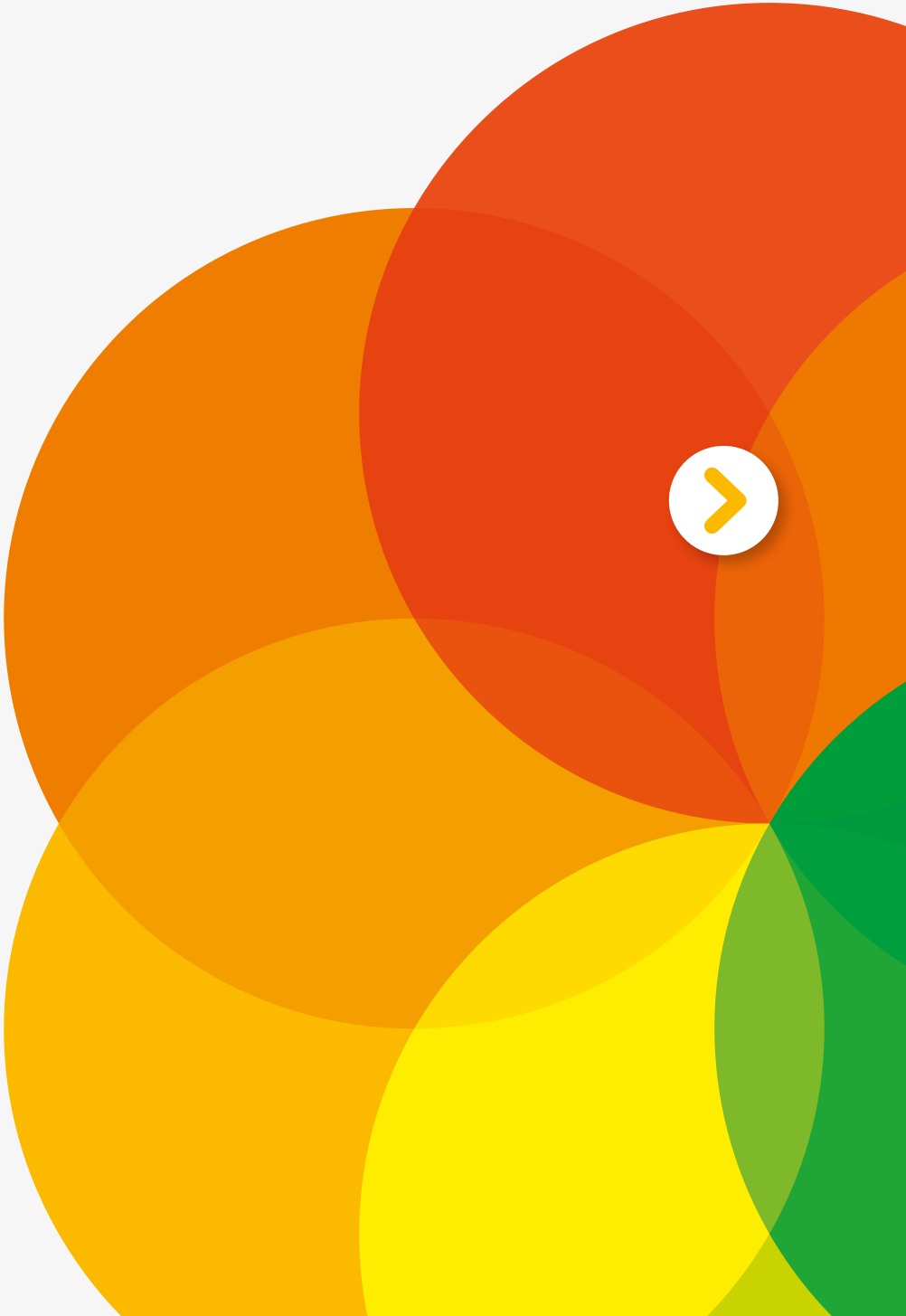
Government of **Western Australia**
**Mental Health Commission**

# Mental Health Commission 2015/16 Annual Report



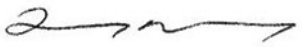
# Statement of Compliance

Hon Andrea Mitchell MLA
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 2016.

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



Timothy Marney
COMMISSIONER
MENTAL HEALTH COMMISSION
19 SEPTEMBER 2016

This annual report provides a review of the Mental Health Commission's (hereby referred to as the Commission) operations for the financial year ended 30 June 2016.

A full copy of this and earlier annual reports are available from the Commission's website at www.mhc.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 42 to 96).
- 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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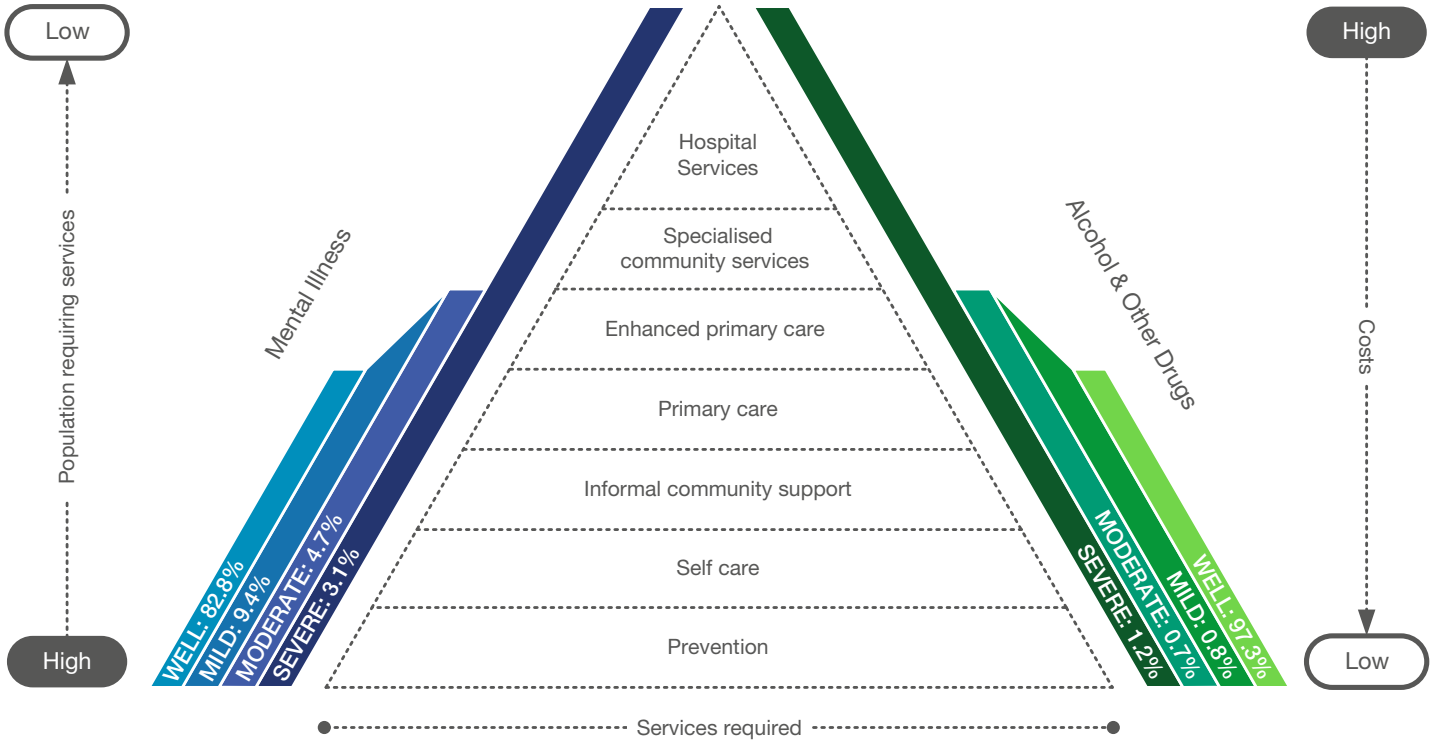
# Contents

# Overview

Our vision is to achieve a Western Australian community that experiences minimal alcohol and other drug-related harms and optimal mental health.

We do this by being a respected leader in commissioning, providing and partnering in the delivery of:

- prevention programs;
- person-centred treatment, services and supports for people in our community affected by mental health, alcohol and other drug related issues; and
- evidence-based policy, research and system reforms.



# Commissioner's Foreword

The past year has been a time of significant change and achievement for the Commission. 1 July 2015 saw the amalgamation of the Drug and Alcohol Office with the former Mental Health Commission. As a result of this change a significant amount of work went into developing the suite of policies and procedures required to support the new Commission, and ensure staff had access to relevant corporate information.

The move to co-locate most staff at a single office in Nash Street Perth took place in April and May 2016. This coincided with the launch of a new intranet. These changes enabled us to work more efficiently and effectively as one organisation.

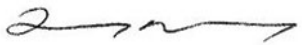
The Commission has much to be proud of as a result of its activities over the past 12 months. Highlights include:

- on 30 November 2015, the new *Mental Health Act 2014* commenced, as the Commission supported the transition from the *Mental Health Act 1996*. As part of this change the Commission assumed responsibility for providing support and staff to the following independent entities: the Office of the Chief Psychiatrist, the Mental Health Tribunal and the Mental Health Advocacy Service
- the final *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choices. Better Lives* (the Plan) was launched in December 2015. The creation of this 10 year Plan is a first for Western Australia, and clearly sets out where we need to focus our investment to achieve the best mix of mental health, alcohol and other drug services
- implemented drug and alcohol public education campaigns, including the *Meth can take control* campaign, the *Strong Spirit Strong Mind* campaign and the secondary supply laws information campaign. The Commission has a solid track record of positive outcomes from its public information campaigns, which are integral to preventing harm from alcohol and other drug use. The evidence of the success of these campaigns can be demonstrated in the significant improvements in the prevalence of drinking behaviour by young people
- collaboration with other agencies to secure the passage of the *Misuse of Drugs Amendment (Psychoactive Substances) Act 2015* which put Western Australia at the forefront in tackling psychoactive substance abuse both nationally and internationally
- continued implementation of *Suicide Prevention 2020: Together we can save lives* by expanding suicide prevention services throughout the State, including the delivery of education and prevention programs that build understanding of and capacity to respond to suicide risk factors
- through the Court Diversion Program, the Commission continued to work with other agencies to identify people in the criminal justice system, including in the Children's Court, and provide them access to mental health treatment and support services
- the commissioning of Western Australia's first specialist statewide eating disorders service, which aims to enhance the knowledge and skills of current community and hospital health professionals to deliver best-practice treatment and support through consulting, mentoring, training and education

- further work on the delivery of community step-up/step-down services that provide short-term residential support to help people recover their mental health, either to prevent further deterioration and the need for hospital admission or to transition back to living in the community after discharge from acute hospital care. Substantial work was undertaken towards the new Rockingham facility, due to open later in 2016, and planning for new facilities in Broome, Bunbury and Karratha; and
- development and commencement of the comprehensive and multi-pronged Methamphetamine Strategy.

Many of these changes and reforms were driven by the former Minister for Mental Health, the Honourable Helen Morton MLC, and I would like to acknowledge her passionate commitment to improving the lives of people experiencing mental health, alcohol and other drugs problems. We welcomed the current Minister for Mental Health, the Honourable Andrea Mitchell MLA, in April 2016, who brings a wealth of practical experience from her years in support of these initiatives as Parliamentary Secretary to the Minister for Mental Health.

I would like to thank all of our external stakeholders and partners who contributed to these key reforms and achievements. Most of all I would like to thank all of my people who work within the Commission who delivered so much by way of change, improvement and innovation, as well as maintaining and enhancing the quality and timeliness of our day-to-day activities. I am very proud of their achievements in 2015/16 and of their service to the public of Western Australia.



Timothy Marney
Mental Health Commissioner

*Rockingham step-up, step-down service – anticipated to be operational by November 2016*

# Executive Summary

## The Mental Health Commission

On 1 July 2015, the Mental Health Commission amalgamated with the Drug and Alcohol Office to deliver an integrated approach to helping people with mental health, alcohol and other drug problems, recognising that these problems commonly coexist.

The new organisation, called the Mental Health Commission (the Commission), is accountable to the Minister for Mental Health. The Commission plans and purchases mental health, alcohol and other drug services through government, non-government and private sector service providers. The Commission also directly provides alcohol and other drug treatment and support via the Next Step Drug and Alcohol Service, Alcohol and Drug Support Line, the Community Alcohol and Drug Services, and delivers a range of prevention services and campaigns.

The Commission's strategic direction is guided by the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choices. Better Lives* (the Plan).

## Key achievements

2015/16 was a watershed year for the State Government's mental health, alcohol and other drug services delivery systems.

In December 2015, the finalised Plan was released by the Government, following extensive consultation on the 2014 draft. The Plan guides investment and the development and delivery of the optimal level and mix of mental health, alcohol and drug services to meet the needs of the population over the ten years, 2015-2025.

It prioritises the establishment of a contemporary system with an increased focus on prevention, early intervention and community-based services and supports that keep people well and out of hospital.

Another component of significant system-wide change was the transition from the *Mental Health Act 1996*, to commencement of the *Mental Health Act 2014* (the Act) on 30 November 2015. This new legislation marks an important milestone for people with mental illness and their family and carers, who now have the right to be more informed and involved in treatment and care decisions. The Act provides extensive safeguards for involuntary patients, including the right to automatic advocacy support and more timely review of involuntary treatment status. There are additional safeguards for children, including automatic advocacy support within 24 hours and more frequent review of involuntary status. The Act also provides specific safeguards for Aboriginal and Torres Strait Islander people. To the extent that it is practicable and appropriate, services must involve Aboriginal or Torres Strait Islander mental health workers and significant members of the person's community (including elders and traditional healers) in assessment, examination and treatment.

This new era in mental health law underpins important cultural changes to contemporary mental health care, supporting the focus on individual choice, and prioritising the involvement of consumers, families and carers in decisions about an individual's best interests. The Office of the Chief Psychiatrist, Mental Health Tribunal and Mental Health Advocacy Service were created to provide new levels of rights protection. These agencies are independent bodies, with the Commission providing employees as required under the Act. The Act also benefits regional and remote communities by removing legal barriers to the use of videoconferencing technology, reducing the need to transport people away from their local communities for mental health assessment and examination.

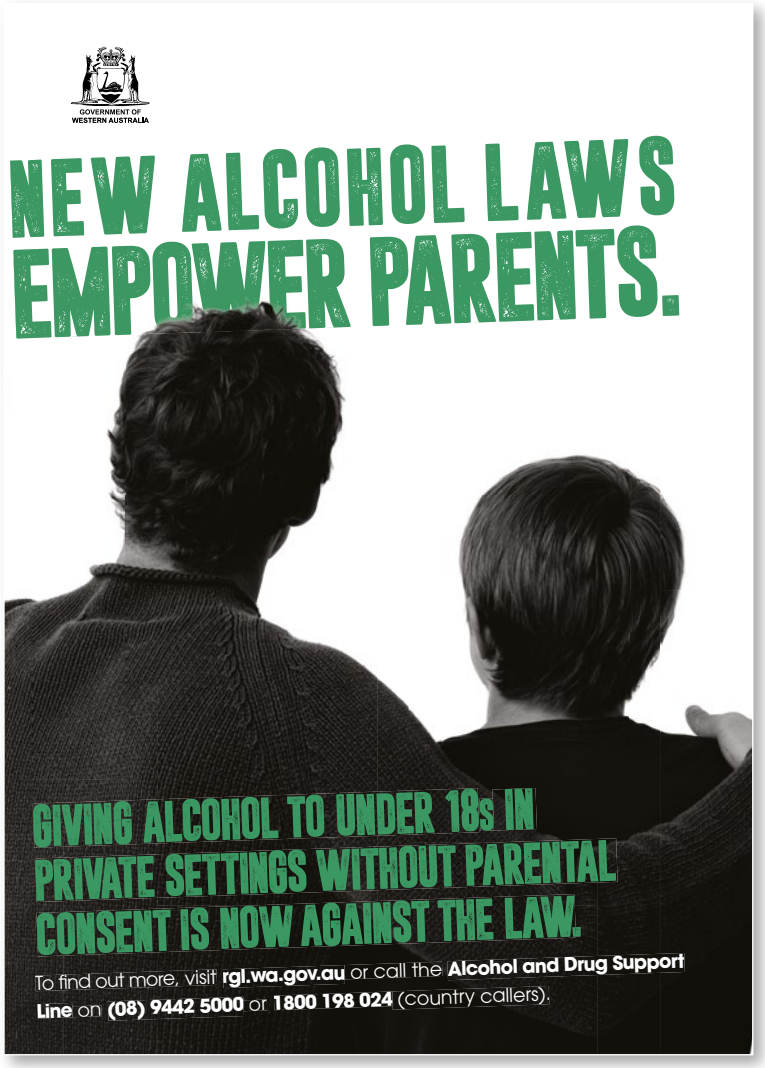
## Executive Summary

In 2015/16, the Commission contributed to the achievement of other legislative changes, working with government agencies including Western Australian Police and the Department of Racing, Gaming and Liquor to cement changes that support the reduction of alcohol and drug-related harm.

Proclamation of the *Misuse of Drugs Amendment (Psychoactive Substances) Act 2015* on 19 November 2015, responded to the frequent emergence of new psychoactive substances, including synthetic cannabinoids, and prohibited the sale, supply, manufacture, advertising and promotion of any psychoactive substance.

On 18 November 2015, new secondary supply laws banning the supply of alcohol to children in a private setting without their parents' consent came into effect, empowering parents who do not want their child exposed to alcohol, and also deterring under 18 year olds from drinking. As part of the role in reducing alcohol-related harm, the Commission developed a public education campaign including the use of social media, to communicate these important changes to parents, young people, and industry prior to school leavers' celebrations.

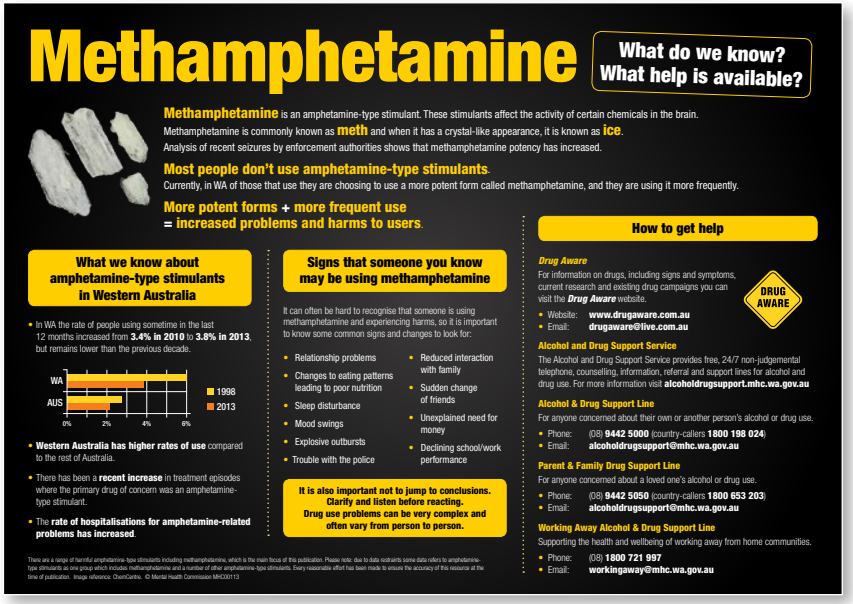
Throughout 2015/16, the Commission continued to work with the Western Australian Department of Health to implement improvements to the public mental health system arising from the State Government's response to the *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia* (the Stokes Review). Key operational improvements being implemented by the Western Australian Department of Health such as the establishment of Mental Health Networks and Statewide Standardised Clinical Documentation (SSCD) have facilitated a more consistent and standardised approach to governance across public mental health services.



# Executive Summary

By 30 June 2016, more than 85 of the Stokes Review's 117 recommendations, and 10 sub-recommendations, had been implemented, with the remaining recommendations being progressed. Initiatives resulting from the Stokes Review are making positive changes to the quality of mental health care in Western Australia and include the Statewide Specialist Aboriginal Mental Health Service, new perinatal and youth mental health services at Fiona Stanley Hospital, the Court Diversion and Support Program, and development of subacute step-up, step-down services.

The Stokes Review Implementation Partnership Group that included government and non-government agencies, the Chief Psychiatrist and consumer, family and carer representatives had its final meeting in April 2016. Outstanding recommendations are being addressed as part of the Plan implementation which will partially or entirely fulfil 47 Stokes recommendations. The provisions in the Act are also addressing the recommendations by improving rights, protection and support for people with mental illness, their families and carers.




## Prevention strategies

Work to prevent alcohol and other drug related harm continued through public education campaigns *Alcohol.Think Again*; *Strong Spirit Strong Mind* and *Drug Aware* in 2015/16.

Results from the recent 2014 Australian School Students Alcohol and Drug (ASSAD)[1] survey show significant reductions in youth drinking in the past decade, and fewer parents supplying alcohol to young people[2], reflecting the important contribution prevention campaigns are making in targeting young people and parents with the message that drinking at a young age is a risk to their health and wellbeing.

Despite a decline in overall use of methamphetamine (meth or ice) over the past decade in Western Australia, the frequency of use and potency of the drug has risen[3]. In recognition of the increase in harm from methamphetamine use the Commission launched a new *Drug Aware* campaign in December 2015.

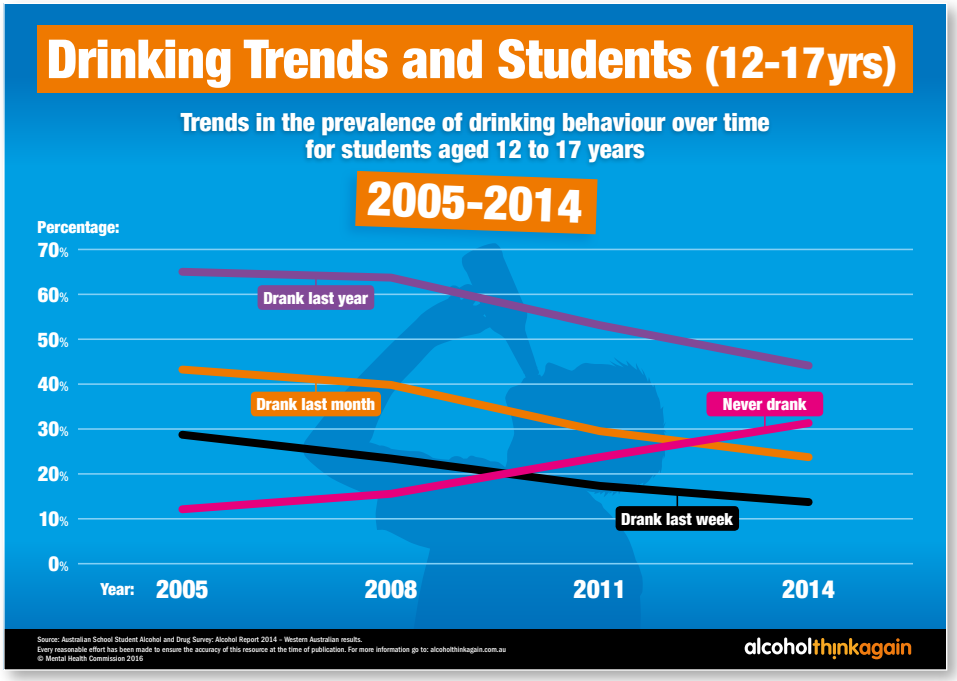
[1] Australian School Student Alcohol and Drug Survey: Alcohol Report 2014 – Western Australian results.

[2] Van Bueran, D., Elston, D., & Chow, W. (2016). *Alcohol Attitudes 2015 – Young People.* Unpublished.

[3] The Australian Institute of Health and Welfare (2014). *National Drug Strategy Household Survey 2013 – Illicit use of drugs chapter: online data tables.*

## Executive Summary

Targeting 17 to 25 year olds, the demographic most at risk of initiating use,[4] the *Meth Can Take Control* campaign depicts powerful real stories of lives unravelling with job loss, family fighting and/or criminal convictions, and highlights serious short and long-term health and mental health problems. The campaign also targeted family and friends of those experiencing harm to encourage them to seek help and connect with support services.




Independent evaluation of the campaign indicated it was resonating strongly with the target group and parents, with messages motivating them to change their behaviours to prevent harm and stop methamphetamine use.

Responding to ongoing community-wide meth-related harm and calls from families, clinicians and front-line emergency services, the Commission also prioritised development of the Methamphetamine Initiative. This includes strategies to boost prevention and support services, and increases frontline treatment and rehabilitation services. Released in May 2016, this also formed a key component of the State Government's cross-agency Western Australian Meth Strategy 2016, and complemented the demand-reduction approach of the *Meth Can Take Control* campaign.

**PARENT & FAMILY DRUG SUPPORT LINE 9442 5050**

**ALCOHOL & DRUG SUPPORT LINE 9442 5000**

[4] Elston, D., & Chow, W. (2016). *Drug Attitudes 2016*. Unpublished.

# Executive Summary

In other initiatives to reduce drug and alcohol-related harm, the Commission strengthened and expanded its range of telephone and online help services. In addition to the Alcohol and Drug Support Line and Parent and Family Drug Support Line, the Commission worked closely with industry to develop a dedicated telephone and online service for FIFO workers and their families. The Working Away Alcohol and Drug Support Line became operational on 26 July 2015 in recognition that working away from home could increase the risk of harmful alcohol and/or other drug use, and mental health problems.

In 2015/16, the Commission developed initiatives to address priorities identified in the *Suicide Prevention 2020: Together we can save lives* strategy. This included the allocation of $2.5 million over four years to build community suicide prevention capacity through suicide-prevention training that build understanding, and the capacity to respond to suicide risk factors.

The first phase of a $3.5 million initiative to promote suicide prevention and increase community resilience was implemented with the placement of the first three of seven suicide prevention co-ordinators scheduled for placement by the end of 2016. Co-ordinators initially were placed in the Goldfields, Wheatbelt and South-West regions to be followed by the Kimberley, Midwest and two co-ordinators in the metropolitan area by the end of 2016.

Other groups targeted as priorities for suicide prevention interventions included children who had lost parents and family members to suicide.


## Funded services

The Commission is responsible for purchasing mental health, alcohol and drug services on behalf of the State Government. In 2015/16, the Commission purchased more than $780.9 million worth of services from government and non-government service providers. Services purchased by the Commission spanned the entire spectrum of service delivery, from promotion and early intervention through to community-based treatment and support services, and hospital-based services. This expenditure was 5.7 per cent above that in 2014/15.

A significant proportion of the Commission's 2015/16 budget (75.1 per cent) was allocated to public mental health services provided by the Western Australian Department of Health, including mental health inpatient services, and community treatment services.

The Commission also funded services and initiatives aimed at:

- preventing suicide
- diverting people with mental illness, and alcohol and drug related problems from the criminal justice system
- improving the mental health of Aboriginal people
- enabling people to live in their own home in the community
- improving the support available for people with mental health, and alcohol and drug related issues
- preventing and reducing the adverse impacts of alcohol and other drugs.

## Significant issues impacting the agency

The Commission's priorities and work program continued to be influenced by developments at the local and national levels. Following the 1 July 2015 amalgamation with the Drug and Alcohol Office, the Commission developed

# Executive Summary

a new organisational structure to align policies and functions with a focus on developing a unified approach. On 18 April 2016, the agency commenced co-location to new premises at Nash Street, Perth.

Following the release of the Plan on 7 December 2015, the Commission proceeded to implement priority actions including the delivery of a police co-response program; the mental health court diversion and support program; development of prevention, workforce and accommodation strategies and continued development of community subacute step-up step-down services across Western Australia.

In 2016, the Commission started work with the Western Australia Primary Health Alliance (WAPHA), to improve coordination of Commonwealth and State Government funded services. Part of this WAPHA and the Commission partnership includes the creation of the Integrated Atlas of Mental Health, Alcohol and Other Drugs (the Atlas), which will see Western Australian services mapped and measured against social and demographic needs, and will support future service commissioning and decision-making by both WAPHA and the Commission.

## Summary of key performance indicators

Following the 1 July 2015 amalgamation, a review of the Outcome Based Management (OBM) reporting structure was conducted to develop a combined framework, with outcomes, services and key performance indicators that covered the range of activities previously undertaken by both organisations, while also considering the future directions proposed through the Plan. The review of the OBM structure was built on the recommendations of key strategic and policy documents, as well as extensive consultation with relevant stakeholders, to create a merged and cohesive structure.

It now reflects a combined agency, but still accommodates the differences in mental health and drug and alcohol services, data availability and collection processes. The services purchased by the Commission have been categorised into five service groups:  Prevention; Hospital Bed Based Services; Community Bed Based Services; Community Treatment; and Community Support.

In 2015/16, the results for most of the nine effectiveness indicators met or outperformed the targets. The national target of 12 per cent or less for the proportion of individuals discharged from acute specialised mental health units who are readmitted within 28 days was not met. This may have been impacted by the introduction of new models of care, such as Hospital in the Home, and the Commission continues to investigate the reasons behind this. Further progress is required to meet the aspirational national target of 70 per cent for rates of community follow-up after discharge from hospital but this indicator has improved from 50 per cent in 2011 to 61 per cent in 2015. The Commission met or was close to target for the majority of the 22 efficiency indicators,  effectiveness of procurement and contract management.

## Disclosures and legal requirements

In 2015/16, the Commission continued to meet its requirements under the legislation and policies that govern the operation of the public sector, including in the areas of record-keeping, occupational health and safety, and disability and inclusion. The Commission's finances were independently audited in line with whole-of-Government requirements.

# Operational Structure

## Responsible Minister

The Commission is responsible to the Minister for Mental Health, the Honourable Andrea Mitchell MLA, and is the government agency primarily assisting her in the administration of the mental health portfolio.

## Minister for Mental Health – the Hon Andrea Mitchell MLA

Minister Mitchell was appointed the Western Australian Mental Health Minister in March 2016. First elected in September 2008, the Hon Andrea Mitchell MLA is the Legislative Assembly member for Kingsley. Through her three years in the role of Parliamentary Secretary to the Minister for Mental Health, she developed an extensive understanding of the issues around mental health, alcohol and other drugs strategy and policy.

## 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 is the agency principally assisting the Minister for Mental Health in the administration of the *Mental Health Act 2014*.

## Other key legislation

The Commission is required to comply with a range of laws including:

*Alcohol & Other Drugs Act 1974*
*Alcohol & Drug Authority Amendment Act 2016*
*Auditor General Act 2006*
*Carers Recognition Act 2004*
*Corruption, Crime and Misconduct 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 2014*
*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*

# Organisational Structure

Commissioner for Mental Health – **Timothy Marney**

Timothy was appointed as Mental Health Commissioner in February 2014. He joined the Western Australian Department of Treasury in 1993, where he held the position of Under Treasurer from 2005 to 2014. In this role, he gained an in depth understanding of the health system and health reform initiatives.

## MENTAL HEALTH COMMISSION – ORGANISATIONAL STRUCTURE

**Internal Audit and Risk Management**

- Monitors the activities of the Commission to ensure compliance with organisational, government, legal and best practice requirements.
- Assist Directorates manage risk mitigation and improve organisational performance reporting on key projects and operational deliverables.

**MENTAL HEALTH COMMISSIONER**

**Executive Services**

- Provides advice, executive and administration support to the Commissioner, liaises with the Minister's Office and external stakeholders on behalf of the Commissioner.

**Elaine Paterson**
Acting Assistant Commissioner
Purchasing, Performance and Service Development

- **Carly Dolinski** Acting Director Health Relationship and Purchasing
- **James Hunter** Director Non-Government Organisation Purchasing and Development
- **Michael Moltoni** Acting Director Performance, Monitoring and Evaluation

**David Axworthy**
Acting Assistant Commissioner
Policy, Planning and Strategy

- **Julia Knapton** Acting Director Policy and Planning

**Sue Jones**
Acting Assistant Commissioner
Alcohol, Other Drugs and Prevention Services

- **Gary Kirby** Director Prevention Services
- **Susan Alarcon** Director Operations Next Step Drug and Alcohol Services
- **Dr Allan Quigley** Director Clinical Services Next Step Drug and Alcohol Services

**Barry Thomas**
Director
Corporate Services

## Organisational Structure

### **Elaine Paterson**, Acting Assistant Commissioner – Purchasing, Performance and Service Development

This area leads the commissioning and management of services purchased by the Commission. This role is fundamental to the reform, development and delivery of services quality. The position is responsible for contract governance, performance monitoring and evaluation of Commission outputs.

This area drives improved service outcomes with an emphasis on integrated and person-centred, individualised approaches.

### **Sue Jones**, Acting Assistant Commissioner – Alcohol and Other Drugs Prevention Services

This area leads provision of alcohol and other drugs support services, prevention and clinical services, and is fundamental to development and delivery of the Commission's prevention and clinical services and initiatives.

Shapes development and delivery of treatment and prevention services for people experiencing problems with alcohol and other drug use. Leads the State Government's *Suicide Prevention 2020* strategy.

### **David Axworthy**, Acting Assistant Commissioner – Planning, Policy and Strategy

This area leads the policy development for mental health, alcohol and other drug treatment services provided by the Commission, and is fundamental to the development and delivery of Commission policy and planning.

Shapes the direction for mental health services and infrastructure planning, ensuring alignment with Commission and State Government priorities and strategic objectives. This area leads the implementation of the Plan.

### **Barry Thomas**, Director – Corporate Services

This role is responsible for ensuring an effective corporate governance framework and business practices are in place to support the operations of the Commission. Manages financial and staffing resources to ensure services are provided within budgetary, organisational and legislative constraints in line with the values of the Commission.

Corporate support services are also provided to the Commission's affiliated bodies, the Mental Health Tribunal, Mental Health Advisory Service and the Office of the Chief Psychiatrist.

# Agency Performance

# Performance summaries – Report on operations

## Summary of financial performance

The table below provides an overview of the Commission's financial performance. The detailed information and notes are provided in the Financial Statements section from page 41.

| FINANCIAL TARGET | 2015/16 BUDGET $000 | 2015/16 ACTUAL $000 | VARIATION $000 |
|---|---|---|---|
| Total cost of service (expense limit) | 836,812 | 843,214 | +6,402 |
| Net cost of services | 646,503 | 664,650 | +18,147 |
| Total equity | 41,417 | 47,582 | 6,165 |
| Net increase/(decrease) in cash held | -7,407 | -1,442 | 5,965 |
| Approved full-time equivalent staff level | 302 | 295 | -7 |

## Performance summaries – Report on operations

# Summary of key effectiveness and efficiency indicators

The Commission reports each year on efficiency and effectiveness indicators that contribute to our agency outcomes. A summary of our performance is provided in the table below. More detailed information and analysis of our efficiency and effectiveness indicators are provided in the Key Performance Indicators section from page 97.

| KEY EFFECTIVENESS INDICATOR | 2015/16 TARGET | 2015/16 ACTUAL |
|---|---|---|
| **Outcome 1 – Promote mental health and wellbeing** | | |
| 1.1 Percentage of the Western Australian population with high or very high levels of psychological distress compared to the percentage reported nationally. | -0.2% | -1.8% |
| **Outcome 2 – Reduced incidence of use and harm associated with alcohol and other drug use** | | |
| 2.1 Percentage of the Western Australian population aged 14 years and over reporting recent use of illicit drugs and the percentage reporting use of alcohol at risky levels compared to the percentage reported nationally | Illicits +2.0%<br>Alcohol +3.4% | Illicits +2.0%<br>Alcohol +3.4% |
| 2.2 Correct take out messages for alcohol and other drug campaigns among target population | 61.0% | 45.9% |
| **Outcome 3 – Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports** | | |
| 3.1 Readmissions to hospital within 28 days of discharge from acute specialised mental health units (national indicator) | ≤12.0% | 17.6% |
| 3.2 Percentage of contacts with community-based public mental health non-admitted services within seven days post discharge from public mental health inpatient units (national indicator) | ≥70.0% | 60.7% |
| 3.3 Percentage of closed alcohol and other drug treatment episodes completed as planned | 76.0% | 72.6% |
| 3.4 Percentage of non-government organisations contracted to provide mental health services that met the National Standards for Mental Health Services (2010) through independent evaluation | N/A | 94.1% |
| 3.5 Percentage of the population receiving public clinical mental health care (national indicator) | >2.1% | 2.2% |

## Performance summaries – Report on operations

| KEY EFFICIENCY INDICATOR | 2015/16 TARGET | 2015/16 ACTUAL |
|---|---|---|
| **Service 1 – Prevention** | | |
| 1.1 Cost per capita to enhance mental health and wellbeing and prevent suicide (illness prevention, promotion and protection activities) | $4.37 | $4.20 |
| 1.2 Cost per capita of the Western Australian population 14 years and above for initiatives that delay the uptake and reduce the harm associated with alcohol and other drugs | $2.57 | $4.67 |
| 1.3 Cost per person of alcohol and other drug campaign target groups who are aware of, and correctly recall, the main campaign messages | $0.45 | $0.81 |
| **Service 2 – Hospital Bed Based Services** | | |
| 2.1 Average length of stay in purchased acute specialised mental health units | <15 days | 14.3 |
| 2.2 Average cost per purchased bedday in acute specialised mental health units | $1,345 | $1,384 |
| 2.3 Average length of stay in purchased sub acute specialised mental health units | 103.0 days | 108.8 days |
| 2.4 Average cost per purchased bedday in sub acute specialised mental health units | $1,315 | $1,354 |
| 2.5 Average length of stay in purchased hospital in the home mental health units | 15.0 days | 24.0 days |
| 2.6 Average cost per purchased bedday in hospital in the home mental health units | $1,001 | $2,170 |
| 2.7 Average length of stay in purchased forensic mental health units | 50.0 days | 45.4 days |
| 2.8 Average cost per purchased bedday in forensic mental health units | $1,235 | $1,301 |

## Performance summaries – Report on operations

| KEY EFFICIENCY INDICATOR | 2015/16 TARGET | 2015/16 ACTUAL |
|---|---|---|
| **Service 3 – Community Bed Based Services** | | |
| 3.1 Average cost per purchased bedday in non-acute (24 hours support) community bed based services | $239 | $242 |
| 3.2 Average cost per purchased bedday in non-acute (hospital/nursing home) community bed based units | $208 | $208 |
| 3.3 Average cost per purchased bedday in step-up/step-down community bed based units | $583 | $595 |
| 3.4 Cost per completed treatment episode in alcohol and other drug residential rehabilitation services | $6,654 | $9,652 |
| **Service 4 – Community Treatment** | | |
| 4.1 Average cost per purchased treatment day of ambulatory care provided by public clinical mental health services (national indicator) | $503 | $482 |
| 4.2 Average treatment days per episode of ambulatory care provided by public clinical mental health services | 4.90 days | 4.92 days |
| 4.3 Cost per completed treatment episode in community based alcohol and other drug services | $2,097 | $1,671 |
| **Service 5 – Community Support** | | |
| 5.1 Average cost per hour of community support provided to people with mental health problems | $132 | $131 |
| 5.2 Average cost per episode of community support provided for alcohol and other drug services | $11,562 | $12,341 |
| 5.3 Average cost per package of care provided for the Individualised Community Living Strategy | $90,754 | $62,413 |
| 5.4 Cost per episode of care in safe places for intoxicated people | $336 | $366 |

# Key Achievements

Total expenditure by the Commission on contracted mental health and alcohol and other drug services in 2015/16 was $781 million, an increase of 5.7 per cent over the previous year. The services purchased cover the entire spectrum of mental health, alcohol and other drug care, from prevention and early intervention through to community-based treatment and support services and hospital-based services. Services were purchased from government agencies (largely from the Western Australian Department of Health), community-managed organisations and private providers.

A list of non-government organisations funded by the Commission is included in Appendix One on page 166.

## Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choices. Better Lives.

In finalising the Plan, an extensive consultation process was undertaken from 3 December 2014 to 30 March 2015. The feedback received during the consultation process was taken into consideration and resulted in amendments made to produce the final Plan that was released on 7 December 2015.

The Plan estimates the optimal mix, level and type of mental health, alcohol and other drug services required to meet the needs of our population over the next 10 years. By comparing these estimates with existing service levels, the Plan identifies gaps in the current system, and explains where new investment needs to be targeted to build a comprehensive and contemporary service system.

The Commission has commenced planning the implementation of a number of key early priorities identified in the Plan.

Funding to implement other actions within the Plan will be sought on an ongoing basis and is subject to the State Government's fiscal capacity and approval through the annual budget process. It should be noted that many actions within the Plan can also be implemented and funded by the Commonwealth and the private sector.

## Service development

New investment in mental health and alcohol and other drug services was directly linked to the priorities identified in the Plan, and the increase in funding in 2015/16 allowed for significant service developments, including the:

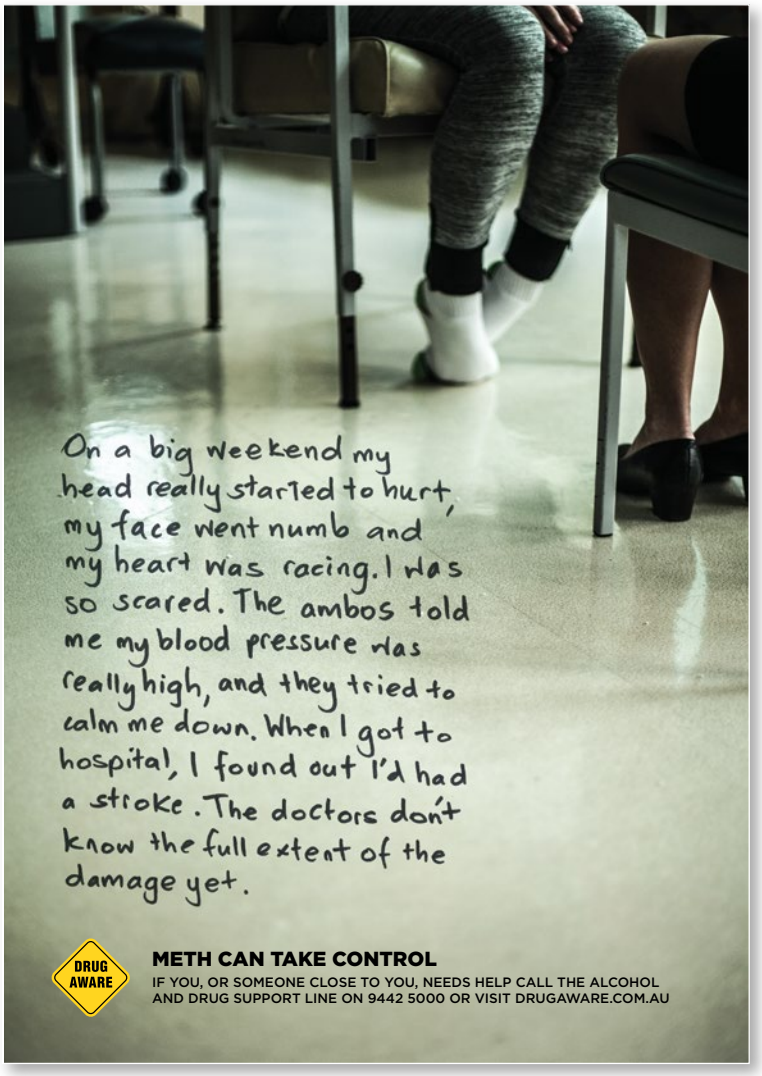
- new mental health services at Fiona Stanley Hospital, including dedicated youth, and perinatal mother and baby units
- new mental health units at Sir Charles Gairdner Hospital (30 beds) which replaced the existing mental health unit. The new unit can now accept people who are subject to the provision of the *Mental Health Act 2014*
- Midland Health Campus (56 beds) which replaces beds at Swan District Hospital (41 beds) and Graylands Hospital (15 beds)
- commencement of a two-year Police and Mental Health Co-response Trial
- commencement of the targeted Youth Mental Health Initiative in Country Western Australia. Under this initiative, multidisciplinary mental health teams based in the Pilbara and South-West provide services to young people aged between 16 and 24 in regional Western Australia
- expansion of services for alcohol and drug treatment in Joondalup to cater for the region's growing population, involving a move to larger 'one stop shop' premises by the North Metropolitan Community Alcohol and Drug Service; and
- Working Away Alcohol and Drug Support Line, providing free, confidential counselling, support and referral 24 hours a day, seven days a week to people who work away from home, and their families.

# Key Achievements

## Responding to methamphetamine-related harm

In recognition of the increasing harms associated with methamphetamine use, the State Government's *Western Australian Meth Strategy 2016* outlines current initiatives being undertaken by the Commission, Western Australian Police, the Department of Education and the Department of Corrective Services to reduce the supply of, and demand for methamphetamines in the Western Australian community. As part of this, the State Government has allocated $14.9 million of funding over two years to the Commission, for the expansion of prevention and treatment activities to address methamphetamine use. This includes:

- expansion of existing prevention initiatives to prevent, the use and associated harm from methamphetamine
- provision of additional training and support for frontline workers
- additional community-based prevention and treatment services delivered through the statewide network of Community Alcohol and Drug Services
- expansion of existing low medical withdrawal (eight beds) and residential rehabilitation beds (52 beds)
- increased specialist services in emergency departments to provide information, support and referral options to individuals, family members and hospital staff
- a pilot specialist amphetamine clinic to provide assessment and treatment for methamphetamine users at the Commission's Next Step Drug and Alcohol Service
- provide a Meth Helpline to deliver, via telephone, specialist information, support and referral for individuals and families affected by methamphetamine use.



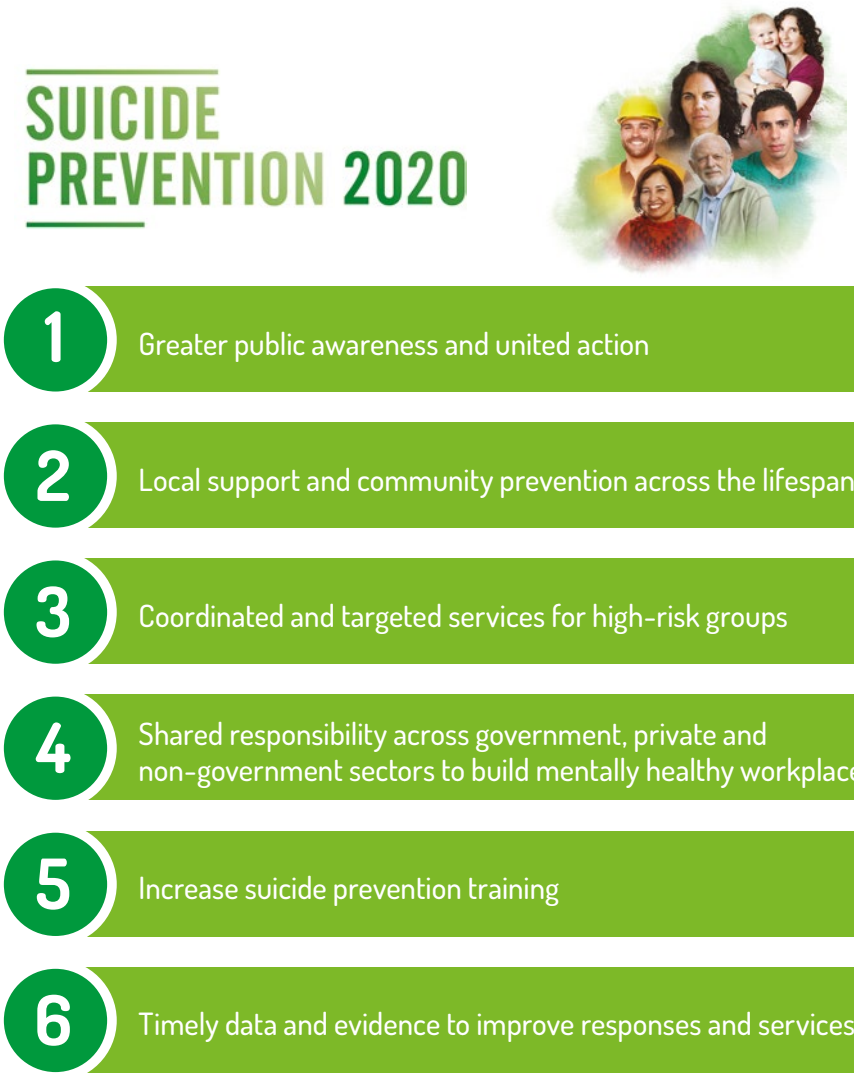
## Key Achievements

# PREVENTION

### Suicide Prevention

The Commission further progressed suicide prevention initiatives as part of the State Government's *Suicide Prevention 2020* strategy which aims to halve the number of suicides within 10 years. Activities in 2015/2016 included:

- expansion of the Response to Suicide and Self-Harm in Schools Program, providing specialist staff and support to schools to address depression, self-harm and grief resulting from suicide
- development of a service to provide long-term support for children and young people bereaved by suicide – a first of its kind in Australia
- $145,000 in grants for suicide prevention training in the Kimberley, including a focus on Aboriginal people to strengthen their communities and reduce the incidence of suicide
- a Suicide Prevention Coordinator placed in each of the Goldfields, Wheatbelt and South West to consolidate a collaborative local approach to suicide prevention
- funding for the Telethon Kids Institute and the State Coroner's Office to develop a timely and accessible database of suicide deaths in Western Australia
- development of a set of standards for mentally healthy workplaces to help prevent suicide.



# Key Achievements

### Prevention and Promotion

In 2015/2016, the Commission continued a focus on early intervention and prevention initiatives in line with the Plan, placing a high priority on the implementation of effective prevention activity across the service spectrum. The Commission delivered mass reach social marketing campaigns to reduce and delay risky alcohol use, and prevent illicit drug use including the:

- Drug Aware program which launched a new methamphetamine campaign *Meth can take control*
- *Alcohol. Think Again* program which featured 'Alcohol and Health' and 'Parents, Young People and Alcohol' campaigns
- *Strong Spirit Strong Future* Aboriginal specific program designed to prevent drinking alcohol during pregnancy.

Independent campaign evaluation and national research data have confirmed the important role of these prevention campaigns, with alcohol consumption rates among young people in Western Australia aged 12 to 17 years now the lowest in a decade, and almost all parents (96 per cent) are now aware that no alcohol is the safest choice for under 18s.[5]

The Commission continued to monitor liquor licence applications and provide assistance in matters regarding alcohol-related harm and ill health, and played an important role in the proclamation of the *Misuse of Drugs Amendment (Psychoactive Substance) Act 2015* which banned psychoactive substances or substances purported to have a psychoactive effect.

[5] Van Bueran, D., Elston, D., & Chow, W. (2016). *Alcohol Attitudes 2015 – Young People.* Unpublished.

## COMMUNITY TREATMENT SERVICES

### Next Step Drug and Alcohol Service

Next Step Drug and Alcohol Service continued to provide effective treatment and support for people concerned about their alcohol and other drug use, including 623 admissions to the Inpatient Withdrawal Unit in 2015/16 with 78 per cent of patients completing treatment as planned. In 2015/16, the service provided a Blood-borne Virus clinic, a fortnightly addiction medicine clinical liaison service for inpatients and outpatients at the Women and Newborn Drug and Alcohol Service at King Edward Memorial Hospital, and integrated services across sites through partnership with a non-government organisation. In July 2015, Next Step partnered with Cyrenian House to establish the North Metropolitan Community Alcohol Drug Services at Joondalup to expand services offered at the Warwick site. This included an innovative inreach service to Joondalup Health Campus, and Joondalup Catchment Mental Health Services to further improve community access to treatment, counselling, support and prevention services.

Alcohol consumption rates among young people in WA aged 12-17 years are now **the lowest** in a decade

# Key Achievements

### Police and Mental Health Co-Response Trial

The State Government provided $6.5 million for a two year trial of a Police and Mental Health Co-Response service in 2015, with $2 million allocated by the Commission.

The trial began in January 2016 and includes mental health professionals co-located with police at the main police operations centre, the Perth Watch House, and two mobile response teams in the North-West Metropolitan and South-East Metropolitan districts. The trial is demonstrating positive results by providing prompt access to mental health assessment, onward referral to appropriate health or alcohol and other drug services, and where appropriate, diversion from hospital emergency departments and the criminal justice system.

An evaluation of the trial will provide findings on how the service can be improved, as well as feedback on the benefits for individuals and families, police and mental health services.

## COMMUNITY BED BASED SERVICES

### Step-up step-down services

Step-up, step-down services, also known as subacute services, provide short and medium term recovery-oriented treatment and supported residential care for people with mental illness. This model of care removes much of the trauma, stigma and cost that can result from acute hospital admissions. Community and consumer feedback indicates a strong preference for this type of service. Services include:

- step-up services to provide additional treatment and support for people, where an admission to hospital is not necessary
- step-down services to support people who need assistance to transition back to life in the community following a hospital stay
- non-acute services to support people who need longer residential support before transitioning back to the community.

The services are person-centred and family inclusive. They are often delivered in home-like, cluster-style facilities closer to where people live. They are staffed 24 hours per day, seven days per week. Mental health community bed-based services are expected, where appropriate, to have the capability of meeting the needs of people with co-occurring mental health, alcohol and other drug problems.

In regional areas where there needs to be greater flexibility they can also provide longer term supported residential care, referred to as non-acute services.

## Key Achievements

Western Australia's first step-up, step-down service opened in Joondalup in 2013 with 22 beds. As of 30 June 2016, there have been 725 admissions in the Joondalup community step-up, step-down service. Of these, only 30 admissions required inpatient care on leaving the facility, meaning 695 or 96 per cent of the people accessing the service, were successfully transitioned back into the community without requiring hospital admission or re-admission. The average length of stay for people accessing this service in 2015/16 was 24 days.

The State Government has allocated funding to progressively establish similar services in Rockingham, Broome, Karratha and Bunbury. Of these, the 10 bed facility in Rockingham is the most advanced. The build was completed in June 2016, with fit-out commencing in July. It is anticipated that the service will be operational by November 2016. Mind Australia was awarded $5.7 million over five years to deliver non-clinical services including mental health counselling and ancillary treatment services. In an innovative model, Mind Australia is partnering with the South Metropolitan Health Service to provide on-site clinical support services.

Suitable land has been identified in the other locations, and the Commission has had early consultation with local stakeholders, including councils and residents, and has obtained the necessary land use planning approvals.

The completion of this program of work will see the Western Australia's community step-up, step-down and non-acute mental health service capacity reach 54 beds by mid 2018.

*Joondalup Community Mental Health Subacute Service*

# Key Achievements

## HOSPITAL-BASED SERVICES

In 2015/16, the Commission purchased specialised mental health services at a total value of $643.9 million from the Western Australian Department of Health, an increase of $46.1 million or 7.7 per cent from 2014/15. This funding included the purchase of specialised inpatient, residential and community mental health care services provided by public hospitals and public specialised mental health teams. Specialised inpatient services that provide admitted patient care to people with mental illness were purchased from public hospitals run by the Department of Health, including:

- Graylands Hospital
- King Edward Memorial Hospital
- Swan Districts Hospital (closed November 2015)
- Bentley Hospital
- Sir Charles Gairdner Hospital
- Armadale/Kelmscott Hospital
- Fiona Stanley Hospital
- Fremantle Hospital
- Rockingham Hospital
- Albany Hospital
- Broome Hospital
- Bunbury Regional Hospital
- Kalgoorlie Hospital
- Royal Perth Hospital
- Osborne Park Hospital
- Princess Margaret Hospital.

The Commission continued to implement an Activity Based Funding model for the purchase of inpatient activity from the public health system in 2015/16. This model is consistent with the national framework and provides greater transparency and accountability by benchmarking performance against national efficient pricing indicators.

Funding was also provided for services to be delivered from hospitals at:

- Joondalup Health Campus
- St John of God Mount Lawley Hospital (Mercy Hospital)
- Midland Public Hospital.

### Mental Health Inter-Hospital Patient Transport Service

A new Mental Health Patient Transport Service began operation in February 2016, providing safe, appropriate and timely transport for people subject to transport orders under the *Mental Health Act 2014*. The new legislation authorises 'transport officers' – trained people who are not police officers – to undertake transport when Western Australia Police involvement is not required.

The new service aims to de-criminalise mental illness, reduce stigma and reduce waiting times in Emergency Departments. It was developed following the successful two year pilot of the mental health Inter-Hospital Patient Transfer Service operated by the North Metropolitan Health Service. The Service is now delivered by three transport operators – St John Ambulance, Faulk and National Patient Transport – and provides transport for people to health services across the metropolitan area, and to Bunbury Health Service.

# Key Achievements

## SPECIALISED STATEWIDE SERVICES

### Western Australian Eating Disorder Outreach Consultation Service

The Commission allocated $550,000 to establish a statewide Western Australian Eating Disorders Outreach and Consultation Service. The service provides information, advice and education for practitioners caring for adults and youth over 16 years of age with an eating disorder.

Western Australian Eating Disorder Outreach Consultation Service will enhance the knowledge and skills of current community and hospital health professionals to deliver best-practice treatment and support through consulting, mentoring, training and education. Support is available to clinicians throughout Western Australia across all settings, including emergency departments, medical wards, mental health units, Hospital in the Home teams and clinical community services. It is also available to general practitioners and community health and mental health care services across public, private and community-managed organisations.

### Youth regional mental health service

In 2015/16, the Commission allocated $1.8 million for a youth mental health service for people aged between 16 and 24 years of age in regional Western Australia. The service includes programs in the Pilbara and South West as well as a specialist youth clinical consultation and liaison service throughout regional Western Australia.

### Gender Diversity Service

In 2015/16, the Commission allocated $850,000 to establish a Gender Diversity Service at Princess Margaret Hospital.

The outpatient service provides assessment, care and treatment for children and adolescents up to 18 years of age, as well as support for their families.

The service provides information about gender identity, guidance, assessment and medical intervention for the treatment of teenagers, where appropriate.

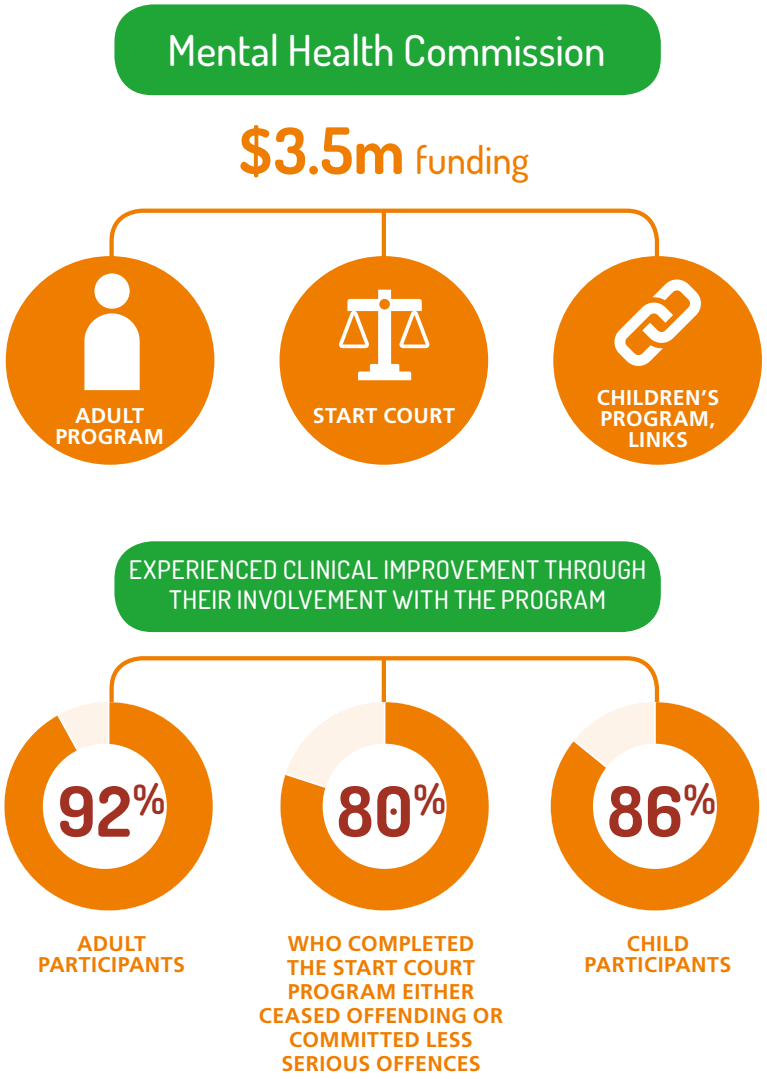
## FORENSIC SERVICES

### Mental Health Court Diversion and Support Program Pilot

The Mental Health Court Diversion and Support Program provides a tailored response to offending that is linked to mental illness. Program participants are supervised by a court while they receive holistic treatment and support that addresses the underlying causes of their offending behaviour. This approach aims to improve participants' health and wellbeing, break the cycle of offending and provide an alternative to prison.

The pilot has been operating since 2013 and comprises an adult program, the *Start Court*, and a children's program, *Links*, which offers clinical and psychosocial support to young people who appear before the Perth Children's Court. In 2015/16, the Commission provided $3.5 million for the pilot, which supported 249 new individuals to appear in the *Start Court* and 202 new individuals to be supported by Links. Some individuals may be referred more than once. The Commission worked with partner agencies to evaluate the program. Analysis of a sample of cases found that 92 per cent of adult participants and 86 per cent of child participants experienced clinical improvement through their involvement with the program. In addition, 80 per cent of individuals who completed the *Start Court* Program either ceased offending or committed less serious offences after engaging with the program.

## Key Achievements




## SYSTEM INTEGRATION AND NAVIGATION

### Mental Health Act 2014

The Commission led the development and implementation of the *Mental Health Act* (the Act), in collaboration with thousands of stakeholders, and is the agency responsible for principally assisting the Minister for Mental Health in the administration of the Act. The core function of the legislation is to provide for the treatment, care and protection of involuntary patients. Key changes of the new legislation include:

- the recognition of the important roles that families and carers often have in helping a person to recover from mental illness, reflected in new legislative rights to information and involvement
- processes that encourage supported decision-making, rather than the traditional substitute decision-making
- more frequent review of involuntary status by a new Mental Health Tribunal
- a requirement that the Mental Health Advocacy Service contact every involuntary patient within seven days (or 24 hours for children)
- additional rights and protections for children, Aboriginal and Torres Strait Islander people, and people in regional and remote areas
- a requirement that, to the extent that it is practicable and appropriate in the circumstances, services involve Aboriginal or Torres Strait Islander mental health workers and significant members of the person's community (including elders and traditional healers) in the assessment, examination and treatment of people who are of Aboriginal or Torres Strait Islander descent; and
- a Charter of Mental Health Care Principles, which promotes recovery-oriented practice and service delivery, and a positive culture within services.

## Key Achievements

In preparation for commencement day of the new Act, the Commission undertook the following projects:

- developing a publicly available Clinicians' eLearning Package, to be completed by all mental health clinicians in Western Australia
- developed a Consumer and Carer eLearning Package, to assist people with lived experience of mental illness to know their rights and how the new legislation may impact them
- conducted information sessions for stakeholders throughout Western Australia, including Perth, Port Hedland, Broome, Carnarvon, Geraldton, Kalgoorlie, Esperance, Karratha, Albany, Bunbury, Northam and Narrogin
- established services to undertake patient transport under the Act
- prepared legal forms that clinicians use to document key decisions and orders, for approval by the Chief Psychiatrist
- established transitional arrangements for statutory bodies including the Mental Health Advocacy Service (which replaced the Council of Official Visitors), the Mental Health Tribunal (which replaced the Mental Health Review Board), and the Office of the Chief Psychiatrist (which became an independent office).

The implementation process was overseen by the Mental Health Bill Implementation Reference Group, which was chaired by Eric Ripper. The Commission has addressed outstanding issues that have arisen in collaboration with the Mental Health Act Response Group and the Query Reference Group, together with individual stakeholders as required. The Commission is also responsible for ongoing monitoring and evaluation of the effectiveness of the Act in improving outcomes for people with mental illness, their families and carers.

### Co-commissioning and partnerships

The Commission has pursued new opportunities for co-commissioning and partnerships to help ensure that the State Government's strategic investment has the greatest possible impact. For example, the Commission has been working closely with the Western Australian Primary Health Alliance (WAPHA), which has responsibility for commissioning primary care services for the Commonwealth's new Primary Health Networks within Western Australia. This offers many opportunities for improving the integration of care and helping services to be focused on key outcomes. Through this WAPHA and Commission partnership, 2016 will see the development of the Atlas. This will map mental health and alcohol and other drug services in Western Australia. It will also identify hospital transition pathways in a number of public hospitals.

The Commission has pursued new opportunities for co-commissioning and partnerships to help ensure that the **State Government's strategic investment has the greatest possible impact**.

# Key Achievements

## WORKFORCE DEVELOPMENT

The Plan highlights the importance of ensuring that Western Australia has the right number and mix of suitably qualified and skilled staff to deliver the mental health, alcohol and other drug services. In 2015/16, the Commission continued to work with key stakeholders to develop and deliver a range of face-to-face and online training initiatives for frontline workers, volunteers and peer workforce, including:

- expansion of peer education and outreach services to incorporate a greater focus on overdose prevention education and training with peers and opioid and methamphetamine users
- continued investment in culturally secure ways of working with Aboriginal people, through the Certificate III and Certificate IV in Alcohol and other Drugs training program; and the Strong Spirit Strong Mind training for people working with Aboriginal people experiencing mental illness, or problems associated with alcohol and other drug use
- independent evaluation of the Peer Naloxone Education Project, which has trained more than 300 people, found the project had effectively reversed potentially fatal opioid overdoses
- training for volunteer alcohol and drug counsellors that includes placement with a drug and alcohol agency for approximately 12 months
- introduction of training to prevent Fetal Alcohol Spectrum Disorders in Aboriginal communities and reduce alcohol-related harm in Aboriginal women of child bearing age
- in partnership with the Western Australian Association for Mental Health and other non-government organisations, hosting the inaugural Western Australian Mental Health Conference in April which welcomed more than 750 registered delegates
- collaboration with the Department of Corrective Services (DCS) to develop a new online training package for prison officers and other DCS staff, designed to raise awareness about mental health and alcohol and other drug issues in a corrections setting, including for the general prison population, Aboriginal prisoners, women and young people.

## IMPROVED COMMISSIONING PRACTICES

Several major developments in 2015/16 allowed the Commission to consolidate and build on its previous work to improve the commissioning of services. Commissioning is now directly linked to the Plan, and involves greater integration of mental health and alcohol and other drug services and supports to improve efficiency and effectiveness, and outcomes for individuals.

An important development in 2015/16 was the passage of the *Health Services Act 2016*, which received assent on 30 May 2016. This establishes Western Australia's health services as separate, board-governed statutory authorities which will be legally responsible and accountable for the oversight of hospital and health service delivery within a defined area. From 2016/17, the Commission will have service agreements with each newly established health service, within the context of an overarching head agreement with the Western Australian Department of Health.

This approach complements work in 2014/15 to establish Special Purpose Accounts, which offer a more transparent view of funding the Commission provides to public mental health services. Together these measures provide a range of tools to more clearly direct State Government funding towards the priorities within the Plan, and to more effectively monitor year-to-date activity and progress.

# Engagement and Consultation

## Mental Health Network

The Commission continues to engage with stakeholders through the Mental Health Network that is co-sponsored with the Western Australian Department of Health.

The co-leads, Ms Alison Xamon and Dr Helen McGowan, launched seven Sub Networks in 2015/16 focused on Youth, Forensic, Eating Disorders, Perinatal and Infant, Joondalup region, Peel Rockingham and Kwinana region and Multicultural Mental Health.

*Dr Helen McGowan (in red) discusses the role of the Mental Health Network at the Network's launch.*

The Mental Health Sub Networks provide a forum for clinicians, consumers, carers, primary health providers and community sector agencies, to work collaboratively together to improve mental health services. One of the early focus areas for the Sub Networks is improving service access and referral pathways for consumers, carers and families.

Additional Mental Health Sub Networks are being planned for later in 2016 including Personality Disorders, Neuropsychiatry and Developmental Disability, and Older Adult Mental Health.

## Mental Health Advisory Council

The Mental Health Advisory Council (MHAC) was established to provide high level, independent advice to the Mental Health Commissioner on major issues affecting the mental health system. The chair of MHAC is Mr Barry MacKinnon AM. A full list of members and their remuneration is provided in Appendix Three from page 180.

A key area of focus in 2015/16 was establishing the effect of the implementation of the Stokes Review recommendations and the commencement of the Act on consumers, carers, family members and practitioners in the mental health sector. In May 2016, MHAC hosted a Public Forum on the impact of the Stokes Review recommendations and the Act, attended by Chief Executive Officers, board members, consumers, families, carers and mental health professionals.

Other activities in 2015/16 included advising the Commissioner on the mental health co-response and 24/7 crisis service, developing and applying approaches to co-production, investigating workforce development, and visiting the Carnarvon region to meet with local stakeholders.

# Engagement and Consultation

## Ministerial Council for Suicide Prevention

The Ministerial Council for Suicide Prevention (MCSP) advises the Minister for Mental Health on suicide prevention initiatives and services. The chair of MCSP is Dr Neale Fong. A full list of members and their remuneration is provided in Appendix Three on page 180.

In 2015/16, MCSP worked in partnership with the Commission to progress the six action areas of Western Australia's suicide prevention strategy, *Suicide Prevention 2020: Together we can save lives*. A key area of focus was supporting the development of mentally healthy workplaces, recognising that most deaths by suicide are among people of working age. MCSP facilitated a high level Industry and Workplace Round Table Forum held in May 2016 and attended by 50 Western Australian workplace leaders. Discussions from the Round Table will be incorporated into the development and implementation of Suicide prevention standards for mentally healthy workplaces in Western Australia. Importantly, the new standards will be trialled in some of the workplaces represented at the Round Table.

Other activities included advising the Commissioner on suicide prevention training grants targeting high risk groups such as Aboriginal communities, people in regional areas, lesbian, gay, bisexual, transgender and intersex populations and young people; and establishment of suicide prevention coordinators to increase community resilience and ability to respond to suicide.

The Commission has been working towards the establishment of the nation's first service to provide long term support for children and young people bereaved by the suicide of a significant person in their life including parents, siblings, close relatives or friends. We thank MCSP member Alison Xamon for her efforts to help establish this important support service.

## Alcohol and Other Drugs Advisory Board

The Alcohol and Other Drugs Advisory Board (AODAB) was established to provide advice to the Mental Health Commissioner about matters relevant to section 11 functions of the *Alcohol and Other Drugs Act 1974*.
The AODAB commenced on 1 July 2015, the date of proclamation of the *Alcohol and Drug Authority Amendment Act 2015*. The chair of AODAB is Professor Colleen Hayward AM. A full list of members and their remuneration are provided in Appendix Three from page 180.

Key priorities in 2015/16 included providing advice on alcohol as a greater risk of harm, the introduction of Secondary Supply legislation, the Methamphetamine Campaign, the implementation of the Misuse of Drugs and Psychoactive Substances legislation, working with the National "Ice" Strategy Taskforce, expansion of Detox and Rehabilitation Services, a youth project at Banksia Hill and responding to the issue of medicinal cannabis.

## Mental Health Bill Implementation Reference Group

The Commission established the Mental Health Bill Implementation Reference Group (MHBIRG) in October 2013 to oversee the implementation of new mental health legislation. The Act commenced on 30 November 2015 and the MHBIRG held its final meeting on 24 February 2016. The MHBIRG was chaired by Mr Eric Ripper from October 2014, and included representation from consumers, families and carers, the Western Australian Department of Health, the Office of the Chief Psychiatrist, non-government organisations, the Mental Health Advocacy Service (previously the Council of Official Visitors), the Mental Health Tribunal (previously the Mental Health Review Board), the Royal Australian and New Zealand College of Psychiatrists, and the Australian College of Mental Health Nurses.

## Engagement and Consultation

The Commission also established various working groups to support the MHBIRG in specific aspects of the implementation process. These included the Lived Experience Advisory Group, the Aboriginal Advisory Group, and the Non-Government Organisation Roundtable.

### Stokes Implementation Partnership Group

The Stokes Review Implementation Partnership Group (IPG) continued to oversee implementation of the 117 recommendations and the 10 sub-recommendations to improve the public mental health system, in accordance with the State Government's response to the Stokes Review. A total of 85 recommendations have been successfully implemented, and implementation of the remaining recommendations is progressing well.

Key implementation milestones achieved in 2015/16 include:

- release of the Plan: represents an achievement of the primary recommendation of the Stokes Review and includes strategies for implementing a number of outstanding recommendations
- commencement of the Act: a significant achievement in implementing mental health sector reform; the Act addresses a range of Stokes Review recommendations, including establishing processes that will ensure families and carers have opportunities to provide input into treatment, care and support for their loved ones; enhancing access to advocacy support through the Mental Health Advocacy Service; and enhancing availability for recourse through the new Mental Health Tribunal
- commencement of the Police and Mental Health Co-Response trial; and
- continuation of the Mental Health Court Diversion and Support pilot programs for children and adults.

On 7 April 2016, the IPG had its final meeting. The ongoing implementation, monitoring and reporting of recommendations will be overseen through monitoring and compliance reporting processes at the Mental Health Unit at the Western Australian Department of Health (formerly known as the Office of Mental Health), the implementation of the Plan and the Office of the Chief Psychiatrist monitoring program.

The Final Report by the Chair of the IPG and the Final Report by the Office of Mental Health and the Commission on the implementation of the recommendations of the Stokes Review are available on the Commission's website.

*The Mental Health Court Diversion and Support program*

# Key Partnerships

The Commission continues to foster strong relationships with government, non-government and community partners across the mental health, alcohol and other drug, justice, and primary care sectors. Key partners in the planning and delivery of initiatives throughout 2015/16 are outlined below.

## Other State government agencies

In 2015/16, the Commission worked in partnership with other State government agencies including the:

- Department of Health
- Department of the Attorney General
- Department of Housing
- Department of Corrective Services
- Department of Aboriginal Affairs
- Western Australia Police
- Disability Services Commission
- Department for Child Protection and Family Support
- Healthway
- Department of Racing Gaming and Liquor
- Commissioner for Children and Young People.

## Other entities within the mental health portfolio

The Commission also provides corporate service support to rights protection bodies within the mental health portfolio.

The Council of Official Visitors and the Mental Health Review Board were established under the *Mental Health Act 1996*.

Upon commencement of the new *Mental Health Act 2014* on 30 November, 2015, the Council of Official Visitors transitioned to the Mental Health Advocacy Service, and the Mental Health Review Board transitioned to the Mental Health Tribunal. A full list of members and remunerations for the Mental Health Tribunal is provided in Appendix Three on page 180.

In 2015/16, the Commission supported these entities by:

- delivering a new integrated computer-based management client system
- 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
- ensuring staff and members of these entities are included in portfolio-wide planning and activities as appropriate.

# Key Partnerships

## Consumers, family members and carers

The Commission continued to strengthen engagement with consumers, families and carers in many areas of its work in 2015/16. Implementation of the *Mental Health Act 2014* continued to be informed by an 18 member Lived Experience Advisory Group, which included a co-chair with a lived experience of mental illness.

Consumers, families and carers continue to be involved in advisory groups and committees convened by the Commission, including support for mental health court diversion, alcohol and other drug consumer involvement and implementation of the Stokes Review. The Commission worked with the Western Australian Department of Health and the Office of the Chief Psychiatrist to ensure robust consumer, family and carer representation on joint advisory and working groups. The Commission partnered with Western Australia Police to present a forum to more than 35 consumers, families and carers (and their representative organisations) to share the progress of the Police and Mental Health Co-response Trial.

Early engagement with key stakeholders in reviewing the Commission's Consumer, Family and Carer Interim Engagement Policy resulted in a policy that includes a tiered participation payment approach. This progressive approach not only acknowledges the valuable contribution of consumers, families and carers to the Commission's core business, but recognises the various knowledge levels and skills they bring. The review was overseen by a Steering Committee that included co-chairs with lived experience.

At the national level, the Commission sponsored four consumers, family members and carers to attend the Mental Health Services Conference in Canberra in August 2015, and continued to fund and support State representative members of the National Mental Health Consumer and Carer Forum.

> Consumers, families and carers **continue to be involved** in advisory groups and committees convened by the Commission

# Key Partnerships

## Community managed organisations

During 2015/16, the Commission continued to work in partnership with a range of community managed organisations including the:

- Western Australian Association for Mental Health (WAAMH)
- Western Australian Network of Alcohol and Drug Agencies (WANADA)
- Local Drug Action Group Inc
- McCusker Centre for Action on Alcohol and Youth
- National Drug Research Institute
- Consumers of Mental Health WA Inc
- Carers WA
- Helping Minds
- School Drug Education and Road Aware
- Mental Health Matters 2
- Western Australia Substance Users Association.

The Commission provided sponsorship for events such as Rural and Remote Mental Health Conference, National Aboriginal and Torres Strait Islander Suicide Prevention Conference, Western Australian Eating Disorders Conference, Suicide Prevention 2016 National Conference, 2015 Fresh Start Recovery Seminar and Carers WA Gala Ball.

The Commission was pleased to partner with WAAMH and other non-government organisations to host the inaugural Western Australian Mental Health Conference in March 2016, which featured local and international speakers. More than 750 people registered for the conference and highlights included a Workplace Wellness Symposium, Recovery Stories by Candlelight and a Youth Wellbeing Breakfast. The Commission also partnered with WANADA to hold the 2016 Aboriginal AOD Worker Forum in April 2016.

This event was designed to strengthen and develop culturally secure approaches to issues relating to alcohol and other drug use in Aboriginal communities, and drew together community members from throughout Western Australia.

Development of regional and local alcohol and other drug management plans continued in more than 30 communities across Western Australia in collaboration with government, non-government and community interagency working groups. This work was complemented by four regional plans targeting volatile substance use in the Goldfields, Port Hedland, East Pilbara and East Kimberley.

*Recovery Stories by Candlelight at WAAMH Mental Health Conference*

# Key Partnerships

## National and international partnerships

The Commission facilitated a panel comprising Consumers of Mental Health WA, Helping Minds, Mental Health Matters 2 and Carers WA, to oversee the selection of Western Australian consumer and carer representatives to the National Mental Health Consumer and Carer Forum. In April 2016, the panel recommended re-appointing current representatives Ms Lorraine Powell and Ms Debra Sobott for a further two-year tenure until 2018. Both have worked tirelessly over the past four years since 2012 to progress the forum objectives, as well as new initiatives.

The Commissioner continued to represent Western Australia on the national Mental Health, Drug and Alcohol Principal Committee (MHDAPC). Established in 2012, the committee advises the Australian Health Ministers' Advisory Council on national mental health, alcohol, tobacco, and other drug issues. The Commission is also represented on the MHDAPC Mental Health Information Strategy Standing Committee and the Safety and Quality Partnership Standing Committee.

The Commission is represented on the Intergovernmental Committee on Drugs, which includes senior officers from health and law enforcement agencies in each of the Australian jurisdictions. The committee provides policy advice to relevant State and Commonwealth Ministers on drug-related matters, and is responsible for implementing policies and programs under the National Drug Strategy Framework.

The Commonwealth's approach to primary care is being reshaped through establishment of Primary Health Networks which will be responsible for planning and purchasing Commonwealth-funded primary health services in their local area. Through the Western Australian Primary Health Alliance, the Commission continues to engage to ensure complementary services, gaps and overlaps in services are reduced, and work towards the co-commissioning of appropriate services to meet local needs.

The Commission entered into a Donor Agreement with the World Health Organization (WHO), making a financial contribution to the development and implementation of a Quality Rights online training project, to promote human rights in mental health. The Commission continues to liaise with the WHO to develop this project which aims to support countries to improve quality of care and human rights standards in mental health services. The Commission also continues to participate in the Planning Group for the International Initiative for Mental Health Leadership – a collaboration of eight nations focussed on improving mental health and addictions services.

# Significant Issues

# Significant issues impacting the Commission

The work and strategic direction of the Commission were affected by a number of significant factors and influences in 2015/16. These included the 1 July 2015 amalgamation of the Commission with the Drug and Alcohol Office; the release of the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choices. Better Lives* (the Plan) and commencement of the new *Mental Health Act 2014* (the Act) on 30 November 2015.

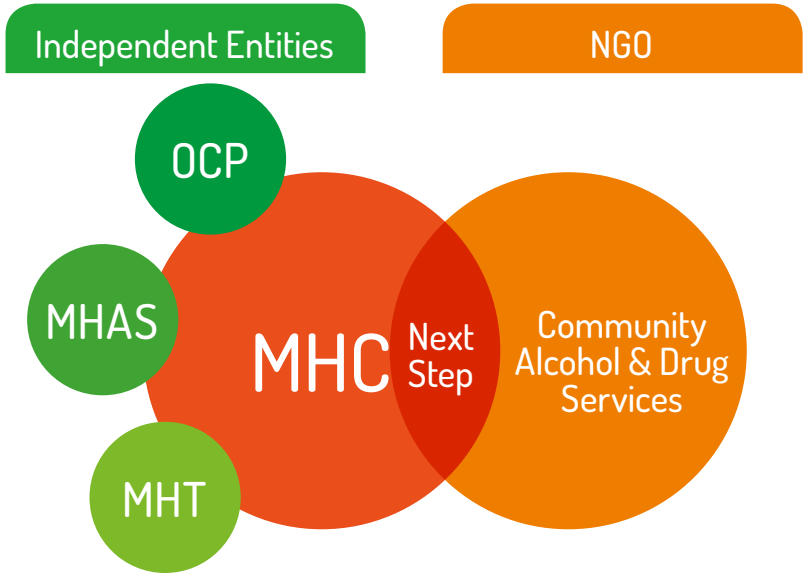
The amalgamation underpinned the Commission's commitment to a more integrated approach to helping people who experience mental health, alcohol and other drug issues, recognising that these often co-exist. It also supports the integrated approach to service delivery outlined in the Plan.

Following the 1 July 2015 amalgamation, the Commission continued to implement a new organisational structure, and align policies and functions with a focus on developing a unified agency approach to all work. Until May 2016 the Commission continued to operate from three offices at 81 St Georges Terrace, Perth, 7 Field Street, Mt Lawley and Next Step Drug and Alcohol Services at 32 Moore Street. A staged move to co-locate to two offices, (at 1 Nash Street, Perth and 32 Moore Street, Perth) commenced on 18 April, with the majority of staff located at 1 Nash Street by the end of May 2016. Next Step Drug and Alcohol Services continues to operate medically supervised withdrawal and addiction treatment services at the Moore Street premises.

Commencement of the Act on 30 November 2015 required the Commission to steer a broad cultural shift in approach to the care of people being treated for mental illness as involuntary patients, through a comprehensive education process. This also involved implementing transitional arrangements and working within a new structural environment.

Newly established independent agencies – the Mental Health Tribunal (MHT) and Mental Health Advocacy Service (MHAS) – replaced the Mental Health Review Board and Council of Official Visitors, and the Chief Psychiatrist (OCP) transitioned to become independent agencies, with employees provided under the Commission's employing authority.

The Government's Agency Expenditure Review (AER) process, required the Commission to achieve savings of $28.5 million between 2016/17 and 2019/20. The AER examined all areas of expenditure to ensure the Commission is achieving the best value for money. The Plan has also precipitated the need for all programs and expenditure to be reviewed to ensure consistency with these priorities. The Commission will continue to work to ensure that the impact on outcomes for consumers, carers and families is minimised.



# Disclosures and Legal Compliance

# Certification of Financial Statements for the year ended 30 June 2016

The accompanying financial statements of the Mental Health Commission have been prepared in compliance with 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 2016 and the financial position as at 30 June 2016.

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.

Marie Falconer
Chief Financial Officer
Mental Health Commission

19 September 2016

Timothy Marney
Accountable Authority
Mental Health Commission

19 September 2016

# Independent Auditor's report

**INDEPENDENT AUDITOR'S REPORT**

**To the Parliament of Western Australia**

**MENTAL HEALTH COMMISSION**

**Report on the Financial Statements**

Auditor General

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 2016, 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.

***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 2016 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.

*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 for the Audit of the Financial Statements*
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.



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

## Independent Auditor's report

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.

**Report on Controls**

I have audited the controls exercised by the Mental Health Commission during the year ended 30 June 2016.

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.

***Opinion***
In my opinion, in all material respects, 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 2016.

*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 for the Audit of Controls*
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.

# Independent Auditor's report

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

**Report on the Key Performance Indicators**

I have audited the key performance indicators of the Mental Health Commission for the year ended 30 June 2016.

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

***Opinion***
In my opinion, in all material respects, 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 2016.

*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 for the Audit of Key Performance Indicators*
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.

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

# Independent Auditor's report

**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 2016 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.

GLEN CLARKE
DEPUTY AUDITOR GENERAL
Delegate of the Auditor General for Western Australia
Perth, Western Australia
19 September 2016

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# Financial Statements

## Mental Health Commission
## Statement of Comprehensive Income
**For the year ended 30 June 2016**

| | Note | 2016 $ | 2015 $ |
|---|---|---|---|
| **COST OF SERVICES** | | | |
| **Expenses** | | | |
| Employee benefits expense | 6 | 38,982,037 | 15,647,903 |
| Service agreement - WA Health | 7 | 643,885,694 | 597,764,795 |
| Service agreement - non government and other organisations | 8 | 137,109,599 | 80,570,269 |
| Supplies and services | 9 | 10,684,639 | 2,452,460 |
| Grants and subsidies | 10 | 6,642,853 | 5,775,215 |
| Depreciation expense | 11 | 455,123 | 63,025 |
| Accommodation expense | 12 | 1,023,150 | 813,915 |
| Other expenses | 13 | 4,431,291 | 1,030,472 |
| **Total cost of services** | | **843,214,386** | **704,118,054** |
| **Income** | | | |
| Revenue | | | |
| Commonwealth grants and contributions | 14 | 173,026,975 | 180,715,061 |
| Other grants and contributions | 15 | 5,280,494 | 759,941 |
| Other revenue | 16 | 256,475 | 412,300 |
| **Total revenue** | | **178,563,944** | **181,887,302** |
| **Total income other than income from State Government** | | **178,563,944** | **181,887,302** |
| **NET COST OF SERVICES** | | **664,650,442** | **522,230,752** |
| **Income from State Government** | | | |
| Service appropriation | 17 | 654,815,000 | 522,028,000 |
| Services received free of charge | 17 | 3,922,970 | 3,287,225 |
| Royalties for Regions Fund | 17 | 5,630,000 | - |
| **Total income from State Government** | | **664,367,970** | **525,315,225** |
| **SURPLUS/(DEFICIT) FOR THE PERIOD** | | **(282,472)** | **3,084,473** |
| **OTHER COMPREHENSIVE INCOME** | | - | - |
| **TOTAL COMPREHENSIVE INCOME/(LOSS) FOR THE PERIOD** | | **(282,472)** | **3,084,473** |

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

# Financials

## Mental Health Commission
## Statement of Financial Position
**As at 30 June 2016**

| | Note | 2016 $ | 2015 $ |
|---|---|---|---|
| **ASSETS** | | | |
| **Current Assets** | | | |
| Cash and cash equivalents | 29 | 25,951,257 | 23,543,645 |
| Restricted cash and cash equivalents | 18, 29 | 4,818,201 | 488,490 |
| Receivables | 19 | 564,893 | 247,456 |
| Inventories | 21 | 20,008 | - |
| Other current assets | 22 | 39,685 | - |
| **Total Current Assets** | | **31,394,044** | **24,279,591** |
| **Non-Current Assets** | | | |
| Amounts receivable for services | 20 | 5,145,123 | - |
| Property, plant and equipment | 23 | 22,571,657 | 39,586 |
| **Total Non-Current Assets** | | **27,716,780** | **39,586** |
| **TOTAL ASSETS** | | **59,110,824** | **24,319,177** |
| **LIABILITIES** | | | |
| **Current Liabilities** | | | |
| Payables | 26 | 3,897,124 | 3,396,880 |
| Provisions | 27 | 5,770,643 | 2,606,273 |
| **Total Current Liabilities** | | **9,667,767** | **6,003,153** |
| **Non-Current Liabilities** | | | |
| Provisions | 27 | 1,860,770 | 530,923 |
| **Total Non-Current Liabilities** | | **1,860,770** | **530,923** |
| **TOTAL LIABILITIES** | | **11,528,537** | **6,534,076** |
| **NET ASSETS** | | **47,582,287** | **17,785,101** |
| **EQUITY** | | | |
| Contributed equity | 28 | 31,025,558 | 945,900 |
| Accumulated surplus | 28 | 16,556,729 | 16,839,201 |
| **TOTAL EQUITY** | | **47,582,287** | **17,785,101** |

*See also the 'Schedule of Assets and Liabilities by Service'.*
*The Statement of Financial Position should be read in conjunction with the accompanying notes.*

# Financials

## Mental Health Commission
## Statement of Changes in Equity
**For the year ended 30 June 2016**

| | Note | 2016 $ | 2015 $ |
|---|---|---|---|
| **CONTRIBUTED EQUITY** | 28 | | |
| Balance at start of period | | 945,900 | 945,900 |
| Transactions with owners in their capacity as owners: | | | |
| Contributions by owners | | 30,079,658 | - |
| **Balance at end of period** | | 31,025,558 | 945,900 |
| **ACCUMULATED SURPLUS** | 28 | | |
| Balance at start of period | | 16,839,201 | 13,754,728 |
| Surplus/(deficit) for the period | | (282,472) | 3,084,473 |
| **Balance at end of period** | | 16,556,729 | 16,839,201 |
| **TOTAL EQUITY** | | | |
| Balance at start of period | | 17,785,101 | 14,700,628 |
| Total comprehensive income/(loss) for the period | | (282,472) | 3,084,473 |
| Transactions with owners in their capacity as owners | | 30,079,658 | - |
| **Balance at end of period** | | **47,582,287** | **17,785,101** |

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

# Financials

## Mental Health Commission
## Statement of Cash Flows
**For the year ended 30 June 2016**

| | Note | 2016 $ Inflows (Outflows) | 2015 $ Inflows (Outflows) |
|---|---|---|---|
| **CASH FLOWS FROM STATE GOVERNMENT** | | | |
| Service appropriation | 29 | 654,575,000 | 522,028,000 |
| Royalties for Regions Fund | 17 | 5,630,000 | - |
| **Net cash provided by State Government** | | **660,205,000** | **522,028,000** |
| Utilised as follows: | | | |
| **CASH FLOWS FROM OPERATING ACTIVITIES** | | | |
| **Payments** | | | |
| Employee benefits expense | | (41,220,707) | (15,033,764) |
| Service agreement - WA Health | | (644,092,337) | (594,545,005) |
| Service agreement - non government and other organisations | | (137,797,069) | (79,677,848) |
| Supplies and services | | (6,265,190) | (2,280,393) |
| Grants and subsidies | | (6,349,005) | (5,779,044) |
| Accommodation expense | | (1,072,650) | (771,955) |
| Other payments | | (3,201,759) | (921,205) |
| **Receipts** | | | |
| Commonwealth grants and contributions | | 173,026,975 | 180,715,061 |
| Other grants and contributions | | 5,280,494 | 759,941 |
| Other receipts | | 189,943 | 600,097 |
| **Net cash used in operating activities** | 29 | **(661,501,305)** | **(516,934,115)** |
| **CASH FLOWS FROM INVESTING ACTIVITIES** | | | |
| **Payments** | | | |
| Purchase of non-current assets | | (145,875) | - |
| **Net cash used in investing activities** | | **(145,875)** | **-** |
| Net increase in cash and cash equivalents | | (1,442,180) | 5,093,885 |
| Cash and cash equivalents at the beginning of the period | | 24,032,135 | 18,938,250 |
| Cash and cash equivalents transferred from WA Alcohol & Drug Authority | 28 | 8,179,503 | - |
| **CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD** | 29 | **30,769,458** | **24,032,135** |

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

# Financials

**Mental Health Commission**
**Schedule of Income and Expenses by Service**
**For the year ended 30 June 2016**

| | Prevention 2016 $ | Hospital Bed Based Services 2016 $ | Community Bed Based Services 2016 $ | Community Treatment 2016 $ | Community Support 2016 $ | Total 2016 $ |
|---|---|---|---|---|---|---|
| **COST OF SERVICES** | | | | | | |
| **Expenses** | | | | | | |
| Employee benefits expense | 966,755 | 16,333,473 | 2,003,677 | 17,272,940 | 2,405,192 | 38,982,037 |
| Service agreement - WA Health | 15,968,365 | 269,788,106 | 33,095,725 | 285,305,751 | 39,727,747 | 643,885,694 |
| Service agreement - non government and other organisations | 3,400,318 | 57,448,922 | 7,047,433 | 60,753,263 | 8,459,663 | 137,109,599 |
| Supplies and services | 264,979 | 4,476,864 | 549,190 | 4,734,364 | 659,242 | 10,684,639 |
| Grants and subsidies | 164,743 | 2,783,355 | 341,443 | 2,943,448 | 409,864 | 6,642,853 |
| Depreciation expense | 11,287 | 190,697 | 23,393 | 201,665 | 28,081 | 455,123 |
| Accommodation expense | 25,374 | 428,700 | 52,590 | 453,358 | 63,128 | 1,023,150 |
| Other expenses | 109,896 | 1,856,711 | 227,768 | 1,963,505 | 273,411 | 4,431,291 |
| **Total cost of services** | 20,911,717 | 353,306,828 | 43,341,219 | 373,628,294 | 52,026,328 | 843,214,386 |
| **Income** | | | | | | |
| Commonwealth grants and contributions | 181,000 | 99,219,612 | - | 68,411,749 | 5,214,614 | 173,026,975 |
| Other grants and contributions | 2,467,143 | 208,145 | - | 2,605,206 | - | 5,280,494 |
| Other revenue | 6,361 | 107,463 | 13,182 | 113,644 | 15,825 | 256,475 |
| **Total income other than income from State Government** | 2,654,504 | 99,535,220 | 13,182 | 71,130,599 | 5,230,439 | 178,563,944 |
| **NET COST OF SERVICES** | 18,257,213 | 253,771,608 | 43,328,037 | 302,497,695 | 46,795,889 | 664,650,442 |
| **Income from State Government** | | | | | | |
| Service appropriation | 17,774,635 | 252,009,528 | 43,111,877 | 296,033,130 | 45,885,830 | 654,815,000 |
| Services received free of charge | 97,290 | 1,643,724 | 201,641 | 1,738,268 | 242,047 | 3,922,970 |
| Royalties for Regions Fund | 378,283 | - | - | 4,601,134 | 650,583 | 5,630,000 |
| **Total income from State Government** | 18,250,208 | 253,653,252 | 43,313,518 | 302,372,532 | 46,778,460 | 664,367,970 |
| **SURPLUS / (DEFICIT) FOR THE PERIOD** | (7,005) | (118,356) | (14,519) | (125,163) | (17,429) | (282,472) |

*A new service structure was implemented on 1 July 2015, therefore no comparative figures are available. However prior year service structure is disclosed on next page.*

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

# Financials

**Mental Health Commission**

**Schedule of Income and Expenses by Service**
**For the year ended 30 June 2015**

| | Promotion and Prevention 2015 $ | Specialised Admitted Patient Services 2015 $ | Specialised Community Services 2015 $ | Accomodation, Support and Other Services 2015 $ | Total 2015 $ |
|---|---|---|---|---|---|
| **COST OF SERVICES** | | | | | |
| **Expenses** | | | | | |
| Employee benefits expense | 666,601 | 6,927,327 | 6,698,867 | 1,355,108 | 15,647,903 |
| Service agreement - WA Health | 25,464,780 | 264,630,475 | 255,903,109 | 51,766,431 | 597,764,795 |
| Service agreement - non government and other organisations | 3,432,293 | 35,668,458 | 34,492,132 | 6,977,386 | 80,570,269 |
| Supplies and services | 104,475 | 1,085,704 | 1,049,898 | 212,383 | 2,452,460 |
| Grants and subsidies | 246,024 | 2,556,688 | 2,472,370 | 500,133 | 5,775,215 |
| Depreciation expense | 2,685 | 27,901 | 26,981 | 5,458 | 63,025 |
| Accommodation expense | 34,673 | 360,320 | 348,437 | 70,485 | 813,915 |
| Other expenses | 43,898 | 456,190 | 441,145 | 89,239 | 1,030,472 |
| **Total cost of services** | 29,995,429 | 311,713,063 | 301,432,939 | 60,976,623 | 704,118,054 |
| **Income** | | | | | |
| Commonwealth grants and contributions | 2,941,000 | 101,288,377 | 72,323,142 | 4,162,542 | 180,715,061 |
| Other grants and contributions | 75,000 | - | 634,941 | 50,000 | 759,941 |
| Other revenue | 355,828 | 18,824 | 18,824 | 18,824 | 412,300 |
| **Total income other than income from State Government** | 3,371,828 | 101,307,201 | 72,976,907 | 4,231,366 | 181,887,302 |
| **NET COST OF SERVICES** | 26,623,601 | 210,405,862 | 228,456,032 | 56,745,257 | 522,230,752 |
| **Income From State Government** | | | | | |
| Service appropriation | 27,588,454 | 209,568,030 | 227,304,596 | 57,566,920 | 522,028,000 |
| Services received free of charge | 11,019 | 1,670,514 | 1,594,673 | 11,019 | 3,287,225 |
| **Total income from State Government** | 27,599,473 | 211,238,544 | 228,899,269 | 57,577,939 | 525,315,225 |
| **SURPLUS / (DEFICIT) FOR THE PERIOD** | 975,872 | 832,682 | 443,237 | 832,682 | 3,084,473 |

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

# Financials

**Mental Health Commission**

**Schedule of Assets and Liabilities by Service**
**As at 30 June 2016**

| | Prevention 2016 $ | Hospital Bed Based Services 2016 $ | Community Bed Based Services 2016 $ | Community Treatment 2016 $ | Community Support 2016 $ | Total 2016 $ |
|---|---|---|---|---|---|---|
| **ASSETS** | | | | | | |
| Current assets | 778,572 | 13,154,105 | 1,613,654 | 13,910,701 | 1,937,012 | 31,394,044 |
| Non-current assets | 687,376 | 11,613,331 | 1,424,642 | 12,281,305 | 1,710,126 | 27,716,780 |
| **Total Assets** | 1,465,948 | 24,767,436 | 3,038,296 | 26,192,006 | 3,647,138 | 59,110,824 |
| **LIABILITIES** | | | | | | |
| Current liabilities | 239,761 | 4,050,794 | 496,923 | 4,283,788 | 596,501 | 9,667,767 |
| Non-current liabilities | 46,147 | 779,663 | 95,643 | 824,507 | 114,810 | 1,860,770 |
| **Total Liabilities** | 285,908 | 4,830,457 | 592,566 | 5,108,295 | 711,311 | 11,528,537 |
| **NET ASSETS** | 1,180,040 | 19,936,979 | 2,445,730 | 21,083,711 | 2,935,827 | 47,582,287 |

*A new service structure was implemented on 1 July 2015, therefore no comparative figures are available, however prior year service structure is followed on next page.*

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

# Financials

**Mental Health Commission**
**Schedule of Assets and Liabilities by Service**
**As at 30 June 2015**

| | Promotion and Prevention 2015 $ | Specialised Admitted Patient Services 2015 $ | Specialised Community Services 2015 $ | Accomodation, Support and Other Services 2015 $ | Total 2015 $ |
|---|---|---|---|---|---|
| **ASSETS** | | | | | |
| Current assets | 1,034,311 | 10,748,575 | 10,394,093 | 2,102,612 | 24,279,591 |
| Non-current assets | 1,686 | 17,525 | 16,947 | 3,428 | 39,586 |
| **Total Assets** | 1,035,997 | 10,766,100 | 10,411,040 | 2,106,040 | 24,319,177 |
| **LIABILITIES** | | | | | |
| Current liabilities | 255,734 | 2,657,596 | 2,569,950 | 519,873 | 6,003,153 |
| Non-current liabilities | 22,617 | 235,040 | 227,288 | 45,978 | 530,923 |
| **Total Liabilities** | 278,351 | 2,892,636 | 2,797,238 | 565,851 | 6,534,076 |
| **NET ASSETS** | 757,646 | 7,873,464 | 7,613,802 | 1,540,189 | 17,785,101 |

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

# Financials

**Mental Health Commission**
**Summary of Consolidated Account Appropriations and Income Estimates**
**For the year ended 30 June 2016**

| | 2016 Estimate $ | 2016 Actual $ | Variance $ | 2016 Actual $ | 2015 Actual $ | Variance $ |
|---|---|---|---|---|---|---|
| Delivery of Services | | | | | | |
| Item 43 Net amount appropriated to deliver services | 633,106,000 | 657,798,000 | 24,692,000 | 657,798,000 | 521,540,000 | 136,258,000 |
| Section 25 transfer of service appropriation | | | | | | |
| Office of the Chief Psychiatrist | - | (921,000) | (921,000) | (921,000) | - | (921,000) |
| Mental Health Tribunal | - | (1,406,000) | (1,406,000) | (1,406,000) | - | (1,406,000) |
| Mental Health Advocacy Service | - | (1,439,000) | (1,439,000) | (1,439,000) | - | (1,439,000) |
| Amount Authorised by Other Statutes | | | | | | |
| - *Salaries and Allowances Act 1975* | 783,000 | 783,000 | - | 783,000 | 488,000 | 295,000 |
| **Total appropriations provided to deliver services** | 633,889,000 | 654,815,000 | 20,926,000 | 654,815,000 | 522,028,000 | 132,787,000 |
| Administered Transactions | | | | | | |
| Administered grants, subsidies and other transfer payments | 3,000 | 4,520,000 | 4,517,000 | 4,520,000 | 82,924,335 | (78,404,335) |
| Administered capital appropriations | - | - | - | - | 87,527 | (87,527) |
| **Total administered transactions** | 3,000 | 4,520,000 | 4,517,000 | 4,520,000 | 83,011,862 | (78,491,862) |
| **GRAND TOTAL** | 633,892,000 | 659,335,000 | 25,443,000 | 659,335,000 | 605,039,862 | 54,295,138 |
| Details of Expenses by Service | | | | | | |
| **2016** | | | | | | |
| Prevention | 17,032,000 | 20,911,717 | 3,879,717 | 20,911,717 | - | 20,911,717 |
| Hospital Bed Based Services | 335,846,000 | 353,306,828 | 17,460,828 | 353,306,828 | - | 353,306,828 |
| Community Bed Based Services | 42,041,000 | 43,341,219 | 1,300,219 | 43,341,219 | - | 43,341,219 |
| Community Treatment | 383,181,000 | 373,628,294 | (9,552,706) | 373,628,294 | - | 373,628,294 |
| Community Support | 58,712,000 | 52,026,328 | (6,685,672) | 52,026,328 | - | 52,026,328 |
| **Total Cost of Services** | 836,812,000 | 843,214,386 | 6,402,386 | 843,214,386 | - | 843,214,386 |
| **2015** | | | | | | |
| Promotion and Prevention | - | - | - | - | 29,995,429 | (29,995,429) |
| Specialised Admitted Patient Services | - | - | - | - | 311,713,063 | (311,713,063) |
| Specialised Community Services | - | - | - | - | 301,432,939 | (301,432,939) |
| Accommodation, Support and Other Services | - | - | - | - | 60,976,623 | (60,976,623) |
| **Total Cost of Services** | - | - | - | - | 704,118,054 | (704,118,054) |
| Less Total income | (190,309,000) | (178,563,944) | 11,745,056 | (178,563,944) | (181,887,302) | 3,323,358 |
| Net Cost of Services | 646,503,000 | 664,650,442 | 18,147,442 | 664,650,442 | 522,230,752 | 142,419,690 |
| Adjustments (a) | (12,614,000) | (9,835,442) | 2,778,558 | (9,835,442) | (202,752) | (9,632,690) |
| **Total appropriations provided to deliver services** | 633,889,000 | 654,815,000 | 20,926,000 | 654,815,000 | 522,028,000 | 132,787,000 |
| Details of Income Estimates | | | | | | |
| Income disclosed as Administered Income | 3,000 | 5,058,418 | 5,055,418 | 5,058,418 | 83,011,862 | (77,953,444) |
| | 3,000 | 5,058,418 | 5,055,418 | 5,058,418 | 83,011,862 | (77,953,444) |

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

*Note 41 'Explanatory statement' and note 42 'Explanatory statement for Administered Items' provide details of any significant variations between estimates and actual results for 2016 and between actual results for 2016 and 2015.*

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

## Note 1 Australian Accounting Standards

### General

The Commission's financial statements for the year ended 30 June 2016 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 TI 1101 '*Application of Australian Accounting Standards and Other Pronouncements*'. Partial exemption permitting early adoption of AASB 2015-7 '*Amendments to Australian Accounting Standards - Fair Value Disclosures of Not-for-Profit Public Sector Entities*' has been granted. Aside from AASB 2015-7, there has been no early adoption of any other Australian Accounting Standards that have been issued or amended (but not operative) by the Commission for the annual reporting period ended 30 June 2016.

## 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* 2006 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, except for land and buildings which have been measured at fair value.

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.

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

**Note 2 Summary of significant accounting policies (continued)**

**(c) Reporting entity**

The reporting entity comprises the Commission only.

Mission

To be a respected leader in commissioning, providing and partnering in the delivery of:

* Prevention programs;
* Person-centred treatment, services and supports for people in our community affected by mental health, alcohol and other drug induced issues; and
* Evidence-based policy, research and system reforms.

The Commission is predominantly funded by Parliamentary appropriations and Commonwealth Grants and Contributions.

Services

The Commission is responsible for purchasing mental health services, alcohol and other drug 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'.

*Prevention*

Prevention and promotion in the mental health and alcohol and other drug sectors include activities to promote positive mental health, raise awareness of mental illness, suicide prevention, and the potential harms of alcohol and other drug use in the community

*Hospital Bed Based Services*

Hospital bed based services include acute and sub-acute inpatient units, mental health observation areas and hospital in the home.

*Community Bed Based Services*

Community bed based services are focused on providing recovery-oriented services and residential rehabilitation in a home-like environment.

*Community Treatment*

Community treatment provides clinical care in the community for individuals with mental health, alcohol and other drug problems. These services generally operate with multidisciplinary teams, and include specialised and forensic community clinical services.

*Community Support*

Community support services provide individuals with mental health, alcohol and other drug problems access to the help and support they need to participate in their community. These services include peer support, home in-reach, respite, recovery and harm reduction programs.

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

**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 TI 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 28 'Equity'.

**(e) Income**

Revenue recognition

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

*Sale of goods*

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

*Provision of services*

Revenue is recognised by reference to the stage of completion of the transaction.

*Interest*

Revenue is recognised as the interest accrues.

*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 or credited to the "Amounts receivable for the services" (holding account) held at Treasury. Refer to note 17 '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 2015-16 Budget Statements, the Commission retained $12,943,584 in 2016 ($8,575,321 in 2015) 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 $165,620,360 in 2016 ($173,311,981 in 2015).

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

**Note 2 Summary of significant accounting policies (continued)**

**(e) Income (continued)**

*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.

Royalties for Regions funds are recognised as revenue at fair value in the period in which the Commission obtains control over the funds. The Commission obtains control of the funds at the time the funds are deposited into the Commission's bank account.

Gains

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

**(f) Property, plant and equipment**

Capitalisation/expensing of assets

Items of property, 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 property, 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

Property, plant and equipment are initially recognised at cost.

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

Subsequent measurement

Subsequent to initial recognition as an asset, the revaluation model is used for the measurement of land and buildings and historical cost for all other property, plant and equipment. Land and buildings are carried at fair value less accumulated depreciation (buildings) and accumulated impairment losses. All other items of property, plant and equipment are stated at historical cost less accumulated depreciation and accumulated impairment losses.

Where market-based evidence is available, the fair value of land and buildings (non-clinical sites) is determined on the basis of current market values determined by reference to recent market transactions.

In the absence of market-based evidence, fair value of land and buildings (clinical sites) is determined on the basis of existing use. This normally applies where buildings are specialised or where land use is restricted. Fair value for existing use buildings is determined by reference to the cost of replacing the remaining future economic benefits embodied in the asset, i.e. the depreciated replacement cost. Fair value for restricted use land is determined by comparison with market evidence for land with similar approximate utility (high restricted use land) or market value of comparable unrestricted land (low restricted use land).

When buildings are revalued, the accumulated depreciation is eliminated against the gross carrying amount of the asset and the net amount restated to the revalued amount.

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

**Note 2 Summary of significant accounting policies (continued)**

**(f) Property, plant and equipment (continued)**

Land and buildings are independently valued annually by the Western Australian Land Information Authority (Valuation Services) and recognised annually to ensure that the carrying amount does not differ materially from the asset's fair value at the end of the reporting period.

The most significant assumptions and judgements in estimating fair value are made in assessing whether to apply the existing use basis to assets and in determining estimated economic life. Professional judgement by the valuer is required where the evidence does not provide a clear distinction between market type assets and existing use assets.

See also note 23 'Property, plant and equipment' for further information on revaluation.

Derecognition

Upon disposal or derecognition of an item of property, plant and equipment, any revaluation surplus relating to that asset is retained in the asset revaluation reserve.

Asset revaluation surplus

The asset revaluation surplus is used to record increments and decrements on the revaluation of non-current assets as described in note 23 'Property, plant and equipment'.

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 following methods are utilised:
* Land - not depreciated
* Buildings - diminishing value
* Plant and equipment - straight line

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

| | |
|---|---|
| Buildings | 50 years |
| Computer equipment | 4 years |
| Furniture and fittings | 10 to 20 years |
| Medical equipment | 10 years |
| Leasehold Improvements | 3 years |
| Other plant and equipment | 5 to 10 years |

Artworks controlled by the Commission are classified as property, 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.

**(g) Impairment of assets**

Property, plant and equipment are tested for any indication of impairment at the end of each reporting period. Where there is an indication of impairment, the recoverable amount is estimated. Where the recoverable amount is less than the carrying amount, the asset is considered impaired and is written down to the recoverable amount and an impairment loss is recognised. 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. Where a previously revalued asset is written down to recoverable amount, the loss is recognised as a revaluation decrement in other 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.

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

**Note 2 Summary of significant accounting policies (continued)**

**(g) Impairment of assets (continued)**

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

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

Refer also to note 2(l) 'Receivables" and note 19 'Receivables' for impairment of receivables and note 25 'Impairment of assets'.

**(h) Leases**

Leases of property, 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
- Amounts receivable for services

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.

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

**Note 2 Summary of significant accounting policies (continued)**

**(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, cash at bank, 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 26 '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 18 '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 19 'Receivables'.

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, WA Country Health Service, 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) Amounts receivable for services (holding account)**

The Commission receives state appropriation funding from the State Government partly in cash and partly as an asset (holding account receivable). The accrued amount receivable is accessible on the emergence of the cash funding requirement to cover leave entitlements and asset replacement.

See also note 17 'Income from State Government' and note 20 'Amounts receivable for services'.

**(n) Inventories**

Inventories are measured at the lower of cost and net realisable value. Costs are assigned on a weighted average cost basis.

Inventories not held for resale are measured at cost unless they are no longer required in which case they are measured at net realisable value. (See note 21 'Inventories')

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

**Note 2 Summary of significant accounting policies (continued)**

**(o) 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 26 'Payables'.

**(p) 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 the end of each reporting period.

Refer to note 27 '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.

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 is not expected to be settled wholly within 12 months after the end of the reporting period. The long service 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.

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.

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

**Note 2 Summary of significant accounting policies (continued)**

**(p) Provisions (continued)**

*Sick Leave*

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

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

*Deferred Salary Scheme*

The provision for deferred 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.

*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, and is recouped from the Treasurer for the employer's share.

Refer to note 2(q) '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 are not included as part of the Commission's 'Employee benefits expense'. Any related liability is included in 'Employment on-costs provision'.

Refer to note 13 'Other expenses' and note 27 'Provisions'.

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

**Note 2 Summary of significant accounting policies (continued)**

**(q) Superannuation expense**

Superannuation expense recognised 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.

**(r) 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.

**(s) 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.

**(t) 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.

The judgements that have been made in the process of applying accounting policies that have the most significant effect on the amounts recognised in the financial statements include:

Buildings

A number of buildings that are located on the land of local government agencies have been recognised in the financial statements. The Commission believes that, based on past experience, its occupancy in these buildings will continue to the end of their useful lives.

*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.

# Financials

**Mental Health Commission**
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**For the year ended 30 June 2016**

## 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.

*Buildings*

In order to estimate fair value on the basis of existing use, the depreciated replacement costs are determined on the assumption that the buildings will be used for the same functions in the future. A major change in utilisation of the buildings may result in material adjustment to the carrying amounts.

*Long Service Leave*

Several estimations and assumptions used in calculating the Commission's long service leave provision include expected future salary rates, discount rates, employee retention rates and expected future payments. Changes in these estimations and assumptions may impact on the carrying amount of the long service leave provision.

## Note 5 Disclosure of changes in accounting policy and estimates

**Initial application of an Australian Accounting Standard**

The Commission has applied the following Australian Accounting Standards effective, or adopted, for annual reporting periods beginning on or after 1 July 2015 that impacted on the Commission.

| | |
|---|---|
| AASB 2013-9 | *Amendments to Australian Accounting Standards - Conceptual Framework, Materiality and Financial Instruments*<br><br>Part C of this Standard defers the application of AASB 9 to 1 January 2017. The application date of AASB 9 was subsequently deferred to 1 January 2018 by AASB 2014-1. The Commission has not yet determined the application or the potential impact of AASB 9. |
| AASB 2014-8 | *Amendments to Australian Accounting Standards arising from AASB 9 (December 2014) - Application of AASB 9 (December 2009) and AASB 9 (December 2010)[AASB 9 (2009 & 2010)]*<br><br>The Standard makes amendments to AASB 9 *Financial Instruments* (December 2009) and AASB 9 *Financial Instruments* (December 2010), arising from the issuance of AASB 9 *Financial Instruments* in December 2014. The Commission has not yet determined the application or the potential impact of AASB 9. |
| AASB 2015-3 | *Amendments to Australian Accounting Standards arising from the Withdrawal of AASB 1031 Materiality*<br><br>This Standard completes the withdrawal of references to AASB 1031 in all Australian Accounting Standards and Interpretations, allowing that Standard to effectively be withdrawn. There is no financial impact. |
| AASB 2015-7 | *Amendments to Australian Accounting Standards - Fair Value Disclosures of Not-for-Profit Public Sector Entities [AASB 13]*<br><br>This Standard relieves not-for-profit public sector entities from the reporting burden associated with various disclosures required by AASB 13 for assets within the scope of AASB 116 that are held primarily for their current service potential rather than to generate future net cash inflows. It has no financial impact. |

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
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**Note 5 Disclosure of changes in accounting policy and estimates (continued)**

**Future impact of Australian Accounting Standards not yet operative**

The Commission cannot early adopt an Australian Accounting Standard unless specifically permitted by TI 1101 *Application of Australian Accounting Standards and Other Pronouncements* or by an exemption from TI 1101. By virtue of a limited exemption, the Commission has early adopted AASB 2015-7 *Amendments to Australian Accounting Standards - Fair Value Disclosures of Not-for-Profit Public Sector Entities*. Where applicable, the Commission plans to apply the following Australian Accounting Standards from their application date.

| Title | | Operative for reporting periods beginning on/after |
|---|---|---|
| AASB 9 | *Financial Instruments*<br>This Standard supersedes *AASB 139 Financial Instruments: Recognition and Measurement*, introducing a number of changes to accounting treatments.<br>The mandatory application date of this Standard is currently 1 January 2018 after being amended by AASB 2012-6, AASB 2013-9 and AASB 2014-1 *Amendments to Australian Accounting Standards.* The Commission has not yet determined the application or the potential impact of the Standard. | 1 Jan 2018 |
| AASB 15 | *Revenue from Contracts with Customers*<br>This Standard establishes the principles that the Commission shall apply to report useful information to users of financial statements about the nature, amount, timing and uncertainty of revenue and cash flows arising from a contract with a customer. The Commission has not yet determined the application or the potential impact of the Standard. | 1 Jan 2018 |
| AASB 16 | *Leases*<br>This Standard introduces a single lessee accounting model and requires a lessee to recognise assets and liabilities for all leases with a term of more than 12 months, unless the underlying asset is of low value. The Commission has not yet determined the application or the potential impact of the Standard. | 1 Jan 2019 |
| AASB 1057 | *Application of Australian Accounting Standard*<br>This Standard lists the application paragraphs for each other Standard (and Interpretation), grouped where they are the same. There is no financial impact. | 1 Jan 2016 |
| 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]*<br>This Standard makes consequential amendments to other Australian Accounting Standards and Interpretations as a result of issuing AASB 9 in December 2010.<br>The mandatory application date of this Standard has been amended by AASB 2012-6 and AASB 2014-1 to 1 January 2018. The Commission has not yet determined the application or the potential impact of the Standard. | 1 Jan 2018 |

# Financials

**Mental Health Commission**
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**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 2014-1 | *Amendments to Australian Accounting Standards*<br><br>Part E of this Standard makes amendments to AASB 9 and consequential amendments to other Standards. It has not yet been assessed by the Commission to determine the application or potential impact of the Standard. | 1 Jan 2018 |
| AASB 2014-4 | *Amendments to Australian Accounting Standards – Clarification of Acceptable Methods of Depreciation and Amortisation [AASB 116 & 138]*<br><br>The adoption of this Standard has no financial impact for the Commission as depreciation and amortisation is not determined by reference to revenue generation, but by reference to consumption of future economic benefits. | 1 Jan 2016 |
| AASB 2014-5 | *Amendments to Australian Accounting Standards arising from AASB 15*<br><br>This Standard gives effect to the consequential amendments to Australian Accounting Standards (including Interpretations) arising from the issuance of AASB 15. The mandatory application date of this Standard has been amended by AASB 2015-8 to 1 January 2018. The Commission has not yet determined the application or the potential impact of the Standard. | 1 Jan 2018 |
| AASB 2014-7 | *Amendments to Australian Accounting Standards arising from AASB 9 (December 2014)*<br><br>This Standard gives effect to the consequential amendments to Australian Accounting Standards (including Interpretations) arising from the issuance of AASB 9 (December 2014). The Commission has not yet determined the application or the potential impact of the Standard. | 1 Jan 2018 |
| AASB 2015-1 | *Amendments to Australian Accounting Standards - Annual Improvements to Australian Accounting Standards 2012-2014 Cycle (AASB 1, 2, 3, 5, 7, 11, 110, 119, 121, 133, 134, 137 & 140)*<br><br>These amendments arise from the issuance of International Financial Reporting Standard *Annual Improvements to IFRSs 2012-2014 Cycle* in September 2014, and editorial corrections. The Commission has determined the application of the Standard has no financial impact. | 1 Jan 2016 |

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

**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 2015-2 | *Amendments to Australian Accounting Standards - Disclosure Initiative: Amendments to AASB 101 (AASB 7, 101, 134 & 1049)*<br>This Standard amends AASB 101 to provide clarification regarding the disclosure requirements in AASB 101. Specifically, the Standard proposes narrow-focus amendments to address some of the concerns expressed about existing presentation and disclosure requirements and to ensure entities are able to use judgement when applying a Standard in determining what information to disclose in their financial statements. There is no financial impact. | 1 Jan 2016 |
| AASB 2015-6 | *Amendments to Australian Accounting Standards - Extending Related Party Disclosures to Not-for-Profit Public Sector Entities (AASB 10, 124 & 1049)*<br>The amendments extend the scope of AASB 124 to include application by not-for-profit public sector entities. Implementation guidance is included to assist application of the Standard by not-for-profit public sector entities. There is no financial impact. | 1 Jul 2016 |
| AASB 2015-8 | *Amendments to Australian Accounting Standards - Effective Date of AASB 15*<br>This Standard amends the mandatory effective date (application date) of AASB 15 *Revenue from Contracts with Customers* so that AASB15 is required to be applied for annual reporting periods beginning on or after 1 January 2018 instead of 1 January 2017. The Commission has not yet determined the application or the potential impact of AASB 15. | 1 Jan 2017 |
| AASB 2016-2 | *Amendments to Australian Accounting Standards - Disclosure Initiative: Amendments to AASB 107*<br>The Standard amends AASB 107 *Statement of Cash Flows* (August 2015) to require disclosures that enable users of financial statements to evaluate changes in liabilities arising from financing activities, including both changes arising from cash flows and non-cash changes. There is no financial impact. | 1 Jan 2017 |
| AASB 2016-3 | *Amendments to Australian Accounting Standards - Clarifications to AASB 15*<br>This Standard clarifies identifying performance obligations, principal versus agent considerations, timing of recognising revenue from granting a licence, and, provides further transitional provisions to AASB 15. The Commission has not yet determined the application or the potential impact. | 1 Jan 2018 |
| AASB 2016-4 | *Amendments to Australia Accounting Standards - Recoverable Amount of Non-Cash-Generating Specialised Assets of Not-for-Profit Entities.*<br>This Standard clarifies that recoverable amount of primarily non-cash-generating assets of not-for-profit entities, which are typically specialised in nature and held for continuing use of their service capacity, is expected to be materially the same as fair value determined under AASB13 *Fair Value Measurement*. The Commission has not yet determined the application or the potential impact. | 1 Jan 2017 |

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

| | 2016 $ | 2015 $ |
|---|---|---|
| **Note 6 Employee benefits expense** | | |
| Salaries and wages (a) | 35,632,630 | 14,302,420 |
| Superannuation - defined contribution plans (b) | 3,349,407 | 1,345,483 |
| | 38,982,037 | 15,647,903 |

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

(b) Defined contribution plans include West State, Gold State and GESB Super and other eligible funds.

Employment on-costs (workers' compensation insurance) are included at note 13 'Other expenses'.

| | | |
|---|---|---|
| **Note 7 Service agreement - WA Health** | | |
| Service agreement - specialised mental health services | 627,255,000 | 583,733,704 |
| Service agreement - specific programs | 16,630,694 | 14,031,091 |
| | 643,885,694 | 597,764,795 |

WA Health comprises the Department of Health, Metropolitan Health Services and WA Country Health Service. Under the Service Agreement, public hospitals in WA Health and private hospitals contracted by WA Health provide specialised mental health services to the public patients and the community.

| | | |
|---|---|---|
| **Note 8 Service agreement - non government and other organisations** | | |
| Non-government and other organisations | 137,109,599 | 80,570,269 |

Non-government and other organisations are contracted to provide specialised mental health, alcohol and other drug services to the community.

| | | |
|---|---|---|
| **Note 9 Supplies and services** | | |
| Specific project expenses - other government organisations | 247,086 | 411,308 |
| Purchase of outsourced services | 3,665,055 | 104,720 |
| Corporate support services (a) | 3,917,088 | 124,490 |
| Computer related services | 272,780 | 44,124 |
| Consulting fees | 1,364,281 | 1,405,194 |
| Consumables | 396,699 | 61,447 |
| Equipment lease expenses | 14,476 | 22,726 |
| Communications | 371,260 | 96,797 |
| Printing and Stationery | 382,736 | 181,654 |
| Other | 53,178 | - |
| | 10,684,639 | 2,452,460 |

(a) Health Support Services within the Metropolitan Health Services has provided supply services, IT services, human resource services, finance services to the Commission since 2010. The values of income and corresponding expenses for services received had not been recognised in the previous years, because they could not be reliably measured. The value of services received is $3,791,791 for 2015-16.

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

| | 2016 $ | 2015 $ |
|---|---|---|
| **Note 10 Grants and subsidies** | | |
| Recurrent | | |
| National Partnership Agreement - Improving public hospitals | 1,900,000 | - |
| Suicide Prevention Strategy | 1,709,478 | 2,581,198 |
| National Perinatal Depression Initiative | 506,148 | 1,396,444 |
| Prevention and Anti-Stigma | 441,350 | 710,000 |
| Crisis Accommodation Support | 424,114 | - |
| Other grants | 1,661,763 | 1,087,573 |
| | 6,642,853 | 5,775,215 |
| **Note 11 Depreciation expense** | | |
| Buildings | 428,845 | - |
| Computer equipment | 16,629 | - |
| Furniture and fittings | 391 | 391 |
| Medical equipment | 1,647 | - |
| Leasehold improvements | - | 59,810 |
| Other plant and equipment | 7,611 | 2,824 |
| | 455,123 | 63,025 |
| **Note 12 Accommodation expense** | | |
| Office accommodation expenses | 1,023,150 | 813,915 |
| **Note 13 Other expenses** | | |
| Workers' compensation insurance (a) | 593,523 | 42,192 |
| Other employee related expenses | 496,148 | 290,119 |
| Consumable equipment, repairs and maintenance | 1,053,043 | 124,435 |
| Loss on revaluation of land | 667,900 | - |
| Loss on revaluation of buildings | 240,389 | - |
| Travel related expenses | 227,187 | 111,062 |
| Audit fees | 345,710 | 79,807 |
| Legal fees | 127,909 | 42,219 |
| Administration | 308,632 | 173,662 |
| Advertising | 93,426 | 37,202 |
| Other insurance | 96,217 | 22,536 |
| Other | 181,207 | 107,238 |
| | 4,431,291 | 1,030,472 |

(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 27 'Provisions'. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs.

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

| | 2016 $ | 2015 $ |
|---|---|---|
| **Note 14 Commonwealth grants and contributions** | | |
| National Health Reform Agreement (a) | 165,620,360 | 173,311,981 |
| National Partnership Agreement: | | |
| Supporting National Mental Health | 7,004,000 | 6,376,000 |
| Plan for Perinatal Depression | 31,900 | 1,008,000 |
| Pay Equity Funding | 189,715 | 19,080 |
| Indigenous Advancement Strategy | 181,000 | - |
| | 173,026,975 | 180,715,061 |

(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.

| | | |
|---|---|---|
| **Note 15 Other grants and contributions** | | |
| Department of Health | 1,917,874 | - |
| Department for Child Protection and Family Support | 706,000 | 684,941 |
| Department of Education | 152,850 | 75,000 |
| WA Police | 487,406 | - |
| Road Safety Commission | 773,066 | - |
| Healthway | 1,123,298 | - |
| Other | 120,000 | - |
| | 5,280,494 | 759,941 |

| | | |
|---|---|---|
| **Note 16 Other revenue** | | |
| Refund of prior year's payment on contract for services (a) | 8,616 | 337,011 |
| Good Outcomes Award | 36,364 | 56,364 |
| Interest revenue | 106,903 | - |
| Services to external organisations | 50,207 | - |
| Other revenue | 54,385 | 18,925 |
| | 256,475 | 412,300 |

(a) Refunds were received from non-government organisations in 2014/15 and 2015/16, as the funds paid in prior year were in excess of the requirement.

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

| | 2016 $ | 2015 $ |
|---|---|---|
| **Note 17 Income from State Government** | | |
| **Service appropriation received during the period:** | | |
| Amount appropriated to deliver services | 654,032,000 | 521,540,000 |
| Amount authorised by other statutes: | | |
| Salaries and Allowances Act 1975 | 783,000 | 488,000 |
| | 654,815,000 | 522,028,000 |
| **Services received free of charge from other State government agencies during the period:** | | |
| State Solicitor's Office - legal advisory services | 99,941 | 38,960 |
| Department of Finance - office accommodation leasing services | 29,389 | 5,117 |
| Department of Health - contracted mental health services | - | 3,243,148 |
| Department of Health - human resource data service | 1,849 | - |
| Metropolitan Health Services - support services (a) | 3,791,791 | - |
| | 3,922,970 | 3,287,225 |

(a) Health Support Services within the Metropolitan Health Services has provided supply services, IT services, human resource services, finance services to the Commission since 2010. The values of income and corresponding expenses for services received had not been recognised in the previous years, because they could not be reliably measured.

| | | |
|---|---|---|
| **Royalties for Regions Fund** | | |
| Regional Community Services Account | | |
| Northwest drug and alcohol support program | 5,630,000 | - |

This is a sub-fund within the over-arching 'Royalties for Regions Fund' established under the Royalties for Regions Act 2009.

| | | |
|---|---|---|
| **Note 18 Restricted cash and cash equivalents** | | |
| **Current** | | |
| Accrued salaries suspense account (a) | - | 488,490 |
| Commonwealth special purpose account (b) | 4,622,341 | - |
| Royalties for Regions Fund (c) | 195,860 | - |
| | 4,818,201 | 488,490 |

(a) Funds held in the suspense account used only for the purpose of meeting the 27th pay in a financial year that occurs every 11 years. The 27th pay was paid in the 2015/16 financial year.

(b) Fund are held for specific purposes for programs relating to drug diversion, development, implementation and administration of initiatives and activities to reduce drug abuse.

(c) Unspent funds are committed to projects and programs in WA regional areas.

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

| | 2016 | 2015 |
|---|---|---|
| **Note 19 Receivables** | **$** | **$** |
| **Current** | | |
| Receivables | 132,030 | 35,866 |
| Accrued revenue | 119,119 | - |
| GST receivables | 313,744 | 211,590 |
| | 564,893 | 247,456 |
| Refer to note 2(l) 'Receivables' and note 43 'Financial instruments'. | | |
| **Note 20 Amounts receivable for services** | | |
| **Non-current** | 5,145,123 | - |
| Represents the non-cash component of service appropriations. It is restricted in that it can only be used for asset replacement or payment of leave liability. See note 2(m) 'Amounts receivable for services'. | | |
| **Note 21 Inventories** | | |
| **Current** | | |
| Pharmaceutical stores - at cost | 20,008 | - |
| See note 2(n) 'Inventories'. | | |
| **Note 22 Other current assets** | | |
| Prepayments | 39,685 | - |
| **Note 23 Property, plant and equipment** | | |
| **Land** | | |
| At fair value (a) | 8,439,200 | - |
| | 8,439,200 | - |
| **Buildings** | | |
| At fair value (a) | 13,780,168 | - |
| | 13,780,168 | - |
| **Computer equipment** | | |
| At cost | 49,886 | - |
| Accumulated depreciation | (16,629) | - |
| | 33,257 | - |
| **Furniture and fittings** | | |
| At cost | 6,273 | 6,273 |
| Accumulated depreciation | (1,974) | (1,583) |
| | 4,299 | 4,690 |
| **Medical equipment** | | |
| At cost | 14,819 | - |
| Accumulated depreciation | (1,647) | - |
| | 13,172 | - |
| **Leasehold improvements** | | |
| At cost | - | 179,430 |
| Accumulated depreciation | - | (179,430) |
| | - | - |

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

| | 2016 $ | 2015 $ |
|---|---|---|
| **Note 23 Property, plant and equipment (continued)** | | |
| **Other plant and equipment** | | |
| At cost | 303,853 | 29,577 |
| Accumulated depreciation | (14,292) | (6,681) |
| | 289,561 | 22,896 |
| **Artworks** | | |
| At cost | 12,000 | 12,000 |
| | 12,000 | 12,000 |
| **Total property, plant and equipment** | 22,571,657 | 39,586 |

(a) Land and buildings were revalued as at 1 July 2015 by the Western Australian Land Information Authority (Valuation Services). The valuations were performed during the year ended 30 June 2016 and recognised at 30 June 2016. In undertaking the revaluation, fair value was determined by reference to market values for land: $1,035,000 and buildings $1,325,000. For the remaining balance, fair value of buildings was determined on the basis of depreciated replacement cost and fair value of land was determined on the basis of comparison with market evidence for land with low level utility (high restricted use land). See also note 2 (f) 'Property, plant and equipment'.

**Reconciliations**

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

| | | |
|---|---|---|
| **Land** | | |
| Carrying amount at start of period | - | - |
| Transfer from WA Alcohol & Drug Authority | 9,107,100 | - |
| Revaluation increments / (decrements) | (667,900) | - |
| Carrying amount at end of period | 8,439,200 | - |
| **Buildings** | | |
| Carrying amount at start of period | - | - |
| Transfer from WA Alcohol & Drug Authority | 14,292,000 | - |
| Transfer from Work in Progress | 157,402 | - |
| Revaluation increments / (decrements) | (240,389) | - |
| Depreciation | (428,845) | - |
| Carrying amount at end of period | 13,780,168 | - |
| **Computer equipment** | | |
| Carrying amount at start of period | - | - |
| Transfer from WA Alcohol & Drug Authority | 58,906 | - |
| Disposals | (9,020) | - |
| Depreciation | (16,629) | - |
| Carrying amount at end of period | 33,257 | - |

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

| | 2016 $ | 2015 $ |
|---|---|---|
| **Note 23 Property, plant and equipment (continued)** | | |
| **Furniture and fittings** | | |
| Carrying amount at start of period | 4,690 | 5,081 |
| Depreciation | (391) | (391) |
| Carrying amount at end of period | 4,299 | 4,690 |
| **Medical equipment** | | |
| Carrying amount at start of period | - | - |
| Transfer from WA Alcohol & Drug Authority | 14,819 | - |
| Depreciation | (1,647) | - |
| Carrying amount at end of period | 13,172 | - |
| **Leasehold improvements** | | |
| Carrying amount at the start of year | - | 59,810 |
| Depreciation | - | (59,810) |
| Carrying amount at the end of year | - | - |
| **Other plant and equipment** | | |
| Carrying amount at the start of year | 22,896 | 25,720 |
| Transfer from WA Alcohol & Drug Authority | 58,659 | - |
| Additions | 237,986 | - |
| Disposals | (22,369) | - |
| Depreciation | (7,611) | (2,824) |
| Carrying amount at the end of year | 289,561 | 22,896 |
| ***Artworks*** | | |
| Carrying amount at the start of year | 12,000 | 12,000 |
| Carrying amount at the end of year | 12,000 | 12,000 |

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

| | 2016 | 2015 |
|---|---|---|
| | $ | $ |
| **Note 23 Property, plant and equipment (continued)** | | |
| **Works in progress** | | |
| Carrying amount at the start of year | - | - |
| Transfer from WA Alcohol & Drug Authority | 11,527 | - |
| Additions | 145,875 | - |
| Capitalised to asset classes | (157,402) | - |
| Carrying amount at the end of year | - | - |
| ***Total property, plant and equipment*** | | |
| Carrying amount at the start of year | 39,586 | 102,611 |
| Transfer from WA Alcohol & Drug Authority | 23,543,011 | - |
| Additions | 383,861 | - |
| Disposals | (31,389) | - |
| Revaluation increments/(decrements) | (908,289) | - |
| Depreciation | (455,123) | (63,025) |
| Carrying amount at the end of year | 22,571,657 | 39,586 |

**Note 24 Fair value measurements**

| **Assets measured at fair value:** | **Level 1** | **Level 2** | **Level 3** | **Fair Value At end of period** |
|---|---|---|---|---|
| **2016** | **$** | **$** | **$** | **$** |
| Land (Note 23) | - | 1,035,000 | 7,404,200 | 8,439,200 |
| Buildings (Note 23) | - | 1,325,000 | 12,455,168 | 13,780,168 |
| | - | 2,360,000 | 19,859,368 | 22,219,368 |

There were no transfers between Levels 1, 2, or 3 during the current period.

No prior year comparatives are included as the WA Alcohol & Drug Authority merged with Mental Health Commission as of 1 July 2015.

**Valuation techniques to derive Level 2 fair values**

Level 2 fair values of Land and Buildings are derived using the market approach. Market evidence of sales prices of comparable land and buildings in close proximity is used to determine price per square metre.

No prior year balances are included as the WA Alcohol & Drug Authority merged with Mental Health Commission as of 1 July 2015.

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

**Note 24 Fair value measurements (continued)**

**Fair value measurements using significant unobservable inputs (Level 3)**

| 2016 | Land $ | Buildings $ |
|---|---|---|
| Fair value at start of period | - | - |
| Transfer from work in progress | - | 157,402 |
| Transfer from WA Alcohol & Drug Authority | 7,657,100 | 12,737,000 |
| Revaluation increments/(decrements) recognised in Profit or Loss | (252,900) | (57,039) |
| Depreciation expense | - | (382,195) |
| **Fair value at end of period** | 7,404,200 | 12,455,168 |

No prior year comparatives are included as the WA Alcohol & Drug Authority merged with Mental Health Commission as of 1 July 2015.

**Valuation processes**

There were no changes in valuation techniques during the period.

Transfers in and out of a fair value level are recognised on the date of the event or change in circumstances that caused the transfer. Transfers are generally limited to assets newly classified as non-current assets held for sale as Treasurer's instructions require valuations of land and buildings to be categorised within Level 3 where the valuations will utilise significant Level 3 inputs on a recurring basis.

Land (Level 3 fair values)

Fair value for restricted use land is based on comparison with market evidence for land with low level utility (high restricted use land). The relevant comparators of land with low level utility is selected by the Western Australian Land Information Authority (Valuation Services) and represents the application of a significant Level 3 input in this valuation methodology. The fair value measurement is sensitive to values of comparator land, with higher values of comparator land correlating with higher estimated fair values of land.

Buildings (Level 3 fair values)

Fair value for existing use specialised buildings is determined by reference to the cost of replacing the remaining future economic benefits embodied in the asset, i.e. the depreciated replacement cost. Depreciated replacement cost is the current replacement cost of an asset less accumulated depreciation calculated on the basis of such cost to reflect the already consumed or expired economic benefit, or obsolescence, and optimisation (where applicable) of the asset. Current replacement cost is generally determined by reference to the market-observable replacement cost of a substitute asset of comparable utility and the gross project size specifications.

Valuation using depreciated replacement cost utilises the significant Level 3 input, consumed economic benefit/obsolescence of asset which is estimated by the Western Australian Land Information Authority (Valuation Services). The fair value measurement is sensitive to the estimate of consumption/obsolescence, with higher values of the estimate correlating with lower estimated fair values of buildings.

**Basis of Valuation**

In the absence of market-based evidence, due to the specialised nature of some non-financial assets, these assets are valued at Level 3 of the fair value hierarchy on an existing use basis. The existing use basis recognises that restrictions or limitations have been placed on their use and disposal when they are not determined to be surplus to requirements. These restrictions are imposed by virtue of the assets being held to deliver a specific community service.

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

**Note 25 Impairment of assets**

There were no indications of impairment to property, plant and equipment at 30 June 2016. The Commission held no goodwill during the reporting period.

**Note 26 Payables**

| | 2016 | 2015 |
|---|---|---|
| **Current** | $ | $ |
| Trade creditors | 1,513,337 | 363,927 |
| Accrued salaries | 328,984 | 478,562 |
| Accrued expenses | 2,054,803 | 2,554,391 |
| | 3,897,124 | 3,396,880 |

Refer to note 2(o) 'Payables' and note 43 'Financial instruments'.

**Note 27 Provisions**

| | | |
|---|---|---|
| **Current** | | |
| Employee benefits provision | | |
| Annual leave (a) | 2,667,212 | 1,113,167 |
| Long service leave (b) | 2,787,059 | 1,327,662 |
| Deferred salary scheme (c) | 316,372 | 165,444 |
| | 5,770,643 | 2,606,273 |
| **Non-current** | | |
| Employee benefits provision | | |
| Long service leave (b) | 1,860,770 | 530,923 |
| | 7,631,413 | 3,137,196 |

(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 | 1,862,002 | 774,786 |
| More than 12 months after the end of the reporting period | 805,210 | 338,381 |
| | 2,667,212 | 1,113,167 |

(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

| | | |
|---|---|---|
| Within 12 months of the end of the reporting period | 559,479 | 258,305 |
| More than 12 months after the end of the reporting period | 4,088,350 | 1,600,280 |
| | 4,647,829 | 1,858,585 |

(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 | 151,765 | 165,444 |
| More than 12 months after the end of the reporting period | 164,607 | - |
| | 316,372 | 165,444 |

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

| | 2016 $ | 2015 $ |
|---|---|---|
| **Note 28 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 (a) | 30,079,658 | - |
| Balance at end of period | 31,025,558 | 945,900 |
| (a) The Western Australian Alcohol and Drug Authority was abolished as a statutory authority and its functions were amalgamated into the Commission on 1 July 2015. In accordance with AASB 1004 'Contributions', the transfer of net assets to the Commission as a result of administrative arrangements has been accounted for as contributions by owners. | | |
| **Assets** | | |
| Cash and cash equivalents | 8,179,503 | |
| Receivables | 60,434 | |
| Inventories | 23,632 | |
| Prepayments | 35,074 | |
| Amounts receivable for services | 4,905,123 | |
| Land | 9,107,100 | |
| Buildings | 14,292,000 | |
| Computer equipment | 58,906 | |
| Medical equipment | 14,819 | |
| Other plant and equipment | 58,659 | |
| Works in progress | 11,527 | |
| **Total Assets** | 36,746,777 | |
| **Liabilities** | | |
| Payables | (1,226,214) | |
| Provisions | (5,440,905) | |
| **Total Liabilities** | (6,667,119) | |
| **Net assets transferred from Western Australian Alcohol and Drug Authority** | 30,079,658 | |
| **Accumulated surplus / (deficit)** | | |
| Balance at start of period | 16,839,201 | 13,754,728 |
| Result for the period | (282,472) | 3,084,473 |
| Balance at end of period | 16,556,729 | 16,839,201 |
| **Total Equity at end of period** | 47,582,287 | 17,785,101 |

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

| | 2016 $ | 2015 $ |
|---|---|---|
| **Note 29 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 | 25,951,257 | 23,543,645 |
| Restricted cash and cash equivalents (refer to note 18) | 4,818,201 | 488,490 |
| | 30,769,458 | 24,032,135 |
| **Reconciliation of net cost of services to net cash flows provided by/(used in) operating activities** | | |
| Net cost of services (Statement of Comprehensive Income) | (664,650,442) | (522,230,752) |
| Non-cash items: | | |
| Services received free of charge (refer to note 17) | 3,922,970 | 3,287,225 |
| Depreciation expense (refer to note 11) | 455,123 | 63,025 |
| Loss from disposal of non-current assets (refer to note 23) | 31,389 | - |
| Loss on revaluation of land | 667,900 | - |
| Loss on revaluation of buildings | 240,389 | - |
| (Increase)/decrease in assets: | | |
| Current receivables | (317,437) | 65,619 |
| Inventories | (20,008) | - |
| Other current assets | (39,685) | - |
| Increase/(decrease) in liabilities: | | |
| Current payables | 262,258 | 1,290,765 |
| Current provisions | 3,164,370 | 620,598 |
| Non-current provisions | 1,329,847 | (30,595) |
| Net liability transferred from WA Alcohol & Drug Authority | (6,547,979) | - |
| Net cash provided by/(used in) operating activities (Statement of Cash Flows) | (661,501,305) | (516,934,115) |
| **Reconciliation of income from State Government to cash flows from State Government** | | |
| Service appropriations as per Statement of Comprehensive Income | 654,815,000 | 522,028,000 |
| Less: Non-cash items | | |
| Accrual appropriations | (240,000) | - |
| Cash flows from State Government as per Statement of Cash Flows | 654,575,000 | 522,028,000 |

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

| | 2016 $ | 2015 $ |
|---|---|---|
| **Note 30 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 | 2,493,399 | 213,979 |
| Later than 1 year and not later than 5 years | 10,225,143 | 227,427 |
| Later than 5 years | 11,299,056 | - |
| | 24,017,598 | 441,406 |
| 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, alcohol and other drug 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 | 121,218,073 | 75,950,211 |
| Later than 1 year and not later than 5 years | 37,974,975 | 56,754,505 |
| Later than 5 years | 6,619,454 | - |
| | 165,812,502 | 132,704,716 |
| In addition, the 2016/17 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 not signed prior to 30 June 2016. The 2015/16 service agreement was also not signed prior to 30 June 2015. | | |
| **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 | 42,642 | - |

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

## Note 31 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:

| | 2016 | 2015 |
|---|---|---|
| $ 60,001 - $ 70,000 | - | 1 |
| $ 70,001 - $ 80,000 | 1 | 1 |
| $120,001 - $130,000 | 1 | - |
| $140,001 - $150,000 | 2 | 1 |
| $150,001 - $160,000 | - | 1 |
| $160,001 - $170,000 | 2 | 1 |
| $170,001 - $180,000 | - | 1 |
| $180,001 - $190,000 | 2 | - |
| $190,001 - $200,000 | 1 | - |
| $200,001 - $210,000 | 1 | 1 |
| $210,001 - $220,000 | 1 | 1 |
| $220,001 - $230,000 | - | 1 |
| $390,001 - $400,000 | 1 | - |
| $480,001 - $490,000 | 1 | - |
| $540,001 - $550,000 | - | 1 |
| | 13 | 10 |

| | $ | $ |
|---|---|---|
| Base remuneration and superannuation | 2,776,137 | 1,805,708 |
| Annual leave and long service leave accruals | (119,738) | 155,411 |
| Other benefits | 48,932 | 13,286 |
| Total remuneration of senior officers: | 2,705,331 | 1,974,405 |

## Note 32 Remuneration of auditor

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

| | | |
|---|---|---|
| Auditing the accounts, controls, financial statements and key performance indicators | 175,000 | 71,000 |

## Note 33 Contingent liabilities and contingent assets

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

## Note 34 Events occurring after the end of the reporting period

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

## Note 35 Related bodies

A related body is a body that receives more than half of 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.

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

| | 2016 $ | 2015 $ |
|---|---|---|
| **Note 36 Affiliated bodies** | | |
| An affiliated body is a body that receives more than half of its funding and resources from the Commission but 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 | 1,393,265 | 1,367,286 |
| Australian Medical Procedures Research Foundation Limited | 3,220,074 | - |
| Consumers of Mental Health WA | 389,247 | 420,000 |
| Even Keel Bipolar Support Association Incorporated | 124,513 | 122,191 |
| Goldfields Rehabilitation Services Inc | 724,519 | - |
| Holyoake Australian Institute for Alcohol and Drug Addiction Resolution Inc | 3,905,986 | - |
| Home Health Pty Ltd (trading as Tender Care) | 1,184,361 | 1,162,278 |
| June O'Conner Centre Incorporated | 1,894,199 | 1,858,880 |
| Local Drug Action Groups Inc | 629,751 | - |
| Palmerston Association Inc | 7,365,448 | |
| Pathways Southwest Inc. | 741,027 | 727,210 |
| Richmond Wellbeing Incorporated | 10,611,039 | 9,753,565 |
| Schizophrenia Fellowship Albany and Districts Incorporated | - | 227,744 |
| WA Council on Addictions (trading as Cyrenian House) | 7,487,671 | - |
| | 39,671,100 | 15,639,154 |

In addition, Mental Health Commission has three affiliated bodies as determined by the Treasurer pursuant to Section 60(1)(b) of the Financial Management Act 2006 in 2015/16 financial year.

Mental Health Tribunal is a government administered body that received administrative support from, but is not subject to operational control by the Commission. It is funded by parliamentary appropriation of $1,406,000 for 2015/16 ($0 for 2014/15)

Mental Health Advocacy Service is a government administered body that received administrative support from, but is not subject to operational control by the Commission. It is funded by parliamentary appropriation of $1,439,000 for 2015/16 ($0 for 2014/15)

Office of Chief Psychiatrist is a government administered body that received administrative support from, but is not subject to operational control by the Commission. It is funded by parliamentary appropriation of $1,675,000 for 2015/16 ($0 for 2014/15)

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

| | 2016 $ | 2015 $ |
|---|---|---|
| **Note 37 Services provided free of charge** | | |
| **Services provided free of charge to other agencies during the period:** | | |
| Mental Health Tribunal - corporate services | 168,804 | - |
| Mental Health Advocacy Service - corporate services | 185,203 | - |
| Office of the Chief Psychiatrist - orporate services and accommodation | 167,145 | - |
| | 521,152 | - |

The Mental Health Act of 2014 established the Mental Health Tribunal, Mental Health Advocacy Service, and Office of Chief Psychiatrist, effective in 2015/16 financial year.

**Note 38 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) | 245,419,236 | 232,994,449 |
| Commonwealth grants and contributions | 73,579,896 | 72,023,604 |
| | 318,999,132 | 305,018,053 |
| Payments: | | |
| Block grant funding to local hospital networks in WA Health | (315,412,510) | (301,493,187) |
| Block grant funding to non-government organisation | (3,586,622) | (3,524,866) |
| Balance at the end of period | - | - |

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

**Note 39 Disclosure of administered income and expenses by service**

| | 2016 Hospital Bed Based Services $ | 2015 Drug and Alchol Related Service $ |
|---|---|---|
| Income | | |
| Appropriations from Government for transfer to : | | |
| WA Alcohol & Drug Authority (a) | - | 83,011,862 |
| Mental Health Tribunal (b) | 1,406,000 | - |
| Mental Health Advocacy Service (b) | 1,439,000 | - |
| Office of Chief Psychiatrist (b) | 1,675,000 | - |
| Service received free of charge (c) | 537,840 | - |
| Other revenue | 578 | - |
| **Total administered income** | 5,058,418 | 83,011,862 |
| Expenses | | |
| Appropriations transferred to WA Alcohol & Drug Authority (a) | - | 83,011,862 |
| Employee benefits expense (b) | 3,627,125 | - |
| Supplies and services (b) | 703,186 | - |
| Accommodation expense (b) | 135,479 | - |
| Other expenses (b) | 176,764 | - |
| **Total administered expenses** | 4,642,554 | 83,011,862 |

(a) 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. Effective 1 July 2015, Western Australian Alcohol and Drug Authority amalgamated with the Mental Health Commission.

(b) The Mental Health Act 2014 established the Mental Health Tribunal, Mental Health Advocacy Service, and Office of Chief Psychiatrist as administered affiliated bodies under the Mental Health Commission, effective in 2015/16 financial year. These entities do not have prior year comparatives. A complete estimate was not prepared at the time of the original budget submission.

(c) Service received free of charge includes $521,152 from Mental Health Commission (refer to note 37 'Services provided free of charge'), $14,361 from State Solicitor Office, and $2,327 from Department of Finance.

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

| | 2016 $ | 2015 $ |
|---|---|---|
| **Note 40 Disclosure of administered assets and liabilities** | | |
| Current Assets | | |
| Cash and cash equivalents | 1,316,166 | - |
| Receivables | 3,150 | - |
| Total Administered Current Assets | 1,319,316 | - |
| **Total Administered Assets** | **1,319,316** | **-** |
| Current Liabilities | | |
| Payables | 135,723 | - |
| Provision | 661,748 | - |
| Total Administered Current Liabilities | 797,471 | - |
| Non-Current Liabilities | | |
| Provision | 105,981 | - |
| Total Administered Non-Current Liabilities | 105,981 | - |
| **Total Administered Liabilities** | **903,452** | **-** |

The Mental Health Act 2014 established the Mental Health Tribunal, Mental Health Advocacy Service, and Office of Chief Psychiatrist, effective in 2015/16 financial year. These entities do not have prior year comparatives.

The WA Alcohol & Drug Authority was abolished as a statutory authority and its functions were amalgamated into the Commission on 1 July 2015. There were no administered assets and liabilities as at 30 June 2015, because the administered service appropriations were fully transferred to WA Alcohol & Drug Authority within the 2015/16 financial year.

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

**Note 41 Explanatory statement (Statement of Comprehensive Income)**

**All variances between estimates (original budget) and actual results for 2016, and between the actual results for 2016 and 2015 are shown below. Narratives are provided for selected major variances, which are generally greater than:**

**5% and $14.0 million for the Statements of Comprehensive Income and Cash Flows; and 5% and $0.5 million for the Statements of Financial Position.**

| | Variance Note | Estimate 2016 $ | Actual 2016 $ | Actual 2015 $ | Variance between estimate and actual $ | Variance between actual results for 2016 and 2015 $ |
|---|---|---|---|---|---|---|
| **COST OF SERVICES** | | | | | | |
| **Expenses** | | | | | | |
| Employee benefits expense | A | 38,570,000 | 38,982,037 | 15,647,903 | 412,037 | 23,334,134 |
| Service agreement - WA Health | B | 628,045,000 | 643,885,694 | 597,764,795 | 15,840,694 | 46,120,899 |
| Service agreement - non government and other organisations | 1,C | 153,551,000 | 137,109,599 | 80,570,269 | (16,441,401) | 56,539,330 |
| Supplies and services | | 5,793,000 | 10,684,639 | 2,452,460 | 4,891,639 | 8,232,179 |
| Grants and subsidies | | 3,820,000 | 6,642,853 | 5,775,215 | 2,822,853 | 867,638 |
| Depreciation expense | | 336,000 | 455,123 | 63,025 | 119,123 | 392,098 |
| Accommodation expense | | 4,254,000 | 1,023,150 | 813,915 | (3,230,850) | 209,235 |
| Other expenses | | 2,443,000 | 4,431,291 | 1,030,472 | 1,988,291 | 3,400,819 |
| **Total cost of services** | | **836,812,000** | **843,214,386** | **704,118,054** | **6,402,386** | **139,096,332** |
| **Income** | | | | | | |
| Revenue | | | | | | |
| Commonwealth grants and contributions | 2 | 188,404,000 | 173,026,975 | 180,715,061 | (15,377,025) | (7,688,086) |
| Other grants and contributions | | 1,479,000 | 5,280,494 | 759,941 | 3,801,494 | 4,520,553 |
| Other revenue | | 426,000 | 256,475 | 412,300 | (169,525) | (155,825) |
| **Total income other than income from State Government** | | **190,309,000** | **178,563,944** | **181,887,302** | **(11,745,056)** | **(3,323,358)** |
| **NET COST OF SERVICES** | | **646,503,000** | **664,650,442** | **522,230,752** | **18,147,442** | **142,419,690** |
| **Income from State Government** | | | | | | |
| Service appropriation | D | 633,889,000 | 654,815,000 | 522,028,000 | 20,926,000 | 132,787,000 |
| Services received free of charge | | - | 3,922,970 | 3,287,225 | 3,922,970 | 635,745 |
| Royalties for Regions Fund | | 5,633,000 | 5,630,000 | - | (3,000) | 5,630,000 |
| **Total income from State Government** | | **639,522,000** | **664,367,970** | **525,315,225** | **24,845,970** | **139,052,745** |
| **SURPLUS / (DEFICIT) FOR THE PERIOD** | | **(6,981,000)** | **(282,472)** | **3,084,473** | **6,698,528** | **(3,366,945)** |
| **OTHER COMPREHENSIVE INCOME** | | - | - | - | - | - |
| **TOTAL COMPREHENSIVE INCOME/(LOSS) FOR THE PERIOD** | | **(6,981,000)** | **(282,472)** | **3,084,473** | **6,698,528** | **(3,366,945)** |

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

**Note 41 Explanatory statement (Statement of Financial Position)**

| | Variance Note | Estimate 2016 $ | Actual 2016 $ | Actual 2015 $ | Variance between estimate and actual $ | Variance between actual results for 2016 and 2015 $ |
|---|---|---|---|---|---|---|
| **ASSETS** | | | | | | |
| **Current Assets** | | | | | | |
| Cash and cash equivalents | | 12,580,000 | 25,951,257 | 23,543,645 | 13,371,257 | 2,407,612 |
| Restricted cash and cash equivalents | | 4,321,000 | 4,818,201 | 488,490 | 497,201 | 4,329,711 |
| Receivables | | 378,000 | 564,893 | 247,456 | 186,893 | 317,437 |
| Inventories | | 15,000 | 20,008 | - | 5,008 | 20,008 |
| Other current assets | | 33,000 | 39,685 | - | 6,685 | 39,685 |
| **Total Current Assets** | | **17,327,000** | **31,394,044** | **24,279,591** | **14,067,044** | **7,114,453** |
| **Non-Current Assets** | | | | | | |
| Restricted cash and cash equivalents | | 421,000 | - | - | (421,000) | - |
| Amounts receivable for services | E | 5,145,000 | 5,145,123 | - | 123 | 5,145,123 |
| Property, plant and equipment | 3,F | 29,191,000 | 22,571,657 | 39,586 | (6,619,343) | 22,532,071 |
| **Total Non-Current Assets** | | **34,757,000** | **27,716,780** | **39,586** | **(7,040,220)** | **27,677,194** |
| **TOTAL ASSETS** | | **52,084,000** | **59,110,824** | **24,319,177** | **7,026,824** | **34,791,647** |
| **LIABILITIES** | | | | | | |
| **Current Liabilities** | | | | | | |
| Payables | | 2,952,000 | 3,897,124 | 3,396,880 | 945,124 | 500,244 |
| Provisions | G | 6,162,000 | 5,770,643 | 2,606,273 | (391,357) | 3,164,370 |
| **Total Current Liabilities** | | **9,114,000** | **9,667,767** | **6,003,153** | **553,767** | **3,664,614** |
| **Non-Current Liabilities** | | | | | | |
| Provisions | H | 1,553,000 | 1,860,770 | 530,923 | 307,770 | 1,329,847 |
| **Total Non-Current Liabilities** | | **1,553,000** | **1,860,770** | **530,923** | **307,770** | **1,329,847** |
| **TOTAL LIABILITIES** | | **10,667,000** | **11,528,537** | **6,534,076** | **861,537** | **4,994,461** |
| **NET ASSETS** | | **41,417,000** | **47,582,287** | **17,785,101** | **6,165,287** | **29,797,186** |
| **EQUITY** | | | | | | |
| Contributed equity | | 30,154,000 | 31,025,558 | 945,900 | 871,558 | 30,079,658 |
| Reserves | | 369,000 | - | - | (369,000) | - |
| Accumulated surplus | | 10,894,000 | 16,556,729 | 16,839,201 | 5,662,729 | (282,472) |
| **TOTAL EQUITY** | | **41,417,000** | **47,582,287** | **17,785,101** | **6,165,287** | **29,797,186** |

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

**Note 41 Explanatory statement (Statement of Cash Flows)**

| | Variance Note | Estimate 2016 $ | Actual 2016 $ | Actual 2015 $ | Variance between estimate and actual $ | Variance between actual results for 2016 and 2015 $ |
|---|---|---|---|---|---|---|
| **CASH FLOWS FROM STATE GOVERNMENT** | | | | | | |
| Service appropriation | | 633,649,000 | 654,575,000 | 522,028,000 | 20,926,000 | 132,547,000 |
| Royalties for Regions Fund - Capital | | 9,900,000 | - | - | (9,900,000) | - |
| Royalties for Regions Fund - Recurrent | | 5,633,000 | 5,630,000 | - | (3,000) | 5,630,000 |
| Receipts Paid into Consolidated Account | | (4,312,000) | - | - | 4,312,000 | - |
| **Net cash provided by State Government** | | **644,870,000** | **660,205,000** | **522,028,000** | **15,335,000** | **138,177,000** |
| Utilised as follows: | | | | | | |
| **CASH FLOWS FROM OPERATING ACTIVITIES** | | | | | | |
| **Payments** | | | | | | |
| Employee benefits expense | | (38,628,000) | (41,220,707) | (15,033,764) | (2,592,707) | (26,186,943) |
| Service agreement - WA Health | | (628,046,000) | (644,092,337) | (594,545,005) | (16,046,337) | (49,547,332) |
| Service agreement - non government and other organisations | | (153,551,000) | (137,797,069) | (79,677,848) | 15,753,931 | (58,119,221) |
| Supplies and services | | (5,822,000) | (6,265,190) | (2,280,393) | (443,190) | (3,984,797) |
| Grants and subsidies | | (3,820,000) | (6,349,005) | (5,779,044) | (2,529,005) | (569,961) |
| Accommodation expense | | (4,254,000) | (1,072,650) | (771,955) | 3,181,350 | (300,695) |
| Other payments | | (2,452,000) | (3,201,759) | (921,205) | (749,759) | (2,280,554) |
| **Receipts** | | | | | | |
| Commonwealth grants and contributions | | 188,405,000 | 173,026,975 | 180,715,061 | (15,378,025) | (7,688,086) |
| Other grants and contributions | | 1,479,000 | 5,280,494 | 759,941 | 3,801,494 | 4,520,553 |
| Other receipts | | - | 189,943 | 600,097 | 189,943 | (410,154) |
| **Net cash used in operating activities** | | **(646,689,000)** | **(661,501,305)** | **(516,934,115)** | **(14,812,305)** | **(144,567,190)** |
| **CASH FLOWS FROM INVESTING ACTIVITIES** | | | | | | |
| **Payments** | | | | | | |
| Purchase of non-current assets | | (9,900,000) | (145,875) | - | 9,754,125 | (145,875) |
| **Receipts** | | | | | | |
| Proceeds from the sale of non-current physical assets | | 4,312,000 | - | - | (4,312,000) | - |
| **Net cash used in investing activities** | | **(5,588,000)** | **(145,875)** | **-** | **5,442,125** | **(145,875)** |
| Net increase in cash and cash equivalents | | (7,407,000) | (1,442,180) | 5,093,885 | 5,964,820 | (6,536,065) |
| Cash and cash equivalents at the beginning of the period | | 24,729,000 | 24,032,135 | 18,938,250 | (696,865) | 5,093,885 |
| Cash and cash equivalents transferred from WA Alcohol & Drug Authority | | - | 8,179,503 | - | 8,179,503 | 8,179,503 |
| **CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD** | | **17,322,000** | **30,769,458** | **24,032,135** | **13,447,458** | **6,737,323** |

# Financials

**Mental Health Commission**
**Notes to the Financial Statements**
**For the year ended 30 June 2016**

**Note 41 Explanatory statement (continued)**

**Major Estimate and Actual (2016) Variance Narratives for Controlled Operations**

1 Purchase of services from Non-Government and Other Organisations trailed estimates by $16.4 million (10.7%) due to post budget adjustments including return of funds for community sub-acute facilities $2.2 million, reclassification of funds to grants $2.6 million, reclassification of funds to contracts for services $1.4 million, reductions in funding due to Non-Government Human Services Sector indexation reduction $1.7 million, together with lower than budget expenditure on the Individualised Community Living Strategy $3.4 million, Assertive Community Intervention Program $1 million and other mental health and alcohol and other drug programs $4.1 million.

2 Commonwealth grants and contributions revenue trailed estimates by $15.4 million (8.2%) due to decreased National Health Reform Funding for specialised mental health services arising from a change in the mix of services eligible as in-scope activity.

3 Property, Plant and Equipment trailed estimates by $6.6 million (22.7%) mainly due to the deferral of the investment in Sub Acute facilities for Bunbury and Karratha $9.9 million partially offset by the deferral of the sale of Field Street , Mount Lawley premises $4.3 million and revaluation decrement $0.9 million.

**Major Actual (2016) and Comparative (2015) Variance Narratives for Controlled Operations**

A Employee benefits expense increased by $23.3 million (149.1%) mainly due to a Machinery of Government merger, augmenting employee numbers in the Commission by more than 200 full time employees, specifically the amalgamation of the Commission with the WA Alcohol & Drug Authority.

B Service Agreement-WA Health expenditure increased by $46.1 million (7.7%) reflecting an activity and cost growth for public mental health services.

C Purchase of services from Non-Government and Other Organisations increased by $56.5 million (70.2%) mainly due to services purchased for Alcohol and Other Drug programs resulting from the amalgamation of the Commission with the WA Alcohol & Drug Authority.

D Service Appropriation increased by $132.8 million (25.4%) mainly due to additional appropriation for the WA Alcohol & Drug Authority $86.9 million, together with increases in funding for Service Agreement WA-Health $43.5 million.

E Amounts Receivable for Services increased by $5.1 million (100%) due to the transfer from the WA Alcohol & Drug Authority.

F Property, Plant and Equipment increased by $22.5 million (56,919.3%) mainly due to the transfer of land and buildings from the WA Alcohol & Drug Authority.

G Current Provisions increased by $3.2 million (121.4%) mainly due to the transfer of leave balances from the WA Alcohol & Drug Authority for more than 200 full time employees.

H Non-Current Provisions increased by $1.3 million (250.5%) mainly due to the transfer of Long Service leave balances from the WA Alcohol & Drug Authority for more than 200 full time employees.

# Financials

## Mental Health Commission

## Notes to the Financial Statements

**For the year ended 30 June 2016**

**Not 42 Explanatory statement for Administered Items (Statement of Comprehensive Income)**

| | Estimate 2016 $ | Actual 2016 $ | Actual 2015 $ | Variance between estimate and actual $ | Variance between actual results for 2016 and 2015 $ |
|---|---|---|---|---|---|
| Income | | | | | |
| For transfer: | | | | | |
| Service appropriation | | | | | |
| WA Alcohol & Drug Authority | - | - | 83,011,862 | - | (83,011,862) |
| Mental Health Tribunal | 1,000 | 1,406,000 | - | 1,405,000 | 1,406,000 |
| Mental Health Advocacy Service | 1,000 | 1,439,000 | - | 1,438,000 | 1,439,000 |
| Office of Chief Psychiatrist | 1,000 | 1,675,000 | - | 1,674,000 | 1,675,000 |
| Service received free of charge | - | 537,840 | - | 537,840 | 537,840 |
| Other revenue | - | 578 | - | 578 | 578 |
| **Total administered income** | **3,000** | **5,058,418** | **83,011,862** | **5,055,418** | **(77,953,444)** |
| Expenses | | | | | |
| Appropriations transferred to WA Alcohol & Drug Authority | - | - | 83,011,862 | - | (83,011,862) |
| Employee benefits expense | 3,000 | 3,627,125 | - | 3,624,125 | 3,627,125 |
| Supplies and services | - | 703,186 | - | 703,186 | 703,186 |
| Accommodation expense | - | 135,479 | - | 135,479 | 135,479 |
| Other expenses | - | 176,764 | - | 176,764 | 176,764 |
| **Total administered expenses** | **3,000** | **4,642,554** | **83,011,862** | **4,639,554** | **(78,369,308)** |

*The Mental Health Act 2014 established the Mental Health Tribunal, Mental Health Advocacy Service, and Office of Chief Psychiatrist, effective in the 2015/16 financial year. These entities do not have prior year comparatives. A complete estimate was not prepared at the time of the original budget submission.*

*The WA Alcohol & Drug Authority was abolished as a statutory authority and its functions were amalgamated into the Commission on 1 July 2015.*

# Financials

## Mental Health Commission

## Notes to the Financial Statements

**For the year ended 30 June 2016**

**Not 42 Explanatory statement for Administered Items (Statement of Financial Position)**

| | Estimate 2016 $ | Actual 2016 $ | Actual 2015 $ | Variance between estimate and actual $ | Variance between actual results for 2016 and 2015 $ |
|---|---|---|---|---|---|
| **ASSETS** | | | | | |
| **Current Assets** | | | | | |
| Cash and cash equivalents | - | 1,316,166 | - | 1,316,166 | 1,316,166 |
| Receivables | - | 3,150 | - | 3,150 | 3,150 |
| **Total Administered Current Assets** | **-** | **1,319,316** | **-** | **1,319,316** | **1,319,316** |
| **TOTAL ADMINISTERED ASSETS** | **-** | **1,319,316** | **-** | **1,319,316** | **1,319,316** |
| **LIABILITIES** | | | | | |
| **Current Liabilities** | | | | | |
| Payables | - | 135,723 | - | 135,723 | 135,723 |
| Provisions | - | 661,748 | - | 661,748 | 661,748 |
| **Total Administered Current Liabilities** | **-** | **797,471** | **-** | **797,471** | **797,471** |
| **Non-Current Liabilities** | | | | | |
| Provisions | - | 105,981 | - | 105,981 | 105,981 |
| **Total Administered Non-Current Liabilities** | **-** | **105,981** | **-** | **105,981** | **105,981** |
| **TOTAL ADMINISTERED LIABILITIES** | **-** | **903,452** | **-** | **903,452** | **903,452** |

*The Mental Health Act 2014 established the Mental Health Tribunal, Mental Health Advocacy Service, and Office of Chief Psychiatrist, effective in the 2015/16 financial year. These entities do not have prior year comparatives. A complete estimate was not prepared at the time of the original budget submission.*

*The WA Alcohol & Drug Authority was abolished as a statutory authority and its functions were amalgamated into the Commission on 1 July 2015. There were no administered assets and liabilities as at 30 June 2015, because the administered service appropriations were fully transferred to WA Alcohol & Drug Authority within the 2015/16 financial year.*

# Financials

**Mental Health Commission**

**Notes to the Financial Statements**
**For the year ended 30 June 2016**

## Note 43 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 43(c) 'Financial Instruments Disclosures' and note 19 '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.

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:

| | 2016 $ | 2015 $ |
|---|---|---|
| Financial Assets | | |
| Cash and cash equivalents | 25,951,257 | 23,543,645 |
| Restricted cash and cash equivalents | 4,818,201 | 488,490 |
| Receivables (a) | 251,149 | 35,866 |
| Amounts receivable for services | 5,145,123 | - |
| Financial Liabilities | | |
| Financial liabilities measured at amortised cost | 3,897,124 | 3,396,880 |

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

# Financials

## Mental Health Commission

## Notes to the Financial Statements
**For the year ended 30 June 2016**

**Note 43 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 |
| | $ | $ | $ | $ | $ | $ | $ |
| **2016** | | | | | | | |
| Cash and cash equivalents | 25,951,257 | 25,951,257 | - | - | - | - | - |
| Restricted cash and cash equivalents | 4,818,201 | 4,818,201 | - | - | - | - | - |
| Receivables (a) | 251,149 | 198,522 | 4,099 | 1,186 | 4,292 | 43,050 | - |
| Amounts receivable for services | 5,145,123 | 5,145,123 | - | - | - | - | - |
| | 36,165,730 | 36,113,103 | 4,099 | 1,186 | 4,292 | 43,050 | - |
| **2015** | | | | | | | |
| Cash and cash equivalents | 23,543,645 | 23,543,645 | - | - | - | - | - |
| Restricted cash and cash equivalents | 488,490 | 488,490 | - | - | - | - | - |
| Receivables (a) | 35,866 | 3,461 | 4,613 | 9,040 | 18,752 | - | - |
| | 24,068,001 | 24,035,596 | 4,613 | 9,040 | 18,752 | - | - |

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

# Financials

## Mental Health Commission

## Notes to the Financial Statements

**For the year ended 30 June 2016**

**Note 43 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 $ | Fixed interest rate $ | Variable interest rate $ | Non-interest bearing $ | Nominal Amount $ | Up to 1 month $ | 1 - 3 months $ | 3 months to 1 year $ | 1 - 5 years $ | More than 5 year $ |
| **2016** | | | | | | | | | | | |
| **Financial Assets** | | | | | | | | | | | |
| Cash and cash equivalents | - | 25,951,257 | - | - | 25,951,257 | 25,951,257 | 25,951,257 | - | - | - | - |
| Restricted cash and cash equivalents | 2.3% | 4,818,201 | - | 4,622,341 | 195,860 | 4,818,201 | 4,818,201 | - | - | - | - |
| Receivables (a) | - | 251,149 | - | - | 251,149 | 251,149 | 251,149 | - | - | - | - |
| Amounts receivable for services | - | 5,145,123 | - | - | 5,145,123 | 5,145,123 | - | - | - | - | 5,145,123 |
| | | 36,165,730 | | 4,622,341 | 31,543,389 | 36,165,730 | 31,020,607 | - | - | - | 5,145,123 |
| **Financial Liabilites** | | | | | | | | | | | |
| Payables | - | 3,897,124 | - | - | 3,897,124 | 3,897,124 | 3,897,124 | - | - | - | - |
| | | 3,897,124 | - | - | 3,897,124 | 3,897,124 | 3,897,124 | - | - | - | - |
| **2015** | | | | | | | | | | | |
| **Financial Assets** | | | | | | | | | | | |
| Cash and cash equivalents | - | 23,543,645 | - | - | 23,543,645 | 23,543,645 | 23,543,645 | - | - | - | - |
| Restricted cash and cash equivalents | - | 488,490 | - | - | 488,490 | 488,490 | 488,490 | - | - | - | - |
| Receivables (a) | - | 35,866 | - | - | 35,866 | 35,866 | 35,866 | - | - | - | - |
| | | 24,068,001 | - | - | 24,068,001 | 24,068,001 | 24,068,001 | - | - | - | - |
| **Financial Liabilites** | | | | | | | | | | | |
| Payables | - | 3,396,880 | - | - | 3,396,880 | 3,396,880 | 3,396,880 | - | - | - | - |
| | | 3,396,880 | - | - | 3,396,880 | 3,396,880 | 3,396,880 | - | - | - | - |

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

# Financials

## Mental Health Commission

## Notes to the Financial Statements
**For the year ended 30 June 2016**

**Note 43 Financial instruments (continued)**

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

Interest rate sensitivity analysis

The following table represents a summary of the interest rate sensitivity of the Commission's financial assets and liabilities at the end of the reporting period on the surplus for the period and equity for a 1% change in interest rates. It is assumed that the change in interest rates is held constant throughout the reporting period.

| | | -100 basis points | | +100 basis points | |
|---|---|---|---|---|---|
| | Carrying amount | Surplus | Equity | Surplus | Equity |
| | $ | $ | $ | $ | $ |
| **2016** | | | | | |
| **Financial Assets** | | | | | |
| Restricted cash and cash equivalents | 4,622,341 | (46,223) | (46,223) | 46,223 | 46,223 |
| **Total Increase/(Decrease)** | | (46,223) | (46,223) | 46,223 | 46,223 |

| | | -100 basis points | | +100 basis points | |
|---|---|---|---|---|---|
| | Carrying amount | Surplus | Equity | Surplus | Equity |
| | $ | $ | $ | $ | $ |
| **2015** | | | | | |
| **Financial Assets** | | | | | |
| Restricted cash and cash equivalents | - | - | - | - | - |
| **Total Increase/(Decrease)** | | - | - | - | - |

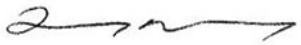
Fair values

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.

# Key Performance Indicators

## Mental Health Commission
## Certificate of Key Performance Indicators for the year ended 30 June 2016

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 2016.



**Timothy Marney**
Commissioner
Mental Health Commission
Accountable Authority

19 September 2016

# MENTAL HEALTH COMMISSION – POST MERGER
## Performance Management Framework 2015-16- Outcome Based Management Framework

**Strategic Outcomes**

**WESTERN AUSTRALIAN STRATEGIC OUTCOME: WHOLE OF GOVERNMENT GOAL**
Outcomes Based Service Delivery: Greater focus on achieving results in key service delivery areas for the benefit of all Western Australians

**Agency Level Outcomes**

| Outcome 1 | Outcome 2 | Outcome 3 |
|---|---|---|
| Promote mental health and wellbeing | Reduced incidence of use and harm associated with alcohol and other drug use | Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports |

**Key Effectiveness Indicators**

**Key Effectiveness Indicators**

**1.1** Percentage of the Western Australian population with high or very high levels of psychological distress compared to the percentage reported nationally

**Key Effectiveness Indicators**

**2.1** Percentage of the Western Australian population aged 14 years and over reporting recent use of illicit drugs and the percentage reporting use of alcohol at risky levels compared to the percentage reported nationally

**2.2** Correct take out messages for alcohol and other drug campaigns among target population

**Key Effectiveness Indicators**

**3.1** Readmissions to hospital within 28 days of discharge from acute specialised mental health inpatient units (national indicator)

**3.2** Percentage of contacts with community-based public mental health non-admitted services within seven days post discharge from public mental health inpatient units (national indicator)

**3.3** Percentage of closed alcohol and other drug treatment episodes completed as planned

**3.4** Percentage of non-government organisations contracted to provide mental health services that met the National Standards for Mental Health Services (2010) through independent evaluation

**3.5** Percentage of the population receiving public clinical mental health care (national indicator)

# MENTAL HEALTH COMMISSION – POST MERGER
## Performance Management Framework 2015-16- Outcome Based Management Framework

| Services | Service 1 Prevention | Service 2 Hospital Bed Based Services | Service 3 Community Bed Based Services | Service 4 Community Treatment | Service 5 Community Support |
|---|---|---|---|---|---|
| Key Efficiency Indicators | **1.1** Cost per capita to enhance mental health and wellbeing and prevent suicide (illness prevention promotion and protection activities)<br>**1.2** Cost per capita of the Western Australian population 14 years and above for initiatives that delay the uptake and reduce the harm associated with alcohol and other drugs<br>**1.3** Cost per person of alcohol and other drug campaign target groups who are aware of, and correctly recall, the main campaign messages | **Acute**<br>**2.1** Average length of stay in purchased acute specialised mental health units<br>**2.2** Average cost per purchased bedday in acute specialised mental health units<br>**Subacute**<br>**2.3** Average length of stay in purchased subacute specialised mental health units<br>**2.4** Average cost per purchased bedday in subacute specialised mental health units<br>**Hospital in the Home**<br>**2.5** Average length of stay in purchased Hospital in the Home mental health units<br>**2.6** Average cost per purchased bedday in Hospital in the Home mental health units<br>**Forensic**<br>**2.7** Average length of stay in purchased forensic mental health units<br>**2.8** Average cost per purchased bedday in forensic mental health units | **3.1** Average cost per purchased bedday in non-acute (24 hours support) community bed based services<br>**3.2** Average cost per purchased bedday in non-acute (Hospital/ Nursing Home) community bed based units<br>**3.3** Average cost per purchased bedday in step-up step-down community bed based units<br>**3.4** Cost per completed treatment episode in alcohol and other drug residential rehabilitation services | **4.1** Average cost per purchased treatment day of ambulatory care provided by public clinical mental health services (national indicator)<br>**4.2** Average treatment days per episode of ambulatory care provided by public clinical mental health services<br>**4.3** Cost per completed treatment episode in community based alcohol and other drug services | **5.1** Average cost per hour of community support provided to people with mental health problems<br>**5.2** Average cost per episode of community support provided for alcohol and other drug services<br>**5.3** Average cost per package of care provided for the Individualised Community Living Strategy<br>**5.4** Cost per episode of care in safe places for intoxicated people |

# Key Effectiveness Indicators

## Outcome one
## Promote mental health and wellbeing

### Description:

An indication of the mental health and wellbeing of a population is provided by measuring levels of psychological distress using the Kessler Psychological Distress Scale (K10). The K10 questionnaire is a widely used and reported measure of global psychosocial distress, and is used in both population based surveys and in clinical settings. High psychological distress has a strong relationship with diagnosable mental disorders and is useful for estimating population need for mental health services.

### Rationale:

Monitoring psychological distress in the Western Australian population will enable the Commission to assess the impact of its services and initiatives on the population to promote mental health and wellbeing.

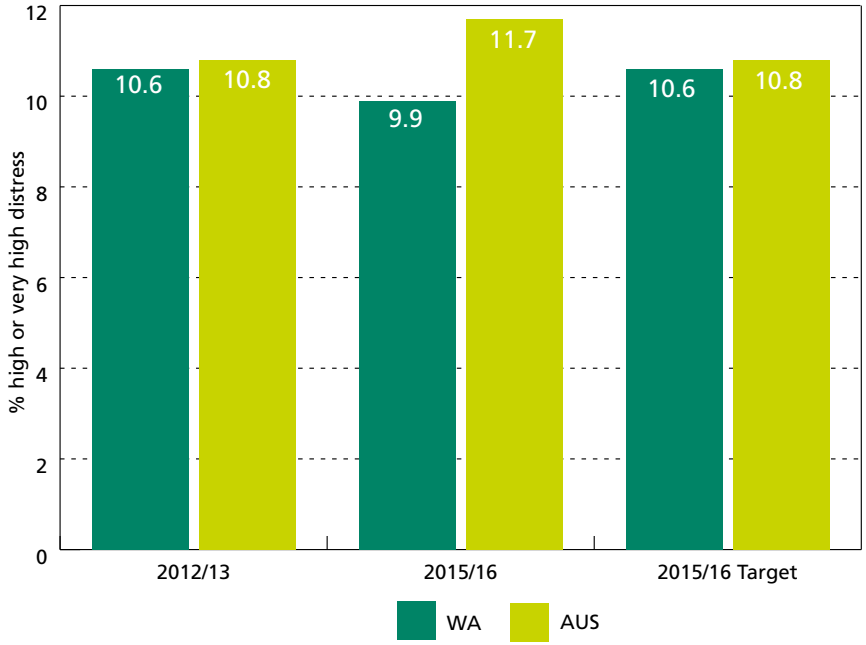
### Results:

The proportion of the Western Australian population with high or very high levels of psychological distress (9.9 per cent) was 1.8 percentage points lower than the proportion reported nationally (11.7 per cent).

This result is better than the target of 0.2 percentage points below national levels that was set using the 2011/12 survey result.

# Percentage of the Western Australian population with high or very high levels of psychological distress compared to the percentage reported nationally

## 1.1 Percentage of the Western Australian population with high or very high levels of psychological distress compared to the percentage reported nationally




**Note:** The K10 is scored from ten to 50, with higher scores indicating a higher level of distress, a score of 22 and above indicates high or very high distress.

**Data Source:** Australian Bureau of Statistics (ABS) – National Health Survey, 2011/12 and 2014/15. The 2014/15 survey was conducted in all states and territories and across urban, rural and remote areas of Australia (other than very remote areas), and included around 19,000 people in nearly 15,000 private dwellings.

**Time Period:** The National Health Survey is only conducted every three years. The 2011/12 results were published in 2012/13 and the 2014/15 results were published in 2015/16. The next survey will be conducted in 2017/18 and published in 2018/19.

The rate of Western Australians who report high or very high psychological distress is **1.8 percentage points lower** than the national average

## Key Effectiveness Indicator

### Outcome two
### Reduce incidence of use and harm with alcohol and other drug use

**Description:**

Alcohol-related risk of harm is determined using the 2009 National Health and Medical Research Council guidelines. The 2009 guidelines recommend that for healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.

The term 'Illicit drugs', as reported in the National Drug Strategy Household Survey (NDSHS), covers a wide range of drugs that includes illegal drugs (such as cannabis, ecstasy, heroin and cocaine), prescription and over-the-counter pharmaceuticals (such as tranquillisers/sleeping pills) used for illicit purposes, and other substances used inappropriately such as inhalants and naturally occurring hallucinogens. The term 'recent use' refers to the use of drugs or alcohol within 12 months prior to being surveyed for the NDSHS.

**Rationale:**

This indicator presents information on the Western Australian prevalence for alcohol and other drug use compared with the national prevalence. It reflects the impact of preventative initiatives of a range of government departments, including the Commission, on reducing the incidence of use and harm associated with alcohol and other drugs.

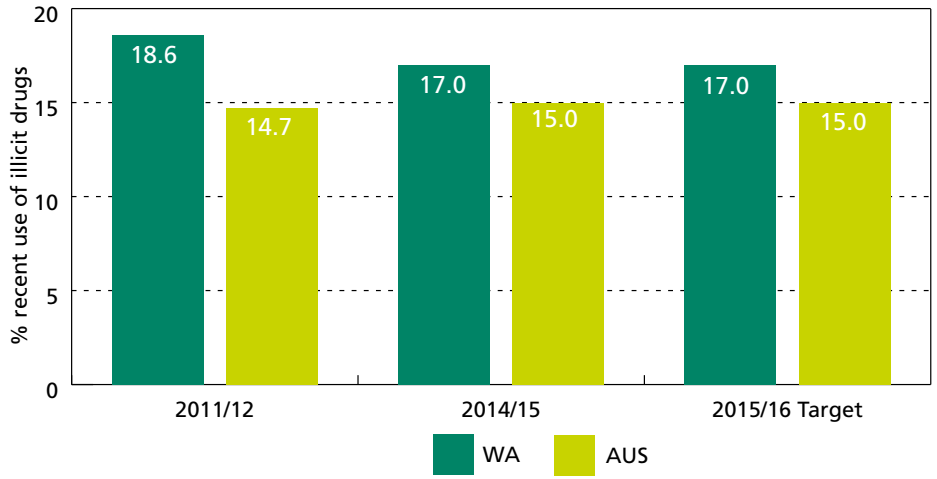
**Results:**

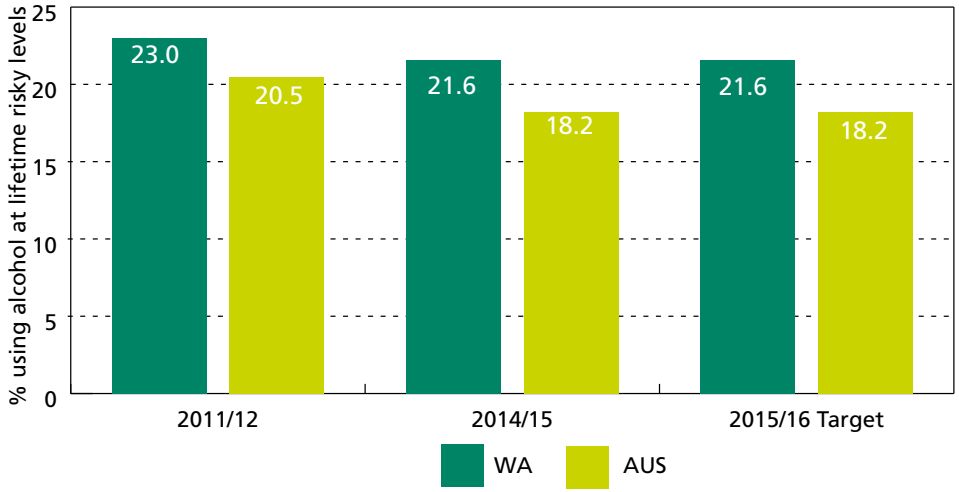
The proportion of the Western Australian population aged 14 years and over reporting recent use of illicit drugs (17.0 per cent) was two percentage points higher than the proportion reported nationally (15.0 per cent) but 1.6 percentage points lower than previous survey results (18.6 per cent).

The proportion of the Western Australian population aged 14 years and over reporting use of alcohol at lifetime risky levels (21.6 per cent) was 3.4 percentage points higher than the proportion reported nationally (18.2 per cent) but 1.4 percentage points lower than previous survey results (23.0 per cent).

# Percentage of the Western Australian population aged 14 years and over reporting recent use of illicit drugs and the percentage reporting use of alcohol at lifetime risky levels compared to the percentage reported nationally

## 2.1 Percentage of the Western Australian population aged 14 years and over reporting recent use of illicit drugs and the percentage reporting use of alcohol at lifetime risky levels compared to the percentage reported nationally




**Data Source:** Australian Institute of Health and Wellbeing (AIHW) – NDSHS, 2010 and 2013. The 2013 survey collected data from nearly 24,000 people across Australia. Households were selected by a multistage, stratified area random sample design.

**Time Period:** The NDSHS is only conducted every three years. The 2010 results were published in 2011/12 and the 2013 results were published in 2014/15. The next survey is in progress (2016) and will be published in 2017/18.

## Key Effectiveness Indicator

# Outcome two
# Reduce incidence of use and harm with alcohol and other drug use

### Description:

This indicator reports on the percentage "correct" take out messages for alcohol and other drug campaigns, which are social marketing programs aimed at raising awareness of the risk of alcohol and other drug-related harms.

An alcohol or other drug prevention advertisement is presented to a panel of individuals recruited by a marketing company. The individuals represent the age and/or gender demographic that the campaign intends to target. The panel members participate in a post-evaluation campaign session which collects data relating to awareness and correct recall of the campaign messages. These statistics are then applied to the corresponding Western Australian population figures for that targeted age and/or gender demographic.

An adjustment factor was applied to approximate a correct message recall rate amongst the target population. The factor used was 80 per cent and has been recommended by experts at TNS Social Research.

### Rationale:

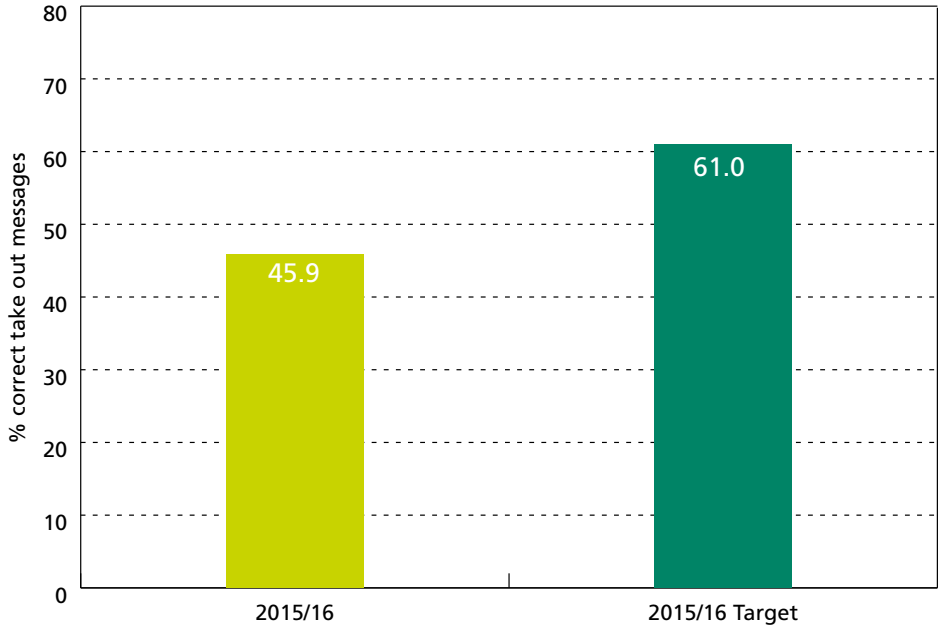
The campaigns aim to build awareness and understanding of the risks and harms associated with alcohol and other drug use. This indicator provides a measure of how many people aware of the campaign correctly understood the message(s) (i.e. correct take out) presented by the campaign, which provides an indication of how effective the campaign was in delivering the message(s) to the target population to reduce the incidence of use and harm associated with alcohol and other drugs.

### Results:

In 2015/16, the correct take out message for the *Alcohol. Think Again* campaign was 45.9 per cent. This result is lower than the 2015/16 Budget Target of 61.0 per cent due to the implementation of a more accurate methodology used to calculate correct awareness and message takeout. This methodology applies the measure of those who correctly recalled the campaign and took away the correct message to the total target population.

# Percentage correct take out message for alcohol and other drug campaigns amongst target population

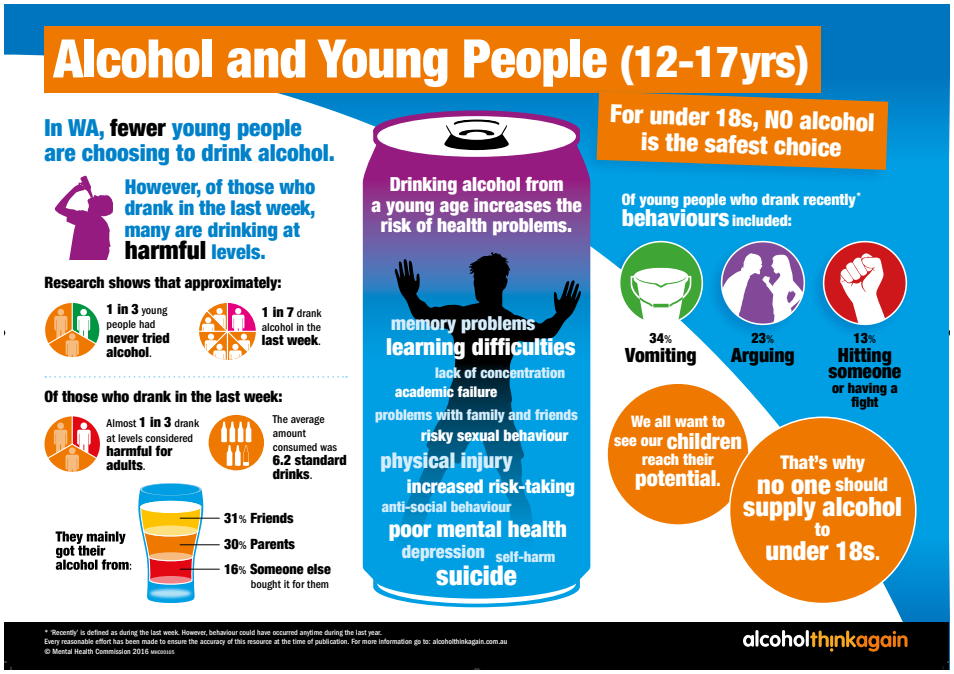
## 2.2 Percentage of correct take out messages for alcohol and other drug campaigns among target population




**Note:** This is a new Key Performance Indicator and as such no comparative data is presented.

**Data Source:** TNS Global social marketing company. The total sample size was 401 and was weighted by gender within age and by location to approximate the Western Australian population of individuals aged 25 to 54 years. The response rate was 89%. The confidence rate is 95% and the standard error rate is 4.89%.

**Time Period:** The data is for the financial year.



## Key Effectiveness Indicator

# Outcome three
# Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports

### Description:

The proportion of overnight separations from acute specialised mental health inpatient units that are followed by a readmission to the same or another specialised mental health inpatient unit within 28 days of discharge.

### Rationale:

Readmission rate is considered a global performance measure as it potentially points to deficiencies in the functioning of the overall mental health care system. Admissions to a specialised mental health inpatient unit following 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.

This indicator seeks to address the policy question of whether mental health consumers receive effective care in hospital and if on discharge, care is coordinated and continuous in the community setting (and therefore people are more likely to recover). A community support system for people who are discharged from hospital after an acute psychiatric episode is essential to maintain clinical and functional stability and to minimise the need for hospital readmission. This is particularly important in the vulnerable period following discharge from hospital.

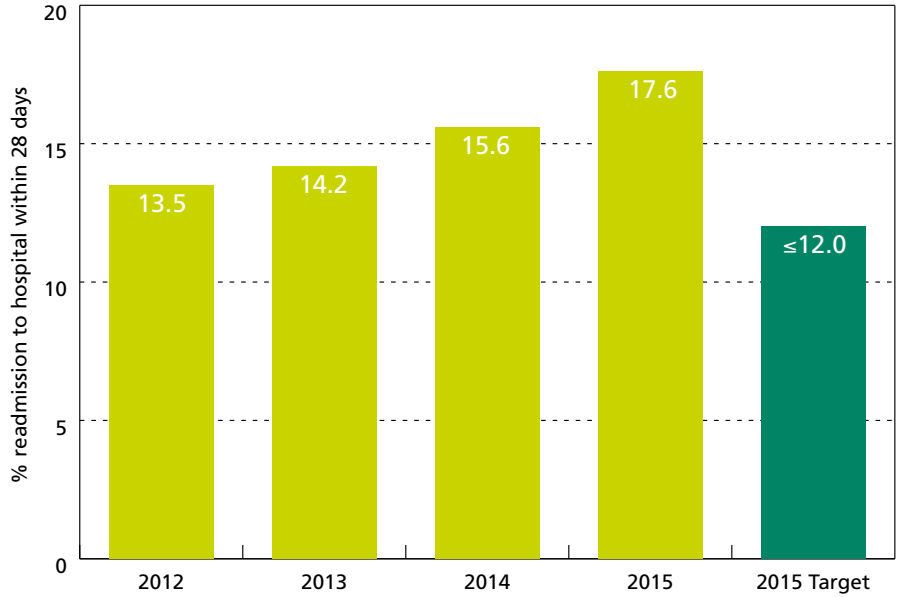
### Results:

In 2015/16, the readmission rate to acute mental health inpatient facilities within 28 days of discharge was 17.6 per cent. This result is higher than the 2014/15 result of 15.6 per cent and above the nationally set target of less than or equal to 12.0 per cent.

The 2014 and 2015 readmission rates have been impacted by the introduction of new models of care such as hospital in the home and recording and reporting of the data which is currently being investigated further. The Commission has implemented a monitoring program for this key effectiveness measure and is regularly reviewing current results with Western Australian Department of Health to further improve performance and enhance data capture.

# Percentage of readmissions to hospital within 28 days of discharge from acute specialised mental health inpatient units (national indicator)

## 3.1 Percentage of readmissions to hospital within 28 days of discharge from acute specialised mental health inpatient units (national indicator)




**Notes:** A readmission for any of the separations identified as 'in scope' is defined as an admission to any acute specialised mental health inpatient unit in Western Australia and includes admissions to specialised mental health inpatient units in publicly funded private hospitals. This indicator is constructed using the national definition and target. Due to a six month lag to enable coding of this indicator, calendar year is a more appropriate reporting period. The figures have therefore been recast to calendar year from previously published financial year. Previously published figures were 11.9% in 2012/13, 13.0% in 2013/14, and 13.6% in 2014/15.

**Data Source:** Hospital Morbidity Data Collection, Department of Health.

**Time Period:** The data is for the calendar year.

## Key Effectiveness Indicator

# Outcome three
# Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports

### Description:

The proportion of overnight separations from public mental health inpatient units where a first contact with a community-based public mental health non-admitted service occurred within seven days following discharge. 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.

### Rationale:

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

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

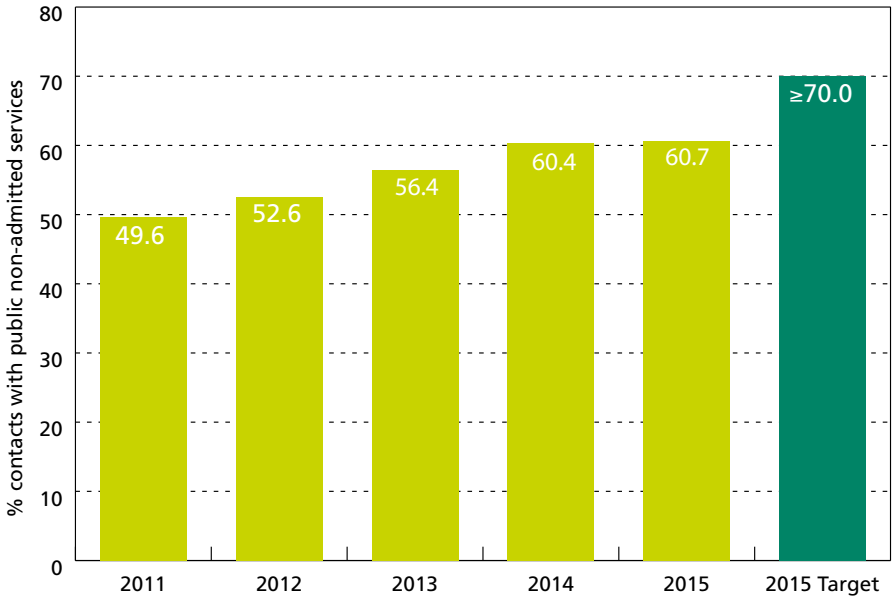
These community services provide ongoing clinical treatment and access to a range of programs that maximise an individual's independent functioning and quality of life.

### Results:

In 2015, 60.7 per cent 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 marginally higher than the 2014 result of 60.4 per cent but below the nationally set target of greater than or equal to 70 per cent. The 2015 target is considered to be aspirational based on the national definition.

# Percentage of contacts with community-based public mental health non-admitted services within seven days post discharge from public mental health inpatient units (national indicator)

## 3.2 Percentage of contacts with community-based public mental health non-admitted services within seven days post discharge from public mental health inpatient units (national indicator)




**Notes:** 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. Figures from 2011 to 2014 have been recast due to a change in data linkage methodology. In the second quarter of 2016, the Data Linkage Branch moved to a new and more reliable data linkage process. Previously published figures were 50.0% in 2011, 52.6% in 2012, 56.3% in 2013, and 56.2% in 2014.

**Data Source:** Mental Health Information System (MHIS), Department of Health. Hospital Morbidity Data Collection, Department of Health.

**Time Period:** Data is for the calendar year.

*The 2015/16 State Budget provided $2.5 million for a specialised youth community mental health service based at Fiona Stanley Hospital*

## Key Effectiveness Indicator

### Outcome three
### Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports

**Description:**

This indicator reports the percentage of closed episodes in alcohol and other drug treatment services that were completed as planned. Treatment episodes are considered to have a planned exit if the client had left a service for one of the following reasons: ceased as expiation, ceased to participate by mutual agreement, change in the delivery setting, change in the main treatment type, transferred to another service provider or treatment completed.

Unplanned exits occur if the client ceased to participate against advice, ceased to participate (non-compliance), ceased to participate without notice, died, sanctioned by drug court or court diversion service back to jail, and imprisoned (other than drug court sanctioned).

**Rationale:**

This indicator provides an indication of the extent of which treatment objectives are likely to be achieved (i.e., a planned outcome). A high percentage of closed alcohol and other drug treatment episodes completed as planned is indicative of high quality and appropriate care in alcohol and other drug treatment and support.

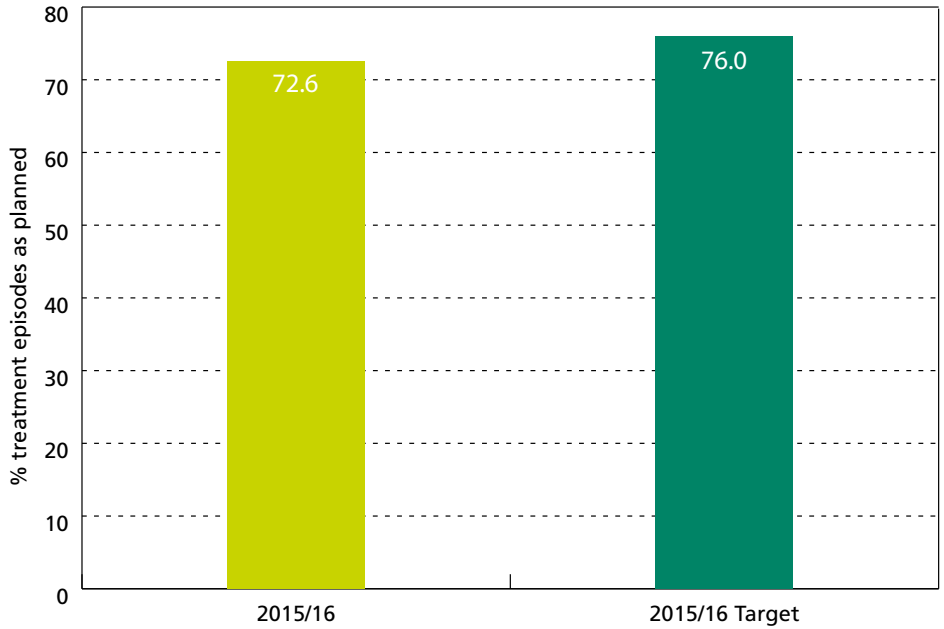
**Results:**

In 2015/16, the percentage of closed treatment episodes that were completed as planned was 72.6 per cent.

This result is slightly below the target of 76.0 per cent.

# Percentage of closed alcohol and other drug treatment episodes completed as planned

## 3.3 Percentage of closed alcohol and other drug treatment episodes completed as planned




**Notes:** This is a new Key Performance Indicator and as such no comparative data is presented.

**Data Source:** The Commission's De-identified Treatment Agency Database.

**Time Period:** Data is for the April 2015 to March 2016 time period to allow for a three month lag for coding and auditing purposes.

A high percentage of closed alcohol and other treatment episodes completed as planned is indicative of **high quality and appropriate care**.

## Key Effectiveness Indicator

### Outcome three
### Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports

**Description:**

This indicator measures the appropriateness and quality of mental health services provided by non-government organisations contracted by the Commission against the National Standards for Mental Health Services (NSMHS). It is the proportion of organisations that have been through an independent evaluation that achieved at least eight of the ten standards.

**Rationale:**

Monitoring the non-government organisations contracted by the Commission to provide mental health services and supports against national standards for care will enable the Commission to be confident that it is investing in services that are providing appropriate and quality care to individuals in the community.

All Commission funded organisations are required to meet the NSMHS and these are evaluated through Independent Quality Evaluations in addition to an annual self-assessment. As this is a new indicator, agencies are only required to meet at least 80 per cent of the standards for the first three years of reporting.

This indicator seeks to address the policy question of whether mental health services are high quality and appropriate. High quality and appropriate services are associated with better mental health outcomes for consumers.

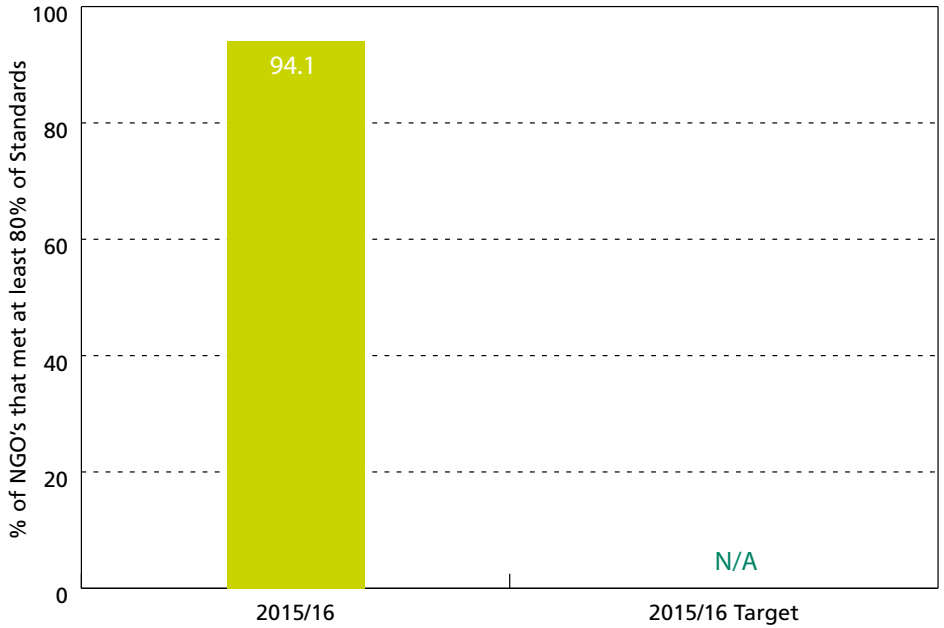
**Results:**

In 2015/16, the percentage of non-government organisations contracted to provide mental health services that met at least 80 per cent of the NSMHS was 94.1 per cent.

This is a new indicator and no target was set for the 2015/16 period, as there is no historical data by which to establish a target.

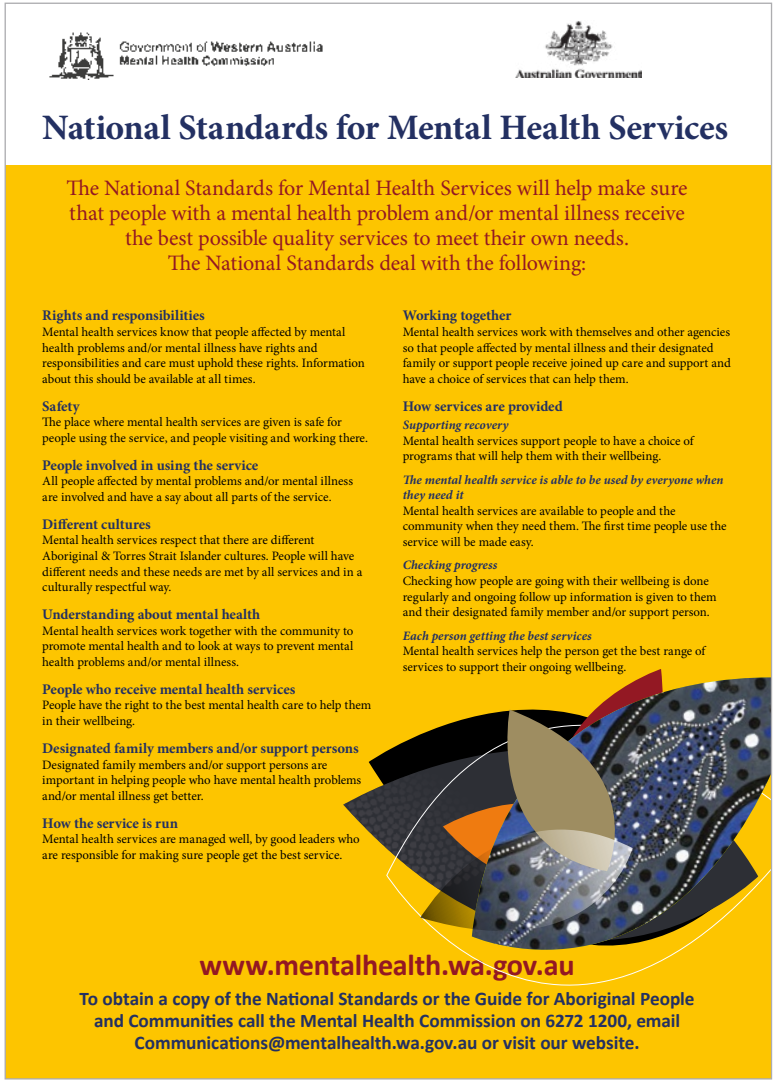
# Percentage of non-government organisations contracted to provide mental health services that met at least 80 per cent of the National Standards for Mental Health Services (2010) through independent evaluation

## 3.4 Percentage of non-government organisations contracted to provide mental health services that met at least 80 per cent of the National Standards for Mental Health Services (2010) through independent evaluation




**Data Source:** The Commission, Sector and Quality Evaluation Management.

**Time Period:** This is a new indicator so only 2015/16 data for the financial year is available.



## Key Effectiveness Indicator

### Outcome three
### Accessible, high quality and appropriate mental health and alcohol and other drug treatments and supports

**Description:**

This indicator reports on the proportion of the Western Australian population using a specialised public mental health service. This indicator measures the accessibility of public mental health services.

**Rationale:**

Widespread concern about access to mental health care was a key factor that underpinned the Council of Australian Governments (COAG) National Action Plan on Mental Health endorsed by governments in 2006, and was reinforced in the commitments made under the various National Mental Health Plans. The Third and Fourth National Mental Health Plans in particular have emphasised the need to improve access to primary mental health care, especially for people with common mental illnesses.

The issue of unmet need has become prominent at a national level since the National Survey of Mental Health and Wellbeing indicated that a majority of people affected by a mental disorder do not receive treatment.

This indicator enables the Commission to monitor the accessibility of public mental health services, which currently account for more than 85 per cent of the Commission's funding. Severe mental health disorders are experienced by approximately three per cent of the Australian population (National Action Plan for Mental Health 2006-2011: Fourth Progress Report; Council of Australian Governments). A higher percentage is indicative of greater accessibility to mental health services by those in need.

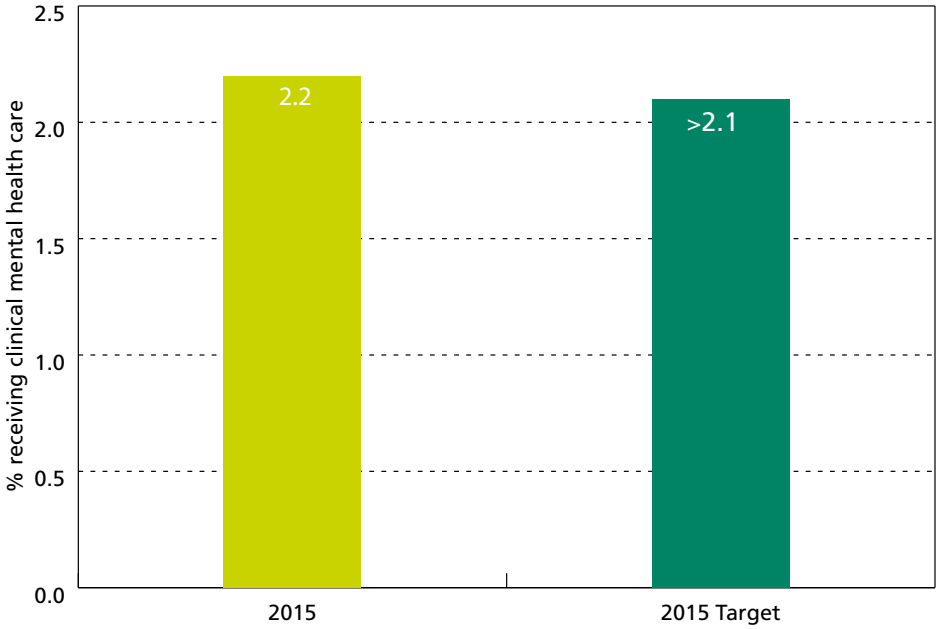
**Results:**

In 2015/16, the percentage of the Western Australian population receiving public mental health care was 2.2 per cent. This result is slightly higher than the set target of greater than 2.1 per cent.

It should be noted that although the result of 2.2 per cent is below the estimated population prevalence of severe mental health disorders (3.0 per cent), many individuals receive treatment through the private sector and are therefore not captured in this indicator.

# Percentage of the population receiving public clinical mental health care (national indicator)

## 3.5 Percentage of the population receiving public clinical mental health care (national indicator)




**Data Source:** Mental Health Information System (MHIS), Department of Health. Hospital Morbidity Data Collection, Department of Health. Population figures - ABS time series workbook 3101.0 Population by age and sex, Australian States and Territories, Western Australia.

**Time Period:** This is a new indicator so only 2015/16 data for the calendar year is available.

*Mental Health Observation Area at Sir Charles Gairdner Hospital*

# Key Efficiency Indicators

## Service one
## Prevention

### Description:

This indicator is calculated by dividing total Commission expenditure on mental health illness prevention, promotion and protection activities by the total Western Australian estimated resident population.

Mental health 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.

### Rationale:

This indicator measures the cost per capita of mental health promotion, illness prevention, protection and related activities. This indicator seeks to address the policy question regarding how well mental health prevention services use their resources (inputs) to produce outputs, that is, whether prevention programs are delivered in the most efficient manner.

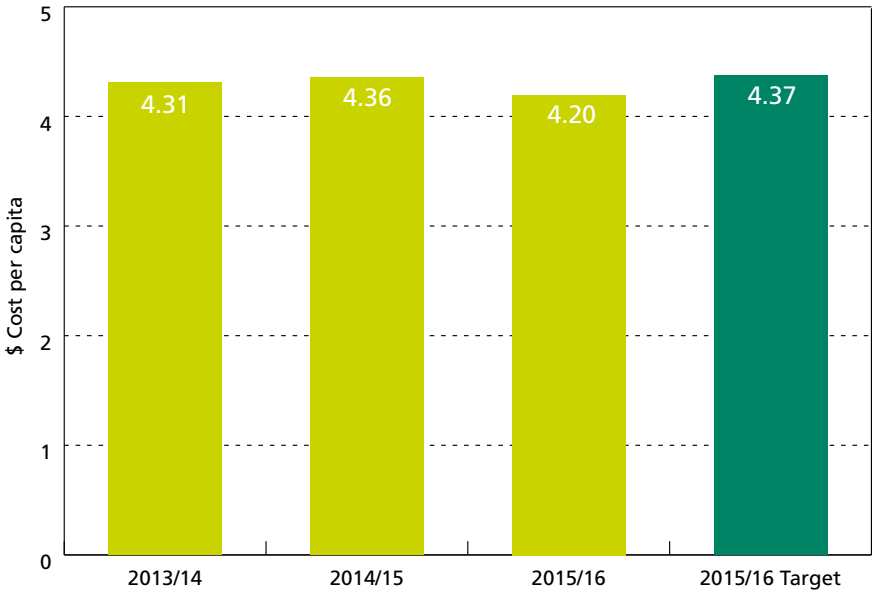
### Results:

In 2015/16, the cost per capita to provide prevention, promotion, protection and related activities to enhance mental health wellbeing was $4.20.

This result is lower than the 2014/15 result of $4.36 and below the set target of $4.37.

# Cost per capita to enhance mental health and wellbeing and prevent suicide (illness prevention promotion and protection activities)

## 1.1 Cost per capita to enhance mental health and wellbeing and prevent suicide (illness prevention promotion and protection activities)




**Data Source:** The Commission's Financial Systems. Population figures – ABS time series workbook 3101.0 Population by age and sex, Australian States and Territories, Western Australia.

**Time Period:** In 2013/14 NGO contracts were changed to align with the service types as agreed for the national Mental Health NGO Establishment Data Set Specifications. This change in service classification means that the figures reported in 2011/12 and 2012/13 are no longer comparable and cannot be reported. The figures for 2013/14 and 2014/15 have been recast due to a change in overhead allocation methodology. The previously published figures were $10.00 in 2013/14 and $12.00 in 2014/15. Data is presented by financial year.


*Act Belong Commit – illness prevention promotion and protection activities*

## Key Efficiency Indicator

### Service one
### Prevention

#### Description:

The Commission delivers public health campaigns and initiatives to reduce harmful alcohol use and prevent illicit drug use including: the *Alcohol. Think Again* campaign, which encourages and supports communities to achieve a safer drinking culture in Western Australia; and the *Drug Aware* program, which focuses on reducing the harm from illicit drugs by encouraging sensible and informed decisions about illicit drug use, through providing credible, factual information and delivering comprehensive strategies to address drug-related issues.

The Commission supports local service providers to prevent alcohol and other drug (AOD) use and related problems through activities such as a statewide network of local drug action groups that deliver preventative activities and education for youth and support for families, and school drug education through the state, Catholic and independent school sectors.

The Commission provides a range of prevention and early intervention programs and services that prevent and delay the onset of AOD use, support environments that discourage harmful use, enhance healthy community attitudes and skills to avoid harmful use, support and enhance the community's capacity to address AOD problems and support initiatives that discourage inappropriate supply of alcohol and other drugs.

#### Rationale:

This indicator measures the cost per capita of AOD related initiatives that delay uptake and reduce harmful alcohol use as well as preventing illicit drug use. This indicator seeks to address the policy question regarding how well AOD prevention services use their resources (inputs) to produce outputs, that is, whether AOD prevention programs are delivered in the most efficient manner.

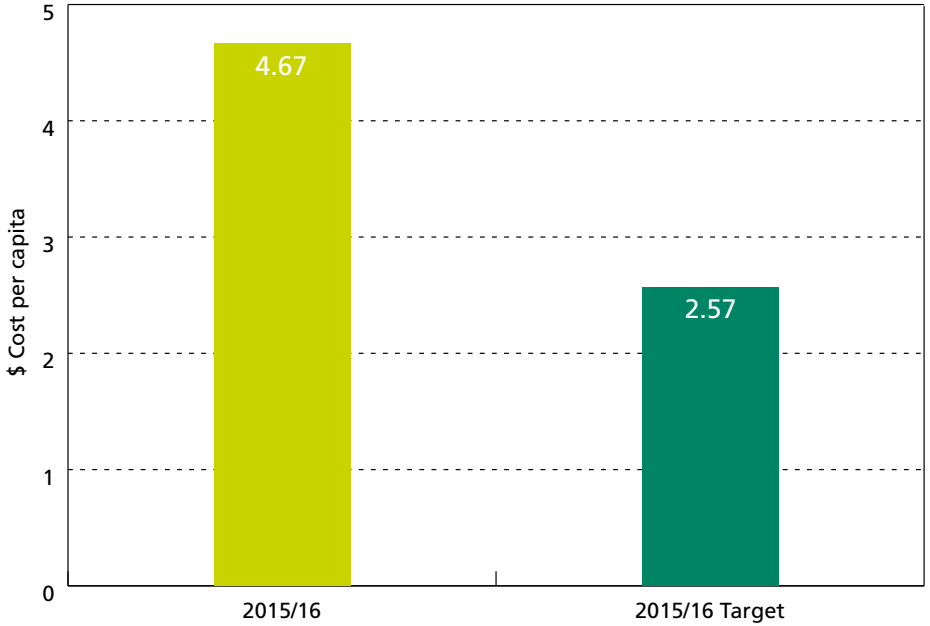
#### Results:

In 2015/16, the cost per capita for initiatives that delay the uptake and reduce the harm associated with alcohol and other drugs was $4.67. This result is substantially above the set target of $2.57.

The variation between the 2015/16 Actual and the Budget Target reflects the inclusion in the cost of service of previous Commonwealth and other grant funding for Drug and Alcohol Services. This was not included in the Budget Target because confirmation of Commonwealth and other grant funding had not been received at the time.

# Cost per capita of the Western Australian population 14 years and above for initiatives that delay the uptake and reduce the harm associated with alcohol and other drugs

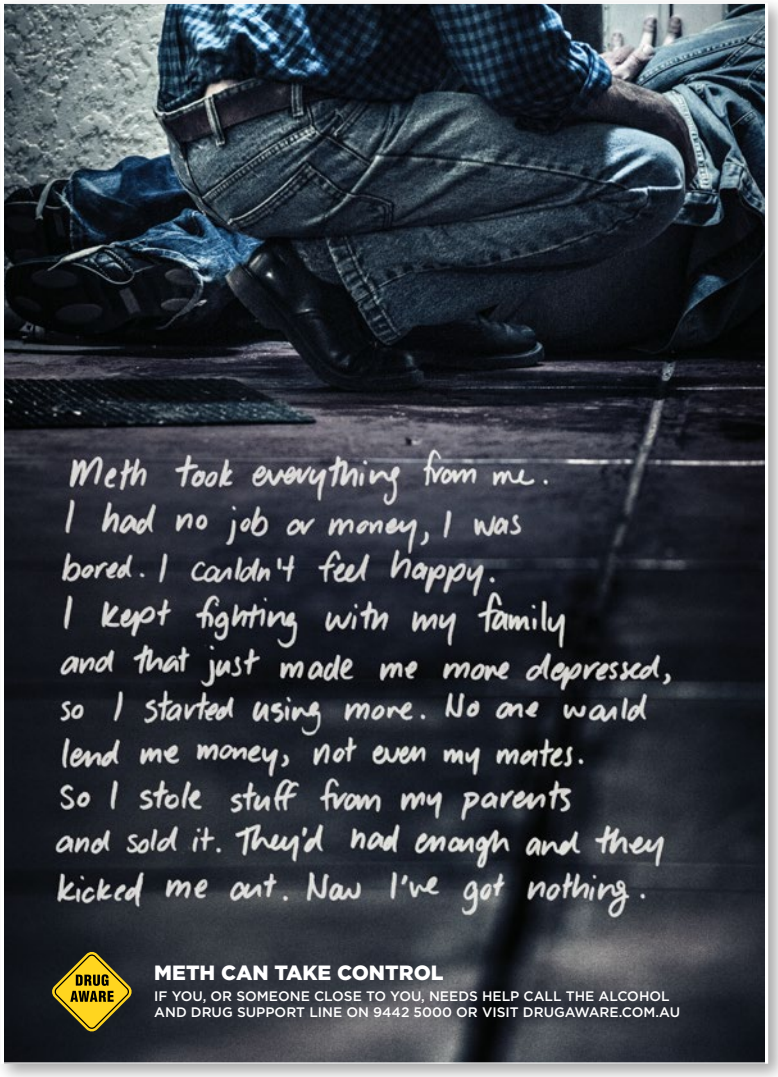
## 1.2 Cost per capita of the Western Australian population 14 years and above for initiatives that delay the uptake and reduce the harm associated with alcohol and other drugs




**Note:** This is a new Key Performance Indicator and as such no comparative data is presented.

**Data Source:** The Commission's Financial Systems. Population figures - ABS time series workbook 3101.0 Population by age and sex, Australian States and Territories, Western Australia.

**Time Period:** Data is for the financial year.



## Key Efficiency Indicator

### Service one
### Prevention

#### Description:

The Commission delivers public health campaigns and initiatives to reduce harmful alcohol use and prevent illicit drug use including:

The *Alcohol.Think Again* campaign, which encourages and supports communities to achieve a safer drinking culture in Western Australia.

The *Drug Aware* program, which focuses on reducing the harm from illicit drugs by encouraging sensible and informed decisions about illicit drug use, through providing credible, factual information and delivering comprehensive strategies to address drug related issues.

An alcohol or other drug prevention advertisement is presented to a panel of individuals recruited by a marketing company. The individuals represent the age and/or gender demographic that the campaign intends to target. The panel members participate in a post-evaluation campaign session which collects data relating to awareness and correct recall of the campaign messages. These statistics are then applied to the corresponding Western Australian population figures for that targeted age and/or gender demographic.

An adjustment factor was applied to approximate a correct message recall rate amongst the target population. The factor used was 80 per cent and has been recommended by experts at TNS Social Research. The "aware" and "correct" measures are calculated using the average costs of the campaign phases for the year.

#### Rationale:

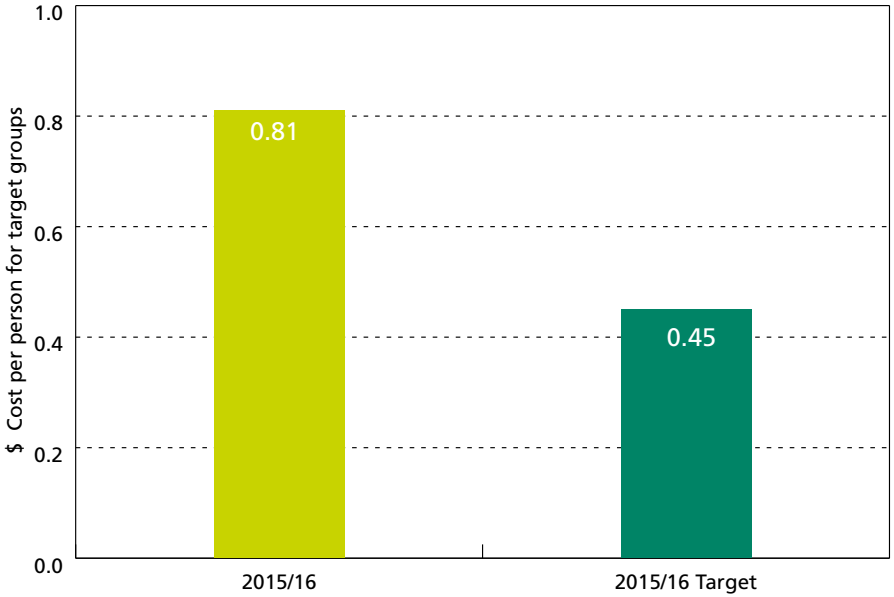
The campaigns aim to build awareness and understanding of the risks and harms associated with alcohol and other drug use. This indicator provides a measure of how much it costs to reach each person aware of the campaign and who correctly understood the message(s) presented by the campaign. This provides an indication of how cost efficient the campaign was in delivering the message(s) intended by the campaign to the target population.

#### Results:

In 2015/16, the cost per person of the Alcohol. Think Again campaign target group who was aware of, and could correctly recall, the main campaign message was $0.81. This result is higher than the 2015/16 Budget Target of $0.45 due to a change in media strategy and reallocation of internal funding to respond to shifts in media consumption by the target group.

# Cost per person of alcohol and other drug campaign target groups who are aware of, and correctly recall, the main campaign messages

## 1.3 Cost per person of alcohol and other drug campaign target groups who are aware of, and correctly recall, the main campaign messages




**Note:** This is a new Key Performance Indicator and as such no comparative data is presented.

**Data Source:** The Commission's Prevention Branch – Total cost of the campaign. TNS-Global – percentage of target group who were 'aware' and 'correctly' identified campaign message. The total sample size was 401 and was weighted by gender within age and by location to approximate the Western Australian population of individuals aged 25 to 54 years. The response rate was 89%. The confidence rate is 95% and the standard error rate is 4.89%. Population figures – ABS time series workbook 3101.0 Population by age and sex, Australian States and Territories, Western Australia.

**Time Period:** Data is for the financial year.

## Key Efficiency Indicator

### Service two
### Hospital Bed Based Services

#### Description:

Acute hospital beds provide inpatient assessment and treatment services for people experiencing severe episodes of mental illness who cannot be adequately treated in a less restrictive environment.

Average length of stay is defined as the number of inpatient patient days divided by the number of separations in the reference period — data are disaggregated by inpatient target population (acute units only).

Acute inpatient services include the Next Step and Drug and Alcohol Youth Service (DAYS) inpatient withdrawal units.

#### Rationale:

Average length of stay is included to present a more meaningful picture of the efficiency of each bed type. In national reports, such as the Report on Government Services, average length of stay is commonly reported together with cost per inpatient bed day to provide an overall picture of the cost of inpatient care.

The purpose of this indicator is to better understand underlying factors which cause variation in acute specialised mental health care costs. It may also demonstrate the degrees of accessibility to acute specialised mental health units. The length of stay indicates the relative volume of care provided to people in acute units and is the main driver of variation in costs. Inclusion of this indicator promotes a fuller understanding of the acute unit costs as well as providing a basis for utilisation review.

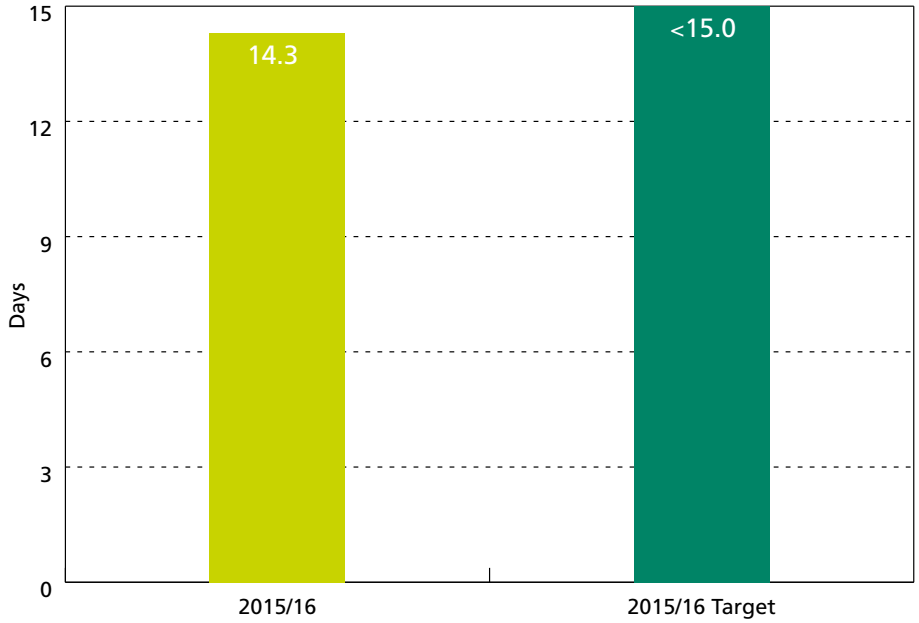
#### Results:

In 2015/16, the average length of stay in purchased acute specialised units was 14.3 days.

This result is marginally lower than the set target of less than 15.0 days.

# Average length of stay in purchased acute specialised units

## 2.1 Average length of stay in purchased acute specialised units




*The Bentley Adolescent Unit is an inpatient facility for young people aged 12 to 18 years, providing a statewide specialised service with admissions for both voluntary and involuntary patients*

**Note:** This is a new Key Performance Indicator and as such no comparative data is presented.

**Data Source:** Hospital Morbidity Data Collection, Department of Health. DAYS and Next Step data extracted from the Commission's De-identified Treatment Agency Database.

**Time Period:** Data is for the April 2015 to March 2016 time period to allow for a three month lag for coding and auditing purposes.

## Key Efficiency Indicator

### Service two
### Hospital Bed Based Services

#### Description:

As outlined in the Plan, acute hospital beds provide hospital based inpatient assessment and treatment services for people experiencing severe episodes of mental illness who cannot be adequately treated in a less restrictive environment.

Cost per inpatient bed day is defined as expenditure on inpatient services divided by the number of inpatient bed days — data are disaggregated by care type (acute units).

Acute inpatient services include the Next Step and Drug and Alcohol Youth Service (DAYS) inpatient withdrawal units.

#### Rationale:

A key objective of the Plan is the realignment of bed based services to ensure that beds of the right type are in the right places, in the right quantity, and delivered at an efficient price. This efficiency indicator aligns with the key hospital based bed types identified in the Plan, and reflects key indicators identified in the Plan's Evaluation Framework. This indicator will enable greater transparency of services in the context of the developing Activity Based Funding environment, and over time will enable monitoring of progress towards the targets and goals identified in the Plan.

In order to ensure quality care and cost effectiveness, it is important to monitor the unit cost of admitted patient care in acute specialised mental health units. Minimising the costs of providing inpatient mental health care may enable the reallocation of funds to alternative non admitted care.

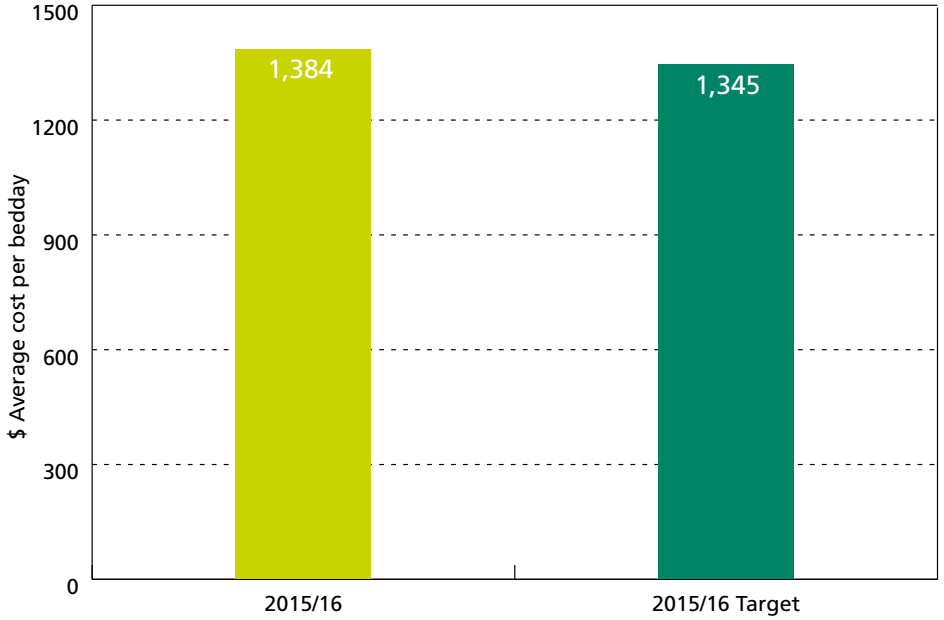
#### Results:

In 2015/16, the average cost per bedday in acute specialised units was $1,384. This result is higher than the set target of $1,345.

The 2015/16 Actual uses an updated national activity based funding model (2015/16 activity model) which more appropriately weights mental health activity. This is a significant driver of the higher cost of mental health services in 2015/16. Further refinements to the national activity based funding model are expected in 2016/17 before the introduction of a new Australian Mental Health Care Classification.

# Average cost per purchased bedday in acute specialised mental health units

## 2.2 Average cost per purchased bedday in acute specialised mental health units




**Note:** This is a new Key Performance Indicator and as such no comparative data is presented.

**Data Source:** The Commission's Financial Systems. BedState, Department of Health. DAYS and Next Step data extracted from the Commission's De-identified Treatment Agency Database.

**Time Period:** Data is for the financial year.

A key objective of the Plan is the realignment of bed based services to ensure that beds are **of the right type, in the right places, in the right quantity, and delivered at an efficient price.**

## Key Efficiency Indicator

### Service two
### Hospital Bed Based Services

#### Description:

Subacute hospital short stay provides hospital based treatment and support in a safe, structured environment for people with unremitting and severe symptoms of mental illness and an associated significant disturbance in behaviour which precludes their receiving treatment in a less restrictive environment. This service provides for adults, older adults and a selected number of young people with special needs.

Average length of stay is defined as the number of inpatient patient days divided by the number of separations in the reference period — data are disaggregated by inpatient target population (subacute units only).

#### Rationale:

Average length of stay is included to present a more meaningful picture of the efficiency of each bed type. In national reports, such as the Report on Government Services, average length of stay is commonly reported together with cost per inpatient bed day to provide an overall picture of the cost of inpatient care.

The purpose of this indicator is to better understand underlying factors which cause variation in subacute specialised mental health care costs. It may also demonstrate the degrees of accessibility to subacute specialised mental health units. The length of stay indicates the relative volume of care provided to people in subacute units and is the main driver of variation in costs. Inclusion of this indicator promotes a fuller understanding of the subacute unit costs as well as providing a basis for utilisation review.

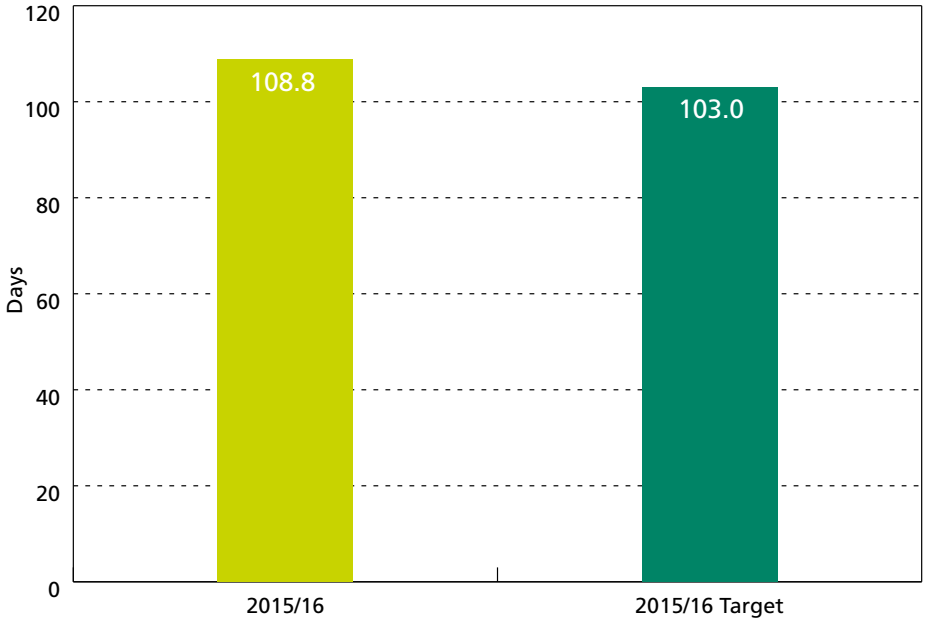
#### Results:

In 2015/16, the average length of stay in purchased subacute specialised mental health units was 108.8 days.

This result is slightly higher than the set target of 103.0 days. Please note that the small number of separations associated with this service category can result in some volatility in this measure.

# Average length of stay in purchased sub-acute specialised mental health units

## 2.3 Average length of stay in purchased sub-acute specialised mental health units




**Note:** This is a new Key Performance Indicator and as such no comparative data is presented.

**Data Source:** Hospital Morbidity Data Collection, Department of Health.

**Time Period:** Data is for the April 2015 to March 2016 time period to allow for a three month lag for coding and auditing purposes.

Step-up/step-down services are 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**.

## Key Efficiency Indicator

### Service two
### Hospital Bed Based Services

#### Description:

Subacute hospital short stay provides hospital based treatment and support in a safe, structured environment for people with unremitting and severe symptoms of mental illness and an associated significant disturbance in behaviour which precludes their receiving treatment in a less restrictive environment. This service provides for adults, older adults and a selected number of young people with special needs.

Cost per inpatient bed day is defined as expenditure on inpatient services divided by the number of inpatient bed days — data are disaggregated by care type (subacute units).

#### Rationale:

A key objective of the Plan is the realignment of bed based services to ensure that beds of the right type are in the right places, in the right quantity, and delivered at an efficient price. This efficiency indicator aligns with the key hospital based bed types identified in the Plan, and reflects key indicators identified in the Plan's Evaluation Framework. This indicator will enable greater transparency of services in the context of the developing Activity Based Funding environment, and over time will enable monitoring of progress towards the targets and goals identified in the Plan.

In order to ensure quality care and cost effectiveness, it is important to monitor the unit cost of admitted patient care in subacute specialised mental health units. Minimising the costs of providing inpatient mental health care may enable the reallocation of funds to alternative non admitted care.

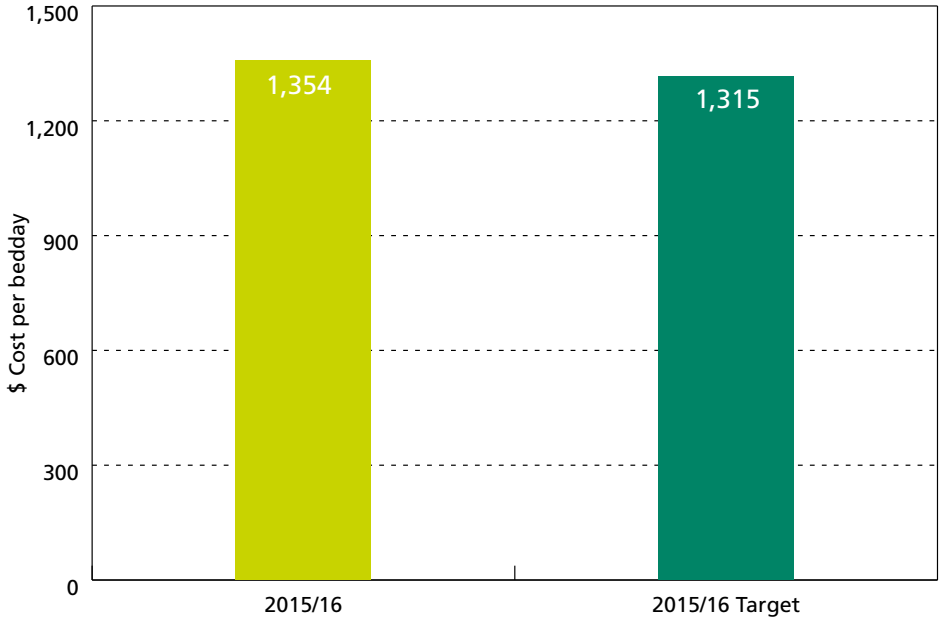
#### Results:

In 2015/16, the average cost per bedday in subacute specialised mental health units was $1,354. This result is slightly higher than the set target of $1,315.

The 2015/16 Actual uses an updated national activity based funding model (2015/16 activity model) which more appropriately weights mental health activity. This is a significant driver of the higher cost of mental health services in 2015/16. Further refinements to the national activity based funding model are expected in 2016/17 before the introduction of a new Australian Mental Health Care Classification.

# Average cost per purchased bedday in sub-acute specialised mental health units

## 2.4 Average cost per purchased bedday in sub-acute specialised mental health units




**Note:** This is a new Key Performance Indicator and as such no comparative data is presented.

**Data Source:** The Commission's Financial Systems. BedState, Department of Health.

**Time Period:** Data is for the financial year.

In Western Australia in 2015-16 the cost per day for a mental health bed was

**$1,384**

from 2.2 acute specialised units

**$595**

from 3.3 step-up step-down facilities

## Key Efficiency Indicator

### Service two
### Hospital Bed Based Services

#### Description:

The mental health Hospital in the Home (HITH) program offers individuals the opportunity to receive hospital level treatment delivered in their home, where clinically appropriate. HITH is consistent with the approach of providing care in the community, closer to where individuals live. HITH is delivered by multidisciplinary teams including medical and nursing staff. People admitted into this program remain under the care of a treating hospital doctor.

HITH is delivered in the community, but measured and funded via 'beds', and therefore falls under the hospital beds stream for funding purposes.

Average length of stay is defined as the number of inpatient patient days divided by the number of separations in the reference period — data are disaggregated by inpatient target population (hospital in the home mental health units only).

#### Rationale:

Average length of stay is included to present a more meaningful picture of the efficiency of each bed type. In national reports, such as the Report on Government Services, average length of stay is commonly reported together with cost per inpatient bed day to provide an overall picture of the cost of inpatient care.

The purpose of this indicator is to better understand underlying factors which cause variation in HITH mental health care costs. It may also demonstrate the degrees of accessibility to HITH mental health units. The length of stay indicates the relative volume of care provided to people in HITH units and is the main driver of variation in costs. Inclusion of this indicator promotes a fuller understanding of the HITH unit costs as well as providing a basis for utilisation review.

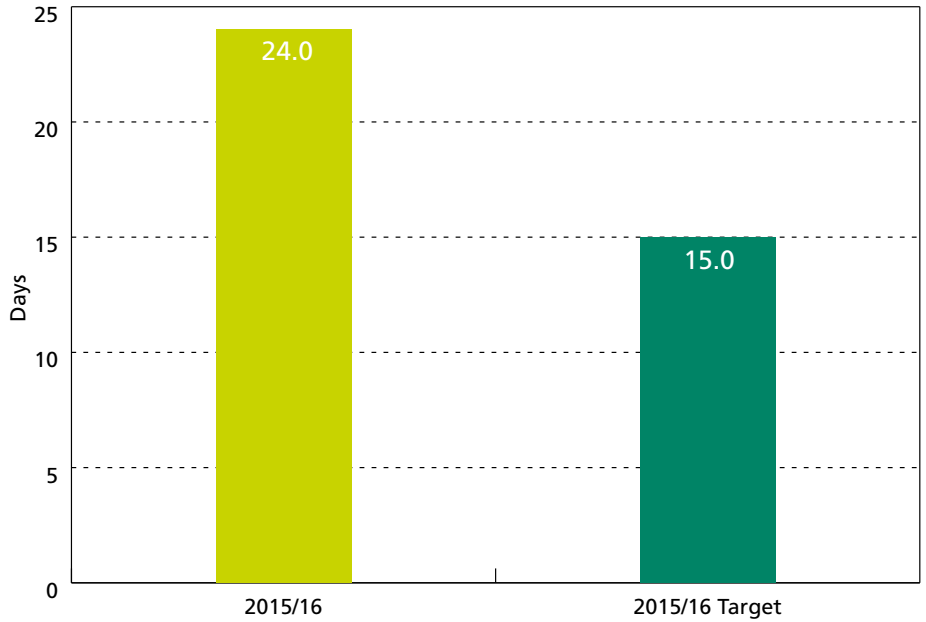
#### Results:

In 2015/16, the average length of stay in purchased hospital in the home mental health units was 24.0 days. This result is higher than the set target of 15.0 days.

The 2015/16 Budget Target was based on the average length of stay for an acute mental health unit, but this target has since been revised for 2016/17 to less than 22 days. This new figure is based on recent research indicating that the average length of stay in a HITH unit is typically seven days longer than that of an acute mental health unit (Caplan et al. 2012. A meta-analysis of "hospital in the home." MJA, 197: 512-519).

# Average length of stay in purchased Hospital in the Home mental health units

## 2.5 Average length of stay in purchased Hospital in the Home mental health units




**Note:** This is a new Key Performance Indicator and as such no comparative data is presented.

**Data Source:** Hospital Morbidity Data Collection, Department of Health.

**Time Period:** Data is for the April 2015 to March 2016 time period to allow for a three month lag for coding and auditing purposes.

The mental health Hospital in the Home (HITH) program offers individuals the **opportunity to receive hospital level treatment delivered in their home**, where clinically appropriate.

## Key Efficiency Indicator

### Service two
### Hospital Bed Based Services

#### Description:

The mental health Hospital in the Home (HITH) program offers individuals the opportunity to receive hospital level treatment delivered in their home, where clinically appropriate. HITH is consistent with the approach of providing care in the community, closer to where individuals live. HITH is delivered by multidisciplinary teams including medical and nursing staff. People admitted into this program remain under the care of a treating hospital doctor.

HITH is delivered in the community, but measured and funded via 'beds', and therefore falls under the hospital beds stream for funding purposes.

Cost per inpatient bed day is defined as expenditure on inpatient services divided by the number of inpatient bed days — data are disaggregated by care type (hospital in the home mental health units).

#### Rationale:

A key objective of the Plan is the realignment of bed based services to ensure that beds of the right type are in the right places, in the right quantity, and delivered at an efficient price. This efficiency indicator aligns with the key hospital based bed types identified in the Plan, and reflects key indicators identified in the Plan's Evaluation Framework. This indicator will enable greater transparency of services in the context of the developing Activity Based Funding environment, and over time will enable monitoring of progress towards the targets and goals identified in the Plan.

In order to ensure quality care and cost effectiveness, it is important to monitor the unit cost of admitted patient care in HITH specialised mental health units. Minimising the costs of providing inpatient mental health care may enable the reallocation of funds to alternative non admitted care.

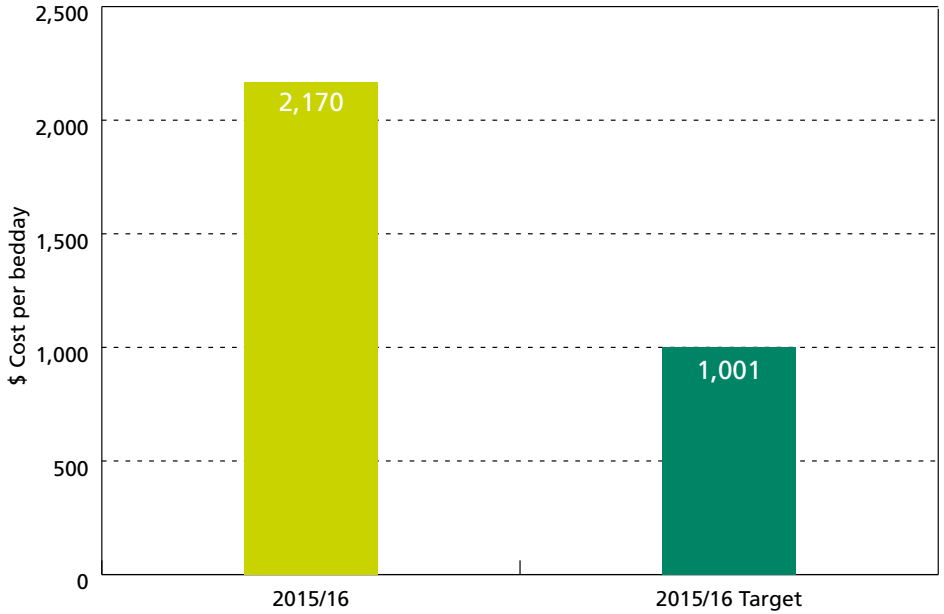
#### Results:

In 2015/16, the average cost per bedday in Hospital in the Home mental health units was $2,170. This result is substantially higher than the set target of $1,001.

The 2015/16 Actual uses an updated national activity based funding model (2015/16 activity model) which more appropriately weights mental health activity. This is a significant driver of the higher cost of mental health services in 2015/16. Further refinements to the national activity based funding model are expected in 2016/17 before the introduction of a new Australian Mental Health Care Classification.

# Average cost per purchased bedday in Hospital in the Home mental health units

## 2.6 Average cost per purchased bedday in Hospital in the Home mental health units




**Note:** This is a new Key Performance Indicator and as such no comparative data is presented.

**Data Source:** The Commission's Financial Systems. BedState, Department of Health.

**Time Period:** Data is for the financial year.

*City West older Adult Mental Health Service Hospital in the Home*

## Key Efficiency Indicator

### Service two
### Hospital Bed Based Services

#### Description:

Forensic beds include both acute and subacute beds. Forensic mental health acute inpatient beds are authorised to provide secure mental health care for patients within the criminal justice system on special orders. These beds provide specialist multidisciplinary forensic mental health care including close observation, assessment, evidence-based treatments, court reports and physical health care.

Forensic subacute beds are for those people who may have been in an acute forensic inpatient bed and are awaiting discharge back into the community or back to prison. People in this service are likely to be there due to a special order.

Average length of stay is defined as the number of inpatient patient days divided by the number of separations in the reference period — data are disaggregated by inpatient target population (forensic mental health units only).

#### Rationale:

Average length of stay is included to present a more meaningful picture of the efficiency of each bed type. In national reports, such as the Report on Government Services, average length of stay is commonly reported together with cost per inpatient bed day to provide an overall picture of the cost of inpatient care.

The purpose of this indicator is to better understand underlying factors which cause variation in forensic mental health care costs. It may also demonstrate the degrees of accessibility to forensic mental health units. The length of stay indicates the relative volume of care provided to people in forensic units and is the main driver of variation in costs. Inclusion of this indicator promotes a fuller understanding of the forensic unit costs as well as providing a basis for utilisation review.

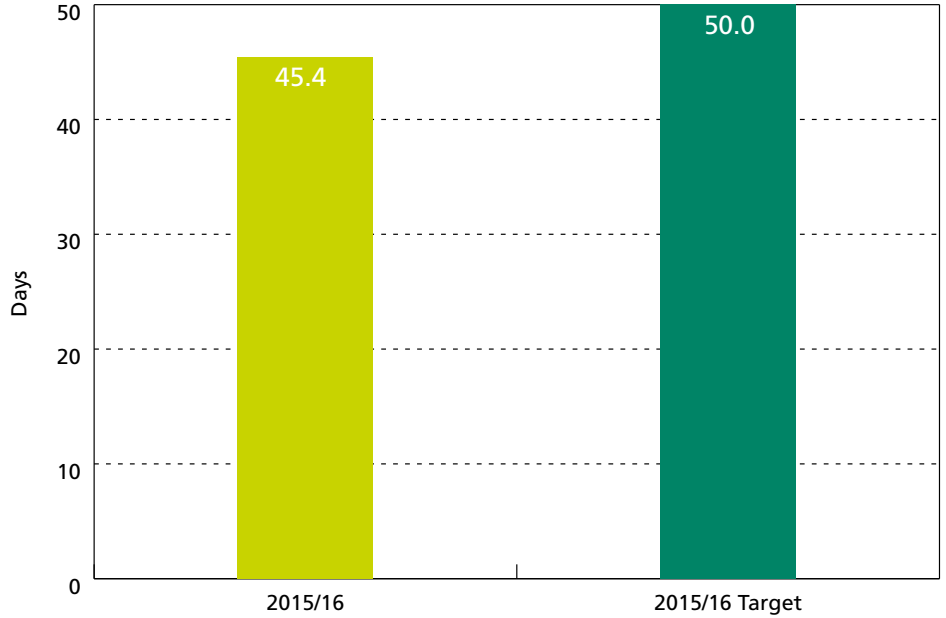
#### Results:

In 2015/16, the average length of stay in purchased forensic mental health units was 45.4 days.

This result is lower than the set target of 50.0 days which can be attributed to a higher number of separations from forensic mental health units during the reporting period.

## Average length of stay in purchased forensic mental health units

### 2.7 Average length of stay in purchased forensic mental health units




**Note:** This is a new Key Performance Indicator and as such no comparative data is presented.

**Data Source:** Hospital Morbidity Data Collection, Department of Health.

**Time Period:** Data is for the April 2015 to March 2016 time period to allow for a three month lag for coding and auditing purposes.

Compared to the general community, the prevalence of mental health issues is higher at every stage of the criminal justice process. Internal modelling shows that approximately **65 per cent of the juveniles** and **59 per cent of the adult prison population have mental health problems**[6].

[6] Mental Health Commission, Western Australia. Internal Modelling: 2014. Western Australia: Government of Western Australia; 2014.

## Key Efficiency Indicator

### Service two
### Hospital Bed Based Services

#### Description:

Forensic beds include both acute and subacute beds. Forensic mental health acute inpatient beds are authorised to provide secure mental health care for patients within the criminal justice system on special orders. These beds provide specialist multidisciplinary forensic mental health care including close observation, assessment, evidence-based treatments, court reports and physical health care.

Forensic subacute beds are for those people who may have been in an acute forensic inpatient bed and are awaiting discharge back into the community or back to prison. People in this service are likely to be there due to a special order.

Cost per inpatient bed day is defined as expenditure on inpatient services divided by the number of inpatient bed days — data are disaggregated by care type (hospital in forensic mental health units).

#### Rationale:

A key objective of the Plan is the realignment of bed based services to ensure that beds of the right type are in the right places, in the right quantity, and delivered at an efficient price. This efficiency indicator aligns with the key hospital based bed types identified in the Plan, and reflects key indicators identified in the Plan's Evaluation Framework. This indicator will enable greater transparency of services in the context of the developing Activity Based Funding environment, and over time will enable monitoring of progress towards the targets and goals identified in the Plan.

In order to ensure quality care and cost effectiveness, it is important to monitor the unit cost of admitted patient care in forensic specialised mental health units. Minimising the costs of providing inpatient mental health care may enable the reallocation of funds to alternative non admitted care.

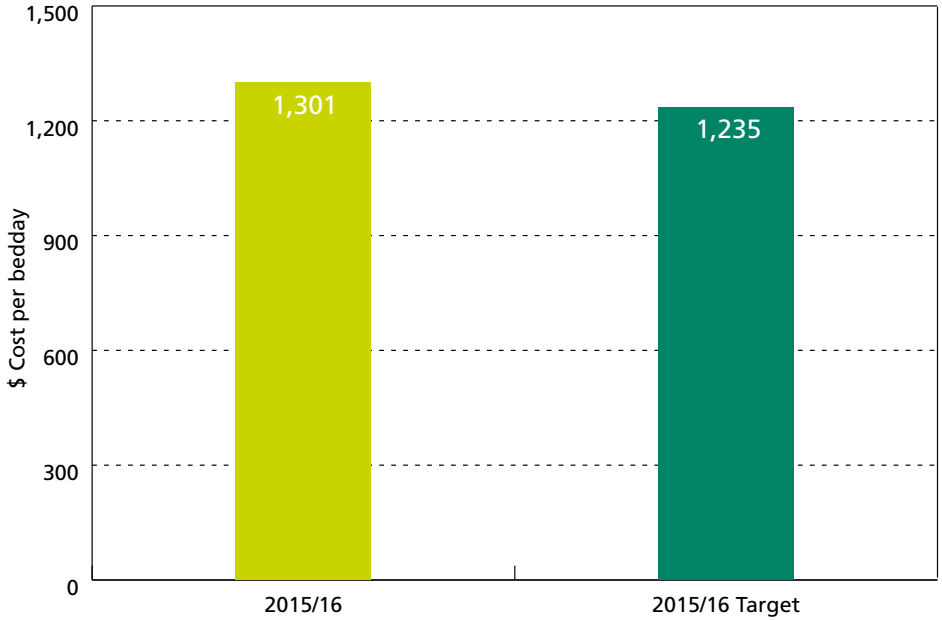
#### Results:

In 2015/16, the average cost per purchased bedday in forensic mental health units was $1,301.

This result is higher than the set target of $1,235. The 2015/16 Actual uses an updated national activity based funding model (2015/16 activity model) which more appropriately weights mental health activity. This is a significant driver of the higher cost of mental health services in 2015/16. Further refinements to the national activity based funding model are expected in 2016/17 before the introduction of a new Australian Mental Health Care Classification.

# Average cost per purchased bedday in forensic mental health units

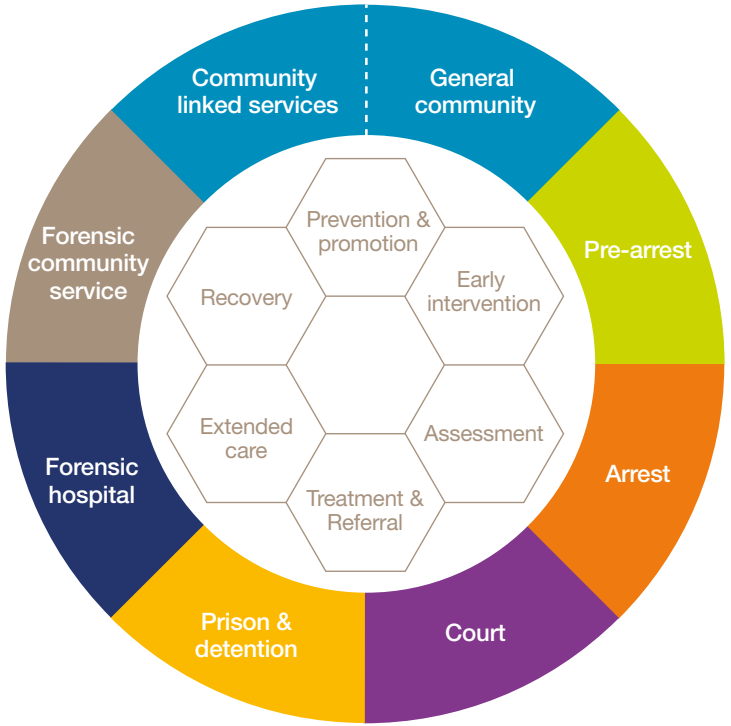
## 2.8 Average cost per purchased bedday in forensic mental health units




**Note:** This is a new Key Performance Indicator and as such no comparative data is presented.

**Data Source:** The Commission's Financial Systems. BedState, Department of Health.

**Time Period:** Data is for the financial year.




*Range of forensic settings in Western Australia*

## Key Efficiency Indicator

### Service three
### Community Bed Based Services

**Description:**

Non-government organisations provide accommodation in residential units for people affected by mental illness who require support to live in the community. Non-acute (24 hours support) 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 care is intended to be short to medium term (up to twelve months) in duration.

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.

**Rationale:**

This indicator seeks to address the policy question regarding how well non-acute (24 hours support) community bed based services use their resources (inputs) to produce outputs, that is, whether the services are delivered in the most efficient manner.

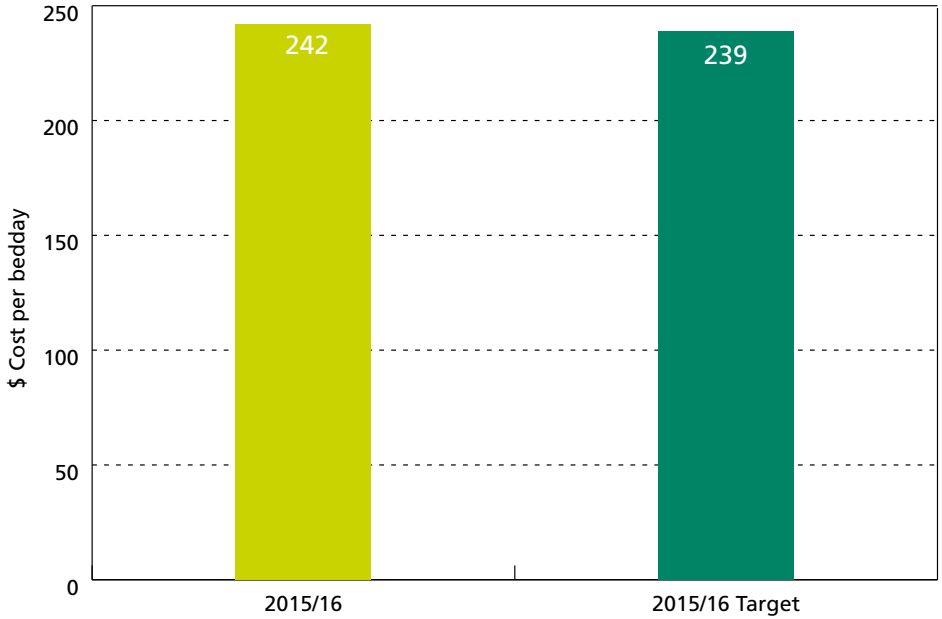
**Results:**

In 2015/16, the average cost per purchased bedday in non-acute (24 hours support) community bed based services was $242.

This result is similar to the set target of $239.

# Average cost per purchased bedday in non-acute (24 hours support) community bed based services

## 3.1 Average cost per purchased bedday in non-acute (24 hours support) community bed based services




*St Bartholomew's House Inc, Bentley Villas, Community Supported Residential Units (CSRU's).*

**Note:** This is a new Key Performance Indicator and as such no comparative data is presented.

**Data Source:** The Commission's Financial Systems. The Commission's Non-government Organisation Establishment State Data Collection. Activity data for 6 months extrapolated to 12 months.

**Time Period:** Data is for the financial year.

## Key Efficiency Indicator

### Service three
### Community Bed Based Services

**Description:**

Non-government organisations provide accommodation in residential units for people affected by mental illness who require long term (over twelve months) support to live in the community. Non-acute (hospital/nursing home) 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.

**Rationale:**

This indicator seeks to address the policy question regarding how well non-acute (hospital/nursing home) community bed based services use their resources (inputs) to produce outputs, that is, whether services are delivered in the most efficient manner.

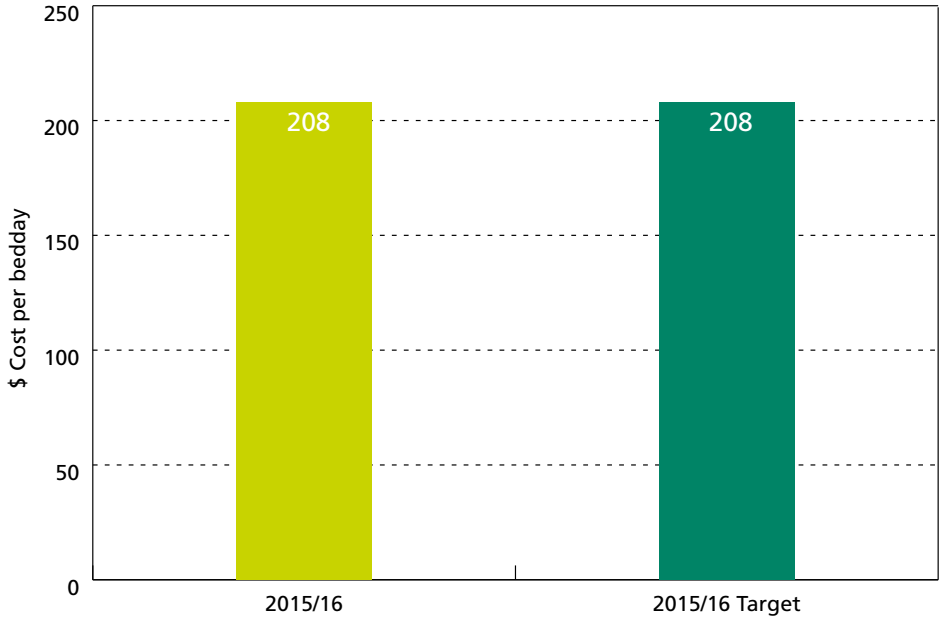
**Results:**

In 2015/16, the average cost per purchased bedday in non-acute (Hospital/ Nursing Home) community bed based services was $208.

This result is the same as the set target of $208.

# Average cost per purchased bedday in non-acute (Hospital/Nursing Home) community bed based units

## 3.2 Average cost per purchased bedday in non-acute (Hospital/ Nursing Home) community bed based units




**Note:** This is a new Key Performance Indicator and as such no comparative data is presented.

**Data Source:** The Commission's Financial Systems. The Commission's Non-government Organisation Establishment State Data Collection. Activity data for 6 months extrapolated to 12 months.

**Time Period:** Data is for the financial year.

The inclusion of an indicator for non-acute (Hospital/Nursing Home) community bed based services provides greater transparency on expenditure within services and **provides an indication of effectiveness in relation to longer term treatment**.

## Key Efficiency Indicator

### Service three
### Community Bed Based Services

#### Description:

The Mental Health step-up/step-down 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.

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.

#### Rationale:

This indicator seeks to address the policy question regarding how well step-up/step-down community bed based services use their resources (inputs) to produce outputs, that is, whether services are delivered in the most efficient manner.

#### Results:

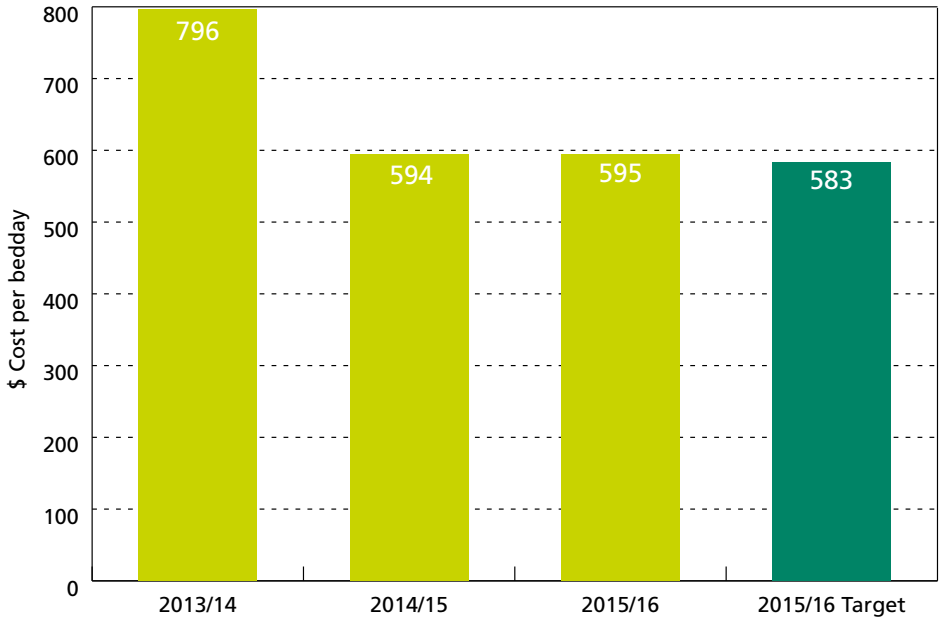
In 2015/16, the average cost per purchased bedday in step-up/step-down down community bed based units was $595.

This result is similar to the 2014/15 result of $594 but slightly higher than the set target of $583. Fluctuation in the average cost per purchased bedday may be attributable to variability in occupancy rates.

The 2013/14 figure is substantially higher than following years due to slower than expected commencement of bed occupancy levels at the Joondalup step-up/step-down community bed based unit.

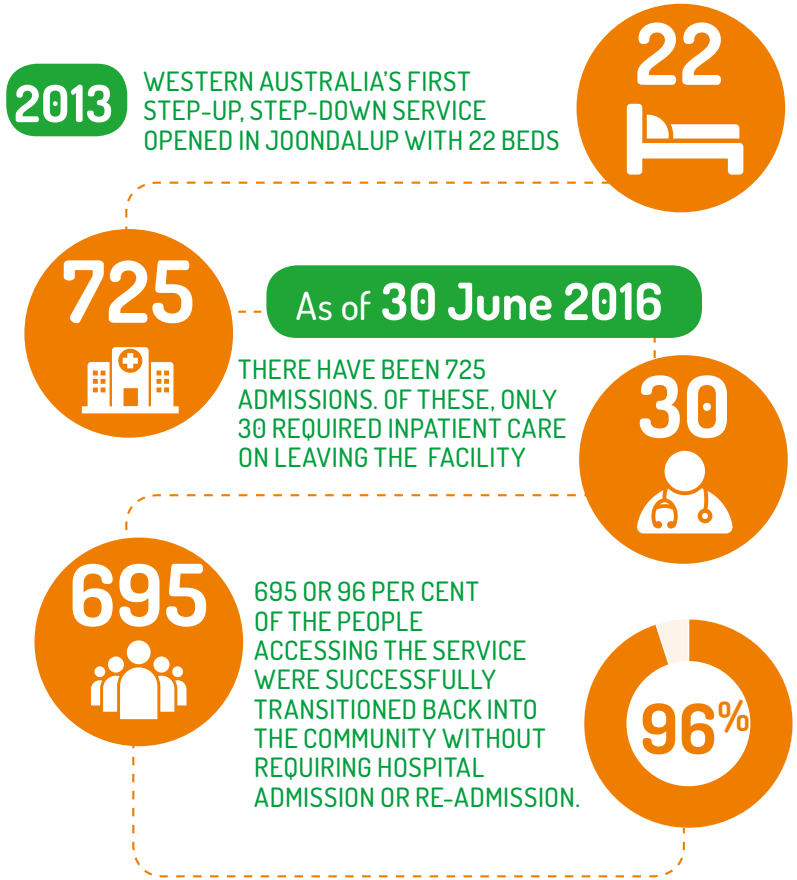
# Average cost per purchased bedday in step up/step down community bed based units

## 3.3 Average cost per purchased bedday in step up/step down community bed based units




**Data Source:** The Commission's Financial Systems. The Commission's Non-government Organisation Establishment State Data Collection. Activity data for 6 months extrapolated to 12 months.

**Time Period:** This indicator commenced in 2013/14. The figures for 2013/14 and 2014/15 have been recast due to a change in overhead allocation methodology. The previously published figures were $830 in 2013/14 and $612 in 2014/15. Data is for the financial year.



## Key Efficiency Indicator

### Service three
### Community Bed Based Services

**Description:**

Community bed-based alcohol and other drug services provide 24-hour, seven days per week recovery-oriented services in a structured, intensive residential rehabilitation for people with an AOD problem (following detoxification). Residential rehabilitation services need to have the capability to meet the needs of people with co-occurring mental health, alcohol and other drug problems where appropriate.

Community bed-based services support a person to enable them to move to more independent living. The primary aim of interventions is to improve functioning and reduce difficulties that limit an individual's independence. They assist people with mental health, alcohol and other drug problems who may need additional support, but where admission to hospital is not required. They can also provide additional supports to assist people to prevent relapse and promote good general health and wellbeing.

**Rationale:**

This indicator seeks to address the policy question regarding how well residential rehabilitation services use their resources (inputs) to produce outputs, that is, whether residential rehabilitation is delivered in the most efficient manner.

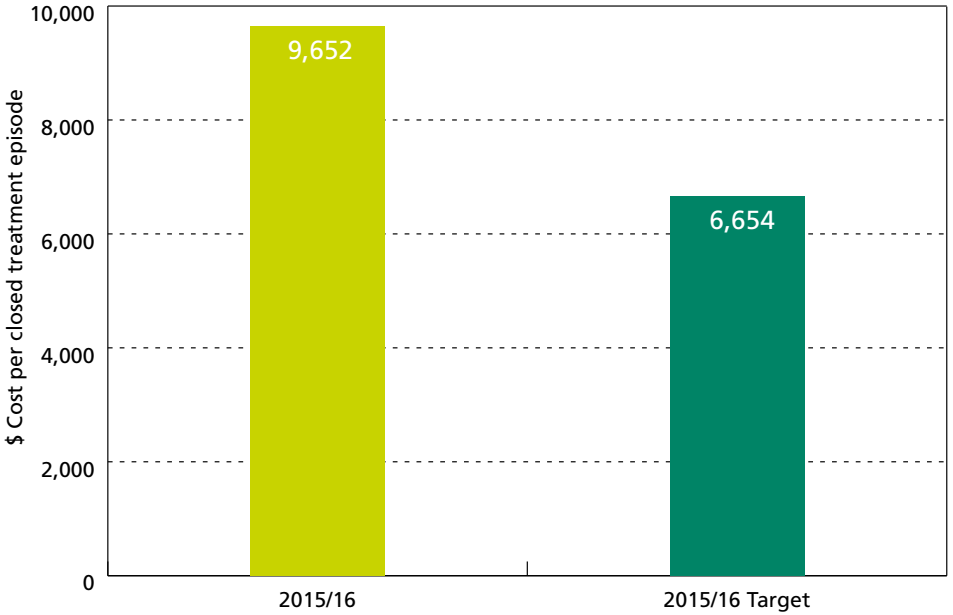
**Results:**

In 2015/16, the average cost per completed treatment episode in alcohol and other drug residential rehabilitation services was $9,652. This result is higher than the set target of $6,654.

The cost per treatment episode for AOD residential rehabilitation services is substantially higher than budgeted. This is due to movements in the methodology used to calculate this efficiency indicator. The previous methodology included treatment episodes that were still open (i.e., continuing) in the denominator count.

# Cost per completed treatment episode in alcohol and other drug residential rehabilitation services

## 3.4 Cost per completed treatment episode in alcohol and other drug residential rehabilitation services




**Note:** This is a new Key Performance Indicator and as such no comparative data is presented.

**Data Source:** The Commission's Financial Systems and De-identified Treatment Agency Database.

**Time Period:** Data is for the April 2015 to March 2016 time period to allow for a three month lag for coding and auditing purposes.

*Rick Hammersley Therapeutic Community run by Cyrenian House*

## Key Efficiency Indicator

### Service four
### Community Treatment

#### Description:

An ambulatory mental health care service is a specialised mental health organisation that provides services to people who are not currently admitted to a mental health inpatient or residential service. Services are delivered by health professionals with specialist mental health qualifications or training. Community treatment service types include counselling face to face and specialised community mental health services.

This indicator is the total expenditure on mental health ambulatory care services divided by the total number of community treatment days provided by mental health ambulatory care services.

#### Rationale:

Efficient functioning of public community mental health services is critical to ensure that finite funds are used effectively to deliver maximum community benefit. Services provided by public community-based mental health services include assessment, treatment and continuing care.

This indicator seeks to address the policy question regarding how well public clinical mental health ambulatory services use their resources (inputs) to produce outputs, that is, whether services are delivered in the most efficient manner.

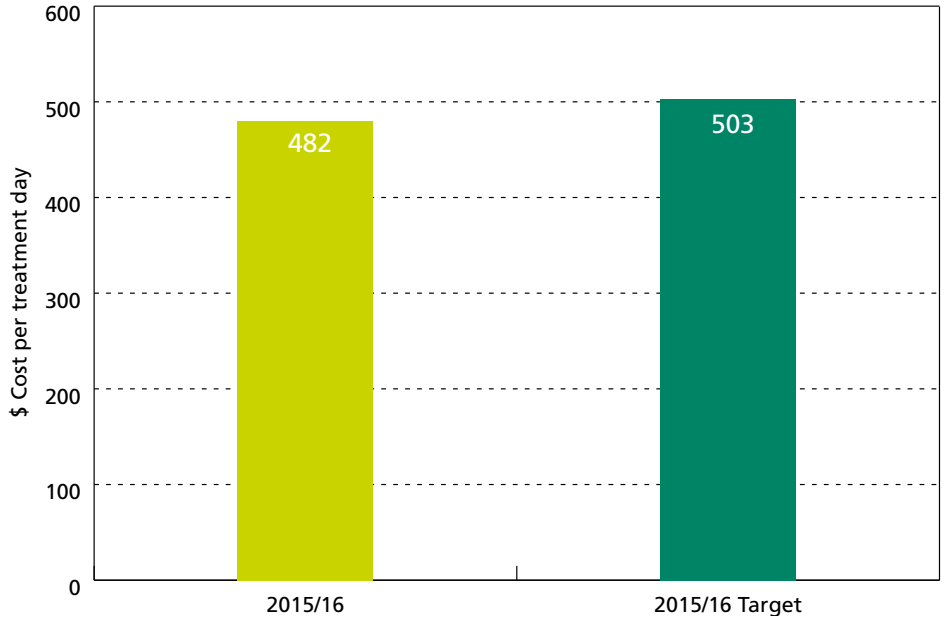
#### Results

In 2015/16, the average cost per purchased treatment day of ambulatory care provided by public clinical mental health services was $482.

This result is lower than the set target of $503.

# Average cost per purchased treatment day of ambulatory care provided by public clinical mental health services (national indicator)

## 4.1 Average cost per purchased treatment day of ambulatory care provided by public clinical mental health services (national indicator)




**Note:** The unit of measurement has been changed from a three-month episode to community treatment day as per the latest revision to the national Key Performance Indicators for Public Mental Health Services, 3rd Edition. This is a new indicator so only 2015/16 data is available.

**Data Source:** The Commission's Financial Systems. Mental Health Information System (MHIS), Department of Health. The Commission's Non-government Organisation Establishment State Data Collection. Non-government organisation activity data for 6 months extrapolated to 12 months.

**Time Period:** Data is for financial year.

Efficient functioning of public community mental health services is critical to ensure that finite funds are used effectively to **deliver maximum community benefit**.

## Key Efficiency Indicator

### Service four
### Community Treatment

#### Description:

An ambulatory mental health care service is a specialised mental health organisation that provides services to people who are not currently admitted to a mental health inpatient or residential service. Services are delivered by health professionals with specialist mental health qualifications or training.

This indicator is the number of community treatment days provided by ambulatory mental health services divided by the number of ambulatory care statistical episodes (three month periods) treated by ambulatory mental health services.

#### Rationale:

The purpose of this indicator is to better understand underlying factors which cause variation in community care costs. It may also demonstrate the degrees of accessibility to public sector community mental health services. The number of treatment days is the community counterpart of length of stay and it indicates the relative volume of care provided to people in ambulatory care. Frequency of servicing is the main driver of variation in community care costs and may reflect differences between health service organisation practices. Inclusion of this indicator promotes a fuller understanding of the community care costs as well as providing a basis for utilisation review. When combined with the average costs per three month community care period, it allows average treatment day costs to be derived.

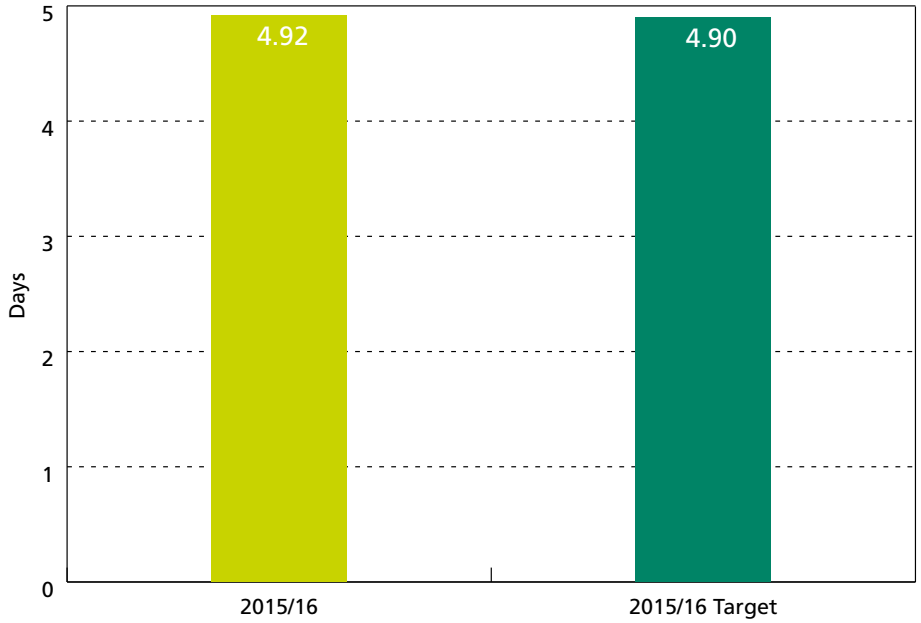
#### Results:

In 2015/16, the average treatment days per episode of ambulatory care provided by public clinical mental health services was 4.92 days.

This result is slightly higher than the set target of 4.90 days.

# Average treatment days per episode of ambulatory care provided by public clinical mental health services

## 4.2 Average treatment days per episode of ambulatory care provided by public clinical mental health services




**Note:** This is a new Key Performance Indicator and as such no comparative data is presented.

**Data Source:** Mental Health Information System (MHIS), Department of Health.

**Time Period:** Data is for the financial year.


*The Mental Health Inter-Hospital Transport Service was developed following a successful two year pilot*

## Key Efficiency Indicator

### Service four
### Community Treatment

**Description:**

The Commission's clinical services are integrated with key non-government agencies to provide counselling and treatment services to youth, adults and families. The Commission supports a comprehensive range of outpatient counselling, pharmacotherapy and support and case management services, including specialist youth, women's and family services, which are provided primarily by non-government agencies.

The Western Australian Diversion Program aims to reduce crime by diverting offenders with drug use problems away from the criminal justice system and into treatment to break the cycle of offending and address their drug use.

The Alcohol and Drug Support Service (ADSS) is a 24-hour, statewide, confidential telephone service providing information, advice, counselling and referral to anyone concerned about their own or another person's alcohol and other drug use. Callers have the option of talking to a professional counsellor, a volunteer parent or both.

This indicator is the cost for these community based services divided by the number of treatment episodes provided and the number of ADSS calls answered with an outcome of counselling (excluding tobacco-related calls).

**Rationale:**

This indicator seeks to address the policy question regarding how well community based alcohol and other drug services use their resources (inputs) to produce outputs, that is, whether community based services are delivered in the most efficient manner.

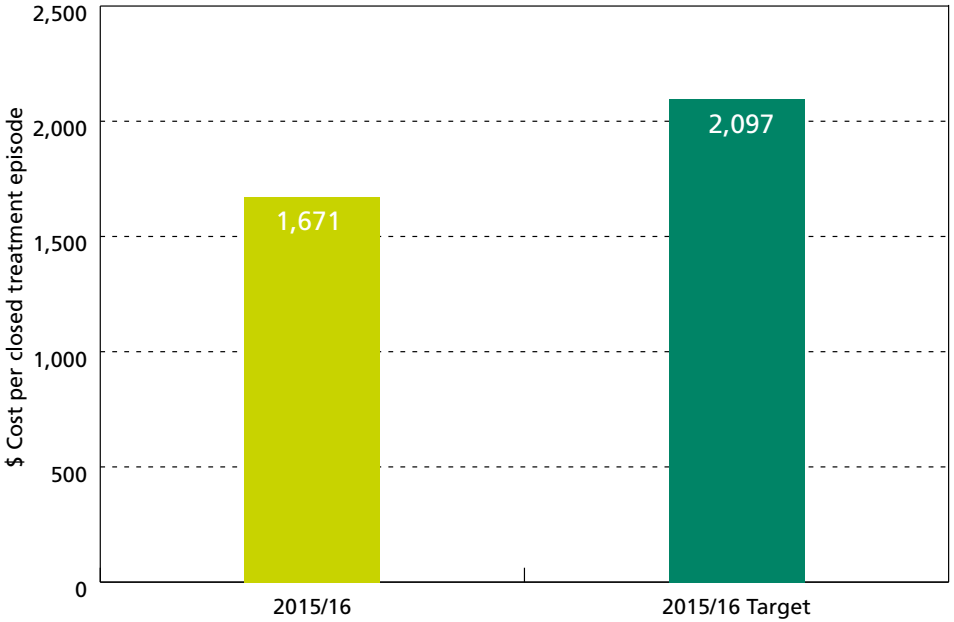
**Results:**

In 2015/16, the average cost of a completed treatment episode in community based alcohol and other drug services was $1,671.

This result is lower than the set target of $2,097. This is due to an overall increase in the number of treatment episodes closed during 2015/16, likely a result of increases in service capacity at some locations. In addition, the number of calls received by ADSS was higher than expected in 2015/16.

# Cost per completed treatment episode in community based alcohol and other drug services

## 4.3 Cost per completed treatment episode in community based alcohol and other drug services




**Note:** This is a new indicator so only 2015/16 data is available.

**Data Source:** The Commission's Financial Systems and the De-identified Treatment Agency Database and Alcohol Drug and Information Service Database.

**Time Period:** Data is for the April 2015 to March 2016 time period to allow for a three month lag for coding and auditing purposes.

## Key Efficiency Indicator

### Service five
### Community Support

#### Description:

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.

This indicator is the total expenditure on mental health community support services divided by the total number of direct contact hours of community support.

#### Rationale:

This indicator seeks to address the policy question regarding how well mental health community support services use their resources (inputs) to produce outputs, that is, whether mental health community support services are delivered in the most efficient manner.

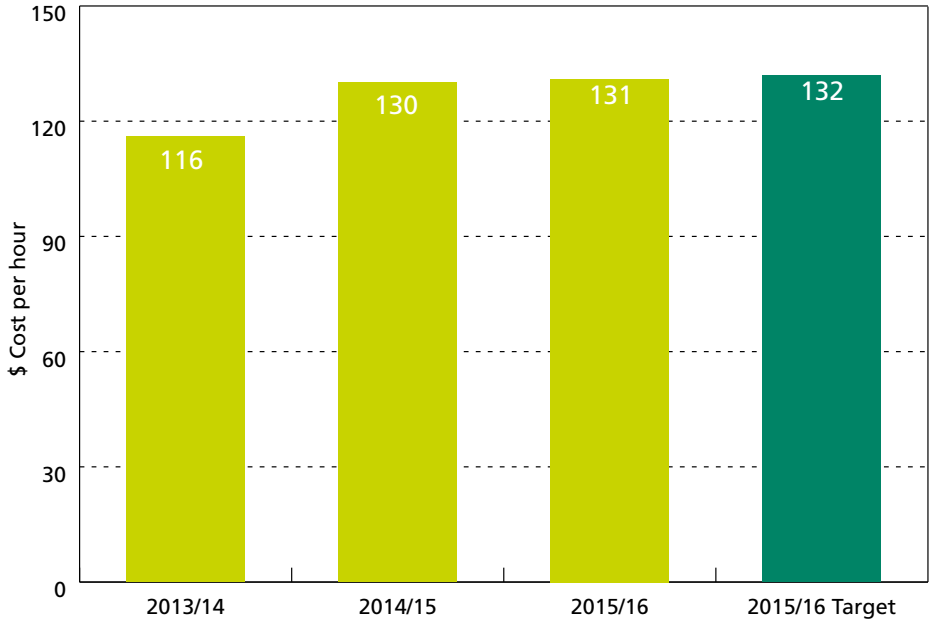
#### Results:

In 2015/16, the average cost per hour of community support provided to people with mental health problems was $131.

This result is similar to both the 2014/15 result of $130 and the set target of $132.

# Average cost per hour of community support provided to people with mental health problems

## 5.1 Average cost per hour of community support provided to people with mental health problems




**Data Source:** The Commission's Financial Systems and the Non-government Organisation Establishment State Data Collection. Activity data for 6 months extrapolated to 12 months.

**Time Period:** In 2013/14 NGO contracts were changed to align with the service types as agreed for the national Mental Health NGO Establishment Data Set Specifications. This change in service classification means that the figures reported in 2011/12 and 2012/13 are no longer comparable and cannot be reported. The figures for 2013/14 and 2014/15 have been recast due to a change in overhead allocation methodology and service type. The previously published figures were $98 in 2013/14 and $112 in 2014/15. Data is for financial year.

*South Metro Community Alcohol and Drug Support Service*

## Key Efficiency Indicator

### Service five
### Community Support

**Description:**

The Transitional Housing and Support Program (THASP) provide in-reach community support for people staying in short-term accommodation following residential AOD treatment. There are currently 10 THASP houses operational across Western Australia. A 2013 evaluation of the program has demonstrated a range of positive outcomes including reductions in relapse rates, improvements in wellbeing, increased life and independent living skills and reduced levels of homelessness. This indicator is calculated by dividing the overall cost of THASP services by the number of completed treatment episodes.

**Rationale:**

This indicator seeks to address the policy question regarding how well alcohol and other drug community support services use their resources (inputs) to produce outputs, that is, whether alcohol and other drug community support services are delivered in the most efficient manner.

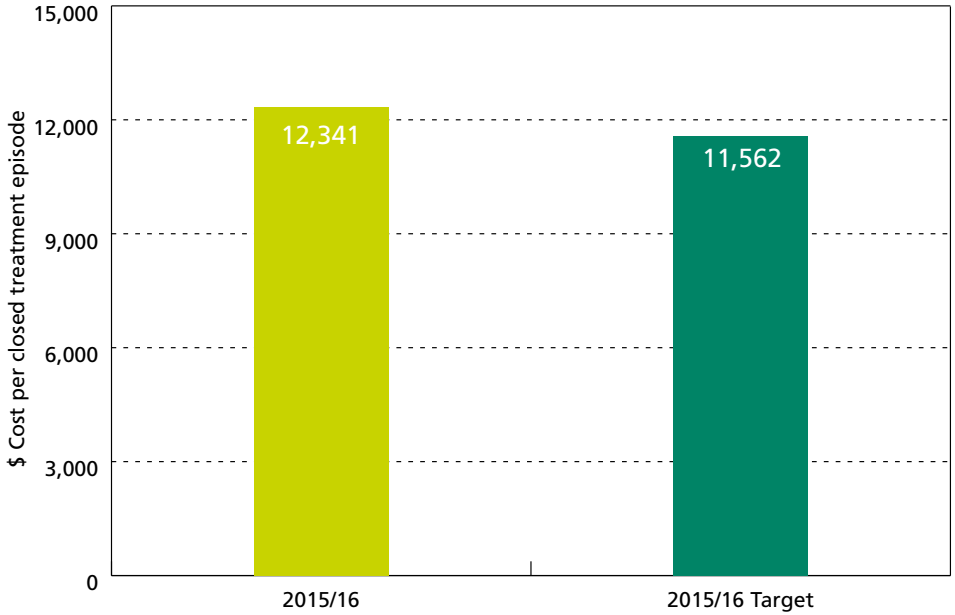
**Results:**

In 2015/16, the average cost per completed episode of community support provided for alcohol and other drug services was $12,341.

This result is higher than the set target of $11,562. There is a small volume of cases for this indicator and therefore a high variability in cost per episode.

# Average cost per episode of community support provided for alcohol and other drug services

## 5.2 Average cost per episode of community support provided for alcohol and other drug services




*Cyrenian House offers a transitional housing program to assist people who have completed a rehabilitation program to re-enter the community*

**Note:** This is a new Key Performance Indicator and as such no comparative data is presented.

**Data Source:** The Commission's Financial Systems and the De-identified Treatment Agency Database.

**Time Period:** Data is for the April 2015 to March 2016 time period to allow for a three month lag for coding and auditing purposes.

## Key Efficiency Indicator

# Service five Community Support

### Description:

The Individualised Community Living Strategy (ICLS) provides coordinated clinical and psychosocial support to assist eligible individuals' to achieve their recovery goals and live well in the community. ICLS supports people to live in their own home in the community with the principles of choice, personalised planning, self-direction and portability of funding.

A significant emphasis is placed on planning processes that will focus on the development and achievement of each person's individual recovery 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 Commission for review.

Individuals accessing ICLS can expect to: have an increasing ability to fully participate in their ongoing clinical and psychosocial support needs; develop and sustain meaningful social connections and relationships; participate and contribute to their community and relationships in personally meaningful ways; have an increasing ability to participate in educational, vocational and/or employment activities; develop their skills to self-manage their lifestyle and well-being; demonstrate an increasing ability to maintain and sustain their housing tenancy; and improve their quality of life.

The target group includes individuals that have a range of complexities and challenges and there is a mix of individuals requiring low, medium, high and very high levels of support. Individuals have a severe mental illness and can only be nominated by a public mental health service Case Manager or Psychiatrist.

### Rationale:

This indicator represents the average total funding available per package. Actual funding is allocated based on identified need reflected in the individual plan. This varies from year to year based on the specific needs of the individuals. The program is distinct from funding provided for other community mental health support services and is therefore appropriate to be included as a separate key performance indicator.

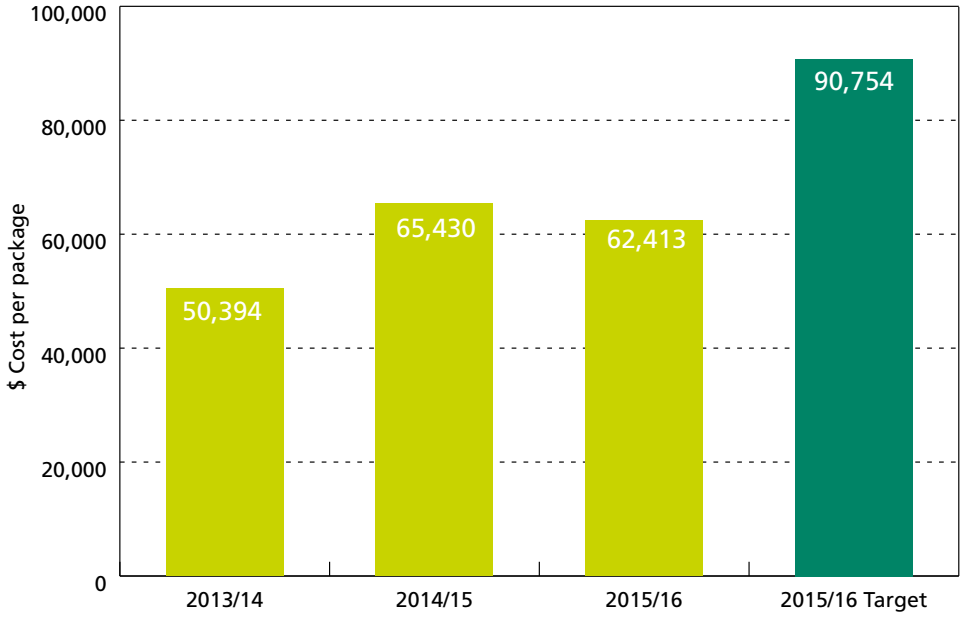
### Results:

In 2015/16, the average cost per package of care provided for the Individualised Community Living Strategy was $62,413. This result is lower than the 2014/15 result of $65,430 and significantly below the set target of $90,754.

This may be because support packages are allocated and commence at staggered times throughout the financial year and therefore include part payments that are not reflective of the full year costs for an individual. There are also lead times for the development of support packages for new entrants when backfilling client vacancies. Finally, the average cost per package is expected to decline because the supports are recovery focused. As individuals are supported on their recovery journey, the supports gradually decrease.

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

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




**Data Source:** The Commission's Financial Systems and ICLS service providers report the number of packages delivered to the Commission.

**Time Period:** This indicator commenced in 2013/14 and has been recast for 2013/14 and 2014/15 due to a change in overhead allocation methodology. Previously published figures were $51,806 for 2013/14, $67,397 for 2014/15. Data is for financial year.

ICLS supports people to live in their own home in the community with the principles of **choice, personalised planning, self-direction and portability of funding**.

## Key Efficiency Indicator

### Service five
### Community Support

**Description:**

Sobering-up centres, or safe places for intoxicated individuals, provide residential care overnight and their consumers do not receive any formal rehabilitation.

There are ten sobering up centres in Western Australia providing a safe, care-oriented environment in which people found intoxicated in public may sober up. Sobering-up centres help to reduce the harm associated with intoxication for the individual, their families and the broader community, and play a key role in the response to family and domestic violence and homelessness.

People may refer themselves to a centre or be brought in by the police, a local patrol, health/welfare agencies, or other means. Attendance at a centre is voluntary.

A person being cared for in a sobering up centre can expect: a safe environment; a shower, clean bed, clean clothes, and a simple nutritious meal; non-discriminatory and non-judgemental care; and referral to other agencies and services if required.

This indicator is calculated by dividing the overall cost of Sobering-up centres by the number of episodes delivered.

**Rationale:**

This indicator seeks to address the policy question regarding how well the Sobering-up Centre services use their resources (inputs) to produce outputs, that is, whether the sobering up service is delivered in the most efficient manner.

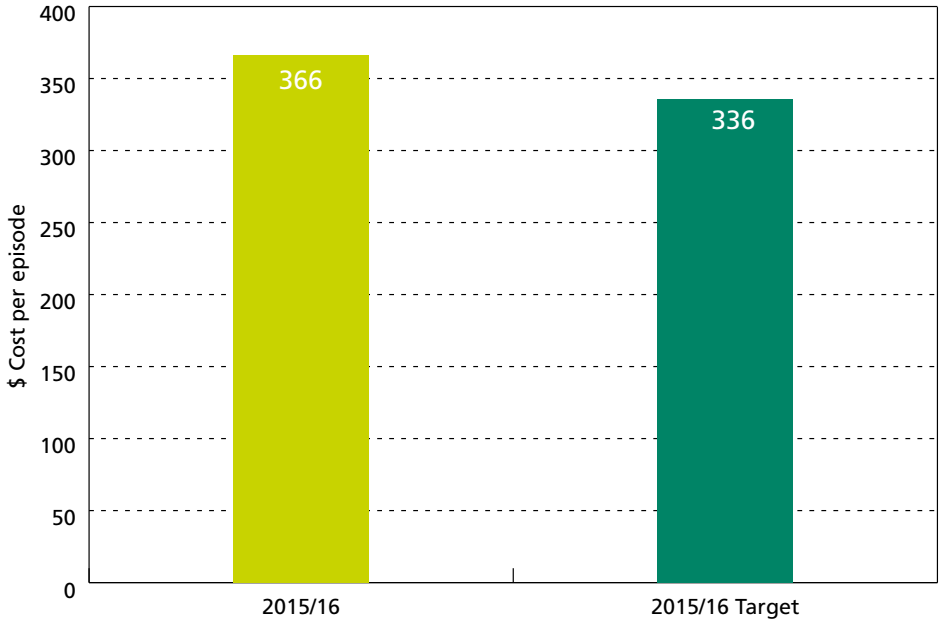
**Results:**

In 2015/16, the average cost per episode of care in safe places for intoxicated people was $366.

This result is higher than the set target of $336 due to a lower than expected number of episodes being provided in 2015/16.

# Cost per episode of care in safe places for intoxicated people

## 5.4 Cost per episode of care in safe places for intoxicated people





*Carnarvon Dual Purpose Alcohol and Drug Centre*

**Data Source:** The Commission's Finance Systems and the Sobering Up Centre database.

**Time Period:** This is a new indicator so only 2015/16 data is available. Data is for the April 2015 to March 2016 time period to allow for a three month lag for coding and auditing purposes.

# 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 financial activities.
No such directives were issued by the Minister with portfolio responsibility for the Commission during 2015/16.

## 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.

The Commission's new Code of Conduct Policy was endorsed in October 2015 and incorporated into our employee induction, performance development processes and other policies and practices. This policy sets out ethical standards, expected behaviours and values required of staff (including anti-bullying), and reflects our commitment to working together to promote an ethical, just and responsible work environment.

During the year, the Commission continued to promote compliance with public sector standards and ethical codes. With the development of a new online training management system underway, the Commission will have improved promotion, recording and tracking of employee attendance at relevant training, including the Accountable and Ethical Decision Making course.

In accordance with section 903(13)(iv) of the Treasurer's Instructions, the following personal expenditure was incurred on a Western Australian Government Purchasing Card during the reporting period:

| | ACTUAL 2015/16 |
|---|---|
| Number of instances the Western Australian Government Purchasing Card has been used for a personal purpose | 3 |
| Aggregate amount of personal use expenditure for the reporting period | $122.92 |
| Aggregate amount of personal use expenditure settled by the due date | $122.92 |
| Aggregate amount of personal use expenditure settled after the due date | – |
| Aggregate amount of personal use expenditure outstanding at the end of the reporting period | – |
| Number of referrals for disciplinary action instigated by the notifiable authority during the reporting period | – |

## Board and committee remuneration reporting

A number of advisory committees were established by the Commission outside of the Cabinet process as they were required to support specific projects such as the implementation of the *Mental Health Act 2014* and the Stokes Review. Some of these members were remunerated following advice from the Department of Finance and in accordance with the Public Sector Commission's Board and Committee remuneration policy.

# Other legal and government policy requirements and financial disclosures

## 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.

Potential conflicts of interest have been identified in relation to the Mental Health Commissioner. The Commissioner is:

- 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 $342,000 pa funding from the Commission. This funding which commenced in 2000 predates the establishment of the Commission and has remained at approximately this level since 2005. The Commission's current contract with beyondblue is for five years and was approved by the Director, Non-Government Organisations Purchasing and Development in 2015
- the Chair of the Bankwest Curtin Economics Centre (BCEC) Advisory Board. The BCEC is an independent economic and social research organisation located within the Curtin Business School. The Centre was established in 2012 in partnership with Bankwest and provides insight and analysis of key economic, financial and social issues relevant to Western Australia; and
- an Advisory Council member for the Centre for Social Impact. The Centre for Social Impact is a collaboration of three universities: UNSW Australia, Swinburne University of Technology and the University of Western Australia. It aims to improve the delivery of beneficial social impact in Australia. The Advisory Council provides insight and intelligence, and guidance on strategic questions for the Centre for Social Impact.

These conflicts continue to be managed by delegating all decision-making regarding Commission funding and contract management to the Director, Non-Government Organisations Purchasing and Development.

## 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:

| EXPENDITURE CLASS | NAME OF AGENCY | AMOUNT 2015/16 | TOTAL |
|---|---|---|---|
| Advertising agencies: | Adcorp<br>Carat Australia Media Services Pty Ltd<br>Seek Limited<br>The Brand Agency | $24,129.60<br>$50,683.10<br>$839.00<br>$45,112.07 | $120,763.77 |
| Market research organisations: | Taylor Nelson Sofres (TNS) Australia Pty Ltd | $150,500.00 | $150,500.00 |
| Polling organisations: | Nil | Nil | |
| Direct mail organisations: | Nil | Nil | |
| Media advertising organisations: | The Brand Agency via Curtin University* | $2,275,737.37 | $2,275,737.37 |
| | | **$2,547,001.14** | **$2,547,001.14** |

* The prevention campaigns are managed by Curtin University under a Partnership Service Agreement with Mental Health Commission.

# Other legal and government policy requirements and financial disclosures

## Performance Development Program

The Commission's performance development process, called MyPDP, is designed to provide employees with support to reach their full potential. It is a continuous process of planning, reflecting and developing to ensure employees are better able to reach individual, team and organisational goals.

This year has seen the Commission adopt and adapt to the new process, working closely with staff and supervisors to ensure they have a greater understanding of their roles and how they contribute to the success of the Commission.

## Disability access and inclusion plan

The Commission is committed to identifying and removing barriers that exclude people from accessing information, services, facilities, events and employment opportunities. The development of a revised Disability Access and Inclusion Plan 2016-2021 shows our intent to engage with, and improve the lives of all people, including those with a disability. It also meets our legislative requirements and emphasises our proactive approach to addressing access and inclusion barriers for all members of our community.

## Occupational safety, health and injury management

This year has seen the launch of the Commission's Healthy Workplace Strategy which demonstrates the Commission's commitment to ensuring staff are supported and provided with an environment that actively assists them to maximise their overall health.

Currently in implementation, the action items of the strategy simultaneously address policy (or structure), cultural, environmental, and individual factors, in line with best practice guidelines.

Other relevant activities undertaken by the Commission in 2015/2016 include:

- establishment of a wellness committee to inform, champion, drive and monitor the progress of employee wellness activities
- change Management Workshops for all employees pre and post amalgamation with the Drug and Alcohol Office to ensure change was managed in an inclusive manner prior to the Commission's move to Workzone, training was provided to assist employees with adapting to the change and specific tools for working in the new open plan office environment
- with the move to Workzone employees were provided with an open environment focused on a healthy workplace, including secure outside gardens, comfortable kitchen and break out spaces, end of trip facilities, quiet rooms, ergonomically designed chairs and arrangements for individual guidance on setting up an ergonomic workspace
- in-house Mental Health First Aid Officers who offer assistance, support and are a point of contact for Commission employees who experience workplace and personal issues
- free flu vaccinations for all employees; and
- a comprehensive Employee Assistance Program available to all employees and their immediate family.

## Other legal and government policy requirements and financial disclosures

The following table details 2015/2016 key performance indicators against occupational safety and health and injury management measures:

| INDICATOR | ACTUAL 2015/16 |
|---|---|
| Number of fatalities | 0 |
| Lost time injury/disease incidence rate | 0.7% |
| Lost time injury severity rate | 66.7 |
| Percentage of injured workers returned to work within 28 weeks | 100% |
| Percentage managers trained in occupational safety, health and injury management responsibilities | 69%* |
| Percentage of employees trained in Mental Health First Aid | 9.7%* |
| Number of contacts made to access the in-house Mental Health First Aid program | 73 |

* approximate figure

### Workforce and Equal Opportunity Diversity Plan and Substantive Equality

The Commission's first Workforce and Equal Opportunity Diversity Plan 2016-2018 was submitted to the Public Sector Commission on 12 April 2016. This document is designed to provide strategies and actions to assist the agency to identify current and future workforce needs. It aims to achieve an effective and diverse workforce which is representative of the Western Australian community at all levels of employment.

This plan recognises that substantive equality is an important principle in addressing workforce diversity. It will ensure the Commission workforce practices are non-discriminatory and seek to address the specific needs of certain groups of people.

### Recordkeeping plans

The *State Records Act 2000* (the Act) was established to standardise statutory record keeping practices for every government agency. Government agency practice is subject to the provisions of the Act and the standards and policies of the State Records Commission. The Commission has established a formal Recordkeeping Plan to ensure compliance with these requirements.

The Commission is currently finalising a revised Recordkeeping Plan as a result of the amalgamation of the Mental Health Commission and the Drug and Alcohol Office (DAO), in accordance to the State Records Office Policy 6 – Amalgamated Agencies.

The Commission continues to comply and implement measures identified in Policy 6, with significant work for the year focusing on archiving and closing of the DAO record set, and the identification of records to be transferred to State Archives.

The Commission has also undertaken a rollout of a new electronic document and records management system, HP Records Manager 8 replacing HP TRIM 7.34. The upgrade has seen a marked improvement in functionality to staff and Information Management operations.

## Other legal and government policy requirements and financial disclosures

In 2015/16, the Commission undertook a complete revision of its Business Classification Scheme (BCS), completed in October 2015. This was a significant milestone in that it identified the functions and records of the new amalgamated agency. Implementation of the BCS to operational level recordkeeping is ongoing.

The Commission together with the other mental health sector agencies have also contributed to the development of a Mental Health Sector Disposal Authority (SDA) undertaken by the State Records Office. The Commission will work with the State Records Office on the SDA's implementation once it is approved.

The priorities for 2016/17 include training staff in the new HP Records Manager 8, completion of the new Recordkeeping Plan following amalgamation, implementing the new Sector Disposal Schedule, disaster recovery planning and improving recordkeeping standards across the Commission.

## Corporate governance

During 2015/16, the Commission's Corporate Executive completed the implementation of the Corporate Governance Policy and Framework by establishing governance subcommittees to oversee and implement improvements in the areas of people and communications, organisational project management, and alcohol and other drug clinical services. This was in addition to the previously established financial and risk management, and technology governance subcommittees.

The audit and compliance program focused on reviewing and finding opportunities for improvement in our finance, procurement and pharmacy procedures and control mechanisms. A benchmark assessment of our gifts, benefits and hospitality policy and procedures was undertaken to ensure alignment with public sector best practice.

To help support the audit and compliance program, Corporate Services implemented a software as a service application called Smartsheet. This progressive on-line information system provides a cost effective collaborative work management platform across the Commission to assist all business areas to monitor and administer the audit, compliance and project related activities.

In 2016/17 governance and compliance activities will be expanded to focus on information system controls and security, including projects of strategic importance.

# Appendices

# Appendix One – Non-Government organisations funded through Service Agreements 2015/16

| SERVICE PROVIDER | SERVICE TYPE | SERVICE LOCATION/ CATCHMENT |
|---|---|---|
| 360 Health and Community | Counselling – face to face | Perth metro |
| 55 Central Inc | Personalised support – other | Perth metro |
| Aboriginal Alcohol and Drug Service | AOD Community Treatment | Perth metro |
| Aboriginal Alcohol and Drug Service | AOD Diversion Community Treatment | Perth metro |
| Aboriginal Alcohol and Drug Service | AOD Cannabis Community Treatment | Perth metro |
| Aboriginal Alcohol and Drug Service | AOD Community Prevention | Perth metro |
| Access Housing Australia Ltd | Personalised support – linked to housing | Perth metro |
| Aftercare | Individual Community Living | Perth metro |
| Albany Halfway House Inc | Personalised support – linked to housing | Great Southern |
| Albany Halfway House Inc | Staffed residential services – community supported residential units | Great Southern |
| Albany Halfway House Inc | Personalised support – other | Great Southern |
| Amana Living Inc | Staffed residential service at Lefroy Hostel | Perth metro |
| ARAFMI Mental Health Carers & Friends Association (WA) Incorporated (trading as Helping Minds Australia) | Mental health promotion | Perth metropolitan and Southwest |
| ARAFMI Mental Health Carers & Friends Association (WA) Incorporated (trading as Helping Minds Australia) | Individual Advocacy | Perth metropolitan, Gascoyne, Kimberley and Pilbara |
| ARAFMI Mental Health Carers & Friends Association (WA) Incorporated (trading as Helping Minds Australia) | Family and carer support | Perth metropolitan, Gascoyne, Kimberley and Pilbara |

## Appendix One – Non-Government organisations funded through Service Agreements 2015/16

| SERVICE PROVIDER | SERVICE TYPE | SERVICE LOCATION/ CATCHMENT |
|---|---|---|
| Association For Services To Torture and Trauma Survivors Inc | Counselling – face to face | Perth Metro |
| Australian Medical Procedures Research Foundation | AOD Community Bed Based | Statewide |
| Australian Medical Procedures Research Foundation | AOD Community Treatment | Statewide |
| Australian Medical Procedures Research Foundation | AOD Community Support | Statewide |
| Australian Medical Procedures Research Foundation | AOD Community Treatment | Statewide |
| Baptistcare Inc | Personalised support – other | Geraldton and Katanning |
| Baptistcare Inc | Personalised support – linked to housing | Geraldton |
| Baptistcare Inc | Individual Community Living | Geraldton |
| Baptistcare Inc | Staffed residential services – crisis respite | Midwest |
| Bay of Isles Community Outreach Inc | Personalised support – other | Esperance |
| Bega Garnbirringu Health Services Incorporated | AOD Community Support Sobering Up | Goldfields |
| Beyond Blue Ltd | Mental illness prevention | Statewide |
| Black Swan Health Ltd | Counselling – face to face | Perth metro |
| Bloodwood Tree Assoc Inc | AOD Community Support Sobering Up | Pilbara |
| Bloodwood Tree Assoc Inc | AOD Community Treatment | Pilbara |
| BP Luxury Care | Personalised support – other | Perth metro |
| Burswood Care Pty Ltd | Personal care support | Perth metro |
| Carers Association of Western Australia Inc | Sector development and representation – carer advocacy | Perth metro |
| Carnarvon Family Support Service | AOD Community Support Sobering Up | Gascoyne |

## Appendix One – Non-Government organisations funded through Service Agreements 2015/16

| SERVICE PROVIDER | SERVICE TYPE | SERVICE LOCATION/ CATCHMENT |
|---|---|---|
| Casson Homes | Personal care support | Perth metro |
| Catholic Education Office of WA | AOD Prevention | Statewide |
| Centrecare Inc | Counselling – face to face | Goldfields |
| Centrecare Inc | Personalised support – other | Goldfields |
| Centrecare Inc | Personalised support – linked to housing | Goldfields |
| Centrecare Inc | Family and carer support | Goldfields |
| Collie Family Centre Incorporated | Counselling – face to face | Southwest |
| Community First International | Individual Community Living | Great Southern, Peel, Perth Metro |
| Connect Groups Support Groups Association WA Inc | Sector development and representation | Perth metro and Statewide |
| Consumers of Mental Health WA (CoMHWA) | Sector development and representation | Statewide |
| Curtin University of Technology | Mental illness prevention | Statewide |
| Curtin University of Technology | Mental health promotion | Statewide |
| Curtin University of Technology | AOD Prevention | Statewide |
| DADAA Inc | Group support activities | Perth metro |
| Devenish Lodge | Personal care support | Perth metro |
| Enable Southwest | Individual Community Living | Southwest |
| Even Keel Bipolar Disorder Support Association Incorporated | Mutual support and self help | Perth metro |

## Appendix One – Non-Government organisations funded through Service Agreements 2015/16

| SERVICE PROVIDER | SERVICE TYPE | SERVICE LOCATION/ CATCHMENT |
|---|---|---|
| Foundation Housing Limited | Personalised support – linked to housing | Perth metro |
| Franciscan House | Personal care support | Perth metro |
| Fremantle Multicultural Centre Incorporated | Individual Advocacy | Perth metro |
| Fremantle Women's Health Centre Inc | Counselling – face to face | Perth metro |
| Fusion Australia Ltd | Staffed residential services – community supported residential units | Midwest |
| Garl Garl Garl Walbu Aboriginal Corporation | AOD Community Support Sobering Up | Kimberley |
| Goldfields Rehabilitation Services Inc | AOD Community Bed Based | Goldfields |
| Goldfields Rehabilitation Services Inc | AOD Community Support | Goldfields |
| Gosnells Women's Health Service Inc | Counselling – face to face | Perth metro |
| Great Southern Community Housing Association Incorporated | Personalised support – linked to housing | Great Southern |
| GROW | Mutual support and self help | Perth metro |
| Holyoake Australian Institute for Alcohol and Drug Addiction Resolution Inc | AOD Community Treatment | Perth metro and Wheatbelt |
| Holyoake Australian Institute for Alcohol and Drug Addiction Resolution Inc | AOD Diversion Community Treatment | Perth metro and Wheatbelt |
| Holyoake Australian Institute for Alcohol and Drug Addiction Resolution Inc | AOD Cannabis Community Treatment | Perth metro and Wheatbelt |
| Home Health (trading as Tendercare) | Personalised support – other | Perth metro, Southwest and Wheatbelt |

## Appendix One – Non-Government organisations funded through Service Agreements 2015/16

| SERVICE PROVIDER | SERVICE TYPE | SERVICE LOCATION/ CATCHMENT |
|---|---|---|
| Home Health (trading as Tendercare) | Family and carer support | Perth metro, Southwest and Wheatbelt |
| Honeybrook Lodge | Personal care support | Perth metro |
| Hope Community Services Inc | AOD Community Treatment | Goldfields |
| Hope Community Services Inc | AOD Community Bed Based | Midwest |
| Hope Community Services Inc | AOD Diversion Community Bed Based | Midwest |
| Hope Community Services Inc | AOD Community Support | Perth metro |
| Hope Community Services Inc | AOD Diversion Community Treatment | Perth metro and Goldfields |
| Hope Community Services Inc | AOD Cannabis Community Treatment | Goldfields |
| Hope Community Services Inc | AOD Community Support Sobering Up | Midwest |
| Ishar Multicultural Women's Health Centre Incorporated | Family and carer support | Perth metro |
| Jennie Bertram & Associates | Personalised support – other | Perth metro |
| June O'Connor Centre Incorporated | Group support activities | Perth metro |
| June O'Connor Centre Incorporated | Personalised support – other | Perth metro |
| Kimberley Aboriginal Medical Services Limited | Personalised support – other | Kimberley |
| King Edward Memorial Hospital | AOD Community Bed Based | Perth metro |
| Kununurra Waringarri Aboriginal Corporation | AOD Community Support Sobering Up | Kimberley |
| Lamp Incorporated | Personalised support – other | Southwest |

## Appendix One – Non-Government organisations funded through Service Agreements 2015/16

| SERVICE PROVIDER | SERVICE TYPE | SERVICE LOCATION/ CATCHMENT |
|---|---|---|
| Lamp Incorporated | Family and carer support | Southwest |
| Life Without Barriers | Personalised support linked to housing | Perth metro |
| Life Without Barriers | Individual Community Living | Perth metro, Southwest, Goldfields, Kimberley |
| Life Without Barriers | Staffed residential services – Youth Homeless | Perth metro |
| Lifeline WA (The Living Stone Foundation Inc) | Counselling, support, information and referral – telephone | Statewide |
| Local Drug Action Groups Inc | AOD Prevention | Statewide |
| Mental Illness Fellowship of WA Inc. | Personalised support – other | Perth metro |
| Mental Illness Fellowship of WA Inc. | Family and carer support | Perth metro |
| Mental Illness Fellowship of WA Inc. | Mental health promotion | Perth metro |
| Mental Illness Fellowship of WA Inc. | Individual Community Living | Perth metro and Goldfields |
| Mental Illness Fellowship of WA Inc. | Group support activities | Perth metro |
| Midland Women's Health Care Place Inc. | Counselling – face to face | Perth metro |
| Midwest Community Living Association Incorporated | Personalised support – other | Midwest |
| Mission Australia | Family and carer support | Perth metro |
| Mission Australia | AOD Community Bed Based | Statewide |
| Mission Australia | AOD Diversion Community Bed Based | Statewide |
| Mission Australia | AOD Community Support | Perth metro |

## Appendix One – Non-Government organisations funded through Service Agreements 2015/16

| SERVICE PROVIDER | SERVICE TYPE | SERVICE LOCATION/ CATCHMENT |
|---|---|---|
| Mission Australia | AOD Cannabis Community Treatment | Perth metro |
| Mission Australia | AOD Community Treatment | Perth metro |
| Mission Australia | AOD Diversion Community Treatment | Pilbara |
| Mission Australia | AOD Community Treatment | Pilbara |
| Mission Australia | AOD Cannabis Community Treatment | Pilbara |
| Mission Australia | Individual Community Living | Perth metro and Pilbara |
| Neami | Individual Community Living | Perth metro and Southwest |
| Neami | Staffed Residential Services – Joondalup Mental Health Sub-Acute Services | Perth metro |
| Ngangganawili Aboriginal Community Controlled Health & Medical | AOD Community Support | Goldfields |
| Ngnowar Aerwah Aboriginal Corporation | AOD Community Treatment | Kimberley |
| Ngnowar Aerwah Aboriginal Corporation | AOD Diversion Community Treatment | Kimberley |
| Ngnowar Aerwah Aboriginal Corporation | AOD Community Support Sobering Up | Kimberley |
| Nindilingarri Cultural Health Services Inc | AOD Community Treatment | Kimberley |
| Nyonngar Patrol System Incorporation | AOD Community Support | Perth metro |
| Outcare Adult | Personalised support – other | Perth metro |
| Outcare Children | Personalised support – other | Perth metro |
| Palmerston Association Inc | AOD Community Bed Based | Perth metro |

## Appendix One – Non-Government organisations funded through Service Agreements 2015/16

| SERVICE PROVIDER | SERVICE TYPE | SERVICE LOCATION/ CATCHMENT |
|---|---|---|
| Palmerston Association Inc | AOD Diversion Community Bed Based | Perth metro |
| Palmerston Association Inc | AOD Community Support | Perth metro |
| Palmerston Association Inc | AOD Community Treatment | Perth metro and Great Southern |
| Palmerston Association Inc | AOD Cannabis Community Treatment | Perth metro and Great Southern |
| Palmerston Association Inc | AOD Diversion Community Treatment | Perth metro and Great Southern |
| Pathways South West Incorporated | Personalised support – other | Southwest |
| Pathways South West Incorporated | Personalised support – linked to housing | Southwest |
| Pathways South West Incorporated | Family and carer support | Southwest |
| PDLE Inc | Education, employment and training | Perth metro |
| Perth Home Care Services (Trading as Avivo) | Personalised support linked to housing | Perth metro |
| Perth Home Care Services (Trading as Avivo) | Personalised support – other | Perth metro |
| Perth Home Care Services (Trading as Avivo) | Individual Community Living | Perth metro and Midwest |
| Perth Home Care Services (Trading as Avivo) | Family and carer support | Perth metro |
| Perth Inner City Youth Service (Inc) | Personalised support – other | Perth metro |
| Richmond Wellbeing Inc. | Personalised support linked to housing | Perth metro |
| Richmond Wellbeing Inc. | Staffed residential services – community options | Perth metro |
| Richmond Wellbeing Inc. | Staffed residential services – crisis respite | Perth metro |

## Appendix One – Non-Government organisations funded through Service Agreements 2015/16

| SERVICE PROVIDER | SERVICE TYPE | SERVICE LOCATION/ CATCHMENT |
|---|---|---|
| Richmond Wellbeing Inc. | Staffed residential services – intermediate care accommodation | Perth metro |
| Richmond Wellbeing Inc. | Individual Community Living | Perth metro, Midwest, Southwest, Pilbara and Goldfields and Kimberley |
| Richmond Wellbeing Inc. | Staffed residential services – long term supported | Perth metro |
| Richmond Wellbeing Inc. | Personalised support – other | Perth metro and Great Southern |
| Richmond Wellbeing Inc. | Staffed residential services – adult homeless | Perth metro |
| Richmond Wellbeing Inc. | Staffed residential services – community supported residential units | Perth metro and Southwest |
| Richmond Wellbeing Inc. | Mutual support and self help | Perth metro |
| Richmond Wellbeing Inc. | Group support activities | Great Southern |
| Rise Network | Personalised support – other | Perth metro |
| Rise Network | Personalised support – linked to housing | Perth metro and Wheatbelt |
| Rise Network | Individual Community Living | Perth metro |
| Rise Network | Individual Advocacy | Perth metro |
| Romily House | Personal care support | Perth metro |
| Ruah Community Services | Individual Community Living | Perth metro, Midwest, Goldfields |
| Ruah Community Services | Personalised support – other | Perth metro |

## Appendix One – Non-Government organisations funded through Service Agreements 2015/16

| SERVICE PROVIDER | SERVICE TYPE | SERVICE LOCATION/ CATCHMENT |
|---|---|---|
| Ruah Community Services | Education, employment and training | Perth metro |
| Ruah Community Services | Personalised support – linked to housing | Perth metro |
| Ruah Community Services | AOD Community Treatment | Perth metro |
| Salisbury Home | Personal care support | Perth metro |
| Share & Care Community Services Group Inc | Personalised support – other | Wheatbelt |
| Share & Care Community Services Group Inc | Family and carer support | Wheatbelt |
| Silver Chain Group Ltd | Sector development and representation | Perth metro |
| Silver Chain Group Ltd | Family and carer support | Perth metro |
| South Coastal Women's Health Services Association Inc | Counselling – face to face | Perth metro |
| Southern Cross Care (WA) Inc. | Staffed residential services – community options | Perth metro |
| Southern Cross Care (WA) Inc. | Personalised support – other | Perth metro |
| Southern Cross Care (WA) Inc. | Family and carer support | Perth metro |
| Southern Cross Care (WA) Inc. | Individual Community Living | Perth metro |
| Spirit of the Street Choir | Group support activities | Perth metro |
| St Bartholomew's House Inc | Staffed residential services – crisis respite services | Perth metro |
| St Bartholomew's House Inc | Personalised support – linked to housing | Perth metro |
| St Bartholomew's House Inc | Staffed residential services – community supported residential units | Perth metro |
| St John of God Health Care | Clinical treatment and care – admitted | Perth metro |

## Appendix One – Non-Government organisations funded through Service Agreements 2015/16

| SERVICE PROVIDER | SERVICE TYPE | SERVICE LOCATION/ CATCHMENT |
|---|---|---|
| St John of God Health Care | AOD Community Bed Based | Perth metro |
| St John of God Health Care | AOD Diversion Community Bed Based | Perth metro |
| St John of God Hospital | AOD Community Treatment | Southwest |
| St John of God Hospital | AOD Diversion Community Treatment | Southwest |
| St John of God Hospital | AOD Cannabis Community Treatment | Southwest |
| St Jude's Hostel (Pu-Fam Pty Ltd) | Personal care support | Perth metro |
| St Patrick's Community Support Centre | Group support activities | Perth metro |
| St Patrick's Community Support Centre | AOD Community Treatment | Perth metro |
| St. Vincent De Paul Society (WA) | Personal care support | Perth metro |
| Teen Challenge Perth Inc | AOD Community Bed Based | Perth metro and Goldfields |
| The Salvation Army Western Australia Property Trust | Personalised support – other | Perth metro |
| The Salvation Army Western Australia Property Trust | AOD Community Bed Based | Perth metro |
| The Salvation Army Western Australia Property Trust | AOD Diversion Community Bed Based | Perth metro |
| The Salvation Army Western Australia Property Trust | AOD Community Support | Perth metro |
| The Salvation Army Western Australia Property Trust | AOD Community Support Sobering Up | Perth metro |
| The Salvation Army Western Australia Property Trust | AOD Community Treatment | Perth metro |
| The Samaritans Inc. | Counselling – face to face | Perth metro |
| The Samaritans Inc. | Counselling, support, information and referral – telephone | Statewide |

## Appendix One – Non-Government organisations funded through Service Agreements 2015/16

| SERVICE PROVIDER | SERVICE TYPE | SERVICE LOCATION/ CATCHMENT |
|---|---|---|
| The Samaritans Inc. | Mental health promotion | Perth metro |
| UnitingCare West | Personalised support – linked to housing | Perth metro |
| UnitingCare West | AOD Community Treatment | Perth metro |
| WA Council on Addictions (trading as Cyrenian House) | AOD Community Treatment | Perth metro and Kimberley |
| WA Council on Addictions (trading as Cyrenian House) | AOD Diversion Community Treatment | Perth metro |
| WA Council on Addictions (trading as Cyrenian House) | AOD Community Support | Perth metro |
| WA Council on Addictions (trading as Cyrenian House) | AOD Community Bed Based | Perth metro |
| WA Council on Addictions (trading as Cyrenian House) | AOD Diversion Community Bed Based | Perth metro |
| WA Council on Addictions (trading as Cyrenian House) | AOD Cannabis Community Treatment | Perth metro |
| WA Network of Alcohol & Other Drug Agencies | AOD Community Treatment | Statewide |
| Wanslea Family Services Inc. | Family and carer support | Perth metro |
| Warmun Community (Turkey Creek) Inc | AOD Community Treatment | Kimberley |
| Western Australian AIDS Council (Inc) | Mental illness prevention | Perth metro |
| Western Australian AIDS Council (Inc) | Mental health promotion | Perth metro |
| Western Australian Association for Mental Health Inc. | Mental health promotion | Statewide |
| Western Australian Association for Mental Health Inc. | Sector development and representation | Statewide |
| Western Australian Association for Mental Health Inc. | Workforce development | Statewide |
| Western Australian Substance Users Association Inc | AOD Community Treatment | Perth metro |

## Appendix One – Non-Government organisations funded through Service Agreements 2015/16

| SERVICE PROVIDER | SERVICE TYPE | SERVICE LOCATION/ CATCHMENT |
|---|---|---|
| Women's Healthcare Association | Counselling – face to face | Perth metro |
| Women's Healthcare Association | Group support activities | Perth metro |
| Women's Healthcare Association | Mutual support and self help | Perth metro |
| Women's Healthcare Association | AOD Community Treatment | Perth metro |
| Women's Healthcare Association | AOD Diversion Community Treatment | Perth metro |
| Youth Focus Incorporated | Counselling – face to face | Perth metro |

Note: The above table contains Mental Health Commission funded non-government organisations recurrently funded via Service Agreements in 2015/16. Non-government organisations funded soley through a Grant Agreement arrangement are not included.

# Appendix Two – Summary of specialised services and activity contracted by the Commission

| | | |
|---|---|---|
| Prevention ($20.9 million) | $4.20 per capita to enhance mental health and prevent suicide | |
| | $4.67 per capita for initiatives that delay uptake and reduce AOD harm | |
| Hospital Bed Based Services ($353.3 million) | Acute | 608 beds and 198,738 beddays |
| | Sub-acute | 42 beds and 27,981 beddays |
| | Hospital in the Home | 37 beds and 10,056 beddays |
| | Forensic | 87 beds and 12,080 beddays |
| Community Bed Based Services ($43.3 million) | Non-acute (24 hours support) | 89,604 beddays |
| | Non-acute (hospital/Nursing home) | 8,098 beddays |
| | Step Up/Step Down | 6,242 beddays |
| | AOD residential rehabilitation | 371 beds and 1,446 closed treatment episodes |
| Community Treatment ($373.7 million) | Ambulatory care by public clinical mental health services | 658,982 treatment days |
| | AOD community based services | 20,818 completed treatment episodes and 6,947 ADSS calls |
| Community Support ($52.0 million) | Mental health community support services | 224,493 hours of support |
| | AOD transitional housing and support | 41 completed treatment episodes |
| | Individualised Community Living Strategy | 148 packages |
| | Safe places for intoxicated people | 178 beds and 17,499 episodes of care |

# Appendix Three – Board and Committee Remuneration

## ALCOHOL AND OTHER DRUGS ADVISORY COUNCIL

| POSITION | NAME | TYPE OF REMUNERATION | PERIOD OF MEMBERSHIP | GROSS REMUNERATION 2015-16 FINANCIAL YEAR |
|---|---|---|---|---|
| Chair | Professor Colleen Hayward | Sessional | 12 Months | $0.00 |
| Deputy Chair | Barry MacKinnon | Sessional | 12 Months | $0.00 |
| Member | Professor Rosanna Capolingua | Sessional | 12 Months | $0.00 |
| Member | Judith Alcock | Sessional | 12 Months | $0.00 |
| Member | Dr John Edwards | Sessional | 12 Months | $0.00 |
| Member | Superintendent Mick Sutherland | Sessional | 12 Months | $0.00 |
| Member | Jill Rundle | Sessional | 12 Months | $0.00 |
| Member | Professor Margaret Hamilton | Sessional | 12 Months | $0.00 |

## Appendix Three – Board and Committee Remuneration

### MENTAL HEALTH ADVISORY COUNCIL

| POSITION | NAME | TYPE OF REMUNERATION | PERIOD OF MEMBERSHIP | GROSS REMUNERATION 2015-16 FINANCIAL YEAR |
|---|---|---|---|---|
| Chair | Barry Mackinnon | | 12 Months | $21,163.08 |
| Deputy Chair | Vacant | Sessional | 12 Months | |
| Member (Retired 11 June 2015) | Joseph Calleja | Sessional | 12 Months | $550.79 |
| Member | Margaret Doherty | Sessional | 12 Months | $5,067.70 |
| Member | John Edwards | Sessional | 12 Months | $5,067.70 |
| Member | Pamela Gardner | Sessional | 12 Months | $5,067.71 |
| Member | Janelle Ridgway | Sessional | 12 Months | $2,010.43 |
| Member | Lindsay Smoker | Sessional | 12 Months | $5,425.77 |
| Member – Ex Officio | Dr Bernadette Wright | Sessional | 1 February 2016 – 30 June 2016 | $0.00 |
| Member – Ex Officio | Christopher Gostelow | Sessional | 12 Months | $0.00 |
| Member – Ex Officio | Dr Petra Liedel | Sessional | 12 Months | $0.00 |
| Member – Ex Officio | Dianne Wynaden | Sessional | 12 Months | $0.00 |
| Member – Ex Officio | Dr Armit Banerjee | Sessional | 12 Months | $0.00 |

## Appendix Three – Board and Committee Remuneration

### MENTAL HEALTH TRIBUNAL (FORMERLY MENTAL HEALTH REVIEW BOARD)

| POSITION | NAME | TYPE OF REMUNERATION | PERIOD OF MEMBERSHIP | GROSS REMUNERATION 2015-16 FINANCIAL YEAR |
|---|---|---|---|---|
| President | Michael Hawkins | Annual | 12 Months | $267,925.54 |
| Member | Michael Hawkins | Sessional | 12 Months | $6,182.37 |
| Member | Alan Alford | Sessional | 12 Months | $20,506.07 |
| Member | Ryan Arndt | Sessional | 12 Months | $31,452.78 |
| Member | Dawn Barker | Sessional | 12 Months | $22,426.70 |
| Member | Kathryn Barker | Sessional | 12 Months | $5,551.65 |
| Member | Ann Bell | Sessional | 12 Months | $2,470.32 |
| Member | Harriette Benz | Sessional | 12 Months | $41,251.94 |
| Member | Kerrilyn Ann Boase-Jeliner | Sessional | 12 Months | $2,963.07 |
| Member | Adam Brett | Sessional | 12 Months | $7,410.96 |
| Member | Jennifer Bridge-Wright | Sessional | 12 Months | $21,117.08 |
| Member | Rodger Bull | Sessional | 12 Months | $17,166.32 |
| Member | Julie Caunt | Sessional | 12 Months | $10,095.27 |
| Member | Hugh Cook | Sessional | 12 Months | $87,794.91 |
| Member | Peter Curry | Sessional | 12 Months | $75,008.60 |
| Member | Daniel De Klerk | Sessional | 12 Months | $11,798.63 |

## Appendix Three – Board and Committee Remuneration

| POSITION | NAME | TYPE OF REMUNERATION | PERIOD OF MEMBERSHIP | GROSS REMUNERATION 2015-16 FINANCIAL YEAR |
|---|---|---|---|---|
| Member | Jeanette De Klerk | Sessional | 12 Months | $18,572.30 |
| Member | Donna Dean | Sessional | 12 Months | $20,506.07 |
| Member | Kevin Dodd | Sessional | 12 Months | $49,911.20 |
| Member | Stuart Flynn | Sessional | 12 Months | $23,399.06 |
| Member | Anthony Fowke | Sessional | 12 Months | $1,917.35 |
| Member | John Gardiner | Sessional | 12 Months | $26,432.21 |
| Member | Susan Grace | Sessional | 12 Months | $26,432.21 |
| Member | Aaron Groves | Sessional | 12 Months | $157.93 |
| Member | David Hawks | Sessional | 12 Months | $24,833.51 |
| Member | John James | Sessional | 12 Months | $26,667.64 |
| Member | Manjit Kaur | Sessional | 12 Months | $25,514.60 |
| Member | Fiona Krantz | Sessional | 12 Months | $14,204.34 |
| Member | Lorrae Loud | Sessional | 12 Months | $8,583.71 |
| Member | Andrea McCallum | Sessional | 12 Months | $22,290.92 |
| Member | Hannah McGlade | Sessional | 12 Months | $38,934.92 |
| Member | Lynne McGuigan | Sessional | 12 Months | $19,518.38 |
| Member | Michael Nicholls | Sessional | 12 Months | $19,291.71 |

## Appendix Three – Board and Committee Remuneration

| POSITION | NAME | TYPE OF REMUNERATION | PERIOD OF MEMBERSHIP | GROSS REMUNERATION 2015-16 FINANCIAL YEAR |
|---|---|---|---|---|
| Member | Nada Raich | Sessional | 12 Months | $87,048.12 |
| Member | David Rowell | Sessional | 12 Months | $20,882.75 |
| Member | Maxinne Sclanders | Sessional | 12 Months | $26,432.21 |
| Member | Ann Seghezzi | Sessional | 12 Months | $33,618.70 |
| Member | Leone Shiels | Sessional | 12 Months | $21,728.09 |
| Member | Josephine Stanton | Sessional | 12 Months | $14,956.61 |
| Member | Daniel Stepniak | Sessional | 12 Months | $17,950.34 |
| Member | Merranie Strauss | Sessional | 12 Months | $53,890.43 |
| Member | Bryan Tanney | Sessional | 12 Months | $56,264.39 |
| Member | Jennifer Wall | Sessional | 12 Months | $61,612.37 |
| Member | Anthony Warner | Sessional | 12 Months | $23,022.38 |
| Member | Ann White | Sessional | 12 Months | $21,987.61 |
| Member | Keith Wilson | Sessional | 12 Months | $7,219.34 |
| Member | Rachel Yates | Sessional | 12 Months | $14,715.71 |
| Member | Anthony Zorbas | Sessional | 12 Months | $107,468.78 |

## Appendix Three – Board and Committee Remuneration

### MINISTERIAL COUNCIL FOR SUICIDE PREVENTION

| POSITION | NAME | TYPE OF REMUNERATION | PERIOD OF MEMBERSHIP | GROSS REMUNERATION 2015-16 FINANCIAL YEAR |
|---|---|---|---|---|
| Chair | Dr Neale Fong | Annual | 12 Months | $26,086.93 |
| Deputy Chair (Retired) | Andrew Harding | Sessional | 12 Months | $0 |
| Member | Jennifer Allen | Sessional | 12 Months | $3,613.50 |
| Member | Estelle Dragun | Sessional | 12 Months | $2,628 |
| Member | Delys Mouritz | Sessional | 12 Months | $2,956.50 |
| Member | Glenn Pearson | Sessional | 12 Months | $3,942 |
| Member | Cobie Rudd | Sessional | 12 Months | $3,942 |
| Member | Donna Watson | Sessional | 12 Months | $2,956.50 |
| Member | Dani Wright Toussaint | Sessional | 12 Months | $4,270.50 |
| Member | Alison Xamon | Sessional | 12 Months | $3,285 |
| Member – Ex Officio | Timothy Marney | | 12 Months | $0 |
| Member – Ex Officio | Christopher Gostelow | | 12 Months | $0 |

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