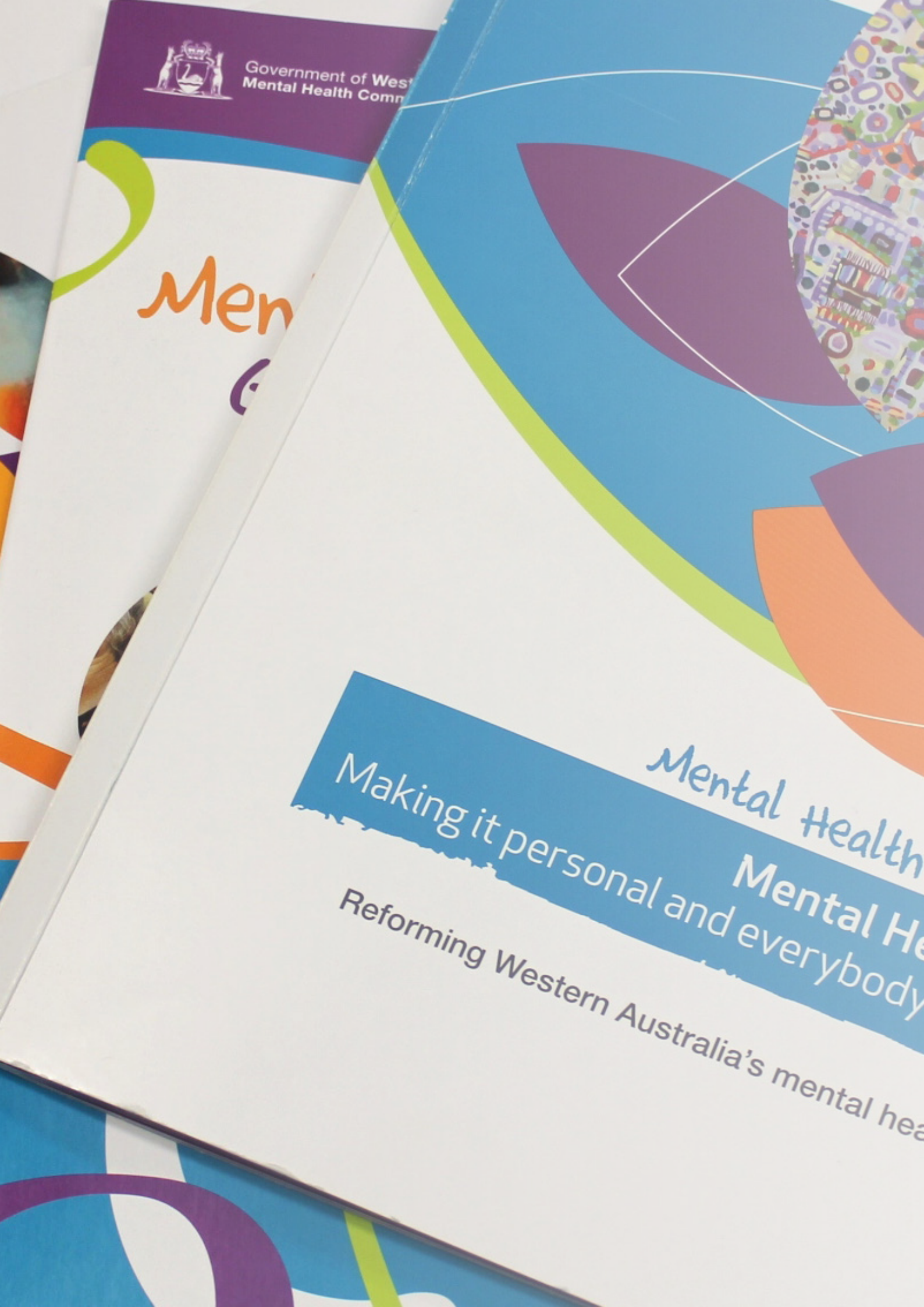
Government of **Western Australia**
Mental Health Commission

2011/12 Annual Report

MENTAL HEALTH COMMISSION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Making it personal and everybody
Reforming Western Australia's mental hea

Contact Details

Mental Health Commission
Level 5, 81 St Georges Terrace
PERTH WA 6000

PO Box X2299
Perth Business Centre, PERTH WA 6849
T: 6272 1200 F: 6272 1299

E: ContactUs@mentalhealth.wa.gov.au
W: www.mentalhealth.wa.gov.au

About this Annual Report

This Annual Report provides a review of the Mental Health Commission's operations for the financial year ended 30 June 2012.

To make our Annual Report as accessible as possible, we have provided it in the following three formats:

- an interactive PDF version, which links to other sections of the Report as well as external links
- an online version of Annual Report sections
- a text version that is suitable for use with screen reader software applications.

The Annual Report has been produced in line with the Public Sector Commission's Western Australian Public Sector Annual Reporting Framework for the 2011/12 Reporting Year and the Department of Treasury and Finance's Model Annual Report Statutory Authorities guide. The Report meets these guidelines to keep costs as low as possible for production, graphics, photographs, artwork and printing.

Mental Health Commission Annual Report 2011/12

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Statement of Compliance

Hon Helen Morton MLC
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 2012.

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

Eddie Bartnik
COMMISSIONER
MENTAL HEALTH COMMISSION

24 September 2012

Executive Summary

I am pleased to present the third Annual Report of the Mental Health Commission (the Commission).

This report provides an overview of our key achievements and significant progress towards creating a modern, effective mental health system that places the individual and their recovery at the centre of its focus.

2011/12 was a landmark year for the Commission, which in its second full year of operation further established itself as the driver of strategic reform, incorporating key emerging issues identified by people with mental illness, their carers and families and other stakeholders, along with developments at the National and State level.

The culmination of extensive community consultations saw the finalisation and release of our ten-year strategic policy *Mental Health 2020: Making it personal and everybody's business* (Mental Health 2020), which is built around themes of person centred supports and services, connected approaches to supporting people and balanced investment to ensure a full range of supports and services. Launched by Premier Colin Barnett in October 2011, the policy identifies three key reform directions and nine action areas that provide the framework for mental health reform. The Commission also released its first action plan in December 2011 to map out what steps will be taken towards achieving this reform.

We are working hard to ensure that all Western Australians lead a good life and that there are appropriate supports and services to help people with mental health problems and/or mental illness to stay in the community and out of hospital. Recovery is not a linear process marked by successive accomplishments. Recovery is an attitude, a way of approaching the day and facing challenges. Recovery is a journey which not only benefits individuals with mental health problems and/or mental illness by focusing on their abilities to live, work, learn and fully participate in society, but also enriches the texture of community life for everyone.

The WA mental health sector is entering an era of opportunity, with new funding and clear political commitment. Establishment of the Commission positioned our State among leading jurisdictions in terms of the importance it places on mental health. Mental health is everybody's business - no family, community or business is immune from the harmful consequences that mental distress and illness can cause.

At the national level, the Commission has continued to collaborate with the Commonwealth Departments of Health and Ageing (DoHA), Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), and Education, Employment and Workplace Relations (DEEWR) to plan and implement a range of new initiatives in WA. Some of these initiatives include working together to develop new Youth Early Psychosis Services, increasing the number of *headspace* services in rural and metropolitan regions, combining our efforts in suicide prevention, as well as supporting the establishment of Medicare Locals throughout the State.

The Commission further supports the national agenda by progressing the implementation of the *Fourth National Mental Health Plan 2009-2014* and a number of key flagship initiatives related to social inclusion, children and youth. A stronger collaboration has been established with the Commonwealth Government through the Commission's participation as a member on various national committees to deliver innovative services and implement partnership initiatives. This work contributes to improving the treatment, care and support of people under the *Mental Health Act 1996* and all Western Australians who live with mental illness. Through the National Partnership Agreement on Improving Public Hospital Services and the National Partnership Agreement on Supporting Mental Health Reform, WA has also received additional investment to expand and develop additional mental health services for children, young people and adults with mental illness, their families and carers.

As the Commissioner for Mental Health, I am also pleased to provide information in this Annual Report on achievements in the broader work of the Commission. In progressing the reform, many actions from Mental Health 2020, including investment made by the State Government in the 2011/12 Budget process, have been implemented with a strong focus on collaborative partnerships and person centered services.

The 2011/12 Service Agreement between the Commission and the Department of Health has provided additional funding to support the needs of WA's growing population whilst also commencing the change process. This year has seen further growth in inpatient and community-based services provision, including the opening of new mental health facility in Broome and additional inpatient beds at Rockingham bringing services closer to home for many people. The Commission has also significantly increased funding to provide community-based clinical services for children and young people living in rural, remote and metropolitan areas of the State.

The Commission has begun to build a range of community-based services and with sufficient intensity to reduce pressure on emergency departments and inpatient services. Improved support for people in the community will help to keep people well in their own homes and ensure hospital beds are available for those who need them most.

A review into the admission, discharge and transfer policies and practices of WA's public mental health services was commissioned jointly by the Commission and the Department of Health in 2011/12, which will assess and make recommendations on system-wide compliance with admission and discharge policies and guide improvements that may be required to ensure they are effective.

Other significant developments such as the release of the draft Mental Health Bill for public comment in December 2011, increased sustainability funding for not-for-profit organisations, progressive implementation of National Standards for Mental Health, launch of the Individualised Community Living initiative and the roll out the Statewide Specialist Aboriginal Mental Health Service have helped put people with mental illness, their families and carers closer to the centre of decision making. In addition, the substantial rolling out of the State Suicide Prevention Strategy has engaged communities and employers as equal partners and 'co-designers' in suicide prevention.

Through the Individualised Community Living initiative, community housing options have been made available for 100 people with mental illness through new capital funding of $46.5 million. Additional funding of $25.18 million over four years was secured for personalised packages of support and individualised funding to help those 100 people make a successful transition from hospital inpatient care to living in the community. Young people at risk of suicide and depression have also received greater focus and additional help with $1.2 million over four years being allocated to Youth Focus, a unique not-for-profit organisation that supports young Western Australians.

The Commission is committed to ensuring people with mental illness and key stakeholders are well supported to provide advice and advocacy in mental health service development. This year the Commission has continued to support the Mental Health Advisory Council who provide independent advice to the Commission on how best to address the mental health needs of the community. A dedicated Consumer Advisor with a lived experience of mental illness was also appointed to further contribute the consumer voice to mental health policy, planning and implementation. The new Consumer Association for WA is also now in early implementation stage.

Our overarching vision is a Western Australia where everyone works together to encourage and support people who experience mental health problems and/or mental illness to stay in the community, out of hospital and live a meaningful life. It is a vision that is strongly instilled within our agency and it underpins everything we do.

I have a strong belief in the capacity and dedication of our staff and our organisational values - hope and optimism, leadership, integrity, innovation, excellence, collaboration and transparency – to help secure this vision.

Through dedication and the combined skills of people at the Commission and within the sector, we have delivered an ambitious, integrated program of work over the past financial year which enabled our agency to strengthen its strategic and operational capacity and continue to work with our stakeholders to progress key mental health reforms.

Maintaining our momentum in 2012/13 will require further building the capacity of the mental health sector and implementing the reforms. Significant initial investments have been made in scholarships training positions, professional and leadership positions. We will keep collaborating closely with individuals, families, carers and other stakeholders to inform policy, because it is through their knowledge and experience we learn first-hand what is happening and can identify emerging needs and trends.

I would like to thank our Minister, the Hon Helen Morton MLC for her commitment, dedication and valued support.

I would also like to thank Mr Barry MacKinnon, Chair and members of the Mental Health Advisory Council, as well as Mr Peter Fitzpatrick, Chair and members of the Ministerial Council for Suicide Prevention for their valuable community input throughout the year.

Finally, I acknowledge the mental health workforce across the State, whether they work in public, private or community organisations – their commitment to making a difference to the lives of people living with mental illness and/or mental health problems and their families and carers, continues to impress. In one word, they are exceptional.

Eddie Bartnik
COMMISSIONER
MENTAL HEALTH COMMISSION

Supporting early intervention and recovery

- person centred services and supports
- a connected whole of community and government approach
- a balanced investment in new priorities

> "For people to recover and have a decent life, they don't just need medication or specialist services; they also need support from families and friends, as well as the opportunity to rebuild their lives and contribute to the community."
>
> Eddie Bartnik, Mental Health Commissioner

www.mentalhealth.wa.gov.au

Operational Structure

Responsible Minister

The Commission is responsible to the Minister for Mental Health, the Hon Helen Morton MLC.

Accountable Authority

The Commission was established by the Governor in Executive Council under Section 35 of the Public Sector Management Act 1994.

The accountable authority of the Commission is the Commissioner for Mental Health, Mr Eddie Bartnik.

Administered Legislation

The Commission does not directly administer any legislation.

Other key Legislation

In the performance of its functions, the Commission complies with the following laws:

- Auditor General Act 2006
- Corruption and Crime Commission Act 2003
- Disability Services Act 1993
- Equal Opportunity Act 1984
- Financial Management Act 2006
- Freedom of Information Act 1992
- Government Employees' Superannuation Act 1987
- Industrial Relations Act 1979
- Mental Health Act 1996
- Minimum Conditions of Employment Act 1993
- Occupational Safety and Health Act 1984
- Public Interest Disclosure Act 2003
- Public Sector Management Act 1994
- Salaries and Allowances Act 1975
- State Records Act 2000
- State Superannuation Act 2000
- State Supply Commission Act 1991
- Workers' Compensation and Injury Management Act 1981

In the financial administration of the agency, management has complied with the requirements of the *Financial Management Act 2006* and all other relevant laws, and exercised controls that provide reasonable assurance that the receipt and expenditure of monies and the acquisition and disposal of public property and incurring of liabilities have been in accordance with legislative provisions.

At the date of signing, management is not aware of any circumstances that would render the particulars included in this statement misleading or inaccurate.

Organisational Structure

The Mental Health Commission comprises five directorates. The organisational structure has remained unchanged in 2011/12 and significant progress has been made in recruiting staff to positions, including finalisation of recruitment of the Corporate Executive through a competitive selection process. The organisational structure as at 30 June 2012 is shown in Figure 1.

Figure 1. Organisational Structure

L-R: Ken Smith, Danuta Pawelek, Eric Dillon, Elaine Paterson, Lesley van Schoubroeck and Eddie Bartnik

Executive Staff

The Corporate Executive is the Commission's senior management team.

Eddie Bartnik,
Mental Health Commissioner

Eddie Bartnik was appointed the State's first Mental Health Commissioner in August 2010. He has worked in the human services sector for many years and has significant national and international experience.

Eddie has held senior positions within the Western Australian public service across various agencies. This includes leadership roles in policy, funding and statewide service delivery with the Disability Services Commission where he championed innovative approaches to individualised funding and personalised support. Eddie was previously the Acting Director General of the Department for Communities in 2009-2010.

Eddie's qualifications include a Masters degree in Clinical Psychology, Master of Educational Studies and a Bachelor of Arts (Honours in Psychology). Eddie is a Graduate of the Australian Institute of Company Directors, a Fellow of the Australasian Society of Intellectual Disability and a Fellow of the Australian Institute of Management.

Eric Dillon,
Director Policy, Strategy and Planning

Eric Dillon holds a BSC Hons and MSc Environmental Science and other post graduate qualifications. Eric has significant experience in local government in the United Kingdom and over 24 years of experience in the Western Australian public sector, much of which has been at senior executive level working within the health, mental health and drug and alcohol sectors and in collaboration with non-government organisations.

Danuta Pawelek,
Director Performance and Reporting

Danuta Pawelek has 25 years experience working in the Western Australian public sector. Danuta has considerable expertise in policy development and evaluation, strategic development and change management, as well as a thorough understanding of accountability mechanisms in the public sector. Danuta has extensive practical experience in information and systems development and implementation. Danuta holds a Magister (Masters) of Economics Degree from the Lodz University in Poland.

Lesley van Schoubroeck,
Director Organisational Reform

Lesley van Schoubroeck has extensive experience in policy and strategy in human services organisations and in central agencies in the Western Australian public sector. Lesley has a PhD from Griffith University in politics and public policy as well as post graduate qualifications in psychometrics and is a former secondary teacher. Lesley is committed to promoting fairness and justice and incorporating the views of the most vulnerable people in the development and implementation of policy and in reviewing the performance of the public sector.

Ken Smith,
Director Corporate Services and Governance

Ken Smith has a wide variety of experience over 36 years from small business, government line agencies and Treasury. In addition to human resources and information technology experience, Ken has a strong financial management, accounting and budgeting background. This includes pioneering whole of government financial reporting and Treasury responsibility for managing the budget allocations of a number of agencies including the education, law and order and environment portfolios. He has previously held the position of Acting Director Corporate Services in the Fisheries Department. Ken is a CPA and Chief Finance Officer of the Commission who is dedicated to improving the culture and people side of the Commission's business.

Elaine Paterson,
Director Services Purchasing and Development

Elaine Paterson has 20 years experience working in a number of different government departments in the UK and has been working in the WA State Government for almost 8 years. Elaine joined the Mental Health Commission in 2011 coming from the Department of Finance where she was working on the implementation of the Delivering Community Services in Partnership Policy. Elaine has a Masters in Business Administration, a Masters in Business Psychology, and a degree in Business Administration and Human Resource Management.

Our History

The Commission was established in March 2010 as Australia's first Mental Health Commission and represents a key step in implementing mental health reform throughout the State.

The Commission focuses on mental health strategic policy, planning and procurement of services, leads mental health reform across Government, promotes social inclusion, raises public awareness of mental wellbeing and addresses stigma and discrimination surrounding mental illness. We are unique in established mental health commissions worldwide as no other currently has responsibility for purchasing of mental health services. The Commission is not a direct mental health service provider.

Our vision, mission and organisational values have been developed collaboratively and reflect the aspirations of our stakeholders, especially consumers, carers and family members.

Our Vision

A Western Australia where everyone works together to encourage and support people who experience mental health problems and/or mental illness to stay in the community, out of hospital and live a meaningful life.

Our Mission

To lead mental health reform through the commissioning of accessible, high-quality services and supports and the promotion of mental health, wellbeing and facilitated recovery.

Our Values

The core values of an organisation define its ethos and culture.

Our Direction

The Commission's work in 2011/12 has continued to focus on three key strategic directions:

Hope and Optimism

Aiming high, expecting success but being realistic, knowing that goals can be achieved and recovery is possible.

Leadership

Creating a way for people to contribute to making something extraordinary happen.

Integrity

Acting ethically and taking personal responsibility.

Innovation and excellence

Recognising and rewarding ideas, focusing on quality improvement in all that we do.

Collaboration

Having a strong sense of unity, seeking out the diverse knowledge and experience of people with mental health problems and of those who care for, and work with them.

Transparency

Clearly communicating our contribution in achieving outcomes.

- Developing recovery oriented, person centred supports and services for people with mental health problems and/or mental illness.
- Building connected approaches across Government agencies, and with community, private, and primary care services and the university sector.
- Planning for a full range of services in a comprehensive and contemporary mental health system, with balanced investment in community supports, early intervention and mental health promotion and prevention as well as acute intervention.

Our Functions

- Development and provision of mental health policy and advice to the Government.
- Leading the implementation of the Mental Health Strategic Policy.
- Responsibility for identifying key outcomes and determining the range of mental health services required for defined areas and populations across the State.
- Responsibility for specifying activity levels, standards of care and determining resourcing required.
- Identification of appropriate service providers and benchmarks, and the establishment of associated contracting arrangements with both government and non-government sectors.
- Purchasing of services and supports for the community.
- Ongoing performance monitoring and evaluation of key mental health programs in WA.
- Ensuring effective accountability and governance systems are in place.
- Promoting social inclusion, public awareness and understanding of matters relating to the wellbeing of people with mental health problems and/or mental illness to address stigma and discrimination.

Our People

The Commission has a diverse, dynamic and dedicated team that works collaboratively with a variety of stakeholders to transform the way in which mental health services are delivered.

As at 30 June 2012, the Commission had 55 staff.

The Commission's Wellbeing Team continues to play a significant part in our workplace. This staff initiative was designed to help support the mental and physical health of all employees. The team's priority areas include stress management, life balance, green activities, healthy eating, health education and social events.

In 2011/2012, the Wellbeing Team introduced additional initiatives such as spinal check ups, diabetes education, meditation and physical activities. The team also provided a range of wellbeing resources and information, as well as competitive events to promote staff cohesion and morale.

Performance Management Framework

Outcomes, Services and Performance Information

The Commission has the lead responsibility for mental health reform across the State and its work is underpinned by the Government's ten year strategic policy *Mental Health 2020: Making it personal and everybody's business*. The Commission's main contribution to achieving Government Goals in 2011/12 was in the area of 'Outcome Based Service Delivery'. The links between the Government Goal, the Commission's desired outcome, services purchased and performance indicators for 2011/12 are outlined in the table below. Key performance indicators published in this Annual Report relate to publicly funded mental health services.

Figure 2. Outcome Based Management Framework

STRATEGIC OUTCOME WHOLE OF GOVERNMENT GOAL
Outcomes based service delivery: greater focus on achieving results in key service delivery areas for the benefit of all Western Australians

MENTAL HEALTH COMMISSION'S DESIRED OUTCOME
The best possible mental health and wellbeing for all Western Australians

Key effectiveness indicators:

- Rate of suicide in Western Australia.
- Proportion of people receiving community support from non-government organisations for mental health problems.
- Percent of contacts with community-based public mental health non-admitted services within seven days post discharge from public mental health inpatient units.
- Percent of contacts with community-based public mental health non-admitted services within seven days prior to admission to a public mental health inpatient unit.

Service One
Specialised mental health admitted patient

Key efficiency indicator

- Average cost per bedday in a specialised mental health unit.

Service Two
Specialised community mental health

Key efficiency indicators

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

Changes to Outcome Based Management Framework

The Commission's Outcome Based Management Framework did not change during 2011/12.

The Mental Health Commission's Outcome Based Management Structure was updated in the 2012/13 WA Government Budget Papers following approval by the Department of Treasury. This included changes to the agency outcome, service structure and key performance indicators. The revised structure is provided in Appendix One and these changes will appear in the 2012/13 Annual Report.

Report on Operations

Actual Results Versus Budget Targets

Financial performance

A summary of highlights from the financial statements comparing actual results with budget targets is provided below:

Outcomes, Services and Performance Information

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	2011/12 Budget $'000	2011/12 Actual (1) $'000	Variation (2) $'000
Total cost of services (expense limit)	531,197	535,529	4,332[3]
Net cost of services	528,728	525,809	(2,919)[4]
Total equity	1,763	9,931	8,168[5]
Net increase/(decrease) in cash held	(800)	9,574	10,374[6]
Approved full time equivalent staff level	47	55	8

1. For further details on actual results refer to the financial statements section of this Annual Report.
2. Further explanations are also contained in note 27 'explanatory statement' to the financial statements.
3. The increase in actual to budget is mainly due to expenditure on the National Partnership Agreement (NPA - Improving Public Hospitals) programs, additional grants to not-for-profit organisations under the Government's Component 1 sustainability adjustment, offset by lower than anticipated expenditure on the Statewide Specialist Aboriginal Mental Health Service (SSAMHS).
4. The lower than budget net cost of services is mainly due to receiving NPA – Improving Public Hospitals funding on 29 June that was not expended in 2011/12.
5. The higher equity primarily represents the NPA and SSAMHS funds held that will be requested to be carried over for expending in future years.
6. The increase in cash held is due to the NPA and SSAMHS funds plus expenses accrued but unpaid at year-end.

Summary of Key Performance Indicators

	2010-11 ACTUAL	2011-12 ACTUAL	2011-12 TARGET[1]	VARIATION 2011-12 ACTUAL AND TARGET[2]
Outcome: The best possible mental health and wellbeing for all Western Australians				
Key Effectiveness Indicators:				
Rate of suicide in Western Australia[3]	12.5 (2009)	12.0 (2010)	↓[4]	
Proportion of people receiving community support from non-government organisations for mental health problems	39%	40%	45%	(5%)
Percent of contacts with community-based public mental health non-admitted services within 7 days post discharge from public mental health inpatient units	66%	70%	>=70%	0%
Percent of contacts with community-based public mental health non-admitted services within 7 days prior to admission to a public mental health inpatient unit	62%	67%	>=70%	(3%)
Service 1: Specialised mental health admitted patient				
Key Efficiency Indicator:				
Average cost per bedday in a specialised mental health unit	$1,086	$1,138	$1,097	$41
Service 2: Specialised community mental health				
Key Efficiency Indicators:				
Cost per capita of providing activities to enhance mental health and wellbeing (illness prevention, promotion and protection activities)	$7	$10	$9	$1
Average cost per hour for community support provided by non-government organisations to people with mental health problems	$67	$73	$82	($9)
Average Mental Health Commission subsidy per bedday for people with mental illness living in community supported residential accommodation	$168	$206	$240	($34)
Average Mental Health Commission subsidy per person to support residents in metropolitan licensed	$6,836	$7,772	$9,361	($1,589)

1 - Set as part of the Government Budget process.
2 - For efficiency indicators variation is not directly comparable due to indexation.
3 - Data on suicide is only available until 2010 and this figure is published in the 2011-12 Actual column.
4 - Target - The intention is to reduce the age standardised rate.

Reform Directions

In its second year of operation, the Mental Health Commission has focused on the implementation of reform strategies that will deliver a person focused, comprehensive and high-quality mental health system in WA.

A key initiative was the development of the Government's ten-year strategic policy *Mental Health 2020: Making it personal and everybody's business* that was launched by Premier Colin Barnett in October 2011. The policy provides a whole-of-government and community approach to mental health and sets out three key directions:

1

Person centred supports and services

The unique strengths and needs of the person experiencing mental health problems and/or mental illness are the key focus of individualised planning, supports and services.

2

Connected approaches

Strong connections between public and private mental health services, primary health services, mainstream services, businesses, communities, individuals, families and carers help achieve the best outcomes for Western Australians living with mental health problems and/or mental illness.

3

Balanced investment

A comprehensive and contemporary mental health system provides a full range of support and services, ranging from mental health promotion and prevention activities, through to early intervention, treatment and recovery.

These directions impact upon every aspect of the current mental health system – enhancing high quality and established treatment services, building on fledgling supports and developing innovative recovery and early intervention services.

The Commission is implementing the reform agenda in a staged approach with realistic and achievable goals. The Commission developed it first Action Plan that identified actions against nine priority areas for 2011/12 to improve mental health services and supports, and implement the strategic policy.

The Mental Health Commission, in partnership with government, private, non-government and community organisations, is building a State where everyone is working together to encourage and support people who experience mental health problems and/or mental illness to stay in the community, out of hospital and live a meaningful life.

Understanding Mental Health Problems and Illnesses

Mental illness comprises a wide spectrum of disorders with varying degrees of severity, including anxiety, depression, bipolar disorders and schizophrenia. The effect of mental illness can be severe on the individuals and families concerned, and its influence is far-reaching for society as a whole. The impacts are particularly significant for people who experience psychotic illness and their families and carers as detailed in the *2010 Survey of High Impact Psychosis*.

Social problems commonly associated with mental illness include poverty, unemployment or reduced productivity, violence and crime. People with mental illness often experience human rights problems such as isolation, discrimination and being stigmatised (Australia's Health 2012).

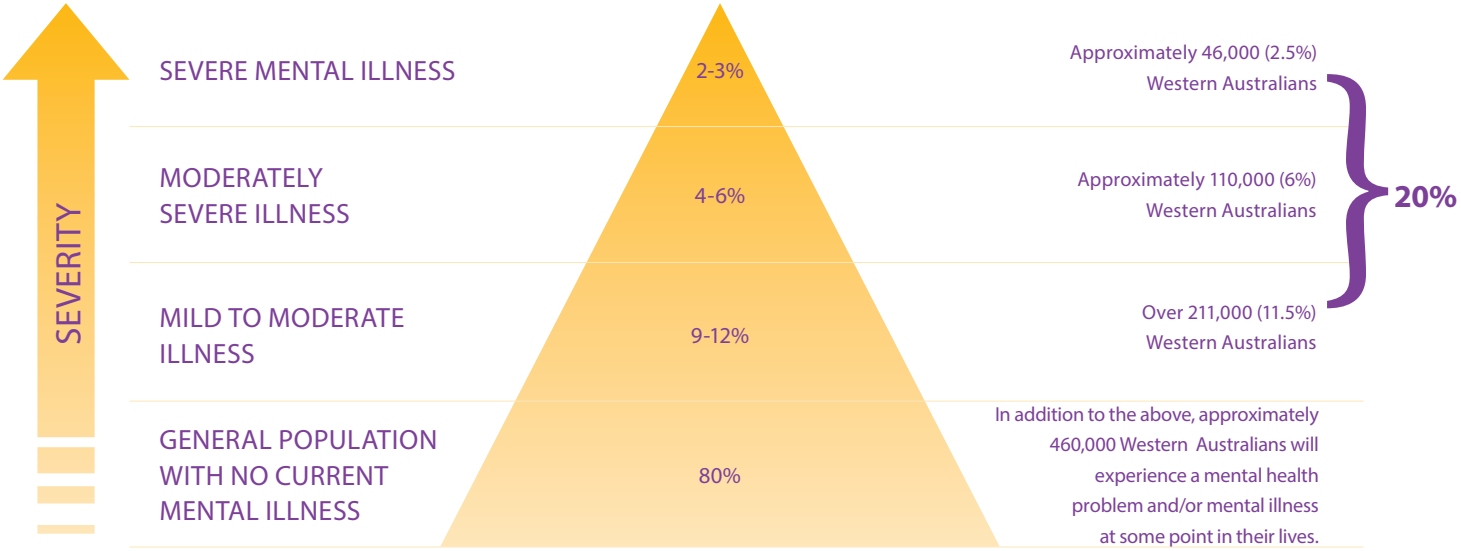
Mental disorders account for 13% of the overall disease burden in Australia and were the leading cause of non-fatal burden of disease (24%). In 2010, anxiety and depression was the second specific leading cause of burden of disease and injury after cancer.

The measure of severity used in the second *National Survey of Mental Health and Wellbeing* conducted in 2007, summarises all the mental disorders experienced in a 12 month period and their effect on a person's daily life and categorises this impact as severe, moderate or mild. Figure 3 illustrates the approximate number of Western Australians by the severity of common mental disorders experienced in a 12 month period.

The Commission is committed to reforming the mental health system to achieve more balance between services for people who are in an acute stage of illness, and those services which have a focus on mental health promotion and illness prevention, early intervention and supporting recovery. With sustained reforms in this area, Western Australians will have greater access to the right care and support earlier in their life and earlier in the course of their problems and/or illness and during their recovery.

More information is available about the Mental Health Commission's reform process in *Mental Health 2020: Making it personal and everybody's business.*

Figure 3. Prevalence and severity of mental disorders in Western Australia in one year



Based on the June 2011 Western Australian estimated residential population (ERP) of persons aged 16 to 85 years (1,835,107)

Ministerial Portfolio Support

The Commission was created in March 2010 as the lead agency supporting the Minister for Mental Health. Since then, expectations of government continue to grow requiring increased emphasis on liaison, coordination and collaboration within state and national mental health sectors. The specific coordination was provided for the State Budget and Ministerial and Parliamentary responses.

The Commission has continued to provide strategic support for the Ministerial Council for Suicide Prevention which reports to the Minister for Mental Health and the Mental Health Advisory Council with advises the Commissioner. Members of both Councils are appointed by Cabinet with a cross-portfolio brief.

Through the State Budget process in 2011/12 and 2012/13, the Government has confirmed that the Commission is to have on-going strategic management responsibility for:

- rights protections, including the transfer of portfolio coordination for the Mental Health Review Board and the Council of Official Visitors to the Commission
- quality assurance framework – for both clinical and non-clinical services
- development and implementation of a new approach to the delivery of services through the Individualised Community Living initiative
- increased emphasis on criminal justice and other inter-agency policy initiatives.

During 2011/12, preparatory work was completed ensuring a smooth transition of responsibility for the strategic management of the Mental Health Review Board and the Council of Official Visitors to the Commission from 1 July 2012 and 1 August 2012 respectively. Specific activities undertaken by the Commission in this context included:

- ensuring Board Members and Official Visitors were included in discussions about the likely changes in the legislation so that their views were taken into account
- ensuring due process in the transition of staff and resources (the Mental Health Review Board has been transitioned from the Department of the Attorney General and the Council of Official Visitors from the Department of Health)
- appointments and reappointments to the Mental Health Review Board (Mr Michael Hawkins was appointed by the Governor as President of the Mental Health Review Board from 5 March 2012 to 31 December 2012).

Increased emphasis on criminal justice adds to the complexity of policy development and risk associated with high levels of public and media interest. Responsibility for the development and implementation of a Court Diversion Program required collaboration with senior judicial officers and WA Police, as well as the development of inter-agency implementation mechanisms.

This year, the budget for the Drug and Alcohol Office (DAO) was transferred from the Department of Health to the Commission. The support of DAO by the Commission is consistent with arrangements for an administered service, with DAO being a separate agency reporting to the Drug and Alcohol Authority Board and the Minister for Mental Health. Resources from the Office of the Chief Psychiatrist for monitoring standards in non-government organisations was also transferred to the Commission.

In addition, the Commission continued to work in partnership with the Department of Health to ensure coordinated advice is provided to government from the Chief Psychiatrist and mental health services in WA Health.

Ministerial Liaison

The Commission's Ministerial Liaison Unit (MLU) coordinates and prepares responses to Ministerial and Parliamentary enquiries, serving to inform relevant stakeholders of essential information and providing a liaison function between the Minister for Mental Health, her Office and the Commission.

Regular briefings are provided to the Minister's Office on key issues to ensure good communication between the Commission and the Minister. In 2011/12, the MLU dealt with 758 pieces of correspondence including briefing notes, draft replies and Parliamentary Questions, often in coordination with the Department of Health.

Legislation and Quality Assurance

A key role for the Commission is to ensure the rights of people with mental health problems and/or mental illness, their families and carers are protected, and to give them greater control and choice over the supports and services they access. In 2011/12, a range of key initiatives were advanced to contribute to this reform agenda.

Draft Mental Health Bill 2011

In 2011/12, the Commission provided drafting instructions for the 2011 draft Mental Health Bill that was released for public comment in December 2011. The new legislation aims to ensure that the Western Australian mental health legislation is in line with national and international best practice, particularly with respect to protecting the human rights of people experiencing mental illness.

It is anticipated that the Bill will be introduced to Parliament in late 2012. Key proposed changes include:

- a new Charter of Mental Health Care Principles setting out what consumers can rightfully expect from mental health services
- establishment of an independent Mental Health Tribunal to replace the Mental Health Review Board and to provide more regular and comprehensive review of involuntary patient status
- a statutory Mental Health Advocacy Service to replace the Council of Official Visitors, under the direction of a Chief Mental Health Advocate
- new requirements to include families and carers in decision making and discharge planning
- new safeguards in relation to regulated treatments such as electroconvulsive therapy
- expanded rights to access advocacy support
- mandatory reporting of suspected physical and sexual assault of patients.
- an improved complaints management process through the Health and Disability Services Complaints Office.

In the 2012/13 State Budget, the Government has provided an additional $16.5 million over four years to support the implementation of the new legislation and associated quality assurance processes.

Quality Assurance Framework

In 2011, the Commission awarded a tender to international consultant Gregor Henderson Ltd to provide advice to inform the development of a new Quality Assurance Framework for mental health services in WA. The report presents a framework for the future that builds on the already substantial work that has taken place on quality assurance in mental health in WA and on the views of the many stakeholders and agencies that made comments on the work as it developed over the last few months. The list of recommendations is included in Appendix Two.

Recommendations in relation to rights and protections of people experiencing mental illness, their families and carers have been included in the draft Mental Health Bill 2011. Recommendations focusing on a quality management system are being addressed incrementally.

The Commission's intention is to develop an integrated quality framework that builds on existing Commonwealth and WA quality management process as recommended in the Henderson Report. A priority for the Commission is to strengthen the existing elements of quality management in mental health services in non-government organisations.

National Standards

In 2011/12, the Commission continued to support the implementation of the *National Standards for Mental Health Services* (National Standards) in consultation with key stakeholders across the mental health sector.

National Standards were first introduced in 1996 to help develop and implement appropriate practices, inform consumers and carers about what to expect from mental health services and guide quality improvement in the acute mental health services.

In late 2010, the revised National Standards were endorsed by Australian Health Ministers and officially launched in conjunction with the Multicultural Mental Health Australia National Cultural Competency Tool. This tool is linked to the Diversity Standard (Standard 4)of

the National Mental Health Standards. The Commission played a significant role in the development of the tool. The revised National Standards have a greater emphasis on recovery with the inclusion of the Delivery of Care Standard (Standard 10).

Over the next 18 months, the Commission will continue to support the sector as services apply the implementation guidelines and will begin to monitor community managed organisations to assess their compliance with the new National Standards. This process forms part of the continuous service improvement cycle where the Commission will proactively take action to facilitate improvement when required.

Outcome Statements

In 2011/12, the Commission established and led the Mental Health Outcomes Working Group to address recommendations outlined in the Economic Audit Committee's report *Putting the Public First: Partnering with the Community and Business to Deliver Outcomes*.

In order to create a strong and genuine partnership built on respect and shared responsibility, the Commission collaborated with individuals with mental illness, their carers and families, and service providers to develop a set of Outcome Statements for the mental health sector.

As a result of extensive consultations, six Outcome Statements have been developed to guide service reforms across mental health services that are tailored to the needs of individuals, their families and carers and communities.

The Outcome Statements will be reflected in new contract specifications and the Commission will develop, in close consultation with the sector, a process to determine how these outcomes will be measured and integrated into existing quality assurance and reporting frameworks.

In developing the Outcome Statements and to ensure that the Commission is purchasing mental health services that meet the needs and aspirations of people with mental illness, the Commission convened eight public forums in metropolitan and regional areas in 2011/12. All public forums were widely publicised, including advertisements in local community newspapers, online promotion and targeted direct e-mail to stakeholders.

Review of Admission and Discharge Planning

A review into the admission, discharge and transfer policies and practices of WA's public mental health services was commissioned jointly by the Commission and the Department of Health in 2011/12.

The independent review was led by Professor Bryant Stokes to assess and make recommendations on system-wide compliance with admission and discharge policies and guide improvements that may be required to ensure they are effective.

The scope of the review includes public hospital emergency departments, specialised public mental health services (inpatient and community). The review involved interviews with individuals with mental illness, families, carers, the Council of Official Visitors, Mental Health Advisory Council, WA Association of Mental Health Consumers, as well as a broad range of clinicians, service providers and other groups.

The final report was presented to the Minister for Mental Health in September 2012.

Funded Services

The Commission has carriage of a broad spectrum of public investment in mental health and is responsible for purchasing services which best meet the needs of consumers, their families and their carers. A balanced investment across the mental health system ensures that critical resources needed to support people with mental illness are in place and that investment in specialised mental health services will be complemented by investment in a range of formal and informal supports and services which focus on prevention, early intervention and recovery.

The total expenditure on mental health services in 2011/12 was over $535 million, including public specialised mental health (inpatient and community) and non-government services. With approximately 86% of the Commission's service investment in public specialised mental health services, the Commission's aim is to achieve, over time, an improved balance of services through future investment. The Commission intends to develop a comprehensive and contemporary mental health system that provides a full range of support and services and to build the role of the non-government sector and its connection to people in the community.

A strong and sustainable not-for-profit sector is essential for the achievement of this goal. Accordingly, the Commission has commenced enhanced support for the not for profit sector with over $6M of additional funding in 2011/12 to build the sector's capacity to develop and maintain effective operation. This builds on the existing investment of over $60 million in non-government organisations. In addition, this year more than $60 million was invested in non-government organisations for mental health services and supports including prevention and promotion, community and psychosocial support and supported accommodation. A list of community sector organisations funded by the Commission is included in Appendix Four.

Preventing Suicide

On average, 240 people in WA take their own lives through suicide each year, well above the annual road toll of 191 people. It is estimated that for each suicide, 20-30 people harm themselves in suicide attempts. The impact of suicide is devastating on families, friends and communities. It is recognised that suicide prevention requires a whole-of-government and whole-of-community approach.

In 2011/12, the Commission continued to provide support to Lifeline WA by allocating a further $500,000 for recruitment and training of additional counsellors for their crisis line that provides a 24 hour support service for anyone in the community facing crisis.

The Commission also provided an additional $1.2 million over four years to Youth Focus to help fund psychologists, social workers and occupational therapists to provide early intervention and prevention services for young people at risk of suicide, depression and self-harm.

Other suicide prevention initiatives operate alongside this, with the Commission providing funding of $1.6 million in 2011/12 for counselling and early intervention services, crisis lines and national initiatives such as *beyondblue*.

The Commission has funded and supported local community responses to suicide prevention, including funding support for the Blank Page Summit Hard Yarn Youth Mob held in Billard in July 2011, as well as for the attendance of 20 Balgo community members at this Summit.

Preventing suicide is a major priority for the Commission and investment in this work has increased during the year across a range of key initiatives including the following:

WA Suicide Prevention Strategy

In line with the national *Living Is For Everyone Framework* (LIFE), the *WA Suicide Prevention Strategy 2009-2013*, continued to be an important component of the work of the Commission. Centrecare, a non-government organisation contracted in 2010, continued to support the Ministerial Council for Suicide Prevention to implement the strategy through the development and implementation of Community Action Plans (CAPs) and Agency Plans.

As of 30 June 2012, a total of 30 CAPs had been developed covering 185 individual locations, six

State-wide plans and at-risk groups such as young homeless people, people in prison and Aboriginal communities. Additionally, a total of 94 agencies across WA have formally committed to the Strategy and are implementing suicide prevention activities and training for their workforce and stakeholders.

A review of the management of the Strategy was undertaken by an independent consultant with an aim to outline key issues, gaps and options for improvement. As a result of the review, the Commission increased its support for the Ministerial Council for Suicide Prevention and Centrecare to enhance the implementation of the Strategy.

Suicide Response in the Kimberley

Following a series of suicides in 2011 and previous years in the Kimberley region of WA, the Commission provided additional funding to employ essential staff and to begin a long-term suicide prevention and community action plan for the region.

Under the Strategy approximately $800,000 in funding has been allocated to the Kimberley region. The Kimberley Aboriginal Medical Services Council is working with the Kimberley communities to appoint coordinators to facilitate Community Action Plans which include essential training.

The first coordinator for Derby and Broome commenced in August 2011, with the first Local Community Suicide Prevention Committee being formed in Derby in March 2012 to develop a Suicide Prevention Plan.

In 2011/12, the Commission contributed an additional $536,000 for enhanced Standby postvention support for the region, as well as $2 million per annum for a Statewide Specialist Aboriginal Mental Health Service (SSAMHS) to provide specialist clinical interventions and traditional healing for Aboriginal people with severe and persistent mental illness in the Kimberley. The delivery of services by SSAMHS has now commenced across the State, and will result in a total investment of $22.47 million over four years and support an additional 61 FTE across WA to deliver this service.

Individualised Community Living Initiative

A key reform direction of the strategic policy *Mental Health 2020: Making it personal and everybody's business* is to promote and establish person centred approaches to the provision of supports and services for people with mental illness, their families and carers. In 2011/12, the Commission's focus was on implementing this reform through its new Individualised Community Living initiative (ICL).

The initiative involves three stages of reform:

- commissioning of services in a new procurement environment for community managed organisations and development of internal policies and procedures by the Commission with a new emphasis on individual choice of housing locations and living arrangements
- clinical assessment procedures and transition planning
- development of comprehensive support plans for each individual including active involvement of, and decision making by the person with mental illness, their family and carers.

To implement this reform, the ICL initiative has received capital funding of $46.5 million for the purchase of community-based housing to be leased specifically to people who are part of this initiative. In addition, $25.18 million over four years was committed to the ICL initiative for the provision of personalised support packages for 100 people with a mental illness to live in their own homes in the community with access to a range of community-based activities, supports and clinical services.

The progress towards the implementation of the ICL initiative has included:

- the completion of the procurement processes and the establishment of a panel of 13 provider organisations
- the development of key policy documents that support the strategy, including the Individualised

Support Policy Framework - *Creating a Great Life With You and Individualised Funding Policy*

- the identification of the 100 people to participate in the program, who have since been matched to community managed organisations to commence the development of their personalised support plans
- planning of the development of support plans for each individual
- undertaking a range of training and workforce development events to build the capability of services and staff to provide person centred planning and supports.

As of 30 June 2012, 70 properties had been acquired to the value of $31.73 million. Houses have been purchased in locations according to individual choice, taking into consideration connections to the community and any existing informal and formal supports. Thirty people had either moved into their homes or were in the process of transitioning to their homes.

This initiative directly supports reform of the mental health system by freeing up inpatient beds for those people who need them most and assisting people who are ready to leave hospital to do so, supported with a personalised plan, appropriate housing, and tailored services and supports to enable them to live a good life in the community.

Community Alternatives to Hospitalisation

In 2011/12, the Commission continued to implement the planning and development of community alternatives to hospitalisation, also known as subacute facilities, that will be located in Rockingham, Joondalup and Broome.

These are the first purpose built facilities of their kind in WA. They will provide support for people who are becoming unwell, and for people leaving hospital who need more intensive community support before returning home.

During this year, the development of the 22-bed Joondalup subacute facility has progressed to an advanced stage and it is anticipated that operations will commence in late 2012 following completion of a competitive tender to appoint the service operator.

Planning for the Rockingham and Broome subacute facilities commenced in 2011/12 and has involved extensive consultations with a range of stakeholders. Both facilities are anticipated to commence from 2013/14.

In addition, $2.5 million has been allocated for a new six bed mental health subacute service to operate in the Goldfields, providing facility based and outreach services for the community. The new service will provide much needed additional support options for people with mental illness living in the region and is anticipated to become operational in 2014/15.

Supported Accommodation

In this financial year, the Commission continued to fund a variety of supported accommodation options that were accessed by approximately 1,705 people.

The supported accommodation program is delivered as a partnership between the Commission, the Departments of Health and Housing and a number of non-government organisations. The program aims to provide supported housing for people with a severe and persistent mental illness; people who are homeless, at risk of homelessness, people in unsuitable accommodation or residing for long periods in inpatient units. This group of people is at increased risk of extended inpatient admission, frequent inpatient readmission, and high usage of community mental health and other services, due to the limited supported accommodation options previously available in the community to adequately meet their needs.

The program offers a range of accommodation options, including crisis and respite care, transitional care, independent living, licensed psychiatric hostels, long term accommodation, community supported residential units and community options for young people and adults, as well as specialist residential services for older people.

The Commission also commenced an evaluation of the supported accommodation program. Sankey Associates, an independent consultant, has been appointed to conduct this evaluation. A Reference Group of representatives of key stakeholders, including the Commission, service providers, consumers and carers have supported the evaluation process.

Specialised Mental Health Services

Specialised mental health services deliver mental health assessment, clinical intervention and rehabilitation across a range of community and inpatient (hospital) settings to reduce symptoms of mental illness and facilitate recovery. An overview of the specialised mental health services funded by the Commission in 2011/12 is provided in Appendix Three.

Specialised mental health admitted services are provided in the following authorised public hospitals in WA - Graylands/Selby, King Edward Memorial, Swan, Bentley, Armadale, Fremantle, Rockingham, Albany, Bunbury and Kalgoorlie, as well as two publicly funded private hospitals, Joondalup and Mercy. In addition, designated mental health inpatient units are located in Royal Perth, Sir Charles Gairdner, Osborne Park and Princess Margaret hospitals.

In addition, the Commission has invested $9.4 million in the construction of a new acute 14-bed mental heath inpatient unit in Broome. The first of its kind in the north of WA, the unit opened in May 2012 with 10 beds to provide psychiatric inpatient care to people in the Kimberley and Pilbara. People who had to previously travel thousands of kilometres for treatment are now receiving care locally. This service enhancement includes the appointment of the consultant psychiatrist, clinical nurse manager and Aboriginal mental health coordinator. The unit will be fully integrated with the Broome Hospital and managed by the Kimberley Mental Health and Drug Service. An additional four beds will be opened in 2012/13.

Six older adult beds commenced operating in Rockingham Hospital on 10 April 2012, with four additional older adult beds due to be opened in 2012/13, making a total of 30 specialised mental health beds (20 Adult and 10 Older Adult).

The Commission has also taken steps to improve the environment for young people admitted to the Bentley Adolescent Unit (BAU), a 12-bed inpatient facility for young people aged 12 to 18 years that provides a statewide specialised service. Staffed by a multidisciplinary group of mental health professionals,

the service provides admissions to both voluntary and involuntary patents. This year, the Commission provided funds for a major refurbishment of the internal and external living spaces to make them more welcoming and less institutional. The capital work is expected to be completed in late 2012.

The Commission is also working closely with the Department of Health to ensure that the planning for clinical mental health services and the corresponding infrastructure developments remain in line with the key strategic reform directions for mental health.

The Commission has commenced the process of increasing investment in community based public mental health services with the allocation of $6.5 million recurrent from 2011/12 for community based services for children and young people throughout the State. This initiative will be further supplemented by Commonwealth funding through the National Partnership Agreement Supporting Mental Health Reform which will deliver $13.4 million over five years for assertive community intervention for children and their families experiencing a mental health crisis to reduce unnecessary emergency department presentations and inpatient admissions.

Better Services for Aboriginal People

As part of the *WA Implementation Plan for Closing the Gap in Indigenous Health Outcomes*, the State Government in 2010/11 committed a total of $22.47 million over four years to establish a Statewide Specialist Aboriginal Mental Health Service (SSAMHS), to provide specialist clinical interventions to Aboriginal people with severe and persistent mental illnesses across WA.

The SSAMHS model is a highly innovative arrangement which delivers whole-of-life mental health care. In addition to specialist clinical interventions, this model involves the family and engages traditional healers identified by people with mental illness and their families through community networks. This approach ensures a culturally secure service, thereby 'closing the gaps' in the mainstream mental health system and, in the context of Aboriginal engagement with services, addressing inadequacies of the traditional medicinal model.

SSAMHS is focused on delivering improved access to mental health services for Aboriginal people and a career structure that will encourage recruitment and retention of Aboriginal staff. The key objectives of SSAMHS are:

- improving access to culturally appropriate mental health services for Aboriginal people and their families
- building the capacity of the Aboriginal mental health workforce
- developing and maintaining interagency partnerships aimed at the development of a more holistic approach to Aboriginal mental health care
- improving the cultural understanding and functioning of mental health service providers.

Agreements have been in place for SSAMHS to provide services in all metropolitan and country regions except the Kimberley since January 2011. The agreement for the Kimberley region was finalised in December 2011, with service delivery commencing in May 2012. A highly innovative arrangement has ben funded in the Kimberley involving a regional partnership between WA Country Health Services and Aboriginal Controlled Community Health Services.

2011/12 has been an important year for the development of the SSAMHS program. A total of 69.5 out of 83 positions have been recruited, with further advertising for recruitment of the remaining positions continuing.

Mental Illness Prevention and Stigma Reduction

The Commission is increasing its focus on mental health promotion, prevention, social inclusion and stigma reduction. Dynamic partnerships have been established targeting at risk communities:

- Country Arts WA Sandtracks - this project is delivered in the Ngaanyatjarra Lands, where approximately 2,300 Ngaanyatjarra people live in widely separated, isolated communities, scattered across the Great Victorian Desert of WA. The project delivers music workshops in traditional language and English to encourage self-expression and connections to heritage, family and Aboriginal community. This program targets young at-risk men aged 18 to 26

years, as well as school children aged 7 to 17 years.

- Disability in the Arts, Disadvantage in the Arts Australia (DADAA) - the Esperance Emergence Project is an initiative designed to develop the creative skills of people with a disability or mental illness and substance use issues. It will have a sustained day activity and respite impact, and improve social inclusion and access to innovative self-advocacy communication tools. This initiative is jointly funded by the Commission and the Department for Culture and the Arts. It aims to enhance community connections and build the creative capital of the local community.
- Community Arts Network WA (CAN WA) have created a mental health category in the Catalyst Community Arts Fund called Explore. The project aims to raise awareness of mental health and social inclusion of people with mental illness, and to provide opportunities for the communities to work together to build resilience and promote wellbeing by expressing their culture and identity through creativity.

Increased Focus on Families and Carers

Working with people with mental health problems and/or mental illness and supporting their families and carers is pivotal to achieving strong outcomes in the mental health system in WA. The Commission recognises the significant role they play and in 2011/12 provided $4,395,246 in funding for support specifically targeting carers and family members of people with mental health problems.

As part of this funding, the Commission has allocated $768,233 in funding to support Children of Parents with Mental Illness (COPMI). The Commission also supported the Mental Illness Fellowship of WA (MIFWA), to expand its program developing Parent Peer Support workers. The program is founded on respect and shared responsibility and it was developed to support parents with mental illness to develop their own skills and choices to work towards better outcomes for the individual and their families. The support is provided by trained Parent Peer Support Workers and it focuses on:

- promoting and developing resilience and recovery in families
- assisting in the prevention of unnecessary hardship through early prevention strategies
- assisting families to participate in community life.

Since the program was established, MIFWA has recruited a Program Coordinator, four part-time Parent Peer Support Workers and a Program Promotion and Development Officer, and they all have lived experience of mental illness and recovery.

The Commission also works with Carers WA and Mental Health Carers Arafmi WA Inc to ensure the voices of families and carers are incorporated in policy and planning. Over $140,000 has been provided for systemic and individual advocacy for relatives, friends and carers of people with mental illness. Other funded activities include carer participation programs, carer representatives on mental health services committees, school education programs, education/information and skill development programs as well as a holiday/recreation program for people with mental illness.

During 2011/12, the Commission also continued to support representation on key strategic groups and communications initiatives. The Commission facilitated the selection of Western Australia's new representatives on the National Mental Health Consumer and Carer Forum. The two successful candidates were Ms Lorraine Powell as the Consumer Representative and Ms Debra Sobott as the Carer Representative.

The National Mental Health Consumer and Carer Forum (NMHCCF) was established by the Australian Health Ministers Advisory Council Mental Health Standing Committee (AHMAC MHSC) in 2002 in recognition of the continued need for mental health consumer and carer involvement at the highest level of policy development.

Assisting People with Exceptionally Complex Needs

The People with Exceptionally Complex Needs (PECN) program is a multi-agency initiative that supports adults with co-occurring mental illness, acquired brain injury, intellectual disability and/or significant substance use problems. The individuals selected for the program receive intensive and coordinated supports and since its inception in 2009, five people have stabilised sufficiently to successfully exit the program. During the year, the

capacity of the program was doubled to cater for 18 individuals.

Additionally, the Young People with Exceptionally Complex Needs project was established in early 2012 to coordinate services for young people with exceptionally complex, co-occurring needs. A coordinator for the program was appointed in March 2012, with funding and leadership being provided jointly by the Commission, Department for Child Protection and Disability Services Commission. The first three young people to participate in the program were selected in April 2012.

Disruptive Behaviour Management Strategy

The Western Australian Government has introduced a Disruptive Behaviour Management Strategy to address public concern about disruptive behaviour in public housing.

To improve housing outcomes for people with mental health problems who are facing tenancy eviction, the Commission and the Department of Housing developed a Memorandum of Understanding (MOU) which strengthens relationships and information sharing between the two agencies. The membership of the group includes senior representatives of the Commission, the Departments of Health and Housing, as well as non-government mental health service providers.

In addition, the Commission provided $20,000 to the Department of Housing for their key front line staff to undertake two-day Mental Health First Aid Training. This training has assisted staff to improve their knowledge and understanding of the signs and symptoms of mental health problems and/or mental illness.

The Commission and the Department of Housing will continue to work closely together to action the MOU whereby mental health service providers will be notified of any 'strikes' or warnings under the Disruptive Behaviour Management Strategy that have the potential to impact on people with mental illness. This will provide an opportunity to review the support provided to people at risk.

Services for Older People

In 2011/12, the Commission undertook planning to ensure that an appropriate mix of services and supports is available to older people in WA. A particular focus has been placed on increasing the capacity of health and aged care providers to better manage mental health related issues and on providing appropriate alternatives to reduce demand for acute inpatient care.

In 2011/12, funds were approved by the Commonwealth Government through the National Partnership Agreement on Improving Public Hospital Services and work commenced to expand older adult community mental health services, including Community Mental Health Teams for older adults in Peel and the South West, as well as a Mental Health Day Therapy Unit in Albany. It is anticipated these services will be operational in 2012/13.

In addition, the acute mental health inpatient unit at Rockingham General Hospital will transition services to full capacity with the opening of 10 older adult beds, which will complement existing older adult mental health services for people living in Rockingham, Kwinana and the Peel region.

Supporting People from Culturally and Linguistically Diverse Backgrounds

Stigma attached to mental illness creates barriers to seeking help, early detection and negatively affects recovery rates. It also isolates individuals and their families and hinders them to fully participate in their communities and broader society. Stigma about mental illness exists in all cultures around the world. However, people from Culturally and Linguistically Diverse (CALD) communities who experience mental illness may face increased discrimination and difficulty in accessing services. Due to these reasons, the Commission provided funding support to two community managed organisations to implement Multicultural Mental Health Australia's Stepping out of the Shadows: Stigma Reduction project. This project aims to reduce the negative impact of stigma with CALD communities by exploring how individuals and communities can deal with stigma and mental health issues in practical ways. The project involves expert trainers working alongside community managed organisations to recruit and train community educators to deliver stigma reduction

workshops to meet the specific needs of their CALD communities.

To strengthen the cultural sensitivity of mental health services, the Commission provided funding to the University of Western Australia (UWA) for the statewide implementation of the National Cultural Competency Tool (NCCT). The NCCT, launched in February 2011, is a practical package which assists agencies to introduce culturally appropriate processes into their organisational structure and practices.

In partnership with UWA and South Metropolitan Area Health Service, the Commission supported the 'Let's Talk Culture' seminars, which assisted mental health clinicians and service providers across all sectors to work confidently in a culturally competent way with individuals from CALD backgrounds.

The Commission also continued to support the Integrated Service Centres at Koondoola and Parkwood Primary Schools to support refugee children and children from CALD backgrounds with mental health related problems. The funding provided will enable the employment of two additional senior social workers to deliver much needed support to children and refugee families in school settings.

Mental Health Court Diversion and Support Program

Significant work was progressed by the Commission to develop a detailed plan and secure funding to implement a Mental Health Court Diversion and Support Program in the Perth Magistrates Court and the Perth Children's Court. This is a joint pilot program by the Commission and the Department of the Attorney General. This service has put mental health expertise into the criminal courts to provide a means of diverting offenders with a mental illness into mental health treatment and support.

The pilot program will run for twenty months and will provide opportunities for people with mental illness charged with criminal offences to access community mental health services, to improve their mental health and address their offending.

In the adult program there will be a dedicated magistrate and court, and a dedicated clinical team. The team will include a range of experienced mental health clinicians,

including a psychiatrist. The other team members will be drawn from a range of disciplines, including psychology, mental health nursing and social work. There will also be a dedicated prosecutor, duty lawyer and coordinator who will form part of the team.

In the Children's Court specialist clinicians will be based within the court to be able to provide quick assessments, reports, liaison and treatment. There will not be a separate magistrate in the Children's Court, as the court already operates in a multi-disciplinary, multi-agency way, and the role of the clinical team will be to support this work.

It is expected that both the Children's Court and the Perth Magistrates Court programs will become operational in 2013. This is a vital and innovative program that will allow the justice system to be more responsive to the complex situations of people with mental illness.

Services for Infants, Children and Youth

Every year, nearly 15,000 children and young people up to 25 years are treated in WA community-based mental health services and specialist inpatient mental health services. The majority of adults who experience serious mental illness are first diagnosed in adolescence, many before the age of 15 years.

Prevention and early intervention in infancy, early childhood, adolescence and youth has been shown to have the greatest impact on mental health outcomes. In 2011/12, the Commission has continued to enhance mental health services for infants, children and youth in WA, so that they are more accessible, youth-friendly, specialised and integrated. Investing in early intervention and prevention enables the Government to reduce the long-term costs associated with mental illness in the community.

This year, the Commission convened a group to drive further planning work around infant and child mental health planning. Membership includes the Mental Health Commission, Child and Adolescent Mental Health Services (CAMHS), Australian Association for Infant Mental Health, Department for Communities, WA Perinatal Mental Health Unit and the Department for Child Protection.

Significant investment was made in developing the skills of infant mental health clinicians. The Commission invested $394,592 to administer a scholarship scheme in relation to infant mental health. This funding provided assistance to clinicians working in WA to complete postgraduate university studies and/or approved training courses and workshops. The scheme is administered by the Australian Association for Infant Mental Health Inc (AAIMHI). Non-government agencies were invited to apply for funding to backfill the positions of those attending the infant mental health training.

The Commission's work in this area has been informed by the recommendations from the report of the Commissioner for Children and Young People's *Inquiry into the mental health and wellbeing of children and young people in WA*.

The young people consulted for the Inquiry placed great importance on the need for accessible, responsive, consistent services; being involved in planning their health services; and raising awareness of children and young people about their mental health and where they can go for help.

In line with this, the Commission has commenced planning a comprehensive youth mental health service for 16 to 24 year olds. This plan will address the full range of supports and services required by young people and their families, including evidence-based interventions and individualised support to assist young people to re-engage with the community through work, study and developing social connections.

Additional growth funding of $2 million per annum has been provided to the Department of Health to develop a model of care and establish a comprehensive assessment and brief intervention service for young people aged 16 to 24 years with complex presentations primarily associated with complex trauma or ultra high risk psychosis.

$1.6 million in recurrent funding was allocated for the expansion of mental health emergency services for children, to enable 24 hour phone support, as well as in-reach into community and hospital emergency departments for emergency assessment and crisis

intervention. The community in-reach component will operate between 7am and 11pm seven days a week, with a team member available overnight between 11pm and 7am to support presentations at the Princess Margaret Hospital emergency department.

In 2011/12, the Commission provided $1.6 million of recurrent funding to WA Country Health Service (WACHS) of the Department of Health, to respond to the needs of young people in rural and remote regions through community mental health services in a youth-friendly manner.

The Commission has also funded a range of school mental health initiatives. The successful Aussie Optimism program has involved 191 WA schools to equip teachers to promote social and emotional wellbeing in schools. This is an evidence based mental illness prevention program that targets upper primary school children and young adolescents. Additionally, the funding was provided to Mental Health Carers Arafmi WA Inc for the Changing Minds School Education Program, which aims to dispel the myths and misconceptions around mental illness and promote mental health and is presented by people with experience of mental illness.

The importance of training more psychiatrists who can work with children and their families has also been recognised. An additional investment has been provided to support five Child and Adolescent Advanced Trainee Psychiatry positions to ensure that WA will have the skilled workforce we will need in the future.

These combined initiatives will enable the public mental health system to employ approximately 38 additional staff to deliver services to children, young people and their families, which will greatly assist in reducing the impact of mental health problems on our young people, their families and the community in which they live.

This year the Commission commenced working with the Commonwealth Government to develop Youth Early Psychosis Services in WA to broaden and intensify access for young people and their families to appropriate, quality youth friendly services in metropolitan Perth. The key focus is the development of youth specific early intervention services that work collaboratively with prevention services such as *headspace* and non-government state funded services, as well as provide clear pathways for young people to specialised mental health services.

The Commission was successful in attracting new Commonwealth funding to further improve access to mental health services for children and their families. The National Partnership Agreement: Supporting National Mental Health Reform provides $26.1 million in Commonwealth Government funding to WA over five years. This funding includes $13.5 million for a Mental Health Assertive Community Intervention initiative to expand community intervention services to children and their families who are experiencing a mental health crisis and to prevent unnecessary hospital admission and emergency department presentations. The service is expected to support up to 400 children and their families each year.

Perinatal Mental Health Services

Improved support for perinatal services is identified in *Mental Health 2020* as being an important area for development. The Commission provides funding to a number of women's health centres and services to provide perinatal mental health services located in Fremantle, Gosnells, Midland, Rockingham and Northbridge. The Commission has also partnered with St John of God Healthcare to support the development of an integrated and sustainable community-based model of perinatal and infant mental health service delivery in the City of Swan.

An important Commission initiative was the establishment of perinatal mental health services in Ellenbrook, a suburb that is a home to a growing number of young families with children aged under four years. The Commission has provided $250,000 in funding to enable Midland Women's Health Care Place Incorporated to operate a three-day-a-week Perinatal Mental Health Service in Ellenbrook.

Stakeholder Engagement and Interagency Partnerships

The Commission continued to actively pursue opportunities to establish new, and strengthen existing partnerships that facilitate a collaborative approach to mental health reform. The Commission maintained partnerships across a broad range of sectors with State Government departments and agencies, the community managed sector, private providers, universities and other research institutions.

Mental Health Advisory Council

The Commission continued its cooperative partnership with the Mental Health Advisory Council (Council) which has been appointed by Cabinet to provide high level, independent advice to the Mental Health Commissioner on major issues affecting mental health care reform. Membership is included in Appendix Seven (A). The Commission provides executive support to the Council and meets its operational costs.

This was the Council's first full year of operation and minutes of all meetings are available on the Commission's website. A meeting in Bunbury in October 2011 set the precedent for the Council to hold at least one meeting annually outside the metropolitan area to better engage with and understand issues for people from regional WA.

In the last year, the Council established a sub-committee system to facilitate its work and invested considerable time into consultation regarding the draft Mental Health Bill and the concept of a Chair of Social Psychiatry. It has taken a strong interest in the impact of the policies and practices in the criminal justice system on people with mental illness and brought those issues to the attention of the Commission. These matters remain priorities for the coming year and the Council will also focus on enhancing its consultation processes, addressing rural and remote and drug and alcohol issues, and developing a stronger emphasis and shared understanding of what recovery means for people who have experienced mental illness and/or mental health problems.

The Commission values the advice of the Council with the Commissioner and the Chair meeting regularly to discuss those areas where they can work together to address the major issues to be considered in the reform agenda.

Western Australia Association for Mental Health

The Commission worked closely with the Western Australia Association for Mental Health (WAAMH) to deliver a variety of education, prevention and promotion initiatives to the community and other stakeholders.

As the peak body for community-managed mental health services in Western Australia, WAAMH has facilitated and coordinated various events and activities to recognise Mental Health Week in 2011, as well as World Mental Health Day on 10 October. The aim of Mental Health Week is to promote social and emotional wellbeing to the community, encouraging people to maximise their health potential, enhancing the coping capacity of communities, individuals, families and carers, as well as increasing mental health recovery.

Building on the success of forums on defining recovery that WAAMH convened in 2010/11 and 2011/12, WAAMH developed the paper *Recovery and the WA Community Managed Mental Health Sector*. The organisation is now actively translating this paper into an implementation plan for the sector.

WAAMH is a key partner with the Commission in implementation of the Delivering of Community Services in Partnership policy (DCSP). The President of WAAMH is a member of the Partnership Forum which supports implementation of the policy. WAAMH has facilitated two sector forums regarding the reforms related to this policy and has been proactively providing individual advice to agencies on the sustainable pricing of services.

During 2011/12, WAAMH undertook the following additional projects that relate to systemic advocacy:

- consulting with the family advocate group Mental Health Matters 2 on the WAAMH submission to the Stokes Review and the development of their submission on the draft Mental Health Bill
- engaging with Medicare Locals about the role of the mental health sector to facilitate a future relationship

between individual Medicare Locals and sector agencies

- hosting international guest speakers Rachel Perkins and Steve Onken regarding recovery and trauma informed care, as well as the implementation of the Individual Placement and Support Evidence Based Model for mental health and employment in the United Kingdom
- engaging with sector and government representatives to understand the implications of Activity Based Funding on the sector and advocating to government representatives about these implications.

Consumers of Mental Health WA

The Mental Health Commission is committed to ensure that people with mental illness have a greater say in the mental health sector, and in line with the Government's 2008 election commitment, has set aside a budget of $1.375 million over five years to establish and support Consumers of Mental Health WA Inc (CoMHWA), a peak body that provides systemic advocacy and is run for and by consumers.

This initiative brings together the mental health consumer voice to influence government and public sector agencies, private organisations and the community sector and to give mental health consumers a greater role in decision making. The Commission has also appointed a full-time consumer advisor to contribute to and facilitate a consumer perspective to policy, programs and advice on legislation developed by the Commission.

Western Australian Collaboration for Substance Use and Mental Health

The Commission has continued its ongoing partnership with the Drug and Alcohol Office during 2011/12 to drive and support the WA Collaboration for Substance Use and Mental Health (WACSUMH). This group brings together government, non-government and community partners across the mental health, drug and alcohol, health and primary care sectors to progress initiatives towards creating an accessible, integrated and comprehensive service response for people who experience both substance use and mental health problems.

WACSUMH has supported the development of an accredited comorbidity training program for General Practitioners and other primary health care professionals. The roll out of this training will be facilitated in 2012/13 by the Western Australian General Practice Network with funding provided jointly by the Mental Health Commission and the Drug and Alcohol Office.

WACSUMH also supported the Drug and Alcohol Office's workforce development branch in the development and delivery of a comorbidity 'train-the-trainer' program. This program seeks to enhance the capacity of mental health services to provide in-house comorbidity training and support to their staff.

In addition, WACSUMH continued to drive work on integrated pathways, prevention, promotion and early intervention to support people with a mental health problem and/or mental illness and drug and alcohol problems.

Commissioner for Children and Young People – *Thinker in Residence*

In 2011/12, the Commission partnered with the Commissioner for Children and Young People to bring Dr Stuart Shanker to WA as part of the *Thinker in Residence Program*.

Dr Shanker, one of Canada's foremost child development specialists, presented at a number of events, public forums in Perth and a series of master classes and workshops with early childhood practitioners, clinicians, educators and researchers.

The key focus of his residency was to examine the importance of self regulation in children. Dr Shanker's expertise was accessed by parents, health and other professionals, early childhood practitioners, teachers and others in the community interested in the wellbeing of children and young people.

Draft Mental Health Bill 2011 Consultations

A draft Mental Health Bill was released for public comment on 16 December 2011. To facilitate discussion on the draft Bill, the Mental Health Commission convened

over 40 forums in Perth and regional WA. These sessions were attended by nearly 600 participants, including consumers, clinicians and members of government and non-government organisations.

During the consultation period, the Commission received over 1,200 written submissions on the Bill. Written submissions and a summary of feedback have been made available on the Commission's public website with the permission of the respective authors. Oral submissions arising from comments at forums were noted and have been considered.

Good Outcomes Awards

The Commission fostered positive community relations and recognised the outstanding work and efforts of the State's mental health sector through the Good Outcomes Awards. These awards recognised individuals, organisation and programs across eight categories with 76 nominations received from across WA (Appendix Five). The event was supported by 11 sponsors including the McCusker Foundation. Governor Malcolm McCusker presented the Award for Excellence in Mental Health, as one of the major sponsors.

At the awards ceremony, Premier Colin Barnett MLA launched the government's ten year strategic policy *Mental Health 2020: Making it personal and everybody's business*.

The Awards encourage individuals and organisations to continue to strive for excellence in their daily work and to enhance their skills and experience within the mental health field. The Good Outcomes Awards were held during Mental Health Week and this year's winners were announced by the Minister for Mental Health on Tuesday, 11 October.

Community Awareness and Education

Throughout 2011/12, the Mental Health Commission continued to invest in mental health promotion and illness prevention initiatives that support the development of resilience, increase mental health literacy in the community and address the stigma related to mental illness.

The Commission tendered for a consultant to conduct community-based research on stigma associated with

mental illness, and identify key elements to inform social marketing campaigns and strategies to create positive behavioural and attitudinal change. The tender, valued at up to $150,000 for six months, was won by TNS Social Research.

TNS Social Research is conducting stakeholder consultations and has developed survey tools to measure community attitudes on stigma. Following this research, reports will be delivered to the Commission, outlining the extent of stigma in WA, perceived discrimination and attitudes of those who discriminate against people with a mental illness. A final report to be provided in late 2012 will recommend options and priorities for the Commission to reduce stigma and discrimination around mental illness in WA.

During the year, the Commission's Communications and Community Education Branch managed communication opportunities for the Commission, both internally and externally. It also facilitated stakeholder engagement, events and awards and developed comprehensive communications strategies.

The team worked closely with the Commission's Executive, providing communication advice and producing publications that contributed to an increase in community awareness, education and understanding of mental health issues.

To engage young people, the Commission continued to fund Music Feedback, an innovative multimedia anti-stigma campaign, which continues its growth as a dynamic multi-agency partnership aimed at engaging young people to talk about mental health issues, seek help early and promote social inclusion. This campaign is being implemented in partnership by the Commission, Ruah Community Services, Youth Affairs Council WA, headspace, Department for Communities, the WA Music Industry Association and Student Edge.

The Commission has sponsored the 2011 Song of the Year Competition run by the WA Music Industry Association (WAM). This included a special Mentally Healthy Song of the Year category as well as a free song writing workshop for budding singer-songwriters. Some 40 people attended the workshop which was held in conjunction with Catch Music, an inclusive recreation program.

Collaboration with the Department for Communities has resulted in the delivery of the Youth Mental Health and Wellbeing Forum during National Youth Week held in April 2012. The aim of the forum was to strengthen community relationships and create awareness of important health issues and solutions for young people.

During 2011/12, the Commission also continued its contribution to *beyondblue* for mental health promotion, research and support services building the capacity of the broader community to prevent depression and anxiety and respond effectively to it.

The Act Belong Commit campaign, which is implemented by Mentally Healthy WA in partnership with health services, local governments, schools, workplaces and not-for-profit groups has received continued financial support from the Commission. This initiative encourages community members to be more mentally, physically and socially active. In August 2011, the Minister for Mental Health launched a series of Act Belong Commit TV adverts which encourage people to improve their mental wellbeing and de-stigmatise mental illness. As of 30 June 2012, 88 campaign partners, 20 official Act Belong Commit Campaign sites and 270 events, activities and projects were branded with the Act Belong Commit messages.

Another important initiative that helps raise community awareness in relation to mental health and mental illness is media training which includes information and practical skill development in relation to print media, radio, television and social media. During the year, the Commission enabled 14 people with a lived experience of mental illness to participate in media training workshops.

Workforce Development

This year has seen the commencement of a comprehensive Mental Health Workforce Development Plan for WA, which will align closely with the National Mental Health Workforce Strategy and Plan endorsed by the Australian Health Ministers Conference in September 2011.

The Commission continued to support a range of workforce development initiatives aligned with the reform directions and key action areas identified in the government's ten-year strategic policy *Mental Health*

2020: Making it personal and everybody's business. Attachment Six provides a comprehensive overview of the suite of initiatives progressed and funded in 2011/12.

Among the initiatives introduced this year are:

- grants to enable mental health services to develop their capacity to employ and support peer workers
- scholarships for mental health professionals from government and non-government organisations to undertake further studies in mental health
- infant mental health scholarships for government and non-government employees undertaking studies in infant mental health
- funding to support the rollout of the Mental Health Professional Online Development (MHPOD) across public mental health services in WA
- funding to address a shortage of advanced Child and Adolescent Psychiatry training posts in WA
- support for international medical graduates undertaking psychiatry training in WA to meet requirements for Fellowship of the Royal Australian and New Zealand College of Psychiatry
- funding for 40 people to participate in the Allies in Change Leadership Program, which brings together people with a lived experience of mental illness, their families and staff to work together for improved mental health services
- the development of training to enable mental health services to utilise the National Cultural Competency Tool, and funding to increase access to Cultural Awareness Training for workers
- provision of Mental Health First Aid Training to the mental health sector workforce, enabling them to recognise signs and symptoms of mental health problems, respond to various mental health crisis situations and engage with and support people who have mental health problems.

Research and Evaluation

Research and evaluation are critical activities to build the capacity of the Commission to develop evidence based policy options that address the needs of the community.

Specific research and evaluation projects contracted by the Commission in 2011/12 include:

Anti-Stigma Research

TNS Social Research were engaged to undertake a research project on stigma associated with mental illness, and identify key elements to inform social marketing campaigns and strategies to create positive behavioural and attitudinal change.

SSAMHS Evaluation

The Statewide Specialist Aboriginal Mental Health Service (SSAMHS) was established as part of the WA Implementation Plan for National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes. SSAMHS provides specialist clinical interventions to Aboriginal people with severe and persistent mental illnesses across the State and the Commission is responsible for the ongoing development and implementation of the program.

The WA Centre for Mental Health Policy Research (CMHPR) undertook an interim evaluation of the process and outcomes of SSAMHS to inform future service development and funding. The second and final phase of the SSAMHS Evaluation will involve a comprehensive and intensive engagement process with local Aboriginal people to identify what is and is not working and to assess whether the investment in SSAMHS is making an impact on Aboriginal people and their communities.

North Metropolitan Survey of high impact psychosis

In 2010, the Survey of High Impact Psychosis (SHIP), Australia's second epidemiological survey of the prevalence and profile of psychosis, took place in mental health service catchments in New South Wales, Queensland, South Australia, Victoria and Western Australia. The survey was funded by the Australian Government Department of Health and Ageing. The national survey team was headed by Western Australians, Professor Vera Morgan, Winthrop Professor Assen Jablensky and Assistant Professor Anna Waterreus. Across Australia, almost 2,000 interviews and assessments were completed, including 400 in the South Metropolitan Area, WA.

Since then, the Commission and North Metropolitan Health Service Mental Health have funded an extension of the SHIP survey in the North Metropolitan Area. The survey is taking place in 2012 and covers an estimated resident population aged 18-64 years of 448,659 (ABS, 2010) in Perth, Joondalup and Stirling catchments. Screening for psychosis took place within inpatient services, community mental health services and non-government organisations supporting people with mental illness in these catchments in March 2012. The estimated number of people screened was 1,758 - 1,291 were screened positive for psychosis and 467 were screened negative. A randomly selected group of 200 people who were screened positive for psychosis are currently being interviewed and assessed.

This survey will provide important information on service utilisation across multiple sectors, including the NGO sector and primary care, by people with psychosis living in the North Metropolitan area. As well as profiling symptomatology, it will document the extent of the burden and disability associated with psychosis through the collection of data on: income, employment, school completion, accommodation and homelessness, physical health, smoking, drug and alcohol use, parenting, and loneliness and social isolation. The project is progressing well with completion expected in 2013.

Supported Accommodation Program Evaluation

The Commission contracted independent consultants to conduct an evaluation of a selected sample of its funded supported accommodation program. A participatory approach was used to develop the evaluation framework which is based on four key evaluation questions:

1. To what extent does the program provide clinical and non-clinical services appropriate to residents' needs and aspirations?

2. To what extent are partnerships between service providers and Area Health Services effective in delivering coordinated services?

3. To what extent do governance arrangements and management processes facilitate achievement of program objectives?

4. To what extent does the program increase residents' independence, participation, quality of life and wellbeing?

The draft evaluation report is currently under review and will be finalised in 2012/13.

Non-Government Organisation Information Development

In 2011, the Commission contracted Deloitte Australia to conduct a review on the current data collections, information systems and reporting arrangements within the non-government organisations funded by the Commission and identify options for developing a statewide non-government organisations information system. The review reports were distributed to non-government organisations in 2012 and will provide the base for further development.

Non-Government Organisation Mapping Project

The WA Association for Mental Health (WAAMH), with funding provided by the Mental Health Commission, contracted independent consultants to conduct a project to map the community mental health sector in WA. The objective was to develop a detailed snapshot of the size, location, funding sources and services provided by the community mental health sector as at December 2011.

The project was broadly based on a similar project conducted by the NSW Mental Health Coordinating Council. The scope for the WA project included services provided by community sector organisations in WA that are funded specifically to address the needs/issues of people in WA who are living with a mental illness and their families and carers.

The methodology included interviews with service providers and the completion of a survey instrument. The final draft report has been submitted to the Commission for review.

National and International Partnerships

The Commission continues to develop strong partnerships with key Commonwealth Government departments and with senior mental health representatives from other states and territories.

In 2011/12, there was significant activity in relation to planning and implementation of a range of new initiatives that harness Commonwealth funding. As a result, the Commission has been successful in attracting new Commonwealth funding to improve access to mental health services for people with mental illness.

International Initiative for Mental Health Leadership

The 2011 International Initiative for Mental Health Leadership (IIMHL) Exchange and Network Meeting was held in the USA in September. This government-to-government initiative has been focusing on identifying evidence of best practices and services that will enable and support people who experience mental illness and substance abuse. IIMHL is a collaboration of seven countries - Australia, England, Canada, New Zealand, Republic of Ireland, Scotland and USA. The Mental Health Commissioner is an Australian representative on the Sponsoring Countries group in the IIMHL.

The IIMHL exchange provided valuable first-hand evidence of the power of wrap-around supports and services for young people with complex problems including mental illness and provided an opportunity to experience first hand the effectiveness of self-directed care to facilitate and support recovery for adults.

The Commission participated in a leadership exchange to the Wraparound Milwaukee program in Wisconsin. The two-day visit involved comprehensive briefings on the program as well as meetings with families and staff from a wide range of agencies. In early 2011, the Commission hosted a visit to WA by program founder Bruce Kamradt with an additional visit being planned for 2012.

The next IIMHL Exchange and Network Meeting will be held in New Zealand in March 2013 and the Commission will be sponsoring an international leadership exchange visit to WA.

National Partnership Agreement: Supporting National Mental Health Reform

Two unique initiatives operating in WA for people experiencing mental illness, the Individualised Community Living initiative and the Assertive Community Intervention have received a total of $26.1 million over five years under the $200 million National Partnership Agreement: Supporting National Mental Health Reform.

The objective of this NPA is to deliver improved health, social, economic and housing outcomes for people experiencing severe and persistent mental illness by addressing gaps and preventing ongoing cycling through state and territory mental health services.

The first program to benefit from funding under the NPA is the Mental Health Assertive Community Intervention initiative which has received $13.5 million over five years.

This is a metropolitan based initiative which aims to respond to the needs of children aged 0-16 years and their families who are experiencing mental heath crisis, and to prevent avoidable emergency department presentations. The initiative includes a 24 hour, seven days a week acute response team, consisting of multidisciplinary clinical staff to assist children and their families in crisis.

The second program, the Individualised Community Living initiative, has received $12.6 million over five years for an additional 30 support packages and six homes for people with severe and persistent mental illness. This will complement the State Government's provision of 116 houses and 118 support packages under this initiative.

Both the Individualised Community Living and the Assertive Community Intervention initiatives are aimed at reducing unnecessary inpatient admissions and presentations to emergency departments.

National Partnership Agreement on Remote Service Delivery

The National Partnership Agreement on Remote Service Delivery is a commitment by governments to improve the delivery of services to 29 remote communities across Australia. The Commission has partnered with key Commonwealth and State Government departments to implement the Agreement in the three sites in WA – Halls Creek, Fitzroy Crossing and Dampier Peninsula (with a focus on Beagle Bay and Ardyaloon). In 2011/12, the Commission provided funding to the Department for Indigenous Affairs as a contribution to the recruitment of a Senior Project Officer to develop and progress a formal Halls Creek Healing Strategy.

National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes

The Mental Health Commission continued in 2011/12 to support the implementation of the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes, through the establishment of the Statewide Specialist Aboriginal Mental Health Service (SSAMHS) that will provide specialist clinical interventions to Aboriginal people with severe and persistent mental illnesses across WA.

National Partnership Agreement on Homelessness

The National Partnership Agreement on Homelessness was established by the Council of Australian Governments in 2008 with the aim of substantially reducing and preventing homelessness through a range of innovative programs, such as the Mobile Clinical Outreach Team. The Commission continued to support implementation of this initiative in WA by the Department for Child Protection to provide mental health and drug and alcohol services for rough sleepers in WA.

The Mobile Clinical Outreach Team is delivered by the South Metropolitan Area Mental Health Service. The service is staffed by two mental health nurses and a half-time (0.4 FTE) Consultant Psychiatrist to provide assertive outreach mental health and drug and alcohol treatment, as well as consultation and liaison services for rough sleepers in Perth and Fremantle. This is a partnership initiative between the Commission, the Department for Child Protection and eight non-government community service providers who provide wrap-around support to transition rough sleepers from the streets into independent housing.

National Mental Health Commission

The Commission has participated in the growing network of Mental Health Commissions around Australia with a view to sharing knowledge that promotes the importance of discrete agencies within the public sector to build a more coordinated approach across Government and with communities and industry and to drive reform.

In March 2012, the Chair and the Chief Executive Officer of the National Mental Health Commission visited Perth to meet with the Commissioner for Mental Health as well as a number of mental health service providers, the Consumers Association of WA, Carers WA and the WAAMH to discuss the development of the National Report Card.

In addition, in June 2012, the WA Youth Roundtable was conducted as a joint initiative of the National Mental Health Commission, the WA Mental Health Commission and the Child and Adolescent Mental Health Services Youth Mental Health Project Implementation Steering Group. The Roundtable provided the opportunity for young people to participate in the planning of significant developments and sought to find out what works in mental health for the youth of WA, what works to help wellness and to acknowledge that ambition is important.

The National Mental Health Commission will publish the first National Report Card on Mental Health and Suicide Prevention in December 2012.

Participation on National Mental Health Committees

The Commission is represented on a number of national committees as follows:

- The Commissioner continued to represent WA on the Mental Health Standing Committee, which reports to the Standing Council on Health through the Health Policy Priorities Principal Committee and in turn the Australian Health Ministers Advisory Council. The Mental Health Standing Committee plays a key role in overseeing the implementation of the *Fourth National Mental Health Plan 2009 – 2014* and supports cross jurisdictional communication and information exchange to improve both consistency and outcomes from national mental health reforms.
- The Mental Health Standing Committee is supported by the Mental Health Information Strategy Subcommittee, the Safety and Quality Partnership Subcommittee and the National Mental Health Workforce Advisory Committee. These groups facilitate the provision of expert and technical advice, provide recommendations on national policy issues and play a key role in the implementation of a number of actions arising from the *Fourth National Mental Health Plan 2009-2014*.
- The Senior Officials Mental Health Working Group,

reporting to the Council of Australian Governments, was established in 2011 as a key mechanism to oversee the development of the National Partnership Agreement: Supporting Mental Health Reform, as well as the Ten Year Roadmap for Mental Health Reform. WA is represented jointly by the Commissioner for Mental Health and a representative of the Department of the Premier and Cabinet.

Fourth National Mental Health Plan 2009 – 2014

The Commission also continued to support the implementation of the *Fourth National Mental Health Plan 2009-2014*. Work continues to focus on the Social Inclusion and Children and Youth flagship initiatives, which oversees a number of actions that are common in theme. A number of other actions are being driven by either new or existing committees or working groups that report to the Mental Health Standing Committee.

The following progress was achieved in 2011/12:

- Establishment of senior level steering committees to drive implementation of each of the Flagship Initiatives.
- Commencement of service mapping and modelling work towards the development of a National Mental Health Service Planning Framework.
- A National Mental Health Workforce Strategy and Plan have been completed and launched and implementation planning is now being progressed.
- Adoption of the LIFE Framework as the agreed national suicide prevention framework, as endorsed by the Australian Health Ministers Conference in September 2011.
- A national recovery forum was held on 21-22 June 2012 as part of progress towards the development of a National Recovery Framework by the end of 2012.
- Establishment of a working group to drive the renewal of the Aboriginal and Torres Strait Islander Social and Emotional Wellbeing Framework.

Ten Year Roadmap for Mental Health Reform

This year, the Australian Government commenced development of the Ten Year Roadmap for Mental Health Reform (the Roadmap), which is intended to set out the shared vision for Australia's future, where good mental health is valued, promoted and understood as a whole of community responsibility, and people with mental illness and their families and carers are supported to live full and rewarding lives. This work has been supported by the Commission and senior mental health representatives from other states and territories through the Senior Officials Mental Health Working Group.

In January 2012, community feedback was sought on the draft Roadmap via an online survey in addition to more targeted consultations undertaken in each jurisdiction. The Commission and Department of the Premier and Cabinet jointly hosted a consultation session to enable the provision of coordinated and consolidated feedback from WA.

Significant Issues Impacting the Commission

December 2011 ABS population figures indicate that WA's population increased by 67,000 people, an increase from the previous year of almost three per cent, which is greater than that experienced in other states and territories. This and other demographic changes such as an ageing population and issues of significance to WA such as the fly-in-fly-out population that supports the resources boom, places particular pressure on mental health services and systems.

Business as usual in mental health is not an option for WA. The Commission has a clear mandate to reform mental health and will continue to drive this through the implementation of its ten-year strategic policy *Mental Health 2020: Making it Personal and Everybody's Business* which was launched in 2011/12. The strategy is built around person centred supports and services, connected approaches to supporting people and balanced investment to ensure a full range of support and services.

Suicide prevention is a key priority within the reform agenda. On average, 240 Western Australians take their own lives through suicide each year, well above the average annual road toll of 191 people. Young people are particularly vulnerable to developing mental health problems and/or mental illness, often combined with misusing drugs and alcohol. Current research shows that approximately 75 per cent of all severe mental illness begins before the age of 24 years. Reducing suicide remains a major priority for the Commission.

To achieve this, innovative ways of working with WA communities will continue to be developed to improve the availability of supports and services, particularly in the area of suicide prevention. The $13 million invested in the *WA Suicide Prevention Strategy 2009-2013* continues to be rolled out to communities across the State. The Ministerial Council for Suicide Prevention is working with Centrecare to implement the One Life Suicide Prevention Strategy through Community Action Plans (CAP). The investment in WA communities has grown substantially in 2011/12 and whilst the CAP model takes time to implement, it is anticipated that results will be strengthened by this approach.

Whilst ensuring clinical services are comprehensive and able to address community needs will remain a high priority, so too is the Commission's mission to build a balanced mental health system including strong public mental health and community-based supports.

A further step in developing a comprehensive mental health system has been the establishment of subacute services, the first of their kind to be established in WA. These will provide clinical intervention and support for people who are becoming unwell, and for people leaving hospital who need more intensive community support before returning home. The first facility to open at the end of 2012, is located in Joondalup, while subacute services in Rockingham and Broome are anticipated to commence from 2013/14. Plans for additional regional centres are underway.

The Commission has identified the youth mental health sector as an area of priority for future investment and has commenced development of a comprehensive plan to address service gaps for this age group. Youth Mental Health Services target those aged 16 to 24 years. The services for this age group are underdeveloped in WA and nationally. If not improved, there will be significant socioeconomic consequences as individuals not treated will maintain their illness into adulthood with higher severity and associated impact on the quality of their life and socioeconomic participation. Significant additional investment has been made in services and supports for young people in 2011/12 and further planning and investment will occur in the future.

A key challenge is to build the capacity of the mental health system to accept, value and legitimise the views of consumers, their families and carers and other community representatives and stakeholders, and to translate their input into actions that lead to better lives for people with mental health problems and/or mental illness.

The Commission is strongly committed to ensuring consumers and key stakeholders are well supported to provide advice and advocacy in mental health service development and delivery. The Commission has taken steps to ensure that consumers have a greater say in the mental health sector and has set aside a budget of $1.375 million over five years to establish and support Consumers of Mental Health WA Inc (CoMHWA), a peak body that provides systemic advocacy, run for and by

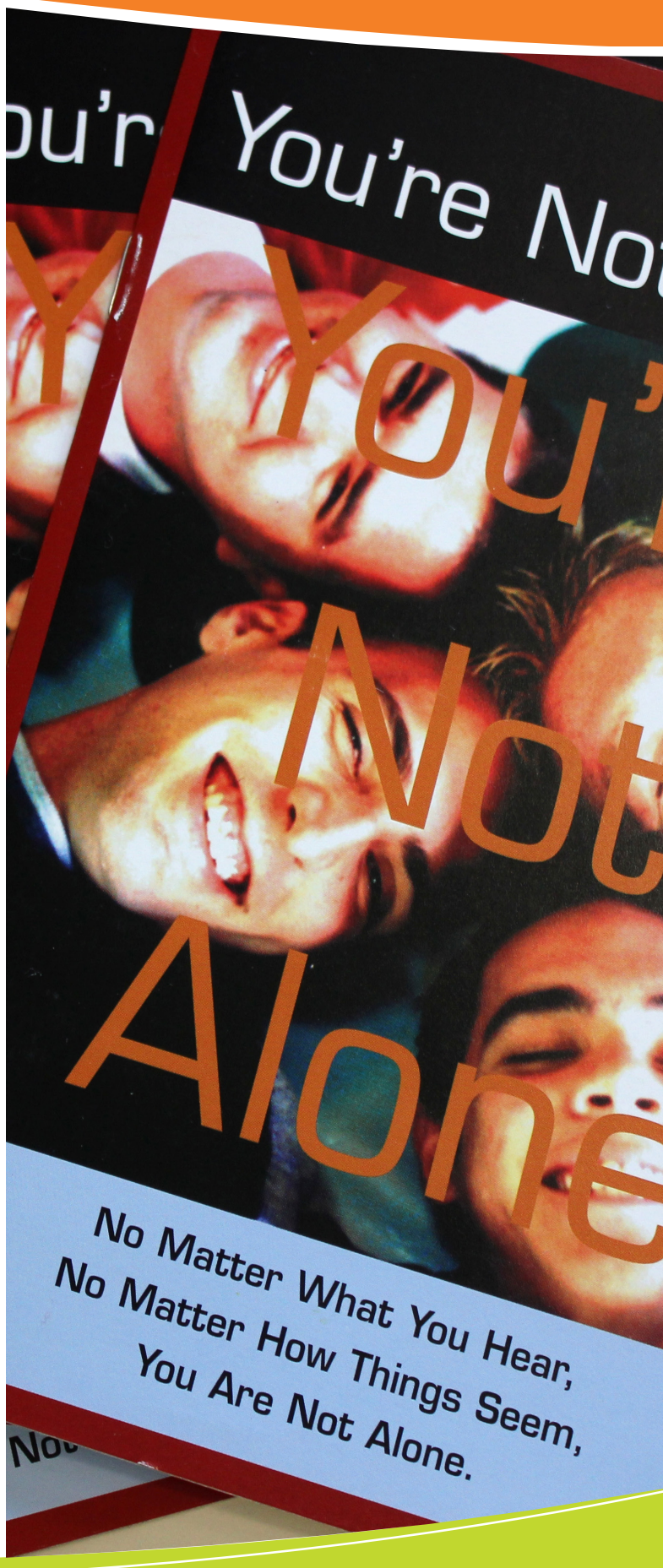
consumers. This initiative will bring together the mental health consumer voice to influence government and public sector agencies, private organisations and the community sector, and to give mental health consumers a greater role in decision making.

The Commission will also continue to provide substantial support to Mental Health Carers WA Arafmi and Carers WA, and is working to strengthen supports for young carers of people with a mental illness. For example, the Commission is funding COMIC (Children of Mentally Ill Consumers), auspiced by the Mental Illness Fellowship of WA (MIFWA), to expand its program developing Parent Peer Support workers that will work alongside parents with mental illness. The Commission also works with Mental Health Matters 2, a community action and advocacy group, to improve the lives of people with multiple, unmet needs particularly those with co-occurring, ongoing mental distress.

Consistent with delivering what people need most, the Commission has commenced the process of developing people and outcome focused services which is also consistent with the recommendations of the WA government Report *Putting People First: Partnering with the Community and Business to Deliver Outcomes*. The Commission will continue to work in partnership with community managed organisations to implement outcome focused services, guided by the Outcome Statements that were collaboratively developed during the past year. From June 2013, the Outcome Statements will be incorporated into specifications for services to be delivered by the community managed sector.

The Review by Professor Stokes into the admission, discharge and transfer policies and practices of WA's public mental health services is anticipated to be provided to the Commission and the Department of Health by September 2012. Both agencies will work closely to ensure that the recommendations accepted by Government are implemented comprehensively and as soon as possible.

An important component of reforming the mental health system is strengthening the role and capacity of the not-for-profit sector in the delivery of services and supports. To achieve this, the Commission has been active in



implementing the Delivering Community Services in Partnership Policy and has worked closely with the WA Association of Mental Health and the not-for-profit sector to identify ways of improving services and supports for people with mental illness an/or mental health problems and to implement components one and two of the State Government's sustainability funding. This funding provides for an average of 25% of additional funding to ensure that the not-for-profit sector is able to sustain its services into the future. Work in relation to component two will continue into the year ahead.

Decriminalising mental health is a key area of reform. The Commission, in partnership with the Department of the Attorney General has commenced the process to establish a pilot mental health court diversion and support program servicing Perth metropolitan Magistrate's Courts. Specialised mental health expertise will also be placed within the Children's Court to support the needs of the court, providing timely assessments, referrals and treatment to enable the court to develop the most appropriate response and effectively link with community services.

Underpinning mental health reform is the development of new legislation. A draft Mental Health Bill 2011 that was released for public comment in December 2011 is anticipated to be introduced in Parliament by the end of 2012. The draft Bill significantly improves human rights protection for people experiencing acute mental illness and allows for greater involvement of families and carers in supporting people experiencing mental illness. In addition to its work on the new legislation, the Commission is actively managing the implementation of specific associated initiatives such as transitionary changes associated with the Mental Health Review Board and Council of Official Visitors.

Addressing the mental health needs of Aboriginal people remains a challenge and is a high priority. To support Aboriginal people with severe and persistent mental illnesses in WA, the State Government has committed $22.47 million over four years to establish and implement a Specialist Aboriginal Mental Health Service which remains a priority for the Commission.

Mental health is also a priority on the national agenda. The Commission has joined Commonwealth and State Government partners in drafting the Ten Year Roadmap for Mental Health Reform. The Roadmap will provide governments, the community sector, workplaces and communities themselves with a measurable, long term national reform plan for mental health which will guide where mental health agencies will focus their attention and funding over the next 10 years.

During 2011/12 the Commission has worked closely with the Commonwealth Government and other States and Territories on the design of a National Mental Health Services Planning Framework (NMHSPF). The NMHSPF will provide an important population based planning and modelling tool that will assist in comprehensively identifying the mix and level of the range of mental health services required in each jurisdiction. This will assist the Commission in developing a services plan that covers the full range of clinical and non-clinical services for the next decade. It is anticipated that the NMHSPF will become available by mid 2013. During the past year, the Commission has commenced services planning work with a comprehensive range of stakeholders and will continue this during 2012/13.

Through National Partnership Agreements, WA received additional investment to support mental health reform and expand and develop new mental health services across the State in areas that are considered to be a national priority. The Commission has actively sought to coordinate and align State and Commonwealth investment to achieve the best outcomes for the community. For example, this approach has occurred in relation to combined investment in individualised community living and assertive community intervention support for children, young people and their families.

Medicare Locals are being progressively rolled out by the Commonwealth Government together with a number of significant mental health initiatives. Engaging with Medicare Locals and ensuring that people in WA achieve optimal access to Commonwealth funded initiatives is and will continue to be a high priority for the Commission, who has renewed its funding for a mental health program coordinator with the Western Australian General Practice Network to assist with this work.

National Health Reform also includes adopting new financial frameworks for mental health services. For example, activity based funding is being introduced across the nation for hospital services and there is comprehensive planning underway for the adoption of this funding framework in mental health. This is a complex and important process that is currently being addressed jointly by the Commission and the Department of Health. This work will continue in the year ahead.

Achieving major reform of mental health is complicated and time consuming. It involves strengthening the culture of being "person centred", being comprehensively inclusive of people with mental illness, their families and carers, and building a more balanced and connected service and support system. One of the challenges is building the capacity of community based services with sufficient pace and intensity to overcome the inertia of the status quo. This work which is well underway, will require ongoing development, continued investment and the commitment of key stakeholders, service providers and the community at large.

During 2011/12 the Commonwealth government announced its intention to implement a National Disability Insurance Scheme (NDIS) and to commence this work through the establishment of a number of trial sites. The NDIS has potential to substantially improve the level of funding and support available to people who experience significant disability through mental illness. The Western Australian Government is currently negotiating with the Commonwealth to establish an NDIS trial in WA. It is expected that these negotiations will continue in 2012.

In the meantime, the Disability Services Commission is implementing the My Way initiative in four trial sites in WA. My Way provides for individualised planning and funding for people with significant disability and aligns with some of the principles of the NDIS. The Commission will be negotiating the inclusion of people with a psychiatric disability in both the NDIS and My Way on the basis of the level of disability caused by mental illness and the provision of equitable funding that reflects the level of disability experienced.

Auditor General

INDEPENDENT AUDITOR'S REPORT

To the Parliament of Western Australia

MENTAL HEALTH COMMISSION

Report on the Financial Statements
I have audited the accounts and financial statements of the Mental Health Commission.

The financial statements comprise the Statement of Financial Position as at 30 June 2012, the Statement of Comprehensive Income, Statement of Changes in Equity, Statement of Cash Flows, Schedule of Income and Expenses by Service, Schedule of Assets and Liabilities by Service, and Summary of Consolidated Account Appropriations and Income Estimates for the year then ended, and Notes comprising a summary of significant accounting policies and other explanatory information, including Administered transactions and balances.

Commissioner's Responsibility for the Financial Statements
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 for such internal control as the Commissioner determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
As required by the Auditor General Act 2006, my responsibility is to express an opinion on the financial statements based on my audit. The audit was conducted in accordance with Australian Auditing Standards. Those Standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Commission's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Commissioner, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion
In my opinion, the financial statements are based on proper accounts and present fairly, in all material respects, the financial position of the Mental Health Commission at 30 June 2012 and its financial performance and cash flows for the year then ended. They are in accordance with Australian Accounting Standards and the Treasurer's Instructions.

Report on Controls
I have audited the controls exercised by the Mental Health Commission during the year ended 30 June 2012.

Controls exercised by the Mental Health Commission are those policies and procedures established by the Commissioner to ensure 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.

Commissioner's Responsibility for Controls
The Commissioner is responsible for maintaining an adequate system of internal control to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of public and other property, and the incurring of liabilities are in accordance with the Financial Management Act 2006 and the Treasurer's Instructions, and other relevant written law.

Auditor's Responsibility
As required by the Auditor General Act 2006, my responsibility is to express an opinion on the controls exercised by the Mental Health Commission based on my audit conducted in accordance with Australian Auditing and Assurance Standards.

An audit involves performing procedures to obtain audit evidence about the adequacy of controls to ensure that the Commission complies with the legislative provisions. The procedures selected depend on the auditor's judgement and include an evaluation of the design and implementation of relevant controls.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion
In my opinion, the controls exercised by the Mental Health Commission are sufficiently adequate to 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 during the year ended 30 June 2012.

Report on the Key Performance Indicators
I have audited the key performance indicators of the Mental Health Commission for the year ended 30 June 2012.

The key performance indicators are the key effectiveness indicators and the key efficiency indicators that provide information on outcome achievement and service provision.

Commissioner's Responsibility for the Key Performance Indicators
The Commissioner is responsible for the preparation and fair presentation of the key performance indicators in accordance with the Financial Management Act 2006 and the Treasurer's Instructions and for such controls as the Commissioner determines necessary to ensure that the key performance indicators fairly represent indicated performance.

Auditor's Responsibility
As required by the Auditor General Act 2006, my responsibility is to express an opinion on the key performance indicators based on my audit conducted in accordance with Australian Auditing and Assurance Standards.

An audit involves performing procedures to obtain audit evidence about the key performance indicators. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the key performance indicators. In making these risk assessments the auditor considers internal control relevant to the Commissioner's preparation and fair presentation of the key performance indicators in order to design audit procedures that are appropriate in the circumstances. An audit also includes evaluating the relevance and appropriateness of the key performance indicators for measuring the extent of outcome achievement and service provision.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion
In my opinion, the key performance indicators of the Mental Health Commission are relevant and appropriate to assist users to assess the Commission's performance and fairly represent indicated performance for the year ended 30 June 2012.

Independence
In conducting this audit, I have complied with the independence requirements of the Auditor General Act 2006 and Australian Auditing and Assurance Standards, and other relevant ethical requirements.

Matters Relating to the Electronic Publication of the Audited Financial Statements and Key Performance Indicators
This auditor's report relates to the financial statements and key performance indicators of the Mental Health Commission for the year ended 30 June 2012 included on the Commission's website. The Commission's management are responsible for the integrity of the Commission's website. This audit does not provide assurance on the integrity of the Commission's website. The auditor's report refers only to the financial statements and key performance indicators described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these financial statements or key performance indicators. If users of the financial statements and key performance indicators are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial statements and key performance indicators to confirm the information contained in this website version of the financial statements and key performance indicators.

GLEN CLARKE
DEPUTY AUDITOR GENERAL
Delegate of the Auditor General for Western Australia
Perth, Western Australia
7 September 2012

Financial Statements

Certification of Financial Statements

MENTAL HEALTH COMMISSION
CERTIFICATION OF FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2012

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 year ended 30 June 2012 and the financial position as at 30 June 2012.

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.

Ken Smith
Chief Finance Officer
Mental Health Commission

3 September 2012

Eddie Bartnik
Accountable Authority
Mental Health Commission

3 September 2012

Statement of Comprehensive Income

As at 30 June 2012

	Note	2012	2011
		$	$
COST OF SERVICES			
Expenses			
Employee benefits expense	6	7,274,546	5,569,448
Contracts for services	7	521,338,591	482,235,386
Supplies and services	8	1,528,533	1,294,867
Grants and subsidies	9	4,859,441	1,247,803
Other expenses	10	527,702	345,749
Total cost of services		**535,528,813**	**490,693,253**
Income			
Revenue			
Commonwealth grants and contributions	11	6,891,266	-
Other grants and contributions	12	2,748,592	2,592,089
Other revenue		79,987	12,205
Total revenue		**9,719,845**	**2,604,294**
Total income other than income from State Government		**9,719,845**	**2,604,294**
NET COST OF SERVICES		**525,808,968**	**488,088,959**
Income from State Government			
Service appropriations	13	532,106,000	486,570,000
Resources received free of charge	13	3,313,789	3,624
Total income from State Government		**535,419,789**	**486,573,624**
SURPLUS/(DEFICIT) FOR THE PERIOD		**9,610,821**	**(1,515,335)**
OTHER COMPREHENSIVE INCOME		-	-
TOTAL COMPREHENSIVE INCOME/(LOSS) FOR THE PERIOD		**9,610,821**	**(1,515,335)**

See also the 'Schedule of Income and Expenses by Service'.
The Statement of Comprehensive Income should be read in conjunction with the accompanying notes.

Statement of Financial Position

As at 30 June 2012

	Note	2012 $	2011 $
ASSETS			
Current Assets			
Cash and cash equivalents	20	12,500,118	3,081,687
Receivables	15	1,473,824	319,042
Total Current Assets		13,973,942	3,400,729
Non-Current Assets			
Restricted cash and cash equivalents	14, 20	244,320	88,320
Plant and equipment	16	156,279	–
Total Non-Current Assets		400,599	88,320
TOTAL ASSETS		**14,374,541**	**3,489,049**
LIABILITIES			
Current Liabilities			
Payables	17	2,885,472	1,898,657
Provisions	18	1,334,540	1,086,059
Total Current Liabilities		4,220,012	2,984,716
Non-Current Liabilities			
Provisions	18	223,653	184,278
Total Non-Current Liabilities		223,653	184,278
TOTAL LIABILITIES		**4,443,665**	**3,168,994**
NET ASSETS		**9,930,876**	**320,055**
EQUITY			
Contributed equity	19	945,900	945,900
Accumulated surplus/(deficit)	19	8,984,976	(625,845)
TOTAL EQUITY		**9,930,876**	**320,055**

See also the 'Schedule of Assets and Liabilities by Service'.

The Statement of Financial Position should be read in conjunction with the accompanying notes

Statement of Changes in Equity

As at 30 June 2012

	Note	2012 $	2011 $
CONTRIBUTED EQUITY	19		
Balance at start of period		945,900	888,162
Transactions with owners in their capacity as owners:			
Contributions by owners		-	57,738
Balance at end of period		**945,900**	**945,900**
ACCUMULATED SURPLUS	19		
Balance at start of period		(625,845)	889,490
Surplus/(Deficit) for the period		9,610,821	(1,515,335)
Balance at end of period		**8,984,976**	**(625,845)**
TOTAL EQUITY			
Balance at start of period		320,055	1,777,652
Total comprehensive income/(loss) for the period		9,610,821	(1,515,335)
Transactions with owners in their capacity as owners		-	57,738
Balance at end of period		**9,930,876**	**320,055**

The Statement of Changes in Equity should be read in conjunction with the accompanying notes.

Statement of Cash Flows

As at 30 June 2012

	Note	2012	2011
		$ Inflows (Outflows)	$ Inflows (Outflows)
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriations	13	532,106,000	486,570,000
Net cash provided by State Government		**532,106,000**	**486,570,000**
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(6,945,834)	(4,980,452)
Contracts for services		(519,426,800)	(481,950,207)
Supplies and services		(1,340,259)	(1,299,982)
Grants and subsidies		(4,108,536)	(1,245,358)
Other payments		(518,726)	(343,492)
Receipts			
Commonwealth grants and contributions		6,891,266	-
Other grants and contributions		2,993,612	2,274,690
Recoveries		-	12,205
Other receipts		79,987	-
Net cash (used in) / provided by operating activities	20	**(522,375,290)**	**(487,532,596)**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payment for purchase of non-current physical assets		(156,279)	
Net cash (used in) / provided by investing activities		(156,279)	-
Net increase / (decrease) in cash and cash equivalents		9,574,431	(962,596)
Cash and cash equivalents at the beginning of the period		3,170,007	4,074,865
Cash and cash equivalents transferred from other sources		-	57,738
CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD	20	**12,744,438**	**3,170,007**

The Statement of Cash Flows should be read in conjunction with the accompanying notes.

Schedule of Income and Expenses by Service

As at 30 June 2012

	Specialised Mental Health Admitted Patients		Specialised Community Mental Health		TOTAL	
	2012	2011	2012	2011	2012	2011
	$	$	$	$	$	$
COST OF SERVICES						
Expenses						
Employee benefits expense	3,710,018	2,826,757	3,564,528	2,742,691	7,274,546	5,569,448
Contracts for services	265,882,682	244,757,122	255,455,909	237,478,264	521,338,591	482,235,386
Supplies and services	779,552	657,206	748,981	637,661	1,528,533	1,294,867
Grants and subsidies	2,478,315	633,319	2,381,126	614,484	4,859,441	1,247,803
Other expenses	269,128	175,484	258,574	170,265	527,702	345,749
Total cost of services	273,119,695	249,049,888	262,409,118	241,643,365	535,528,813	490,693,253
Income						
Commonwealth grants and contributions	3,514,546	-	3,376,720	-	6,891,266	-
Other grants and contributions	1,401,782	1,315,607	1,346,810	1,276,482	2,748,592	2,592,089
Other revenue	40,793	6,195	39,194	6,010	79,987	12,205
Total income other than income from State Government	4,957,121	1,321,802	4,762,724	1,282,492	9,719,845	2,604,294
NET COST OF SERVICES	268,162,574	247,728,086	257,646,394	240,360,873	525,808,968	488,088,959
Income from State Government						
Service appropriations	271,374,060	246,957,144	260,731,940	239,612,856	532,106,000	486,570,000
Resources received free of charge	1,690,032	1,839	1,623,757	1,785	3,313,789	3,624
Total income from State Government	273,064,092	246,958,983	262,355,697	239,614,641	535,419,789	486,573,624
SURPLUS/(DEFICIT) FOR THE PERIOD	4,901,518	(769,103)	4,709,303	(746,232)	9,610,821	(1,515,335)

The Schedule of Income and Expenses by Service should be read in conjunction with the accompanying notes.

Schedule of Assets and Liabilities by Service

As at 30 June 2012

	Specialised Mental Health Admitted Patients		Specialised Community Mental Health		TOTAL	
	2012	2011	2012	2011	2012	2011
	$	$	$	$	$	$
ASSETS						
Current assets	7,126,710	1,564,101	6,847,232	1,836,628	13,973,942	3,400,729
Non-current assets	204,305	44,827	196,294	43,493	400,599	88,320
Total Assets	7,331,015	1,608,928	7,043,526	1,880,121	14,374,541	3,489,049
LIABILITIES						
Current liabilities	2,152,206	852,310	2,067,806	2,132,406	4,220,012	2,984,716
Non-current liabilities	114,063	93,530	109,590	90,748	223,653	184,278
Total Liabilities	2,266,269	945,840	2,177,396	2,223,154	4,443,665	3,168,994
NET ASSETS	5,064,746	663,088	4,866,130	(343,033)	9,930,876	320,055

The Schedule of Assets and Liabilities by Service should be read in conjunction with the accompanying notes.

Statement of Consolidated Account Appropriations and Income Estimates

For the year ended 30 June 2012

	2012 Estimate $	2012 Actual $	Variance $	2012 Actual $	2011 Actual $	Variance $
Delivery of Services						
Item 108 Net amount appropriated to deliver services	527,660,000	531,838,000	4,178,000	531,838,000	486,322,000	45,516,000
Amount Authorised by Other Statutes						
- *Salaries and Allowances Act 1975*	268,000	268,000	-	268,000	248,000	20,000
Total appropriations provided to deliver services	527,928,000	532,106,000	4,178,000	532,106,000	486,570,000	45,536,000
Administered transactions						
Section 25 transfer of administered appropriations	-	27,951,000	27,951,000	27,951,000	-	27,951,000
Section 25 transfer of capital appropriations	-	150,000	150,000	150,000	-	150,000
Total Administered Transactions	-	28,101,000	28,101,000	28,101,000	-	28,101,000
GRAND TOTAL	527,928,000	560,207,000	32,279,000	560,207,000	486,570,000	73,637,000
Details of Expenses by Service						
Specialised Mental Health Admitted Patients	261,707,000	273,119,695	11,412,695	273,119,695	249,049,888	24,069,807
Specialised Community Mental Health	269,490,000	262,409,118	(7,080,882)	262,409,118	241,643,365	20,765,753
Total Cost of Services	531,197,000	535,528,813	4,331,813	535,528,813	490,693,253	44,835,560
Less Total income	(2,469,000)	(9,719,845)	(7,250,845)	(9,719,845)	(2,604,294)	(7,115,551)
Net Cost of Services	528,728,000	525,808,968	(2,919,032)	525,808,968	488,088,959	37,720,009
Adjustments (a)	(800,000)	6,297,032	7,097,032	6,297,032	(1,518,959)	7,815,991
Total appropriations provided to deliver services	527,928,000	532,106,000	4,178,000	532,106,000	486,570,000	45,536,000
Administered Income						
Income disclosed as Administered Income	-	28,101,000	28,101,000	28,101,000	-	28,101,000
	-	28,101,000	28,101,000	28,101,000	-	28,101,000

(a) Adjustments comprise movements in cash balances, and other accrual items such as receivables and payables.

Note 28 'Explanatory statement' provides details of any significant variations between estimates and actual results for 2012 and between actual results for 2012 and 2011.

Notes to the Financial Statements

For the year ended 30 June 2012

Note 1 Australian Accounting Standards

General

The Commission's financial statements for the year ended 30 June 2012 have been prepared in accordance with Australian Accounting Standards. The term 'Australian Accounting Standards' includes Standards and Interpretations issued by the Australian Accounting Standards 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'*. There has been no early adoption of Australian Accounting Standards that have been issued or amended (but not operative) by the Commission for the annual reporting period ended 30 June 2012.

Note 2 Summary of significant accounting policies

(a) General statement

The Commission is a not-for-profit reporting entity that prepares general purpose financial statements in accordance with Australian Accounting Standards, the Framework, Statements of Accounting Concepts and other authoritive 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 impose legislative provisions that govern the preparation of financial statements and take precedence over the Australian 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 ($).

Note 3 'Judgements made by management in applying accounting policies' discloses judgements that have been made in the process of applying the Commission's accounting policies resulting in the most significant effect on amounts recognised in the financial statements.

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

(c) Reporting entity

The reporting entity comprises the Commission only.

Mission

To lead mental health reform through the commissioning of accessible, high quality services and supports and the promotion of mental health, wellbeing and facilitated recovery.

The Commission is predominantly funded by Parliamentary appropriations.

Services

The Commission is responsible for purchasing mental health services from a range of providers including public health systems, other government agencies, private sector providers and non-government organisations.

Note 2 Summary of significant accounting policies (continued)

The Commission provides the following services. Income, expenses, assets and liabilities attributable to these services are set out in the 'Schedule of Income and Expenses by Service' and the 'Schedule of Assets and Liabilities by Service'.

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.

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. Capital appropriations have been designated as contributions by owners by Treasurer's Instruction 955 '*Contributions by Owners made to Wholly Owned Public Sector Entities*' and have been credited directly to Contributed equity.

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 19 'Equity'.

(e) Income

Revenue recognition

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

Service appropriations

Service Appropriations are recognised as revenues at fair 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 13 '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. In accordance with the determination specified in the 2011-2012 Budget Statements, the Commission retained $9,719,845 in 2012 ($2,604,294 in 2011) from the following:"

- Specific purpose grants and contributions; and
- other departmental revenue.

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

Realised or unrealised gains are usually recognised on a net basis. These include gains arising on the disposal of non-current assets.

Note 2 Summary of significant accounting policies (continued)

(f) Property, Plant and equipment and infrastructure

Capitalisation/expensing of assets

Items of property, plant and equipment and infrastructure costing $5,000 or more are recognised as assets and the cost of utilising assets is expensed (depreciated) over their useful lives. Items of property, plant and equipment and infrastructure costing less than $5,000 are immediately expensed direct to the Statement of Comprehensive Income (other than where they form part of a group of similar items which are significant in total).

Initial recognition and measurement
Plant and equipment are initially recognised at cost.

For items of plant and equipment acquired at no cost or for nominal cost, the cost is their fair value at the date of acquisition.

Subsequent measurement
All items of plant and equipment are stated at historical cost less accumulated depreciation and accumulated impairment losses.

Depreciation
All non-current assets having a limited useful life are systematically depreciated over their estimated useful lives in a manner that reflects the consumption of their future economic benefits.

In order to apply this policy, the diminishing value with a straight line switch method is utilised for plant and equipment. Under this depreciation method, the cost amounts of the assets are allocated on average on a diminishing value basis over the first half of their useful lives and a straight line basis for the second half of their useful lives.

The assets' useful lives are reviewed annually. Expected useful lives for each class of depreciable asset are:

Leasehold Improvements	4 years

(g) Impairment of Assets

Plant and equipment are tested for any indication of impairment at the end of each reporting period. Where there is an indication of impairment, the recoverable amount is estimated. Where the recoverable amount is less than the carrying amount, the asset is considered impaired and is written down to the recoverable amount and an impairment loss is recognised. As the Commission is a not-for-profit entity, unless an asset has been identified as a surplus asset, the recoverable amount is the higher of an asset's fair value less costs to sell and depreciated replacement cost.

The risk of impairment is generally limited to circumstances where an asset's depreciation is materially understated, where the replacement cost is falling or where there is a significant change in useful life. Each relevant class of assets is reviewed annually to verify that the accumulated depreciation/amortisation reflects the level of consumption or expiration of asset's future economic benefits and to evaluate any impairment risk from falling replacement costs.

The recoverable amount of assets identified as surplus assets is the higher of fair value less costs to sell and the present value of future cash flows expected to be derived from the asset. Surplus assets carried at fair value have no risk of material impairment where fair value is determined by reference to market-based evidence. Where fair value is determined by reference to depreciated replacement cost, surplus assets are at risk of impairment and the recoverable amount is measured. Surplus assets at cost are tested for indications of impairment at the end of each reporting period.

Refer also to note 2(l) 'Receivables' and note 15 'Receivables' for impairment of receivables.

(h) Leases

Finance lease rights and obligations are initially recognised, at the commencement of the lease term, as assets and liabilities equal in amount to the fair value of the leased item or, if lower, the present value of the minimum lease payments, determined at the inception of the lease. The assets are disclosed as plant and equipment under lease, and are depreciated over the period during which the Commission is expected to benefit from their use. Minimum lease ayments are apportioned between the finance charge and the reduction of the outstanding lease liability, according to the interest rate implicit in the lease.

Operating leases are expensed on a straight line basis over the lease term as this represents the pattern of benefits derived from the leased properties.

Note 2 Summary of significant accounting policies (continued)

(i) Financial Instruments

In addition to cash, the Commission has two categories of financial instrument:

- Loans and receivables; and
- Financial liabilities measured at amortised cost.

Financial instruments have been disaggregated into the following classes:

Financial Assets
- Cash and cash equivalents
- Restricted cash and cash equivalents
- Receivables

Financial Liabilities
- Payables

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

The fair value of short-term receivables and 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.

(j) Cash and cash equivalents

For the purpose of the Statement of Cash Flows, cash and cash equivalent (and restricted 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.

(k) Accrued salaries

Accrued salaries (see note 17 'Payables') represent the amount due to employees but unpaid at 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 its fair value.

The accrued salaries suspense account (see note 14 'Restricted cash and cash equivalents') consists of amounts paid annually into a suspense account over a period of 10 financial years to largely meet the additional cash outflow in each eleventh year when 27 pay days occur instead of the normal 26. No interest is received on this account.

(l) Receivables

Receivables are recognised at original invoice amount less an allowance for uncollectible amounts (i.e. impairment). The collectability of receivables is reviewed on an ongoing basis and any receivables identified as uncollectible are written off against the allowance account. The allowance for uncollectible amounts (doubtful debts) is raised when there is objective evidence that the Commission will not be able to collect the debts. The carrying amount is equivalent to fair value as it is due for settlement within 30 days.

Refer to note 2(i) 'Financial Instruments' and note 15 'Receivables'.

Accounting procedure for Goods and Services Tax

Rights to collect amounts receivable from the Australian Taxation Office and responsibilities to make payment for GST were assigned to the Minister for Health in his Capacity as the Deemed Board of the Metropolitan Public Hospitals (Metropolitan Health Services). This accounting procedure for GST was a result of application of the grouping provisions of "A New Tax System (Goods and Service Tax) Act 1999" whereby the Minister for Health in his Capacity as the Deemed Board of the Metropolitan Public Hospitals became the representative member for Health entities as part of State Government's shared services initiative.

(m) Payables

Payables are recognised 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(l) 'Financial Instruments' and note 17 'Payables'.

Note 2 Summary of significant accounting policies (continued)

(n) 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 18 'Provisions'.

Provisions - employee benefits

All annual leave and long service leave provisions are in respect of employees' services up to the end of the reporting period.

Annual leave

The liability for annual leave expected to be settled within 12 months after the end of the reporting period is recognised and measured at the undiscounted amounts expected to be paid when the liability is settled.

Annual leave that is not expected to be settled within 12 months after the end of the reporting period is recognised and measured at the present value of amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

When assessing expected future payments, consideration is given to expected future wage and salary levels including non-salary components such as employer superannuation contributions, as well as 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.

The provision for annual leave is classified as a current liability as the Commission does not have an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting period.

Long service leave

The liability for long service leave expected to be settled within 12 months after the end of the reporting period is recognised and measured at the undiscounted amounts expected to be paid when the liability is settled.

Long service leave that is not expected to be settled within 12 months after the end of the reporting period is recognised and measured at the present value of amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

When assessing expected future payments, consideration is given to expected future wage and salary levels including non-salary components such as employer superannuation contributions, as well as 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.

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 end of the reporting period. Pre-conditional and conditional long service leave provisions are classified as non-current liabilities because the Commission has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service.

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 Leave 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. 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 current provision as employees can leave the scheme at their discretion at any time.

Superannuation

The Government Employees Superannuation Board (GESB) and other funds administers public sector superannuation arrangements in Western Australia in accordance with legislative requirements. Eligibility criteria for membership in particular schemes for public sector employees varies according to commencement and implementation dates.

Note 2 Summary of significant accounting policies (continued)

Eligible employees contribute to the Pension Scheme, a defined benefit pension scheme closed to new members since 1987, or the Gold State Superannuation Scheme (GSS), a defined benefit lump sum scheme closed to new members since 1995.

The GSS 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 Commission to GESB extinguishes the agency's obligations to the related superannuation liability.

The Commission has no liabilities under the Pension Scheme or the GSS. The liabilities for the unfunded Pension Scheme and the unfunded GSS transfer benefits attributable to members who transferred from the Pension Scheme, are assumed by the Treasurer. All other GSS obligations are funded by concurrent contributions made by the Commission to the GESB.

Employees commencing employment prior to 16 April 2007 who were not members of either the Pension Scheme or the GSS 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). From 30 March 2012, existing members of the WSS or GESBS and new employees became able to choose their preferred superannuation fund. The Commission makes concurrent contributions to GESB or other funds on behalf of employees in compliance with the *Commonwealth Government's Superannuation Guarantee (Administration) Act 1992*. Contributions to these accumulation schemes extinguish the Commission's liability for superannuation charges in respect of employees who are not members of the Pension Scheme or GSS.

The GESB makes all benefit payments in respect of the Pension Scheme and GSS transfer benefits and recoups from the Treasurer for the employer's share.

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

Employment on-costs

Employment on-costs (workers' compensation insurance) 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 not included as part of the Commission's 'Employee benefits expense'. Any related liability is included in 'Employment on-costs provision'.

Refer to note 10 'Other expenses' and note 18 'Provisions'.

(o) 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), the GESB Super Scheme (GESBS) and other superannuation funds. The employer contribution paid to the GESB in respect of the GSS is paid back into the Consolidated Account by the GESB.

(p) 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 at fair value. Where the resource received represents a service that the Commission would otherwise pay for, a corresponding expense is recognised. Receipts of assets are recognised in the Statement of Financial Position.

Assets or services received from other State Government agencies are separately disclosed under Income from State Government in the Statement of Comprehensive Income.

(q) Comparative figures

Comparative figures are, where appropriate, reclassified to be comparable with the figures presented in the current financial year.

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. The Commission evaluates these judgements regularly.

Employee benefits provision

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

Operating lease commitments

The Commission has entered into a lease arrangement for office accommodation. It has been determined that the lessor retains substantially all the risks and rewards incidental to ownership. Accordingly, the lease has been classified as an operating lease.

Note 4 Key sources of estimation uncertainty

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

Long Service Leave

Several estimations and assumptions used in calculating the Commission's long service leave provision include expected future salary rates, discount rates, employee retention rates and expected future payments. 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 2011 that impacted on the Commission.

Title	
AASB 1054	*Australian Additional Disclosures* This Standard, in conjunction with AASB 2011-1 '*Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project*', removes disclosure requirements from other Standards and incorporates them in a single Standard to achieve convergence between Australian and New Zealand Accounting Standards. There is no financial impact.
AASB 2009-12	*Amendments to Australian Accounting Standards [AASB 5, 8, 108, 110, 112, 119, 133, 137, 139, 1023 & 1031 and Int 2, 4, 16, 1039 & 1052]* This Standard makes editorial amendments to a range of Australian Accounting Standards and Interpretations. There is no financial impact.
AASB 2010-4	*Further Amendments to Australian Accounting Standards arising from the Annual Improvements Project [AASB 1, 7, 101 & 134 and Int 13]* The amendments to AASB 7 clarify financial instrument disclosures in relation to credit risk. The carrying amount of financial assets that would otherwise be past due or impaired whose terms have been renegotiated is no longer required to be disclosed. There is no financial impact. The amendments to AASB 101 clarify the presentation of the Statement of Changes in Equity. The disaggregation of other comprehensive income reconciling the carrying amount at the beginning and the end of the period for each component of equity can be presented in either the Statement of Changes in Equity or the Notes. There is no financial impact.
AASB 2010-5	*Amendments to Australian Accounting Standards [AASB 1, 3, 4, 5, 101, 107, 112, 118, 119, 121, 132, 133, 134, 137, 139, 140, 1023 & 1038 and Int 112, 115, 127, 132 & 1042]* This Standard makes editorial amendments to a range of Australian Accounting Standards and Interpretations. There is no financial impact.

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

AASB 2010-6 *Amendments to Australian Accounting Standards – Disclosures on Transfers of Financial Assets [AASB 1 & 7]*

This Standard introduces additional disclosure relating to transfers of financial assets in AASB 7. An entity shall disclose all transferred financial assets that are not derecognised and any continuing involvement in a transferred asset, existing at the reporting date, irrespective of when the related transfer transaction occurred. There is no financial impact.

AASB 2011-1 *Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project [AASB 1, 5, 101, 107, 108, 121, 128, 132 & 134 and Int 2, 112 & 113]*

This Standard, in conjunction with AASB 1054, removes disclosure requirements from other Standards and incorporates them in a single Standard to achieve convergence between Australian and New Zealand Accounting Standards. There is no financial impact.

AASB 2011-5 *Amendments to Australian Accounting Standards – Extending Relief from Consolidation, the Equity Method and Proportionate Consolidation [AASB 127, 128 & 131]*

This Standard extends the relief from consolidation, the equity method and proportionate consolidation by removing the requirement for the consolidated financial statements prepared by the ultimate or any intermediate parent entity to be IFRS compliant, provided that the parent entity, investor or venturer and the ultimate or intermediate parent entity are not-for-profit non-reporting entities that comply with Australian Accounting Standards. There is no financial impact.

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 any of the following Australian Accounting Standards that may impact the Commission. Where applicable, the Commission plans to apply these Australian Accounting Standards from their application date.

Title		Operative for reporting periods beginning on/after
AASB 9	*Financial Instruments* This Standard supersedes AASB 139 '*Financial Instruments: Recognition and Measurement*', introducing a number of changes to accounting treatments. The Standard was reissued in December 2010. The Commission has not yet determined the application or the potential impact of the Standard.	1 Jan 2013
AASB 10	*Consolidated Financial Statements* This Standard supersedes requirements under AASB 127 '*Consolidated and Separate Financial Statements*' and Int 112 '*Consolidation – Special Purpose Entities*', introducing a number of changes to accounting treatments. The Standard was issued in August 2011. The Commission has not yet determined the application or the potential impact of the Standard.	1 Jan 2013
AASB 11	*Joint Arrangements* This Standard supersedes AASB 131 '*Interests in Joint Ventures*', introducing a number of changes to accounting treatments. The Standard was issued in August 2011. The Commission has not yet determined the application or the potential impact of the Standard.	1 Jan 2013
AASB 12	*Disclosure of Interests in Other Entities* This Standard supersedes disclosure requirements under AASB 127 '*Consolidated and Separate Financial Statements*' and AASB 131 '*Interests in Joint Ventures*'. The Standard was issued in August 2011. The Commission has not yet determined the application or the potential impact of the Standard.	1 Jan 2013
AASB 13	*Fair Value Measurement* This Standard defines fair value, sets out a framework for measuring fair value and requires disclosures about fair value measurements. There is no financial impact.	1 Jan 2013
AASB 119	*Employee Benefits*	1 Jan 2013

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

		Operative for reporting periods beginning on/after
	This Standard supersedes AASB 119 (October 2010). As the Commission does not operate a defined benefit plan, the impact of the change is limited to measuring annual leave as a long-term employee benefit. The resultant discounting of the annual leave benefit has an immaterial impact.	
AASB 127	*Separate Financial Statements* This Standard supersedes requirements under AASB 127 '*Consolidated and Separate Financial Statements*', introducing a number of changes to accounting treatments. The Standard was issued in August 2011. The Commission has not yet determined the application or the potential impact of the Standard.	1 Jan 2013
AASB 128	*Investments in Associates and Joint Ventures* This Standard supersedes AASB 128 '*Investments in Associates*', introducing a number of changes to accounting treatments. The Standard was issued in August 2011. The Commission has not yet determined the application or the potential impact of the Standard.	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. There is no financial impact.	1 Jul 2013
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 Int 10 & 12]* [Modified by AASB 2010-7]	1 Jul 2013
AASB 2010-2	*Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements [AASB 1, 2, 3, 5, 7, 8, 101, 102, 107, 108, 110, 111, 112, 116, 117, 119, 121, 123, 124, 127, 128, 131, 133, 134, 136, 137, 138, 140, 141, 1050 & 1052 and Int 2, 4, 5, 15, 17, 127, 129 & 1052]* This Standard makes amendments to Australian Accounting Standards and Interpretations to introduce reduced disclosure requirements for certain types of entities. There is no financial impact.	1 Jul 2013
AASB 2010-7	*Amendments to Australian Accounting Standards arising from AASB 9 (December 2010) [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Int 2, 5, 10, 12, 19 & 127]* This Standard makes consequential amendments to other Australian Accounting Standards and Interpretations as a result of issuing AASB 9 in December 2010. The Commission has not yet determined the application or the potential impact of the Standard.	1 Jan 2013
AASB 2011-2	*Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project – Reduced Disclosure Requirements [AASB 101 & 1054]* This Standard removes disclosure requirements from other Standards and incorporates them in a single Standard to achieve convergence between Australian and New Zealand Accounting Standards for reduced disclosure reporting. There is no financial impact.	1 Jul 2013

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

		Operative for reporting periods beginning on/after
AASB 2011-6	*Amendments to Australian Accounting Standards – Extending Relief from Consolidation, the Equity Method and Proportionate Consolidation – Reduced Disclosure Requirements [AASB 127, 128 & 131]* This Standard extends the relief from consolidation, the equity method and proportionate consolidation by removing the requirement for the consolidated financial statements prepared by the ultimate or any intermediate parent entity to be IFRS compliant, provided that the parent entity, investor or venturer and the ultimate or intermediate parent entity comply with Australian Accounting Standards or Australian Accounting Standards – Reduced Disclosure Requirements. There is no financial impact.	1 Jul 2013
AASB 2011-7	*Amendments to Australian Accounting Standards arising from the Consolidation and Joint Arrangements Standards [AASB 1, 2, 3, 5, 7, 9, 2009-11, 101, 107, 112, 118, 121, 124, 132, 133, 136, 138, 139, 1023 & 1038 and Int 5, 9, 16 & 17]* This Standard gives effect to consequential changes arising from the issuance of AASB 10, AASB 11, AASB 127 '*Separate Financial Statements*' and AASB 128 '*Investments in Associates and Joint Ventures*'. The Commission has not yet determined the application or the potential impact of the Standard.	1 Jan 2013
AASB 2011-8	*Amendments to Australian Accounting Standards arising from AASB 13 [AASB 1, 2, 3, 4, 5, 7, 9, 2009-11, 2010-7, 101, 102, 108, 110, 116, 117, 118, 119, 120, 121, 128, 131, 132, 133, 134, 136, 138, 139, 140, 141, 1004, 1023 & 1038 and Int 2, 4, 12, 13, 14, 17, 19, 131 & 132]* This Standard replaces the existing definition and fair value guidance in other Australian Accounting Standards and Interpretations as the result of issuing AASB 13 in September 2011. There is no financial impact.	1 Jan 2013
AASB 2011-9	*Amendments to Australian Accounting Standards – Presentation of Items of Other Comprehensive Income [AASB 1, 5, 7, 101, 112, 120, 121, 132, 133, 134, 1039 & 1049]* This Standard requires to group items presented in other comprehensive income on the basis of whether they are potentially reclassifiable to profit or loss subsequently (reclassification adjustments). The Commission has not yet determined the application or the potential impact of the Standard.	1 Jul 2012
AASB 2011-10	*Amendments to Australian Accounting Standards arising from AASB 119 (September 2011) [AASB 1, 8, 101, 124, 134, 1049 & 2011-8 and Int 14]* This Standard makes amendments to other Australian Accounting Standards and Interpretations as a result of issuing AASB 119 in September 2011. There is limited financial impact.	1 Jan 2013
AASB 2011-11	*Amendments to AASB 119 (September 2011) arising from Reduced Disclosure Requirements* This Standard gives effect to Australian Accounting Standards – Reduced Disclosure Requirements for AASB 119 (September 2011). There is no financial impact.	1 Jul 2013
AASB 2012-1	*Amendments to Australian Accounting Standards - Fair Value Measurement - Reduced Disclosure Requirements [AASB 3, 7, 13, 140 & 141]* This Standard establishes and amends reduced disclosure requirements for additional and amended disclosures arising from AASB 13 and the consequential amendments implemented through AASB 2011-8. There is no financial impact.	1 Jul 2013

Note 6 Employee benefits expense

Salaries and wages (a)	6,747,739	5,197,361
Superannuation - defined contribution plans (b)	526,807	372,087
	7,274,546	5,569,448

(a) Includes the value of the fringe benefit to the employees plus the fringe benefits tax component, and the value of superannuation contribution component for leave entitlements.

(b) Defined contribution plans include West State, Gold State and GESB Super Schemes (contributions paid).

Employment on-costs (workers' compensation insurance) are included at note 10 'Other expenses'.
Employment on-costs liability is included at note 18 'Provisions'.

Note 7 Contracts for services

Payments to public hospitals	460,852,174	433,313,299
Payments to other organisations	60,486,417	48,922,087
	521,338,591	482,235,386

Public hospitals, private hospitals, non-government organisations and other organisations are contracted to provide specialised mental health services to the public patients and the community.

Note 8 Supplies and services

Advertising	46,171	58,991
Communication	51,606	37,862
Computer related services	17,200	17,141
Consulting fees	534,494	439,778
Consumables	194,286	152,997
Operating lease expenses	477,402	479,229
Shared services charges	103,584	99,600
Other	103,790	9,269
	1,528,533	1,294,867

Note 9 Grants and subsidies

Recurrent		
Grants	4,371,073	1,159,654
Scholarships	488,368	88,149
	4,859,441	1,247,803

Note 10 Other expenses

Other employee related expenses	224,767	132,539
Workers' compensation insurance (a)	21,200	22,354
Repairs and maintenance	21,135	14,559
Travel related expenses	8,206	12,080
Audit fees	53,400	28,700
Legal fees	25,852	25,165
Other	173,142	110,352
	527,702	345,749

(a) The employment on-costs include workers' compensation insurance only. The on-costs liability associated with the recognition of annual and long service leave liability is included at note 18 'Provisions'. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs.

Note 11 Commonwealth grants and contributions

Funding for National Partnership on Improving Public Hospital Services	3,722,266	-
Funding for Public Hospital NHR Access to Emergency Departments	3,169,000	-
	6,891,266	-

	2012 $	2011 $
Note 12 Other grants and contributions		
Disability Services Commission	1,871,371	1,799,289
Other	877,221	792,800
	2,748,592	2,592,089
Note 13 Income from State Government		
Service appropriations (a)		
Amount appropriated to deliver services	531,838,000	486,322,000
Amount authorised by other statutes:		
Salaries and Allowances Act 1975	268,000	248,000
	532,106,000	486,570,000
Resources received free of charge (b)		
Determined on the basis of the following estimates provided by agencies:		
State Solicitor's Office - legal advice	25,852	3,624
Department of Health - corporate services	57,937	-
Department of Health - services for Series B population growth	3,230,000	-
	3,313,789	3,624

(a) Service appropriations fund the net cost of services delivered. Appropriation revenue comprises a cash component and a receivable (asset). The receivable (holding account) comprises the depreciation expense for the year and any agreed increase in leave liability during the year. See note 2(e) 'Income'.

(b) Assets or services received free of charge or for nominal cost are recognised as revenue at fair value of the assets or services that can be reliably measured and which would have been purchased if they were not donated. Contributions of assets or services in the nature of contributions by owners are recognised directly to equity.

Note 14 Restricted cash and cash equivalents		
Non-current		
Accrued salaries suspense account (a)	244,320	88,320

(a) Funds held in the suspense account used only for the purpose of meeting the 27th pay in a financial year that occurs every 11 years.

Note 15 Receivables		
Current		
Receivables	74,021	319,042
Other debtor (a)	1,399,803	-
	1,473,824	319,042

(a) comprises of a refund due from WA Country Health Service for overpayment of an invoice to Specialised Statewide Aboriginal Health Service.

Refer to note 2(l) 'Receivables' and note 30 'Financial Instruments'

Note 16 Plant and equipment		
Leasehold improvements		
At cost	156,279	-
Accumulated depreciation	-	-
	156,279	-

Reconciliations

Reconciliations of the carrying amounts of plant and equipment at the beginning and end of the reporting period are set out below.

Leasehold improvements		
Carrying amount at the start of year	-	-
Additions	156,279	-
Carrying amount at the end of year	156,279	-

Note 16 Plant and equipment (continued)	2012 $	2011 $
Total plant and equipment		
Carrying amount at the start of year	-	-
Additions	156,279	-
Carrying amount at the end of year	156,279	-

There were no indications of impairment to plant and equipment at 30 June 2012.

Note 17 Payables

Current		
Trade creditors	854,098	17,232
Accrued salaries	186,741	175,764
Accrued expenses	1,844,633	1,705,661
	2,885,472	1,898,657

Refer to note 2(m) 'Payables' and note 30 'Financial Instruments'.

Note 18 Provisions

Current		
Employee benefits provision		
Annual leave (a)	587,050	407,801
Long service leave (b)	618,032	524,379
Deferred salary scheme (c)	129,458	153,879
	1,334,540	1,086,059
Non-current		
Employee benefits provision		
Long service leave (b)	223,653	184,278
	1,558,193	1,270,337

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

Within 12 months of the end of the reporting period	413,355	290,241
More than 12 months after the end of the reporting period	173,695	117,560
	587,050	407,801

(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 end of 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	155,393	133,324
More than 12 months after the end of the reporting period	686,292	575,333
	841,685	708,657

(c) Deferred salary scheme liabilities have been classified as current where there is no unconditional right to defer settlement for at least 12 months after the end of 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	129,458	153,879
More than 12 months after the end of the reporting period	-	-
	129,458	153,879

	2012 $	2011 $
Note 19 Equity		
The Government holds the equity interest in the Commission on behalf of the community. Equity represents the residual interest in the net assets of the Commission.		
Contributed equity		
Balance at start of period	945,900	888,162
Transfer of net assets from the Department of Health (a)	-	57,738
Balance at end of period	945,900	945,900
(a) AASB 1004 '*Contributions*' requires transfers of net assets as a result of a restructure of administrative arrangements to be accounted for as contributions by owners and distributions to owners.		
Under Treasurer's Instruction 955 '*Contributions by Owners Made to Wholly Owned Public Sector Entities*', non-discretionary and 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 and non-reciprocal transfer of net assets as a contribution by owners, the transferor agency accounts for the transfer as a distribution to owners.		
Accumulated surplus / (deficit)		
Balance at start of period	(625,845)	889,490
Result for the period	9,610,821	(1,515,335)
Balance at end of period	8,984,976	(625,845)
Total Equity at end of period	9,930,876	320,055
Note 20 Notes to the Statement of Cash Flows		
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:		
Cash and cash equivalents	12,500,118	3,081,687
Restricted cash and cash equivalents (refer to note 14)	244,320	88,320
	12,744,438	3,170,007
Reconciliation of net cost of services to net cash flows used in operating activities		
Net cost of services (Statement of Comprehensive Income)	(525,808,968)	(488,088,959)
Non-cash items:		
Resources received free of charge (refer to note 13)	3,313,789	3,624
(Increase)/decrease in assets:		
Current receivables	(1,154,782)	(319,042)
Increase/(decrease) in liabilities:		
Current payables	986,813	558,584
Current provisions	248,483	128,919
Non-current provisions	39,375	184,278
Net cash used in operating activities (Statement of Cash Flows)	(522,375,290)	(487,532,596)
Note that the Australian Taxation Office (ATO) receivable/payable in respect of GST and the receivable/payable in respect of the sale/purchase of non-current assets are not included in these items as they do not form part of the reconciling items.		

	2012 $	2011 $

Note 21 Commitments

The commitments below are inclusive of GST where relevant.

Non-cancellable operating lease commitments

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

Within 1 year	7,920	9,504
Later than 1 year and not later than 5 years	-	7,920
	7,920	17,424

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.

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	62,552,575	65,874,789
Later than 1 year and not later than 5 years	25,488,488	21,553,122
Later than 5 years	18,110,115	16,781,790
	106,151,178	104,209,701

Note 22 Remuneration of senior officers

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

	2012	2011
$ 70,001 - $ 80,000	3	-
$100,001 - $110,000	1	-
$130,001 - $140,000	-	2
$140,001 - $150,000	-	1
$150,001 - $160,000	-	1
$160,001 - $170,000	-	1
$170,001 - $180,000	1	-
$200,001 - $210,000	1	-
$220,001 - $230,000	-	1
$240,001 - $250,000	1	-
$350,001 - $360,000	1	-
	8	6
	$	$
The total remuneration of senior officers is:	1,309,047	953,975

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

Note 23 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 key performance indicators	63,000	53,400

Note 24 Contingent liabilities and contingent assets

The Commission is not aware of any contingent liabilities or contingent assets .

Note 25 Events occurring after the end of the reporting period

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 26 Related bodies

	2012 $	2011 $

A related body is a body which receives 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 27 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 the following affiliated bodies during the financial year:

Albany Halfway House Association	-	954,958
Even Keel Incorporated	104,607	86,159
G.R.O.W. (WA)	673,100	586,401
Home Health Pty Ltd (trading as Tender Care)	889,805	871,966
Mental Health Carers ARAFMI (WA) Inc	1,994,050	1,642,404
The Richmond Fellowship of WA	7,229,577	5,912,987
	10,891,139	10,054,875

Note 28 Explanatory statement

Significant variations between estimates and actual results for income and expense as presented in the financial statement titled 'Summary of Consolidated Account Appropriations and Income Estimates' are shown below: Significant variations are considered to be those greater than 10% or that are 4% or more of the current

Significant variances between estimates and actual results for 2012

	2012 Estimate $	2012 Actual $	Variance $
(a) Total appropriations provided to deliver services	527,928,000	532,106,000	4,178,000
(b) Total Cost of Services			
Specialised Mental Health Admitted Patients	261,707,000	273,119,695	11,412,695
Specialised Community Mental Health	269,490,000	262,409,118	(7,080,882)
(c) Total Income	2,469,000	9,719,845	7,250,845

Additional funding of $6,891,000 was approved subsequent to the publication of the 2011/12 budget under the Commonwealth/State National Partnership Agreement on Improving Public Hospital Services. This funding commenced in 2011/12 and will be provided over four years for a variety of projects, primarily associated with the Department of Health.

Significant variances between actual for 2011 and 2012

	2012 Actual $	2011 Actual $	Variance $
(a) Total appropriations provided to deliver services	532,106,000	486,570,000	45,536,000
The variance primarily represents the Government's increased investment in mental health for 2011/12, including the $6,707,000 Component One 15% boost to eligible not-for-profit organisations, $3,545,000 for other new initiatives in the non-government sector, $9,368,000 for increased government/non-government activity, $19,728,000 to fund the 4.8% cost growth in departmental functions, $12,800,000 reduction in the 2010/11 Appropriation which was transferred to the Department of Housing to construct intermediate care units and $7,191,000 reduction in 2010/11 Appropriation recashflowed to out-years. These were offset by a $12,189,000 one-off amendment in 2010/11 from deferral of a previous mental health strategy.			
(b) Total Cost of Services			
Specialised Mental Health Admitted Patient	273,119,695	249,049,888	24,069,807
The variance represents the Government's increased investment in mental health, including 4.8% cost growth and increased activity.			
Specialised Community Mental Health	262,409,118	241,643,365	20,765,753
Total Income	(9,719,845)	(2,604,294)	(7,115,551)
Additional funding of $6,891,000 was approved subsequent to the publication of the 2011/12 budget under the Commonwealth/State National Partnership Agreement on Improving Public Hospital Services. This funding commenced in 2011/12 and will be provided over four years for a variety of projects, primarily associated with the Department of Health.			
(c) Administered transactions			
Administered income - section 25 transfer	28,101,000	-	28,101,000
Administered expenses - transfer to WA Alcohol and Drug Authority	28,101,000	-	28,101,000
Appropriations to the Western Australian Alcohol and Drug Authority (WAADA) have been administered by the Commission on behalf of WAADA from 1 January 2012 in accordance with the Minister's direction.			

Note 29 Disclosure of administered income and expenses by service

	Drug and Alcohol 2012 $	2011 $
Expenses		
Appropriations transferred to WA Alchohol and Drug Authority	28,101,000	-
Total administered expenses	28,101,000	-
Income		
Appropriations from Government for transfer	28,101,000	-
Total administered income	28,101,000	-

The Western Australian Alcohol and Drug Authority (WAADA) separated from the Health ministerial portfolio and united with the Mental Health Commission in the Mental Health ministerial portfolio from 1 January 2012. Appropriations have been administered by the Commission on behalf of WAADA from 1 January 2012 in accordance with the Minister for Mental Health's direction.

Note 30 Financial instruments

a) Financial risk management objectives and policies

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

Credit risk
Credit risk arises when there is the possibility of the Commission's receivables defaulting on their contractual obligations resulting in financial loss to the Commission.

The maximum exposure to credit risk at the end of the reporting period in relation to each class of recognised financial assets is the gross carrying amount of those assets inclusive of any allowance for impairment, as shown in the table at Note 29(c) 'Financial Instruments Disclosure'.

Credit risk associated with the Commission's financial assets is minimal because the main receivable is the amounts receivable for services (holding account). For receivables other than government, the Commission trades only with recognised, creditworthy third parties. The Commission has policies in place to ensure that sales of products and services are made to customers with an appropriate credit history. In addition, receivable balances are monitored on an ongoing basis with the result that the Commission's exposure to bad debts is minimal. At the end of the reporting period there were no significant concentrations of credit risk.

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 trading in the normal course of business.

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.

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

b) Categories of financial instruments

The carrying amounts of each of the following categories of financial assets and financial liabilities at the end of the reporting period are:

	2012 $	2011 $
Financial Assets		
Cash and cash equivalents	12,500,118	3,081,687
Restricted cash and cash equivalents	244,320	88,320
Loans and receivables	1,473,824	319,042
Financial Liabilities		
Financial liabilities measured at amortised cost	2,885,472	1,898,657

c) Financial instrument disclosures

Credit risk

The following table details the Commission's maximum exposure to credit risk, 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 discloses ageing of financial assets that are past due but not impaired and impaired financial assets. 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.

Financial instrument disclosures (continued)

Aged analysis of financial assets

	Carrying amount	Not past due and not impaired	Past due but not impaired				More than 5 years	Impaired financial assets
			Up to 1 month	1-3 months	3 months to 1 year	1-5 years		
	$	$	$	$	$	$		$
2012								
Cash and cash equivalents	12,500,118	12,500,118						
Restricted cash and cash equivalents	244,320	244,320						
Receivables	1,473,824	1,405,824	62,000		6,000			
	14,218,262	14,150,262	62,000	-	6,000	-	-	-
2011								
Cash and cash equivalents	3,081,687	3,081,687						
Restricted cash and cash equivalents	88,320	88,320						
Receivables	319,042	-	319,042					
	3,489,049	3,170,007	319,042	-	-	-	-	-

Liquidity risk and interest rate exposure

The following table details the Commission's interest rate exposure and the contractural maturity analysis of financial assets and financial liabilities. The maturity analysis includes interest and principal cash flows. The interest rate exposure section analyses only the carrying amount of each item.

Interest rate exposures and maturity analysis of financial assets and financial liabilities

	Weighted average effective interest rate		Interest rate exposure				Maturity Dates					
		Carrying amount	Fixed interest rate	Variable interest rate	Non-interest bearing	Nominal Amount	Up to 1 month	1-3 months	3 months to 1 year	1 to 5 years	More than 5 years
	%	$	$	$	$	$	$	$	$	$	$
2012											
Financial Assets											
Cash and cash equivalents	-	12,500,118			12,500,118	12,500,118	12,500,118				
Restricted cash and cash equivalents	-	244,320			244,320	244,320	244,320				
Receivables	-	1,473,824			1,473,824	1,473,824	1,473,824				
		14,218,262	-	-	14,218,262	14,218,262	14,218,262	-	-	-	-
Financial Liabilites											
Payables	-	2,885,472			2,885,472	2,885,472	2,885,472				
		2,885,472	-	-	2,885,472	2,885,472	2,885,472	-	-	-	-

Financial Instrument disclosures (continued)

		Interest rate exposure				Maturity Dates					
	Weighted average effective interest rate	Carrying amount	Fixed interest rate	Variable interest rate	Non-interest bearing	Nominal Amount	Up to 1 month	1-3 months	3 months to 1 year	1 to 5 years	More than 5 years
	%	$	$	$	$	$	$	$	$	$	$
2011											
Financial Assets											
Cash and cash equivalents	-	3,081,687			3,081,687	3,081,687	3,081,687				
Restricted cash and cash equivalents	-	88,320			88,320	88,320	88,320				
Receivables	-	319,042			319,042	319,042	319,042				
		3,489,049	-	-	3,489,049	3,489,049	3,489,049	-	-	-	-
Financial Liabilities											
Payables	-	1,898,657			1,898,657	1,898,657	1,898,657				
		1,898,657	-	-	1,898,657	1,898,657	1,898,657	-	-	-	-

Fair values

All financial assets and liabilities recognised in the Statement of Financial Position, whether they are carried at cost or fair value, are recognised at amounts that represent a reasonable approximation of fair value unless otherwise stated in the applicable notes.

Certification of Key Performance Indicators

MENTAL HEALTH COMMISSION
CERTIFICATION OF PERFORMANCE INDICATORS
FOR THE YEAR ENDED 30 JUNE 2012

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 Mental Health Commission for the financial year ended 30 June 2012.

Eddie Bartnik
COMMISSIONER
MENTAL HEALTH COMMISSION
Accountable Authority

3 September 2012

Rate of Suicide in Western Australia

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 to the issue. The support of all levels of government and the private and the non-government sector is essential to achieve positive outcomes in the area of suicide prevention.

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

Age standardised rate per 100,000 WA resident population is used to analyse trend in suicide death rates, as it accounts for any changes in the age structure of a population over time. A low and decreasing rate is desirable.

Results

The 2010 preliminary age standardised rate of death due to suicide is estimated to be 12.0 per 100,000 population in Western Australia. Figures for 2009 and 2010 are preliminary and subject to revision as cases may be added when coronial investigations for deaths occurring in these years are finalised.

Age standardised rate of death due to suicide Western Australia 2001 to 2010

2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	Target
13.2	12.5	11.2	10.3	10.7	11.5	12.6	12.4	12.5	12.0	↓

Note
ICD-10 codes X60-X84.9 and Y87.0 were used to define suicide for all years.

The above rates:
- include deaths registered in WA for WA residents only;
- are based on year of death; and
- were calculated using three year moving averages to present general trends.

Therefore the above rates are not comparable to Australia Bureau of Statistics publications as these:
- also include deaths of persons usually resident overseas, which occur in WA;
- are based on year of registration; and
- are generally calculated using five year time periods.

Target – the intention is to reduce the age standardised rate.

Data for suicide is always retrospective with up to an 18 month lag due to coronial processes and availability of Australian Bureau of Statistics coded data.

Data Sources
Suicide mortality data is extracted by the Epidemiology Branch, Department of Health from the Australian Bureau of Statistics (ABS) Mortality Data.
ABS Estimated Resident Population for Western Australia

Proportion of People Receiving Community Support from Non-Government Organisations for Mental Health Problems

Rationale

A proportion of people with a mental health problem may have a chronic or recurrent illness that results in only partial recovery between acute episodes and deterioration in functioning that can lead to challenges in living an independent life. As a result, hospitalisation may be required on more than one occasion in each year with the need for ongoing community-based support.

This indicator reports on one program of community-based support services funded by the Mental Heath Commission. The aim of these services provided by non-government organisations is to support people with mental health problems to develop/maintain skills required for daily living, social interaction, and increase their participation in community life and activities. Improving personal coping skills to allow people with mental disorders to remain independent enhances the quality of life for most people and aims to decrease the burden of care for carers. These services are primarily provided in the person'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-based support programs is primarily adults living in Western Australia who have been treated for a mental health problem and discharged from a specialised mental health inpatient unit in the previous five years.

As well as 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, psychologists and a range of other community support services funded by the Commonwealth, for example the Headspace, Personal Helpers and Mentors and Partners in Recovery programs.

Results

In 2011/12, the proportion of people with mental health problems receiving community-based support from non government organisations was 40.4%.

While the result is lower than the aspirational target of 45%, the Commission is committed to build the capacity of the sector to provide sustainable services to more people.

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

	2008/09	2009/10	2010/11	2011/12	Target
Proportion of people receiving community support	52.7%	50.9%	39.2%	40.4%	45%

Note
At present there is no centralised information system to enable non government organisations to accurately count individual clients receiving services. These organisations continue to improve their capacity to count individual clients more accurately, thus reducing double counting within agencies which may have occurred prior to 2010/11.

2011/12 data from the Hospital Morbidity System was extracted using a more robust methodology, for example, to exclude persons who are interstate or overseas residents.

Data Sources
Non-government mental health service activity 6 monthly reports.
Mental Health Commission General Ledger.
Mental Health Information System, Hospital Morbidity Data Collection, Department of Health

Percent of Contacts with Community-Based Public Mental Health Non-Admitted Services within Seven Days Prior to Admission to a Public Mental Health Inpatient Unit

Rationale

A large proportion of people with a mental health problem have a chronic or recurrent illness that results in only partial recovery between acute episodes and deterioration in functioning that can lead to challenges in living an independent life. As a result, hospitalisation may be required on more than one occasion per year with the need for ongoing community based support.

Access to community based mental health services may assist with improving the management of or alleviate the need for admissions to inpatient care. Many people admitted to public sector mental health acute inpatient units are known to public sector community mental health services and it is reasonable to expect that community services should be involved in pre-admission care.

The time period of seven days was recommended nationally as an indicative measure for contact with public community based non-admitted services prior to admission to public mental health inpatient units.

Results

In 2011/12, 67% of patients had contact with a community-based public mental health service within seven days prior to being admitted to a public mental health inpatient unit and is higher than the 2010/11 figure.

This result is below the revised target which is considered to be aspirational.

In 2010/11 the target was increased from 60% in previous years to be equal to or greater than 70% to be in line with the national target.

Per cent of patients that had contact with a community-based service within 7 days prior to admission to an inpatient unit

	2010/11	2011/12	Target
Per cent of patients that had contact with a community-based service within 7 days prior to admission	62%	67%	>=70%

Notes
The target was set as part of the Government Budget process
The 2011/12 data was extracted using a more robust methodology, for example, persons who were transferred to other healthcare facilities or left against medical advice were excluded.

Data Sources
Mental Health Information System, Department of Health.

Percent of Contacts with Community-Based Public Mental Health Non-Admitted Services within Seven Days Post Discharge from Public Mental Health Inpatient Units

Rationale

A large proportion of people with a mental health problem have a chronic or recurrent type illness that results in only partial recovery between acute episodes and deterioration in functioning that can lead to problems in living an independent life. As a result, hospitalisation may be required on more than one occasion each year with the need for ongoing community-based support.

A responsive community support system for persons who have experienced an acute psychiatric episode requiring hospitalisation is essential to maintain clinical and functional stability and to minimise the need for hospital readmissions. Patients leaving hospital after a psychiatric admission with a formal discharge plan, involving linkages with public community based services and supports, are less likely to need inappropriate readmission.

These community services provide ongoing clinical treatment and access to a range of programs that maximise an individual's independent functioning and quality of life.

The time period of seven days was recommended nationally as an indicative measure for contact with community based non-admitted services following discharge from hospital.

Results

In 2011, 70% of patients had contact with a community-based public mental health service within seven days post discharge from a public mental health inpatient unit. This result is higher than the 2010 figure and on target.

Per cent of patients that had contact with a community-based service within 7 days post discharge

	2010	2011	Target
Per cent of patients that had contact with a community-based service within 7 days of discharge	66%	70%	>=70%

Notes
Data is for the calendar year of 2011.
The target was set as part of the Government Budget process.
Data for 2011 was extracted using a more robust methodology, for example, persons who were transferred to other healthcare facilities or left against medical advice were excluded.

Data Sources
Mental Health Information System, Department of Health.

Average Cost per Bedday in Specialised Mental Health Units

Rationale

Specialised mental health inpatient units provide admitted patient care in publicly funded authorised facilities and designated mental health units located within general hospitals.

In order to ensure quality care and cost effectiveness, it is important to monitor the unit cost of admitted patient care in specialised mental health inpatient units. The efficient use of hospital resources can help minimise the overall costs of providing mental health care and enable the reallocation of funds to appropriate alternative non admitted care.

Results

In 2011/12 the average cost per purchased bedday in a specialised mental health inpatient unit was $1,138. This result is higher than the target largely due to:

- additional funding received subsequent to the publication of the 2011/12 budget under the Commonwealth/State National Partnership Agreement (NPA) on Improving Public Hospital Services for specific hospital initiatives; and
- significant start up costs associated with newly opened Broome specialised mental health inpatient and Rockingham older adult inpatient units.

Average cost per bedday in a specialised mental health unit

	2010/11	2011/12	Target
Average cost per bedday	$1,086	$1,138	$1,097

Note
This indicator is reported at a statewide level based on funding provided to the Department of Health. The unit cost reflects a 'purchased' bedday cost and includes a proportion of Mental Health Commission's corporate services and other indirect costs.
This indicator measures the average cost per purchased bedday in authorised (capacity to provide care to patients under the Mental Health Act 1996) and designated facilities (no capacity to provide care to patients under the Mental Health Act 1996) in Western Australia.
The target was set as part of the Government Budget process.

Data Sources
Mental Health Commission Financial System.
BedState and HCare Data Warehouse (for Albany, Broome and Kalgoorlie Hospitals) provided by the Department of Health.

Cost per Capita of Providing Activities to Enhance Mental Health and Wellbeing (Illness Prevention, Promotion and Protection Activities)

Rationale

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 disorders 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 behavioural choices, attitudes and beliefs that protect and promote mental health and reduce mental disorders.

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

Results

In 2011/12, the cost per capita to provide prevention, promotion, protection and related activities to enhance mental health and wellbeing was $10. This figure is $1 above the target and includes additional funding provided for a key service reform initiative – Individualised Community Living Support. The figure has also been impacted by the realignment of budget components which were not decided until after publication of the 2011/12 budget.

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

	2009/10	2010/11	2011/12	Target
Cost per capita of providing activities to enhance mental health and wellbeing	$7	$7	$10	$9

Note
Includes the Mental Health Commission's corporate services and other indirect costs.
The target was set as part of the Government Budget process.

Data Sources
Mental Health Commission General Ledger.
Australian Bureau of Statistics December 2011 population for Western Australia (2,387,200).

Average Cost per Hour for Community Support Provided by Non-Government Organisations to People with Mental Health Problems

Rationale

Community based support programs support people with mental health problems to develop/maintain skills required for daily living, improve personal and social interaction, and increase participation in community life and activities. They also aim to decrease the burden of care for carers.

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

Results

In 2011/12 the average cost per hour to provide community support to an individual with mental health problems was approximately $73.39. While the 15% additional funding was provided to non for profit organisations to increase their sustainability, the result is lower than the target as more hours of service were provided than was estimated. The realignment of some budget components finalised after publication of the 2011/12 budget also had an impact.

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

	2007/08	2008/09	2009/10	2010/11	2011/12	Target
Average cost per hour for community support	$57.92	$60.98	$61.27	$67.35	$73.39	$82

Note
Includes the Mental Health Commission's corporate services and other indirect costs.
The target was set as part of the Government Budget process.

Data Sources
Non-government mental health service activity 6 monthly reports extrapolated for the full 12 months.
Mental Health Commission General Ledger.

Average Subsidy per Bedday for People with Mental Illness Living in Community Supported Residential Accommodation

Rationale

Non-government organisations provide accommodation in residential units for people affected by mental illness who require support to live in the community. Residential care 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.

This accommodation support is available to people with a mental illness, including older persons with complex mental health issues and significant behavioural problems. They are unable to live independently in the community without the aid of government subsidies to provide appropriate care.

Results

In 2011/12 the average subsidy per bedday was $206. This result is significantly higher than the 2010/11 figure but lower than the target due to the realignment of budget components which were not decided until after publication of the 2011/12 budget. The increased cost largely reflects the 15% additional funding provided to not for profit organisations to increase their sustainability.

Average subsidy per bedday to support people living in community residential accommodation provided by non-government organisations

	2007/08	2008/09	2009/10	2010/11	2011/12	Target
Average subsidy per bedday	$148	$164	$156	$168	$206	$240

Note
Includes the Mental Health Commission's corporate services and other indirect costs.
The target was set as part of the Government Budget process.

Data Sources
Non-government mental health service activity 6 monthly reports extrapolated for the full 12 months.
Mental Health Commission General Ledger.

Average Subsidy per Person to Support Residents in Metropolitan Licensed Private Psychiatric Hostels

Rationale

Private licensed psychiatric hostels provide personal support services to residents with mental health problems to assist them to maintain and further develop 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 licensed private psychiatric hostels many people with mental health problems would not be able to live relatively independent lives in a supported environment and their quality of life would be diminished.

Results

The actual average subsidy per person for eligible residents in metropolitan licensed private psychiatric hostels for 2011/12 was $7,772 and is higher than the 2010/11 figure and lower than the target.

This result has been largely impacted by resident turnover (i.e. the number of people who were admitted to and exited hostels in a year and only received part of the subsidy) as well as the realignment of budget components which were not decided until after publication of the 2011/12 budget.

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

	2008/09	2009/10	2010/11	2011/12	Target
Average subsidy per person	$5,889	$6,583	$6,836	$7,772	$9,361

Note
Includes the Mental Health Commission's corporate services and other indirect costs.
The target was set as part of the Government Budget process.

Data Sources
Mental Health Commission General Ledger.
Mental Health Information System, Department of Health.

Average Cost per Episode of Community Care Provided by Public Mental Health Services

Rationale

Services provided by public community-based mental health services include assessment, treatment and continuing care.

The efficient use of public community-based resources can help minimise the overall costs of providing mental health care. It is therefore important to monitor the unit cost of community based patient care in specialised public mental health community services.

Results

In 2011/12, the average cost per three month episode of community care provided by public mental health services was $1,820. This result is lower than the target due to the growth funding being expended on inpatient services to respond to increased demand.

Average cost per three month episode of community care provided by public mental health services

	2010/11	2011/12	Target
Average cost per three month episode of community care	$1,809	$1,820	$1,912

Note
This indicator is reported at a statewide level based on funding provided to the Department of Health.
The unit cost reflects a 'purchased' cost per three month episode of community care and includes a proportion of Mental Health Commission's corporate services and other indirect costs.
An episode of community care is defined as each three month period of care with one or more service contacts for an individual.
The target was set as part of the Government Budget process.

Data Sources
Mental Health Commission Financial System.
Mental Health Information System, Department of Health.

Other Disclosures

Ministerial directives

Treasurer's Instruction 903 (12) requires the Mental Health Commission to disclose information on any Ministerial directives relevant to the setting of desired outcomes or operational objectives, the achievement of desired outcomes or operational objectives, investment activities and financial activities. No such directives were issued by the Ministers with portfolio responsibility for the Mental Health Commission during 2010/11

Contracts with senior officers

At the date of reporting other than normal contracts of employment of service, no senior officers or entities in which senior officers have any substantial interests had any interests in existing or proposed contracts with the Mental Health Commission.

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 Mental Health Commission fully complied with the public sector standards, the Western Australian Code of Ethics and the Mental Health Commission Code of Conduct.

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

During the year the Mental Health Commission undertook a range of activities to promote compliance with public sector standards and ethical codes including development of the Mental Health Commission Code of Conduct and the roll out of structured training for staff on Ethical and Accountable Decision Making.

The Mental Health Commission Corporate Governance Charter was launched in October 2010. The charter, based on the former Office of the Public Sector Standards Good Governance Guide, assists the Mental Health Commission and staff in complying with the standards as well as general governance, administration and management reporting requirements. It provides a framework for the proper management of the Mental Health Commission and helps the Mental Health Commission meet the accountability requirements of government. The Charter specifically addresses the following public sector good governance principles:

- Government and public sector relationship
- Management and oversight
- Organisational structure
- Operations
- Ethics and integrity
- People
- Finance
- Communication
- Risk management.

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. The Mental Health Commission is committed to ensuring that people with disabilities have the same access to our services, information and facilities as other people.

During the year, the Mental Health Commission's Disability Access and Inclusion Plan 2011-2016 was endorsed by the Disability Services Commission. The Commission is committed to ensuring that the initiatives developed will be successful in addressing statutory requirements and achieving the following desired six outcomes:

1. People with disabilities have the same opportunities as other people to access the services of, and any events organised by, the Mental Health Commission.
2. People with disabilities have the same opportunities as other people to access the buildings and other facilities of the Mental Health Commission.
3. People with disabilities receive information from the Mental Health Commission in a format that will enable them to access the information as readily as other people are able to access it.
4. People with disabilities receive the same level and quality of service from the staff of the Mental Health Commission.
5. People with disabilities have the same opportunity as other people to make complaints to the Mental Health Commission.

6. People with disabilities have the same access as other people to participate in any public consultation by the Mental Health Commission.

Compliance with the *Electoral Act 1907* section 175ZE (advertising)

In accordance with section 175ZE of the Electoral Act 1907, the Mental Health Commission incurred the following expenditure on advertising agencies, market research, polling, direct mail and media advertising during the reporting period:

Advertising agencies	$
AdCorp Australia Limited	13,474.45
Mitchell and Parters	9,210.24

Compliance with Public Sector Standards and Ethical Codes

In accordance with section 31 (1) of the Public Sector Management Act 1994, the Mental Health Commission fully complied with the public sector standards, the Western Australian Code of Ethics and the agency's Code of Conduct.

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

During the year the Mental Health Commission continued to promote compliance with public sector standards and ethical codes with new and existing staff, including the dissemination of the Code of Conduct and the roll out of structured training for staff on ethical and accountable decision making.

The introduction by the Public Sector Commission of the new Commissioner's Instructions on Filling a Public Sector Vacancy and the new Employment Standard have seen improvements in the Mental Health Commission's capacity to recruit staff in a timely manner.

The appointment of two new Public Interest Disclosure Officers in the Commission also highlights the focus placed upon staff to ensure that all decisions are undertaken with integrity, ethics and are compliant with all legislative and regulatory provisions.

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.

The Mental Health Commission operates under an addendum to the Department of Health's Record Keeping Plan (RKP) which was approved by the WA State Records Office in 2007. The Department of Health RKP is due for review and renewal in 2012 and a report of the review will be submitted to the State Records Office later in 2012.

The Mental Health Commission in 2012/13 will create its own RKP in accordance with the requirements of the State Records Act 2000. Ongoing training in the use of the Mental Health Commission's current record management system is provided to staff as part of induction processes and is also available to individual staff when required.

During 2012/13 the Mental Health Commission will continue to review the efficiency and effectiveness of record keeping training and awareness for all staff.

Government Policy Requirements

Occupational safety, health and injury management

The Mental Health Commission is committed to providing and maintaining a safe and healthy work environment and promoting the health and wellbeing of all employees. The Mental Health Commission acknowledges its responsibilities under the Occupational Safety and Health Act 1984 and the Workers Compensation and Injury Management Act 1981. For 2011/12 the Mental Health Commission continued to operate under the umbrella of the Department of Health's occupational safety and

health policies and procedures, until such time as internal policies and procedures are implemented.

The Mental Health Commission supports a consultative environment where employees are included in matters affecting their safety, health and wellbeing at work. Employees are encouraged to be proactive in identifying potential hazards and to provide suggestions and comments on how to improve upon our workplace safety efforts. The Mental Health Commission takes all employee suggestions, complaints and notifications of hazards seriously, and is committed to take proper action immediately.

During the year the following initiatives were progressed:

- Continued the roll out of structured training for managers and supervisors in occupational safety, health and injury management responsibilities.
- Called for expressions of interest for safety representatives and provision of required training.
- Quarterly reporting on incidents/accidents within the workplace.
- Developed and implemented occupational safety, health and injury management requirements as part of the Mental Health Commission's induction manual for all new employees.
- Provided ergonomic assessments for employees on request.
- Continued to provide access to an employee assistance program.
- Provided employees with annual flu injections.
- Continued to support the Mental Health Commission's Wellbeing Team in their efforts to promote the health and wellbeing of employees.
- Purchased a portable defibrillator and conducted training of staff in its use as well as recognising the symptoms of a heart attack.
- Appointed and trained a First Aid Officer within the Commission.

The following table details our 2011/12 key performance indicators against the following targets:

Indicator	Actual 2011/12	Target 2011/12
Number of fatalities	Zero	Zero
Lost time injury/disease incidence rate	Zero	Zero
Lost time injury severity rate	Zero	Zero
% of injured workers returned to work within 28 weeks	N/A	N/A
% managers trained in occupational safety, health and injury management responsibilities	68%	Greater than or equal to 50%

To continue to achieve our high standards the Mental Health Commission will be undertaking a review of occupational safety and health management systems during 2012/13. The Mental Health Commission will also incorporate internal mechanisms that will continue to:

- promote a culture that emphasises safety as a core value in all aspects of work
- train and develop employees in their duty of care through the induction process and ongoing training and development sessions
- empower employees through communication media on the importance of personal safety of themselves and others within the workplace
- conduct monthly work place inspections to identify hazards, assess risks and implement controls
- promote hazard identification as a positive initiative and empower employees and management to report as they are recognised
- ensure hazard/risk is assessed as soon as practicable
- investigate all incidents/accidents to prevent reoccurrence
- affirm compliance with injury management requirements of the Workers' Compensation and Injury Management Act 1981, including the development of Return to Work Plans
- affirm a commitment to undertaking an assessment of the OSH management system.
- themselves and others within the workplace

- conduct monthly work place inspections to identify hazards, assess risks and implement controls
- promote hazard identification as a positive initiative and empower employees and management to report as they are recognised
- ensure hazard/risk is assessed as soon as practicable
- investigate all incidents/accidents to prevent reoccurrence
- affirm compliance with injury management requirements of the Workers' Compensation and Injury Management Act 1981, including the development of Return to Work Plans
- affirm a commitment to undertaking an assessment of the OSH management system.

Substantive Equality

As the Mental Health Commission was only established in 2010, it is not included as a separate agency under the Policy Framework for Substantive Equality. However, the Mental Health Commission is aware of the intent and substance of the Substantive Equality Policy Framework and is committed to ensuring that the Framework is considered in shaping new and existing policies and initiatives in 2012/13.

Appendix One

MENTAL HEALTH COMMISSION - OUTCOME BASED MANAGEMENT STRUCTURE 2012-13 ANNUAL REPORT

GOVERNMENT GOAL

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

AGENCY LEVEL GOVERNMENT DESIRED OUTCOME

Accessible and high quality mental health services and supports that are recovery focused and promote mental health and wellbeing.

KEY EFFECTIVENESS INDICATORS

- Readmissions to hospital within 28 days of discharge (national indicator).
- Percent of contacts with community-based public mental health non-admitted services within 7 days post discharge from public mental health inpatient units (national indicator).
- Proportion of service funding directed to publicly funded community mental health services.
- Proportion of service funding directed to community organisations (NGOs).
- Proportion of service funding directed to non-metropolitan areas.

SERVICES

1. Promotion and Prevention.
2. Specialised Admitted Patient Services.
3. Specialised Community Services.
4. Accommodation and Support Services.

KEY EFFICIENCY INDICATORS

Service 1: Promotion and Prevention
Cost per capita of activities to enhance mental health and wellbeing (illness prevention, promotion and protection activities).
Service 2: Specialised Admitted Patient Services
Average cost per purchased bedday in a specialised mental health units.
Service 3: Specialised Community Services
Average cost per purchased episode of community care provided by public mental health services (national indicator).
Service 4: Accommodation and Support Services

- Average cost per hour for community support provided by non-government organisations to people with mental health problems.
- Average MHC subsidy per bedday for people with mental illness living in community supported residential accommodation.
- Average MHC subsidy per person to support residents in metropolitan licensed private psychiatric hostel.

Appendix Two

RECOMMENDATIONS OF THE HENDERSON REPORT

RIGHTS AND PROTECTION

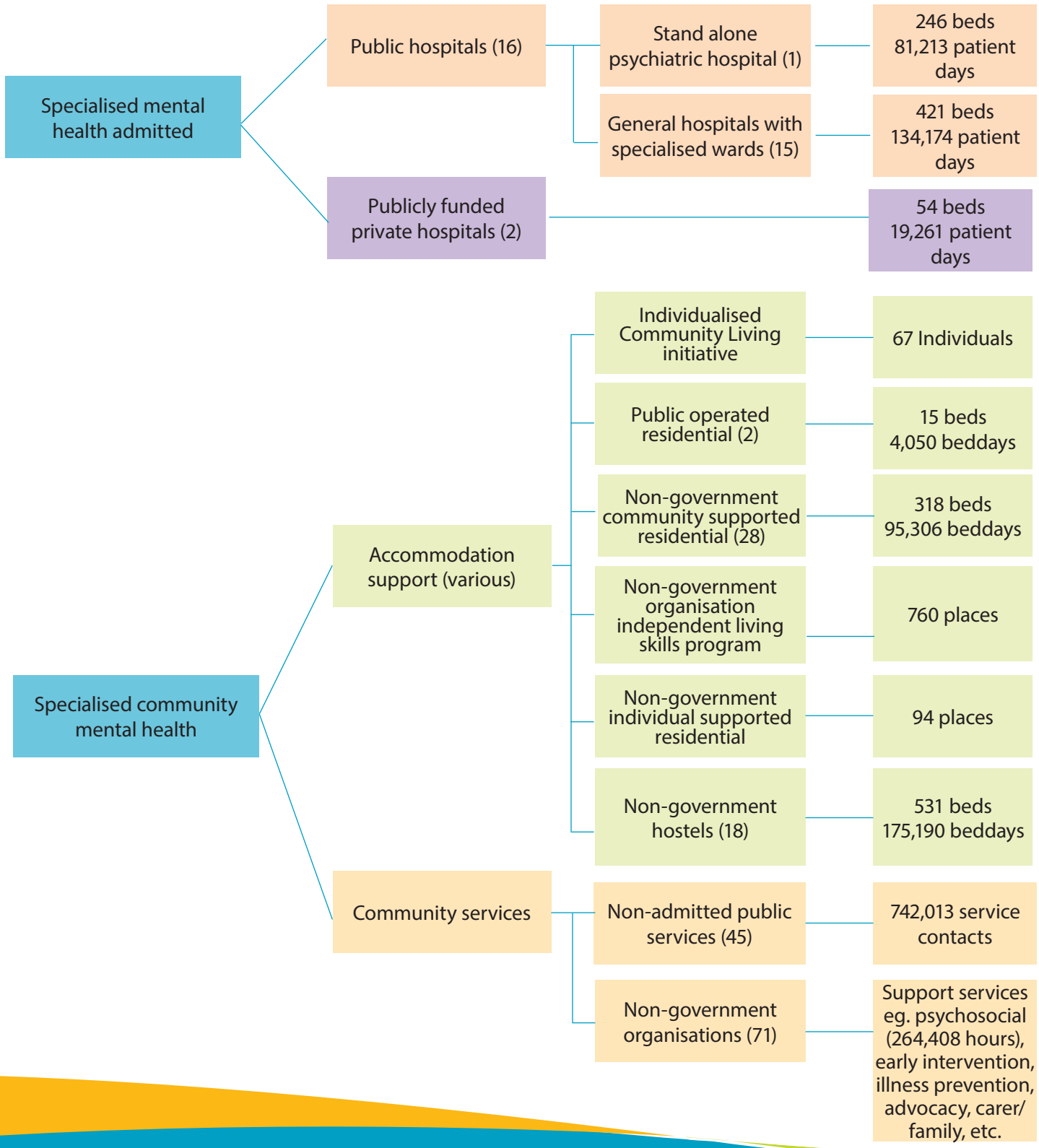
- Recommendation 1: Create a Mental Health Tribunal to protect the rights of users of services under involuntary status.
- Recommendation 2: Create an Advocacy Service to provide users of services with access to information about their rights and to provide support in exercising those rights and pursuing complaints and to provide a systemic overview of services from an advocacy stance.
- Recommendation 3: Strengthen the role of the Office of Health and Disability Services Complaints Office (HADSCO) as an independent body out of the mental health system to address complaints relating to mental health services.
- Recommendation 4: Publish and implement a Consumer Charter for mental health that covers all users of services and their carers.

QUALITY MANAGEMENT

- Recommendation 1: Develop an integrated quality management framework building on existing Commonwealth and WA processes using a joint Collaborative and Partnership approach between the Mental Health Commission and the Department of Health
- Recommendation 2: Develop an outcomes-based set of standards to help drive quality assurance
- Recommendation 3: Establish a 'pre-qualification' system for non-profit providers
- Recommendation 4: Build on existing standards for accreditation and improve the implementation of both accreditation and licensing processes.
- Recommendation 5: Commission an Independent evaluation and monitoring service
- Recommendation 6: Ensure an integrated and comprehensive mental health sentinel events reporting process

Appendix Three

SUMMARY OF THE SPECIALISED MENTAL HEALTH SERVICES AND ACTIVITY CONTRACTED BY THE MENTAL HEALTH COMMISSION IN 2011/12



Appendix Four

COMMUNITY SECTOR ORGANISATIONS FUNDED BY THE MENTAL HEALTH COMMISSION AS AT 30 JUNE 2012

Service Provider	Service Type
55 Central Incorporated	Independent living skills support
56 Central Incorporated	Psychosocial support
Access Housing Australia Ltd	Supportive landlord services
Aftercare	Individual Community Living
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
Association for Services to Torture and Trauma Survivors Incorporated	Early intervention - general
Baptistcare	Crisis/respite accommodation
Baptistcare	Individual Community Living
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
Billard Aboriginal Corporation	Mental illness prevention
BP Luxury Care	Psychosocial support
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	Research and evaluation
Bunbury Pathways '92 Incorporated	Supportive landlord services
Burswood Nursing Care Pty Ltd.	Personal care support
Burswood Psychiatric Hostel	Personal care support
CAM' CAN & ASSOCIATES	Individual Support Initiatives

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
Collie Family Centre Incorporated	Early intervention - general
Community First International Limited	Individual Community Living
Consumers of Mental Health WA (CoMHWA)	Systemic advocacy
Country Arts (WA) INC	Mental illness prevention
Curtin University of Technology	Mental health promotion
Curtin University of Technology	Mental illness prevention
Devenish Lodge	Personal care support
Disability in the Arts, Disadvantage in the Arts (WA) Incorporated	Recreation
Enable Southwest	Individual Community Living
Ethnic Disability Advocacy Centre Inc	Workforce development
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 Multicultural Centre	Mental illness prevention
Fremantle Women's Health Centre Incorporated	Perinatal mental health service
Fusion (Aust) Ltd	Community supported residential units
Gosnells Women's Health Service Incorporated	Perinatal 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	Individual Community Living
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
Jennie Bertram & Associates	Individual advocacy
June O'Connor Centre Incorporated	Recreation
KIMBERLEY ABORIGINAL MEDICAL SERVICES COUNCIL (INC) (KAMSC)	Mental illness prevention
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	Individual Community Living
Life Without Barriers	Psychosocial support
Life Without Barriers	Supported accommodation for homeless youth
Lifeline WA (The Living Stone Foundation Inc)	Mental health promotion
Mental Health Carers ARAFMI (WA) Inc	Carer/family support - education/information and skill development
Mental Health Carers ARAFMI (WA) Inc	Individual advocacy
Mental Health Carers ARAFMI (WA) Inc	Mental health promotion
Mental Health Carers ARAFMI (WA) Inc	Recreation
Mental Health Law Centre	Individual advocacy
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	Individual Community Living
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
Mental Illness Fellowship of Western Australia Incorporated	Workforce development
Mercy Hospital	Clinical treatment and care - admitted
Midland Women's Health Care Place Incorporated	Perinatal mental health service
Midwest Community Living Association Incorporated	Recreation
Mission Australia	Individual Community Living
NEAMI Ltd	Individual Community Living
PDLE	Pre-vocational training
Perth Home Care Services Incorporated	Carer/family support - non admitted respite
Perth Home Care Services Incorporated	Individual Community Living
Perth Home Care Services Incorporated	Psychosocial support
Perth Home Care Services Incorporated	Workforce development
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
Richmond Fellowship of WA	Community options
Richmond Fellowship of WA	Community supported residential units
Richmond Fellowship of WA	Crisis/respite accommodation
Richmond Fellowship of WA	Independent living skills support
Richmond Fellowship of WA	Individual Community Living
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
Richmond Fellowship of WA	Mental health promotion
Romily House	Personal care support
Rosedale Lodge	Personal care support
Ruah Community Services	Carer/family support - education/information and skill development

Ruah Community Services	Individual Community Living
Ruah Community Services	Mental illness prevention
Ruah Community Services	Psychosocial support
Ruah Community Services	Research and evaluation
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	Perinatal mental health service
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	Individual Community Living
Southern Cross Care (WA) Incorporated	Psychosocial support
Southern Cross Care (WA) Incorporated	Specialist residential services
Spirit of the Streets Choir (Inc)	Mental illness prevention
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
St Patrick's Community Support Centre	Mental illness prevention
Support In-Site Incorporated	Recreation
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
University of Western Australia (School of Psychiatry and Neuroclinical Sciences)	Mental health promotion
University of Western Australia (School of Psychiatry and Neuroclinical Sciences)	Research and evaluation
University of Western Australia (School of Psychiatry and Neuroclinical Sciences)	Workforce development
University of Western Australia (School of Psychology)	Research and evaluation
University of Western Australia (School of Psychology)	Workforce development
Vincentcare	Personal care support
Vincentcare	Psychosocial support
WA AIDS Council Incorporated	Early intervention - general
WA Association for Mental Health Incorporated (WAAMH)	Mental health promotion
WA Association for Mental Health Incorporated (WAAMH)	Systemic advocacy
WA Association for Mental Health Incorporated (WAAMH)	Workforce development
WA Music Industry Association	Mental health promotion
WA Primary Care Network	Workforce development
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	Perinatal mental health service
Women's Health Care Association Incorporated	Psychosocial support
Women's Healthworks	Psychosocial support
Woodville House	Personal care support
Youth Affairs Council of WA Inc	Mental health promotion
Youth Focus Inc	Early intervention - general

Appendix Five

2011 GOOD OUTCOMES AWARDS WINNERS

Eight West Australian individuals or mental health services that have made an outstanding contribution in the community were announced during Mental Health Week by Mental Health Minister Helen Morton.
The Awards help to break down stigma surrounding mental health while highlighting the positive contribution that people with mental health illness make in our community.

Award Categories	Winner
GESB Partnership Award	South Metropolitan Community Drug Service and South Metropolitan Mental Health Service
Edith Cowan University Prevention and Early Intervention Award	Rural Community Support Services - Narrogin
Dr Mark Rooney Award for Improved Outcomes in Child and Youth Mental Health sponsored by the Commissioner for Children and Young People	Parkerville Therapeutic Family Services
John Da Silva Award for Consumer and Carer Participation	Margaret Doherty – Mental Health Matters 2
Freehills Mental Health Employee Award	Mark Morton - Senior Mental Health Therapist Joondalup Health Campus
St John of God Health Care Award for Recovery focused service or program	Horizons Armadale Rehabilitation Services
Curtin University of Technology Health Innovation Research Institute Aboriginal and Culturally and Linguistically Diverse Mental Health Award (Two winners)	Bunbury Pathways Well Ways Indigenous Pilot Project '92 Angelo Scala – WA Transcultural Mental Health Service (Department of Psychiatry, Royal Perth Hospital)
McCusker Charitable Foundation Award for Excellence	Associate Professor Jonathon Rampono, Women and Newborn Health Service

Appendix Six

WORKFORCE DEVELOPMENT INITIATIVES 2011/12

Initiative Overview	Key Outputs and Achievements
Mental Health Workforce Development Plan Consultation and planning work to inform the development of a plan to guide workforce development activities targeting the mental health workforce.	Early in 2011/12 a broadly circulated survey of consumers, carers, service providers and other stakeholders was undertaken, feedback from which is being used to inform the development of the plan. Work on the plan will be progressed in 2012/13 with support from a Workforce Planning and Development Reference Group.
Independent Community Living Strategy Training and workforce development to support the development of capacity of mental health services to support people with a person centred approach to planning and service provision.	A range of training and workforce development events have been undertaken throughout the year to build the capability of services and staff to provide person centred planning and supports. Training to date has been received enthusiastically by a broad cross section of staff.
Scholarships for Mental Health Professionals Financial support for workers from government and nongovernment organisations to undertake further studies in mental health.	In 2012, 64 people received scholarships of up to $13,000 each to undertake a mental health related course at university or other registered training organisation. Recipients include nurses, allied health professionals and people with a lived experience of mental illness who work in peer and carer peer support roles. A total of $455,000 was allocated for the 2012 Academic year.
Mental Health Graduate Nurse Incentive Incentive scheme to attract graduate registered nurses to undertake careers in mental health.	This attraction and retention initiative provides payments over the course of three years to graduate nurses who pursue a career in mental health. Over a two year period, the scheme has attracted 45 graduate nurses to work in mental health, of which only 4 have not been retained. $276,666 was allocated to this initiative in 2011/12.
Infant Mental Health Scholarship Scheme Scholarships for government and non-government employees undertaking studies in infant mental health.	In 2011/12, the Australian Association for Infant Mental Health awarded scholarships of up to $13,000 each to support workers undertaking studies in infant mental health. A total of $360,000 was allocated to this scholarship program by the Commission in 2010/11 and a further $180,000 has been allocated in 11/12 for scholarships to be allocated in 2012 and 2013.
Mental Health Professional Online Development (MHPOD) Funding to support the roll out of MHPOD across public mental health services in WA.	The Commission provided just over $175,000 in 2011/12 to support the further development and roll out of Mental Health Professional Online Development (MHPOD). This includes $151, 916 provided to WA Health to support implementation of the online training modules for mental health employees and $23,523 towards the ongoing operation and development of this nationally led project.
Allies in Change Leadership Program For implementation of the Allies in Change leadership development program in 2012.	The Commission has provided $125,000 to Perth Home Care Services Inc to deliver the 'Allies in Change' leadership development program in Kalgoorlie in 2012. The program, which was run successfully in the Perth metropolitan area in 2011, is designed to enable people with a lived experience of mental illness, their families and staff to work together for improved mental health services. Up to 40 individuals will participate in the program, which will be run over a 4 month period.

Support for international medical graduates undertaking psychiatry training in WA Funding for trainees to meet requirements for Fellowship of the Royal Australian and New Zealand College of Psychiatry.	In 2011/12, the Commission invested $100,000 towards this program, which since July 2010 has provided valuable support to 29 Overseas Trained Psychiatrists as they work through the process of achieving full fellowship with the RANZCP.
Resources to provide more training posts for Child and Adolescent Psychiatrists Funding to address a shortage of Child and Adolescent Psychiatry training posts in Western Australia.	The Commission allocated $878,000 in 2011-12 for Advanced Child Psychiatry Training posts and has committed to invest $1.1 million per annum thereafter to support five Advanced Child Psychiatry Training posts.
Support to WA Association for Mental Health, for Workforce Development Support for WAAMH to implement a range of workforce development initiatives aimed at workers in non-government mental health organisations.	Approximately $150,000 spent by WAAMH in 2011/12 to implement a range of training programs including the National Standards, Recovery and Co-morbidity.
Comorbidity Training Events Partnership with DAO to provide a range of training events aimed at increasing comorbidity capability.	In 2011/12 the Commission provided support to DAO for the development and delivery of a Comorbidity Train the Trainer Program. The aim of the program is to enhance and support the capacity of individual workers, their services and the mental health sector to respond more effectively to individuals who have co-occurring substance use and mental health problems and/or mental illness. The Commission and DAO have also each provided $30,000 in 2011/12 to enable the WA General Practice Network to deliver an accredited comorbidity training program to General Practitioners and other Allied Health Professionals.
Silver Chain Workforce Development Service Specialised education, training and advisory service for people who work with and care for older people with serious and persistent mental illness.	In 2011/12, Silver Chain received $145,571 to deliver a flexible workforce development service to build the capability of people who work with and care for older individuals with serious and persistent mental illness.
National Cultural Competency Tool Training and Evaluation Development and delivery of training in the use of the National Cultural Competency Tool and its implementation and evaluation across all public mental health services and all mental health programs funded by the Commission.	The National Cultural Competency Tool was launched by the Minister for Mental Health in February 2012, and $140,000 was provided to the University of WA to develop and deliver training to enable mental health services across the state to implement this tool. A training package has now been developed and will be rolled out over the next two years to enable services to introduce and embed culturally responsive processes in their organisations.

Marion Centre - Positive Placements Program Training and support to enhance the experience of nursing students undertaking placements in mental health services.	$138,975.00 has been granted to The Marian Centre to support the Confident Placements program. This program aims to provide undergraduate health professionals with greater knowledge and improved confidence in undertaking their mental health practical placement.
Ethnic Disability Advocacy Centre (EDAC) Cultural Awareness Training for Mental Health Service Providers.	$80,000.00, For the development and delivery of person centred cultural awareness training workshops to mental health service providers to develop the capacity of mental health workers and practitioners to recognise the unique needs of consumers from ethnic minority backgrounds.
Department of Housing Mental Health First Aid Training for Department of Housing Staff.	$20,000.00 - For Department of Housing staff to undertake a tailored two day training course with Brain Ambulance. This training will assist DH staff to improve their knowledge and be able to understand the signs and symptoms of a mental health problem and/or mental illness.
Peer Support Worker Capacity Building Initiative Grants round to support building the capacity of mental health organisations to employ people with a lived experience of mental illness.	Grants totalling $130,752 were allocated to three community managed organisations to enhance their capacity to employ people with a lived experience of mental health problems and/or illness. These funds will enable the provision of training and the development of other support structures for peer workers and to promote a culture that supports peer work programs.
Connect Groups Certificate IV in Self Help and Support Groups Facilitation.	$15,000 was provided in 2011/12 for Connect Groups to pilot and evaluate five mental health units of competence for a Certificate IV being developed collaboratively with Central Institute of Technology.
Gay and Lesbian Community Services of WA Delivery of 'Opening Closets Training' to frontline mental health workers.	$75,000 was provided in 2011/12 for the Gay and Lesbian Community Services of WA Inc (GLCS) to deliver 'Opening Closets' training to frontline mental health workers in both government and community managed organisations and provide policy coaching to mental health services, with the aim of increasing the competency of mainstream mental health service workers in working appropriately with LGBTI clients.

Appendix Seven

A) MENTAL HEALTH ADVISORY COUNCIL MEMBERS AS AT 30 JUNE 2012

- Barry MacKinnon AM *Chair*
- Dr Judy Edwards *Deputy Chair*
- Joe Calleja
- Margaret Doherty
- Dr John Edwards
- Pamela Gardner
- Katherine Hams
- John Hesketh
- Lindsay Smoker
- Alexandra Welborn
- Dr Bernadette Wright
- Professor Dianne Wynaden
- Janelle Ridgway

Mental Health Advisory Council member profiles are available on the Commissions website.

B) MINISTERIAL COUNCIL FOR SUICIDE PREVENTION MEMBERS AS AT 30 JUNE 2012

- Peter Fitzpatrick - Chairperson
- Eddie Bartnik
- James Young
- Jenny Allen
- Brian Mayfield
- Sam Walsh
- Joshua Cunniffe
- Chris Gostelow
- Adele Cox
- Darryl Kickett
- Estelle Dragun
- Robyn Coleman

Ministerial Council for Suicide Prevention member profiles are available at www.mcsp.org.au/one-life-strategy/mcsp.