

2020

Annual Report

Mental Health Victoria is
the peak body for mental
health in Victoria

mhvic.org.au



**MentalHealth
Victoria**

Collaboration • Knowledge • Leadership



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

Our registered office is located at 2/22 Home 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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Statement from the Board Chair and Chief Executive Officer

From our launch in June 2018, Mental Health Victoria (MHV) has taken on a strong leadership role in mental health system reform and been gladly embraced by a diverse stakeholder group who are hungry for change.



Damian Ferrie
Board Chair



Angus Clelland
CEO

MHV's second year of operation has of course coincided with two devastating shocks to people, communities, and the system: the devastating 2019-20 bushfires and the COVID-19 pandemic.

In response to the pandemic, Mental Health Victoria re-doubled its public and private advocacy efforts to ensure that the needs of individuals, carers, families, communities and the service system were afforded top priority by the Victorian and Federal Governments.

We are pleased that both governments have rapidly responded to the urgent need for boosting mental health services and capacity to cope with the increased demand for mental health services. As sector peak, Mental Health Victoria has been heavily involved in the scoping and planning for each new support package.

While the response to the pandemic has taken much of our attention, we have maintained our focus on the much-needed long term reform agenda.

Our aim has been to ensure that, despite the economic challenges created by COVID-19, governments remain focussed on the transformational changes needed to ensure that all Australians can access the mental health services they need, when and where they need them.

As you will recall, in 2019 we achieved significant success nationally, with \$114.5 million committed by the Federal Government for a trial of 8 adult community mental health centres. Later in the year, the Federal Government pledged to deliver at least 100 such centres.

MHV took the lead on developing and advocating for this program, which may be one of the most important national investments in mental health since the advent of headspace. For Victoria alone, this means at least \$100 million per annum in new community mental health funding once the program matures.

In November 2019 Mental Health Victoria's CEO was appointed Co-Chair of the Department of Health's Technical Advisory Group, responsible for developing the service model for the adult community mental health centre program.

We were delighted when the service model developed for the program was used by the Commonwealth to rapidly establish 15 'pop-up' community mental health clinics which are to be in place for 12 months across Victoria in response to pandemic-induced increased demand for services. We will now strongly advocate for their retention and for their transition into fully fledged adult mental health centres under a fast-tracked national program.

Despite the challenges presented by the pandemic, over the past year MHV dramatically expanded its policy program to respond to multiple inquiries and royal commissions. To do this, we have focussed on doing what we do best: building partnerships and working with a coalition of like-minded organisations committed to reform of the mental health system.

We were pleased that the Royal Commission's Interim Report included a number of our recommendations, including the establishment of the Victorian Collaborative Centre for Mental Health and Wellbeing, expansion of the Lived Experience Workforce, targeted acute service expansion and state-wide roll-out of the Hospital Outreach Post-suicidal after Engagement (HOPE) program.

We are particularly proud of the Victorian Collaborative Centre for Mental Health and Wellbeing.

The Collaborative Centre will bring together people with lived experience, experts in multidisciplinary clinical and non-clinical care, and researchers to develop and provide mental health services, conduct research and disseminate knowledge with the aim of delivering the best possible outcomes for people living with mental illness. This is a critical foundational investment in our mental health system which should see Victoria become a national and international leader in innovative service design and delivery.

We have worked closely with Mental Health Reform Victoria (MHRV) since its establishment in February 2020, in response to the Royal Commission's recommendations, and continue to support its engagement with the mental health and related sectors.

We were also pleased to give evidence to the Royal Commission into Victoria's mental health system, the Victorian inquiry into the state's COVID-19 response, and the Senate Select Committee inquiry into the Commonwealth's response to COVID-19.

On the workforce development front, Mental Health Victoria has had considerable success over the past year.

We secured a total of \$1.34 million in grants from the Commonwealth and the Victorian Government to design and deliver workforce psychosocial capabilities and recovery orientated disability support projects.

Embracing remote learning technology, Mental Health Victoria also expanded training delivery into the Northern Territory and is presently delivering the Certificate IV in Mental Health Peer Work in Darwin via videoconferencing.

During the year there were a number of changes to our Board.

Professor Simon Stafrace retired so that he could take up the position of Chief Advisor to MHRV. Other retiring Board members included Alys Boase and Simon Wrigley. We thank them all for their valuable service.

We also welcomed new directors:

Mr Peter Pynta,
CEO APAC, Neuro-Insight Australia

Mr Christopher McDermott,
Barrister, Victorian Bar

Ms Karenza Louis-Smith,
CEO Ermha365

Mr Thomas Dalton,
CEO Neami National

We want to thank our Board members, staff, stakeholders and supporters for all their work through such a challenging and difficult year in policy and practice, while managing new work arrangements under lockdown and dealing with the pressures of the pandemic on their own lives.

We look forward to working with you all again in 2020-21.

It will be both challenging and exciting as we look to a significant reform agenda with the release in late 2020 of the final report of the Productivity Commission's inquiry into mental health and to the final reports of both the Royal Commission into Victoria's Mental Health System and the Royal Commission into Aged Care Quality and Safety early in 2021.

As always, Mental Health Victoria will be a strong voice on your behalf as we begin reform implementation.

Damian Ferrie, Board Chair

Angus Clelland, CEO

Policy and advocacy

MHV's purpose is to ensure that people living with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in society.

The objective of our policy and advocacy work is to champion mental health system reform by being a respected and strategic voice for change.

Through this unprecedented year we kept our focus on the mental health reform agenda, both federal and state, and on the emerging and long-term issues related to COVID-19. We consulted widely and across sectors, to ensure we were identifying emerging issues for mental health consumers, carers and services.

Government and sector representation:

Mental Health Victoria seeks to participate broadly in government and cross-sectoral networks and bodies, to both inform our work and represent the priorities of the mental health sector.

Chair	Department of Health Adult Mental Health Centre Technical Advisory Group
Convener	Victorian Mental Health Policy Network
Member	Community Services and Health Industry Advisory Group, Office of the Victoria Skills Commissioner and the Community Services and Health Industry Training Advisory Board
Member	Collaborative Panel, Cross-sector Learning and Development Project, Victorian Council of Social Service
Member	DHHS Mental Health Workforce Reference Group
Member	Geelong Suicide Prevention Initiative
Member	Human Services and Health Partnership Implementation Committee
Member	Justice Stakeholder Forum
Member	Lived Experience Workforce Strategies Stewardship Group, cross-sector (Mental Health and AOD) collaboration for the development of the Lived Experience Workforce
Member	Mental Health Ministerial Advisory Committee
Member	Mercy Mental Health Alliance
Member	National Safety and Quality Community Mental Health Service Standards Advisory Group
Member	North West Melbourne Primary Health Network Mental Health Expert Advisory
Member	NDIS Implementation Taskforce
Member	Victorian Primary and Community Health Network
Member	VicHealth Mental Health COVID-19 Working Group
Member	Women's Mental Health Alliance

Victorian Mental Health Policy Network (VMHPN)

Now in its second year, the VMHPN continued to play an important role in influencing mental health system improvements at a critical time, including mental health reform and responding to the impacts of the coronavirus pandemic on mental health consumers, carers, services and policy.

Key areas of focus this year included:

- **Engaging, shaping recommendations and sharing priorities for:**
 - Royal Commission into Victoria's Mental Health System
 - Royal Commission into Aged Care Quality and Safety
 - Royal Commission into Violence, Abuse, Neglect, and Exploitation of People with Disability (Disability Royal Commission)
 - Productivity Commission Inquiry into Mental Health.
- **Consulting on key policy developments including:**
 - Commonwealth Adult Mental Health Centre trial
 - service, government and public responses to the mental health impacts of COVID-19
 - effective reform implementation.
- **Engaging with sector leaders including:**
 - Hon. Georgina Crozier MP, Deputy Leader, Victorian Liberal Party (Shadow Minister for Health, Shadow Minister for Ambulance Services)
 - Pam Anders, Chief Executive Officer, Mental Health Reform Victoria
 - Julie Skillbeck, Manager, Program Design and Strategy, Department of Health and Human Services
 - Prof. Helen Christensen AO, Director and Chief Scientist, Black Dog Institute
 - Stephen Carbone, Executive Director, Prevention United
 - Dr Rohann Borschmann, Justice Health Unit, University of Melbourne.
- **Sharing updates and learnings across organisations and sectors.**

VMHPN member list

Ambulance Employees Australia
Australasian College for Emergency Medicine
Australian College of Mental Health Nurses
Australians for Mental Health
Australian Nursing & Midwifery Federation
Australian Medical Association Victoria
Australian Psychological Society
Australian Services Union
Carers Victoria
Clarity Health
Community Housing Industry Association
Council to Homeless Persons
Health and Community Services Union
Mental Health Foundation Australia
National Disability Services
Neighbourhood Houses Victoria
Orygen
Rainbow Health Victoria
Royal Australian & New Zealand College of Psychiatrists
Royal Australian College of General Practitioners
Tandem Carers
The Police Association Victoria
Thorne Harbour Health
Victorian Alcohol and Drug Association
Victorian Healthcare Association
Victorian Aboriginal Community Controlled Health Organisation
Victorian Mental Illness Awareness Council
Victorian Council of Social Service
VicHealth
Victorian PHN Alliance
Victorian Refugee Health Network
Women's Mental Health Network Victoria
Women's Health Victoria
Youth Affairs Council Victoria

Major publications and selected submissions



Supporting the mental health and wellbeing of older Victorians. A submission to the Royal Commission into Victoria's Mental Health System and the Royal Commission into Aged Care Quality and Safety: July 2020.

Older people are important, contributing members of the Victorian community who have the same rights and needs for programs and services across the continuum of mental health promotion, illness prevention, treatment, recovery support, and suicide prevention as other age groups.

At present, they are missing out in many of these areas. This report outlines five key areas for the reform of mental health care for older people:

- Increasing focus on mentally healthy ageing and mental ill-health prevention
- Increasing the availability and accessibility of services for older Victorians
- Improving the quality and range of supports and services available
- Strengthening the older persons mental health workforce and increasing funding
- Preventing suicide, particularly among older men and women over 80 years.

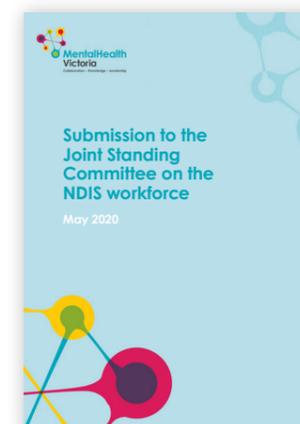
Developed with the Council of the Ageing (COTA) Victoria, much of the content and recommendations in this submission were developed from information and data gathered at Mental Health Victoria Ageing and Mental Health Summit held in July 2019.

Submission to the Joint Standing Committee on the National Disability Insurance Scheme (NDIS) workforce: May 2020

In order to improve efficiency and create cohesion in relation to the workforce providing supports to people with psychosocial disability, Mental Health Victoria called in this submission for the establishment of a mechanism to co-ordinate and integrate state and national NDIS workforce initiatives.

This includes the joint identification of common targets in relation to:

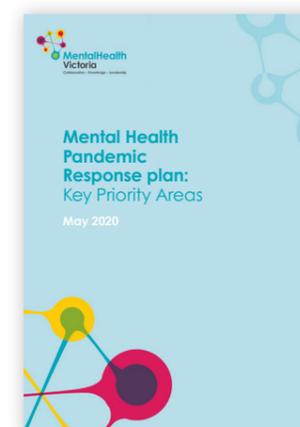
- workforce growth
- quality improvement
- evaluation measures.



Mental Health Pandemic Response Plan: Key Priority Areas: May 2020

This submission noted wide recognition of the significant direct and indirect effects of the COVID-19 pandemic on people's wellbeing and mental health and that, even when the nation overcame the initial 'wave' of COVID-19 disease, it faced a 'second wave' of mental health impacts on the Australian population that will last for years.

It urged the National Mental Health Commission to consider a range of issues when planning for a mental health response to the COVID-19 pandemic, including an evaluation of the immediate and longer-term mental health impacts of the COVID-19 crisis on Australia's population, lived experience input to planning, and support for frontline workers.

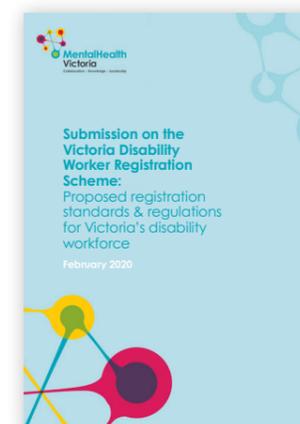


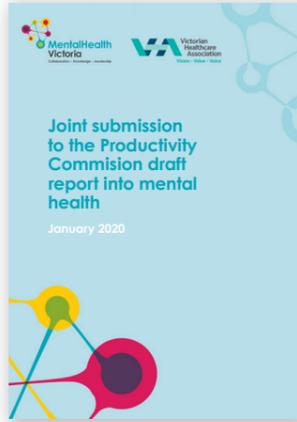
Submission on the Victorian Disability Worker Registration Scheme: Proposed registration standards and regulations for Victoria's disability workforce: February 2020

Mental Health Victoria commended the Victorian Government for establishing the Disability Worker Commission to further "protect vulnerable people from harm and neglect by stopping people who pose a serious risk of harm from providing disability services".

This submission said such government efforts must run in parallel to the provision of opportunities and support to the disability workforce, with further and more substantial funding required to meet the Victorian Government's complimentary ambitions to:

- build a strong and skilled disability workforce
- ensure high quality service provision
- provide more jobs, professional development and career progression for workers
- provide innovative, flexible and personalised disability services.

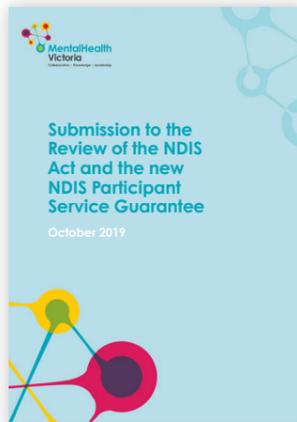




Joint submission to the Productivity Commission draft report into mental health: January 2020

This submission was jointly written by Mental Health Victoria and the Victorian Healthcare Association (VHA), with close input from both organisations' members, and from the Victorian Mental Health Policy Network (VMHPN).

It noted that there was broad support for the majority of recommendations proposed by the Productivity Commission in its draft report, but also concern regarding a number of gaps that should be addressed. It identified several broad areas where the report can be strengthened, covering an overarching vision for mental health, the role of mental healthcare in the community, and key population gaps.



Submission to the Review of the NDIS Act and the new NDIS Participant Service Guarantee. October 2019

Key points of the submission where that:

Improvements are urgently required to better support people with psychosocial disability to ensure quality and safety standards are guaranteed and more providers are not lost from the National Disability Insurance Scheme (NDIS) market.

In this submission, MHV welcomed the extensive work currently underway in the National Disability Insurance Agency (NDIA) but urged that improvements must be fast tracked and implementation well timed and monitored.

Joint Submission to the Royal Commission into Victoria's Mental Health System: July 2019

MHV made a Joint Submission, with the Victorian Healthcare Association and 16 other organisations, to the Royal Commission into Victoria's Mental Health System. The submission was formulated in consultation with the Victorian Mental Health Policy Network and other key mental health stakeholders from across the state. MHV and VHA advocated for a renewed focus on large scale investment at both ends of the mental health system — community based and hospital-based care. It urged a shift towards prevention and primary care, a greater focus on early intervention particularly for young people, equity of access in growth corridors and rural and regional areas and to all community groups, consistent and integrated whole-of-life services that provide care across the health and social systems, and overarching governance reform.



Submission to the Royal Commission into Aged Care Quality and Safety. October 2019

This submission called on the Royal Commission to ensure that mental healthcare is central to its investigations, including through an overarching recommendation to hold a special hearing focussed on mental health service provision for older people with a particular focus on residential aged care facilities.

It also urged reform to address barriers to mental healthcare, including location, cost, and equity of access. At the top of the list were the need to address age eligibility frameworks and access to mental health programs in residential aged care.

The submission also looked closely at the design of services and highlights workforce issues, urging better remuneration and training in aged care.



Forums and Events



Mental Health Victoria hosted a range of high-profile public, stakeholder, and member events through the year. The coronavirus pandemic meant we were unable to host a number of planned public events, but we shifted quickly to online webinars and discussions to continue to amplify critical issues and inform members and stakeholders of pandemic related issues and ongoing reform for the sector.

Ageing and Mental Health Summit – 24 July 2019

This event brought together consumers, carers, clinicians, academics, policy specialists and government officials to canvas and address issues associated with mental health and wellbeing of older Australians, including:

- barriers and opportunities for service provision across the care continuum
- consumer-oriented and carer-inclusive care
- priorities for system reform.

It recognised that the Federal Government's Royal Commission into Aged Care Quality and Safety, the Productivity Commission's inquiry into mental health, and the Royal Commission into Victoria's Mental Health System presented

a once-in-a-lifetime opportunity to focus attention and investment on supporting the mental health of Australia's senior citizens.

The summit highlighted the need for older Australians to be able to access the care and support they need, when they need it, regardless of their age, living status, family support or social context.

Guest speakers included: Victoria's first-ever Commissioner for Senior Victorians and Ambassador for Elder Abuse Prevention, Gerard Mansour, Deputy Chief Psychiatrist, Prof Daniel O'Connor, and mental health consumer Ian Higgins.

Content from the forum was used to develop the joint submission from Mental Health Victoria and COTA Victoria to both Royal Commissions.

Victorian Mental Health Policy Network and Mental Health Victoria Members' Special Meeting: Disability Royal Commission: 11 October 2019

This event provided an opportunity to learn more about the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability and its relevance to mental health service providers and the mental health system.

Malcom Harding and Kerin Callard, from the Office of the Solicitor Assisting the Royal Commission, delivered presentations on issues of importance to the mental health sector, including the Terms of Reference, key milestones, processes and submissions to the Royal Commission.

Mental Health Reform 2020: MHV Lunch and 2019 AGM: 29 November 2019

Our Annual General Meeting served as an opportunity to share first impressions of the Royal Commission into Victoria's Mental Health System and the 'Mental Health Reform Roadmap'

Mental Health Reform forum series: 2019 and 2020

The Mental Health Reform forum series was established as a collaboration between Mental Health Victoria and the Victorian Healthcare Association, to provide a platform for leaders and system stewards from across the mental health and broader health system to:

- understand the vision for the future mental health system
- lay the foundations to ready the system, and each respective organisation/agency, for imminent reform.

We held two events in 2019-20:

Readiness for Reform: 13 December 2019: to discuss interim reports from both the Royal Commission into Victoria's Mental Health System and the Productivity Commission Inquiry into Mental Health, and the implications and opportunities for the mental health sector to work together.

Readiness for Reform: Building blocks for Success: 28 May 2020 (online): an opportunity for the Minister for Mental Health Martin Foley and Mental Health Reform Victoria to update the sector, as well as inviting participants to reflect on the foundations ('Building blocks') required to underpin the reform program.

The series will continue in the next financial year with topics including Lived Experience and successful reform implementation.

Mental Health Victoria Online Disability Provider Forum: 28 April 2020

This event enabled consultation with disability service support providers to share updates and learnings during the early stages of the coronavirus pandemic, provide key updates to the sector from the NDIS and Victorian Disability Worker Commission, and garner sector feedback on NDIS workforce issues to guide our submission to the Joint Standing Committee Inquiry into the NDIS workforce.

It included presentations and a Q&A session with:

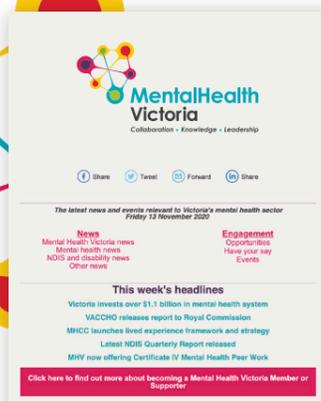
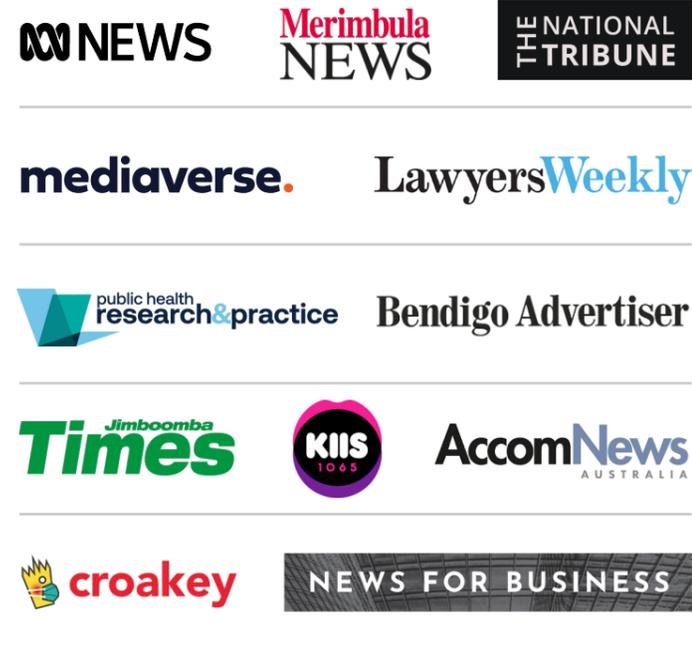
- Dan Stubbs, the newly appointed Victorian Disability Worker Commissioner
- Dr Gerry Naughtin, Strategic Adviser, Mental Health & Mark Rosser, Director, Mental Health, National Disability Insurance Scheme
- Julie Colcott, Principal Policy Officer, Mental Health and Drugs Branch, Department of Health and Human Services (DHHS) on its investigation of the impact of NDIS market settings on participants with a psychosocial disability.

Media



Mental Health Victoria continued to seek and respond to opportunities to advocate in the media, building a significant media presence particularly in rural and regional Victoria and provide valued comment and background on mental health issues across the state.

We have used our growing profile to promote reform and to encourage both the Victorian Government and the Federal Government to take action and invest in mental health and to respond to urgent needs in the midst of the coronavirus pandemic.



MHV News

The Mental Health Victoria weekly newsletter keeps MHV members and stakeholders informed and up to date about issues relevant to the sector, including reforms and transitions, policy, the NDIS, and MHV activities, events, conferences and opportunities.

Mental Health Victoria Media Mentions

Date	Headline	Number of publications	Media Outlet	Reach ¹	Desktop Reach ²	Mobile Reach ³
5/06/2020	We need to understand the pandemic's impact on young people	117	Multiple State & Nat. Outlets	6,669,251	1,716,060	4,953,191
27/05/2020	Mental health inquiry granted extension	1	Lawyers Weekly	66,611	33,166	33,445
27/05/2020	COVID-19 sees Victoria's mental health royal commission deadline extended	1	Bendigo Advertiser	124,719	50,000	74,719
17/04/2020	Don't miss out on the health support you need	4	Multiple State Outlets	349,673	150,004	199,669
15/04/2020	PJ Reads Out Emotional Message About Non-Essential Trips That We All Need To Hear	1	Kiis 101.1 FM	112,176	43,471	68,705
20/03/2020	Social distancing shouldn't mean social isolation	1	Merimbula News Weekly	10,738	7,464	3,274
7/03/2020	Why mental health treatment can be too expensive for those who need it most	1	ABC News	18,412,995	6,393,278	12,019,717
4/01/2019	Physical health should be "routine care" in mental health, including in refugee camps	1	Croakey	7,550	2,792	4,758
4/12/2019	Culture clash? Recovery in mental health under Australia's National Disability Insurance Scheme – a case study	1	Public Health Research & Practice	9,139	7,848	1,291
4/08/2019	To reduce suicides, boost social payments & supports – & other calls from #MHAgeing	1	Croakey	4,830	2,193	2,637
26/07/2019	High time to challenge ageism and the dominant biomedical view of ageing	1	Croakey	4,830	2,193	2,637

1. Potential viewership of any particular article based on the number of monthly unique visitors to the specific source.
 2. Unique visitors to the page/publication per month, read via desktop device.
 3. Unique visitors to the page/publication per month, read via mobile device.

Mental Health Victoria Media Releases

Date	Headline	Reach ⁴	Desktop Reach ⁵	Mobile Reach ⁶
27/05/2020	Mental Health Victoria says Royal Commission delay welcomed, will not slow reform agenda	262,384	114,843	147,541
15/05/2020	Funding to roll out mental health reforms is timely & welcome	262,384	114,843	147,541
11/03/2020	Mental Health Victoria welcomes Victorian Government's support for post-bushfire mental health	218,948	85,079	133,869
26/02/2020	International & local experts to focus on mental health across the lifespan	253,522	89,494	164,028
29/11/2019	Victoria's Royal Commission into mental health says system "catastrophically failed"	4,830	2,193	2637
28/11/2019	Royal Commission's interim report will kick start urgent reform process & save lives	210,788	91,850	118,938
31/10/2019	PC Report a watershed moment in mental health reform	194,190	85,301	118,889
16/10/2019	Play helps young people to choose life	41,607	18,838	22,769

4. Potential viewership of any particular article based on the number of monthly unique visitors to the specific source.
 5. Unique visitors to the page/publication per month, read via desktop device.
 6. Unique visitors to the page/publication per month, read via mobile device.

Workforce development and learning

Expanding our work into NDIS psychosocial capability

While retaining a strong focus on supporting state funded community based mental health service providers and their workforces, the Workforce Unit also undertook projects to build capability in other areas of the mental health service system. This included substantial work with Psychosocial Disability Support providers and workers, delivering services as part of the National Disability Insurance Scheme.

With project funding from the Victorian Department of Health and Human Services (DHHS), and building on previous projects, the Unit commenced the 18-month NDIS Workforce Development (Psychosocial Capabilities) Project.

Utilising a range of co-design and engagement strategies, the project has mapped psychosocial disability support specific capabilities and developed them into a capability framework. Working closely with NDIS service providers, participants, and their carers, the project is now focused on the design and creation of a professional development program, aligned with the capability framework, and contextualised to the NDIS working and learning environment specifics.

The program, Psychosocial Learning Hub (PLH), commenced delivery in July 2020. The PLH is an online learning platform that provides learners with micro and bight sized learning opportunities, that can be undertaken via mobile, via phones and tablets. The learning topics and program of activities align with the capability development framework, developed as part of the project.

Importantly, rather than presenting learners with a 'block' to work through, the PLH reaches out to learners via a microlearning quizzing platform that also provides learners with links into the online PLH learner management system, allowing learners to explore content and learning activities in line with their own needs, and at a time and place of their choosing. The Workforce Unit also worked with Department of Education and Training NDIS Expert Advisory Group, supporting the development of NDIS and psychosocial specific 'Course-ins', units of accredited training, supporting both new workforce entrants, as well as those currently working in the NDIS workforce.

Recognising a range of issues regarding the mental health capabilities of the aged care workforce, the unit worked with project partners GOTAFE (Shepparton) and the Future Social Service Institute, to complete a Victorian Department of Education and Training (DET) – Workforce Training and Innovation Fund (WTIF) Seed Project. The project looked at workforce mental health capability needs in aged care settings and designed a project proposal to address those needs. The proposal is currently with DET for consideration, pending also a DET review of the overall WTIF Program.

Delivering capability building activities and programs

Short-course delivery over the year has included:

- Mental Health Awareness
- Mental Health First Aid
- ASIST (Applied Suicide Intervention Skills Training)
- Introduction to Motivational Interviewing
- Behaviours of concern
- Self-care strategies for preventing vicarious trauma and burn out
- Trauma informed care
- Foundations of Peer Work
- Communicating Lived Experience
- Developing and facilitating groups

In partnership with the Wodonga Institute of TAFE, the Workforce Unit has continued delivering the Certificate IV (CHC 43515) Mental Health Peer Work qualification. We delivered one full Certificate IV program in partnership with Ermha365, continued to deliver an already established program in Warrnambool, and are commencing a new course, online, due to COVID-19 restrictions.

Statistical measures re delivered training	2019-2020
1. Individual days of training	49.7
2. Individual events	67
3. Training days*	764.4
4. Participants	828

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

The volume of training delivered was down around 50 per cent on the previous year. This was in part from the impact of the COVID-19 pandemic. It also reflected a one-off spike in 2018-2019 due to the provision of short courses into the Victorian Community Care Education and Training Service Calendar, administered through Swinburne and completed in June 2019.

Innovation in service and program delivery

COVID-19 impacts were most felt in the provision of short-course training in 2020, which was paused from March to June as the unit worked to move online. Demand for courses was lower as workforce organisations grappled with operating in the pandemic.

During this period, the Workforce Unit was able to convert and maintain its Cert IV (CHC 43515) Mental Health Peer Work commitments, including initiating a brand-new course, and progressively re-configuring short courses for online delivery. The unit launched its first – all online delivery – short course calendar to the sector in early June 2020.

In preparation for the move online, Mental Health Victoria investigated best practice for online delivery of workshops and chose not to convert face-to-face workshops to lecture-webinar style delivery but to rather invest in maintaining the popular interactive format used in our programs over the years. Engaging with learners around what works, and what does not, including the structuring and scheduling of delivery, has been key, particularly for the Certificate IV Mental Health Peer Work programs.



This ongoing continuous improvement of online delivery will continue as the unit looks to embed quality online delivery options, as a post COVID-19 feature. Effective online delivery much enhances the unit's capacity to service workers in regional Victoria, creating new opportunities.

Governance

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/members

The Mental Health Victoria Board is comprised of 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 Instrument of Delegation.

At 30 June 2020, the following directors were in office and there were no vacancies.



Dr Leslie Cannold

Appointed Director, Chair Nominations & Remuneration Committee
Author/Ethicist/Public speaker



Mr Damian Ferrie

Board Chair, Elected Director
Chief Executive Officer, Star Health Ltd



Ms Emma King

Appointed Director
Chief Executive Officer, Victorian Council of Social Service (VCOSS)



Mr Christopher McDermott

Elected Director
Barrister, Victorian Bar



Prof Richard Newton

Appointed Director
Clinical Director, Peninsula Mental Health Service



Mr Thomas Dalton

Elected Director
Chief Executive Officer, Neami National Ltd



Mr David W. Frost

Appointed Director, Chair, Finance Audit & Risk Committee
Chartered Accountant



Ms Karenza Louis-Smith

Elected Director, Chair Marketing & Fundraising Committee
Chief Executive Officer, Ermha365 Ltd



Ms Tassia Michaleas

Elected Director
Chief Executive Officer, Merri Health Ltd



Mr Quinn Pawson

Elected Director
Chief Executive Officer, VincentCare Ltd



Mr Peter Pynta

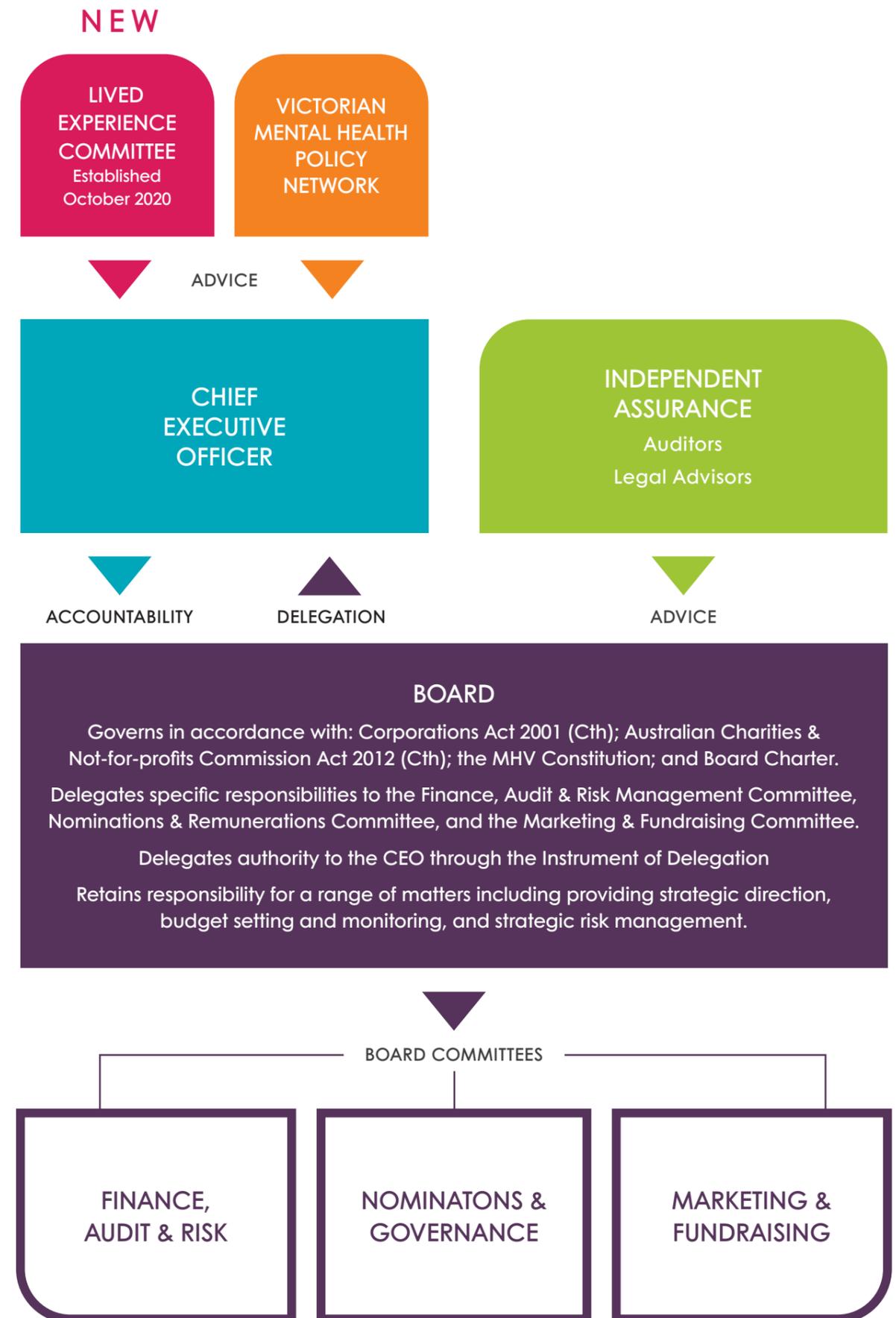
Elected Director
Chief Executive Officer APAC, Neuro-Insight Ltd

Governance Reform

In 2018, the Board and Members of Mental Health Victoria's predecessor, Psychiatric Disability Services of Victoria Inc. agreed to a suite of major reforms including the adoption of a new name (Mental Health Victoria), transition to a company limited by guarantee, and the adoption of a new constitution. The new organisation was officially launched at the Melbourne Town Hall in June 2018.

A key feature of the new constitution was the phased transition from a representational style board to a skills and experience based board. The final phase of the transition to a skills-based board is the election of three new directors in November 2020.

In June 2020, Mental Health Victoria's Nominations & Remuneration Committee chaired by Dr Leslie Cannold assessed the current and likely future skills, experience and diversity needs of the Board and oversaw the Board election process which concluded in mid-October. In light of the results of the Board election process, the Committee also advised the Board on Mental Health Victoria's skills and experience needs in its four appointed directors. The outcome of both the Board election and appointment process will be announced at the November 2020 Annual General Meeting.



Financial Report

For the Year Ended
30 June 2020

ABN: 79 174 342 927

Your Directors present this report on Mental Health Victoria Limited for the financial year ended 30 June 2020. 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

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

Damian Ferrie

Emma King

Tassia Michaleas

Richard Newton

Quinn Pawson

Leslie Cannold (Appointed 29/08/19)

Christopher McDermott (Appointed 29/08/19)

Peter Pynta (Appointed 29/08/19)

Tom Dalton (Appointed 29/11/19)

Karenza Louis-Smith (Appointed 29/11/19)

David W Frost (Appointed 22/04/20)

Alys Boase (Resigned 29/11/19)

Simon Wrigley (Resigned 29/11/19)

Simon Stafrace (Resigned 13/12/19)

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 \$28,952 (2019: surplus of \$189,900).

Significant Changes in the State of Affairs

COVID: Access to the Company was significantly impacted by Victoria Government order issued on the 23rd March 2020 and 6th of August 2020 as part of the measures to reduce spread of COVID-19.

The continued application of social distancing measures will continue to impact on revenue until COVID-19 is brought completely under control and restrictions eased.

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.

Matters Arising Since the End of the Financial Year

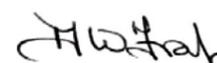
Reference should be made to Note 13 in the financial report, which details the COVID-19 impact on the Company subsequent to year end.

Other than the above, since the end of the financial year no other matters 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.

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



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



Damian Ferrie (Board Chair)
Dated this 27th day of October 2020.



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 2020, 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 Mount Martha on the 27th day of October 2020



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



Shepard Webster & O'Neill Audit Pty Ltd
is a CPA Practice

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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Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2020

	Note	2020	2019
		\$	\$
Continuing Operations			
Income			
Grant Funding	1,283,175	1,247,293	
Training & Conference income	166,089	886,195	
Membership Fees	103,628	101,719	
Sponsorship	61,000	62,638	
Federal Support	176,000	-	
Interest Received	7,759	14,872	
Donations	5,717	5,000	
Sundry Income	2,500	3,824	
Total Income	1,805,868	2,321,541	
Less Expenses			
Salaries & Related Costs	1,199,871	1,139,876	
Training & Conference costs	194,560	503,068	
Rent & Overhead Costs	125,365	131,002	
General Expenses	94,492	99,113	
Policy Costs	108,076	213,480	
IT Costs	29,448	16,689	
Depreciation & Amortisation	25,104	28,413	
Total Expenses	1,776,916	2,131,641	
Operating Surplus / (Deficit) From Continuing Operations	28,952	189,900	
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	28,952	189,900	

Statement of Financial Position

As at 30 June 2020

	Note	2020	2019
		\$	\$
Current Assets			
Cash and Cash Equivalents	2	1,934,858	966,906
Trade & Other Receivables	3	88,363	143,117
Other Assets	4	241,108	36,149
Total Current Assets		2,264,329	1,146,172
Non-Current Assets			
Security Deposits	5	12,467	12,467
Plant & Equipment	6	25,538	36,807
Total Non-Current Assets		38,005	49,274
Total Assets		2,302,334	1,195,446
Current Liabilities			
Trade & Other Payables	7	132,858	93,873
Grants in Advance		1,209,806	260,804
Provisions	8	215,588	159,076
Total Current Liabilities		1,558,252	513,753
Non-Current Liabilities			
Provisions	8	33,437	-
Total Non-Current Liabilities		33,437	-
Total Liabilities		1,591,689	513,753
Net Assets		710,645	681,693
Equity			
Retained Earning		710,645	681,693
Total Equity		710,645	681,693

Statement of Changes in Equity

For the Year Ended 30 June 2020

	Note	2020	2019
		\$	\$
Equity			
Retained Earnings			
Opening Balance		681,693	491,793
Operating Surplus / (Deficit) From Continuing Operations		28,952	189,900
Other Comprehensive Income		-	-
Closing Balance		710,645	681,693
Total Equity		710,645	681,693

Statement of Cash Flows

For the Year Ended 30 June 2020

	Note	2020	2019
		\$	\$
Cash Flows From Operating Activities			
Receipts from Members and Customers		1,468,093	2,061,987
Payments to Suppliers and Employees		(494,065)	(1,953,483)
Interest Received		7,759	14,872
Net Cash Provided By / (Used In) Operating Activities	9b	981,787	123,376
Cash Flows From Investing Activities			
Payments for Property, Plant & Equipment (Net)		(13,835)	(7,006)
(Payments) / Redemption for Investments (Net)		-	1,134
Net Cash (Used In) Investing Activities		(13,835)	(5,872)
Net Increase / (Decrease) in Cash Held		967,952	117,504
Cash at the Beginning of Financial Year		966,906	849,402
Cash at the End of Financial Year	9a	1,934,858	966,906

Notes to the Financial Statements

For the Year Ended 30 June 2020

Note 1 – Summary of Significant Accounting Policies

Basis of Accounting

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: 1048: *Interpretations of Standards* and AASB 1054: *Australian Additional Disclosures*, as appropriate for not-for-profit oriented entities.

The Company has concluded that the requirements set out in AASB 10 and AASB 128 are not applicable as the initial assessment on its interests in other entities indicated that it does not have any subsidiaries, associates or joint ventures. Hence, the financial statements comply with all the recognition and measurement requirements in Australian Accounting Standards, except for those disclosed in the accounting policies below.

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, with the exception of the following, where these financial statements do not comply with the recognition and measurement requirements in these standards:

- AASB 15 Revenue from contracts with customers & AASB 1058 Income of not-for-profit entities
- AASB 16 Leases

The material accounting policies adopted in the special purpose financial statements are set out in respective notes below, and indicate how the recognition and measurement requirements in Australian Accounting Standards have not been complied with.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

Basis of Preparation

The financial statements have been prepared on an accrual basis and are based on historical costs. They do not take into account changing money values or, except where stated specifically, current valuations of non-current assets.

The following significant accounting policies, which are consistent with the previous period unless stated otherwise, have been adopted in the preparation of these financial statements:

(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 for Income Tax.

(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 Entity 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 Entity 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 Entity 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 Entity 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.

(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

For the Year Ended 30 June 2020

	2020	2019
	\$	\$
Note 2: Cash and Cash Equivalents		
Cash at Bank	1,934,843	966,874
Cash on Hand	15	32
	1,934,858	966,906
Note 3: Trade & Other Receivables		
Trade Debtors	30,816	143,117
Sundry Debtors	57,547	-
	88,363	143,117
Note 4: Other Assets		
Prepayments	241,108	20,332
Refundable Deposits	-	15,817
	241,108	36,149
Note 5: Security Deposit		
This security deposit is held as a guarantee for the rental of the office premises.		
	12,467	12,467
	12,467	12,467
Note 6: Plant and Equipment		
Plant and equipment at cost	164,895	151,060
Less: Accumulated Depreciation	(151,961)	(147,691)
	12,934	3,369
Motor Vehicles at cost	56,775	56,775
Less: Accumulated Depreciation	(56,775)	(46,129)
	-	10,646
Plant and Leasehold improvements at cost	53,227	53,227
Less: Accumulated Depreciation	(53,227)	(53,227)
	-	-
Intangible assets at cost	50,943	50,943
Less: Accumulated Amortisation	(38,339)	(28,151)
	12,604	22,792
Total Plant and Equipment	25,538	36,807
Note 7: Trade & Other Payables		
GST, FBT and PAYG Payable	78,413	57,862
Trade Creditors and Accrued Expenses	54,445	36,011
	132,858	93,873

	2020	2019
	\$	\$
Note 8: Provisions 2020 2019		
Current:-		
Annual Leave	146,949	88,190
Long Service Leave	59,601	53,029
Equipment Reserve	9,038	17,857
	215,588	159,076
Non-Current:-		
Long Service Leave	33,437	-
	33,437	-
Total Employee Entitlements	249,025	159,076

Note 9: Notes to the Statement of Cash Flows

(a) Reconciliation of Cash		
Cash at Bank	1,934,858	966,906

(b) Reconciliation of Net Cash Provided by Operating

Operating Surplus / (Deficit)	28,952	189,900
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Non Cash Flows in Operating Surplus / (Deficit)

Depreciation	25,104	28,413
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Changes in Assets and Liabilities

(Increase) in Trade and Other Receivables	(150,205)	(14,015)
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(Decrease) in Trade and Other Payables	987,987	(89,142)
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Increase/(Decrease) in Employee Entitlements	89,949	8,220
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	981,787	123,376
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Note 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 liabilities:

Payable:		
- not later than one year	95,636	94,123
- later than one year but not later than 5 years	2,832	6,609
	98,468	100,732

The extended property lease is a non-cancellable lease with a 1 year term, with rent payable in advance, and expiring in June 2021.

The photocopier rental is a non-cancellable lease with a 3 year term. This rental expires in April 2022.

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.

Note 11: Remuneration of the Auditor

Audit of the Financial Statements	6,400	6,000
Other Services	-	-
	6,400	6,000

Note 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 entity. At 30 June 2020, the number of members was 75 (2019: 42).

Note 13: Events after year end

The impact of the COVID-19 pandemic is ongoing. It is difficult to estimate the potential impact, positive or negative, after the reporting date. The situation is rapidly developing and is dependent on measures imposed by the Australian Government and other countries, such as maintaining social distancing requirements, quarantine, travel restrictions and any economic stimulus that may be provided. Noting the uncertainty, the Company has continued to grow its reserves and relies on fixed-term contract staff who are tied to specific government-funded projects. The Company has also taken a conservative approach to budgeting for 2020-21, including the assumption that all Commonwealth industry assistance will cease by September 2020.

No other matter or circumstance has arisen since 30 June 2020 that has significantly affected, or may significantly affect the Company's operations, the results of those operations, or the Association's state of affairs in future financial years.

Note 14: Economic Dependence and Going Concern

The Company has been historically dependent on State 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.

The Company confirmed ongoing core funding from the Victorian Government in 2018-19 which ensures that core services can be delivered indefinitely. In addition to core funding, the organisation secured large-scale project funding from the Commonwealth and the State in 2019-20 which will be expended through to at least the end of 2020-21. These additional funds have further diversified the entity's revenue base and are creating opportunities to commercialise several online training products for markets in other states and territories.

The financial impact of the COVID-19 pandemic to 30 June 2020 has been almost entirely negated by Commonwealth Job Keeper assistance and the imposition of expenditure controls, with the Company finishing the year on-budget with a small surplus as planned, further adding to reserves.

Taking all of the above into account, Mental Health Victoria Ltd is placed in a position whereby it can continue to operate as a going concern after 30 June 2020. Nevertheless, the Board and CEO have agreed that it would be prudent to further diversify revenue streams to provide safety buffers from reliance on particular sources. Towards this end, the Board established a new Marketing & Fundraising Committee in April 2020.

Note 15: Entity details

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

Directors' Declaration

For the Year Ended 30 June 2020

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.

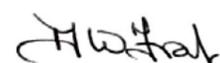
In the opinion of the Directors, the financial report as set out on pages 3 to 15:

1. Give a true and fair view of the financial position of Mental Health Victoria Limited as at 30 June 2020 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 27th day of October 2020.



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 2020, 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 2020 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 2020 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.



Shepard Webster & O'Neill Audit Pty Ltd
is a CPA Practice

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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**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.

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

Dated at Mount Martha on the 27th day of October 2020



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 – szefalusy@shepard.com.au



DAVID A SZEPFALUSY
DIRECTOR

Members & Supporters

Abrisa
 Alfred Health
 Ambulance Employees Australia
 Anglicare Victoria
 Anxiety Recovery Centre Victoria (ARCVic)
 APMHA Healthcare
 At Home Assistance
 Australasian College for Emergency Medicine
 Australian College of Mental Health Nurses
 Australian Community Support Organisation (ACSO)
 Australian Medical Association Victoria
 Australian Nursing & Midwifery Federation
 Australian Psychological Society
 Australian Services Union
 Australians for Mental Health
 Ballarat Community Health
 Barwon Disability Resource Council
 Breakthru (Paramatta)
 Cairnmillar
 Call to Mind
 Cancer Council Vic
 Candella Ltd
 Cardinia Shire Council
 Carers Victoria
 Carrington HealthAbility Community Health Service

Centacare Catholic Diocese of Ballarat
 Clarity Health Care Pty Ltd
 Cohealth
 Community Access
 Community Housing Industry Association
 Connect Health and Community
 Council to Homeless Persons
 DPV Health
 Drummond Street Services Inc.
 EACHEating Disorders Victoria
 Ermha
 First Step
 Flourish
 Gateway Health
 GenU Karingal St Laurence Limited
 GMHBA
 Golden City Support Services Inc.
 Grampians Community Health Centre
 Guidestar life
 Health and Community Services Union
 HealthPlay
 Integra
 IPC Health Ltd
 Jesuit Social Services
 Jewish Care Victoria
 Knox City Council
 Ladder Project Foundation
 Latrobe Community Health Service
 Mallee Family Care (Mildura)
 McAuley Community Service for Women
 Mental Health First Aid International
 Mental Health Foundation Australia
 Mental Health Legal Centre
 Mentis Assist
 Merri Health

Mind Australia
 National Disability Services
 Neami National Limited
 Neighbourhood Connect
 Neighbourhood Houses Victoria
 One in Five
 OnSide (Live Life Connect)
 Orygen Youth Health
 Outlook EmploymentPrevention United
 PANDA
 Parent Guides
 Peninsula Mental Health Services
 Prevention United
 Rainbow Health Victoria
 RANZCP
 Realising Recovery
 Royal Australian & New Zealand College of Psychiatrists
 Royal Australian College of General Practitioners
 Sacred Heart Mission
 SANE Australia
 South West Healthcare
 Southern Migrant & Refugee Centre
 Spiritual Health Association
 St Mary's House of Welcome
 Star Health
 Support N Connect
 Tandem
 Tandem Carers
 The Centre for Muslim Wellbeing
 The Compassionate Friends Victoria
 The Police Association Victoria
 The Salvation Army - AOD & MH Services
 The Three Seas
 Thorne Harbour Health

Uniting (Victoria Tasmania) Head Office
 VicHealth
 Victorian Aboriginal Community Controlled Health Organisation
 Victorian Alcohol and Drug Association
 Victorian Council of Social Service
 Victorian Healthcare Association
 Victorian Mental Illness Awareness Council
 Victorian PHN Alliance
 Victorian Refugee Health Network
 VincentCare Victoria
 Wellways
 West Wimmera Health Services
 Within Australia Inc.
 Women's Mental Health Network Victoria
 Women's Health Victoria
 Youth Affairs Council Victoria

Individuals

Carly Vanderzeil
 Catherine Edwards
 Debra Joy Rees
 Jacqueline Macklin
 Joan Clarke
 Josephine Smyth
 Ky Millar
 Kylie Closter
 Lara Anderson
 Melissa Alemis
 Melissa Dummigan
 Rod Catterall
 Roslyn Stewart
 Samantha Orr
 Sherree Unwin
 Soula Thuring
 Valerie Gerrand



**MentalHealth
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Contact:

Angus Clelland
Chief Executive Officer

Level 2, 22 Home Street,
Elsternwick Victoria 3185

P +61 (3) 9519 7000

E A.Clelland@mhvic.org.au

mhvic.org.au

