



Mental Health Inc

ANNUAL REPORT

2002-2003





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background

Vision

Our vision is empowered mental health Consumers and Carers who experience their rights to respect, dignity and self-determination every day.

Mission

NSW CAG Mission is to:

- Provide independent representation and a strong, informed voice for the diversity of Consumers and Carers in NSW in all policy and service development, implementation and evaluation;
- ensure empowerment of Consumers and Carers through education across all sectors of the community;
- articulate and defend the rights of Consumers and Carers;
- work in partnership with all stakeholders in mental health to achieve best practice in mental health care for all.

Activities

The activities of NSW CAG are to:

- 1 Provide direct linkages with state and national mental health policy makers and advisory bodies.
- 2 Promote and validate the value of Consumer's and Carer's 'lived' experience, which must be recognised and utilised as the basis for mental health Consumer and Carer participation within mental health policy, service development, implementation and evaluation of mental health services in New South Wales.
- 3 Work in partnership with government and non-government agencies to promote Consumer and Carer participation representation and advocacy.
- 4 Respond to policy documents and strategies that effect Consumers and Carers.
- 5 Provide Consumer and Carer representatives to participate in relevant consultations, working parties and committees.
- 6 Facilitate communication with local Consumer Advisory Groups throughout the state.
- 7 Facilitate awareness of and ensure others recognise psychiatric disability in the wider disability context.



background

Members

Anna Saminsky – Chair

Kerrie Dissegna – Deputy Chair

George Dibley – Treasurer

Mark McMahon – Secretary

Jodie Brown

Laraine Toms

Paula Hanlon

Christine Cole

Elizabeth Pemberton

Joan Wakeford

Suzanne Rix

Kylie White

Secretariat

Douglas Holmes (Executive Officer)

Yvette Cotton (Communications Officer)

Maureen O’Keeffe (Information Officer)

Joey Nipperess (Youth Project Officer)



chairperson's report

It's nearly a year since I became chair and I was somewhat overwhelmed at the amount and scope of projects that NSW CAG has been involved with and I oversee. Of course I have had help from Douglas and backup from the office staff, Yvette and Maureen, and for that I am very grateful.

I would like to welcome three new carers to our organisation, Gillian Holt, Jenny Mackillin and Brenda Spencer. All have had a great deal of experience in advocating for both Consumers and Carers prior to becoming involved with NSW CAG.

We are in the process of recruiting new Consumers and Carers as current members' term expire at the end of the year. We bid farewell to Jodie Brown, Christine Cole, George Dibley, Joan Wakeford, Paula Hanlon and Laraine Toms; and thank them for their excellent contributions to NSW CAG over the last three years.

I replaced Jodie Brown on the NCCF (National Consumer and Carer Forum) (see page 9), as a NSW Consumer delegate. The NCCF's work is still proceeding on the various working groups established earlier in the year. I am still involved on the dual diagnosis group but unfortunately we do not have the resources to finance the printing of a pamphlet on Dual Diagnosis. NCCF is also looking at the proposal of having their Consumers and Carers being able to participate on external committees. Auseinet has put together a proposal to take part in a joint venture which will lead to promotion on: prevention; early intervention; and intervention.

I have also been on another national committee: the NHPAC (National Health Priority Action Council), which works in collaboration with the Commonwealth Department of Health and Ageing. The Consumer Network Workshop held in March this year identified several important common issues where they will work together to achieve outcomes across the NHPAC advisory groups:

- Addressing the needs of people in the community who experience disadvantage through economic, social, cultural, geographic or health status.
- Examining issues around national health priority area conditions and co-morbid mental illness, including emotional and psychological well-being, grief, support for family and friends, and psychosocial responses around care pathways.
- Improving the quality, standards for, and dissemination of consumer health information across all the priority areas.
- Developing a Consumer Assessment Tool to guide consumer representatives when considering a document, research proposal, treatments or services, to ensure consideration of the issues of access, equity, safety, quality, dignity, privacy, rights and respect, health outcomes and information.¹

¹Consumer Network Workshop and Think Tank Report 2003



chairperson's report

I turn now to my involvement in state issues. I am on the Official Visitors Advisory Committee. The Program's aim is to safeguard standards of treatment and care and the rights and dignity of people being treated under the NSW Mental Health Act, 1990 while maintaining an independent community perspective. The function of the Official Visitors (OV) is to ensure that patients are being treated at an optimum level. OVs have the right to speak to any patient, look at records and examine all parts of the hospital. The OVs must consist of one medical doctor and two other persons appointed by the Minister for Health.

I am still involved in the Children of Parents With A Mental Illness (COPMI) program, however responses are being returned more slowly than expected and the quantity less. This is such an important problem in our community that I hoped for a better result. If you were not on our original mailing list and are interested in the program contact the office for some literature.

I am a member of the Seclusion and Restraint Committee, which has been endeavouring to ascertain the most humane way of handling ill psychiatric persons causing the least damage to the patient and the person who is responsible for transporting them or dealing with them in another setting. The Committee comprises representatives of all the organisations who are likely to find themselves in this position. I have been to too many committee meetings and workshops to name here but let me assure you NSW CAG is well known and respected.

I have been down to the Illawarra region, with Douglas, to help facilitate a consumer strategic planning conference, which has been very rewarding, as they have achieved so much by themselves under the guidance of Fay Jackson.

Finally I would like to pay tribute to Yvonne Shipp, our previous chairperson. Not only was she a tireless worker but a good mate, she called a spade a spade which I found endearing. I knew Yvonne for five or six years and she always cheered me up with that raspy laugh. I will miss her.

Anna Saminsky



executive officer's report

As I start this article for the NSW CAG Annual Report I was saddened by the news that Yvonne Shipp, a past member and friend of NSW CAG, passed away on 6 July 2003.

I first met Yvonne back in 1996 while she was writing the NSW CAG report From Consumer to Citizen. In 1997 she joined NSW CAG as a member and became chairperson in 1998. Yvonne brought a lot of passion to NSW CAG especially around the issues of children of parents with a mental illness and homelessness. Another area where NSW CAG benefited was from Yvonne's skills in developing NSW CAG vision, which is still in place today.



Our vision is empowered mental health Consumers and Carers who experience their rights to respect, dignity and self-determination every day.

Yvonne also spent many hours representing NSW CAG on National committees including the National Organisations of Australian Consumer Advisory's Group (NOAC) and Australian Mental Health Advisory Committee (AMHAC).

During the last couple of years I had long talks with her both in person and on the telephone about the overall direction we needed to take.

I would like to thank all current members of the secretariat including, Yvette Cotton (Communications Officer), Maureen O'Keeffe (Administration Officer) and Joey Nipperess (Youth Officer). Together we have provided a supportive working environment and re-established a good working relationship with the Centre for Mental Health.

There are three other people who need a special mention: Ms Jodie Brown (past NSW CAG Chairperson), Ms Anna Saminsky (current NSW CAG Chairperson); and George Dibley (current NSW CAG Treasurer) all three have given generous amount of their time, support and input. The other ten members of NSW CAG have also contributed in a variety of ways.

There are many projects, committees, working groups and issues that NSW CAG has been involved with during the last 12 months. This annual report lists them in detail.

Of these, Scream on the Green a youth focused initiative, which NSW CAG worked on in partnership with the Marrickville Council, Marrickville Youth Council and MTC Work solutions, was a project that I believe has the potential to raise NSW CAG profile and to develop links into several youth networks that will allow us to obtain feedback on issues that affect young people.





executive officer's report



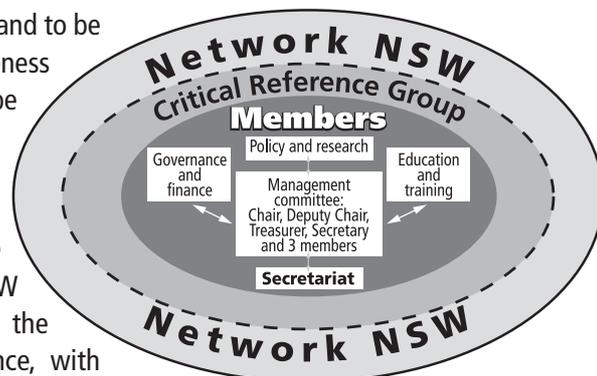
Another partnership NSW CAG was involved with during the year was assisting a group of local consumers to coordinate the 2002 TheMHS Sydney Conference Consumer and Carer day. Over 400 people attended during the two pre-conference workshops held at the Sydney Convention Centre during September 2002.

One of NSW CAG's many projects: The National Standards for Mental Health Services Quilt was recognised as a finalist at the 2003 TheMHS conference in Canberra. The quilt is a spectacular patchwork quilt with each patch designed to symbolise one of the National Standards for mental health services (NSMHS).

The quilt conveys a sense of pride and ownership of the standards by mental health consumers, carers, and service providers. A catalogue which accompanies the quilt explains each of the patches.

One aim of the programme is for the quilt to travel widely and to be a discussion point about the NSMHS, and raise awareness about them. The quilt is available for displayed at can be viewed on our web site at www.nswcag.org.au

Another important event was the first 'Future Direction Planning Day' where the 62 past, present and associate members were invited to celebrate the launch of the NSW CAG 2002-2005 Strategic Plan and make comments on the Implications report. There were 31 people in attendance, with several apologies from others unable to attend.



In closing I look forward to the coming year, which will see NSW CAG celebrate it's 10th birthday on 29 July 2004. We are planning to hold a party to mark this important milestone in our history.

Douglas Holmes



nationalcommitteerepresentation

National Consumer and Carer Forum (NCCF)

Anna Saminsky is the NSW Consumer delegate for the NCCF. The following NCCF Update is reprinted with permission from the Mental Health Council of Australia's E-mail Newsletter Volume 1 No 7, 5th November 2003. www.mhca.org.au

"The National Consumer and Carer Forum held its fourth meeting in Melbourne on 2–3 October. The focus of the meeting included planning for 2004 and the NCCF refunding submission. The submission will be presented to the Australian Health Ministers' Advisory Council, National Mental Health Working Group (AHMAC NMHWG) by the co-Chairs on Friday 7 November 2003.

Core activities identified for the NCCF to address in 2004 include:

- Furthering the development and implementation of the National Consumer and Carer Participation Policy, which is intended to guide Consumer and Carer participation at all levels of mental health care in Australia.
- Development of a set of standards and guidelines for Consumers and Carers undertaking an advocacy role.
- Monitoring of the implementation of the National Mental Health Plan 2003–2008.
- Establishment of a Mentoring Group for new NCCF representatives.
- Continued representation by the Consumer and Carer co-Chairs of the National Consumer and Carer Forum on the MHCA Consumer and Carer Committee.

During the NCCF meeting Auseinet also conducted a presentation to the NCCF on developing a partnership with the Forum and forming a supportive relationship with States and Territories in developing sustainable mechanisms for mental health promotion, prevention and early intervention. A motion proposing the NCCF apply for full membership of the Mental Health Council of Australia was defeated.

Other activities for the NCCF during 2004 will include a submission to the Australian Council of Social Services and Centrelink about the impact of changes to reporting of extra income for Disability Support Pension recipients during 2004".

National Organisation of Australia Consumer Advisory Group (NOAC)

"With the establishment of the Mental Health Council of Australia and the cessation of NCAG, there was a recognition of the need to ensure that the State and Territory-level Consumer Advisory Groups could continue to interact during the transition. Consequently, resources were made available to enable the CAGs to come together as a national network. The primary focus of the Network of Australian CAGs (NOAC) is to assist State and Territory jurisdictions to develop more Consumer and Carer oriented systems of care.

NOAC contributed Consumer and Carer input to many areas of the Second National Mental Health Plan during its first two years. These included providing guidance to the CAGs, assisting in the implementation of the National Standards for Mental Health Services and development of an integrated Consumer and Carer response to a wide range of government activities. NOAC also served as a founding member of the Mental Health Council and was represented on the Australian Health Minister's Advisory Council Mental Health Working Group. Transitional funding to NOAC ceased in 2001 as the Council progressively evolved its Consumer and Care infrastructure but the group has continued as an informal national alliance of State and Territory CAGs. NOAC remains a member of the Mental Health Council which has embraced its guiding premise that Consumers and Carers should work in partnership to maximise their effectiveness". (National Mental Health Report 2002, page 137)

NOAC is still a member of the Mental Health Council of Australia. Anna Saminsky is the new delegate replacing Jodie Brown.



Centre for Mental Health: MH–OAT consumer consultative group

Health Participation Council

The Health Participation Council was formed by the then NSW Health Minister, Mr Craig Knowles, in May, 2002. It is made up of about 25 members consisting of men and women with health consumer or community backgrounds with an interest in Statewide health issues. The Minister selected some members and some came from a variety of organisations, from various parts of the State.

Originally I was appointed from the NSW Health Consumer Network who were attempting to be a State peak body for health consumer organisations. Due to lack of funding the Health Consumer Network has since ceased to function, but as all members of the Health Participation Council are Ministerial appointments, I have continued on the Health Participation Council. I was originally nominated to the Health Consumer Network from CAG (NSW) and I continue to take a particular interest in the mental health aspect of matters that arise on the Health Participation Council. None of us on the Health Participation Council sit as representatives of any particular organisation.

Ms Wendy McCarthy, OA chairs the Health Participation Council with Deb Picone, Deputy Director of NSW Health, attending most meetings. The Council meets approximately every two months for a day. Various issues have arisen and we have received Briefings from NSW Health Department personnel and others, on many health matters. For example, the NSW Chief Nurse gave a Briefing on the shortage of nurses. I rose with her about the great shortage of nurses in mental health. She agreed this was an area of particular problems and that efforts were being made to try to address this through education programmes and conditions of work. Similarly, we had a Briefing from the Manager of NSW Ambulances, and I questioned him as to the situation about transport for the mentally ill especially in rural areas. He acknowledged that significant problems existed. He spoke of communication links that have recently been established trying to improve things. He mentioned that there has been an agreement reached between the ambulance service and police service, that police were not to travel alone in the back of an ambulance with a mentally ill patient; an ambulance person was to accompany the police in the back of the ambulance; and that the police person was not to carry his/her gun in the back of the ambulance.

The Health Participation Council has concentrated particularly on working with Area Health Services Consumer Participation Councils, conducting two consumer participation Forums and visiting two NSW Health Areas: Dubbo and Central Sydney. The November meeting is to be held in the Hunter area.

As yet the impact of the existence of the Health Participation Council may not be great. It is a new organisation feeling its way, gradually determining its role. Whether NSW should have had a much more consumer-oriented, consumer-focused, consumer-driven State organisation funded by the NSW government has certainly been raised, but at this time, there is no opening in that regard. It is important then, that there is a mental health consumer voice on the Health Participation Council as it presently stands.

Members of the Council are frequently invited to be on other health committees. This work is optional and I am very limited by my own health, and family and work commitments. Others interested in State health may wish to put themselves forward to sit on any of these committees. You could contact Ms Diane Beard of NSW Health on Ph: 93919815.

Elizabeth Pemberton



stateworkinggroups

NSW Health Care Complaints Commission Consumer Consultative Committee

Meetings for this committee are held approximately every two months. The Commissioner is very keen to involve Consumers and takes their opinions into account on various aspects of the workings of the Commission. We have been asked to comment on drafts of publications and how best the HCCC can improve its services to the public.

Elizabeth Pemberton

NSW Mental Health Parenting Program Advisory Committee

This committee met first on 16/03/01 and NSW CAG was asked to send a representative from mid 2001. As I work as a Family Therapist and have led many parenting courses I accepted the invitation with interest.

A broad range of experts were assembled at the first meeting I attended. These included: Paediatricians, Policy Analysts, Managers of NGO's like Burnside and the Benevolent Society, Education Psychologists, Directors and Professors – and I hardly understood a word they said. Acronyms abounded as well as terms like "Social Capital" which I privately thought was a very dehumanising term; people were Capital?!

I said nothing for the two hours and I wondered if I would ever be able to contribute anything.

However as the meetings wore on at a rate of two or three a year, and we received drafts of the report that has just been released to read, the number of academic members dropped right off and I was able to contribute.

Money for the program came from the Second National Mental Health Plan (so it is now at an end). Western Sydney Area ran a pilot program and the basis is that "Parenting programs can contribute to preventing the development of mental health problems in children."

Copies of the Report can be obtained from NSW CAG, and there is a lot of good reading in it.

Joan Wakeford

Joint Guarantee of Service (JGOS) for people with Mental Health Problems and Disorders living in Aboriginal, Community and Public Housing

The Working Group coordinating the reviewed "Joint Guarantee of Service (JGOS) for people with Mental Health Problems and Disorders living in Aboriginal, Community and Public Housing" comprises the following agencies:

- NSW Consumer Advisory Group (CAG)
- NSW Health; Centre for Mental Health (CMH)
- NSW Department of Housing (DOH)
- NSW Department of Community Services (DOCS)
- NSW Aboriginal Housing Office (AHO)
- Aboriginal Health and Medical Research Council of NSW (AHMRC)



stateworkinggroups

The second edition JGOS outlines the guiding principles of a partnership with the above agencies that coordinates the delivery of services to assist people living with mental health problems and disorders to:

- “better assist and enhance the well being of existing social housing tenants whose tenancy may otherwise be at risk [and to]
- assist housing applicants who may be homeless or at risk of homelessness to successfully establish a tenancy.” (JGOS 2003 p 3)

The five service delivery agencies are signatories to the JGOS Memorandum of Understanding (MOU) effective from April 2003. The roles and responsibilities outlined in the JGOS provide the framework for the agencies at a local level to establish efficient partnerships to achieve cooperative planning.

The MOU acknowledges the importance of cooperative planning to identify, with the participation of the person living with the mental health problem/disorder, the best housing option and optimal supports required to achieve health and well being.

The JGOS defines ‘advocacy’ and outlines the role of ‘systemic (at local and Area meetings) and individual advocacy.’ The latter is provided when requested by the consumer, with the ‘advocate’ being a person of their choice. The JGOS identifies the role as including the:

- “provision of information on rights and responsibilities;
- support through explanation and discussion of options and strategies; and
- attendance with or on behalf of at a JGOS meeting (with a signed release of information form).” (JGOS p 17).

The JGOS will be launched by NSW Governor Marie Bashir during Mental Health Week 2003. I believe this process of agency partnerships promotes a respectful approach to the holistic care that is directed by the National Mental Health Policy (1991), the National Standards for Mental Health Services (1996) and the Second and Third National Mental Health Plans (1998 and 2003 respectively). The JGOS provides clear direction for Local and Area Committees in establishing their Memoranda of Understanding. The challenge for all parties involved is to transfer the policy document, ‘paper partnership’, into an effective quality process whereby the implementation is efficiently promoted, trained, monitored and evaluated across NSW to ensure the realisation of the admirable objectives.

Following the launch the Working Group will begin the ‘implementation phase.’ This phase involves promotional workshops across NSW, overseeing the development of the training package, reviewing processes such as relevant forms and monitoring and evaluation mechanisms.

NSW CAG would like to encourage any consumer workers or representatives who wish to discuss the JGOS implementation at their local and/or Area levels to contact the JGOS representative through NSW CAG.

Paula Hanlon
NSW CAG Representative
NSW JGOS Working Group



stateworkinggroups

NSW Mental Health Review Systems Committee

In 1997 a committee was established to investigate review processes then operating in the NSW mental health system. The committee met on five occasions from March to October, 1997 and investigated a range of issues including:

- critical incident reporting;
- consumer access to making complaints and the management of complaints by mental health services;
- escalating violence in mental health settings;
- the respective roles of review agencies;
- the implementation of the National Standards for Mental Health Services.

After a break of four years, during which time a number of major policy and procedural initiatives were implemented at state and area level in response to the above mentioned issues, the committee reconvened. The committee included senior representatives from the following organisations:

- Official Visitors' Program
- **NSW Consumer Advisory Group – Mental Health Inc.**
- Mental Health Advocacy Service
- Health Care Complaints Commission
- Mental Health Review Tribunal
- Executive Support Unit, NSW Health
- Performance Support Unit, NSW Health
- Mental Health Coordinating Council
- The Australian Council on Health Standards
- Guardianship Board
- Area Mental Health Services
- Magistrates

The current activities of this working group are:

- Input into reviewing the Mental Health Act;
- Feedback on the 237 reviews of mental health acute units;
- Opportunity for all organisations to report back on mental health issues related to their agency.

Douglas Holmes



NSW Mental Health Outcomes And Assessment Tools And Training (MH-OAT) Initiative Standing Committee

The MH-OAT Initiative Standing committee replaced the MH-OAT Steering Committee. MH-OAT is an important initiative that aims to improve the quality and effectiveness of mental health services in NSW. It is assisting Area Health Services to train all clinical mental health staff in mental health assessment, standard documentation and the implementation of routine collections of standard outcome measures. As of March 2002 about 50% of all mental health clinical staff in Areas had been trained in assessment, outcomes, and case mix measurement. The next crucial stage was to mainstream this initiative in mental health services.

The proposed terms of reference for the committee were as follows:

Responsibility for overseeing:

- The implementation of:
 - standardised assessment documentation in NSW mental health services and overseeing and monitoring a quality framework of assessment and documentation;
 - standardised outcome measures in NSW mental health services;
 - evaluation of the extent/penetration and effectiveness of the initiative.
- the consultation process with consumers regarding the implementation of uniform assessment documentation, consumer and clinician rated outcome measures and the Mental Health Consumer Perception and Experience of Mental Health Services (MH-CoPES) project;
- the training of all Area Mental Health Services direct care mental health staff in mental health assessment; standardised assessment documentation and mental health outcome and case mix measurement;
- the development of strategies for the analysis and use of the outcomes and case mix data;
- the mainstreaming of MH-OAT activities into local quality and information development strategies.

A work plan has been developed.

Douglas Holmes

Violence Task Force

In July 2001 the NSW Minister for health established the "Taskforce on prevention and Management of Violence in the Health Workplace" in response to a number of violent incidents in the NSW public health system.

One aim of the violence task force, which was completed in 2003, was to produce a pamphlet titled "Stop the Violence. Zero Tolerance in the NSW Public Health System". This pamphlet explains what Zero Tolerance is and what Zero Tolerance means for health staff, patients and visitors, and managers. Laraine Toms represented NSW CAG on this committee.



nswcagprojectsoverview

WeSCAG (Western Sydney Consumer Advisory Group)

The WeSCAG initiative is a model of participation being developed by Western Sydney Area Mental Health Service (WSAMHS) and the NSW CAG. The project will set up a mechanism to promote consumer involvement in planning and decision-making in mechanisms that affect the community's health and quality of life including:

- The Individuals own life (empowerment)
- The Community
- The Area Health Service

The overall goal of the project is to improve the self-esteem and participation of mental health consumers in their own care and in the community, as well as looking at principles such as empowerment, support and outcomes.

Suzanne Rix

MH-CoPES (Mental Health Consumer Perception And Experience Of Services)

The MH-CoPES project is a partnership between The NSW Centre for Mental Health and NSW CAG. The project will utilise the expertise within the NSW Centre for Mental Health to provide guidance and facilitate access to services and stakeholder groups. NSW CAG will provide guidance and facilitate access to services and stakeholder groups. NSW CAG will provide line management and administration functions. The Working Group (TWG) will oversee the progress of the project and report back to stakeholder groups and associated committees.

The MH-CoPES Project is to develop or identify an instrument or process to collect, collate, measure and report consumer perceptions and experiences of mental health services. The instrument or process will be appropriate, effective and efficient; and reflect recent trends in health related surveys and other methodologies available to elicit information relating to experiences of service use.

The information will be collected from users of child, adolescent, adult and aged mental health services. This information will enable key stakeholders to have access to regular information on a consumer's perceptions and experiences about services.

While the major focus of the project will be on consumers needs, it will also involve carers and other key stakeholders as appropriate.

Douglas Holmes

NSW CAG Web Page

The NSW CAG Web Page www.nswcag.org.au was launched on the 3rd December 2002. Irene Vasilas, a HSC student from Riverside Girls High School, designed it. The Web page currently has information about NSW CAG. As more information is added to it the Web page will become an even more useful resource for Consumers and Carers. The development of a reference group to oversee the project is currently being considered by NSW CAG. Your comments would be appreciated on the layout, ease of use and any useful additions that would enhance the site.

Yvette Cotton



nswcagprojectsoverview

Mutual Support Project

The Mutual Support Project has been over two years in the making. It is a project that has brought together several organisations including: ARAFMI NSW Inc; Carers NSW Inc; Mental Health Association NSW Inc; NSW Consumer Advisory Group – Mental Health Inc (NSW CAG); Schizophrenia Fellowship of NSW Inc; and Transcultural Mental Health Centre.

The group will be known as the Consortium. This important initiative will develop new approaches and strategies in mutual support for Consumers and Carers in NSW.

Douglas Holmes

Scream On The Green

"Scream on the Green" was a live music festival aimed at young people as part of Youth Week 2003. It was organised by the Marrickville Youth Council and Marrickville Council in partnership with NSW CAG and MTC Work Solutions.

In excess of 700 people attended. The programme included: Tim Freedman (from the Whitlams), MC Wire, Ozi Batla, Elf Tranzporter and other local and interstate bands and hip hop artists. In addition to the bands Alan Madden from the Metropolitan Land Council welcomed everyone to "country". There was: 4 on 4 basketball, involving members of Marrickville and Newtown Police; screen printing workshops (which were very popular and provided free T-shirts complete with a "Scream on the Green" print on them); hip hop workshops; volleyball; jewellery making; temporary tattoos; hair braiding; and information on youth related issues and events.



CellBlock Youth Health Centre launched their second CD promoting young performers.

NSW CAG was going to launch the Youth Report but it was still under review by the funding body. NSW CAG did, however, have a table with information, magnets, stickers and postcards. Douglas Holmes, Joey Nipperess, and George Dibley attended from NSW CAG.

In summation, the day provided an opportunity to meet and network with other workers and to interact with young people in a variety of activities.

NSW CAG, Marrickville Council, and Marrickville Youth Council would like to acknowledge the hard work and dedication of the volunteers who helped make "Scream on the Green" such a successful event.

Joey Nipperess



nswcagprojectsoverview

HASI (Housing and Accommodation Support Initiative)

In late 2002 NSW CAG was asked to participate in the HASI project. The NSW Government announced new funding for the Housing and Accommodation Support Initiatives (HASI). In summary, its aims are to:

- Provide high-level accommodation support for over 100 individuals with mental disorders.
- Reduce pressure on hospital beds.
- Provide additional supported housing for low income people with mental disorders.
- Maintain functional status and mental health of the population.
- Establish a more efficient and effective system to assist people with mental health problems and high levels of disability to participate fully in the community.

The Initiative is a partnership between NSW Health and Housing Departments.

NSW Health will be providing clinical mental health services and funding non-government organisations to provide accommodation support services.

The NSW Department of Housing will purchase and lease properties with supported housing management for Initiative clients provided by non-government housing associations, or by Public Housing Client Service Teams.

This initiative will be linked with other new acute and non-acute inpatient initiatives of the Centre for Mental Health and will provide a substantial improvement to the availability of housing and accommodation support resources for people with mental disorders and psychiatric disabilities who require a high level of accommodation (disability) support to participate in community life. It also complements a number of other supported housing projects being undertaken by the Department of Housing to assist people with complex needs.

Douglas Holmes

Western Riverina Community Care

Western Riverina Community Care (WRCC) is a non-government organisation based in the Riverina that offers support to people with disabilities. NSW CAG is working with Griffith CAG and WRCC in several ways including being the catalyst for an event during Mental Health Week that will use the National Standards Quilt as a backdrop during the event.

Kerrie Dissegna

Our Standards, Our Rights

This project combines two projects that NSW CAG has been working on for several years: Network NSW and the National Standards Quilt project. NSW CAG is planning to offer Areas the opportunity to host a two-day workshop in their area that will:

- Provide information about NSW CAG role in Consumer and Carer participation.
- Provide information about the National Standards for Mental Health Services.
- Provide information about rights.
- Highlight the Quilt.

Douglas Holmes



submissions & reports

When Blue's Not Cool

This project is moving along nicely. The research component of the project has been completed and the findings have been sent off to the Centre for Mental Health. A report is planned for release later in the year.

Joey Nipperess

Implications Report

This report outlines the impact of the changing nature of Mental Health Consumer and Carer Participation and the implications for NSW Consumer Advisory Group Mental Health Inc (NSW CAG).

The report has been written primarily for the Centre for Mental Health (CMH) to:

- Review the development of the role and activities of NSW CAG and its current commitments and projects;
- Provide an outline of the proposed strategies and tasks arising from the NSW CAG planning process; and
- Provide a series of strategic actions to enable stakeholder expectations to be met.

Douglas Holmes

July 2003 Future Directions Day

NSW CAG held a future directions day. The meeting was only open to current, past and associate members of NSW CAG. The day reviewed the Implications report and NSW CAG's new three-year plan. There were 31 people in attendance. The question "is NSW CAG going in the right direction" was discussed.

Douglas Holmes

NSW CAG 'Forging Our Future' Conference – Book Of Proceedings

NSW CAG launched the Forging our Future 2 Book of Proceedings during the Future Directions Day at the Mercure Hotel on 8 July 2003. This publication is a collection of papers from the Forging our Future 2 Conference held in November 2001 at the Mercure Hotel, Broadway. As funding becomes available a copy will be sent to all people who attended the Forging Our Futures Conference in November 2001.

Douglas Holmes

Consultation On The National Mental Health Plan 2003–2008

NSW CAG was well represented at the National Summit for Mental Health held in Sydney at the Airport Hilton in May 2003. A total of 147 delegates from all stakeholder groups were invited to participate in this important day of discussion about the National Mental Health Plan 2003–2008. Consumer and Carer participation will continue to be a strong focus during the next five years.

Douglas Holmes



submissions&reports

Response to Illawarra Area Health Service May 2003: Mental Health Consumer and Carer Participation Strategic Planning Conference – Illawarra.

For the first time in the history of the Illawarra, Illawarra Health held a public participation conference to enable Consumers and Carers of the Illawarra who have Mental Health Care needs to voice their opinions on how they can meaningfully and respectfully participate at all levels of Mental Health Care. The ideas for participation included planning, research, prevention, promotion, volunteering, education, destigmatisation of Mental Illness and service delivery.

The conference was held on the 22nd of May, 2003 at the beautiful Seaspray Conference Centre at Shellharbour. There were 127 people in attendance. In the morning, 15% of the participants were Aboriginal people and in the afternoon 25% of the people involved in the workshop sessions were Aboriginal. There were 5% CALD people, 10% under 25 years and 5% mature aged people.

The entire day was one of respectful interaction and visionary, yet practical, ways forward for Consumers and Carers to be engaged with the Mental Health Service. The resounding message was "We (the Consumers and Carers) can make the difference that is needed in making our society a positive place to live".

The first half of the day was taken up by speakers including: Bev Armer, Aboriginal Elder and Mental Health Advocate; Fay Jackson, Senior Consumer Advocate in Mental Health, NCCF, Beyondblue, RHRF; Eugene McGarrell, Director of Illawarra Mental Health; Glynis Szafraniec, Co-coordinator of Volunteering Illawarra; Valli Beattie, Consumer Advocate, Illawarra Health; John Maize, Health Education Officer, Fernhill; Emma Hardy, Student, Youth Advocate; Jon Strang, Community Development; Tony Turner, Consumer Rehabilitation Assistant, Researcher for CEOMHS Project and Treasurer of the Shoalhaven Schizophrenia Association. After the speakers, time was dedicated to questions from the floor.

After lunch, during which time the band Rollies played, ideas on participation were workshopped. The Executive Officer of NSW CAG, Doug Holmes, facilitated the day, and will feed information directly back to Illawarra Health and the Centre for Mental Health, who will then disperse the information to all who attended the conference.

Illawarra Mental Health has a strong commitment to working in close, active and productive partnership with Consumers, Carers and Families. The Consumer and Carer Participation Strategic Planning Conference was an opportunity to tell us how this can be done, to lead the way in respectful participation, and to make the positive changes needed to ensure that high quality, respectful Mental Health Care is achieved for all. The feedback from all who participated has been extremely encouraging.

Fay Jackson, Senior Consumer Advocate Illawarra Mental Health Service.

"From Consumer To Citizen" Revisited:

NSW CAG has undertaken a review of the document "From Consumer to Citizen" (1996). This original document was a report of 10 major issues effecting Consumers and Carers across NSW developed from a Consumer and Community Forum held in Sydney on 26th August 1996. The ten themes/issues identified were:

- Standards
- Training needs



submissions&reports

- Consumer positions and networks
- Independent assessment of services
- Guidelines/payments
- Partnership
- Clarification of government responsibilities
- Paid advocacy
- Respite
- Consumers from non-English speaking backgrounds, ageing, Aboriginal, Torres Strait Islanders, gay and lesbian, multiple disabilities and other groups.

A working group was formed consisting of NSW CAG Members and Associate Members. A consultation plan was developed and implemented. The objectives of the Working Group was to review the ten themes, identifying further issues and constructing a report that would provide a NSW Consumer and Carer response to the implementation of the National Mental Health Strategy.

To enable maximum participation of Consumers and Carers throughout NSW an extensive consultation process was developed. This included:

- Telephone "phone-in" day
- Survey mail-out
- Structured workshops at the "Forging Our Future" Conference
- "Parking Lot" (informal mechanism for people to provide issues/feedback)

The process of reviewing the above ten themes began with identifying these issues within six major National and State Policy Documents. The documents reviewed were:

- The Human Rights and Mental Illness – Report of the National Inquiry into Human Rights of People with Mental Illness (1993).
- The National Standards for Mental Health Services (1996).
- Caring for Mental Health – A framework for Mental Health Care in NSW (1998) .
- The Second National Mental Health Plan (1998).
- National Action Plan for Promotion, Prevention and Early Intervention for Mental Health (2000).
- NSW Health Strategic Direction 2000–2005.

The ten issues were identified in all six documents. The consultation process enabled Consumers and Carers to comment on the implementation of these documents/issues.

Following the Forging Our Future Conference in November 2001, the Working Group has reviewed the workshop reports and evaluations and the informal feedback. The consumers, carers and service providers identified that the issues raised in 1996 remain among the major themes for Consumers and Carers in NSW in 2003. The plan for the revised document is that it may be launched at the NSW CAG 10th birthday in July 2004.

Paula Hanlon
Convenor "From Consumer to Citizen" Revisited



conference attendance/presentations

- 12th Annual TheMHS Conference Sydney Australia
 - Wilson, M and J. Brown. Resistance, change agency and learning: What this might mean for the consumer movement (mental health) and mental health services.
- Western Sydney Area Mental Health conference – NSW CAG had a stall.
- Women and Mental Health – Joan Wakeford gave a presentation on the history of the quilt.

Conference “Innovations: in Recovery & Rehabilitation: The Decade of the Person” Boston October 24–26 2002.

Boston University Center for Psychiatric Rehabilitation sponsored an International Conference “Innovations in Recovery & Rehabilitation: The Decade of the Person” which was held from October 24–26, 2002 in Boston, Massachusetts, USA. The conference themes included:

- The Process and Techniques of Recovery and Rehabilitation.
- Developing Recovery-oriented/Rehabilitation Systems.
- Developing Recovery-oriented/Rehabilitation Programs.
- Recovery and Rehabilitation in Employment, Education, and Housing.
- Personnel Development in Recovery and Rehabilitation.

Conference speakers included, among others: William Anthony, (Executive Director, Boston University Center for Psychiatric Rehabilitation); Patricia Deegan, (Senior Director, Joshua Tree Center for Ex-patient Studies, Institute for the Study of Human Resilience); Marianne Farkas, (Director of the World Health Organisation Collaborating Center for Psychiatric Rehabilitation); Sally Rogers, (Director of Research, Boston University Center for Psychiatric Rehabilitation).

I attended this 3-day conference last year. It was a collaboration between the Centre for Psychiatric Rehabilitation (CPR) at Boston University, and the consumer body CONTAC (Consumer Organisation and Networking Technical Assistance Centre). The main organising group was CPR, and I met and talked with Marianne Farkas and Sally Rodgers from the centre. I was also lucky enough to meet a number of people who run and work for CONTAC. They gave a number of informative sessions during the conference including the session I have discussed below. I especially enjoyed this session as it was concerned with capacity building to create networks at a state level. In further newsletters I will provide information on other sessions. Apart from the keynote presentation, there were five concurrent sessions running at all times. This made it difficult to attend everything that would be relevant, however I tried my best. I presented a paper and poster on behalf of NSW CAG.

Jodie Brown

Third International Conference on Family Care

NSW CAG member Laraine Toms presented at this conference on the topic: “Empowerment in Action: NSW Consumer Advisory Group – an Innovative Model of Family Caregiver Advocacy”. A summary of the presentation is as follows: “Without the inclusion of carer perspective into public policy and legislation attempts by mental health services to support and empower carers of people with a mental illness have been minimal at best. The NSW CAG model of strategic advocacy through informed participation ensures care-giver input into policy and legislation development, implementation and evaluation.”

Suicide Prevention Australia Annual Conference

With the support of NSW CAG and funding from the Mental Health Association of NSW, I was able to attend the SPA Conference in Brisbane in June, 2003. The title for the conference was “Finding meaning to sustain life: The place of spirituality in suicide prevention”. I wanted to deliver a presentation at this conference as I was concerned that promoting spirituality may be seen as a quick fix to suicide. I presented a paper, “Being very spiritual, whilst



conference attendance/presentations

being very suicidal". I spoke from my personal experiences of what it is like to be very suicidal and the place that spirituality plays in that. I did not have answers; I raised questions. I suggested that having a strong spirituality may be a preventative, but may definitely not be. There was a significant response to my paper. Many, many people, including some who were not even present for my paper, spoke to me about how powerful they felt my talk was in revealing to people what it feels like—the sort of thoughts I have—when I am very suicidal. People felt it gave them enormous insight into suicide.

This conference should be close to the heart of the mental health consumer population as so many of us know all too much of what it is like to look death in the face through suicide; and, the greater proportion of those who commit suicide are mentally ill, but there was a powerful gulf at this conference between the mentally ill and those present. There is quite an industry around suicide/attempted suicide/prevention of suicide/ relatives in the aftermath of suicide. The "Mentally ill" were very low in representation, either in numbers or as to their input in presentations, it seemed to me, which I found disturbing. But there was a big factor: \$700 to register for the conference. It was necessary to register even if you were presenting a paper. I managed to register for only one and an half days, with the help of funding. The lack of mental health consumers was raised at the conference.

Elizabeth Pemberton

World Federation for Mental Health Biennial Congress. February 2003.

I attended this Conference in Melbourne to speak at a concurrent session on Mental Health Issues for Women, from the perspective of a family member caring for a person with mental health problems. The Conference ran for more than five days and there were many countries represented and many meetings of different areas eg. African countries, European countries and Pacific countries. The sessions on the status of women's health were alarming. In many countries girl babies are not valued and there are 'disappearing women'—up to many millions overall—revealed in the population statistics. There were women at the conference from many of these countries and I met some of them e.g. from Iran and India.

My talk of about half an hour interested two medical women from Croatia, one a young psychiatrist, the other a final year medical student. They had presented a paper about partnerships and went to a lot of trouble to copy their computer disc for me. It includes photos of their city, Osijek, in north east Croatia. They want to stay in touch with Australian people in rural areas and they asked me many questions about the Clubhouse here. Tamworth could have a 'sister city'...100,000 people live there. They said that their city was shelled for a year in the war but the fact that everybody was frightened, everybody was huddled together in air raid shelters, may have brought a sense of unity and support for people who had mental illness. For others who lost everything treatment has been needed for post traumatic stress and huge efforts made to provide for families without a parent able to work.

Recent research on the prevention of suicide from three countries – Ireland, USA, and Australia was also very interesting and may change the way assessments are carried out. The researchers found that in the face of stressful life events, a history of impulsive behaviour, illegal use of drugs or any past family incidence of suicide, denial of suicidal thoughts was shown to be more, rather than less, an indicator of risk. Family members concerns have been over looked here recently because the patient denied being suicidal. The family were right and that person nearly died (but has since got the help needed).

I was very pleased to attend the conference. I thank the World Federation (especially Janet Meagher who is the secretary) and NSW CAG for the opportunity.

Joan Wakeford



committee representation

The following table provides a list of NSW CAG representation on committees during the financial year 2002–2003.

Commonwealth

Mental Health Council of Australia	Jodie Brown
National Consumer and Carer Forum	Jodie Brown/Anna Saminsky
National Health Priority Action Council	Anna Saminsky
National Organisations of Australian Consumer Advisory Group	Jodie Brown

State

Centre for Mental Health: MH-OAT consumer consultative group	George Dibley
Health Participation Council	Elizabeth Pemberton
NSW Health Care Complaints Commission Consumer Consultative Committee	Elizabeth Pemberton
NSW Mental Health Parenting Program Advisory Committee	Joan Wakeford
NSW Mental Health Outcomes And Assessment Tools And Training (MH-OAT) Initiative Standing Committee	Douglas Holmes
NSW Joint Guarantee of Service (JGOS) for people with Mental Health Problems and Disorders living in Aboriginal, Community and Public Housing	Paula Hanlon
NSW Mental Health Review Systems	Douglas Holmes
Official Visitors Program	Anna Saminsky
Seclusion and Restraint Committee	Anna Saminsky
Support Group Consortium	Douglas Holmes
Violence Task force	Laraine Toms



nswcag subcommittees

Following on from the development of the Strategic Plan and Business Plan, in June 2002 the following three committees were created to assist with the implementation of the NSW CAG planning process:

1 Governance and Finance Subcommittee

Convenor: George Dibley

Members: Gillian Holt, Joan Wakeford, Douglas Holmes.

2 Education and Training Subcommittee

Convenor: Kerrie Dissegna

Members: Kylie White, Suzanne Rix, Paula Hanlon, Douglas Holmes.

3 Policy and Research Subcommittee

Convenor: Anna Saminsky

Members: Jenny Mackillin, Brenda Spencer, Douglas Holmes, Elizabeth Pemberton.

Other committees during the year were:

Editorial Subcommittee

Convenor: Yvette Cotton

Members: Peter Schaecken, Robyn Sanderson, Meg Smith, Anna Saminsky, Anne Blake, Chris Maxwell, Douglas Riley, Jenny Coleman, Lynda Hennessy, Mark McMahon, Yvonne Shipp.

Employment Subcommittee

Convenor: Jodie Brown

Recruitment of New Members Committee

Convenor: Jodie Brown

Members: Paula Hanlon, Laraine Toms.

“From Consumer to Citizen” review and rewrite

Convenor: Paula Hanlon

Members: Desley Casey, Lynda Hennessy, Douglas Holmes and George Dibley.



treasurer's report

I am pleased to present to the members, associate members, The Centre for Mental Health and other interested people, the Auditor's (O'Neill and O'Brien Financial Services Pty Limited) statement of income and expenditure for the year ended June 2003. Thanks to Bruce Lawrence for his review of the NSW CAG accounts for the purposes of this report.

NSW CAG ended the financial year 2002–2003 with a surplus of funds.

I would also like to thank Paula Hanlon, former Treasurer of NSW CAG, for her assistance and words of advice as I entered a new area of participation. I would also like to extend thanks to the Chair, Anna Saminsky and all my colleagues on the NSW CAG who supported me in my role during a period of change, reorganisation and growth.

As treasurer and member of NSW CAG it is an exciting time when NSW CAG is examining the business of this State-wide body. This involves a challenge for budget redevelopment as NSW CAG identifies staffing requirements, funding of representative expertise, education and training roles and developing methods of linking consulting more broadly with Consumers and Carers across NSW.

George Dibley



auditor'sreport

NSW CAG Mental Health Inc.

Financial Statements for the year ended 30 June 2003

Contents

- Auditors Report
- Declaration by Directors
- Statement of Financial Position
- Statement of Financial Performance
- Notes to Financial Statements
- Trading Account
- Detailed Statement of Financial Performance



auditor's report

NSW CAG Mental Health Inc.

ABN 82 549 537 349

Auditor's Report to the Members

Qualification

The entity has negotiated a \$20,000 overdraft due to the current year deficit.

It has also renegotiated the annual \$170,000 grant of 2003/2004 with the NSW Health Department. Without this financial support and reducing its cost structure the entity may not be able to continue as a going concern. If the entity is unable to continue as a going concern, it may be required to realise its assets and extinguish its liabilities other than in the normal course of business and at amounts different from those stated in the financial report. The financial report does not disclose this fact and does not include any adjustments relating to the recoverability and classification of recorded asset amounts or to the amounts and classification of liabilities that might be necessary should the entity not continue as a going concern. In our opinion, knowledge of the significant uncertainty affecting the entity's ability to continue as a going concern is necessary for a proper understanding of the financial report.

Subject to the above qualification we have audited the accounts set out on the following pages in accordance with Australian Auditing Standards.

In our opinion, the accounts of the Company are properly drawn up in accordance with the provisions of the Corporations Law, and so as to give a true and fair view of:

- (i) the state of affairs of the Company as at 30th June, 2003 and of the profit for the year ended on that date;
- (ii) the other matters required by Division 4, 4A and 4B of Part 3.6 of that Law to be dealt with in the accounts; and are in accordance with Statements of Accounting Concepts and applicable Accounting Standards.

O'Neill & O'Brien

Registered Company Auditors

by Bruce Lawrence



auditor's report

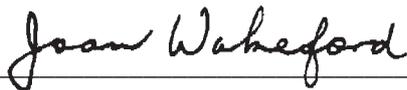
NSW CAG Mental Health Inc.

Statement by Directors

In the opinion of the Directors of the Company

- 1 (a) The accompanying Statement of Financial Performance is drawn up so as to give a true and fair view of the results of the Company for the financial year ended 30 June 2003.
(b) The accompanying Statement of Financial Position is drawn up so as to give a true and fair view of the state of affairs of the Company as at the end of that financial year.
(c) At the date of this statement, there are reasonable grounds to believe that the company will be able to pay its debts as and when they fall due and meet any obligations or liabilities under guarantees and undertakings given to its subordinates.
- 2 The accompanying Accounts have been made out in accordance with all applicable accounting standards and have been properly prepared by a competent person.

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





Dated this 17th day of November 2003

auditor's report

NSW CAG Mental Health Inc.

ABN 82 549 537 349

Statement of financial position as at 30 June 2003

		30 JUN 03	30 JUN 02
	NOTE	\$	\$
CURRENT ASSETS			
Cash		30,226.74	117,844
NON-CURRENT ASSETS			
Property, Plant and Equipment	2	40,873.51	32,271
TOTAL ASSETS		71,100.25	150,115
CURRENT LIABILITIES			
Creditors & Borrowings	3	7,979.75	14,511
TOTAL LIABILITIES		7,979.75	14,511
NET ASSETS		63,120.50	135,604
SHAREHOLDERS' EQUITY			
Accumulated Profit		63,120.50	135,604
<hr/>			
Operating loss		72,483.41	(51,137)
before income tax			
Income tax expense		–	–
OPERATING LOSS AND EXTRAORDINARY ITEMS		72,483.41	(51,137)
Retained profits at July 1		135,603.91	84,467
PROFIT AVAILABLE FOR APPROPRIATION		63,120.50	135,604
<hr/>			
RETAINED PROFITS		63,120.50	135,604



auditor's report

NSW CAG Mental Health Inc.

ABN 82 549 537 349

Notes to the financial statements

NOTE 1. STATEMENT OF ACCOUNTING POLICIES

These financial statements are a special purpose financial report prepared in order to satisfy the accounts preparation requirements of the Corporations Law. The directors have determined that the company is not a reporting entity as defined in Statement of Accounting Concepts 1: Definition of the Reporting Entity, and therefore there is no requirement to apply accounting concepts or standards in the preparation and presentation of these statements.

The statements have been prepared in accordance with the requirements of the Corporations Law, including Schedule 5, and the following accounting standards:

AASB 1001: Accounting Policies–Disclosure

AASB 1004: Disclosure of Operating Revenue

AASB 1018: Profit and Loss Accounts

AASB 1019: Measurement and Presentation of Inventories in the Context of the Historical Cost System

The statements are prepared on an accruals basis from the records of the Company. They are based on historic costs and do not take into account changing money values or, except where specifically stated, current values of non-current assets.

The following specific policies, which are consistent with prior periods unless stated otherwise, have been applied in the preparation of these statements.

Income Tax

The Company does not adopt the liability method of tax effect accounting.

Property, Plant and Equipment

Property, plant and equipment are included at cost or at independent or directors' valuation. The depreciable amount of all fixed assets including buildings and capitalised leased assets, but excluding freehold land, are depreciated over their useful lives commencing from the time the asset is held ready for use. Properties held for investment purposes are not subject to a depreciation charge. Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.



auditor's report

NSW CAG Mental Health Inc.
ABN 82 549 537 349

Notes to the financial statements

	30 JUN 03	30 JUN 02
NOTE 2. PROPERTY, PLANT AND EQUIPMENT	\$	\$
Office equipment—at cost	62,841.60	52,176
Less provision for depreciation	29,331.64	19,905
	33,509.96	32,271
Furniture and fittings—at cost	8,663.00	—
Less provision for depreciation	1,299.45	—
	7,363.55	—
	40,873.51	32,271
NOTE 3. CREDITORS AND BORROWINGS	\$	\$
Trade creditors	7,979.75	14,511



auditor's report

	30 JUN 03	30 JUN 02
	\$	\$
INCOME		
Donations	726.37	6,800
Conference Income	–	70,818
Interest Received	975.62	1,716
Other Income	–	675
NSW Health Department Youth Program	170,000.00	205,000
	–	1,500
TOTAL INCOME	171,701.99	286,509
EXPENSES		
Accountancy	954.00	,688
Administration charges	–	7,727
Advertising and promotion	1,872.29	4,185
Agency costs	522.73	1,646
Bookkeeping	6,284.11	1,097
Bank charges	393.85	536
Computer software	3,638.87	1,704
Meetings and conferences	15,619.27	29,395
Development and research	13,121.62	–
Depreciation	10,725.69	7,826
Freight and cartage	3,832.07	2,056
Facilitators AGM	–	8,158
Forging our Future	–	47,250
Insurance	2,179.13	1,730
Interest	–	9
Legal costs	1,115.57	–
NOAC	–	3,750
Other expenses	–	8,771
Printing stationery and postage	31,344.74	17,267
CAG newsletter	–	406
Repairs and maintenance	–	279
Staff training	918.18	54
Subscriptions and contributions	2,017.62	6,977
Superannuation	8,027.14	4,579
Sitting fees	–	14,271
Telephone and Internet fees	1,481.76	1,049
Travelling expenses	29,908.85	2,907
Wages	90,204.35	58,055



auditor's report

	30 JUN 03	30 JUN 02
	\$	\$
TOTAL EXPENSES	244,185.40	235,372
OPERATING LOSS		
OPERATING LOSS AND EXTRAORDINARY ITEMS	72,483.41	(51,137)
Retained profits at July 1	135,603.91	84,467
PROFIT AVAILABLE FOR APPROPRIATION	63,120.50	135,604
RETAINED PROFITS	63,120.50	135,604



strategicplan

Strategic Plan 2002–2005 A Time for Action

New South Wales Consumer Advisory Group Mental Health Inc V1.0 5 May 2002

Introduction

This strategic plan provides a platform for the future. It gives a clear direction for the New South Wales Consumer Advisory Group – Mental Health Inc (NSW CAG).

It addresses the issues surrounding the existence of NSW CAG, and documents what we do, where are we now, how did we get here, why are we in business, where are we going, how will we get there, when will we get there and what it will cost.

We will share the outcomes of our planning with our stakeholders through a shortened version of our plan.

This plan is a living document. It does not just sit on the shelf to gather dust and be brought out each year for our planning sessions. Rather it is used as the basis to guide us during the year, and measure our successes as we review the year.

Our values

Integrity	Openness
Empowerment	Determinations
Partnership	Honesty
Diversity	To validate lived experience
To utilise unique perspectives	Equality
Breaking down stigma/prejudice	Ensuring access to services
Promoting recovery	E.E.O. (equal employment opportunity)

Fundamental statements

- We are a state-wide body.
- We want respect and self-determination.
- We want to improve systemic advocacy

Our key stakeholders

The key stakeholders of NSW CAG are:

- Consumers
- Carers
- Mental health service providers
- The Centre for Mental Health
- Non-government organisations (NGOs) in the mental health area
- The community
- Federal government





strategic plan

Funding agreement

The NSW Government has committed to the national approach to mental health, arising from the mental health statement of rights and responsibilities, and subsequent national mental health strategies and plans. To meet obligations flowing from this commitment, the Centre for Mental Health has a need for a Consumer and Care state-wide body, and funds NSW CAG as that state-wide body, and imposes goals under the funding agreement.

Funding is currently for one year on a once-off basis. NSW CAG would like to move to a 3 year recurrent funding. With the current funding agreement, NSW CAG agreed to achieve the following goals:

- 1 To consolidate the unique role of the NSW CAG as a state-wide Consumer and Carer advisory organisation in NSW
- 2 To create and encourage inter-sectoral links between Consumers and Carers across the state to reflect the community, through Network NSW
- 3 To develop cost effective projects that maximise Consumer and Carer participation in NSW
- 4 To provide a Consumer and Carer centre providing information and networking opportunities

Consumers and Carers in NSW have their own aspirations and needs that their state-wide body, NSW CAG, must address. While the goals of the CMH and Consumers and Carers intersect, there are goals over and above those set by the funding agreement.

Strategic purpose

The reason we exist is to provide systemic advocacy.
Our strategic goals support this strategic purpose.

Strategic goals

The following strategic goals are long term ones (five to ten years) that support our mission. They will tend not to change unless there is a major environmental change such as a removal of funding following a change of government.

- 1 Strategic goal 1 – a sound organisation**
Build an organisation that is governed well and has good practices.
- 2 Strategic goal 2 – a knowledge base**
Provide leadership and an independent, strong, informed voice for the diversity of Consumers and Carers in NSW in all policy and service development, implementation and evaluation.
- 3 Strategic goal 3 – working together**
Develop and maintain links with others in the mental health field and be recognised and acknowledged as the expert on Consumer and Carer issues.
- 4 Strategic goal 4 – advocacy**
Articulate and assert the rights of Consumers and Carers



Relationship of the strategic goals

The four strategic goals are linked and support each other. The two supporting goals of **A Strong Organisation** and **Working Together** are enablers, important components that make it possible to achieve our strategic purpose. The goal of **A Knowledge Base** is to ensure that we have the knowledge about who we are, what are the issues and what we want to change. By working together with others, and having a strong organisation, our knowledge allows us to put a forceful case for change through **Advocacy**.



STRATEGIES

These strategies support each of our long-term goals and will be achieved in one to two years.

1 Strategic goal 1 – a sound organisation

Strategy 1.1 a clear direction: Complete the strategic planning process for period 2002–2005.

Strategy 1.2 effective controls: Develop a corporate governance program.

Strategy 1.3 a relevant structure: Review the organisation structure to ensure that it best meets the strategic goals.

Strategy 1.4 a resourced organisation: Ensure that the resources are available to enable NSW CAG to carry on business

2 Strategic goal 2 – a knowledge base

Strategy 2.1 consultation: Develop a capacity to consult with Consumers and Carers, identify issues and prioritise them.

Strategy 2.2 communication: Develop innovative two-way communication with Consumers and Carers.

Strategy 2.3 policy: Develop a capacity to process and prosecute issues

Strategy 2.4 research: Develop research capabilities to meet the needs of consumers, carers and policy makers.

3 Strategic goal 3 – working together

Strategy 3.1 a collaborative approach: Form a productive working relationship with the peak bodies with an interest in mental health

Strategy 3.2 partners with the Centre for Mental Health: Maintain a firm professional working relationship with the Centre for Mental Health.

strategic plan

4 Strategic goal 4 – advocacy

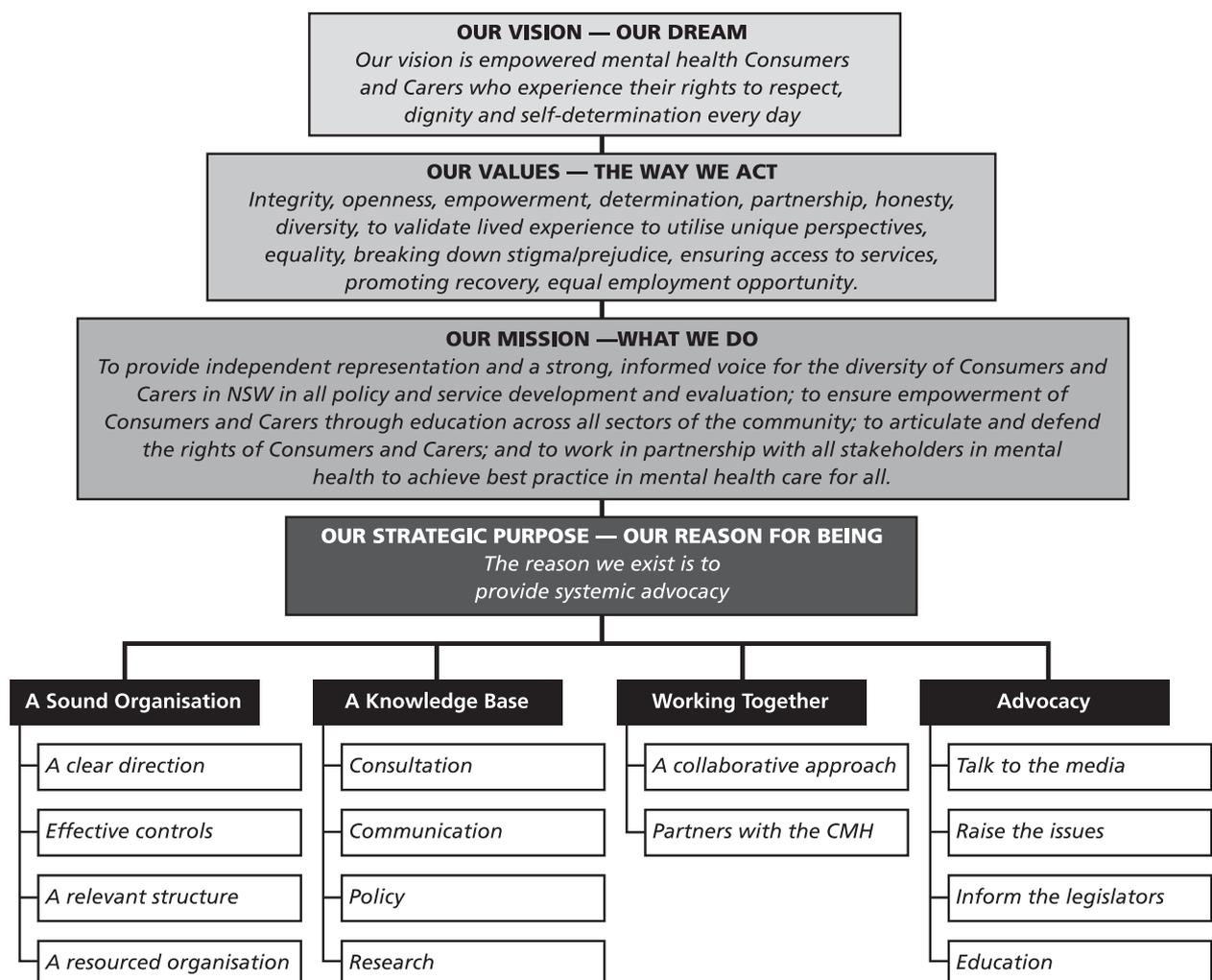
Strategy 4.1 talk to the media: Develop an ability to respond to an event or an issue in the media

Strategy 4.2 raise the issues: Develop a capability for Consumers and Carers state-wide to raise issues with their local community and with local community leaders.

Strategy 4.3 inform the legislators: Develop a communication strategy to inform politicians throughout the state of issues relating to mental health

Strategy 4.4 education: Develop a capacity to educate.

STRATEGIC PLAN STRUCTURE





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