date of recognition.

Collectibility of trade debtors is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off. A provision for doubtful debts is raised when some doubt as to collection exists.

(h) Deferred income / divisional results

Grants received are brought to account as income on a progressive basis over either the period to which the grant relates or the period over which the grant is expended.

Accordingly, where grants are brought to account on a progressive basis over the period to which the grant relates, there exists the likelihood that grant income will exceed costs associated with the project in some financial periods (divisional profit), and that such a divisional profit will be absorbed in future periods by subsequent divisional losses.

Where the grant is recognised as income in advance of the expenditure being incurred, the divisional profit will form part of the retained profits.

(i) Bequests

Bequests received by the Association are included in Other Current Liabilities (being deferred income) in the Statement of Financial Position and are used for specific projects.

Notes To and Forming Part of the Financial Statements (continued)

	2010 \$	2009 \$
Note 2 – Revenue		
Revenue from operating activities		
Membership fees	13,903	11,330
Publication / promotional sales	32,395	21,662
	<u>46,298</u>	<u>32,992</u>
Revenue from outside the operating activities		
Donations and bequests	42,537	24,601
Co-location grants received	295,192	285,527
Grants received	1,021,837	1,128,975
Interest received	26,563	48,798
Gain on sale fixed asset	510	–
Other income	66,587	5,747
	<u>1,453,226</u>	<u>1,493,648</u>
Revenue from ordinary activities	<u>1,499,524</u>	<u>1,526,640</u>
Note 3 – Surplus / (deficit) from ordinary activities		
Net gains and expenses		
Profit from ordinary activities before income tax expense includes the following specific net gains and expenses:		
Expenses		
Cost of goods sold	8,430	4,542
Depreciation	57,806	59,414
Rental expense	<u>236,176</u>	<u>226,808</u>
Note 4 – Income tax		
As indicated in Note 1, the company is exempt from income tax.		
Note 5 – Current assets - Cash assets		
Cash on hand	400	500
Cash at bank – Head office	220,530	237,376
Cash at bank – Mood Disorders Program	3,934	4,388
Co-location term deposit	58,412	58,412
Cash at bank – Facing Anxiety Program	9,608	26,119
Cash at bank – Shipp fund	1,001	665
Cash at bank – Gilgandra	431	2,156
Short term deposits	481,038	461,170
	<u>775,354</u>	<u>790,786</u>

Cash is bearing an interest rate of between 0% and 8.40%, (2009 0% and 8.4%) depending on the terms and conditions in respect of the various accounts.

Notes To and Forming Part of the Financial Statements (continued)

	2010 \$	2009 \$
Note 6 – Current assets – Receivables		
Security deposit	550	500
Sundry debtors	10,117	10,239
Trade debtors	3,089	8,190
	<u>13,756</u>	<u>18,929</u>
Note 7 – Current assets – Inventories		
Stock on hand – publications	8,823	2,020
	<u>8,823</u>	<u>2,020</u>
Note 8 – Non-current assets – Property, plant and equipment		
Plant and equipment – at cost	49,325	49,325
Less: accumulated depreciation	(44,181)	(34,241)
	<u>5,144</u>	<u>15,084</u>
Office furniture and equipment – at cost	192,443	190,607
Less: accumulated depreciation	(116,999)	(78,989)
	<u>75,444</u>	<u>111,618</u>
Telephone system – at cost	19,970	19,970
Less: accumulated depreciation	(16,142)	(12,148)
	<u>3,828</u>	<u>7,822</u>
Motor vehicles – at cost	26,133	25,806
Less: accumulated depreciation	(4,410)	(6,774)
	<u>21,723</u>	<u>19,032</u>
	<u>106,139</u>	<u>153,556</u>
Note 9 – Current liabilities – Payables		
Deferred income (Note 16)	7,308	14,794
Grants in advance	8,742	65,766
Trade creditors	27,412	10,550
Sundry creditors	30,386	38,198
	<u>73,848</u>	<u>129,308</u>

Notes To and Forming Part of the Financial Statements (continued)

	2010 \$	2009 \$
Note 10 – Provisions		
(a) Current		
Provision for annual leave	74,774	60,442
	<u>74,774</u>	<u>60,442</u>
(b) Non-current		
Provision for long service leave	53,253	43,669
	<u>53,253</u>	<u>43,669</u>
Note 11 – Current liabilities – Other		
Wooton bequest	154,666	171,678
Cobbold bequest	51,836	51,836
Shipp fund	–	53
	<u>206,502</u>	<u>223,567</u>
Note 12 – Segment reporting		
Mental Health Association NSW Inc. is a non-government organisation actively involved in promoting the understanding of mental health problems in the community in New South Wales.		
Note 13 – Statement of Cash Flows		
(a) Reconciliation of cash		
Cash at the end of the financial year as shown in the statement of cash flows is reconciled to the related items in the statement of financial position as follows:		
Cash on hand	400	500
Deposits at call	539,450	519,582
Cash at bank	235,504	270,704
	<u>775,354</u>	<u>790,786</u>

Notes To and Forming Part of the Financial Statements (continued)

	2010 \$	2009 \$
Note 13 – Statement of Cash Flows (continued)		
(b) Reconciliation of cash provided by / (used) in operating activities		
Operating surplus / deficit	(12,610)	28,898
Non-cash flows in operating surplus		
Depreciation	57,806	59,414
Profit on sale of non current assets	(510)	–
Changes in assets and liabilities		
(Increase) / decrease in receivables	5,173	4,725
(Increase) / decrease in inventories	(6,803)	3,366
Increase / (decrease) in payables	(55,460)	(158,777)
Increase / (decrease) in provisions	23,916	12,863
Increase / (decrease) in other current liabilities	(17,065)	23,043
	<u>(5,553)</u>	<u>(26,468)</u>

The Association has no credit stand-by or financing facilities in place.

There were no non-cash financing or investing activities during the period.

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 2010.

Note 15 – Retained funds

Movements in retained funds are summarised as follows:

Retained funds at the beginning of the financial year	508,305	479,407
Current year surplus / (deficit)	(12,610)	28,898
Retained funds at the end of the financial year	<u>495,695</u>	<u>508,305</u>

Notes To and Forming Part of the Financial Statements (continued)

	2010 \$	2009 \$
Note 16 – Deferred income		
Deferred income represents grants received prior to 30 June 2010 which are to be acquitted during the period commencing 1 July 2010.		
The amounts included in deferred income are as follows		
Co-location	–	7,279
Beyond Blue	507	1,226
Deferred income – others	4,387	2,963
Howarth Foundation	2,414	3,326
	<u>7,308</u>	<u>14,794</u>

Note 17 – Non-Cancellable Operating Lease Commitments

	2010 \$	2009 \$
Not later than one year	213,916	231,916
Later than one year but not later than two years	213,916	213,916
Later than two year but not later than five years	216,931	216,931
Minimum lease payments	<u>644,763</u>	<u>644,763</u>

The Association receives a co-location rental grant to cover these lease commitments.

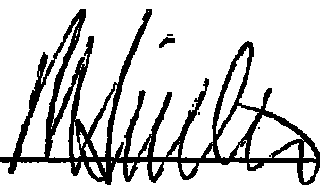
Statement by Members of the Committee

The committee has 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 the financial report:

1. Presents a true and fair view of the financial position of Mental Health Association NSW Inc. as at 30 June 2010 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that Mental Health Association NSW Inc. will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Committee and is signed for and on behalf of the Committee by:



Meg Smith OAM
President



Jay Myers
Treasurer

SYDNEY, 3rd September, 2010

INDEPENDENT AUDITOR'S REPORT

**TO THE MEMBERS OF MENTAL HEALTH ASSOCIATION NSW INC.
ABN 11 326 005 224**

We have audited the accompanying financial report, being a special purpose financial report, of Mental Health Association NSW Inc., which comprises the statement of financial position as at 30 June 2010, and the statement of comprehensive income and the statement of cash flows for the year then ended, a summary of significant accounting policies, other explanatory notes and the statement by the members of the committee.

The Responsibility of Members of the Committee for the Financial Report

The members of the committee of the Association are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements which form part of the financial report are appropriate to meet the financial reporting requirements of the *Associations Incorporation Act (NSW)* and are appropriate to meet the needs of the members. The members of the committee's responsibility also includes designing, implementing and maintaining internal controls relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

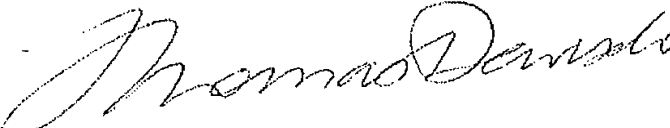

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error.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

The financial report has been prepared for distribution to members for the purpose of fulfilling the members of the committee's financial reporting under the *Associations Incorporation Act (NSW)*. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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

Auditor's Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of Mental Health Association NSW Inc. as of 30 June 2010 and of its financial performance and its cash flows for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.


THOMAS DAVIS & CO

P.L. WHITEMAN PARTNER

Chartered Accountants

SYDNEY, 3rd September, 2010

Liability Limited by a scheme approved under professional standards legislation.

Acknowledgements

The MHA's Board gratefully acknowledges the ongoing support of NSW Health and the contribution of funds to our programs by our members and donors in 2009–10.

The MHA is also grateful to our honorary solicitors, Teece Hodgson & Ward, for pro bono legal advice. In particular, thank you to Mr Richard Neal, Mr Shah Rusiti and Mr Lachlan Hespe.

DONATIONS

Thanks to the following individuals and organisations that have made donations to the MHA, Mood Disorders Program, Facing Anxiety Program and the Seasons for Growth program.

Donations \$5 and over:

Amidy, L
Ansell, T R & J
Armstrong, J
Bailey, L
Baldas, V
Barnett, P J
Barry, D
Bartley, J
Behrens, A
Biddlecomb, D

Cany, A
Chalmers, G
Church, G
Clark, G
Clarke, R
Coorey, L
Dewdney, M
Dolowing, M
Elliott, D
Ellis, C
Evans, L
Faddy, J
Freeland, J
Grant, E
Hall, T
Hart, D
Iwan, L
Joukhador, N
Keeling, J
Kennedy, J & E
Kirby, M
Knox, J
Leithhead
Leung OAM, C
Lifeline Australia
Mathieson, K
McCormack, K
Menday, M
Mootsos, S
Morley, K
Morrisey, B
Nanbaban, P
Northcore, P
Paddla, C
Parnell, R
Punturrena, M

Sabbah, D
Sabbah, E
Savva, C
Smith, M
Swinfield, K L
Thomas, V
Tjhin, V
Toohey, A
Walpole, F
Wedge, D
Whitbread, R
Withers, D
Workable Solutions
Wotherspoon, H
Wren, M

Donations \$100 and over:

Blackman, J
Bradfield, P
Chatswood Home Care
Cutting, W
Eraring Energy
Gambrill, S
Leichhardt Council
Mission Australia
Rodger, S
Roohan, R
Safety Works

Donations in kind:

AMF Bowling
Art Gallery NSW
Avant Card
Bagel House
Blacktown RSL
Body Business

Bodymindlife Yoga
Callaghan, T
Caponecchia, C
Captain Cook Cruises
City of Sydney
Cornish, J
Cotton, T
Cowan, G
Dance Studio 101
David Jones Food Hall
Drum Circle Events
Flemington Direct Fruit Market
Franklins Greystanes
Free TV
Gap Studios
Hamilton, G
Happiness Institute
Hede, T
Human Touch Photography
Jemima Key Events
Kakawa Chocolates
Kingsgrove RSL
Kris McIntyre Yoga
Let's Go Surfing
Life's An Adventure
Littleton, J
Lorna Jane
Madura Tea
Martin Place and Bondi
Beauty Wax Bar
Martin Place Physiotherapy and Pilates
Newtown Art Supplies
Ozols, I
Parramatta RSL
Prime Quality Meats
Rockdale Community Services
Sarah Entwistle PR
Sutherland United Services Club
Sydney Community College
Target Hurstville
The Living Books
The Peppermint Group
The Photo Studio
Warringah Library
Wilson, G
Winnem, K
Wyatt, A



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**mental health
association nsw**

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ABN 11 326 005 224

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