Government of **Western Australia**
Mental Health Commission

Mental Health Commission Annual Report 30 June 2010

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Mental Health Commission

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This report is available in alternative formats upon request from a person with a disability.

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Statement of Compliance

HON DR GRAHAM JACOBS MLA
MINISTER FOR MENTAL HEALTH

In accordance with section 61 of the *Financial Management Act 2006*, I hereby submit for your information and presentation to Parliament, the Annual Report of the Mental Health Commission for the financial year ended 30 June 2010.

The Annual Report has been prepared in accordance with the provisions of the *Financial Management Act 2006.*

Eddie Bartnik
COMMISSIONER
Accountable Authority

21 September 2010

Overview

Commissioner's Overview

This first Annual Report of the Mental Health Commission represents a milestone in mental health in Western Australia.

On the 4 February 2010 the Premier announced the creation of a new department, the Mental Health Commission, to lead mental health reform throughout the State. The Commission became effective on 8 March 2010. As such, this Annual Report focuses largely on the period from 8 March 2010 to 30 June 2010.

The establishment of the Commission is a key step in creating a modern effective mental health system that places the individual and their recovery at the centre of its focus. This initiative places Western Australia among the leaders in other national and international jurisdictions.

The Commission was created initially by transferring existing resources of the Mental Health Division of the Department of Health. It will focus on mental health strategic policy, planning, procurement and performance monitoring and evaluation of services. It will promote social inclusion, raise public awareness of mental wellbeing and address stigma and discrimination surrounding mental illness. Mental health services will continue to be provided by a range of providers including the public Area Health Services, community mental health services and other non-government and private sector providers.

In the four months to 30 June 2010, the Commission made significant progress in establishing itself as a separate entity and progressing a range of reforms.

Stakeholder engagement, especially with consumers, families and carers, has been and must continue to be a priority for the Commission as it establishes new ways of doing business and ensures decisions are informed by the experiences of people affected by mental illness. The Commission has also proactively engaged with non-government providers, the public health system and other government agencies that provide services for people with mental illness and promote mental health and wellbeing.

Major progress has been made with the implementation of the WA Suicide Prevention Strategy and a Statewide specialist Aboriginal Mental Health Service. Both initiatives in particular acknowledge the need to enhance the level of services and supports in the rural and remote areas of Western Australia. The Commission has further developed the Strategic Policy and Plan which was initiated by the Mental Health Division in 2009. It is anticipated that this work will form the basis of a major strategy to be launched later this year.

Funding of 78 community-managed organisations to provide mental health services also continued the work of the Mental Health Division. Additional supported accommodation was provided in Osborne Park and 50 dwellings were allocated in the metropolitan area for Independent Supported Accommodation. Construction of Ngulla Mia, a 34 bed facility for homeless adults in Perth, was also completed.

Mental health promotion activities had a strong youth focus in the multi-agency collaborative Music Feedback project and the Commission continued with the production of Head2Head magazine which promotes mental health issues to all sectors of the community.

I would like to thank Neil Guard, the former Acting Commissioner, for his work in establishing the Commission until my appointment as Commissioner on 16 August 2010. Neil and the staff of the Commission have worked enthusiastically to lay the groundwork for a new and energetic organisation that can lead mental health reform in Western Australia. Building on the work that has begun, I am confident that the Commission will move forward to fulfill its mandate. Work is well underway to complete the implementation of the Government's commitments to fund a peak consumer group and establish a Mental Health Advisory Council. Consideration of the way forward with the review of the *Mental Health Act 1996* has begun.

This is a great and unique opportunity for all Western Australians to work together to improve the lives of people touched by mental illness and to promote mental health and wellbeing. My priority is to establish approaches that provide people who experience mental illness with the best opportunities to live valued and productive lives in the communities of their choice. I look forward to working with all sections of the Western Australian community to make a difference, putting the people with mental illness and their families and carers at the centre of the Commission's work.

Eddie Bartnik
COMMISSIONER
MENTAL HEALTH COMMISSION

21 September 2010

Operational Structure

Enabling Legislation

The Mental Health Commission was established by the Governor under Section 35 of the *Public Sector Management Act 1994*. The Commissioner, Mental Health Commission, is responsible to the Minister for Mental Health for the efficient and effective management of the organisation. The Mental Health Commission does not administer any Acts.

Responsible Minister

Hon Dr Graham Jacobs, MLA
Minister for Mental Health

Organisational Structure

The following chart outlines the corporate structure and reporting lines of the Commission as at 30 June 2010

Acting Commissioner
Mr Neil Guard

DIRECTOR Strategy, Policy & Planning	DIRECTOR Purchasing & Service Development	DIRECTOR Performance, Information & Reporting	DIRECTOR Corporate Services & Governance
Vacant	Vacant	Ms Danuta Pawelek	Vacant

Pecuniary Interests

Senior officers of the Commission shown in Table 1, have declared no pecuniary interests in 2009/10

Table 1: Senior officers – Mental Health Commission as at 30 June 2010:

Area of responsibility	Title	Name
Mental Health Commission	Acting Commissioner	Mr Neil Guard
Performance, Information and Reporting	Director	Ms Danuta Pawelek
Organisational Reform	Director	Dr Lesley van Schoubroeck

Agency Performance

Introduction

On 4 February 2010, the State Government announced the creation of the Mental Health Commission to lead a systemic response to ensuring better mental health outcomes for Western Australians. The Commission, which commenced operations on 8 March 2010, has focused on enhancing stakeholder engagement while continuing to deliver on responsibilities transferred from the Department of Health such as the funding of non-government agencies for service provision and community education. At the same time, the national mental health agenda has continued to drive a range of reforms.

Significant Issues and Trends

- Increased public awareness of the prevalence and impact of mental health issues in society has increased the urgency for change. The consultation undertaken by the independent consultants contracted by the Mental Health Division in 2009 identified nine areas for reform and six population groups in need of specific attention.

- While mental health commissions have been established in several countries (e.g. New Zealand, Scotland, Canada and Ireland), models vary and each commission must ensure that it makes best use of the available levers within its jurisdiction to ensure mental health resources are allocated to best meet the needs of people with mental health problems.

- Mental illness has a major impact on the community including a significant economic impact. The 2007 National Survey of Mental Health and Wellbeing provided information on the prevalence of common mental disorders in the community. These include affective or mood disorders, anxiety disorders and substance use disorders.

    - One in five Western Australians aged 16 to 85 have experienced one or more of the common mental disorders in the past 12 months. This is equivalent to over 348,000 people.

    - One third (34.9%) of people with a mental disorder used health services for their mental health problems in the previous 12 months. This is equivalent to approximately 121,000 Western Australians seeking help for mental health problems. The remainder did not report using services for their mental health problems and the vast majority (around 90%) of these reported that they did not need services.

- Importantly, approximately half of all Western Australians (45%) will experience one or more of the common mental disorders at some point in their lifetime.

- Young people aged 16 to 24 years are particularly vulnerable to mental disorders; approximately 26 per cent of all young people in Western Australia experience a mental disorder in any one year (around 71,500)[1]. Young people with mental disorders are more likely to misuse drugs than those without a mental disorder (36% compared with 7%).

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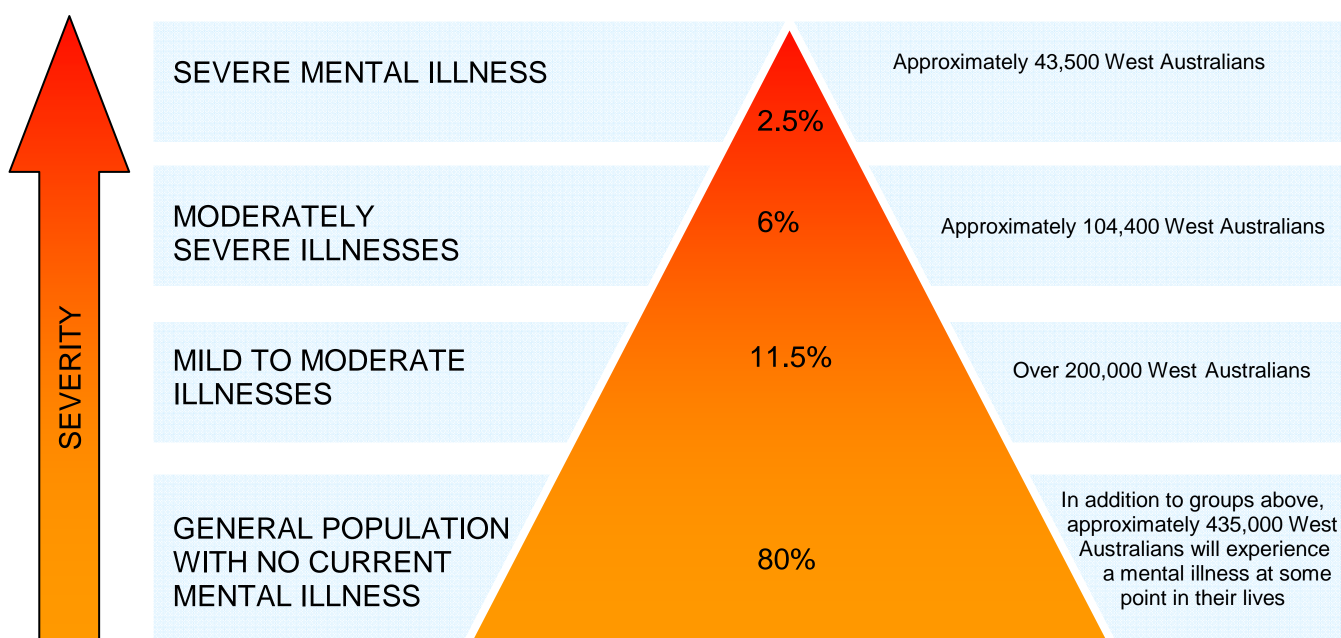
[1] Source: Australian Bureau of Statistics (2010) 4840.055.001 Mental Health of Young People, 2007

- The measure of severity used in the 2007 National Survey summarises all the mental disorders experienced in a 12 month period on a person's daily life and categorises this impact as severe, moderate or mild[2]. Figure 1 below provides information on the approximate number of Western Australians by the severity of mental disorders experienced in a 12-month period.

Figure 1: Prevalence and severity of mental disorders in Western Australia in one year [3]



Based on the June 2009 WA estimated residential population (ERP) for persons aged 16-85 yrs (1,740,809).

- The Australian Survey Study of High Impact Psychosis (SHIP) is currently being conducted. It will look at how people with psychosis are using services today, in comparison to the results from the last survey, carried out ten years ago. The survey will further our understanding of the predictors of good outcomes in psychosis. It will help us determine appropriate targets for rehabilitation and skills development, and develop effective interventions to promote recovery. The results of the study will benefit people living with psychosis, their friends, family, carers and the services supporting them.

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[2] Source: Council of Australian Governments. National Action Plan for Mental Health 2006-2011. Second Progress Report 2007-08.
[3] Concept adapted from Strategic plan 2006-2011 Department of Health and Human Services Government of Tasmania

Establishing a Mental Health Commission

Role and Functions

Following consideration of a range of options in 2009, Cabinet agreed to create a Mental Health Commission as a Department of State under Section 35 of the *Public Sector Management Act 1994.*

At the same time, Cabinet also agreed to the establishment of a Mental Health Advisory Council to the Commission. Formation of this Council is a priority for the Commission in the coming year.

The Commission will focus on mental health strategic policy, planning, procurement, performance, monitoring and evaluation of services. It will promote social inclusion, raise public awareness of mental wellbeing and address stigma and discrimination surrounding mental illness. The Commission will not be a service provider.

The specific functions of the Mental Health Commission include:

1. Development and provision of mental health policy and advice to the government.
2. Leading the implementation of the Western Australian Mental Health Strategic Plan.
3. Responsibility for articulating key outcomes and determining the range of mental health services required for defined areas and populations across the State.
4. Responsibility for specifying activity levels, standards of care and determining resourcing required.
5. Identification of appropriate service providers and benchmarks, and the establishment of associated contracting arrangements with both government and non-government sectors.
6. Provision of grants, transfers and service contract arrangements.
7. Ongoing performance monitoring and evaluation of key mental health programs in Western Australia.
8. Ensuring effective accountability and governance systems are in place.
9. Promoting social inclusion, public awareness and understanding of matters relating to the wellbeing of people with mental illness to address stigma and discrimination.

The Commission was created initially by transferring existing resources of the Mental Health Division (MHD) of the Department of Health (DoH). In total 46 offices (positions), which equates to 45 full-time equivalents (FTE) and 40 officers were initially transitioned from the Department of Health to the Commission, which was effective from 8 March 2010.

The initial establishment of the Commission was overseen by a Working Group chaired by the Public Sector Commission. The transition from the Department of Health is being overseen by a joint Department of Health/Mental Health Commission Steering Committee which will continue until mid 2010.

Establishment of the Mental Health Budget for 2010/11 which required the separation of the mental health allocation across the Area Health Services has been a priority for the Steering Group. It has also been guiding the development of Service Level Agreements with WA Health for corporate and business services.

Role clarity in a range of policy, planning, research and quality assurance functions will be refined over time as the Commission consolidates its role. The challenge for both the Mental Health Commission and the Department of Health is to ensure that service delivery is not impeded in the transition process.

Management and Operations

During this transition phase, the Commission has continued to comply with the corporate and business policies of the Department of Health. The interim management structure approved by the Public Sector Commission is to be reviewed after the appointment of the Commissioner. Recruitment to these interim positions commenced in June 2010.

In May 2010 the Commission moved from its location in East Perth to its current location at 81 St Georges Terrace, Perth, which is held in a long term lease arrangement by the Department of Health. This move has enabled the Department of Health to consolidate its property holdings with an annual net saving of $279,106. These new premises are close to public transport, increasing accessibility for consumers and carers as well as staff.

Stakeholder Engagement

Increased Focus

Stakeholder engagement is a high priority for the Commission. Senior staff have worked proactively to meet with consumers, families and carers individually and collectively.

Formal mechanisms for engagement are priorities for 2010/11

- It is anticipated that a peak consumer group, a State Government election commitment will be operational in early 2011. The Commission intends to consult consumers on their preferred model for such an organisation and subsequently proceed with the appropriate procurement process to select and award the contract to establish and maintain the proposed peak mental health consumer voice to a non-government organisation.
- The proposed Mental Health Advisory Council will also be developed in 2010/11. This Council will comprise of government, non-government and community representatives to ensure that the Commission makes informed decisions based on whole-of-government, whole-of-community perspective. It will also include consumer and carer representation.

Consumer and Carer Satisfaction

In 2009, Edith Cowan University Survey Research Centre was contracted to conduct a telephone survey of a random sample of adults who had used a public mental health service in 2008 to assess their perceptions of care. This was the first time that a survey of this type has been undertaken with consumers of public mental health services.

The Mental Health Statistical Improvement Program Consumer Survey (MHSIP)[4] was used to assess consumer satisfaction within four domains: access, quality/appropriateness, outcomes and general satisfaction with services received. A total of 576 telephone interviews were completed with a response rate of 86 per cent based on the consumers who were contacted.

Table 2 shows that the majority of consumers (over 70 % for most statements) provided positive responses with respect to general satisfaction, access to services, quality and appropriateness of services and outcomes of care. There were only five out of the twenty seven statements where less than 70 per cent of respondents indicated agreement. Three of these were in the outcomes domain for those surveyed and related to improvements in housing, school and/or work and social situations.

A 2009 Consumer and Carer Survey[5] was also conducted by independent consultants during the same time period as the MHSIP telephone survey. This survey was completed by 389 respondents either online or on hard copy questionnaires. One third of respondents were carers and family members, while two thirds were consumers. A section of the survey included items of the MHSIP and the pattern of responses from the two surveys were similar.

A more detailed analysis of both surveys, that used very different methodologies, is soon to be undertaken by the Mental Health Commission. However, preliminary analysis shows that the level of satisfaction with services reported by families and carers is consistently lower than that reported by consumers. Whether this relates to higher expectations of families and carers than consumers, or whether families and carers are responding on behalf of consumers who are unable or unwilling to respond directly, cannot be determined from the existing data.

[4] www.mhsip.org.
[5] WA Mental Health Consumer, Carer and Community Consultation Review. PricewaterhouseCoopers. March 2010

Table 2: Consumer Satisfaction with Services:

Statements within the four domains	Percent Disagree	Percent Agree
General Satisfaction		
I would recommend this agency to a friend	16	80
I like the services that I received	14	79
If I had other choices, I would still get services from this agency	17	77
Access		
Services were available at times that were good for me	11	84
The location of services was convenient	14	83
Staff were willing to see me as often as I felt it was necessary	14	80
Staff returned my call in 24 hours	15	80
I was able to get all the services I thought I needed	22	72
I was able to see a psychiatrist when I wanted to	27	66
Quality and Appropriateness		
Staff were sensitive to my cultural background	7	88
Staff encouraged me to take responsibility for how I live my life	10	84
Staff respected my wishes about who is and who is not to be given information about my treatment	8	84
Staff here believe that I can grow, change and recover	8	84
I felt comfortable asking about my treatment and medication	15	82
I felt free to complain	16	80
Staff helped me obtain the information I needed so that I could take charge of managing my illness	15	79
Staff told me what side effects to watch out for	21	75
I was encouraged to use consumer-run programs	22	72
I was given information about my rights	21	70
I, not staff, decided my treatment goals	19	68
Outcomes		
I deal more effectively with daily problems	18	75
I am better able to control my life	16	74
I am better able to deal with crisis	16	72
I am getting along better with my family	17	72
My symptoms are not bothering me as much	21	68
I do better in school and/or work	22	67
My housing situation has improved	19	65
I do better in social situations	22	66

Partnerships with the Community Sector

Funding Community Organisations

From 8 March 2010, the Mental Health Commission provided $14.1 Million to 78 non-government providers of mental health services, thereby continuing the contract management work previously undertaken by the Mental Health Division. The full year funding of these contracts was $37.5 Million. These funds comprised the major part of the Commission's budget in this reporting period. The community organisations funded by the Commission are listed in Appendix 1.

The Mental Health Commission will play an important role in implementing the recommendations of the Economic Audit Committee report *Putting the Public First*, particularly as they relate to community partnerships. The Commissioner for Mental Health is a member of the Partnership Forum and the Commission has representation on several of the working groups, including those examining the options for a new funding base for the community sector.

Community based accommodation was expanded in several areas including:

- Construction of Ngulla Mia, the 34 bed facility in Perth for homeless adults with a mental illness. Residents are expected to move in from September 2010. The facility will be managed by Richmond Fellowship of WA.
- Allocation of 50 dwellings in the metropolitan area for Independent Supported Accommodation with residents moving into these properties from June 2010.
- Opening of Ngatti in Fremantle, Western Australia's first accommodation service for homeless young people with a mental illness, in February 2010.
- Residents moving into the recently constructed Community Options service in Osborne Park.

In addition, Southern Cross Care assumed management of the Bentley Community Options service in April.

Suicide Prevention Strategy

The Western Australian Suicide Prevention Strategy 2009-2013 was launched in September 2009. The Strategy outlines a significant State Government and community commitment to suicide and self harm prevention. It is aligned with the National Suicide Prevention Strategy: *Living is for Everyone (LIFE)* and provides a framework and governance structure to guide initiatives in Western Australia for the future.

The Minister for Mental Health has given new direction and responsibility to the MCSP. The MCSP is chaired by Mr John Franklyn and its membership includes suicide prevention experts, community leaders, business leaders, government representatives and other important stakeholders. The MCSP will lead the Strategy and oversee initiatives to improve strength and resilience, expand community knowledge of suicide, conduct research and evaluation, and support capacity building in communities at increased risk.

The appointment of Centrecare to support the daily work of the MCSP, including developing and implementing initiatives to increase awareness, and conducting research and evaluation, was a major achievement of the Commission in developing new partnerships with the community sector.

Creating Mentally Healthy Communities

Towards a Mental Health Strategy

In 2009, the Mental Health Division commissioned PricewaterhouseCoopers (PwC) to undertake a review of current mental health services and identify strategic directions for reform. Forums, workshops, online surveys, interviews and submissions were used to consult widely with key stakeholders and the broader community. Stakeholders consulted included:

- consumers, carers and families
- government, non-government and private sector service providers
- State and Commonwealth Government agencies.

The Commission has compiled the review from PwC into the *WA Mental Health Towards 2020: Consultation Paper* to be used as a basis for further community feedback. Using this information, a WA Mental Health Policy and Plan will be developed to guide the work of the Commission over the coming decade.

Aboriginal Mental Health Services

In March 2010, $22.47 million was allocated to the Commission for the establishment of a dedicated state-wide Aboriginal mental health service.

The State-wide Specialist Aboriginal Mental Health Service (SSAMHS) will be a specialised mental health service providing comprehensive treatment for Aboriginal people with a serious mental illness. The service will operate with cultural integrity and provide a 'whole of family' approach to service delivery regardless of location within Western Australia.

This service will support Aboriginal people to access mainstream mental health services and increase the capacity of these services to better meet the needs of Aboriginal people. The service will employ both qualified mental health professionals (some of whom will also be Aboriginal) and Aboriginal people who wish to start a career in mental health. The Mental Health Commission will be responsible for commissioning the SSAMHS from the most appropriate provider. Elements of the SSAMHS should be operational by the last quarter of 2010.

Increasing Awareness

The Commission has continued several initiatives of the Mental Health Division aimed at increasing awareness of mental health issues in the community. It has:

- Committed to increase the Commission's financial contribution to Act Belong Commit, a wellbeing campaign.
- Launched phase two of Music Feedback, which includes a new DVD/CD, a free concert, and partnerships with Office for Youth, youth *beyondblue*, and the WA Music Industry Association Inc. Music Feedback is an anti-stigma campaign targeting young people aged 12 to 25, consumers, carers, schools, youth groups, local councils, mental health services, and the music industry.
- Published the first edition of *Head2Head* magazine for 2010, on the theme of Wellbeing. The magazine comes out three times a year and contains interviews, feature articles, research news, reviews and sector updates. *Head2Head* promotes mental health issues to all sectors of the community and is available free of charge.

National Partnerships

The Commonwealth Government's proposed health and hospital reforms may impact on the provision of mental health services in Western Australia. The Commission will monitor and aim to positively influence this impact.

There are several areas where collaborative work is progressing:

- The National Healthcare Agreement prioritises a nationally consistent approach to activity-based funding for public hospital services. It is envisaged that mental health will continue as a separate work stream within an activity-based approach. A successful approach in this area will be essential to the work of the Commission as an informed purchaser of mental health services.
- Following the release of the Fourth National Mental Health Plan 2009-2014, the Commission has been involved with other jurisdictions in the development of an Implementation Strategy. This strategy will be considered by the Australian Health Ministers Conference later in 2010.
- A revised set of National Standards for Mental Health Services was officially launched on 16 September 2010. Implementation guidelines are in the final stages of review. The revised National Standards are intended for public mental health services and private hospitals, the non-government community mental health sector, and private office-based mental health practices. All states and territories are required to consider strategies to raise awareness, educate and promote the National Standards and to develop clear strategies and ideas on the transition and implementation.
- As part of the National Partnership Agreement on Homelessness, the Mental Health Mobile Clinical Outreach Team (MCOT) was implemented as part of the Street to Home homelessness prevention initiatives developed in partnership with the Department for Child Protection. MCOT provides assessment and treatment for homeless people with a serious mental illness and co-occurring substance misuse issues.

Priorities for 2010-11

- Finalise the WA Mental Health Strategy to inform future strategic direction and direct funding to areas of greatest need.
- Improve the way in which individualised care is provided and coordinated for people with mental health problems.
- Strengthen links with consumers, carers and community organisations to provide greater continuity of care.
- Work collaboratively with other State, local and Commonwealth Government agencies and community providers to improve coordination of services to people with mental illness.
- Finalise the structure, staffing and governance of the Mental Health Commission.
- Progress the activity based funding model that underpins the commissioning of services across all sectors.
- Establish the Mental Health Advisory Council.
- Fund a peak consumer body in line with the State Government's election commitment, with the $250 000 set aside for this program.
- Undertake limited consultation to assess the current status of the draft Mental Health Bill prior to recommending to the Minister whether or not there is a need for further more widespread consultation or if the existing drafting instructions remain current.

Disclosure and Legal Compliance

Financial Statements

Certification of Financial Statements

MENTAL HEALTH COMMISSION
CERTIFICATION OF FINANCIAL STATEMENTS
FOR THE PERIOD OF 8 MARCH to 30 JUNE 2010

The accompanying financial statements of the Mental Health Commission have been prepared in compliance with the provisions of the *Financial Management Act 2006* from proper accounts and records to represent fairly the financial transactions for the financial period of 8 March to 30 June 2010 and financial position as at 30 June 2010.

At the date of signing we are not aware of any circumstances which would render the particulars included in the financial statements misleading or inaccurate.

Annette Keller
Chief Finance Officer
Mental Health Commission

Date: 21 September 2010

Eddie Bartnik
Accountable Authority
Mental Health Commission

Date: 21 September 2010

Auditor General

INDEPENDENT AUDIT OPINION

To the Parliament of Western Australia

MENTAL HEALTH COMMISSION
FINANCIAL STATEMENTS AND KEY PERFORMANCE INDICATORS
FOR THE PERIOD 8 MARCH 2010 TO 30 JUNE 2010

I have audited the accounts, financial statements, controls and key performance indicators of the Mental Health Commission.

The financial statements comprise the Statement of Financial Position as at 30 June 2010, and the Statement of Comprehensive Income, Statement of Changes in Equity, Statement of Cash Flows for the period then ended, a summary of significant accounting policies and other explanatory Notes.

The key performance indicators consist of key indicators of effectiveness and efficiency.

Commissioner's Responsibility for the Financial Statements and Key Performance Indicators
The Commissioner is responsible for keeping proper accounts, and the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards and the Treasurer's Instructions, and the key performance indicators. This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial statements and key performance indicators that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; making accounting estimates that are reasonable in the circumstances; and complying with the Financial Management Act 2006 and other relevant written law.

Summary of my Role
As required by the Auditor General Act 2006, my responsibility is to express an opinion on the financial statements, controls and key performance indicators based on my audit. This was done by testing selected samples of the audit evidence. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion. Further information on my audit approach is provided in my audit practice statement. This document is available on the OAG website under "How We Audit".

An audit does not guarantee that every amount and disclosure in the financial statements and key performance indicators is error free. The term "reasonable assurance" recognises that an audit does not examine all evidence and every transaction. However, my audit procedures should identify errors or omissions significant enough to adversely affect the decisions of users of the financial statements and key performance indicators.

4th Floor Dumas House 2 Havelock Street West Perth 6005 Western Australia Tel: 08 9222 7500 Fax: 08 9322 5664

Mental Health Commission
Financial Statements and Key Performance Indicators for the period ended 8 March 2010 to 30 June 2010

Audit Opinion

In my opinion,

(i) the financial statements are based on proper accounts and present fairly the financial position of the Mental Health Commission at 30 June 2010 and its financial performance and cash flows for the period ended on that date. They are in accordance with Australian Accounting Standards and the Treasurer's Instructions;

(ii) the controls exercised by the Commission provide reasonable assurance that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions; and

(iii) the key performance indicators of the Commission are relevant and appropriate to help users assess the Commission's performance and fairly represent the indicated performance for the period 8 March 2010 to 30 June 2010.

COLIN MURPHY
AUDITOR GENERAL
21 September 2010

Mental Health Commission

Statement of Financial Position
As at 30 June 2010

	Note	2010 $
ASSETS		
Current Assets		
Cash and cash equivalents		4,074,865
Total Current Assets		4,074,865
Total Assets		**4,074,865**
LIABILITIES		
Current Liabilities		
Payables	12	1,340,073
Provisions	13	821,839
Total Current Liabilities		2,161,912
Non-Current Liabilities		
Provisions	13	135,301
Total Non-Current Liabilities		135,301
Total Liabilities		**2,297,213**
NET ASSETS		**1,777,652**
EQUITY		
Contributed equity	14	888,162
Accumulated deficit	14	889,490
TOTAL EQUITY		**1,777,652**

The Statement of Financial Position should be read in conjunction with the notes to the financial statements.

Mental Health Commission

Statement of Comprehensive Income

For the period 8 March 2010 to 30 June 2010

	Note	2010 $
COST OF SERVICES		
Expenses		
Employee benefits expense	6	1,485,946
Contracts for services	7	14,131,238
Supplies and services	8	245,658
Grants and subsidies	9	39,619
Other expenses	10	34,209
Total cost of services		**15,936,670**
INCOME		
Revenue		
Recoveries		1,900
Total revenue		**1,900**
Total income other than income from State Government		**1,900**
NET COST OF SERVICES		**15,934,770**
INCOME FROM STATE GOVERNMENT		
Service appropriations	11a	16,704,000
Resources received free of charge	11b	120,260
Total income from State Government		**16,824,260**
SURPLUS/(DEFICIT) FOR THE PERIOD		**889,490**
OTHER COMPREHENSIVE INCOME		-
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		**889,490**

The Statement of Comprehensive Income should be read in conjunction with the notes to the financial statements.

Mental Health Commission

Statement of Changes in Equity

For the period 8 March 2010 to 30 June 2010

	Note	2010 $
CONTRIBUTED EQUITY	14	
Balance at start of period		-
Transactions with owners in their capacity as owners		
Contributions by owners		888,162
Balance at end of period		**888,162**
ACCUMULATED SURPLUS/(DEFICIT)	14	
Balance at start of period		-
Surplus/(Deficit) for the period		889,490
Balance at end of period		**889,490**
TOTAL EQUITY		
Balance at start of period		-
Total comprehensive income for the period		889,490
Transactions with owners in their capacity as owners		888,162
Balance at end of period		**1,777,652**

The Statement of Changes in Equity should be read in conjunction with the notes to the financial statements.

Mental Health Commission

Statement of Cash Flows

For the period 8 March 2010 to 30 June 2010

	Note	**2010** **$** Inflows (Outflows)
CASH FLOWS FROM STATE GOVERNMENT		
Service appropriations		16,704,000
Net cash provided by State Government		16,704,000
Utilised as follows:		
CASH FLOWS FROM OPERATING ACTIVITIES		
Payments		
Employee benefits		(1,039,956)
Contracts for services		(11,430,744)
Supplies and services		(95,370)
Grants and subsidies		(39,619)
Other payments		(25,346)
Receipts		
Recoveries		1,900
Net cash (used in) / provided by operating activities	15b	(12,629,135)
Net increase / (decrease) in cash and cash equivalents		4,074,865
Cash and cash equivalents at the beginning of period		-
CASH AND CASH EQUIVALENTS AT THE END OF PERIOD	15a	4,074,865

The Statement of Cash Flows should be read in conjunction with the notes to the financial statements.

Note 1 Australian Accounting Standards

General

The Commission's financial statements for the year ended 30 June 2010 have been prepared in accordance with Australian Accounting Standards. The term 'Australian Accounting Standards' refers to Standards and Interpretations issued by the Australian Accounting Standard Board (AASB).

The Commission has adopted any applicable, new and revised Australian Accounting Standards from their operative dates.

Early adoption of standards

The Commission cannot early adopt an Australian Accounting Standard unless specifically permitted by Treasurer's Instruction 1101 'Application of Australian Accounting Standards and Other Pronouncements'. No Australian Accounting Standards that have been issued or amended but are not operative have been early adopted by the Commission for the annual reporting period ended 30 June 2010.

Note 2 Summary of significant accounting policies

(a) General statement

The financial statements constitute general purpose financial statements that have been prepared in accordance with Australian Accounting Standards, the Framework, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board as applied by the Treasurer's instructions. Several of these are modified by the Treasurer's instructions to vary application, disclosure, format and wording.

The Financial Management Act and the Treasurer's Instructions are legislative provisions governing the preparation of financial statements and take precedence over the Accounting Standards, the Framework, Statement of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board.

Where modification is required and has had a material or significant financial effect upon the reported results, details of that modification and the resulting financial effect are disclosed in the notes to the financial statements.

(b) Basis of preparation

The financial statements have been prepared on the accrual basis of accounting using the historical cost convention.

The accounting policies adopted in the preparation of the financial statements have been consistently applied throughout all periods presented unless otherwise stated.

The financial statements are presented in Australian dollars and all values are rounded to the nearest dollar.

The judgements that have been made in the process of applying the Commission's accounting policies that have the most significant effect on the amounts recognised in the financial statements are disclosed at note 3 'Judgements made by management in applying accounting policies'.

The key assumptions made concerning the future, and other key sources of estimation uncertainty at end of the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are disclosed at note 4 'Key sources of estimation uncertainty'.

(c) Reporting entity

Mission

The mission of the Commission is to achieve a mentally healthy Western Australia where everyone - government, industry and the community - works together for the mental wellbeing of all.

The Commission is predominantly funded by Parliamentary appropriations.

Services

For the period 8 March 2010 to 30 June 2010, the Commission only operated under one service which is the 'Specialised community mental health'. Consequently, there is no requirement to prepare the 'Schedule of Income and Expenses by Service' and the 'Schedule of Assets and Liabilities by Service' for the reporting period. From 1 July 2010, the Commission will also provide the 'Specialised mental health admitted patient services'.

Service 1: Specialised Mental Health Admitted Patients

Specialised mental health admitted patient services are defined as publicly funded services with a primary function to provide admitted patient care to people with mental disorders in authorised hospitals and designated mental health inpatient units located within general hospitals.

Note 2 Summary of significant accounting policies (continued)

Service 2: Specialised Community Mental Health

Specialised community mental health is defined as those services with a primary function to provide community-based (non-admitted) care to people with mental disorders. Community mental health care comprises a range of community-based services including emergency assessment and treatment, case management, day programs, rehabilitation, psychosocial and residential services provided by government agencies or non-government organisations.

(d) Contributed equity

AASB Interpretation 1038 '*Contributions by Owners Made to Wholly-Owned Public Sector Entities*' requires transfers in the nature of equity contributions, other than as a result of a restructure of administrative arrangements, to be designated by the Government (the owner) as contributions by owners (at the time of, or prior to transfer) before such transfers can be recognised as equity contributions.

The transfer of net assets to/from other agencies, other than as a result of a restructure of administrative arrangements, are designated as contributions by owners where the transfers are non-discretionary and non-reciprocal. Refer also to note 14 'Equity'.

(e) Income

Revenue recognition

Revenue is measured at the fair value of consideration received or receivable. Revenue is recognised as follows:

Sale of goods

Revenue is recognised from the sale of goods and disposal of other assets when the significant risks and rewards of ownership control are transferred to the purchaser and can be measured reliably.

Provision of services

Revenue is recognised upon delivery of the service to the client.

Service appropriations

Service Appropriations are recognised as revenues at nominal value in the period in which the Commission gains control of the appropriated funds. The Commission gains control of appropriated funds at the time those funds are deposited to the bank account. Refer to note 11 'Income from State Government' for further information.

Net appropriation determination

The Treasurer may make a determination providing for prescribed receipts to be retained for services under the control of the Commission. A determination was not made for the 2009-2010 financial year.

Grants, donations, gifts and other non-reciprocal contributions

Revenue is recognised at fair value when the Commission obtains control over the assets comprising the contributions, usually when cash is received.

Other non-reciprocal contributions that are not contributions by owners are recognised at their fair value. Contributions of services are only recognised when a fair value can be reliably determined and the services would be purchased if not donated.

Gains

Gains may be realised or unrealised and are usually recognised on a net basis. These include gains arising on the disposal of non-current assets and some revaluations of non-current assets.

(f) Leases

The Commission holds operating leases for office equipments. Lease payments are expensed on a straight line basis over the lease term as this represents the pattern of benefits derived from the leased items.

Note 2 Summary of significant accounting policies (continued)

(g) Financial Instruments

In addition to cash, the Commission has one category of financial instrument:

• Financial liabilities measured at amortised cost.

Financial instruments have been disaggregated into the following classes:

Financial Assets
• Cash and cash equivalents

Financial Liabilities
• Payables

Initial recognition and measurement of financial instruments is at fair value which normally equates to the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method.

The fair value of short-term payables is the transaction cost or the face value because there is no interest rate applicable and subsequent measurement is not required as the effect of discounting is not material.

(h) Cash and cash equivalents

For the purpose of the Statement of Cash Flows, cash and cash equivalent assets comprise cash on hand and short-term deposits with original maturities of three months or less that are readily convertible to a known amount of cash and which are subject to insignificant risk of changes in value.

(i) Accrued salaries

Accrued salaries (refer note 12 'Payables') represent the amount due to staff but unpaid at the end of the financial year, as the pay date for the last pay period for that financial year does not coincide with the end of the financial year. Accrued salaries are settled within a fortnight of the financial year end. The Commission considers the carrying amount of accrued salaries to be equivalent to the net fair value.

(j) Payables

Payables are recognised at the amounts payable when the Commission becomes obliged to make future payments as a result of a purchase of assets or services. The carrying amount is equivalent to fair value, as they are generally settled within 30 days.

Refer to note 2(g) 'Financial Instruments' and note 12 'Payables'.

(k) Provisions

Provisions are liabilities of uncertain timing or amount and are recognised where there is a present legal or constructive obligation as a result of a past event and when the outflow of resources embodying economic benefits is probable and a reliable estimate can be made of the amount of obligation. Provisions are reviewed at end of each reporting period.

Refer to note 13 'Provisions'.

Provisions - employee benefits

Annual leave and long service leave

The liability for annual and long service leave expected to be settled within 12 months after the reporting period is recognised and measured at the undiscounted amounts expected to be paid when the liabilities are settled. Annual and long service leave expected to be settled more than 12 months after the reporting period is measured at the present value of amounts expected to be paid when the liabilities are settled. Leave liabilities are in respect of services provided by employees up to the end of the reporting period.

When assessing expected future payments consideration is given to expected future wage and salary levels including non-salary components such as employer superannuation contributions. In addition, the long service leave liability also considers the experience of employee departures and periods of service.

The expected future payments are discounted using market yields at the end of the reporting period on national government bonds with terms to maturity that match, as closely as possible, the estimated future cash outflows.

All annual leave and unconditional long service leave provisions are classified as current liabilities as the Commission does not have an unconditional right to defer settlement of the liability for at least 12 months after the reporting period.

Note 2 Summary of significant accounting policies (continued)

Sick Leave

Liabilities for sick leave are recognised when it is probable that sick leave paid in the future will be greater than the entitlement that will accrue in the future.

Past history indicates that on average, sick leave taken each reporting period is less than the entitlement accrued. This is expected to continue in future periods. Accordingly, it is unlikely that existing accumulated entitlements will be used by employees and no liability for unused sick leave entitlements is recognised. As sick leave is non-vesting, an expense is recognised in the Statement of Comprehensive Income for this leave as it is taken.

Deferred Salary Scheme

The provision for deferred leave relates to the Commission's employees who have entered into an agreement to self-fund an additional twelve months leave in the fifth year of the agreement. In the fifth year they will receive an amount equal to 80% of the salary they were otherwise entitled to in the fourth year of deferment. The provision recognises the value of salary set aside for employees to be used in the fifth year. The liability has been calculated on current remuneration rates in respect of services provided by the employees up to the end of the reporting period and includes related on-costs. Deferred leave is reported as a non-current provision until the fourth year.

Superannuation

The Government Employees Superannuation Board (GESB) in accordance with legislative requirements administers public sector superannuation arrangements in Western Australia.

Employees may contribute to the Pension Scheme, a defined benefit pension scheme now closed to new members or the Gold State Superannuation Scheme (GSS), a defined benefit lump sum scheme also closed to new members.

The Commission has no liabilities under the Pension or the GSS Schemes. The liabilities for the unfunded Pension Scheme and the unfunded GSS Scheme transfer benefits due to members who transferred from the Pension Scheme, are assumed by the Treasurer. All other GSS Scheme obligations are funded by concurrent contributions made by the Commission to the GESB. The concurrently funded part of the GSS Scheme is a defined contribution scheme as these contributions extinguish all liabilities in respect of the concurrently funded GSS Scheme obligations.

Employees commencing employment prior to 16 April 2007 who were not members of either the Pension or the GSS Schemes became non-contributory members of the West State Superannuation Scheme (WSS). Employees commencing employment on or after 16 April 2007 became members of the GESB Super Scheme (GESBS). Both of these schemes are accumulation schemes. The Commission makes concurrent contributions to GESB on behalf of employees in compliance with the Commonwealth Government's Superannuation Guarantee (Administration) Act 1992. These contributions extinguish the liability for superannuation charges in respect of the WSS and GESBS Schemes.

The GESB makes all benefit payments in respect of the Pension and GSS Schemes, and is recouped by the Treasurer for the employer's share.

Refer to note 2(l) 'Superannuation Expense'.

Employment on-costs

Employment on-costs are not employee benefits and are recognised separately as liabilities and expenses when the employment to which they relate has occurred. Employment on-costs are included as part of 'Other expenses' and the related liability is included in 'Employment on-costs provision'.

Refer to note 10 'Other expenses' and note 13 'Provisions'.

(l) Superannuation expense

The superannuation expense in the Statement of Comprehensive Income comprises of employer contributions paid to the GSS (concurrent contributions), the West State Superannuation Scheme (WSS), and the GESB Super Scheme (GESBS).

The GSS Scheme is a defined benefit scheme for the purposes of employees and whole-of-government reporting. However, it is a defined contribution plan for agency purposes because the concurrent contributions (defined contributions) made by the agency to GESB extinguishes the agency's obligations to the related superannuation liability.

(m) Resources received free of charge or for nominal cost

Resources received free of charge or for nominal cost that can be reliably measured are recognised as income and as assets or expenses as appropriate, at fair value.

Where assets or services are received from another State Government agency, these are separately disclosed under Income from State Government in the Statement of Comprehensive Income.

Note 2 Summary of significant accounting policies (continued)

(n) Comparative figures

The Commission commenced operations on the 8th March 2010. There are no comparative figures for the first year of operations.

Note 3 Judgements made by management in applying accounting policies

The preparation of financial statements requires management to make judgements about the application of accounting policies that have a significant effect on the amounts recognised in the financial statements. Judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

Employee benefits provision

An average turnover rate for employees has been used to estimate the amount of non-current liability for long service leave. This turnover rate is representative of the Health public authorities in general.

Note 4 Key sources of estimation uncertainty

The Commission makes key estimates and assumptions concerning the future. These estimates and assumptions are based on historical experience and various other factors that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Employee benefits provision

In estimating the non-current long service leave provision, employees are assumed to leave the Commission each year on account of resignation or retirement at 10.8%. This assumption was based on an analysis of the turnover rates exhibited by employees over a five years period. Employees with leave benefits to which they are fully entitled are assumed to take all available leave uniformly over the following five years or to age 65 if earlier.

Other estimations and assumptions made in calculating the non-current long service leave provision include expected future salary rates and discount rates. Any changes in these estimations and assumptions may impact on the carrying amount of the long service leave provision.

Note 5 Disclosure of changes in accounting policy and estimates

Initial application of an Australian Accounting Standard

The Commission has applied the following Australian Accounting Standards effective for annual reporting periods beginning on or after 1 July 2009 that impacted on the Commission:

AASB 101 — Presentation of Financial Statements (September 2007). This Standard has been revised and introduces a number of terminology changes as well as changes to the structure of the Statement of Changes in Equity and the Statement of Comprehensive Income. It is now a requirement that owner changes in equity be presented separately from non-owner changes in equity. There is no financial impact resulting from the application of this revised Standard.

AASB 2007-10 — Further Amendments to Australian Accounting Standards arising from AASB 101. This Standard changes the term 'general purpose financial report' to 'general purpose financial statements', where appropriate in Australian Accounting Standards and the Framework to better align with IFRS terminology. There is no financial impact resulting from the application of this Standard.

AASB 2008-13 — Amendments to Australian Accounting Standards arising from AASB Interpretation 17 – Distributions of Non-cash Assets to Owners [AASB 5 & AASB 110]. This Standard amends AASB 5 Non-current Assets Held for Sale and Discontinued Operations in respect of the classification, presentation and measurement of non-current assets held for distribution to owners in their capacity as owners. The Commission does not expect any financial impact when the Standard is first applied prospectively.

AASB 2009-2 — Amendments to Australian Accounting Standards – Improving Disclosures about Financial Instruments AASB 4, AASB 7, AASB 1023 & AASB 1038. This Standard amends AASB 7 and will require enhanced disclosures about fair value measurements and liquidity risk with respect to financial instruments. There is no financial impact resulting from the application of this Standard.

Note 5 Disclosure of changes in accounting policy and estimates (continued)

The following Australian Accounting Standards and Interpretations are not applicable to the Commission as they have no impact or do not apply to not-for-profit entities:

AASB 1	First-time Adoption of Australian Accounting Standards
AASB 3	Business Combinations
AASB 8	Operating Segments
AASB 123	Borrowing Costs - This Standard has been revised to mandate the capitalisation of all borrowing costs attributable to the acquisition, construction or production of qualifying assets. However, AASB 2009-1 Amendments to Australian Accounting Standards – Borrowing Costs of Not-for-Profit Public Sector Entities [AASB 1, AASB 111 & AASB 123] issued in April 2009 and applicable to annual reporting periods beginning on or after 1 January 2009, amends revised AASB 123, which will allow not-for-profit public sector entities to continue to choose whether to expense or capitalise borrowing costs relating to qualifying assets.
AASB 127	Consolidated and Separate Financial Statements
AASB 1039	Concise Financial Reports
AASB 1049	Whole of Government and General Government Sector Financial Reporting (revised – October 2007)
AASB 2007-3	Amendments to Australian Accounting Standards arising from AASB 8 [AASB 5, AASB 6, AASB 102, AASB 107, AASB 119, AASB 127, AASB 134, AASB 136, AASB 1023 & AASB 1038]
AASB 2007-6	Amendments to Australian Accounting Standards arising from AASB 123 [AASB 1, AASB 101, AASB 107, AASB 111, AASB 116 & AASB 138 and Interpretations 1 & 12]
AASB 2007-8	Amendments to Australian Accounting Standards arising from AASB 101
AASB 2008-1	Amendments to Australian Accounting Standard - Share-based Payments: Vesting Conditions and Cancellations [AASB 2]
AASB 2008-2	Amendments to Australian Accounting Standards – Puttable Financial Instruments and Obligations arising on Liquidation [AASB 7, AASB 101, AASB 132, AASB 139 & Interpretation 2]
AASB 2008-3	Amendments to Australian Accounting Standards arising from AASB 3 and AASB 127 [AASBs 1, 2, 4, 5, 7, 101, 107, 112, 114, 116, 121, 128, 131, 132, 133, 134, 136, 137, 138, 139 and Interpretations 9 & 107]
AASB 2008-5	Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 5, 7, 101, 102, 107, 108, 110, 116, 118, 119, 120, 123, 127, 128, 129, 131, 132, 134, 136, 138, 139, 140, 141, 1023 &1038]
AASB 2008-6	Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 1 & AASB 5]
AASB 2008-7	Amendments to Australian Accounting Standards – Cost of an Investment in a Subsidiary, Jointly Controlled Entity or Associate [AASB 1, AASB 118, AASB 121, AASB 127 & AASB 136]
AASB 2008-8	Amendments to Australian Accounting Standards – Eligible Hedged Items [AASB 139]
AASB 2008-9	Amendments to AASB 1049 for Consistency with AASB 101
AASB 2008-11	Amendments to Australian Accounting Standard – Business Combinations Among Not-for-Profit Entities [AASB 3]
AASB 2009-1	Amendments to Australian Accounting Standards – Borrowing Costs of Not-for-Profit Public Sector Entities [AASB 1, AASB 111 & AASB 123]
AASB 2009-4	Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 2 and AASB 138 and AASB Interpretations 9 & 16]

Note 5 Disclosure of changes in accounting policy and estimates (continued)

AASB 2009-6	Amendments to Australian Accounting Standards
AASB 2009-7	Amendments to Australian Accounting Standards [AASB 5, 7, 107, 112, 136 & 139 and Interpretation 17]
Interpretation 13	Customer Loyalty Programmes
Interpretation 15	Agreements for the Construction of Real Estate
Interpretation 16	Hedges of a Net Investment in a Foreign Operation
Interpretation 17	Distributions of Non-cash Assets to Owners
Interpretation 18	Transfers of Assets from Customers

Future impact of Australian Accounting Standards not yet operative

The Commission cannot early adopt an Australian Accounting Standard unless specifically permitted by Treasurer's Instruction 1101 'Application of Australian Accounting Standards and Other Pronouncements'. Consequently, the Commission has not applied early the following Australian Accounting Standards which may impact the Commission but not yet effective. Where applicable, the Commission plans to apply these Australian Accounting Standards from their application date:

		Operative for reporting periods beginning on/after
AASB 2009-11	Amendments to Australian Accounting Standards arising from AASB 9 [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 & 1038 and Interpretations 10 & 12]. The amendment to AASB 7 requires modification to the disclosure of categories of financial assets. The Commission does not expect any financial impact when the Standard is first applied. The disclosure of categories of financial assets in the notes will change.	1 Jan 2013
AASB 1053	Application of Tiers of Australian Accounting Standards This Standard establishes a differential financial reporting framework consisting of two tiers of reporting requirements for preparing general purpose financial statements. The Standard does not have any financial impact on the Commission. However it may affect disclosures in the financial statements of the Commission if the reduced disclosure requirements apply. The Department of Treasury and Finance has not yet determined the application or the potential impact of the new Standard for agencies.	1 July 2013
AASB 2010-2	Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements This Standard makes amendments to many Australian Accounting Standards, including Interpretations, to introduce reduced disclosure requirements into these pronouncements for application by certain types of entities. The Standard is not expected to have any financial impact on the Commission. However this Standard may reduce some note disclosures in financial statements of the Commission. The Department of Treasury and Finance has not yet determined the application or the potential impact of the amendments to these Standards for agencies.	1 July 2013

		2010 $
Note 6	**Employee benefits expense**	
	Salaries and wages	1,156,939
	Superannuation - defined contribution plans [a]	105,487
	Annual leave [b]	113,559
	Long service leave [b]	109,961
		1,485,946

(a) Defined contribution plans include West State, Gold State and GESB Super Scheme (contributions paid).
(b) Includes a superannuation contribution component.

Employment on-costs are included at note 10 'Other expenses'. The employment on-costs liability is included at note 13 'Provisions'.

		2010 $
Note 7	**Contracts for services**	
	Mental health services	14,131,238

Private hospitals and non-government organisations are contracted to provide various services to the public patients and the community.

		2010 $
Note 8	**Supplies and services**	
	Advertising	14,160
	Communication	4,576
	Computer related services	22,840
	Consulting Fees	64,572
	Consumables	10,302
	Operating lease expenses	125,028
	Other	4,180
		245,658
Note 9	**Grants and subsidies**	
	Recurrent	
	Scholarships	33,628
	Contribution for Mental Health Workforce Advisory Committee	5,991
		39,619
Note 10	**Other expenses**	
	Employment on-costs [a]	16,413
	Repairs and maintenance	5,570
	Travel related expenses	1,681
	Other	10,545
		34,209

(a) Includes staff training and transport cost. The on-costs liability associated with the recognition of annual and long service leave liability is included at note 13 'Provisions'. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs.

	2010 $
Note 11 Income from State Government	
(a) Service appropriations [(a)]	
Amount appropriated to deliver services	16,625,000
Amount authorised by other statutes:	
Salaries and Allowances Act 1975	79,000
	16,704,000
(b) Resources received free of charge [(b)]	
Determined on the basis of the following estimates provided by agencies:	
Health Corporate Network - office accommodation	83,904
Department of Health - office fit-out	36,356
	120,260

(a) See note 2(e) 'Income'.

(b) Where assets or services have been received free of charge or for nominal cost, the Commission recognises revenues equivalent to the fair value of the assets and/or the fair value of those services that can be reliably measured and which would have been purchased if they were not donated, and those fair values shall be recognised as assets or expenses, as applicable. Where the contribution of assets or services are in the nature of contributions by owners, the Commission makes an adjustment direct to equity.

	2010 $
Note 12 Payables	
Current	
Trade payables	58,290
Accrued salaries	93,926
Accrued expenses	1,187,857
	1,340,073

Refer to note 2(j) 'Payables' and note 22 'Financial Instruments'.

	2010 $
Note 13 Provisions	
Current	
Employee benefits provision	
Annual leave[(a)]	286,866
Long service leave[(b)]	401,528
Deferred salary scheme	133,445
	821,839
Non-current	
Employee benefits provision	
Long service leave[(b)]	135,301
Total	957,140

(a) Annual leave liabilities have been classified as current where there is no unconditional right to defer settlement for at least 12 months after the reporting period. Assessments indicate that actual settlement of the liabilities will occur as follows:

Within 12 months of the end of the reporting period	202,233
More than 12 months after the reporting period	84,633
	286,866

(b) Long service leave liabilities have been classified as current where there is no unconditional right to defer settlement for at least 12 months after the reporting period. Assessments indicate that actual settlement of the liabilities will occur as follows:

Within 12 months of the end of the reporting period	101,818
More than 12 months after the reporting period	435,011
	536,829

	2010 $

Note 14 Equity

Equity represents the residual interest in the net assets of the Commission. The Government holds the equity interest in the Commission on behalf of the community.

Contributed equity

	2010 $
Balance at the start of period	-
Contributions by owners	
Transfer of net assets from other agencies (a)	888,162
Balance at end of period	888,162

(a) Under AASB 1004 'Contributions', transfers of net assets as a result of a restructure of administrative arrangements are to be accounted for as contributions by owners and distributions to owners.

(b) Under Treasurer's instruction 955 '*Contributions by Owners Made to Wholly Owned Public Sector Entities*', non-discretionary (non-reciprocal) transfers of net assets between State government agencies have been designated as contributions by owners in accordance with AASB Interpretation 1038, where the transferee agency accounts for a non-discretionary (non-reciprocal) transfer of net assets as a contribution by owners and the transferor agency accounts for the transfer as a distribution to owners.

Accumulated surplus/(deficit)

	2010 $
Balance at the start of the year	-
Result for the period	889,490
Balance at the end of the year	889,490

Note 15 Notes to the Statement of Cash Flows

(a) Reconciliation of cash

Cash at the end of the financial year as shown in the Statement of Cash Flows is reconciled to the related items in the Statement of Financial Position as follows:

	2010 $
Cash and cash equivalents	4,074,865

(b) Reconciliation of net cost of services to net cash flows used in operating activities

	2010 $
Net cost of services (Statement of Comprehensive Income)	(15,934,770)
Non-cash items:	
Resources received free of charge	120,260
(Increase)/decrease in assets:	
Prepayments	1,683,834
Increase/(decrease) in liabilities:	
Payables	1,340,073
Provisions	161,468
Net cash used in operating activities	(12,629,135)

At the end of the reporting period, the Commission had fully drawn on all financing facilities, details of which are disclosed in the financial statements.

	2010
	$

Note 16 Commitments

(a) Operating lease commitments

Commitments in relation to non-cancellable operating leases are payable as follows:

Within 1 year	9,504
Later than 1 year and not later than 5 years	19,008
	28,512

The leases are non-cancellable, with rent payable monthly in advance. Operating leases relating to office equipment do not have contingent rental obligations. There are no restrictions imposed by these leasing arrangements on other financing transactions.

(a) Contracts for the provision of mental health services

Expenditure commitments in relation to private hospitals and non government organisations contracted for at the end of the reporting period but not recognised as liabilities, are payable as follows:

Within 1 year	47,376,529
Later than 1 year and not later than 5 years	58,582,262
Later than 5 years and not later than 10 years	24,870,732
	130,829,523

Note 17 Events occurring after the end of the reporting

The Commission is not aware of any events occurring after the end of the reporting period that have significant financial effect on the financial statements.

Note 18 Remuneration of senior officers

The number of senior officers, whose total fees, salaries, superannuation and other benefits for the financial year, fall within the following bands are:

	2010
$40,001 - $50,000	1
$50,001 - $60,000	1
$70,001 - $80,000	1
	3

	$
The total remuneration of senior officers is:	176,507

The total remuneration includes the superannuation expense incurred by the Commission in respect of senior officers.

Note 19 Remuneration of auditor

Remuneration payable to the Auditor General in respect of the audit for the current financial year is as follows:

Auditing the accounts, financial statements and performance indicators	28,700

Note 20 Related bodies

A related body is a body which receive more than half its funding and resources from the Commission and is subject to operational control by the Commission.

The Commission had no related bodies during the financial year.

Note 21 Affiliated bodies

An affiliated body is a body which receives more than half its funding and resources from the Commission and is not subject to operational control by the Commission.

The Commission had no affiliated bodies during the financial year.

Note 22 Financial instruments

a) Financial risk management objectives and policies

Financial instruments held by the Commission are cash and cash equivalents and payables. The Commission has limited exposure to financial risks. The Commission's overall risk management program focuses on managing the risks identified below.

Liquidity risk
Liquidity risk arises when the Commission is unable to meet its financial obligations as they fall due. The Commission is exposed to liquidity risk through its normal course of operations.

The Commission has appropriate procedures to manage cash flows including drawdowns of appropriations by monitoring forecast cash flows to ensure that sufficient funds are available to meet its commitments.

Market risk
Market risk is the risk that changes in market prices such as foreign exchange rates and interest rates will affect the Commission's income or the value of its holdings of financial instruments. The Commission does not trade in foreign currency and is not materially exposed to other price risks (for example, equity securities or commodity prices changes).

The Commission is not exposed to interest rate risk, because all cash and cash equivalents are non-interest bearing.

b) Categories of financial instruments

In addition to cash, the carrying amounts of each of the following categories of financial assets and financial liabilities at the end of the reporting period are as follows:

	2010 $
Financial Assets	
Cash and cash equivalents	4,074,865
Financial Liabilities	
Financial liabilities measured at amortised cost	1,340,073

c) Financial instrument disclosures

Credit risk and interest rate risk exposures

The following tables disclose the Commission's maximum exposure to credit risk, interest rate exposures and the ageing analysis of financial assets. The Commission's maximum exposure to credit risk at the end of the reporting period is the carrying amount of financial assets as shown below. The table is based on information provided to senior management of the Commission.

The Commission does not hold any collateral as security or other credit enhancements relating to the financial assets it holds.

The Commission does not hold any financial assets that had to have their terms renegotiated that would have otherwise resulted in them being past due or impaired.

c) **Financial instrument disclosures (continued)**

Interest rate exposures and ageing analysis of financial assets

	Weighted average effective interest rate	Carrying amount	Interest rate exposure: Variable interest rate	Interest rate exposure: Non-interest bearing
	%	$	$	$
Financial Assets				
2010				
Cash and cash equivalents	-	4,074,865	-	4,074,865
		4,074,865	-	4,074,865

At the reporting date, the Commission did not have financial assets that were past due but not impaired or impaired financial assets.

Liquidity risk

The following table details the contractual maturity analysis for financial liabilities. The contractual maturity amounts are representative of the undiscounted amounts at the end of the reporting period. The table includes both interest and principal cash flows. An adjustment has been made where material.

Interest rate exposures and maturity analysis of financial liabilities

	Weighted average effective interest rate	Carrying amount	Interest rate exposure: Variable interest rate	Interest rate exposure: Non-interest bearing	Maturity dates: Up to 3 months
	%	$	$	$	$
Financial Liabilities					
2010					
Payables	-	1,340,073	-	1,340,073	1,340,073
		1,340,073	-	1,340,073	1,340,073

The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities.

Performance Management Framework

Outcomes, Services and Performance Information

The Whole of Government goal to which the Mental Health Commission contributes is:

- Outcomes Based Service Delivery. Greater focus on achieving results in key service delivery areas for the benefits of all Western Australians

The Mental Health Commission outcome to meet this goal is:

- The best possible mental health and wellbeing for every Western Australian.

The achievement of this outcome involves provision of services and programs that improve and enhance the mental health and wellbeing for all Western Australians. A significant number of these services are provided to people with chronic illness or disability associated with mental disorders. These services enable them to maintain as much independence in their everyday life as their illness permits.

Support is provided to people in their own homes or in residential care facilities. This involves the provision of psychosocial services which:

- maintain the optimal level of physical and social functioning;
- prevent or slow down the progression of the illness or disability;
- support families and carers in their roles; and
- provide access to recreation, education and employment opportunities.

Significant services are also provided for people with mental disorders by WA Health Area Health Services.

People with mental disorders can also receive support through a number of other agencies including the Disability Services Commission

For 2009-10, Key Performance Indicators relate to the non government service provision of specialised mental health community services. For the financial year 2010-11, the Mental Health Commission will conduct a review of all Key Performance Indicators. The Key Performance Indicators are:

Key Effectiveness Indicators

1. Rate of Suicide in Western Australia
2. Proportion of people receiving community support form non-government organisations for mental health problems

Key Efficiency indicators

1. Cost per capita of providing activities to enhance mental health and wellbeing (illness prevention, promotion and protection activities)
2. Average cost per hour for community support provided by non-government organisations to people with mental health problems
3. Average subsidy per bed day for people with mental illness living in community supported residential accommodation
4. Average subsidy per person to support residents in metropolitan licensed private psychiatric hostels

Performance Indicators

The key performance indicators reported in the following pages are restricted to relate to non government organisation service providers of community based services funded by the Mental Health Commission.

In 2009-10, key performance indicators related to mental health services provided by the WA Health Area Health Services are reported separately in WA Health Annual Reports.

Key Performance Indicators

Certification of Key Performance Indicators

MENTAL HEALTH COMMISSION
CERTIFICATION OF PERFORMANCE INDICATORS
FOR THE YEAR ENDED 30 JUNE 2010

I hereby certify the performance indicators are based on proper records, are relevant and appropriate for assisting users to assess the performance of the Mental Health Commission and fairly represent the performance of the Commission for the financial year ended 30 June 2010.

Eddie Bartnik
COMMISSIONER, MENTAL HEALTH COMMISSION
ACCOUNTABLE OFFICER

21 September 2010

Key Effectiveness Indicators

Rate of suicide in Western Australia (MHC01)

Rationale

The Western Australian Suicide Prevention Strategy 2009-2013 provides Western Australia with a comprehensive framework to reduce suicide and self harm. The Strategy has been mandated by Cabinet to ensure that all State Government departments prioritise suicide prevention and participate in a coordinated response. The support of all levels of government and the private and community sectors is essential to achieve positive outcomes in the area of suicide prevention.

Risk factors associated with suicide and suicidal behavior include genetic, biological, social, environmental and demographic factors, family characteristics and childhood experiences, personality and beliefs, mental health problems and alcohol and drug use. Often a combination of these factors can increase the risk of suicidal behavior.

Age standardised rates are used to compare deaths over time, as it accounts for any changes in the age-structure of a population over time. A low and decreasing rate is desirable. The rate of suicide in Australia is provided as a benchmark against which the WA rates can be assessed.

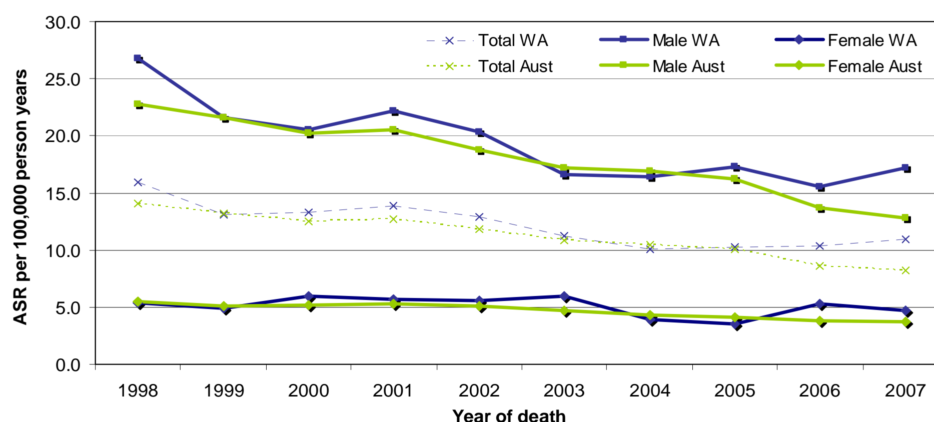
Results

The rate of suicide in WA is consistently higher than the national rate. In 2007 it was 10.9. This was the highest it has been since 2003, though the rate has decreased overall since 1998. The age-standardised rate of suicide is consistently higher for males than females every year. Trend analysis by gender shows that while suicide rates for females show no significant difference from 1998 to 2007, there has been a significant decline in the suicide rate for males in WA.

Table 3: Rate of suicide in WA and Australia, 1998-2007

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
WA	15.9	13.1	13.3	13.9	12.9	11.2	10.1	10.3	10.4	10.9
Aust	14.1	13.2	12.5	12.7	11.8	10.8	10.5	10.1	8.6	8.2

Figure 2: Age-standardised rate of death due to suicide in WA and Australia, by year of death and sex, 1998-2007



Data Sources: ABS Mortality Data, provided by Epidemiology Branch, Department of Health

Notes

Age-standardised rates are per 100,000 person years.

The number of annual deaths are based on year of death and 2007 figures are preliminary.

The number of deaths by year of death for 2007 are expected to increase when 2008 data is received.

The following ICD-10 codes were used to select deaths for suicide: X60-X84, Y87.0

Data for rate of suicide is always retrospective with a 2 to 3 year lag due to delays in coronial processes and availability of ABS data.

Significance level set at p<.05 using chi square test.

Proportion of people receiving community support from non-government organisations for mental health problems (MHC03)

Rationale

The aim of community based support programs, delivered by non-government organisations, is to support clients to develop skills and abilities to maximise their capacity to live in the community. These programs support clients to develop/maintain skills required for daily living, social interaction, and increase participation in community life and activities. Improving personal coping skills to allow those with mental health problems to remain independent enhances the quality of life for most clients and aims to decrease the burden of care for carers.

These services are primarily provided in the client's home or in the local community. The range of services provided is dependent on the needs and goals of the individual.

The target group for community support programs is primarily adults (aged 18-64 years) living in Western Australia who have been diagnosed with a mental health problem who have been discharged from a public mental health inpatient facility during the past five years.

In addition to non-clinical community-based support provided by non-government organisations, people with mental health problems also have access to clinical support services provided by public mental health services, general practitioners, private psychiatrists and psychologists.

Results

The proportion of people with mental health problems receiving community-based support from non-government organisations was 50.9% in 2009-10. This result is lower than the target as more people were discharged from hospital than was estimated.

Table 4: Proportion of people with a mental health problem receiving community support from non-government organisations

	2008-09	2009-10	Target
Proportion of people with a mental health problem receiving community support from non-government organisations	52.7%	50.9%	55%

Data Sources
Non-government mental health service activity reports
Mental Health Information System, Performance, Activity and Quality Division, Department of Health

Notes
The target was set as part of the Government Budget Statements process.

Key Efficiency Indicators

Cost per capita of providing activities to enhance mental health and wellbeing (illness prevention, promotion and protection activities) (MHC02)

Rationale

Illness prevention, promotion and protection activities focus on groups rather than individuals. The activities aim to eliminate or reduce modifiable risk factors associated with individual, social and environmental health determinants to enhance mental health and wellbeing and prevent mental health problems before they develop.

Mental health promotion is defined as activities designed to lead to improvement of the mental health and functioning of persons through prevention, education and intervention activities and services. It involves the population as a whole in the context of their everyday lives. Such measures encourage lifestyle and behavioral choices, attitudes and beliefs that protect and promote mental health and reduce mental health problems.

This indicator measures the cost of mental health promotion, illness prevention and protection activities.

Results

In 2009-10, it cost $7 per capita to provide illness prevention, promotion and protection activities to enhance mental health and wellbeing. This is a new indicator and no comparison to previous years is provided.

Table 5: Cost per capita of providing activities to enhance mental health and wellbeing

	2009-10	Target
Cost per capita of providing activities to enhance mental health and wellbeing	$7	$8

Data Sources
Mental Health Commission General Ledger
Rates Calculator, Epidemiology, Department of Health

Average cost per hour for community support provided by non-government organisations to people with mental health problems (MHC04)

Rationale

The aim of the community based support programs is to support clients with mental health problems to develop skills and abilities to maximise their capacity to live in the community.

These programs support clients to develop/maintain skills required for daily living, improve personal and social interaction, increase participation in community life and activities, and aim to decrease the burden of care for carers.

These services are primarily provided in the client's home or in the local community. The range of services provided is dependent on the needs and goals of the individual.

Results

The average cost per hour to provide community support to individuals with mental health problems is $61.27 per person. This result is lower than the set target as more hours of service were provided than was estimated.

Table 6: Average cost per hour for community support provided by non-government organisations to people with mental health problems

	2006-07	2007-08	2008-09	2009-10	Target
Actual cost per hour	$62.47	$57.92	$60.98	$61.27	$65.00

Data Source
Mental Health Commission general ledger
Non-government mental health service activity reports using annualised data.

Notes
The target was set as part of the Government Budget Statements process.

Average subsidy per bed-day for people with mental illness living in community supported residential accommodation (MHC05)

Rationale

Non-government organisations provide accommodation in staffed residential units for people affected by mental illness who require support to live in the community. Residential facilities provide support with self-management of personal care and daily living activities as well as initiate appropriate treatment and rehabilitation to improve the quality of life for these clients.

This accommodation support is available to adults with a mental illness, including older persons with complex mental health issues and significant behavioral problems. These clients are unable to live independently in the community without the aid of subsidies to provide appropriate support.

Results

In 2009-10 the average subsidy per bed-day was $156. This result is higher than the target set due to delays in the construction of new facilities, resulting in fewer bed days than estimated.

Table 7: Average subsidy per bed-day for people with mental illness living in community supported residential accommodation

	2006-07	2007-08	2008-09	2009-10	Target
Average subsidy per bed-day	$99	$148	$164	$156	$139

Data Source
Non-government mental health service activity reports using annualised data.
Mental Health Commission general ledger

Notes
The target was set as part of the Government Budget Statements process.

Average subsidy per person to support residents in metropolitan licensed private psychiatric hostels (MHC06)

Rationale

Private licensed psychiatric hostels provide personal support services to residential clients with mental health problems to assist them to develop and maintain their current skills, autonomy and self-management in the area of personal care in order to improve their overall quality of life.

Without subsidised care in private licensed psychiatric hostels many people with mental health problems would not be able to live relatively independent lives in a supported environment and the quality of life for these people would be diminished.

Results

The actual subsidy per person for eligible residents in metropolitan licensed private psychiatric hostels for 2009-10 was $6,583. This result is higher than the target as the number of hostel residents has decreased from previous years.

Table 8: Average subsidy per person to support residents in metropolitan licensed private psychiatric hostels

	2008-09	2009-10	Target
Average subsidy per person	$5,889	$6,583	$6,159

Data Sources
Mental Health Commission general ledger.
Mental Health Information System, Performance, Activity and Quality Division, Department of Health.

Notes
The target was set as part of the Government Budget Statements process.

Other Legal Requirements

Compliance with Public Sector Standards and Ethical Codes

In accordance with section 31 (1) of the *Public Sector Management Act 1994*, the Commission fully complied with the public sector standards, the WA Code of Ethics and the Code of Conduct (Commission staff, by default, comply with Department of Health Code of Conduct pending development of the Commission's Code of Conduct in 2010-11).

No breaches of standard were lodged during the period of this report.

The Commission is currently updating relevant policies and procedures in accordance with the Public Sector Standards in Human Resources Management to ensure compliance and relevancy.

Advertising

In accordance with section 175ZE of the *Electoral Act 1907*, the Commission incurred the following expenditure on advertising agencies, market research, polling, direct mail and media advertising for the period 8 March to 30 June 2010.

Agency	$
Vivid Group pty ltd	14,160

Disability Access and Inclusion Plan

The *Disability Service Act 1993* was introduced to ensure that people with disabilities have the same opportunities as other Western Australians. For the period 8 March to 30 June 2010, the Commission operated under the Disability Access and Inclusion Plan (DAIP) of the Department of Health.

The Commission's Disability Access and Inclusion Plan, to be developed and implemented in the next year, will be committed to ensuring equitable opportunities to access Commission services and information are afforded to people with disabilities. In developing the plan the Commission will ensure it develops a number of initiatives in order to be successful in addressing statutory requirements under the *Disability Services Act 1993* and ensuring collaboration with appropriate stakeholders (both internal and external) in order to achieve the desired six outcomes.

Recordkeeping Plans

The *State Records Act 2000* was established to mandate standardised statutory record keeping practices for every Government agency including records creation policy, record security and the responsibilities of all staff. Government agency practice is subject to the provisions of the Act and the standards and policies, and Government agencies are subject to scrutiny by the State Records Commission.

For the period 8 March to 30 June 2010, the Mental Health Commission operated under the umbrella of the Department of Health's record keeping plan, policies and practices.

Government Policy Requirements

Substantive Equality

Public Sector Commissioners Circular 2009/23: Implementation of the Policy Framework for Substantive Equality
The Commission will be developing and implementing the required Framework in the next year by undertaking an assessment of its functions and determining through a needs and impact assessment which function may have the greatest priority.

Occupational Safety, Health and Injury Management

The Commission is committed to promoting the health and wellbeing of all its employees. For the period 8 March to 30 June 2010 the Commission operated under the umbrella of the Department of Health's Occupational Safety and Health committee and associated policies and procedures. The Commission will be developing new policies and procedures during 2010-11 including an Injury Management framework to promote the early and safe return to work of injured officers and the promotion of required manager training in OSH and injury management responsibilities.

Performance 8 March – 30 June 2010	Actual 2009-10	Target 2009-10
Number of fatalities	Zero	Zero
Lost time injury/disease	Zero	Zero
Lost time injury severity rate	Zero	Zero
% of injured works returned to work within 28 weeks	N/A	
% managers trained in OSH and injury management responsibilities	38%	50%

Appendices

Appendix 1: Community Sector Organisations Funded by Mental Health Commission (From 8 March 2010)

COMMUNITY SECTOR ORGANISATION (CSO) NAME	SERVICE PROVIDED
55 Central Incorporated	Independent living skills support
55 Central Incorporated	Psychosocial support
Access Housing Association Incorporated	Supportive landlord services
Albany Halfway House Association Incorporated	Community supported residential units
Albany Halfway House Association Incorporated	Independent living skills support
Albany Halfway House Association Incorporated	Intermediate care accommodation
Albany Halfway House Association Incorporated	Psychosocial support
Albany Halfway House Association Incorporated	Recreation
Amana Living	Specialist residential services
ARAFMI Mental Health Carers & Friends Association	Carer/family support - education/information and skill development
ARAFMI Mental Health Carers & Friends Association	Individual advocacy
ARAFMI Mental Health Carers & Friends Association	Mental health promotion
ARAFMI Mental Health Carers & Friends Association	Recreation
Association for Services to Torture and Trauma Survivors Incorporated	Early intervention - general
Baptistcare	Crisis/respite accommodation
Baptistcare	Psychosocial support
Baptistcare	Supportive landlord services
Bay of Isles Community Outreach Incorporated	Independent living skills support
Bay of Isles Community Outreach Incorporated	Psychosocial support
Beyondblue	Mental illness prevention
Bunbury Pathways '92 Incorporated	Carer/family support - admitted respite
Bunbury Pathways '92 Incorporated	Carer/family support - education/information and skill development
Bunbury Pathways '92 Incorporated	Independent living skills support
Bunbury Pathways '92 Incorporated	Psychosocial support
Bunbury Pathways '92 Incorporated	Supportive landlord services
Burswood Psychiatric Hostel	Personal care support
Carers Association of Western Australia Incorporated	Systemic advocacy
Casson House	Personal care support
Centrecare Incorporated	Carer/family support - education/information and skill development
Centrecare Incorporated	Early intervention - general
Centrecare Incorporated	Independent living skills support
Centrecare Incorporated	Mental illness prevention
Centrecare Incorporated	Psychosocial support
Centrecare Incorporated	Supportive landlord services
Centrecare Incorporated	Mental illness prevention
Collie Family Centre Incorporated	Early intervention - general
Curtin University of Technology	Mental illness prevention
Curtin University of Technology	Mental health promotion
Devenish Lodge	Personal care support
Disability in the Arts, Disadvantage in the Arts (WA) Incorporated	Recreation
Dudley House	Personal care support

COMMUNITY SECTOR ORGANISATION (CSO) NAME	SERVICE PROVIDED
Even Keel (Bipolar Disorder Support Association) Incorporated	Psychosocial support
Foundation Housing Association Incorporated	Supportive landlord services
Franciscan House	Personal care support
Fremantle GP Network	Early intervention – general
Fremantle Multicultural Centre	Individual advocacy
Fremantle Women's Health Centre Incorporated	Peri natal mental health service
Fusion (Aust) Ltd	Community supported residential units
Gosnells Women's Health Service Incorporated	Peri natal mental health service
Great Southern Community Housing Association Incorporated	Supportive landlord services
GROW (WA)	Psychosocial support
Hills Community Support Group	Individual advocacy
Hills Community Support Group	Psychosocial support
Hills Community Support Group	Supportive landlord services
Home Health Pty Ltd (trading as Tender Care)	Carer/family support – non admitted respite
Home Health Pty Ltd (trading as Tender Care)	Independent living skills support
Home Health Pty Ltd (trading as Tender Care)	Psychosocial support
Home Health Pty Ltd (trading as Tender Care)	Recreation
Honeybrook Lodge	Personal care support
ISHAR Multicultural Centre for Women's Health	Carer/family support – education/information and skill development
June O'Connor Centre Incorporated	Recreation
LAMP Incorporated	Carer/family support – education/information and skill development
LAMP Incorporated	Independent living skills support
LAMP Incorporated	Psychosocial support
LAMP Incorporated	Recreation
Life Without Barriers	Supported accommodation for Homeless Youth
Mental Illness Fellowship of Western Australia Incorporated	Carer/family support – education/information and skill development
Mental Illness Fellowship of Western Australia Incorporated	Independent living skills support
Mental Illness Fellowship of Western Australia Incorporated	Mental health promotion
Mental Illness Fellowship of Western Australia Incorporated	Psychosocial support
Mental Illness Fellowship of Western Australia Incorporated	Recreation
Mercy Hospital	Clinical treatment and care – admitted
Midland Women's Health Care Place Incorporated	Peri natal mental health service
Midwest Community Living Association Incorporated	Recreation
PDLE	Pre-vocational training
Perth Home Care Services Incorporated	Carer/family support – non admitted respite
Perth Home Care Services Incorporated	Psychosocial support
Perth Inner City Youth Service	Psychosocial support
Perth Primary Care Network	Clinical treatment and care – non admitted
Pilbara & Kimberley Care Incorporated	Carer/family support – non admitted respite
Pilbara & Kimberley Care Incorporated	Independent living skills support
Pilbara & Kimberley Care Incorporated	Psychosocial support
Pilbara & Kimberley Care Incorporated	Recreation
Private Clinics Australia	Clinical treatment and care – admitted
Richmond Fellowship of WA	Community supported residential units
Richmond Fellowship of WA	Community options

COMMUNITY SECTOR ORGANISATION (CSO) NAME	SERVICE PROVIDED
Richmond Fellowship of WA	Crisis/respite accommodation
Richmond Fellowship of WA	Independent living skills support
Richmond Fellowship of WA	Intermediate care accommodation
Richmond Fellowship of WA	Long-term supported accommodation
Richmond Fellowship of WA	Psychosocial support
Richmond Fellowship of WA	Supported accommodation for homeless adults
Romily House	Personal care support
Rosedale Lodge	Personal care support
Ruah Community Services	Carer/family support – education/information and skill development
Ruah Community Services	Psychosocial support
Salisbury Home	Personal care support
Samaritan Befrienders of Albany Incorporated	Early intervention – telephone services
Schizophrenia Fellowship Albany and Districts Incorporated	Independent living skills support
Schizophrenia Fellowship Albany and Districts Incorporated	Psychosocial support
Schizophrenia Fellowship Albany and Districts Incorporated	Recreation
Share and Care Community Services Group	Carer/family support – non admitted respite
Share and Care Community Services Group	Independent living skills support
Share and Care Community Services Group	Psychosocial support
Share and Care Community Services Group	Recreation
Silver Chain Nursing Association Incorporated	Carer/family support – education/information and skill development
Silver Chain Nursing Association Incorporated	Workforce development
South Coastal Women's Health Services Association Incorporated	Peri natal mental health service
South Metro Personnel	Psychosocial support
Southern Cross Care (WA) Incorporated	Specialist residential services
Southern Cross Care (WA) Incorporated	Carer/family support – non admitted respite
Southern Cross Care (WA) Incorporated	Community options
Southern Cross Care (WA) Incorporated	Independent living skills support
Southern Cross Care (WA) Incorporated	Psychosocial support
St Bartholomew's House Incorporated	Community supported residential units
St Bartholomew's House Incorporated	Crisis/respite accommodation
St Bartholomew's House Incorporated	Supportive landlord services
St Jude's Hostel (Pu-Fam Pty Ltd)	Personal care support
Support In-Site Incorporated	Recreation
Telethon Institute for Child Health Research	Mental illness prevention
Telethon Institute for Child Health Research	Research and evaluation
The Salvation Army (Western Australia) Property Trust	Independent living skills support
The Salvation Army (Western Australia) Property Trust	Psychosocial support
The Samaritans Incorporated	Early intervention – general
The Samaritans Incorporated	Early intervention – telephone services
UnitingCare West	Supportive landlord services
Vincentcare	Personal care support
Vincentcare	Psychosocial support
WA AIDS Council Incorporated	Early intervention – general
WA Association for Mental Health Incorporated	Mental health promotion
WA Association for Mental Health Incorporated	Systemic advocacy
WA Association for Mental Health Incorporated	Workforce development

COMMUNITY SECTOR ORGANISATION (CSO) NAME	SERVICE PROVIDED
Wanslea Family Services Incorporated	Carer/family support - education/information and skill development
Women’s Health Care Association Incorporated	Clinical treatment and care - non admitted
Women’s Health Care Association Incorporated	Peri natal mental health service
Women’s Health Care Association Incorporated	Psychosocial support
Women's Healthworks	Psychosocial support
Woodville House	Personal care support
Youth Focus Inc	Early intervention - general

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Government of **Western Australia**
Mental Health Commission