

2021-2022

Annual Report

The peak body
for mental health
in Victoria

mhvic.org.au



**MentalHealth
Victoria**

Collaboration • Knowledge • Leadership



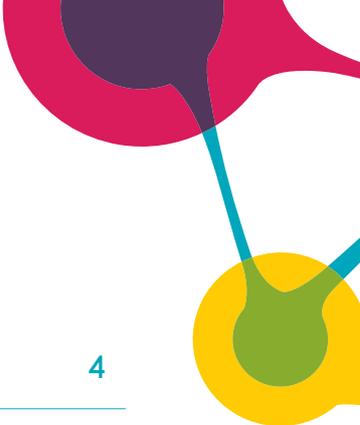
**Mental
Health
Victoria**

Mental Health Victoria Ltd (ABN 79 174 342 927)
is a public company limited by guarantee.

Our registered office is located at 6/136 Exhibition
Street, Melbourne 3000.

Charitable status, tax concessions and fundraising

Mental Health Victoria Ltd is registered with the Australian Charities and Not-for-profits Commission (ACNC) as a Public Benevolent Institution (PBI). The Australian Taxation Office (ATO) has endorsed the company as an Income Tax Exempt Charity. As a result, it receives income and certain other tax concessions, along with exemptions consistent with its status as a PBI which relate to Goods and Services and Fringe Benefits taxes. Mental Health Victoria is also endorsed by the ATO as a Deductible Gift Recipient (DGR).



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Statement from the Board Chair and Chief Executive Officer

The last financial year has been yet another very busy year, both for the mental health and wellbeing sector and for Mental Health Victoria (MHV), which marked its fourth birthday in June 2022.



Damian Ferrie
Board Chair



Angus Clelland
Former CEO

Significantly, 2021-22 saw the start of the 10-year implementation journey for the Royal Commission's recommendations to reform Victoria's mental health and wellbeing system. Throughout the year, MHV worked tirelessly with, and on behalf of, the sector and our partners to help inform and shape the Victorian Government's approach to the reform program. This included a great deal of interaction with the Department and the Minister, with a key focus on effective communication and genuine engagement with the sector, as well as ensuring that we meet the current and emerging needs of consumers, families, carers, and supporters while not compromising on good service design and quality.

MHV has been working hard to ensure that the vision encompassed in the Royal Commission recommendations is reflected in the process of implementation, and that the work of transformation is attuned to the emerging challenges facing the Victorian community. This includes increased demand for services through and subsequent to the pandemic, changes in the economic environment, and critical workforce challenges.

Workforce was a major focus of our advocacy efforts during 2021-22, recognising that workforce shortages across all disciplines are expected to continue for many years. We worked closely with the Victorian Government to ensure the effects of COVID-19 on the community are mitigated through targeted initiatives, including an out-of-budget funding package of \$22 million for pop-up clinics and other support across the state announced in September 2021. We were also heavily involved in the Mental Health and Wellbeing Workforce Technical Advisory Group, and with Peninsula Health helped Minister Merlino launch Victoria's Workforce Strategy in December 2021.

During the year, our membership base grew, and new collaborative partnerships were formed. Of note, in September 2021 we commenced work with the Castan Centre for Human Rights Law to develop The Human Rights Roadmap, a major public policy publication which was officially launched in September 2022. This publication provides a suite of pragmatic recommendations that are intended to ensure that Victoria's current and future mental health and wellbeing systems are based



on a commitment to promote and uphold human rights and to focus on the promotion of good mental health and wellbeing. (The report can be found on the publications page of our website, and a hard copy is available upon request.)

Throughout the year we continued our federal advocacy efforts. As you will recall, in 2019 we achieved significant success nationally, with \$114.5 million committed by the Federal Government for a trial of eight adult community HeadtoHealth centres to support the 'missing middle': people whose mental health needs are too complex for general practice, but not complex enough to meet the very high threshold set by state mental health services. MHV took the lead on developing and advocating for this program and chaired the Department of Health's Technical Advisory Group. In 2021, the Federal Government increased the program to \$487 million and nominated it as one of three priority areas for national investment. The program featured prominently in Federal-State/Territory bilateral agreements in 2022 and over the next four years, HeadtoHealth will spread to more than 50 locations across Australia.

The support of members of the MHV Board, led by the Board Chair, Damian Ferrie, together with that of our Patron, Professor Allan Fels AO, and Ambassador, Professor Patrick McGorry AO, is deeply appreciated. Their efforts have been critical in ensuring the success of Mental Health Victoria.

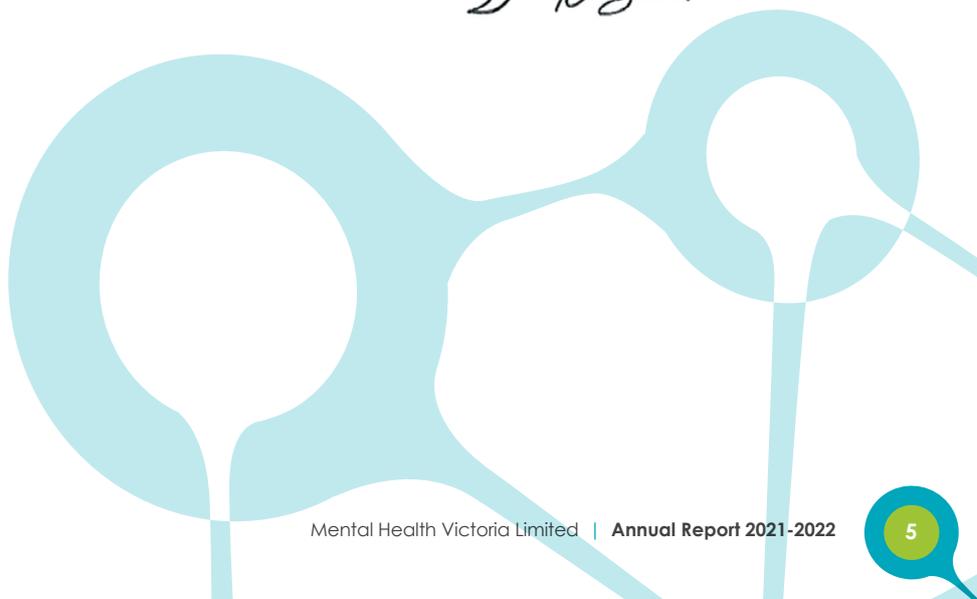
I would also like to acknowledge the fabulous team at MHV who have undertaken amazing work over the past five years, and to welcome new CEO, Marcelle Mogg. Be assured that MHV is in very good hands and will continue to work tirelessly on your behalf as the peak body for mental health and wellbeing.

Angus Clelland, Former CEO

This year marked the departure from the organisation of Angus Clelland after five years as CEO. During his tenure, Angus worked closely with people across the sector to establish MHV in 2017-18 at a time when an advocacy organisation was desperately needed to help bring diverse stakeholders together to champion reform and investment in mental health.

Supporting the establishment of MHV required a great leap of faith which we believe has more than paid off. Together, we have made enormous progress towards ensuring that consumers, families, carers, and supporters can access the care they need, when and where they need it.

Damian Ferrie, Board Chair



Policy and Communications



This year saw the beginning of an anticipated 10-year reform and investment process in Victoria's mental health system. Following the March 2021 release of the final report from the Royal Commission into Victoria's Mental Health System, this year saw ongoing capital and service investment from the Victorian government through \$1.3 billion committed to mental health in the May 2022 Budget. In parallel, multiple reform initiatives commenced; many, at a frenetic pace. MHV was central in providing advice, policy guidance, and convening sector consultations on all major reform initiatives, including advising on the development of the Mental Health and Wellbeing Act throughout 2021-2022.

Outside of the Royal Commission-directed reform process, the impacts of the COVID-19 pandemic continued to cast a long shadow over Victoria. The COVID-19 pandemic exacerbated existing inequity and vulnerability across our diverse state. Throughout this year, we observed increased presentations and acuity of mental illness, and profound impacts on the mental health and wellbeing of young Victorians. Extraordinary demand on services across the state sits uncomfortably alongside workforce fatigue and structural workforce supply limitations.

Throughout the year, MHV was instrumental in leading sector budget and policy advocacy to respond to this crisis. In September 2021, MHV led efforts to secure a \$13.3 million out-of-budget commitment from the Victorian government to deliver 20 pop-up community mental health services, delivered by leading community health and a community managed mental health organisations. Following extensive efforts, ongoing funding for these clinics was confirmed following the 2022-23 State Budget.

In late 2021, following sector-wide consultations, we delivered a \$220 million suite of budget recommendations to the Victorian government. These policy proposals spanned early intervention initiatives, targeted support for vulnerable communities, expansion of supports for families, carers, and young Victorians, and interventions to attract, grow, and retain Victoria's mental health workforce. We campaigned and advocated on all of our key budget recommendations throughout 2022, securing key investments reflected in the 2022-23 State Budget, which committed \$1.3 million in mental health spending and investment. MHV noted this budget builds on the \$3.8 billion committed in the 2021-22 State Budget and demonstrates the Victorian Government's ongoing political and fiscal commitment to implementing the recommendations of the Royal Commission into Victoria's Mental Health System (RCVMHS) in full, and on time. MHV particularly welcomed the landmark scale of investment in the mental health workforce, noting the investment of \$372 million was the biggest single investment in supporting the mental health workforce in Victoria's history.

While MHV noted some members had expressed concern at the scale of investment in community managed mental health services, the unclear status of funding for Victoria's Mental Health and Wellbeing Hubs, and a lack of granular detail on specific initiatives to support Victorians from diverse communities, MHV welcomed Victorian Government's investments to support MHV members organisations Eating Disorders Victoria, Youth Live4Life, and the ongoing commitment to improving Victoria's mental health system with an enormous capital expenditure on clinical services.

We engaged extensively with politicians and policy makers across the political spectrum in the lead-up to the March 2022 Federal Budget and the May 2022 election. On 30 March, 2022, MHV expressed disappointment in the 2022-2023 Federal Budget, noting the figures in the 2022-2023 Budget revealed mental health was no longer a priority for the sitting Federal government, with many of the Productivity Commission's recommendations remaining untouched. We were, however, encouraged by the signing of the Bilateral Agreement between the Commonwealth and Victoria on Mental Health and Suicide Prevention. The change of government after the Federal election saw renewed efforts by MHV to influence mental health funding and policy commitments.

We remain optimistic about Victoria's mental health reform journey; however, very significant challenges are emerging. Structural workforce supply constraints have worsened during (and partly as a consequence of) the COVID-19 pandemic, posing a challenge to the timelines and ambitions of the reform process. In this context, MHV redoubles its commitment to providing leading-edge, evidence-based policy guidance and leadership to Victoria's mental health sector.



Sector networks

Mental Health Victoria facilitates policy and advocacy via two major sector networks. The Victorian Mental Health Peaks Network (VMHPN) is a network of peak bodies in the mental health and wellbeing sectors. It was established to analyse and develop strategies to improve Victoria's mental health system. The Service Reform Advisory Network (SRAN) brings together service providers to provide input into the Mental Health Royal Commission recommendations relating to service design and provision. The networks meet approximately quarterly, aligning with relevant reform or sector activities.

Victorian Mental Health Peaks Network (VMHPN)

Established in 2018, the VMHPN regularly brings together key stakeholders to discuss issues relevant to Victoria's reform agenda and the implementation of state and federal initiatives. The VMHPN provides valuable input into all of MHV's major submissions and publications. In February, members contributed their views and insights on the Victorian Mental Health and Wellbeing Strategy 2021-2024, and in June attended a briefing by Department of Health representatives on the progress of reform.

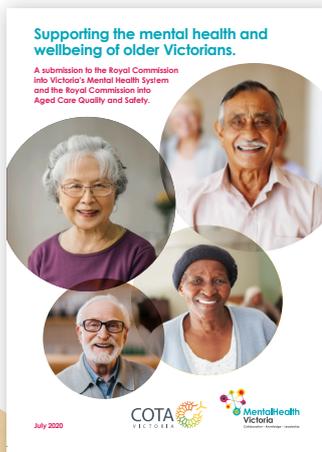
Service Reform Advisory Network (SRAN)

Established in 2021, the SRAN is a network of service providers, other organisations and stakeholders, with an interest in providing input around the Royal Commission into Victoria's Mental Health System reforms associated with service provision and design. The SRAN currently consists of 57 member organisations. In June 2022, the SRAN met as a network twice for a briefing by the Department of Health on upcoming Royal Commission reforms, consultations, and engagement opportunities and for a focussed discussion on recent and upcoming reform initiatives around the lived and living experience workforce.

Lived and Living Experience Advisory Group (LLEAG)

As outlined by the Royal Commission into Victoria's Mental Health System, lived and living experience must be embedded across all parts of the reformed mental health and wellbeing system. Since 2020, MHV's Living Experience Advisory Group (LLEAG) has provided valuable input into our advocacy, policy, training, research, events, projects and other activities. Chaired by Ingrid Ozols AM, the LLEAG comprises individuals with exceptional insight, knowledge and experience of mental health and wellbeing from a lived and living experience perspective. LLEAG members meet regularly to strengthen MHV and identify areas of prioritisation for MHV's work and strategy.

Publications & submissions

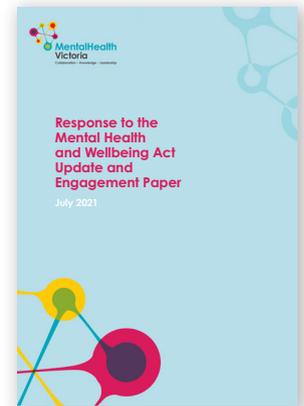


MHV makes regular submissions to federal and state governments based on consultation with our members and networks. We have contributed several confidential and unpublished submissions in 2021-2022 to the Victorian Government regarding Royal Commission reform. This has included the Mental Health and Wellbeing Bill, the Strategy Towards Elimination of Seclusion and Restraint, the Local Mental Health and Wellbeing Service Framework and other consultations.



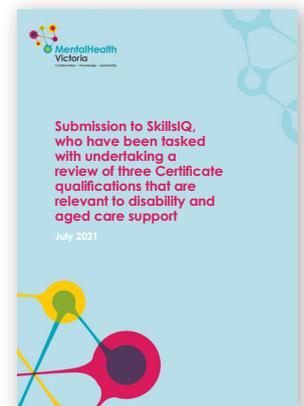
Response to the Mental Health and Wellbeing Act Update and Engagement Paper (July 2021).

MHV welcomed many of the Department of Health's proposals for legislative reform, while recommending a range of changes and further improvements. We recognise that, while legislation alone will not achieve changes in practices, a new Act is necessary to provide the foundation for a mental health and wellbeing system grounded in respect for human rights and dignity.



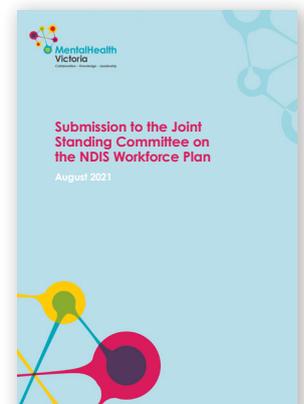
Submission to SkillsIQ, who have been tasked with undertaking a review of three Certificate qualifications that are relevant to disability and aged care support (July 2021).

The need for a robust and skilled disability workforce is only increasing with time. The Certificate III Individual Support and Certificate IV Disability must draw from existing work, including in recovery-oriented, trauma-informed and self-determined practice, to ensure this workforce has adequate entry-level skills to better meet the needs of people with psychosocial and dual disabilities.



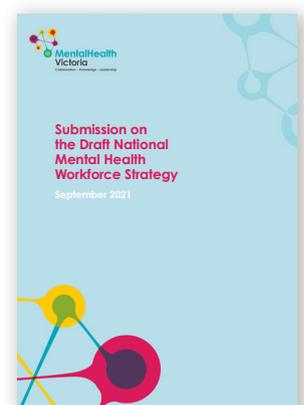
Submission to the Joint Standing Committee on the NDIS Workforce Plan (August 2021).

The NDIS psychosocial workforce is distinct. This workforce should be supported to develop the specific capabilities which allow for the delivery of safe and effective services to people with psychosocial disability in the NDIS. This includes an understanding of mental illness and its impacts in the social context. To attract and develop these capabilities, the NDIS Workforce Plan must ensure that the psychosocial workforce, including the essential contribution of people who use their lived experience in this work, is remunerated and supported accordingly.



Submission on the Draft National Mental Health Workforce Strategy (September 2021).

MHV broadly supported the strategy's overall vision and objectives. However, we had concerns about several gaps in the strategy. We proposed the Taskforce address these gaps before the final report is presented to the Australian Government. To achieve the strategy's vision for Australia's mental health workforce, MHV put forward a number of recommendations.



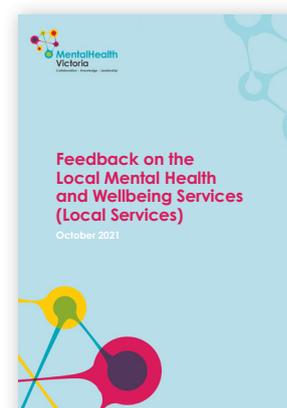
Summary of the symposium 'Partnering for Change: Towards a new community model for mental health' (October 2021).

MHV hosted a two-day symposium in September 2021 to help the sector through the momentous first year of reform. Partnering for Change brought together over 200 consumers, carers, families, friends and supporters, service providers, peak and professional bodies and government representatives. Attendees heard from sector leaders and people with lived experience, sharing knowledge and exploring what the new community-based model of care could look like in Victoria.



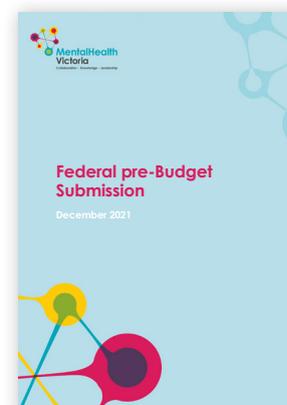
Feedback on the Local Mental Health and Wellbeing Services (Local Services) (October 2021).

MHV provided further feedback regarding the Local Mental Health and Wellbeing Services (Local Services) as recommended by the Royal Commission. The letter outlined advice on the essential elements that must be included in the planning and design of the service model for the Local Services. The advice was based on feedback from consultations with MHV's Lived Experience Advisory Group, member organisations and the Service Reform Advisory Network.



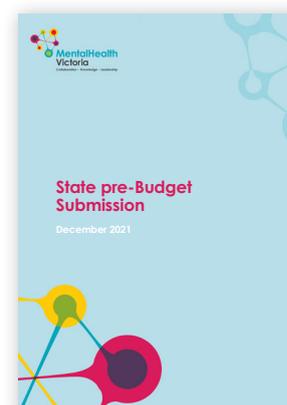
Federal pre-Budget Submission (December 2021).

Identifying five key themes for investment, this submission to Treasury presented 21 discrete budget recommendations for government. These recommendations were based on extensive consultation with MHV membership across the Victorian and national mental health and wider community sectors throughout 2021, targeted consultations in October 2021, and detailed survey responses received in October 2021. Many recommendations were innovative and fully costed.



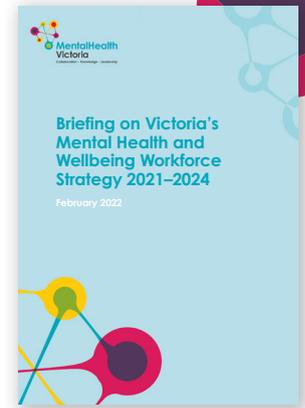
State pre-Budget Submission (December 2021).

Our pre-Budget submission to the Victorian government comprised a suite of 22 high-impact, scalable, pragmatic, evidence-informed and sector-supported initiatives. MHV's advice to government was based on widespread and detailed sector consultation, and analysis of emerging data and trends. The 22 funding recommendations were mutually interdependent and aligned directly with key recommendations made by the Royal Commission into Victoria's Mental Health System to scale up critical support to consumers, carers and supporters, with a focus on communities with acute, complex, and/or intersectional need. The recommendations were crafted to provide a degree of sector-wide stability to strengthen the baseline for future Royal Commission-directed reforms.



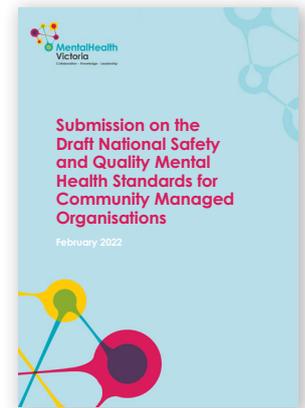
Briefing on Victoria's Mental Health and Wellbeing Workforce Strategy 2021–2024 *(February 2022)*.

In response to Victoria's Mental Health and Wellbeing Workforce strategy 2021–2024, MHV summarised the strategy's key priorities and action areas for the future of the mental health and wellbeing workforce. The briefing also provide a non-exhaustive snapshot of some key, immediately visible implementation, challenges and discussion points.



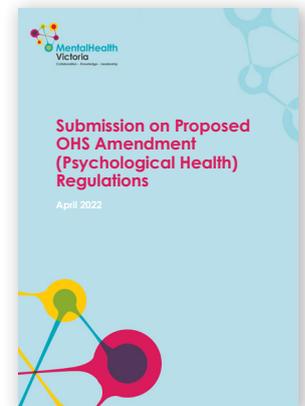
Submission on the Draft National Safety and Quality Mental Health Standards for Community Managed Organisations *(February 2022)*.

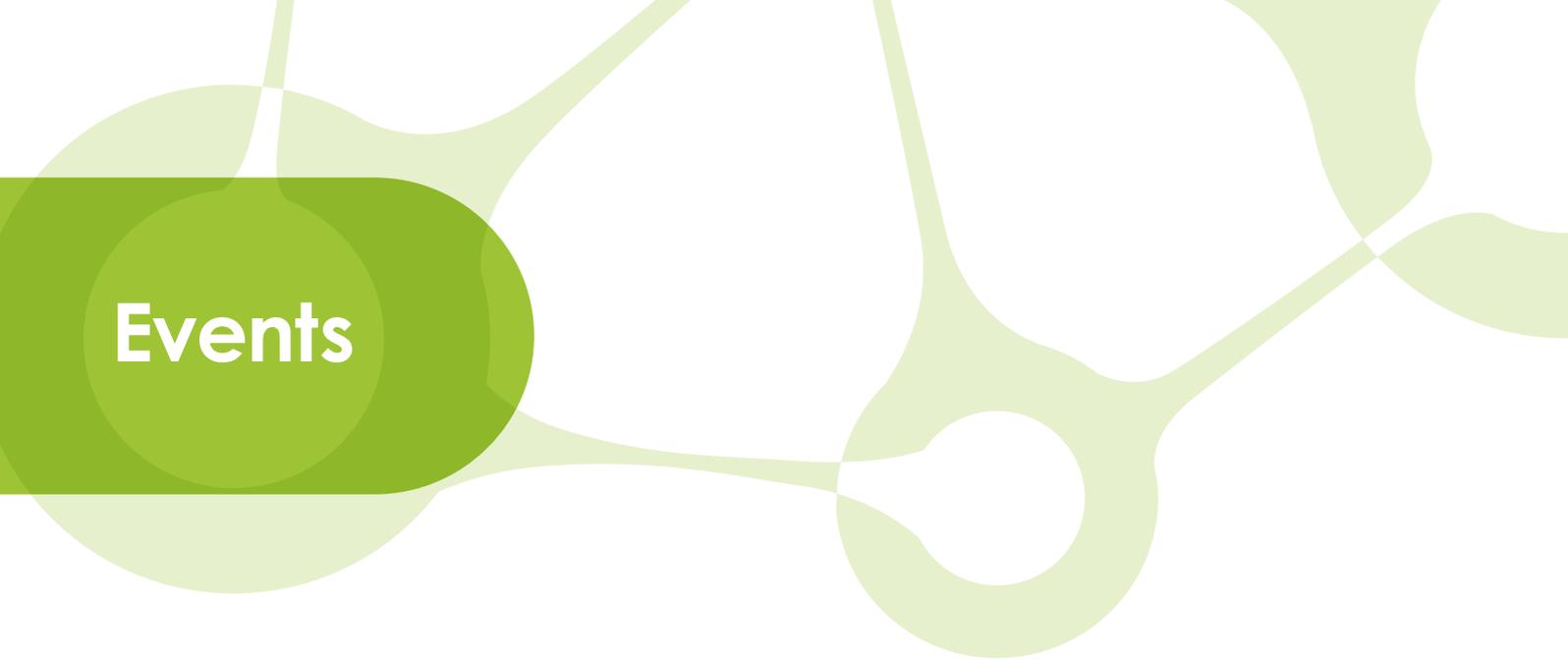
MHV broadly supported the overall vision of the Draft National Safety and Quality Mental Health Standards for Community Managed Organisations. We recommended several suggestions to strengthen the quality and safety of mental health and wellbeing services and ultimately put consumers, carers, families and supporters at the centre.



Submission on Proposed OHS Amendment (Psychological Health) Regulations *(April 2022)*.

MHV welcomed the development of legislative regulations to address psychological health in the workplace and to prevent, reduce and manage potential psychosocial hazards and mental injuries. The mental health sector in Victoria is experiencing chronic, systemic workforce shortages, which have been exacerbated by recent crises, especially the COVID-19 pandemic, leading to many workers entering or remaining in hazardous work environments that pose a risk to their own psychological health. As such, MHV specifically applauds WorkSafe for including preventative plans for specific hazards in the proposed regulations.





Events

The final months of 2021 saw MHV conclude its series of webinars focussed on the recommendations of the Royal Commission and foster discussion on reform. September's Partnering for Change, a major online event, explored what a new community-based mental health system might look like. In November, Learning from Adversity finished the webinar series with insights from leaders and lived experience representatives from health, mental health and emergency services settings.

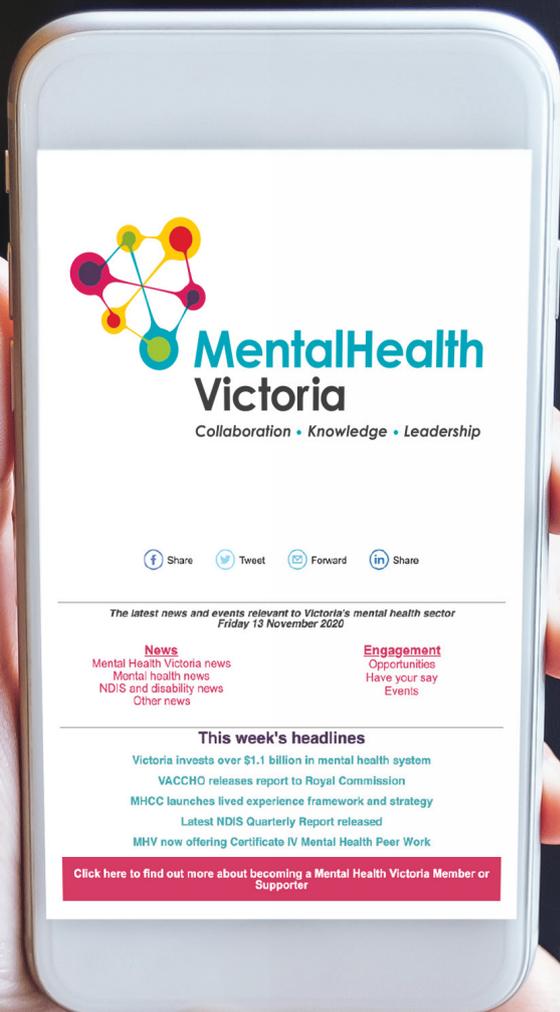
From the beginning of 2022 MHV hosted a series of short webinars which aimed to engage the sector in discussion of the challenges and opportunities represented by reform. The Thought Leaders Series presented timely insight into events as they affected the sector and brought together voices from lived and living experience, carers, diverse communities, academia, service provision and government.

In April, **Thought Leaders 1:** Dissecting the Federal Budget was one of the first sector-wide events to address the Budget announcements and discuss political plans to respond to surges in demand for mental health services in 2022-23. Speakers included the Hon. David Coleman MP (Assistant Minister to the Prime Minister for Mental Health and Suicide Prevention) and Ms Emma McBride MP (then Shadow Assistant Minister for Mental Health and Shadow Assistant Minister for Carers).

Thought Leaders 2: Dissecting the Victorian Budget was hosted in May. The free webinar explored the 2022-23 Victorian State Budget's investment in mental health and wellbeing and supported the call for continued investment to support Victoria's recovery from the COVID-19 pandemic and strengthen the roll-out of reforms.

Both events each had in excess of 400 attendees.

Media and Communications



MHV continues to reach out to people within and outside the mental health sector through its social media, traditional media and owned publications.

In 2022-23, our weekly newsletter remains a valued asset for the mental health and wellbeing sector, providing news and information, and advertising opportunities to almost 4000 subscribers.

In the lead up to the Victorian Budget and Federal Budget announcements, the communications team promoted MHV's budget priorities through the MHV blog. Interviews and feature articles profiled member organisations and their activities.

For the first time, readers of the MHV newsletter have been invited to submit pitches to be featured on our blog, and this is providing yet another avenue for engagement with researchers, advocates and other individuals within the sector.



Workforce Development and Learning

Certificate IV in Mental Health Peer Work Review

As part of the recommendations of the Royal Commission, the Department of Health funded MHV to review the Certificate IV Mental Health Peer Work to assess whether it was fit for purpose. MHV's review incorporated desktop audits, surveys and focus groups with a range of stakeholders including registered training providers, students, mental health service providers and the lived experience workforce more broadly. Overseen by a comprehensive advisory group, the final report was presented to the Department of Health with a range of recommendations which could be implemented at all levels of stakeholders.

Peer Cadet Program

August 2021 saw the commencement of the Department of Health-funded Peer Cadet Program, with MHV leading the implementation and project management of the program.

The program is a collaboration between the Department of Health and six community organisations, and is aimed at developing the peer workforce. So far, the program has supported 28 Peer Cadets across Victoria to take up roles within these organisations.

Peer Cadets are required to undertake the Certificate IV Mental Health Peer Work as part of their role while working two days per week as part of their placement, formalising their skills as peer workers. A number of Peer Cadets have already begun to take their first steps towards obtaining permanent employment within the sector.

Community Mental Health Service Lived and Living Experience Grants Program

In support of Royal Commission recommendations, the Department of Health provided funding for MHV to allocate grants to upskill current lived and living experience workers across consumer and family/carer roles. The grants focused on investing in lived experience workers' individual qualifications, leadership, professional development, and capability-building activities and were available for lived and living experience workers at state-funded community managed mental health organisations.

Approximately \$100,000 of grants were allocated in support of 65 lived and living experience workers from seven different community mental health organisations across a range of training and courses.

The Recovery-Oriented Psychosocial Disability Support Project

The NDIS Recovery-Oriented Psychosocial Disability Support Project (ROPDS Project) concluded in 2022 with project findings delivered to the Department of Social Services, including recommendations for Vocational Education Training to inform their ongoing development of training packages and materials. The project provided a literature review and synthesis of good practice in Recovery-Oriented Psychosocial Provision; analysis of current National Recovery-Oriented Psychosocial training and relevance to the NDIS context; a training trial offered to more than 650 current NDIS psychosocial support workers and a prototype for a Digital Information Hub, a central information exchange point created to drive information exchange nationally and across jurisdictions.

Psychosocial Learning Hub

The Psychosocial Learning Hub (PLH), a micro-learning program that focuses on building foundational psychosocial disability and mental health capabilities, continued to be offered nationally to approximately 1,000 NDIS workforce members until November 2021. The program was underpinned by recovery-oriented and trauma-informed practice and principles which are regarded as essential for working with people with mental ill-health or psychosocial disability.

Consulting

Working alongside KPMG, the Workforce Development and Learning team provided consulting support to inform the co-design of housing and support packages for Victorians living with a mental illness. The LLEAG contributed their expertise and advice in this process, and facilitated co-design workshops.

Training

In 2020-21 MHV delivered more than 60 individual days of training to nearly 250 participants from a range of mental health and related organisations. These included public workshops and in house training.

Workshops included:

- Introduction to Motivational Interviewing
- Foundations of Peer Work
- Self-care Strategies for preventing vicarious trauma and burnout
- Behaviours of Concern
- Mental Health First Aid
- Mental Health Awareness
- Peer Support Training
- Mental Health Information Sessions

At the conclusion of all training, participants were asked to reflect on the impact the training had on their confidence and knowledge, and their ability to apply their learning in the workplace. Participants reported that training had significantly improved their knowledge and boosted their confidence.

In addition, in collaboration with Wodonga TAFE, MHV continued to deliver the Certificate IV in Mental Health Peer Work, supporting more than 40 students. We commenced two new cohorts of students in the 2021-22 year. The 2021-22 financial year saw the redevelopment of this course, including the rewriting of more than 50 new assessments to prepare students for transition to the workforce.



Members & Supporters

Abrisa

Alfred Health (The Alfred Hospital)

Anxiety Recovery Centre Victoria (ARCVic)

APMHA Healthcare - formerly Australian Primary Mental Health Alliance

At Home Assistance

Australian Community Support Organisation (ACSO)

Australian Medical Association Victoria

Australian Nursing and Midwifery Federation

Australian Psychological Society

Australian Services Union

Australians for Mental Health

Australasian College for Emergency Medicine

Ballarat Community Health

Barwon Disability Resource Council

Breakthru (Parramatta)

Cairnmillar

Call to Mind

Cancer Council Vic

Candella Ltd

Cardinia Shire Council

Carers Victoria

Carrington HealthAbility Community Health Service

CatholicCare Victoria

Clarity Health Care Pty Ltd

Cohealth

Community Access

Community Industry Housing Association

Connect Health and Community

Council to Homeless Persons

DPV Health

Drummond Street Services Inc.

EACH

Eating Disorders Victoria

Ermha

First Step

Flourish Australia

Gateway Health

GenU Karingal St Laurence Limited

GMHBA

Golden City Support Services

Grampians Community Health Centre

Guidestar Life

HealthPlay

Integra

IPC Health Ltd

Jesuit Social Services

Jewish Care Victoria

Knox City Council

Ladder Project Foundation

LaTrobe Community Health Service

Light Mind Counselling

Lighthouse Health and Support Services

Mallee Family Care

McAuley Community Service for Women

Mental Health at Work

Mental Health First Aid International

Mental Health Foundation Australia

Mental Health Legal Centre

Mentis Assist

Merri Health

Min Park Social Work

Mind Australia

National Disability Services
Neami National Limited
Neighbourhood Connect
Neighbourhood Houses Victoria
One in Five
OnSide (Live Life Connect)
On the Line
Orygen Youth Health
Outlook Employment
PANDA
Parent Guides
Peninsula Mental Health Services
Prevention United
Realising Recovery
Royal Australian & New Zealand College of Psychiatrists
Royal Australian College of General Practitioners
Sacred Heart Mission
SANE Australia
Southern Migrant & Refugee Centre
Southwest Healthcare
Spiritual Health Association
St Mary's House of Welcome
Star Health
Support N Connect
Tandem Carers
The Alfred Hospital
The Centre for Muslim Wellbeing
The Compassionate Friends Victoria
The Police Association
The Salvation Army - AOD & MH services
The Three Seas
Thorne Harbour Health
Uniting (Victoria Tasmania) Ltd
Victorian Mental Illness Awareness Council
Victorian Refugee Health Network (VRHN)

VincentCare Victoria
Wellways Australia
West Wimmera Health Services
Within Australia Inc
Women's Health Victoria
Women's Mental Health Network Victoria
Youth Affairs Council Victoria

Individuals

Melissa Alemis
Lara Anderson
Kristal Baker
Daniel Bolger
Fiona Browning
Rod Catterall
Joan Clarke
Kylie Closter
Melissa Dummigan
Catherine Edwards
Valerie Gerrand
Eleanor Hart
Ky Millar
Samantha Orr
Ingrid Ozols AM
Dave Peters
Imbi Pyman
Jo Rasmussen
Debbie Rees
Stephen Smith
Josephine Smyth
Roslyn Stewart
Soula Thuring
Sherree Unwin
Carly Vanderzeil
Holly Woollard



This year, the Lived Experience Advisory Group changed its title to the Lived and Living Experience Advisory Group, in line with sector standards.

Since its inception, the LLEAG has provided valuable input into a range of MHV submissions, publications, projects and events. The LLEAG continues to add immense value and strength to MHV's work and strategy.

LLEAG bios



Ingrid Ozols AM

Ingrid is founding director of Mental Health At Work (mh@work®), and is a member of National Suicide Prevention, an Advisor to the Prime Minister's Expert Advisory Group, Chaired by Christine Morgan, and consumer co-chair for ALIVE.

She is involved in the coproduction of workplace and community education and training curricula content, the development of Suicide Prevention Australia's Suicide Prevention Competency framework, the "Leading with Empathy" report, work with the team of Monash University's Undergraduate Certificate in Mental Health, the National Mental Health Commission's National Working Initiative, eMHP Rac, HeadtoHealth, Mindspot, and RANZCP Victorian Branch.



Fiona Browning

From mid-west Melbourne, Fiona combines the perspectives of over 30 years' personal lived experience and 20 years' working in clinical and community health roles to her consultancy work.

Work of note includes with Wellways, coproducing with RANZCP on the Enabling Supported Decision Project, Lived Experience member of the RFDS Clinical and Health Services Research Committee, Safer Care Victoria's Mental Health Clinical Network Oversight Committee as well as many other independent works.



Dave Peters

Dave uses the insights drawn from accessing and navigating the service system to advise on service design and improvement, guest lecture for allied health students, curriculum development and research projects.

Dave is co-chair of Neami National's Research and Evaluation Committee, Consumer Co-chair of the new National Centre for Research Translation IPP-Committee (ALIVE) co-chair of the Equally Well Alliance Committee and contributed to the Monash University Undergraduate Certificate in Mental Health.



Daniel Bolger

Daniel is a proud Noonuccal Aboriginal Man. He has been working in the Aboriginal community since 2014.

He is passionate about helping Aboriginal people live the best life they can. He shares his personal story with mental health issues and drug addiction to inspire people to create positive changes in their life. Daniel currently works at Dardi Munwurro as the East Gippsland Coordinator.



Jo Rasmussen

Jo Rasmussen is a national award-winning mental health advocate. Jo's most recent role was the Mental Health Data Analysis and Engagement Lead at Murray PHN.

In addition, Jo is also a mental health consumer representative at the local, state and national level, and has been involved in projects such as the development of Head to Health, a Commonwealth Department of Health initiative. Jo is also a graduate of the Australian Mental Health Leaders Fellowship.



Imbi Pyman

Imbi Pyman is passionate about improving support for families and those caring for anyone suffering from mental illness.

She is a proud mum and her youngest son, Jonah, now nearly 20, was brutally bullied, groomed and sexually assaulted at school when he was 12 and now suffers complex PTSD as a result. Imbi and her husband Trevor advocate to access appropriate and effective treatment.

Governance

Mental Health Victoria Ltd is governed in accordance with the *Corporations Act 2001 (Cth)*, the *Australian Charities and Not-for-profits Commission Act 2012 (Cth)*, the *Constitution of Mental Health Victoria*, and the *Board Governance Charter*.

Our approach to corporate governance is based on a set of values and behaviours that underpin day-to-day activities, provide transparency, and protect the interests of stakeholders.

The Mental Health Victoria Board comprises up to 11 non-executive, unpaid Directors. The functions reserved for the Board and those delegated to management are formally documented in the Board Governance Charter, Director Letter of Appointment, and Delegation to Chief Executive policy.

In 2020-21, Mental Health Victoria farewelled Mr Peter Pynta when he completed his term at the November 2021 AGM and Ms Lee-Ann Carter when she resigned to take up a new Tasmanian based role.

At 30 June 2022, the following directors were in office.



Our Patron
Professor Allan Fels AO



Our Ambassador
Professor Patrick McGorry AO



Mr Damian Ferrie *Board Chair, Elected Director, Chief Executive Officer, Star Health Ltd.* Damian has a passion for working with organisations who want to make a difference to society. Recently he was appointed CEO of Better Health Network, a newly-formed organisation created by the voluntary amalgamation of Star Health, Connect Health & Community and Central Bayside Community Health Services. Damian is a highly-regarded social and community services leader within the state and is currently Chair of the Victorian Council of Social Services.



Mr David W. Frost *Appointed Director, Chair Finance Audit & Risk Management Committee. Chartered Accountant.*

David currently serves as the Chief Financial Officer for the Australian Institute for Teaching & School Leadership. David has previously served in CFO roles for Neami National, Alzheimers Australia and Bayside Medicare Local, as Acting Director-Corporate Services for the Melbourne Primary Care Network, as General Manager for the Manningham General Practice and as CEO for Cestria Coaching. David has also served as Director and Honorary Treasurer for Travellers Aid Australia.



Mr Christopher McDermott *Deputy Chair, Elected Director, Chair Nominations & Remuneration Committee. Barrister, Owen Dixon Chambers West Victorian Bar.*

Christopher has a broad general civil law practice with particular expertise in anti-discrimination law and workplace investigations. Christopher is the Co-Chair of the Victorian Bar's LGBTIQ Working Group, and is a member of the Australian Bar Association's Diversity & Inclusion Committee. Christopher is a current Director for Relationships Matters Counselling & Mediation, and has previously served on the Boards of Pride Community Legal Centre, the Advocacy & Rights Centre, and as Vice President of Thorne Harbour Health.



Professor Steven Moylan *Appointed Director, Clinical Director of Mental Health, Drugs and Alcohol Services, Barwon Health. Clinical Associate Professor, Deakin University School of Medicine.*

Steve is qualified in both general adult and old age psychiatry. He is the current Chair of On the Line, a not-for-profit digital mental health provider. Steve's personal experience of trauma related to the Bali Bombings has driven a passion for helping others. This has underscored the key role that lived experience plays in shaping mental health care. He understands that bringing together differing experiences, perspectives and expertise will lead to a mental health care system focused on what really matters.



Professor Richard Newton *Appointed Director Monash University, Central Clinical School, Consultant Psychiatrist, Peninsula Mental Health Service.*

Richard is a Consultant Psychiatrist and Clinical Professor of Psychiatry at Monash University. He is on the Boards of the Butterfly Foundation, Wandi Nerida and Wellways and chairs the Quality and Safety sub committees for each of these organisations. He has published more than 75 peer-reviewed articles or book chapters on a range of topics including CBT, treatment of psychosis, treatment of eating disorders, psychosocial interventions in mental health services, health service redesign, and homelessness.



Mr Tom Dalton *Elected Director, Chief Executive Officer, Neami National Ltd.*

Tom commenced as CEO of Neami National in June 2019 after 10 years as CEO of Forensicare, Victoria's leading provider of forensic mental health care. Tom has worked in the mental health sector for over 25 years, in government, clinical services and now the community mental health sector. Tom has a strong personal commitment to ensuring that the voices of consumers, carers and service providers are reflected in policy development and service delivery. In previous roles, Tom has led organisational change to embed the provision of recovery focused and recovery-oriented services and he remains committed to consumer engagement to ensure better outcomes.



Mr Paul Ramadge *Appointed Director (appointed 8 December 2021)
Director and International Practice Lead at Wells Advisory.*

Paul Ramadge is a noted Australian journalist and knowledge-sector leader. He was Editor-in-Chief of *The Age*, a Vice-Chancellor's Professorial Fellow at Monash University, Director of the Australia-Indonesia Centre and Managing Director of The PLuS Alliance. The Alliance brings together leading universities to seek solutions to pressing global challenges, including in health and mental health. Paul is also Chair of the for-purpose Dolphin Research Institute. Paul has a passion for making the world a better place by championing sustainable and values-based initiatives.



Ms Maggie Toko *Elected Director, Assistant Commissioner, Mental Health
Complaints Commission.*

Maggie is a former CEO of VMIAC, the Victorian peak body for mental health consumers. She has also worked in the areas of homelessness, youth, sexual assault, mental health and drug and alcohol use. Maggie has taught Indigenous students the RMIT Diploma in Mental Health, and been a consumer consultant with Reach Out Southern Mental Health. She started the first Youth Hearing Voices group in Victoria and continues to support and encourage youth leadership. Maggie works within a human rights framework and has a lifelong commitment to ending injustice.



Ms Tassia Michaleas *Elected Director, Chief Executive Officer, Merri Health Ltd.*

Tassia has extensive experience in the not-for profit and community sector and commenced her career in community health in 1996. Tassia has experience working across leadership and operational areas and takes a pro-active approach in developing and delivering innovative services and programs, to identified and emerging community needs. Tassia holds Bachelor of Economics, a Bachelor of Social Work and a Master of Business Administration. She is an Associate Fellow of the Australian College of Health Service Management and a Graduate of the Australian Institute of Company Directors.



Ms Karenza Louis-Smith *Elected Director, Chief Executive Officer ermha365 Ltd.
Chair Marketing & Fundraising Committee.*

Tertiary qualified with a BA (Hons) in Youth and Community Work, Karenza has over 25 years' industry experience, working in the UK and in Australia. For twelve years Karenza has been involved in the sector as CEO of leading, award-winning for-purpose organisations. She is currently CEO of ermha. Her experiences also include a number of Board Director appointments.



Ms Lee-Anne Carter *Elected Director (appointed 30 November 2021, resigned 4 July
2022) State-wide Community Justice Programs Leader, Victorian Aboriginal Legal Service*

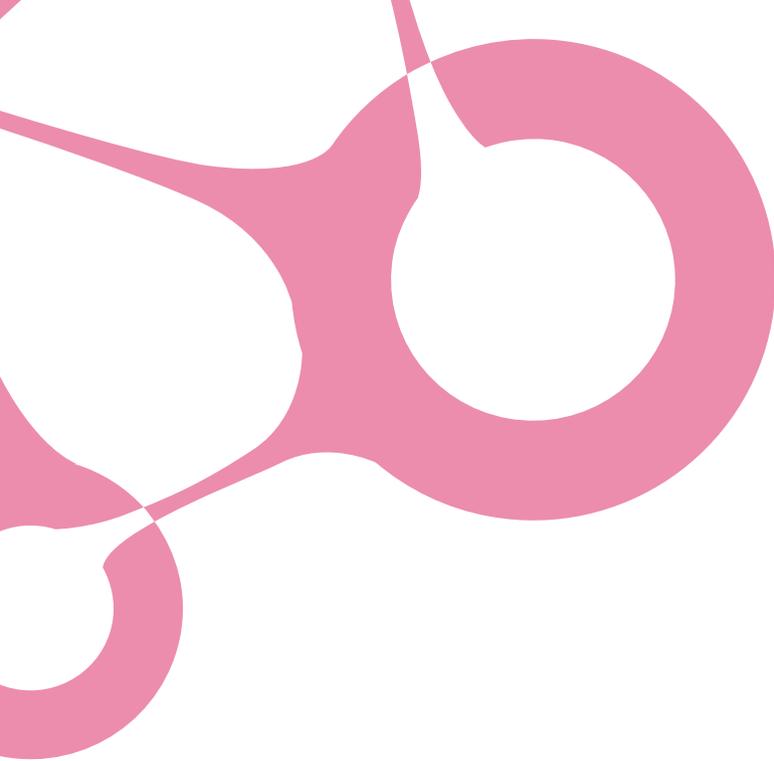
Ms Lee-Anne Carter has previously served as Executive Officer, Client Services Officer Program for the Victorian Aboriginal Legal Service and as Executive Officer for Civil Paralegal. Lee-Anne is a Member of the Northern School for Autism Council and Fundraising Committee member for the Preston campus and has previously worked for the Victorian Department of Justice.

Financial Report

For the Year Ended 30 June 2022

ABN: 79 174 342 927

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Directors' Report

Your Directors present this report on Mental Health Victoria Limited for the financial year ended 30 June 2022. In order to comply with the provisions of the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act), the Directors report was follows:

Directors

The names of each Director during the year and to the date of this report are listed below.

- Mr Damian Ferrie
- Mr David W Frost
- Mr Tom Dalton
- Professor Richard Newton
- Professor Steven Moylan
- Mr Peter Pynta (resigned 30 November 2021)
- Ms Lee-Ann Carter (appointed 30 November 2021, resigned 4 July 2022)
- Ms Maggie Toko
- Mr Christopher McDermott
- Ms Karenza Louis-Smith
- Ms Tassia Michaleas
- Mr Paul Ramadge (appointed 8 December 2021)

Principal Activities

The principal activities of the Company during the financial year was to act as a peak body for organisations that operate within or intersect with the mental health system, with the aim of ensuring that people living with mental illness can access the treatment and support they need.

Operating Results

The net surplus from continuing operations amounted to \$77,454 (2020: surplus of \$203,686).

Significant Changes in the State of Affairs

Coronavirus (COVID-19): The Company was continually impacted by Victorian Government orders issued during the 2021/22 financial year as part of the measures to reduce the spread of Coronavirus (COVID-19).

Other than the above, there were no significant changes in the state of affairs of the Company other than those referred to in the accounts and notes thereto.

Likely Developments

The likely future developments in the operations of the Company are the continuation of the principal activities set out in this report.

Events subsequent to the end of the reporting period

No matters or circumstances have arisen since the end of the financial year that have significantly affected or may significantly affect the operations of the Company, the result of its operations or the state of affairs of the Company in future financial years.

There have been no material non-adjusting events after the reporting date, nor has any information been received about conditions at reporting date that have not been included in this report.

Auditor's Independence Declaration

A copy of the auditor's independence declaration as required by Section 307C of the Corporations Act 2001 is set out on page 2.

On behalf of the Board

Damian Ferrie (Board Chair)

David W Frost
(Chair - Finance, Audit & Risk Committee)

Dated this 25th day of October 2022.



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

Auditor's Independence Declaration

To Mental Health Victoria Limited,

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 Mental Health Victoria Limited for the year ended 30 June 2022, 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 25th day of October 2022

SHEPARD WEBSTER & O'NEILL AUDIT PTY LTD
Certified Practising Accountant
Authorised Audit Company No 415478
31 Beach Street Frankston 3199, PO Box 309 Frankston Victoria 3199
Telephone (03) 9781 2633 – Fax (03) 9781 3073
Email – szeffalusy@shepard.com.au



DAVID A SZEFFALUSY
DIRECTOR



Level 1 / 31 Beach St, Frankston Victoria 3199
P.O. Box 309, Frankston Victoria 3199
T: (03) 9781 2633 F: (03) 9781 3073
E: szeffalusy@shepard.com.au W: www.shepard.com.au

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scheme approved
under Professional
Standards Legislation

Statement of Profit or Loss & Other Comprehensive Income

For the Year Ended 30 June 2022

	Note	2022	2021
Continuing Operations		\$	\$
Income			
Grant Funding		2,198,027	2,059,066
Training & Conference income		362,204	234,227
Membership Fees		124,986	113,036
Sponsorship		15,000	10,000
Federal Support		-	325,850
Interest Received		1,806	3,186
Donations		1,134	3,360
Sundry Income		-	10,411
Gain / (Loss) on Disposal of Assets		18,827	21,636
Total Income		2,721,984	2,780,772
Less Expenses			
Salaries & Related Costs		2,011,451	1,904,474
Training & Conference costs		288,982	310,213
Rent & Overhead Costs		135,060	115,328
General Expenses		92,111	66,538
Policy Costs		47,862	117,147
IT Costs		45,116	41,436
Depreciation & Amortisation		23,948	21,950
Total Expenses		2,644,530	2,577,086
Operating Surplus / (Deficit) From Continuing Operations		77,454	203,686
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		77,454	203,686

Statement of Financial Position

As at 30 June 2022

	Note	2022	2021
		\$	\$
Current Assets			
Cash and Cash Equivalents	2	3,226,886	2,427,665
Trade & Other Receivables	3	40,149	69,246
Other Assets	4	103,752	84,976
Total Current Assets		3,370,787	2,581,887
Non-Current Assets			
Security Deposits	5	22,717	12,467
Plant & Equipment	6	25,036	35,562
Total Non-Current Assets		47,753	48,029
Total Assets		3,418,540	2,629,916
Current Liabilities			
Trade & Other Payables	7	283,980	210,912
Grants in Advance		1,839,915	1,150,725
Provisions	8	302,860	300,547
Total Current Liabilities		2,426,755	1,662,184
Non-Current Liabilities			
Provisions	8	-	53,401
Total Non-Current Liabilities		-	53,401
Total Liabilities		2,426,755	1,715,585
Net Assets		991,785	914,331
Equity			
Retained Earnings		991,785	914,331
Total Equity		991,785	914,331

Statement of Changes in Equity

For the Year Ended 30 June 2022

	Note	2022	2021
Equity		\$	\$
Retained Earnings			
Opening Balance		914,331	710,645
Operating Surplus / (Deficit) From Continuing Operations		77,454	203,686
Other Comprehensive Income		-	-
Closing Balance		991,785	914,331
Total Equity		991,785	914,331

Statement of Cash Flows

For the Year Ended 30 June 2022

	Note	2022	2021
		\$	\$
Cash Flows From Operating Activities			
Receipts from Members and Customers		2,720,249	2,752,464
Payments to Suppliers and Employees		(1,909,412)	(2,230,869)
Interest Received		1,806	3,186
Net Cash Provided By / (Used In) Operating Activities	9b	812,643	524,781
Cash Flows From Investing Activities			
Payments for Property, Plant & Equipment (Net)		(13,422)	(31,974)
Net Cash Provided By / (Used In) Operating Activities		(13,422)	(31,974)
Net Increase / (Decrease) in Cash Held		799,221	492,807
Cash at the Beginning of Financial Year		2,427,665	1,934,858
Cash at the End of Financial Year	9a	3,226,886	2,427,665

Notes to the Financial Statements

For the Year Ended 30 June 2022

Note 1 – Summary of Significant Accounting Policies

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

New or Amended Accounting Standards and Interpretations Adopted

The Company has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the Company.

Basis of Preparation

In the Directors' opinion, the Company is not a reporting entity because there are no users dependent on general purpose financial statements.

These are special purpose financial statements that have been prepared for the purposes of complying with the *Australian Charities and Not-for-profits Commission Act 2012*. The Directors' have determined that the accounting policies adopted are appropriate to meet the needs of the members of Mental Health Victoria Limited.

These financial statements have been prepared in accordance with the recognition and measurement requirements specified by the Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') and the disclosure requirements of 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' and

AASB 1054 'Australian Additional Disclosures', as appropriate for not-for-profit oriented entities, with the exception of the following, where the Company has elected not to apply the recognition and measurement requirements in these Accounting Standards to these financial statements at this time:

- AASB 15 'Revenue from contracts with customers' & AASB 1058 'Income of Not-for-Profit Entities'; and
- AASB 16 'Leases'

Historical cost convention

The financial statements have been prepared under the historical cost convention, except for, where applicable, the revaluation of financial assets and liabilities at fair value through profit or loss, financial assets at fair value through other comprehensive income, investment properties, certain classes of property, plant and equipment and derivative financial instruments.

Critical accounting estimates

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires Management to exercise its judgement in the process of applying the Company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in Note 1(n).

(a) Comparative Figures

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

(b) Taxation

The Company is exempt under Division 50 of the Income Tax Assessment Act 1997 as a non-profit organisation. As such, no allowance has been made

Notes to the Financial Statements

Note 1 - Summary of Significant Accounting Policies (Continued)

(c) Property, Plant and Equipment (PPE)

Plant and equipment are measured on the cost basis less depreciation and any impairment losses.

The carrying amount of plant and equipment is reviewed annually by Directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets' employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

In the event the carrying amount of plant and equipment is greater than the recoverable amount, the carrying amount is written down immediately to the estimated recoverable amount. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(d) for details of impairment).

Plant and equipment that have been contributed at no cost, or for nominal cost, are recognised at the fair value of the asset at the date it is acquired.

Leasehold improvements is carried at cost less, where applicable, any accumulated depreciation.

Depreciation

The depreciable amount of all fixed assets including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the Company commencing from the time the asset is held ready for use.

Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives 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 depreciation rates used for each class of depreciable assets are:

Class of Fixed Assets	Depreciation Rate
Office, Furniture & Equipment	[10 - 33%]
Leasehold Improvements	[20 - 50%]

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in results from Continuing Operations in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained surplus.

Non-compliance with Accounting Standards

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.

(d) Impairment of Assets

At the end of each reporting period, the Company 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, the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in results from Continuing Operations.

Where the future economic benefits of the asset are not primarily dependent upon the asset's ability to generate net cash inflows and when the Company would, if deprived of the asset, replace its remaining future economic benefits, value in use is determined as the depreciated replacement cost of an asset. Where it is not possible to estimate the recoverable amount of a class of asset, the Company estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Where an impairment loss on a revalued asset is identified, this is debited against the revaluation surplus in respect of the same class of asset to the extent that the impairment loss does not exceed the amount in the revaluation surplus for that same class of asset.

(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) Trade and Other Receivables

Accounts receivable and other debtors include amounts due from customers and any outstanding grant receipts. 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.

Accounts receivable are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any provision for impairment. Refer to Note 1 (d) for further discussion on the determination of impairment losses.

(g) Revenue

All grant income is recorded without assessing whether a contract is enforceable and whether it has sufficiently specific performance obligations. Accordingly, this does not comply with AASB 15 *Revenue from Contracts with Customers*, or AASB 1058 *Income of Not-for-profit Entities*. Instead the Company generally recognises revenue across the life of a program based on expenses incurred in running the program. The following is also how the Company recognises revenue, which is consistent with prior years.

Non-reciprocal grant revenue is recognised in the Statement of Profit or Loss and Other Comprehensive Income when the Company obtains control of the grant, it is probable that the economic benefits gained from the grant will flow to the Company 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 Company 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 Company 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 (GST).

(h) 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 Company during the reporting period, which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

(i) 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 assets and liabilities statement.

Notes to the Financial Statements

Note 1 - Summary of Significant Accounting Policies (Continued)

(j) Employee Provisions

Short-term employee benefits

Provision is made for the Company's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The Company obligations for short-term employee benefits such as wages, salaries and sick leave are recognised as part of accounts payable and other payables in the statement of financial position.

Contributions are made by the Company to an employee superannuation fund and are charged as expenses when incurred.

(k) Provisions

Provisions are recognised when the Company 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 reliably measured. Provisions are measured at the best estimate of the amounts required to settle the obligation at the end of the reporting period.

(l) Leases

Payment for the lease or rental of fixed assets where substantially all of the risks and rewards of ownership of the asset remain with the lessor, are expensed when incurred (and the asset is not recognised on the balance sheet). The contractual commitment for the use of this type of asset (generally a rental or lease agreement) is not recognised as a liability. As such, recognition and measurement requirements of AASB 16 'Leases' are not complied with.

Leases of property plant and equipment, where substantially all the risks and benefits incidental to the ownership of the asset (but not the legal ownership) are transferred to the Company, are classified as finance leases.

Finance leases are capitalised by recording an asset and a liability at the lower of the amounts equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for that period.

Leased assets are depreciated on a straight-line basis over the shorter of their estimated useful lives or the lease term. Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

(m) Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and noncurrent classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the Company's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the Company's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

Deferred tax assets and liabilities are always classified as non-current.

(n) 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 expectations 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 (refer to the respective notes) within the next financial year are discussed below.

Coronavirus (COVID-19) pandemic

Judgement has been exercised in considering the impacts that the Coronavirus (COVID-19) pandemic has had, or may have, on the Company based on known information. This consideration extends to the nature of the products and services offered, customers, supply chain, staffing and geographic regions in which the Company operates. Other than as addressed in specific notes, there does not currently appear to be either any significant impact upon the financial statements or any significant uncertainties with respect to events or conditions which may impact the Company unfavourably as at the reporting date or subsequently as a result of the Coronavirus (COVID-19) pandemic.

Estimation of useful lives of assets

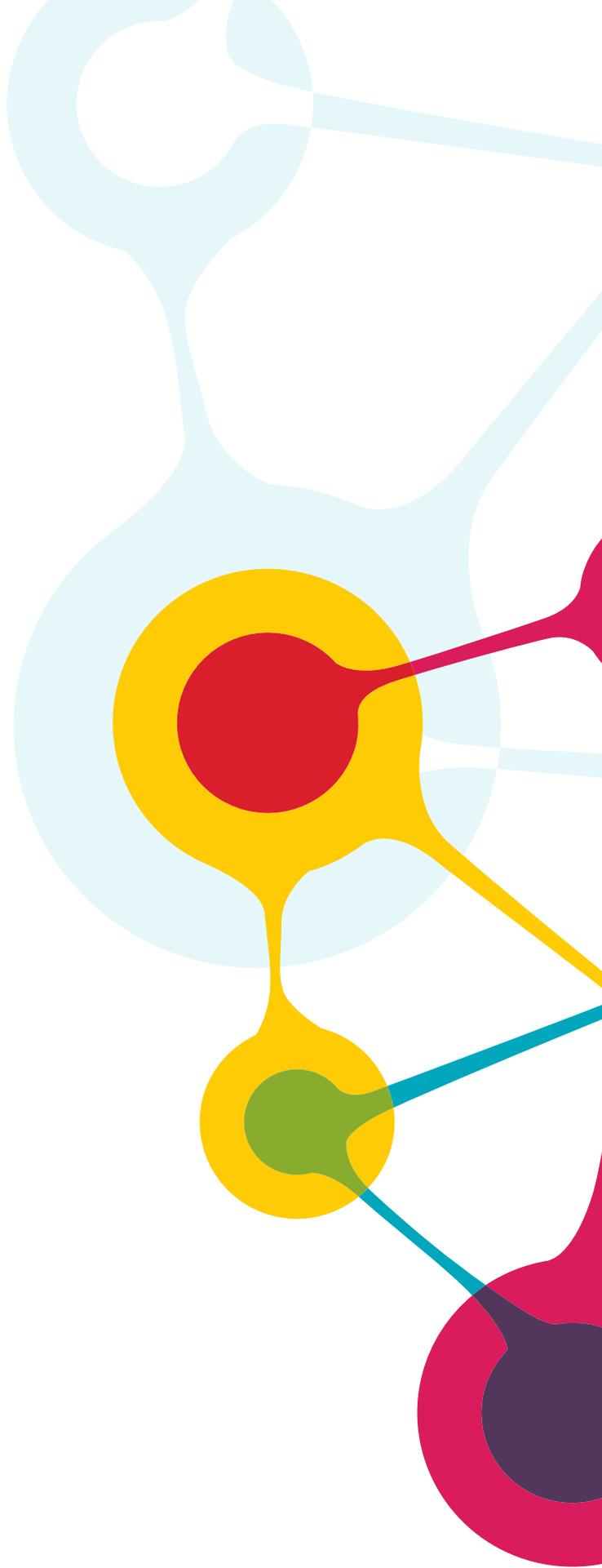
The Company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

Impairment of non-financial assets other than goodwill and other indefinite life intangible assets

The Company assesses impairment of non-financial assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the Company and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs of disposal or value-in-use calculations, which incorporate a number of key estimates and assumptions.

Employee benefits provision

As discussed in Note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.



Notes to the Financial Statements

Notes to the Financial Statements

For the Year Ended 30 June 2022

	2022	2021
	\$	\$
2 Cash and Cash Equivalents Current		
Cash at Bank	3,226,886	1,934,843
	3,226,886	1,934,858
3 Trade & Other Receivables Current		
Trade Debtors	16,844	56,876
Sundry Debtors	23,305	12,370
	40,149	69,246
4 Other Assets Current		
Prepayments	100,109	75,669
Refundable Deposits	3,643	9,307
	103,752	84,976
5 Security Deposit Non-Current		
This security deposit is held as a guarantee for the rental of the office premises	22,717	12,467
	22,717	12,467
6 Plant and Equipment Non-Current		
Plant and equipment at cost	86,929	196,869
Less: Accumulated Depreciation	(62,719)	(163,722)
	24,210	33,147
Motor Vehicles at cost	-	28,387
Less: Accumulated Depreciation	-	(28,387)
	-	-
Plant and Leasehold improvements at cost	-	53,227
Less: Accumulated Depreciation	-	(53,227)
	-	-
Intangible assets at cost	50,943	50,943
Less: Accumulated Amortisation	(50,117)	(48,528)
	826	2,415
Total Plant and Equipment	25,036	35,562

	2022	2021
	\$	\$
7 Trade & Other Payables Current		
GST, FBT and PAYG Payable	193,367	109,225
Trade Creditors and Accrued Expenses	90,613	101,687
	283,980	210,912
8 Employee Entitlements Current		
Annual Leave	173,173	219,896
Long Service Leave	129,687	80,432
Equipment Reserve	-	219
	302,860	300,547
Non Current		
Long Service Leave	-	53,401
	-	53,401
Total Employee Entitlements	302,860	353,948
9 Notes to the Statement of Cash Flows		
(a) Reconciliation of Cash		
Cash at Bank	3,226,886	2,427,665
(b) Reconciliation of Cash Flows from Operations with Operating Surplus		
Operating Surplus From Continuing Operations	77,454	203,686
Non Cash Flows in Operating Surplus		
Depreciation	23,948	21,950
Changes in Assets and Liabilities		
Decrease in Trade and Other Receivables	71	175,249
(Decrease) in Trade and Other Payables	762,258	18,973
(Decrease)/Increase in Employee Entitlements	(51,088)	104,923
	812,643	524,781
10 Lease Commitments		
Being for Rent of Office Premises & Photocopier		
Operating lease commitments neither capitalised in the accounts nor treated as ROU assets and lease Payable:		
- not later than one year	82,695	2,832
- later than one year but not later than 5 years	6,891	-
	89,586	2,832
The property lease (Part Level 6 of the Building situated at 136 Exhibition Street, Melbourne, Victoria 3000) expires on 31 July 2023.		
As leases have not been prepared to comply with accounting standards measurement and recognition, they remain 'off-balance sheet' and are consequently disclosed in this note as a commitment.		
11 Remuneration of the Auditor		
Audit of the Financial Statements	7,000	6,600
Other Services	-	-
	7,000	6,600

Notes to the Financial Statements

12 Members' Guarantee

The Company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the Company is wound up, the constitution states that each member is required to contribute a maximum of \$10 towards meeting any outstanding obligations of the Company. At 30 June 2022, the number of members was 74 (2021: 74).

13 Events subsequent to the end of the reporting period

No matters or circumstances have arisen since the end of the financial year that have significantly affected or may significantly affect the operations of the Company, the result of its operations or the state of affairs of the Company in future financial years.

There have been no material non-adjusting events after the reporting date, nor has any information been received about conditions at reporting date that have not been included in this report.

14 Economic Dependence and Going Concern

The Board and Management have identified funding diversity as a key priority for the organisation to realise its strategic plan.

The Company has been historically dependent on Victorian Government core grant funding for a significant portion of its income. This income is supplemented by affiliation fees, event revenue (e.g., from conferences), and training services. As part of its continued focus on sustainability, the Board and Management continue to develop opportunities for revenue diversification and growth in line with the Mental Health Victoria purpose and strategy. Mental Health Victoria Ltd is in a position whereby it can continue to operate as a going concern after 30 June 2022.

15 Entity details

The registered office and principal place of business is:

Level 6, 136 Exhibition Street,
Melbourne Victoria 3000.

PO Box 18032 Collins Street East
Melbourne Victoria 8003.

Directors' Declaration

For the Year Ended 30 June 2022

The Directors have determined that the Company is not a reporting entity. The Directors have determined that these special purpose financial statements should be prepared in accordance with the accounting policies described in Note 1 to the financial statements.

In the opinion of the Directors, the financial report as set out on pages 24 to 40:

1. Give a true and fair view of the financial position of Mental Health Victoria Limited as at 30 June 2021 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 *Australian Charities and Not-for-profits Commission Act 2012*; and
2. At the date of this statement, there are reasonable grounds to believe that Mental Health Victoria Limited 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:



Damian Ferrie (Board Chair)



David W Frost (Chair - Finance, Audit & Risk Committee)

Dated this 25th day of October 2022



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

**Independent Audit Report
to the Members of Mental Health Victoria Limited
ABN: 79 174 342 927**

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Mental Health Victoria Limited, which comprises the Statement of Financial Position as at 30 June 2022, 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 Directors' declaration.

In our opinion, the accompanying financial report Mental Health Victoria Ltd has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) giving a true and fair view of the Company's financial position as at 30 June 2022 and of its performance for the year then ended; and
- (ii) complying with Australian Accounting Standards to the extent described in Note 1, 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 Company in accordance with the ACNC Act, 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 Company to meet the requirements of 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.

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

The Directors of the Company is responsible for the other information. The other information comprises the information included in the Company's annual report for the year ended 30 June 2022 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 Directors for the Financial Report

The Directors of the Company are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and is appropriate to meet the needs of the members. The Directors' responsibility also includes such internal control as the Directors determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.



Level 1 / 31 Beach St, Frankston Victoria 3199
P.O. Box 309, Frankston Victoria 3199
T: (03) 9781 2633 F: (03) 9781 3073
E: szefalusy@shepard.com.au W: www.shepard.com.au

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**Independent Audit Report (Continued)
to the Members of Mental Health Victoria Limited
ABN: 79 174 342 927**

In preparing the financial report, the Directors are responsible for assessing the Company'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 Directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

The Directors of the Company are responsible for overseeing the Company'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.

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 Company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.
- Conclude on the appropriateness of the Directors' 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 Company'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 Company 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 Directors 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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**Independent Audit Report (Continued)
to the Members of Mental Health Victoria Limited
ABN: 79 174 342 927**

Dated at Frankston on the 25th day of October 2022.

SHEPARD WEBSTER & O'NEILL AUDIT PTY LTD
Certified Practising Accountant
Authorised Audit Company No 415478
31 Beach Street Frankston 3199, PO Box 309 Frankston Victoria 3199
Telephone (03) 9781 2633 Fax (03) 9781 3073
Email – szepfalusy@shepard.com.au

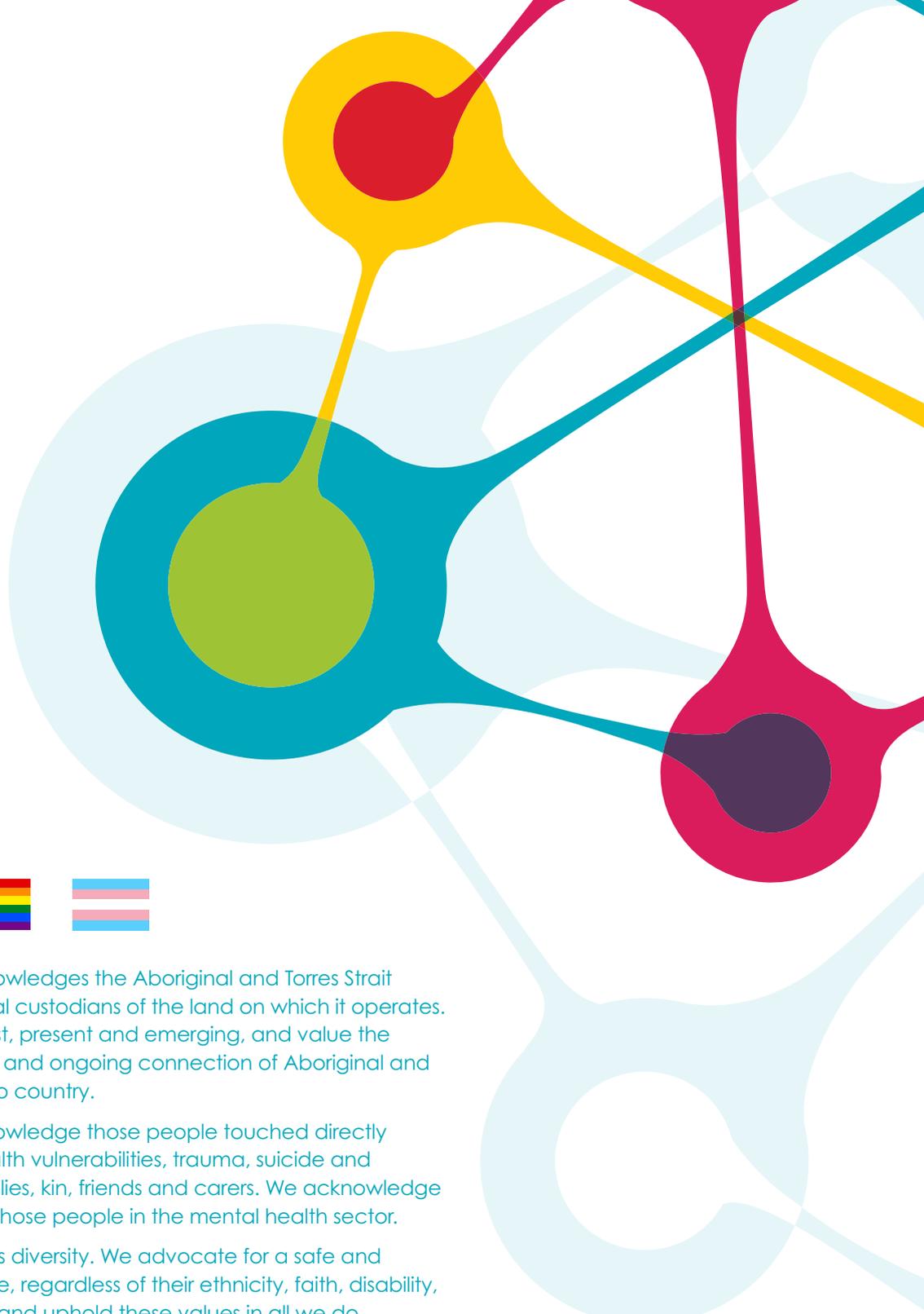


DAVID A SZEPPALUSY
DIRECTOR



Level 1 / 31 Beach St, Frankston Victoria 3199
P.O. Box 309, Frankston Victoria 3199
T: (03) 9781 2633 F: (03) 9781 3073
E: szepfalusy@shepard.com.au W: www.shepard.com.au

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Mental Health Victoria acknowledges the Aboriginal and Torres Strait Islander peoples as traditional custodians of the land on which it operates. We pay respect to Elders past, present and emerging, and value the rich history, unbroken culture and ongoing connection of Aboriginal and Torres Strait Islander people to country.

Mental Health Victoria acknowledge those people touched directly and indirectly by mental health vulnerabilities, trauma, suicide and neurodiversity, and their families, kin, friends and carers. We acknowledge the ongoing contribution of those people in the mental health sector.

Mental Health Victoria values diversity. We advocate for a safe and inclusive society for all people, regardless of their ethnicity, faith, disability, sexuality, or gender identity, and uphold these values in all we do.



**MentalHealth
Victoria**

Collaboration • Knowledge • Leadership



MentalHealth Victoria

Collaboration • Knowledge • Leadership

Contact:

Marcelle Mogg

Chief Executive Officer

Level 6, 136 Exhibition Street,
Melbourne Victoria 3000

P +61 (3) 9519 7000

E mhvic@mhvic.org.au

mhvic.org.au

