



Psychiatric Disability Services
of Victoria (VICSERV)



2013 Psychiatric Disability Services
of Victoria (VICSERV)

Annual Report



“Our moral responsibility is not to stop the future, but to shape it...
to channel our destiny in humane directions and to ease the trauma
of transition”

Alvin Toffler, Futurist.

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President's Report



Elizabeth Crowther,
President

It is my pleasure to present the VICSERV annual report for the year 2012 – 2013. What an extraordinary year it was; and what extraordinary events have followed in the last half of 2013.

The year started with discussion in response to the Department of Health consultation paper *Psychiatric Disability Rehabilitation and Support Service Reform Framework*. VICSERV welcomed the articulation of a new framework which was in many respects aligned with our paper *An Agenda for the Future* May 2012, but remained interested in the timing and process for reform.

In July 2013 the Department released *Reforming community support services for people with mental illness – Reform framework for Psychiatric Disability and Support Services* which was closely followed by the release of tender specifications, in August 2013, that initiated stage 1 of the planned reforms.

The re-contracting of 70 million dollars of services is a substantial undertaking; and has focused many services on the strategic imperatives of their organisations. During the year a number of services have commenced, and announced, merger discussions. At the same time the commonwealth funded Partners in Recovery tender process resulted in new partnerships and new contractual relationships in local areas.

Of great interest is the Launch of the National Disability Insurance Scheme in the Barwon region; and the emerging service model associated with the Scheme. As 2013 draws to a close the Mutual Support and Self Help service review will also commence, adding another dimension to the reform process. The importance of this review is of interest and consequence to contracted providers and to others who rely on these service elements. It is clear that the service landscape is changing and that the year ahead will bring many new challenges and new opportunities.

The VICSERV staff group has worked tirelessly over the past year to inform, support and represent service providers and their consumers at a local, state and federal level. This work is guided by the *Policy Development Framework* and is supported by a Policy Advisory Group; all vital elements of a strong and effective membership organisation.

During times of such significant change the importance of a strong peak body, that can represent community managed mental health services, is self-evident. It is in this context that the VICSERV board of governance has commenced the development of a new strategic plan. This plan will see VICSERV through coming years in the context of state and federal mental health reforms, and will consider the impact of the introduction of the National Disability Insurance Scheme; commencing with the phasing of the Barwon mental health programs in May 2014. We look forward to working with our members to achieve our organisational mission and vision.

I would like to acknowledge the contribution of each member of the VICSERV board and thank them for their genuine interest and commitment to the development of high-quality evidence based services. Their work on various sub-committees and working groups has enabled VICSERV to maintain its focus and strategic leadership at such an important time.

I wish to also acknowledge the special work of Kim Koop who has provided fantastic leadership through these times of change. I would also like to thank the VICSERV staff for their contribution, and for their commitment in enacting the organisational vision and values. This year several people stepped up and took on additional duties when needed, this is to their credit, and we are grateful for their contribution.

Elizabeth Crowther,
President

Chief Executive Officer's Report



Kim Koop,
Chief Executive Officer

This year, 2013, marks the 27th anniversary of VICSERV. Many CEOs, managers and support workers have both personal and professional stories that link them to the organisation.

Some were founding members of the organisation, others board or committee members, and many were students whose foundational skills in mental health were learnt in a VICSERV course. It is noteworthy that while staff may move between employers, VICSERV remains a constant in their working life and is often a place where individuals can celebrate achievements and mark their progress over the years. We are very proud that one of the most common letters to the organisation is a letter of thanks to our training team. This work, of up-skilling the workforce, is often overshadowed by the high profile work that we undertake in the policy area, but is just as important to achieving our organisational vision.

During the year VICSERV collaborated with Department of Health, Mental Health Drugs and Regions to undertake a PDRSS workforce survey. The survey results tell an interesting story about the shape and size of the workforce, and provide a baseline from which we can start to consider future workforce needs. This work was one of the many projects designed by the Department of Health in the lead up to the state reforms; VICSERV has sought to represent members and other key stakeholders in all of these initiatives, a huge task in itself.

This had also meant we needed a range of strategies to inform and to engage with members. These included publications, e-bulletins, web-based resources, member workshops, special forums and member visits. In addition we sought to increase our influence at the national level through our participation in Community Mental Health Australia and by direct engagement with the new National Disability Insurance Agency. We also collaborated with Health Workforce Australia to undertake a national trial of MHPOD, an online learning tool. As a staff group we are no longer surprised when visitors or members

comment that we “punch above our weight” and it is a source of some satisfaction that such a small staff group can have such a big impact. But this can only be achieved with the engagement of our members.

The VICSERV narrative over the years has been one of collaboration and of a shared vision for the future. This has not always been easily achieved; but has always been highly valued. This year the retendering of state funded programs and the introduction of new federally funded programs (Partners in Recovery and the National Disability Insurance Scheme) have resulted in a new level of competition. Over coming years it is likely that new service providers and workers with new and different roles will become part of the landscape. This creates an opportunity for new partnerships and a refreshed vision.

I would like to thank all members of the Board of Governance and in particular the executive group for their strategic advice throughout the year. I would also like to thank the staff group for their tireless commitment to our members and the individuals and communities that they support. It is a truly rewarding experience to be part of VICSERV and to make a contribution to its ongoing story.

We look forward to the year ahead. We expect it will be a time of transition and ultimately change. VICSERV will continue its work based on our organisational values; Collaboration, Inclusiveness, and Flexibility, and most importantly, Courage and Integrity.

Kim Koop,
CEO

A black and white photograph of two women standing in front of a building at night. The woman on the left is older, with short blonde hair, wearing a light-colored blazer over a patterned dress and a thin necklace. She is holding a small white object in her hands. The woman on the right is younger, with dark hair, wearing a dark long-sleeved top and a thick, dark beaded necklace. Both women are smiling warmly at the camera. The background shows the facade of a building with windows and some lights.

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The Year in Review

Reform of Victorian PDRS funded services

It is significant that as we move through to the end of 2013, the Community Managed Mental Health Services sector is in the midst of a Government driven recommissioning of services. The drive and desire for change has been initiated by services, who now have no control over the means by which it is occurring.

You could almost hear the sigh of relief when the Framework for Psychiatric Disability Rehabilitation and Support services was finally released. It had been a long two plus years in which the VICSERV membership had invested substantially in providing direction, advice and information to the Department of Health about the need, desire and requirements of service reform. However, it hasn't been an easy journey with little systematic communication with the sector and a heavy reliance on peak bodies for input.

A key challenge for VICSERV has been to increase service provider engagement with, and awareness of, the reform projects and the reform directions. Coordinating input into Department of Health developmental projects, web updates, and increased information through *facstline* and CEO emails as well as working directly with services around some key issues have been part of this.

The Framework and the subsequent Advertised Call for Submission documentation and process do provide a foundation for moving forward. It is expected that a new service landscape will emerge early next year. Most believe that there will be fewer providers, with some services growing and expanding into new areas. It is also possible that there will be less "specialist" providers – putting the pressure on other services to fill this gap. However, we should see improved governance and capability and the creation of a consolidated service delivery environment, which will provide a solid base for services to manage the changes and challenges ahead.

We also know that there will be a number of practical challenges associated with the "physical" transition into the

new service delivery arrangements – including for staff, consumers and carers. The very tight timelines will create stresses and strains across the system. It is hoped that the impact of the scale of change has not been underestimated, that contingency planning is occurring and the transition will be smooth for all involved.

The Framework also introduces a new and more flexible funding model which opens up possibilities for building on one of this sector's strengths – delivering services which are responsive and focused on client needs. However, the Framework lacks clarity regarding the expectations of "client centred service delivery", what it means and how and who provides the support for consumers and their families to understand and engage in the process. It means we need to think about how we work with the Government to address this, while also planning to move beyond "client centred care" to "self-directed care" as articulated through the National Disability Insurance Scheme (NDIS).

The international experience, and that within the Victorian disability services community, is that systematic organisational and cultural change is required to fully implement "self-directed care" and realise the benefits. It requires different mechanisms, different systems and a subtle but significant shift for support workers from being the expert providing a service to using expertise to listen and respond to what is being requested. It can challenge notions of professionalism, responsibility and power. It is why overseas and in other programs there has been substantial Government effort put into facilitating change – such as development grants, best practice sharing, support with cultural change, networking support, and training and systemic action to empower consumers and carers.

“If we are to ensure that Victoria stays at the forefront of community based mental health care and that people with a mental illness and psychiatric disability continue to receive the services they need and want, we need to re-imagine and plan for a new mental health service system.”

So where to next?

As a service sector we need to ensure that we are ready to embrace the NDIS. In addition, if we are to ensure that Victoria stays at the forefront of community based mental health care and that people with a mental illness and psychiatric disability continue to receive the services they need and want, we need to re-imagine and plan for a new mental health service system.

Such a plan needs to be underpinned by a stronger consumer and carer voice, which can monitor and drive the changes, at both local and systemic service levels. It also needs to reflect the broader service system. For example, the impending Mental Health Act heralds a requirement for significant cultural change – particularly in clinical services – with regards to taking a recovery focus and being more client-centred. It does not make sense for this to occur in isolation from the reforms in the community-managed services.

We need to think about what the service system of the future will look like. How will the National Disability Insurance Agency, health and mental health services, and other community services work together and interact? What are the various workforce needs? And what do community managed mental health services need to do to remain relevant and viable in this new world?

As a sector we also need to continue to contribute to the remaining reform projects and agenda – the Carer and Consumer Program Review is expected to commence soon, the intake and assessment pilots are underway

and more work is promised around the adult residential rehabilitation and supported accommodation services. We are also awaiting information on the outcomes from the performance measurement, demand modelling and workforce strategy projects.

And of course there are other changes to be implemented – the reforms introduce a number of other new requirements, including a strong focus on identifying vulnerable children, undertaking or participating in catchment planning, using an intake service and providing carer support. These require less of a cultural change approach, but will require new knowledge and skills to ensure implementation in a consistent and appropriate way across the state.

Finally, there is also another story to be told about the changes – for some consumers it will offer great opportunities, but others will be displaced. Some consumers will embrace the idea of having more control, while others will find it difficult and/or find that supports they are used to receiving need to change in ways they do not like. The client cohort will also change as the new eligibility criteria are introduced. It will occur slowly and subtly. However, it will be important that we acknowledge the shift, know where those who are ineligible, who cannot engage with the service model or who drop out go, that we understand their journey and acknowledge the impact on them, their families and the service system.

Kate Paterson,
Manager Reform and Transition Project, VICSERV

The National Disability Insurance Scheme – Opportunities and Challenges

The National Disability Insurance Scheme (NDIS) became a reality on 1 July 2013. And in the context of its implementation we are facing perhaps the greatest opportunities and challenges for mental health in decades.

It has been a long struggle to see this significant reform developed and now implemented. For the mental health sector it is a particularly significant event, as the Productivity Commission's draft report into *Disability Care and Support*, released in February 2011, had questioned whether disability support should be provided for people with mental illness through the National Disability Insurance Scheme.

VICSERV along with other mental health peaks and services around Australia welcomed the inclusion of people with mental illness in the final scope of the NDIS, applauding the recognition this gave to the right of people with psychosocial disability to receive the same support as people with any other kind of disability, and marking the growing community understanding of mental illness and its impacts on individuals, families and communities.

Under the name of Disability Care Australia, the scheme was launched in Victoria in Barwon, as one of four initial launch sites across the country, and one of the two sites that is focussing on people with disabilities from the ages of 0 to 65 years. Now once again called the National Disability Insurance Scheme (NDIS), it is being implemented in stages in Barwon. People with mental illness currently receiving state funded Psychiatric Disability Support Services in the region are due to phase across to the National Disability Insurance Agency (NDIA) in May 2014. By July 2016, all Barwon area residents with significant and permanent disability will be able to access the scheme, and from July 2016, NDIS will progressively roll out in Victoria. It is expected that by July 2019, all eligible residents will be covered.

Already we are seeing changes in the policy, service system and organisational context of mental health, with issues for services, participants and carers emerging from the initial implementation of NDIS. At the same time the State Government is undertaking reform of Mental Health Community Support Services as a step towards the transition to the full roll out of the scheme.

Key elements of the NDIS that will influence service provision include:

- **Entitlement based funding.** Under NDIS an entitlement to funding has been introduced, and the Agency will determine the level of funding associated with that entitlement. Once assessed as meeting the eligibility criteria, the participant will have an ongoing right to support to meet their needs and achieve their goals.
- **Independent assessment and navigation support.** Nationally consistent assessment will be conducted separate to the provision of support. Assessment for people with mental illness and the fact that eligibility is restricted to those with significant and enduring disability will create many challenges for those with mental illness, and those supporting them.
- **Choice and control.** Those who are assessed as eligible for NDIS funded support will have direct control of where and how those funds are spent. This will drive a market based approach to service provision.
- **Separation from clinical services.** NDIS requires a clear separation between the support it will fund for a participant and health and other 'mainstream' services that the participant may access. In this separation there are concerns that a widening gap may find non-eligible people without the supports they need for recovery.



VICSERV has been engaging and consulting with a range of stakeholders as NDIS and the Agency become established and as the issues for people with mental illness, their carers and families, and service providers, emerge and become clearer.

We are involved in the Barwon launch site through

- The establishment of a Barwon Mental Health network, to provide feedback, share information and develop strategies to address issues and concerns
- Participation in the NDIS Readiness Network, involving NDIA, Departments of Health and Human Services, and all service providers involved in the launch site.
- Meetings with NDIA staff who are responsible for the inclusion of people with mental illness.

We are engaging the wider membership of VICSERV on the issues in the launch site, as well as the implications for the community managed mental health sector in Victoria as we transition to the full roll out of NDIS, through forums and bulletins. It will be a key issue for VICSERV's Policy Advisory Group as it develops its work plan and advocacy activities.

We are also working with our interstate and national colleagues on issues, including

- Organisational readiness and increasing capacity to operate under NDIS
- Supported decision making
- Scheme design and administrative arrangements
- Eligibility and assessment
- Monitoring and evaluation
- Service quality
- Inclusion of diverse groups including Aboriginal and Torres Strait Islanders
- Workforce issues

The year ahead will be challenging as services set out to deliver on a new agenda for service delivery.

Debra Parnell,
Manager Policy and Communications, VICSERV

Building skills through training and collaboration

A skilled and well-trained workforce is vital to the delivery of high quality service. VICSERV works with community-managed mental health workers and service providers to ensure that training on the VICSERV calendar takes into account the upcoming challenges, and seeks to equip workers to meet these challenges mindfully and with a focus on the rights and strengths of individuals.

During the reporting period 799 participants attended VICSERV training including accredited and short course programs. We have continued to receive positive feedback from participants that the training was relevant to their work.

The following accredited training was delivered, providing formal qualifications to 140 workers:

- Certificate IV in Mental Health (116 participants in Victoria and Western Australia)
- Diploma of Management (10 participants)
- Diploma of Quality Auditing (14 participants)

Across the year VICSERV introduced the following new programs:

- *Partnering Essentials*, delivered by Ian Dixon Partners
- *Effective Documentation*
- *Collaboration Skills Unpacked*
- *Writing Winning Tenders and Proposals*
- *Working with Clients Considered "Complex and Challenging"*
- *Introduction to Trauma Informed Care*
- *It doesn't have to be Therapy to be Therapeutic*, in partnership with SPECTRUM

The *Working with and Understanding Youth for Improved Service Delivery in the Community Sector* forum was developed in partnership with The Centre for Excellence in Child and Family Welfare, and was well received by the 80 plus participants.

The VICSERV training team ensured quality and relevance through strategic partnerships with key specialist organisations. These included quarterly consultations with the VICSERV Training Advisory Group, contracting key sector specialists and partnering with organisations such as Wodonga Institute

of TAFE, Western Australian Association for Mental Health, Spectrum, The Bouverie Centre, Sane, the Mental Healthcare Chaplaincy, the DAX Centre and The Centre for Excellence in Child and Family Welfare.

The VICSERV training team has also been involved in a number of committees representing the sector's workforce and learning and development needs including:

- Community Services and Health Industry Training Board of Victoria
- Australian Society for Simulation in Health Care
- State-wide Education and Training Providers Forum and Strategic Planning Group
- Community Mental Health Australia Workforce Development Group
- Dual Diagnosis Secondary Consultation Reference Group
- Inner North West Primary Care Partnership
- University of Melbourne
- Community Services and Health Industry Skills Council – Training Package Streamline and Review project

Early in 2013 Community Mental Health Australia (CMHA) received funding from the National Mental Health Commission to develop the training and assessment material to support the Certificate IV in Mental Health Peer Work qualification. VICSERV is working closely with the CMHA project team, and representatives of the community managed mental health services in Victoria to ensure that training and assessment material will be ready for delivery in 2015.

John Katsourakis,
Training and Education Manager, VICSERV



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Activities & Achievements

Summary of achievements and key activities

- Completed the annual PDRS workforce census in collaboration with the Department of Health, Mental Health Drugs and Regions. Achieved an excellent return rate, setting a benchmark for workforce development within the reform agenda.
- Undertook a Transition and Reform Readiness Survey across the PDRS funded services.
- Created a new "Reform and Transition Project" web presence, providing resources and up to date information.
- Ensured consistent communication with service providers about reforms via regular e-bulletins and face-to-face meetings with senior service managers, CEOs and boards.
- Completed a national project in collaboration with Health Workforce Australia, trialling the introduction of MHPOD online learning in community-managed mental health services.
- Stronger relationships with key partners the Victorian Mental Illness Awareness Council, the Victorian Mental Health Carers Network and Mental Health Council of Australia.
- Provided recovery oriented mental health specific training to 799 participants across the community sector.
- Successful and timely advocacy around a number of issues, including supported accommodation and residential rehabilitation services and homelessness issues.
- Active presentation of member views and issues via fortnightly meetings between VICSERV and Department of Health MHAD team, and coordinated feedback and input into a wide range of developmental projects.
- Built active member participation through a range of VICSERV member forums and provider conferences in collaboration with Department of Health.
- Introduced new training to up-skill the CMMH workforce in preparation for the state and federal reforms.
- Actively participated in the ongoing development of Community Mental Health Australia to ensure that CMMH services are well represented in the federal policy environment.
- Sharing of findings about the Victorian Care Co-ordination trials in collaboration with Nous Consulting.
- Regular bulletins to ensure services are informed about NDIS legislation, rules and roll out of new services.
- Publication of three editions of *newparadigm*: documenting current practice, research and policy trends.



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People

Committee of Management

President

Elizabeth Crowther
Mental Illness Fellowship
of Victoria

Vice President

Caz Healy
Doutta Galla Community Health Service

Secretary

Mark Smith
Pahran Mission, Uniting Care

Treasurer

Terry Palioportas
Peninsula Support Services

Alys Boase

Ermha

Kelvin Wilson

Centacare, Ballarat
(to August 2012)

Susan Doyle-Hosie

Centacare, Ballarat
(Feb 2013 – April 2013)

Deanna Davis

Centacare, Ballarat
(from June 2013)

Phil Eddy

St Luke's, Anglicare
(to April 2013)

Chris McNamara

Snap Gippsland

Gerry Naughtin

Mind Australia

Peter Ruzyla

EACH

Glen Tobias

Neami National

Appointments and Governance

Finance and Risk Management

Full board meetings

| | | | |
|-----------------------------------------------------------------------------------------|-----|-----|---------------------|
| President Elizabeth Crowther | 1/1 | – | 4/6 |
| Vice President Caz Healy | – | 3/6 | 4/6 |
| Treasurer Terry Palioportas | – | 6/6 | 6/6 |
| Secretary Mark Smith | 1/1 | – | 5/6 |
| Chris McNamara | 1/1 | – | 6/6 |
| Glen Tobias | 1/1 | – | 5/6 |
| Gerry Naughtin | – | – | 4/6 |
| Alys Boase | – | 6/6 | 2/6 *LOA granted |
| Peter Ruyzla | – | – | 5/6 |
| Cath Murphy | – | – | 5/6 |
| Phil Eddy <i>Resigned</i> April 2013 | – | – | 3/5 |
| Kelvin Wilson <i>Resigned</i> August 2012 | – | 1/1 | 1/1 |
| Susan Doyle-Hosie <i>Commenced</i> February 2013 <i>Resigned</i> April 2013 | – | – | 1/1 |
| Deanna Davis <i>Commenced</i> June 2013 | – | – | 1/1 |

Staff

Chief Executive Officer

Kim Koop (Ms)

Accountant

Noris Zarth (Ms)

Executive Assistant

Stephanie George

(completed maternity leave March 2013)

Transition and Reform Project Manager

Kate Paterson

(from February 2013)

MHPD Trial Manager

Wendy Katsourakis

(to February 2013)

Policy and Communications Manager

Debra Parnell

(from July 2013)

Engagement and Service Development Manager

Anthea Tsismetsi

(commenced maternity leave June 2013)

Policy and Editorial Assistant

Claire La Greca

(to January 2013)

Project Officer

Naida Alic

(to July 2013)

Training and Education Manager

John Katsourakis

Senior Trainer

Sue Harrison

Training Administrator

Patricia Wooding

Training Administrator

Desleigh McLean

(to April 2013)

Training Administrator

Eswen Chaffey

(from April 2013)

Members

2012-2013

Ordinary Members

ADEC, Action on Disability within Ethnic Communities

Anxiety Recovery Centre Victoria

ARAFEMI Victoria

ASPIRE, A Pathway to Mental Health Inc.

Ballarat Community Health

Bethlehem Community Inc.

Centacare, Catholic Diocese of Ballarat Inc.

Dianella Community Health Inc.

Doutta Galla Community Health

EACH

Ermha Inc.

Fintry Community Inc.

Geelong Mood Support Group Inc.

Gippscare, The Salvation Army – Australia Southern Territory

Golden City Support Services Inc.

Grampians Community Health

Grow VIC

Healthcare Chaplaincy Council of Victoria Inc.

Impact Support Services Inc.

Inner South Community Health Service

Karingal Inc.

Latrobe Community Health Service

Mallee Family Care

Mental Illness Fellowship of Victoria

Merri Community Health Services

Mind Australia

NEAMI National

North Yarra Community Health

Norwood Association Inc.

PANDA Post and Antenatal Depression Association Inc.

Peninsula Support Services

Sacred Heart Mission

SNAP Gippsland Inc.

St Kilda UnitingCare Drop In Centre

St Luke's Anglicare

St Mary's House of Welcome

St Vincent de Paul Society. VincentCare Victoria
 The Compassionate Friends of Victoria, Australia
 UnitingCare Prahran Mission
 Western Region Health Centre
 Wimmera UnitingCare
 Women's Information, Support & Housing
 in the North (WISHIN Inc.)

Associate Members

Bendigo Health
 Break Thru People Solutions
 Care Connect Ltd
 Helping Hand Aged Care
 Homeground Services
 Housing Choices Australia
 Kew Neighbourhood Learning Centre
 Kingston Youth and Family Services
 McAuley Community Services for Women
 Mercury Group of Companies
 Neami Ltd South Australia
 On The Line Australia
 Outlook Employment

Personnel Employment, a service of Barkuma Inc.
 Richmond Fellowship Queensland
 RMIT University
 SHARC Self Help Addiction Resource Centre
 St Vincent de Paul Society Victoria Inc. Compeer
 St Vincent's Hospital, Melbourne
 Taskforce Community Agency Inc.
 The Haven Foundation
 Victoria Social Program and Policy Unit (VSPPU),
 The Salvation Army – Australia Southern Territory
 Victorian Association for the Care and Resettlement
 of Offenders (VACRO)
 Victorian Mental Health Carers Network
 Villa Maria
 YSAS Pty Ltd

Individual Members

Valerie Gerrand
 Dorothy James
 Jenne Perlstein
 Jennifer Wilkinson





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Psychiatric Disability Services of Victoria (VICSERV)

Vision, Mission & Values



Vision

VICSERV envisages a society where mental health and social wellbeing are a national priority and:

- Everyone has access to timely mental health treatment and support
- Mental health services are recovery oriented
- People participate in decision making about their own lives and their community
- People affected by mental illness have access to, and a fair share of, community resources and services
- All people are involved as equals, without discrimination

Mission

As the peak body for the community managed mental health sector in Victoria, we pursue the development and reform of mental health services.

We support members by:

- Promoting recovery oriented practice
- Building and disseminating knowledge
- Providing leadership
- Building partnerships and networks
- Undertaking workforce development, training and capacity building
- Promoting quality in service delivery
- Undertaking advocacy and community education

Values

Collaboration (Teamwork)

- Working together to achieve shared objectives
- Respecting the knowledge and skills of others
- Putting the needs of the organisation above individual interests

Inclusiveness

- Listening to a range of views
- Representing and embracing the diversity of the sector
- Honouring the consumer and carer experience

Flexibility

- Proactively embracing change and new opportunities
- Stepping up and out from our roles and perspectives when required

Courage

- Taking leadership by speaking up on important issues
- Encouraging and supporting innovation
- Persistence in the face of obstacles and delays

Integrity

- Doing what we say we will do on time and to the best of our ability
- Listening and responding to members
- Having a respected voice and visibility in the sector, broader system and in government
- Being an honest broker of information and resources

Partners

We would like to thank our many and varied partners, many listed within the report, without whom we would not be able to provide the same range and quality of services.

In particular we would like to thank our members who generously give as much as they receive.





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Psychiatric Disability Services of Victoria (VICSERV)

Financial Report

Committee's Report

The Committee presents its report on the financial statements of the Association for the year ended 30 June, 2013.

Committee Members

The names of committee members at the date of this report are:

- Elizabeth Crowther
- Caz Healy
- Gerry Naughtin
- Terry Palioportas
- Chris McInnes
- Glen Tobias
- Chris MacNamara
- Cath Murphy
- Mark Smith
- Peter Ruyzla
- Alys Boase
- Deanna Davis

Principal Activities

The principal activity of the Association during the year was as Peak Body for Psychiatric Services in Victoria.

Significant Changes

No significant change in the nature of these activities occurred during the year.

Operating Result

The surplus from ordinary activities after providing for income tax amounted to:

| Year ended | Year ended |
|---------------|---------------|
| 30 June, 2013 | 30 June, 2012 |
| \$ | \$ |
| 2,484 | 3,505 |

Signed in accordance with a resolution of the Members of the Committee on: 25/09/2013



Caz Healy – Vice President



Terry Palioportas – Treasurer

Independent Auditor's Report to Members

of Psychiatric Disability Services
of Victoria (VICSERV) Inc

Report on the Financial Report

I have audited the accompanying financial report, being a special purpose financial report of Psychiatric Disability Services of Victoria (VICSERV) Inc which comprises the Statement of Financial Position as at 30 June, 2013, the Income and Expenditure Statement, Statement of Changes in Equity, Cashflow Statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the Statement by Members of the Committee.

Committee's Responsibility for the Financial Report

The Committee is responsible for the preparation of the financial report and has determined that the basis of preparation described in Note 1, is appropriate to meet the requirements of the Associations Incorporation Act and is appropriate to meet the needs of the members. The Committee's responsibilities also include such internal control as the Committee determines to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the company's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances,

but not for the purpose of expressing an opinion on the effectiveness of the company's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

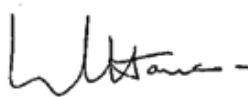
Audit Opinion

In my opinion the financial report of Psychiatric Disability Services of Victoria (VICSERV) Inc presents fairly, in all material aspects, the financial position of Psychiatric Disability Services of Victoria (VICSERV) Inc as at 30 June, 2013 and its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and the Associations Incorporation Act.

Basis of Accounting

Without modifying my opinion, I draw attention to Note 1 of the financial report, which describes the basis of accounting. The financial report has been prepared to assist Psychiatric Disability Services of Victoria (VICSERV) Inc to meet the requirements of the Associations Incorporation Act. As a result, the financial report may not be suitable for another purpose.

Signed on: 26 September, 2013



Ms Wendy Hancox – Director
Ahead For Business Pty Ltd

Statement by Members of Committee

The Committee has determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Committee, the Statement of Financial Position, the Income and Expenditure Statement and Notes to the Financial Statements:

1. Presents fairly the financial position of Psychiatric Disability Services of Victoria (VICSERV) Inc as at 30 June, 2013 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that the association will be able to pay its debts as and when they fall due.

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



Caz Healy – Vice President



Terry Palioportas – Treasurer

Statement of Financial Position

As at 30 June, 2013

| | Note | 2013 | 2012 | | Note | 2013 | 2012 |
|----------------------------------|------|----------------|----------------|--------------------------------|------|----------------|----------------|
| Current Assets | | | | Non-Current Liabilities | | | |
| Cash and cash equivalents | | 514,295 | 360,741 | Provisions | 5 | 28,907 | 21,569 |
| Receivables | 2 | 12,523 | 134,974 | Total Non-Current Liabilities | | 28,907 | 21,569 |
| Sundry Debtors & Prepayments | | 38,746 | 17,285 | Total Liabilities | | 364,441 | 335,864 |
| Total Current Assets | | 565,564 | 513,000 | Net Assets | | 233,681 | 231,197 |
| Non-Current Assets | | | | Members' Funds | | | |
| Property, plant & equipment | 3 | 21,220 | 42,723 | Retained earnings | | 233,681 | 231,197 |
| Investment | | 5 | 5 | Total Members' Funds | | 233,681 | 231,197 |
| Security deposit | | 11,333 | 11,333 | | | | |
| Total Non Current Assets | | 32,558 | 54,061 | | | | |
| Total Assets | | 598,122 | 567,061 | | | | |
| Current Liabilities | | | | | | | |
| Payables | 4 | 227,660 | 226,968 | | | | |
| Current tax liabilities | | 11,184 | 21,046 | | | | |
| Provisions | 5 | 96,690 | 66,281 | | | | |
| Total Current Liabilities | | 335,534 | 314,295 | | | | |

Notes to and forming part of these accounts are set out on pages 28 to 29.

Income and Expenditure Statement

For the year ended 30 June, 2013

| | 2013 \$ | 2012 \$ | | 2013 \$ | 2012 \$ |
|------------------------------------|------------------|------------------|---------------------------------------|------------------|------------------|
| Income | | | Expenses | | |
| Funding | 864,877 | 809,663 | Salaries & related costs | 656,470 | 719,497 |
| Funding from Reichstein Foundation | — | 28,839 | Premises & equipment | 57,606 | 144,701 |
| Publications | 727 | 23,611 | Conference & training costs | 222,455 | 452,530 |
| Membership fees | 82,134 | 79,048 | Other expenses | 230,182 | 132,662 |
| Training | 206,817 | 248,084 | Total expenses | 1,166,713 | 1,449,390 |
| Conference | — | 212,960 | | | |
| Interest received | 14,592 | 15,150 | Profit before income tax expense | 2,484 | 3,505 |
| Other | 50 | 35,540 | Income tax expense | — | — |
| Total income | 1,169,197 | 1,452,895 | Profit attributable to members | 2,484 | 3,505 |

Statement of Changes in Equity

For the year ended 30 June, 2013

| | 2013 \$ | 2012 \$ |
|----------------------------------------------|----------------|----------------|
| Members' funds at the beginning of the year | 231,197 | 227,692 |
| Surplus for year | 2,484 | 3,505 |
| Members' funds at the end of the year | 233,681 | 231,197 |

Notes to and forming part of these accounts are set out on pages 28 to 29.

Cash Flow Statement

For the year ended 30 June, 2013

| | 2013 | 2012 | Note | 2013 | 2012 |
|---------------------------------------------------------------|----------------|-----------------|-----------|----------------|----------------|
| Cash Flow From Operating Activities | | | | | |
| Receipts | 1,371,293 | 1,469,891 | | | |
| Payments to suppliers and employees | (1,229,951) | (1,549,726) | | | |
| Interest received | 14,592 | 15,150 | | | |
| Net cash (absorbed)/provided from operating activities | 155,934 | (64,685) | | | |
| Cash Flow From Investing Activities | | | | | |
| Purchase of plant & equipment | | | | (2,380) | (558) |
| Net cash used in investing activities | | | | (2,380) | (558) |
| Net increase in cash held | | | | 153,554 | (65,243) |
| Cash at beginning of year | | | 20 | 360,741 | 425,984 |
| Cash at the end of the year | | | 20 | 514,295 | 360,741 |

| | 2013 | 2012 | | 2013 | 2012 |
|------------------------------------------------------------------------------------------|----------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------|---------|---------|
| Reconciliation of Net Cash Provided By/Used in Operating Activities to Net Profit | | | Reconciliation of Cash | | |
| Operating profit/(loss) after income tax | 2,484 | 3,505 | Cash at the end of the financial year as shown in the cash flow statement is reconciled to items in the balance sheet as follows: | | |
| Depreciation | 23,882 | 30,227 | Cash at bank and in hand | 514,295 | 360,741 |
| Changes in operating assets and liabilities | | | Cash per cash flow statement | 514,295 | 360,741 |
| Trade and other receivables | 98,697 | (97,240) | | | |
| Prepayments | 2,293 | 21,961 | Notes to and forming part of these accounts are set out on pages 28 to 29. | | |
| Inventories | — | 28,189 | | | |
| Trade and other payables | (9,169) | (62,396) | | | |
| Employee entitlements | 30,747 | 8,504 | | | |
| Asset replacement | 7,000 | 7,000 | | | |
| Specific purpose funding | — | (4,435) | | | |
| Net cash generated from operations | 155,934 | (64,685) | | | |

Notes to the Financial Statements

of Psychiatric Disability Services
of Victoria (VICSERV) Inc

I. Statement of Accounting Policies

The financial report is a special purpose financial report prepared to satisfy the financial reporting requirements of the Associations Incorporation Act. The Committee has determined that the association is not a reporting entity.

Basis of Preparation

The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values or, except where specifically stated, the current valuations of non-current assets.

The following significant accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

Accounting Policies

a) Property, plant and equipment

Leasehold improvements and office equipment are carried at cost less, where applicable, any accumulated depreciation.

Leasehold improvements are amortised over the shorter of the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciable amount of all other property, plant and equipment is depreciated over the useful lives of the assets of the association commencing from the time the asset is held ready for use.

b) Impairment of Assets

At each reporting date, the association reviews the carrying values of its tangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

c) Employee Entitlements

Provision is made for the association's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits have been measured at the amounts expected to be paid when the liability is settled.

Long service leave is accrued on a pro-rata basis after 3 years service.

d) Provisions

Provisions are recognised when the association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reasonably measured. Provisions are measured at the best estimate of the amounts required to settle the obligation at the end of the reporting period.

e) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks and other short-term highly liquid investments with original maturities of three months or less.

f) Goods & Services Tax

Revenues, expenses and assets are recognised net of the amount of GST, except the amount of GST incurred is not recoverable from the Australian Taxation Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of GST.

g) Trade and Other Payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the association during the reporting period, which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of the recognition of the liability.

2. Trade & other Receivables

| Current | 2013 \$ | 2012 \$ |
|---------------|------------|------------|
| Trade debtors | 12,523 | 134,974 |

3. Property, Plant & Equipment

| | 2013 \$ | 2012 \$ |
|-------------------------------------------|---------------|---------------|
| Plant and equipment, at cost | 78,563 | 76,184 |
| Accumulated depreciation | (76,300) | (65,120) |
| Total | 2,263 | 11,064 |
| Motor vehicles, at cost | 50,809 | 50,809 |
| Accumulated depreciation | (31,852) | (19,150) |
| Total | 18,957 | 31,659 |
| Plant and leasehold improvements, at cost | 114,003 | 114,003 |
| Accumulated amortisation | (114,003) | (114,003) |
| Total | — | — |
| | 21,220 | 42,723 |

| | 2013 \$ | 2012 \$ |
|-------------------------------------------------------|------------|------------|
| Funding For Plant & Leasehold Improvements | | |
| Unsecured liabilities | | |
| Trade creditors and accrued expenses | 114,003 | 114,003 |
| Funding in advance and unspent funding | (114,003) | (114,003) |
| | — | — |

4. Trade & Other Payables

| Current | 2013 \$ | 2012 \$ |
|----------------------------------------|----------------|----------------|
| Unsecured liabilities | | |
| Trade creditors and accrued expenses | 111,045 | 166,468 |
| Funding in advance and unspent funding | 116,615 | 60,500 |
| | 227,660 | 226,968 |

5. Provisions

| Current | 2013 \$ | 2012 \$ |
|-------------------------------------------|--------------------|--------------------|
| Annual leave entitlements | 44,717 | 36,133 |
| Long service leave entitlements used | 32,973 | 18,147 |
| Asset replacement | 19,000 | 12,000 |
| | 96,690 | 66,280 |
| Non Current | 2013 \$ | 2012 \$ |
| Long service leave entitlements | 28,907 | 21,569 |
| Total Non Current Provisions | 28,907 | 21,569 |
| Aggregate employee entitlements liability | 106,597 | 75,849 |

There were 8 (2012 – 9) employees at the end of the year.

6. Operating Lease Commitments

| Rent of office and photocopier | 2013 \$ | 2012 \$ |
|-------------------------------------------------------------------------------------|----------------|----------------|
| Operating leases | | |
| Commitments in relation to non-cancellable Operating leases are payable as follows: | | |
| Due within 1 year | 87,501 | 83,659 |
| Due within 2-5 years | 36,278 | 117,906 |
| After 5 years | — | — |
| | 123,779 | 201,565 |

The property lease is a non-cancellable lease with a 3 year term, with rent payable in advance. This lease expires in December, 2014.

The photocopier rental is a non-cancellable lease with a 4 year term. This rental expires in September, 2014.



Psychiatric Disability Services
of Victoria (VICSERV)



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