

2018

Annual Report



mhvic.org.au

**Mental Health Victoria
is the peak body for
mental health service
providers in Victoria.**

Incorporation

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

Our registered office is located at 2/22 Horne Street, Elsternwick Victoria 3185.

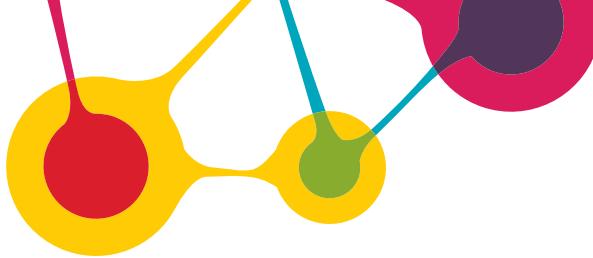
Charitable status, tax concessions and fundraising

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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Board Chair and Chief Executive Officer Statement

It has been an extraordinary year for Mental Health Victoria. We started 2017-18 as VICSERV, facing the impacts of change and uncertainty across Victoria as the roll-out of the NDIS gathered momentum and the withdrawal of community based Victorian Government and Commonwealth funded programs began to take effect.

In the face of this uncertainty, it became clear that the organisation needed to change and to do so rapidly to better serve the needs of our members and Victorians living with mental illness, their families and carers. This meant raising our heads above the parapet and taking very public positions on key issues.

Our first foray into the media was in September 2017 when we raised concerns about the roll-out of the NDIS. This caused a national media storm and marked the start of our new approach to public policy and advocacy.

We also recognised that we needed to change who we were as an organisation. In late 2017, a comprehensive and detailed review of our constitution was undertaken with the generous support of DLA Piper and a brand review was completed with the support of Bruni Dunn. This resulted in several major recommendations: change the name to Mental Health Victoria Ltd, convert from an association to a company limited by guarantee, adopt a new constitution with a modern board structure, and pursue reform and improvement of the entire mental health system in Victoria.

These recommendations were put to the Members at a Special General Meeting in February 2018, coinciding with a CEO Breakfast event with the Chair of the National Mental Health Commission, Lucy Brogden. Members unanimously endorsed the changes and we set to work transforming *Psychiatric Disability Services of Victoria (VICSERV) Inc. into Mental Health Victoria Ltd.*

In June 2018, we celebrated the birth of Mental Health Victoria at a special event at the Melbourne Town Hall attended by senior leaders from across the mental health sector.

We used this event to launch the landmark report *Saving Lives, Saving Money: the economic case for increased investment in Victoria's mental health system*. Leading mental health advocate Professor Pat McGorry launched the report, with experts from KPMG speaking about the economics of mental health investments.

This report was the culmination of months of work and included the input of 40 organisations, many of whom had never worked together before. *Saving Lives. Saving Money* set out in plain English the current state of mental health in Victoria, showing that:

- Victoria had the lowest per capita expenditure on mental health in the country – 13 per cent below the national average.
- Only 1.1 per cent of Victorians received clinical mental health care – which was a staggering 39 per cent lower than the national average.
- Only a very small proportion of the estimated 150,000 people experiencing severe mental illness each year would be eligible for the NDIS.
- Two out of every three young people in Victoria who need mental health services were being turned away.
- Every 10 minutes a person with a serious mental health issue presents to an Emergency Department in Victoria, up more than 19% over the past four years.



**Damian
Ferrie**
Board
Chair



**Angus
Clelland**
CEO

Drawing on expert economic modelling, MHV calculated that investment had to grow to an additional \$543 million a year by 2022 in just to ensure that Victoria meets national average service access rates.

The launch of *Saving Lives, Saving Money* helped establish Mental Health Victoria as a major stakeholder within the mental health sector and the brand has grown since then as evidenced by our increasing presence in state and national media.

We were delighted in September this year when, after months of patient advocacy work behind the scenes in partnership with the Australian Services Union, the Victorian Government announced new funding for community mental health. In the short term, this funding helped Victoria retain hundreds of skilled mental health workers. In the longer term it signals the start of new investment in the sector.

As we head into the Victorian Election, we are delighted that mental health has become an election issue and we now face the prospect of a Royal Commission. If the Royal Commission into family violence is anything to go by, the result will be much needed and long overdue investment into the sector. Mental health will no longer be the 'poor cousin of the health system'.

Regardless of who wins the election, mental health will be a major issue for the oncoming government and we can be confident that more services than ever will become available for Victorians living with mental illness.

It has been an extraordinary year and we would like to thank our members and other stakeholders for their faith in our change program and for their ongoing support. Nothing that has been achieved could have been done without you.

We would also like to give special thanks to and recognise the outstanding contributions of long-time board member and President of VICSERV, Elizabeth Crowther, who retired from the Board at the SGM in February 2018, and board members Peter Ruzyla and Sally Mitchell who retired in June 2018.

Looking ahead, 2019 is set to be an extraordinarily busy year with a Federal Election, a Royal Commission into Aged Care, a possible Royal Commission into Mental Health, and the Productivity Commission Inquiry into the economics of mental health. Be assured that Mental Health Victoria will work tirelessly to ensure that the Victorian mental health community has a united voice and that we can all work effectively with the Victorian Government and the Commonwealth to address gaps in the mental health system.



Left to Right: Angus Clelland, CEO Mental Health Victoria, the Hon. Julia Gillard AC, Chair beyondblue, Damian Ferrie, CEO Star Health, Liz Crowther, Chair Community Mental Health Australia.

Policy

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Much of the work of Mental Health Victoria's (MHV) policy team the 2017-18 was focused on the development of the landmark report *Saving Lives. Saving Money: The economic case for increased investment in Victoria's mental health system*, which outlined MHV's policy platform and priorities for investment.

The establishment of the *Victorian Mental Health Policy Network* was also a key strategic measure to progress the campaign.

Saving Lives. Saving Money: The economic case for increased investment in Victoria's mental health system

In June 2018, MHV launched the landmark report *Saving Lives. Saving Money: the economic case for increased investment in Victoria's mental health system* at the Melbourne Town Hall. Leading mental health advocate Professor Pat McGorry launched the report, with experts from KPMG speaking about the economics of mental health investments.

Saving Lives. Saving Money set out the current state of mental health in Victoria, highlighting that:

- Victoria had the lowest per capita expenditure on mental health in the country – 13 per cent below the national average.
- only 1.1 per cent of Victorians received clinical mental health care – a staggering 39 per cent lower than the national average.
- only a very small proportion of the estimated 150,000 people experiencing severe mental illness each year would be eligible for the NDIS.
- two out of every three young people in Victoria who need mental health services are being turned away.
- every 10 minutes a person with a serious mental health issue presents to an emergency department in Victoria, up more than 19% over the past four years.

Drawing on expert economic modelling by KPMG, MHV calculated that investment had to grow to an additional \$543 million a year by 2022 just to ensure that Victoria meets national average service access rates.

The report was very well received and widely quoted in the national media and continues to be used by many in the mental health sector.



Victorian Mental Health Policy Network (VMHPN)

Following the release of *Saving Lives. Saving Money*, MHV established the Victorian Mental Health Policy Network (VMHPN), which brought together organisations involved in the Victorian mental health service system. The Network provides input to MHV's annual policy and research program and strategic policy advice on key issues, including:

- Service gaps across the mental health system
- Priorities for investment
- Preventing unnecessary hospital admissions
- State and Federal election campaign coordination
- Strategies for media and communications
- MHV's annual policy and research program

The Network has played an important role in influencing mental health system improvements, including advice on government funding initiatives and supporting mental health jobs. The Network will support advocacy during the November 2018 Victorian State Election and will continue to lobby for increased investment in mental health services.

Membership of the VMHPN

- Mental Health Victoria
- Ambulance Employees Australia
- Australian College of Emergency Medicine
- Australians for Mental Health
- Australian Medical Association Victoria
- Australian Psychological Services
- Community Housing Industry Association Vic
- Council to Homeless Persons
- Ethnic Communities' Council of Victoria
- Health and Community Services Union
- Mental Health Foundation
- National Disability Services
- Royal Australian and New Zealand College of Psychiatrists
- Tandem Carers
- The Police Association of Victoria
- Victorian Alcohol and Drug Association
- Victorian Healthcare Association
- Victorian Aboriginal Community Controlled Health Org
- Victorian Mental Illness Awareness Council
- Victorian Council of Social Services
- Victorian PHN Alliance

Major Report: *Mind the Gap: The Victorian Story, March 2018*

Mind the Gap: The Victorian Story was commissioned by MHV and SalvoConnect. The report was the culmination of expert stakeholder consultation undertaken by the University of Sydney investigating the experiences of consumers, carers, providers and advocacy groups in Victoria's Barwon region (the pilot site for the NDIS).

Mind the Gap: The Victorian Story warned of a "growing catastrophe" in Victoria where gaps in mental health supports under the NDIS rollout and in Victoria's underfunded mental health system were causing "poor and inequitable service at best and severe trauma and harm at worst".



Major Submissions

Senate Standing Committee on Community Affairs, Inquiry into accessibility and quality of mental health services in rural and remote Australia, May 2018.

MHV provided a detailed submission to the Senate inquiry, noting that low access rates in rural and remote areas exist because there is a lack of available primary health and mental health services. Underinvestment, particularly in Victoria, has led to a fragmented and confusing mental health service system. Long term, sustained investment, planning and oversight is required.

The submission recommended that The National Mental Health Commission be tasked with developing a national rural and remote mental health strategy and overseeing its implementation. A comprehensive national mental health workforce strategy is needed which accounts for the community mental health, peer and primary health workforce.

Joint Standing Committee on the NDIS, Market Readiness Inquiry, February 2018.

MHV provided a submission to the Joint Standing Committee on the NDIS, noting that the market was not ready to support NDIS participants with a psychosocial disability. A key focus of the submission was the urgent assistance needed to prevent the mass exodus of skilled, qualified and experienced community mental health workforce. Our submission recommended an industry assistance package for existing providers to ensure the workforce can safely meet the demands of the NDIS.

MHV recommended that state and territory governments and the Commonwealth invest more in community mental health service provision, both for NDIS participants and those unable to access the Scheme. Failure to invest would translate into more mental health emergency department admissions – which were up 19% in four years in Victoria. This would create more stress on police, ambulance services and the justice system.

Victorian Budget, Investing in Victoria's Mental Health, January 2018

MHV's pre-budget submission to the Victorian Government highlighted that:

- Mental health emergency department presentations in Victoria had jumped 19% in four years to more than 52,000 per year – this equates to 1 presentation every 10 minutes.
- Community-based mental health services are a proven and inexpensive way to keep people out of hospital.
- Further investment in community-based services would reduce growing pressure on hospitals, the police, ambulance services and the justice system.
- While an important part of the solution, the NDIS was only designed to support 10% of Victorian adults living with severe mental illness.

MHV called on the Victorian Government to commit to a major investment program in community-based mental health services over the next 5 years. Such investment would help keep people out of hospital, reduce pressure on emergency services, and provide help for Victorian's who would not be covered by NDIS.

Department of Premier and Cabinet, A registration and accreditation scheme for the Victorian disability workforce, October 2017

MHV made a submission to the Victorian Government in relation to its proposal for a registration and accreditation scheme for the Victorian disability workforce.

VCOSS 10 Year Community Services Industry Plan, Community Services Industry Plan – MHCSS Consultation, November 2017

As part of MHV's contribution to the Human Services and Health Partnership Implementation Committee (HSHPIC), MHV reported on the development of a Community Services Industry Plan for Victoria. HSHPIC is a joint committee of sector and peak body leadership representatives and representatives from the Department of Health and Human Services (DHHS). It is co-chaired by the Victorian Council of Social Service (VCOSS) and the DHHS.

MHV News

Our news service keeps MHV members and stakeholders informed about issues relevant to the sector, including: reforms and transitions, policy, the NDIS, MHV activities, events/opportunities and conferences. The MHV News took on new format this year. Now released weekly and in a more concise format, it focuses on timely information provision.

MHV Journal

The Winter 2018 edition of *newparadigm*, *Focusing on the relationship between physical and mental health*, highlighted an urgent need to act to address the systemic and practice barriers preventing improvements to the physical health of people with mental illness. Australian mental health academics, professionals and organisations offered their exemplary interventions improving health outcomes.

The Summer 2017/18 edition, *Research into practice*, gathered together a diversity of contemporary research from the sector. The key foci of the research from expert contributors were: personal recovery and wellbeing outcomes; active consumer participation and consumer experience; capacity building; and the evaluation of innovative models.

The Winter 2017 edition, *Cultural diversity and mental health: exploring mental illness through different lenses*, took up the issue of culture and inclusiveness in mental health. This edition considered barriers and approaches to creating culturally responsive mental health services.

newparadigm
Winter Edition 2018



Ageing, Disability and Mental Health Collaborative Panel

MHV has been a member of the Ageing, Disability and Mental Health Collaborative Panel (supported by State Trustees Australia Foundation) since its establishment in 2013.

Working alongside the Australian Federation of Disability Organisations, Carers Victoria, Council of The Ageing Victoria, Ethnic Communities' Council of Victoria, National Disability Services, and Victorian Council of Social Service, the panel aims to build the capacity of the ageing, disability and mental health sectors as they undergo transformation. The panel has developed key projects to assist individuals, service providers and peak organisations as they adjust to the major reforms over the coming years.

Building Consumer Control and Choice into Service Design and Delivery

With funds provided by the State Trustees Australia Foundation, MHV has embarked on a project to support organisations across the ageing, disability and mental health sectors to better incorporate consumer control and choice principles into their service design and delivery.

Based on a foundation of knowledge accumulated from consultations with providers, consumers and carers, MHV has developed a training workshop that will be delivered through the NDS Communities of Practice at the end of 2018.

State Forum with Simon Duffy, Creating citizen-based community and support services

On 23 August 2017, we hosted Dr. Simon Duffy from the Centre for Welfare Reform, UK who discussed with attendees how choice and control can be maximised to transform service delivery and outcomes for participants, organisations and community.

In a thought provoking presentation Simon outlined how control and choice should be seen as a part of building citizenship for all and a moving away from institutional responses to support needs of people with disability and mental illness, and those who require aged care.



Simon Duffy,
Founder and
Director Centre
for Welfare
Reform (UK)

NDIS Transition Support Program

2017/18 saw the greatest number of Victorian regions transition to the NDIS in one 12-month period, with eleven of the sixteen regions under full-Scheme as of July 2018.

NDIS engagement

MHV's NDIS Engagement team (funded through the Victorian Government's Transition Support Package) has been working closely with mental health providers, the Department of Health and Human Services (DHHS) and the NDIA to ensure that:

- Organisations are kept informed of developments and updates;
- Issues and challenges relating to transition and implementation are heard and conveyed to the appropriate representatives;
- Providers can share information and insights amongst each other.

Major Report: Community Mental Health Workforce Training and Development Analysis

As providers move away from block-funded services and into the vastly different world of individualised funding, the resulting change to their workforce profile and structure, the type and style of service provided, and the way the workforce is supported, is significant.

MHV undertook an analysis of the training and development needs of Victoria's community mental health workforce under transition to the NDIS, with the resulting report published in October 2017. Based on consultations and interviews with providers across the state, the analysis explored such areas as: Re-design of organisational structures, workforce and service delivery models required to remain viable under the NDIS;

- Difference between NDIS psychosocial disability supports and psychosocial rehabilitation;
- Loss of skilled mental health workers as a result of NDIS transition; and
- Risk of losing effective training and professional development under the NDIS.

The report tabled thirteen recommendations to address the identified challenges with a focus on professional development and the skill set of the new and emerging NDIS workforce.

The New Workforce Environment: Challenges, Innovations and Possibilities Forum

To further explore and address the issues of workforce change under the NDIS, MHV hosted a forum for mental health providers to respond to the growing concern and requests for discussion around workforce issues. The forum allowed attendees to better understand the key issues facing workers and the response organisations are taking to their changing workforce.

The discussion from the forum resulted in a report with a series of key findings relating to:

- Workforce and culture change;
- Use of technology for a mobile workforce;
- Future of peer-work under the NDIS; and
- The exiting of skilled mental health workers from organisations.



Left to Right: Angus Clelland, CEO Mental Health Victoria, Sam Bennett, General Manager Strategic Advice, Research & Inclusion National Disability Insurance Agency (NDIA), Sarah Henderson MP, Assistant Minister Social Services, Housing and Disability Services, Damian Ferrie, CEO Star Health, Liz Crowther, Chair Community Mental Health Australia, Dr Gerry Naughtin, Strategic Adviser Mental Health NDIA.

Major Report: Learn and Build: Barwon Under Full Scheme

In a follow up report to 'Learn and Build' (2015) which told the story of mental health consumers, carers and providers under the NDIS trial period in Barwon, *Learn and Build: Barwon Under Full Scheme* (2017) re-visited Barwon to explore the developments, changes or enduring issues under full-scheme NDIS. Based on consultations with consumers, carers, and providers, the report looked at the experiences of these groups across the engagement, planning and implementation phases of the Scheme. The report identifies a number of key areas of concern, addresses impacts beyond the NDIS and made recommendations to the NDIA and State Government for improvements going forward.

Regional NDIS and Mental Health Reference Groups

MHV's Regional NDIS and Mental Health Reference Groups bring together mental health providers, the NDIA, LAC providers and State Government agencies from across entire NDIS jurisdictional regions. The meetings aim to identify latest NDIS developments and changes and allow for discussion of current transition and implementation issues. Using video conferencing facilities at DHHS sites, the meetings involve providers from regional locations as far as Bairnsdale, Mildura, Warrnambool and Wangaratta.

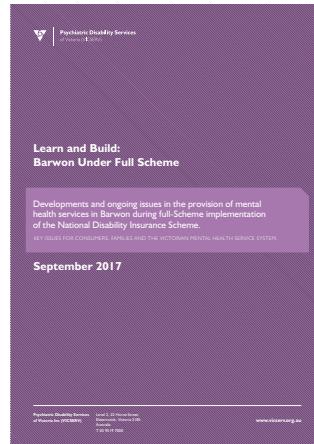
The discussion and notes from each meeting have helped MHV to identify the broad issues effecting providers across Victoria, as well as those that are region-specific. Discussion at these meetings led to the development of the MHV training workshop on the NDIS and psychosocial disability that was delivered to LACs and NDIA Planners in the Loddon region.

NDIS and Mental Health Forum

In October 2017 MHV hosted a successful forum on the latest developments around the NDIS and the implications and opportunities for mental health service providers and consumers.

Over 120 attendees heard presentations from DHHS, NDIA National Office, a regional LAC provider, consumers, consumer and carer peak bodies, a NSW NDIS service provider, and PhD research into the NDIS and psychosocial disability.

Attendee feedback on the event was very positive with 85% of participants rating the forum as either Good or Excellent.



Consultations and presentations

MHV continues to provide insight and advice on the relevant issues and concerns for mental health providers and their clients as well as Scheme design and implementation through a number of meetings and consultation groups, including:

- The NDIS Implementation Taskforce (ITF)
- NDIS ITF Sector Readiness Working Group
- NDIS ITF Participant Readiness Working Group
- NDIS ITF Cross Sector Work and Innovation Working Group
- Regular updates to DHHS and DPC
- Forums and workshops on NDIS design (e.g. Psychosocial Pathway consultation)

The NDIS team are also regularly engaged in presenting to providers and other stakeholders across a range of events from large-scale forums to smaller in-house staff meetings.

Looking forward

During the final year of NDIS transition, Victoria will see the remaining five NDIS regions transition to the NDIS by July 2019. At this time the National Quality and Safeguarding Commission will also commence oversight and regulation of the Victorian NDIS market.

MHV will remain engaged with providers, particularly those in regional areas during the final months of transition and beyond as providers grapple with the vastly changing landscape and the challenges and opportunities that it presents.

Workforce Development and Learning

2017-2018 was a year of two stories: on the one hand continuing to build the foundational capabilities of Mental Health workers, and the adjacent workforces that work with them and their own clients, also experiencing mental ill health; and on the other hand also working hard to innovate and develop both effective and accessible professional development products, particularly in terms of applying recovery oriented practice, for the emerging workforce delivering psychosocial disability supports through the NDIS.

Building the capability of mental health services in Victoria

A strong and capable workforce is the key to an effective mental health system. In 2017-18, Mental Health Victoria (MHV) contributed to the building of this workforce in two major ways:

- Participating in and informing key workforce related forums and initiatives; and
- The development and delivery of workforce training and development programs

This work was undertaken collaboratively with MHV's members, partner agencies and other stakeholders.

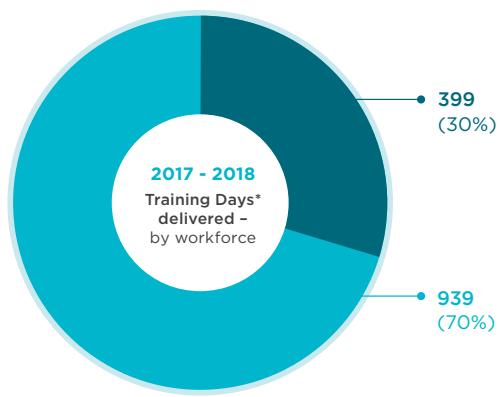
In promoting a strong mental health workforce, some of the key workforce forums and initiatives that MHV actively engaged in included:

- The Victorian Mental Health Workforce Reference Group;
- Centre for Mental Health Learning, Victoria;
- Industry Advisory Group and Sector Advisory Groups with the Office of the Victoria Skills Commissioner and the Community Services and Health Industry Training Advisory Board (CS&HITAB); and
- The Collaborative Panel; Supporting Cross-sector Learning & Development Project, auspiced by the Victorian Council of Social Services (VC OSS).



2017-2018 saw an increase in the number of people participating in workforce training and development programs, when comparing this year's performance against the previous year, 2016-2017.

Who participated in the training?



● Adjacent Workforces (e.g: AOD; Homelessness; Emergency Services)

● Mental Health Workforce

Year on year performance of MHV workforce training programs

Measures re delivered training	2017 - 2018	2016 - 2017	Variance (year on year)
Individual days of training	107	112	-4%
Individual events	72	65	+11%
Training days*	1,337	1,292	+4%
Participants	916	790	+16%

Short course training delivered in 2017-18 included the following diverse topics:

- *Suicide prevention*
- *Motivational interviewing*
- *Responding to challenging behaviours*
- *Recovery oriented practice*
- *Supporting self-advocacy*
- *Supervision*
- *Trauma informed care*
- *Documenting client notes*
- *Mental health awareness and literacy*
- *Developing and facilitating small groups*
- *Peer support*
- *Psychosocial disability*
- *Peer Work*
- *Psychosocial disability and the NDIS*
- *Recovery oriented practice through the NDIS*

Training delivered 'In-House' has continued to grow with organisations recognising the advantages (e.g. reduced costs, control over timing, team-building and customisation). Throughout the year, customisation ranged from a 'small' tweak to insert some relevant organisational policies, through to custom building a 'Peer Support' training program to sit within the hosting organisation's comprehensive workplace well-being and peer support initiative.

* Training days = the sum of (individual event duration x # of participants). For example a 2 day event with 15 participants = 30 training days.

Participant feedback on MHV training

The MHV Workforce Unit is committed to continuous improvement. The feedback provided across all the programs by participants is a key part of this, and has resulted in many improvements.

The word cloud below is taken from a random sample of participant evaluations across the year and different programs, providing some insights into the participant's view into what they liked about the training.

Helping to build Victoria's Mental Health Peer Workforce

Delivered in partnership with Wodonga Institute of TAFE, the Certificate IV Mental Health Peer Work qualification program has seen another cohort of participants successfully complete their studies this year with a further 30 students currently in training. One of these new programs is being delivered in partnership with Ermha and provides an opportunity for people not currently working as peer workers to undertake their study alongside a work placement to prepare them for the role of peer support worker.

Looking across all of the Certificate IV participants since the programs commenced in 2016, and based on their employment location at the time of enrolment, it is worth noting that 24% of participants have come from roles within clinical mental health services. In talking with peer workers, employing organisations, and other stakeholders there was also a clear message that a broader range of options is needed for peer workers seeking professional development was needed.

Towards this end, 2017-18 has seen a number of new developments in mental health peer work training at MHV. We introduced two new workshops to the professional development calendar in 2017-2018.

- *Communicating your lived experience* – delivered over 2 days, the training offers individuals the opportunity to understand how to use their lived experience effectively and safely to support others on their recovery journey. Supporting people with a lived experience, to use that experience in ways that are safe, for both the Peer Worker and the people they are working with is a key focus.
 - *Foundations of Peer Work* – delivered over 5 days, has been developed to introduce concepts, frameworks and skills for the emerging Peer workforce.

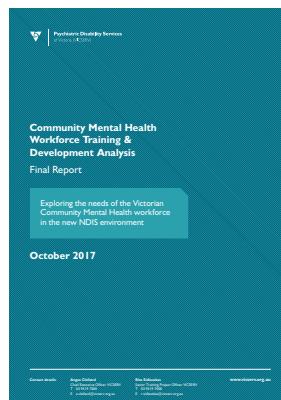
More new workshops will be launched in 2018-19.



Innovating for a changing workforce

Working in partnership with MHV's, NDIS Transition Support Program, The MHV Workforce Unit, initiated and managed a project to develop and pilot an innovative mobile learning based development program, and associated resources. The aim of the project was to test new delivery modes (e.g. mobile learning) while strengthening recovery oriented practice in organisations and workers providing psychosocial disability supports through the National Disability Insurance Scheme (NDIS).

This project builds on work completed previously, including the *Community Mental Health Workforce Training and Development Analysis: Exploring the needs of the Victorian Community Mental Health workforce in the new NDIS environment, Report*. (October 2017)



It is being undertaken in close collaboration with the sector and will be completed in October 2018. The learnings from this pilot project will directly inform the evolution and diversification of MHV's workforce development offerings, in line with the substantial changes underway with regards to Victoria's mental health workforce, and in particular the provision of psychosocial supports.

Governance

Incorporation

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Charitable status, tax concessions and fundraising

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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).

Approach to corporate governance

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

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. This approach includes a commitment to corporate governance excellence, which Mental Health Victoria sees as fundamental to its sustainability and performance.

Patron

Our Patron is Professor Allan Fels AO.

Ambassador

Our Ambassador is Professor Patrick McGorry AO.

Board structure

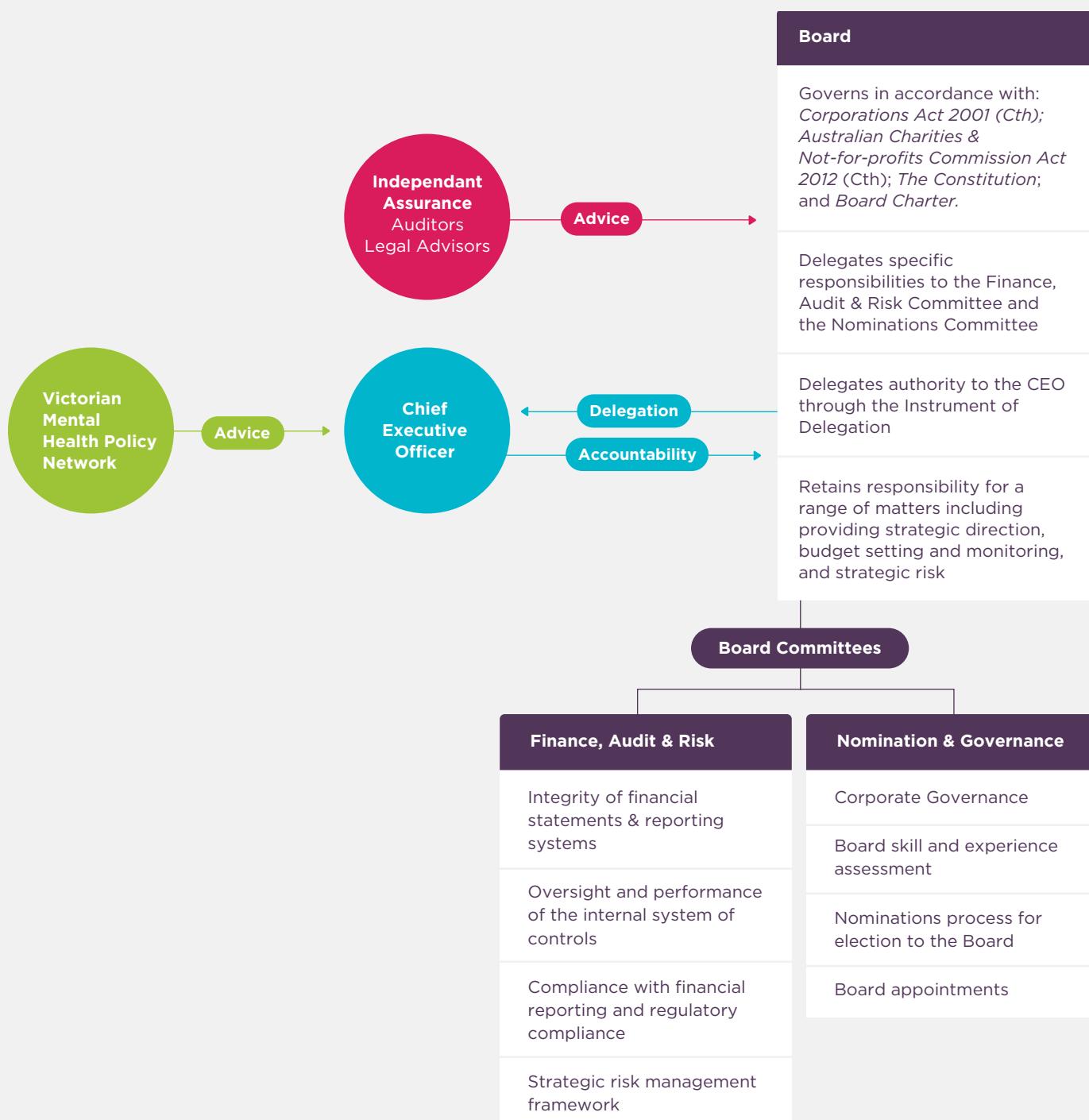
The Mental Health Victoria Board is comprised of up to 11 non-executive Directors. The functions reserved for the Board and those delegated to management are formally documented in the *Board Governance Charter*, *Director Letter of Appointment*, and *Instrument of Delegation*.

At 30 June 2018, the following directors were in office and there were two vacancies:

- **Ms Alys Boase**
Chief Operations Officer, Ermha Ltd
- **Mr Damian Ferrie (Board Chair)**
Chief Executive Officer, Star Health Ltd
- **Ms Tassia Michaleas**
GM, Family & Community Support Services, Merri Health Ltd
- **Assoc. Prof. Richard Newton**
Clinical Director, Peninsula Mental Health Service
- **Mr Terry Palioportis**
Chief Executive Officer, Mentis Assist Ltd
- **Mr Quinn Pawson**
GM Advocacy & Citizen Engagement, Uniting (Vic.Tas) Ltd
- **Assoc. Prof. Simon Stafrace**
Program Director, Alfred Psychiatry
- **Mr Glen Tobias**
State Manager, Neami National Ltd
- **Mr Simon Wrigley**
Executive Director Business Services, Mind Australia Ltd

On an annual basis, the Board's Nominations Committee will undertake a Board skills assessment and make recommendations to the Board on any gaps.

MHV Corporate Governance Framework



Mental Health Victoria
Annual Report 2018

Financial Statements

For The Year Ended
30 June 2018

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Mental Health Victoria Limited
(Formerly: Psychiatric Disability
Services of Victoria (VICSERV) Inc)

ABN: 79 174 342 927

Directors' Report

Your Directors present this report on the company for the financial year ended 30 June 2018. In order to comply with the provisions of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act), the Directors report as follows.

Directors and Director's Meetings

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

- Damian Ferrie
- Terry Palioportas
- Alys Boase
- Deanna Davis
- Sally Mitchell
- Quinn Pawson
- Glen Tobias
- Simon Wrigley
- Tassia Michaleas (Appointed 12/12/17)
- Simon Stafrace (Appointed 25/05/18)
- Richard Newton (Appointed 25/05/18)
- Elizabeth Crowther (Resigned 21/02/18)
- Peter Ruzyla (Resigned 29/06/18)

Operating Results

The net loss from continuing operations amounted to \$1,235 (2017: profit of \$152,920).

Principal Activities

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

State of Affairs

No significant change in the nature of these activities has occurred during the year, with the exception of the entity changing to a Company Limited by Guarantee, incorporated as Mental Health Victoria Limited on 29 March 2018.

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 Financial Period

There were no matters or circumstances that have arisen since the end of the financial year that significantly affected or may significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in subsequent financial years.

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 the next page.

On behalf of the Board

Damian Ferrie
(Board Chair)

Terry Palioportas
(Chair - Finance, Audit & Risk Committee)

Dated this 9th day of October 2018



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 2018, 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 9th day of October 2018

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DAVID A SZEPFALUSY
DIRECTOR



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Statement of Profit and Loss and Other Comprehensive Income

For The Year Ended 30 June 2018



	Note	2018	2017
Continuing Operations		\$	\$
Income			
Grant Funding		1,441,855	1,384,942
Training & Conference income		242,043	286,495
Membership Fees		110,215	116,813
Sponsorship		56,175	-
Interest Received		15,872	19,488
Donations		18,463	5,000
Sundry Income		220	-
Total Income		1,884,843	1,812,738
Less Expenses			
Salaries & Related Costs		1,208,444	1,110,540
Training & Conference Costs		125,237	228,451
Rent & Overhead Costs		134,596	130,160
General Expenses		171,558	82,926
Policy Costs		196,289	46,706
It Costs		14,900	14,049
Depreciation & Amortisation		35,054	46,986
Total Expenses		1,886,078	1,659,818
Operating Profit / (Loss) From Continuing Operations		(1,235)	152,920
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		(1,235)	152,920

Statement of Financial Position

As at 30 June 2018



	Note	2018	2017
		\$	\$
Current Assets			
Cash and Cash Equivalents	2	849,402	984,380
Trade Receivables	3	76,332	40,553
Sundry Debtors & Prepayments	4	90,053	9,677
Total Current Assets		1,015,787	1,034,610
Non-Current Assets			
Security Deposits	5	12,467	11,333
Plant & Equipment	6	58,214	86,050
Total Non-Current Assets		70,681	97,383
Total Assets		1,086,468	1,131,993
Current Liabilities			
Trade & Other Payables	7	98,820	75,461
Grants in Advance		344,999	399,601
Provisions	8	142,179	147,717
Total Current Liabilities		585,998	622,779
Non-Current Liabilities			
Provisions	8	8,677	16,186
Total Non-Current Liabilities		8,677	16,186
Total Liabilities		594,675	638,965
Net Assets		491,793	493,028
Equity			
Retained Earnings		491,793	493,028
Total Equity		491,793	493,028

The accompanying notes form part of these financial statements.

Statement of Changes in Equity

For The Year Ended 30 June 2018



	Note	2018	2017
Equity		\$	\$
<i>Retained Earnings</i>			
Opening Balance	493,028	340,108	
Operating Profit / (Loss) From Continuing Operations	(1,235)	152,920	
Other Comprehensive Income	-	-	
Closing Balance	491,793	493,028	
Total Equity	491,793	493,028	

Statement of Cash Flows

For The Year Ended 30 June 2018



	Note	2018	2017
		\$	\$
Cash Flows From Operating Activities			
Receipts from Members and Customers		1,564,785	1,677,834
Payments to Suppliers and Employees		(1,708,417)	(2,004,389)
Interest Received		15,872	19,488
Net Cash Provided By / (Used In) Operating Activities	9b	(127,760)	(307,067)
Cash Flows From Investing Activities			
Payments for Property, Plant & Equipment (Net)		(7,218)	(12,098)
Net Cash Provided By / (Used In) Investing Activities		(7,218)	(12,098)
Net Increase / (Decrease) in Cash Held		(134,978)	(319,165)
Cash at the Beginning of Financial Year		984,380	1,303,545
Cash at the End of Financial Year	9a	849,402	984,380

Notes to and forming part of the Financial Statements

For The Year Ended 30 June 2018



Note 1 – Summary Of Significant Accounting Policies

The financial statements cover Mental Health Victoria Limited as an individual entity, incorporated and domiciled in Australia. Mental Health Victoria Limited is a company limited by guarantee.

Financial Reporting Framework

The Directors have prepared the financial statements on the basis that the Company is a non-reporting entity because there are no users dependent on general purpose financial statements. These financial statements are therefore special purpose financial statements that have been prepared in order to meet the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*. The Company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

The financial statements have been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the *Australian Charities and Not-for-profits Commission Act 2012* and the significant accounting policies disclosed below, which the Directors have determined are appropriate to meet the needs of members. Such accounting policies are consistent with those of previous periods unless stated otherwise.

Statement of Compliance

The financial statements have been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the *Australian Charities and Not-for-profits Commission Act 2012*, the basis of accounting specified by all Australian Accounting Standards and Interpretations, and the disclosure requirements of Accounting Standards:

AASB 101: Presentation of Financial Statements,
 AASB 107: Cash Flow Statements,
 AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors,
 AASB 1031: Materiality
 AASB 1054: Australian Additional Disclosures.

Basis of Preparation

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs unless otherwise stated in the notes. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise. The amounts presented in the financial statements have been rounded to the nearest dollar.

Accounting Policies

a) 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 for Income Tax.

b) Plant and Equipment

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

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

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

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

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

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

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

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

c) Impairment of Assets

At the end of each reporting period, the Directors review the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in the income and expenditure.

d) Cash and Cash Equivalents

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

e) Trade and Other Receivables

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

f) Revenue and Other Income

Non-reciprocal grant revenue is recognised in the Statement of Profit or Loss and Other Comprehensive Income when the 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.

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

h) Goods and Services Tax (GST)

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

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

i) Employee Entitlements

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

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

j) Comparative Figure Changes

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

Notes to and forming part of the Financial Statements

For The Year Ended 30 June 2018



	2018	2017
	\$	\$
Note 2: Cash and Cash Equivalents		
Cash at Bank	849,095	984,102
Cash on Hand	307	278
	849,402	984,380
Note 3: Trade Receivables		
Trade Debtors	76,332	40,553
	76,332	40,553
Note 4: Sundry Debtors & Prepayments		
Sundry Debtor	4,845	1,471
Prepayments	8,2708	8,206
Refundable Deposits	2,500	-
	90,053	9,677
Note 5: Security Deposit		
This security deposit is held as a guarantee for the rental of the office premises.	12,467	11,333
	12,467	11,333
Note 6: Plant and Equipment		
Plant and equipment at cost	168,636	173,627
Less: Accumulated Depreciation	(164,378)	(162,104)
	4,258	11,523
Motor Vehicles at cost	56,775	56,775
Less: Accumulated Depreciation	(31,936)	(17,742)
	24,839	39,033

	2018	2017
	\$	\$
Plant and Leasehold improvements at cost		
	53,227	53,227
Less: Accumulated Depreciation	(53,227)	(53,227)
	-	-
Intangible assets at cost	47,093	44,093
Less: Accumulated Amortisation	(17,976)	(8,599)
	29,117	35,494
Total Plant and Equipment	58,214	86,050
Note 7: Trade & Other Payables		
GST, FBT and PAYG Payable	50,353	27,955
Trade Creditors and Accrued Expenses	48,467	47,506
	98,820	75,461
Note 8: Provisions		
<i>Current:-</i>		
Annual Leave	50,762	45,947
Long Service Leave	47,883	54,896
Equipment Reserve	29,101	46,874
Redundancy Provision	14,433	-
	142,179	147,717
<i>Non-Current:-</i>		
Long Service Leave	8,677	16,186
	8,677	16,186
Total Employee Entitlements	150,856	163,903

Notes to and forming part of the Financial Statements (cont.)

For The Year Ended 30 June 2018



	2018	2017
	\$	\$
Note 9: Notes to the Statement of Cash Flows		
(a) Reconciliation of Cash Cash at Bank	849,402	984,380
(b) Reconciliation of Net Cash Provided by Operating Operating Profit / (Loss) Operating Profit / (Loss)	(1,235)	152,920
Non Cash Flows in Operating Profit / (Loss)		
Depreciation	35,054	46,986
Profit on sale of plant & equipment	-	909
Changes in Assets and Liabilities		
(Increase)/Decrease in Trade and Other Receivables	(117,289)	63,909
Increase/(Decrease) in Trade and Other Payables	(31,243)	(459,086)
Increase/(Decrease) in Employee Entitlements	(13,047)	(112,705)
	(127,760)	(307,067)
Note 10: Operating Lease Commitments		
Being for Rent of Office Premises & Photocopier		
Operating lease commitments not capitalised in the accounts Payable:		
- Not later than one year	89,371	97,833
- Later than one year but not later than 5 years	-	42,181
	8,371	140,014

The original property lease was a non-cancellable lease with a 2 year term, with rent payable in advance, and expiring in December 2018. The lease has since been extended to June 2019.

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

	2018	2017
	\$	\$
Note 11: Remuneration of the Auditor		
Audit of the Financial Statements	4,800	4,000
Other Services	-	800
	4,800	4,800

Note 12: Events after year end

No matter or circumstance has arisen since 30 June 2018 that has significantly affected, or may significantly affect the association's operations, the results of those operations or the associations' state of affairs in the future financial years that hasn't been properly disclosed.

Note 13: Economic Dependence and Going Concern

The entity has been historically dependent on Government grant funding for a significant portion of its revenue. As this dependence presents a risk to the entity, in 2017/18 the Board authorised major changes to the entity's brand, legal structure, internal operations and service offerings to allow the entity to pursue new revenue sources. Consequently, forecast revenues for 2018/19 show a significant reduction in the proportion of Government revenue against total revenue.

Ongoing positive relations with Government and large scale investment in the sector has provided Management and the Board with confidence that grant funding will continue after the nominal expiry date of 30 June 2019. Notwithstanding this confidence, the entity has taken prudent measures to limit exposure should grant funding reduce or cease, and thereby continue to operate as a going concern after 30 June 2019.

Note 14: 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 entity. At 30 June 2018, the number of members was 45 (2017: Nil).

Note 15: Entity details

The registered office and principal place of business is:
Level 2, 22-24 Horne Street
Elsternwick Victoria 3185

Directors' Declaration



In accordance with a resolution of the Directors of Mental Health Victoria Limited, the Directors of the Company declare that:

1. The financial statements and notes. As set out on pages 5 to 16, are in accordance with subsection 60.15(2) of the *Australian Charities and Not for Profits Commission Regulation 2013* including:
 - a) Giving a true and fair view of its financial position as at 30 June 2018 and of its performance for the financial year ended on that date; and
 - b) Complying with Australian Accounting Standards; and
2. In the Directors' opinion there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors

Damian Ferrie
(Board Chair)

Terry Paliopartas
(Chair - Finance, Audit & Risk Committee)

Dated this 9th day of October 2018



Shepard Webster & O'Neill Audit Pty Ltd
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MENTAL HEALTH VICTORIA LIMITED
INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
ABN: 79 174 342 927

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Mental Health Victoria Limited, which comprises the Statement of Financial Position as at 30 June 2018, 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 2018 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.





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MENTAL HEALTH VICTORIA LIMITED
INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
ABN: 79 174 342 927

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

The 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 2018, 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 registered entity 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.

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.



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MENTAL HEALTH VICTORIA LIMITED
INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
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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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MENTAL HEALTH VICTORIA LIMITED
INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF
ABN: 79 174 342 927

Dated at Frankston on the 9th day of October 2018

SHEPARD WEBSTER & O'NEILL AUDIT PTY LTD
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DAVID A SZEPPFALUSY
DIRECTOR



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