



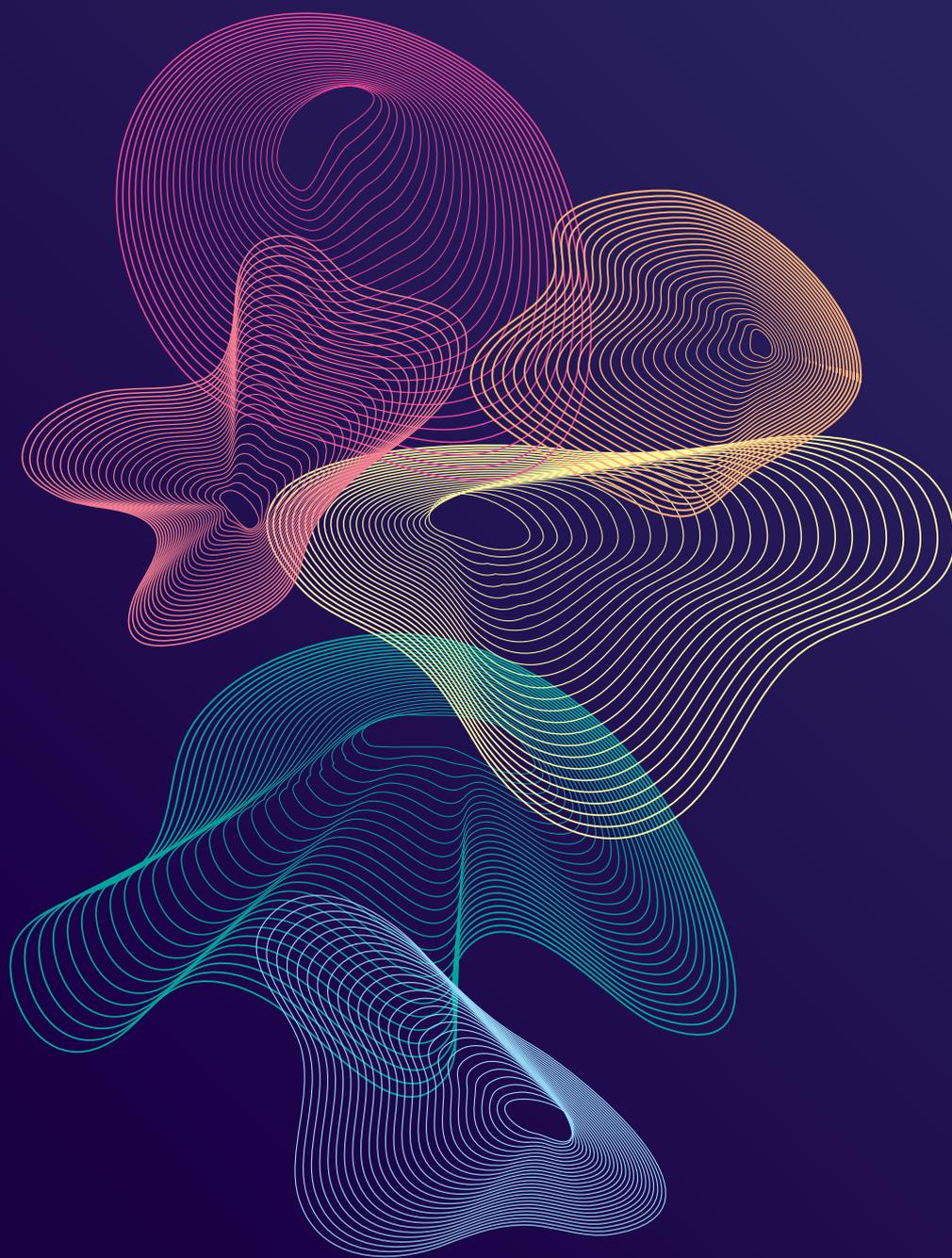
Annual Report

—
2014 – 2015

Expanding our
spheres of influence



Psychiatric Disability Services
of Victoria (VICSERV)



CONTENTS

President's report	04
CEO's report	05
Development and representation	06
National Disability Insurance Scheme	06
Shaping the future of mental health in Victoria	08
Community organisations in a climate of change	09
Consultation, engagement and representation	10
Training and development	12
A reconfigured Mental Health Community Support Services system	12
Certificate IV in Mental Health Peer Work	15
Growing influence in the community sector	15
Communications and publications	16
Board	18
Staff	18
Membership	19
Vision mission values	20
Financials	21

PRESIDENT'S REPORT

THE PAST YEAR WAS A MILESTONE YEAR IN THE PROVISION OF MENTAL HEALTH SERVICES IN VICTORIA AND, FOR COMMUNITY MANAGED MENTAL HEALTH SERVICES, A CHANGE IN DIRECTION FROM THE STATE AND COMMONWEALTH GOVERNMENTS RESULTED IN NEW MODELS ACROSS THE STATE.

The recontracting of the Psychosocial Disability Rehabilitation Support Services to the new Mental Health Community Support services (MHCSS) was the most significant change, affecting the majority of existing providers and bringing new agencies and approaches into the system.

It was a difficult year as services reconfigured. Multiple mergers and the loss of long standing PDRSS providers were difficult to come to terms with and it took some time for new relationships and arrangements to bed down. The scale and timing of the changes, and the many unintended consequences, all had to be processed and documented as part of this process.

At the same time the National Disability Insurance Scheme (NDIS) was launched and trialled in the Barwon region. Consumers, families and carers, workers and agencies were all thrown in at the deep end and were required to adapt to a new system that was still very much in development.

In both the MHCSS and the NDIS trial there was a significant gap between the policy vision and the practicalities of delivering the vision on the ground.

In this environment the capacity of VICSERV to fully represent and support services was put to the test. The Department of Health (now Health and Human Services) provided VICSERV with two important grants to assist with this work. The resulting work, with providers and consumers, in the Barwon launch site resulted in the VICSERV *Learn and Build* paper which has already proven its worth by documenting the story of change and transition.

During this dramatic year VICSERV has continued to make a vital contribution by sharing information, building knowledge, building capacity, representing issues faced by services and delivering, yet again, a record amount of training.

As we look ahead VICSERV has another busy year underway. The roll out of the NDIS commencing in July 2016 and a new 10 year mental health strategy both signal even more change ahead. VICSERV is now actively delivering a wide range of funded projects to support services, consumers and workers during the next phase of transition.

I would like to thank the VICSERV CEO, management and all staff for their ongoing effort and commitment to the promotion of high quality contemporary mental health services in Victoria.

It has been a 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 Peter Ruyzla, Treasurer Terry Paliopostas and Secretary Mark Smith. As well as thanking those board members who participate in sub-committees and take up additional roles chairing advisory groups.



Liz Crowther
President

CEO'S REPORT

LOOKING BACK OVER THE PAST YEAR AND A HALF HAS BEEN A SOBERING PROCESS. SO MUCH CAN BE SAID ABOUT THE POLICY AND PRACTICE CHANGES OF THE PAST TWELVE MONTHS, BUT IT IS THE YEAR AHEAD THAT DRAWS MOST OF OUR ATTENTION.

I do not believe it is an overstatement to say, with the roll out of the National Disability Insurance Scheme (NDIS) commencing in 2016, we are on the cusp of the most significant reform of mental health services since deinstitutionalisation.

VICSERV was formed in 1986 and has actively supported the development of community managed mental health services across Victoria for close to 30 years. Last year we took up the challenge of supporting services and workers as they implemented the new Victorian Mental Health Community Support Services (MHCSS) model. It was a time of significant disruption and a challenging year for most service providers. One year later there remains a degree of dissatisfaction and much work still to be done.

VICSERV also sought to maintain an active presence in the national sphere. Through our membership of Community Mental Health Australia, an alliance of the state and territory peak bodies which has continued to grow in strength, we are an active contributor to the development of national policy and practice.

In response to the state and national changes VICSERV has commenced a large number of capacity building projects. This has made for a busy, focussed and productive time. Demand for VICSERV training, from our members and others, has also continued to grow and we have added a number of new courses.

We are constantly looking for new ways to make an impact with the resources we have and building long term partnerships supports us in doing this. Strong productive partnerships has been a key focus of our work for many years and we look forward to building on these relationships in the year ahead.

It is my great pleasure to work with the VICSERV staff. Their professionalism and ability to work as a mature team, where everyone enthusiastically fulfils their role, is inspiring. It is very satisfying to see the positive ripple effect, around the state and nationally, of our combined work.

I would like to thank the VICSERV Board for ongoing support and leadership and to acknowledge the multiple inputs of members to the life of the organisation. It is a privilege to work with such dedicated people.

The year ahead will be important and will require us to maintain an active conversation with the National Disability Insurance Agency in relation to the NDIS and the State Government as they commence work on the 10 year Mental Health strategy. We are eagerly planning our flagship event the biennial VICSERV conference, **Towards Recovery**. We are also excited to be leading the roll out of the new Certificate IV in Mental Health Peer Work – I'm confident that this training will be a game changer and VICSERV's thirtieth birthday year will be one of our best yet.



Kim Koop
CEO

DEVELOPMENT AND REPRESENTATION

2014-15 HAS PROVEN TO BE A PERIOD OF INCREASING AND EVER WIDENING CIRCLES OF INFLUENCE WITHIN AND ACROSS THE MENTAL HEALTH SECTOR AS VICSERV CONTINUES TO WORK AT THE LOCAL, STATE AND NATIONAL LEVELS.

The significant change and emerging issues that characterised the 2013-14 period continued to develop and crystallise in 2014-15 creating another year of intense work in VICSERV's policy and representation activities.

The focus of our work in this period has been on the range of services required for a comprehensive mental health system in Victoria, and the implications of the NDIS for the future of mental health service delivery and support for people with mental illness, and their families. However, we are also collaborating with a range of stakeholders in the community sector on issues of mutual concern and interest.

National Disability Insurance Scheme – the widening circles of impact

Since its launch in Barwon in July 2013, the NDIS has emerged as one of the most significant issues impacting on mental health in Victoria and across the country. In Barwon the transfer of eligible people in receipt of state-funded programs was undertaken in a staged process, with people with mental illness phasing to the NDIS from May 2014.

At the local level VICSERV continued to work closely with services in Barwon in 2014-15, as the reality of the inclusion of people with psychosocial disability threw up a range of issues for consumers, families and carers, workers and providers.

The Mental Health CEO network, chaired by VICSERV President, Elizabeth Crowther, continued to highlight the risks in moving to the NDIS funding arrangements, for consumers, carers, and service providers. This led to a second extension of the in-kind arrangements for 6 months, and then a further extension until the end of the trial phase.

At the state level VICSERV commenced a significant piece of work in the Barwon trial site in late 2014, with funding from the then Department of Health. While there is still much work to do at both the service and the systems level to best manage the transition to NDIS, VICSERV believes that the *Learn and Build in Barwon* project and papers has provided invaluable insight into what components are needed to ensure that NDIS and the Victorian Government is responsive to community mental health needs.

With the announcement of the NDIS implementation schedule for Victoria in September 2015, we are now moving into transition to the full Scheme. At this time however we are still awaiting announcements on the operational plans, and what the NDIS will offer people with psychosocial disability.

At the national level there were a number of developments in response to the issues raised in Barwon and the other trial sites, in relation to the inclusion of psychosocial disability in the NDIS:

» Design of Individual Supports for People with Psychosocial Disability project.

This review has been led by the National Disability Insurance Agency and is looking at 'optimal support packages' for people with a psychosocial disability in the NDIS.

» **Operational Access Review for Psychosocial Disability.** The aim of this project was to review the access arrangements for people with psychosocial disability to enter the Scheme.

We anticipate that the outcomes of these reviews will be incorporated into the operational plans, for the full roll out of NDIS.

VICSERV also sat on numerous working groups aimed at assisting the mental health sector to adapt to the new NDIS climate, including:

» **The Community Managed Mental Health Sector NDIS – Workforce Development Scoping Project**
The NSW Mental Health Coordinating Council (MHCC) was funded by Mental Health Australia (MHA) to undertake a project to develop a Community Managed Mental Health Sector NDIS Workforce Development Scoping Paper. John Katsourakis, Manager Education and Training, represented VICSERV on the Project Reference Group for this work.



Debra Parnell
Manager Policy
and Communications

Learn and Build in Barwon

In September 2014 the then Victorian Department of Health provided an allocation of funds to VICSERV to 'support transition of Barwon area Mental Health Community Support Services (MHCSS) consumers and services to the National Disability Insurance Scheme through monitoring outcomes.'

Ms Caz Healy was employed to scope and undertake the project. A reference group was also established to guide the completion of the papers and to consider the recommendations arising from the work. The resulting paper, *Learn and Build in Barwon: The impact of the NDIS in the provision of mental health services in the Barwon launch site. Key issues for consumers, families and the Victorian mental health service system* was released in June 2015.

Learn and Build in Barwon detailed how the introduction of the NDIS impacted the provision of mental health services in the Barwon trial site. The paper aimed

to assist the Victorian Government and stakeholders to understand the implications of full-scheme roll out on the Victorian mental health service system. The paper focused on the narrative of experiences from consumers, carers and service providers within the region.

The paper uncovered that with Barwon service providers still being 'block funded' to mitigate the upheaval of services during transition, services have been able to 'top up' NDIS plans with services similar to those offered under the Psychiatric Disability Rehabilitation Support Services (PDRSS) it replaced. This in effect has 'masked' the full impacts of the transition to NDIS plans for many consumers.

Despite this challenge, the paper provides valuable insight into the initial stages of the implementation of the NDIS in Barwon. It has highlighted important issues and key learnings necessary to take forward as Victoria prepares for full roll out of the NDIS, including:

- » a lack of understanding about eligibility and the NDIS in general by consumers, carers, practitioners and stakeholders



- » an emerging gap in recovery and rehabilitation-focused care
- » evidence of increased consumer satisfaction with the NDIS process and outcomes, if accompanied by an advocate
- » increased expenses for service providers during transition
- » a lack of supports available for carers and families
- » concern for what services will be in place to support ineligible consumers once block funding ends.

A second paper of case studies was also produced, which compared NDIS client stories with clients receiving MHCSS services in other catchments in order to identify and understand the differences in service models and outcomes. This second paper, whilst not providing the depth of information initially envisaged for the project, is still a useful companion piece to *Learn and Build in Barwon*.

Shaping the future of mental health in Victoria – ever increasing circles of influence

In late 2014, the Victorian State Election resulted in a change of government after a single term under the Baillieu and Napthine Governments.

At that time we expected that the first six months under the new Government would be crucial in identifying and implementing strategies to meet the needs of people living with mental illness, before, and after, the NDIS was rolled out across the State.

Without the articulation of a clear vision and commitment to implementing a policy framework and process for retaining the most comprehensive mental health system in Australia, we believed Victorians living with mental illness, their families, and services were facing a future of serious risk.

The formation of an Alliance, led by VMIAC (Mental Health Peak organisation for consumers in Victoria), Tandem (Peak for mental health families and carers in Victoria) and VICSERV (representing the community mental health sector in Victoria), marked a key step in bringing together consumers, carers, key community mental health services and organisations with an interest in mental health, and presenting a united voice on the issues of concern to this sector.

The Lifting the Lid on Mental Health Forum, held in September 2014, captured the attention of consumers and carers, media, government and provided the basis for on-going discussion with politicians, parties and policy makers.

VICSERV also met with the new Mental Health Minister, and officers from the Department of Health and Human Services to discuss:

- » the continuing bedding down of the Mental Health Community Support Services
- » the transition process to NDIS across the state
- » the current and future support of people living with mental illness and their families under a State funded mental health system.

Change of Victorian Government – change and development

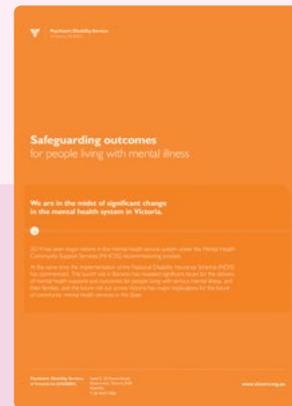
In the lead up to the 2014 state election VICSERV welcomed the release of the Labour Party's pre-election policy on mental health and its commitment to:

- » a landmark 10 year Mental Health Plan for Victoria to rebuild the sector and secure its future
- » a comprehensive Mental Health Workforce Plan to support the professionals that care for Victorians with mental illness.

In mid-2015, the Minister for Mental Health, the Hon. Martin Foley, announced a number of significant developments to progress the Government's commitment to a clear plan for mental health in Victoria, including:

- » review of new arrangements for the delivery of Mental Health Community Support Services and Alcohol and Drug Treatment Services
- » consultation process for the development of a 10 Year Strategy for Mental Health.

The MHCSS Review was conducted independently and undertook widespread consultation. Final documentation from the review is expected in late 2015. Notwithstanding this review, the 10 Year Strategy for Mental Health will be the key vehicle for shaping the future of mental health in Victoria.



VICSERV held a number of consultation sessions with members and stakeholders to provide submissions to these review and consultation processes.

In this time the Minister has also outlined the key messages to the mental health sector on the Government's approach to addressing any gaps that might emerge under the NDIS, and to ensuring that the mental health needs of people with mental illness and their families continue to be met, being:

- » the NDIS, when fully operational, will replace the majority of services currently provided under the state funded MHCSS program
- » the Victorian Government will not duplicate services intended to be provided through the NDIS
- » what these services will comprise, and who will deliver them, is not yet determined, however they will build on the strengths of the existing service system in Victoria;
- » the Victorian Government is committed to having an integrated community care system. The system will aim to complement the NDIS and avoid the creation of service gaps.

These messages clearly indicate that the change and disruption that commenced with the recommissioning of PDRSS in 2014 will continue beyond 2015.

Community organisations in a climate of change – growing the circles of influence

The State Trustees Australia Foundation (STAF) supported the establishment of the Collaborative Panel with the aim of facilitating cross-sector cooperation and to help strategically guide STAF's larger grants.

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 5 priority funding areas and has developed key projects to assist individuals, services 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 is expected to start on it in late 2015.

Promoting the exercise of consumer choice and control

The service system providing disability, mental health and ageing services will change considerably over the next few years with the roll out of the NDIS and National Aged Care Reforms. These reforms are intended to improve consumer choice and control. They recognise the importance of placing the person at the centre of the service system and the need to structure service system design and delivery to provide individuals with choice and control in terms of how they engage with the service system.

In order for consumer choice and control to become the driving mechanism in what and how disability, mental health and aged care services are delivered there is a need to help:

- » consumers and carers to understand their rights and build skills and confidence to exercise choice and control in their purchase decisions
- » service providers to structure their services and operations to respond to consumer choice and develop and implement services that respond to consumer demand and support the exercise of consumer choice and control.

There is an opportunity to support the exercise of consumer choice and control and the adoption of consumer led service delivery models by working to develop and disseminate an integrated package of resources and training materials to help:

- » boards and managers to identify and implement required cultural and business system based changes to support the adoption of consumer led service delivery
- » frontline service staff to apply more consumer led work practices in the way that they undertake their day to day activity
- » consumers and carers to build confidence and skills to exercise choice and control when engaging with service providers.

This 3 year project will:

- » conduct consultations with service providers, consumers and carers to identify factors constraining the adoption of consumer led service models and/or the exercise of consumer choice and control and identify training and capability development needs

- » prepare a training requirements map identifying key capability development areas and/or operational systems change requirements
- » conduct a desktop review to identify and collate existing training resources and tools covering those areas
- » review collated tools against requirements map and develop a suite of self-directed learning peer coaching and train the trainer packages to address key resource gaps
- » conduct a 12 month training program for service managers, practitioners, consumers and carers using the above tools to test, demonstrate and profile the above packages and build a network of peer coaches and trainers
- » evaluate the outcome of the training program and assess whether there is an ongoing need to deliver direct training activities and/or continue to develop additional training materials.



CONSULTATION AND ENGAGEMENT

EXPANDING OUR SPHERES OF INFLUENCE

2014-15 WAS A BUSY YEAR IN TERMS OF OUR ENGAGEMENT ACTIVITIES AND SAW VICSERV TAKE A NEW APPROACH TO ITS CONSULTATION PROCESSES.

Having reviewed how our forums have operated in the past VICSERV introduced member-only forums in 2015, in addition to running several sector events. By strictly limiting our policy-focused forums to members, VICSERV aimed to provide greater opportunity for members to discuss current and emerging issues and be informed on VICSERV's activities.

Forums

July 2014 – *Where to Next for Mental Health in Victoria*. This member forum provided an overview of the outcomes of the PDRSS reforms in Victoria, and considered the key issues to be taken into the 2014 State Election.

November 2014 – *The NDIS Readiness Forum* was held by VICSERV in collaboration with Mental Health Australia to support organisations in the transition to the NDIS.

March 2015 – *The future for CMMHS in Victoria* was our first new member-only forum and focused on what is needed for a comprehensive mental health support system in Victoria.

June 2015 – *Shaping the future for Victorian Mental Health* was a VICSERV Member CEO Breakfast which featured the Hon. Martin Foley, Minister for Mental Health speaking on the Government's vision for mental health and the transition to NDIS

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

Consultation

Reportable Deaths

Under the new Mental Health Act 2014, changes were made to the requirements in relation to reportable deaths, with MHCSS services now included in these processes. A working group and consultation session was held with interested members, to provide input into an issues paper and recommendations to the Chief Psychiatrist.

NDIS Optimal Supports Project

VICSERV assisted Mental Health Australia (MHA) with consultations for the Individual Supports Design Project, which was funded by the National Disability Insurance Agency's

VICSERV AIMED TO PROVIDE GREATER OPPORTUNITY FOR MEMBERS TO DISCUSS CURRENT AND EMERGING ISSUES AND BE INFORMED ON VICSERV'S ACTIVITIES



Sector Development Fund. VICSERV ran a trial Victorian consultation in April 2015, facilitating several sessions with service providers, consumers and carers. The outcomes of those discussions were used by Synergia Consulting to inform a conceptual framework for mental health supports under the NDIS. This framework was then used for a subsequent Victorian consultation with the sector on optimal supports. The Project is still underway and will be examining pricing for mental health supports.

Australian Mental Health Care Classification (AMHCC)

The AMHCC is being developed by the Independent Hospital Pricing Authority (IHPA), and Community Mental Health Australia is working with Mental Health Australia in assisting IHPA to engage all parts of the mental health sector in the development process.

MHCSS Review and 10 Year Mental Health Strategy

VICSERV held a series of consultation sessions in Melbourne and regional Victoria to gather information on the issues in CMHSS, and stakeholder views, on what is needed in the future to meet the needs of people with mental illness and their families. These consultations contributed to VICSERV's submissions to these processes.

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 2014-15 these opportunities included:
- » Mental Health Australia Policy forums
 - » Mental Health and NDIS Conference
 - » Tandem Carers Conference
 - » Mental Health Australia NDIS project advisory group

- » National Mental Health Consumer and Carer Forum
- » National Primary and Community Care Network
- » VCOSS Peaks and Statewide Network
- » Mutual Support and Self Help Network

VICSERV regularly contributes submissions and other documents to government and other bodies in response to reviews and inquiries. In 2014-15 VICSERV's submissions included:

- » State Election Statement
- » Issues Paper and recommendations on the reportable deaths requirements under the Mental Health Act 2014
- » NDIS National Quality and Safeguarding Framework
- » Review of MHCSS
- » 10 Year Mental Health Strategy

TRAINING AND PROFESSIONAL DEVELOPMENT

IN A TIME OF RAPID CHANGE ACROSS THE SECTOR, THE VICSERV TRAINING TEAM HAS FOCUSED IN 2014-15 ON THE VITAL WORK OF SUPPORTING AND DEVELOPING THE EXISTING WORKFORCE, AND IDENTIFYING NEW OPPORTUNITIES FOR EMERGING WORKFORCE SEGMENTS.

A reconfigured Mental Health Community Support Services (MHCSS) system

In 2014-15 there was a dramatic increase in demand for VICSERV training with an increase of 71% from 2013-14. This meant that, to support staff, supervisors and managers in the new MHCSS services system, we delivered 110 programs to 1484 participants. In doing so we worked with 21 specialist partner organisations and individuals including Spectrum, the Bouverie Centre, VAADA, Spiritual Health Victoria, SANE Australia, NEXUS and the Resilience Institute.

This graph shows how changes in the CMHSS system leads to a direct demand for training and professional development services. To meet this increase in demand the training team has grown too, welcoming new training administrators at the VICSERV office and new facilitators who are delivering a range of courses.



Certificate IV in Mental Health graduates

Total training participant numbers from 2003-04 to 2014-15





John Katsourakis
Manager Education
and Training

To support supervisors and managers, we worked closely with the Bouverie Centre and VAADA to design, develop and implement the Clinical Supervision guidelines for Victorian Alcohol and Drugs and Mental Health Community Support Services. This involved a travelling roadshow to seven regions across Victoria, introducing workers across both sectors to online guidelines and resources, and facilitating discussions on how to implement best-practice supervision in services undergoing significant change.

In addition, VICSERV commenced a project funded by the Department of Health and Human Services to design and implement a senior leadership and management program for MHCSS services. The aim of this program is to strengthen leadership capabilities to enable services to meet the challenges of current and imminent reforms. Initial responses to this program have been very positive and further development is planned for 2016.

Nationally, VICSERV continued to ensure that staff training is relevant, up-to-date and evidence-based through our participation in the Community Services and Health Industry Skills Council, Mental Health – Subject Matter Expert Group.

VICSERV provided mental health industry advice for the review and update of all mental health units and qualifications in the new training package released in July 2015. This included the Certificate IV in Mental Health, Certificate IV in Mental Health Peer Work and the Diploma of Mental Health.

More than just 'satisfaction with training'

Regular evaluation is of key importance to make sure our training stays relevant and maintains the high standards we aim for. In a random sample of 10 training courses we delivered in 2014-15, 95% of participants agreed when asked whether they enjoyed the training.

"Interesting topic, amazing facilitator, would recommend and return to VICSERV. Good energy, knowledge, engagement and flexibility"

"I thoroughly enjoyed the training and the facilitator was very knowledgeable, friendly and confident in relating the information to us. I would recommend this training to all staff who have dealing with the public"

In addition insights into the effectiveness of the training can be gained from examining participants' knowledge of content prior to and then following training, the application of the content

to the workplace by the training participant using the knowledge directly, and by explaining the content to others.

Care coordination is a relatively new and complex concept in mental health service provision. VICSERV, in partnership with cohealth's Indigo team, has been delivering training on care coordination to workers throughout the sector, including to support organisations in the NDIS Barwon Launch site. To evaluate the effectiveness of this training, we asked training participants three questions related to knowledge gained:

- » Are they confident that they have good knowledge of this topic?
- » Are they confident to apply skills and knowledge from this topic to their work?
- » Are they confident to explain knowledge from this topic to others?



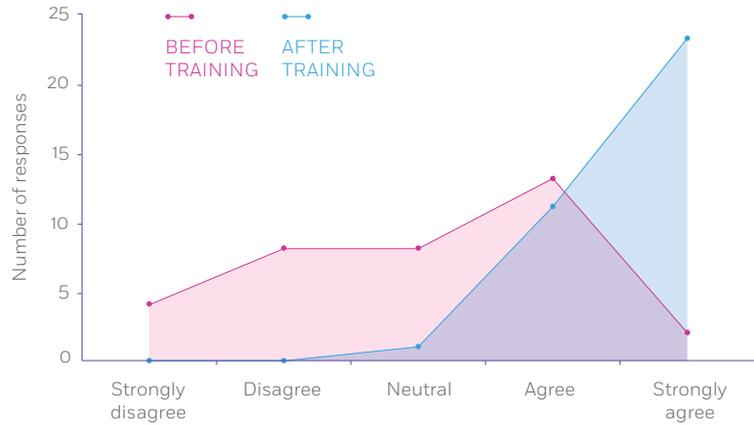
More than just 'satisfaction with training' (CONT'D)

All participants had an increased level of knowledge of care coordination following the two-day course. We know that just having increased knowledge does not necessarily mean a change in work practices, so we also asked about their confidence in applying the knowledge back in the workplace.

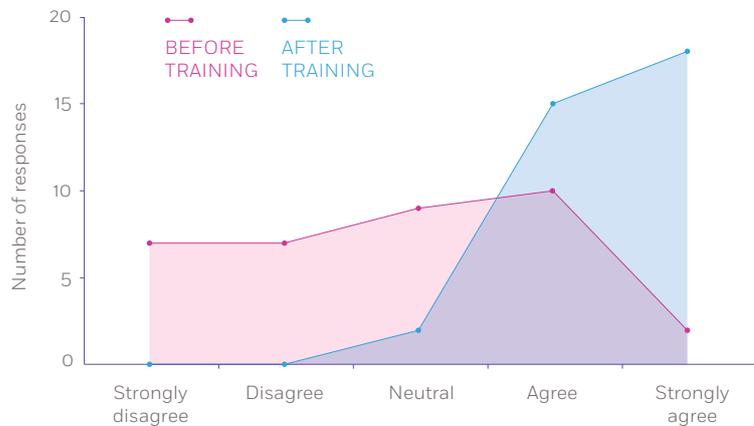
These two graphs show the increased confidence of training participants to apply the skills in the workplace, and train and influence their peers.

Working within current resources, these questions are only able to be asked immediately following the training course and this limits the ability to extrapolate these evaluations to describe the measure long-term effects of training. Even so, these results show that training participants not only felt more confident in their own knowledge and skills in the emerging area of care coordination, but felt confident in disseminating this knowledge through their workplaces by explaining and demonstrating concepts to their colleagues. This demonstrates that VICSERV training has implications not just for those staff that attend training courses, but their colleagues and organisations.

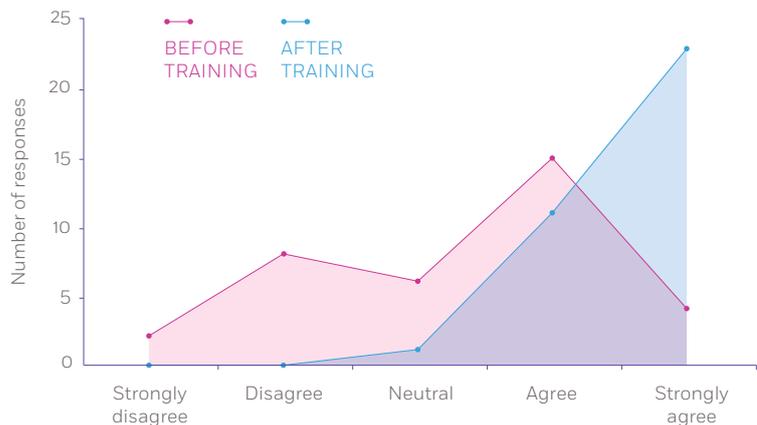
Participant has good knowledge of the topic



Participant can apply skills and knowledge to their work

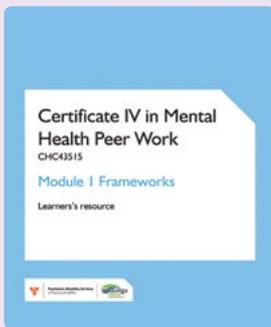


Participant can explain this topic to others



Certificate IV in Mental Health Peer Work

Mental health peer workers are a growing segment of the mental health workforce. In 2014-15, the VICSERV training unit welcomed a dedicated curriculum developer to the team to continue the design and development of the Certificate IV in Mental Health Peer Work. We have been working closely with the program steering committee to ensure that the design and implementation will meet the specific requirements for the Victorian mental health workforce. Delivery of the first program is due in early 2016.



Growing influence in the community sector

In addition to VICSERV's core work in developing staff, supervisors and managers in the community managed mental health sector, the VICSERV training unit is now developing staff in other community and service organisations. The training that we offer includes *Mental illness awareness*; *Introduction to motivational interviewing*; *Care coordination*; *Effective documentation and Challenging behaviour – strategies for de-escalating, understanding and recovery*.

Organisations where we delivered training included the Asylum Seeker Resource Centre, HACC funded services, Eastern Medicare Local, Loddon Mallee Murray Medicare Local, Alfred Carers, Glen Eira Council and the Financial Ombudsman Service.

We are now gearing our resources to deliver the Certificate IV in MH Peer Work, implement the Leadership and Management program and further develop and support community mental health services in their transition to NDIS.

Motivational Interviewing: A growing opportunity for the VICSERV training team

Motivational Interviewing involves attention to natural language about change, with implications for how to have effective conversations about it, particularly in contexts where one person is acting as a helping professional for another... In particular, motivational interviewing is about arranging conversations so that people talk themselves into change, based on their own values and interests. (Miller & Rollnick, 2013)

Motivational interviewing is a key set of skills and knowledge required of workers in community-managed mental health services. It is based in a person-centred, values-driven way of working with others, and complements recovery-based service delivery.

It is an important development for community managed mental health services and has created a lot of interest amongst our stakeholders. We responded by engaging in a number of strategies to support the sector's capacity to work with clients using this technique.

We designed and developed a two-day short course, *Introduction to Motivational Interviewing*, which focused on using these techniques in a range of settings, not just in the traditional areas of drug and alcohol counselling. The course was delivered at our Elsternwick offices

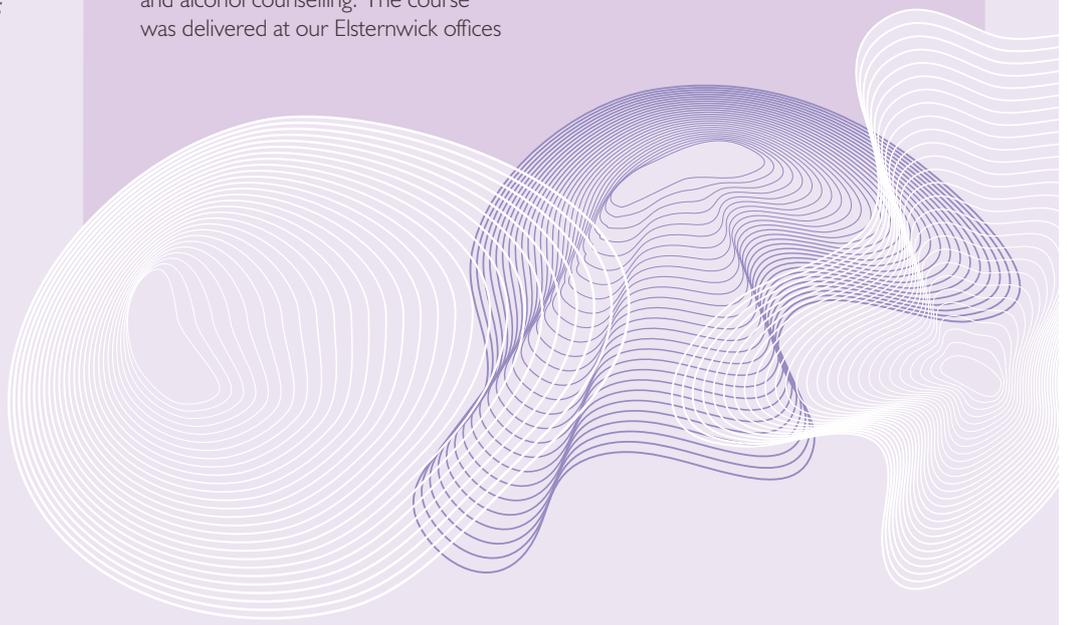
to a wide range of workers across the sector, as well as in house to a number of member agencies, including ACSO, Loddon Murray Mallee Medicare Local, Pathways, and MI Fellowship.

The need for training in this area also resulted in a contract to deliver the short course to HACC funded staff throughout Victoria, and delivering programs in seven regions throughout the state.

Finally to keep up with demand we identified a team of six facilitators with proven sector experience, and conducted a train-the-trainer process to equip them to effectively deliver this course.

Feedback has been consistently positive regarding the quality of the course and the facilitators, the relevance of the content to a variety of work roles, and the importance of equipping staff to work in truly person-centred ways.

We will continue to build on and develop this opportunity, including advanced skills training for the VICSERV facilitators with Dr William (Bill) Miller, the founder of motivational interviewing, in November 2015.



COMMUNICATIONS AND PUBLICATIONS

WITH SEVERAL PROJECTS IN THE PIPELINE,
INCLUDING A NEW COMMUNICATIONS FRAMEWORK,
WE'VE BEEN QUIETLY WORKING AWAY IN THIS AREA
OVER THE LAST 12 MONTHS.

A number of developments will revitalise our communications activity, introduce new ways to keep stakeholders up to date with what is happening in the sector and streamline some of our processes.

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 we began to redevelop our website to improve the layout and functionality of the site as well as the training and event registration processes. At the heart of these changes is a new database that will automate many time-consuming processes and improve efficiency of the organisation in many respects.

While many of the changes will not be obvious to web visitors until the new website is live in 2016 other, behind the scenes changes, are already supporting VICSERV's work.

VICSERV Conference

After a four year break we will be hosting our biennial VICSERV Conference on 19–20 May 2016 – *Towards recovery – hope, innovation, co-design*. Work has started on what we hope will be another thought provoking and inspiring program. We're ambitious for our conference and at a time of development and change we are using it as a spring board to look at our some of communications activity, events and stakeholder relations generally. For instance as part of this work we have reinstated our social media activity on Twitter and LinkedIn.

Publications

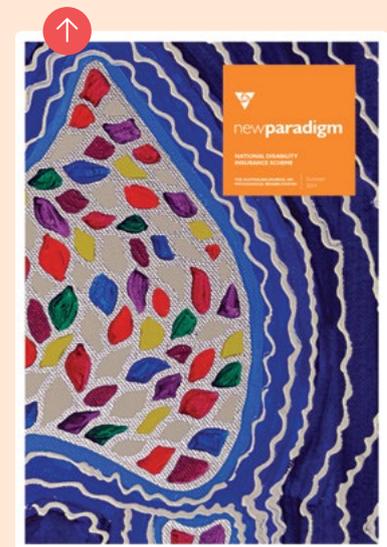
Over 2014-15, VICSERV continued to keep our stakeholders up to date with our e-newsletters *factsline* and the Training Bulletin. During this time we've built on the success of developments in 2013-14, achieving a steady growth of total subscribers from 710 to 1070 for *factsline*, the Training Bulletin, *newparadigm* and special messages from VICSERV combined.

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 the context of so much change occurring in mental health and across the community sector in 2014, the Summer 2015 edition of *newparadigm*, took a step back and considered the knowledge base that is being explored and developed for the improved delivery of mental health supports and for better outcomes for consumers and carers. It featured articles on a number of diverse mental health research projects underway in Victoria and to report on projects that present the voices of consumers and carers on current issues.



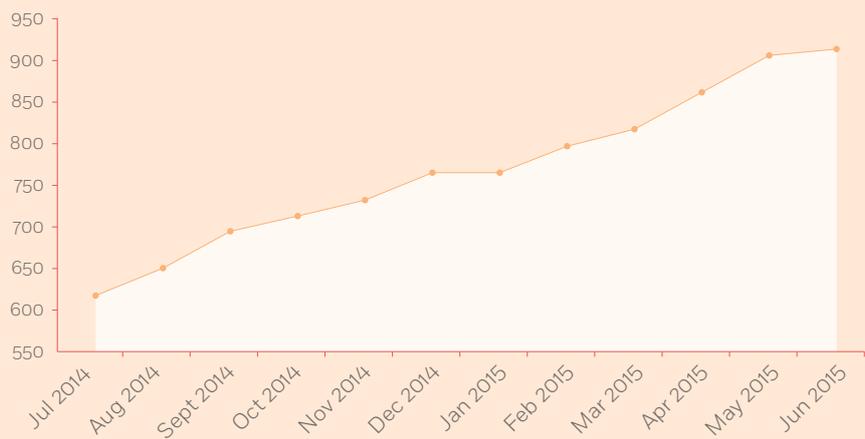
factsline e-newsletter

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.

The number of *factsline* subscribers has grown from 620 to 919 over the 2014-15 period.

To subscribe and access archive of previous editions visit the www.vicserv.org.au/publications-resources/factsline.html

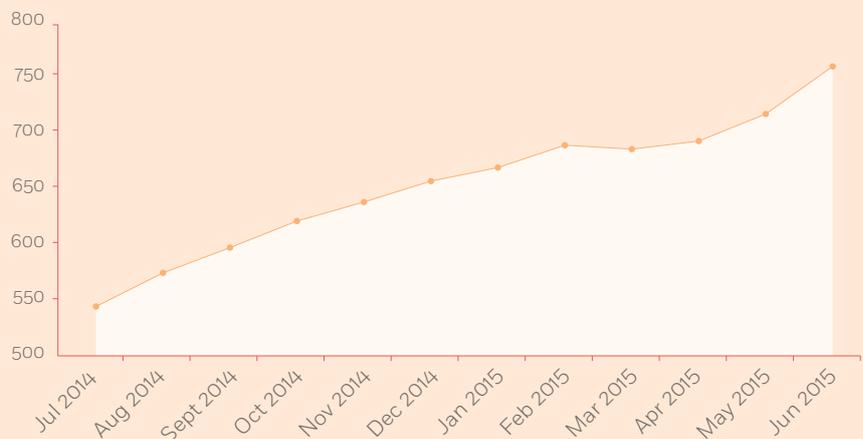
Factsline subscribers 2014-15



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 541 to 764.

Training bulletin subscribers 2014-15



BOARD

President Elizabeth Crowther MI Fellowship	Vice President Peter Ruzyla EACH	Secretary Mark Smith UnitingCare Prahran Mission	Treasurer Terry Palioportas Mentis Assist
Alys Boase / Peter Waters Ermha Ltd	Dr Margaret Grigg Mind Australia	Lyn Morgain cohealth	Glen Tobias Neami National
Deanna Davis Centacare Catholic Diocese of Ballarat Inc	Chris McNamara SNAP Gippsland Inc.	Cath Murphy Mallee Family Care	Carolyn Wallace St Luke's Anglicare

	Appointments and Governance	Finance and risk management	Full Board meetings
Elizabeth Crowther	2/2	–	4/6
Peter Ruzyla	–	–	5/6
Mark Smith	2/2	–	6/6
Terry Palioportas	–	4/4	5/6
Alys Boase	–	2/2	3/3
Deanna Davis	–	1/2	3/6
Dr Margaret Grigg	–	–	3/4
Chris McInnes (resigned Dec 2014)	0/1	–	2/3
Chris McNamara	2/2	–	5/6

	Appointments and Governance	Finance and risk management	Full Board meetings
Lyn Morgain	–	–	3/6
Cath Murphy	–	3/4	6/6
Gerry Naughtin (resigned Oct 2014)	–	–	1/2
Glen Tobias	1/2	–	6/6
Carolyn Wallace (Leave of Absence 23 June 2015)	–	–	0/1
Peter Waters	–	–	3/3

STAFF

Kim Koop
CEO

Melissa Mitchell
Policy Administrator
(to Jul 2015)

Noris Zarth
Accountant

Debra Parnell
Manager Policy and
Communications

Eswen Chaffey
Policy Officer

Deborah Liebhaber
Policy Officer

Monique van Wierst
Communications and Events
Consultant (from Jul 2015)

Caz Healy
Strategic Project Manager
(Oct 2014 – Jun 2015)

Phyl Halpin
Project Officer NDIS
(Oct 2014 – Jan 2015)

John Katsourakis
Manager Education and Training

Susan Harrison
Senior Training Consultant

Rita Sidlauskas
Curriculum Developer
(from Aug 2015)

Patricia Wooding
Training Administrator

Desleigh McLean
Training Administrator
(Dec 2014 – Jun 2015)

Melissa Kofler
Training Administrator
(from Aug 2015)

Jane Lawrence
Training Administrator
(from May 2015)

Stephanie George
(to Mar 2015)

MEMBERSHIP

2014 – 2015

Ordinary

ADEC Action on Disability within Ethnic Communities
ARCVic Anxiety Recovery Centre Victoria
ACSO
Barwon Disability Resource Council (BDRC)
Break Thru People Solutions
CareConnect
Centacare, Catholic Diocese of Ballarat Inc
cohealth
The Compassionate Friends Victoria
E.W. Tipping Foundation
EACH
Eating Disorders Victoria
Ermha Ltd
Gateway Health
Grampians Community Health
Grow
Inner South Community Health Service
Jewish Care (Victoria) Inc
Karingal
Kew Neighbourhood Learning Centre

Life Without Barriers
Mallee Family Care
McAuley Community Services for Women
MI Fellowship
Mentis Assist
Mind Australia
Neami National
PANDA Perinatal Anxiety and Depression Australia
Pathways
Sacred Heart Mission
SalvoConnect Mental Health Service
SNAP Gippsland Inc
St Lukes Anglicare
The Salvation Army Adult Services
UnitingCare LifeAssist
UnitingCare Prahran Mission
Workskil Australia
YSAS Youth Support and Advocacy Services

Associate

Hope springs
Kambiri Health Australia P/L
Outlook Employment
Quit Victoria
South Port Community Housing Group
Spiritual Health Victoria
St Vincent De Paul Society – Compeer Program
The Haven Foundation
VincentCare Victoria
Wesley Mission Victoria
Women's Mental Health Network Victoria

Individual

Dr Valerie Gerrand
Denis O'Brien
Laura Calderone
Margaret Burdeu / Burds I-view
Dr Joan Clarke OAM
Birgit Senior
Sally Oprean
Russ Wood



VISION, MISSION AND VALUES

THE VISION, MISSION AND VALUES
OF VICSERV ARE ENACTED AT ALL
LEVELS OF THE ORGANISATION.

Vision

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

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

VICSERV ENVISAGES A
SOCIETY WHERE MENTAL
HEALTH AND SOCIAL
WELLBEING ARE A
NATIONAL PRIORITY

Mission

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

We support members by:

- » promoting recovery oriented practice
- » building and disseminating knowledge
- » providing leadership
- » building partnerships and networks
- » undertaking workforce development, training and capacity building
- » promoting quality in service delivery
- » undertaking advocacy and community education.

Values

Collaboration (Teamwork)

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

Inclusiveness

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

Flexibility

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

Courage

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

Integrity

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

FINANCIAL REPORT

FOR THE YEAR ENDED
30 JUNE, 2015

Committee's Report

The Committee presents its report on the financial statements of the Association for the year ended 30 June, 2015.

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	Mark Smith
Carolyn Wallace	Peter Ruyzla
Glen Tobias	Peter Waters
Lyn Morgain	Deanna Davis

Principal Activities

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

Significant Changes

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

Operating Result

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

Year ended 30 June, 2015
\$54,455

Year ended 30 June, 2014
\$ 5,925

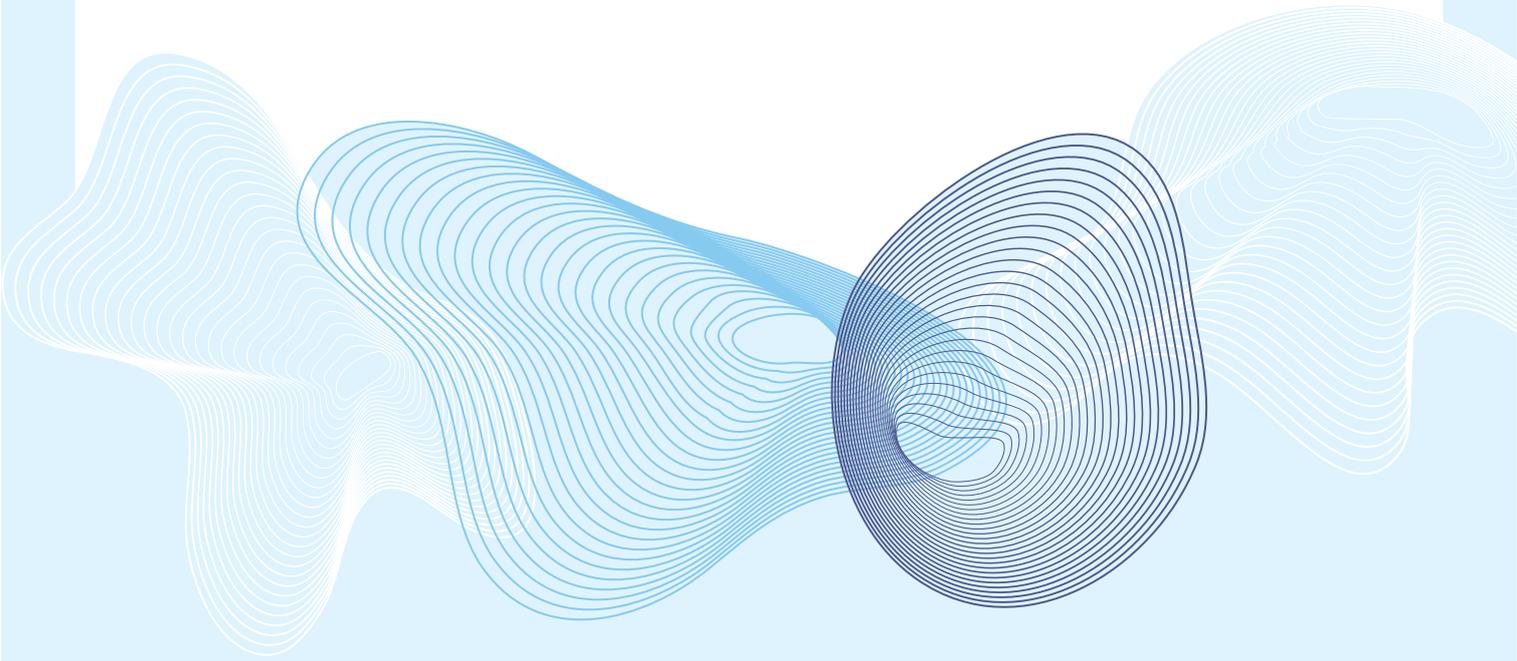
Signed in accordance with a resolution of the Members of the Committee on:
16 October, 2015



Elizabeth Crowther
President



Terry Palioportas
Treasurer





Independent Auditor's Report To Members Of Psychiatric Disability Services of Victoria (Vicserv) Inc

Report on the Financial Report

I have audited the accompanying financial report, being a special purpose financial report of Psychiatric Disability Services of Victoria (Vicserv) Inc which comprises the Statement of Financial Position as at 30 June, 2015, 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.

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.

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.

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, 2015 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.

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, 2015 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

Signed on : 16 October, 2015

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 Palioportas
Treasurer

16 October, 2015

Statement of financial position

As at 30 June, 2015

	Note	2015 \$	2014 \$
Current assets			
Cash and cash equivalents		1,118,962	640,764
Receivables	2	53,110	24,580
Sundry debtors and prepayments		8,036	8,704
Total current assets		1,180,108	674,048
Non current assets			
Property, plant and equipment	3	67,916	50,312
Investment		5	5
Security deposit		11,333	11,333
Total non current assets		79,254	61,650
Total assets		1,259,362	735,698
Current liabilities			
Trade and other payables	4	653,604	220,595
Current tax liabilities		57,368	30,420
Provisions	5	245,289	227,702
Total current liabilities		956,261	478,717
Non current liabilities			
Provisions	5	9,040	17,375
Total non current liabilities		9,040	17,375
Total liabilities		965,301	496,092
Net assets		294,061	239,606
Members' funds			
Retained earnings		294,061	239,606
Total members' funds		294,061	239,606

Income and Expenditure Statement

For the year ended 30 June, 2015

Classification of expenses by nature	2015 \$	2014 \$
Income		
Funding	961,341	976,504
Publications	4,945	281
Membership fees	98,770	98,098
Training	252,669	190,194
Interest received	21,076	15,099
Other	5,200	888
Total	1,344,001	1,281,064
Expenses		
Salaries and related costs	780,583	653,866
Premises and equipment	63,562	125,456
Conference and training costs	143,144	192,391
Other expenses	302,257	303,426
	1,289,546	1,275,139
Profit before income tax expense	54,455	5,925
Income tax expense	–	–
Profit attributable to members	54,455	5,925

Statement of changes in equity

For the year ended 30 June, 2015

Members' funds at the beginning of the year	239,606	233,681
Surplus for year	54,455	5,925
Members' funds at the end of the year	294,061	239,606

Notes to and forming part of these accounts are set out on pages 25 to 27.

Cash Flow Statement

For the year ended 30 June, 2015

	Note	2015 \$	2014 \$
Cash flows from operating activities:			
Receipts		1,788,419	1,419,415
Payments to suppliers and employees		(1,282,164)	(1,273,189)
Interest received		21,076	15,099
Net cash (absorbed)/provided from operating activities		527,331	161,325
Cash flows from investing activities:			
Purchase of plant and equipment		(49,133)	(64,947)
Sale proceeds on sale of plant and equipment		–	30,091
Net cash used in investing activities		(49,133)	(34,856)
Net increase in cash held		478,198	126,469
Cash at beginning of year		640,764	514,295
Cash at end of year		1,118,962	640,764

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

Operating profit/(loss) after income tax		54,455	5,925
» Depreciation		31,529	18,087
» Profit on sale of plant and equipment		–	(12,323)
Changes in operating assets and liabilities			
» Trade and other receivables		(28,530)	20,375
» Prepayments		665	(2,390)
» Trade and other payables		459,960	12,171
» Employee entitlements		11,185	28,625
» Asset replacement		(1,933)	90,855
Net cash generated from operations		527,331	161,325

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		1,118,962	640,764
Cash per cash flow statement		1,118,962	640,764

Notes to and forming part of these accounts are set out on pages 25 to 27.

Note for the financial statements

For the year ended
30 June, 2015

01

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 and equipment

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

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

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

b) Impairment of Assets

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

c) Employee Entitlements

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

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

d) Provisions

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

e) Cash and Cash Equivalents

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

f) Goods and 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.

02

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, 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.

03

Trade and other receivables

	2015 \$	2014 \$
Current		
Trade debtors	53,110	24,580

04

Property, plant and equipment

Plant and equipment, at cost	152,706	85,715
Accumulated depreciation	(115,915)	(69,609)
Total	36,791	16,106

Motor vehicles, at cost	44,903	44,903
Accumulated depreciation	(21,923)	(10,697)
Total	22,980	34,206

Plant and leasehold improvements, at cost	114,003	114,003
Accumulated amortisation	(114,003)	(114,003)
Total	–	–

Intangible assets, at cost	8,145	–
Accumulation amortisation	–	–
Total	8,145	–

67,916 **50,312**

Funding for above**Unsecured liabilities**

Funding received	173,487	124,877
Accumulated amortisation of funding	(131,010)	(115,677)
	42,477	9,200

05

Trade and other payables

	2015 \$	2014 \$
Current		
Unsecured liabilities		
Trade creditors and accrued expenses	154,977	83,556
Funding in advance and unspent funding	498,627	137,039
	653,604	220,595

06

Provisions**Employee entitlements**

Annual leave entitlements	36,307	62,741
Long service leave entitlements	72,060	55,106
Other provisions	29,000	–
Total employee entitlements	137,367	117,847

Asset replacement

Funds set aside for future purchases	65,445	100,655
Funds utilised for purchase of plant	173,487	124,877
Amortisation	(131,010)	(115,677)
Balance to amortise in future years	42,477	9,200
Total asset replacement	107,922	109,855

Total current provisions **245,289** **227,702**

NON CURRENT

Long service leave entitlements	9,040	17,375
Total non current provisions	9,040	17,375
Aggregate employee entitlements liability	117,407	135,222

There were 10 (2014 – 10) employees at the end of the year.

07

Operating lease commitments

Rent of office and photocopier:

	2015 \$	2014 \$
Operating leases		
Commitments in relation to non-cancellable Operating leases are payable as follows :		
Due within 1 year	86,257	36,278
Due within 2-5 years	48,975	–
After 5 years	–	–
	135,232	36,278

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.

08

Capital commitments

Website Upgrade

Major website upgrade (covered by asset replacement provision)	29,235	–
---	--------	---

09

Remuneration of the Auditor

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.

Audit of the financial statements	3,300	4,180
Other services	900	800

10

Events after the year end

No matter or circumstance has arisen since 30 June, 2015 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.

CONTACT

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F 03 9519 7022

www.vicserv.org.au

ABN 79 174 342 927

VICSERV acknowledges the support of the Victorian Government



Psychiatric Disability Services
of Victoria (VICSERV)

