Dear Minister Rowell

I am pleased to submit the Annual Report of the Mental Health Commission of New South Wales for the year ended 30 June 2014.

The report details the progress and relevant statutory and financial information of this agency.

The report is for your submission to the Parliament of NSW and has been prepared in accordance with the *Annual Reports (Statutory Bodies) Act 1984*, the *Annual Reports (Statutory Bodies) Regulation 2010*, and the *Public Finance and Audit Act 1983*.

John Feneley
NSW Mental Health Commissioner
October 2014
We wish to pay respect to Aboriginal elders – past, present and emerging – and acknowledge the important role of Aboriginal people and culture within the NSW community.

The Commission advises Aboriginal and Torres Strait Islander readers that this report may contain images of people who have passed away.

The Commission acknowledges the lived experience of people recovering from mental distress, and of those who offer them support and hope. We are committed to guiding NSW towards full recognition of the rights of people whose lives are affected by mental illness and away from stigma and discrimination.

This has been a year of great intensity and focus as the Commission has worked with the community to develop and deliver to the Government a draft Strategic Plan for Mental Health in NSW.

It was a pleasure and a privilege to travel widely across NSW as the Commission sought to hear the perspectives of the diverse communities that make up this vast state. People shared their stories so generously. It is clear that there is considerable goodwill towards the Commission, and optimism about the reform journey we have embarked on together.

We had many conversations and they highlighted some consistent themes. From the inner city to the remote far west of NSW, people told us it was too easy to fall through the cracks. They described mental illness not just as a health problem, but – if they were not able to find prompt and sufficient support – as a threat to their family life and their role in their community as they risked losing jobs, homes or social connections. They told us help often came too late, responding to crisis instead of averting it. And they said there remained many barriers to support, including culture, language, stigma and discrimination.

The draft Strategic Plan, which I presented to the Hon. Jillian Skinner MP, Minister for Health and Minister for Medical Research and the Hon. Jai Rowell MP, Minister for Mental Health and Assistant Minister for Health on 5 May 2014, is the first mental health plan in NSW to address these complex, interconnected issues from a completely holistic perspective – across the whole of government, whole of community and whole of life.

We look forward to the Government’s response to the Plan and to working with government and community agencies around the Government’s implementation plan.

The Plan has been the centrepiece of the Commission’s work in 2013-14, but by no means the whole of it. Many other programs and projects are outlined in detail in this report – many of them undertaken in partnership with organisations including the NSW Consumer Advisory Group - Mental Health, Mental Health Carers ARAFMI NSW, Mental Health Association NSW, beyondblue and other partner organisations as mentioned in this report.

Over the course of the year the Deputy Commissioner and Community Advisory Council roles have developed following their appointments in March 2013.

The Deputy Commissioners play an invaluable role as ambassadors for the Commission with many speaking engagements across the state, as well as providing advice on programs of work and the development of the draft Strategic Plan in particular.

The Council similarly made a critically important contribution to the Commission’s work and to the development of the Strategic Plan. I thank the Deputy Commissioners and Council members for their efforts over the past twelve months. I also wish to acknowledge and thank Commission staff for their hard work and dedication.

The Commission will continue to be guided by people who have a lived experience of mental illness and their families and carers. We thank everyone who has worked with us or walked alongside us this year, and we look forward to continuing our shared journey towards better mental health and wellbeing for everyone.

John Feneley
NSW Mental Health Commissioner
The Commission has a particular responsibility to consult with and represent the views of people with lived experience of mental illness, and their families and carers.

Our role

The Commission was established in 2012 for the purpose of monitoring, reviewing and improving the mental health system and the mental health and wellbeing of the people of NSW.

It does not purchase or deliver any mental health services, but works instead by advising government and influencing the community-managed and private sectors and the wider community to promote good policies and practices that make a positive difference in people’s lives.

The Commission has a particular responsibility to consult with and represent the views of people with lived experience of mental illness, and their families and carers. In all its work it embeds the principle of recovery – the idea that people who live with mental illness are not defined by it, and are able to choose the services or other supports they need to live well in their own communities and on their own terms.

In addition, under its establishment legislation, the Mental Health Commission Act 2012, the Commission must particularly consider the views and needs of Aboriginal communities, of people who live in rural and regional NSW, and of culturally and linguistically diverse communities.

The Commission regards its consultation with the community not as an isolated activity but as a continuing conversation that allows it to bring people’s ideas and experiences into the heart of its advice to government.

Under its Act, the Commission was required to develop a draft Strategic Plan for Mental Health in NSW, which it did in 2013-14, and delivered to government in May 2014. The Commission is then required to monitor and review implementation of the Plan once approved. This is expected to be a prominent activity in 2014-15 and beyond.

The Commission takes a whole-of-government, whole-of-community and whole-of-life perspective in the Strategic Plan and all its work, recognising that mental health care is only one element in a range of needs and concerns for people who experience mental illness. Education, employment, housing and social services, for example, also have profound effects in people’s lives, while contact with the criminal justice system or drug and alcohol problems can complicate recovery.

The Commission respects and honours the experience of people who live with mental illness, and acknowledges they have not always been served well by a system that has traditionally focused on hospital and health care. It believes that the diversity of people’s needs can almost always be best met in their own homes and communities, through networks of interconnected professional, family and informal supports.

This requires strong communities, empowered to develop local solutions for particular needs. In its work the Commission aims to influence the growth of programs and policies that foster resilience and wellbeing for everyone, alongside particular supports for those who are more vulnerable – in order to prevent mental illness or to intervene as early as possible in its course.

This work is supported by another of the Commission’s legislated responsibilities – to develop research and knowledge exchange capabilities and to educate the community about mental health and wellbeing, which it does both in its own right and through partnerships.

The Commission is dedicated to a vision of better mental health and wellbeing, for people whose lives are affected by mental illness and for the whole NSW community.
Highlights

2013

July The Commission hosted Larry Davidson, Professor of Psychiatry and Director of the Yale Program for Recovery and Community Health at the Yale School of Medicine, to give a public lecture at the University of Sydney on mental health and recovery.

August Development of the draft Strategic Plan for Mental Health in NSW went into high gear with a workshop at the University of Technology, Sydney. Consumers and carers worked alongside service providers and clinicians to discuss experiences and ideas for change.

September Communities across NSW welcomed Commission staff in a series of forums in rural and regional towns and yarns with Aboriginal people.

October The Communities Matter toolkit, developed with Suicide Prevention Australia, was launched to facilitate community discussion and support local approaches to preventing suicide.

November The Commission co-hosted the 20th anniversary celebration of the Transcultural Mental Health Centre which supports the mental health needs of the diverse population of NSW.

December The Commission facilitated meetings with mental health consumers as part of a community mobilisation campaign which fed into the development of the draft Strategic Plan for Mental Health in NSW.
January The Commission, in association with the University of Wollongong’s Australian Institute of Business Wellbeing, hosted Tony Coggins, of Maudsley NHS Foundation in the UK. Tony spoke about an evidence-based toolkit that helps organisations identify, demonstrate and improve mental wellbeing.

February The Commission co-hosted a Building the community sector forum with the Mental Health Coordinating Council to discuss the contribution of non-government agencies to the development of strong and flexible mental health services.

March Deputy Commissioners Robyn Shields and Bradley Foxewin joined the Hon. Kevin Humphries MP, Minister for Mental Health and more than 250 Mental Health Workers from across the state at the Aboriginal Mental Health Worker’s Forum, held in Coffs Harbour.

April The Commission partnered with the Office of Communities and the NSW Youth Advisory Council to host the Minding Our Mental Health forum at the start of Youth Week. The forum included a discussion for young people, supported by the website makeamatesday.com.au, to help young people recognise mental health concerns and navigate the services available to them.

May The draft Strategic Plan for Mental Health in NSW was delivered to the Hon. Jillian Skinner MP, Minister for Health and Minister for Medical Research and the Hon. Jai Rowell MP, Minister for Mental Health and Assistant Minister for Health.

June The exceptional work of Deputy Commissioner Professor Alan Rosen in the development of community-based mental health support was recognised in his appointment as Officer in the Order of Australia (AO).
Our work

Draft Strategic Plan for Mental Health in NSW

A central task for the Commission under its founding legislation was to develop, in consultation with the community, a draft Strategic Plan for Mental Health in NSW that would present a framework through which government and non-government agencies could make positive changes.

The Commission submitted the draft Strategic Plan for Mental Health in NSW in May 2014 to the Hon. Jillian Skinner MP, Minister for Health and Minister for Medical Research and the Hon. Jai Rowell MP, Minister for Mental Health and Assistant Minister for Health, for their review and review by other government agencies whose services or operations would be affected by the actions recommended in the Plan.

The Plan has been written to reflect the needs, wishes and priorities of people who live with mental illness, and their families and carers, while also promoting good mental health and wellbeing across the whole community. It presents a vision for mental health reform over a 10-year period and establishes actions to guide the first phase of that reform.

The submission of the Plan was the culmination of an expansive and inclusive policy development project that commenced in late 2012 and progressed throughout 2013-14.

More than 2,100 people participated in the Commission’s stakeholder consultation forums and community meetings all over NSW (see map on this page), and among those more than 800 were consumers or carers. Many more people offered their expertise through an innovative series of online discussions where they were able to sign up to see and comment upon reform ideas early in their development.

The Commission was assisted in the development of the draft Plan by Synergia Pty Ltd and acknowledges in particular the work of Philip Gandar and Sebastian Rosenberg. The Commission was also informed by the expertise of individuals and organisations that carried out specialised research projects or made submissions.

The Commission is confident therefore that the Plan – and a related Report, which makes the case for mental health reform from the perspective of consumers, carers and front-line service providers – carries the authority of the community as a whole and in particular of people who live with mental illness.

Following the Plan’s submission, the Commission has remained engaged with Ministers and with government departments and agencies to advocate for the Plan and where appropriate to support agencies to develop practical policy responses that will produce person-centred, recovery-oriented reforms to mental health and social support services.

The reforms recommended by the Commission are derived from our core principles and values articulated in the foundation document Living well in our community.

Broadly, therefore, the Plan puts people and community first. It focuses on choice and autonomy for consumers, the importance of family and friends, the need to shift away from crisis care and towards prevention and early intervention close to people’s homes, and the need for local accountability and local solutions to local problems.

It emphasises the need for a holistic response across government that acknowledges the housing, education and social services requirements of people who live with mental illness, as well as their health service use. And it recognises that people’s lives are complicated – with different mental health needs at different stages.

How we consulted

The Commission wanted to provide opportunities for as many voices as possible to be heard in the development of the draft Strategic Plan. People contributed through face-to-face and online consultations as well more traditional expert papers and submissions. Their expertise included policy development, service management, clinical and front-line work, and lived experience of mental health problems as consumers, family members or carers.

Much of the consultation was structured around the concept of Journeys – experiences of mental health concerns typical at different stages of life, for example older people or young people transitioning to adulthood. The Journeys were a means of focusing and synthesising many different lived experience and professional perspectives, allowing working group participants to work on a series of vignettes that characterised current responses to mental illness and how they could improve. The Journeys promoted thinking about people – not...
about services, systems or funding – and the model supported broad and inclusive participation in the draft Strategic Plan development project.

The Commission also visited rural communities, to test with them how the Journeys resonated in regions with high rates of mental illness and social disadvantage.

In addition the Commission held meetings and workshops with:

- Aboriginal communities
- Culturally and linguistically diverse communities
- Lesbian, gay, bisexual, transgender and intersex people
- Consumer and professional groups around drugs and alcohol and the justice system.

Together, these consultations highlighted some common themes that apply across many aspects of the system of mental health supports and services, and across the whole of the community and at all stages of life.

Other activities

Suicide prevention

The Commission and the Ministry of Health collaborated with the Hunter Institute of Mental Health to develop Conversations Matter. It is an online, practical guide to help individuals and communities have safe, supportive and productive conversations about suicide. The materials were launched in November 2013. Scoping and consultations for a new suite of materials tailored to Aboriginal communities and young people are underway.

Communities Matter is a suicide prevention toolkit for small towns, developed in partnership with Suicide Prevention Australia. The online toolkit aims to support local communities, particularly small towns, to progress conversations and interest in suicide prevention activities that reflect local priorities and needs. During 2013-14, the toolkit was piloted in Hay and Walgett.

An independent evaluation was completed in August 2014. The findings of the evaluation will be used to further improve Communities Matter.

See page 13 for details of research undertaken in this area.

See Me Hear Me exhibitions

The Commission in partnership with the Benevolent Society hosted two exhibitions of artworks in November 2013 and March 2014 as part of the See Me, Hear Me series.

The exhibition series features works made by people who live with mental illness, almost all of them self-taught.

Participants for the exhibitions are sought by advertisements in local newspapers. People who live with mental illness are invited to participate and no referral or diagnosis is required. Artists are often encouraged by their family members, friends or service providers to participate in an exhibition.

Participation provides the artists with an opportunity to exhibit and sell their work and for visitors to gain an insight into what it is like to live with mental illness.

The exhibition series aims to encourage reflection, challenge stereotypes, create discussion and break down the stigma surrounding mental illness. It also celebrates the joy and satisfaction of making art.

The Commission recognises the role and importance of art in recovery and how it can support people living with mental illness and has been fortunate to have the opportunity to display these inspirational pieces in the Commission office.

Wellbeing Collaborative

In January 2014, the Commission hosted a visit by Tony Coggins, Head of Mental Health Promotion, South London and Maudsley NHS Foundation Trust and Population Mental Health Lead, Maudsley International.

Mr Coggins is a specialist in mental health promotion including through the use of Mental Wellbeing Impact Assessments. He facilitated a number of workshops with representatives from across government and the community.

The visit has provided impetus for related projects including the formation of a working group to progress the establishment of a Wellbeing Collaborative.

The group includes representation from the departments of Education and Communities and Family and Community Services, the University of Wollongong and the University of Newcastle.

Young people

Youth Week 2014 Forum

In partnership with the Office of Communities and the NSW Young People’s Advisory Committee, the Commission co-hosted the Minding Our Mental Health 2014 Youth Week Forum. 106 young people aged 15 to 25, from diverse backgrounds across NSW, attended the forum held at Parliament House on 1 April 2014.

Young people participated in workshops, panel discussions and an innovative theatre performance – all with the aim of building their skills and confidence to support the mental health and wellbeing of their friends and family.

The participants demonstrated a sophisticated understanding of the issues faced by young people and a clear commitment to overcoming stigma and discrimination. The forum concluded with young people making a commitment to increase the knowledge and understanding of mental health and wellbeing in their communities.

A dedicated website – makeamatesday.com.au – was developed by the Commission and the NSW Youth Advisory Council, as a simple way for young people to identify ways to connect with their friends who may be struggling with mental health issues.
The website also provides links to online resources that help with starting difficult conversations.

Supporting Your Friends Research Project - in partnership with the NSW Commission for Children and Young People

The Commission continued a partnership with the NSW Commission for Children and Young People (CCYP) to research the impact of schools on whether and how young people involve adults when their friends have a mental health problem.

The findings will improve understanding of the effects of the school environment, teacher-student relationships, parent-school relationships, and mental health education on students referring mental health issues to adults – with implications for school-based mental health promotion programs.

The research was undertaken by CCYP with financial support from the Commission, which also contributed to the development of the research methodology.

The study used a combination of online survey tools for students and principals, as well as student focus groups. 3,241 students in Years 9 and 10 contributed, from 121 schools across the public, Catholic and independent school sectors.

The research findings are expected to be reported in late 2014.

Aboriginal communities

Listening to the community

Engagement with Aboriginal communities is central to the work of the Commission. During 2013-14 there has been meaningful and respectful engagement with Aboriginal communities across NSW in line with our legislative requirements to take into account the particular views and needs of different of Aboriginal communities.

The Commission has worked hard to build relationships with Aboriginal people and communities. In September and October 2013, the Commission held several community meetings to hear what some of the Aboriginal people of NSW had to say about mental illness, and social and emotional wellbeing within their communities.

The meetings were facilitated by Aden Ridgeway, a Gumbaynggirr man, former NSW Senator and now spokesman for Recognise, the movement to recognise Aboriginal and Torres Strait Islander people in the Australian Constitution.

In October 2013 the Commission published Yarning with the Aboriginal people of NSW on the Commission website which provide a summary of our conversations with Aboriginal communities about mental health, social and emotional wellbeing.

Guided by expert advice

The Commission continued to seek advice from key Aboriginal leaders in mental health and Aboriginal organisations. Dr Robyn Shields AM, NSW Deputy Mental Health Commissioner and Tom Brideson, a member of the Commission’s Community Advisory Council, provide guidance and advice to the Commission to build the capacity of Commission staff to work with Aboriginal people, specific programs, projects, individuals and organisations working to improve the mental health, social and emotional wellbeing of Aboriginal communities in NSW.

In providing advice, Dr Shields and Mr Brideson draw from their professional expertise in the mental health sector and as proud Aboriginal people. Mr Brideson is employed as the NSW State-wide Coordinator for the NSW Aboriginal Mental Health Workforce Program. Dr Shields is a psychiatry registrar.

National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSILMH)

Dr Shields and Mr Brideson are also members of National Aboriginal and Torres Strait Islander Leadership in Mental Health.

NATSILMH was established and first met on 14 November 2013 at a two-day Aboriginal and Torres Strait Islander Leaders in Mental Health Forum supported by the Commission and attended by Aboriginal and Torres Strait Islander people from across Australia.

The group was formally launched by the NSW Mental Health Commissioner on 24 June 2014 in Perth, WA.

NATSILMH’s priority is to help restore, maintain and promote the social and emotional wellbeing and mental health of Aboriginal and Torres Strait Islander peoples by advocating and providing advice and leadership in these areas.

It also aims to reduce the high rates of suicide among Aboriginal and Torres Strait Islander peoples.

NATSILMH is financially supported by the NSW, Queensland, WA and National mental health commissions.

NATSILMH offers formal leadership from Aboriginal and Torres Strait Islander people to set the strategic directions for mental health and suicide prevention.

The Commission facilitated the development of and provided funding for the NATSILMH website and is providing ongoing support the website. Available on the website are the NATSILMH Terms of Reference, Work Plan, communiqués and activity reports.

Visit the NATSILMH website for more information about the group and its members: http://natsilmh.org.au/

The Aboriginal Health and Medical Research Council of NSW (AH&MRC)

The AH&MRC has offered welcome support to the Commission’s efforts and provided the Commission with opportunities to consult its members to inform the Commission’s engagement with Aboriginal communities. For example, in 2013-14 the Commission participated in the Aboriginal Mental Health and Wellbeing Workforce Conferences, the AH&MRC Annual General Meeting, and the Wellington and Inverell Social and Emotional Wellbeing Workforce Support Unit regional forums. These events have provided an invaluable mechanism for the Commission to engage with the Aboriginal mental health workforce.
The Commission and the AH&MRC are now working together to put in place a Memorandum of Understanding between the two organisations as a platform for our future work together. In June 2014, NSW Deputy Mental Health Commissioner Dr Shields was master of ceremonies for the proceedings with Her Excellency Marie Bashir AC CVO, Governor of NSW, at the AH&MRC Aboriginal Health College graduation event.

In 2013-14, the Commission began planning for further engagement with NSW Aboriginal communities to support its vision for reform – including exploring ways to measure the quality of relationships between Aboriginal community controlled health organisations and mainstream service providers. This work is expected to be progressed in 2014-15 following the release of the Strategic Plan for Mental Health in NSW.

Police training videos
This year the Commission welcomed the extension of the NSW Police four-day Mental Health Intervention training with the introduction of an additional one-day course to be delivered to all 16,000 front-line officers.

In addition to funding the evaluation of this program, the Commission partnered with the Schizophrenia Fellowship to develop video materials to be used within the one-day course.

In recognition of the powerful impact of the consumer and carer panel that is included within the four-day course, these videos captured personal stories of people living with mental illness, their journey to recovery, and their experiences in dealing with police.

Community Sector Reference Group
A core reform priority for the Commission is to reorient the focus of mental health services from hospital-based care to strong community-based options.

Understanding the experience, capacity, opportunities and challenges for community organisations working with people who experience mental illness is necessary for the Commission to drive mental health reform and promote the mental health and wellbeing of people in NSW.

The role of the Community Sector Reference Group is to ensure the Commission remains in touch with the views of community sector on mental health reform and to provide the Commission with advice about the development of enhanced community responses to support people with mental illness.

The first meeting of the Community Sector Reference Group was held in September 2013.

Details of members and the Terms of Reference can be viewed on the Commission website.

Building the Community Sector Forum
The Commission and Mental Health Coordinating Council hosted a one-day forum on 17 February 2014 to closely explore organisational models that optimise business advantages while maintaining values-driven and responsive community services. Paul Ingle, Chief Executive of Strategic Development for the New Zealand Wise Group was invited to present and provided insights into the challenges and benefits of this organisation model.

Participants discussed approaches to community organisation operations in relation to the NSW Health Grants Management Improvement Program and Commonwealth initiatives such as Partners in Recovery and the National Disability Insurance Scheme. The Forum also included a session on the development of the draft Strategic Plan for Mental Health in NSW.

In preparation for the Forum, the Commission funded Platform Trust to develop a paper to share the New Zealand experiences and lessons learnt. The paper was circulated across the Community Managed Mental Health sector in NSW.

National Disability Insurance Scheme (NDIS)
The Commission worked within the NSW NDIS Hunter trial site in partnership with the Mental Health Coordinating Council to explore how the scheme will apply for people with mental health issues or psychosocial disability.

This activity included the establishment of a Community of Practice Forum of people working at or around the launch site. By the end of June 2014 the forum had 224 participants – drawn mainly from the community sector and Hunter New England Local Health District. The National Disability Insurance Agency and Mental Health Council of Australia also attend meetings, which are typically attended by about 70 people.

By the end of the three year trial in June 2016, it is estimated about 1,300 people with a high level of psychosocial disability related to mental illness may have access to individual support packages. At full roll-out in 2018, the NDIS may be assisting 19,000 people with psychosocial disability.

The Commission’s participation in the NDIS launch site allows it to understand and influence how individual package eligibility criteria will apply to people who live with mental illness, and to learn first-hand about how care planning and review under NDIS is experienced by consumers, carers and service providers.

The Commission is pleased to continue its partnership with the Mental Health Coordinating Council in 2014-15, in order to continue to pursue the many opportunities presented by the NDIS to improve the lives of people affected by mental illness.

Trauma Informed Care Forum
The Commission partnered with the Mental Health Coordinating Council and Adults Surviving Child Abuse to host a forum on trauma informed care and practice on 18 November 2013. Invitees included key health and human services agencies, including the Department of Family and Community Services, Ministry of Health, Department of Education and Communities, NSW Police, Department of Justice and Attorney-General’s and community managed organisations. Consumer workers also attended the forum.

The Forum explored how recognition of the experience of trauma can be incorporated into practice across the whole of government and its relevance to a draft Strategic Plan for Mental Health in NSW.
The Forum included a presentation from Dr Cathy Kezelman putting trauma into context with reference to her personal experience and speaking about the Adults Surviving Child Abuse Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery. NSW Deputy Mental Health Commissioner Bradley Foxlew also gave a presentation on his experiences and looking at services in the context of trauma informed care.

Participants also worked in small groups to discuss case studies and the relevance of trauma informed care for their work.

**Recovery into Practice Forum**

The Commission held a Recovery into Practice Forum on 27 November 2013. Participants included clinical and service leaders from government and community-managed organisations working in mental health support and from other sectors including community services, justice and law enforcement.

The forum explored how recovery principles can be incorporated into the practice of mental health care and support.

John Jenkins, President of the International Mental Health Collaborating Network, spoke about the history of mental health practices and reform and the move around the world towards the notion of ‘recovery’ and a ‘whole-of-life’ approach.

For people who experience mental illness, recovery is about finding and maintaining hope, re-establishing a positive identity, building a meaningful life and taking responsibility and control. Examples of international best recovery practice were discussed, as well as pathways toward change.

**Mental Health Review Tribunal Recovery Forum**

The Commission supported a one-day forum for the Mental Health Review Tribunal on Recovery principles in action.

Planned in partnership with the Tribunal, the forum was held 12 October 2013 and attended by Tribunal members. The Minister for Mental Health also attended the forum and gave a brief address about the importance in embedding recovery oriented practice within the NSW mental health system.

In seeing patients in every mental health facility across NSW, the Tribunal plays an important role in reinforcing the standard of care expected to be delivered. The Tribunal is therefore one mechanism through which recovery-oriented service delivery can be promoted, tracked and reinforced.

The objective of the forum was to ensure Tribunal members are resource to understand, apply and reinforce recovery principles in their everyday work, including being able to foster a sense of hope and recovery in Tribunal hearings and ensure the consumers they see feel valued and heard.

**Pharmacotherapy Advisory Group**

The Commission established a Pharmacotherapy in Mental Health Advisory Group to provide advice and develop a greater understanding of risks and opportunities in the use of medication to treat mental illness.

The group comprises a consumer, a carer, a GP and other experts in the field, including the NSW Chief Psychiatrist and the NSW Chief Pharmacist.

The inaugural meeting was held in February 2014, and the group continues to advise the Commission on key issues in this complex area.

In particular the group has been working with the Commission to develop an issues paper, which will be used as a starting point to seek community feedback and build the Commission’s knowledge of the impact of medication on consumers’ lives.

The findings from this project, which is expected to be completed during 2014-15, will inform the Commission’s continuing work on mental health policy and practice change, and its advice to the government on this critical issue.

Details of members and the Terms of Reference can be viewed on the Commission website.

**Monitoring and review**

In parallel with the development of the draft Strategic Plan for Mental Health in NSW, the Commission began during 2013-14 to develop the framework through which it will monitor and report how the system is progressing towards reform following the Plan’s release.

The Commission champions consumer choice and citizenship, and to this end, the monitoring framework will be designed to evaluate the success of services in meeting the needs of consumers, their families and carers.

The framework will include a program of structured engagement with government agencies, to explore the sector’s experiences of implementing reform and to identify and address barriers to creating a recovery-oriented system of mental health support.

**Institute of Psychiatry Review**

The Institute of Psychiatry (IoP) was established by statute in 1964 to deliver professional training and development for psychiatrists and other mental health professionals. The passage of time has seen significant changes to its activities and the mental health landscape within which it works. The Commission was consequently asked by the Minister for Mental Health to conduct a functional review of the IoP.

The report from this review was provided to the Minister for Mental Health in August 2013. The review concluded that there was a need to maintain high quality training and professional development for the mental health workforce and recommended that the IoP be aligned with the mainstream health education sector to maximise opportunities for shared education and training and integrated governance and planning.

These recommendations were accepted and a staged transition process commenced in January 2014 with the administrative integration of IoP within the Health Education and Training Institute. The transition is expected to
be implemented over the next three years and is being oversighted by a transition committee, chaired by the Commissioner, which met for the first time in April 2014.

Review of the Mental Health Act

The Review of the Mental Health Act 2007 commenced in late 2012 and the Commission has worked closely with the NSW Ministry of Health, which has led this process. This includes the participation of the Commissioner as a member of the Expert Reference Group throughout the review.

During 2013-14 Phase Two of the review commenced. During this phase the Commission had detailed meetings with the Ministry to discuss issues arising in the review and also attended larger meetings organised by the Ministry to consult with stakeholders.

The Commission will continue to work with the Ministry on the review as the recommended amendments are drafted.

Research

On its establishment the Commission was asked by the Minister for Mental Health to develop a Research Framework for Mental Health in New South Wales. With the assistance of its Research Advisory Group, the Commission has developed a proposed framework which is included in the draft Strategic Plan provided to the Government.

Details of Research Advisory Group members and the Terms of Reference can be viewed on the Commission website.

Additionally, in accordance with its statutory function to undertake and commission research, the Commission has partnered in or commissioned several foundational research projects to help guide future reforms. These include:

- Contracting the University of Wollongong to undertake a review of the four-day police mental health training course and an evaluation of the initial rollout of the one-day police mental health training course.
- Partnering with the University of New South Wales and government agencies on a National Health and Medical Research Council funded project: Improving the Mental Health Outcomes of People with Intellectual Disability.
- Partnering with the NSW Commission for Children and Young People on the Supporting Your Friends Research Project. This research project aimed to tell us what more can be done to support young people seek adult help for their friends experiencing mental health problems. See page 10 for more details on this research.
- The Commission, the Black Dog Institute and the Commonwealth Scientific and Industrial Research Organisation have partnered to investigate how mental illness and suicide are discussed on social media, the spread of stigma through these technologies and the potential of social media to influence attitudes and behaviour.
- The Commission has identified through discussions with consumer researchers in NSW that there is a need for the creation of an independent network of consumer researchers to support an environment for the discussion of current consumer led research activities. Work towards establishing a Consumer-Led Research Network has commenced, with the first meeting of the Network to occur in 2014-15. It is hoped that the Network will provide a mechanism to bring together peers to develop collaborative partnerships between its members.

Community-managed organisations

The Commission works closely with four key mental health organisations, which it also funds. For details of these grants refer to Appendix 12 on page 32 of this Report.

These collaborations assist the Commission to fulfil several of its core functions under the Mental Health Commission Act 2012 – to engage and consult with people who have a mental illness and their families and carers, to advocate for the prevention of mental illness and promote good mental health, and to educate the community about mental health issues.

NSW Consumer Advisory Group – Mental Health (NSW CAG)

In 2013-14, NSW CAG received a grant from the Commission totalling $539,765.

NSW CAG, the peak body for people who use mental health services (mental health consumers), works to achieve and support systemic change. Its vision is for all people with a lived experience of mental illness to be able to participate meaningfully in society and to experience fair access to quality and recovery-focused services which reflect their needs. As the Commission is guided by the lived experience of consumers, NSW CAG is a key partner on which the Commission relies for expertise and advice.

Mobilising local communities

The Commission partnered with NSW CAG to develop a resource to support local groups and organisations to hold conversations about the draft Strategic Plan for Mental Health in NSW.

The project included the development of a facilitator’s guide and templates for feedback, payment for consumer facilitators, support for facilitators through NSW CAG and the development of a survey for people who were unable to attend face-to-face consultations.

Fourteen consultations were held across the state with 197 consumers participating either in face-to-face consultations or through survey responses.
The resources are a useful set of tools that can empower organisations and community groups in the future and enable consumers to be involved in advocacy and policy development.

The Commission paid NSW CAG an additional $51,779.24 (incl GST) for managing the Mobilising local communities project.

**Mental Health Carers ARAFMI (ARAFMI)**

In 2013-14, ARAFMI received a grant from the Commission totalling $346,040.

ARAFMI, the peak body for mental health carers, regularly consults with carers across NSW to gain insights into their experiences with the mental health system and their views about it. ARAFMI uses this information to provide feedback on policies and services to the Commission and government.

By influencing changes in policy, legislation and service provision, ARAFMI aims to make a positive difference to the mental health system for carers.

The Commission relies on ARAFMI as a key partner providing expertise and advice on the experiences, concerns and priorities of carers of people who live with mental illness.

In 2013-14, the Commission paid ARAFMI and additional $41,800.00 (incl GST) for services that included:

- Conducting and reporting on carer consultations throughout NSW to ensure the development of the draft Strategic Plan for Mental Health in NSW was informed by carer experiences.
- ARAFMI conducted 14 face-to-face consultations involving 384 carers in NSW to provide an extensive report ‘Broke Systems, Breaking People 2013’ with recommendations to the Commission.
- Hosting and reporting on a Carer Support Worker Forum.
- The Commission participated in the inaugural Carer Support Worker Forum hosted by ARAFMI on 12 September 2013 along with 80 participants including carer support workers, carers, consumers and clinicians in Parramatta.
- Making quality improvements to the ARAFMI Helpline.
- The Helpline service has been expanded to allow workers to capture carers’ stories — in order to obtain further insight into the lived experience of carers, which will inform ARAFMI’s work. New and expanded data collection formats will enhance the information available.

**Mental Health Association NSW (MHA)**

In 2013-14, MHA received a grant from the Commission totalling $446,388.

MHA is the oldest mental health advocacy organisation in Australia. MHA seeks to influence decision-makers to create positive changes for consumers, carers and the community.

It works in partnership with others to address the stigma around mental illness and to promote mental health and wellbeing through public education, support and advocacy.

MHA provides information and support to mental health consumers, their families and carers, and to the general public, and runs the Mental Health Information Line and the Anxiety Disorders Information Line.

The Commission relies on MHA as a key partner in advocating for good mental health and wellbeing across the community.

In October 2013, the Commission partnered with MHA to present the inaugural Commissioner’s Community Champion Award at the Mental Health Matters Awards.

The Commissioner presented Gabrielle Le Bon with the award for her role in the Lived Experience Project on the NSW North Coast. The project was a multi-agency initiative funded by the Commonwealth Department of Education, Employment and Workplace Relations. It supported 25 people with a lived experience of mental illness and recovery to complete a Certificate IV in Community Services Work and to engage in mentoring relationships. The program found ongoing employment for more than 75 per cent of participants.

**beyondblue**

In 2013-14, beyondblue received a grant from the Commission totalling $1,200,000.

*beyondblue* is a national non-government organisation working to reduce the impact of depression and anxiety in the community by raising awareness and understanding, empowering people to seek help, and supporting recovery. It publishes position statements and information papers on key issues associated with depression and anxiety.

*beyondblue* is a valued partner of the Commission. In 2013-14, *beyondblue* activities that benefitted the people of NSW included:

- KidsMatter Primary and KidsMatter Early Childhood programs, which provide professional learning and information to staff and parents to strengthen their capacity to support healthy child development and to respond effectively to children experiencing difficulties with their emotions or behaviour. In NSW, 440 schools participated in KidsMatter Primary and 25 early childhood education and care services in KidsMatter Early Childhood.
- MindMatters is the national mental health initiative for secondary schools. It provides a framework, classroom activities, tools, free professional learning and free online surveys to Australian schools with secondary enrolments to support their whole school approach to mental health and wellbeing. *beyondblue* has been working with the Commonwealth Department of Health to redevelop MindMatters and to roll it out nationally to 1,500 schools. As at June 2014, there were 252 NSW schools participating in the redeveloped MindMatters.
- In 2013-14, 12,516 NSW participants from 150 organisations took part in *beyondblue*’s National Workplace face-to-face workshops. The workshops are designed to increase the knowledge and skills of staff and managers to improve mental health within the workplace as well as supporting people.
experiencing a mental health problem.

- NewAccess is an early intervention program for people with mild to moderate anxiety and/or depression. It offers free, confidential cognitive behavioural therapy intended to complement existing mental health services. As at 30 June 2014 there were 168 referrals to the program. Since the program began, there have been 3,545 unique NSW visitors to the NewAccess pages on the beyondblue website. The North Coast NSW pilot is anticipating that 2,210 people will participate in the program over the two-year cycle. Evaluation of the pilot in NSW and ACT so far indicates that 58 per cent of all participants achieve clinically significant improvement in their mental wellbeing. Local area partnerships with services other than mental health services (eg. employment) and local business have proven highly effective in encouraging self-referral and in circumnavigating stigma issues.

- The beyondblue Support Service provides people with immediate, short term, solutions-focused support and referral via a 24/7 telephone service (1300 22 4636), a web chat service from 3pm-12pm each day (via www.beyondblue.org.au/getsupport), an email response service and access to high quality information about depression, anxiety and suicide. In 2013-14, 17,250 people from NSW sought assistance from the beyondblue Support Service – including 1,250 by email, 12,000 by telephone and 4,000 by web chat.

Stakeholder engagement

The Commission is empowered by its relationships with consumers, carers, government, the mental health sector and other service agencies and the whole community.

In order to authentically represent and respond to the experiences, concerns and ideas of people with mental illness and their carers and families, the Commission must ensure it can engage in continuing conversations with groups and individuals. During 2013-14, the Commission prioritised the development of relationships by travelling widely across NSW to meet Aboriginal communities and regional and rural communities in their home towns and on their own terms. Meetings were held in Broken Hill, Dubbo, Kempsey, Mt Druitt, Nowra, Redfern, Tamworth and many other places. Many of these meetings were designed to allow people to contribute their input to the draft Strategic Plan for Mental Health in NSW through forums and workshops that encouraged them to describe current responses to mental health problems and put forward alternatives.

The Commission also made its work accessible to more people by expanding its electronic communication channels, including a redesigned website, a Twitter account and a bi-monthly enewsletter. In January 2014 the Commission took delivery of a customer relationship management (CRM) software installation, which over time will become a core business system. The CRM is a database that captures contact details and relationships with people and organisations and is a powerful tool for communicating with stakeholders. The Commission can sort the CRM database according to geography or professional and personal interests, which can then support the communication of policy information, invitations and newsletters to particular audiences.

The development of a CRM, which is unusual in the public sector, represents an innovative approach to ensuring relevant, timely engagement with stakeholders. This investment highlights the Commission’s view that relationship-building across the whole community is of critical importance to effective policy development and implementation. The CRM complies with privacy requirements.

Public profile

The Commission is a community-facing organisation with a strong public presence in discussion and debate around mental health in NSW. During 2013-14 it reinforced its organisational identity and continued to develop public recognition for its unique role in driving change.

Branding

The corporate identity of the Commission supports its extensive and widespread consultative role.

Logo and branding design was applied to a range of collateral such as stationery and signage during 2013-14. The Communications and Stakeholder Relations team developed a style guide for use by staff and partner organisations. A new stacked version of the logo was designed for use in instances where more than one logo is present or where space is at a premium.

Commission website

In February 2013, the Commission launched its redesigned website, which allows for a greater volume of information for stakeholders around the draft Strategic Plan for Mental Health in NSW and the escalation in the Commission’s work program more generally.

The redesigned website is built on the aGov platform which has been independently audited for Web Content Accessibility Guidelines 2.0 AA compliance by Vision Australia. This means the website supports intuitive navigation and ensures content is available to the widest possible audience, including readers using assistive technology or accessibility features.

By 30 June 2014, the Commission’s website had attracted 22,873 visits, with a total of 72,522 page views.
The most popular web pages were:

- Homepage – 17,755 page views
- Strategic Plan – 3,858 page views
- Contact us – 2,723 page views

Days with most visits:

- **210 visits** made on June 2 – after the Commission newsletter was emailed with an update on the draft Strategic Plan.
- **203 visits** made on March 3 – after a promotion to young people seeking their applications to attend the Youth Week Forum.

**Twitter profile @MHCNSW**

The Commission established a Twitter profile in June 2013 as part of its commitment to engaging with the community and industry through social media. The profile allows the Commission to enhance transparency and participation, in line with the recently released NSW Government Social Media Policy and Guidelines.

The Twitter profile features Commissioner and Deputy Commissioner visits and other activities as well as promoting the activities of other organisations that are likely to be of interest to Commission followers.

The Twitter profile gives the Commission the opportunity to:

- share information efficiently with people and organisations that, by following the Commission, have already indicated they are interested in what the Commission has to say
- be part of an informal knowledge sharing enterprise with organisations overseas as well as in Australia and NSW
- show that the Commission is serious about engaging with the widest possible range of stakeholders
- develop a network of stakeholders, for greater reach in future consultations
- monitor who is mentioning us and following the Commission.

As at June 2014, the Commission’s Twitter profile had 680 followers and had tweeted more than 500 times.

**Business planning**

The Commission engaged Nous Group in October 2013 to assist with strategic and business planning for 2014-15 and the continuing development of the organisation’s processes and governance.

This work engaged all Commission staff in an iterative analysis of the Commission’s vision, values, priorities and unique contributions to mental health reform in NSW.

This became the platform for a business plan which appropriately puts the interests of mental health consumers, their families and carers, and the wellbeing of the wider community, at the heart of an ambitious program of work, combining projects for rapid completion with longer term foundational programs.

The business plan articulates the Commission’s roles in monitoring the implementation of reforms following the delivery of the draft Strategic Plan for Mental Health in NSW, reviewing services and programs, influencing policy and fostering change, engaging the community directly or through partnerships to ensure mental health and wellbeing maintain their prominent position on the public agenda, and developing NSW’s research and knowledge exchange capacity to ensure services are effective and based on best evidence.

The process also supported the Commission’s work in developing its internal systems and capabilities. This work will continue during 2014-15, including:

- developing a project management framework
- embedding the Commission’s values within all its work
- developing a cultural respect program to support engagement with Aboriginal people and communities
- continuing to establish the Commission’s policies and procedures

See page 5 for the purpose, vision and values that form part of the Commission’s business plan.
Our Commissioners

Mr John Feneley was appointed as the inaugural Commissioner of the Mental Health Commission of NSW on 1 August 2012. He brings to the position extensive experience within the mental health sector as Deputy President of the Mental Health Review Tribunal (2007 to 2012) and prior to that through mental health policy and law reform work as Assistant Director-General, NSW Department of Attorney General and Justice. He has served on the board of the Schizophrenia Fellowship and government boards and committees such as the Youth Justice Advisory Committee, the Child Death Review Team and the Legal Profession Admission Board. Mr Feneley is also a former Deputy Commissioner of the Independent Commission Against Corruption.

Under the Mental Health Commission Act 2012, the Governor may appoint one or more Deputy Mental Health Commissioners, for an initial period of up to three years, who may be appointed for two successive terms of office. Additionally, under the Act, the Commissioner or at least one Deputy Commissioner must be a person who has or has had a mental illness.

The role of the Deputy Commissioners is to support the Commission and the mental health community by speaking up about the issues that matter to people with a mental illness, their families and carers. The Commission’s work will be informed by the diverse expertise of the Deputy Commissioners, and importantly by the insight of those Deputy Commissioners who have a lived experience of mental illness.
Bradley Foxlewin has created a truly positive work-life balance for himself. It is a balance that informs and supports his significant contribution to the community. He alternates between the world of his work and the world of his family. Life is full and satisfying.

Mr Foxlewin leads training courses that educate government and community sector agencies on how to accommodate the needs of people in mental distress. He is someone who understands deeply the ongoing challenges people can face. He makes time to take care of his wellbeing and he accesses counselling and psychological services regularly for his anxiety, dissociation and depression.

He says people with mental illness often experience stigma, which can lead to feeling undervalued and internalising this stigma. “Understanding how that works has been one of the biggest parts of the recovery process for me. Now I’m delighted to continue in the role of Deputy Commissioner of the Mental Health Commission of NSW.”

Mr Foxlewin encourages people to make their own decisions around care and how to live, supported if necessary by professionals. “When people are treated as second-class citizens and not valued, the system teaches them to be helpless.”

He has advocated strongly against seclusion and restraint in support of better outcomes for people with mental illness, describing the practices as re-traumatising. He was instrumental in the ACT Government’s commitment to reduce incidents of seclusion or restraint in its mental health system, and he brings this knowledge and expertise to the Commission.

Mr Foxlewin’s highlights for 2013-14:

“We got the beginnings of a consumer-led research network off the ground. This will give credence to the consumer voice and, crucially, will add to the evidence base that is so important to the mental health system. This fits squarely with the principle of putting consumer decision-making at the centre of all that we do. It’s also been a great privilege to have travelled extensively around NSW in my Commission role to meet, talk with and learn from people at the coal-face.”

Dr Robyn Shields AM

Growing up in the shadow of an asylum, Dr Robyn Shields’ first impression of mental illness was as something that was to be locked away and could not be discussed.

“I didn’t know what it was about until I found myself having a professional career there,” recalls Shields of the institution, which is now closed. “I was amazed by the treatment mentally ill people were given in those days. It was awful.”

Dr Shields has worked in the mental health sector for many years and is now undertaking specialist training as a psychiatrist.

She has concentrated on raising the status of mental illness in the public consciousness, and developing new models of care for mentally ill people in the most disadvantaged groups, particularly Indigenous people and forensic patients.

As a proud Aboriginal person, Dr Shields is acutely aware of the need for communities to design and control their own services, “because of distrust and mistrust from a long history with government departments and particularly in mental health,” she says. “There’s no easy fix but it’s essential it never gets put off the agenda.”

Dr Shields is a Registrar in Psychiatry.

Dr Shields’ highlights for 2013-14:

“It is an honour to have the appointment of Deputy Commissioner and to be able to work alongside such a dedicated team of people at the Commission. I am touched and excited that Commission staff have professionally and personally embraced Aboriginal issues. Their genuine interest in raising their own awareness and learning more about Aboriginal people in general is impressive.

As a clinician and in my role as a Deputy Commissioner, I am grateful for the opportunity to have attended forums and community consultations across NSW where organisations and people in general are pounding the pavement on Aboriginal issues. I have been fortunate to celebrate the great work of organisations in rural and urban NSW that are supporting Aboriginal people, particularly young people, to forge careers in mental health in their own communities. I am very proud to be one of the founding members of the National Aboriginal and Torres Strait Islander Leadership in Mental Health. I have the deepest appreciation for how the Commission has led the way in supporting and championing this group and its work.

The Commission in its vision of reform has identified Aboriginal mental health as a priority area and through the work it has done in the past year shows its commitment to reform for and with Aboriginal people.”
Professor Alan Rosen AO

In his nearly 30 years as consultant psychiatrist, director and clinical director of the Royal North Shore Hospital and Community Mental Health Services, Professor Alan Rosen has focused on the shift of the centre of gravity of mental health services from hospital- to community-centered, integrating community and hospital services, while involving consumers and families directly in their management.

Professor Rosen’s strong partnerships with other clinical disciplines and community agencies, as well as his involvement in research, has helped shift the thinking towards a model based on people’s home and community, supported by effective 24-hour service, with hospital care only when really necessary.

He was also involved in research into early intervention in psychosis which contributed to reforms in NSW and the National Mental Health Strategy, leading to the replacement of institutions with community mental health teams, community-based respite residential alternatives to local inpatient facilities, supported by local general health facilities.

Professor Rosen’s interests include services, research and policy development concerning remote and community controlled Aboriginal mental health services, the involvement of peer workers in mental health care, stigma, and the measurement of outcomes including of recovery.

He believes the key to achieving reform is valuing real, detailed and continuing consultation with all parties, especially the consumer and family movements.

Professor Rosen encourages greater reliance on research evidence to guide how individuals are treated and how mental health services can work in more effective, less alienating ways that are oriented towards recovery and full citizenship in the community.

Professor Rosen’s highlight for 2013-14:

“It has been wonderful to witness some of the innovations people are making in mental health service delivery. I was particularly impressed by a visit to Jackie Curtis and Philip Ward’s community service at Bondi Junction, to see the advantages of having a combined mental health care and physical care set-up, with an interdisciplinary early intervention team including a sports physiologist, endocrinologist and dietitian as well as psychiatric care clinicians, peer workers and researchers.

Similarly it has been great to see highly motivated mobile assertive community outreach teams in action, regularly visiting people with ongoing severe psychiatric disabilities at home. However, these models have yet to be implemented consistently across NSW, enhanced with peer workers. One of the Commission’s roles is to ensure programs like this are available much more widely.”

Fay Jackson

Fay Jackson has experienced symptoms of mental illness since age 10. Her teenage years were filled with fear, angst and disappointment. Despite doctors telling her she would never hold down meaningful work or be a contributing member of society, she fought back to become an accomplished artist, public speaker, trainer, service director and CEO of her own company.

Though initially floored by her diagnosis, 15 years ago, the mother and grandmother of two picked herself up after the death of an adored brother, ABC children’s programmer Peter Jackson, to become a potent champion for people with mental illness.

By speaking as a consumer of mental health services at public events – one of the first people in Australia to do so regularly – she emphasised the potential of people with a lived experience of mental illness and the importance of their contributions. This led to Ms Jackson’s first permanent job, as an advocate for people with mental illness within the area health service covering her south coast home.

As a Deputy Commissioner of the Mental Health Commission of NSW, Ms Jackson wants to maintain her focus on employment issues, as well as support for students to stay in school, TAFE or university while they have mental health issues.

Ms Jackson is currently General Manager, Inclusion at RichmondPRA.

Ms Jackson’s highlights for 2013-14:

“I have had so many crucial conversations with people around recovery. People with mental illness often think they can’t recover, and then we have a conversation about what recovery is and that it does not mean being completely without symptoms. You can still have symptoms but claim your recovery and citizenship and lead contributing lives.

I have had the honour of representing the Commission and my brothers and sisters of the lived experience community at conferences in NSW, across Australia and in America. I have spoken to judges, police, services working with homeless people, Aboriginal people, doctors and mental health workers. I have talked with Ministers and their staff, the media, carers and homeless people.

I love what I do and I firmly believe the time is ripe for wonderful changes to take place in mental health and our communities.”
Community Advisory Council

Meeting four times during 2013-14, the Mental Health Community Advisory Council continued to provide invaluable advice to the Commission and to ensure its work remains aligned with community priorities.

As well as providing advice on issues referred by the Commission, Council meetings are an opportunity for members to inform the Commission about important activities and issues in their communities.

The Council has 17 members including the Commissioner, Chair and Deputy Chair.

A message from Karen Burns, Community Advisory Council Chair:

High points for the Community Advisory Council this year included its contribution to the development of the draft Strategic Plan for Mental Health in NSW, and to the Commission’s thinking about how to support reform and facilitate change once the Plan is released.

There have also been lively discussions related to the development of the peer professional workforce of people who have experienced mental illness in their own lives, support for mentally healthy workplaces, and the need for strong, values-based leadership across the mental health sector.

Community Advisory Council members have demonstrated a broad and deep understanding of the mental health sector, while the diversity of membership has allowed issues to be examined from multiple perspectives and fostered cross-fertilisation of ideas.

Members have displayed passion and commitment in providing advice to the Commission on mental health issues.

“...The Community Advisory Council members have demonstrated a broad and deep understanding of the mental health sector, while the diversity of membership has allowed issues to be examined from multiple perspectives...”

Council members at June 2014:

Ms Karen Burns (Chair)
Ms Burns has extensive experience in the mental health sector and is the CEO of UnitingCare Mental Health, providing a range of state and national services. Ms Burns is also Chair of the Board of the Mental Health Coordinating Council, the peak body for community mental health organisations in NSW.

Mr Murray Bleach
Mr Bleach brings extensive experience from the business sector, having been recently the CEO of ASX-listed roads company Intoll and formerly a regional CEO and Chairman/Director of numerous Macquarie Group entities. Mr Bleach holds a number of directorships and is the Chair of Suicide Prevention Australia.

Mr Tom Brideson
Mr Brideson is an Aboriginal man who has provided leadership in the field of Aboriginal mental health for many years. Mr Brideson is employed as the NSW State-wide Coordinator for the NSW Aboriginal Mental Health Workforce Program.

Ms Jenni Campbell
Ms Campbell is Executive Director of Mental Health for Murrumbridggee Medicare Local. Ms Campbell has worked in the field of mental health for more than a decade and holds tertiary qualifications in social work and human services management. She is also a member of the National Primary Mental Health Leadership Group.
Ms Maria Cassaniti
Ms Cassaniti’s key area of interest is in the development of mental health services that respond to the needs of diverse populations. With a background in social work, Ms Cassaniti has worked for the Transcultural Mental Health Centre since 1994 and has been employed as its Manager since 2006.

Ms Sue Cripps
Ms Cripps runs a social policy, strategy and change management consultancy. She has extensive experience in the areas of housing and homelessness and from 2004 to 2011 was CEO of Homelessness NSW. Ms Cripps is a registered psychiatric and general nurse.

Ms Paula Hanlon
Ms Hanlon is employed as the Manager, Consumer Services for North Shore Ryde Mental Health Service. Ms Hanlon also has experience working in the non-government mental health sector and is a member of the TheMHS Learning Network Management Committee and the NSW Public Mental Health Consumer Workers Committee.

Mr Tim Heffernan
Mr Heffernan is employed as a Consumer Peer Support Worker for the Illawarra Shoalhaven Local Health District and as a Consumer Educator for the South East Sydney Local Health District Recovery College. He is Chair of the NSW Public Mental Health Consumer Workers Committee and serves on the boards of the NSW Consumer Advisory Group and ARAFMI Illawarra. Mr Heffernan volunteers as a Community Presenter/Ambassador for the Black Dog Institute.

Dr Cathy Kezelman
Dr Kezelman worked for 20 years as a medical practitioner. Dr Kezelman is President of Adults Surviving Child Abuse and advocates for services for complex trauma consumers as well as a trauma-informed approach to care.

Mr Christopher Maylea
Mr Maylea is a social worker, academic and mental health professional with lived experience of mental illness. Mr Maylea was previously employed as the Mental Health Services Manager for On Track Community Programs, Lismore. Mr Maylea currently consults, teaches and researches in the field.

Dr Diana McKay
Dr McKay is employed as Senior Staff Specialist in Psychiatry, Northern Beaches Mental Health Service and is a Visiting Medical Officer at Coffs Harbour Mental Health Service. Dr McKay is a general adult psychiatrist, with an interest in emergency psychiatry and experience in psychiatry registrar training.

Hon. Dr Brian Pezzutti
Dr Pezzutti is a registered medical practitioner and is employed as a Director, Department of Anaesthesia and Perioperative Care within the Northern NSW Local Health District. Dr Pezzutti was a member of the NSW Legislative Council from 1988-2003 and is Chair of the Northern NSW Local Health District Board.

Mr Vince Ponzio
Mr Ponzio is employed as Service Director of the Forensic Hospital, Justice Health & Forensic Mental Health Network. Mr Ponzio has extensive experience in the mental health and intellectual disability sectors and has a background in management and clinical psychology. Mr Ponzio has also served on the NSW Mental Health Review Tribunal.

Ms Yvonne Quadros
Ms Quadros serves on the NSW Carers Advisory Council and has extensive experience in contributing to programs and consultations in the mental health sector. Ms Quadros has a particular interest in issues facing people from culturally and linguistically diverse backgrounds and those living in remote and rural areas. Ms Quadros is a carer of loved ones with mental illness.

Dr Russell Roberts
Dr Roberts is National Chair of the Alliance for Rural and Remote Mental Health, and holds a conjoint academic appointment with University of Sydney Department of Rural Health. Prior to this Dr Roberts held a number of senior positions in mental health. He has been involved in a large number of research projects and has a background as a clinical psychologist.

Ms Erica Roy
Ms Roy is employed as the Regional Residential Manager – Sydney Region for Baptist Community Services, and has held a number of other positions in residential care settings. Ms Roy is a registered nurse and holds post-graduate management qualifications. Ms Roy is a carer of loved ones with mental illness.
Our people

From the Executive Director

The exceptional contribution of the staff of the NSW Mental Health Commission during our second year allowed us to transition from an agency in its infancy to a sophisticated organisation with a respected role as a leader and catalyst for mental health reform in NSW.

Our people come from diverse professional backgrounds, including the clinical, community-managed, government and commercial sectors, and this brings many different perspectives to the challenges of change in the mental health sector.

I am particularly pleased that a collegial culture has developed across our organisation, which embraces all those perspectives and actively seeks them out. We typically work in project teams that bring together staff members based not just on our functional roles but also on our knowledge and capability – including the experience of those of us who are mental health consumers and carers. It is a collaborative and flexible approach – something that is very important in a small agency.

Our internal systems and procedures, which we had to develop from scratch in our first year, were bedded down during 2013–14. The organisational infrastructure we built now supports us to get on with the task: to work together to improve the mental health and wellbeing of people in NSW.

This year has required tremendous energy, patience and resilience from our staff as we worked at speed to develop the draft Strategic Plan for Mental Health in NSW. We can look back with pride over this demanding period and know we delivered a Plan that fulfils the trust and authority of the NSW community. It is a credit to all our people that we did so, and I thank each of them.

Darryl O’Donnell

Commission staff, April 2014
Organisation chart

Commissioner

Executive Director

Strategy and Policy

Communications and Stakeholder Relations

Executive

 Accountability and Review

Business Operations

Community Advisory Council

Deputy Commissioners

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**Strategy and Policy**

Kerri Lawrence
Manager

This team develops the Commission’s perspectives on all aspects of mental health support and works with other organisations to advance a positive mental health policy agenda.

**Communications and Stakeholder Relations**

Julie Robotham
Manager

This team manages the Commission’s events, publications, media, and outreach activities with community and specialist groups.

**Executive**

Sarah Hanson
Executive Officer

This team supports the Commissioner and Deputy Commissioners and leads the Commission’s relationship with the NSW Government.

**Accountability and Review**

Carlton Quartly
Principal Advisor

This team monitors and reports on progress with mental health reform in NSW. The team also reviews and evaluates mental health services and programs.

**Business Operations**

Darryl Brown
Manager

This team manages the Commission’s financial, audit, human resources, operations, facilities and support functions.
Appendices

Appendix 1: Staffing

Human resources
This year was the Commission’s first full year of operations. The recruitment program progressed well with four more staff appointed bringing the total to 15, including the Commissioner, at year’s end.

The focus on the development of the draft Strategic Plan for Mental Health in NSW meant additional temporary staff were needed throughout the year, resulting in a mix of appointed and agency personnel in the latter part of the year.

At 30 June 2014, 12 agency personnel were supporting the work of the Commission in addition to the 15 appointed staff.

Learning and development
The Commission is committed to the ongoing development of staff to increase or maintain their skills, knowledge and experience. Initial work in 2013-14 towards a formal learning and development program will continue in 2014-15 in conjunction with a performance management program.

Requirements arising from employment arrangements
The Mental Health Commission of NSW is the controlling entity of the Mental Health Commission Staff Agency established pursuant to Part 2 of Schedule 1 of the Government Sector Employment Act 2013. It is a not-for-profit entity. The Mental Health Commission Staff Agency’s objective is to provide personnel services to the Mental Health Commission of NSW. It is consolidated as part of the NSW Total State Sector Accounts.

The financial statements of the Staff Agency showing the cost of personnel services for the reporting period are included in the Financial Information section of this report.

Commissioner, Deputy Commissioners and Community Advisory Council
On 1 July 2012, the Governor of NSW appointed John Feneley Commissioner for a five-year term.

Mr Feneley’s conditions of employment are outlined in his instrument of appointment, and his salary is paid in line with the determinations made for Public Office Holders by the Statutory and Other Officers Remuneration Tribunal (SOORT).

The total annual remuneration package for Mr Feneley was $285,130 (at end of financial year). In its Determination No. 1 - Special Determination effective from 1 October 2013 to 30 June 2014, SOORT awarded a 2.5 per cent increase to Office Holders in receipt of a total remuneration package, which includes the Commissioner. No fringe benefits were paid for the relevant reporting period.

The Commission employs four part-time Deputy Commissioners. There are also 17 members on the Community Advisory Council, some of whom are paid an allowance by the Commission.

Executive management
In 2013-14, the Commission’s senior executive team consisted of:

- Darryl O’Donnell, Executive Director

Mr O’Donnell’s salary package at the end of the reporting period was $199,881.

There were no female senior executives during 2013-2014.

Appendix 2: Risk management and insurance activities

Audit and Risk Committee
The Commission’s Audit and Risk Committee provides independent assistance to the Commissioner by overseeing and monitoring the Commission’s governance, risk and control frameworks and external accountability requirements.
In 2013-14, the Committee met on three occasions. The Committee provided guidance in relation to the Commission’s internal audit plan and internal audits, preparation of the financial accounts and external financial audit, risk management, policies and procedures, legislative compliance framework, and the Commission’s business planning process. The Committee also discussed the outcomes of internal audit reports and monitored the implementation of recommendations arising from audit reports. The Committee has reported the Commission’s risk, control and compliance framework to be sound and has noted strong progress by the Commission in the establishment of its governance, risk and control and accountability arrangements.

The Commission’s Risk Register is reviewed quarterly and reported to and discussed with the Audit and Risk Committee.

Insurance activities

The NSW Treasury Managed Fund provides insurance cover for the Commission’s activities, including public liability, property, workers compensation and miscellaneous. Under staff employment arrangements with the NSW Ministry of Health, Commission staff are covered under the workers compensation policy held by the Ministry.

The Commission did not make any insurance claims in the reporting year.

Appendix 3: Systems and infrastructure

Information technology

From its commencement the Commission operated under the information communications and technology (ICT) infrastructure of NSW Health.

In November 2013, the Commission transitioned to a new supplier for its ICT requirements. This change gives the Commission greater flexibility in specifying its hardware and software platforms along with greater independence.

This change includes dedicated internet and telephony service lines by Telstra.

First Focus Pty Ltd is the Commission’s information, communications and technology service provider, under a three year contract.

Shared corporate services

The Commission’s shared corporate services arrangement with NSW Businesslink continued through the year. Under this arrangement, the Commission procures the following services on a fee-for-service basis:

- payroll and workers compensation administration
- employee self-service for leave applications and claims for allowances and expenses
- financial, taxation, asset accounting, reporting and payments.

The agreement with Businesslink and services provided under it are actively monitored including logging, reporting and discussing service issues at regular relationship meetings.

Customer relationship management system

During 2013-14 the Commission installed a Customer Relationship Management (CRM) system to support its engagement with stakeholders.

Several systems were considered, with the Salesforce cloud-based CRM solution selected in December 2013.

The Commission contracted Arxxus, a Salesforce partner, to customise the system to meet the requirements of the Commission.

The CRM will enable the Commission to create, send, manage and track emails, maintain subscriber lists for enewsletters and other publications as well as manage invitations, RSVPs and attendance at Commission events.

Implementation will be rolled out from July 2014. It is anticipated that full adoption of the CRM will be complete by January 2015.
Refer to page 15 to find out more about how the CRM fits into the Commission's stakeholder engagement work.

Appendix 4: Consumer response

The Commission provides no services to the public. The Commission received no complaints about its work during 2013-14.

The Commission received regular correspondence from members of the community commenting on parts of the mental health system or on issues affecting people living with mental illness and their families and supporters. This feedback was invaluable to the work of the Commission. It assisted us in identifying areas of the system that are not working as well as the community would like and helped us form recommendations for reform. The Commission is committed to responding to feedback received, advising correspondents of how their information will be used and providing referrals for further information or support if required.

Appendix 5: Privacy and personal information

The Commission is required to include a statement on how it has complied with the Privacy and Personal Information Protection Act 1998 and detail any reviews conducted by or on behalf of the Commission under Part 5 of the PPIPA.

The Commission does not routinely collect personal information. When people volunteer personal information to support the Commission's policy and reform activities, the Commission ensures it is retained in accordance with their instruction and the purposes for which it was offered.

As at 30 June 2014, there were no requests by individuals to update or access personal information, and the Commission did not release any personal information to any other organisation. There were no reviews conducted by or on behalf of the Commission under Part 5 of the PPIPA.

Appendix 6: Government Information (Public Access) Act 2009

Under Section 7 of the Government Information (Public Access) Act 2009 (GIPA), agencies must review their programs for the release of government information to identify the kinds of information that can be made publicly available. This review must be undertaken at least once every 12 months.

As part of its website development program, the Commission continues to review its approach to information release and has sought to proactively publish a wide range of documents, including details of meetings and committee minutes, to support its objective of being a transparent, accountable organisation.

The Commission received no requests under the GIPA Act during 2013-14. The tables below are set out in accordance with the provisions of the GIPA Act and the Government Information (Public Access) Regulation 2009.
Number of GIPA applications by type of applicant and outcome*

<table>
<thead>
<tr>
<th>Type of Applicant</th>
<th>Access granted in full</th>
<th>Access granted in part</th>
<th>Access refused in full</th>
<th>Information not held</th>
<th>Information already available</th>
<th>Refuse to deal with application</th>
<th>Refuse to confirm/deny whether information is held</th>
<th>Application withdrawn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Media</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Members of Parliament</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Private sector business</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Not for profit organisations or community groups</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Members of the public (application by legal representative)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Members of the public (other)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to the table below.

Number of GIPA applications by type of application and outcome

<table>
<thead>
<tr>
<th>Type of Application</th>
<th>Access granted in full</th>
<th>Access granted in part</th>
<th>Access refused in full</th>
<th>Information not held</th>
<th>Information already available</th>
<th>Refuse to deal with application</th>
<th>Refuse to confirm/deny whether information is held</th>
<th>Application withdrawn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal information applications**</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Access applications (other than personal information applications)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Access applications that are partly personal information applications and partly other</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

** A “personal information application” is an access application for personal information (as defined in clause 4 of Schedule 4 of the GIPA Act) about the applicant (the applicant being an individual).
### Invalid GIPA applications

<table>
<thead>
<tr>
<th>Reason for invalidity</th>
<th>Number of applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application does not comply with formal requirements (Section 41 of the GIPA Act)</td>
<td>0</td>
</tr>
<tr>
<td>Application is for excluded information of the agency (Section 43 of the GIPA Act)</td>
<td>0</td>
</tr>
<tr>
<td>Application contravenes restraint order (Section 110 of the GIPA Act)</td>
<td>0</td>
</tr>
<tr>
<td>Total number of invalid applications received</td>
<td>0</td>
</tr>
<tr>
<td>Invalid applications that subsequently became valid applications</td>
<td>0</td>
</tr>
</tbody>
</table>

### Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 of the GIPA Act

<table>
<thead>
<tr>
<th>Description of consideration</th>
<th>Number of times consideration used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overriding secrecy laws</td>
<td>0</td>
</tr>
<tr>
<td>Cabinet information</td>
<td>0</td>
</tr>
<tr>
<td>Executive Council information</td>
<td>0</td>
</tr>
<tr>
<td>Contempt</td>
<td>0</td>
</tr>
<tr>
<td>Legal professional privilege</td>
<td>0</td>
</tr>
<tr>
<td>Excluded information</td>
<td>0</td>
</tr>
<tr>
<td>Documents affecting law enforcement and public safety</td>
<td>0</td>
</tr>
<tr>
<td>Transport safety</td>
<td>0</td>
</tr>
<tr>
<td>Adoption</td>
<td>0</td>
</tr>
<tr>
<td>Care and protection of children</td>
<td>0</td>
</tr>
<tr>
<td>Ministerial code of conduct</td>
<td>0</td>
</tr>
<tr>
<td>Aboriginal and environmental heritage</td>
<td>0</td>
</tr>
</tbody>
</table>

### Other public interest considerations against disclosure: matters listed in table to Section 14 of the GIPA Act

<table>
<thead>
<tr>
<th>Description of consideration</th>
<th>Number of occasions when application not successful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible and effective government</td>
<td>0</td>
</tr>
<tr>
<td>Law enforcement and security</td>
<td>0</td>
</tr>
<tr>
<td>Individual rights, judicial processes and natural justice</td>
<td>0</td>
</tr>
<tr>
<td>Business interests of agencies and other persons</td>
<td>0</td>
</tr>
<tr>
<td>Environment, culture, economy and general matters</td>
<td>0</td>
</tr>
<tr>
<td>Secrecy provisions</td>
<td>0</td>
</tr>
<tr>
<td>Exempt documents under interstate freedom of information legislation</td>
<td>0</td>
</tr>
</tbody>
</table>

### Timeliness

<table>
<thead>
<tr>
<th>Description of consideration</th>
<th>Number of occasions when application not successful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decided within the statutory timeframe (20 days plus any extensions)</td>
<td>0</td>
</tr>
<tr>
<td>Decided after 35 days (by agreement with applicant)</td>
<td>0</td>
</tr>
<tr>
<td>Not decided within time (deemed refusal)</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
</tr>
</tbody>
</table>
## Number of applications reviewed under Part 5 of the GIPA Act (by type of review and outcome)

<table>
<thead>
<tr>
<th>Review Type</th>
<th>Decision varied</th>
<th>Decision upheld</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal review</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Review by Information Commissioner*</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Internal review following recommendation under Section 93 of Act</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Review by NCAT</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made.

## Applications for review under Part 5 of the GIPA Act (by type of applicant)

<table>
<thead>
<tr>
<th>Applications by access applicants</th>
<th>Number of applications for review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications by persons to whom information the subject of access application relates (see Section 54 of the GIPA Act)</td>
<td>0</td>
</tr>
</tbody>
</table>
Appendix 7: Engagement and use of consultants

Consultancies equal to or more than $50,000

<table>
<thead>
<tr>
<th>Consultant</th>
<th>Project</th>
<th>Actual costs (excluding GST)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Synergia Pty Ltd</td>
<td>Assisting in the development of the draft Strategic Plan for Mental Health in NSW</td>
<td>$364,875</td>
</tr>
<tr>
<td>Nous Group</td>
<td>Assisting in the Commission’s 2014 and 2015 business plan and organisational development project</td>
<td>$101,900</td>
</tr>
<tr>
<td>Hatfield House Consulting</td>
<td>Providing strategic policy services to the Commission</td>
<td>$74,750</td>
</tr>
</tbody>
</table>

Consultancies less than $50,000

Number of engagements = 16 $205,000

Appendix 8: Credit card certification

The Commissioner certifies that credit card usage in the Commission has met best practice guidelines in accordance with Premier’s Memoranda and Treasury Directions.

Appendix 9: Heritage management

The Commission leases office accommodation at Building 11, Shea Close, Gladesville Hospital on Victoria Road, Gladesville. Accordingly, the Commission consults with the lessor’s onsite representatives when planning any work that may affect the heritage features of its premises.

The Commission did not undertake any major works during the reporting period. A number of minor works were undertaken to optimise space utilisation within the building.

Appendix 10: Payment of accounts

Aged analysis at end of each quarter 2013–14

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Current. (ie. within due date)</th>
<th>Less than 30 days overdue</th>
<th>Between 30 and 60 days overdue</th>
<th>Between 60 and 90 days overdue</th>
<th>More than 90 days overdue</th>
</tr>
</thead>
<tbody>
<tr>
<td>All suppliers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep 13</td>
<td>1,366.15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dec 13</td>
<td>98,253.28</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mar 14</td>
<td>39,518.13</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jun 14</td>
<td>2,618.77</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Small business suppliers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep 13</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Dec 13</td>
<td>20,600.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mar 14</td>
<td>385.00</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Jun 14</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
# Time for payment of accounts

<table>
<thead>
<tr>
<th>Measure</th>
<th>September 2013</th>
<th>December 2013</th>
<th>March 2014</th>
<th>June 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All suppliers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of accounts due for payment</td>
<td>283</td>
<td>355</td>
<td>381</td>
<td>440</td>
</tr>
<tr>
<td>Number of accounts paid on time</td>
<td>283</td>
<td>355</td>
<td>381</td>
<td>438</td>
</tr>
<tr>
<td>Actual percentage of accounts paid on time</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>99.5%</td>
</tr>
<tr>
<td>Dollar amount of accounts due for payment</td>
<td>$2,033,735.64</td>
<td>$2,999,322.44</td>
<td>$1,537,277.61</td>
<td>$2,143,505.74</td>
</tr>
<tr>
<td>Dollar amount of accounts paid on time</td>
<td>$2,033,735.64</td>
<td>$2,999,322.44</td>
<td>$1,537,277.61</td>
<td>$2,143,491.93</td>
</tr>
<tr>
<td>Actual percentage of accounts paid on time (based on $)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Number of payments for interest on overdue accounts</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Interest paid on overdue accounts</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Small business suppliers</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of accounts due for payment</td>
<td>2</td>
<td>6</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Number of accounts paid on time</td>
<td>2</td>
<td>6</td>
<td>5</td>
<td>3</td>
</tr>
<tr>
<td>Actual percentage of accounts paid on time</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Dollar amount of accounts due for payment</td>
<td>$1,050.00</td>
<td>$11,056.00</td>
<td>$41,956.50</td>
<td>$37,757.50</td>
</tr>
<tr>
<td>Dollar amount of accounts paid on time</td>
<td>$1,050.00</td>
<td>$11,056.00</td>
<td>$41,956.50</td>
<td>$37,757.50</td>
</tr>
<tr>
<td>Actual percentage of accounts paid on time (based on $)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Number of payments for interest on overdue accounts</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Interest paid on overdue accounts</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Delays in the payment of accounts can be attributed to inaccuracies in or incompleteness of the original invoices and/or minor disputes requiring the adjustment of invoice details prior to eventual payment.

All small business accounts were paid on time during the current reporting period.

## Appendix 11: Overseas travel

### Overseas travel in 2013–14

<table>
<thead>
<tr>
<th>Name of officer, Position</th>
<th>Date of travel</th>
<th>Destination</th>
<th>Purpose</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fay Jackson, Deputy Commissioner</td>
<td>24-29 Aug 2013</td>
<td>United States</td>
<td>Attended the 7th Annual Peer Support Conference</td>
<td>$5,679.87</td>
</tr>
</tbody>
</table>
Appendix 12: Grants to non-government community organisations

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSW Consumer Advisory Group - Mental Health (NSW CAG)</td>
<td>$539,765</td>
</tr>
<tr>
<td>Mental Health Carers ARAFMI NSW (ARAFMI NSW)</td>
<td>$346,040</td>
</tr>
<tr>
<td>Mental Health Association of NSW</td>
<td>$446,388</td>
</tr>
<tr>
<td><em>beyondblue</em></td>
<td>$1,200,000</td>
</tr>
<tr>
<td><strong>Grants paid during the year</strong></td>
<td><strong>$2,532,193</strong></td>
</tr>
</tbody>
</table>

Appendix 13: Exemptions

As a small statutory organisation the Commission is required to report on certain items in the NSW Treasury Annual Report Compliance Checklist on a triennial basis and therefore will report on the following areas in 2014-2015:

- Disability Plan
- Multicultural Policies and Services Program
- Occupational Health and Safety
- Waste
- Workforce Diversity.
## Appendix 14: Statutory reporting compliance checklist

<table>
<thead>
<tr>
<th>Access details</th>
<th>Page 9</th>
<th>Legal change</th>
<th>Page N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>After balance date events</td>
<td>N/A</td>
<td>Letter of submission</td>
<td>Page 2</td>
</tr>
<tr>
<td>Agreements with the Community Relations Commission</td>
<td>N/A</td>
<td>Liability management performance</td>
<td>N/A</td>
</tr>
<tr>
<td>Aims and objectives</td>
<td>5</td>
<td>Management and activities</td>
<td>Page 10-16</td>
</tr>
<tr>
<td>Application for extension of time</td>
<td>N/A</td>
<td>Management and structure</td>
<td>Page 21</td>
</tr>
<tr>
<td>Audit opinion</td>
<td>42</td>
<td>Multicultural Policies and Services Program (see Exemptions)</td>
<td>Page N/A</td>
</tr>
<tr>
<td>Audited financial statements</td>
<td>42-91</td>
<td>Occupational Health and Safety (see Exemptions)</td>
<td>Page N/A</td>
</tr>
<tr>
<td>Availability of this annual report</td>
<td>2</td>
<td>Organisation structure chart</td>
<td>Page 21</td>
</tr>
<tr>
<td>Budgets</td>
<td>40</td>
<td>Overseas travel</td>
<td>Page 31</td>
</tr>
<tr>
<td>Consumer response</td>
<td>26</td>
<td>Payment of accounts</td>
<td>Page 30</td>
</tr>
<tr>
<td>Consultants – engagement and use of</td>
<td>30</td>
<td>Privacy and personal information</td>
<td>Page 26</td>
</tr>
<tr>
<td>Contact details and website address</td>
<td>96</td>
<td>Public availability of report</td>
<td>Page 2</td>
</tr>
<tr>
<td>Credit card certification</td>
<td>30</td>
<td>Public information and access</td>
<td>Page 9</td>
</tr>
<tr>
<td>Disability plan (see Exemptions)</td>
<td>N/A</td>
<td>Public Interest Disclosures</td>
<td>Page N/A</td>
</tr>
<tr>
<td>Disclosure of controlled entities</td>
<td>N/A</td>
<td>Research</td>
<td>Page 14</td>
</tr>
<tr>
<td>Disclosure of subsidiaries</td>
<td>N/A</td>
<td>Requirements arising from employment arrangements</td>
<td>Page 24</td>
</tr>
<tr>
<td>Economic or other factors affecting performance and achievement</td>
<td>N/A</td>
<td>Risk management</td>
<td>Page 25</td>
</tr>
<tr>
<td>Electronic service delivery</td>
<td>9</td>
<td>Senior executive remuneration, performance and numbers</td>
<td>Page 24</td>
</tr>
<tr>
<td>Exemptions</td>
<td>32</td>
<td>Summary review of operations</td>
<td>Page 6</td>
</tr>
<tr>
<td>External cost for production of report</td>
<td>2</td>
<td>Table of contents</td>
<td>Page 3</td>
</tr>
<tr>
<td>Government Information (Public Access) Act 2009</td>
<td>27</td>
<td>Time for payment of accounts</td>
<td>Page 31</td>
</tr>
<tr>
<td>Grants to non-government community organisations</td>
<td>32</td>
<td>Unaudited financial statements</td>
<td>N/A</td>
</tr>
<tr>
<td>Heritage management</td>
<td>30</td>
<td>Waste (see Exemptions)</td>
<td>N/A</td>
</tr>
<tr>
<td>Human resources</td>
<td>24</td>
<td>Workforce Diversity (see Exemptions)</td>
<td>N/A</td>
</tr>
<tr>
<td>Implementation of price determination</td>
<td>N/A</td>
<td>Staff profile</td>
<td>Page 24</td>
</tr>
<tr>
<td>Inclusion of unaudited financial statements</td>
<td>N/A</td>
<td></td>
<td></td>
</tr>
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<td>Insurance activities</td>
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<td>Investment performance</td>
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<tr>
<td>Land disposal</td>
<td>N/A</td>
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</table>

N/A = not applicable
## Appendix 15: List of meetings and forums attended by Commissioner

<table>
<thead>
<tr>
<th>July</th>
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<th>August</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jonathan Nicholas, ReachOut.com by Inspire Foundation</td>
<td>1</td>
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<tr>
<td>3</td>
<td>Jane Oakshott, Sydney University</td>
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<tr>
<td>4</td>
<td>Larry Davidson lecture, Sydney University</td>
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<td>8</td>
<td>State Coroner Jerram, NSW State Coroner’s Court</td>
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<tr>
<td></td>
<td>Financing the Disability Sector forum, Sydney University</td>
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<tr>
<td></td>
<td>Peter McIlwin and David Hepper, Mental Health and the Public Sector Workforce briefing</td>
<td>6</td>
</tr>
<tr>
<td>10</td>
<td>Professor Patrick McGorry, University of Melbourne and Professor Ian Hickie, Brain and Mind Research Institute</td>
<td>-</td>
</tr>
<tr>
<td>11</td>
<td>Richard Tooth, Sapere Research Group</td>
<td>7</td>
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<tr>
<td></td>
<td>John Kaye MP</td>
<td>8</td>
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<tr>
<td></td>
<td>Chris Puplick, Justice Health &amp; Forensic Mental Health Network</td>
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<td></td>
<td>Scott Holz, National Disability Services</td>
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<tr>
<td>12</td>
<td>Peri O’Shea, NSW Consumer Advisory Group – Mental Health Inc</td>
<td>20</td>
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<tr>
<td></td>
<td>David McGrath and Gavin Stuart, NSW Ministry of Health</td>
<td>-</td>
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<tr>
<td></td>
<td>Ken Whelan, NSW Ministry of Health</td>
<td>21</td>
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<tr>
<td></td>
<td>Australian Medical Student Association, Ben Middleton</td>
<td>-</td>
</tr>
<tr>
<td>13</td>
<td>Suicide Prevention Australia event</td>
<td>22</td>
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<tr>
<td>16</td>
<td>National Mental Health Commission</td>
<td>23</td>
</tr>
<tr>
<td>17</td>
<td>Meeting of Mental Health Commissions</td>
<td>26</td>
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<tr>
<td>19</td>
<td>Mental Health Coordinating Council, Mental Health Connect session</td>
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<tr>
<td>22</td>
<td>Mental Health Association Workplace Health Promotions and Network Members forum</td>
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<tr>
<td>23</td>
<td>Deputy Commissioners meeting</td>
<td>-</td>
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<tr>
<td>25</td>
<td>Psychiatry State Training, Health Education and Training Institute</td>
<td>27</td>
</tr>
<tr>
<td>26</td>
<td>Northern Sydney Local Health District visit</td>
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<tr>
<td>29</td>
<td>Cross Governance Think Tank</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Jennifer Hickey, Department of Premier and Cabinet</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Minister Kevin Humphries’ Office</td>
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<tr>
<td>31</td>
<td>Steven Drew, Pharmaceutical Society of Australia</td>
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<tr>
<td></td>
<td>Duncan Chappell book launch</td>
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</tr>
</tbody>
</table>
- NSW Police training event
5 - Stepan Kerkyasharian and Ms Steffanie von Helle, Community Relations Commission
- Professor Helen Christensen, Black Dog Institute
6 - Mental Health Program Council
9 - Anges Levine and Louise Rufeil, Australian Psychological Society
- Melissa Irons and David Coyne, Department of Family and Community Services
- Peter Carter, NSW Ministry of Health
10 - Black Dog Institute World Suicide Prevention Day event
- Australian Law Reform Commission
11 - Eating Disorders Service Plan launch
- John Steele, University of Wollongong
- NSW Ministry of Health executive meeting
- Minister Kevin Humphries’ Office
12 - ARAFMI Carer Support Workers forum
- Rob Ramjam, Schizophrenia Fellowship of NSW
13 - Pascal Perez, University of Wollongong
- Community Relations Commission
- Pam Rutledge, RichmondPRA
- Caroline Reed, Department of Premier and Cabinet
16 - Westmead Hospital Early Psychosis forum
- beyondblue
- Premier’s Council on Homelessness
17 - Dr Tobias MacKinnon, Justice Health & Forensic Mental Health Network
- Karin Lines, Justice Health & Forensic Mental Health Network and Frank Menneli, NSW Police
18 - Roger Chen, Australian Diabetes Society
- Tina Smith and Jenna Bateman, Mental Health Coordinating Council
20 - Paul Power, Refugee Council of Australia
- Rob Mathie, Audit Office of NSW
- Professor Kathy Eager, University of Wollongong
23 - Richard Madden, Sydney University
- Elayne Mitchell and Janelle Abbott, Official Visitors Program
- Dr Kerry Chant and Daniel Maddedu, NSW Ministry of Health
24 - Professor Philip Mitchell, University of New South Wales
- Steve Kinmond, NSW Ombudsman
- Review of Mental Health Act Expert Reference Group
25 - Professor Colleen Loo, University of New South Wales
- Broken Hill visit
26 - Broken Hill visit
27 - Alison Churchill, Craig Mitchell and Harriet Crisp, Community Relations Commission
- Anne Marie Martin and Chrissie Wageman, Department of Corrective Services
30 - Peter Carter, NSW Ministry of Health
- Leith Kennedy, NSW Police
- Maria Cassaniti, Transcultural Mental Health Centre

October

1 - Minister John Ajaka’s Office
- Mental Health Association Mental Health Matters Awards
2 - Ken Whelan, NSW Ministry of Health
3 - National Disability Insurance Scheme Steering Committee
- Minister Kevin Humphries’ Office
4 - Third National Borderline Personality Disorder Awareness Day Conference
- Karen Burns, Community Advisory Council
8 - National Disability Insurance Scheme meeting
9 - Michele Bruniges and Helen Christensen, Black Dog Institute
- Mental Health and Drug and Alcohol Office Executive meeting, NSW Ministry of Health
11 - NSW Ministry of Health
12 - Mental Health Review Tribunal Conference
14 - Department of Attorney General and Justice
- National Mental Health Commission and Queensland Mental Health Commission
15 - National Mental Health Service Planning Framework Canberra
16 - Evolving Mental Health Research to Practice forum
- National Disability Insurance Scheme and Disability Care Australia
17 - Graeme Head, NSW Public Service Commission
- NSW Police Community Awareness of Policing Program
18 - NSW Police Community Awareness of Policing Program
19 - NSW Police Community Awareness of Policing Program
20 - NSW Police Community Awareness of Policing Program
21 - Children’s Week participation showcase
22 - Deputy Commissioners meeting
23 - RichmondPRA Tamworth Partners in Recovery
- Professor Bernadette McSherry, Melbourne Social Equity Institute, University of Melbourne
24 - Kylie Gwynne, Poche Centre
- Agency for Clinical Innovation
25 - Department of Premier and Cabinet
- Clinical Advisory Council
- Professor Ian Hickie, Brain and Mind Research Institute
28 - Review of Mental Health Act Expert Reference Group
29 - Hamza Vayani and Maria Cassaniti, Transcultural Mental Health Centre
November

1 - Community Advisory Council meeting
2 - Sydney Local Health District meeting
3 - Minister Kevin Humphries’ Office
4 - Sydney Local Health District meeting
5 - Department of Family and Community Services
6 - See Me Hear Me exhibition opening
7 - Drug and alcohol roundtable
8 - Sydney Local Health District meeting
9 - Sydney Local Health District meeting
10 - Sydney Local Health District meeting
11 - Sydney Local Health District meeting
12 - Sydney Local Health District meeting
13 - Sydney Local Health District meeting
14 - Sydney Local Health District meeting
15 - Sydney Local Health District meeting
16 - Sydney Local Health District meeting
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22 - Sydney Local Health District meeting
23 - Sydney Local Health District meeting
24 - Sydney Local Health District meeting
25 - Sydney Local Health District meeting
26 - Sydney Local Health District meeting
27 - Sydney Local Health District meeting
28 - Sydney Local Health District meeting
29 - Sydney Local Health District meeting
30 - Sydney Local Health District meeting
31 - Sydney Local Health District meeting
12 - Matthew Cullen, Medibank Health Solutions
- Ross Woodward, Department of Local Government and Communities
- Jenna Bateman, Mental Health Coordinating Council, Peri O’Shea, NSW Consumer Advocacy Group - Mental Health Inc and Grant Sara, InforMH
- NSW Mental Health Commission Audit and Risk Committee meeting
- Dr Sue Hallwright and Ms Jo Chiplin, Western NSW Local Health District Mental Health Review
- Law Reform Commission
- Mudgee visit
- Council of Social Services of NSW
- Mental Health and Drug and Alcohol Office Executive meeting
- Brian Woods, NSW Ministry of Health, Carol Callaghan and Jenny Green, NSW Health Infrastructure

13 - Jenna Bateman, Mental Health Coordinating Council, Peri O’Shea, NSW Consumer Advocacy Group - Mental Health Inc and Grant Sara, InforMH
- Ross Woodward, Department of Local Government and Communities
- Jenna Bateman, Mental Health Coordinating Council
- Peri O’Shea, NSW Consumer Advocacy Group - Mental Health Inc
- NSW Mental Health Commission Audit and Risk Committee meeting
- Dr Sue Hallwright and Ms Jo Chiplin, Western NSW Local Health District Mental Health Review
- Law Reform Commission
- Mudgee visit
- Jenna Bateman, Mental Health Coordinating Council, Peri O’Shea, NSW Consumer Advocacy Group - Mental Health Inc
- Pewter O’Shea, NSW Consumer Advocacy Group - Mental Health Inc
- Graeme Ingwe, NSW Health Commission

16 - Dr Sue Hallwright and Ms Jo Chiplin, Western NSW Local Health District Mental Health Review
- Law Reform Commission
- Mudgee visit
- Council of Social Services of NSW
- Mental Health and Drug and Alcohol Office Executive meeting
- Brian Woods, NSW Ministry of Health, Carol Callaghan and Jenny Green, NSW Health Infrastructure

18 - Council of Social Services of NSW
- Mental Health and Drug and Alcohol Office Executive meeting
- Brian Woods, NSW Ministry of Health, Carol Callaghan and Jenny Green, NSW Health Infrastructure

20 - Brian Smyth King, Department of Education and Communities
- Karen Burns, UnitingCare Mental Health, Alan Woodward, Lifeline Australia and Dr Josey Anderson, Black Dog Institute
- Department of Education and Communities

23 - Professor Cyndi Shannon Weickert, Neuroscience Research Australia

2014

January
14 - Heather Gray, Health Education and Training Institute
- Peter Carter, NSW Ministry of Health
- Heather Gray, Peter Carter, Gail Gregory and Beth Kotze, NSW Ministry of Health
- Wellbeing in the Workplace forum
- Tony Coggins, Maudsley International
- Local Government and Wellbeing forum
- Paul Fanning, Centre for Rural and Remote Mental Health, Roger Gurr, University of Western Sydney, Richard Buss, Northern NSW Local Health District and Professor Alan Rosen, Brain and Mind Research Institute
- Review of Mental Health Act Expert Reference Group
- Deputy Commissioners meeting
- Ken Whelan, NSW Ministry of Health
- Than O’Brien, Deb Brill and Sandra Heriot, Department of Family and Community Services
- Professor Touyz, University of Sydney
- Heath Gough, Northern Beaches Local Health District
- Christine Morgan, Butterfly Foundation

February
3 - David Gates and Peter Carter, Mental Health and Drug and Alcohol Office
- Craig Laundy MP
- Clifford Hughes, Clinical Excellence Commission and Nigel Lyons, Agency of Clinical Innovation
- Michael Coutts-Trotter, Department of Family and Community Services
- Ken Whelan, Ministry of Health
- Meeting of Commissioners
- Coffs Harbour consultation
- Gerard Hayes, Health Services Union
- Grant Hehir, NSW Audit Office
- Deputy Commissioners meeting
- Luis Salvador-Carulla and Julian Trollor, University of New South Wales
- Schizophrenia Fellowship of NSW conference dinner
- Phil Berry, National Disability Insurance Scheme, Nicole Robinson, Newcastle and Hunter Community Psychological Services and Rochelle Waterhouse, Department of Family and Community Services
- Joshua Shrub, NSW Treasury
- Andrew Kirk, Minister Jillian Skinner’s Office
- Elizabeth Coombs, Information and Privacy Commission and Katrina Lo, Department of Attorney General and Justice
- Jinesh Patel, Minister George Souris’ Office
- Tony Sara, South Eastern Sydney Local Health District and Dennis Ravlich ASMOF NSW
- WISE Employment workshop
- ‘This House is Mine’ opening - Milk Crate Theatre
- Jennie Bateman and Tina Smith, Mental Health Coordinating Council
- Peter Severin, Corrective Services
- Minister Kevin Humphries’ Office
- Karen Burns, Community Advisory Council
20 - Presentation by Jaakko Seikkula with Lynne Lane, Vanessa Beavan, Satu Beverley, Philip Benjamin, John Allan, Marc Reynolds and Leah Upcroft
   - Lynne Lane, New Zealand Mental Health Commission
21 - Community Advisory Council meeting
24 - Mary Foley and Ken Whelan, NSW Ministry of Health
25 - beyondblue Board meeting
   - Peter Joseph, Black Dog Institute and Phil Pogson, The Leading Partnership
26 - Professor Peter Schofield, Neuroscience Research Australia
   - Opening of Rob Llewellyn-Jones Clinical Centre
   - Scott McLachlan and Robin Williams, Western NSW Local Health District
27 - Dr Tony Kidman, University of Technology, Sydney and Dr Rachael Murphy, Far West Mental Health Recovery Centre
   - Deborah Morris, WorkCover NSW
28 - Central Coast Strategic Planning day and Local Health District Executive visits

March
3 - Roger Gurr, Richard Buss, Beth Kotze, Alan Rosen, Brian Woods and Paul O’Halloran, NSW Ministry of Health
   - Karin Lines, Justice Health & Forensic Mental Health Network
4 - Karin Lines, Julie Babineau, Debora Brill, Valda Rusis, Maureen Tangey, Anne Campbell, Gaby Carney, Justice Health & Forensic Mental Health Network and Peter Carter, NSW Ministry of Health
   - Community Sector Reference Group meeting
5 - Director-General’s Senior Management Committee (whole of government)
   - Jonathan Harms, ARAFMI NSW
   - Jenna Bateman, Tully Rosen and Tina Smith, Mental Health Coordinating Council
   - Department of Premier and Cabinet
   - National Disability Insurance Scheme Steering Committee
7 - Peter Carter and John Allan, NSW Ministry of Health
10 - Dawn O’Neill, Centre for Social Impact
   - Eugene McGarrell, Department of Family and Community Services
   - Brian Smyth King, Department of Education and Communities
11 - ReachOut.com by Inspire Report launch
   - Deputy Commissioners Meeting
12 - Kathy Rankin, NSW Premier’s Office
   - Peter Carter, NSW Ministry of Health
13 - Heather Gough, Northern Beaches Local Health District
17 - Minister Kevin Humphries’ Office
19 - Agency for Clinical Innovation Sustainable Access Committee
20 - Integrated Care Strategy launch
   - Jim Betts, Infrastructure NSW
21 - Australia College of Mental Health Nurses Primary Health Care Conference
25 - David Covington, Suicide Prevention Australia and beyondblue
26 - South Eastern Sydney Local Health District and GP NSW Integrated Care forum
31 - Minister Kevin Humphries’ Office
   - Michele Bruniges, Department of Education and Communities

April
1 - Creativity Australia breakfast
   - NSW Youth Week forum
   - Rohan Hammett, NSW Ministry of Health
   - Mindframe launch
2 - Ken Whelan, NSW Ministry of Health
3 - Jennifer Knobbs, Beth Kotze, Peter Carter and Meredith Sims, NSW Ministry of Health
   - Ken Whelan, NSW Ministry of Health
7 - Peter Carter, NSW Ministry of Health
8 - Simon Smith, Alison Frame, Caroline Reed and Anna Yusef, Department of Premier and Cabinet
   - NSW Institute of Psychiatry Transition Committee
   - Peter Carter, NSW Ministry of Health
10 - Ken Whelan, NSW Ministry of Health
15 - NSW Mental Health Commission Audit and Risk Committee meeting
16 - Lesley van Schoubroeck, Michael Corne and Michael Tuohy, Queensland Mental Health Commission
17 - Ken Whelan, NSW Ministry of Health
23 - Coleman O’Driscoll, Minister Kevin Humphries’ Office and Ken Whelan, NSW Ministry of Health
   - Tully Rosen and Corrine Henderson, Mental Health Coordinating Council
24 - Minister Kevin Humphries’ Office
28 - Eugene McGarrell and Thought Leadership Group members, Department of Family and Community Services
- National Disability Insurance Scheme Steering Committee
- Con Georgiou, One Million Acts of Innovation
- Kate Boyce and Dr Sachi Purcal, Macquarie University
- Brett Holmes, NSW Nurses and Midwives’ Association
- Philip Gandar and Sebastian Rosenberg, Synergia

May
5 - Steve Kinnmond and Kate Ramsay, NSW Ombudsman
- Minister Kevin Humphries’ Office
6 - Jan Roberts and Elayne Mitchell, Official Visitors Program
- Commission reception with Ministers Jai Rowell, Jillian Skinner and Kevin Humphries
7 - Peter Carter, NSW Ministry of Health
- Schizophrenia Fellowship luncheon
- Brendan Thomas, Department of Attorney General and Justice
- David Butt, National Mental Health Commission
8 - See Me Hear Me exhibition opening
- University of New South Wales Child Development Study
12 - Network of Alcohol and Other Drug Agencies Awards
13 - Merging Minds Conference
14 - Neville Onley, NSW Ministry of Health
15 - Ken Whelan, NSW Ministry of Health
- Con Georgiou, Suzie Graham and Tim Rayner, One Million Acts of Innovation, Daniela Solomon, Black Dog Institute, Mark Larsen, National Institute for Mental Health Research and Jonathan Nichols, ReachOut.com by Inspire Foundation
16 - Gary Galambos, Royal Australian and New Zealand College of Psychiatry
20 - Auburn Community Suicide Prevention meeting
22 - Megan Jones and Margaret Betteridge, Tanner Kibble Denton Architects
23 - Community Advisory Council meeting
26 - Jane Byrnes, Young and Well Cooperative Research Centre
- Jorgen Gullestrup, MATES in Construction
28 - St Vincents Hospital Raymond Seidler Memorial Fund breakfast
- Housing and Mental Health Annual forum
- National Disability Insurance Scheme Steering Committee meeting
29 - Dr Rod Mackay, NSW Ministry of Health
- Ken Whelan, NSW Ministry of Health
- Mental Health Policy Unit launch
30 - Peter Joseph and Helen Christensen, Workplace Mental Health Solutions
- Generation Next Conference
- Rob Ramjam, Schizophrenia Fellowship of NSW

June
10 - Community Sector Reference Group meeting
- Professor Tim Lambert, University of Sydney
12 - Stephen O’Connor, Legal Aid NSW
- Rev Keith Garner, Lifeline
16 - Peter Carter and Nikki Maloney, NSW Ministry of Health
17 - beyondblue Board Meeting
- Minister Jai Rowell’s Office
- Deputy Commissioners meeting
18 - Mission Australia Report launch
- Richard and Norbert Schweizer - featured in Sydney Morning Herald Two of us feature
19 - Mary Foley, NSW Ministry of Health forum
- Amanda Tattersall, Sydney Alliance
20 - Local Health District and Specialty Network Board Members Conference
- Her Excellency Professor The Hon. Marie Bashir AO CVO Dinner
24 - Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention conference
25 - Philip Gandar and Sebastian Rosenberg, Synergia
26 - Thought Leadership Group towards a Community Investment Collective breakfast
- Anne Dean and Toby McKinnon, Justice Health and Forensic Mental Health Network
- Jo Lunn, We Help Ourselves
27 - Cain Beckett, Disability Council NSW
- David Butt, Fran Silvestri and Grant Sara, National Mental Health Commission
30 - Minister Jai Rowell’s Office
- Peter Carter, Robyn Gamble and Raj Verma, NSW Ministry of Health
The NSW Government committed to providing $30 million over three years, commencing 2012-13, for the establishment and operations of the Commission.

The Commission’s 2012-13 initial budget was $8.3 million. However, as its expenses were lower than anticipated during that start-up year, the Commission advised the Ministry of Health (as the lead agency in the Health cluster) and Treasury that it would not require the full $8.3 million.

Accordingly, $2 million of the Commission’s 2012-13 grant funding was rolled over into 2013-14, resulting in a budget allocation of $10.3 million in 2013-14.

As its expenses were lower than anticipated in the reporting year, the Ministry of Health was advised and an amount of $845,000 was rolled over into the following year 2014-15.

The balance of funds available to the Commission as part of the NSW Government’s $30 million commitment will be utilised by the Commission for initiation, implementation and innovation activities supporting the draft Strategic Plan for Mental Health in NSW.

**Detailed Budget 2013-2014**

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount $’000</th>
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<td><strong>EXPENSES</strong></td>
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<td>Operating expenses</td>
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<td>Other operating expenses</td>
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<td>Depreciation and amortisation</td>
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<tr>
<td>Grants and subsidies</td>
<td>4,290</td>
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<td><strong>Total expenses</strong></td>
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<td><strong>REVENUE</strong></td>
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<td>Recurrent grant from Ministry of Health</td>
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<td><strong>Total revenue</strong></td>
<td>10,487</td>
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<td><strong>Net result</strong></td>
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**Budget Outline 2014-2015**

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<td>Grants and subsidies</td>
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<td><strong>Total expenses</strong></td>
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<td><strong>REVENUE</strong></td>
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<td>Recurrent grant from Ministry of Health</td>
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<td>Investment revenue</td>
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<td>Long service leave liability assumed by Crown</td>
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<td><strong>Total revenue</strong></td>
<td>9,710</td>
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<tr>
<td><strong>Net result</strong></td>
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Financial overview

Statement of Comprehensive Income

The Commission’s favourable net result of $626,000 resulted from a greater focus on the development of the draft Strategic Plan for Mental Health in NSW and the subsequent deferral of other expected items of expenditure.

Operating result 2013–14

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<td>Expenses</td>
<td>9,287</td>
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<tr>
<td>Revenue</td>
<td>9,913</td>
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<td>Net result</td>
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Financial position 2013–14

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<td>Assets</td>
<td>2,781</td>
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<tr>
<td>Liabilities</td>
<td>952</td>
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<tr>
<td>Net assets</td>
<td>1,829</td>
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</table>

Revenue

The Commission’s main source of revenue is a recurrent fund grant ($9,354,000) and a capital fund grant ($300,000) from Treasury, received via the cluster head, the Ministry of Health. Other revenue includes interest from cash deposits at banks and acceptance by the Crown Entity of employee benefits and other liabilities. The Commission does not provide services and does not generate any revenue from its activities.

Expenses

Total expenses were $9,287,000, including employee-related expenses of $2,691,000, other operating expenses $3,501,000, depreciation and amortisation of $130,000, grants and subsidies $2,962,000 and finance costs of $3,000.

Assets

Assets of $2,781,000 comprised cash of $1,902,000, receivables of $297,000, office fit-out, furniture and information technology equipment of $502,000 and computer software of $80,000. The Commission does not own or lease any motor vehicles and does not own any property.

Liabilities

Liabilities amount to $952,000 comprising total current payables of $585,000 and current leave provisions of $247,000, non-current leave provision of $2,000 and a make good provision of $118,000 in relation to the Commission’s office accommodation lease.

Net Equity

Equity amounts to $1,829,000 and increased over last year by $626,000. This was because the increase in liabilities of $35,000 during the year was significantly lower than the increase in assets which was $661,000.
INDEPENDENT AUDITOR’S REPORT

Mental Health Commission of New South Wales

To Members of the New South Wales Parliament

I have audited the accompanying financial statements of the Mental Health Commission of New South Wales (the Commission), which comprise the statement of financial position as at 30 June 2014, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information of the Commission and the consolidated entity. The consolidated entity comprises the Commission and the entities it controlled at the year’s end or from time to time during the financial year.

Opinion

In my opinion, the financial statements:

- give a true and fair view of the financial position of the Commission and the consolidated entity as at 30 June 2014, and their financial performance and cash flows for the year then ended in accordance with Australian Accounting Standards
- are in accordance with section 41B of the Public Finance and Audit Act 1983 (the PF&A Act) and the Public Finance and Audit Regulation 2010.

My opinion should be read in conjunction with the rest of this report.

The Mental Health Commissioner’s Responsibility for the Financial Statements

The Mental Health Commissioner is responsible for the preparation of the financial statements that give a true and fair view in accordance with Australian Accounting Standards and the PF&A Act, and for such internal control as the Mental Health Commissioner determines is necessary to enable the preparation of financial statements that give a true and fair view and that are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I conducted my audit in accordance with Australian Auditing Standards. Those Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation of the financial statements that give a true and fair view in order to design audit procedures appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Mental Health Commissioner, as well as evaluating the overall presentation of the financial statements.
I believe the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

My opinion does not provide assurance:

- about the future viability of the Commission or the consolidated entity
- that it has carried out its activities effectively, efficiently and economically
- about the effectiveness of its internal control
- about the security and controls over the electronic publication of the audited financial statements on any website where they may be presented
- about other information which may have been hyperlinked to/from the financial statements.

**Independence**

In conducting my audit, I have complied with the independence requirements of the Australian Auditing Standards and other relevant ethical pronouncements. The PF&A Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General
- mandating the Auditor-General as auditor of public sector agencies, but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office of New South Wales are not compromised in their roles by the possibility of losing clients or income.

---

Steven Martin  
Assistant Auditor-General, Financial Audit Services  
22 September 2014  
SYDNEY
22 September 2014

Dear Mr Feneley

STATUTORY AUDIT REPORT

for the year ended 30 June 2014

Mental Health Commission of New South Wales

I have audited the financial statements of the Mental Health Commission of New South Wales (the Commission) as required by the Public Finance and Audit Act 1983 (PF&A Act). This Statutory Audit Report outlines the results of my audit for the year ended 30 June 2014, and details matters I found during my audit that are relevant to you in your role as one of those charged with the governance of the Commission. The PF&A Act requires that I send this report to the Commission, the Minister and the Treasurer.

This report is not the Independent Auditor’s Report, which expresses my opinion on the Commission’s financial statements. I have enclosed the Independent Auditor’s Report, together with the Commission’s financial statements.

My audit is designed to obtain reasonable assurance the financial statements are free from material misstatement. It is not designed to identify and report all matters you may find of governance interest. Therefore, other governance matters may exist, which have not been reported to you.

My audit is continuous. If I identify further significant matters, I will report these to you immediately.

Audit Result

I expressed an unmodified opinion on the Commission’s financial statements and I have not identified any significant matters since my previous Statutory Audit Report.

Misstatements in the Financial Statements

The financial statements contained misstatements which are listed in the attached Appendix.

Compliance with Legislative Requirements

My audit procedures are targeted specifically towards forming an opinion on the Commission’s financial statements. This includes testing whether the Commission has complied with legislative requirements that may materially impact on the financial statements. The results of the audit are reported in this context. My testing did not identify any reportable instances of non-compliance with legislative requirements.
Quality and Timeliness of Financial Reporting

Treasury Circular TC 14/02 ‘Mandatory early close procedures for 2014’ required the Commission to prepare certain aspects of the financial statements before year-end and provide the outcomes to the audit team. The Commission was required to submit its year-end information to Treasury and its financial statements to audit on 28 July 2014.

The Commission completed the mandatory early close procedures set out in the Circular and supplied the outcomes to the Audit Office within the specified timeframe. The Commission also submitted financial information to Treasury and the financial statements and supporting working papers to the Audit Office by the due date. We endorse this activity and recommend the agency continue to identify ways to meet an earlier reporting timetable.

Auditor-General’s Report to Parliament

As I have not identified any significant matters, commentary on the Commission’s financial operations will not appear in the Auditor-General’s Report to Parliament. Volume Thirteen of the 2014 Auditor-General’s Report to Parliament will advise the results of the audit.

Acknowledgment

I thank the Commission’s staff for their courtesy and assistance.

Yours sincerely

Steve Martin
Assistant Auditor-General, Financial Audit Services
Mental Health Commission of NSW

Financial Statements

30 June 2014
MENTAL HEALTH COMMISSION of NSW

STATEMENT BY THE COMMISSIONER

For and on behalf of the MENTAL HEALTH COMMISSION of NSW

I state that in my opinion

1. The accompanying financial statements exhibit a true and fair view of the financial position of the Commission as at 30 June 2014 and its financial performance for the year then ended.

2. The statements have been prepared in accordance with the provisions of the Public Finance and Audit Act 1983, the Public Finance and Audit Regulation 2010, applicable Australian Accounting Standards, Australian Accounting Interpretations, Treasurer's Directions and the Financial Reporting Code for NSW General Government Sector Entities.

As at 22 September 2014, I am not aware of any circumstances which would render any particulars included in the financial statements to be misleading or inaccurate.

John Feneley
Commissioner
For and on behalf of the
Mental Health Commission of NSW

22 September 2014
### Start of Audited Financial Statements

**MENTAL HEALTH COMMISSION of NSW**

**Statement of comprehensive income for the year ended 30 June 2014**

<table>
<thead>
<tr>
<th>Notes</th>
<th>Parent</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Actual</td>
</tr>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Expenses excluding losses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee related</td>
<td>2(a)</td>
<td>-</td>
</tr>
<tr>
<td>Personnel services</td>
<td>2(b)</td>
<td>2,487</td>
</tr>
<tr>
<td>Other operating expenses</td>
<td>2(c)</td>
<td>3,501</td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>2(d)</td>
<td>130</td>
</tr>
<tr>
<td>Grants and subsidies</td>
<td>2(e)</td>
<td>2,962</td>
</tr>
<tr>
<td>Finance costs</td>
<td>2(f)</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total expenses excluding losses</strong></td>
<td></td>
<td>9,083</td>
</tr>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment revenue</td>
<td>3(a)</td>
<td>55</td>
</tr>
<tr>
<td>Grants and contributions</td>
<td>3(b)</td>
<td>9,654</td>
</tr>
<tr>
<td>Acceptance by the Crown Entity of employee benefits and other liabilities</td>
<td>3(c)</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td></td>
<td>9,709</td>
</tr>
<tr>
<td>Net result</td>
<td></td>
<td>626</td>
</tr>
<tr>
<td>Other comprehensive income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total other comprehensive income</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL COMPREHENSIVE INCOME</strong></td>
<td></td>
<td>626</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
MENTAL HEALTH COMMISSION of NSW

Statement of financial position as at 30 June 2014

<table>
<thead>
<tr>
<th>Notes</th>
<th>Parent</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Actual</td>
</tr>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>ASSETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>4</td>
<td>1,902</td>
</tr>
<tr>
<td>Receivables</td>
<td>5</td>
<td>293</td>
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<td>Total Current Assets</td>
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<td></td>
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<tr>
<td></td>
<td>2,195</td>
<td>1,721</td>
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<tr>
<td>Non-Current Assets</td>
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<td></td>
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<tr>
<td>Plant and equipment</td>
<td>6</td>
<td>502</td>
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<tr>
<td>Intangible assets</td>
<td>7</td>
<td>80</td>
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<tr>
<td>Total Non-Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>582</td>
<td>399</td>
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<tr>
<td>Total Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>2,777</td>
<td>2,120</td>
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<td>LIABILITIES</td>
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<td></td>
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<tr>
<td>Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>8</td>
<td>830</td>
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<tr>
<td>Provisions</td>
<td>9</td>
<td>-</td>
</tr>
<tr>
<td>Total Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>830</td>
<td>816</td>
</tr>
<tr>
<td>Non-Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>9</td>
<td>118</td>
</tr>
<tr>
<td>Total Non-Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>118</td>
<td>101</td>
</tr>
<tr>
<td>Total Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>948</td>
<td>917</td>
</tr>
<tr>
<td>Net Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,829</td>
<td>1,203</td>
</tr>
<tr>
<td>EQUITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Equity</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1,829</td>
<td>1,203</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
## MENTAL HEALTH COMMISSION of NSW

Statement of changes in equity for the year ended 30 June 2014

<table>
<thead>
<tr>
<th></th>
<th>Notes</th>
<th>Parent Accumulated Funds $'000</th>
<th>Consolidated Accumulated Funds $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2014</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 July 2013</td>
<td></td>
<td>1,203</td>
<td>1,203</td>
</tr>
<tr>
<td>Net result for the year</td>
<td></td>
<td>626</td>
<td>626</td>
</tr>
<tr>
<td>Total other comprehensive income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td></td>
<td>626</td>
<td>626</td>
</tr>
<tr>
<td><strong>Balance at 30 June 2014</strong></td>
<td></td>
<td>1,829</td>
<td>1,829</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Notes</th>
<th>Parent Accumulated Funds $'000</th>
<th>Consolidated Accumulated Funds $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2013</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 July 2012</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net result for the year</td>
<td></td>
<td>1,203</td>
<td>1,203</td>
</tr>
<tr>
<td>Total other comprehensive income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td></td>
<td>1,203</td>
<td>1,203</td>
</tr>
<tr>
<td><strong>Balance at 30 June 2013</strong></td>
<td></td>
<td>1,203</td>
<td>1,203</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements
### Statement of cash flows for the year ended 30 June 2014

<table>
<thead>
<tr>
<th>Notes</th>
<th>Parent</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Actual</td>
<td>Actual</td>
</tr>
<tr>
<td></td>
<td>2014 $'000</td>
<td>2013 $'000</td>
</tr>
<tr>
<td><strong>CASH FLOWS FROM OPERATING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payments</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee related</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Personnel services</td>
<td>(2,281)</td>
<td>(862)</td>
</tr>
<tr>
<td>Grants and subsidies</td>
<td>(3,523)</td>
<td>(519)</td>
</tr>
<tr>
<td>Other</td>
<td>(3,946)</td>
<td>(835)</td>
</tr>
<tr>
<td><strong>Total Payments</strong></td>
<td>(9,750)</td>
<td>(2,216)</td>
</tr>
<tr>
<td>Receipts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest received</td>
<td>28</td>
<td>2</td>
</tr>
<tr>
<td>Grants and contributions</td>
<td>9,654</td>
<td>4,150</td>
</tr>
<tr>
<td>Other</td>
<td>664</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Receipts</strong></td>
<td>10,346</td>
<td>4,152</td>
</tr>
<tr>
<td><strong>NET CASH FLOWS FROM OPERATING ACTIVITIES</strong></td>
<td>13</td>
<td>596</td>
</tr>
<tr>
<td><strong>CASH FLOWS FROM INVESTING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchases of land and buildings and plant and equipment</td>
<td>(277)</td>
<td>(353)</td>
</tr>
<tr>
<td><strong>NET CASH FLOWS FROM INVESTING ACTIVITIES</strong></td>
<td>(277)</td>
<td>(353)</td>
</tr>
<tr>
<td><strong>NET INCREASE/(DECREASE) IN CASH</strong></td>
<td>319</td>
<td>1,583</td>
</tr>
<tr>
<td>Opening cash and cash equivalents</td>
<td>1,583</td>
<td>-</td>
</tr>
<tr>
<td><strong>CLOSING CASH AND CASH EQUIVALENTS</strong></td>
<td>4</td>
<td>1,902</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
1 Summary of significant accounting policies

(a) Reporting entity

The Mental Health Commission of NSW (the Commission) is a NSW government entity established under the Mental Health Commission Act 2012. The Commission is a not-for-profit entity (as profit is not its principal objective) and it has no cash generating units. The reporting entity is consolidated as part of the NSW Total State Sector Accounts. The Commission as a reporting entity incorporates the Mental Health Commission Staff Agency under its control.

In the process of preparing the consolidated financial statements for the economic entity, including the controlled entity, all inter-entity transactions and balances have been eliminated.

The Mental Health Commission Staff Agency (the Agency) provides personnel services to the Commission because the Commission cannot employ staff. The head of the Agency is the Secretary of the Ministry of Health.

The Commission is domiciled in Australia and its principal office is at Gladesville, NSW.

These financial statements for the year ended 30 June 2014 have been authorised for issue by the Commissioner on 22 September 2014.

(b) Basis of preparation

The financial statements of the Commission are general purpose financial statements prepared on an accruals basis and in accordance with applicable Australian Accounting Standards (which include Australian Accounting Interpretations), the requirements of the Public Finance and Audit Act 1983, the Public Finance and Audit Regulation 2010 and the Financial Reporting Directions published in the Financial Reporting Code for NSW General Government Sector Entities or issued by the Treasurer.

Except for certain assets and liabilities, which are measured at fair value as noted, the financial statements are prepared in accordance with the historical cost convention.

Judgements, key assumptions and estimations that management has made are disclosed in the relevant notes to the financial statements.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

(i) New Australian Accounting Standards issued but not effective

In the current year the Commission has adopted all of the new and revised Standards and Interpretations issued by the AASB that are relevant to the operations and effective for the current reporting period. Details of the impact of the adoption of these new accounting standards are set out in these accounting policy notes to the financial statements.

Certain new accounting standards and interpretations have been published that are not mandatory for the 30 June 2014 reporting period. In accordance with the NSW Treasury mandate (NSWTC 14/03), the Commission did not early adopt any of these accounting standards and interpretations that are not yet effective.
1 Summary of significant accounting policies (continued)

The Commission’s assessment of the impact of these new standards and interpretations is that they will not materially affect any of the amounts recognised in the financial statements or significantly impact the disclosures in relation to the Commission.

(ii) Statement of compliance

The financial statements and notes comply with Australian Accounting Standards, which include Australian Accounting Interpretations.

(c) Cash and cash equivalents

Cash and cash equivalents are cash on hand (petty cash advance) and operating grants as deposits at bank.

For the purposes of the statement of cash flows, cash and cash equivalents include cash on hand and at bank.

(d) Trade and other receivables

Receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. Receivables are recognised initially at fair value, based on the original invoice. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment. Any changes are recognised in the net result for the year when impaired, derecognised or through the amortisation process. An impairment provision is recognised when there is objective evidence that the Commission will not be able to collect the receivable. Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. Debts which are known to be uncollectible are written off as identified.

(e) Derecognition of financial assets and financial liabilities

A financial asset is derecognised when the contractual rights to the cash flows from the financial assets expire; or if the Commission transfers the financial asset:

* Where substantially all the risks and rewards have been transferred; or
* Where the Commission has not transferred substantially all the risks and rewards, if the entity has not retained control.

Where the Commission has neither transferred nor retained substantially all the risks and rewards or transferred control, the asset is recognised to the extent of the Commission’s continuing involvement in the asset.

A financial liability is derecognised when the obligation specified in the contract is discharged, cancelled or expires.
1 Summary of significant accounting policies (continued)

(f) Plant and equipment

(i) Acquisition of assets

Assets acquired are initially recognised at cost. Cost is the amount of cash or cash equivalents paid or the fair value of other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the requirements of other Australian Accounting Standards.

Assets acquired at no cost, or for nominal consideration, are initially recognised at their fair value at the date of acquisition.

Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at measurement date.

Where payment for an asset is deferred beyond normal credit terms, its cost is the cash price equivalent, i.e. deferred payment amount is effectively discounted at an asset-specific rate.

(ii) Capitalisation thresholds

The capitalisation threshold is $5,000 for physical non-current assets including computer equipment. Networked assets are aggregated for testing under this policy.

(iii) Revaluation of property, plant and equipment

Physical non-current assets are valued in accordance with the 'Valuation of Physical Non-Current Assets at Fair Value' Policy and Guidelines Paper (TPP 14-01). This policy adopts fair value in accordance with AASB 13 Fair Value Measurement and AASB 116 Property, Plant and Equipment.

Plant and equipment is measured at the highest and best use by market participants that is physically possible, legally permissible and financially feasible. The highest and best use must be available at a period that is not remote and take into account the characteristics of the asset being measured, including socio-political restrictions imposed by government. In most cases, after taking into account these considerations, the highest and best use is the existing use. In limited circumstances, the highest and best use may be a feasible alternative use, where there are no restrictions on use or where there is a feasible higher restricted alternative use.

Fair value of plant and equipment is based on a market participants' perspective, using valuation techniques (market approach, cost approach, income approach) that maximise relevant observable inputs and minimise unobservable inputs.

Most of the Commission’s assets (hardware, equipment, leasehold improvements and furniture) are non-specialised with short useful lives and are therefore measured at depreciated historical cost, as a surrogate for fair value.
1 Summary of significant accounting policies (continued)

(g) Intangible assets

The Commission recognises intangible assets only if it is probable that future economic benefits will flow to the Commission and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value at the date of acquisition. The capitalisation threshold for intangible assets is $5,000.

All research costs are expensed in the statement of comprehensive income. Development costs are only capitalised when certain criteria are met.

The useful lives of intangible assets are assessed to be finite.

Intangible assets are subsequently measured at fair value only if there is an active market. As there is no active market for the Commission’s intangible assets, the assets are carried at cost less any accumulated amortisation and any accumulated impairment losses.

The Commission’s intangible assets are amortised using the straight line method. During the year the Commission reassessed the useful lives of its intangible assets to determine the appropriate amortisation rates for these assets. The review indicated the following useful lives.

<table>
<thead>
<tr>
<th>Asset class</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Software</td>
<td>4 years</td>
<td>4 years</td>
</tr>
</tbody>
</table>

Intangible assets are tested for impairment where an indicator of impairment exists. If the recoverable amount is less than its carrying amount the carrying amount is reduced to recoverable amount and the reduction is recognised as an impairment loss.

(h) Leases

Where a non-current asset is acquired by means of a finance lease, at the commencement of the lease term, the asset is recognised at its fair value or, if lower, the present value of the minimum lease payments, at the inception of the lease. The corresponding liability is established at the same amount. Lease payments are allocated between the principal component and the interest expense.

Operating lease payments are charged to the statement of comprehensive income in the periods in which they are incurred.

(i) Trade and other payables

These amounts represent liabilities for goods and services provided to the Commission and other amounts. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. The amounts are unsecured and usually paid within 30 days of recognition.
1 Summary of significant accounting policies (continued)

(j) Employee benefits and other provisions

i) Salaries and wages, annual leave, sick leave and on-costs

Salaries and wages (including non-monetary benefits) and paid sick leave that are expected to be settled wholly within 12 months after the end of the period in which the employee renders the service are recognised and measured at the undiscounted amounts of the benefits.

Annual leave is not expected to be settled wholly before twelve months after the end of the annual reporting period in which the employees render the related service. As such, it is required to be measured at present value in accordance with AASB 119 Employee Benefits (although short-cut methods are permitted). Actuarial advice obtained from Treasury has confirmed that the use of a nominal approach plus the annual leave on accrued annual leave liability (using 7.9% of the nominal value of annual leave) can be used to approximate the present value of the annual leave liability. The Commission has assessed the actuarial advice based on the Commission's circumstances and has determined that the effect of discounting is immaterial to annual leave.

Unused non-vesting sick leave does not give rise to a liability as it is considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

The Commission employs staff through the Agency and there are no provisions for employee benefits in the parent entity.

ii) Long service leave and superannuation

The Commission's liabilities for long service leave and defined benefit superannuation are assumed by the Crown Entity. The Commission accounts for the liability as having been extinguished, resulting in the amount assumed being shown as part of the non-monetary revenue item described as 'Acceptance by the Crown Entity of employee benefits and other liabilities'.

Long service leave is measured at present value in accordance with AASB 119 Employee Benefits. This is based on the application of certain factors (specified in NSWTC 14/04) to employees with five or more years of service, using current rates of pay. These factors were determined based on an actuarial review to approximate present value.

The superannuation expense for the financial year is determined by using the formulae specified in the Treasurer's Directions. The expense for certain superannuation schemes (i.e. Basic Benefit and First State Super) is calculated as a percentage of the employees' salary. For other superannuation schemes (i.e. State Superannuation Scheme and State Authorities Superannuation Scheme), the expense is calculated as a multiple of the employees' superannuation contributions.

iii) Consequential on-costs

Consequential costs to employment are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised. This includes outstanding amounts of payroll tax, workers' compensation insurance premiums and fringe benefits tax.
1 Summary of significant accounting policies (continued)

iv) Other provisions

Other provisions are recognised when the Commission has an obligation (legal or constructive) to make a future sacrifice of economic benefits to other entities as a result of past transactions or other past events and such future sacrifice of economic benefits is probable and the amount can be measured reliably.

Provisions are measured at the present value of management’s best estimate of the expenditure required to settle the present obligation at the reporting date. The discount rate used to determine the present value reflects current market assessments of the time value of money and the risks specific to the liability. The increase in the provision due to the passage of time is recognised in finance costs.

Provisions relate to make good costs on the Commission’s leased office premises. The provision is calculated using an average rate of $180.00 per square metre for office accommodation assets indexed for inflation using the budget rate of 2.5% and discounted to present value using an interest rate reflective of the relevant time period.

(k) Borrowings costs

The Commission recognises borrowing costs as an expense in the period in which it is incurred, in accordance with Treasury’s Mandate to not-for-profit general government sector entities.

(l) Insurance

The Commission’s insurance activities are conducted through the NSW Treasury Managed Fund Scheme of self insurance for Government agencies. The expense (premium) is determined by the Fund Manager based on past claim experience.

(m) Revenue recognition

Revenue is measured at the fair value of the consideration or contribution received or receivable.

Revenue from rendering of services is recognised when the service is provided.

Revenue is recognised when the Commission has received or has the right to receive inflows of economic benefits, and the right to receive them is probable and can be reliably measured. Interest revenue is recognised as it accrues, using the effective interest method.

Grants from government are recognised as revenue when the Commission obtains control over the assets comprising the grant. Control over the contributions is normally obtained upon the receipt of the cash provided there are no conditions attached.
1 Summary of significant accounting policies (continued)

(n) Goods and services tax (GST)

Revenues, expenses and assets are recognised net of associated GST, unless the GST incurred is not recoverable from the taxation authority. In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of GST receivable or payable. The net GST recoverable from, or payable to, the taxation authority is included within other receivables or payables in the statement of financial position.

Cash flows are included in the statement of cash flows on a gross basis. However, the GST components of cash flows arising from investing and financing activities which are recoverable from, or payable to the ATO are classified as operating cash flows.

(o) Fair value hierarchy

A number of the Commission's accounting policies and disclosures require the measurement of fair values, for both financial assets and liabilities. When measuring fair value, the valuation technique used maximises the use of relevant observable inputs and minimises the use of unobservable inputs. Under AASB 13, the Commission categorises, for disclosure purposes, the valuation techniques based on the inputs used in the valuation techniques as follows:

* Level 1 - quoted prices in active markets for identical assets/liabilities that the entity can access at the measurement date.
* Level 2 - inputs other than quoted prices included within Level 1 that are observable, either directly or indirectly.
* Level 3 - inputs that are not based on observable market data (unobservable inputs).

The Commission recognises transfers between levels of the fair value hierarchy at the end of the reporting period during which the change has occurred.

Refer Note 14 for further disclosures regarding fair value measurements of financial assets.

(p) Equity - Accumulated Funds

The category 'Accumulated Funds' includes all current and prior period retained funds.

(q) Budgeted amounts

The budgeted amounts are drawn from the original budgeted financial statements presented to Parliament in respect of the reporting period, as adjusted for section 24 of the PFAA where there has been a transfer of functions between departments. Other amendments made to the budget are not reflected in the budgeted amounts.

(r) Comparative information

Except when an Australian Accounting Standards permits or requires otherwise, comparative information is presented in respect of the previous period for all amounts reported in the financial statements.
### Financial information

#### MENTAL HEALTH COMMISSION of NSW

<table>
<thead>
<tr>
<th></th>
<th>Parent 2014 $’000</th>
<th>Parent 2013 $’000</th>
<th>Consolidated 2014 $’000</th>
<th>Consolidated 2013 $’000</th>
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<tbody>
<tr>
<td>Expenses excluding losses</td>
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<td>(a) Employee related expenses</td>
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<td></td>
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<tr>
<td>Salaries and wages (including annual leave)*</td>
<td>-</td>
<td>-</td>
<td>2,169</td>
<td>883</td>
</tr>
<tr>
<td>Superannuation - defined contribution plans</td>
<td>-</td>
<td>-</td>
<td>159</td>
<td>37</td>
</tr>
<tr>
<td>Long service leave</td>
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<td>87</td>
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<tr>
<td>Workers’ compensation insurance</td>
<td>-</td>
<td>-</td>
<td>22</td>
<td>1</td>
</tr>
<tr>
<td>Payroll tax and fringe benefit tax</td>
<td>-</td>
<td>-</td>
<td>137</td>
<td>44</td>
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<tr>
<td>Total employee related expenses</td>
<td>-</td>
<td>-</td>
<td>2,601</td>
<td>1,052</td>
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<td>(b) Personnel services</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Salaries and wages (including annual leave)*</td>
<td>2,169</td>
<td>883</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Superannuation - defined contribution plans</td>
<td>159</td>
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<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Workers’ compensation insurance</td>
<td>22</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Payroll tax and fringe benefit tax</td>
<td>137</td>
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<td>Total personnel services</td>
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<td>(c) Other operating expenses</td>
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<td>Auditor’s remuneration - audit of the financial report</td>
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<td>27</td>
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<td>Internal Audit Committee fees</td>
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<td>11</td>
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<td>Computer maintenance, software licences and other related expenditure</td>
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<td>355</td>
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<td>Contractors and short term staff</td>
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<td>459</td>
<td>1,702</td>
<td>459</td>
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<td>Equipment</td>
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<td>24</td>
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<td>24</td>
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<td>Fee for services rendered</td>
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<td>Insurance</td>
<td>3</td>
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<td>Maintenance +</td>
<td>8</td>
<td>4</td>
<td>8</td>
<td>4</td>
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<tr>
<td>Motor vehicle running costs</td>
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<td>-</td>
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<td>Operating lease rental expense-minimum lease payments</td>
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<td>143</td>
<td>119</td>
<td>143</td>
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<td>20</td>
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<td>Printing, postage and stationery</td>
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<td>57</td>
<td>33</td>
<td>57</td>
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<td>Staff development</td>
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<td>19</td>
<td>38</td>
<td>19</td>
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<td>Travelling, removal and subsistence</td>
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<td>61</td>
<td>177</td>
<td>61</td>
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<tr>
<td>Utilities</td>
<td>44</td>
<td>-</td>
<td>44</td>
<td>-</td>
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<tr>
<td>Other</td>
<td>103</td>
<td>20</td>
<td>103</td>
<td>20</td>
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<td>Total other operating expenses</td>
<td>3,501</td>
<td>1,467</td>
<td>3,501</td>
<td>1,467</td>
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</tbody>
</table>

* Reconciliation - total maintenance

Maintenance expense - contractor labour and other (non-employee related), as above

<table>
<thead>
<tr>
<th></th>
<th>Parent 2014 $’000</th>
<th>Parent 2013 $’000</th>
<th>Consolidated 2014 $’000</th>
<th>Consolidated 2013 $’000</th>
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<tbody>
<tr>
<td>Employee related maintenance expense included in Note 2 (a)</td>
<td>-</td>
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<tr>
<td>Total maintenance expenses included in Note 2 (a) and 2 (c)</td>
<td>8</td>
<td>4</td>
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## Financial information

### MENTAL HEALTH COMMISSION of NSW

#### 2. Expenses excluding losses (continued)

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<tbody>
<tr>
<td></td>
<td>$’000</td>
<td>$’000</td>
<td>$’000</td>
<td>$’000</td>
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<td>(d) Depreciation and amortisation expense</td>
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<td>Depreciation</td>
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<td>Computer equipment</td>
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<td>5</td>
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<tr>
<td>Furniture and equipment</td>
<td>13</td>
<td>6</td>
<td>13</td>
<td>6</td>
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<tr>
<td>Plant and equipment</td>
<td>8</td>
<td>-</td>
<td>8</td>
<td>-</td>
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<td>Leasehold improvements</td>
<td>75</td>
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<td>Total depreciation</td>
<td>124</td>
<td>31</td>
<td>124</td>
<td>31</td>
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<tr>
<td>Amortisation</td>
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<td></td>
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<td></td>
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<td>Intangibles</td>
<td>6</td>
<td>-</td>
<td>6</td>
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<tr>
<td>Total amortisation</td>
<td>6</td>
<td>-</td>
<td>6</td>
<td>-</td>
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<tr>
<td>Total depreciation and amortisation</td>
<td>130</td>
<td>31</td>
<td>130</td>
<td>31</td>
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<tr>
<td>(e) Grants and subsidies</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>NSW Consumer Advisory Group - Mental Health Inc</td>
<td>540</td>
<td>195</td>
<td>540</td>
<td>195</td>
</tr>
<tr>
<td>Mental Health Association NSW</td>
<td>446</td>
<td>-136</td>
<td>446</td>
<td>436</td>
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<tr>
<td>Mental Health Care ARAFMI NSW Inc</td>
<td>356</td>
<td>338</td>
<td>346</td>
<td>338</td>
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<tr>
<td>Beyond Blue Limited</td>
<td>1,200</td>
<td>1,200</td>
<td>1,200</td>
<td>1,200</td>
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<tr>
<td>NSW Consumer Advisory Group - Mental Health Inc</td>
<td>-</td>
<td>-166</td>
<td>-</td>
<td>466</td>
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<tr>
<td>Australian Housing and Urban Research Institute</td>
<td>-</td>
<td>32</td>
<td>-</td>
<td>32</td>
</tr>
<tr>
<td>Suicide Prevention Australia</td>
<td>-</td>
<td>5</td>
<td>-</td>
<td>5</td>
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<tr>
<td>Other grants and subsidies</td>
<td>430</td>
<td>-</td>
<td>430</td>
<td>-</td>
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<tr>
<td>Total grants and subsidies</td>
<td>2,902</td>
<td>2,672</td>
<td>2,962</td>
<td>2,672</td>
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<tr>
<td>(f) Finance costs</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Unwinding of discount rate</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Total finance costs</td>
<td>3</td>
<td>3</td>
<td>3</td>
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</table>
### Financial information

#### MENTAL HEALTH COMMISSION of NSW

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>(a) Investment revenue</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest received on bank accounts</td>
<td>55</td>
<td>27</td>
<td>55</td>
<td>27</td>
</tr>
<tr>
<td>Total Interest on bank accounts</td>
<td>55</td>
<td>27</td>
<td>55</td>
<td>27</td>
</tr>
<tr>
<td><em>(b) Grants and contributions</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating grant from the NSW Ministry of Health</td>
<td>9,354</td>
<td>6,300</td>
<td>9,354</td>
<td>6,300</td>
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<tr>
<td>Capital grant from the NSW Ministry of Health</td>
<td>300</td>
<td>-</td>
<td>300</td>
<td>-</td>
</tr>
<tr>
<td>Asset gifted from the NSW Ministry of Health</td>
<td>-</td>
<td>14</td>
<td>-</td>
<td>14</td>
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<tr>
<td>Total grants and contributions</td>
<td>9,654</td>
<td>6,314</td>
<td>9,654</td>
<td>6,314</td>
</tr>
</tbody>
</table>

The Mental Health Commission of NSW does not have any conditions attached to the grants received from the NSW Ministry of Health.

*(c) Acceptance by the Crown Entity of employee benefits and other liabilities*

The following liabilities and/or expenses have been assumed by the Crown Entity or other government agencies:

- Long service leave
- Total liabilities assumed by the Crown Entity

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long service leave</td>
<td>-</td>
<td>-</td>
<td>204</td>
<td>87</td>
</tr>
<tr>
<td>Total liabilities</td>
<td>-</td>
<td>-</td>
<td>204</td>
<td>87</td>
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### Financial information

#### MENTAL HEALTH COMMISSION of NSW

<table>
<thead>
<tr>
<th></th>
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<tr>
<td></td>
<td>2014</td>
<td>2013</td>
<td>2014</td>
<td>2013</td>
</tr>
<tr>
<td></td>
<td>$’000</td>
<td>$’000</td>
<td>$’000</td>
<td>$’000</td>
</tr>
<tr>
<td><strong>4. Current assets - cash and cash equivalents</strong></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Cash at bank and on hand</td>
<td>1,902</td>
<td>1,583</td>
<td>1,902</td>
<td>1,583</td>
</tr>
<tr>
<td>Total cash and cash equivalents</td>
<td>1,902</td>
<td>1,583</td>
<td>1,902</td>
<td>1,583</td>
</tr>
</tbody>
</table>

For the purposes of the statement of cash flows, cash and cash equivalents include cash on hand and cash at bank. Cash and cash equivalent assets recognised in the statement of financial position are reconciled at the end of financial year to the statement of cash flows as follows:

<table>
<thead>
<tr>
<th></th>
<th>Parent</th>
<th>Consolidated</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014</td>
<td>2013</td>
<td>2014</td>
<td>2013</td>
</tr>
<tr>
<td></td>
<td>$’000</td>
<td>$’000</td>
<td>$’000</td>
<td>$’000</td>
</tr>
<tr>
<td>Cash and Cash equivalents (per statement of financial position)</td>
<td>1,902</td>
<td>1,583</td>
<td>1,902</td>
<td>1,583</td>
</tr>
<tr>
<td>Closing cash and cash equivalents (per statement of cash flows)</td>
<td>1,902</td>
<td>1,583</td>
<td>1,902</td>
<td>1,583</td>
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</tbody>
</table>

Refer Note 14 for details regarding credit risk, liquidity risk and market risk arising from financial instruments.

#### 5. Current/non-current assets - receivables

<table>
<thead>
<tr>
<th></th>
<th>Parent</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014</td>
<td>2013</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$’000</td>
<td>$’000</td>
<td></td>
<td></td>
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<tr>
<td><strong>Current</strong></td>
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<tr>
<td>sundry receivables</td>
<td>13</td>
<td>8</td>
<td>17</td>
<td>8</td>
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<tr>
<td>Less : Allowance for impairment</td>
<td>-</td>
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<td>-</td>
<td>-</td>
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<tr>
<td></td>
<td>13</td>
<td>8</td>
<td>17</td>
<td>8</td>
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<td>Prepayments - Other</td>
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<td>36</td>
<td>167</td>
<td>36</td>
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<td>Interest receivable</td>
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<td>25</td>
<td>27</td>
<td>25</td>
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<td>GST receivable (net)</td>
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<td>69</td>
<td>56</td>
<td>69</td>
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<tr>
<td>Total receivables</td>
<td>293</td>
<td>138</td>
<td>297</td>
<td>138</td>
</tr>
</tbody>
</table>

**Movement in the allowance for impairment**

<table>
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<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014</td>
<td>2013</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>$’000</td>
<td>$’000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 July</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Balance at 30 June</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
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</table>

Details regarding credit risk, liquidity risk and market risk, including financial assets that are either past due or impaired, are disclosed in Note 14.
6. Non-current assets – property, plant and equipment

### 2014

<table>
<thead>
<tr>
<th>Plant and Equipment S'000</th>
<th>Motor Vehicles S'000</th>
<th>Computer Equipment S'000</th>
<th>Furniture and Equipment S'000</th>
<th>Leasehold Improvements S'000</th>
<th>Total S'000</th>
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<tbody>
<tr>
<td>38</td>
<td>-</td>
<td>22</td>
<td>59</td>
<td>311</td>
<td>450</td>
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</tbody>
</table>

**Accumulated depreciation and impairment**

| -                        | -                    | -                        | (5)                           | (20)                        | (21)        |

**Net carrying amount**

| 38                       | -                    | 17                       | 53                            | 291                         | 399         |

### At 30 June 2014 – fair value

**Gross carrying amount**

| 45                       | -                    | 152                      | 63                            | 395                         | 655         |

**Accumulated depreciation and impairment**

| 8                        | -                    | (33)                     | (18)                          | (20)                        | (125)       |

**Net carrying amount**

| 37                       | -                    | 119                      | 45                            | 291                         | 522         |

**Works in progress totaling 500 are included in property plant and equipment**

### Reconciliations

Reconciliations of the carrying amounts of each class of property, plant and equipment at the beginning and end of the current financial year are set out below.

#### 2014

<table>
<thead>
<tr>
<th>Year ended 30 June 2014</th>
<th>Plant and Equipment S'000</th>
<th>Motor Vehicles S'000</th>
<th>Computer Equipment S'000</th>
<th>Furniture and Equipment S'000</th>
<th>Leasehold Improvements S'000</th>
<th>Total S'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net carrying amount at start of year</td>
<td>38</td>
<td>-</td>
<td>17</td>
<td>53</td>
<td>291</td>
<td>399</td>
</tr>
<tr>
<td>Additions</td>
<td>7</td>
<td>-</td>
<td>130</td>
<td>5</td>
<td>71</td>
<td>213</td>
</tr>
<tr>
<td>Maku good</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>(8)</td>
<td>-</td>
<td>(28)</td>
<td>(13)</td>
<td>(75)</td>
<td>(125)</td>
</tr>
<tr>
<td>Net carrying amount at end of year</td>
<td>37</td>
<td>-</td>
<td>119</td>
<td>45</td>
<td>291</td>
<td>522</td>
</tr>
</tbody>
</table>

#### 2013

<table>
<thead>
<tr>
<th>Year ended 30 June 2013</th>
<th>Plant and Equipment S'000</th>
<th>Motor Vehicles S'000</th>
<th>Computer Equipment S'000</th>
<th>Furniture and Equipment S'000</th>
<th>Leasehold Improvements S'000</th>
<th>Total S'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net carrying amount at start of year</td>
<td>38</td>
<td>-</td>
<td>22</td>
<td>59</td>
<td>311</td>
<td>450</td>
</tr>
<tr>
<td>Additions</td>
<td>38</td>
<td>8</td>
<td>59</td>
<td>212</td>
<td>317</td>
<td>317</td>
</tr>
<tr>
<td>Asset gifted from the NSW Ministry of Health</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Maku good</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Depreciation expense</td>
<td>-</td>
<td>-</td>
<td>(5)</td>
<td>(4)</td>
<td>(20)</td>
<td>(21)</td>
</tr>
<tr>
<td>Net carrying amount at end of year</td>
<td>28</td>
<td>-</td>
<td>17</td>
<td>53</td>
<td>291</td>
<td>399</td>
</tr>
</tbody>
</table>
MENTAL HEALTH COMMISSION of NSW

7. Intangible assets

Parent and Consolidated

<table>
<thead>
<tr>
<th>2014 Software under</th>
<th>Software $'000</th>
<th>Construction $'000</th>
<th>Total $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>At 1 July 2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost (gross carrying amount)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated amortisation and impairment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net carrying amount</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 30 June 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost (gross carrying amount)</td>
<td>70</td>
<td>16</td>
<td>86</td>
</tr>
<tr>
<td>Accumulated amortisation and impairment</td>
<td>(6)</td>
<td>-</td>
<td>(6)</td>
</tr>
<tr>
<td>Net carrying amount</td>
<td>64</td>
<td>16</td>
<td>80</td>
</tr>
</tbody>
</table>

Reconciliations

Reconciliations of the carrying amounts of each class of intangibles at the beginning and end of the current and previous financial years are set out below.

<table>
<thead>
<tr>
<th>Period ended 30 June 2014</th>
<th>Software $'000</th>
<th>Construction $'000</th>
<th>Total $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net carrying amount at start of year</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additions</td>
<td>70</td>
<td>16</td>
<td>86</td>
</tr>
<tr>
<td>Amortisation expense</td>
<td>(6)</td>
<td>-</td>
<td>(6)</td>
</tr>
<tr>
<td>Net carrying amount at end of year</td>
<td>64</td>
<td>16</td>
<td>80</td>
</tr>
</tbody>
</table>

Mental Health Commission of NSW had no intangible assets in
### Financial Information

**MENTAL HEALTH COMMISSION of NSW**

<table>
<thead>
<tr>
<th>8. Current/non-current liabilities - payables</th>
<th>Parent</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014</td>
<td>2013</td>
</tr>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Current liabilities - payables</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accrued salaries, wages and on-costs</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Creditors</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>Accrued operating expenditure</td>
<td>491</td>
<td>682</td>
</tr>
<tr>
<td>Amounts owing to other government agencies</td>
<td>317</td>
<td>134</td>
</tr>
<tr>
<td>Total payables</td>
<td>830</td>
<td>816</td>
</tr>
</tbody>
</table>

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are included in Note 14.

<table>
<thead>
<tr>
<th>9. Current / non-current liabilities - provisions</th>
<th>Parent</th>
<th>Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014</td>
<td>2013</td>
</tr>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits and related on-costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual leave</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Long service leave on-costs</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total current provisions</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

| Non-current                                   |        |             |        |        |
|  Employee benefits and related on-costs       |        |             |        |        |
|  Long service leave on-costs                  | -      | -           | 2      | 1      |
| Other provisions                              |        |             |        |        |
|  Restoration                                  | 118    | 101         | 118    | 101    |
|  Total non-current provisions                  | 118    | 101         | 120    | 102    |
| Total Provisions                              | 118    | 101         | 367    | 183    |

**Aggregate employee benefits and related on-costs**

| Provisions - current                          |        |             |        |        |
| Provision - non-current                       | 247    | 81          |        |        |
| Accrued salaries, wages and on-costs (Note 8)|        |             | 2      | 1      |
| Total aggregate employee benefits and related costs |        |             | 303    | 115    |

The annual leave liability as at 30 June 2014 was $208,000 (2013: $70,000). This is based on leave entitlements at 30 June using remuneration rates to be payable post 30 June. Of this liability, the value expected to be paid within twelve months is $168,000 (2013: $35,000) and $40,000 ($35,000) after twelve months.

Restoration provision is the present value of the Commission’s obligation to make good leased premises at the reporting date. The assumed settlement is based on contractual lease term. The amount and timing of each estimate is reassessed annually.

**Movement in provisions (other than employee benefits)**

<table>
<thead>
<tr>
<th>2014</th>
<th>Parent and Consolidated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Restoration</td>
</tr>
<tr>
<td></td>
<td>$'000</td>
</tr>
<tr>
<td>Carrying amount at the beginning of the financial year</td>
<td>101</td>
</tr>
<tr>
<td>Additional provision recognised</td>
<td>14</td>
</tr>
<tr>
<td>Change in discount rate</td>
<td>1</td>
</tr>
<tr>
<td>Carrying amount at the end of the financial year</td>
<td>118</td>
</tr>
</tbody>
</table>
10. Commitments for expenditure

(a) Capital Commitments

Aggregate capital expenditure contracted for at balance date and not provided for:

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than one year</td>
<td>82</td>
<td>-</td>
</tr>
<tr>
<td>Total (including GST)</td>
<td>82</td>
<td>-</td>
</tr>
</tbody>
</table>

This is a single contract for the procurement of an Electronic Document and Records Management System.

(b) Operating Lease Commitments

Future non- cancellable operating lease rentals not provided for and payable:

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not later than one year</td>
<td>134</td>
<td>130</td>
</tr>
<tr>
<td>Later than one year but not later than five years</td>
<td>277</td>
<td>411</td>
</tr>
<tr>
<td>Total (including GST)</td>
<td>411</td>
<td>541</td>
</tr>
</tbody>
</table>

Operating leases relate to office accommodation. The lease is for a period of five years with an option to renew for a further five years. The lease payment is subject to annual CPI rent reviews on the anniversary of the commencement of the lease. The Commission does not have an option to purchase the leased asset at the expiry of the lease period. These commitments will be met from future grants from the NSW Ministry of Health.

These commitments are not recognised in the financial statements as liabilities. The total commitments above include input tax credits of $44,861 (2013: $49,000) that are expected to be recovered from the Australian Taxation Office.

11. Contingent liabilities and contingent assets

Contingent liabilities

No claims have been made against the entity which, if successful, would result in financial liabilities to the entity.

Contingent assets

No claims have been made by the entity which, if successful, would result in financial benefits to the entity.
MENTAL HEALTH COMMISSION of NSW

12. Budget review

General

The Commission was established under the Mental Health Commission Act 2012. On 1 July operations commenced, with Mr John Fenley appointed as Commissioner on 1 August 2012. This is the second full year of the Commission’s operations.

Net cost of services

The actual net result was a surplus of $626,000 (2013: $1,203,000) compared to a budgeted net cost of services of $21,000. The surplus was the result of factors across the full range of the Commission’s activities. Included in the surplus was capital grants revenue of $300,000. These funds were used to fund capital acquisitions, as was also the case in 2013. Excluding capital grants the operational surplus for the year is $254,000 from a total revenue budget of $10,487,000.

The savings in employee related expense of $1,123,000 reflect the status of the Commission’s recruitment program. Such savings were applied towards contractor costs. These costs are incurred under the category of other operating expenses. Contractors have provided staffing flexibility during the initial development phase of the Commission, in particular in relation to the development of the draft Strategic Plan for Mental Health in NSW. This activity included extensive community and sector consultation across NSW, in which, 2,100 people attended public forums and specialist stakeholder meetings.

Actual grants and subsidies paid were $2,962,000. These were under budget by $1,328,000. These savings are represented by $745,000 that was approved to be rolled over to the 2015 financial year, $204,000 of Crown Entity revenue provided to meet employee benefits and other liabilities, $300,000 of capital grant revenue and investment revenue of $35,000 for which there was no budget.

Assets and liabilities

Current assets mainly made up of cash and cash equivalents were in line with budget, reflecting tight control in this area.

A capital grant of $300,000 was provided this year, compared to no budget allocation in the 2013 financial year. (The Minister for Health approved conversion of recurrent funds to capital for this purpose in February 2014). Capital additions this year were $299,000. This includes non-current assets of $213,000 and $86,000 of intangible assets.

Current liabilities were lower than those budgeted by $1,200,000, reflecting in part a higher operating surplus and start-up budget assumptions made by the Commission.

Cash flows

Total payments by the Commission were largely in line with those budgeted. The Commission’s total cash receipts were $10,346,000, compared with $10,487,000 budgeted.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Net cash used on operating activities</td>
<td>596</td>
<td>1,936</td>
<td>596</td>
<td>1,936</td>
</tr>
<tr>
<td>Assets gifted from the NSW Ministry of Health</td>
<td>-</td>
<td>14</td>
<td>-</td>
<td>14</td>
</tr>
<tr>
<td>Depreciation and amortisation</td>
<td>(130)</td>
<td>(31)</td>
<td>(130)</td>
<td>(31)</td>
</tr>
<tr>
<td>Finance costs</td>
<td>-</td>
<td>(2)</td>
<td>-</td>
<td>(2)</td>
</tr>
<tr>
<td>Decrease / (increase) in creditors</td>
<td>(30)</td>
<td>(816)</td>
<td>(30)</td>
<td>(735)</td>
</tr>
<tr>
<td>Decrease / (increase) in provisions</td>
<td>(1)</td>
<td>-</td>
<td>(1)</td>
<td>(81)</td>
</tr>
<tr>
<td>Increase / (decrease) in prepayments and other assets</td>
<td>191</td>
<td>102</td>
<td>(91)</td>
<td>102</td>
</tr>
<tr>
<td>Net result</td>
<td>626</td>
<td>1,203</td>
<td>626</td>
<td>1,203</td>
</tr>
</tbody>
</table>
MENTAL HEALTH COMMISSION of NSW

14. Financial instruments

The Commission's principal financial instruments are outlined below. These financial instruments arise directly from the Commission's operation or are required to finance the Commission's operations. The Commission does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes. The Commission's main risks arising from financial instruments are outlined below, together with the Commission's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout these financial statements.

The Commissioner has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risks faced by the Commission, to set risk limits and controls and to monitor risks. Compliance with policies is reviewed by the Commissioner on a continuous basis. The Commissioner receives advice in relation to risks from the independent Audit and Risk Committee that was established in April 2013.

The Commission holds the following financial instruments. Statutory assets or liabilities that are not contractual (e.g. taxes, GST) as well as prepayments and unearned revenue are not financial liabilities or assets. Therefore, they are excluded from AASB 7 Financial Instruments: Disclosures.

(a) Financial instrument categories

<table>
<thead>
<tr>
<th>Financial Assets</th>
<th>Category</th>
<th>Carrying Amount:</th>
<th>Carrying Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class:</td>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>4</td>
<td>N/A</td>
<td>Loans and receivables (at amortised cost)</td>
</tr>
<tr>
<td>Receivables</td>
<td>5</td>
<td></td>
<td>40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial Liabilities</th>
<th>Category</th>
<th>Carrying Amount:</th>
<th>Carrying Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class:</td>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>Payables</td>
<td>8</td>
<td>Financial liabilities measured (at amortised cost)</td>
<td>830</td>
</tr>
</tbody>
</table>

(b) Credit risk

Credit risk arises when there is the possibility of the Commission's debtors defaulting on their contractual obligations, resulting in a financial loss to the Commission. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from the financial assets of the Commission, including cash and receivables. No collateral is held by the Commission. The Commission has not granted any financial guarantees. Credit risk associated with the Commission's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards.
14. Financial instruments (continued)

i) Cash
Cash comprises cash on hand and bank balances within the NSW Treasury Banking System. Interest is earned on daily bank balances at the monthly average NSW Treasury Corporation (TCorp) 11am unofficial cash rate, adjusted for a management fee to NSW Treasury.

ii) Receivables
All trade debtors are recognised as amounts receivable at balance date. Collectability of trade debtors is reviewed on an ongoing basis. Procedures as established in the Treasurer’s Directions are followed to recover outstanding amounts, including letters of demand. Debts which are known to be uncollectible are written off. An allowance for impairment is raised when there is objective evidence that the Commission will not be able to collect all amounts due. This evidence includes past experience, and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors. Sales are made on 30 day terms.

The Commission is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors. Based on past experience, debtors that are not past due (2014: $7,000; 2013: $nil) and less than 6 months past due (2014: $nil; 2013: $nil) are not considered impaired. Together, these represent 41% (2013: nil%) of the total trade debtors.

There are no debtors which are currently not past due or impaired whose terms have been renegotiated.

The only financial assets that are past due or impaired are ‘sales of goods and services’ in the ‘receivables’ category of the statement of financial position.

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Past due but not impaired</td>
</tr>
<tr>
<td>&lt; 3 months overdue</td>
<td>$’000</td>
<td>$’000</td>
</tr>
<tr>
<td>3 months - 6 months overdue</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>&gt; 6 months overdue</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>$’000</td>
<td>$’000</td>
</tr>
</tbody>
</table>

The ageing analysis excludes statutory receivables, as these are not within the scope of AASB 7 and excludes receivables that are not past due and not impaired. Therefore the total will not reconcile to the receivable total recognised in the statement of financial position. Each column in the table reports ‘gross receivables’.
**MENTAL HEALTH COMMISSION of NSW**

14. Financial instruments (continued)

(c) Liquidity risk

Liquidity risk is the risk that the Commission will be unable to meet its payment obligations when they fall due. The Commission continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets.

No assets have been pledged as collateral. The Commission’s exposure to liquidity risk is deemed insignificant based on prior periods’ data and current assessment of risk. The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set out in NSWTC 11/12. For small business suppliers, where terms are not specified, payment is made no later than 30 days from date of receipt of a correctly rendered invoice. For other suppliers, trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received. For small business suppliers, where payment is not made within the specified time period, simple interest must be paid automatically unless an existing contract specifies otherwise. For payments to other suppliers, the Commissioner (or a person appointed by the Commissioner) may automatically pay the supplier simple interest. Interest paid on late payments during the year was $15.00 (2013: $72.06)

During the current and prior year, there were no loans payable.

The Commission has access to the following lines of credit with Westpac Bank:

<table>
<thead>
<tr>
<th>Cheque Cashing Authority (per fortnight, non-cumulative)</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$’000</td>
<td>$’000</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

The above value represent NSW Treasury approved limits for the facilities.

The table below summarises the maturity profile of the Commission’s financial liabilities, together with the interest rate exposure.

**Maturity analysis and interest rate exposure of financial liabilities**

<table>
<thead>
<tr>
<th>Parent</th>
<th>Weighted average effective interest rate</th>
<th>Nominal amount (1)</th>
<th>Interest rate exposure</th>
<th>Maturity dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>$’000</td>
<td>$’000</td>
<td>$’000</td>
</tr>
<tr>
<td>2014 Payables:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>-</td>
<td>830</td>
<td>830</td>
<td>830</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total financial liabilities</td>
<td></td>
<td>830</td>
<td></td>
<td>830</td>
</tr>
<tr>
<td>2013 Payables:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>-</td>
<td>817</td>
<td>817</td>
<td>817</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total financial liabilities</td>
<td></td>
<td>817</td>
<td></td>
<td>817</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consolidated</th>
<th>Weighted average effective interest rate</th>
<th>Nominal amount (1)</th>
<th>Interest rate exposure</th>
<th>Maturity dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>$’000</td>
<td>$’000</td>
<td>$’000</td>
</tr>
<tr>
<td>2014 Payables:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>-</td>
<td>567</td>
<td>567</td>
<td>567</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total financial liabilities</td>
<td></td>
<td>567</td>
<td></td>
<td>567</td>
</tr>
<tr>
<td>2013 Payables:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>-</td>
<td>706</td>
<td>706</td>
<td>706</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total financial liabilities</td>
<td></td>
<td>706</td>
<td></td>
<td>706</td>
</tr>
</tbody>
</table>

(1) The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities, therefore the amounts disclosed above will not reconcile to the statement of financial position.
14. Financial instruments (continued)

(d) Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. The Commission’s exposure to market risk is primarily through interest rate risk on the Commission’s cash balances. The Commission has no exposure to foreign currency risk and does not enter into commodity contracts.

The effect on profit and equity due to a reasonably possible change in risk variable is outlined in the information below, for interest rate risk and other price risk. A reasonably possible change in risk variable has been determined after taking into account the economic environment in which the Commission operates and the time frame for the assessment (i.e. until the end of the next annual reporting period). The sensitivity analysis is based on risk exposures in existence at the statement of financial position date. The analysis assumes that all other variables remain constant.

(i) Interest rate risk

Interest rate risk is the risk that the value of financial instruments will fluctuate due to changes in market interest rates. A reasonably possible change of +/- 1% is used, consistent with current trends in interest rates. The basis will be reviewed annually and amended where there is a structural change in the level of interest rate volatility. The Commission’s exposure to interest rate risk is set out below.

<table>
<thead>
<tr>
<th></th>
<th>Carrying Amount</th>
<th>Profit</th>
<th>Equity</th>
<th>Profit</th>
<th>Equity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$’000</td>
<td>$’000</td>
<td>$’000</td>
<td>$’000</td>
<td>$’000</td>
</tr>
<tr>
<td>2014 Financial Assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash on hand</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cash at bank</td>
<td>1,900</td>
<td>(19)</td>
<td>(19)</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>2013 Financial Assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash on hand</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cash at bank</td>
<td>1,581</td>
<td>(16)</td>
<td>(16)</td>
<td>16</td>
<td>16</td>
</tr>
</tbody>
</table>

(e) Fair value measurement

Financial instruments are generally recognised at cost. The amortised cost of financial instruments recognised in the statement of financial position approximates the fair value, because of the short-term nature of many of the financial instruments.

15. Events after the reporting period

There were no after balance date events that require disclosure in the financial statements.

End of Audited Financial Statements
INDEPENDENT AUDITOR’S REPORT

Mental Health Commission Staff Agency

To Members of the New South Wales Parliament

I have audited the accompanying financial statements of the Mental Health Commission Staff Agency (the Staff Agency), which comprise the statement of financial position as at 30 June 2014, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information.

Opinion

In my opinion, the financial statements:

• give a true and fair view of the financial position of the Staff Agency as at 30 June 2014, and of its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards
• are in accordance with section 41B of the Public Finance and Audit Act 1983 (the PF&A Act) and the Public Finance and Audit Regulation 2010.

My opinion should be read in conjunction with the rest of this report.

The Mental Health Commissioner’s Responsibility for the Financial Statements

The Mental Health Commissioner is responsible for the preparation of the financial statements that give a true and fair view in accordance with Australian Accounting Standards and the PF&A Act, and for such internal control as the Mental Health Commissioner determines is necessary to enable the preparation of financial statements that give a true and fair view and that are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I conducted my audit in accordance with Australian Auditing Standards. Those Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

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

I believe the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.
My opinion does not provide assurance:

- about the future viability of the Staff Agency
- that it has carried out its activities effectively, efficiently and economically
- about the effectiveness of its internal control
- about the security and controls over the electronic publication of the audited financial statements on any website where they may be presented
- about other information which may have been hyperlinked to/from the financial statements.

Independence

In conducting my audit, I have complied with the independence requirements of the Australian Auditing Standards and other relevant ethical pronouncements. The PF&A Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General
- mandating the Auditor-General as auditor of public sector agencies, but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office of New South Wales are not compromised in their roles by the possibility of losing clients or income.

Steven Martin
Assistant Auditor-General, Financial Audit Services

22 September 2014
SYDNEY
Mr John Feneley  
Mental Health Commissioner  
Mental Health Commission of NSW  
Locked Bag 5013  
GLADESVILLE NSW 1875  

22 September 2014

Dear Mr Feneley

STATUTORY AUDIT REPORT

for the year ended 30 June 2014

Mental Health Commission Staff Agency

I have audited the financial statements of the Mental Health Commission Staff Agency (the Staff Agency) formerly known as the Mental Health Commission Division, as required by the Public Finance and Audit Act 1983 (PF&A Act). This Statutory Audit Report outlines the results of my audit for the year ended 30 June 2014, and details matters I found during my audit that are relevant to you in your role as one of those charged with the governance of the Staff Agency. The PF&A Act requires that I send this report to the Staff Agency, the Minister and the Treasurer.

This report is not the Independent Auditor’s Report, which expresses my opinion on the Staff Agency’s financial statements. I have enclosed the Independent Auditor’s Report, together with the Staff Agency’s financial statements.

My audit is designed to obtain reasonable assurance the financial statements are free from material misstatement. It is not designed to identify and report all matters you may find of governance interest. Therefore, other governance matters may exist, which have not been reported to you.

My audit is continuous. If I identify further significant matters, I will report these to you immediately.

Audit Result

I expressed an unmodified opinion on the Staff Agency’s financial statements and I have not identified any significant matters since my previous Statutory Audit Report.

Misstatements in the Financial Statements

The financial statements did not contain any misstatements.

Compliance with Legislative Requirements

My audit procedures are targeted specifically towards forming an opinion on the Staff Agency’s financial statements. This includes testing whether the Staff Agency has complied with legislative requirements that may materially impact on the financial statements. The results of the audit are reported in this context. My testing did not identify any reportable instances of non-compliance with legislative requirements.
**Financial information**

**Auditor-General's Report to Parliament**

As I have not identified any significant matters, commentary on the Staff Agency's financial operations will not appear in the Auditor-General's Report to Parliament. Volume Thirteen of the 2014 Auditor-General's Report to Parliament will advise the results of the audit.

**Acknowledgment**

I thank the Staff Agency's staff for their courtesy and assistance.

Yours sincerely

[Signature]

Steve Martin
Assistant Auditor-General, Financial Audit Services
Mental Health Commission Staff Agency

Financial Statements

30 June 2014
MENTAL HEALTH COMMISSION STAFF AGENCY

STATEMENT BY THE COMMISSIONER

For and on behalf of the MENTAL HEALTH COMMISSION STAFF AGENCY

I state that in my opinion

1. The accompanying financial statements exhibit a true and fair view of the financial position of the Staff Agency as at 30 June 2014 and its financial performance for the year then ended.

2. The statements have been prepared in accordance with the provisions of the Public Finance and Audit Act 1983, the Public Finance and Audit Regulation 2010, applicable Australian Accounting Standards, Australian Accounting Interpretations and the Treasurer’s Directions.

As at 22 September 2014, I am not aware of any circumstances which would render any particulars included in the financial statements to be misleading or inaccurate.

John Feneley
Commissioner
For and on behalf of the
Mental Health Commission Staff Agency

22 September 2014
## Start of Audited Financial Statements

**MENTAL HEALTH COMMISSION STAFF AGENCY**

**Statement of comprehensive income for the year ended 30 June 2014**

<table>
<thead>
<tr>
<th>Notes</th>
<th>Actual 2014 $'000</th>
<th>Actual 2013 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenses excluding losses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operating expenses</td>
<td>2(a)</td>
<td>2,691</td>
</tr>
<tr>
<td>Employee related</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total expenses excluding losses</strong></td>
<td></td>
<td>2,691</td>
</tr>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personnel services revenue - Mental Health Commission of NSW</td>
<td>2,487</td>
<td>965</td>
</tr>
<tr>
<td>Acceptance by the Crown Entity of employee benefits and other liabilities</td>
<td>3(a)</td>
<td>204</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td></td>
<td>2,691</td>
</tr>
<tr>
<td>Net result</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL COMPREHENSIVE INCOME</strong></td>
<td></td>
<td>-</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
## Financial information

MENTAL HEALTH COMMISSION STAFF AGENCY

Statement of financial position as at 30 June 2014

<table>
<thead>
<tr>
<th></th>
<th>Notes</th>
<th>Actual 2014 $'000</th>
<th>Actual 2013 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td>4</td>
<td>321</td>
<td>134</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td></td>
<td>321</td>
<td>134</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>321</td>
<td>134</td>
</tr>
<tr>
<td><strong>LIABILITIES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Current Liabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>5</td>
<td>72</td>
<td>52</td>
</tr>
<tr>
<td>Provisions</td>
<td>6</td>
<td>247</td>
<td>81</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td></td>
<td>319</td>
<td>133</td>
</tr>
<tr>
<td>Non-Current Liabilities</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provisions</td>
<td>6</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Non-Current Liabilities</strong></td>
<td></td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>321</td>
<td>134</td>
</tr>
<tr>
<td><strong>Net Assets</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>EQUITY</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accumulated funds</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total Equity</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
MENTAL HEALTH COMMISSION STAFF AGENCY

Statement of changes in equity for the year ended 30 June 2014

<table>
<thead>
<tr>
<th></th>
<th>Notes</th>
<th>Accumulated Funds $'000</th>
<th>Total $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 July 2013</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net result for the year</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total other comprehensive income</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Balance at 30 June 2014</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Notes</th>
<th>Accumulated Funds $'000</th>
<th>Total $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 July 2012</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Net result for the year</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total other comprehensive income</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total comprehensive income for the year</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Balance at 30 June 2013</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
### MENTAL HEALTH COMMISSION STAFF AGENCY

Statement of cash flows for the year ended 30 June 2014

<table>
<thead>
<tr>
<th>CASH FLOWS FROM OPERATING ACTIVITIES</th>
<th>Notes</th>
<th>Actual 2014 $'000</th>
<th>Actual 2013 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Payments</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Receipts</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Receipts</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NET CASH FLOWS FROM OPERATING ACTIVITIES</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>CASH FLOWS FROM INVESTING ACTIVITIES</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NET CASH FLOWS FROM INVESTING ACTIVITIES</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>CASH FLOWS FROM FINANCING ACTIVITIES</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NET CASH FLOWS FROM FINANCING ACTIVITIES</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>NET INCREASE/(DECREASE) IN CASH</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Opening cash and cash equivalents</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>CLOSING CASH AND CASH EQUIVALENTS</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The accompanying notes form part of these financial statements.
1 Summary of significant accounting policies

(a) Reporting entity

The Mental Health Commission Staff Agency (the Agency) is a Division of the Government Service established pursuant to Part 2 of Schedule 1 to the Government Sector Employment Act 2013. It is a not-for-profit entity as profit is not its principal objective. The Mental Health Commission Staff Agency's objective is to provide personnel services to the Mental Health Commission of New South Wales. It is consolidated as part of the NSW Total State Sector Accounts. It is domiciled in Australia and its principal office is at Gladesville, NSW.

These financial statements for the year ended 30 June 2014 have been authorised for issue by the Commissioner on 22 September 2014.

(b) Basis of preparation

The financial statements of the Agency are general purpose financial statements prepared on an accruals basis and in accordance with applicable Australian Accounting Standards (which include Australian Accounting Interpretations), the requirements of the Public Finance and Audit Act 1983, the Public Finance and Audit Regulation 2010 and the Financial Reporting Directions issued by the Treasurer.

Except for certain assets and liabilities, which are measured at fair value as noted, the financial statements are prepared in accordance with the historical cost convention.

Judgements, key assumptions and estimations that management has made are disclosed in the relevant notes to the financial statements.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

(i) New Australian Accounting Standards issued but not effective

In the current year the Agency has adopted all of the new and revised Standards and Interpretations issued by the AASB that are relevant to the operations and effective for the current reporting period. Details of the impact of the adoption of these new accounting standards are set out in these accounting policy notes to the financial statements.

Certain new accounting standards and interpretations have been published that are not mandatory for the 30 June 2014 reporting period. In accordance with the NSW Treasury mandate (NSWTC 14/03), the Agency did not early adopt any of these standards and interpretations that are not yet effective.

The Agency's assessment of the impact of these new standards and interpretations is that they will not materially affect any of the amounts recognised in the financial statements or significantly impact the disclosures in relation to the Agency.
Financial information

Mental Health Commission Staff Agency
Notes to the financial statements
for the year ended 30 June 2014
(continued)

1 Summary of significant accounting policies (continued)
   (ii) Statement of compliance

The financial statements and notes comply with Australian Accounting Standards, which include Australian Accounting Interpretations.

(c) Trade and other receivables

Receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. Receivables are recognised initially at fair value, based on the original invoice. Subsequent measurement is at amortised cost using the effective interest method, less an allowance for any impairment. Any changes are recognised in the net result for the year when impaired, derecognised or through the amortisation process. An impairment provision is recognised when there is objective evidence that the Agency will not be able to collect the receivable. Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. Debts which are known to be uncollectible are written off as identified.

(d) Trade and other payables

These amounts represent liabilities for goods and services provided to the Agency and other amounts. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial. The amounts are unsecured and usually paid within 30 days of recognition.

(e) Employee benefits and other provisions
   (i) Salaries and wages, annual leave, sick leave and on-costs

Salaries and wages (including non-monetary benefits) and paid sick leave that are expected to be settled wholly within 12 months after the end of the period in which the employees render the service are recognised and measured at the undiscounted amounts of the benefits.

Annual leave is not expected to be settled wholly before twelve months after the end of the annual reporting period in which the employees render the related service. As such, it is required to be measured at present value in accordance with AASB 119 Employee Benefits (although short-cut methods are permitted). Actuarial advice obtained from Treasury has confirmed that the use of a nominal approach plus the annual leave on accrued annual leave liability (using 7.9% of the nominal value of annual leave) can be used to approximate the present value of the annual leave liability. The Agency has assessed the actuarial advice based on the Agency's circumstances and has determined that the effect of discounting is immaterial to annual leave.

Unused non-vesting sick leave does not give rise to a liability as it is considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.
Financial information

MENTAL HEALTH COMMISSION STAFF AGENCY

2. Expenses excluding losses

(a) Employee related expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>2014 $'000</th>
<th>2013 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and wages (including annual leave)</td>
<td>2,169</td>
<td>883</td>
</tr>
<tr>
<td>Superannuation - defined contribution plans</td>
<td>159</td>
<td>37</td>
</tr>
<tr>
<td>Long service leave</td>
<td>204</td>
<td>87</td>
</tr>
<tr>
<td>Workers’ compensation insurance</td>
<td>22</td>
<td>1</td>
</tr>
<tr>
<td>Payroll tax and fringe benefit tax</td>
<td>137</td>
<td>44</td>
</tr>
<tr>
<td><strong>Total employee related expenses</strong></td>
<td><strong>2,691</strong></td>
<td><strong>1,052</strong></td>
</tr>
</tbody>
</table>

3. Revenues

<table>
<thead>
<tr>
<th></th>
<th>2014 $'000</th>
<th>2013 $'000</th>
</tr>
</thead>
</table>

(a) Acceptance by the Crown Entity of employee benefits and other liabilities

The following liabilities and / or expenses have been assumed by the Crown Entity or other government agencies:

<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long service leave</td>
<td>204</td>
<td>87</td>
</tr>
<tr>
<td><strong>Total liabilities assumed by the Crown Entity</strong></td>
<td><strong>204</strong></td>
<td><strong>87</strong></td>
</tr>
</tbody>
</table>

4. Current/non-current assets - receivables

<table>
<thead>
<tr>
<th></th>
<th>2014 $'000</th>
<th>2013 $'000</th>
</tr>
</thead>
</table>

Current

<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sundry receivables</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Less: Allowance for impairment</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td><strong>4</strong></td>
<td><strong>-</strong></td>
</tr>
<tr>
<td>Amounts due from other government agencies</td>
<td><strong>317</strong></td>
<td><strong>134</strong></td>
</tr>
<tr>
<td><strong>Total receivables</strong></td>
<td><strong>321</strong></td>
<td><strong>134</strong></td>
</tr>
</tbody>
</table>

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above receivables are included in Note 9.
MENTAL HEALTH COMMISSION STAFF AGENCY

5. Current/non-current liabilities - payables

<table>
<thead>
<tr>
<th></th>
<th>2014 $'000</th>
<th>2013 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrued salaries, wages and on-costs</td>
<td>54</td>
<td>33</td>
</tr>
<tr>
<td>Creditors</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Accrued operating expenditure</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>Total payables</td>
<td>72</td>
<td>52</td>
</tr>
</tbody>
</table>

Details regarding credit risk, liquidity risk and market risk, including a maturity analysis of the above payables are included in Note 9.

6. Current / non-current liabilities - provisions

<table>
<thead>
<tr>
<th></th>
<th>2014 $'000</th>
<th>2013 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits and related on-costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual leave</td>
<td>208</td>
<td>70</td>
</tr>
<tr>
<td>Long service leave on-costs</td>
<td>39</td>
<td>11</td>
</tr>
<tr>
<td>Total current provisions</td>
<td>247</td>
<td>81</td>
</tr>
<tr>
<td>Non-current</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee benefits and related on-costs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long service leave on-costs</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Total non-current provisions</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Total Provisions</td>
<td>249</td>
<td>82</td>
</tr>
</tbody>
</table>

Aggregate employee benefits and related on-costs

<table>
<thead>
<tr>
<th></th>
<th>2014 $'000</th>
<th>2013 $'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisions - current</td>
<td>247</td>
<td>81</td>
</tr>
<tr>
<td>Provisions - non-current</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Accrued salaries, wages and on-costs (Note 5)</td>
<td>54</td>
<td>33</td>
</tr>
<tr>
<td>Total employee benefits and related on-costs</td>
<td>303</td>
<td>115</td>
</tr>
</tbody>
</table>

The annual leave liability at the 30 June 2014 was $208,000 (2013:$70,000). This is based on leave entitlements at the 30 June using remuneration rates to be payable post 30 June. Of this liability, the value expected to be paid within twelve months is $168,000 (2013:$35,000) and $40,000 (2013:$35,000) after twelve months.
7. Commitments for expenditure

   Capital commitments

   The entity does not have any capital commitments as at 30 June 2014 and 30 June 2013.

   Operating lease commitments

   The entity does not have any operating lease commitments as at 30 June 2014 and 30 June 2013.

8. Contingent liabilities and contingent assets

   Contingent liabilities

   No claims have been made against the entity which, if successful, would result in financial liabilities to the entity.

   Contingent assets

   No claims have been made by the entity which, if successful, would result in financial benefits to the entity.
MENTAL HEALTH COMMISSION STAFF AGENCY

9. Financial instruments

The Agency's principal financial instruments are outlined below. These financial instruments arise directly from the Agency's operation or are required to finance the Agency's operations. The Agency does not enter into or trade financial instruments, including derivative financial instruments, for speculative purposes. The Agency's main risks arising from financial instruments are outlined below, together with the Agency's objectives, policies and processes for measuring and managing risk. Further quantitative and qualitative disclosures are included throughout this financial report. The Commissioner has overall responsibility for the establishment and oversight of risk management and reviews and agrees policies for managing each of these risks. Risk management policies are established to identify and analyse the risks faced by the Agency, to set risk limits and controls and to monitor risks. Compliance with policies is reviewed by the Commissioner on a continuous basis. The Commissioner receives advice in relation to risks from the independent Audit and Risk Committee that was established in April 2013.

The Agency holds the following financial instruments. Statutory assets or liabilities that are not contractual (e.g. taxes, GST) as well as prepayments and unearned revenue are not financial liabilities or assets. Therefore, they are excluded from AASB 7 Financial Instruments: Disclosures.

(a) Financial instrument categories

<table>
<thead>
<tr>
<th>Financial assets</th>
<th>Note</th>
<th>Category</th>
<th>Carrying Amount</th>
<th>Carrying Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class:</td>
<td></td>
<td>Loans and receivables (at amortised cost)</td>
<td>2014 $'000</td>
<td>2013 $'000</td>
</tr>
<tr>
<td>Receivables</td>
<td>4</td>
<td>321</td>
<td>134</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Financial liabilities</th>
<th>Note</th>
<th>Category</th>
<th>Carrying Amount</th>
<th>Carrying Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class:</td>
<td></td>
<td>Financial liabilities measured (at amortised cost)</td>
<td>2014 $'000</td>
<td>2013 $'000</td>
</tr>
<tr>
<td>Payables</td>
<td>5</td>
<td>54</td>
<td>23</td>
<td></td>
</tr>
</tbody>
</table>

(b) Credit risk

Credit risk arises when there is the possibility of the Agency's debtors defaulting on their contractual obligations, resulting in a financial loss to the Agency. The maximum exposure to credit risk is generally represented by the carrying amount of the financial assets (net of any allowance for impairment).

Credit risk arises from the financial assets of the Agency, i.e. receivables. No collateral is held by the Agency nor has it granted any financial guarantees. Credit risk associated with the Agency's financial assets, other than receivables, is managed through the selection of counterparties and establishment of minimum credit rating standards.
MENTAL HEALTH COMMISSION STAFF AGENCY

9. Financial instruments (continued)

(ii) Receivables

All trade debtors are recognised as amounts receivable at balance date. Collectability of trade debtors is reviewed on an ongoing basis. Procedures as established in the Treasurer’s Directions are followed to recover outstanding amounts, including letters of demand. Debts which are known to be uncollectible are written off. An allowance for impairment is raised when there is objective evidence that the Agency will not be able to collect all amounts due. This evidence includes past experience, and current and expected changes in economic conditions and debtor credit ratings. No interest is earned on trade debtors. Sales are made on 30 day terms.

The Agency is not materially exposed to concentrations of credit risk to a single trade debtor or group of debtors. Based on past experience, debtors that are not past due (2014: $317,000; 2013: $nil) and not less than 6 months past due (2014: $nil; 2013: $nil) are not considered impaired and together these represent 99% of the total trade debtors.

There are no debtors which are currently not past due or impaired whose terms have been renegotiated.

The only financial assets that are past due or impaired are ‘sales of goods and services’ in the ‘receivables’ category of the statement of financial position.

<table>
<thead>
<tr>
<th></th>
<th>Total $’000</th>
<th>Past due but not impaired $’000</th>
<th>Considered Impaired $’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 3 months overdue</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3 months - 6 months overdue</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>&gt; 6 months overdue</td>
<td>4</td>
<td>4</td>
<td>-</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Total $’000</th>
<th>Past due but not impaired $’000</th>
<th>Considered Impaired $’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 3 months overdue</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3 months - 6 months overdue</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>&gt; 6 months overdue</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The ageing analysis excludes statutory receivables, as these are not within the scope of AASB 7 and excludes receivables that are not past due and not impaired. Therefore the total will not reconcile to the receivable total recognised in the statement of financial position. Each column in the table reports ‘gross receivables’.
MENTAL HEALTH COMMISSION STAFF AGENCY

9. Financial instruments (continued)

(c) Liquidity risk
Liquidity risk is the risk that the Agency will be unable to meet its payment obligations when they fall due. The Agency continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets.

No assets have been pledged as collateral. The Agency’s exposure to liquidity risk is deemed insignificant based on prior periods’ data and current assessment of risk. The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or no invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set out in NSWTC 11/12. For small business suppliers, where terms are not specified, payment is made no later than 30 days from date of receipt of a correctly rendered invoice. For other suppliers, if trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received. For small business suppliers, where payment is not made within the specified time period, simple interest must be paid automatically unless an existing contract specifies otherwise. For payments to other suppliers, the Commissioner (or a person appointed by the Commissioner) may automatically pay the supplier simple interest.

The table below summarises the maturity profile of the Agency’s financial liabilities, together with the interest rate exposure.

Maturity analysis and interest rate exposure of financial liabilities

<table>
<thead>
<tr>
<th></th>
<th>Weighted Average Effective Interest rate %</th>
<th>Nominal Amount (1) $'000</th>
<th>Interest rate exposure Non Interest Bearing $'000</th>
<th>Maturity dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$'000</td>
<td>&lt; 1 year</td>
</tr>
<tr>
<td>2014 Payables</td>
<td></td>
<td>-</td>
<td>54</td>
<td>54</td>
</tr>
<tr>
<td>Total Financial Liabilities</td>
<td></td>
<td></td>
<td>54</td>
<td>54</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$'000</td>
<td>$'000</td>
</tr>
<tr>
<td>2013 Payables</td>
<td></td>
<td>-</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>Total Financial Liabilities</td>
<td></td>
<td></td>
<td>23</td>
<td>23</td>
</tr>
</tbody>
</table>

(1) The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities, therefore the amounts disclosed above will not reconcile to the statement of financial position.
MENTAL HEALTH COMMISSION STAFF AGENCY

9. Financial Instruments (continued)

(d) Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. The Agency’s exposure to market risk is considered minimal as the Agency has no cash balances, has no exposure to foreign currency risk and does not enter into commodity contracts.

(i) Interest rate risk

Interest rate risk is the risk that the value of financial instruments will fluctuate due to changes in market interest rates. The Agency has no exposure to interest rate risk.

(e) Fair value measurement

Financial instruments are generally recognised at cost. The amortised cost of financial instruments recognised in the statement of financial position approximates the fair value, because of the short-term nature of many of the financial instruments.

10. Events after the reporting period

There were no after balance date events that require disclosure in the financial statements.

End of Audited Financial Statements