



Mental Health Inc



# ANNUAL REPORT

2003-2004



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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

The mission of NSW CAG 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 Consumers' and Carers' '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 affect 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.





## **Members**

### **JUNE–DECEMBER 2003**

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)  
Gillian Malins (MH-CoPES Project Officer)

### **JANUARY–JUNE 2004**

Anna Saminsky – Chair  
Kerrie Dissegna – Deputy Chair  
Gillian Holt – Treasurer  
Jenny Mackellin – Secretary  
Kylie White  
Elizabeth Pemberton  
Brenda Spencer  
Jenny Coleman  
Robert Cairns  
Clare McCormack  
Karen Wells





# Chairperson's report

Welcome to our 2004 Annual Report. This year has been a challenging one for NSW CAG. We celebrated our 10th birthday as an incorporated association by launching the MH-CoPES Project at the Mary McKillop Centre in North Sydney. I am pleased to announce that we have been granted three year recurrent funding which will enable us to carry out our business and strategic plan more professionally.

Our website is fully operational. It is full of interesting details and I urge you to delve into it to keep abreast of NSW CAG's activities and the organisation generally. I represent NSW CAG on the following committees: National Consumer and Carer Forum (NCCF), National Health Priority Action Council (NHPAC), Mental Health Implementation Taskforce, Official Visitors Advisory Committee, Joint Guarantee of Service for People with Mental Health Problems and Disorders (JGOS) jointly with Paula Hanlon who will be writing about the project later in this document, and the Consumer Advocacy Course Committee. I shall be writing elsewhere in the Report about the NCCF and NHPAC, however will bring you some news about the other committees in this Report.

The Mental Health Implementation Advisory Taskforce was established to respond to the Legislative Council Select Inquiry into Mental Health in NSW. This committee is in its infancy but has all the potential to be of real benefit to consumers. I have found it to be far from tokenistic.

The Official Visitors Advisory Committee has virtually a whole new committee with full strength in numbers and is looking forward to an invigorated future with a new Principal Visiting Officer, Ms Jan Roberts. The Official Visitors system has gone into a joint venture with the Mental Health Association for their new call centre. Visiting Officers are now able, in certain circumstances, to visit hospitals without a doctor. This is a real breakthrough as some areas, particularly rural, were not being visited due to a shortage of doctors on the Official Visitors program. The Consumer Advocacy Course under the auspices of the NSW Institute of Psychiatry and coordinated by Sandy Watson should be mandatory for all consumers who are employed by Area Health Services. COPMI presented its findings from the surveys in which we participated by way of two booklets which are an aid to help families who experience mental health issues and are being widely distributed in GP surgeries and relevant childhood health centres.

NSW CAG has been busy with the review of the Mental Health Act by holding workshops for consumer and carer input and writing submissions.

I attended the TheMHS Conference in September where I was pleased to accept an award on behalf of NSW CAG from Professor Alan Fels for our Youth Project 'Scream on the Green'. The conference was run in tandem with the Australian Infant, Child, Adolescent and Family Mental Health Association (AICAFHA), which enabled attendees to swap between conferences making it a very interesting and informative week.

I would like to thank Professor Beverley Raphael and her assistant Ms Robyn Murray from the Centre for Mental Health for their undaunting support during the year.

Finally, I would like to thank Douglas Holmes without whom I would find my job very difficult and the other staff at NSW CAG: Yvette Cotton, Maureen O'Keeffe, Gillian Malins and my fellow members for their voluntary service.

I wish you a prosperous and happy 2005 and trust that you will continue to support NSW CAG and its role of advocacy for consumers and carers for a better mental health system.

Anna Saminsky





# Executive officer's report

The last twelve months at NSW CAG have been extremely busy and exciting. As 2004 draws to a close, it is interesting to reflect on the progress that NSW CAG has made since we started to develop a written strategic and business plan in 2001.

Not having a written plan for me would be like driving a car around at night on a busy road, without the headlights turned on hoping that you would not bump into things along the way.

Policy documents that needed to be formally responded to have distracted us from some of the things we would have liked to work on. These documents included:

- Legislative Council Select Committee of Inquiry 2002
- Government Response to Select Committee of Inquiry 2003
- Attorney General audit of Emergency Department
- Issues paper No 1 and 2 Mental Health Act

However, NSW CAG has made steady progress and some of the projects that have been advanced include:

- Confirmation of recurrent three year funding
- MH-CoPES project
- Network NSW
- The National Standards quilt being displayed 14 times during the last year
- Planning of a media workshop
- Involvement in HASI, JGOS and Mental Health Information Steering Committee and other committees

(These projects are covered in more detail later in the report)

We have received some good feedback about the National Standards quilt. For example:

"I just wanted to drop a quick note to you to thank you for arranging for the display of the Mental Health Standards quilt at our recent community day at Wests Leagues Club. There was quite a bit of interest in the quilt on the day with many people commenting on the workmanship and initiative. We have also recently received several positive comments through our feedback forms from seminar participants, indicating it was another interesting facet of the day. Again, my sincere thanks!" (Carleen Plowright, Management Secretary, Newcastle Mental Health Service).

## **From the kit P217 The advocacy we choose to do**

Groups and organisations are not unlike business in that, to be successful in the long term, they need to plan for it. The business plan is a map for the future of the group and can fulfil several functions to:

- Motivate and focus the group
- Ensure all members agree on the direction
- Enable all members to know the part they play
- Satisfy requirements of potential funding bodies





I believe that NSW CAG's three major tasks during the next twelve months will be to:

- Launch the recommendations from the MH-CoPES project at the Forging our Future 3 conference that will be held in Wollongong on the 9–10 December 2005.
- Seek agreement from the NSW Health Area Mental Health Directors for three areas to participate in the Our Standards, Our Rights project that will provide information about:
  - NSW CAG's role in Consumer and Carer participation
  - Highlight the NSW CAG quilt
  - Network NSW
  - MH-CoPES
  - Consumer Rights and Responsibilities
- Recruit new NSW CAG members to replace the members whose terms will finish in December 2005.

In partnership with Marrickville Council and Marrickville Youth Council, NSW CAG won a Silver Award in the TheMHS 2004 Achievement Awards section for Health Promotion. The award was in recognition of working together for Youth Week 2003 to stage a live music festival "Scream on the Green", to engage young people, disseminate information about mental health issues and raise community awareness.

I need to thank the staff Yvette Cotton, Maureen O'Keeffe and Gillian Malins for their continued support during the last 12 months. I would also like to thank Anna Saminsky and all the NSW CAG members for their contributions behind the scenes. I would also like to thank all the staff from the Centre for Mental Health for their guidance and support during the last 12 months.

Finally, I would like to thank a number of the consultants who have contributed to NSW CAG becoming a stronger organisation. These include: Tracy Jordan of Citywide Business Services, Bruce Lawrence of O'Neill and O'Brien; and Peter Gates from the Mercury Centre.

It would also be unrealistic to think that all the problems for Consumers and Carers have been solved in NSW. However NSW CAG is now in a position to solicit feedback from a wide cross section of Consumers and Carers in NSW.



Douglas Holmes





# National committee representation

## Communications Network

The Communications Network is a national network of people who work in communications positions in mental health organisations across Australia. The aims and objectives of the communications network include: supporting communications personal; information dissemination; and lobbying. So far I have participated in one of the two teleconferences that have been held. Member contact details have been circulated and a mechanism for sharing up-coming events has been established.

Members include representatives from: SANE Australia; OT Australia; Carers Australia; AICAFMHA; Australian Counselling Association; General Practice Mental Health Standards Collaboration; The Queensland Alliance of Mental Illness and Psychiatric Disability Groups Inc; Beyond Blue; ORYGEN Youth Health, ORYGEN Research Centre; and MHCA.

Yvette Cotton

## Clinical Practice Improvement Network For Early Psychosis (C-PIN EP)

"The National Health and Medical Research Council (NHMRC) has recently funded a project to develop methodologically sound strategies for routinely evaluating the care and treatment of early psychosis. The project is called the NHMRC Clinical Practice Improvement Network ('C-PIN' or the 'Network' for short). The aim of C-PIN is to evaluate the effectiveness of early psychosis services and interventions and to determine whether adherence to the clinical practice guidelines improves consumer outcomes.

"The C-PIN project is led by a group of independent psychiatric researchers and health service managers. Consultative input from a broad range of mental health clinicians around Australia has been obtained in designing evaluation procedures. The procedures will use clinical information systems already in routine use. The evaluation will be based on the Commonwealth Consumer Outcomes standardised measures and clinical information recording systems, such as the New South Wales Mental Health Outcome Assessment Tools (MH-OAT). Importantly, early psychosis indicators selected for their clinical utility by early psychosis clinicians in New South Wales will be adopted by C-PIN and welded into a robust scientific framework. These developments create for the first time in Australia, an opportunity for clinicians and service managers to routinely evaluate the effectiveness of their clinical practice and service functions in relation to early psychosis.

"As the evaluation progresses clinical records will be copied and, after identifying information of patients and staff has been removed, forwarded to the project for coding. Aggregated coded information will then be used to determine relationships between service functions, clinical practice, and consumer outcomes. Six months after the prospective evaluation begins, patient and carer feedback about treatment experience will be collected using the Consumer Feedback Interview. This interview provides an opportunity to obtain important information from the perspective of the consumer and carer and, to allow an independent check on the service ratings of the Commonwealth Consumer Outcome standardised measures.

"C-PIN will aim to better describe appropriate service models for early psychosis in remote and indigenous communities. This will be achieved by qualitatively reviewing services that have a special interest in these communities in relation to early psychosis.

"The ultimate aim of the evaluation is to provide the service and clinician with feedback about what seems to





be the most effective and efficient aspects of what they are doing. This information will be used to evaluate the clinical practice guidelines, potentially for use in their revision.

"The project has involved consumer and carer representation at all stages of its development." (from the C-PIN brochure by Professor Stanley Catts, University of Queensland).

Judy Hardy (SA), Laraine Toms (NSW), Fay Jackson (NSW), and Douglas Holmes (NSW) were invited to represent consumers' and carers' views on the project.

Douglas Holmes

### **National Consumer and Carer Forum (NCCF)**

At its March meeting this year, the Australian Health Ministers' Advisory Council National Mental Health Working Group agreed to provide additional funding to the NCCF to undertake two projects. The first was the Implementation of the National Consumer and Carer Participation Policy. An external consultant, Dr Leanne Craze of Craze Lateral Solutions, has been engaged to undertake the project. It is now well under way.

The second project is the development of a new consumer and carer participation model based on the NCCF. This has been undertaken with a view to improving the operation of the NCCF. Dr Craze is also conducting this research process. Both projects are due for completion by the end of the year.

At the October meeting, in Melbourne, topics discussed were better outcomes in mental health care initiatives, co-morbidity and substance abuse, training schedules by RANZCP, consumer operated mental health services, quality of mental health services, discrimination in the workplace and in education, primary health care work between GPs and psychiatrists and mental health reform in states/territories. As you can see a one-day NCCF meeting covers a tremendous amount of territory and is money well spent on furthering better outcomes for consumers and carers across Australia.

Anna Saminsky

### **National Health Priority Action Council (NHPAC)**

The NHPAC convened a stakeholder workshop in June to discuss the development of the National Chronic Disease Strategy. The NHPAC's role is to identify, advocate and facilitate action across the continuum of care in the NHPACs (including prevention, detection, management, rehabilitation and palliation) and to drive improvements in health services to achieve better outcomes in these NHPACs, including for disadvantaged groups.

The key elements of the strategy to achieve this end are: self management in its broadest definition; empowering and supporting communities and moving service provision closer to where it is needed; funding models to support system change and flexibility in application; attitudinal change amongst health service providers; realigning the health system to a primary/prevention focus; and strengthening linkages with the acute sector. The final strategy is expected to be provided to the Minister within 12 months.

Anna Saminsky





## **Network of Australian Community Advisory Groups (NOAC)**

Anna Saminsky is the NSW representative on NOAC, which consists of representatives from several states of Australia.

NOAC is a member of the Mental Health Council of Australia but currently the re-accreditation process for MHCA member organisations has been put on hold until the MHCA has been able to restructure. This will be in one or two years time.

NOAC will retain its seat on the MHCA board in the Carer category as it was elected to this position last year (Board members are elected for two-year periods). However, this means NOAC is not eligible to stand in the Consumer category on the MHCA board as an organisation cannot hold a seat in two categories if there are other organisations eligible in the second category. Therefore, NOAC cannot hold a position in both the Consumer and Carer categories, as there are now enough organisations to fill all positions in those categories. Previously, NOAC could hold a position in both categories because there were spare seats. (Information from Steve Morris, MHCA Sept 2004).

Anna Saminsky





# State working groups

## **Centre for Mental Health: MHOAT consumer consultative committee**

The NSW MHOAT Consumer Consultative Committee (CCC) celebrated its 3rd Anniversary on Tuesday 11th May 2004. The MHOAT CCC comprises of two representatives from each Area Health Service in NSW, though not all are currently represented. The purpose of the group in the early days was to provide consumer consultation on the development and implementation of MHOAT across NSW.

The group has support from the Centre for Mental Health who provide the venue and catering for each meeting. Professor Beverley Raphael attends each meeting to consult with the representatives on a broad range of issues, with the group developing into a consultative resource, broader than MHOAT.

Since the group's inception it has been responsible for developing a number of projects including the MH-CoPES and the Consumer Recovery Training Package. The logo of the MHOAT CCC is the 'Recovery Bus', designed in the colours of the National Standards for Mental Health Services and promotes the concept of consumers' participation and rights in planning and monitoring their own recovery and relapse prevention plans.

Douglas Holmes

## **Centre for Rural and Remote Mental Health-Community Advisory Committee**

Douglas Holmes and Joan Wakeford are on this committee.

### Role of the Committee

The Committee will provide advice to the Director on all matters relating to the mission, goals and objectives of the Centre for Rural and Remote Mental Health. In order to fulfil its role in enhancing the future of the Centre, the Community Advisory Committee may be asked for specific advice on any of the following:

- academic programmes and educational initiatives relevant to the Centre's profile;
- cooperative research and consultancy opportunities directly relevant to health professionals, community organisations and industry;
- improvement in the quality of education and research provided by the Centre;
- methods of seeking donations, sponsorship and bequests to augment the Centre activities; and the enhancement of the Centre's corporate image within the rural communities."

(from [www.crrmh.com.au/pages/about/committees.cfm](http://www.crrmh.com.au/pages/about/committees.cfm))

## **Housing and Accommodation Support Initiative (HASI)**

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

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

#### **Review and Development Phase:**

The Working Group coordinating the review of the 1996 "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)

The second edition JGOS (2003) 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 p3)

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.

Some of the template forms from the first Joint Guarantee of Service (1996) have not been reproduced in the





second edition (2003). These forms will be developed with broad consultation and included in a "Resources and Training Package" that will be provided to all member agencies. The Joint Guarantee of Service (2003) identifies clear responsibilities around confidentiality and privacy in respect of the amended Privacy Act, and in the development and monitoring of the individual service plans.

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, launched by NSW Governor Marie Bashir during Mental Health Week 2003, is a process of agency partnerships that 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.

#### **Implementation and monitoring phase:**

The implementation and monitoring phase will be overseen by an "Implementation Reference Group." This group consists of 27 members from a range of government and non-government agencies from urban, region and rural NSW. There were three consumer representatives (two from NSW CAG) and one Aboriginal consumer representative selected by the Aboriginal organisations. The first meeting of this reference group was held on Wednesday 21st April 2004.

This phase involves:

- Promotional workshops across NSW;
- Reviewing relevant forms (e.g. consent forms);
- Overseeing the development of the "Resource and Training Package";
- Establishing evaluation and monitoring processes.

The reference group have an opportunity to provide a holistic service to consumers that respects the consumers' rights to have options and choice about the type of accommodation, advocacy and support when required. I believe the work of the reference group can set a benchmark for other policy documents in how to maintain a holistic approach, create a transfer from the written document to action in the community and prevent the document from becoming another book on a shelf that staff know nothing about.

The workshops were held across NSW to promote the reviewed JGOS in the second half of 2004. Participants were from all of the JGOS members including consumers. In addition, the day prior to each workshop a specific





consumer and carer half-day workshop was held to provide a detailed review of the document with particular emphasis on the representation and advocacy roles as identified in the JGOS.

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 Implementation Reference Group, May 2004

### **Mood Discovery Support Group Planning Meeting**

This is a group organised by the Depression and Mood Disorders Association of NSW, a standing committee of the Mental Health Association NSW. The main aim of the group is to set up new support groups for people with bipolar disorder and/or depression and/or their friends and relatives. My main role in this group as a representative of NSW CAG is to help publicise the group in the NSW CAG INFO\_LINK to help find more people who may be willing to set up groups. This group has had one meeting so far.

Yvette Cotton

### **NSW Carers Coalition**

NSW CAG is a member of the NSW Carers Coalition.

#### **“Purpose**

The NSW Carers Coalition is a community umbrella group committed to supporting, recognising and valuing carers. It is our intention to work holistically through a family and friends centred approach.

#### **Role**

- Policy development, policy work and advocacy;
- Information exchange.

#### **Objectives**

- To provide opportunities for information exchange;
- To encourage good practice by disseminating information, joint training programs and collaborating on projects ;
- To provide broad advice to the local, state and federal governments and influence our own sectors and wider community;
- To influence policies and work for their implementation from a carers perspective;
- To develop position papers, distribute and seek engagement with government thereon.

#### **Membership**

- State, regional and local not-for-profit organisations who have a concern, interest or responsibility for carer support;
- Invite government representatives to participate as observers” .

(from the Carers Coalition 2004 Terms of Reference)





### **Main activities in July 2003–June 2004**

- Production of an issues paper on “ageing carers of a younger person with a long-term disability”;
- Collecting comments on the paper, and developing the paper;
- Field testing questions on the paper;
- Planning a half day consultation on the paper on July 1 2004;
- Guest speakers on topics relevant to the coalition;
- Information exchange;
- Strategic planning.

Yvette Cotton

### **NSW Carers Program Advisory Group**

The NSW Carers Program Advisory Group is a committee that advises the Department of Health on carer issues. The NSW Carers Program was previously known as the ‘Care for Carers’ Program. The Program is concerned with addressing the needs of all carers, including those caring for people who are elderly or disabled, or who have illnesses, including mental illness. The Group includes members from NSW Health, the NSW Department of Ageing, Disability and Homecare and the Federal Department of Health and Ageing. It also includes members of some key state-wide advocacy groups, including Carers NSW, the Alzheimer’s Australia NSW and the Multicultural Disability Advocacy Association. I have been fortunate to represent mental health carers on this advisory group. A major task of the committee this year was advising on the NSW Carers Program local and state funding grants. These grants have enabled the funding of a broad range of projects across NSW to support carers.

Gillian Holt

### **NSW Health Participation Council**

Over the past year I have attended meetings of the NSW Health Participation Council (HPC), which at present, is the only state-level body of consumers and community members (I am not clear as to the distinction between these two groups, but it is noteworthy that the Council has included a number of medico people) whose role it is to advise the NSW Health Minister and the NSW Department of Health.

The term of the HPC was due to conclude in mid-2004 but it has been extended to the end of the year. Whether there will be another Health Participation Council, and what form it will take, is not yet clear. On the current HPC, there was one position allocated to NSW CAG.

With the change in the number of NSW Area Health Services, announced in about August, the chairperson of the HPC, Wendy McCarthy, AO, and the Rt Hon Ian Sinclair, AC, travelled the State to consult with the community on the newly proposed Clinical and Community Advisory Group (CCAG). This is the basis for the founding of the Health Care Advisory Council (HCAC)—being a combination of clinicians and community members (non-medico consumers)—which was recommended in a major report reviewing NSW Health prepared by the NSW Independent Pricing and Regulatory Tribunal (IPaRT Report) in 2003. The Terms of Reference of the HCAC state that the HCAC is to provide advice to the Minister and the Director-General of NSW Health on a range of health matters.





Similarly, there is to be a number of Health Priority Taskforces formed for each of the following areas:

- Acute care (elective surgery, emergency departments);
- Chronic, aged and community health care;
- Information management and technology;
- Mental health;
- Metropolitan clinical taskforce;
- Sustainable access.

The work of these taskforces is to provide “direction and leadership” in each area. For example, the “Purpose of Taskforce” for the Mental Health Taskforce is: “Provide direction and leadership for the development of integrated mental health service policy for NSW, which reflects best practice national and international standards”. The secretariat and policy development for this taskforce is to be done by the Centre for Mental Health. The Taskforce is to have on it medical people and consumers (carers?).

At the present time people are being nominated for the Health Care Advisory Council (HCAC) and the Health Priority Taskforces (HPTs). To date the work of the Health Participation Council has mostly focused on State public health care, especially hospital care, although the NSW State Government does also have responsibility for what happens in private hospitals (lest we forget Chelmsford). It is not clear to me at this time how the Department is deciding who is to be selected as members of these Taskforces, but in my opinion it would be important to have people on the Mental Health Taskforce who have had recent experience in one or more of the following ways: as

- being scheduled into the public hospital mental health system;
- being a non-scheduled patient in the public hospital mental health system;
- a mental health public community care system patient;
- a mental health patient in a private hospital;
- a mental health patient suffering from some form of addiction who has received treatment somewhere in the public/private system.

The formation of the Mental Health Taskforce will mean for the continued funding/existence of NSW HPC is yet to be seen.

Working on the Health Participation Council to date has been a somewhat frustrating exercise. Making this statement gives rise to many complicated issues. Should we have been consulted more on Departmental matters? How can we be expected to offer any advice of value when this usually entails substantial reading to gain sufficient knowledge on whatever topic before giving any advice. Yet we are not being paid to devote those hours and hours required to this work to enable us to do this (to keep bread on our own table). Is there scope for consumers to give insight – a resource not as yet being properly tapped by the Department? Who is a health consumer? Should the Department be satisfied with including medicos in that role as it is true that we are all consumers? Is the Department (a multitude of people) ready to hear ideas from non-medico consumers? It seems we are in early days with consumer involvement in NSW Health. South-West Sydney showed the HPC what vital work they are doing there in the face of the much publicised difficulties. As consumers we do have a valuable contribution to make and gradually that will be more and more utilised. But the fundamental changes involved take time.

Elizabeth Pemberton





## NSW Mental Health Implementation Taskforce

A NSW Mental Health Implementation Taskforce was formed in 2004 to monitor and oversee the implementation of the NSW Government Response to the Select Committee Inquiry into Mental Health Services. NSW CAG was invited to nominate a person to the Taskforce to represent the interests of mental health consumers. Anna Saminsky was nominated and attended her first meeting on 7 June 2004. The appointments to the taskforce were made for the period up to and including 31 January 2007.

"The NSW Mental Health Implementation Taskforce is a Ministerial Advisory Committee established under section 20(4) of the Health Administration Act. The Terms of Reference of the Taskforce are to:

- Monitor and oversee the implementation of NSW Government Response to the Select Committee Inquiry into Mental Health Services in NSW;
- Monitor and oversee the Government's response to recommendations of the NSW Mental Health Sentinel Events Review Committee;
- Identify and promote linkages across government and between government and non-government organisations involved in mental health care to advance mental health, as identified by the governments response to the inquiry and recommendations of the Sentinel Events Review Committee;
- Liaise with the Human Services CEOs Forum to ensure that cross-government mental health issues remain on the agenda of this Forum;
- Review any other issues with regard to mental health as directed by the Minister;
- Report directly to the Minister for Health through the Chairman of the Committee".

Anna Saminsky

## NSW Mental Health Information Steering Committee

The NSW Mental Health Information Steering Committee replaced the MH-OAT Initiative Standing 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 2004 all of the 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 is being developed.

Douglas Holmes

### **NSW Mental Health Promotion Advisory Committee**

I represent NSW CAG on the NSW Mental Health Promotion Advisory Committee. The activities of this committee are centred on the organisation of mental health week in NSW, as well as other activities such as exploring the feasibility of a state-wide mental health promotion campaign. The planning of mental health week includes advising on: the launch; the theme; the stress less tips; the images for posters etc.

The committee consists of representatives from the Mental Health Association, the board of the Mental Health Association, Consumer representatives, Lifeline, Mental Health Promotion workers from Western Sydney Area Health Service and New England Area Health Service, Mental Health Coordinating Council, Arafmi, Schizophrenia Fellowship NSW and NSW CAG. Expertise is also sought from other organisations. For example, this year the focus for mental health week is on people over 65 so organisations that cater for this age group have been asked to speak at meetings.

Yvette Cotton

### **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

### **Streetwize Bipolar Disorder Comic – Steering Group**

I represent NSW CAG on this group. We have had a few meetings so far discussing the aims and objectives of the comic, the target audience, and the type of message we want to get across to young people with bipolar disorder. We have had one meeting with representatives from Streetwize Comics and have discussed the process of producing the comic.

Other members on the steering group have included representatives from the Staff of the Mental Health Association, the board of the Mental Health Association and The Depression and Mood Disorders Association of NSW. New members soon to come on board are representatives from Beyond Blue, Reach Out, and The Black Dog Institute.

Yvette Cotton





# NSW CAG projects overview

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

The MH-CoPES Project is a partnership between NSW CAG and the Centre for Mental Health, NSW Health. The aim of MH-CoPES is to identify or develop a measure and process to collect, collate, report and respond to consumers' views of mental health services. During 2003, the Technical Working Group for the project was established, with eight, three mental health professionals, an expert in evaluation and a representative from the Centre for Mental Health forming this group. In late January 2004 I commenced work with NSW CAG as the MH-CoPES Project Officer.

The working group members met twice in 2003 to establish ground rules and develop the Project Officer position, and since the whole team has been on-board, we have held two working group meetings; in March and June 2004.

Our main focus this year has included:

### **Establishing the scope and criteria for MH-CoPES**

For the Technical Working Group this has meant using the original project brief to answer the question: what is it that we are looking for? We have established a set of guidelines to work with in identifying or developing the tool and process although we expect this will be work we continue doing until the project finishes.

### **Conducting the background literature review**

We have reviewed literature relating to consumers' views of services and satisfaction surveys and identified tools and processes in use internationally to collect information about how consumers evaluate the mental health services they use.

### **Promoting the project by informing key-stakeholders about MH-CoPES**

I have presented information about MH-CoPES at several conferences, often collaborating with working group members. I have also presented at a range of stakeholder meetings including:

- MHOAT CCC meetings in February and May;
- The Mental Health Information Forum at the Centre for Mental Health, in April;
- Area Mental Health Directors Meeting in May;
- The Consumer Workers' Forum, at Cumberland Hospital in Sydney in June.

I have also presented at the NSW CAG Policy and Project Development Consultation Day in March.

- Surveying mental health services to find out what is already happening in NSW services to collect and respond to consumers' feedback;
- Planning the official Project Launch, scheduled for 29th July 2004; and
- Planning our consultation approach.

Consultation with consumers, staff and other stakeholders will occur later in 2004 and early 2005.

The first six months I have been involved with MH-CoPES have been challenging and rewarding, and I am sure the final 12-months of the project will be too, as we move closer to making our recommendations to NSW Health.

Gillian Malins





## NSW CAG Website

The NSW CAG website was designed for NSW CAG by Irene Vasilas, who was an HSC student from Riverside Girl's High School. It was launched at the NSW CAG AGM in Dec 2002. Since that time I have attended a course in Dreamweaver at WEA which has enabled me to make updates to the website and add extra pages. Irene has also helped us with some of the more complex changes.

Since the design of the website and its launch a number of changes and additions have been made. Often these changes have involved discussions with the NSW CAG members at meetings (eg. 29th March, 2004) and/or by e-mail. There was also discussion at a meeting before the NSW CAG 2003 AGM. The changes include:

- A change to the name at the top of every page from:  
"MENTAL HEALTH Inc  
NSW Consumer Advisory Group (NSW CAG)" to:  
"NSW CAG  
Consumer Advisory Group – Mental Health Inc";
- A "hit counter";
- A change to the "About" page. It is now somewhat different, with more information and links to other pages;
- Addition of the constitution and another historical document to the "History" page;
- Deletion of the month calendar on the "Activities" page and addition of link to another site with a calendar of mental health events;
- Addition of a "member's profiles" and "past member's profiles" to the "Member's" page. This is a work in progress. A letter was sent to all members and past members to ask if they would like a profile on the website;
- The "News" page now has the links to the last two Annual Reports and up to Issue 5 of the NSW CAG INFO\_LINK newsletter;
- The "Links" page has been reformatted to include more linked pages with many more links in categories such as "Mental Health Organisations in NSW" etc;
- The "Projects" page now also includes links to "Committees" and "Reports". Many projects, committees and reports were added, mostly from last year's annual report. Some have been up-dated since, such as MH-COPES and JGOS. Contact e-mails were added for contact people for each project;
- The "Contact" page now has a link to "Staff" and individual staff's names, positions and contact details are listed.

I presented a poster about the website at the Mental Health NGO Conference on 25th–26th March 2004 at Wollongong.

Yvette Cotton





## 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 has been working with Griffith CAG and WRCC in several ways including being the catalyst for an event during Mental Health Week that used the National Standards Quilt as a backdrop during the event.

The Network 1 Mental Health Week Expo was held at Griffith Regional Theatre from 7th–10th October 2003. Network 1 is in the North West of the Greater Murray Area Health Service. Griffith is the main centre.

The expo consisted of an art show and a one-day forum.

The objectives of the expo were to:

- Find ways that consumers, carers and family members as individuals and groups can participate positively and with respect in all aspects of Mental Health and service delivery;
- Think outside the square for creative ways of working together;
- Raise the issues and profile of Mental Health in Network 1; and
- Effectively share information between other services, consumers, carers, family members and the community.

Kerrie Dissegna





# Submissions and reports

## Privacy and Confidentiality

This issues paper came about as a first stage in a response to the first discussion paper from the NSW Department of Health on the proposed changes to the Mental Health Act: Carers and Information sharing.

The report is available on our website [www.nswcag.org.au](http://www.nswcag.org.au) The following is an extract from the paper:

"The genesis of this issues paper was the development of a response to a review by NSW Health of the Mental Health Act. NSW Health issued a discussion paper entitled Carers and Information Sharing in February 2004.

"NSW CAG considered the most appropriate way of responding to the discussion paper, and concluded that the development of a position paper that canvassed the areas of privacy and confidentiality would be the best use of its resources.

"As our response began to take shape, it became clear that the issues surrounding privacy and confidentiality for consumers and carers were many and complex, and needed to be placed in the context of mental health.

"It also became apparent as the position paper evolved that privacy and confidentiality went to the core of the relationships between consumers, carers and service providers.

"Therefore, it was felt more appropriate to produce an issues paper given the significance of the areas and themes canvassed, and that a discussion was required amongst the constituency of NSW CAG to allow a considered position to emerge.

"This paper does not reach conclusions as such. Rather it seeks to lay out a range of related information to allow a dialogue to commence in the consumer and carer community.

"An extended period of consultation is proposed with a view to reaching a consensus on the issues that face consumers and carers in the area of privacy and confidentiality, and on a response to those issues.

"For readers of this paper that are not in the consumer and carer community, we offer two definitions that have been taken from the Third National Mental Health Plan and may be of assistance.

"Consumer: A person who is currently utilising, or has previously utilised, a mental health service.

"Carer: A person whose life is affected by virtue of a family or close relationship and caring role with a consumer".

Douglas Holmes





# Conference attendance and presentations

## **International Society for Bipolar Disorders Regional Group Conference**

Sydney, 5–7 February 2004

Attendances:

- Yvette Cotton

A more detailed report of this conference is available in the NSW CAG INFO\_LINK July 2004 available on our website [www.nswcag.org.au](http://www.nswcag.org.au)

## **9th NSW Rural Mental Health Conference**

March 16–18, Armidale NSW.

Oral presentation

- MH-CoPES – Gillian Malins and Shirley Kirk, NSW CAG

## **NSW NGO Conference**

NGOs, Mental Health and the Community: Turning the tide. 25–26 March 2004 Novotel Northbeach Wollongong.

Oral presentations

- MH-CoPES – Gillian Malins and Phil Escott, NSW CAG
- Degrees of Empowerment Audit Tool – Douglas Holmes – NSW CAG

Workshop

- Linking the Networks – Carer Participation – Vivienne Munro –North Sydney Mental Health Carer Network and Gillian Holt – Carer member for NSW CAG

Poster presentation

- The NSW CAG Website – Yvette Cotton – NSW CAG, Douglas Holmes – NSW CAG and Irene Vasilas

A more detailed report of this conference is available in the NSW CAG INFO\_LINK July 2004 available on our website [www.nswcag.org.au](http://www.nswcag.org.au)

## **10th Annual Hunter Mental Health Conference**

14th May 2004

Poster presentation

- MH-CoPES: Mental Health Consumers' Perceptions and Experiences of Services – Gillian Malins (NSW CAG) and Allison Kokany (MH-CoPES TWG).





# NSW CAG representation on committees

The following table provides a list of NSW CAG representation on committees during the financial year 2003–2004.

## Commonwealth

|   |                |
|---|----------------|
| Communications Network                          | Yvette Cotton  |
| C-PIN EP  | Douglas Holmes |
| National Consumer and Carer Forum               | Anna Saminsky  |
| National Health Priority Action Council         | Anna Saminsky  |
| Network Of Australian Community Advisory Groups | Anna Saminsky  |

## State

|   |                                  |
|---|----------------------------------|
| Centre for Mental Health: MH-OAT consumer consultative group  | Douglas Holmes                   |
| Centre for Rural and Remote Mental Health-Community Advisory Group  | Douglas Holmes and Joan Wakeford |
| HASI (Housing and Accommodation Support Initiative)   | Douglas Holmes                   |
| Mood Discovery Support Group Planning Meeting   | Yvette Cotton and Douglas Holmes |
| NSW Carers Coalition  | Yvette Cotton                    |
| NSW Carers Program Advisory Group   | Gillian Holt                     |
| NSW Health Participation Council  | Elizabeth Pemberton              |
| NSW Mental Health Implementation Taskforce  | Anna Saminsky                    |
| NSW Mental Health Information Steering 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 and Anna Saminsky   |
| NSW Mental Health Promotion Advisory Committee  | Yvette Cotton                    |
| NSW Mental Health Review Systems  | Douglas Holmes                   |
| Official Visitors Program   | Anna Saminsky                    |
| Seclusion and Restraint Committee   | Anna Saminsky                    |
| Streetwise Bipolar Disorder Comic – Steering Group  | Yvette Cotton                    |
| The Black Dog Institute   | Douglas Holmes                   |





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: Gillian Holt

Members: Douglas Holmes.

### **2 Education and training subcommittee**

Convenor: Kerrie Dissegna

Members: Kylie White, Douglas Holmes.

### **3 Policy and research subcommittee**

Convenor: Anna Saminsky

Members: Jenny Mackellin, 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.

#### **Employment subcommittee**

Convenor: Anna Saminsky

#### **Recruitment of new members committee**

Convenor: Kerrie Dissegna





# Treasurer's report

I am pleased and proud to present the Treasurer's Report for the financial year 2003–2004 to our members, associate members, the Centre for Mental Health and other interested people. This year has been an exciting one for NSW CAG, as we have entered a time of increased expansion due to progress to the next stage of the MH-CoPES Project. We completed the year with a small surplus of funds.

Over the past few years NSW CAG has focussed on improving and consolidating their sound financial management. The accounts reflect this commitment and endeavour.

Thanks to all those who have made my position as Treasurer such a pleasure. In particular I would like to acknowledge Douglas Holmes and Tracy Jordon who ensure that the accounts are always accurate and in order.

Our auditors, in particular Bruce Lawrence from O'Neill and O'Brien Financial Services Pty Ltd, have prepared an auditors statement for this Annual Report. We appreciate the role of our auditors in the review of the NSW CAG accounts. The Auditor's Report to members is qualified due to the ongoing insecure funding environment within which NSW CAG operates. Up until now, the organisation has received its operating funding on a 12-monthly basis. We have been working actively over the past financial year to achieve a three-year funding agreement, which would ensure the ongoing viability of the organisation. Should NSW CAG be successful in achieving this more secure funding environment, I am confident that the organisation is in an excellent position to continue to progress Mental Health Consumer and Carer Participation in NSW in line with the NSW CAG strategic plan.

Gillian Holt





# Auditor's report

**NSW CAG Mental Health Inc.**

**Financial Statements for the year ended 30 June 2004**

## **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



## NSW CAG Mental Health Inc.

ABN 82 549 537 349

### Auditor's Report to the Members

The entity has again incurred a deficit and relies on the support of the NSW Health Department. It is attempting to increase its grant income however 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, 2004 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





## 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 2004.  
  
(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:

Anna Sainbury

Gillian Holt

Dated this 10th day of December 2004





## NSW CAG Mental Health Inc.

ABN 82 549 537 349

### Statement of financial position as at 30 June 2004

|   | NOTE | 30 JUN 04<br>\$   | 30 JUN 03<br>\$ |
|---|------|-------------------|-----------------|
| <b>CURRENT ASSETS</b>                         |      |                   |                 |
| Cash  |      | 83,514.06         | 30,227          |
| <b>NON-CURRENT ASSETS</b>                     |      |                   |                 |
| Property, Plant and Equipment                 | 2    | 30,147.91         | 40,873          |
| <b>TOTAL ASSETS</b>                           |      | <b>113,661.97</b> | <b>71,100</b>   |
| <b>CURRENT LIABILITIES</b>                    |      |                   |                 |
| Creditors and borrowings                      | 3    | 111,248.58        | 7,979           |
| <b>TOTAL LIABILITIES</b>                      |      | <b>111,248.58</b> | <b>7,979</b>    |
| <b>NET ASSETS</b>                             |      | <b>2,413.39</b>   | <b>63,121</b>   |
| <b>SHAREHOLDERS' EQUITY</b>                   |      |                   |                 |
| Accumulated Profit                            |      | 2,413.39          | 63,120          |
| <b>OPERATING LOSS AND EXTRAORDINARY ITEMS</b> |      |                   |                 |
| Operating loss before income tax              |      | 60,707.11         | 72,483          |
| Income tax expense                            |      | —                 | —               |
|   |      | (60,707.11)       | (72,483)        |
| <b>OPERATING LOSS AND EXTRAORDINARY ITEMS</b> |      | <b>60,707.11</b>  | <b>72,483</b>   |
| Retained profits at July 1                    |      | 63,120.50         | 135,603         |
| <b>PROFIT AVAILABLE FOR APPROPRIATION</b>     |      | <b>2,413.39</b>   | <b>63,120</b>   |
| <b>RETAINED PROFITS</b>                       |      | <b>2,413.39</b>   | <b>63,120</b>   |





## **NSW CAG Mental Health Inc.**

ABN 82 549 537 349

### **Notes to the financial statements**

#### **NOTE**

These financial statements are a special purpose financial report prepared in order to satisfy the accounts preparation requirements of the Corporations Law.

The statements have been prepared in accordance with the requirements of the Corporations Law and the following applicable Accounting Standards and other mandatory professional reporting requirements:

AASB 1002: Events occurring after balance date

AASB 1008: Accounting for leases

AASB 1018: Statement of financial performance AASB 1019: measurement and presentation of inventories in the context of the historical cost system

AASB 1021: Depreciation of non-current assets

AASB 1025: Application of the reporting entity concept and other amendments

AASB 1031: Materiality

AASB 1034: Information to be disclosed in financial reports.

No other applicable Accounting Standards or other mandatory professional reporting requirements have been applied.

The statements have been prepared on an accruals basis. They are based on historical 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 these statements:

#### **Income Tax**

No income tax has been brought to account in the financial statements, as the Association is an exempt institution under s50-45 of the Income Tax Assessment Act 1997.

#### **Property, Plant and Equipment**

Property, Plant and Equipment are included at cost, 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.





## NSW CAG Mental Health Inc.

ABN 82 549 537 349

### Notes to the financial statements

|                                       | 30 JUN 04  | 30 JUN 03 |
|---------------------------------------|------------|-----------|
|                                       | \$         | \$        |
| NOTE 2. PROPERTY, PLANT AND EQUIPMENT |            |           |
| Office equipment—at cost              | 62,841.60  | 62,841    |
| Less provision for depreciation       | 38,757.79  | 29,332    |
|                                       | 24,083.81  | 33,509    |
| Furniture and fittings—at cost        | 8,663.00   | 8,663     |
| Less provision for depreciation       | 2,598.90   | 1,299     |
|                                       | 6,064.10   | 7,364     |
|                                       | 30,147.91  | 40,873    |
| NOTE 3. CREDITORS AND BORROWINGS      | \$         | \$        |
| Trade creditors                       | 10,465.58  | 7,979     |
| GST creditor                          | 10,783.00  | —         |
| Subsidy received in advance           | 90,000.00  | —         |
|                                       | 111,248.58 | 7,979     |





|   | 30 JUN 04         | 30 JUN 03      |
|---|-------------------|----------------|
|   | \$                | \$             |
| <b>INCOME</b>                                 |                   |                |
| Donations                                     | –                 | 726            |
| Interest Received                             | 169.43            | 976            |
| NSW Health Department                         | 215,000.00        | 170,000        |
| <b>TOTAL INCOME</b>                           | <b>215,169.43</b> | <b>171,702</b> |
| <b>EXPENSES</b>                               |                   |                |
| Accountancy                                   | 1,800.00          | 954            |
| Advertising and promotion                     | 952.62            | 1,872          |
| Agency costs                                  | –                 | 523            |
| Bookkeeping                                   | 9,419.23          | 6,284          |
| Bank charges                                  | 1,102.46          | 394            |
| Computer software                             | 3,794.89          | 3,639          |
| Meetings and conferences                      | 10,248.45         | 15,619         |
| Development and research                      | 4,703.17          | 13,122         |
| Consultants fees                              | 10,415.36         | –              |
| Depreciation                                  | 10,725.60         | 10,725         |
| Courier and postage costs                     | 3,318.91          | 3,833          |
| Insurance                                     | 2,107.66          | 2,179          |
| Interest                                      | 287.24            | –              |
| Legal costs                                   | –                 | 1,115          |
| Member fees                                   | 25,845.34         | 20,024         |
| Printing, stationery and postage              | 27,211.64         | 31,345         |
| Staff training                                | 1,289.45          | 918            |
| Subscriptions and contributions               | 1,453.90          | 2,017          |
| Superannuation                                | 11,083.45         | 8,027          |
| Telephone and Internet fees                   | 1,154.76          | 1,482          |
| Travelling and subsistence expenses           | 25,813.33         | 29,909         |
| Wages   | 123,149.08        | 90,204         |
| <b>TOTAL EXPENSES</b>                         | <b>275,876.54</b> | <b>244,185</b> |
| <b>OPERATING LOSS</b>                         | <b>60,707.11</b>  | <b>72,483</b>  |
| <b>OPERATING LOSS AND EXTRAORDINARY ITEMS</b> | <b>60,707.11</b>  | <b>72,483</b>  |
| Retained profits at July 1                    | 63,120.50         | 135,603        |
| <b>PROFIT AVAILABLE FOR APPROPRIATION</b>     | <b>2,413.39</b>   | <b>63,120</b>  |
| <b>RETAINED PROFITS</b>                       | <b>2,413.39</b>   | <b>63,120</b>  |





# Strategic plan 2002–2005: a time for action

## 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 to 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

## 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 Carer state-wide body and funds NSW CAG as that state-wide body imposing goals under the funding agreement.





NSW CAG has moved to a three-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; and
- 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.

#### Strategic goal 1: a sound organisation

Build an organisation that is governed well and has good practices.

#### 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.

#### 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.

#### 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 other, 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.

### 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.

### 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.

### 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 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.





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