



Psychiatric Disability Services
of Victoria (VICSERV)

Annual Report 2015-2016

30
YEARS

Service to the mental
health community



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President's Report



Elizabeth Crowther
President

Mental health services in Victoria have continued to feel the impacts of change and uncertainty, and for community managed mental health services this direction is set to continue for some period to come, with new models and funding changes at State and Commonwealth levels being developed and implemented.

The National Disability Insurance Scheme (NDIS) has been the most significant development in public health policy, with the trial in Barwon revealing a significant gap between the policy vision and the practicalities of delivering the vision on the ground.

The historic agreement between the State and Commonwealth Governments in December 2015 heralded the roll out of the full NDIS scheme from July 2016. Subsequent information on the phasing of mental health funding and consumers in the new scheme, has presented ongoing challenges and uncertainties for organisations, workers, consumers and their families.

At the same time, the Commonwealth government announced its response to the National Mental Health Commission's Review of Mental Health Programmes and Services. This has seen further wide ranging change and disruption as funding is transferred to Primary Health Networks (PHNs) and a new model of 'stepped care' is under development. The jury is still out as to what this approach will deliver, and what the outcomes will be for people living with serious mental illness, and their families, in our communities.

As VICSERV celebrates its 30th anniversary and a rich legacy of service to the mental health community, we are embarking on a new era in mental health service provision.

We are looking to the State Government to respond to the changes across the health and social care sectors, and take action to ensure Victoria's benchmark mental health support system is maintained and continues to be effective in meeting the rehabilitation and support needs of people living with mental illness, and their families.

VICSERV is a foundational member of Community Mental Health Australia (CMHA). CMHA have appointed an Executive Director and seeks the input of VICSERV members to influence national mental health policy.

As we look ahead VICSERV has another busy year underway.

I would like to thank the VICSERV CEO, management and all staff for their ongoing effort and commitment.

As you know Kim Koop has tendered her resignation after an extraordinary eight years, bringing together and leading our sector through major changes. Her capacity to create an environment where all parts of this sector can come together to create an agreed strategy, and then prosecute it, has been extraordinary. She has led the creation of a vision of what is needed in a modern service system to support people with mental illness and their families. Thank you Kim.

As you will anticipate we are recruiting to this position and Kim will assist with this transition. We will advise you when the appointment is made and we can look forward to a productive new year.

It has been another challenging year for VICSERV and I would also like to thank my fellow board members for their ability to collaborate and provide expert advice during this time. In particular, I would like to acknowledge the support of the Vice President Lyn Morgain, Treasurer Terry Paliportas and Secretary Mark Smith, as well as thank those board members who participate in subcommittees and take up additional roles chairing advisory groups.



CEO's Report



Kim Koop
Chief Executive Officer

Each year when I sit write my piece for the annual report I am heartened by the variety and nature of support that VICSERV receives from its members and stakeholders. This is always most evident in a conference year. This year is no exception.

The VICSERV biennial conference "Towards Recovery" in May 2016 was a magnificent showcase of the work of our members and also captured the vision and aspirations of the mental health community in Victoria.

In this case a small group of people worked incredibly hard over a 12 month period, with the backing of our member organisations and board, to create an inspiring event for around 800 registrants. It was icing on the cake to be awarded the Office of the Public Advocate award for 2016 at the conference. The Public Advocate Ms. Collen Pearce was generous in her words and paid tribute to the contribution of many when she called for a standing ovation for the staff, board, members and all involved in the organisation.

After the high of conference it was back to work at the local, state and national level. Multiple Ministerial Taskforces – Mental Health and NDIS transition and many more working groups filled the year. The emerging role of Primary Health Networks and the National Disability Insurance Scheme has tested our thinking about the role of community organisations. We have also been required to re-conceptualise the rehabilitation/health supports provided by community organisations around Australia. It has been a challenging year.

This quote eloquently describes the experience of many organisations and workers during 2015-16.

"Sometimes we have to leave behind the security of who we've become and go to the place of who we are becoming"

John Francis

I have no doubt that by continuing our work together we will find new ways of providing high quality, contemporary mental health supports and, in doing so, will build the fabric of our community. It is wonderful what we can achieve when we work together. VICSERV's contribution via Community Mental Health Australia (CMHA) is a great example and one that should not be underestimated.

This year will be my last report as CEO; it has been a great privilege to lead VICSERV for over eight years, since May 2008. During that time many people have contributed their gifts and talents to the organisation – I would like to extend my thanks and gratitude to each one.

The current group of staff are a very special group of people – experienced, skilled and with high aspirations for VICSERV and the wider service system. The Board have vast experience and knowledge – they provide wise counsel in generous and empowering ways. I thank each of them for their ongoing commitment to the development of the Victorian community.

VICSERV has had great engagement with our various students – we are very proud to be part of your ongoing development and we look forward to hearing about your achievements in the field.

Finally I must acknowledge our positive and heartfelt engagement via the Department of Health and Human Services – we appreciate the genuine interest and your commitment to people affected by mental illness in our community.

I wish VICSERV and all of our partners every success for the year ahead and look forward to a new relationship with you in the future – working with you has been a life affirming experience and one I am extremely grateful for.



30 Years of Service to the Mental Health Community

In 2016 VICSERV marks its 30th birthday.

As peak body for community managed mental health services, VICSERV has made a vital contribution by sharing information, building knowledge, building capacity, representing issues faced by services, and delivering training. Our goal is to remain an influential peak body in Victoria.

At this pivotal time in the history of the organisation, service provision and consumer participation, 2016 has provided the opportunity to look forward as well as to reflect and celebrate with our members, partners and stakeholders.

In 1985, community mental health workers across Victoria gathered to discuss the formation of a peak body, which could offer a unified voice for the sector. This led to the incorporation of 'Victorian Voluntary Mental Health Services' in 1986, later to become Psychiatric Disability Services of Victoria (VICSERV) in 1993.

The first VICSERV newsletter was published on 14 March 1986. Four years later, the concept of a regular bimonthly newsletter emerged, entitled *newparadigm*. By 1994, *newparadigm* had evolved to become a journal and *Faxline* became the new fortnightly newsletter faxed to members. In the year 2000, as emails became more commonplace, it was renamed *factsline* and distributed as an e-newsletter.



Psychiatric Disability Services
of Victoria (VICSERV)

VICSERV Logos



newparadigm covers

30th Anniversary Reflections

Having first visited VICSERV in 1991, I have seen many positive developments as VICSERV has assisted in the growth and professionalism of the Victorian Mental Health System.

The philosophy of advocacy with, and on behalf of, the growing sector – and the bringing together of what was a loose coalition of community managed agencies to form a professional evidence-based rehabilitation sector – has seen the development of a whole generation of workforce assisted by research, training and general advocacy.

I look forward to working alongside VICSERV as we face the current iteration of mental health services and know that support, advice and fearless advocacy will continue in the name of providing a better service for people with psychiatric disabilities and their families in the state of Victoria.

Mark Smith

VICSERV Board Secretary
General Manager, Services, Prahran Mission

The culture of VICSERV and its clarity in its role, its function and who it represents, is what has made it a very significant peak body. This clarity differentiates it from other peaks I have dealt with. It had the capacity over many years to bring together people from large and small agencies, from rural, regional and metro services, to help shape a high quality mental health service system. Over the decades it has embodied what it has promoted, which is that one has to adapt as an organisation to remain relevant and effective. Just as many mental health NGO's are working hard to navigate a complex environment, so too is VICSERV. The relevance of peak bodies in a changing environment requires ingenuity and innovation. I think VICSERV has these characteristics and excellent personnel in both governance and management levels to help guide it.

Happy 30th VICSERV. I hope your next chapter is as fruitful as the past chapters.

Arthur Papakotsias

former Chair and Deputy Chair of VICSERV
CEO, Neami National

VICSERV was initially funded by government as a 'ginger group' to agitate for mental health reform. Over the 30 years since, VICSERV's impact has been extraordinary. It is largely thanks to VICSERV's leadership that Victoria has the best-developed mental health community support service sector in Australia.

For me, three particular contributions stand out – VICSERV's staff training and development program, the *newparadigm* journal and biennial conferences. All have been invaluable for sharing and stimulating service development and practice innovation. As a founding member, I'm delighted that VICSERV is celebrating 30 years and salute VICSERV's board and staff for this achievement.

Valerie Gerrand

VICSERV Founding Member

What a grand endeavour we have been engaged in over the last 30 years.

Thousands of us have worked together, under the banner of VICSERV, to create what has become known as the Community Managed Mental Health Sector. Our focus has been to create opportunities for people with mental illnesses and their families to have the right supports they needed to participate in their chosen communities to live the lives they want. With so many people involved in this vision we have had many arguments and expressions of this vision, but we have never wavered from our aim.

We have used lots of tools to explore how to meet our objectives. We have researched, reported, and tested how to develop psychiatric rehabilitation and recovery approaches. We have developed and then supported the growth of this workforce to support the aspirations of people with mental illnesses. We have become an Australian leader in preparing this specialised workforce. I am proud to say that we have continued to look at client needs in developing the workforce and have been intimately involved in the creation of the peer workforce. We have also been engaged in creating links between the Community managed and Clinical sectors for service system effectiveness.

It is now our 30th birthday. We have an extraordinary heritage – how are we going to use that to shape the future?

Elizabeth Crowther

VICSERV President
CEO Wellways

Public Advocate Honours VICSERV

Public
Advocates
Award 2016

30 YEARS
OF SERVICE TO THE
MENTAL HEALTH
COMMUNITY

VICSERV was named the Public Advocate's Award recipient for 2016, with the award presented to VICSERV President Elizabeth Crowther at the 2016 VICSERV conference.

In presenting the award, Public Advocate, Colleen Pearce, said that VICSERV had provided exemplary services to the sector, its consumers, families and carers for 30 years this year.

"In particular, it has showed courage over the last few years in advocating for Victorians with mental illness to access supports under the National Disability Insurance Scheme, and continuing supports for those who may not be eligible," Ms Pearce said.

"In addition, there is currently a great deal of uncertainty as to what services NDIS will cover and what services will continue to be provided by state government and via Primary Health Networks.

"This could mean that those who are found ineligible for NDIS, or who do not want to participate for various reasons relating to their disability, could fall through the cracks."

Ms Pearce said that VICSERV was working hard to ensure that did not happen.

The Public Advocate's Award was initiated in 2010 to recognise organisations for their work with Victorians with disability or mental illness, or who are otherwise vulnerable.

VICSERV CEO, Ms Kim Koop, said that the peak body was delighted to accept the award.

"An award like this acknowledges not just VICSERV staff, but the contribution of our members and their staff toward the development of contemporary mental health services in Victoria."

VICSERV president, Ms Liz Crowther, said that VICSERV had clocked up three decades of collaboration, innovation, capacity-building and training work in Victoria.

"I congratulate the VICSERV team on receiving this award and acknowledge their ongoing commitment to VICSERV's important work," Ms Crowther said.

"It is a privilege to accept this award on behalf of the staff and members."





Policy Development and Representation



Debra Parnell
Manager Policy
and Communications

The past twelve months has seen continuing development in the health and disability sectors as the roll out schedule for the National Disability Insurance Scheme (NDIS) was announced, and significant work was undertaken to progress Victoria's 10 Year Mental Health Plan.

The focus of our work during 2015–16 has been on the range of services required for a comprehensive mental health system in Victoria, and the implications of NDIS for the future of mental health service delivery and support in Victoria, for organisations, workers, people with mental illness and their families. In addition to participating in a number of Government working groups and forums, we have continued to collaborate with a range of stakeholders in the community sector on issues of mutual concern and interest.

The future of mental health support and services in Victoria

VICSERV welcomed the State Government's commitment to an 'integrated whole-of-government, whole-of-system, effort' and the recognition that 'all levels of government, non-government organisations, the private sector, businesses and the wider community have a role to play' in achieving the vision and desired outcomes, as stated in *Victoria's next 10-year mental health strategy – Discussion Paper*, released in August 2015.

With the release of the subsequent *Victoria's 10-Year Mental Health Plan* we also welcomed the establishment of the Mental Health Expert Taskforce and the expert reference groups that is guiding its implementation. Significant work is being undertaken under the Plan, as evidenced by the release of key frameworks and strategies – the *Victorian Suicide Prevention Framework*, the

Mental Health Workforce Strategy and the recently announced consultation on the *Design, Service and Infrastructure for Victoria's Mental Health System*.

However, despite this work, there is still uncertainty about how the psychosocial rehabilitation support needs of people with mental illness will be met alongside the NDIS. While VICSERV endorses the NDIS as a much needed support offering, we continue to hold concerns about the gap that will become an increasing reality as a result of the withdrawal of Mental Health Community Support Services (MHCSS) funds in line with the NDIS rollout across the state.

Engagement and Consultation with Members and Stakeholders

In 2015–16 VICSERV continued to engage with members and stakeholders through a range of forums and events:

- » Consultation forums were held in July 2015 in Melbourne and regional areas, to inform VICSERV's submission to the *Review of Mental Health Community Support Services and Drug Treatment Services*, and the *Victoria's next 10-year mental health strategy – Discussion Paper*.
- » A member forum was held in August 2015 on the future directions and impacts on mental health in Victoria. A number of member representatives spoke on the issues and possibilities facing community mental health organisations and consumers, and government department representatives provided updates on the 10 Year Mental Health Plan, NDIS and PHNs.



» A forum on the NDIS and Mental Health was held in October 2015, which was well attended by a wide range of mental health stakeholders. It provided information on:

- Barwon providers' experiences and learnings;
 - What consumers and carers want from services;
 - Future developments in the Scheme for people with psycho-social disability;
 - The potential role of the Administrative Appeals Tribunal in shaping the NDIS.
- » A forum on Leadership and Innovation was held in March 2016, with presentations by key thinkers and leaders in this space. It provided the opportunity for mental health workers and stakeholders to hear about and discuss the opportunities and challenges facing mental health organisations, workers, consumers and carers in the changing environment.
- » A consultation session was organised in June 2016 for VICSERV's submission to the *Victorian State Disability Plan 2017–2020*.

Presentations from VICSERV's forums are available on VICSERV's website.

Representation

VICSERV has the opportunity to present at many conferences, forums and contribute to other stakeholder meetings and networks on issues impacting on the community mental health sector.

In 2015–16 these opportunities included:

- » Mental Health Expert Taskforce
- » NDIS Transition Taskforce and its Working Groups
- » Community Mental Health Australia working groups and projects
- » Mental Health Australia policy development and submissions
- » National Primary and Community Care Network
- » VCOSS Peaks and Statewide Network
- » Mutual Support and Self Help Network
- » Client Incident Management System

VICSERV regularly provides input and responses to reviews and inquiries through workshop participation, submissions and other documents to government and other bodies. In 2015–16 VICSERV's contributions and submissions included:

- » Review of MHCSS
- » 10 Year Mental Health Strategy
- » Victorian State Disability Plan
- » PHN Guidance Drafts
- » CMHA Federal Budget response
- » Partners in Recovery and Day 2 Day Living programs' transition to NDIS

***newparadigm* – The Australian Journal on Psychosocial Rehabilitation**

VICSERV's flagship publication, *newparadigm*, exists to encourage discussion and information-sharing on material relevant to psychiatric disability support and mental health, such as innovative service programs, new research and current thinking on policy and service provision.

The journal enjoys wide readership across VICSERV members, Victorian mental health academics, workers and consumers, and into other states through the wide networks of our members and connections.

In 2015–16, three editions of *newparadigm* were produced.

The Spring 2015 edition was entitled *Holding the space: describing what's important in psychosocial rehabilitation*, and focussed on what is at risk at this critical stage of the Victorian mental health journey.

The edition featured the thinking and perspectives of leaders in the Victorian mental health space, who have agreed that we need to describe what is important in psychiatric rehabilitation, in order to influence the future of mental health in this state.

The Autumn 2016 edition explored the central themes of the VICSERV Conference 2016: *Towards Recovery*, which included:

- » Hope and recovery
- » Innovation



- » Co-design
- » Peer-led
- » Transformation
- » Empowerment/rights

A special post-conference edition was released in Winter 2016. It featured some of the highlights of the VICSERV 2016 Conference including articles from the conference keynote presenters.

In 2015–16 discussions were held with Community Mental Health Australia in regard to a partnership arrangement for the production of *newparadigm*. This is a significant development for the journal which has developed a strong following and, with almost 30 years in production, is a well-established and well-recognised journal.

This collaboration would have the benefits of more effectively and efficiently advancing the two organisations' common interest in community based mental health development by pooling resources, ideas and reach of readership, and would see *newparadigm* truly become the Australian Journal on Psychosocial Rehabilitation.

This arrangement will be put in place for the 2016–17 year. A Journal Advisory Group has been established with representation from each of the State and Territory peak bodies, and planning has commenced for the Summer 2016 edition.

Collaborating across the Ageing, Disability and Mental Health Sectors

VICSERV has been a participant on the Ageing, Disability and Mental Health Collaborative Panel since 2013, along with Australian Federation of Disability Organisations (AFDO), Carers Victoria, COTA Victoria, Ethnic Communities' Council of Victoria, National Disability Services, and Victorian Council of Social Service (VCOSS).

The panel has identified five priority funding areas and has developed key projects

to assist individuals, service providers and peak organisations as they adjust to major ageing, disability and mental health reforms over the next five years.

VICSERV has the lead role in one of these projects, entitled *Promoting the Exercise of Consumer Choice and Control*. Funding has been obtained for the initial stages of this three year project and work commenced in late 2015.

About the project

This project will help support the exercise of consumer control and choice and the adoption of consumer-led service delivery models.

The project will identify and build on current strategies and resources and then pilot an integrated approach across ageing, disability and mental health sectors, targeting:

- » boards and managers
- » frontline workers
- » consumers and carers.

Work completed to date

- » Project establishment.
- » Development of a discussion paper covering some Consumer Control and Choice themes: perspectives on independence & self-determination; community inclusion; positive relationships; person-first and holistic practice and accessibility.
- » Consultation planning.

Latest update

In preparation for consultations with consumers and carers, and service providers, a discussion paper covering the themes listed above is currently being finalised.

Consultations will draw upon these themes, from the point of view of consumers, carers, service providers and organisations. They will consider how these themes are being taken up, and identify barriers and strategies for overcoming these.

The point of the consultations will be to determine where we are up to, and start to generate learning and collaboration between the sectors, in order to maximise Consumer Control and Choice across the board.



NDIS Engagement



Larissa Taylor
NDIS Engagement Manager

On July 1 2016, Australia saw the commencement of the full scheme implementation of the National Disability Insurance Scheme (NDIS) after three years of trial and development.

In Victoria, as the Scheme is progressively implemented across the State, the associated withdrawal of Mental Health Community Support Services (MHCSS) funding will result in a major shift in how services for people with psychiatric disability are delivered and received. This shift will impact significantly on mental health organisations and the current and emerging workforce.

Transition Support Funding and NDIS Engagement

In November 2015 the Victorian Government announced an investment of \$10m to disseminate to the disability sector to support NDIS readiness of services, participants (and their families and carers). VICSERV was granted funding from this package to support community managed mental health services, resulting in VICSERV's NDIS Engagement activity in June 2016.

As part of the Policy team, Larissa Taylor (NDIS Engagement Manager) and Deborah Liebhaber (NDIS Engagement Officer) have focussed on facilitating capacity-building, knowledge-sharing and information-dissemination to mental health organisations around Victoria. Engagement activities underway include:

Stakeholder Engagement

VICSERV brings community mental health organisations together to share and discuss issues relevant to the implementation of the NDIS in order to raise key concerns at state and national levels. Engagement meetings follow the NDIS rollout schedule and have occurred in Barwon, North Eastern Melbourne and Central Highlands.

Learn and Build – telling the story under full Scheme

Following on from the Learn and Build in Barwon report (2015) which described the impact of the NDIS on mental health services during the trial phase, *Learn and Build – Barwon Under Full Scheme* will bring the spotlight to mental health under full-scheme. This short report will look at the unanswered questions posed in 2015 and identify new issues that have emerged for mental health organisations, consumers and carers since full scheme implementation. This format will be replicated in further iterations as each new region phases in to the Scheme.

Workforce needs analysis

The move to delivering disability supports will see vast changes in the workforce. In order to understand the impact of the NDIS on the current and emerging mental health workforce, VICSERV will conduct a thorough analysis of community psychiatric rehabilitation services to identify the training and development needs for organisations and their personnel during the implementation of the NDIS.



Information provision

VICSERV's fortnightly NDIS Bulletin has received positive acclaim for being an informative publication that draws attention to information, updates, events and articles relevant to mental health and the NDIS. The bulletin can be accessed electronically by signing up for *factsline* on the VICSERV website.

In addition VICSERV has been able to present at a range of forums and conferences on the issues and developments under the NDIS for people with mental illness, their families, organisations and workers.

Liaison and representation with the community health sector

VICSERV engages in collaboration and consultation with peak bodies (MHA and CMHA) at the national level to provide input on submissions to inform national policy and developments.

This involves raising the voice of mental health through engaging with organisations and other peak bodies in the community health sector, including:

- » representation on NDIS sector engagement committees in North Eastern Melbourne Area (NEMA) and the Central Highlands
- » attendance at relevant workshops and forums on NDIS implementation
- » representation on provider peak and mental health committees for NDIS implementation planning.

Liaison and representation with the Department of Health and Human Services

The removal of state funding into the NDIS means drastic changes for many community services, and VICSERV continues to consult with DHHS around the key issues impacting MHCSS services during this change. VICSERV sits on the state NDIS Implementation Taskforce (a forum for disability stakeholders to work closely with the Victorian Government) and its associated working groups, including those on workforce, sector readiness and participant readiness.

Looking forward

The current activities undertaken by the NDIS Engagement team have provided a solid foundation for understanding the implications of the NDIS for mental health providers. But the story of 'mental health in an NDIS world' is only in its infancy. Given that the next phase of mental health consumers moving into the Scheme in NEMA will only occur in May next year, VICSERV hopes to remain engaged in this journey to build capacity and advocate for the best possible outcomes for people with psychiatric disability and their families and carers in Victoria.



Communications

During 2015-16 VICSERV continued to build its communications capacity and processes, resulting in greater reach and ability to provide information, engage with our members and stakeholders, and keep abreast of developments in mental health policy and service delivery.

Website

The VICSERV website is a valuable source of information and resources as well as an important way to communicate with mental health and other stakeholders. In 2015 VICSERV launched its new website with improvements to the site layout, functionality and training/event registration processes.

A key component of this redevelopment was a new database and streamlined registration processes for VICSERV training and events. This development was particularly important and timely for the VICSERV conference in May 2016.

e-newsletters

During 2015-16, VICSERV continued to keep our stakeholders up to date with our e-newsletters *factsline* and the Training Bulletin. The bulletins were redesigned in line with the website redevelopment, resulting in a more interesting information product.

This redevelopment and the success of previous years, has resulted in a steady growth of total subscribers from 1109 to 1969 for *factsline*, the Training Bulletin, *newparadigm* and special messages from VICSERV combined.

factsline e-newsletter

factsline is a fortnightly e-newsletter that keeps stakeholders informed of news and developments related to service reform and transition, policy, VICSERV activities, events and conferences in the community managed mental health sector. The *factsline* e-newsletter is freely available to all interested people and organisations.

The number of *factsline* subscribers has grown from 808 to 1142 over the reporting period.

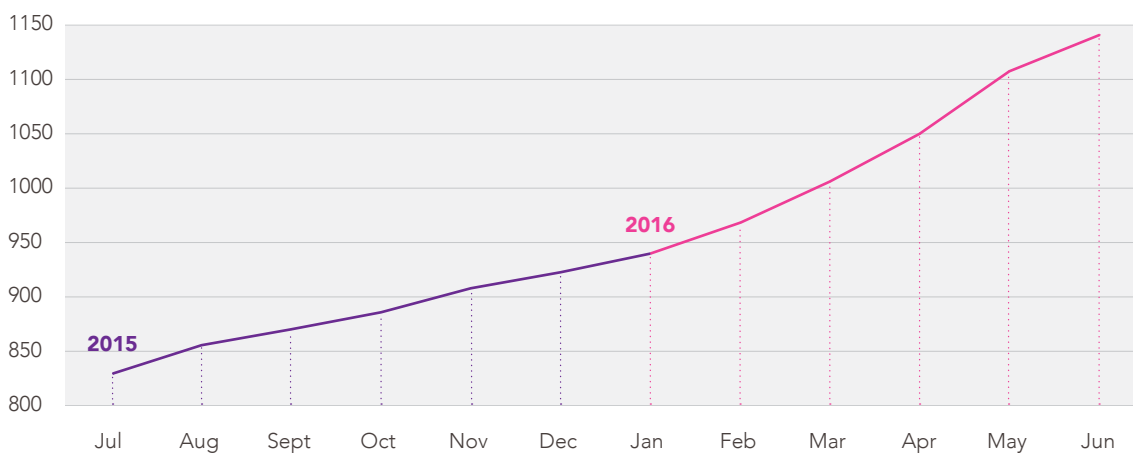
factsline subscribers also receive our new NDIS Bulletin which provides an update on NDIS developments and information in relation to mental health.

The Training Bulletin

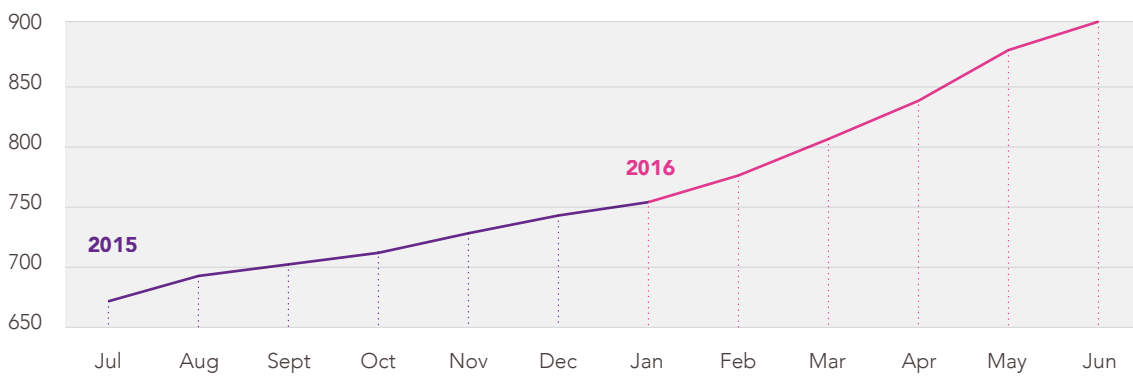
The Training Bulletin is distributed fortnightly and contains information about upcoming training programs at VICSERV and in the sector, as well as news, events and conferences. Over the past 12 months, the number of subscribers for Training Bulletin has grown from 653 to 905.

To subscribe and access archive of previous editions visit the VICSERV website at www.vicserv.org.au/publications-and-resources/factsline-and-e-news

factsline Subscribers
2015–2016



The Training Bulletin
Subscribers 2015–2016





VICSERV Conference – Towards Recovery

HOPE | INNOVATION | CO-DESIGN

19–20 May 2016

800 people attended our highly successful 2016 conference.

Across the two-day event, 45 sessions were held, which included 77 presentations.

This year's conference provided an opportunity to come together to showcase the latest research, share best practice, review industry trends and consider the future of mental health services within the context of an ever-changing environment.

The conference featured a rich and diverse program of speakers and presentations, with challenging and thought-provoking keynote speakers Dr Simon Duffy and Prof Mark Salzer, whose presentations provided an insightful start to each of the two days of conference.

Delegates and other participants' feedback was excellent overall, with a high level of satisfaction with the content and logistics of the conference.

VICSERV extends many thanks to the numerous presenters and organisations who were represented in the formal business of conference, whether on committees, as chairs and facilitators, sponsors or exhibitors.

#TOWARDSRECOVERY CONFERENCE LIVE TWEET

This year VICSERV worked with Croakey – an online health journalism project – to support the communications around conference.

Croakey led the conference live tweet, using hashtag #TowardsRecovery, resulting in 495 participants, both at conference and beyond, creating 2,248 tweets – meaning tweets with the #TowardsRecovery hashtag being seen 8,296,952 times.







Community Mental Health Australia

Amanda Bresnan
Executive Director, CMHA



Community Mental Health Australia (CMHA) is a coalition of the eight state and territory peak community mental health organisations, established to provide leadership and direction promoting the benefits of community mental health and recovery services across Australia. The role of Executive Director within CMHA is new one for the organisation, which promises a great deal of possibilities.

A time of reform

This is a significant time of reform for mental health and the wider human and social services sectors. The rollout of the National Disability Insurance Scheme (NDIS) is occurring across the country, and there is the transfer of a number of federally funded mental health programs to the Primary Health Networks (PHNs), which will become a flexible funding pool from which PHNs will commission mental health services.

Other reforms or review processes include the implementation of Health Care Homes where mental health has been identified as a target group; the Productivity Commission inquiry into Introducing Competition and Informed User Choice into Human Services; and the Federal Government proposing an investment approach to welfare.

These reform processes present an opportunity for CMHA to establish itself as a significant voice on national issues related to community managed mental health, and to develop strong relationships with the mental health and overall human services sectors. It is through working together that the sector is able to communicate a strong message and have its voice heard.

I see my role as working to increase CMHA's profile and voice and to be a conduit to national organisations and decision-makers to inform them about the community managed mental health issues happening on the ground. CMHA's strength is in being a united and representative voice for the community managed mental health sector.

CMHA collaboration

While I have only been in the role for a couple of months, I have found decision-makers – and other organisations in the mental health sector and human and social services sectors – very receptive and interested in knowing about CMHA.

A focus for me in the last couple of months has been getting out and meeting with key groups in the human and social services sector such as ACOSS, Carers Australia, Catholic Health Australia, Public Health Association of Australia, Australian Health and Hospitals Association, FECCA and other such organisations, to discuss issues and areas where the sector can work together.

I have been meeting with and talking to other mental health organisations such as Mental Health Australia, as the national peak; the Mental Illness Fellowship of Australia; Mental Health Carers Australia; and the National Mental Health Commission, as again working together as a sector is important.

I have also met, or have meetings scheduled, with the offices of relevant Federal Members of Parliament – including the Minister for Social Services Christian Porter; Shadow Minister for Mental Health Julie

Collins; Greens Spokesperson for Mental Health Senator Rachel Siewert; and Chair Senate Community Affairs Legislation Committee Senator Jonathon Duniam – to advocate for the issues of the community managed mental health sector.

Going forward

Over the next few months there will be a number of reviews on federal policy and I want to ensure CMHA has a strong voice in providing input to these. A priority will be developing submissions or working with other groups to submit the views of the community managed mental health sector on issues such as the Productivity Commission's inquiry into competition in human services; the 5th National Mental Health Plan; the welfare investment approach; the Federal budget process; and the Productivity Commission's review of the NDIS in early 2017.

CMHA will also be meeting with the Productivity Commission to communicate and make known the key issues for CMHA in each of their review and inquiry processes.

I want to work with government to ensure they are aware of and informed about what the actual mental health needs are in the community. Each of the states and territories is currently working with services on the ground who are experiencing the impacts of reforms such as the NDIS on consumers and carers. Examining how we communicate these effects to decision-makers and the wider community is a priority for me going forward.



Training and Professional Development



John Katsourakis
Manager Education
and Training

In a time of change and disruption, the VICSERV training team has focussed in 2015-2016 on the vital work of supporting and developing the existing workforce and identifying new opportunities for emerging workforce segments.

The business of developing the core Mental Health Community Support Services (MHCSS) within Victoria

VICSERV's core business is developing the staff, leaders and managers of the MHCSS workforce. This work is informed by a Training Advisory Group and regular consultations with MHCSS services. To that end, we have delivered a number of programs throughout metropolitan Melbourne and regional Victoria. These programs focussed on the following skills development:

- » suicide intervention
- » motivational interviewing
- » care coordination and collaboration
- » challenging behaviours
- » supervision
- » recovery orientation
- » person centred care and
- » documenting client notes.

VICSERV will continue to engage with our stakeholders to further develop our offering in line with the impending workforce changes as a result of the National Disability Insurance Scheme (NDIS) rollout.

The opportunity of developing the broader mental health and community workforce

Over the last 12 to 18 months there has been an increasing demand for mental health literacy and advanced communication skills training for staff in Home and Community Care, Primary Health, Disability, Financial Services and Child and Family Welfare workforces. This training assists these staff to better undertake their role,

whilst needing to work with clients with increasing complexity. The training focussed on the following skills development:

- » mental health awareness and literacy
- » motivational interviewing and advanced communication
- » care coordination
- » challenging behaviours and
- » Borderline Personality Disorder awareness and understanding.

Impact of VICSERV training

The VICSERV training unit worked with specialist partner organisations and individuals – including Wodonga Institute of TAFE, Spectrum, Leadership Victoria, the Centre for Excellence in Child and Family Welfare and Living Works – to facilitate 95 programs to 1203 participants across a range of mental health and community services.

The training that we offered was very well received with 98.5% of participants moderately or strongly enjoying the training session. The following are some comments made by those attending our training programs:

"Was good mix of small group discussions and exercises to apply learning material."

"Thank you very much – the micro skills, practical experience of theory very helpful – I feel I can use this in my workplace."

"Excellent training – the best I've done – excellent trainers."

"The trainer was fantastic and engaging. I learnt a lot and really enjoyed the course materials."



Training and Professional Development

The VICSERV training team represents the interests of staff, leaders, managers and organisations through active participation in advisory groups and forums.

Representing the interests of the community managed mental health workforce

The VICSERV training team has participated in the following forums and advisory groups:

- » DHHS Mental Health Workforce Reference Group
- » DHHS Mental Health Clusters Collaborative Steering Committee
- » Collaborative Panel; Supporting Cross-Sector Learning & Development Project
- » Community Services & Health Industry Training Board (Vic)
- » Mental Health Subject Matter Expert Group – Community Services and Health Industry Skills Council
- » Peer Worker Traineeship Pilot Project Barwon

» The Learning and Development Network forum – The Centre for Excellence in Child and Family Welfare.

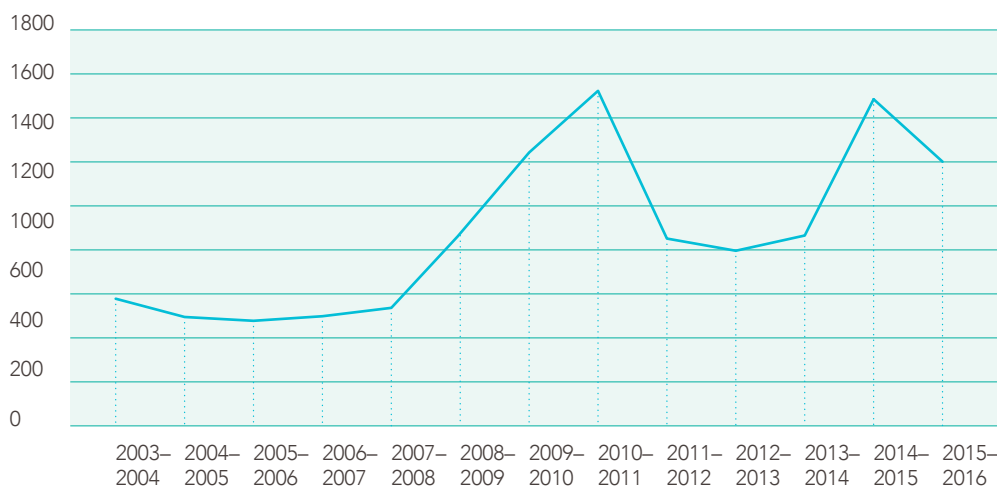
This representation will continue especially with the changing shape of the workforce needs as a result of the implementation of the NDIS in community managed mental health services over the next three years.

The projects that we deliver to support the mental health workforce

Mental Health and Alcohol and Other Drugs Organisational Capability Framework project

The Department of Health and Human Services (DHHS) have funded the development of a Mental Health (MH) and Alcohol and Other Drug (AOD) Organisational Capability Framework ("Framework"). The Framework describes

VICSERV Total participant numbers from 2003–2004 to 2015–2016



the shared capabilities and underpinning values that state-funded MH and AOD workforces should achieve in their work.

Rather than describing required skills and knowledge, the capabilities are seen as stating the expectations of people who work in the MH and AOD sectors, irrespective of their role, discipline or position in an organisation. They provide a shared language and common understanding for the provision of high quality services that accord with the needs and expectations of people using services, their families and carers. The recently released Victorian Mental Health Workforce Strategy by DHHS has identified the Framework as a key platform in developing MH and AOD workers to support Victoria's 10 Year Mental Health Plan.

VICSERV – in partnership with several of its member organisations and Greg Logan of Logan Consulting – has been working with DHHS to develop a plan to engage the MHCSS sector on best ways to implement the Framework for MHCSS services in Victoria. It has been agreed that the first step in this process is to survey the MHCSS staff, leaders and services to ascertain the current level of capability in the sector. This will then provide us with a snapshot of current capabilities across MHCSS pre-NDIS rollout to ensure appropriate workforce planning and training development. The survey is planned to be implemented in late 2016.

Implementing Frontline Ice Training in community managed mental health services

The Frontline Ice Training project for community managed mental health services was funded as part of the Victorian Government's Ice Action Plan, with the aim of exploring ways to support community managed mental health services to implement the Victorian Government's online Ice Training Package. This online training resource is a comprehensive training program designed to assist a broad range of frontline workers to develop their knowledge and confidence in responding effectively to people affected by crystal methamphetamine (ice).

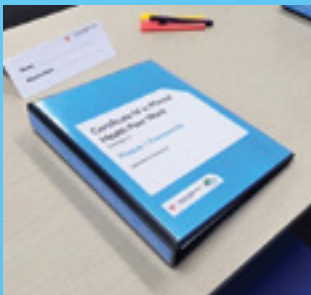
The Project Reference Group recommended that the project focus on developing and delivering workshops across the state, targeted at the MHCSS workforce, with a focus on engaging with the package, exploring practical strategies for implementing the online package, and building the capability of staff within organisations.

In addition to the workshops, the project aimed to create a range of resources to support organisations in accessing and contextualising the online training to meet the particular needs of their workforce.

A series of eight workshops were planned for metropolitan and regional Victoria from July to September 2016.



Certificate IV in Mental Health Peer Work



In a review of mental health workforce requirements by the Australian National Mental Health Commission, a number of strategies were identified as being effective in developing and supporting the role of peer support workers in mental health services.

Developing peer workers to drive a contemporary mental health system

A strategy outlined by the Australian National Mental Health Commission was to 'train peer workers with skills and tasks required by their roles including using their recovery story to benefit consumers, effective listening skills, creating positive relationships, goal identification and setting, responding to an emergency situation, documentation requirements, ethics and confidentiality, boundaries, self-care and resolving conflicts in the workplace'.

The National Mental Health Commission then funded Community Mental Health Australia (CMHA) to develop the training and assessment material to support the delivery of the newly developed

Certificate IV in Mental Health Peer Work qualification. This development work was completed in 2015.

Commencing in 2015, VICSERV developed the Certificate IV in Mental Health Peer Work training and assessment material, using the material developed by the CMHA. This work was done alongside our RTO partner, Wodonga Institute of TAFE, and a local peer advisory committee, which helped to contextualise the materials for the Victorian mental health consumer and carer peer workforce.

Delivery of the Certificate IV in Mental Health Peer Work qualification is now underway with over 40 consumer and carer peer workers having commenced their training either in February 2016 at Elsternwick, in April 2016 at Bendigo or in June 2016 at Ringwood.





Community Managed Mental Health (CMMH) Leadership and Management Project

Community Managed Mental Health (CMMH) Leadership and Management Project

The CMMH Leadership and Management Program, developed and provided by VICSERV in partnership with Leadership Victoria, was designed for leaders who have demonstrated leadership competencies within the mental health and community sector. The program aims to develop capability for those leading and managing within the sector in current times of change and disruption.

This unique leadership experience includes guest speakers, workshops, interactive learning experiences, coaching, 360-degree psychometric profiling, and the development of Collaborative Leadership in Action Networks (CLAN) and Communities of Practice. Topics include:

- » vision and goal setting
- » driving change
- » pushing through resistance
- » leading into the future
- » the connected world
- » coaching for high performance teams and
- » ethical decision making.

Over forty leaders have enrolled in three programs in Elsternwick, Pakenham and Bendigo, commencing in April and June 2016. This ten day program over 11 months culminates in a graduation in March 2017, which will bring everyone together showcasing the learning and CLAN project outcomes.





Financial Report

For the year ended
30 June, 2016

Committee's Report

The Committee presents its report on the financial statements of the Association for the year ended 30 June, 2016.

Committee Members

The members of the Committee in office at the date of this report are:

- » Elizabeth Crowther
- » Chris MacNamara
- » Terry Palioportas
- » Cath Murphy
- » Margaret Grigg
(Not Re-Elected 18 November, 2015, Seconded 23 February, 2016, Resigned 26 April, 2016)
- » Mark Smith
- » Carolyn Wallace
(Resigned 23 February, 2016)
- » Peter Ruyzla
- » Glen Tobias
- » Peter Waters
- » Lyn Morgain
- » Deanna Davis
- » Simon Wrigley
(Appointed 26 April, 2016)

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 30 June, 2016	Year ended 30 June, 2015
\$	\$
46,047	54,455

Signed in accordance with a resolution of the Members of the Committee on 29 September, 2016.

Elizabeth Crowther
President

Terry Palioportas
Treasurer

Independent Auditor's Report to Members

Of Psychiatric Disability Services of Victoria (VICSERV) Inc



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 Reform Act 2012 (Vic) and is appropriate to meet the needs of the members.

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, 2016, 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 Reform Act 2012 (Vic) 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.



Independent Auditor's Report to Members

Of Psychiatric Disability Services of Victoria (VICSERV) Inc

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, 2016 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 Reform Act 2012 (Vic).

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 Reform Act 2012 (Vic). As a result, the financial report may not be suitable for another purpose.

Ms Wendy Hancox
Director
Ahead For Business Pty Ltd
29 September, 2016

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, 2016 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:

Elizabeth Crowther
President

Terry Paliportas
Treasurer

29 September, 2016

Statement of Financial Position

As at 30 June, 2016

	Note	2016 \$	2015 \$
Current Assets			
Cash and cash equivalents		1,303,544	1,118,962
Receivables	2	105,183	53,110
Sundry debtors & prepayments		8,956	8,036
Total Current Assets		1,417,683	1,180,108
Non Current Assets			
Property, plant & equipment	3	121,846	67,916
Investment		–	5
Security deposit		11,333	11,333
Total Non Current Assets		133,179	79,254
Total Assets		1,550,862	1,259,362
Current Liabilities			
Trade & other payables	4	880,682	653,604
Current tax liabilities		53,465	57,368
Provisions	5	263,804	245,289
Total Current Liabilities		1,197,951	956,261
Non Current Liabilities			
Provisions	5	12,803	9,040
Total Non Current Liabilities		12,803	9,040
Total Liabilities		1,210,754	965,301
Net Assets		340,108	294,061
Members' Funds			
Retained earnings		340,108	294,061
Total Members' Funds		340,108	294,061

Income and Expenditure Statement

For the year ended 30 June, 2016

	Classification of Expenses by Nature	2016 \$	2015 \$
Income			
Funding		1,028,405	961,341
Publications		15,336	4,945
Membership fees		107,079	98,770
Training & conference income		526,826	252,669
Interest received		22,886	21,076
Other		108,583	5,200
Total		1,809,115	1,344,001
Expenses			
Salaries & related costs		1,045,631	780,583
Premises & equipment		34,716	63,562
Training & conference costs		444,344	143,144
Other expenses		238,377	302,257
Total		1,763,068	1,289,546
Profit before income tax expense		46,047	54,455
Income tax expense		–	–
Profit attributable to members		46,047	54,455

Statement of Changes in Equity

For the year ended 30 June, 2016

	2016 \$	2015 \$
Members' funds at the beginning of the year	294,061	239,606
Surplus for year	46,047	54,455
Members' funds at the end of the year	340,108	294,061



Cash Flow Statement

For the year ended 30 June, 2016

	Note	2016 \$	2015 \$
Cash flows from operating activities :			
Receipts		2,170,250	1,788,419
Payments to suppliers and employees		(1,922,240)	(1,282,164)
Interest received		22,886	21,076
Net cash (absorbed)/provided from operating activities		270,896	527,331
Cash flows from investing activities :			
Purchase of plant & equipment		(109,633)	(49,133)
Sale proceeds on sale of plant & equipment		23,319	–
Net cash used in investing activities		(86,314)	(49,133)
Net increase in cash held		184,582	478,198
Cash at beginning of year		1,118,962	640,764
Cash at end of year		1,303,544	1,118,962

Reconciliation of Net Cash Provided By/Used in Operating Activities to Net Profit

Operating profit/(loss) after income tax	46,047	54,455
» Depreciation	41,331	31,529
» Profit on sale of plant & equipment	(8,946)	–
Changes in operating assets and liabilities		
» Trade and other receivables	(52,068)	(28,530)
» Prepayments	(920)	665
» Trade and other payables	223,175	459,960
» Employee entitlements	48,994	11,185
» Asset replacement	(26,717)	(1,933)
Net cash generated from operations	270,896	527,331

Reconciliation of Cash

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 :

Cash at bank and in hand	1,303,544	1,118,962
Cash per cash flow statement	1,303,544	1,118,962

Notes to the Financial Statements

For the year ended
30 June, 2016

1. Statement of Accounting Policies

The financial report is a special purpose financial report prepared to satisfy the financial reporting requirements of the Associations Incorporation Reform Act 2012 (Vic). 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, 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.

Website development costs are amortised over the useful life of the website commencing from the date when the website is 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 three 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.

h) Critical Accounting Judgements, Estimates and Assumptions

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements,



Notes to the Financial Statements

For the year ended
30 June, 2016

estimates and assumptions on historical experience and on other various factors, including expectation of future events management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

Provisions

Provisions including employee benefits expected to be settled more than 12 months from the year end are recognised and measured at the amounts that is expected to be paid when the liabilities are settled. In determining the amounts expected to be paid, management has taken into account inflation and expected attrition rates.

2. Trade & Other Receivables

	2016	2015
Current	\$	\$
Trade debtors	105,183	53,110

3. Property, Plant & Equipment

	2016	2015
	\$	\$
Plant and equipment, at cost	170,815	152,706
Accumulated depreciation	(139,447)	(115,915)
Total	31,368	36,791
Motor vehicles, at cost	56,775	44,903
Accumulated depreciation	(3,548)	(21,923)
Total	53,227	22,980
Plant and leasehold improvements, at cost	114,003	114,003
Accumulated amortisation	(114,003)	(114,003)
Total	—	—
Intangible assets, at cost	37,251	8,145
Accumulated amortisation	—	—
Total	37,251	8,145
	121,846	67,916

Funding for above

Unsecured liabilities

Funding received	112,342	173,487
Accumulated amortisation of funding	(43,722)	(131,010)
Total	68,620	42,477

4. Trade & Other Payables

Current	2016 \$	2015 \$
Unsecured liabilities		
Trade creditors and accrued expenses	150,733	154,977
Funding in advance and unspent funding	729,949	498,627
	880,682	653,604

5. Provisions

Current	2016 \$	2015 \$
Employee entitlements		
Annual leave entitlements	72,590	36,307
Long service leave entitlements	81,008	72,060
Other provisions	29,000	29,000
Total employee entitlements	182,598	137,367
Asset replacement		
Funds set aside for future purchases	12,587	65,445
Funds utilised for purchase of plant	112,342	173,487
Amortisation	(43,722)	(131,010)
Balance to amortise in future years	68,620	42,477
Total asset replacement	81,207	107,922
Total current provisions	263,805	245,289

Non Current	2016 \$	2015 \$
Long service leave entitlements	12,803	9,040
Total Non Current Provisions	12,803	9,040
Aggregate employee entitlements liability	166,401	117,407

There were 15 (2015 – 10) employees at the end of the year.



Notes to the Financial Statements

For the year ended
30 June, 2016

6. Operating Lease Commitments

	2016 \$	2015 \$
Rent of office and photocopier		
Operating leases		
Commitments in relation to non-cancellable. Operating leases are payable as follows :		
Due within 1 year	45,312	86,257
Due within 2-5 years	3,139	48,975
After 5 years	—	—
	48,451	135,232

The property lease is a non-cancellable lease with a 2 year term, with rent payable in advance. This lease expires in December, 2016.

The photocopier rental is a non-cancellable lease with a 4 year term. This rental expires in September, 2018.

7. Capital Commitments

	2016 \$	2015 \$
Website Upgrade		
Major website upgrade (covered by asset replacement provision)	—	29,235

8. Remuneration of the Auditor

	2016 \$	2015 \$
Audit of the financial statements	3,300	3,300
Other services	900	900

During the financial year the following fees were paid or payable for services provided by Wendy Hancox of Ahead For Business Pty Ltd, the auditor of the association.

9. Events After the Year End

No matter or circumstance has arisen since 30 June, 2016 that has significantly affected, or may significantly affect the association's operations, the results of those operations or the association's state of affairs in future financial years.



Board

Board members 2015-16

President

Elizabeth Crowther – Wellways

Vice President

Lyn Morgain – cohealth

Secretary

Mark Smith – Prahran Mission

Treasurer

Terry Palioportas – Mentis Assist

Peter Waters – ERMHA

**Margaret Grigg/
Simon Wrigley** – Mind

Deanna Davies – Centacare Ballarat

Cath Murphy – Mallee Family Care

Glen Tobias – NEAMI National

Carolyn Wallace – St Luke's Anglicare

Chris McNamara – Within Australia

Peter Ruzyla – EACH

	Appointments & Governance	Finance & Risk Management	Full Board
Elizabeth Crowther Leave of Absence July 2015	4/4	–	5/6
Lyn Morgain	–	–	3/6
Mark Smith	4/4		5/6
Terry Palioportas	–	4/4	5/6
Peter Waters	–	–	4/6
Margaret Grigg Resigned April 2016	–	–	3/3
Simon Wrigley Appointed April 2016	–	–	2/2
Deanna Davies	–	4/4	4/6
Cath Murphy	–	4/4	6/6
Glen Tobias Leave of Absence April 2016	4/4	–	4/6
Carolyn Wallace Resigned Feb 2016	–	–	3/3
Chris McNamara	4/4	–	5/6
Peter Ruzyla	–	–	5/6

Staff

Kim Koop
CEO

Pat Wooding
Office Manager

John Katsourakis
Manager Education and Training

Debra Parnell
Manager Policy and
Communications

Noris Zarth
Accountant

Jane Lawrence
Training Administrator

Sue Harrison
Senior Training Consultant

Deborah Liebhaber
Policy Officer

Jonathon Koop
Administrative Officer

Melissa Kofler
Training Administrator

Rita Sidlauskas
Senior Training Project Worker

Eswen Chaffey
Policy Officer (to May 2016)

Monique van Wierst
Events and Communications
Consultant (to July 2016)

Gail Guest
Administration Officer – Policy

Desleigh McLean
Office Administrator (to May 2016)

Dale Nelson
Project Leader

Lorelle Zemunik
Senior Trainer

Larissa Taylor
Manager, NDIS Engagement



Membership 2015–2016

Ordinary

ADEC Action on Disability
within Ethnic Communities
ACSO
Aftercare
Anglicare Vic
ARCVic Anxiety Recovery
Centre Victoria
Barwon DisAbility Resource Council
Break Thru People Solutions
Care Connect
Carers Victoria
Centacare, Catholic
Diocese of Ballarat
cohealth
E.W. Tipping Foundation
EACH
Eating Disorders
Foundation Victoria
ERMHA
Gateway Health
Grampians Community Health
GROW Victoria
Inner South Community Health
Jesuit Social Services
Jewish Care Victoria
Karingal
Kew Neighbourhood Learning Centre
Life Without Barriers (Tasmania)
Life Without Barriers (Victoria)
Mallee Family Care
McAuley Community
Services for Women


Mentis Assist
Merri Health
MI Fellowship Victoria
Mind Australia
Mind Works Geelong
Neami National
PANDA
Pathways
Pahran Mission
Sacred Heart Mission
SalvoConnect Mental
Health Services
The Compassionate
Friends Victoria
The Salvation Army
Adult Services
UnitingCare Life Assist
Wimmera Uniting Care
within Australia Inc
Workskil Australia

Associate

Hopesprings
Kambiri Health Australia
Melbourne Primary
Care Network
Outlook Employment
Quit Victoria
South Eastern Melbourne PHN
South Port Community Housing Group
Spiritual Health Victoria
St Vincent De Paul Society –
Compeer Program
The Haven Foundation
Victorian Primary Mental
Health Alliance
VincentCare Victoria
Wild Bamboo
Women's Mental Health
Network Victoria

Individual

Brigid Ryan
Denis O'Brien
Dr Joan Clarke OAM PhD
Dr Valerie Gerrand
Joanne O'Neill
Magenta Simmons
Russ Wood
Sally Oprean



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VICSERV acknowledges the support
of the Victorian Government

