



Psychiatric Disability Services
of Victoria (VICSERV)

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ANNUAL REPORT

2017

Leadership
in a time
of change



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PRESIDENT'S REPORT



Elizabeth Crowther

The impacts of change and uncertainty have continued to be felt across Victoria and the mental health and community sectors, and for consumers and families, as the NDIS has been progressively implemented across the state, and Victorian Government and Commonwealth programs have started to be withdrawn.

VICSERV in collaboration with the consumer and mental health carer peaks, and members, has continued to express concerns about the gaps that are growing in what was the benchmark system in Australia, and the people who will fall through the cracks.

The Victorian Government is addressing some of the gaps in the health and social care sectors through the 10 Year Mental Health Plan, a review of the Victorian Clinical Mental Health System and allocation of funds to hospitals to meet the growing demand on their services. However we are still to learn how this will meet the needs of the many people who will not be able to access the NDIS, and how the government will retain the psychosocial rehabilitation offering that is disappearing with the loss of community mental health funding. We look forward to working with the Victorian Government to develop practical solutions to ensure that all people living with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in society.

In my report in 2016 I said that the jury is still out as to what the stepped care model being developed through PHNs will deliver, and what will be the outcomes for people living with serious mental illness and their families. Funding is starting to become available through this approach and great work is being done in suicide prevention and support. But it is still early days, and it remains a very small amount of funding in the face of significant needs and issues.

Amidst this continuing change for Mental Health services in Victoria, VICSERV has continued to provide leadership and forge its own path of change and development in 2016-17.

2016 saw the departure of CEO Kim Koop after an extraordinary eight years, and we welcomed new CEO Angus Clelland in May 2017. I would like to thank Debra Parnell, for ably stepping into the role of Interim CEO during the intervening period.

Angus has taken on the task of leading the Victorian community mental health sector through one of its most challenging periods. I have no doubt that he will be an asset to the organisation and members as we consider our future together and work to ensure people living with mental illness and their families have access to the support, treatment and opportunities they need.

I would like to thank the VICSERV CEO, management and all staff for their ongoing effort and commitment during 2016-17.

I would also like to thank my fellow board members for their assistance and expert advice during this time. In particular I would like to acknowledge the outstanding contributions of board members who retired over the past year: Chris McNamara, Cath Murphy, Peter Waters, Mark Smith, and Lyn Morgain. I would also like to acknowledge the contribution of new board members, Quinn Pawson, Sally Mitchell, Damian Ferrie and the continuing support of Terry Paliopotas as Treasurer.

Elizabeth Crowther,
President

CEO REPORT



Angus Clelland

I am thrilled to have been appointed to this exciting and challenging role at such a pivotal time for mental health in Victoria. It is an honour to be appointed CEO of an organisation with such a proud history as VICSERV and to work with you towards a better mental health system for Victoria.

I give thanks for the tireless efforts of my predecessor, Kim Koop, who has left me a remarkable legacy built over eight years – I have some big boots to fill! I also give thanks to Debra Parnell, Manager Policy & Communications, who acted as CEO from December 2016 – May 2017 and did a superb job at keeping the wheels turning.

I have been thoroughly impressed by the work, dedication and good humour of the staff of VICSERV. It is terrific to come into such a positive work environment and to work with people who are so committed to ensuring that people living with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in society.

Since starting as CEO in May 2017, I have travelled the state meeting Members and other stakeholders to get a solid grounding in the issues and challenges they face. I have been delighted with the welcome I have been shown and the time taken to 'brief me in'.

Given the seismic shifts in the sector over recent years, I am amazed at your resilience and ability to 'get on with the job'. That being said, it is clear to me that changes in the sector brought about by the PDRSS recommissioning, introduction of MHCSS, and now roll-out of the NDIS has taken a toll.

With the roll-out of the NDIS gathering momentum, it is now time to broaden our focus to whole-of-sector reform to ensure that Victorians can benefit from access to a comprehensive mental health system that covers the spectrum of needs.

While the Victorian Government has made some important commitments to clinical mental health services over the past year or so, it is apparent that more needs to be done to ensure that Victorian's living with a mental illness can access

effective and appropriate treatment and community support. While incredibly important, the NDIS is not a panacea and there are many gaps that need to be filled.

With this in mind, I can see that more than ever, the Victorian mental health community needs a united voice and deeper collaboration so that it can work effectively with the Victorian Government and other stakeholders to develop practical solutions to address gaps in the mental health system.

Over the coming year, VICSERV will work hard to ensure that it can deliver services that meet the changing needs of its Members. An important starting point is to ensure that we have a contemporary, strong and robust governance framework that will provide a foundation for us to be sustainable and independent. This will mean adopting contemporary governance practices, embracing a broader membership, expanding our advocacy agenda and working hard to ensure that our brand is recognised by the public, media and all levels of government.

I look forward to working with you towards a better mental health system for Victoria.

Angus Clelland,
CEO



CMHA REPORT



Amanda Bresnan

Community Mental Health Australia (CMHA) is a coalition of the eight state and territory peak community mental health organisations, including VICSERV. CMHA, through its state and territory bodies, has a direct link and contact to mental health organisations delivering services at the community level. CMHA provides a unified voice for the community-based, non-government organisations who work with mental health consumers and carers across the nation and who are members of, or affiliated with, the various coalition members.

Amanda Bresnan was appointed as CMHA's inaugural Executive Director in August 2016, which has led to CMHA having a dedicated position to advocate for the community managed mental health sector and raise the profile of the organisation.

2016-17 has seen a significant raising of CMHA's profile, and, as a result, in the work and reach of VICSERV and the other state peaks. The sector is being impacted by a significant period of reform through the NDIS, the PHNs and the finalising of the Fifth National Mental Health and Suicide Prevention Plan, and 2016-17 has seen CMHA significantly involved in these and other related issues. CMHA represented the sector on the following national committees and forums, along with attending a range of national meetings and regularly engaging with Federal Government Ministers and Members of Parliament:

- NDIA CEO Forum
- NDIA National Mental Health Sector Reference Group
- Mental Health Reform Stakeholder Group
- PHN Advisory Panel on Mental Health

During 2016-17 CMHA also became a member of the Australian Council of Social Services (ACOSS) and the Close the Gap Campaign Steering Committee. Both these memberships represent an opportunity to include the issues for the sector in wider social policy and in Aboriginal and Torres Strait Islander policy, which is and should be a key target group with all the reforms.

The year saw a major focus on the challenges with the NDIS, in particular for people with psychosocial disability, with the Australian Parliament Joint Standing Committee on the NDIS inquiry into the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition, and the Productivity Commission NDIS Costs inquiry. Each of these inquiries identified the significant issues for psychosocial disability in the NDIS around costs, expertise and qualifications. The role of the PHNs in on-going mental health service delivery, including the NDIS and other funding pools, continued to be a significant issue, as anecdotally psychosocial services are showing as one of the highest needs in PHN regions, in contrast to Department of Health guidance stating the PHNs cannot commission these services.

There was finally an acknowledgement by governments at all levels that there will be a significant issue and gap for people not eligible for the NDIS who are currently receiving support from federal programs such as Partners in Recovery, Day to Day Living and Personal Helpers and Mentors, when this funding ends and transitions to the NDIS. The Federal Budget included \$80 million in funding for psychosocial services for people not eligible for the NDIS, which must be matched by the states and territories. The issue that remains is who will ultimately take responsibility for services for these people, and transparency over what state and territory funding has transferred to the NDIS and what state and territory governments will continue to fund.

In 2016-17 CMHA developed a position statement on the NDIS and Psychosocial Disability and, with input from VICSERV the other state peaks, the following submissions to a range of reviews, inquiries and consultations:

- [Australian National Audit Office Decision-making controls for sustainability – National Disability Insurance Scheme access](#)
- [2017-18 Federal Pre-Budget Submission](#)
- [Fifth National Mental Health and Suicide Prevention Plan](#)
- [Senate Community Affairs Legislation Committee Inquiry on the National Disability Insurance Scheme Savings Fund Special Account Bill 2016](#)
- [Joint Standing Committee on the NDIS – The provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition](#)
- [NDIA 2017 Price Controls Review – Consultation on NDIS pricing arrangements discussion paper](#)
- [National Disability Insurance Scheme \(NDIS\) – Code of Conduct](#)
- [Productivity Commission inquiry into Introducing Competition and Informed User Choice into Human Services: Identifying Sectors for Reform – Preliminary Findings Report](#)
- [Productivity Commission inquiry into Introducing Competition and Informed User Choice into Human Services: Identifying Sectors for Reform – Study Report](#)
- [National Disability Insurance Scheme \(NDIS\) Costs – Productivity Commission Issues Paper](#)

In the coming year 2017-18, the sector will continue to face challenges, particularly with the NDIS, and ensuring that the recommendations of the Joint Standing Committee on the NDIS and the Productivity Commission are responded to and implemented by the Federal Government. The NDIA has also undertaken an Independent Price Review of the NDIS and the transparency and outcomes of this process will be key to how the complexity and qualifications of the mental health workforce are included in the NDIS structure, at least in the immediate to short-term. The PHN Advisory Panel on Mental Health, on which CMHA is represented, will be developing a framework on PHN commissioning and this will be key to engaging all parts of the sector in the types of services the PHNs provide. The implementation of the Fifth National Mental Health and Suicide Prevention Plan and how this relates to the wider picture of mental health, such as housing, employment, chronic disease and co-morbidity, will be an important focus.

POLICY DEVELOPMENT AND REPRESENTATION



Debra Parnell

In 2016-17, as implementation and development of the NDIS has gathered pace the impacts on the mental health system in Victoria have become clearer, and the gap that we anticipated as programs under the state-funded Mental Health Community Support Services (MHCSS) roll into the Scheme, has become more apparent.

VICSERV has built on its work during the NDIS trial period, continuing to represent these issues at state and national levels. The recognition of these concerns and the implications for the recovery of people with serious mental illness has been slow, but as we now head into the second year of Scheme roll out the stakes have become higher and discussions about possible solutions are now possible.

Advocating for a contemporary and effective mental health system

The State Government's commitment of most of the MHCSS funding to the NDIS means that people who are receiving these services have the benefit of automatic entry to the Scheme. However the loss of the MHCSS funds has seen a disaggregation of the integrated psychosocial disability and rehabilitation service offering that was a feature of the Victorian mental health system. It also means that psychosocial rehabilitation will no longer be available to people who are ineligible, or eligible, for the NDIS.

VICSERV conservatively estimates that as many as 10,000 Victorians living with serious mental illness will not be able to access an appropriate service in the NDIS full scheme environment.

Barwon has been under full NDIS operations since July 2016, and demonstrates the gap in the mental health system created by the withdrawal of state-funded community mental health funding. Mental health organisations, consumers, carers and community care services in Barwon tell us that they have experienced a *transformation* of community mental health support to disability support. They have identified a greater reliance on clinical services and that there are few options for discharge of clients who do not have an NDIS package.

Recently VICSERV and SalvoConnect commissioned the University of Sydney, to look at the impacts of the NDIS on the experiences and outcomes for people with serious

mental illness in the Barwon region. This project is part of a larger national project on being undertaken in collaboration with Community Mental Health Australia (CMHA).

Through our policy development and representation activities, VICSERV continues to urge the State Government to identify how consumers will access community based rehabilitation alongside the disability supports provided by NDIS, and treatment provided in acute settings. We are no longer a lone voice about the gap that the loss of psychosocial rehabilitation will create, and we welcome that the State and Commonwealth Governments are now considering what needs to be done to ensure the needs of people who are ineligible for NDIS will be met. However, it is evident that people with serious mental illness, and their families, need a short term response to prevent them falling through the cracks as the NDIS is rolled out and community mental health programs cease to operate.

VICSERV has been a member of the Victorian Mental Health Expert Taskforce since its establishment in early 2016. The Taskforce is guiding the implementation of the *10 Year Mental Health Plan* and has contributed to the development of the *Victorian Suicide Prevention Framework* and the *Mental Health Workforce Strategy*. In late 2016 VICSERV welcomed *The Design, Service and Infrastructure for Victoria's Mental Health System* consultation process, but the long term timeframe for this significant reform is a concern in light of the significant issues for vulnerable people in our community. The final report and recommendations from this review has not yet been released and outcomes remain uncertain.



VICSERV's 2017-18 State budget submission identified six key areas for investment by the state Government:

- Year on year investment in community based rehabilitation to address gaps and local need;
- Resourcing for specific strategies to build choice, economic and social participation and service integration;
- A mental health carer strategy;
- Housing needs and homelessness of people with mental illness;
- More effective pathways for people with mental illness in the justice system and prisons;
- Review of the clinical mental health system.

We welcomed the Government's investment into the forensic system which included expansion of forensic mental health services and of the Assessment and Referral Court (ARC) List. Investment by the Government for housing and homelessness was also welcome, especially where it increased support for people with mental illness.

The past 12 months has seen PHNs emerge as key funders and planners for mental health responses and developments across the state. The State Government's place-based Suicide Prevention trials are being rolled out through PHNs and the Commonwealth Government's commitment of funding over the next four years (dependent of matched state funding) for people who will be ineligible for NDIS will also be delivered through PHNs. CMHA's participation on the Mental Health Advisory Group for PHNs, will ensure that VICSERV and its members will have opportunity to provide input into the developing role of PHNs as commissioners of mental health services, and VICSERV is actively engaging with Victorian PHNs on these issues.



Engagement and consultation with members and stakeholders

In 2016-17 VICSERV continued to engage with members and stakeholders through a range of forums and events:

- A member forum was held in August 2016, to present and discuss the key messages and directions for VICSERV's State Budget Submission and future representation. Updates on MHA, CMHA and PHN activities and directions were also provided.
- A CEO breakfast was held in November 2016, featuring Margaret Grigg, who had recently taken up the role of Director, Mental Health Branch, DHHS.
- In May 2017 new CEO, Angus Clelland presented at our second member forum. Margaret Grigg once again presented with an update on current health and broader community sector reforms and developments and the implications these will have for community mental health.
- In August 2017 VICSERV was pleased to host a forum featuring Prof Simon Duffy (Centre for Welfare Reform, UK) 12 months on from the VICSERV 2016 conference, *Towards Recovery*, and his thought provoking and challenging keynote presentation on Citizenship and Mental Health. This forum focussed on how control and choice can be maximised to transform service delivery and outcomes for participants, organisations and community, and provided the opportunity to launch the VICSERV project, *Promoting the Exercise of Consumer Control and Choice*.

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

Representation through networks and forums

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 2016-17 these opportunities included:

- Mental Health Expert Taskforce
- Mental Health Taskforce Workforce Development and Innovation Working Group
- NDIS Transition Taskforce, Chaired by the Hon Martin Foley MP
- NDIS Transition Taskforce Cross Sector and Innovation Working Group
- NDIS Transition Taskforce Sector Readiness Working Group
- NDIS Transition Taskforce Workforce Development Working Group
- NDIS Transition Taskforce Complex Needs Sub-Working Group
- NDIS Transition Taskforce Hard to Reach Cohorts Sub-Working Group
- Community Mental Health Australia working groups and projects
- National Primary and Community Care Network
- VCOSS Peaks and State-wide Network
- Human Services and Health Partnership Implementation Committee (HSHPIC)
- Registration and Accreditation Scheme Project Advisory Group
- Community Services and Health Industry Advisory Group
- Care Coordination Conference
- Gippsland Homelessness and Mental Health Conference
- Future Social Services Institute Industry Advisory Group
- 2017-18 State Budget Submission
- State Disability Plan 2017-20
- Fifth National Mental Health Plan
- Tax Deductible Gift Recipient Reform Opportunities
- Australian National Audit Office – Decision-making controls for sustainability – NDIS Access
- NDIS Code of Conduct
- NDIA 2017 Price Controls Review
- Joint Standing Committee on the NDIS Inquiry into Mental Health and the NDIS
- Productivity Commission Review of NDIS Costs
- Productivity Commission Position paper on NDIS Costs
- National Disability Insurance Scheme Amendment (Quality and Safeguards Commission and Other Measures) Bill 2017
- Clinical Network Framework
- National Mental Health Commission project on Housing, Homelessness and Mental Health



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. Other members of the Panel are: 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), VACCHO, Future Social Services Institute.

VICSERV is the lead organisation for one of the Panel's projects, entitled *Promoting the Exercise of Consumer Control and Choice (PECCC)*. Additional funding has been obtained for the project, taking it through to the end of 2019.



About the project

PECCC is a citizenship and cultural and social change project covering the ageing, disability and mental health sectors. It aims to support and promote leading examples of consumer control and choice, and promote the universal adoption of consumer-led service delivery models across Victoria.

The Project is deliberately developmental, involving consumer-citizens and service providers experienced in leading or initiating consumer control and choice.

PECCC will bring together our respective leading providers and consumer citizens to:

- share their consumer citizen control and choice learning, insights and experience
- deepen understanding of one another's lived and professional experiences
- use a shared consumer citizen/provider understanding to develop future consumer-led organisations and communities
- engage in open dialogue and innovation across difference and across sectors
- benchmark co-produced and co-administered services and programs, and
- collaborate on deeper, longer term systemic and structural change.

PUBLICATIONS AND COMMUNICATIONS

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.

2017 marked a significant development in the history of the Journal, with it being jointly produced in collaboration with Community Mental Health Australia. This collaboration has 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.

In 2016-17, three editions of *newparadigm* were produced.

The Winter 2016 edition was a special post-conference edition featuring some of the highlights of the VICSERV 2016 Conference with articles from the conference keynote presenters.

The Summer 2017 edition was the first edition released under collaboration with CMHA.

In her introduction to the Summer 2017 edition Elizabeth Crowther, CMHA President, reflected on the changes in community managed mental health:

This first edition of newparadigm under the Community Mental Health Australia (CMHA) banner marks the growing need, capacity and determination of the community managed mental health (CMMH) sector in Australia to influence change at a national level. It not only represents the strengthening voice and goals of the CMHA but a new chapter for newparadigm in its widely-respected role of encouraging discussion and information sharing on mental health issues, research, policy and service provision in Victoria and beyond.

The edition was entitled **Building Capacity Through Change – The Future Of The Mental Health Workforce**, and included analysis presented by the mental health policy environment of the challenges and opportunities for the community mental health sector; the experiences of the sector with the NDIS; and workforce projects focusing on consumers and carers.

The Winter 2017 edition was entitled *New perspectives on cultural inclusion* and presented the latest research leading to new perspectives on how to create a more inclusive culture, language and attitude within the community mental health sector.

Past and current editions of *newparadigm* are available on the VICSERV website.

Communications

During 2016-17 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.

e-newsletters

VICSERV continues to keep its stakeholders up to date with e-newsletters *factsline*, NDIS Bulletin and the Training Bulletin, and periodic special bulletins.

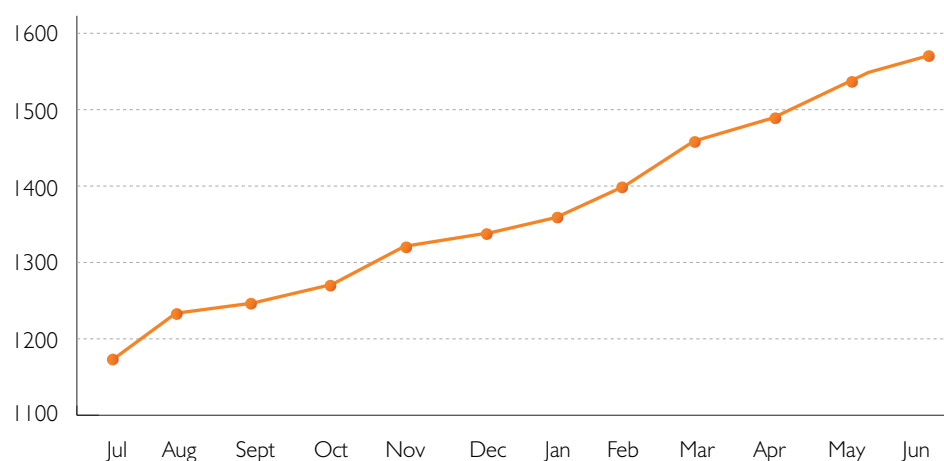
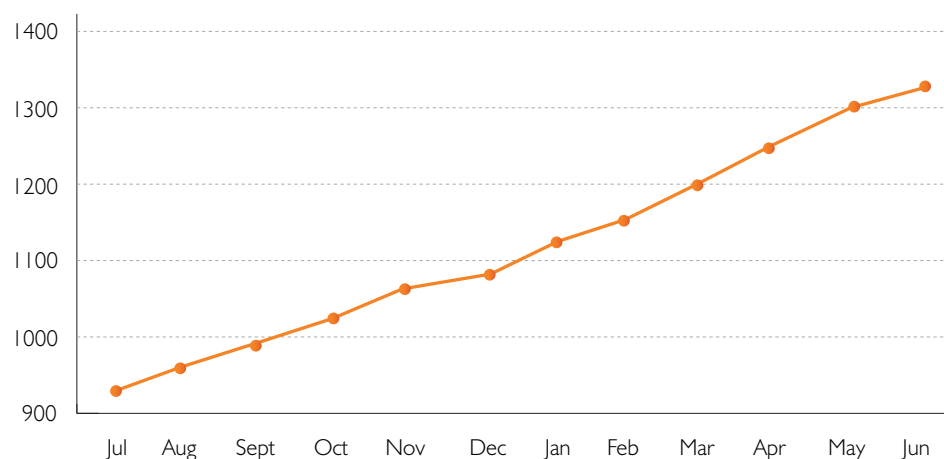
factsline e-newsletter

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

Factsline subscribers also receive the NDIS Bulletin.

The number of *factsline* subscribers has grown from 1148 to 1573 over the reporting period.

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 & NDIS Bulletin**Training Bulletin****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 the Training Bulletin has grown from 905 to 1330.

Social media

VICSERV continues to build its social media presence through Twitter and LinkedIn.

We now have 748 Twitter followers.

VICSERV TRAINING



David McGuire

Building the capability of community based mental health services in Victoria

At its heart, VICSERV Training is tasked with building the capabilities of the Mental Health Community Services' workforce in Victoria. It does this through a range of ways including:

- developing and delivering training
- consulting with mental health service providers
- participating in and informing key workforce related forums and initiatives
- undertaking specific workforce-related projects to benefit the overall sector.

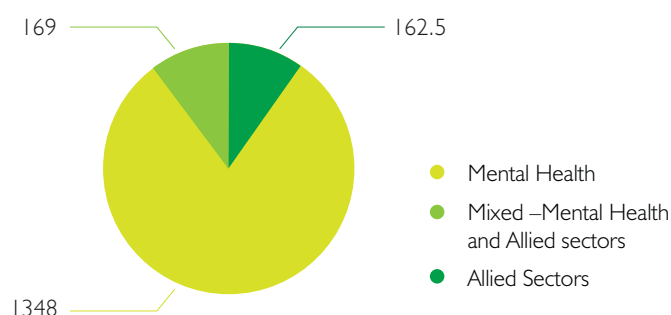
During 2016-2017 VICSERV Training completed work in all of these areas.

Who participated in the training?

The bulk of VICSERV Training's participants not surprisingly come from the Victorian Mental Health workforce, and in particular those working in community based mental health services. This however is not the whole story.

People with mental health issues seek assistance from a spectrum of community services, and importantly, VICSERV Training has also been delivering mental health training to staff from allied sectors. Allied sectors include areas such as the Homelessness, Alcohol and Other Drug (AOD) and Clinical Mental Health sectors.

2016-2017 Participant Training Days* delivered by Participant's Workforce



* Participant Training Days = Participant numbers per event x event length e.g. 15 participants x 2 days = 30 Participant Training Days

The number of training topics and days delivered increased during the year, in both Melbourne and regional Victoria.

Through the year, VICSERV delivered a total of 147 days of training, across 88 different events. In line with VICSERV's commitment to services in regional Victoria, over a quarter of those days (39) were in non-metro locations as diverse as Horsham, Wodonga and Sale, including a full Certificate IV in Mental Health Peer Work program delivered in Bendigo.

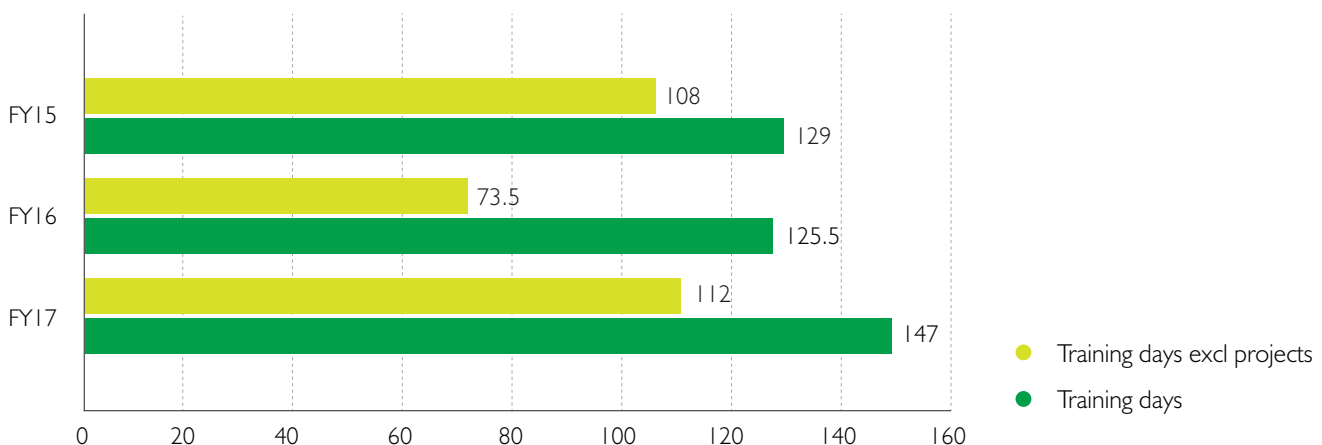
The 147 days of training delivered over the year represent an additional 21 days of training, or an increase of 15% on the previous year.

This growth was mainly in training delivered through the VICSERV Training Calendar and also the three inaugural Certificate IV in Mental Health Peer Work Programs continuing through 2016-2017. Conversely there was a reduction in the number of training days delivered as part of one-off workforce development projects in the year, after a peak in the previous year.

Short course training (delivered through the calendar and also as on-site, often customised, training for requesting organisations) included the following topics:

- Suicide intervention
- Motivational interviewing
- Inter- and intra-service collaboration
- Challenging behaviours
- Supervision
- Recovery orientation
- Person centred care
- Documenting client notes
- Mental health awareness and literacy
- Motivational interviewing
- Care coordination
- Borderline Personality Disorder awareness and understanding
- Building resilience
- Trauma informed care

VICSERV Training Financial Year 2015-2017 Total Days of Training vs. Total Days of Training excl. Project Related Training Days



Project related training included the rolling out of 'Ice' (Crystal Methamphetamine) Training to community managed mental health services. The training developed frontline staff capabilities around working with people affected by 'ice', while also enabling those participants to use the recently developed Victorian Department of Health and Human Services (DHHS) online training package 'Ice – Training for Frontline Workers' back in their organisations; building organisational and sector capacity more broadly.

Commenced in the year prior, the Community Managed Mental Health (CMMH) Leadership and Management Project was also completed during the year with a May 2017 Graduation Ceremony, drawing participants from across Victoria, and building the leadership capabilities of the sector.

The importance of Peer Work and Peer Workers in building an effective mental health system, promoting recovery and positive service experiences for consumers – this is something VICSERV understands and is proud to support.

2016-17 has seen VICSERV contribute to many developments within the mental health peer workforce through the graduation of two cohorts in the Certificate IV in Mental Health Peer Work from both metropolitan and regional Victoria. Two further groups also commenced, due for graduation later in 2017. In delivering this qualification program, the role of partner agencies needs to be acknowledged, including the Wodonga Institute of TAFE, our registered training organisation, and the Victorian Department

of Health and Human Services, for its additional financial support of the sector through the provision of scholarship funds, removing most of the financial barrier for mental health workforce peers seeking to undertake the qualification.

VICSERV has also been contributing to the developing peer space through a number of presentations and conference contributions including:

- A presentation to the The MHS conference in New Zealand titled "Developing peer workers to drive a contemporary mental health system" where we presented an overview of learnings from the Peer Work qualification to date.
- A presentation at the "Peer Effect Forum" which looked at pathways to peer work, what works, and factors for success from both a worker and organisational perspective.
- Representation at the "Peer-to-peer: A flourishing model of support" conference reflecting on the diversity of youth peer support.

In addition to a number of presentations and contributions, the Training Team was very fortunate to be able to visit international services delivering peer support programs to compare and contrast the Australian models; a valuable and necessary aspect of peer workforce development.

Participants consistently affirm the quality of VICSERV Training and their satisfaction with it – while also helping with its continual improvement.

Evaluation data provided valuable ideas for VICSERV to improve its training services, while also demonstrating that training is effective and well regarded. On average, 90% of participants rated the training overall as 4 or 5 out of 5. Some of the comments provided included:

“Excellent content, excellent facilitators. Well done, was a great course.”

“I felt the training was very well related to the workplace environment and would be easily implemented, very enjoyable and informative session.”

“Trainers were very knowledgeable and approachable, best training I have had and I will feel more confident to continue to work with my participants using these principles.”

“Found this very relevant to my role and learnt some great skills.”

“VICSERV have always provided terrific training with great trainers.”

“Fantastic session, I really enjoyed learning about mental health issues in more detail. Assisted me to gain greater understanding of mental health, issues and symptoms/complexities around capacity etc.”

“Excellent trainer – wonderful to have a positive experience of BPD – not the norm in my experience & BPD training or conversations within MH Services or staff.”

These comments are particularly affirming in that they signal success in terms of providing excellent trainers, with great programs, that really resonate with participants' needs and workplaces.

Critically, in doing this work, VICSERV is supported by a number of excellent partner organisations including Wodonga Institute of TAFE, Spectrum, Leadership Victoria, the Centre for Excellence in Child and Family Welfare, Living Works and Spiritual Health Victoria. Effective collaboration greatly strengthens the work of VICSERV Training.

Feedback from participants also informs the development of new training products.

In 2016-2017 some of the new short course programs developed included:

Trauma Informed Care – drawing from growing understandings of the critical impacts of trauma on mental health; and also service delivery approaches' potential impacts on consumers via their trauma history, this training builds participant capabilities in working in ways that are both trauma informed and recovery oriented.

Advocacy and Representation – building participants' capabilities around supporting and promoting self-advocacy by consumers and carers, along with advocating and making representations at the system level.

Complexities in Mental Health – designed for staff new to the community mental health staff, or people from allied sectors that want to build their mental health capabilities, this course both orientates participants to the Victorian mental health system along with providing an introduction to working with people experiencing mental health issues and some key best practice frameworks.

VICSERV Training also feeds information into key workforce forums and consultations.

- DHHS Mental Health Workforce Reference Group
- Collaborative Panel; Supporting Cross-sector Learning & Development Project
- Skills Commissioner Sector Advisory Group – Mental Health, and Sector Advisory Group – Disability

NDIS ENGAGEMENT



Larissa Taylor

The progression of the NDIS is now well underway in Victoria, with nine of the sixteen NDIS regions at various stages of implementation as of November 2017.

The disruption that is occurring as Mental Health Community Support Services (MHCSS) funding is progressively withdrawn in line with the NDIS roll-out is leading to transformation at every level of the process. Participants, families and providers continue to grapple with this change as they adapt to a vastly different system that provides psychosocial disability supports as opposed to psychosocial rehabilitation.

The NDIS itself is also evolving, and a key focus for VICSERV's NDIS Engagement Team for 2016-17 was contributing to the many calls for submissions and consultations on the Scheme's future.

Significant reports and reviews over the last twelve months, which VICSERV contributed submissions to have included the:

- [Joint Standing Committee inquiry into the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition.](#)
- [Productivity commission Inquiry into NDIS costs](#)
- [Information Linkages and Capacity Building \(ILC\) framework](#)
- [NDIS Quality and Safeguarding Framework](#)

Transition support funding

The Victorian Government is supporting the transition to the NDIS through the Transition Support Package (TSP) – funding provided to organisations across the disability sector to support participants, families and carers, and organisations in preparation for the NDIS. VICSERV received some of this funding in order to support the transition of community managed mental health services to the NDIS.

As part of the NDIS Engagement Team, Larissa Taylor (NDIS Engagement Manager), Jackson Reynolds (NDIS Policy Officer) and Rita Sidlauskas (Senior Training Project Worker) have delivered a range of activities focussing on: building the capacity of organisations through collaboration and knowledge sharing; providing relevant and useful information relating to the NDIS in the context of mental health; scoping the need and content for relevant training resources for organisations and workers.

VICSERV has acquired TSP funding until June 2019.

Stakeholder engagement

Connecting organisations and key stakeholders to engage in discussion and knowledge sharing has been a key priority for VICSERV both prior to and during NDIS roll-out. In addition to co-ordinating a number of provider meetings across NEMA, the Central Highlands and Loddon, VICSERV established broader Regional Reference Groups to capture issues and concerns across the broad NDIS catchments. In line with the NDIS North, West and Eastern regions, these Reference Groups bring together mental health organisations, the NDIA, DHHS and other key stakeholders both in person and via video conferencing for regional areas.

An important part of this process is providing relevant communication, information, updates and resources via e-bulletins to all Reference Group members to share and distribute within their respective organisation.

Learn and Build – telling the story under full Scheme

Learn & Build: Barwon Under Full Scheme is a follow up report to VICSERV's *Learn & Build in Barwon (2015)*. While the original report looked at the impact of the NDIS on Barwon mental health services during NDIS trial, this report builds on these findings and identifies new and ongoing issues with the Scheme's design and implementation.



VICSERV conducted a number of consultations in Barwon to inform this report, which highlighted a number of key issues including:

- the need for pre-planning support and active outreach for consumers;
- the differences in consumer, carer and provider experiences at the planning meeting and the quality of the developed plan;
- the impact on the qualified mental health workforce as a result of the changing job profile;
- the emerging gap resulting from the loss of community based psychosocial rehabilitation.

This report has been finalised and is due for release in October 2017. VICSERV intends to track and reporting on the issues identified in this report (as well as others that emerge) as the NDIS continues to roll-out across the state.

Workforce

The adaptations and changes that community mental health organisations have needed to make to remain sustainable under the NDIS are significant. In order to highlight some of these changes and how organisations are adapting, VICSERV conducted a *Community Mental Health Workforce Training and Development Analysis* including a literature review, extensive information gathering and consultations with community mental health organisations across the state.

The analysis looked in detail at the transition support requirements of the current MHCSS workforce as a result of the removal of state funding and explores the job roles of the 'new' workforce providing psychosocial disability supports, created as result of NDIS rollout. The final report poses 13 recommendations aimed at addressing the current and anticipated gaps in maintaining and building a skilled and supported mental health workforce in Victoria.

The Workforce Analysis identified a key area of need and subsequently the focus for the next phase of VICSERV's NDIS workforce support— the need for recovery-oriented practice resources for providing psychosocial disability supports under the NDIS.

Information provision

VICSERV has established a solid reputation for holding specialist knowledge on the NDIS and the implications on mental health organisations and the wider mental health system in Victoria. As a result, VICSERV's NDIS Engagement team has responded to numerous requests for presentations and contributions at forums, conferences, panels and events over the previous twelve months. VICSERV ran a successful statewide NDIS and Mental Health forum in October, and with another scheduled for October 2017, intends on making this an annual event. The NDIS forums provide opportunities for networking and connections as well as information and insights from both Victorian and interstate presenters to over one hundred attendees from around Victoria.

VICSERV's fortnightly NDIS Bulletin continues to receive positive acclaim as a relevant and reliable medium for information, insights, articles and events in the NDIS space. The bulletin goes out to over 15000 subscribers and can be accessed electronically via the VICSERV website.

Looking forward

As the NDIS gains momentum and the Victorian community mental health sector responds to immense change, VICSERV continues to remain engaged with mental health organisations, peak bodies and key stakeholders across the state. During this transformation, collaboration remains a vital cornerstone of our NDIS engagement activity.

Over the next twelve months, VICSERV looks forward to continuing to strengthen the connections between key stakeholders, provide relevant information and build the capacity of the psychosocial disability workforce as the NDIS moves in to the remaining seven regions by January 2019.

FINANCIAL STATEMENTS

For the year ended 30 June 2017

Psychiatric Disability Services
of Victoria (VICSERV) Inc

ABN: 79 174 342 927

Board's Report

Your Board members submit the financial statements of the Psychiatric Disability Services of Victoria (VICSERV) Inc. for the financial year ended 30 June 2017.

Board members

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

- Elizabeth Crowther
- Terry Palioportas
- Alys Boase
- Deanna Davis
- Peter Ruzyla
- Glen Tobias
- Simon Wrigley
- Chris McNamara
- Damian Ferrie (Appointed 01/03/17)
- Sally Mitchell (Appointed 01/03/17)
- Quinn Pawson (Appointed 01/03/17)

Principal activities

The principal activities of the Association during the financial year was to act as a peak body for psychiatric services in Victoria.

Significant changes

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

Operating result

The profit amounted to \$152,920 (2016: profit of \$46,047).


Board's statement

The Board have 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 Board, the financial report:

1. Give a true and fair view of the financial position and performance of the Psychiatric Disability Services of Victoria (VICSERV) Inc. during and at the end of the financial year-end 30 June 2017.
2. At the date of this statement, there are reasonable grounds to believe that Psychiatric Disability Services of Victoria (VICSERV) Inc. will be able to pay its debts as and when they fall due.

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



Elizabeth Crowther
(President)



Terry Palioportas
(Treasurer)

Dated this 24th day of October 2017



Shepard Webster & O'Neill Audit Pty Ltd
Certified Practising Accountant, Authorised Audit Company
ABN: 89 154 680 190

AUDITOR'S INDEPENDENCE DECLARATION

To Psychiatric Disability Services of Victoria (VICSERV) Inc,

In accordance with the requirements of section 60-40 of the *Australian Charities and Not for Profits Commission Act 2012*, as lead auditor for the audit of Psychiatric Disability Services of Victoria (VICSERV) Inc. for the year ended 30 June 2017, we declare that, to the best of our knowledge and belief, there have been:

- i) No contraventions of the auditor independence requirements of the *Australian Charities and Not for Profits Commission Act 2012* in relation to the audit, and;
- ii) No contraventions of any applicable code of professional conduct in relation to the audit.

Dated at Frankston on the 24th day of October 2017

SHEPARD WEBSTER & O'NEILL AUDIT PTY LTD

Certified Practising Accountant

Authorised Audit Company No 415478

434 Nepean Highway Frankston 3199, PO Box 309 Frankston Victoria 3199

Telephone (03) 9781 2633 – Fax (03) 9781 3073

Email – szepfalusy@shepard.com.au

DAVID A SZEPEFALUSY
DIRECTOR



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scheme approved
under Professional
Standards Legislation

Statement of profit and loss and other comprehensive income



for the year ended
30 June 2017

	Note	2017	2016
		\$	\$
Continuing Operations			
Income			
Grant Funding	1,351,097	1,025,589	
Training & Conference income	286,495	542,607	
Membership Fees	116,813	107,079	
Sponsorship	–	87,000	
Interest Received	19,488	22,886	
Donations	5,000	20,194	
Sundry Income	–	3,758	
Total Income	1,778,893	1,809,113	
Less Expenses			
Salaries & Related Costs	1,110,540	1,045,628	
Training & Conference costs	228,451	444,345	
Rent & Overhead Costs	130,160	124,561	
General Expenses	82,926	105,099	
Policy Costs	46,706	21,610	
IT Costs	14,049	16,129	
Depreciation & Amortisation	13,141	14,614	
(Gain) / Loss on Disposal of Assets	–	(8,920)	
Total Expenses	1,625,973	1,763,066	
Operating Profit / (Loss) from Continuing Operations	152,920	46,047	
Other Comprehensive Income			
Items that may be reclassified subsequently to profit or loss	–	–	
Items that will not be reclassified subsequently to profit or loss	–	–	
Total Comprehensive Income	152,920	46,047	

Statement of financial position



as at 30 June 2017

	Note	2017	2016
		\$	\$
Income			
Cash and Cash Equivalents	2	984,380	1,303,545
Trade Receivables	3	40,553	105,183
Sundry Debtors & Prepayments	4	9,677	8,956
Total Current Assets		1,034,610	1,417,684
Non-Current Assets			
Security Deposits	5	11,333	11,333
Property, Plant & Equipment	6	86,050	121,847
Total Non-Current Assets		97,383	133,180
Total Assets		1,131,993	1,550,864
Current Liabilities			
Trade & Other Payables	7	75,461	125,359
Grants in Advance		399,601	808,789
Provisions	8	147,717	263,805
Total Current Liabilities		622,779	1,197,953
Non-Current Liabilities			
Provisions	8	16,186	12,803
Total Non-Current Liabilities		16,186	12,803
Total Liabilities		638,965	1,210,756
Net Assets		493,028	340,108
Equity			
Retained Earnings		493,028	340,108
Total Equity		493,028	340,108

The accompanying notes form part of these financial statements

Statement of changes in equity



for the year ended
30 June 2017

	Note	2017	2016
		\$	\$
Equity			
Retained Earnings			
Opening Balance		340,108	294,061
Operating Profit / (Loss)			
From Continuing Operations		152,920	46,047
Other Comprehensive Income		—	—
Closing Balance		493,028	340,108
Total Equity		493,028	340,108

Statement of cash flows



for the year ended
30 June 2017

	Note	2017	2016
		\$	\$
Cash Flows From Operating Activities			
Receipts from Members and Customers		1,647,374	2,170,250
Payments to Suppliers and Employees		(1,974,838)	(1,922,240)
Interest Received		19,488	22,886
Net Cash Provided By / (Used In) Operating Activities	9b	(307,976)	270,896
Cash Flows From Investing Activities			
Payments for Property, Plant & Equipment (Net)		(11,189)	(109,633)
(Payments) / Redemption for Investments (Net)		—	23,319
Net Cash Provided By / (Used In) Investing Activities		(11,189)	(86,314)
Net Increase / (Decrease) in Cash Held		(319,165)	184,582
Cash at the Beginning of Financial Year		1,303,545	1,118,963
Cash at the End of Financial Year	9a	984,380	1,303,545

Notes to and forming part of the financial statements



for the year ended
30 June 2017

Note 1 – Summary of significant accounting policies

The financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the *Associations Incorporation Reform Act 2012* and the *Australian Charities and Not-for-profits Commission Act 2012*. The Board has determined that the Association is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the *Associations Incorporation Reform Act 2012* and the *Australian Charities and Not-for-profits Commission Act 2012* and the following Australian Accounting Standards:

AASB 101: Presentation of Financial Statements
AASB 107: Statement of Cash Flows
AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors
AASB 1048: Interpretation of Standards
AASB 1054: Australian Additional Disclosures.

No other applicable Accounting Standards, Australian Accounting Interpretations or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

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 stated, current valuations of noncurrent assets.

The following specific accounting policies, which are consistent with the previous financial year unless otherwise stated, have been adopted in the preparation of this financial report:

a) Taxation

The Association is exempt under Division 50 of the *Income Tax Assessment Act 1997* as a nonprofit organisation. As such, no allowance has been made for Income Tax.

b) Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value, less, where applicable, accumulated depreciation and any impairment losses.

The carrying amount of property, plant and equipment is reviewed annually by the Association to ensure it is not in excess of the fair value of those assets. The fair value represents the amount for which an asset could be exchanged between knowledgeable, willing parties in an arm's length transaction.

The carrying values of property, plant and equipment are also reviewed for impairment when events or changes in circumstances indicate the carrying value may not be recoverable. If any impairment exists, the assets are written down to their recoverable amount and the loss recognised in the income statement.

The depreciable amounts of all fixed assets are depreciated over their useful lives commencing from the time the asset is held ready for use.

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

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

The gain or loss on disposal of all fixed assets, is determined as the difference between the carrying amount of the asset at the time of disposal and the proceeds of disposal, and is included in operating profit in the year of disposal.

During the year, and in prior years, various assets have been purchased for projects by using project funding. In such cases, a provision for Equipment Reserve has been established, which records the written down value of the assets that have been funded by project income. As the fixed assets are depreciated, an amount is recognised as revenue in the Statement of Profit or Loss and Other Comprehensive Income to reduce the provision to the new written down value of the funded assets.

c) Impairment of Assets

At the end of each reporting period, the Board reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired.

If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in the income and expenditure.

d) Cash and Cash Equivalents

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

e) Trade and Other Receivables

Trade and other receivables include amounts due from members as well as amounts receivable from donors. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

f) Revenue and Other Income

Non-reciprocal grant revenue is recognised in the Statement of Profit or Loss and Other Comprehensive Income when the Association obtains control of the grant, it is probable that the economic benefits gained from the grant will flow to the Association and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the Association incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the Statement of Financial Position as a liability until the service has been delivered to the contributor; otherwise the grant is recognised as income on receipt.

The Association receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date

of acquisition in the Statement of Financial Position, with a corresponding amount of income recognised in the Statement of Profit or Loss and Other Comprehensive Income.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised when received.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

All revenue is stated net of the amount of goods and services tax.

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 that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

h) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the Statement of Financial Position.

i) Employee Entitlements

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled.

Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may not satisfy any vesting requirements. Those cash outflows are discounted using market yields on national government bonds with terms to maturity that match the expected timing of cash flows.

j) Comparative Figure Changes

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

	2017	2016
	\$	\$
Note 2: Cash and Cash Equivalents		
Cash at Bank	984,102	1,303,33
Cash on Hand	278	214
	984,380	1,303,545

Note 3: Trade Receivables

Trade Debtors	40,553	105,183
	40,553	105,183

Note 4: Sundry Debtors & Prepayments

Sundry Debtor	1,471	862
Prepayments	8,206	8,094
	9,677	8,956

Note 5: Security Deposit

This security deposit is held as a guarantee for the rental of the office premises	11,333	11,333
	11,333	11,333

Note 6: Property, Plant and Equipment

Plant and equipment at cost	173,627	170,816
Less: Accumulated Depreciation	(162,104)	(139,447)
	11,523	31,369
Motor Vehicles at cost	56,775	56,775
Less: Accumulated Depreciation	(17,742)	(3,548)
	39,033	53,227
Plant and Leasehold improvements at cost	53,227	53,227
Less: Accumulated Depreciation	(53,227)	(53,227)
	—	—
Intangible assets at cost	44,093	37,251
Less: Accumulated Amortisation	(8,599)	—
	35,494	37,251
Total Property, Plant and Equipment	86,050	121,847

	2017	2016
	\$	\$
Note 7: Trade & Other Payable		
GST, FBT and PAYG Payable	27,955	70,304
Trade Creditors and Accrued Expenses	47,506	55,055
	75,461	125,359

Note 8: Provisions

<i>Current:-</i>		
Annual Leave	45,947	72,590
Long Service Leave	54,896	81,008
Equipment Reserve	46,874	68,620
Redundancy Provision	—	29,000
Asset Replacement Provision	—	12,587
	147,717	263,805

Non-Current:-

Long Service Leave	16,186	12,803
	16,186	12,803

Total Employee Entitlements	163,903	276,608
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Note 9: Notes to the Statement of Cash Flows

(a) Reconciliation of Cash		
Cash at Bank	984,380	1,303,545

(b) Reconciliation of Net Cash Provided by Operating Profit/ (Loss)		
Operating Profit / (Loss)	152,920	46,047

Non Cash Flows in Operating Profit / (Loss)

Depreciation	46,986	41,331
Profit on sale of plant & equipment	—	(8,946)

Changes in Assets and Liabilities

(Increase)/Decrease in Trade and Other Receivables	63,909	(52,988)
Increase/(Decrease) in Trade and Other Payables	(459,086)	196,458
Increase/(Decrease) in Employee Entitlements	(112,705)	48,994
	(307,976)	270,896

Notes to and forming part of the financial statements (cont.)



for the year ended
30 June 2017

2017	2016
\$	\$

Note 10: Operating Lease Commitments

Being for Rent of Office Premises & Photocopier

Operating lease commitments not capitalised
in the accounts Payable:

– not later than one year	97,833	45,312
– later than one year but not later than 5 years	42,181	3,139
	<u>140,014</u>	<u>48,451</u>

The property lease is a non-cancellable lease with a 2 year term, with rent payable in advance. This lease expires in December 2018.

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

2017	2016
\$	\$

Note 11: Remuneration of the Auditor

Audit of the Financial Statements	4,000	3,300
Other Services	800	900
	<u>4,800</u>	<u>4,200</u>

Note 12: Events after year end

No matter or circumstance has arisen since 30 June 2017 that has significantly affected, or may significantly affect the association's operations, the results of those operations or the associations' state of affairs in the future financial years that hasn't been properly disclosed.

Statement by members of the board



The Board have determined that the Association is not a reporting entity.

The Board have determined 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 Board, the financial statements;

1. Give a true and fair view of the financial position of Psychiatric Disability Services of Victoria (VICSERV) Inc. as at 30 June 2017 and its performance and cash flows for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements and the requirements of the *Associations Incorporation Reform Act 2012* and the *Australian Charities and Not-for-profits Commission Act 2012*; and
2. At the date of this statement, there are reasonable grounds to believe that Psychiatric Disability Services of Victoria (VICSERV) Inc. will be able to pay its debts as and when they fall due.

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

Elizabeth Crowther
President

Terry Palioportas
Treasurer

Dated this 24th day of October 2017



Shepard Webster & O'Neill Audit Pty Ltd
Certified Practising Accountant, Authorised Audit Company
ABN: 89 154 680 190

**PSYCHIATRIC DISABILITY SERVICES OF VICTORIA (VICSERV) INC
INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
ABN: 79 174 342 927**

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Psychiatric Disability Services of Victoria (VICSERV) Inc, which comprises the Statement of Financial Position as at 30 June 2017, the Statement of Profit or Loss and Other Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the certification by members of the Board on the annual statements giving a true and fair view of the financial position and performance of the Association.

In our opinion, the accompanying financial report gives a true and fair view of the financial position of Psychiatric Disability Services of Victoria (VICSERV) Inc as at 30 June 2017 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements and the requirements of the *Associations Incorporation Reform Act 2012 (Vic)* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the Association in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110: Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Emphasis of Matter – Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist the Association to meet the requirements of *Associations Incorporation Reform Act 2012 (Vic)* and the *Australian Charities and Not-for-profits Commission Act 2012*. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Other Matter

The financial report of Psychiatric Disability Services of Victoria (VICSERV) Inc for the year ended 30 June 2016 was audited by another auditor who expressed an unqualified opinion on that financial report on the 6th of October 2016.



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**PSYCHIATRIC DISABILITY SERVICES OF VICTORIA (VICSERV) INC
INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
ABN: 79 174 342 927**

Information Other than the Financial Report and Auditor's Report Thereon

The Board of the Association is responsible for the other information. The other information comprises the information included in the Association's annual report for the year ended 30 June 2017, but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Board for the Financial Report

The Board of the Association is responsible for the preparation of the financial report that gives a true and fair view in accordance with the *Associations Incorporation Reform Act 2012 (Vic)* and the *Australian Charities and Not-for-profits Commission Act 2012* and for such internal control as the Board determines is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Board is responsible for assessing the Association's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Board either intends to liquidate the Association or to cease operations, or have no realistic alternative but to do so.

The Board of the Association is responsible for overseeing the Association's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.





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**PSYCHIATRIC DISABILITY SERVICES OF VICTORIA (VICSERV) INC
INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
ABN: 79 174 342 927**

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 Association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Board.
- Conclude on the appropriateness of the Board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Association's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Association to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



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Shepard Webster & O'Neill Audit Pty Ltd
Certified Practising Accountant, Authorised Audit Company
ABN: 89 154 680 190

**PSYCHIATRIC DISABILITY SERVICES OF VICTORIA (VICSERV) INC
INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
ABN: 79 174 342 927**

Dated at Frankston on the 25th day of October 2017

SHEPARD WEBSTER & O'NEILL AUDIT PTY LTD
Certified Practising Accountant
Authorised Audit Company No 415478
434 Nepean Highway Frankston 3199, PO Box 309 Frankston Victoria 3199
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DAVID A SZEPFALUSY
DIRECTOR

GOVERNANCE

Psychiatric Disability Services of Victoria (VICSERV) Inc. (ABN 79 174 342 927) is an incorporated association and registered charity.

We are governed in accordance with the:

- *Associations Incorporation Reform Act 2012* (Vic);
- *Australian Charities and Not-for-profits Commission Act 2012* (Cth); and
- *VICSERV Constitution*, 28 April 1999.

As an association and charity, we are regulated by both Consumer Affairs Victoria (CAV) and the Australian Charities & Not-for-profits Commission (ACNC).

Board Composition

There is a maximum of 12 Board members, each of whom is nominated by Ordinary Members of the Association. Board members serve a two year term before retiring. Board members are not remunerated.

Board office holders are the President, Vice President and Treasurer.

The role of Secretary has been delegated to the CEO, Angus Clelland FCIS FGIA GAICD who is a Chartered Secretary. Mr Clelland is not a Board member.

Board Committees

The Board maintains two standing advisory committees – Appointments & Governance (A&G) and Finance, Audit & Risk Management (FARM). These committees provide advice to the Board as follows:

A&G

- Constitution and corporate governance
- Board skill, experience and composition
- Board committee composition
- Board performance evaluation
- Board elections
- Membership applications

FARM

- Financial performance
- Compliance with financial reporting & regulatory requirements
- Risk appetite, risk policy and risk management framework
- External auditor's performance, independence and fees
- Annual budget

Meeting attendance

Name	Board	A&G Committee	FARM Committee
Elizabeth Crowther	6/6	3/3	-/-
Terry Paliopostas	6/6	-/-	6/6
Simon Wrigley	6/6	-/-	2/2
Glen Tobias	5/6	3/3	-/-
Chris McNamara	4/6	3/3	-/-
Deanna Davis	5/6	2/2	3/6
Cath Murphy (Resigned Aug 2016)	1/1	-/-	-/-
Peter Ruzyla	5/6	-/-	-/-
Damian Ferrie	3/3	-/-	-/-
Mark Smith (Resigned Dec 2016)	3/3	1/1	-/-
Quinn Pawson	2/3	2/2	-/-
Alys Boase	1/1	-/-	2/2
Peter Waters (Resigned April 2017)	4/4	-/-	3/3
Sally Mitchell	3/3	-/-	-/-
Lyn Morgain (Resigned Dec 2016)	0/1	0/1	-/-

MEMBERS AT 30 JUNE 2017

Organisations

Action on Disability within Ethnic Community
 Aftercare
 Anglicare
 Anxiety Recovery Centre Victoria
 Australian Community Support Organisation
 Australian Primary Mental Health Alliance
 Barwon Disability Resource Council
 Break Thru People Solutions
 Care Connect
 Carers Victoria
 Centacare
 cohealth
 EACH
 Eating Disorders Foundation Victoria
 Ermha
 Gateway Health
 Grampians Community Health
 Hopesprings
 Jesuit Social Services
 Jewish Care (Victoria)
 Karingal
 Life Without Barriers
 Mallee Family Care
 McAuley Community Services for Women
 Melbourne Primary Health Network
 Mentis Assist
 Merri Health
 Mind Australia
 Mind Works Geelong
 Neami National
 Outlook Employment
 PANDA

Quit Victoria
 Sacred Heart Mission
 SalvoConnect Mental Health Services
 South East Melbourne Primary Health Network
 Spiritual Health Victoria
 St Vincent De Paul Society – Compeer Program
 Star Health
 The Compassionate Friends
 The Haven Foundation
 The Salvation Army Adult Services
 The Tipping Foundation
 Uniting (Victoria Tasmania) Ltd (Pahran Mission)
 Uniting (Victoria Tasmania) Ltd (UnitingCare Life Assist)
 Uniting (Victoria Tasmania) Ltd (Wimmera Uniting Care)
 VincentCare Victoria
 Wellways Australia Ltd
 Wild Bamboo
 within Australia
 Womens Mental Health Network Victoria
 Workskil Australia

Individuals

Kay Fletcher
 Joanne O'Neill
 Dr Valerie Gerrand
 Brigid Ryan
 John Wood
 Magenta Simmons
 Russ Wood
 Sarah Stokley-Wilcox
 Yukako Wada
 Joan Clarke



STAFF

CEO

(to Dec 2016)

Kim Koop

CEO

(from April 2017)

Angus Clelland

Office Manager

Pat Wooding

Accountant

Noris Zarth

Manager Policy and Communications

Interim CEO (Dec 2016 – April 2017)

Debra Parnell

Manager Education and Training

(to Feb 2017)

John Katsourakis

Manager Education and Training

(from March 2017)

David McGuire

NDIS Engagement Manager

Larissa Taylor

Senior Training Consultant

Sue Harrison

Senior Trainer

Lorelle Zemunik

Senior Training Project Worker

Rita Sidlauskas

NDIS Project Officer

(to Jan 2017, Maternity Leave)

Deborah Liebhaber

NDIS Project Officer

(from Jan 2017)

Jackson Reynolds

PECCC, Engagement Coordinator

Dale Nelson

PECCC, Capacity Building Coordinator

(from Jan 2017)

Daryl Taylor

Administrative Officer and Receptionist

Gail Guest

Training Administrator

(to August 2016)

Jane Lawrence

Training Administrator

(to April 2017, Maternity leave)

Melissa Kofler

Training Administrator

(from April 2017)

Samantha Ward



Psychiatric Disability Services
of Victoria (VICSERV)

 WWW.VICSERV.ORG.AU

 [@VICSERV](https://twitter.com/VICSERV)

Contact



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