Government of **Western Australia**
Mental Health Commission

Annual Report 2013/14
Mental Health Commission

This Annual Report provides a review of the Mental Health Commission's (hereby refered to as the Commission) operations for the financial year ended 30 June 2014.

A full copy of this and earlier annual reports are available from the Commission's website at www.mentalhealth.wa.gov.au.

To make this Annual Report as accessible as possible, it is provided in the following three formats:

- an interactive PDF version, which has links to other sections of the annual report as well as external links to content on our website and external sites (excluding Financial statements from pages 44 to 82). All links are indicated by underlined text.
- an online version, which allows for quick and easy viewing of annual report sections. This version also features easy to use download and print functions
- a text version, which is suitable for use with screen reader software applications.

This annual report can also be made available in alternative formats upon request for those with visual impairments, including audio, large print and Braille.

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Statement of Compliance

Hon Helen Morton MLC
MINISTER FOR MENTAL HEALTH

Dear Minister
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 2014.

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

Timothy Marney
COMMISSIONER
MENTAL HEALTH COMMISSION

24 SEPTEMBER 2014

Overview

An overview of the Commission's responsibilities and organisational structure

About us - vision, reform directions, functions

Established in 2010, the Mental Health Commission (the Commission) plans, funds and oversees the delivery of a wide range of services, programs and supports to help Western Australians with mental health problems to recover, stay well and live meaningful lives in the community. We lead mental health reform across Government and promote a better understanding of mental illness to reduce stigma and discrimination.

The Commission is responsible for purchasing mental health services but is not a direct provider of services.

We work to:

- plan and purchase the optimal quantity and mix of mental health services and supports required for defined populations and communities across the State
- develop mental health policy and advise Government
- lead the implementation of the State's mental health strategic policy *Mental Health 2020: Making it personal and everybody's business*
- set specific activity levels and standards of care for mental health services
- identify appropriate service providers and establish associated contracts with both government and non-government providers
- monitor performance and evaluate mental health programs
- ensure effective accountability and governance systems are in place
- promote mental wellbeing and a better public understanding of mental illness to reduce stigma and discrimination.

The Commission's work in 2013/14 continued to focus on:

- developing recovery-oriented supports and services, which focus on helping people live meaningful lives in the community
- involving people with mental health problems, their families and carers in decision making
- working with government agencies, primary care, public and private and hospital and community-based services to integrate services
- balancing investment across the continuum of care from prevention, mental health promotion and early intervention through to community support and acute intervention
- addressing the State's high suicide rate by supporting preventive programs that build individual and community resilience.

Reform directions

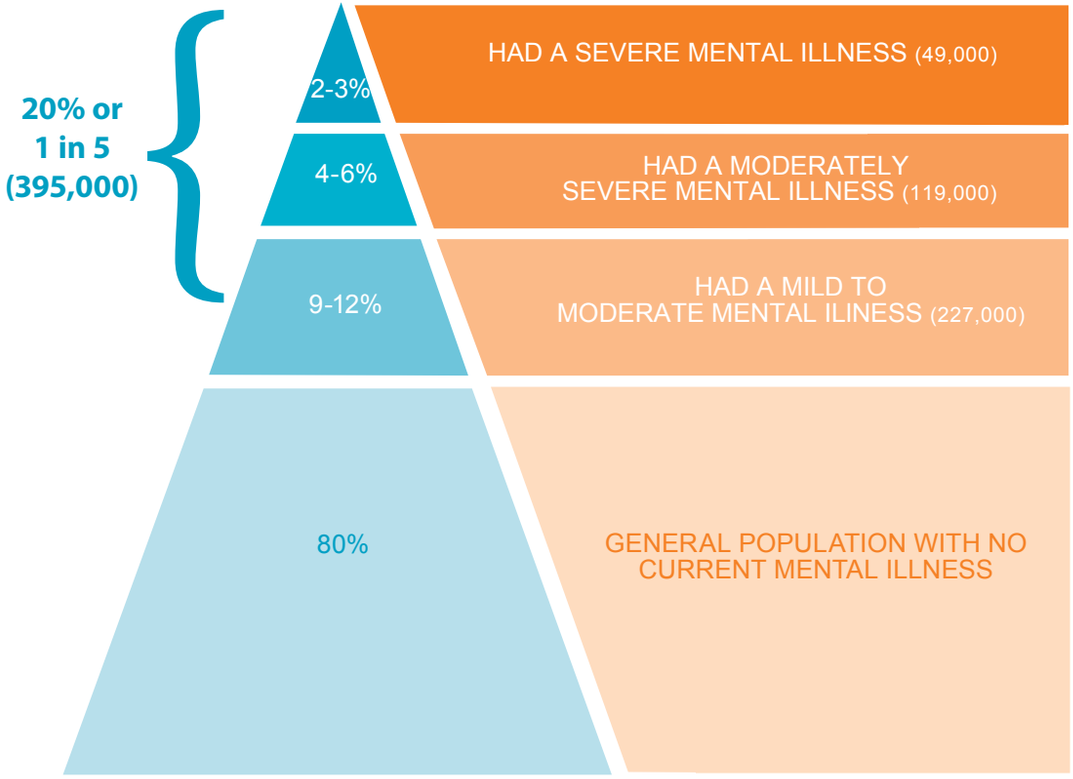
In the past year the Commission has continued to lead reform in mental health services and planning to better meet the needs of the current and future population over the next 10 years.

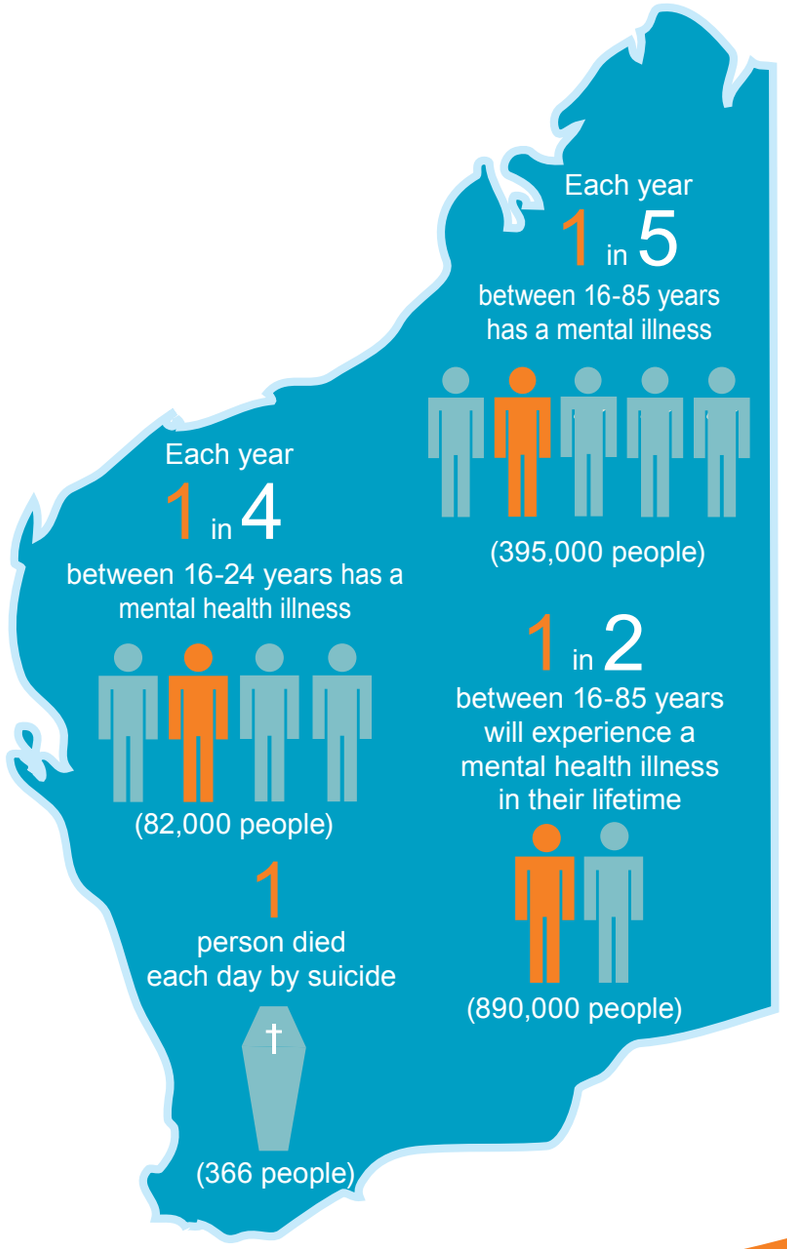
Our focus is to deliver a better integrated mix of holistic services that are more accessible to Western Australians who have problems with their mental health or alcohol and other drug use or both.

Priority has been given to rebalancing resources to increase the focus on prevention, early intervention and providing a wider range of community-based services. Work to improve systems and services to meet the mental health needs of children and young people, those in the justice system and Aboriginal people has received special attention.

In 2013/14, significant progress has been made on improving admission, transfer and discharge practices in public mental health services and towards the passage of new mental health legislation that incorporates improved rights for people with mental illness, their families and carers.

Snapshot of Mental Health in Western Australia





National prevalence data is sourced and extrapolated from the ABS National Survey of Mental Health and Wellbeing, 2007 (cat. No. 4326.0) and the suicide statistics are from the ABS Causes of Death, 2012 (ca.no 3303.0).

Figures extrapolated to the June 2013 Estimated Resident population for Western Australias aged 16-85 years.

Commissioner's overview

I am pleased to present the fifth Annual Report of the Mental Health Commission.

This report, my first as the State's Mental Health Commissioner, highlights the key initiatives and opportunities pursued by the Commission throughout 2013/14 to improve Western Australia's mental health system. In the past year, the Commission has made significant progress across a range of initiatives, which are outlined in detail throughout this report.

The Commission continues to move towards a recovery-focused, community-based approach to the design and delivery of mental health services where people with mental illness, their families and carers are more involved in determining the support they need. These significant changes have redefined the way we engage with service providers, consumers, carers and families, both at a state and national level.

Building an effective commissioning body

A key focus for the Commission in 2013/14 has been to ensure we effectively commission high quality mental health services and supports in Western Australia. We have progressively worked to improve community access to responsive, effective and efficient services through our commissioning role. This has included the introduction of arrangements between the Commission and our government and non-government service providers which enable increased transparency of funding and service delivery arrangements.

Shifting the balance towards community-based services

Currently, most investment in mental health is directed towards care in mental health hospitals and clinics. While this care is essential for a small number of people, the Commission is committed to ensuring a broader range of supports are available in community-based settings. In line with this we have committed to developing subacute step-up, step-down services which provide a suitable alternative to hospital care and enable people to receive individualised care closer to where they live and to family support.

Planning for future subacute services in Rockingham and the Goldfields has begun in earnest following the opening of the first 22-bed subacute service at Joondalup in May 2013.

Better planning and integration of mental health, alcohol and other drug services

In the second half of 2014 the Commission and the Drug and Alcohol Office (DAO) will amalgamate to form a joint entity called the Mental Health Commission. It is expected this will enable better integration of the State's network of services relating to prevention, treatment, professional education, research and training in the alcohol, other drug and mental health sectors.

Further to this, the Commission and the Drug and Alcohol Office and the Department of Health are formulating the State's Mental Health, Alcohol and Other Drug Services Plan (the ten-year Plan) as a blueprint for the coordinated delivery and purchase of services across both sectors from 2015 to 2025. This ten-year Plan will be submitted for Government endorsement in the later part of 2014.

Improving rights and protections for people with mental illness, their carers and family members

The Mental Health Bill 2013 (the Bill) was introduced into Parliament in October 2013. The Bill is intended to improve treatment, care, protection and support for involuntary mental health patients, to introduce rights and protections for the families and carers of people with mental illness, and to enhance clarity and certainty for clinicians.

Following extensive constructive debate and a number of amendments, the Bill has been passed by the Legislative Assembly and was introduced into the Legislative Council in May 2014. It is anticipated that the Bill will become operational 12 months after passage through both Houses of Parliament.

A greater focus on engaging with people with mental illness, their families and carers

Throughout 2013/14, the Commission continued to value and seek the advice of consumers, families and carers and peak sector organisations in most areas of its work including planning for amalgamation, development of the Bill and the ten-year Plan.

We also continued to support and encourage consumer, family and carer engagement by funding advocacy organisations including the Consumers of Mental Health Western Australia, Arafmi Mental Health Carers and Friends Association WA and Carers WA.

To formalise our focus on engagement, the Commission will be establishing an Engagement and Consultation Directorate, which will come into full effect following the amalgamation later this year. This Directorate will be responsible for implementing systematic processes for interactions with stakeholders and will ensure that new policies adopted by the Commission are informed by the views of people with lived experience of mental illness, their families and carers.

Acknowledgements and appreciation

The continued contributions of people with lived experience of mental illness, their families, carers and networks to the wellbeing of our community is highly valued.

During 2013/14, the Commission continued to engage and consult with a number of advisory bodies and entities including the Mental Health Advisory Council, the Ministerial Council for Suicide Prevention, the Stokes Implementation Partnership Group, the Office of the Chief Psychiatrist and the Office of Mental Health.

My appreciation goes to Mr Barry MacKinnon AM, Chair of the Mental Health Advisory Council and the Stokes Implementation Partnership Group, the members of these groups, as well as Mr Peter Fitzpatrick AM, Chair and members of the Ministerial Council for Suicide Prevention for their significant contributions.

Dr Judy Edwards has chaired the Mental Health Bill Implementation Reference Group during the year and I would like to thank her and other members of the group, and its various stakeholder and working groups, for their extensive and ongoing work.

It is important that I acknowledge the professionalism, dedication and hard work of the Commission's staff who uphold and fully reflect our values – hope and optimism, leadership, integrity, innovation, excellence, collaboration and transparency.

However, the collective effort of the Commission and its stakeholders in the mental health sector would not be possible without the commitment of the Minister for Mental Health, the Honourable Helen Morton MLC, and I take this opportunity to thank her for her untiring dedication and support.

I would also like to acknowledge the extensive contribution of Mr Eddie Bartnik, the previous Mental Health Commissioner, whose experience and drive for a better mental health system helped set the foundations of the Commission.

Last, but certainly not least, I would like to recognise the exceptional contribution of the State's dedicated mental health workforce. The Commission will continue to focus on developing a State mental health workforce strategy to meet the challenges posed by a growing and changing Western Australian population.

Thank you to all for your valuable support in our fifth year of operation, and I look forward to working closely with you as we meet the challenges ahead.

Timothy Marney
COMMISSIONER,
MENTAL HEALTH COMMISSION

Operational structure

Responsible Minister

The Commission is responsible to the Minister for Mental Health, the Honourable 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 Mental Health Commissioner, Mr Timothy Marney.

Administered legislation

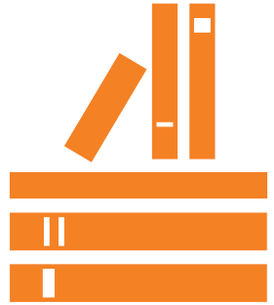
The Commission does not directly administer any legislation.

Other key legislation

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

- *Auditor General Act 2006*
- *Carers Recognition Act 2004*
- *Corruption and Crime Commission Act 2003*
- *Disability Services Act 1993*
- *Equal Opportunity Act 1984*
- *Financial Management Act 2006*
- *Freedom of Information Act 1992*
- *Health and Disability Services (Complaints) Act 1995*
- *Hospital and Health Services Act 1927*
- *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*

The Commission complies with 20 separate pieces of legislation



In the financial administration of the Commission, 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.

Ministerial portfolio support

The Commission is the Government agency primarily assisting the Minister for Mental Health, the Honourable Helen Morton MLC, in the administration of her mental health portfolio.

In 2013/14, all responsibilities relating to the management of liaison between the Commission and the Minister's Office were transferred to the Commission. In previous years, this was jointly managed with the Department of Health. This is a significant step in marking the Commission as an independently functioning entity from the Department of Health.

The Commission plays a significant role in supporting and coordinating the operations of several statutory entities that play an important role in the Commission's work. These include:

- The Drug and Alcohol Office (DAO)
- The Council of Official Visitors (CoOV)
- The Mental Health Review Board (MHRB).

Established under the current *Mental Health Act 1996*, the CoOV and the MHRB are independent entities reporting to the Minister for Mental Health with an essential role in protecting the rights of involuntary patients in Western Australia.

Specific activities undertaken by the Commission involving DAO, the CoOV or the MHRB throughout 2013/14 have included:

- progressing the amalgamation of the DAO and the Commission that will occur in the latter half of 2014
- development of a new integrated computer-based management system to the MHRB and the CoOV to replace their existing systems and assist in a smooth transition to the Mental Health Bill 2013 (the Bill)
- providing advice where requested regarding compliance with legislation and policy governing the operation of the public sector
- ongoing corporate services support, including for human resources, finance and information technology
- consulting with MHRB members and CoOV staff about issues relating to implementation of the Bill
- ensuring staff and members of these entities are included in portfolio-wide planning and activities as appropriate.

Hon Helen Morton MLC

MINISTER FOR MENTAL HEALTH

Organisational structure

Organisational structure

The Commission's senior management team as at 30 June 2014 comprised the Commissioner, five Directors with responsibility for Directorates, as well as a Director of Operations and a consultant psychiatrist who reports to the Commissioner:

Commissioner for Mental Health - Timothy Marney

Timothy was appointed as the State's second Mental Health Commissioner in February 2014. He has 20 years of experience in economics and finance with the State and Federal Governments. Timothy joined the Western Australian Department of Treasury in 1993, where he held the position of Under Treasurer of Western Australia from 2005 to 2014. In this role, Timothy gained an in depth understanding of the health system and health reform initiatives in Western Australia.

Timothy has served on the Board of Directors of *beyondblue*, the national depression and anxiety initiative since 2008 and has been deputy chair of the beyondblue Board of Directors since 2010. He has been a vocal advocate of mental health issues and has spoken openly of his own experience with depression and anxiety.

Policy, Strategy and Planning Directorate - Director Eric Dillon

The Policy, Strategy and Planning Directorate leads reform and provides strategic direction and management of strategic policy and planning for new programs and services to improve outcomes for individuals, their families and carers. It shapes the future policy direction for mental health services and infrastructure planning statewide, ensuring alignment with the Commission's and Government's priorities and strategic objectives.

Services Purchasing and Development Directorate - Director Elaine Paterson

The Services Purchasing and Development Directorate leads the purchasing and development of mental health services and supports across the State and drives improved service outcomes for clients with an emphasis on coordinated service integration and person centred, individualised approaches to the delivery of services across the sector. It oversees service delivery performance and ensures compliance with relevant standards and legislative requirements.

Performance and Reporting Directorate - A/Director Michael Moltoni

The Performance and Reporting Directorate is responsible for leading and directing the development, implementation and management of the Commission's strategic information program. This program is key to ensuring the availability and effective use of information to drive policy development, planning, resource allocation and performance reporting necessary to implement the Commission's and Government's strategic objectives and priorities.

Corporate Services Directorate - Director Ken Smith

The Corporate Services Directorate provides strategic leadership, management and specialised services associated with corporate services and governance to shape and support the Commission's achievements which are aligned with the mental health reform agenda. The Director also acts as the agency's Chief Finance Officer to meet the requirements of the *Financial Management Act 2006* and other relevant legislation.

Organisational Reform - A/Director Louise Southalan

The Organisational Reform Directorate provides leadership and strategic direction for the implementation of the mental health reform agenda and the Commission's and Government's key priorities and strategic objectives. It drives the development and implementation of system wide mental health legislative reform across the portfolio with a specific focus on engagement and consultation.

Operations - Sue Jones

The Operations Director is responsible for the Machinery of Government changes required to amalgamate the Drug and Alcohol Office with the Commission. The Directorate is planning and overseeing work to integrate information technology, records management and to harmonise policies across both organisations, including the merger of the organisational structure and human resource management. It is also locating and assessing the feasibility of new premises to allow future co-location of the merged organisations.

Consultant Psychiatrist - Dr Steve Patchett

Steve Patchett has over 30 years' experience as a psychiatrist in public mental health services in New Zealand and Western Australia and provides strategic advice to inform the Commission's planning for clinical and forensic mental health services. Steve has provided valuable input across a range of the Commission's priority projects, including the ten-year Mental Health, Alcohol and Other Drug Services Plan and the Mental Health Bill 2013.

Performance Management Framework

Outcomes, services and performance information

The Commission has the lead responsibility for mental health reform across the State. Its work is underpinned by the Government's ten year strategic policy for mental health, titled *Mental Health 2020: Making it personal and everybody's business*. The Commission's main contribution to achieving Government Goals in 2013/14 was in the area of 'Results-Based Service Delivery'. The links between this Government Goal, the Commission's desired outcome, services purchased and performance indicators for 2013/14 are outlined on page 71 of this report.

Changes to Outcome Based Management Framework

The Commission's Outcome Based Management Framework at page 71 was updated in the 2013/14 WA Government Budget Statements following approval by the Department of Treasury. Two additional Key Performance Indicators were added to Service 4: Accommodation, Support and Other Services, relating to the Individualised Community Living Strategy and the Commission's subacute services.

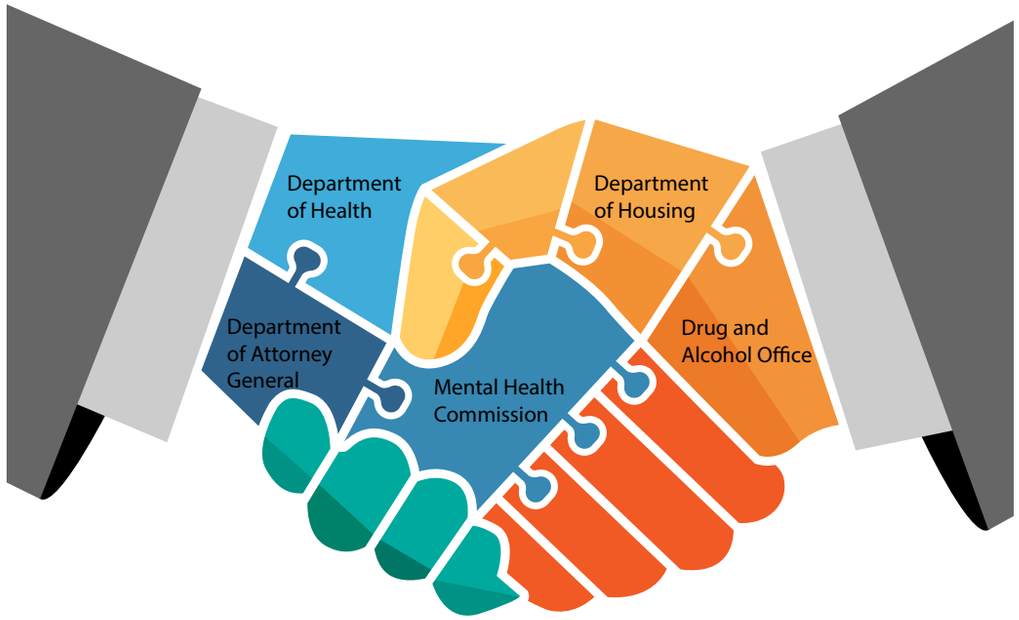
The Commission will conduct a comprehensive review of its Outcomes Based Management Framework in 2015/16 in view of the amalgamation with the Drug and Alcohol Office.

Services being jointly delivered with other agencies

Key services commissioned in partnership with other government agencies contribute to the goals and desired outcomes of the Commission and other agencies. Services being delivered jointly in 2013/14 with other agencies include:

- a pilot Mental Health Inter-Hospital Patient Transfer Service in partnership with the WA Department of Health
- the Mental Health Court Diversion and Support Program with the Department of the Attorney General
- planning for a 10-bed step-up, step-down subacute service in Rockingham in consultation with the Department of Housing
- the development of the State's Mental Health, Alcohol and Other Drug Services Plan (the ten-year Plan) with the Drug and Alcohol Office and the Department of Health
- ongoing collaboration with the Drug and Alcohol Office to progress the amalgamation of the two entities.

Further details on key partnerships between the Commission and other bodies can be found on page 34 of this report.



Agency Performance

A report on our operational performance from 1 July 2013 to 30 June 2014 and progress towards achieving the desired outcomes of the Commission

Report on Operations

Actual results versus budget targets

The significant reduction in the net cost of services is largely due to a change in accounting treatment of Commonwealth Activity Based Funding from $86.1 million of Resources Received Free of Charge in the budget to now being classified as controlled revenue.

The increase in total equity represents a net increase of $1.6 million of Commonwealth funds received but unspent during the year, plus $6.1 million of under-budget expenditure on State-funded activity.

The increase in cash largely represents the increase in total equity less a net movement in payables, provisions and receivables of $1.0 million.

	2013/14 Budget $'000	2013/14 Actual $'000	Variation $'000
Total cost of services (expense limit)	652,148	655,836	3,688
Net cost of services	569,375	478,290	(91,085)
Total equity	6,907	14,701	7,794
Net increase/(decrease) in cash held	(2,318)	4,453	6,771
Approved full time equivalent staff level	91	93	2

Summary of Key Performance Indicators

	2012/13 ACTUAL	2013/14 ACTUAL	2013/14 TARGET[1]		VARIATION 2013/14 ACTUAL AND TARGET
Outcome: Accessible and high quality mental health services and supports that are recovery focused and promote mental health and wellbeing					
Key Effectiveness Indicators:					
Readmission to hospital within 28 days of discharge	11.9%	**13.0%**	<=12%	↑	*Within range*
Percent of contacts with community-based public mental health non-admitted services within 7 days post discharge from public mental health inpatient units	52.6%	**56.3%**	>=70%	↓	***Below target***
Proportion of service funding directed to publicly funded community mental health services	42.2%	**43.2%**	>=40%	↑	*Within range*
Proportion of funding directed to community organisations (NGOs)	13.3%	**12.6%**	>=15%	↓	***Below target***
Service 1: Promotion and Prevention					
Key Efficiency Indicator:					
Cost per capita of activities to enhance mental health and wellbeing (illness prevention, promotion and protection activities)	$15	**$10**	$13	↓	***$3***
Service 2: Specialised Admitted Patient Services					
Key Efficiency Indicator:					
Average cost per purchased bedday in specialised mental health units	$1,102	**$1,234**	$1,114	↑	***$120***
Service 3: Specialised Community Services					
Key Efficiency Indicator:					
Average cost per purchased episode of community care provided by public mental health services	$2,142	**$2,275**	$2,253	↑	*$22*
Service 4: Accommodation, Support and Other Services					
Key Efficiency Indicators:					
Average cost per hour for community support provided by non-government organisations to people with mental health problems	$76	**$74**	$79	↓	*$5*
Average MHC subsidy per bedday for people with mental illness living in community supported residential accommodation	$210	**$238**	$250	↓	*$12*
Average cost per package of care for the Individualised Community Living Strategy	N/A	**$51,806**	$86,128	↓	***$34,322***
Average cost per bedday in sub acute units	N/A	**$830**	$608	↑	***$222***

[1]Set as part of the Government Budget process.

Key Achievements in 2013/2014

Mental Health Bill 2013

The Commission has steered significant improvements to Western Australia's mental health system in the past year. The Mental Health Bill 2013 was introduced into Parliament in October 2013 and as at 30 June 2014 was with the Legislative Council for final review. This new legislation will significantly improve human rights protection for people experiencing mental illness, particularly those being treated involuntarily, and will also support the active involvement of families and carers.

Stokes Review recommendations

The Commission, in partnership with the Department of Health, has made significant progress implementing recommendations of the *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia* (Stokes Review). Progress is regularly reported to the community on the Commission's website: www.mentalhealth.wa.gov.au.

Ten-year Plan to guide future services

The principal recommendation of the Stokes Review was the need for a comprehensive mental health services plan. The Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the ten-year Plan) has been developed throughout 2013/14 by the Commission, the Department of Health and the Drug and Alcohol Office with extensive stakeholder input. This ten-year Plan, expected to be provided to Government in the second half of 2014, identifies the optimal mix and range of mental health, alcohol and other drug services needed across the State by 2025, to adequately meet the needs of the population and to provide a guide for future investment.

The Plan identifies the optimal mix and range of mental health, alcohol and other drug services needed across the State by 2025.

Amalgamation of the Commission and the Drug and Alcohol Office

Considerable progress has been made towards the amalgamation of the Commission and the Drug and Alcohol Office, including work to integrate information technology, records management and policies and the legislative changes required. The amalgamation will ensure better integration of the State's existing network of services across the alcohol and other drug and the mental health services sector and provide better support to people with mental health, alcohol and other drug issues.

The legislation required for amalgamation is due to be debated in Parliament in the latter part of 2014. Accommodation requirements for the amalgamated organisation are being considered.

Improved commissioning practices

In 2013/14 the Commission worked to improve the way it commissions services to provide increased transparency of funding and service delivery arrangements.

As part of this, the Commission strengthened the way it purchases specialised public mental health services from its biggest service provider, the Western Australian Department of Health, by improving the sharing of information about agreed purchased activity and related budget allocations as well as activity and funding acquittal processes. The Commission's role in purchasing specialised public mental health services has now been incorporated as a key component of the Department of Health's budget allocation process which enabled the formal Service Agreement between the two agencies for 2014/15 to be signed before the start of the new financial year.

Special Purpose Accounts have been set up and will begin operating in 2014/15. These accounts will ensure funding provided by the Commission for mental health services is spent as intended by allowing for greater visibility and accountability across all activity purchased from the Department of Health.

For mental health community support services provided by the non-government sector, the Commission continues to implement the whole-of-government *Delivering Community Services in Partnership Policy* which requires service agreements to focus on outcomes to improve services and support for the vulnerable and disadvantaged. The Commission also started to pilot Independent Quality Evaluations to ensure the services commissioned focus on helping individuals achieve their personal goals and meet the National Standards for Mental Health Services, introduced in 2010 to support continued quality improvement in mental health services.

Service development

A significant additional investment of $57.6 million, or 9.6 per cent, in mental health services in 2013/14 enabled key improvements to gather pace during the year. This included an additional $50.2 million for public hospital services as well as increased funding of $6.3 million to the non-government sector. This brings total investment in hospital services including the Statewide Specialist Aboriginal Mental Health Service (SSAMHS) to $554.9 million. Non-government services purchased totalled $77.5 million including the subacute step-up step-down service in Joondalup, further rollout of the Suicide Prevention Strategy and implementation of the Individualised Community Living Strategy.

In addition, major progress was made with construction of new mental health facilities with 136 new and relocated mental health inpatient beds expected to become operational in 2015.

In 2013/14 we invested an additional

$57.6m

to support people with mental illness, their families and carers

National Disability Insurance Scheme

A key platform for mental health reform is the National Disability Insurance Scheme (NDIS). Agreement for a two year trial of the scheme in Western Australia was finalised in March 2014. Under this agreement, the Commonwealth and Western Australian Governments will contrast two models for the delivery of services in different locations.

The State Government's WA NDIS My Way model will be progressively implemented in the Lower South West region from 1 July 2014 and the Cockburn-Kwinana area from 1 July 2015. It also includes a two year trial of the National Disability Insurance Agency (NDIA) model in the Perth Hills areas (Kalamunda, Mundaring and Swan) from July 2014.

Two approaches are being trialled in order to allow comparison of the merits of the NDIA model and the WA NDIS My Way model, to inform the NDIS into the future. It is expected that approximately 8,400 people with disability (including psychosocial disability) will be eligible to participate over two years.

Legislation and reform

The Commission is progressing a legislative and reform agenda to improve the protections available for people with mental health problems or mental illness, their families and carers, and enhance the quality of mental health services available in Western Australia. Progress in 2013/14 across the Commission's key legislative and reform initiatives are outlined below.

Mental Health Bill 2013

New mental health legislation has been keenly anticipated for many years. This year saw the introduction of the Mental Health Bill 2013 (the Bill) into Parliament. Debate in the Legislative Assembly was extensive and impassioned, reflecting a strong commitment to best practice in mental health care and recovery for people experiencing mental illness. In April 2014 the Bill was passed by the Legislative Assembly and as at 30 June 2014 it was with the Legislative Council. If it passes through Parliament a period of 12 months has been set aside for implementation, prior to the new legislation becoming operational.

The broad intention of the Bill is to improve treatment, care, protection and support for involuntary patients, to introduce rights and protections for families and carers, and to enhance clarity and certainty for clinicians.

Recognising the need for the provision of timely and accurate information and input from a range of stakeholders, the Commission has held numerous information sessions and is hosting a series of forums on the Bill for consumers, families and carers, non-government organisations, clinicians and the broader community.

The Mental Health Bill Implementation Reference Group, chaired by Dr Judy Edwards, is an independent structure reporting to the Commissioner throughout the planning and implementation process that has been established to coordinate consultation and input into the implementation process for the Bill and to make sure the rollout of the new legislation is smooth and coordinated. The Group has representation from clinicians, consumers, families and carers, the Commission, the Department of Health (Office of Mental Health and Area Health Services), the Office of the Chief Psychiatrist, non-government organisations, the Council of Official Visitors, and the Mental Health Review Board.

It also receives advice from a range of specialist groups, including the Lived Experience Advisory Group, comprised of consumers, families and carers with a lived experience of the matters covered by the new legislation, and seeks input from Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities and young people.

Mental Health, Alcohol and Other Drug Services Plan

During 2013/14, the Commission partnered with the Drug and Alcohol Office and the Department of Health to develop a ten-year Western Australian Mental Health, Alcohol and Other Drug Services Plan (the ten-year Plan). The ten-year Plan estimates the range and mix of mental health, alcohol and other drug services required to meet the needs of the community throughout the State by 2025, and provides a pathway for the development of services over the next 10 years.

The ten-year Plan is based on national models and frameworks for mental health, alcohol and other drugs. These include the National Mental Health Services Planning Framework (adapted for Western Australia) and the National Drug and Alcohol Planning Model.

The ten-year Plan will be finalised and delivered to government for consideration in the second half of 2014.

Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia

In consultation with key stakeholders work has continued in 2013/14 on implementing changes to practices in public mental health services as recommended by Professor Bryant Stokes, AM in his *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*, released in November 2012.

Throughout 2013/14, the Implementation Partnership Group (IPG), established in March 2013 and chaired by the Hon Barry MacKinnon AM, continued to oversee the implementation of the Stokes Review recommendations.

Key achievements of the IPG were:

- establishment of a pilot metropolitan Mental Health Inter-Hospital Patient Transfer Service which allows patients with mental illness to be transferred from emergency departments to authorised facilities in the Perth metropolitan area by security officers, rather than police officers. The pilot project is reducing the demand on Emergency Departments and improving the quality of care for transferred patients
- a new and improved process for sharing information and determining the Commission's budget for mental health services with the Department of Health
- adult and children's Court Diversion programs, which place mental health specialist teams in the courts to support people with mental illness who are in the criminal justice system
- more recovery-focused services for children to help them live meaningful lives in the community. This includes the Assertive Community Intervention initiative which aims to respond to the needs of children and their families who are experiencing a mental health crisis
- an increase in the amount of community-based subacute care, starting with the opening of Western Australia's first community-based 22 bed step-up, step down subacute service in Joondalup.

Mental Health Inter-Hospital Patient Transfer Service

Improved process for sharing information with the Department of Health

Adult and children's Court Diversion programs

Assertive Community Intervention to help children and families

Community-based subacute care

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. Balanced investment across the mental health system ensures critical resources needed to support people with mental illness are in place and 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 2013/14 was $656 million, including public specialised mental health (inpatient and community) and non-government services. With approximately 85 per cent 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. In 2013/14 $78 million was invested in non-government organisations for mental health services and supports including prevention and promotion, community support and supported accommodation. A list of community sector organisations funded by the Commission is included in Appendix One.

We purchased over

$554m

specialised mental health services from the Department of Health

&

In 2013/14

$78m

was invested to strengthen nongovernment organisations

Services purchased from the WA Department of Health

In 2013/14, the Commission purchased specialised mental health services of a total value of $554,891,787 from the Western Australian Department of Health.

This included the purchase of specialised inpatient, residential and community mental health care services provided by public hospitals and public specialised mental health teams in Western Australia.

The 2013/14 State Budget boosted investment by

$131m

over four years to increase public specialised mental health services

The Commission continued to implement an Activity Based Funding (ABF) model for the purchase of inpatient activity from the public health system. The ABF model is consistent with the national framework and provides greater transparency and accountability by benchmarking performance against national efficient pricing indicators.

Specialised inpatient services that provide admitted patient care to people with mental illness were purchased from authorised public hospitals run by the Department of Health, including Graylands, King Edward Memorial, Swan, Bentley, Armadale, Fremantle, Rockingham, Albany, Bunbury and Kalgoorlie, as well as the publicly funded private hospital at Joondalup. These services are also provided in designated mental health inpatient units located at Royal Perth, Sir Charles Gairdner, Osborne Park, Broome and Princess Margaret hospitals.

Specialised community mental health services purchased in 2013/14 by the Commission provided clinical interventions and specialist mental health support and included youth mental health specialist community early intervention teams, early episode psychosis teams and community mental health clinics.

The 2013/14 State Budget provided an increase of more than $131 million over four years for increased public specialised mental health services, in both

hospital and community based settings, for children, adolescents, adults and older people.

This includes 136 new and relocated mental health inpatient beds to become operational in 2015. These comprise 20 beds at the $1.2 billion Perth Children's Hospital, 30 beds at the $1.7 billion Fiona Stanley Hospital, 30 beds as part of the $29 million works at Queen Elizabeth II campus and 56 beds at the new $360 million Midland Health campus.

Funding in 2013/14 for specialised mental health services provided over

860,000

clinical contacts in community mental health services

& more than

229,000

days of care in hospital for people with mental health problems

Sources: Mental Health Information System and Bedstate, WA Department of Health. Data extracted 21 July 2014

In June 2014 the Minister for Mental Health announced that 14 of the 30 beds at Fiona Stanley Hospital will be dedicated for young people aged 16 to 24. This is the first time Western Australia will have a specific facility for this age group.

A total of seven additional beds are also being provided at the Albany Hospital mental health unit. Three have opened during the year and four more will open in 2014/15.

Funding in 2013/14 for specialised mental health services provided 860,000 clinical contacts in community mental health services and 229,000 days of care in hospital for people with mental health problems.

Individualised Community Living Strategy

Throughout the year the Commission continued the Individualised Community Living Strategy (ICLS) introduced in 2011/12 to help people with severe and persistent mental illness to live in the community in their own home.

As part of the ICLS, people are given the opportunity to build social relationships, gain financial and tenancy management skills and engage in the community through recreational and educational activities, training and employment.

Since the ICLS started, 138 people have received a personalised package of support based on their own individual plan and 115 homes have been purchased. This will increase in 2014/15 with a total of 144 personalised packages of support available and 122 homes.

The following are some quotes from individuals and carers who are benefitting from the ICLS:

"I'm really happy with the supports that have been provided; I've never felt like I have been treated with respect before"

"For the first time in years I have been having a great time with my son. We can actually just be parents now without all the stress"

Suicide prevention

The State Suicide Prevention Strategy (the Strategy) has achieved strong community engagement with 45 Community Action Plans in 255 locations across Western Australia. A further 245 agencies implemented suicide prevention activities in their workplace.

The State Government continued its strong commitment to the Strategy with $3.9 million invested in 2013/14. This included implementing Community Action Plans, which are locally developed and deliver suicide prevention activities, training and targeted support for high risk groups.

The State Government also maintained the coordinated response to self-harm and suicide prevention for vulnerable young people. This includes increased specialist staff at the Child and Adolescent Mental Health Services, Department of Education School Psychology Service and Youth Focus.

Recommendations from the recent State Ombudsman and Auditor General will be incorporated into future suicide prevention initiatives. The reports which examined suicides of 13 to 17 year olds and implementation of the Strategy respectively, highlighted the importance of improved governance and monitoring for suicide prevention and interagency coordination.

An evaluation of Community Action Plans by Edith Cowan University is being finalised to identify strengths and areas for improvement. The Ministerial Council for Suicide Prevention is responsible for overseeing an overall independent evaluation in 2014 to inform the next multi-year strategy.

In addition to the Strategy, the Commission provided $1.7 million in 2013/14 for counselling and early intervention services, crisis lines and support for people affected by the suicide of a friend or family member (known as 'post-vention').

Court Diversion

Significant progress has been made in 2013/14 in building and consolidating the Mental Health Court Diversion and Support Program. This pilot initiative by the Commission and the Department of the Attorney General started in early 2013, aiming to divert offenders with mental illness to appropriate support and reduce reoffending.

The adult program, the Specialised Treatment and Referral Team (START) located in the Perth Magistrates Court started on 18 March 2013 providing a specialised mental health court supported by a clinical team. Clinically suitable adults are referred into Paths – a program which provides individualised care plans for people who are experiencing mental illness. A children's program, Links, which started on 8 April 2013, is located in the Perth Children's Court.

Still in its early stages, the program is providing valuable assessment, referral and support services to people with mental illness, with referral and participation numbers steadily increasing. Up to the end of June 2014, 421 individuals appeared before the START Court. Of those, 278 have been assessed by the clinical team for suitability for inclusion in the Paths program; 169 were found to be clinically suitable. In the same time period, the Links Team received 237 referrals and assessed 184 children for suitability, of which 93 young people were found to be suitable for the program.

The State Government has agreed to a 12 month extension of the pilot program in 2014/15 at a cost of $4.6 million allowing for further consolidation and a comprehensive evaluation which will inform future decisions about the program.

169 adults and **93** children have been assisted by the START and LINK programs

Subacute step-up, step-down mental health services

Planning for future subacute services within Western Australia has begun following the opening of the first 22 bed subacute service in Joondalup. Subacute services provide a suitable alternative to hospital care and help people receive support closer to home and within a community setting.

Planning for a 10-bed step-up, step-down subacute service in Rockingham planned to open in 2016 is underway in consultation with the Department of Housing, City of Rockingham and a range of local stakeholders including neighbours. Six-bed subacute services are also planned for Broome and the Goldfields by 2016/17, subject to satisfactory completion of consultation, planning and relevant approvals.

Subacute success: Richelle who benefited from support at the Joondalup facility with (from left) Jan Norberger MLA, Arthur Papakotsias, CEO Neami National and Mental Health Minister, the Hon Helen Morton MLC.

Pilot Mental Health Inter-Hospital Patient Transfer Service

The pilot Mental Health Inter-Hospital Patient Transfer Service (MHIPTS) was established in March 2014 as a partnership between the Commission and the Department of Health. The service aims to provide safe, respectful and timely transport for people who have been placed on transport orders under the *Mental Health Act 1996*.

Under the pilot, selected Department of Health security officers who have been granted 'special constable status' by the Western Australian Police Commissioner are able to transfer people. The transfers mostly occur in tandem with the St John's Ambulance.

In its first four months of operation, 204 people were transferred. Approximately half of the transfers were between Sir Charles Gairdner Hospital and Graylands Hospital. The remaining were primarily from other metropolitan hospitals.

Some of the benefits of the pilot MHIPTS for consumers, families and carers:

- people are escorted by transport officers who are trained in mental health and are experienced in interacting with people with mental illness
- less time waiting in Emergency Departments for the transfer to an authorised mental health facility
- the reduction of stigma by removing or minimising police involvement.

The pilot MHIPTS will provide an interim service until the Mental Health Bill 2013 is passed and a long-term patient transfer service is developed and implemented by the Commission, in collaboration with consumers, families, carers and other key stakeholders.

In its first four months of operation, 204 people were transferred by the Mental Health Inter-Hospital Patient Transfer Service

Assertive Community Intervention program

The Assertive Community Intervention program provides a clinical support service operated by the Child and Adolescent Mental Health Services (CAMHS) and a community support service operated by Mission Australia. It is funded by the State and Federal governments and provides a community-based response for children and their families experiencing a mental health crisis. The two parties have negotiated a Memorandum of Understanding to formalise the working relationship between them.

Key benefits of this service include:

- timely and effective community-based clinical intervention for children, young people and their families experiencing a mental health crisis
- referral process from clinical services to family support provides timely and effective contact with children, young people and their families experiencing a mental health crisis
- family-focused support for children, young people and their families experiencing a mental health crisis
- a reduction of unnecessary emergency department presentations by children, young people and their families experiencing a mental health crisis.

Since it started in 2012 the Assertive Community Intervention program has supported more than

600

children and their families

The service has been fully operational since January 2014 and has met the benchmarks required under the *Supporting National Mental Health Reform National Partnership Agreement.*

Statewide Specialist Aboriginal Mental Health Service

The Statewide Specialist Aboriginal Mental Health Service (SSAMHS) represents the Commission's leading dedicated commitment to improving Aboriginal mental health. It began operating in January 2011 and is the only State-funded program that provides a range of specialist and community-based services to specifically address the mental health needs of Aboriginal people with severe and persistent mental illness.

The program involves specialist Aboriginal mental health teams working with mainstream services employing staff across a range of disciplines including psychiatry, clinical nursing, social work, Aboriginal welfare and clinical psychology. SSAHMS funding provides 59 staff, about two-thirds of whom are Aboriginal people, who are employed through the Department of Health and the Kimberley Aboriginal Medical Services Council.

Over 2013/14 SSAHMS has continued to build on early signs of positive improvement to the lives of Aboriginal users of the service that were identified in a 2012 interim evaluation. More Aboriginal people have used community based mental health services and accessed support through care plans and shared care arrangements.

The State Government has provided $29 million over three years to continue and evaluate this important service.

Open for business: DeGrey House, Specialist Aboriginal Mental Health Service

Since 2010/11, the annual number of clinical contacts delivered to Aboriginal consumers by community mental health services has increased by more than

50%

across Western Australia

Source: Mental Health Information System, WA Department of Health. Data extracted 23 July 2014

Perinatal and Infant Mental Health Services

The period from conception to three years is a critical time of development where many mental health risks can be diminished and foundations for a healthy life established.

Since 2010, the Commission has worked on developing key interagency relationships through the Infant Mental Health Planning Group which brings together senior representatives from various professional backgrounds to respond to the needs of infants and their families and increase sector knowledge and capacity.

In addition to funding public mental health services, the Commission has funded a number of services and projects in the non-government sector, including a contribution to St John of God Outreach Services for infant mental health projects.

Recurrent funding of more than $856,000 was provided in 2013/14 to women's health centres in Fremantle, Gosnells, Midland, Rockingham and Northbridge for psychosocial and clinical support to women at risk of, or experiencing, perinatal mental health issues. In 2013/14, a further six non-government services and public health positions have also been funded through the *National Perinatal Depression Initiative*, to provide perinatal depression services.

The National Perinatal Depression Initiative National Partnership Agreement expired in June 2013. A one year Agreement for 2013/14 was offered by the Commonwealth in March 2014, and payment was not released by the Commonwealth until June 2014. A further one year Agreement for 2014/15, which has recently been offered, is under consideration by the State Government.

The period from conception to three years is a critical time of development where many mental health risks can be diminished and foundations for a healthy life established.

Workforce Development

In 2013/14, the Commission provided $571,000 to initiatives aimed at building a sustainable mental health workforce across Western Australia. Initiatives funded throughout the year included:

- training in trauma-informed care and practice across the non-government sector and public mental health services
- professional development opportunities for peer workers, including the development of a Peer Work Strategic Framework that will enable services to strengthen peer worker support
- scholarships for rural nurses for contemporary mental health training
- continued investment in Mental Health Nurse Retention Incentive Payments
- continued investment in programs to increase the skills of mental health workers to effectively support lesbian, gay, bi-sexual, transgender and intersex people with mental health issues
- Aboriginal cultural awareness training to the non-government sector
- mental health training for organisations that are not mental health specific.

Current and future workforce considerations have been an integral part of the research, planning and development of the ten-year Mental Health, Alcohol and Other Drug Services Plan.

In 2013/14, we provided

$571,000

to continue building a sustainable mental health workforce across Western Australia

Research and Evaluation

Research and evaluation are critical activities to build the capacity of the Commission to develop evidence-based policies and programs that are responsive to community needs. The specific research and evaluation projects contracted by the Commission in 2013/14 are outlined below.

Interim evaluation of the Statewide Specialist Aboriginal Mental Health Service

A comprehensive, independent external evaluation of the Statewide Specialist Aboriginal Mental Health Service (SSAMHS) that started in January 2011, will be commissioned in 2014/15. This will involve an intensive engagement process with local Aboriginal people to assess the impact of SSAMHS and outcomes for Aboriginal people with mental illness, their families, carers and communities.

This follows an interim evaluation in 2012 that indicated early positive outcomes.

Evaluation of the Mental Health Court Diversion and Support Program

The report of a preliminary evaluation of the first six months of operation of Mental Health Court Diversion Program undertaken in late 2013 is currently under internal review. An outcome evaluation is planned for late 2014.

Evaluation of the Western Australian Suicide Prevention Strategy

An independent evaluation of the Community Action Plans and initiatives under the State's Suicide Prevention Strategy is being undertaken by Edith Cowan University and is nearing finalisation. The Ministerial Council for Suicide Prevention (MCSP) is responsible for overseeing the evaluation, which will inform the next multi-year strategy developed. In addition, the MCSP is overseeing an overall evaluation of the Strategy. Both evaluation reports will provide critical data to inform the direction of the next suicide prevention strategy to be developed.

North Metropolitan Survey of High Impact Psychosis

In 2011, the Commission and North Metropolitan Mental Health Services funded the Neuropsychiatric Epidemiology Research Unit within the School of Psychiatry and Clinical Neurosciences at the University of Western Australia to undertake an extension of the national Survey of High Impact Psychosis in the North Metropolitan area of Perth. The final report of this study was submitted to the Commission in December 2013. For more information about this study, see: www.psychiatry.uwa.edu.au/research/neru/north-metro-ship

Engagement and Consultation

In 2013/14, the Commission pursued many opportunities to consult and engage with stakeholders and establish and strengthen partnerships. This included ongoing interactions with advisory bodies, partnerships with other government agencies and non-government organisations and progressing community education and research initiatives.

Stakeholder Engagement

Key bodies and groups which the Commission engaged with throughout 2013/14 are outlined below. A list of members are provided in Appendix 3.

Members of the Mental Health Advisory Council.

Mental Health Advisory Council - chaired by Barry MacKinnon AM

The Mental Health Advisory Council (MHAC) was appointed by Cabinet to provide high level, independent advice to the Mental Health Commissioner on major issues affecting mental health reform. The Commission values the advice of the MHAC, with the Commissioner and the Chair meeting regularly.

One of the key issues considered in 2013/14 was mandatory sentencing in relation to people with a mental illness. In May 2014, the MHAC hosted a Mandatory Sentencing Forum, which was attended by over 40 consumers, families, carers and other professionals familiar with the mandatory sentencing legislation. Attendees at the forum identified the processes and legal requirements and expressed their concerns, particularly for people experiencing mental distress, their families and carers.

Ministerial Council for Suicide Prevention - chaired by Peter Fitzpatrick

The Ministerial Council for Suicide Prevention (MCSP) provides highly focused, practical advice to the Minister for Mental Health on suicide prevention initiatives and services. Executive support and governance frameworks for the MCSP are provided by the Commission. The MCSP meets on a monthly basis.

As part of the MCSP's commitment to engage with regional communities, the June 2014 meeting was held in Northam. Presentations given by local suicide prevention community coordinators provided an overview of the Community Action Plans – locally developed plans which identify suicide prevention support and training for high risk groups – that had been initiated.

An independent evaluation undertaken by Edith Cowan University of the Community Action Plans and initiatives under the State's Suicide Prevention Strategy is being finalised. In addition, the MCSP is overseeing an overall evaluation of the Strategy. Both evaluation reports will provide critical data to inform the direction of the next suicide prevention strategy to be developed.

Members of the Ministerial Council for Suicide Prevention in Northam.

Stokes Implementation Partnership Group – chaired by Barry MacKinnon AM

The Stokes Implementation Partnership Group (IPG) has responsibility for overseeing the progress of agency actions addressing the recommendations in the *Stokes Review* which detailed changes to improve the admission, discharge and transfer practices in the Western Australian public mental health system. The Mental Health Commissioner and the A/Director General of the Department of Health are the Executive Sponsors of the IPG.

The IPG meets on a quarterly basis to drive and review project implementation. Quarterly progress reports are developed by the IPG for the Minister for Mental Health. These reports are available on the Commission's website at: www.mentalhealth.wa.gov.au/mentalhealth_changes/Stokes_Review/Progress_reporting.aspx

Since its inception in March 2013, the IPG has had six meetings, with the last quarterly meeting taking place on 26 June 2014. An annual report on progress on the implementation of the recommendations between March 2013 and March 2014 was tabled at this meeting before submission to the Minister for Mental Health.

The Mental Health Bill Implementation Reference Group – chaired by Dr Judy Edwards

Considerable consultation has been undertaken by the Commission in 2013/14 in relation to the Mental Health Bill 2013 (the Bill).

The Mental Health Bill Implementation Reference Group (MHBIRG has representation from clinicians, consumers, families and carers, the Commission, the Department of Health (Office of Mental Health and Area Health Services), the Office of the Chief Psychiatrist, non-government organisations, the Council of Official Visitors and the Mental Health Review Board.

The MHBIRG meets bi-monthly and is supported and informed by the hard work of a number of stakeholder and working groups progressing the implementation work, and through regular forums and events.

Department of Health

In 2013/14 the Commission also valued the high level advice from a number of areas within the Department of Health, including:

- Office of the Chief Psychiatrist which advocates for the welfare of people with mental illness by guiding and supporting the ability of services to provide high quality care in accordance with the *Mental Health Act 1996*
- Office of Mental Health which sets governance and operational policies and procedures for the quality of the State's public mental health services.

Consumers, family members and carers

The Commission continued to support and seek advice from consumers, families and carers in most areas of its work in 2013/14.

The Commission has established a Lived Experience Advisory Group (LEAG) to provide direct input into the implementation of the Bill. Throughout the year the 15 LEAG members have been on sub-groups of the MHBIRG as well as spoken at forums and consultations to ensure the consumer, family and carer voice is heard. Individuals with lived experience are also members of the Commission's other committees, advisory and reference groups including the Collaborative Services Integration Group; Court Diversion; the ten-year Plan; and the IPG.

As part of the development of the ten-year Plan, a project management team consulted widely with the community and other key stakeholders. The team held meetings, forums and briefings throughout the State. People living in rural and remote areas, people from culturally and linguistically diverse backgrounds, and Aboriginal people were widely consulted as part of this process.

As progress continues towards the amalgamation of the Commission and the Drug and Alcohol Office, both government agencies are working in partnership with peak sector organisations including the Western Australian Association for Mental Health and the Western Australian Network of Alcohol and other Drug Agencies to ensure a collaborative approach to consistent engagement.

Key Partnerships

To enhance the responsiveness of our services the Commission has established collaborative networks and partnerships with government, non-government and community partners across the mental health, drug and alcohol, health and primary care sectors. Key partners in the planning and delivery of initiatives throughout 2013/14 are outlined below.

Other State Government agencies

In 2013/14, the Commission progressed a number of initiatives in partnership with other State government agencies and non-government organisations, including:

- the pilot Mental Health Inter-Hospital Patient Transfer Service in partnership with the Department of Health
- the Mental Health Court Diversion and Support Program, a pilot initiative by the Commission and the Department of the Attorney General
- planning for a 10-bed step-up, step-down subacute service in Rockingham in consultation with the Department of Housing, as well as the City of Rockingham and a range of local stakeholders.

The Commission also works with the Drug and Alcohol Office on an ongoing basis, including to develop the ten-year Plan and to progress the amalgamation of the two entities which will occur later in 2014.

Consumers, family members and carers

The Commission has continued to support consumers, families and carers to attend and present at mental health conferences both locally and nationally and continued to fund consumer, family and carer advocacy organisations including the Consumers of Mental Health WA, Arafmi Mental Health Carers and friends Association WA, and Carers WA.

Nationally, the Commission continues to fund and support local members of the National Mental Health Consumer and Carer Forum. The Commission was pleased to assist this work by facilitating focus groups for the seclusion and restraint research project.

Community members and the mental health sector

During the year, the Commission worked with many organisations and the media to promote mental health literacy in the community and reduce the stigma related to mental illness in the Western Australian community. It also coordinated events, awards and publications, including the quarterly Head2Head magazine.

We also engage with stakeholders through the following community managed organisations:

- Western Australian Association for Mental Health (WAAMH)
- Consumers of Mental Health WA Inc (CoMHWA)
- Carers Association of WA
- Mental Health Carers Arafmi (WA) Inc
- Mental Health Matters 2.

In addition to this, the Commission sponsored conferences, events and workshops throughout the State. Some of the initiatives that received funding in 2013/14 included Western Australian celebrations for National Youth Week, training workshops in Recovery with Dr Rachel Perkins, a renowned United Kingdom psychologist through the Richmond Fellowship, the 2013 National Suicide Prevention Australia Conference, Music to Open Your Mind and training workshops run by the Drug and Alcohol Office.

During Mental Health Week, from 6 to 12 October 2013, the Commission partnered with the WAAMH to conduct events and publish a mental health liftout in The West Australian.

The Commission hosted the eleventh Good Outcomes Awards ceremony celebrating inspiring role models and innovative mental health initiatives across the State. The ceremony was attended by more than 200 people from stakeholder and community groups, government agencies and non-government organisations.

A wide range of nominations were received across 12 categories, reflecting the extraordinary activity within the sector. Winners, selected by 30 judges from across government and the community sector, received a $1,000 cash prize and a certificate, as well as an art trophy made by consumers at Disability in the Arts, Disadvantage in the Arts, Australia.

The Commission extends its appreciation to the Awards sponsors.

2013: Finalists, winners and sponsors of the Mental Health Good Outcomes Awards.

The Mental Health Review Board and the Council of Official Visitors

The Mental Health Review Board (MHRB) is an independent body established under the *Mental Health Act 1996* (the Act) whose primary role is to review people who have been placed by a psychiatrist on an involuntary treatment order under the Act.

The Council of Official Visitors (COoV) and its individual members are directly responsible to the Minister for Mental Health for ensuring that consumers' rights are observed and that they have been informed of their rights.

Specific activities undertaken by the Commission involving the CoOV or the MHRB throughout 2013/14 have included:

- development of new integrated computer-based management systems for the MHRB and the CoOV to replace their existing systems and assist in a smooth transition to the Mental Health Bill 2013 (the Bill)
- providing advice where requested regarding compliance with legislation and policy governing the operation of the public sector
- ongoing corporate services support, including for human resources, finance and information technology
- consulting with MHRB members and CoOV staff about issues relating to implementation of the Bill
- ensuring staff and members of these entities are included in portfolio-wide planning and activities as appropriate.

The Commissioner for Children and Young People

The Commission also works closely with the Commissioner for Children and Young People (CCYP) on strategic initiatives to improve the mental health and wellbeing of children and young people. In 2013/14, the Commission provided advice and feedback for the development of the CCYP's Youth Health Position Statement, supporting a youth consultation research project and participated in subsequent interagency youth health planning events to establish a sector-wide agenda for young people.

We also partnered with the CCYP to host the 2014 Thinker in Residence program in Perth between 19 and 30 May, which featured internationally recognised expert on resilience, Dr Michael Ungar, Professor of Social Work at Dalhousie University and Scientific Director of the Resilience Research Centre in Nova Scotia, Canada.

National and International partners

The national mental health landscape, including State/Commonwealth partnerships, is undergoing significant change following the election of a new Commonwealth Government in September 2013. The Commonwealth is focusing on the efficacy and cost-effectiveness of federally-funded mental health programs and services within a difficult fiscal environment. A National Review of Mental Health Programs has been initiated by the National Mental Health Commission at the request of the Commonwealth Government and will ultimately guide the priorities for allocation of Commonwealth funds and the means by which funds are provided.

The period 1 July 2013 to 30 June 2014 has been marked by the expiry of key national partnership agreements between the Commonwealth and the Western Australian Government, some of which will not be renewed by the Commonwealth and others where renewal is strictly time limited.

The Mental Health Commissioner together with the Executive Director, Drug and Alcohol Office, have continued to represent Western Australia on the Mental Health, Drug and Alcohol Principal Committee throughout 2013/2014 and have supported the provision of advice to the Australian Health Ministers' Advisory Council on national mental health, alcohol and other drug issues.

In 2013/14, the Commonwealth and State Governments signed an agreement on a National Disability Insurance Scheme (NDIS) two-year trial commencing on 1 July 2014. The key intent of the NDIS is to support a better life for Australians with a significant and permanent disability, and their families and carers. This includes psychosocial disability, and potentially, permanent alcohol and other drug related disability.

In 2013, the Mental Health Commissioner represented Australia on the Sponsoring Countries group of the International Initiative for Mental Health Leadership (IIMHL). The IIMHL provides an international infrastructure to identify and exchange information about effective leadership, management and operational practices in the delivery of mental health services. It is anticipated that in the future the Australian lead agency role will be taken up by the National Mental Health Commission.

Significant issues impacting the Commisssion

A discussion on significant current and emerging issues that affect or may impact the Commission's desired outcomes, policies and performance targets

Significant Issues impacting the Commission

The Commission's priorities and work program continue to be influenced by developments at the local and national levels.

Among the most significant of these developments is the State Government's decision to amalgamate the Commission and the Drug and Alcohol Office (DAO). A core objective of the amalgamation is to help individuals who experience both mental health, alcohol and other drug issues to access integrated care. Through collaborative effort, the Commission and the DAO have begun to give effect to this policy direction in advance of the formal amalgamation. The new approach will be apparent throughout the ten-year Mental Health, Alcohol and Other Drug Services Plan (the ten-year Plan).

The amalgamation of the Mental Health Commission and the Drug and Alcohol Office will improve the delivery of services to Western Australians with mental health, drug and alcohol or co-occurring problems.

The forthcoming amalgamation has also necessitated consideration of a range of logistical and administrative matters, including future office accommodation, information technology needs and organisational structures. Substantial progress has been made in each of these areas during the past year.

Beyond the amalgamation, the Commission's work continues to be guided by the State Government's priorities for improving the mental health system. Relevant inputs include the State's strategic policy for mental health, *Mental Health 2020: Making it personal and everybody's business* and 2013 State election commitments which included the introduction of a Mental Health Bill to Parliament and the development of the ten-year Plan and the Stokes Review. Service purchasing in the non-Government sector continues to be informed by the whole of Government *Delivering Community Services in Partnership Policy*.

In the area of suicide prevention, the State Ombudsman and Auditor General handed down reports on the suicides of 13 to 17 year olds and the implementation of the State Suicide Prevention Strategy respectively. Recommendations contained in these reports will be carefully considered in the development of a new multi-year strategy. Recommendations highlighted the importance of improved governance and monitoring of suicide prevention initiatives across the State and of interagency coordination to ensure effective intervention, treatment and longer term services for young people at risk.

The election of a new Commonwealth Government in September 2013 marked a significant shift in the Commonwealth's approach to mental health. As a preliminary step, the new Government tasked the National Mental Health Commission with undertaking a National Review of Mental Health Programs. The outcomes of the Review are expected to inform future decisions regarding the scale and nature of the Commonwealth's investment in mental health services. Here in Western Australia, the Mental Health Commission is closely involved in ensuring the Review is supported by appropriate governance arrangements and consultative processes.

The period 30 June 2013 to 30 June 2014 has been marked by the expiry of key national partnership agreements (NPAs) between the Commonwealth and Western Australia. The expiry of the Closing the Gap in Indigenous Health Outcomes NPA on 30 June 2013 had implications for the funding of the Statewide Specialist Aboriginal Mental Health Service, which is now funded by the State Government outside of the NPA. The Commission continues to work with local service providers to minimise service disruption in other areas impacted by the Commonwealth's approach to the renewal of some NPAs, including perinatal mental health and homelessness.

The Commonwealth's 2014/15 Budget included a raft of measures that will impact upon mental health services in Western Australia. Relevant changes include the proposed replacement of Medicare Locals with primary health networks, deferral of the establishment of new Partners in Recovery (PIR) organisations and review of the commitment under the 2011 National Health Reform Agreement (NHRA) to fund 50 per cent of the growth in hospital expenditure from 2017. The Commission will continue to monitor and manage the implications of these changes in collaboration with other Western Australian Government agencies.

The National Disability Insurance Scheme (NDIS)/MyWay trial scheme presents a significant opportunity to improve the health and wellbeing of Western Australians who have a long term psychiatric disability. The Commission has been active in ensuring that the NDIS and MyWay models recognise the needs of individuals experiencing mental illness and support service users and their families and carers to define and pursue their own life goals.

Disclosures and Legal Compliance

Audited financial statements, detailed key performance indicator information and other financial disclosures, a report on the Commission's compliance with various legislative requirements and a report on the Commission's compliance with Government policy requirements

Independent Auditors Report

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 2014, 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 2014 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.

7th Floor Albert Facey House 469 Wellington Street Perth MAIL TO: Perth BC PO Box 8489 Perth WA 6849 TEL: 08 6557 7500 FAX: 08 6557 7600

Report on Controls
I have audited the controls exercised by the Mental Health Commission during the year ended 30 June 2014.

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 2014.

Report on the Key Performance Indicators
I have audited the key performance indicators of the Mental Health Commission for the year ended 30 June 2014.

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 2014.

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 2014 included on the Commission's website. The Commission's management is 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.

COLIN MURPHY
AUDITOR GENERAL
FOR WESTERN AUSTRALIA
Perth, Western Australia
3 September 2014

Financial statements

MENTAL HEALTH COMMISSION
CERTIFICATION OF FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2014

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 present fairly the financial transactions for the financial year ended 30 June 2014 and the financial position as at 30 June 2014.

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

29 August 2014

Timothy Marney
Accountable Authority
Mental Health Commission

29 August 2014

Statement of Comprehensive Income

For the year ended 30 June 2014

	Note	2014	2013
		$	$
COST OF SERVICES			
Expenses			
Employee benefits expense	7	14,424,729	11,269,404
Contracts for mental health services	8	632,408,582	575,922,864
Supplies and services	9	2,556,835	1,968,821
Grants and subsidies	10	5,674,316	8,215,476
Depreciation expense	11	70,382	54,288
Other expenses	12	701,423	765,190
Total cost of services		**655,836,267**	**598,196,043**
Income			
Revenue			
Commonwealth grants and contributions	13	176,870,105	153,519,850
Other grants and contributions	14	661,779	760,255
Other revenue		14,044	112,992
Total revenue		**177,545,928**	**154,393,097**
Total income other than income from State Government		**177,545,928**	**154,393,097**
NET COST OF SERVICES		**478,290,339**	**443,802,946**
Income from State Government			
Service appropriation	15	483,744,000	409,946,000
Services received free of charge	15	21,809	33,151,228
Total income from State Government		**483,765,809**	**443,097,228**
SURPLUS/(DEFICIT) FOR THE PERIOD		**5,475,470**	**(705,718)**
OTHER COMPREHENSIVE INCOME		-	-
TOTAL COMPREHENSIVE INCOME/(LOSS) FOR THE PERIOD		**5,475,470**	**(705,718)**

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 2014

	Note	2014 $	2013 (Restated) $
ASSETS			
Current Assets			
Cash and cash equivalents	23	18,516,760	11,986,579
Restricted cash and cash equivalents	16, 23	-	2,200,000
Receivables	17	313,075	503,595
Total Current Assets		**18,829,835**	**14,690,174**
Non-Current Assets			
Restricted cash and cash equivalents	16, 23	421,490	298,320
Plant and equipment	18	102,611	135,939
Total Non-Current Assets		**524,101**	**434,259**
TOTAL ASSETS		**19,353,936**	**15,124,433**
LIABILITIES			
Current Liabilities			
Payables	20	2,106,115	3,518,544
Provisions	21	1,985,675	2,004,724
Total Current Liabilities		**4,091,790**	**5,523,268**
Non-Current Liabilities			
Provisions	21	561,518	376,007
Total Non-Current Liabilities		**561,518**	**376,007**
TOTAL LIABILITIES		**4,653,308**	**5,899,275**
NET ASSETS		**14,700,628**	**9,225,158**
EQUITY			
Contributed equity	22	945,900	945,900
Accumulated surplus	22	13,754,728	8,279,258
TOTAL EQUITY		**14,700,628**	**9,225,158**

The 2013 comparative data have been restated to reflect changed treatment of GST (see Note 6).
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

For the year ended 30 June 2014

	Note	2014 $	2013 $
CONTRIBUTED EQUITY	22		
Balance at start of period		945,900	945,900
Transactions with owners in their capacity as owners:			
Contributions by owners		-	-
Distributions to owners		-	-
Balance at end of period		945,900	945,900
ACCUMULATED SURPLUS	22		
Balance at start of period		8,279,258	8,984,976
Surplus/(deficit) for the period		5,475,470	(705,718)
Balance at end of period		13,754,728	8,279,258
TOTAL EQUITY			
Balance at start of period		9,225,158	9,930,876
Total comprehensive income/(loss) for the period		5,475,470	(705,718)
Balance at end of period		**14,700,628**	**9,225,158**

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

Statement of of cash flows

For the year ended 30 June 2014

	Note	2014	2013
		$ Inflows (Outflows)	$ Inflows (Outflows)
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriations	15	483,744,000	409,946,000
Net cash provided by State Government		**483,744,000**	**409,946,000**
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits		(15,299,127)	(10,247,493)
Contracts for mental health services		(631,484,040)	(541,154,408)
Supplies and services		(2,855,003)	(1,976,416)
Grants and subsidies		(6,311,886)	(8,346,043)
Other payments		(895,221)	(647,869)
Receipts			
Commonwealth grants and contributions		176,870,105	153,519,850
Other grants and contributions		707,533	567,796
Other receipts		14,044	100,992
Net cash used in operating activities	23	**(479,253,595)**	**(408,183,591)**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payment for purchase of non-current physical assets		(37,054)	(21,948)
Net cash used in investing activities		**(37,054)**	**(21,948)**
Net increase in cash and cash equivalents		4,453,351	1,740,461
Cash and cash equivalents at the beginning of the period		14,484,899	12,744,438
CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD	23	**18,938,250**	**14,484,899**

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

Schedule of Income and Expenses by Service

For the year ended 30 June 2014

	Promotion and Prevention		Specialised Admitted Patient Services		Specialised Community Services		Accommodation, Support and Other Services		Total	
	2014	2013 (Restated)	2014	2013 (Restated)	2014	2013 (Restated)	2014	2013 (Restated)	2014	2013 (Restated)
	$	$	$	$	$	$	$	$	$	$
COST OF SERVICES										
Expenses										
Employee benefits expense	556,795	742,654	6,361,305	5,020,519	6,199,749	4,711,738	1,306,880	794,493	14,424,729	11,269,404
Contracts for mental health services	24,410,971	37,953,317	278,892,185	256,573,636	271,809,209	240,793,349	57,296,218	40,602,562	632,408,582	575,922,864
Supplies and services	98,694	129,745	1,127,564	877,110	1,098,928	823,164	231,649	138,802	2,556,835	1,968,821
Grants and subsidies	219,029	541,400	2,502,373	3,659,995	2,438,821	3,434,890	514,093	579,191	5,674,316	8,215,476
Depreciation expense	2,717	3,578	31,038	24,185	30,250	22,698	6,377	3,827	70,382	54,288
Other expenses	27,075	50,426	309,328	340,892	301,472	319,926	63,549	53,946	701,423	765,190
Total cost of services	25,315,280	39,421,120	289,223,793	266,496,337	281,878,428	250,105,765	59,418,766	42,172,821	655,836,267	598,196,043
Income										
Commonwealth grants and contributions	-	-	99,871,467	79,420,205	69,099,638	67,278,645	7,899,000	6,821,000	176,870,105	153,519,850
Other grants and contributions	-	-	-	-	661,779	634,800	-	125,455	661,779	760,255
Other revenue	3,511	28,248	3,511	28,248	3,511	28,248	3,511	28,248	14,044	112,992
Total income other than income from State Government	3,511	28,248	99,874,978	79,448,453	69,764,928	67,941,693	7,902,511	6,974,703	177,545,928	154,393,097
NET COST OF SERVICES	25,311,769	39,392,872	189,348,815	187,047,884	212,113,500	182,164,072	51,516,255	35,198,118	478,290,339	443,802,946
Income from State Government										
Service appropriation	26,793,185	39,988,646	190,830,231	165,924,945	211,998,916	169,662,517	54,121,670	34,369,892	483,744,000	409,946,000
Services received free of charge	5,452	10,613	5,452	20,097,060	5,452	13,032,942	5,453	10,613	21,809	33,151,228
Total income from State Government	26,798,637	39,999,259	190,835,683	186,022,005	212,004,368	182,695,459	54,127,123	34,380,505	483,765,809	443,097,228
SURPLUS / (DEFICIT) FOR THE PERIOD	1,486,868	606,387	1,486,868	(1,025,879)	(109,132)	531,387	2,610,868	(817,613)	5,475,470	(705,718)

The method for allocating income across services has been revised in 2014. The 2013 comparative data have been restated (see note 6).

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 2014

	Promotion and Prevention		Specialised Admitted Patient Services		Specialised Community Services		Accommodation, Support and Other Services		TOTAL	TOTAL
	2014	2013 (Restated)	2014	2013 (Restated)	2014	2013 (Restated)	2014	2013 (Restated)	2014	2013 (Restated)
	$	$	$	$	$	$	$	$	$	$
ASSETS										
Current assets	726,832	968,082	8,303,957	6,544,473	8,093,063	6,141,962	1,705,983	1,035,657	18,829,835	14,690,174
Non-current assets	20,230	28,618	231,129	193,462	225,259	181,564	47,484	30,615	524,101	434,259
Total Assets	747,062	996,700	8,535,086	6,737,935	8,318,322	6,323,526	1,753,467	1,066,272	19,353,936	15,124,433
LIABILITIES										
Current liabilities	157,943	363,983	1,804,479	2,460,616	1,758,651	2,309,278	370,716	389,390	4,091,790	5,523,268
Non-current liabilities	21,675	24,779	247,630	167,511	241,340	157,209	50,874	26,508	561,518	376,007
Total Liabilities	179,618	388,762	2,052,109	2,628,127	1,999,991	2,466,487	421,590	415,898	4,653,308	5,899,275
NET ASSETS	567,444	607,938	6,482,976	4,109,808	6,318,331	3,857,039	1,331,877	650,374	14,700,628	9,225,158

The 2013 comparative data have been restated to reflect changed treatment of GST (see Note 6).

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

Summary of Consolidated Account Appropriations and Income Estimates

For the year ended 30 June 2014

	2014 Estimate $	2014 Actual $	Variance $	2014 Actual $	2013 Actual $	Variance $
Delivery of Services						
Item 72 Net amount appropriated to deliver services	480,481,000	482,386,000	1,905,000	482,386,000	408,051,000	74,335,000
Section 25 transfer of service appropriation	-	886,000	886,000	886,000	1,428,000	(542,000)
Amount Authorised by Other Statutes						
- *Salaries and Allowances Act 1975*	472,000	472,000	-	472,000	467,000	5,000
Total appropriations provided to deliver services	480,953,000	483,744,000	2,791,000	483,744,000	409,946,000	73,798,000
Administered Transactions						
Administered grants, subsidies and other transfer payments	81,583,000	80,796,391	(786,609)	80,796,391	68,905,000	11,891,391
Administered capital appropriations	390,000	1,383,714	993,714	1,383,714	2,956,000	(1,572,286)
Total administered transactions	81,973,000	82,180,105	207,105	82,180,105	71,861,000	10,319,105
GRAND TOTAL	562,926,000	565,924,105	2,998,105	565,924,105	481,807,000	84,117,105
Details of Expenses by Service						
Promotion and Prevention	32,132,000	25,315,280	(6,816,720)	25,315,280	39,421,120	(14,105,840)
Specialised Admitted Patient Services	271,524,000	289,223,793	17,699,793	289,223,793	266,496,337	22,727,456
Specialised Community Services	285,988,000	281,878,428	(4,109,572)	281,878,428	250,105,765	31,772,663
Accommodation, Support and Other Services	62,504,000	59,418,766	(3,085,234)	59,418,766	42,172,821	17,245,945
Total Cost of Services	652,148,000	655,836,267	3,688,267	655,836,267	598,196,043	57,640,224
Less Total income	(82,773,000)	(177,545,928)	(94,772,928)	(177,545,928)	(154,393,097)	(23,152,831)
Net Cost of Services	569,375,000	478,290,339	(91,084,661)	478,290,339	443,802,946	34,487,393
Adjustments (a)	(88,422,000)	5,453,661	93,875,661	5,453,661	(33,856,946)	39,310,607
Total appropriations provided to deliver services	480,953,000	483,744,000	2,791,000	483,744,000	409,946,000	73,798,000
Details of Income Estimates						
Income disclosed as Administered Income	81,973,000	82,180,105	207,105	82,180,105	71,861,000	10,319,105
	81,973,000	82,180,105	207,105	82,180,105	71,861,000	10,319,105

(a) Adjustments comprise resources received free of charge , movements in cash balances and other accrual items such as receivables and payables.

Note 32 'Explanatory statement' provides details of any significant variations between estimates and actual results for 2014 and between actual results for 2014 and 2013.

Notes to the Financial Statements

For the year ended 30 June 2014

Note 1 Australian Accounting Standards

General

The Commission's financial statements for the year ended 30 June 2014 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 2014.

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 authoritative pronouncements of the Australian Accounting Standards Board as applied by the Treasurer's instructions. Several of these are modified by the Treasurer's instructions to vary application, disclosure, format and wording.

The *Financial Management Act* and the Treasurer's Instructions impose legislative provisions that govern the preparation of financial statements and take precedence over the Australian Accounting Standards, the Framework, Statements 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.

Note 2 Summary of significant accounting policies (continued)

(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 and Commonwealth Grants and Contributions.

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.

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'.

Promotion and Prevention

Promotion and prevention services focus on protecting, supporting, sustaining and maximising mental health among populations and individuals; and increasing protective factors and decreasing risk factors to reduce the incidence and prevalence of mental health problems and illness.

Specialised Admitted Patient Services

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 Services

Specialised community services includes assessment, treatment and continuing care of non-admitted patients provided from a hospital or community mental health centre by public sector providers.

Accommodation, Support and Other Services

Accommodation, Support and Other services for mental health comprise services provided by community sector organisations including advocacy, personalised and housing support, staffed residential accommodation, rehabilitation, day programs, respite care and subacute services.

Notes to the Financial Statements

For the year ended 30 June 2014

Note 2 Summary of significant accounting policies (continued)

(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 22 '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 15 '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 2013-2014 Budget Statements, the Commission retained $23,282,461 in 2014 ($16,397,873 in 2013) from the following:

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

In addition, Commonwealth revenue retained under the *National Health Funding Pool Act 2012* totals $154,263,467 ($137,995,224 in 2013).

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.

Note 2 Summary of significant accounting policies (continued)

Gains

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

(f) Plant and equipment

Capitalisation/expensing of assets

Items of plant and equipment costing $5,000 or more are recognised as assets and the cost of utilising assets is expensed (depreciated) over their useful lives. Items of plant and equipment 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 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. Estimated useful lives for each class of depreciable asset are:

Leasehold Improvements	3 years
Furniture and fittings	15 years
Office Equipment	10 years

Artworks controlled by the Commission are classified as plant and equipment. These are anticipated to have indefinite useful lives. Their service potential has not, in any material sense, been consumed during the reporting period and consequently no depreciation has been recognised.

Notes to the Financial Statements

For the year ended 30 June 2014

Note 2 Summary of significant accounting policies (continued)

(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. Where an asset measured at cost is written down to recoverable amount, an impairment loss is recognised as expense in the Statement of Comprehensive Income. As the Commission is a not-for-profit entity, unless a specialised 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 assets' 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 17 'Receivables' for impairment of receivables.

(h) Leases

Leases of plant and equipment, where the Commission has substantially all of the risks and rewards of ownership, are classified as finance leases. The Commission does not have any finance leases.

Leases in which the lessor retains significantly all of the risks and rewards of ownership are classified as operating leases. Operating lease payments are expensed on a straight line basis over the lease term as this represents the pattern of benefits derived from the leased items.

(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

Note 2 Summary of significant accounting policies (continued)

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 20 '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 16 '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 17 'Receivables'.

Notes to the Financial Statements

For the year ended 30 June 2014

Note 2 Summary of significant accounting policies (continued)

(l) Receivables (continued)

Accounting procedure for Goods and Services Tax

Rights to collect amounts receivable from the Australian Taxation Office (ATO) and responsibilities to make payments for GST have been assigned to the 'Department of Health'. This accounting procedure was a result of application of the grouping provisions of "A New Tax System (Goods and Services Tax) Act 1999" whereby the Department of Health became the Nominated Group Representative (NGR) for the GST Group as from 1 July 2012. The 'Minister for Health in his Capacity as the Deemed Board of the Metropolitan Public Hospitals' (Metropolitan Health Services) was the NGR in previous financial years. The entities in the GST group include the Department of Health, Mental Health Commission, Metropolitan Health Services, Peel Health Service, WA Country Health Service, WA Alcohol and Drug Authority, QE II Medical Centre Trust, and Health and Disability Services Complaints Office.

Revenues, expenses and assets are recognised net of the amount of associated GST. Payables and Receivables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from the ATO is included with Receivables in the Statement of Financial Position.

(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(i) 'Financial Instruments' and note 20 'Payables'.

(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 21 '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

Annual leave is not expected to be settled wholly within 12 months after the end of the reporting period and is therefore considered to be 'other long-term employee benefits'. The annual leave liability 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.

Note 2 Summary of significant accounting policies (continued)

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

Long service leave that is not expected to be settled wholly 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 Salary Scheme

The provision for deferred salary scheme 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. This liability is measured on the same basis as annual leave. Deferred salary scheme is reported as a current provision as employees can leave the scheme at their discretion at any time.

Notes to the Financial Statements

For the year ended 30 June 2014

Note 2 Summary of significant accounting policies (continued)

Superannuation

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

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.

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 have been able to choose their preferred superannuation fund provider. The Commission makes contributions to GESB or other fund providers 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 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 Commission'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.

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

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 12 'Other expenses' and note 21 'Provisions'.

(o) Superannuation expense

The superannuation expense in the Statement of Comprehensive Income comprises 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.

Note 2 Summary of significant accounting policies (continued)

(p) Services received free of charge or for nominal cost

Services received free of charge or for nominal cost, that the Commission would otherwise purchase if not donated, are recognised as income at the fair value of the services where they can be reliably measured. A corresponding expense is recognised for services received.

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

(q) Assets Transferred between Government Agencies

Discretionary transfers of net assets (assets and liabilities) between State Government agencies free of charge, are measured at the fair value of those net assets that the Commission would otherwise pay for, and are reported under Income from State Government. Transfers of assets and liabilities in relation to a restructure of administrative arrangements are recognised as distribution to owners by the transferor and contribution by owners by the transferee under AASB 1004 '*Contributions*' in respect of the net assets transferred.

(r) 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 number of leases for office accommodation. It has been determined that the lessor retains substantially all the risks and rewards incidental to ownership. Accordingly, these leases have been classified as operating leases.

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.

Notes to the Financial Statements

For the year ended 30 June 2014

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 2013 that impacted on the Commission.

Title	
AASB 13	*Fair Value Measurement* This Standard defines fair value, sets out a framework for measuring fair value and requires additional disclosures for assets and liabilities measured at fair value. There is no financial Impact.
AASB 119	*Employee Benefits* This Standard supersedes AASB 119 (October 2010), making changes to the recognition, presentation and disclosure requirements. The Commission assessed employee leave patterns to determine whether annual leave is a short-term or other long-term employee benefit. The resultant discounting of annual leave liabilities that were previously measured at the undiscounted amounts is not material.
AASB 1048	*Interpretation of Standards* This Standard supersedes AASB 1048 (June 2012), enabling references to the Interpretations in all other Standards to be updated by reissuing the service Standard. There is no financial impact.
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.
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. The resultant discounting of annual leave liabilities that were previously measured at the undiscounted amounts is not material.
AASB 2012-5	*Amendments to Australian Accounting Standards arising from Annual Improvements 2009-11 Cycle [AASB 1, 101, 116, 132 & 134 and Int 2]* This Standard makes amendments to the Australian Accounting Standards and Interpretations as a consequence of the annual improvements process. There is no financial impact.
AASB 2012-6	*Amendments to Australian Accounting Standards - Mandatory Effective Date of AASB 9 and Transition Disclosures [AASB 9, 2009-11, 2010-7, 2011-7 & 2011-8]* This Standard amends the mandatory effective date of AASB 9 Financial Instruments to 1 January 2015 (instead of 1 January 2013). Further amendments are also made to numerous consequential amendments arising from AASB 9 that will now apply from 1 January 2015. There is no financial impact.

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

Title	
AASB 2012-10	*Amendments to Australian Accounting Standards - Transition Guidance and Other Amendments [AASB 1, 5, 7, 8, 10, 11, 12, 13, 101, 102, 108, 112, 118, 119, 127, 128, 132, 133, 134, 137, 1023, 1038, 1039, 1049 & 2011-7 and Int 12]* This Standard introduces a number of editorial alterations and amends the mandatory application date of Standards for not-for-profit entities accounting for interests in other entities. There is no financial impact.
AASB 2013-9	*Amendments to Australian Accounting Standards - Conceptual Framework, Materiality and Financial Instruments.* Part A of this omnibus Standard, makes amendments to other Standards arising from revisions to the Australian Accounting Conceptual Framework for periods ending on or after 20 December 2013. Other Parts of this Standard become operative in later periods. There is no financial impact for Part A of the Standard.

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 have been issued 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 mandatory application date of this Standard was amended to 1 January 2017. The Commission has not yet determined the application or the potential impact of the Standard.	1 Jan 2017

Notes to the Financial Statements

For the year ended 30 June 2014

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

Future impact of Australian Accounting Standards not yet operative (continued)

Title		Operative for reporting periods beginning on/after
AASB 1031	*Materiality* This Standard supersedes AASB 1031 (February 2010), removing Australian guidance on materiality that is not available in IFRSs and refers to other Australian pronouncements that contain guidance on materiality. There is no financial impact.	1 Jan 2014
AASB 1055	*Budgetary Reporting* This Standard requires specific budgetary disclosures in the financial statements of not-for-profit entities within the General Government Sector. The Commission will be required to disclose additional budgetary information and explanations of major variances between actual and budgeted amounts, though there is no financial impact.	1 Jul 2014
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 2015
AASB 2013-3	*Amendments to AASB 136 - Recoverable Amount Disclosures for Non-Financial Assets* This Standard introduces editorial and disclosure changes. There is no financial impact.	1 Jan 2014
AASB 2013-9	*Amendments to Australian Accounting Standards - Conceptual Framework, Materiality and Financial Instruments.* The omnibus Standard makes amendments to other Standards arising from the deletion of references to AASB 1031 in other Standards for periods beginning on or after 1 January 2014 (Part B), and, defers the application of AASB 9 to 1 January 2017 (Part C). The Commission has not yet determined the application or the potential impact of AASB 9, otherwise there is no financial impact for Part B.	1 Jan 2014 1 Jan 2017

Note 6 Prior year restatement

(a) Change in income allocation methodology for Schedule of Income and Expenses by Service

In the 2014 financial year the Commission revised its methodology for allocating income across the services. Previously, income was allocated on a percentage, based on total expenditure across all services. However, the non-state government revenue is primarily provided for Specialised Admitted Patient Services and Specialised Community Services. The 2012-13 financial year's figures have been restated under this methodology.

(b) GST on unpaid purchases invoices

The prior year's amounts for Receivables and Payables have been adjusted to include the GST amounting to $237,115 on unpaid purchase invoices and accrued expenses. In the previous year's financial statements, the GST amounts on unpaid purchase invoices in Payables were recognised in the accounts of the Nominated Group Representative for the GST group.

Information on the accounting procedure for Goods and Services Tax is provided at note 2(l).

	2013 (Previously stated) $	2013 (Restated) $
Receivables (i)	266,480	503,595
Payables (ii)	3,281,429	3,518,544

(i) The restated Receivables include GST receivable of $237,115 (see note 17).

(ii) The restatement of Payables has increased the Trade Creditors amount by $75,326 from $919,917 to $995,243 and the Accrued Expenses amount by $161,789 from $2,035,521 to $2,197,310 (see note 20).

Notes to the Financial Statements

For the year ended 30 June 2014

	2014	2013
	$	$
Note 7 Employee benefits expense		
Salaries and wages (a)	13,249,101	10,392,173
Superannuation - defined contribution plans (b)	1,175,628	877,231
	14,424,729	11,269,404

(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 and other eligible funds.

Employment on-costs (workers' compensation insurance) are included at note 12 'Other expenses'.

Note 8 Contracts for mental health services		
Hospitals	554,891,787	504,688,776
Non-government and other organisations	77,516,795	71,234,088
	632,408,582	575,922,864

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 9 Supplies and services		
Advertising	31,564	38,694
Communication	108,694	97,255
Computer related services	70,333	67,091
Consulting fees	991,895	611,935
Consumables	228,756	245,858
Operating lease expenses	901,446	665,990
Shared services charges	112,036	107,727
Other	112,111	134,271
	2,556,835	1,968,821
Note 10 Grants and subsidies		
Recurrent		
National Partnership Agreement - Improving public hospitals	2,500,000	2,790,000
Other grants	2,837,544	5,119,956
Scholarships	336,772	305,520
	5,674,316	8,215,476

	2014	2013
	$	$
Note 11 Depreciation expense		
Leasehold improvements	67,527	52,093
Furniture and fittings	565	627
Office equipment	2,290	1,568
	70,382	54,288
Note 12 Other expenses		
Workers' compensation insurance (a)	34,739	34,436
Other employee related expenses	294,617	272,185
Repairs and maintenance	18,111	76,498
Travel related expenses	52,315	46,472
Audit fees	87,383	97,351
Legal fees	30,235	27,096
Other	184,023	211,152
	701,423	765,190

(a) The employment on-costs include workers' compensation insurance only. Any on-costs liability associated with the recognition of annual and long service leave liability is included at note 21 'Provisions'. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs.

Note 13 Commonwealth grants and contributions		
National Partnership on Improving Public Hospital Services	12,647,562	11,453,626
National Partnership on Supporting National Mental Health	8,630,000	4,071,000
National Health Reform Agreement (a)	154,263,467	137,995,224
Plan for Perinatal Depression	1,329,076	-
	176,870,105	153,519,850

(a) As from 1 July 2012, activity based funding and block grant funding have been received from the Commonwealth Government under the National Health Reform Agreement for services, health teaching, training and research provided by local hospital networks. The new funding arrangement established under the Agreement requires the Commonwealth Government to make funding payments to the State Pool Account from which distributions to the local hospital networks (health services) are made by the Department of Health and Mental Health Commission. In previous financial years, the equivalent Commonwealth funding was received in the form of Service Appropriations from the State Treasurer.

Notes to the Financial Statements

For the year ended 30 June 2014

	2014	2013
	$	$
Note 14 Other grants and contributions		
Department of Child Protection	661,779	634,800
Other	-	125,455
	661,779	760,255
Note 15 Income from State Government		
Service appropriation received during the period:		
Amount appropriated to deliver services	483,272,000	409,479,000
Amount authorised by other statutes:		
Salaries and Allowances Act 1975	472,000	467,000
	483,744,000	409,946,000
Services received free of charge from other State government agencies during the period:		
State Solicitor's Office - legal advisory services	14,772	9,828
Department of Health - corporate services	-	19,512
Department of Finance - office accommodation leasing services	7,037	13,112
Metropolitan Health Services - contracted mental health services	-	30,488,776
WA Country Health Service - contracted mental health services	-	2,620,000
	21,809	33,151,228
Note 16 Restricted cash and cash equivalents		
Current		
Capital grant from the Commonwealth Government (a)	-	2,200,000
Non-current		
Accrued salaries suspense account (b)	421,490	298,320

(a) The unspent fund from the Commonwealth Government was committed to the construction of the Broome sub-acute facility by the Department of Housing.

(b) 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.

	2014	2013
	$	$
Note 17 Receivables		
Current		
Receivables (a)	220,728	266,480
GST receivables	92,347	237,115
	313,075	503,595

Refer to note 2(l) 'Receivables' and note 34 'Financial Instruments'.

(a) See note 6 'Prior year restatement'.

Note 18 Plant and equipment		
Leasehold improvements		
At cost	179,430	156,279
Accumulated depreciation	(119,620)	(52,093)
	59,810	104,186
Furniture & Fittings		
At cost	6,273	6,273
Accumulated depreciation	(1,192)	(627)
	5,081	5,646
Office Equipment		
At cost	29,577	15,675
Accumulated depreciation	(3,857)	(1,568)
	25,720	14,107
Artworks		
At cost	12,000	12,000
Total plant and equipment	102,611	135,939

Notes to the Financial Statements

For the year ended 30 June 2014

	2014	2013
	$	$
Note 18 Plant and equipment (continued)		
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	104,186	156,279
Additions	23,151	-
Depreciation	(67,527)	(52,093)
Carrying amount at the end of year	59,810	104,186
Furniture & Fittings		
Carrying amount at the start of year	5,646	-
Additions	-	6,273
Depreciation	(565)	(627)
Carrying amount at the end of year	5,081	5,646
Office Equipment		
Carrying amount at the start of year	14,107	-
Additions	13,903	15,675
Depreciation	(2,290)	(1,568)
Carrying amount at the end of year	25,720	14,107
Artworks		
Carrying amount at the start of year	12,000	-
Additions	-	12,000
Carrying amount at the end of year	12,000	12,000
Total plant and equipment		
Carrying amount at the start of year	135,939	156,279
Additions	37,054	33,948
Depreciation	(70,382)	(54,288)
Carrying amount at the end of year	102,611	135,939

	2014	2013
	$	$
Note 19 Impairment of assets		
There were no indications of impairment to plant and equipment at 30 June 2014.		
The Commission held no goodwill during the reporting period.		
Note 20 Payables		
Current		
Trade creditors (a)	402,107	995,243
Accrued salaries	382,278	325,991
Accrued expenses (a)	1,321,730	2,197,310
	2,106,115	3,518,544
Refer to note 2(m) 'Payables' and note 34 'Financial Instruments'.		
(a) See note 6 'Prior year restatement'.		
Note 21 Provisions		
Current		
Employee benefits provision		
Annual leave (a)	924,302	897,886
Long service leave (b)	950,021	1,024,230
Deferred salary scheme (c)	111,352	82,608
	1,985,675	2,004,724
Non-current		
Employee benefits provision		
Long service leave (b)	561,518	376,007
	2,547,193	2,380,731

Notes to the Financial Statements

For the year ended 30 June 2014

	2014	2013
	$	$
Note 21 Provisions (continued)		
(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	657,113	631,116
More than 12 months after the end of the reporting period	267,189	266,770
	924,302	897,886
(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	193,493	205,758
More than 12 months after the end of the reporting period	1,318,046	1,194,479
	1,511,539	1,400,237
(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	111,352	82,608
More than 12 months after the end of the reporting period	-	-
	111,352	82,608
Note 22 Equity		
The Western Australian 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	945,900
Contributions by owners	-	-
Distributions to owner	-	-
Balance at end of period	945,900	945,900

	2014	2013
	$	$
Note 22 Equity (continued)		
Accumulated surplus / (deficit)		
Balance at start of period	8,279,258	8,984,976
Result for the period	5,475,470	(705,718)
Balance at end of period	13,754,728	8,279,258
Total Equity at end of period	14,700,628	9,225,158
Note 23 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	18,516,760	11,986,579
Restricted cash and cash equivalents (refer to note 16)	421,490	2,498,320
	18,938,250	14,484,899
Reconciliation of net cost of services to net cash flows used in operating activities		
Net cost of services (Statement of Comprehensive Income)	(478,290,339)	(443,802,946)
Non-cash items:		
Services received free of charge (refer to note 15)	21,809	33,151,228
Donation of non-current assets	-	(12,000)
Depreciation expense (refer to note 11)	70,382	54,288
(Increase)/decrease in assets:		
Current receivables	190,520	1,207,344
Increase/(decrease) in liabilities:		
Current payables	(1,412,429)	395,957
Current provisions	(19,049)	670,184
Non-current provisions	185,511	152,354
Net cash used in operating activities (Statement of Cash Flows)	(479,253,595)	(408,183,591)

Notes to the Financial Statements

For the year ended 30 June 2014

	2014	2013
	$	$

Note 24 Commitments

The commitments below are inclusive of GST where relevant.

Non-cancellable operating lease commitments

Commitments for minimum lease payments are payable as follows:

Within 1 year	353,367	372,438
Later than 1 year and not later than 5 years	487,597	704,602
	840,964	1,077,040

The leases are non-cancellable, with rent payable monthly in advance. Operating leases relating to buildings and 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	75,790,851	67,330,553
Later than 1 year and not later than 5 years	109,292,056	165,884,442
Later than 5 years	4,998,355	18,351,067
	190,081,262	251,566,062

In addition, the service agreement between the Mental Health Commission, Department of Health and Area Health Services for the provision of mental health services in public hospitals was signed prior to 30 June 2014. The expenditure commitment is payable as follows:

Within 1 year	599,499,000	-

The Commission did not have an expenditure commitment as at 30 June 2013, as the service agreement for the 2013-14 financial year was signed after that date.

Other expenditure commitments

Other expenditure commitments contracted for at the end of the reporting period but not recognised as liabilities, are payable as follows:

Within 1 year	-	2,200,000

Note 25 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:

	2014	2013
$ 60,001 - $ 70,000	1	-
$140,001 - $150,000	2	-
$150,001 - $160,000	-	1
$160,001 - $170,000	-	1
$170,001 - $180,000	2	1
$200,001 - $210,000	1	-
$210,001 - $220,000	1	2
$250,001 - $260,000	-	1
$320,001 - $330,000	-	1
$380,001 - $390,000	2	-
	9	7
	$	$
Base remuneration and superannuation	1,698,248	1,360,072
Annual leave and long service leave accruals	5,389	85,908
Other benefits	189,143	47,370
Total remuneration of senior officers:	1,892,780	1,493,350

Note 26 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	70,700	81,700

Note 27 Contingent liabilities and contingent assets

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

Note 28 Events occurring after the end of the reporting period

The Government has announced the amalgamation of the Mental Health Commission and the WA Alcohol and Drug Authority. Legislation has been introduced into Parliament. It is expected to receive assent in 2014/15, but no date is set for the transition.

Notes to the Financial Statements

For the year ended 30 June 2014

	2014	2013
	$	$

Note 29 Related bodies

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 30 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 Incorporated	1,260,512	1,200,490
Bunbury Pathways Incorporated	-	577,095
Consumers of Mental Health WA	271,212	260,625
Even Keel Bipolar Support Association Incorporated	115,000	108,312
Home Health Pty Ltd (trading as Tender Care)	1,088,099	920,385
June O'Conner Centre Incorporated	1,570,000	1,414,050
Mental Health Carers ARAFMI (WA) Inc	2,330,426	2,148,431
Mental Illness Fellowship of WA Incorporated	-	1,663,331
Pathways Southwest Inc.	708,436	-
Samaritan of Albany Befrienders Incorporated	-	10,698
Schizophrenia Fellowship Albany and Districts Incorporated	221,865	201,695
Support in Site Incorporated	-	76,321
The Richmond Fellowship of WA	8,921,818	7,796,395
Western Australian Association for Mental Health	-	906,045
	16,487,368	17,283,873

Note 31 Special Purpose Accounts

State Managed Fund (Mental Health) Account

The purpose of the special purpose account is to hold money received by the Mental Health Commission, for the purposes of health funding under the National Health Reform Agreement that is required to be undertaken in the State through a State Managed Fund.

Balance at the start of period	-	-
Receipts:		
Service appropriations (State Government)	212,249,906	202,894,000
Commonwealth grants and contributions	65,036,481	92,733,781
	277,286,387	295,627,781
Payments:		
Block grant funding to local hospital networks	(277,286,387)	(295,627,781)
Balance at the end of period	-	-

Notes to the Financial Statements

For the year ended 30 June 2014

Note 32 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 year's Total Cost of Services.

Significant variances between estimates and actual results for 2014

	2014 Estimate $	2014 Actual $	Variance $
(a) Total appropriations provided to deliver services	480,953,000	483,744,000	2,791,000
(b) Total Cost of Services			
Promotion and Prevention	32,132,000	25,315,280	(6,816,720)
Specialised Admitted Patient Services	271,524,000	289,223,793	17,699,793
Specialised Community Services	285,988,000	281,878,428	(4,109,572)
Accommodation, Support and Other Services	62,504,000	59,418,766	(3,085,234)
	652,148,000	655,836,267	3,688,267

The decrease in Promotion and Prevention is due to:

- The 2014 Estimate included a provision of $3.6 million that was unallocated to a specific activity at the time of budget preparation;
- The remainder was due to activities subsequently classified to other services or were under expended.

(c) Total Income	82,773,000	177,545,928	94,772,928

There is a change of accounting treatment of Commonwealth Activity Based Funding from Resources Received Free of Charge in the budget papers to now being classified as controlled revenue.

Note 32 Explanatory statement (continued)

Significant variances between actual results for 2013 and 2014

	2014 Actual $	2013 Actual $	Variance $
(a) Total appropriations provided to deliver services	483,744,000	409,946,000	73,798,000

The largest factor for the increased Appropriation is the State contribution to the increased WA Health activity of $68.2 million. Funding has also increased to the non-government sector by $5.6m.

(b) Total Cost of Services			
Promotion and Prevention	25,315,280	39,421,120	(14,105,840)
Specialised Admitted Patient Services	289,223,793	266,496,337	22,727,456
Specialised Community Services	281,878,428	250,105,765	31,772,663
Accommodation, Support and Other Services	59,418,766	42,172,821	17,245,945
	655,836,267	598,196,043	57,640,223

The 2013 Actual for Promotion and Prevention included $9.6 million for the Individualised Community Living support programme. In 2014, this is included as Accommodation, Support and Other Services. Also, expenditure on the Suicide Prevention programme peaked at $8.8 million in 2012/13 and was $3.8 million in 2013/14. Other increases to the remaining three services are primarily due to the increased WA Health activity purchased and non-government sector activity.

(c) Total Income	177,545,928	154,393,097	23,152,831

Total income has increased largely due to:

i. $16.3m increase from the National Health Reform Agreement
ii. Increase in revenue from National Partnership Agreement:
- $1.2m Improving Public Hospitals
- $4.6m Supporting National Mental Health Reform
- $1m National Perinatal Depression Initiative

(d) Total Administered transactions			
Administered income	82,180,105	71,861,000	10,319,105
Administered expenses - transfer to WA Alcohol and Drug Authority	82,180,105	71,861,000	10,319,105

Notes to the Financial Statements

For the year ended 30 June 2014

Note 33 Disclosure of administered income and expenses by service

	Drug and Alcohol	
	2014	2013
	$	$
Expenses		
Appropriations transferred to WA Alchohol and Drug Authority	82,180,105	71,861,000
Total administered expenses	82,180,105	71,861,000
Income		
Appropriations from Government for transfer	82,180,105	71,861,000
Total administered income	82,180,105	71,861,000

Appropriations have been administered by the Commission on behalf of the Western Australian Alcohol and Drug Authority from 1 January 2012 in accordance with the Minister for Mental Health's direction.

Note 34 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 34(c) 'Financial Instruments Disclosure' and note 17 'Receivables'.

Credit risk associated with the Commission's financial assets is minimal because the debtors are predominantly government bodies.

Liquidity risk

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

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

Market risk

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

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

Note 34 Financial instruments (continued)

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:

	2014	2013
	$	$
Financial Assets		
Cash and cash equivalents	18,516,760	11,986,579
Restricted cash and cash equivalents	421,490	2,498,320
Loans and receivables (a)	220,728	266,480
Financial Liabilities		
Financial liabilities measured at amortised cost	2,106,115	3,518,544

(a) The amount of loans and receivables excludes GST recoverable from the ATO (statutory receivable).

Notes to the Financial Statements

For the year ended 30 June 2014

Note 34 Financial instruments (continued)

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 the 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.

Aged analysis of financial assets

			Past due but not impaired				
	Carrying amount	Not past due and not impaired	up to 1 month	1 - 3 months	3 months to 1 year	1 - 5 years	Impaired financial assets
	$	$	$	$	$	$	$
2014							
Cash and cash equivalents	18,516,760	18,516,760	-	-	-	-	-
Restricted cash and cash equivalents	421,490	421,490	-	-	-	-	-
Receivables (a)	220,728	191,260	5,520	-	8,473	15,475	-
	19,158,978	19,129,510	5,520	-	8,473	15,475	-
2013							
Cash and cash equivalents	11,986,579	11,986,579	-	-	-	-	-
Restricted cash and cash equivalents	2,498,320	2,498,320	-	-	-	-	-
Receivables (a)	266,480	216,902	-	-	49,578	-	-
	14,751,379	14,701,801	-	-	49,578	-	-

(a) The amount of receivables excludes GST recoverable from the ATO (statutory receivable).

Notes to the Financial Statements

For the year ended 30 June 2014

Note 34 Financial instruments (continued)

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

Liquidity risk and interest rate exposure

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

Interest rate exposure and maturity analysis of financial assets and financial liablities

		Interest rate exposure			Maturity Dates		
	Weighted average effective interest rate %	Carrying amount $	Non-interest bearing $	Nominal Amount $	Up to 1 month	1 - 3 months $	3 months to 1 year $
2014							
Financial Assets							
Cash and cash equivalents	-	18,516,760	18,516,760	18,516,760	18,516,760	-	-
Restricted cash and cash equivalents	-	421,490	421,490	421,490	421,490	-	-
Receivables (a)	-	220,728	220,728	220,728	220,728	-	-
		19,158,978	19,158,978	19,158,978	19,158,978	-	-
Financial Liabilites							
Payables	-	2,106,115	2,106,115	2,106,115	2,106,115	-	-
		2,106,115	2,106,115	2,106,115	2,106,115	-	-
2013							
Financial Assets							
Cash and cash equivalents	-	11,986,579	11,986,579	11,986,579	11,986,579	-	-
Restricted cash and cash equivalents	-	2,498,320	2,498,320	2,498,320	2,498,320	-	-
Receivables (a)	-	266,480	266,480	266,480	266,480	-	-
		14,751,379	14,751,379	14,751,379	14,751,379	-	-
Financial Liabilites							
Payables	-	3,518,544	3,518,544	3,518,544	3,518,544	-	-
		3,518,544	3,518,544	3,518,544	3,518,544	-	-

(a) The amount of receivables excludes GST recoverable from the ATO (statutory receivable).

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 KEY PERFORMANCE INDICATORS
FOR THE YEAR ENDED 30 JUNE 2014

I hereby certify that the key 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 2014.

Timothy Marney
Commissioner, Mental Health Commission
Accountable Authority

29 August 2014

Outcomes Based Management Framework

Whole of Government goal	Our desired outcome	Services we purchase
Results-Based Service Delivery: Greater focus on achieving results in key service delivery areas for the benefit of all Western Australians	Accessible and high quality mental health services and supports that are recovery focussed and promote mental health and wellbeing **Key Effectiveness Indicators** • Readmissions to hospital within 28 days of discharge • Percent of contacts with community-based public mental health non-admitted services within 7 days post discharge from public mental health inpatient units • Proportion of service funding directed to publicly funded community mental health services • Proportion of service funding directed to community organisations	*Service 1*: Promotion and prevention *Service 2*: Specialised admitted patient services *Service 3*: Specialised community services *Service 4*: Accommodation, support and other services

Key efficiency indicators

Service one Promotion and prevention	Service two Specialised admitted patient services	Service three Specialised community services	Service four Accommodation, support and other services
Cost per capita of activities to enhance mental health and wellbeing (illness prevention, promotion and protection activities)	Average cost per purchased bedday in a specialised mental health unit	Average cost per purchased episode of community care provided by public mental health services	• Average cost per hour for community support provided by non-government organisations to people with mental health problems • Average Mental Health Commission subsidy per bedday for people with mental illness living in community supported residential accommodation • Average cost per package of care for the Individualised Community Living Strategy • Average cost per bedday in sub acute units

Key Performance Indicators

Readmissions to hospital within 28 days of discharge

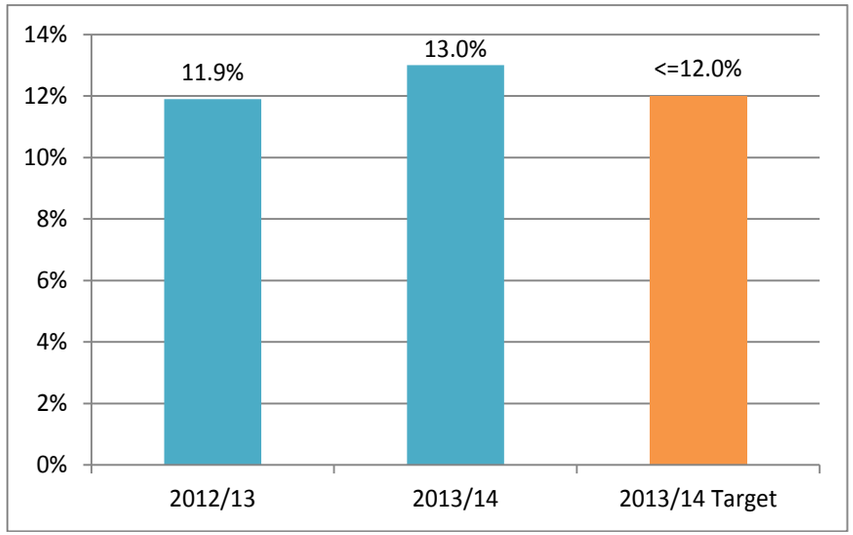
Mental health inpatient services aim to provide treatment that enables individuals to return to the community as soon as possible. Readmissions to an acute specialised mental health inpatient unit following a recent discharge may indicate that inpatient treatment was either incomplete or ineffective, or that follow-up care was inadequate to maintain the person out of hospital. In this sense, they potentially point to deficiencies in the functioning of the overall care system.

International literature identifies the concept of one month as an appropriate defined time period for the measurement of readmissions following discharge from an acute mental health inpatient service.

This indicator reports on planned as well as unplanned readmissions as current health systems cannot accurately identify unplanned readmissions.

Readmission within 28 days of discharge is a nationally agreed and reported indicator. The target of 12% was identified in the Fourth National Mental Health Plan Measurement Strategy, based on evidence from the National Mental Health Benchmarking Project, and current jurisdictional performance.

Readmissions to acute mental health inpatient facilities within 28 days of discharge



Results

- **In 2013/14, the readmission rate to acute mental health inpatient facilities was 13.0%.**
- **This result is above the nationally set target.**

Notes

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

This is a national target identified in the Fourth National Mental Health Plan Measurement Strategy

Data Source

Hospital Morbidity Data Collection, Department of Health.

Percent of contacts with community-based public mental health non-admitted services within 7 days post discharge from public mental health inpatient units

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 a 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 readmission.

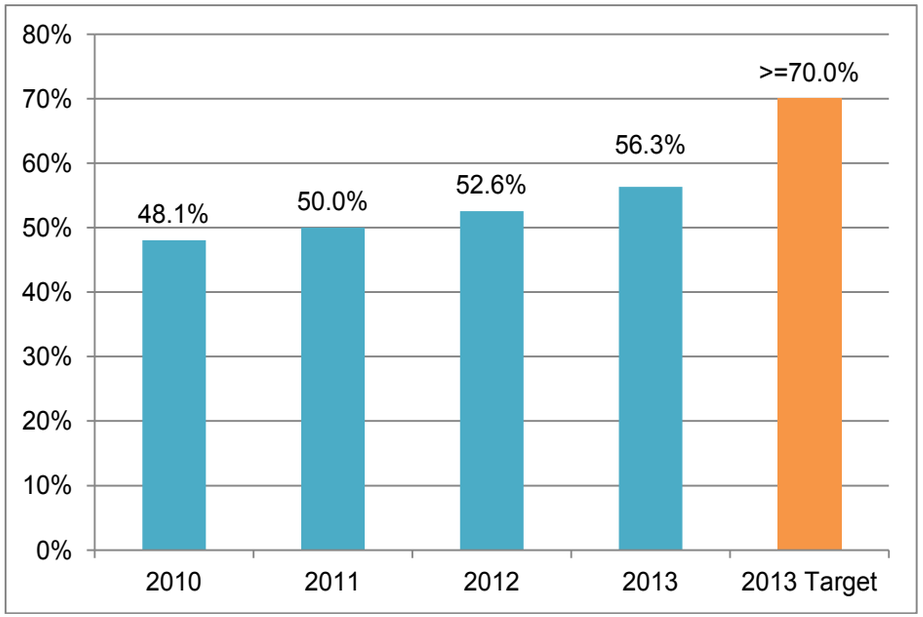
These community services provide ongoing clinical treatment and access to a range of programs that maximise an individual's independent functioning and quality of life.

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 2013, 56.3% 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 2012 figure and trending in the right direction. The target is considered aspirational, as the indicator only includes follow up by public community mental health services.**

Percent of patients that had contact with a community-based public mental health service within 7 days post discharge



Notes

Data is for the calendar year of 2013.

The target was set as part of the Government Budget process and is considered to be aspirational based on the national definition.

The methodology used to construct this indicator now utilises a more reliable and robust data source. Data for all previously published years (2010 to 2012) has been restated for comparability purposes.

This indicator includes follow up by public mental health non-admitted services only. Follow up by other providers, including private psychiatrists, GPs or community managed (non-government) services are not included.

Data Source

Mental Health Information System, Department of Health and Hospital Morbidity Data Collection, Department of Health.

Proportion of service funding directed to publicly funded community mental health services

Historically, a large proportion of funding has been directed to acute inpatient care. State Government as well as national mental health policy articulate a shift from the reliance on acute care provided in inpatient services to services and supports provided in the community as a key reform initiative.

One of the State Government's three key reform directions articulated in the Mental Health Commission's strategic policy document *Mental Health 2020: Making it personal and everyone's business* is 'balanced investment'. That is, working towards a contemporary mental health system that provides a full range of support and services.

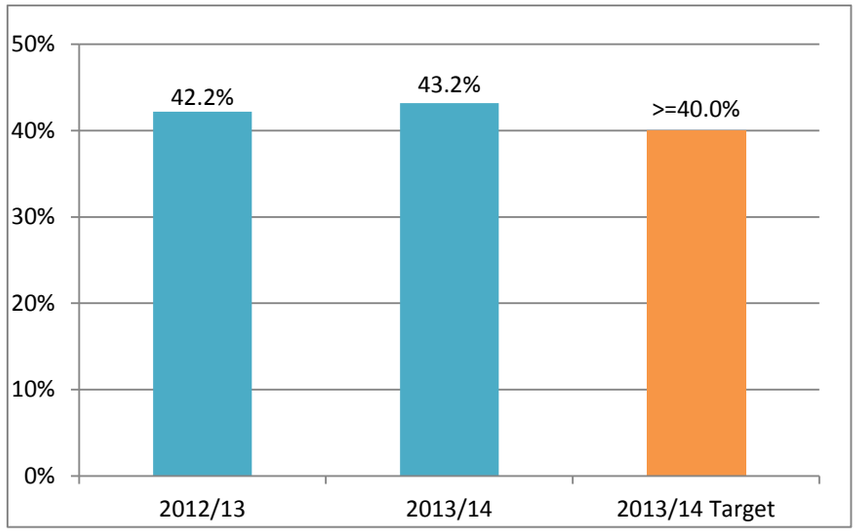
This indicator is a proxy measure of accessibility and appropriateness and is used to monitor the progress of this reform direction in Western Australia.

Publicly funded community mental health services (specialised public mental health services) provide clinical services including assessment, treatment and continuing care of non-admitted patients provided from a hospital or community mental health centre by public sector providers.

Results

- **In 2013/14, the proportion of funding directed to public community mental health services was 43.2%.**
- **This result is within the target range, and higher than the 2012/13 result.**

Proportion of service funding directed to publicly funded community mental health services



Notes

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

Data Source

Mental Health Commission financial systems.

Proportion of service funding directed to community organisations

Historically, a large proportion of funding has been directed to acute inpatient care. State Government as well as national mental health policy articulate a shift from the reliance on acute care provided in inpatient services to services and supports provided in the community as a key reform initiative.

One of the State Government's three key reform directions articulated in the Mental Health Commission's strategic policy document *Mental Health 2020: Making it personal and everyone's business* is 'balanced investment'. That is, working towards a contemporary mental health system that provides a full range of support and services.

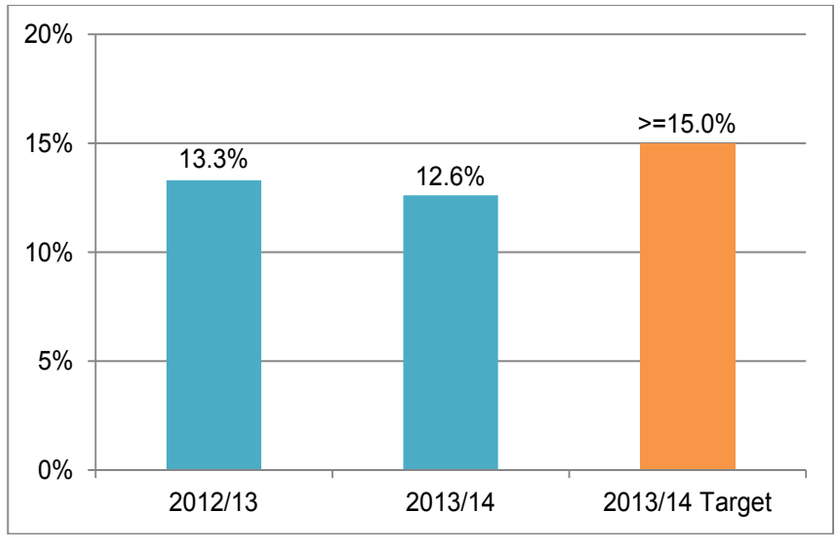
This indicator is a proxy measure of accessibility and appropriateness and will be used to monitor the progress of this reform direction in Western Australia.

Community organisations (NGOs) provide a range of support services including advocacy, psychosocial support, rehabilitation, day programs, respite care, housing and accommodation support, individualised living support and sub acute services.

Results

- **In 2013/14, the proportion of funding directed to community organisations was 12.6%.**
- **This result is lower than the aspirational target set and the 2012-13 figure. While the overall funding to community organisations has increased, as a proportion of total Mental Health Commission expenditure it has decreased due to larger growth in funding directed to public mental health services.**

Proportion of service funding directed to community organisations



Notes

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

Data Source

Mental Health Commission financial systems.

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

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.

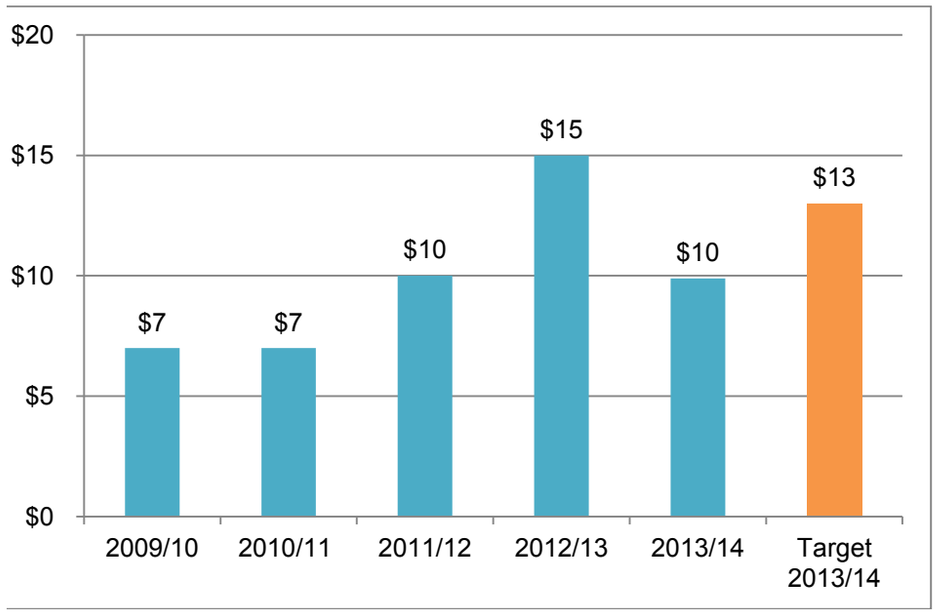
Mental health promotion is defined as activities designed to lead to improvement of the mental health and functioning of persons through prevention, education and intervention activities and services. It involves the population as a whole in the context of their everyday lives. Such measures encourage 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 2013/14, the cost per capita to provide prevention, promotion, protection and related activities to enhance mental health and wellbeing was $10.**
- **The result is lower than the 2012/13 figure. This reflects the move of funding for the Individualised Community Living Strategy to a separate KPI under Service 4, as well as funding for the Suicide Prevention Program peaking in 2012/13.**
- **This result is below the target due to provisional funding allocated to this KPI at the time of budget preparation, which has since been allocated to other services.**

Cost per capita of activities to enhance mental health and wellbeing



Notes

Includes the Mental Health Commission's corporate services and other indirect costs.

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

Data Source

Mental Health Commission financial systems.

Australian Bureau of Statistics December 2013 population for Western Australia (2,550,874).

Average cost per purchased bedday in a specialised mental health unit

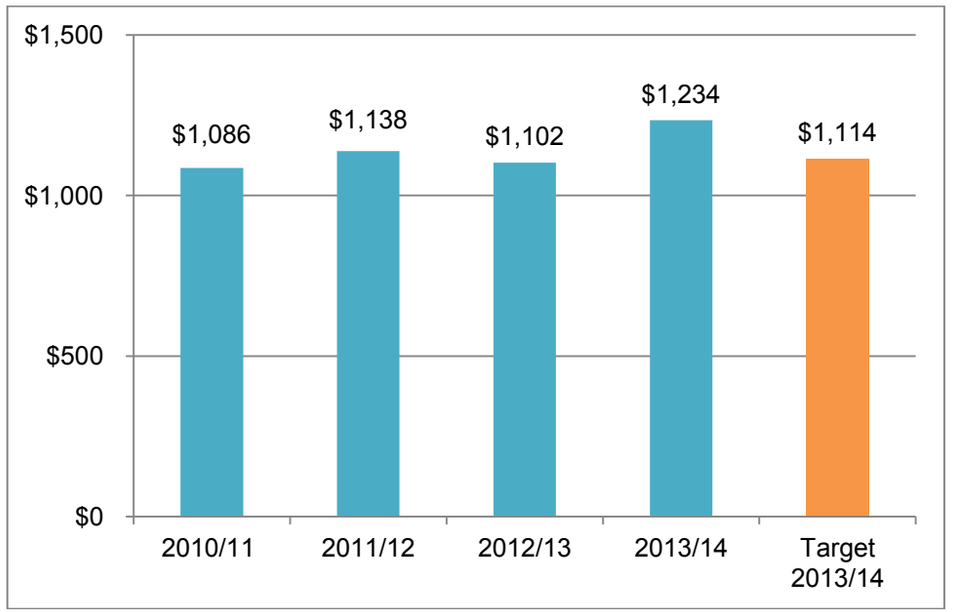
Specialised mental health inpatient units provide admitted patient care in publicly funded authorised facilities and designated mental health units located within general hospitals.

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 2013/14 the average cost per bedday in a specialised mental health inpatient unit was $1,234.**
- **This result is higher than the 2012/13 figure and the target. This is due in part to changes and improvements in the counting and classification methodology under the national Activity Based Funding framework issued by the Independent Hospital Pricing Authority, as well as lower than expected beddays accrued.**

Average cost per purchased bedday in a specialised mental health unit



Notes

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 costs.

Beddays are the number of accrued days of admitted mental health care during the reference period, excluding leave days.

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

Data Source

Mental Health Commission financial systems.

BedState, Department of Health.

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

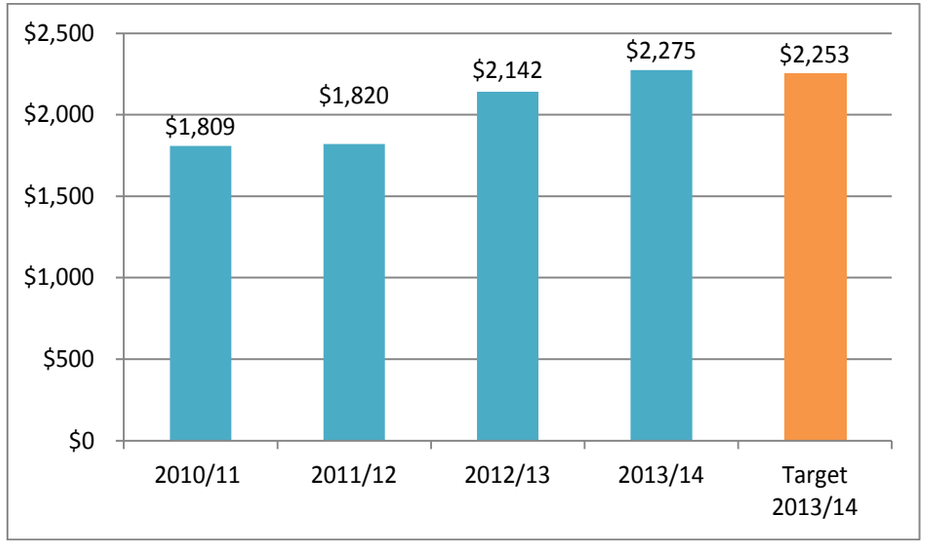
Services provided by public community-based mental health services include assessment, treatment and continuing care.

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 2013/14, the average cost per three month episode of community care provided by public mental health services was $2,275.**
- **This result is higher than the 2012/13 figure, due to increased funding as a result of annual modelling of population and price escalation.**
- **The result is less than 1% higher than the target set.**

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



Notes

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 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 Source

Mental Health Commission financial systems.

Mental Health Information System, Department of Health.

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

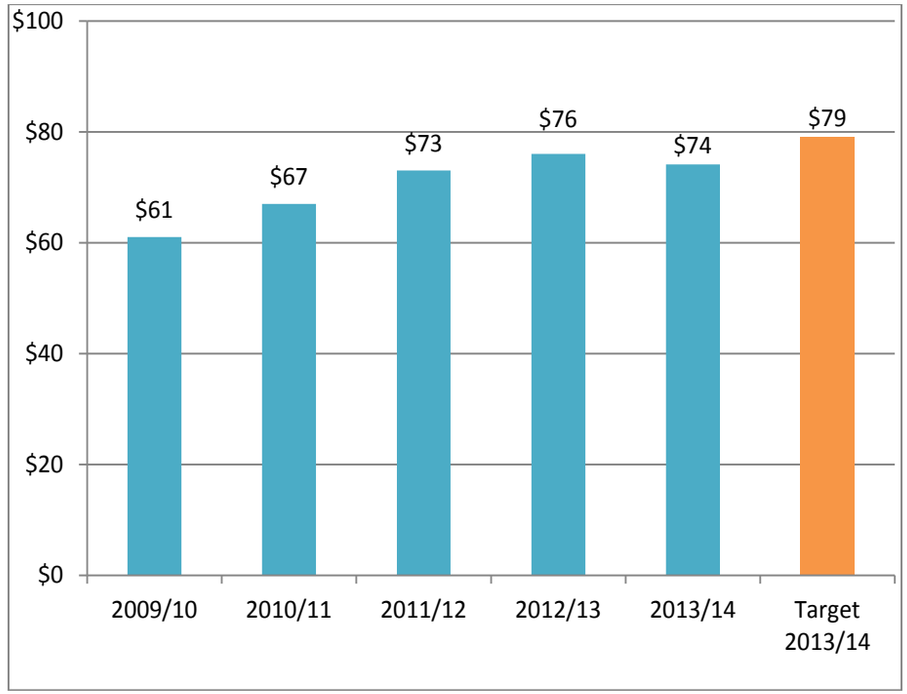
Community based support programs support people with mental health problems to develop/maintain skills required for daily living, improve personal and social interaction, and increase participation in community life and activities. They also aim to decrease the burden of care for carers.

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 2013/14 the average cost per hour for providing community support to people with mental health problems was $74.**
- **This result is lower than the 2012/13 figure and the target set.**

Average cost per hour for community support



Notes

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

Data Source

Non-government Organisation Establishment State Data Collection. Activity data for 6 months extrapolated to 12 months.
Mental Health Commission financial systems.

Average Mental Health Commission subsidy per bedday for people with mental illness living in community supported residential accommodation

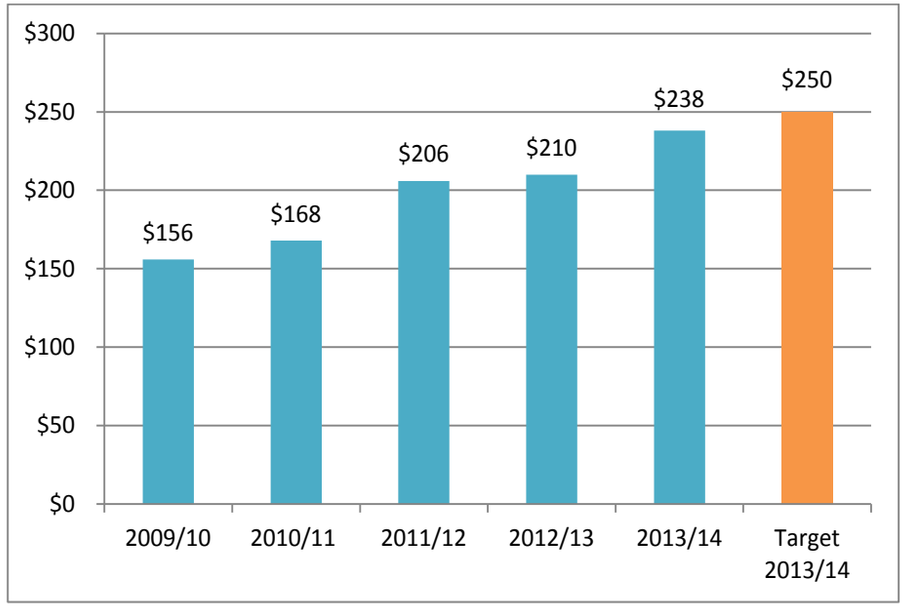
Non-government organisations provide accommodation in residential units for people affected by mental illness who require support to live in the community. Residential care facilities provide support with self-management of personal care and daily living activities as well as initiate appropriate treatment 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 2013/14 the average Mental Health Commission subsidy per bedday was $238.**
- **This result is higher than the 2012/13 figure but lower than the target due to variable occupancy rates across the services.**

Average Mental Health Commission subsidy per bedday in community supported residential accommodation provided by non-government organisations



Notes

Includes the Mental Health Commission's corporate services and other indirect costs.

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

Subsidy is used to describe the variety of purchasing arrangements for services under this KPI which may include psychosocial support, support daily living skills and/or personal care support.

Data Source

Non-government Organisations Establishments State Data Collection. Activity data for 6 months extrapolated to 12 months.

Mental Health Commission financial systems.

Average cost per package of care for the Individualised Community Living Strategy

Individualised Community Living (ICL) is a Strategy where people are supported to live in their own home in the community. The principles of choice, personalised planning, self direction and portability of funding are central to the operation of ICL.

A significant emphasis is placed on planning processes that will focus on the development and achievement of each person's individual outcomes and personal life goals. Prior to any service commencing, Individual Plans are completed by the service provider in conjunction with the individual and any other related parties and submitted to the Mental Health Commission for review. Plans are developed to be person centred and holistic, with a strong focus on enhancing social inclusion recovery and a capacity for people to achieve their desired goals and live a good life in their community. Plans will incorporate elements of both formal and informal support required to achieve the desired outcomes.

Initially, the strategy targets individuals with long-term recurrent hospitalisation who have the ability and desire to live in the community with appropriate supports and housing options.

The strategy has the potential to reduce hospitalisations and improve the quality of life and wellbeing of individuals and assist their recovery process.

Average cost per package of care for the Individualised Community Living Strategy

2013/14	Target[1]
$51,806	$86,128

Results

- **In 2013/14, the average cost per package of care for the Individualised Community Living Strategy was $51,806.**
- **This result is below the target due to support packages being allocated and commencing at staggered times throughout the financial year and therefore includes part payments that are not reflective of the full year costs for an individual.**

Notes

This is a new KPI approved for 2013/14, therefore comparative figures are not provided.

Includes the Mental Health Commission's corporate services and other indirect costs.

A 'package of care' delivered through the ICLS is tailored to individual requirements and based on and funded according to the specific requirements of the Individual's Plan. The package may include direct services provided by the non government organisation, services brokered from a third party and access to community based activities.

[1]The target was set as part of the Government Budget process.

Data Source

Mental Health Commission financial systems.

Average cost per bedday in sub acute units

The mental health subacute service is a new initiative in Western Australia that provides short-term mental health care, in a residential setting, that promotes recovery and reduces the disability associated with mental illness.

Subacute services are provided as:

- 'Step-down' services: where a person no longer requires acute inpatient care, but has a need for additional supports that will assist them to transition back to life in the community; and
- 'Step-up' services: that provide additional support for a person to manage deterioration in their mental health, but where an admission to an inpatient facility is not warranted.

These are comprehensive services designed to deliver support to individuals that is aimed at improving symptoms, encouraging the use of functional abilities and assists in facilitating a return to the usual environment. This is achieved within a framework of recovery and rehabilitation and is delivered through a combination of clinical and non clinical activities.

Western Australia's first subacute service opened at Joondalup in May 2013. A further subacute unit is also being developed at Rockingham, and planning is underway for services in Broome and the Goldfields.

Average cost per bedday in sub acute units

2013/14	Target[1]
$830	$608

Results

- **In 2013/14, the average cost per bedday in sub acute units was $830.**
- **This result is higher than the target due to slower than expected commencement of bed occupancy levels at the Joondalup sub acute unit.**

Notes

This is a new KPI approved for 2013/14, therefore comparative figures are not provided.

Currently the only operational sub acute unit is at Joondalup.

Includes the Mental Health Commission's corporate services and other indirect costs.

[1]The target was set as part of the Government Budget process.

Data Source

Non-government Organisation Establishments State Data Collection.

Mental Health Commission financial systems.

Other Legal and Government Policy Requirements and Financial Disclosures

Ministerial directives

Treasurer's Instruction 903 (12) requires the 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 financing activities. No such directives were issued by the Minister with portfolio responsibility for the Commission during 2013/14.

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 Commission.

A potential conflict of interest has been identified with the commencement of the new Mental Health Commissioner, as he is also the Deputy Chair of the *beyondblue* Board of Directors. A not-for-profit organisation, beyondblue focuses on raising awareness and understanding of anxiety and depression in Australia and currently receives funding from the Commission. This conflict is managed by delegating all decision making regarding Commission funding and contract management to the Director, Services, Purchasing and Development.

Compliance with Public Sector standards and ethical codes

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

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

During the year, the Commission undertook 31 recruitment activities, all of which complied with the public sector standards and ethical codes.
Other activities included ensuring compliance with the Commission's Code of Conduct and online Accountable and Ethical Decision Making training. Policies and procedures were also developed and endorsed for implementation throughout the 2013/14 year.

The Commission's 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 Commission and staff to comply with the standards as well as general governance, administration and management reporting requirements. It provides a framework for the proper management of the activities of the Commission and helps the Commission meet its accountability requirements. 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.

A revised Corporate Governance Policy and Framework is under development and expected to be finalised in 2014.

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 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 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 Commission
2. People with disabilities have the same opportunities as other people to access the buildings and other facilities of the Commission
3. People with disabilities receive information from the 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 Commission
5. People with disabilities have the same opportunity as other people to make complaints to the Commission
6. People with disabilities have the same access as other people to participate in any public consultation by the Commission.

Staff Profile

	2014	2013
Full-time permanent	67	64
Full-time contract	14	14
Part-time measured on a FTE basis	6	11
On secondment	6	1
TOTAL	93	90

Compliance with Electoral Act advertising

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

Advertising agencies	$
AdCorp Australia Limited	27,859
Alana Sheree Blowfield	400
Imatec Digital Printing	440
National Web Directory	700
TOTAL	29,399

Recordkeeping plans

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

In December 2013 the Commission ceased to operate under an addendum to the Department of Health's Record Keeping Plan by submitting its own draft five year Record Keeping Plan for approval to the State Records Office. The State Records Commission approved the Plan without amendment.

The Commission, as part of its full Electronic Document Records Management System (EDRMS) implementation, will begin the implementation of HP Trim Desktop to all staff. This added functionality will see a marked increase in the information capture, accountability and access for the Commission and its information requirements. As part of this implementation strategy, a comprehensive training program is being developed and resources will be put towards its ongoing maintenance and compliance.

Ongoing Records Awareness Training (RAT) and face to face training in the use of the Commission's current records management system and recordkeeping obligations is provided to staff as part of induction processes and is also available to individual staff when required or requested. Awareness and promotion of recordkeeping responsibilities will continue following the endorsement of a Commission policy for Record Keeping by the Commission's Corporate Executive.

During 2014/15 the Commission will continue to review the efficiency and effectiveness of record keeping training and awareness for all staff, systems implementation and operation and focus on disaster recovery and information security with a view to improving record keeping standards across the agency.

Government policy requirements

Occupational safety, health and injury management

The Commission is committed to providing and maintaining a safe and healthy work environment and promoting the health and wellbeing of all employees. The Commission acknowledges its responsibilities under the *Occupational Safety and Health Act 1984* and the *Workers Compensation and Injury Management Act 1981*. Significantly, in late 2013/14 the Commission developed its own occupational safety and health policy and procedures.

The 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 Commission takes all employee suggestions, complaints and notifications of hazards seriously, and is committed to take proper action immediately.

During the 2013/14 year the following initiatives were progressed:

- Provided ergonomic assessments for employees on request
- Continued to provide access to an employee assistance program
- Provide employees with the options of annual flu injections
- Regular Occupational Safety and Health (OSH) review resulting in resolution of issues across Commission's worksites.

The following table details our 2013/14 key performance indicators against the following targets:

Indicator	Actual 2013/14	Target 2013/14
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	46%	Greater than or equal to 50%

In recognition of the amalgamation with the Drug and Alcohol Office and to continue to achieve our high standards, the Commission will be undertaking a review of occupational safety and health standards during 2014/15. The 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 recurrence
- 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

The Commission is not required to implement the Policy Framework on Substantive Equality. However, the Commission is aware of the intent of the framework in so far as it has influence over the way services are provided to the public.

The Commission is committed to eliminating all forms of systemic discrimination in the provision of public sector services and promotes understanding of the different needs of client groups.

Appendices

Community sector organisations funded by the Commission as at 30 June 2014

Service providers listed below are based on their commonly used name, not by their legal entity name:

Service Provider	Service Type
55 Central	Personalised support - other
Access Housing Australia	Personalised support - linked to housing
Aftercare	Individual Community Living
Albany Halfway House	Personalised support - other
Albany Halfway House	Personalised support - linked to housing
Albany Halfway House	Staffed residential services - Community Supported Residential Units
Amana Living	Staffed residential services
ARAFMI Mental Health Carers & Friends Association	Family and carer support
ARAFMI Mental Health Carers & Friends Association	Individual Advocacy
ARAFMI Mental Health Carers & Friends Association	Mental health promotion
Association for Service to Torture and Trauma Survivors	Counselling - face to face
Baptist Care	Personalised support - linked to housing
Baptist Care	Personalised support - other
Baptist Care	Staffed residential services
Baptist Care	Individual Community Living
Bay of Isles Community Outreach	Personalised support - other
Beyond Blue	Mental illness prevention
BP Luxury Care	Personalised support - other
Burswood Care	Staffed residential services
Carers Association of Western Australia	Sector development and representation - carer advocacy
Carers Association of Western Australia	Sector development and representation - carer participation
Carers Association of Western Australia	Sector development and representation - carer participation payments

Service Provider	Service Type
Casson Homes	Staffed residential services
Centrecare	Counselling - face to face
Centrecare	Family and carer support
Centrecare	Personalised support - linked to housing
Centrecare	Personalised support - other
Centrecare	Mental illness prevention
Collie Family Centre	Counselling - face to face
Community First International	Individual Community Living
Consumers of Mental Health	Systemic advocacy
Curtin University of Technology	Mental illness prevention
Curtin University of Technology	Mental health promotion
Devenish Lodge	Personal care support
Disability in the Arts-Disadvantage in the Arts-Australia	Group support activities
Enable Southwest	Individual Community Living
Even Keel Bipolar Disorder Support Association	Mutual support and self help
Foundation Housing	Personalised support - linked to housing
Franciscan House	Personal care support
Fremantle Medicare Local	Counselling - face to face
Fremantle Multicultural Centre	Individual Advocacy
Fremantle Women's Health Centre	Counselling - face to face
Fusion Australia	Staffed residential services
Gosnells Women's Health Service	Counselling - face to face
Great Southern Community Housing Association	Personalised support - linked to housing

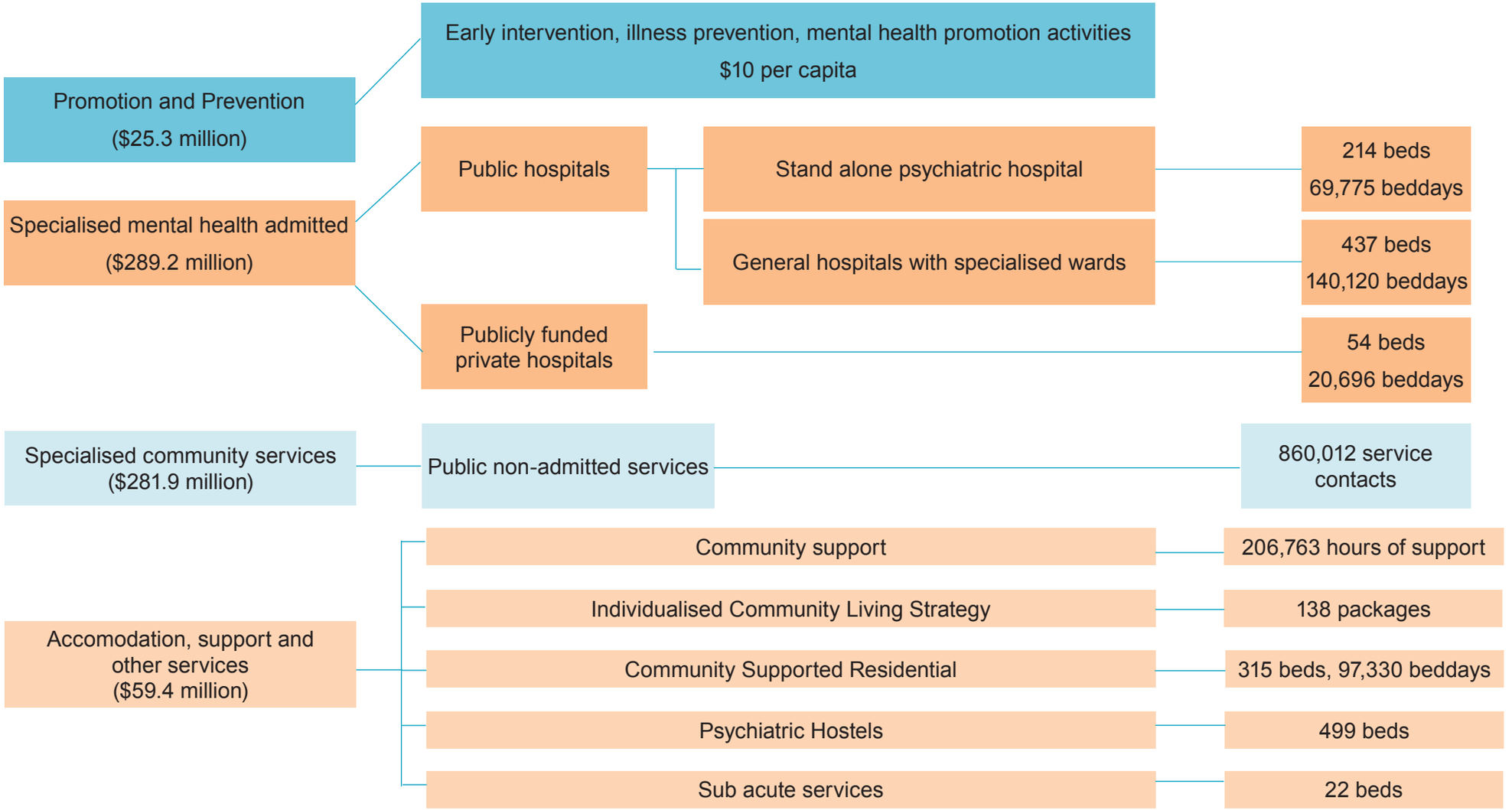
Service Provider	Service Type
GROW	Mutual support and self help
Tendercare	Family and carer support
Tendercare	Personalised support - other
Honeybrook Lodge	Personal care support
Ishar Multicultural Women's Health Centre	Family and carer support
Jennie Bertram & Associates	Personalised support - other
June O'Connor Centre	Group support activities
June O'Connor Centre	Personalised support - other
Kimberley Aboriginal Medical Services Council	Mental illness prevention
Lamp	Family and carer support
Lamp	Personalised support - linked to housing
Lamp	Personalised support - other
Life Without Barriers	Staffed residential services
Life Without Barriers	Individual Community Living
Lifeline WA	Counselling, support, information and referral - telephone
Mental Illness Fellowship of WA	Education, employment and training
Mental Illness Fellowship of WA	Family and carer support
Mental Illness Fellowship of WA	Mental health promotion
Mental Illness Fellowship of WA	Personalised support - other
Mental Illness Fellowship of WA	Individual Community Living
Midland Women's Health Care Place	Counselling - face to face
Midwest Community Living Association	Personalised support - other
Mission Australia	Mental Health Assertive Community Intervention
Mission Australia	Individual Community Living

Service Provider	Service Type
Neami	Individual Community Living
Neami	Mental Health Sub-acute Services
Outcare	Adult Mental Health Court Diversion Program
Outcare	Children Mental Health Court Diversion Program
Pathways South West	Family and carer support
Pathways South West	Personalised support - linked to housing
Pathways South West	Personalised support - other
PDLE	Education, employment and training
Perth Central and East Metro Medicare Local	Counselling - face to face
Perth Home Care Services	Family and carer support
Perth Home Care Services	Personalised support - other
Perth Home Care Services	Individual Community Living
Perth Inner City Youth Service	Personalised support - other
Richmond Fellowship of Western Australia	Personalised support - other
Richmond Fellowship of Western Australia	Staffed residential services - community supported residential units
Richmond Fellowship of Western Australia	Staffed residential services - adult homeless
Richmond Fellowship of Western Australia	Staffed residential services - community options
Richmond Fellowship of Western Australia	Staffed residential services - crisis respite
Richmond Fellowship of Western Australia	Staffed residential services - intermediate care accommodation
Richmond Fellowship of Western Australia	Staffed residential services - long term supported
Richmond Fellowship of Western Australia	Individual Community Living
Rise Network	Individual Advocacy
Rise Network	Personalised support - linked to housing
Rise Network	Personalised support - other
Rise Network	Individual Community Living

Service Provider	Service Type
Romily House	Personal care support
Ruah Community Services	Education, employment and training
Ruah Community Services	Personalised support - linked to housing
Ruah Community Services	Personalised support - other
Ruah Community Services	Research and evaluation
Ruah Community Services	Individual Community Living
Salisbury Home	Personal care support
Schizophrenia Fellowship Albany & Districts	Group support activities
Schizophrenia Fellowship Albany & Districts	Personalised support - other
Share & Care Community Services Group	Family and carer support
Share & Care Community Services Group	Personalised support - other
Silver Chain Group	Family and carer support
Silver Chain Group	Sector development and representation
South Coastal Women's Health Services Association	Counselling - face to face
Southern Cross Care	Specialist residential services
Southern Cross Care	Family and carer support
Southern Cross Care	Personalised support
Southern Cross Care	Staffed residential services - community options
Southern Cross Care	Individual Community Living
St Bartholomew's House	Personalised support - linked to housing
St Bartholomew's House	Staffed residential services
St Bartholomew's House	Staffed residential services - crisis respite services
St John of God Healthcare Mount Lawley	Clinical treatment and care - admitted
St Jude's Hostel	Personal care support
St. Vincent De Paul Society	Staffed residential services
The Salvation Army Western Australia Property Trust	Personalised support - other
The Samaritans	Counselling - face to face
The Samaritans	Counselling, support, information and referral - telephone

Service Provider	Service Type
UnitingCare West	Personalised support - linked to housing
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
Wanslea Family Services	Family and carer support
Western Australian AIDS Council	Counselling - face to face
Western Australian Association for Mental Health	Mental health promotion
Western Australian Association for Mental Health	Sector development and representation
Women's Healthcare Association	Counselling - face to face
Women's Healthcare Association	Group support activities
Women's Healthworks, Health Education and Resource Centre	Mutual support and self help
Youth Focus	Counselling - face to face

Summary of specialised mental health services and activity contracted by the Commission, 2013-14



Note: Expenditure includes a proportion of Mental Health Commission corporate overheads

Board and committee names, remuneration reporting

Ministerial Council for Suicide Prevention membership

Current membership

1. Peter Fitzpatrick (Chair)
2. Jenny Allen
3. Timothy Marney (Ex-officio)
4. Donna Cole
5. Adele Cox
6. Estelle Dragun
7. James Gibson
8. Chris Gostelow (Ex-officio)
9. Dr Neale Fong
10. Brian Mayfield
11. Professor Cobie Rudd
12. Stuart Smith

Retired members (2013/14)

13. Eddie Bartnik (Ex-officio)
14. Joshua Cunniffe

Mental Health Advisory Council membership

Current membership

1. Barry MacKinnon (Chair)
2. Judy Edwards (Deputy Chair)
3. Dr Alexandra Welborn
4. Bernadette Wright
5. Dianne Wynaden
6. Joe Calleja
7. John Edwards
8. Lindsay Smoker
9. Margaret Doherty
10. Pam Gardner
11. Janelle Ridgeway
12. Petra Liedel

Retired members (2013/14)

13. John Hesketh
14. Victoria Hovane

Appendix Three

Agencies are required to report on the individual and aggregate costs of remunerating all positions on all boards and committees as defined in the Premier's Circular 2010/02. The following board and committee members were remunerated during 2013/14:

Position	Member	Renumeration type	Amount $
Ministerial Council for Suicide Prevention			
Member	Jennifer Allen	Sessional	4,687
Member	Adele Cox	Sessional	1,966
Member	Joshua Cunniffe	Sessional	6,861
Member	Estelle Dragun	Sessional	6,129
Chairman	Peter Fitzpatrick	Sessional	27,006
Member	Neale Fong	Sessional	2,447
Member	Brian Mayfield	Sessional	5,320
Member	Cobie Rudd	Sessional	8,063
			62,479
Mental Health Review Board			
Member	Alan Alford	Sessional	19,545
Member	Ryan Arndt	Sessional	23,414
Member	Kathryn Barker	Sessional	9,368
Member	Harriette Benz	Sessional	24,647
Member	Kerrilyn Ann Boase-Jelinek	Sessional	7,579
Member	Adam Brett	Sessional	13,064
Member	Rodger Bull	Sessional	15,973
Member	Julie Caunt	Sessional	13,455
Member	Hugh Cook	Sessional	41,535
Member	Peter Curry	Sessional	38,833
Member	Daniel de Klerk	Sessional	16,080
Member	Donna Dean	Sessional	10,354
Member	Kevin Dodd	Sessional	33,014
Member	Magdeline Fadjiar	Sessional	11,125
Member	Stuart Flynn	Sessional	27,635
Member	Anthony Fowke	Sessional	22,422
Member	John Gardiner	Sessional	16,354
President Member	Michael Hawkins	Annual Sessional	144,816 20,712
Member	David Hawks	Sessional	15,248
Member	Barbara Holland	Sessional	9,782
Member	John James	Sessional	14,477
Member	Manjit Kaur	Sessional	18,236
Member	Hannah Leslie	Sessional	14,788
Member	Lorrae Loud	Sessional	14,169
Member	Lynne McGuigan	Sessional	13,326
Member	Michael Nicholls	Sessional	25,343
Member	John Penman	Sessional	27,982
Member	Nada Raich	Sessional	42,556
Member	David Rowell	Sessional	16,126
Member	Maxinne Sclanders	Sessional	29,749
Member	Anne Seghezzi	Sessional	10,214
Member	Leone Shiels	Sessional	14,900
Member	Josephine Stanton	Sessional	10,676
Member	Daniel Stepniak	Sessional	16,770
Member	Merranie Strauss	Sessional	37,715
Member	Bryan Tanney	Sessional	88,883
Member	Jennifer Wall	Sessional	37,264
Member	Anthony Warner	Sessional	19,545
Member	Ann White	Sessional	13,629
Member	Rachel Yates	Sessional	4,823
Member	Anthony Zorbas	Sessional	69,492
			1,075,618

Position	Member	Renumeration type	Amount $
Mental Health Advisory Council			
Member	Joseph Calleja	Sessional	2,469
Member	Margaret Doherty	Sessional	3,627
Member	John Edwards	Sessional	3,627
Deputy Chair	Judith Edwards	Sessional	12,564
Member	Pamela Gardner	Sessional	3,802
Member	Victoria Hovane	Sessional	1,333
Chair	Barry MacKinnon	Sessional	19,119
Member	Janelle Ridgway	Sessional	2,644
Member	Lindsay Smoker	Sessional	3,627
			52,812
Council Of Official Visitors			
Member	Sherril Ball	Sessional	2,993
Member	Denise Bayliss	Sessional	39,386
Member	Helen Bresloff-Barry	Sessional	8,084
Member	Adrienne Byrne	Sessional	15,514
Head	Debora Colvin	Sessional	126,160
Member	Donald Cook	Sessional	23,816
Member	Cecily Cropley	Sessional	55,433
Member	Alessandra d'Amico	Sessional	60,393
Member	Michael Dixon	Sessional	17,174
Member	Gerard Doyle	Sessional	16,300
Member	Maxine Drake	Sessional	4,152
Member	Mardi Edwards	Sessional	11,886
Member	Brian Evans	Sessional	13,548
Member	Margaret Fleay	Sessional	22,855
Member	Rodney Hay	Sessional	37,167
Member	Barbara Hewitt	Sessional	31,945
Member	Naka Ikeda	Sessional	136,398
Member	Norma Josephs	Sessional	57,094

Position	Member	Renumeration type	Amount $
Member	Kerry Long	Sessional	15,273
Member	Gary Marsh	Sessional	40,935
Member	Shelley McClellan	Sessional	18,791
Member	Ann McFadyen	Sessional	63,452
Member	Sandra McKnight	Sessional	2,360
Member	Vlasta Mitchell	Sessional	3,299
Member	Bruce Morrison	Sessional	33,430
Member	Kate Nihill	Sessional	8,740
Member	Kaylee Oberg	Sessional	12,782
Member	Graham Pyke	Sessional	18,441
Member	Sheila Rajan	Sessional	46,344
Member	Margaret Robinson	Sessional	8,609
Member	Patricia Ryans-Taylor	Sessional	12,083
Member	Yasmin Sambo	Sessional	1,049
Member	Matthew Scurfield	Sessional	7,669
Member	Kathleen Simpson	Sessional	11,559
Member	Jeffery Solliss	Sessional	24,057
Member	Kelly Spouse	Sessional	24,581
Member	Jennifer Stacey	Sessional	11,843
Member	Helen Taplin	Sessional	33,015
Member	Peter Upton-Davis	Sessional	2,360
Member	Sally Wheeler	Sessional	82,025
Member	Suzanne Williams	Sessional	940
Member	Ian Wilson	Sessional	23,838
			1,187,776

Contact details

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