ANNUAL REPORT

2022-23

Acknowledgement of Country

We acknowledge the Traditional Custodians of our State and its waters and wish to pay our respects to Elders past and present. We extend this to all Aboriginal and Torres Strait Islander peoples seeing this message.

Please be aware this publication may contain the names and/or images of Aboriginal and Torres Strait Islander people who may be now deceased.

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Recognition of Lived Experience

The Mental Health Commission recognises the individual and collective expertise of those with living and lived experience of mental health, alcohol and other drug issues and/or suicidal crisis. This also includes those who love, and have loved and care for them. We value the vital contribution they make by sharing their unique experience to achieve better outcomes for all.

About this report

Thank you for taking the time to read the Mental Health Commission's (the Commission) 2022-23 Annual Report.

Its function is to inform our stakeholders about who we are as an organisation, our performance in the commissioning of mental health and alcohol and other drug (AOD) services over the past year, and our strategic direction looking forward.

Our work is reported against the WA State Priorities Mental Health, Alcohol and Other Drugs 2020-24 (State Priorities) which informs our functions and operations.

This report provides a comprehensive account of the Commission's investment in mental health and AOD services across its five service streams for the 2022-23 financial year.

You can access this and our previous annual reports on our website at mhc.wa.gov.au. It can be made available in alternative formats including audio and Braille on request.

Statement of compliance

For year ended 30 June 2023
The Hon. Amber Jade Sanderson, MLA
Minister for Mental Health

Dear Minister,

In accordance with section 63 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 reporting period ended 30 June 2023.

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

Maureen Lewis
Commissioner
Mental Health Commission

31 August 2023

Contents

Overview 5
- About the Mental Health Commission 6
- A snapshot of our year 7
- Commissioner's foreward 10

Operational structure 12
- Our Senior Executive Group 14
- Organisation structure 16

Agency performance 17

Key achievements 24
- Prevention 24
- Community support and accommodation 30
- Treatment 33
- Sector development 35
- System supports and processes 42
- Priority groups 47

Disclosures and legal compliance 54
- Auditor General's opinion of financial statements 55
- Certification of financial statements 61
- Financial statements 62

Certified KPIs 122
- Certification of KPIs 123
- Detailed key effectiveness indicators information 124
- Detailed key efficiency indicators information 133

Government policy requirements 145
- Board and committee remuneration 149

Other legal requirements 152

Appendices 155

Overview

A Western Australian community that experiences minimal alcohol and other drug-related harms and optimal mental health

Our Mission

We strive to be an effective leader of alcohol, drug and mental health commissioning, providing and partnering in the delivery of person-centred and evidence-based:

- Prevention, promotion and early intervention programs;
- Treatment, services and supports; and
- Research, policy and system improvements.

Our Values

We value:

- Respect for individuals and culture
- Working together and supporting each other
- Involving and engaging others
- Ownership, transparency and accountability
- Fair and ethical decisions

About the Mental Health Commission

The Commission is a Western Australian Government commissioning agency that facilitates delivery of more than $1.2 billion per annum of mental health, alcohol and other drug services, while leading the transformation required across the system to better meet the needs of the community into the future.

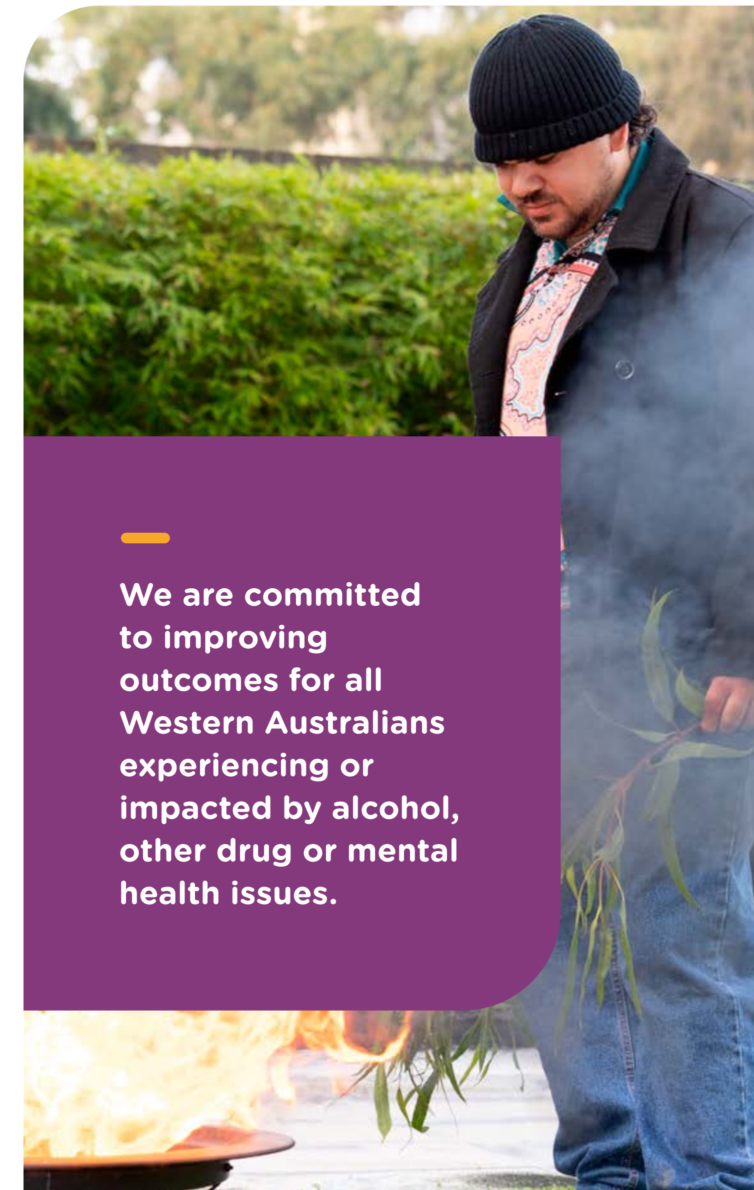
The Commission was established on 8 March 2010 to lead mental health reform throughout the State and work towards a modern, effective mental health system that places the individual and their recovery at the centre of its focus. On 1 July 2015, the Mental Health Commission and the Drug and Alcohol Office amalgamated, establishing an integrated approach to mental health and alcohol and other drugs service delivery for Western Australia (WA).

We are committed to improving outcomes for all Western Australians experiencing or impacted by mental health issues or alcohol and other drugs. Our vision is to achieve a Western Australian community that experiences minimal AOD-related harms, and optimal mental health.

The Commission is the agency principally assisting the Minister for Mental Health in the administration of the *Mental Health Act 2014* and the *Alcohol and Other Drugs Act 1974*. The accountable authority of the Commission is the Mental Health Commissioner, Ms Maureen Lewis.

We are guided by the *WA State Priorities for Mental Health, Alcohol and Other Drugs 2020-2024 (State Priorities)*, and the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025*.

The *Mental Health Executive Committee* (MHEC) and *Community Mental Health, Alcohol and Other Drug Council* (CMC), both established in 2020, oversee and drive system transformation.

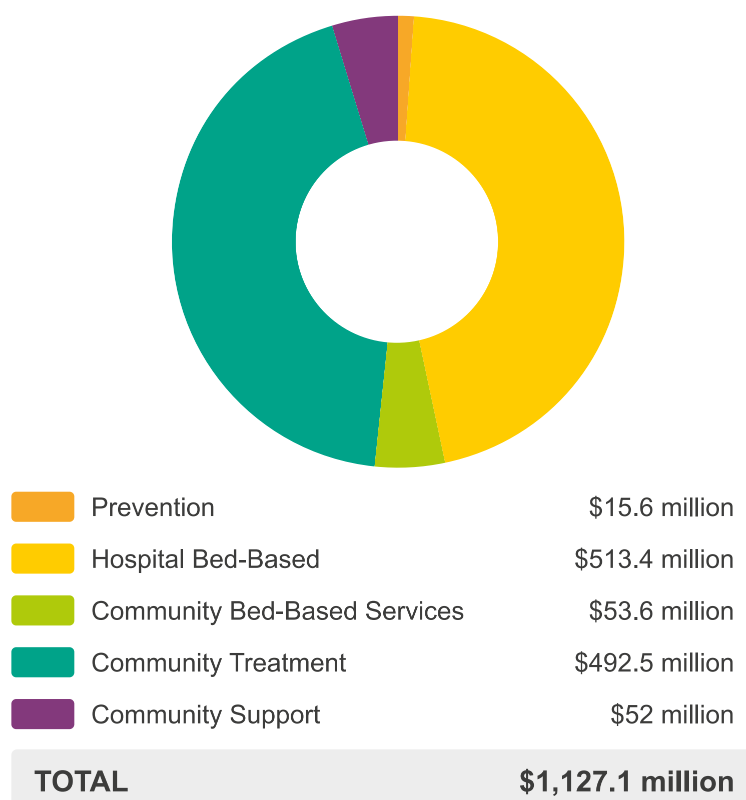


We are committed to improving outcomes for all Western Australians experiencing or impacted by alcohol, other drug or mental health issues.

A snapshot of our year 2022-23

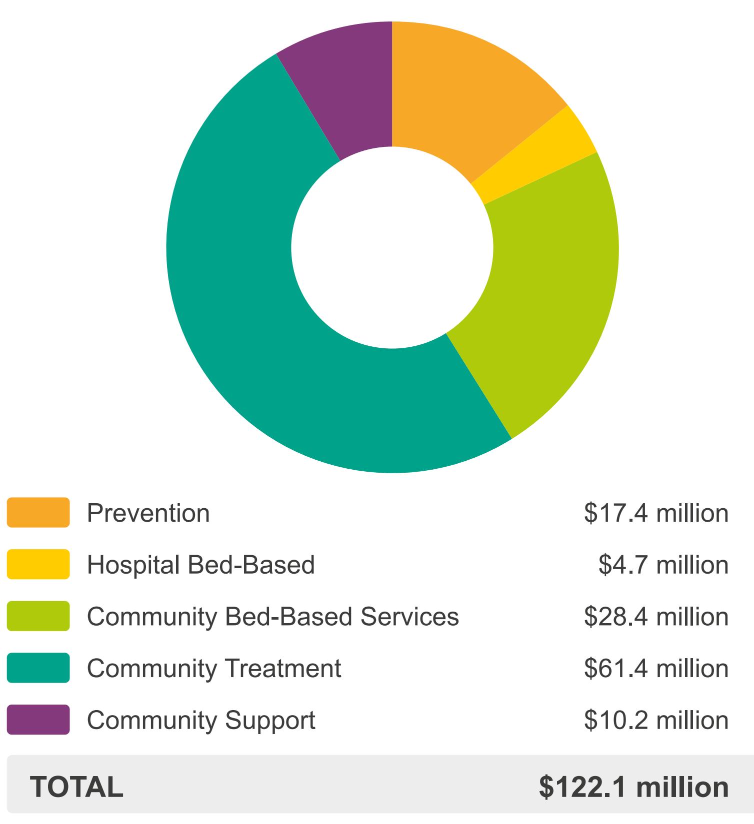
In 2022-23 we invested more than $1.2 billion on mental health and AOD services, across five service streams: Prevention, Community Support Services, Community Treatment Services, Community Bed-Based Services and Hospital-Based Services. This is an increase of more than 11% on the previous year.

Mental Health Funding



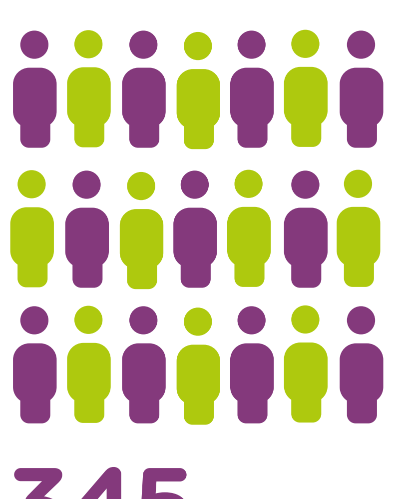
Service stream	Funding
Prevention	$15.6 million
Hospital Bed-Based	$513.4 million
Community Bed-Based Services	$53.6 million
Community Treatment	$492.5 million
Community Support	$52 million
TOTAL	**$1,127.1 million**

Alcohol and Other Drug Funding



Service stream	Funding
Prevention	$17.4 million
Hospital Bed-Based	$4.7 million
Community Bed-Based Services	$28.4 million
Community Treatment	$61.4 million
Community Support	$10.2 million
TOTAL	**$122.1 million**

Key statistics



345
employees

Who we are

Working from our East Perth hub on Nash Street, and our integrated clinical sites across the metropolitan area.

3,482
instances
of one to one support

We are here for you

In its first full year of operation, our state-wide telephone mental health, alcohol and other drug support line, Here For You, provided 3,482 instances of one to one support.

730
thousand
site searches

Online service directory

We're linking more people to services with more than 730,000 searches on our directory and nearly 185,000 clicks to individual listings.

Training the workforce

We delivered 99 training sessions to the sector, training more than 1700 people.

Reducing parental supply of alcohol

In July, Alcohol. Think Again launched a new advertising campaign to empower parents to say no to their children drinking alcohol before the age of 18. By increasing parents' confidence to say no, we can prevent harm to young people from alcohol. The campaign was seen by 174,999 individuals across Western Australia who attended the cinema and 700,000 users were reached through YouTube.

Screening into regional WA

We helped spread the word during Mental Health Week 2022 and provided assistance to screen the WA-made feature film, *PIECES*, in regional WA.

Thriving at Work

The Mental Awareness, Respect and Safety Program through Curtin University's Future of Work Institute delivered the first series of the Thrive at Work in Mining Masterclass and Toolkits Initiative with senior leaders from 19 mining companies.

Prioritising our future

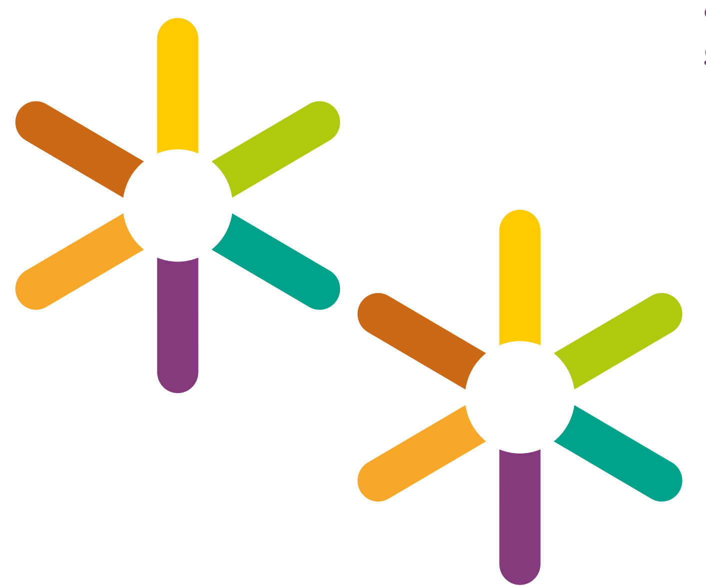
Boosted services and the workforce with a $35.5 million investment through the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0 – 18 years in Western Australia recommendations.

Court Diversion

We celebrated the 10-year anniversary of the Mental Health Court Diversion and Support Program.

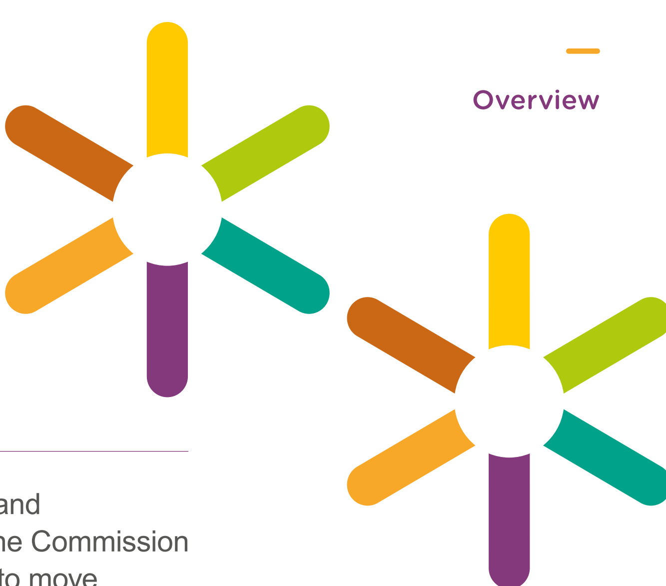
Commissioner's foreword

At the Commission, we are committed to leading the sector to drive transformative reform of our systems and processes to help ensure Western Australians have access to services and support, close to where they live and in their communities.



This means we ensure every single dollar of our record $1.2 billion investment counts. This year I was very pleased to see the commitment of $35.5 million to further address recommendations of the *Ministerial Taskforce into Public Specialist Mental Health Services for Infants, Children and Adolescents aged 0 – 18 years in Western Australia* final report. We have begun the journey, but we know we still have a long way to go to reach our goal of ensuring all children and their families can access the help they need.

This year saw the release of the *Independent Review of the Western Australian Health System Governance* report and the establishment of the Mental Health and Alcohol and Other Drugs Governance Working Group to help develop a clear model for best practice in mental health governance. This piece of work, which focuses on how to serve people better, will help place WA as a leader in the delivery of mental health and AOD services into the future.



I'd like to thank our Elders, Uncle Charlie Kickett and Aunty Helen Kickett, who have consistently guided the Commission staff to build and embed cultural knowledge into the work we do to help deliver improved outcomes for our community.

This is my first annual report as Commissioner and I am looking forward to the journey over the next five years to help make meaningful change to our mental health and alcohol and other drug system, to better serve the WA community. I would like to acknowledge the former Commissioner Jen McGrath, who led the Commission during this annual report period to October 2022, and Acting Commissioner Lindsay Hale who was in the position to 30 June 2023.

I would like to recognise the contribution of people with living and lived experience of mental health, alcohol and other drug issues and/or suicidal crisis and the significant role you play in our work. By sharing your experience, expertise and unique perspective, you enable the Commission to achieve better outcomes for the Western Australian community.

Finally, I want to thank the individuals and organisations who have worked with the Commission this year as we continued our journey to move closer to reaching our vision of a Western Australian community that experiences minimal alcohol and other drug-related harms and optimal mental health.

Maureen Lewis
Mental Health Commissioner

Operational structure

The Agency is led by a Commissioner, supported by the following Divisions:

Office of the Chief Medical Officer – Mental Health

- Works closely with the Commissioner, leadership team and mental health and AOD stakeholders to provide system-level strategic clinical insight on mental health and AOD issues.
- Contributes to strategic planning and policy development, system reform, strengthening consumer and community focussed care and supports system integration.
- Has a key role engaging with clinical stakeholders, Non-Government Organisations (NGO), consumers and carers to drive system improvement and service integration.

System Development

- Drives the development of state-wide, system-wide and sector-wide policies and strategies, governance and stakeholder engagement arrangements, and related projects and initiatives.
- Works across government and the mental health, suicide prevention and AOD sectors to identify, develop and lead the reforms required to deliver the government's objectives for mental health and AOD, and improve outcomes for the West Australian community, including the ongoing implementation and evaluation of the *WA Mental Health Act 2014*.
- Works closely across the Commission and with external stakeholders to strategically influence the development of policies, regulations, laws and government approaches in relation to mental health and AOD.

Operations – Prevention, Treatment, Community Support Services and Strategic Management

- Delivers whole of population and targeted programs to improve mental health and wellbeing and prevent AOD issues amongst the WA community.
- Manages service provider relations to ensure delivery of high quality and well-integrated prevention, treatment and community support services in the WA community.
- Develops and commissions new models of services and contracts service providers.
- Ensures we are commissioning the contemporary services that are system leading by:
  - Managing the facilitation of service delivery; and
  - Managing the delivery of treatment services in the Next Step & Integrated Clinical Services, and delivery of support services through the programs we operate.

Governance and Corporate Services

- Has oversight and governance of corporate functions, ensuring delivery of appropriate and timely business services, performance reporting and planning.
- Provides procurement and contracting expertise to internal stakeholders, efficiently adding value to all stakeholder interactions.
- Supports the building of the Commission's capability, culture and performance through professional development, leadership support.
- Provides a safe and healthy workplace and undertakes workforce planning to support organisational change.
- Ensures appropriate controls and mechanisms are in place to proactively manage agency risk and identify opportunities for business improvement.

The Commission also provides support to three independent bodies, the Mental Health Advocacy Service, the Mental Health Tribunal and the Office of the Chief Psychiatrist. They operate independently but are provided corporate service support by the Commission.

Our Senior Executive Group

The Senior Executive Group at the Mental Health Commission is responsible for the strategic direction and all aspects of operations at the Commission. The following people made up our Senior Executive Group at 1 July 2022.

Jennifer McGrath

Commissioner

Jen McGrath was appointed Commissioner of the Mental Health Commission in September 2020, after acting in the position since June 2019.

Before joining the Commission, Jen held the position of Deputy Director General, Education Business Services at the Department of Education and has worked in the Western Australian public sector for 17 years, holding senior executive positions in the Departments of the Premier and Cabinet and Finance, as well as the former Department of Child Protection.

Jen has a passion for delivering effective and efficient services to vulnerable people via social service systems. Jen, in many of her roles, has worked to deliver a better Western Australia for children and young people.

Jen believes all children and young people, no matter their background, have the right to access the level of care they require, when they need it, and continues to work tirelessly to make this effective change across all types of services.

Occupied role until 26 October 2022

Dr Sophie Davison

Chief Medical Officer – Mental Health

Dr Sophie Davison joined the Commission in 2020 as the inaugural Chief Medical Officer – Mental Health. Her qualifications include Consultant Forensic Psychiatrist. BA, MA(Cantab), MBBChir, DFP, MPhil, FRCPsych, FRANZCP, AFRACMA.

Prior to joining the Commission, Sophie was Deputy Chief Psychiatrist of WA and Consultant, State Forensic Mental Health Service providing in-reach at Bandyup Women's Prison. She is currently adjunct Senior Lecturer at the University of WA and the University of NSW.

Sophie has been a Consultant Psychiatrist for more than 20 years and is committed to improving services for people with mental health and AOD issues through training, research, quality improvement and working for the Commission.

She is a passionate advocate for forensic mental health, in particular women's forensic mental health; integrated partnerships working to provide holistic care; and engagement of frontline staff and consumers and carers in system improvements.

Kim Lazenby

**Deputy Commissioner
System Development**

Kim Lazenby joined the Commission in July 2020 and was appointed to lead System Development shortly after. Prior to joining the Commission she was Director of the Social Policy Unit at the Department of the Premier and Cabinet (DPC).

During her time at DPC, Kim led work of direct relevance to the mental health and AOD systems, including responding to the harms caused by methamphetamine and alcohol use.

Kim has over 30 years' experience in senior roles at both the State and national levels. Throughout her career, Kim has worked to promote social justice and redress disadvantage. In 2020, Kim was awarded the Institute of Public Administration award as Policy Practitioner of the Year.

Kim holds a Masters of Assessment and Evaluation from the University of Melbourne, and post-graduate qualifications in social policy and accounting.

Occupied role until 23 February 2023

Lindsay Hale

Deputy Commissioner Operations

Lindsay Hale has been at the Commission since October 2021 after a period of leading service delivery at the Department of Communities.

Prior to that he held state-wide delivery and services executive roles at the Department of Education, always with a keen interest in student wellbeing as well as learning. Lindsay holds a BA, DipEd and M. Ed. Admin.

Supporting vulnerable people, strengthening regional services and the advancement of Aboriginal people have been consistent themes throughout his career.

Lindsay is a staunch advocate for services that are person-centred, place-based, trauma-informed and culturally responsive.

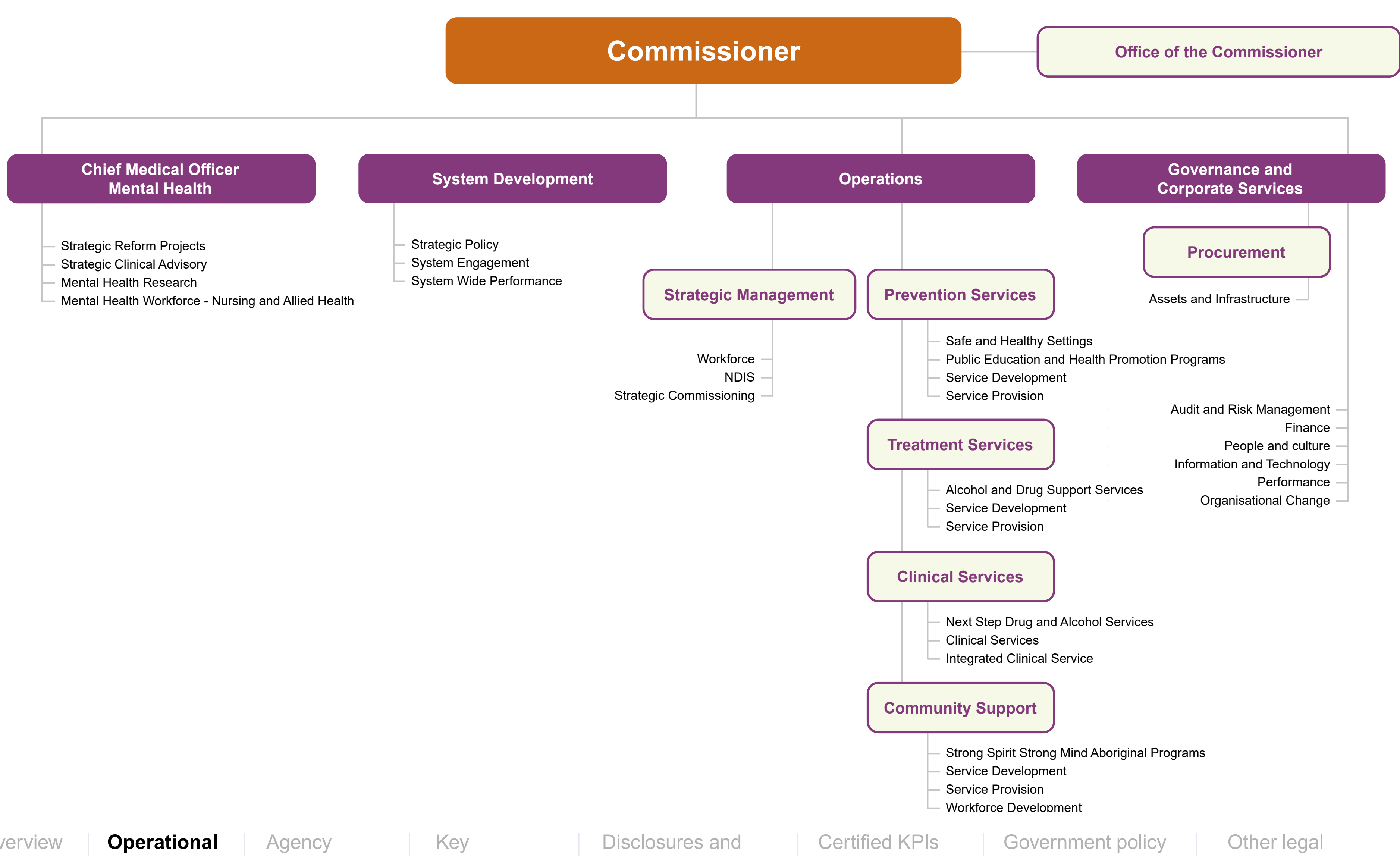
Melissa Parry

**Acting Executive Director
Governance and Corporate Services**

Melissa Parry has been at the Commission since November 2021. She was initially involved in the early stages of the Commission's Agency Commissioning Plan before leading the Governance and Corporate Services division from June 2022.

Prior to joining the Commission, Melissa held senior roles in government agencies focussed on education, awareness and service delivery to vulnerable people and communities in Western Australia. Melissa holds a Master of Business Administration and a Graduate Certificate in Social Science (Housing Management and Policy).

Organisation structure



Agency performance

Performance management framework

Government goals

State Government organisations work together to achieve specific high-level goals that support the Western Australian Government's desired outcomes.

The Mental Health Commission's outcomes-based management framework was developed to help monitor and assess the agency's performance against the specific goal of achieving **STRONG COMMUNITIES**.

The following tables show summaries of:

1. the relationship between this Whole-of-Government goal, key outcomes the Commission seeks, how those outcomes are measured and how we performed this year; and
2. how effective and efficient the types of services we commission are in contributing to that goal.

The Commission's outcome-based management framework did not change during 2022-23 and the Commission did not share any responsibilities with other agencies.

Whole of Government goal

Strong communities
Safe communities and supported families

Agency-level government desired outcomes and key effectiveness indicators

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	**Improved 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	**1.1** Percentage of the population with high or very high levels of psychological distress	**2.1** Percentage of the population aged 14 years and over reporting recent use of alcohol at a level placing them at risk of lifetime harm	**3.1** Readmissions to hospital within 28 days of discharge from acute specialised mental health units
		2.2 Percentage of the population aged 14 years and over reporting recent use of illicit drugs	**3.2** Percentage of contacts with community-based public mental health non-admitted services within 7 days post-discharge from public mental health inpatient units
		2.3 Rate of hospitalisation for alcohol and other drug use (per 100,000 population)	**3.3** Percentage of closed alcohol and other drug treatment episodes completed as planned
			3.4 Percentage of contracted non-government mental health or alcohol and other drug services that met an approved standard
			3.5 Percentage of the population receiving public clinical mental health care or alcohol and other drug treatment

Services and key efficiency indicators

Services	Prevention	Hospital Bed-Based Services	Community Bed-Based Services	Community Treatment	Community Support
Key Efficiency Indicator	**1.1** Cost per capita spent on mental health and alcohol and other drug prevention, promotion and protection activities	**2.1** Average cost per purchased bed-day in specialised mental health units	**3.1** Average cost per purchased bed-day in mental health 24 hour and non-24 hour staffed community bed-based services	**4.1** Average cost per purchased treatment day of ambulatory care provided by public clinical mental health services	**5.1** Average cost per hour for community support provided to people with mental health issues
		2.2 Average cost per purchased bed-day in Hospital in the Home mental health units	**3.2** Average cost per bed-day in mental health step up/step down community bed-based units	**4.2** Average cost per closed treatment episode in community treatment-based alcohol and other drug services	**5.2** Average cost per episode of care in safe places for intoxicated people
		2.3 Average cost per purchased bed-day in forensic mental health units	**3.3** Average cost per closed treatment episode in alcohol and other drug residential rehabilitation and low medical withdrawal services		

Performance summaries - Report on operations

Summary of financial performance

Financial target	2022-23 Budget $'000	2022-23 Actual $'000	Variation $'000
Total cost of service (expense limit)	1,257,538	1,249,240	8,298
Net cost of services*	1,254,151	1,246,116	8,035
Total equity	64,508	131,715	67,207
Net increase/decrease in cash held	(1,729)	51,272	53,001

** The Net cost of services 22-23 budget figures reflects the reclassification of NHRA funding as income from state government in actual reporting.*

Working cash targets

	2022-23 Agreed Limit $'000	2022-23 Target/ Actual $'000	Variation $'000
Agreed Working Cash Limit (at Budget)	62,637	104,905	(42,268)
Agreed Working Cash Limit (at Actuals)	63,093	104,905	(41,812)

The working cash limit represents a cap limit on the Commission's working cash at bank. The working cash at bank excludes restricted cash holdings.

Key performance indicator (KPI) results against targets

The Commission reports each year on efficiency and effectiveness indicators that contribute to its agency outcomes. A summary of its performance is provided in the table below. More detailed information and analysis of its efficiency and effectiveness indicators are provided in the Key Performance Indicators section on page 122.

Indicator		2022-23 Target	2022-23 Actual
Key effectiveness indicators			
Outcome 1: Improved mental health and wellbeing			
1.1	Percentage of the population with high or very high levels of psychological distress	≤12.2%	12.2%
Outcome 2: Reduced incidence of use and harm associated with alcohol and other drug use			
2.1	Percentage of the population aged 14 years and over reporting recent use of alcohol at a level placing them at risk of lifetime harm	≤17.2%	17.2%
2.2	Percentage of the population aged 14 years and over reporting recent use of illicit drugs	≤15.6%	15.6%
2.3	Rate of hospitalisation for alcohol and other drug use (per 100,000 population)	<965.4	820.8
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	≤12%	16.3%
3.2	Percentage of contacts with community-based public mental health non-admitted services within 7 days post discharge from public mental health inpatient units	≥75%	86.3%
3.3	Percentage of closed alcohol and other drug treatment episodes completed as planned	≥76%	70.0%
3.4	Percentage of contracted non-government mental health or alcohol and other drug services that met an approved standard	100%	97.5%
3.5	Percentage of the population receiving public clinical mental health care or alcohol and other drug treatment	≥3.3%	2.8%

Note: *Data for indicators 1.1, 2.1 and 2.2 is latest available.*

Indicator		2022-23 Target	2022-23 Actual
Key efficiency indicators			
Service 1: Prevention			
1.1	Cost per capita spent on mental health and alcohol and other drug prevention, promotion and protection activities	$12.55	$12.97
Service 2: Hospital Bed-Based Services			
2.1	Average cost per purchased bedday in specialised mental health units	$1,805	$1,912
2.2	Average cost per purchased bedday in Hospital in the Home mental health units	$1,476	$1,595
2.3	Average cost per purchased bedday in forensic mental health units	$1,531	$1,721
Service 3: Community Bed-Based Services			
3.1	Average cost per purchased bedday in mental health 24 hour and non-24 hour staffed community bed-based services	$285	$319
3.2	Average cost per bedday in mental health step up/step down community bed-based units	$849	$1,057
3.3	Average cost per closed treatment episode in alcohol and other drug residential rehabilitation and low medical withdrawal services	$15,524	$17,585
Service 4: Community Treatment			
4.1	Average cost per purchased treatment day of ambulatory care provided by public clinical mental health services	$543	$616
4.2	Average cost per closed treatment episode in community treatment based alcohol and other drug services	$2,803	$2,669
Service 5: Community Support			
5.1	Average cost per hour for community support provided to people with mental health issues	$162	$170
5.2	Average cost per episode of care in safe places for intoxicated people	$499	$585

WA state priorities for mental health, alcohol and other drugs 2020–2024

Prevention
- Suicide prevention
- Mental health prevention
- Alcohol reduction strategies
- Local government health plans (illicit drugs)
- Real time prescription monitoring
- Illicit drugs at high risk events

Community support
- Alternatives to EDs
- Expansion of supported accommodation
- Step up/ step downs
- Recovery college

Community accommodation
- Community beds for high needs
- Expansion of community supported beds
- Contemporary bed based models
- AOD transition housing

Treatment services
- Suicide intervention and postvention
- Diversion programs
- Non-admitted community treatment
- Hospital beds (secure/open)
- Forensic services

Sector development
- Critical skill shortages
- Contemporary patient care
- Consortiums and partnerships
- Peer workers across the sector
- Safety and support for staff

System supports and processes
- Streamline inpatient documentation
- Mental health accommodation vacancy system
- Flow and transition between services
- Navigation of services
- Delivering consumer outcomes

Priority groups
- Aboriginal people
- Infants, children and adolescents
- Young people

Key achievements

Prevention

Suicide prevention

In 2022-23, the Western Australian Suicide Prevention Framework 2021-2025 (Framework) continued to provide a strategic response to preventing suicide in WA. The Framework is currently being evaluated, with an Expert Reference Group (ERG) convened to provide advice and support to the evaluation process.

The ERG consists of academic leaders in suicide prevention, program evaluation and those with lived experience to help ensure the evaluation assesses the appropriateness and effectiveness of its initiatives and how it has supported reducing suicide attempts and deaths due to suicide in our community.

Effective suicide prevention is a core priority across government and this year, we:

- Celebrated two years of the Community Liaison Officer (CLO) Program. We engaged Aboriginal Community Controlled Organisations (ACCOs) to develop Regional Aboriginal Suicide Prevention Plans (Regional Plans). These community-endorsed regional plans inform the prevention activities that are developed and implemented by the Aboriginal CLOs.
    - All 10 health regions have employed CLOs to implement the activities. Each region has a local governance group that prioritises what the local community wants and needs to be implemented.
- Implemented the Social and Emotional Wellbeing Model of Service across five regional sites. Each site has a flexible interdisciplinary team with cultural, prevention, community development and clinical expertise. Each site operates a model relevant to their own community and is based in an ACCO:
    - Derby Aboriginal Health Service (Kimberley);
    - Wirraka Maya Health Service Aboriginal Corporation (Pilbara);
    - Bega Garnbirringu Health Service (Goldfields);
    - Geraldton Regional Aboriginal Medical Service (Geraldton); and
    - South West Aboriginal Medical Service (South West).
- Commenced the process to develop an Aftercare Model of Service and expanded Referral Pilot Program 2022 – 2026 that will be suitable for the unique WA community as part of our Bilateral Schedule for Mental Health and Suicide Prevention: Western Australia.
    - To support this, we commissioned Telethon Kids Institute to lead community and sector consultation and engagement and have established the Western Australian Aftercare Working Group.
- Commenced the design of a Youth Suicide Sanctuary which will bring global best-practice in suicide response and prevention for young people to WA.
    - The model is a partnership between a consortium of Ruah, Samaritans WA and the Telethon Kids Institute and will establish a new, innovative short-term residential service for young people who are experiencing suicidal ideation.
- Awarded 11 community-led groups and organisations a total of $150,000 under the Proud and Connected Community Grants program, with Living Proud.
    - The grants will help increase connection and build resilience within the LGBTIQA+SB community.

Training

As part of a commitment to making WA a community which experiences minimal AOD-related harms and optimum mental health, the Commission delivers prevention training to help upskill and develop both the workforce and community.

Fetal Alcohol Spectrum Disorder (FASD) Prevention – Valuable Conversations Workforce Development Training

- This training is designed to build service providers' confidence to engage in conversations to reduce/stop alcohol use; with a focus on FASD prevention.
- The training provides participants with activities and resources in reflective practice, trauma informed care and practice, motivational interviewing and FASD prevention in the context of the National Strategic Action Plan and Brief Interventions.
- Valuable Conversations was delivered in the Kimberley, Pilbara, Metro and Wheatbelt regions.

Suicide Prevention Workshop 2023

Held on 13-15 June 2023, the workshop was the first time Suicide Prevention Coordinators and Community Liaison Officers have come together. The workshop was an opportunity to provide a platform to establish a unified approach to suicide prevention that aligns with the WA Suicide Prevention Framework 2021-2025.

Coordinators and Officers attended from organisations across the state, including Aboriginal Community Controlled Organisations, Community Alcohol and Drug Services and WA Country Health Service.

All participants were given space for networking and discussions were held to share knowledge and successes.

Gatekeeper Suicide Prevention training

- Gatekeeper Suicide Prevention Training covers relevant theory, knowledge and skills to enhance workers' confidence and competence in responding to suicide risk.
- This year, the Commission coordinated or delivered training events.
- 92% of participants reported an increase in their ability to identify suicide risk and more than 90% of participants reported an increase in their ability to assess suicide risk.

The Commission delivers prevention training to help upskill and develop both the workforce and community.

Training our community

55 participants

Valuable conversations worforce training development

620 participants

Gatekeeper Suicide Prevention Training

37 participants

Introduction to AOD prevention in communities workshop

136 participants

Naloxone Training to Western Australia Police Force

16 participants

Advanced AOD Prevention: A facilitators guide to developing a local Alcohol and Other Drug Management Plan

Preventing alcohol and other drug related harms and optimising mental health

New public education campaigns, expansion of current programs and work on new initiatives all took place this year as we continue to work towards minimising AOD-related harm, and optimising mental wellbeing in WA.

This year, we:

- Launched a new Drug Aware state-wide campaign, titled *The Growing Brain*.
    - The campaign aims to prevent, delay and reduce cannabis use among young people (aged 14-24 years), by reinforcing cannabis is not harmless and increasing awareness of the potential harms.
- Continued our implementation of the Commonwealth Take-Home-Naloxone Program and provided training to health service providers, alcohol, other drug and mental health sectors and frontline services about how to recognise and respond to opioid overdose and how to use and supply naloxone.

- We provided support to the WA Police Force in delivering its Naloxone Pilot and to St John Ambulance WA to deliver its Leave Behind naloxone program.
- Since 1 July 2021, naloxone has been administered on 44 occasions by the WA Police Force.

- Assisted the Chief Health Officer in his statutory role in the Liquor Control Act 1998, reviewing 124 liquor licence applications resulting in 32 submissions to the licensing authority seeking to minimise harm or ill-health associated with the applications.
  - Of 23 decisions made, 13 were consistent with recommendations made in the harm minimisation submissions, four were partially consistent, four were not. Two applications did not proceed on public needs grounds.
- Provided ongoing support of the Leavers WA Strategy, a collaboration with WA Police Force and other key stakeholders to help keep school students safe during WA Leavers in the South West.
- Established a Nitrous Oxide Working Group to coordinate the WA Government's response to nitrous oxide used for intoxication.
  - We are supporting the Department of Health in the development of WA Regulations to further limit the availability and use of nitrous oxide in WA.
  - We are developing a suite of educational resources to raise awareness about the potential harms associated with the use of nitrous oxide for intoxication.
- Developed the soon to be released Western Australian Mental Wellbeing Guide to help improve community understanding and provide practical examples of activities that can be put in place to increase or maintain mental wellbeing. It will help state and local governments, communities, NGOs and private organisations to guide their planning, development, implementation and evaluation of community-based mental wellbeing initiatives.
- Launched a new Alcohol. Think Again campaign titled, *What's your poison?*
  - The campaign aims to prevent and reduce harm from alcohol use among WA adults by raising awareness about how alcohol causes harm to health and encouraging actions to reduce drinking. The campaign highlights how the body converts alcohol to acetaldehyde, a highly toxic chemical and Group 1 carcinogen.

Our public education websites

alcoholthinkagain

alcoholthinkagain.com.au

thinkmentalhealth.com.au

strongspiritstrongmind.com.au

Key achievements

Community support and accommodation

In 2022-23, key commitments in providing wrap-around supports for consumers continued to underpin our work.

This year, we:

- Implemented the Youth Alcohol and Other Drug Education and Support Program in 17 youth crisis and transitional accommodation services across WA.
  - The program is delivered by a dedicated on-site Drug Education and Support Service (DESS) worker that supports young people who are homeless or at risk of becoming homeless, to address their AOD use in a safe and supportive environment. The DESS worker provides this through individual and group counselling, brief interventions, AOD assessments, AOD education and outreach services.
- Provided a dedicated Principal Workforce Development Officer to deliver a tailored workforce development program for the Youth Alcohol and Other Drug Education and Support Program.
- Commissioned new group support activities services, with more than $20 million of contracted services.
  - This includes an inaugural Aboriginal Group Support Activities Services Pilot with three ACCOs and businesses.
- Celebrated the 10-year anniversary of the Mental Health Court Diversion and Support Program. This therapeutic approach to mental health related offending prevents costly custodial sanctions and hospital admissions while the holistic supports provided through the program empower individuals and families to live meaningful lives through strengthening community, education, employment and recreational opportunities.
  - This program is a partnership between the Commission and the Department of Justice and includes an adult component (Start Court) in the Perth Magistrates Court and a children's component (Links) in the Perth Children's Court.
- Launched the new Pilot Youth Psychosocial Support Packages Program to support young people. The packages focus on supporting young people to increasingly participate in, and contribute to, community, social, and economic life.
- Continued to support the inaugural Western Australia Recovery College project where courses are delivered in metropolitan and regional areas and online.
  - The Recovery College aims to create

"The Commission has been fantastic in the implementation of the DESS Program. AOD is a common issue amongst the people we work with and this initiative has helped significantly in terms of resourcing and upskilling the team to tackle these types of issues in an informed way."

Vicki-Tree Stephens, Chief Executive Officer, Youth Involvement Council on the Youth Alcohol and Other Drug Education and Support Program

Community support and accommodation

positive change and hope by bringing people together in a safe, welcoming and flexible learning environment; enabling the sharing of lived experience and professional knowledge; promoting personal recovery, empowerment and personal choice; and improving physical, social and emotional wellbeing.

- Progressed the planning and design of a Youth Mental Health and AOD Homelessness Service in collaboration with the Department of Communities.
- Progressed work to develop four new community mental health step up/step down (SUSD) services in partnership with the Department of Health.
- Finalised the Model of Service for the new Pilot Youth Transitional Housing and Support Program, which is expected to become operational in the coming year.

$20 million

Commissioned new group support activities services, with more than $20 million of contracted services

Key achievements

Treatment

In 2022-23, we continued to support our Health Service Providers (HSPs) to deliver quality services and help people live well in their communities.

This year, we:

- Progressed the model for the Immediate Drug Assistance Coordination Centre (IDACC) to help Western Australians experiencing crisis that involve problematic AOD use immediately access care and support in a coordinated and seamless way. The IDACC already has two operational components - Here For You and the Drug and Alcohol Clinical Advisory Service for clinicians. The further three components will consist of:
    - an immediate access 24/7 Drop in Hub;
    - short-term crisis beds (six); and
    - an Assertive Outreach and Care Coordination Team.
- Awarded eight new regional Community Alcohol and Other Drug Services agreements with an increased emphasis on a peer and Aboriginal workforce, and the capacity to provide services appropriate for people with mental health comorbidities.
- Secured additional funding for the Active Recovery Teams program to help bridge the gap between clinical mental health services and community-based organisations.
    - The additional funding for this pilot program will allow further data collection regarding outcomes and enable non-government organisations and health service providers to continue to work together to better support people in the community and reduce hospital admissions.
- Expanded the Women's Health and Family Services eating disorders program, the Body Esteem Project, to include online support to those in regional and remote areas and support for people over 16 years old.
- Worked closely with key stakeholders to commission a specialist, comprehensive multidisciplinary mental health team embedded at Banksia Hill Detention Centre.

More than

22,000 sessions

were provided to Western Australians through our helplines

40% of callers

to Here For You

identified mental health issues as their primary reason for calling

Our Helplines

Here For You

Mental health, alcohol and other drug support line

1800here4u (1800 437 348)
7am to 10pm, 7 days a week

Alcohol and Drug Support Line

Telephone counselling, information and referral service (24-hour)

08 9442 5000 (metro) or
1800 198 024 (country)

Parent and Family Drug Support Line

Telephone counselling, information and referral service (24-hour)

08 9442 5050 (metro) or
1800 653 203 (country)

Key achievements

Sector development

Working with the sector to build capacity and share knowledge was integral to our success in 2022-23 as we continued to lead transformative change and build the sector.

This year, we:

- Developed the model of service for a Social and Emotional Wellbeing (SEWB) Afterhours Pilot. The Pilot will enable SEWB workers to work outside of current business hours to respond proactively to divert people away from the emergency department or the justice system.
- Continued to support the Graylands Reconfiguration and Forensic Taskforce (GRAFT) by facilitating the lived experience and clinical advisory groups to provide their expert advice. We will continue to work closely with the Department of Health on the GRAFT work program. The continued contributions of people with lived and living experience, clinicians, the workforce, and other key stakeholders is critical to this ongoing work.
- Worked with the Departments of Justice and Communities and the State Forensic Mental Health Service to plan for implementation of the *Criminal Law (Mental Impairment) Act 2023*, including interagency models of service for people requiring mental health services who are subject to the Act.
- Advocated for the unique needs of Western Australian mental health consumers within future National Disability Insurance Scheme (NDIS) reforms by providing representative leadership to the:
    - NDIS Review;
    - NDIS Bilateral Scheme Agreement;
    - WA Disability Services Act review;
    - State NDIS Authorisation of Restrictive Practices; and
    - National Disability Data Asset project.
- Continued work on the Community Treatment including Emergency Response Project to address the need for reform in the mental health sector.
- Continued our partnership with the National Mental Health Consumer and Carer Forum to understand and progress national lived experience advocacy issues.
- Established a Principal Project Manager - LGBTIQA+SB position. The role is a collaborative initiative between the Mental Health Commission and the Department of Health, marking a major step forward in fostering inclusivity and driving positive change in healthcare.

"This landmark appointment reflects our commitment to inclusivity and our dedication to advancing the health and wellbeing of all individuals within our community. By leveraging the expertise and guidance of the Principal Project Manager, we aim to create a more inclusive and equitable healthcare system that addresses the unique needs of the LGBTIQA+SB communities."

Acting Deputy Commissioner System Development, Dr Amanda Harrison on the appointment of the Principal Project Manager position for LGBTIQA+SB

This year we developed the model of service for a Social and Emotional Wellbeing Afterhours Pilot

Training the workforce

Our Workforce Development delivered

99
training events

to

1742
participants

totalling

684
hours

and

1900
people accessed AOD eLearning programs

through the Commission's online learning platform during the financial year.

12
webinars

offered to stakeholders on AOD-related topics and attended by 266 participants.

Workforce

Workforce challenges have been felt by all sectors this year. Our Strategic Workforce Management team has been utilising an end-to-end approach to workforce development. We have focused on key areas of attraction, upskilling, retention and sector development to strategically coordinate, support and implement strategies that work together to build and support the mental health and AOD workforce.

This year, we:

- Continued to work with stakeholders to implement the mental health clinical workforce action plan, in particular a clinical capabilities framework, and identify ways to increase the capability and capacity of the workforce.
- Appointed an Executive Director Mental Health Nursing and Executive Director Allied Health Mental Health to work collaboratively with Department of Health Chief Allied Officer and Chief Nursing and Midwifery Officer, the HSPs and education providers to advise, develop and deliver key strategies to increase the capacity and capability of the mental health workforce.
- Collaborated with educational facilities to attract people into mental health professional careers.
- Collaborated with HSPs to align recruitment, retention and staff development approaches and share knowledge of strategies.
- Provided Aboriginal cultural awareness training to an additional 200 workers who support people with specialist mental health or AOD needs.
- Continued the Volunteer AOD Counsellors' Training Program. This year 21 participants completed the five-month program

and commenced a 12-month placement at a metropolitan non-government AOD service.

- Developed training animations to enhance the cultural capacity of mental health and AOD service providers offering supports for members of the LGBTIQA+SB community.
- Collaborated with Kimberley Aboriginal Medical Services and Community Skills WA to develop a training package to support workers in the Kimberley.
- Launched a careers web page which describes different roles in the mental health and AOD sector, and the study pathways required to reach them.
- Launched an integrated promotional campaign to target young people as they consider their subject selections and future career pathways.
- Delivered more than 25 Peer Work Positive organisational readiness training sessions across the Mental Health and AOD sectors involving approximately 150 attendees. This training provides an introduction to the Lived Experience (Peer) Workforces outlining the value, benefits and role of the workforces.
- Helped the WA Network of Alcohol and Other Drug Agencies (WANADA) to deliver the 2023 Aboriginal AOD Worker Forum and Awards which provided an opportunity for Aboriginal AOD workers to be recognised for their dedication and commitment to their work and communities.

Richmond Wellbeing Queer Company project

This project has enhanced the cultural security of mental health and AOD services for members of the LGBTIQA+SB community through targeted workforce development activities. Additional funding provided this year enabled the Queer Company Project to undertake regional outreach in five key areas.

Partnerships

National Mental Health and Suicide Prevention Agreement and Bilateral Schedule on Mental Health and Suicide Prevention: Western Australia.

We undertook significant work to contribute to the national mental health and suicide prevention strategic reform agenda, with progression of work under the National Mental Health and Suicide Prevention Agreement (the Agreement).

The Agreement was developed in response to the Productivity Commission's Inquiry Report into Mental Health. The associated Bilateral Schedule on Mental Health and Suicide Prevention: Western Australia (Bilateral Schedule) will result in a $61.5 million investment in WA for mental health and suicide prevention.

Funding will be directed to:

- a Child Health and Wellbeing Hub;
- a State-wide Aftercare Services; and
- an eating Disorder Services within the East Metropolitan Health Service.

In line with this work, the Western Australian Joint Service Planning and Governance Committee has been established to oversee the implementation of the initiatives within the Bilateral Schedule.

Introducing Professor Ian Everall

The Commission leaped into increasing our research capacity with the appointment of Medical Advisor – Mental Health Research, Professor Ian Everall. Professor Everall is responsible for working closely with the Department of Health, Health Service Providers, universities, consumers, carers and families and other stakeholders to foster and embed a culture of translational service-led research and innovation across the mental health sector.

This position enabled us to be involved in the Science on the Swan Conference held in May 2023. We hosted a workshop that brought together key research partners, stakeholders and funding bodies to plan how to work collaboratively to drive mental health research and innovation for service improvement.

Memorandum of Understanding (MoU) with the Western Australian Primary Health Alliance (WAPHA)

We continue to collaborate with WAPHA to facilitate joint planning, priority setting and commissioning of integrated care to enhance health outcomes. The MoU recognises the unique arrangement in WA whereby the working relationship between the Commission and WAPHA provides an opportunity for the two parties to work together in a coordinated and collaborative way to help influence system-wide improvements across mental health, AOD and suicide prevention services and programs.

Mental Health Week 2022

We partnered with the Western Australian Association for Mental Health (WAAMH) to deliver WA Mental Health Week 2022.

On World Mental Health Day, 10 October 2022, we held an event with Thrive at Work for executive leaders and those in leadership roles in human resources, workforce safety or wellbeing-related functions in the public sector. Guest speaker Karina Jorritsma, Professor of Practice at Curtin University's Future of Work Institute, shared her knowledge and research on employee wellbeing and workplace mental health.

The Commission also provided $155,500 which enabled the WA-made feature film, *PIECES*, to be screened in regional WA. *PIECES* aimed to debunk misconceptions about mental health issues, and start community conversations about mental health and wellbeing. Screening locations included Orana Cinemas in Albany, Busselton, Geraldton and Kalgoorlie, Sun Pictures in Broome, and the Red Earth Arts Precinct in Karratha.

The Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025 (YPPA)

The YPPA guides government agencies, the mental health and AOD sector and community stakeholders in supporting and responding to the mental health and AOD needs of young people aged 12 to 24 years. This year, we continued to partner with the Departments of Health, Education, Communities, Justice, Treasury, Local Government, Sport and Cultural Industries, Training and Workforce Development, the Premier and Cabinet, and the Western Australian Police Force to progress the priorities that we are collectively working towards, to make real change for young people.

Building up our Lived Experience Capacity and Capability

The Commission extended the progress it has made in recent years with involving consumers, families, significant others, carers and community members as part of its core business and decision-making processes.

We are committed to involving people in the decisions that impact them and helping service providers also achieve this.

We released the *Western Australian Lived Experience (Peer) Workforces Framework* (Framework) which aims to support the sector to grow thriving Lived Experience (Peer) Workforces across the mental health, suicide prevention and AOD sectors. The launch was attended by the Minister for Mental Health and 150 stakeholders from the mental health and AOD sector. Held at the Perth Flying Squadron Yacht Club, the event highlighted the importance of the Lived Experience (Peer) workforces and the establishment of the Framework as a foundational piece to support transformation across WA.

This year, we have also:

- Established a Lived Experience (Peer) Workforces Development team aimed at implementing initiatives identified in the Framework.
- Worked towards establishing 13 Lived Experience (Peer) Coordinators across the state within HSPs.
- Delivered organisational readiness training across WA.
- Delivered pilot of Lived Experience (Peer) Work Supervision training.
- Provided funding for 30 student scholarships for Certificate IV in Mental Health Peer Work.
- Undertook scoping work to understand what a Lived Experience (Peer) Workforces Association in WA might look like.
- Made significant progress towards development of an Aboriginal and Torres Strait Islander Lived Experience Guide, Peer worker Handbook and Organisational Toolkit.
- Hosted two Lived Experience Networking Events, attended by more than 150 people.
- Continued to grow the capacity of the Commission staff to better understand, engage and work alongside lived experience to deliver the work and outcomes we seek to achieve.

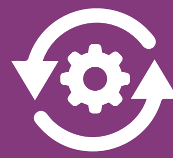
Mapping Lived Experience Engagement Mechanisms

We have undertaken a mapping of lived experience engagement mechanisms across the Mental Health, AOD and Suicide Prevention Sectors to gain a better understanding of what already exists within the lived experience advocacy space. This will enable us to co-design improved pathways and opportunities for lived experience engagement.

The first stage of this Project has mapped the current engagement mechanisms and outlined the challenges and opportunities for people with lived experience to advocate across the mental health, AOD and suicide prevention sectors.

Key achievements

System supports and processes



The Statutory Review of the *Mental Health Act 2014* (the Act) is currently being finalised to identify elements of the Act that work well and find opportunities for improvement. This year, we undertook extensive consultation with diverse groups, including people with lived experience.

We also continue to connect with our stakeholders through Stakeholder Connect which provides regular updates on progress of key sector reform projects and initiatives and opportunities to actively contribute to our work. Stakeholder Connect continues to be well subscribed and grew to more than 1800 subscribers.

We know how integral it is to embed consistent contract management process and this year, we released our *Agency Commissioning Plan (2022-27)* which sets out the guiding principles, intentions and focus areas for our commissioning over the next five years. This is supported by our *Commissioning Schedule* which provides a timeline of planned commissioning for new and existing mental health, alcohol and other drugs services.

Organisational change

We are committed to promoting a culture of continuous improvement and supporting individuals to enhance their capability for adopting and leading change. To demonstrate this commitment, we delivered an organisational change development program including specialist training on key areas:

- Leading Through Uncertainty comprised two sessions for Executive and managers to define their roles in leading and implementing change, with particular focus on the human side of change.
- Due to the nature of our work, staff may be exposed to situations that could cause vicarious trauma. Our Employee Assistance providers were engaged to provide training aimed at increasing knowledge and how to manage workload, compassion fatigue, vicarious trauma, and develop skills to build resilience and maintain staff safety and wellbeing.
- Psychological Safety in the workplace is critical for people to successfully engage in change. The new Work Health and Safety Act 2020 requires employers to mitigate psychosocial hazards in the workplace, as well as physical ones.

We adopted a two-step approach. The first phase is for leaders to understand the concept of psychological safety, how it can impact organisational change and its significance regarding the WA Code of Practice Psychosocial Hazards in the Workplace. The second phase which is underway will be to provide broader training to all staff and foster a culture where staff feel safe.

Stakeholder Connect grew to more than

1,800 subscribers

Stakeholder Connect provides regular updates on progress of key sector reform projects and initiatives

Governance

Mental Health Executive Committee and the Community Mental Health, Alcohol and Other Drug Council

The Mental Health Executive Committee (MHEC) and the Community Mental Health, Alcohol and Other Drug Council (CMC) are the key mechanisms for implementing system and workforce transformation and delivering effective services to the community.

The role of the MHEC is to strengthen integration and accountability within and across the public health system and the CMC strengthens collaboration between community services sectors.

The Minister for Mental Health made MHEC responsible for providing oversight and accountability for the implementation of key Government priorities:

- Review of Community Mental Health Treatment Services, including Emergency Response Services.
- Implementation of recommendations from the Ministerial Taskforce into Public Mental Health Services for Infants, Children and Adolescents aged 0 – 18 years in Western Australia (ICA Taskforce) Final Report.
- Mental Health, Alcohol and Other Drug Workforce planning.

The MHEC continued to be supported by the Mental Health Leads Sub-Committee (MHLS), which informs MHEC's decision making. This year, the MHLS has made recommendations to the MHEC regarding:

- Mental Health and AOD operational, strategic and policy matters impacting system-wide reform.
- Solutions to support the ongoing reform agenda and driving innovation.
- Facilitating and coordinating the operationalisation and implementation of the priorities, strategies and initiatives endorsed by the MHEC across the public health system.

In August 2022, the Commission commenced the two-yearly independent review of CMC's effectiveness. The CMC endorsed the report and its recommendations at the CMC Meeting in May 2023, noting the outcomes of the Independent Governance Review would need to be considered prior to implementation.

Mental Health Networks

We continued to support the Mental Health Network which brings together nine specialised networks of independent entities to identify and inform emerging needs.

The nine networks include:

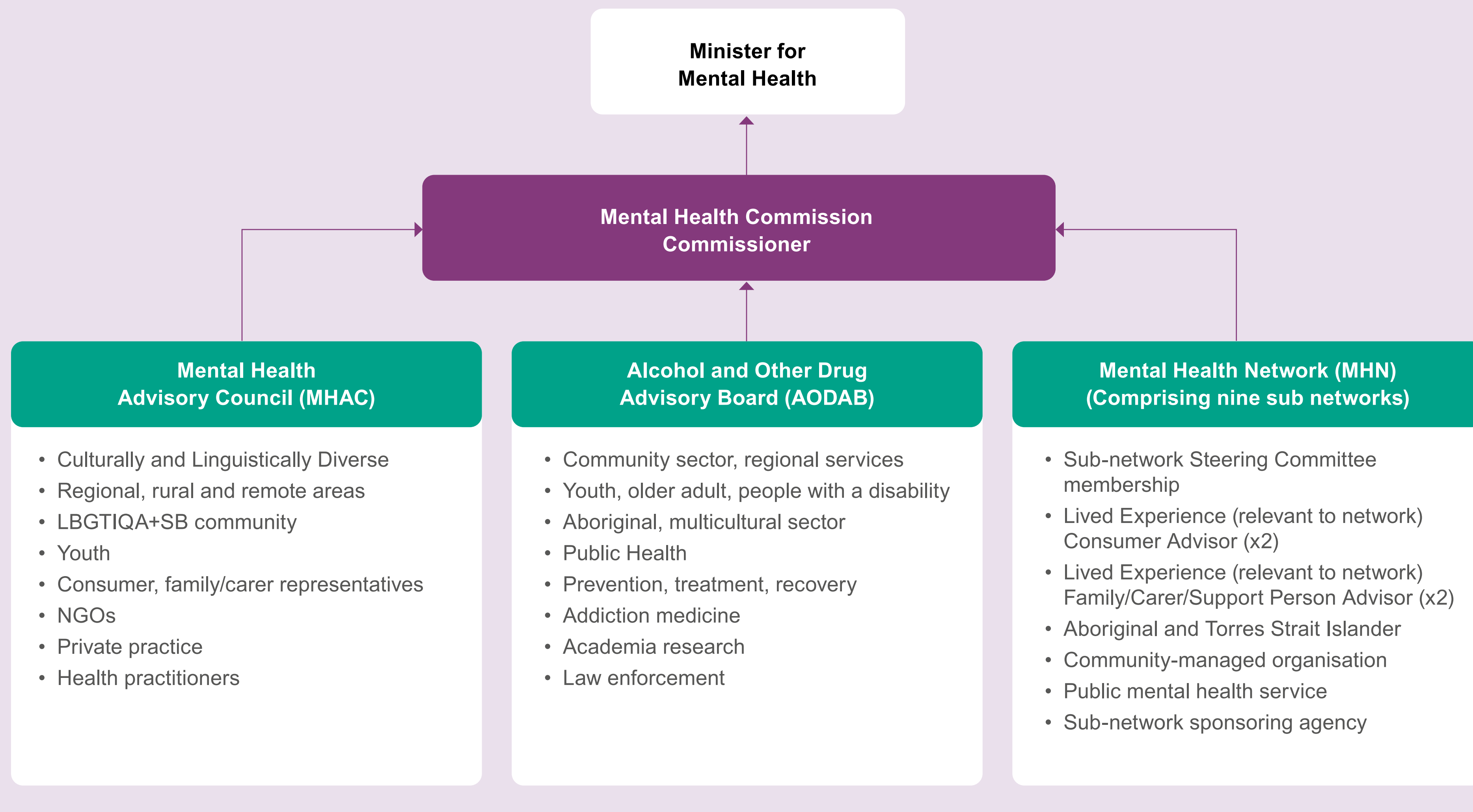
- Eating Disorders Mental Health Network
- Forensic Mental Health Network
- Multicultural Mental Health Network
- Neuropsychiatry and Developmental Disability Mental Health Network
- Older Adult Mental Health Network
- Rockingham and Kwinana Mental Health Network
- Perinatal and Infant Mental Health Network
- Personality Disorders Mental Health Network
- Youth Mental Health Network

Mental Health Advisory Council and Alcohol and Other Drug Advisory Board

We continue to support the activities of and receive the independent advice from the Mental Health Advisory Council (MHAC) and the Alcohol and Other Drug Advisory Board (AODAB).

The MHAC meets monthly to provide independent, strategic advice and guidance to the Commissioner on major issues affecting people with mental health challenges, their families and service providers.

WA Mental Health, Alcohol and Other Drugs: Advisory Groups



This year, the MHAC:

- Provided advice and feedback on a range of initiatives including the Independent Governance Review, the *Statutory Review of the Mental Health Act 2014*, Lived Experience Leadership and Designated roles and the development of effective mental health responses for LGBTIQA+SB people.
- Continued to reflect its values of listening to the more unheard voices who may be most impacted by mental health, alcohol and other drug issues by engaging with:
    - Individuals with a lived experience of transiting from imprisonment back into the community.
    - Aboriginal Elders in Residence at the Mental Health Commission.
    - WA Recovery College.
    - Activities to better understand and engage more effectively with LGBTIQA+SB communities, primary healthcare and Lived Experience (Peer) Workforces.

The role of the AODAB is to provide advice to the Commissioner on issues that require whole-of-government and cross-agency approach. This year, Colleen Hayward stepped down as Chair and Professor Steve Allsop was appointed the new Chair.

This year, the AODAB:

- Provided advice on a range of initiatives including the *Liquor Control Act 1988* review to reform team at the Department of Local Government, Sport and Cultural Industries.
- Held a planning day in November 2022 to identify AODAB priorities for the coming year.
- Continued to focus on how a capable, knowledgeable and stable AOD workforce can be retained, particularly in relation to Addiction Medicine Specialists.
- Focussed on public health evidence and expertise to help inform alcohol and other drug-related harm prevention, reduction and treatment.

Key achievements

Priority groups

Aboriginal people

Aboriginal people are a key priority for the Commission, with cultural security underpinning our values. We are committed to working across government and in partnership with ACCOs and the Aboriginal community to make changes and improve the lives of Aboriginal people and their communities. We invest in a range of prevention and treatment programs to support Aboriginal people and communities.

This year, we:

- Launched the *Stay Strong Look After You and Your Mob* state-wide campaign which was adapted to several local languages across the Pilbara and Kimberley.
- Delivered a state-wide community grants program for ACCOs or Aboriginal owned and operated business to access and implement local, culturally secure programs and initiatives to improve the social and emotional wellbeing and preventing or delaying the uptake of AOD for young Aboriginal people.
- Hosted our first Aboriginal Stakeholder Engagement event to help inform our Aboriginal Stakeholder Engagement Project which aims to develop effective, strategic, consistent and coordinated engagement with Aboriginal stakeholders.
- Initiated collaborative work with Aboriginal Registered Training Organisation Marr Mooditj and Consumers of Mental Health WA to refine Certificate IV in Mental Health Peer Work training materials for Aboriginal and Torres Strait Islander students.
- Maintained a registered training organisation that delivers nationally accredited culturally secure training to Aboriginal workers including Cert III Community Services and Cert IV in AOD.

11 Aboriginal Students

across metro, regional and remote locations completed Certificate III in Community Services, delivered by our Strong Spirit Strong Mind Aboriginal Programs team

Ways of Working with Aboriginal People, Part 1 and 2

- 108 people attended the Ways of Working (WOW) with Aboriginal People Part 1 (six events) training and 27 completed WOW Part 2 (two events) training.
- This two-part whole-day program focusses on introducing participants to working with Aboriginal people. Anyone within the mental health and AOD sectors working with Aboriginal people is encouraged to attend.
- Part 1 of the training covers the exploration of Aboriginal peoples' lives before, during and after colonisation; developing cultural competencies, understanding oppression and how to challenge it; and building a stronger future for Aboriginal peoples.
- Part 2 of the training is an expansion of the topics covered in Day 1 but with a more clinical focus. There is a review of Part 1, then an introduction to Aboriginal ways of counselling; how to establish rapport; using Aboriginal AOD models for culturally secure assessment; Strong Spirit Strong Mind Story Telling Cards and skill building activities to build confidence.

At the Commission, our Elders in Residence program grew from strength to strength. Our Noongar Elders Uncle Charlie Kickett and Aunty Helen Kickett bring a wealth of cultural knowledge and experience which contributes to the Commission being able to deliver improved outcomes for the community. Each month our staff have an opportunity to have a yarn with the Elders. This year there was an overwhelming response from staff wanting to meet with the Elders to seek advice and guidance, or just have a chat and learn about Aboriginal culture.

Based on advice from our Elders we have adopted the term ‘conciliation’ instead of ‘reconciliation’. We believe this term more accurately acknowledges Aboriginal and non-Aboriginal people working together as equal partners in a shared vision for the future.

Our shared vision for conciliation is to work in genuine partnership with Aboriginal people to:

- develop an understanding of, and embrace Aboriginal culture and leadership;
- foster culturally secure ways of working; and
- embed the principles of inclusion, diversity and respect in everything we do, to ensure we deliver equitable and quality programs and services that benefit the whole community, including Aboriginal people.

To ensure we deliver on this vision, we have several initiatives in place, including our Conciliation Committee that reports directly to our Senior Executive Group.

We are also guided by our Aboriginal Advisory Group (AAG) which provides culturally secure advice on programs, projects and initiatives.

The primary objective of the AAG is to provide cultural guidance across our agency to support and contribute by embedding Aboriginal ways of working. Further objectives are:

- Facilitate the continuous improvement of knowledge, understanding and culturally secure practices and processes and provide across directorate linkages and support.
- Provision of support and guidance to all Aboriginal staff.
- Assist staff to develop and establish Aboriginal community partnerships and networks.
- Review and provide feedback on programs, projects and initiatives.

“It was a privilege to be given the opportunity to meet Uncle Charlie and Aunty Helen. They were very approachable, knowledgeable and open to questions. It was great to get to know them a little more on both a personal and professional level. Insights that were particularly helpful were around ways of working alongside Aboriginal people on FASD prevention. The experience was very valuable and provided me with different perspectives to reflect on when working in AOD prevention.”

Louise Watson
Senior Project Officer,
Prevention Services Management.

Infant, Children, Adolescents, and Young People

This year, we commenced the ICA Taskforce Final Report recommendations and:

- Collaboratively designed 12 models to articulate how mental health care should be delivered for specific cohorts of infants, children and adolescents.
- Expanded the front-line infant, child and adolescent mental health workforce in regional WA.
- Enhanced the Lived Experience (Peer) Workforces, ensuring the appropriate resources were in place to safely embed Lived Experience (Peer) workers into mental health and AOD services.
- Enhanced crisis response for infants, children and adolescents, specifically:
    - Expanded Crisis Connect - an emergency telehealth service for metropolitan consumers; and
    - Established a new virtual crisis intervention, and post-Emergency Department presentation follow-up service for children in regional areas. This service also provides support to regional Emergency Departments responding to children presenting in crisis.

In April 2023, a further $35.5 million investment was announced for infant, child and adolescent mental health service and workforce development. This included:

- $7.1 million to establish and pilot a Community Infant, Child and Adolescent Mental Health Service (ICAMHS) Hub in Bunbury. This hub will comprise a multi-disciplinary team providing integrated, consistent and culturally secure care to children aged 0 -17 years.
- $3.6 million to establish and pilot a child and adolescent Acute Care and Response Team in the Perth's east. This mobile team will respond to children experiencing crisis in the community and provide additional support to children who need more frequent mental health care than can be provided by other community services.
- $7.7 million for the reconfiguration of the Perth Children's Hospital Mental Health Inpatient Unit, which provides multidisciplinary, recovery-focused care to children aged 15 and younger with complex and acute mental health issues.
- $4.8 million to enhance the existing Touchstone service, which provides specialised care to children and adolescents with personality disorder related needs. With this expansion, Touchstone will expand its reach by providing expert advice and supervision to community ICAMHS teams to build their capacity to support children with personality disorder-related needs.
- $5.7 million to recruit additional Aboriginal Mental Health Workers to support Aboriginal children and families to access and engage with mental health services.
- $6.4 million to continue the previously funded uplift to the Child and Adolescent Mental Health Service front-line workforce.

Child-focussed wins

Liquor applications to licence venues that have child focused activities is becoming increasingly common. Evidence shows the cumulative exposure to alcohol cues in the community can impact on attitudes towards alcohol and lead to early use and harms for children and young people.

As part of a comprehensive approach to reducing risk factors for alcohol harms, we collaborate with the Chief Health Officer to support submissions on licence applications that include a child focus.

This year, 13 submissions were made that aimed to:

- prevent risks to the safety and wellbeing of children interacting with adults who are consuming alcohol;
- reduce exposure of children to alcohol promotions and use; and
- prevent circumstances where children's positive feelings about an activity are associated with alcohol.

Submissions have been successful in several cases, including ensuring playgrounds associated with licensed venues are alcohol-free and preventing the use of mobile trolleys selling alcohol in cinemas and no alcohol to be consumed in cinemas during child focussed session times. While these wins are not yet standard practice in other venues, it is progress towards the reduction of the cumulative exposure of children to alcohol in the community.

Significant issues impacting the agency

Implementation of the new *Criminal Law (Mental Impairment) Act 2023*

The Commission is continuing to work with stakeholders to plan for its implementation.

In April 2023, the new *Criminal Law (Mental Impairment) Act 2023* received Royal Assent. The Act will improve fairness and access to appropriate services for people found unfit to stand trial or not guilty by reason of unsoundness of mind and provides alternatives to indefinite detention.

Program Reviews

We have commenced reviews into several programs including our SUSD and Individual Advocacy Programs, the Mental Health Co-Response and Active Recovery Teams. These reviews will inform future service model and procurement strategies, including consultation with consumers, carers, stakeholders and other government agencies.

Workforce

Recruitment of mental health and AOD staff, especially in regional areas, continues to be challenging. We are continuing to work with providers to support alternative service delivery methods such as telehealth in regional and remote areas of WA. Workforce issues can be exacerbated by increased demand for workers in other care sector industries, including the Disability and Aged Care sector.

The Commission is using an end-to-end approach to workforce development to strategically coordinate, support and implement strategies that work together to build and support the mental health and AOD workforce.

Long-stay hospital patients and forensic supported accommodation

Bed blockages due to long-stay patients continues to be an ongoing issue and we are committed through our work with the Department of Health, Department of Communities and the NDIS to address these issues through several streams including:

- Supporting NDIS access for WA Psychosocial Disability participants
- Building understanding of Psychosocial Disability in the broader disability context.
- Providing input to the Ministerial Taskforce on Ambulance Ramping.

The Frankland Centre (Frankland) is frequently unable to admit people on a Hospital Order or prisoners who require mental health treatment under the *Mental Health Act 2014*. These people are unavoidably retained in prison.

The North Metropolitan Health Service, State Forensic Mental Health Service and Commission are working to establish a supported accommodation option for moving eligible Frankland patients who no longer require high-level, acute secure hospital care, into the community.

Independent Review of WA Health System Governance

The Independent Review of WA Health System Governance (Review) was tabled in Parliament on 24 October 2022. Four recommendations in the Review suggested reforms to the governance of mental health. Two of these recommendations proposed significant changes, including shifting several key responsibilities from the Commission to the Department of Health.

A process of consultation on the Review recommendations was undertaken in late 2022. In acknowledgment that many stakeholders requested further consideration of these recommendations, a ministerially appointed working group commenced a time-limited process to advise the Minister how better governance of public mental health and alcohol and other drug systems can be achieved.

The Commission looks forward to implementation of any recommended reforms that will meaningfully improve the planning, coordination and delivery of mental health and AOD initiatives in WA.

Disclosures and legal compliance

Auditor General

INDEPENDENT AUDITOR'S REPORT

2023

Mental Health Commission

To the Parliament of Western Australia

Report on the audit of the financial statements

Opinion

I have audited the financial statements of the Mental Health Commission which comprise:

- the Statement of Financial Position at 30 June 2023, and the Statement of Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended
- Administered schedules comprising the Administered assets and liabilities at 30 June 2023 and the Administered income and expenses by service for the year then ended
- Notes comprising a summary of significant accounting policies and other explanatory information.

In my opinion, the financial statements are:

- based on proper accounts and present fairly, in all material respects, the operating results and cash flows of the Mental Health Commission for the year ended 30 June 2023 and the financial position at the end of that period
- in accordance with Australian Accounting Standards, the *Financial Management Act 2006* and the Treasurer's Instructions.

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

Basis for opinion

I conducted my audit in accordance with the Australian Auditing Standards. My responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of my report.

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

Responsibilities of the Commissioner for the financial statements

The Commissioner is responsible for:

- keeping proper accounts
- preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards, the *Financial Management Act 2006* and the Treasurer's Instructions
- such internal control as it determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Commissioner is responsible for:

- assessing the entity's ability to continue as a going concern
- disclosing, as applicable, matters related to going concern
- using the going concern basis of accounting unless the Western Australian Government has made policy or funding decisions affecting the continued existence of the Commission.

Auditor's responsibilities 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. The objectives of my audit are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatements, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists.

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal control.

A further description of my responsibilities for the audit of the financial statements is located on the Auditing and Assurance Standards Board website. This description forms part of my auditor's report and can be found at https://www.auasb.gov.au/auditors_responsibilities/ar4.pdf.

Report on the audit of controls

Opinion

I have undertaken a reasonable assurance engagement on the design and implementation of controls exercised by the Mental Health Commission. The controls exercised by the Commission are those policies and procedures established 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 the State's financial reporting framework (the overall control objectives).

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 the State's financial reporting framework during the year ended 30 June 2023.

The Commissioner's responsibilities

The Commissioner is responsible for designing, implementing and maintaining controls to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property and the incurring of liabilities are in accordance with the *Financial Management Act 2006*, the Treasurer's Instructions and other relevant written law.

Auditor General's responsibilities

As required by the *Auditor General Act 2006,* my responsibility as an assurance practitioner is to express an opinion on the suitability of the design of the controls to achieve the overall control objectives and the implementation of the controls as designed. I conducted my engagement in accordance with Standard on Assurance Engagement ASAE 3150 *Assurance Engagements on Controls* issued by the Australian Auditing and Assurance Standards Board. That standard requires that I comply with relevant ethical requirements and plan and perform my procedures to obtain reasonable assurance about whether, in all material respects, the controls are suitably designed to achieve the overall control objectives and were implemented as designed.

An assurance engagement involves performing procedures to obtain evidence about the suitability of the controls design to achieve the overall control objectives and the implementation of those controls. The procedures selected depend on my judgement, including an assessment of the risks that controls are not suitably designed or implemented as designed. My procedures included testing the implementation of those controls that I consider necessary to achieve the overall control objectives.

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

Limitations of controls

Because of the inherent limitations of any internal control structure, it is possible that, even if the controls are suitably designed and implemented as designed, once in operation, the overall control objectives may not be achieved so that fraud, error or non-compliance with laws and regulations may occur and not be detected. Any projection of the outcome of the evaluation of the suitability of the design of controls to future periods is subject to the risk that the controls may become unsuitable because of changes in conditions.

Report on the audit of the key performance indicators

Opinion

I have undertaken a reasonable assurance engagement on the key performance indicators of the Mental Health Commission for the year ended 30 June 2023. The key performance indicators are the Under Treasurer-approved key effectiveness indicators and key efficiency indicators that provide performance information about achieving outcomes and delivering services.

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 2023.

The Commissioner's responsibilities 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 internal controls as the Commissioner determines necessary to enable the preparation of key performance indicators that are free from material misstatement, whether due to fraud or error.

In preparing the key performance indicators, the Commissioner is responsible for identifying key performance indicators that are relevant and appropriate, having regard to their purpose in accordance with Treasurer's Instructions 904 *Key Performance Indicators.*

Auditor General's responsibilities

As required by the *Auditor General Act 2006,* my responsibility as an assurance practitioner is to express an opinion on the key performance indicators. The objectives of my engagement are to obtain reasonable assurance about whether the key performance indicators are relevant and appropriate to assist users to assess the entity's performance and whether the key performance indicators are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. I conducted my engagement in accordance with Standard on Assurance Engagements ASAE 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information* issued by the Australian Auditing and Assurance Standards Board. That standard requires that I comply with relevant ethical requirements relating to assurance engagements.

An assurance engagement involves performing procedures to obtain evidence about the amounts and disclosures in the key performance indicators. It also involves evaluating the relevance and appropriateness of the key performance indicators against the criteria and guidance in Treasurer's Instruction 904 for measuring the extent of outcome achievement and the efficiency of service delivery. The procedures selected depend on my judgement, including the assessment of the risks of material misstatement of the key performance indicators. In making these risk assessments, I obtain an understanding of internal control relevant to the engagement in order to design procedures that are appropriate in the circumstances.

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

My independence and quality management relating to the report on financial statements, controls and key performance indicators

I have complied with the independence requirements of the *Auditor General Act 2006* and the relevant ethical requirements relating to assurance engagements. In accordance with ASQM 1 *Quality Management for Firms that Perform Audits or Reviews of Financial Reports and Other Financial Information, or Other Assurance or Related Services Engagements*, the Office of the Auditor General maintains a comprehensive system of quality management including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Other information

The Commissioner is responsible for the other information. The other information is the information in the entity's annual report for the year ended 30 June 2023, but not the financial statements, key performance indicators and my auditor's report.

My opinions on the financial statements, controls and key performance indicators do not cover the other information and accordingly I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, controls and key performance indicators my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements and key performance indicators or my knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I did not receive the other information prior to the date of this auditor's report. When I do receive it, I will read it and if I conclude that there is a material misstatement in this information, I am required to communicate the matter to those charged with governance and request them to correct the misstated information. If the misstated information is not corrected, I may need to retract this auditor's report and re-issue an amended report.

Matters relating to the electronic publication of the audited financial statements and key performance indicators

The auditor's report relates to the financial statements and key performance indicators of the Mental Health Commission for the year ended 30 June 2023 included in the annual report 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, controls and key performance indicators described above. It does not provide an opinion on any other information which may have been hyperlinked to/from the annual report. 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 contact the entity to confirm the information contained in the website version.

Grant Robinson
Assistant Auditor General Financial Audit
Delegate of the Auditor General for Western Australia
Perth, Western Australia
31 August 2023

Certification of financial statements

For the reporting period ended 30 June 2023

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 2023 and the financial position as at 30 June 2023.

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.

Cameron Patterson
Chief Financial Officer
Mental Health Commission

31 August 2023

Maureen Lewis
Commissioner
Mental Health Commission
Accountable Authority

31 August 2023

Mental Health Commission
Statement of Comprehensive Income
For the year ended 30 June 2023

	Notes	2023 $	2022 $
COST OF SERVICES			
Expenses			
Employee benefits expenses	3.1(a)	50,025,666	43,838,664
Service agreement - WA Health	3.2	966,029,000	853,720,231
Service agreement - non government and other organisations	3.2	200,551,688	172,717,886
Grants and subsidies	3.3	1,978,128	21,733,856
Supplies and services	3.4	22,528,972	20,207,758
Depreciation expense	5.1.1 & 5.2	784,137	523,795
Finance costs	5.2 & 7.3	6,904	6,148
Accommodation expenses	3.5	2,832,919	2,832,343
Other expenses	3.6	4,502,960	3,176,062
Total cost of services		**1,249,240,374**	**1,118,756,743**
Income			
Commonwealth grants and contributions	4.2	754,346	386,222
Other income	4.3	2,369,683	1,686,284
Total income		**3,124,029**	**2,072,506**
NET COST OF SERVICES		**1,246,116,345**	**1,116,684,237**
Income from State Government			
Service appropriation	4.1	914,085,000	822,170,000
Service agreement funding - Commonwealth	4.1	338,032,395	298,568,840
Income from other public sector entities	4.1	3,574,678	3,792,771
Resources received	4.1	2,668,032	2,253,956
Royalties for Regions Fund	4.1	25,617,000	17,258,000
Total income from State Government		**1,283,977,105**	**1,144,043,567**
SURPLUS/(DEFICIT) FOR THE PERIOD		**37,860,760**	**27,359,330**
OTHER COMPREHENSIVE INCOME			
Items not reclassified subsequently to profit or loss			
Changes in asset revaluation surplus	9.9	1,680,898	791,190
Total other comprehensive income		**1,680,898**	**791,190**
TOTAL COMPREHENSIVE INCOME FOR THE PERIOD		**39,541,658**	**28,150,520**

The Statement of Comprehensive Income should be read in conjunction with the accompanying notes.

Mental Health Commission
Statement of Financial Position
As at 30 June 2023

	Notes	2023 $	2022 $
ASSETS			
Current Assets			
Cash and cash equivalents	7.4.1	104,905,207	55,808,799
Restricted cash and cash equivalents	7.4.1	10,529,885	8,696,458
Receivables	6.1	561,753	702,759
Inventories	6.3	6,347	13,234
Other current assets	6.4	111,900	101,829
Total Current Assets		**116,115,092**	**65,323,079**
Non-Current Assets			
Restricted cash and cash equivalents	7.4.1	1,271,381	928,930
Amounts receivable for services	6.2	7,886,123	7,407,123
Property, plant and equipment	5.1	21,732,261	19,728,335
Right-of-use assets	5.2	150,490	112,234
Total Non-Current Assets		**31,040,255**	**28,176,622**
TOTAL ASSETS		**147,155,347**	**93,499,701**
LIABILITIES			
Current Liabilities			
Payables	6.5	4,997,404	3,040,055
Employee related provisions	3.1 (b)	7,764,639	7,493,873
Lease liabilities	7.1	45,299	37,933
Total Current Liabilities		**12,807,342**	**10,571,861**
Non-Current Liabilities			
Employee benefits provisions	3.1 (b)	2,522,806	2,131,564
Lease liabilities	7.1	110,469	78,361
Total Non-Current Liabilities		**2,633,275**	**2,209,925**
TOTAL LIABILITIES		**15,440,617**	**12,781,786**
NET ASSETS		**131,714,730**	**80,717,915**
EQUITY			
Contributed equity	9.9	48,841,048	37,385,891
Reserves	9.9	2,721,644	1,040,746
Accumulated surplus	9.9	80,152,038	42,291,278
TOTAL EQUITY		**131,714,730**	**80,717,915**

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

Mental Health Commission
Statement of Changes in Equity
For the year ended 30 June 2023

	Notes	2023 $	2022 $
CONTRIBUTED EQUITY	9.9		
Balance at start of period		37,385,891	33,682,891
Transactions with owners in their capacity as owners:			
Capital appropriation		16,654,298	666,000
Other contribution by owners - Royalties for Region Fund		-	3,037,000
Other distribution to owner - Department of Communities		(5,199,141)	-
Balance at end of period		**48,841,048**	**37,385,891**
RESERVES			
Asset Revaluation Reserve			
Balance at start of period		1,040,746	249,556
Other comprehensive income for the period		1,680,898	791,190
Balance at end of period		**2,721,644**	**1,040,746**
ACCUMULATED SURPLUS	9.9		
Balance at start of period		42,291,278	14,931,948
Surplus/(deficit) for the period		37,860,760	27,359,330
Balance at end of period		**80,152,038**	**42,291,278**
TOTAL EQUITY	9.9		
Balance at start of period		80,717,915	48,864,395
Total comprehensive income/(loss) for the period		39,541,658	28,150,520
Transactions with owners in their capacity as owners		11,455,157	3,703,000
Balance at end of period		**131,714,730**	**80,717,915**

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

Mental Health Commission
Statement of Cash Flows
For the year ended 30 June 2023

	Notes	2023 $	2022 $
CASH FLOWS FROM STATE GOVERNMENT			
Service appropriation		913,606,000	821,755,000
Capital appropriations	9.9	16,654,298	666,000
Service agreement funding - Commonwealth		338,032,395	298,568,840
Income from other public sector entities		3,705,573	3,661,876
Royalties for Regions Fund - Capital	9.9	-	3,037,000
Royalties for Regions Fund - Recurrent		25,617,000	17,258,000
Payment to Department of Communities - Royalties for Regions capital	9.9	(5,199,141)	-
Net cash provided by State Government		**1,292,416,125**	**1,144,946,716**
Utilised as follows:			
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee benefits expenses		(49,120,180)	(42,930,699)
Service agreement - WA Health		(966,029,000)	(853,720,231)
Service agreement - non government and other organisations		(200,868,973)	(172,220,128)
Grants and subsidies		(1,978,128)	(21,733,856)
Supplies and services		(18,951,293)	(18,225,443)
Finance costs		(6,904)	(6,148)
Accommodation expenses		(2,596,255)	(2,800,139)
Other payments		(3,875,205)	(3,285,478)
Receipts			
Commonwealth grants and contributions		752,457	386,222
Other receipts		2,473,999	1,071,198
Net cash used in operating activities	7.4.2	**(1,240,199,482)**	**(1,113,464,702)**
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments			
Purchase of non-current assets	5.1	(906,507)	(1,510,738)
Net cash used in investing activities		**(906,507)**	**(1,510,738)**
CASH FLOWS FROM FINANCING ACTIVITIES			
Payments			
Lease payments		(37,850)	(53,166)
Net cash used in financing activities		**(37,850)**	(53,166)
Net increase / (decrease) in cash and cash equivalents		51,272,286	29,918,110
Cash and cash equivalents at the beginning of the period		65,434,187	35,516,077
CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD	7.4.1	**116,706,473**	**65,434,187**

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

Mental Health Commission
Summary of consolidated account appropriations
For the year ended 30 June 2023

	2023 Budget $	2023 Supplementary Funding $	2023 Revised Budget $	2023 Actual $	2023 Variance $
Delivery of Services					
Item 52 Net amount appropriated to deliver services	938,899,000	-	938,899,000	913,272,000	(25,627,000)
Amount Authorised by Other Statutes					
- *Salaries and Allowances Act 1975*	813,000	-	813,000	813,000	-
Total appropriations provided to deliver services	**939,712,000**	**-**	**939,712,000**	**914,085,000**	**(25,627,000)**
Capital					
Item 130 Capital appropriations	18,443,000	-	18,443,000	16,654,298	(1,788,702)
Administered Transactions					
Administered grants, subsidies and other transfer payments	11,518,000	-	11,518,000	11,518,000	-
Total administered transactions	**11,518,000**	**-**	**11,518,000**	**11,518,000**	**-**
GRAND TOTAL	**969,673,000**	**-**	**969,673,000**	**942,257,298**	**(27,415,702)**

No supplementary funding was recevied by the Mental Health Commission in 2022-23.

Mental Health Commission
Administered Schedules
For the year ended 30 June 2023

Administered income and expense by service	**Hospital Bed Based Services**	**Hospital Bed Based Services**
INCOME FROM ADMINISTERED ITEMS	**2023**	**2022**
Income	**$**	**$**
Appropriations from Government for transfer to :		
Mental Health Tribunal	3,700,000	3,577,000
Mental Health Advocacy Service	3,696,000	3,703,000
Office of Chief Psychiatrist	4,122,000	3,974,000
Service received free of charge (a)	1,355,897	1,272,743
Other revenue	434,115	140,586
Total administered income	**13,308,012**	**12,667,329**
Expenses		
Employee benefits expense	10,117,526	9,171,073
Supplies and services	2,338,331	2,169,483
Depreciation expense	18,377	18,466
Finance costs	1,500	1,120
Accommodation expense	444,390	385,170
Other expenses	446,001	298,509
Total administered expenses	**13,366,125**	**12,043,821**

(a) Service received free of charge in 2022-23 includes $1,285,655 ($1,215,959 in 2021-22) from MHC (refer to note 9.10 'Services provided free of charge'), $43,953 ($20,436 in 2021-22) from the State Solicitor's Office and $26,289 from Department of Finance ($36,347 in 2021-22).

Mental Health Commission
Administered Schedules
For the year ended 30 June 2023

Administered assets and liabilities	2023 $	2022 $
Current Assets		
Cash and cash equivalents	3,034,973	2,665,620
Receivables	22,092	64,961
Total Administered Current Assets	**3,057,065**	**2,730,581**
Non-Current Assets		
Right-of-use assets	23,808	36,267
Total Administered Non-Current Assets	**23,808**	**36,267**
TOTAL ADMINISTERED ASSETS	**3,080,873**	**2,766,848**
Current Liabilities		
Payables	361,517	277,906
Provision	1,505,208	1,646,173
Lease Liabilities	6,706	12,131
Total Administered Current Liabilities	**1,873,431**	**1,936,210**
Non-Current Liabilities		
Provision	114,329	188,706
Lease Liabilities	17,999	24,705
Total Administered Non-Current Liabilities	**132,328**	**213,411**
TOTAL ADMINISTERED LIABILITIES	**2,005,759**	**2,149,621**

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

1. Basis of preparation

The Mental Health Commission (MHC) is a WA Government entity, controlled by the State of Western Australia which is the ultimate parent. The MHC is a not-for-profit entity (as profit is not its principal objective).

Statement of compliance

These general purpose financial statements have been prepared in accordance with:
1) The Financial Management Act 2006 **(FMA)**
2) The Treasurer's Instructions **(TIs)**
3) Australian Accounting Standards **(AAS)** including applicable interpretations
4) Where appropriate, those **AAS** paragraphs applicable for not for profit entities have been modified.

The FMA and the TIs take precedence over AASs. Several AASs are modified by the TIs to vary application, disclosure format and wording. 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.

Basis of preparation

These financial statements are presented in Australian dollars applying the accrual basis of accounting and using the historical cost convention. Certain balances will apply a different measurement basis (such as the fair value basis). Where this is the case the different measurement basis is disclosed in the associated note. All values are rounded to the nearest dollar ($).

Judgements and estimates

Judgements, estimates and assumptions are required to be made about financial information being presented. The significant judgements and estimates made in the preparation of these financial statements are disclosed in the notes where amounts affected by those judgements and/or estimates are disclosed. Estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstances.

Accounting for Good and Services Tax (GST)

Income, expenses and assets are recognised net of the amount of goods and services tax (GST), except that the:
(a) amount of GST incurred by the MHC as a purchaser that is not recoverable from the Australian Taxation Office (ATO) is recognised as part of an asset's cost of acquisition or as part of an item of expense; and
(b) receivables and payables are stated with the amount of GST included.

Contributed equity

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 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.

Administered items

The MHC administers, but does not control, certain activities and functions for and on behalf of Government that do not contribute to the MHC's services or objectives. It does not have discretion over how it utilises the transactions in pursuing its own objectives. Transactions relating to the administered activities are not recognised as the MHC's income, expenses, assets and liabilities, but are disclosed in the accompanying schedules as 'Administered income and expenses', and 'Administered assets and liabilities'. The accrual basis of accounting and applicable AASs have been adopted.

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

2. The MHC outputs

How the MHC operates

This section includes information regarding the nature of funding the MHC receives and how this funding is utilised to achieve the MHC's objectives. This note also provides the distinction between controlled funding and administered funding:

	Note
The MHC objectives	2.1
Schedule of Income and Expenses by Service	2.2
Schedule of Assets and Liabilities by Service	2.3

2.1 The MHC's objectives

Mission

To be an effective leader of alcohol, drug and mental health commissioning, providing and partnering in the delivery of person-centred and evidence-based:

* Prevention, promotion and early intervention programs;
* Treatment, services and supports; and
* Research, policy and system improvements.

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

Services

The MHC 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 MHC provides the following services.

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.

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

2.2 Schedule of Income and Expenses by Service

	Prevention		Hospital Bed Based Services		Community Bed Based Services		Community Treatment		Community Support		Total	
	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022
	$	$	$	$	$	$	$	$	$	$	$	$
COST OF SERVICES												
Expenses												
Employee benefits expenses	1,320,678	1,046,340	20,750,646	18,589,358	3,286,686	3,148,077	22,181,380	18,765,812	2,486,276	2,289,077	50,025,666	43,838,664
Service agreement - WA Health	25,503,166	20,376,565	400,708,829	362,011,744	63,468,105	61,306,091	428,337,259	365,448,033	48,011,641	44,577,798	966,029,000	853,720,231
Service agreement - non government and other organisations	5,294,565	4,122,425	83,188,840	73,239,336	13,176,246	12,402,961	88,924,618	73,934,539	9,967,419	9,018,625	200,551,688	172,717,886
Grants and subsidies	52,223	518,743	820,527	9,216,030	129,963	1,560,719	877,102	9,303,510	98,313	1,134,854	1,978,128	21,733,856
Supplies and services	594,765	482,318	9,345,018	8,568,903	1,480,153	1,451,130	9,989,346	8,650,241	1,119,690	1,055,167	22,528,972	20,207,758
Depreciation expense	20,701	12,502	325,260	222,110	51,518	37,614	347,686	224,218	38,972	27,350	784,137	523,795
Finance costs	182	147	2,864	2,607	454	441	3,061	2,633	343	321	6,904	6,148
Accommodation expenses	74,789	67,602	1,175,095	1,201,027	186,123	203,392	1,256,116	1,212,428	140,796	147,893	2,832,919	2,832,343
Other expenses	118,879	75,806	1,867,828	1,346,778	295,844	228,075	1,996,612	1,359,562	223,797	165,841	4,502,960	3,176,062
Total cost of services	32,979,948	26,702,448	518,184,907	474,397,893	82,075,092	80,338,500	553,913,180	478,900,976	62,087,247	58,416,927	1,249,240,374	1,118,756,743
Income												
Commonwealth grants and contributions	-	-	-	-	-	-	754,346	386,222	-	-	754,346	386,222
Other income	32,548	134,445	175,607	674,133	40,364	114,163	670,500	680,531	1,450,664	83,012	2,369,683	1,686,284
Total income	32,548	134,445	175,607	674,133	40,364	114,163	1,424,846	1,066,753	1,450,664	83,012	3,124,029	2,072,506
NET COST OF SERVICES	32,947,400	26,568,003	518,009,300	473,723,760	82,034,728	80,224,337	552,488,334	477,834,223	60,636,583	58,333,915	1,246,116,345	1,116,684,237
Income from State Government												
Service appropriation	26,004,027	24,290,104	349,891,564	312,920,621	75,041,341	72,192,167	400,817,155	353,721,521	62,330,913	59,045,587	914,085,000	822,170,000
Service agreement funding - Commonwealth	-	-	181,382,795	171,448,828	-	-	156,649,600	127,120,012	-	-	338,032,395	298,568,840
Income from other public sector entities	1,202,554	1,923,000	160,844	-	34,496	-	2,148,131	1,869,771	28,653	-	3,574,678	3,792,771
Resources received	75,901	53,797	1,021,264	955,768	219,031	161,858	1,169,904	964,840	181,932	117,692	2,668,032	2,253,956
Royalties for Regions Fund	6,716,993	954,113	-	-	9,831,000	9,835,000	8,341,263	5,869,659	727,744	599,228	25,617,000	17,258,000
Total income from State Government	33,999,475	27,221,014	532,456,467	485,325,217	85,125,868	82,189,025	569,126,053	489,545,803	63,269,242	59,762,508	1,283,977,105	1,144,043,567
SURPLUS/(DEFICIT) FOR THE PERIOD	1,052,075	653,012	14,447,167	11,601,457	3,091,140	1,964,688	16,637,719	11,711,581	2,632,659	1,428,593	37,860,760	27,359,330

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

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

2.3 Schedule of Assets and Liabilities by Service

	Prevention		Hospital Bed Based Services		Community Bed Based Services		Community Treatment		Community Support		Total	
	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022
	$	$	$	$	$	$	$	$	$	$	$	$
ASSETS												
Current assets	3,065,438	1,559,129	48,164,540	27,699,615	7,628,762	4,690,884	51,485,432	27,962,545	5,770,920	3,410,905	116,115,092	65,323,079
Non-current assets	819,463	672,519	12,875,498	11,948,022	2,039,344	2,023,378	13,763,249	12,061,435	1,542,701	1,471,269	31,040,255	28,176,622
Total Assets	3,884,901	2,231,648	61,040,038	39,647,637	9,668,106	6,714,262	65,248,681	40,023,980	7,313,621	4,882,174	147,155,347	93,499,701
LIABILITIES												
Current liabilities	338,114	252,329	5,312,485	4,482,895	841,442	759,171	5,678,776	4,525,446	636,525	552,020	12,807,342	10,571,861
Non-current liabilities	69,518	52,746	1,092,282	937,096	173,006	158,696	1,167,595	945,993	130,874	115,393	2,633,275	2,209,925
Total Liabilities	407,632	305,075	6,404,767	5,419,991	1,014,448	917,868	6,846,371	5,471,439	767,399	667,413	15,440,617	12,781,786
NET ASSETS	3,477,269	1,926,573	54,635,271	34,227,645	8,653,658	5,796,394	58,402,310	34,552,541	6,546,222	4,214,761	131,714,730	80,717,915

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

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

3. Use of our funding

Expenses incurred in the delivery of services

This section provides additional information about how the MHC's funding is applied and the accounting policies that are relevant for an understanding of the items recognised in the financial statements. The primary expenses incurred by the MHC in achieving its objectives and the relevant notes are:

	Notes	2023 $	2022 $
Employee benefits expenses	3.1(a)	50,025,666	43,838,664
Employee benefits provisions	3.1(b)	10,287,445	9,625,437
Service agreements	3.2	1,166,580,688	1,026,438,117
Grants and subsidies	3.3	1,978,128	21,733,856
Supplies and services	3.4	22,528,972	20,207,758
Accommodation expenses	3.5	2,832,919	2,832,343
Other expenses	3.6	4,502,960	3,176,062

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

3.1(a) Employee benefits expenses	**2023 $**	**2022 $**
Employee benefits	45,319,706	39,794,988
Termination benefits	-	127,331
Superannuation - defined contribution plans (a)	4,705,960	3,916,345
Total employee benefits expenses	**50,025,666**	**43,838,664**
Add: AASB 16 Non-monetary benefits (not included in employee benefits expense)	50,906	45,676
Less: Employee contributions (per the statement of comprehensive income)	(20,572)	(28,407)
Net employee benefits	**50,056,000**	**43,855,933**

(a) Defined contribution plans include West State, Gold State and GESB Super and other eligible funds. Super contribution paid to GESB for West State, Gold State and GESB Super is $3,437,976 (2021-22 $3,068,814).

Employee benefits include wages, salaries and social contributions, accrued and paid leave entitlements and paid sick leave and non-monetary benefits such as fringe benefits tax recognised under accounting standards other than AASB 16 (such as medical care, housing, cars and free or subsidised goods or services) for employees.

Termination benefits are payable when employment is terminated before normal retirement date, or when an employee accepts an offer of benefits in exchange for the termination of employment. Termination benefits are recognised when the MHC is demonstrably committed to terminating the employment of current employees according to a detailed formal plan without possibility of withdrawal or providing termination benefits as a result of an offer made to encourage voluntary redundancy. Benefits falling due more than 12 months after the end of the reporting period are discounted to present value.

Superannuation is the amount recognised in profit or loss of the Statement of Comprehensive Income comprises employer contributions paid to the GSS (concurrent contributions), the WSS, other GESB schemes or other superannuation funds.

AASB 16 non-monetary benefits are non-monetary employee benefits predominantly relating to the provision of vehicle benefits that are recognised under AASB 16 which are excluded from the employee benefits expense.

Employee contributions are contributions made to the MHC by employees towards employee benefits that have been provided by the MHC. This includes both AASB 16 and non-AASB 16 employee contributions.

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

3.1(b) Employee related provisions	**2023 $**	**2022 $**
Current		
Employee benefits provision		
Annual leave	4,277,789	4,197,326
Long service leave	3,486,850	3,255,791
Deferred salary scheme	-	40,756
Total current employee related provisions	**7,764,639**	**7,493,873**
Non-current		
Employee benefits provision		
Long service leave	2,522,806	2,131,564
Total employee related provisions	**10,287,445**	**9,625,437**

Provision is made for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave for services rendered up to the reporting date and recorded as an expense during the period the services are delivered.

Annual leave liabilities are 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:

	2023	2022
Within 12 months of the end of the reporting period	3,002,692	2,925,108
More than 12 months after the end of the reporting period	1,275,097	1,272,218
	4,277,789	4,197,326

The provision for annual leave is calculated at the present value of expected payments to be made in relation to services provided by employees up to the reporting date.

Long service leave liabilities are unconditional long service leave provisions and are classified as current liabilities as the MHC 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 MHC has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service. Assessments indicate that actual settlement of the liabilities is expected to occur as follows:

	2023	2022
Within 12 months of the end of the reporting period	982,408	925,546
More than 12 months after the end of the reporting period	5,027,248	4,461,809
	6,009,656	5,387,355

The provision of the long service leave liabilities are calculated at present value as the MHC does not expect to wholly settle the amounts within 12 months. The present value is measured taking into account the present value of expected future payments to be made in relation to services provided by employees up to the reporting date. These payments are estimated using the remuneration rate expected to apply at the time of settlement and 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.

Deferred salary scheme liabilities are classified as current where there is no unconditional right to defer settlement for at least 12 months after the end of the reporting period. Actual settlement of the liabilities is expected to occur as follows:

	2023	2022
Within 12 months of the end of the reporting period	-	40,756
More than 12 months after the end of the reporting period	-	-
	-	40,756

3.1(b) Employee related provisions (cont.)

Key sources of estimation uncertainty – long service leave

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.

Several estimates and assumptions are used in calculating the MHC's long service leave provision. These 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.

In estimating the non-current long service leave liabilities, employees are assumed to leave the MHC each year on account of resignation or retirement at 7.8%. This assumption was based on an analysis of the historical turnover rates exhibited by employees in the WA health services including the MHC. Employees with leave benefits to which they are fully entitled are assumed to take all available leave uniformly over the following five years or to age 65 if earlier.

Any gain or loss following revaluation of the present value of long service leave liabilities is recognised as employee benefits expense.

3.2 Service agreements	2023 $	2022 $
Service agreement - WA Health		
East Metropolitan Health Service	250,061,000	210,997,000
North Metropolitan Health Service	293,830,000	273,523,000
South Metropolitan Health Service	177,465,000	159,773,688
Child and Adolescent Health Service	85,463,000	73,192,342
WA Country Health Service	159,210,000	136,234,201
Total service agreement - WA Health	**966,029,000**	**853,720,231**

Metropolitan Health Service was abolished on 1 July 2016 and 5 Health Services Providers were established including Health Support Services due to proclamation of Health Services Act 2016. WA Health comprises the Department of Health, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, Health Support Services and WA Country Health Service. Under the MHC Service Agreements, public hospitals in WA Health provide specialised mental health services to the public patients and the community.

	2023 $	2022 $
Service agreement - non government and other organisations		
Non-government and other organisations	**200,551,688**	**172,717,886**

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

	2023 $	2022 $
Total service agreements	**1,166,580,688**	**1,026,438,117**

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

3.3 Grants and subsidies	**2023 $**	**2022 $**
Recurrent		
Suicide Prevention Strategy	435,950	523,049
Prevention and Anti-Stigma	-	5,000
Transitional Community Based Beds for Long Stay Inpatients Pilot Program	-	594,000
Perinatal Mental Health Pilot Programs	-	661,200
Commitment to Aboriginal Youth Wellbeing	625,586	285,950
Active Recovery Team Pilot Project	-	2,506,565
Mental Health Residential Rehabilitation Beds Trial Program	-	490,000
Covid-19 Pandemic Service Response	-	2,086,714
Community Services Contracts 2021-2022 uplift	-	5,277,310
Think Mental Health Campaign	-	600,000
Mental Awareness, Respect and Safety Program	-	600,000
Community Services Grants	637,068	1,648,886
Youth Support & Wellbeing Programs	-	2,093,650
Community Support Programs	-	1,043,407
Enhanced Psychiatric Hostel & Long Stayers Funding (a)	194,875	-
Other grants (b)	84,649	890,030
Total recurrent grants and subsidies	**1,978,128**	**19,305,761**
Capital		
Refurbish building grants for A Safe Place Initiatives - Community Care Unit	-	1,710,909
Refurbish building grants for A Safe Place Initiatives - Youth Mental Health and Alcohol and Other Drug Homelessness	-	368,686
Refurbish building grants for The Recovery House Program - Woodville House Facility	-	348,500
Total capital grants and subsidies	**-**	**2,428,095**
Total grants and subsidies	**1,978,128**	**21,733,856**

(a) Grants and subsidies include payments to the Mental Health Advocacy Services $194,875 (2021-22 $nil).

(b) Grants and subsidies include payments to the Department of Communities $nil (2021-22 $100,000)

Transactions in which the MHC provides goods, services, assets (or extinguishes a liability) or labour to another party without receiving approximately equal value in return are categorised as ‘Grant or subsidy expenses’. These payments or transfers are recognised at fair value at the time of the transaction and are recognised as an expense in the reporting period in which they are paid. They include transactions such as: grants, subsidies, personal benefit payments made in cash to individuals, other transfer payments made to public sector agencies, local government, non-government schools, and community groups.

The MHC is not responsible for administering a government subsidy scheme.

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

		2023 $	2022 $
3.4	**Supplies and services**		
	Purchase of outsourced services (f)	12,912,716	10,662,852
	Corporate support services (c)	2,491,157	2,020,124
	Computer related services	998,559	664,529
	Consulting fees (a) (b) (d) (e)	4,944,624	5,404,770
	Consumables	518,320	708,092
	Communications	231,882	195,927
	Printing and Stationery	361,853	351,823
	Other	69,861	199,641
	Total supplies and services	**22,528,972**	**20,207,758**

Supplies and services are recognised as an expense in the reporting period in which they are incurred.

(a) The Public Sector Commission $12,665 has been classified as consulting fees (2021-22 $17,828).
(b) Department of Finance $555 has been classified as consulting fees (2021-22 $nil).
(c) Health Support Services has provided supply services, IT services, human resource services and finance services to the MHC free of charge.
(d) Landgate WA of $9,037 has been classified as consulting fees (2021-22 $4,750).
(e) Western Australia Treasury Corporation of $25,300 has been classified as consulting fees (2021-22 $44,000).
(f) Western Australian Police Forces of $500,000 has been classified as purchase of outsourced services (2021-22 $nil).

		2023	2022
3.5	**Accommodation expenses**		
	Office rental	2,628,223	2,685,341
	Utilities	204,696	147,002
	Total accommodation expenses	**2,832,919**	**2,832,343**

Office rental is expensed as incurred as Memorandum of Understanding Agreements between the MHC and the Department of Finance for the leasing of office accommodation contain significant substitution rights.

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

		2023	2022
3.6	**Other expenses**	**$**	**$**
	Workers' compensation insurance (a)	127,125	214,217
	Other employee related expenses (g)	742,543	441,715
	Consumable equipment, repairs and maintenance (b) (f)	1,583,055	1,201,499
	Expected credit losses expense	12,961	7,472
	Travel related expenses (c)	55,674	122,194
	Audit fees (d)	544,981	391,827
	Legal fees (e)	171,471	158,301
	Administration	103,393	273,443
	Advertising	122,211	66,636
	Other insurance (a)	144,204	139,947
	Disposal of assets	448	7,408
	Other (h)	894,894	151,403
	Total other expenditures	**4,502,960**	**3,176,062**

Other expenditures generally represent the day-to-day running costs incurred in normal operations.

(a) Includes expense to RiskCover, $127,125 has been classified as workers' compensation insurance and $144,059 as other insurance (2021-22 $214,217 workers' compensation insurance and $139,947 other insurance).
(b) Includes expense to Department of Finance, $468,149 has been classified as consumable equipment, repairs and maintenance (2021-22 $470,877).
(c) Includes expense to Department of Finance - Statefleet $265 (2021-22 $313).
(d) Includes expense to Office of the Auditor General $190,900 (2021-22 $218,080).
(e) Includes expense to Department of Justice - State Solicitor's Office $157,994 (2021-22 $136,887) inclusive of resources received free of charge.
(f) Includes expense to Department of Fire and Emergency $5,130 (2021-22 $5,130).
(g) Includes expense to Public Sector Commission $10,172 (2021-22 $10,290), Department of Communities $4,426 (2021-22 $nil), Department of Justice $365 (2021-22 $nil), State Library of WA $3,253 (2021-22 $nil) and the Department of Education $1,027 (2021-22 $nil)
(h) Includes expense to Public Sector Commission $10,172 (2021-22 $10,290), Department of Treasury $709,138 (2021-22 $nil), Landgate $935 (2021-22 $nil), Department of Health $6,558 (2021-22 $nil) and the State Library of WA $6,492 (2021-22 $nil)

Expected credit losses is recognised for movement in allowance for impairment of trade receivables. Please refer to note 6.1.1 Receivables for more details.

Consumable equipment, repairs and maintenance costs are recognised as expenses as incurred, except where they relate to the replacement of a significant component of an asset. In that case, the costs are capitalised and depreciated.

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 3.1(b) Employee benefit provision. Superannuation contributions accrued as part of the provision for leave are employee benefits and are not included in employment on-costs.

4. Our funding sources

How we obtain our funding

This section provides additional information about how the MHC obtains its funding and the relevant accounting policy notes that govern the recognition and measurement of this funding. The primary income received by the MHC and the relevant notes are:

	Notes	2023 $	2022 $
Income from State Government	4.1	1,283,977,105	1,144,043,567
Commonwealth grants and contributions	4.2	754,346	386,222
Other income	4.3	2,369,683	1,686,284

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

4.1 Income from State Government	**2023 $**	**2022 $**
Service appropriation received during the period:		
Amount appropriated to deliver services	913,272,000	821,359,000
Amount authorised by other statutes:		
Salaries and Allowances Act 1975	813,000	811,000
Total service appropriation received	**914,085,000**	**822,170,000**
Commonwealth service agreement funding from State Pool Account during the period:		
National Health Reform Agreement	**338,032,395**	**298,568,840**

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. This 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 of WA and the MHC.

Income from other public sector entities during the period:		
Department of Health	289,217	175,626
Department of Education	254,642	80,116
WA Police	1,569,000	1,531,000
Healthway	260,000	650,000
Public Sector Commission	-	27,134
Department of Justice	271,219	267,895
Department of Mines, Industry Regulation and Safety	930,600	1,061,000
Total income from other public sector entities	**3,574,678**	**3,792,771**
Resources received from other public sector entities during the period:		
Services received free of charge:		
State Solicitor's Office - legal advisory services	157,583	135,403
Department of Finance - office accommodation leasing services	13,144	17,230
Department of Finance - test kits	-	5,544
Department of Health	6,148	75,655
Health Support Services (a)	2,491,157	2,020,124
Total services received free of charge	**2,668,032**	**2,253,956**

(a) Metropolitan Health Service was abolished on 1 July 2016 and established 5 Health Services Providers including Health Support Services. Health Support Services has provided (previously within Metropolitan Health Service) supply services, IT services, human resource services, finance services to the MHC since 2010.

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

		2023	2022
4.1	**Income from State Government (cont.)**	**$**	**$**
	Royalties for Regions Fund		
	Regional Community Services Account	**25,617,000**	**17,258,000**
	Total income from State Government	**1,283,977,105**	**1,144,043,567**

Service Appropriations are recognised as income at fair value of consideration received in the period in which the MHC gains control of the appropriated funds. The MHC gains control of appropriated funds at the time those funds are deposited in the bank account or credited to the holding held at Treasury.

Income from other public sector entities are recognised as income when the MHC has satisfied its performance obligation under the funding agreement. If there is no performance obligation, income will be recognised when the MHC receives the funds.

Resources received from other public sector entities is recognised as income equivalent to the fair value of assets received or the fair value of services received that can be reliably determined and which would have been purchased if not donated.

Regional Community Services Account is a sub-fund within the over-arching 'Royalties for Regions Fund'. The recurrent funds are committed to projects and programs in WA regional areas and are recognised as income when the MHC receives the funds or when the performance obligations have been met.

4.2 Commonwealth grants and contributions

	2023	2022
Specialist Dementia Care Program	388,000	264,000
WA Peer Workforce Scholarshis	66,000	-
Take Home Naloxone Pilot	300,346	122,222
Total commonwealth grants and contributions	**754,346**	**386,222**

Commonwealth grants and contributions are recognised as income when the grants are receivable.

4.3 Other income

	2023	2022
Refund of prior year's payment on contract for services (a)	797,760	782,097
Interest revenue	131,053	25,202
Services to external organisations	192,769	258,468
Increment on revaluation of land (b)	150,400	493,400
Grants and contributions	1,045,769	-
Other income	51,932	127,117
Total other income	**2,369,683**	**1,686,284**

(a) Refunds were received from non-government organisations in 2022-23 and 2021-22, as the funds paid in prior year were in excess of the requirement.
(b) Revenue is related to an increment in value of assets after revaluation. It is recognised as other revenue to the extent it reverses the loss on revaluation recognised as other expense in previous years.

Revenue is recognised at a point-in-time for services provided. The performance obligation for these revenue are satisfied when the services have been provided.

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

5. Key assets

Assets the MHC utilises for economic benefit or service potential

This section includes information regarding the key assets the MHC utilises to gain economic benefits or provide service potential. The section sets out both the key accounting policies and financial information about the performance of these assets:

	Notes	2023	2022
		$	$
Property, plant and equipment	5.1	21,732,261	19,728,335
Right-of-use assets	5.2	150,490	112,234

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

	2023	2022
5.1 Property, plant and equipment	**$**	**$**
Land		
Carrying amount at start of period (fair value)	**5,346,700**	**4,853,300**
Revaluation increments	1,010,215	493,400
Carrying amount at end of period	**6,356,915**	**5,346,700**
Buildings		
Carrying amount at start of period (fair value)	**11,309,812**	**10,534,600**
Transfer from Work in Progress	2,183,806	384,903
Revaluation increments	821,082	791,190
Depreciation	(522,134)	(400,881)
Carrying amount at end of period	**13,792,566**	**11,309,812**
Leasehold improvements		
Carrying amount at start of period (fair value)	-	-
Transfer from Work in Progress	1,037,856	-
Depreciation	(144,817)	-
Carrying amount at end of period	**893,039**	**-**
Computer equipment		
Gross carrying amount	69,973	69,973
Accumulated depreciation	(59,930)	(54,908)
Carrying amount at start of period	**10,043**	**15,065**
Depreciation	(5,022)	(5,022)
Carrying amount at end of period	**5,021**	**10,043**
Medical equipment		
Gross carrying amount	198,044	198,044
Accumulated depreciation	(127,600)	(101,073)
Carrying amount at start of period	**70,444**	**96,971**
Additions	7,050	-
Depreciation	(26,702)	(26,526)
Carrying amount at end of period	**50,792**	**70,445**

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

5.1 Property, plant and equipment (cont.)	**2023 $**	**2022 $**
Other plant and equipment		
Gross carrying amount	360,729	384,346
Accumulated depreciation	(201,443)	(180,637)
Carrying amount at the start of year	**159,286**	**203,709**
Disposals	-	(7,408)
Depreciation	(35,203)	(37,015)
Carrying amount at the end of year	**124,083**	**159,286**
Artworks		
Gross carrying amount	18,000	18,000
Carrying amount at the start of year	**18,000**	**18,000**
Carrying amount at the end of year	**18,000**	**18,000**
Works in progress		
Carrying amount at the start of year	2,814,049	1,688,214
Additions	899,457	1,510,738
Capitalised to asset classes	(3,221,662)	(384,903)
Carrying amount at the end of year	**491,844**	**2,814,049**
Total property, plant and equipment		
Gross carrying amount	20,117,308	17,746,477
Accumulated depreciation	(388,973)	(336,618)
Carrying amount at the start of year	**19,728,335**	**17,409,859**
Additions	906,507	1,510,738
Transfers from Work in Progress	3,221,662	384,903
Capitalised to asset classes	(3,221,662)	(384,903)
Disposals	-	(7,408)
Revaluation increments/(decrements)	1,831,297	1,284,590
Depreciation	(733,878)	(469,444)
Carrying amount at the end of year	**21,732,261**	**19,728,335**

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

5.1 Property, plant and equipment (cont.)

Initial recognition

Items of property, plant and equipment, costing $5,000 or more are measured initially at cost. Where an asset is acquired for no or nominal cost, the cost is valued at its fair value at the date of acquisition. 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).

Subsequent measurement

Subsequent to initial recognition of an asset, the revaluation model is used for the measurement of land and buildings.

Land is carried at fair value. Buildings are carried at fair value less accumulated depreciation and accumulated impairment losses.

Plant and equipment are stated at historical cost less accumulated depreciation and accumulated impairment losses.

Land and buildings are independently valued annually by the Western Australian Land Information Authority (Valuations and Property Analytics) 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.

Land and buildings were revalued as at 1 July 2022 by the Western Australian Land Information Authority (Valuations and Property Analytics).The valuations were performed during the year ended 30 June 2023 and recognised at 30 June 2023. In undertaking the revaluation, fair value was determined by reference to market values for land: $430,000 (2021-22 $299,000) and buildings $985,772 (2021-22 $404,000). 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).

5.1.1 Depreciation expense	2023 $	2022 $
Buildings	522,134	400,881
Computer equipment	5,022	5,022
Medical equipment	26,702	26,526
Leasehold improvements	144,817	-
Other plant and equipment	35,203	37,015
Total depreciation for the period	**733,878**	**469,444**

As at 30 June 2023 there were no indications of impairment to property, plant and equipment.

All surplus assets at 30 June 2023 have either been classified as assets held for sale or have been written-off.

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

5.1 Property, plant and equipment (cont.)

5.1.1 Depreciation expense (cont.)

Useful lives

All property, plant and equipment 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. The exceptions to this rule include assets held for sale, land and investment properties.

Depreciation is calculated on a straight line basis, at rates that allocate the asset's value, less any estimated residual value, over its estimated useful life. Typical estimated useful lives for the different asset classes for current and prior years are below:

Buildings	17 to 50 years
Computer equipment	3 to 4 years
Medical equipment	7 to 10 years
Leasehold improvements	7 years
Other plant and equipment	8 to 10 years

The estimated useful lives and residual values are reviewed at the end of each annual reporting period, and adjustments should be made where appropriate.

Land and works of art, which are considered to have an indefinite life, are not depreciated. Depreciation is not recognised in respect of these assets because their service potential has not, in any material sense, been consumed during the reporting period.

Impairment

There were no indications of impairment to property, plant and equipment at 30 June 2023. The MHC held no goodwill during the reporting period.

Non-financial assets, including items of plant and equipment, are tested for impairment whenever there is an indication that the asset may be impaired. 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 its recoverable amount, an impairment loss is recognised through profit or loss. Where a previously revalued asset is written down to its recoverable amount, the loss is recognised as a revaluation decrement through other comprehensive income.

As the MHC is a not-for-profit agency, the recoverable amount of regularly revalued specialised assets is anticipated to be materially the same as fair value.

If there is an indication that there has been a reversal in impairment, the carrying amount shall be increased to its recoverable amount. However this reversal should not increase the asset's carrying amount above what would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised in prior years.

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 the asset's future economic benefits and to evaluate any impairment risk from declining replacement costs.

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

5.2 Right-of-use assets	**2023 $**	**2022 $**
Vehicles		
Gross carrying amount	232,566	208,896
Accumulated depreciation	(120,332)	(82,857)
Accumulated impairment loss	-	-
Carrying amount at start of period	**112,234**	**126,039**
Additions	126,370	40,546
Disposals	(100,871)	(16,876)
Reversal of accumulated depreciation on disposal	63,016	16,876
Depreciation expense	(50,259)	(54,351)
Carrying amount at the end of year	**150,490**	**112,234**
Gross carrying amount	258,065	232,566
Accumulated depreciation	(107,575)	(120,332)
Accumulated impairment loss	-	-

Initial recognition

At the commencement date of the lease, the MHC recognises right-of-use assets are measured at cost comprising of:

- the amount of the initial measurement of lease liability
- any lease payments made at or before the commencement date less any lease incentive received;
- any initial direct costs; and
- restoration costs, including dismantling and removing the underlying asset.

The MHC has elected not to recognise right-of-use assets and lease liabilities for short-term leases (with a lease term of 12 months or less) and low value leases (with an underlying value of $5,000 or less). Lease payments associated with these leases are expensed over a straight-line basis over the lease term.

Subsequent measurement

The cost model is applied for subsequent measurement of right-of-use assets, requiring the asset to be carried at cost less any accumulated depreciation and accumulated impairment losses and adjusted for any re-measurement of lease liability.

5.2 Right-of-use assets (cont.)

Depreciation and impairment of right-of-use assets

Right-of-use assets are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the underlying assets

If ownership of the leased asset transfers to the MHC at the end of the lease term or the cost reflects the exercise of a purchase option, depreciation is calculated using the estimated useful life of the asset.

Right-of-use assets are tested for impairment when an indication of impairment is identified. The policy in connection with testing for impairment is outlined in note 5.1.1

The following amounts relating to leases have been recognised in the statement of comprehensive income

	2023 $	2022 $
Depreciation expense of right-of-use assets	50,259	54,351
Lease interest expense	6,904	6,148
Expenses relating to variable lease payments not included in lease liabilities	435	907
Short-term leases	-	45,333
Gains or losses arising from sale and leaseback transactions	127	-
Total amount recognised in the statement of comprehensive income	**57,725**	**106,739**

The total cash outflow for leases in 2022-23 was $45,189 (2021-22: $105,308). As at 30 June 2023 there were no indications of impairment to right-of-use assets.

The MHC's leasing activities and how these are accounted for:

The MHC has leases for vehicles.

The MHC has also entered into a Memorandum of Understanding Agreements (MOU) with the Department of Finance for the leasing of office accommodation. These are not recognised under AASB 16 because of substitution rights held by the Department of Finance and are accounted for as an expense as incurred.

The MHC recognises leases as right-of-use assets and associated lease liabilities in the Statement of Financial Position.

The corresponding lease liabilities in relation to these right-of-use assets have been disclosed in note 7.1.

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

6. Other assets and liabilities

This section sets out those assets and liabilities that arose from the MHC's controlled operations and includes other assets utilised for economic benefits and liabilities incurred during normal operations:

	Notes	2023 $	2022 $
Receivables	6.1	561,753	702,759
Amounts receivable for services	6.2	7,886,123	7,407,123
Inventories	6.3	6,347	13,234
Other current assets	6.4	111,900	101,829
Payables	6.5	4,997,404	3,040,055

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

6.1 Receivables	2023 $	2022 $
Current		
Receivables (a)	215,216	611,090
Allowance for impairment of receivables	(34,584)	(25,198)
Accrued revenue	191,947	22,967
GST receivables	189,174	93,900
Total receivables	**561,753**	**702,759**

(a) Receivables include amounts owing from the Department of Primary Industries and Regional Development $37,672 (2021-22 $nil), Main Roads WA $41,754 (2021-22 $nil), Department of Communities $nil (2021-22 $32,458) and the Department of Justice $nil (2021-22 $130,895)

Receivables are initially recognised at their transaction price or, for those receivables that contain a significant financing component, at fair value. The MHC holds the receivables with the objective to collect the contractual cash flows and therefore subsequently measured at amortised cost using the effective interest method, less an allowance for impairment.
The MHC recognises a loss allowance for expected credit losses (ECLs) on a receivable not held at fair value through profit or loss. The ECLs based on the difference between the contractual cash flows and the cash flows that the MHC expects to receive, discounted at the original effective interest rate. Individual receivables are written off when the MHC has no reasonable expectations of recovering the contractual cash flows.
For trade receivables, the MHC recognises an allowance for ECLs measured at the lifetime expected credit losses at each reporting date. The MHC has established a provision matrix that is based on its historical credit loss experience, adjusted for forward-looking factors specific to the debtors and the economic environment. Please refer to note 3.6 for the amount of ECLs expensed in this financial

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 entities in the GST group include the Department of Health, Mental Health MHC, East Metropolitan Health Service, North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, Health Support Services, WA Country Health Service, QE II Medical Centre Trust, PathWest Laboratory Medicine WA, Quadriplegic Centre 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.

6.1.1 Movement in the allowance for impairment of receivables

Reconciliation of changes in the allowance for impairment of receivables:	2023	2022
Opening balance	25,198	17,749
Expected credit losses expense	12,961	7,472
Amount recovered during the period	-	(23)
Amount written off during the period	(3,575)	-
Allowance for impairment at the end of the period	**34,584**	**25,198**

The maximum exposure to credit risk at the end of the reporting period for receivables is the carrying amount of the asset inclusive of any allowance for impairment as shown in the table at Note 8.1(c) 'Financial instruments disclosures'. The MHC does not hold any collateral as security or other credit enhancements for receivables.

6.2 Amounts receivable for services

	2023	2022
Non-current amounts receivable for services	**7,886,123**	**7,407,123**

Amounts receivable for services 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.

The amounts receivable for services are financial assets at amortised cost, and are not considered impaired (i.e. there is no expected credit loss of the holding accounts).

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

	2023	2022
6.3 Inventories	**$**	**$**
Current		
Pharmaceutical stores - at cost	**6,347**	**13,234**

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.

6.4 Other current assets

	2023	2022
Prepayments	**111,900**	**101,829**

Other non-financial assets include prepayments which represent payments in advance of receipt of goods or services or that part of expenditure made in one accounting period covering a term extending beyond that period.

6.5 Payables

	2023	2022
Current		
Trade payables (a)	773,376	220,917
Accrued salaries	1,468,673	1,315,524
Accrued expenses (a)	2,755,355	1,503,614
Total payables at the end of period	**4,997,404**	**3,040,055**

(a) Includes amounts not yet paid to the Public Sector Commission $nil (2021-22 $9,338), Department of Premier and Cabinet $15,375 (2021-22 $nil), Department of Education $nil (2021-22 $444,122) and the Department of Finance $88,070 (2021-22 $20,370).

Payables are recognised at the amounts payable when the MHC 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 settlement for the MHC is generally within 15-20 days.

Accrued salaries represent the amount due to staff but unpaid at the end of the reporting period. Accrued salaries are settled within a fortnight of the reporting period end. The MHC considers the carrying amount of accrued salaries to be equivalent to its fair value.

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

7. Financing

This section sets out the material balances and disclosures associated with the financing and cashflows of the MHC.

	Notes
Lease liabilities	7.1
Assets pledged as security	7.2
Finance costs	7.3
Cash and cash equivalents	7.4
Reconciliation of cash	7.4.1
Reconciliation of operating activities	7.4.2
Capital commitments	7.5

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

		2023 $	2022 $
7.1	**Lease liabilities**		
	Current	45,299	37,933
	Non-current	110,469	78,361
	Total lease liabilities	**155,768**	**116,294**

Initial measurement

At the commencement date of the lease, the MHC recognises lease liabilities measured at the present value of lease payments to be made over the lease term. The lease payments are discounted using the interest rate implicit in the lease. If that rate cannot be readily determined, the MHC uses the incremental borrowing rate provided by Western Australia Treasury Corporation.

Lease payments included by the MHC as part of the present value calculation of lease liability include:

* Fixed payments (including in-substance fixed payments), less any lease incentives receivable;
* Variable lease payments that depend on an index or a rate initially measured using the index or rate as at the commencement date;
* Amounts expected to be payable by the lessee under residual value guarantees;
* The exercise price of purchase options (where these are reasonably certain to be exercised);
* Payments for penalties for terminating a lease, where the lease term reflects the MHC exercising an option to terminate the lease.

The interest on the lease liability is recognised in profit or loss over the lease term so as to produce a constant periodic rate of interest on the remaining balance of the liability for each period. Lease liabilities do not include any future changes in variable lease payments (that depend on an index or rate) until they take effect, in which case the lease liability is reassessed and adjusted against the right-of-use asset.

Periods covered by extension or termination options are only included in the lease term by the MHC if the lease is reasonably certain to be extended (or not terminated).

Variable lease payments, not included in the measurement of lease liability, that are dependant on sales are recognised by the MHC in profit or loss in the period in which the condition that triggers those payment occurs.

This section should be read in conjunction with note 5.2.

Subsequent measurement

Lease liabilities are measured by increasing the carrying amount to reflect interest on the lease liabilities; reducing the carrying amount to reflect the lease payments made; and remeasuring the carrying amount at amortised cost, subject to adjustments to reflect any reassessment or lease modifications.

7.2 Assets pledged as security

The carrying amounts of non-current assets pledged as security are:

	2023 $	2022 $
Right-of-use assets: vehicles	150,490	112,234
Total assets pledged as security	**150,490**	**112,234**

The MHC has secured the right-of-use assets against the related lease liabilities. In the event of default, the rights to the leased assets will revert to the lessor.

7.3 Finance costs

	2023 $	2022 $
Lease interest expense	**6,904**	**6,148**

Finance costs relate to the interest component of lease liability repayments.

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

		2023 $	2022 $
7.4	**Cash and cash equivalents**		
7.4.1	**Reconciliation of cash**		
	Cash and cash equivalents	104,905,207	55,808,799
	Restricted cash and cash equivalents	11,801,266	9,625,388
	Total cash and cash equivalents at end of period	**116,706,473**	**65,434,187**
	Restricted cash and cash equivalents		
	Current		
	- Commonwealth special purpose account (b)	4,619,225	5,017,755
	- Royalties for Regions Fund (c)	5,894,395	3,678,703
	- Digital Capability Fund	16,265	-
	Total current restricted cash and cash equivalents	**10,529,885**	**8,696,458**
	Non-Current		
	- Accrued salaries suspense account (a)	**1,271,381**	**928,930**

(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. This account is classified as non-current for 10 out of 11 years.

(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.

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

The accrued salaries suspense account consists of amounts paid annually into a Treasurer's special purpose account to meet the additional cash outflow for employee salary payments in reporting periods with 27 pay periods instead of the normal 26. No interest is received on this account.

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

7.4 Cash and cash equivalents (cont.)

7.4.2 Reconciliation of net cost of services to net cash flows used in operating activities

	Notes	2023 $	2022 $
Net cost of services		(1,246,116,345)	(1,116,684,237)
Non-cash items:			
Resources received free of charge	4.1	2,668,032	2,253,956
Depreciation expense	5.1.1 & 5.2	784,137	523,795
Loss from disposal of non-current assets		-	7,408
Increment on revaluation of land	4.3	(150,400)	(493,400)
Expected credit losses expense	3.6	12,961	7,472
Adjustment for other non-cash items		(3,575)	(23)
(Increase)/decrease in assets:			
Current receivables (a)		727	(327,672)
Inventories		6,887	2,832
Other current assets		(10,071)	(101,829)
Increase/(decrease) in liabilities:			
Current payables		1,946,157	805,293
Current provisions		270,766	450,916
Non-current provisions		391,242	90,787
Net cash used in operating activities		**(1,240,199,482)**	**(1,113,464,702)**

(a) This excludes allowance for impairment of receivables and income from state government as it does not form part of the reconciling item.

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

7.5 Capital commitments	**2023 $**	**2022 $**
Capital expenditure commitments, being contracted capital expenditure additional to the amounts reported in the financial statements, are payable as follows:		
Within 1 year	2,557,567	6,730,440
Later than 1 year and not later than 5 years	6,061,929	2,858,924
	8,619,496	**9,589,364**

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

8. Risks and Contingencies

This note sets out the key risk management policies and measurement techniques of the MHC.

	Notes
Financial risk management	8.1
Contingent assets and liabilities	8.2
Fair value measurements	8.3

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

8.1 Financial risk management

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

(a) Summary of risks and risk management

Credit risk

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

Credit risk associated with the MHC's financial assets is minimal because the debtors are predominantly government bodies. The main receivable of the MHC is the amounts receivable for services (holding account). For receivables other than government agencies, MHC trades only with recognised, creditworthy third parties. In addition, receivable balances are monitored on an ongoing basis with the result that the MHC's exposure to bad debts is minimised. Debt will be written-off against the allowance account when it is improbable or uneconomical to recover the debt. At the end of the reporting period, there were no significant concentrations of credit risk.

Liquidity risk

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

The MHC 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 MHC's income or the value of its holdings of financial instruments. The MHC 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:

	2023 $	2022 $
Financial Assets		
Cash and cash equivalents	104,905,207	55,808,799
Restricted cash and cash equivalents	11,801,266	9,625,388
Receivables (a)	180,632	585,892
Accrued revenue	191,947	22,967
Amounts receivable for services	7,886,123	7,407,123
Total financial assets	**124,965,175**	**73,450,169**
Financial Liabilities		
Financial liabilities measured at amortised cost	5,153,172	3,156,349
Total financial liabilities	**5,153,172**	**3,156,349**

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

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

8.1 Financial risk management (cont.)

(c) Credit risk exposure

The following table details the credit risk exposure on the MHC's trade using a provision matrix.

	Total	Days past due					
		Current	<30 days	31-60 days	61-90 days	90-180 days	>180 days
	$	$	$	$	$	$	$
30 June 2023							
Expected credit loss rate		0.00%	0.00%	0.00%	0.00%	0.00%	28.77%
Estimated total gross carrying amount at default	215,216	84,007	8,668	2,017	-	298	120,226
Expected credit losses	(34,584)	-	-	-	-	-	34,584
30 June 2022							
Expected credit loss rate		0.00%	0.00%	0.00%	0.00%	0.00%	19.99%
Estimated total gross carrying amount at default	611,090	419,005	12,243	40,637	-	13,134	126,071
Expected credit losses	(25,198)	-	-	-	-	-	25,198

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

8.1 Financial risk management (cont.)

(d) Liquidity risk and interest rate exposure

The following table details the MHC'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 liabilities

	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
	%	$	$	$	$	$	$	$	$	$	$
2023											
Financial Assets											
Cash and cash equivalents	-	104,905,207	-	-	104,905,207	104,905,207	104,905,207	-	-	-	-
Restricted cash and cash equivalents	2.8%	11,801,266	-	4,499,225	7,302,041	11,801,266	11,801,266	-	-	-	-
Receivables (a)	-	180,632	-	-	180,632	180,632	180,632	-	-	-	-
Accrued revenue	-	191,947	-	-	191,947	191,947	191,947	-	-	-	-
Amounts receivable for services	-	7,886,123	-	-	7,886,123	7,886,123	-	-	-	-	7,886,123
		124,965,175	-	4,499,225	120,465,950	124,965,175	117,079,052	-	-	-	7,886,123
Financial Liabilities											
Payables	-	4,997,404	-	-	4,997,404	4,997,404	4,997,404	-	-	-	-
Lease liabilities (b)	6.0%	155,768	155,768	-	-	176,956	4,453	8,907	40,079	114,441	9,076
		5,153,172	155,768	-	4,997,404	5,174,360	5,001,857	8,907	40,079	114,441	9,076
2022											
Financial Assets											
Cash and cash equivalents	-	55,808,799	-	-	55,808,799	55,808,799	55,808,799	-	-	-	-
Restricted cash and cash equivalents	0.6%	9,625,388	-	5,017,755	4,607,633	9,625,388	9,625,388	-	-	-	-
Receivables (a)	-	585,892	-	-	585,892	585,892	585,892	-	-	-	-
Accrued revenue	-	22,967	-	-	22,967	22,967	22,967	-	-	-	-
Amounts receivable for services	-	7,407,123	-	-	7,407,123	7,407,123	-	-	-	-	7,407,123
		73,450,169	-	5,017,755	68,432,414	73,450,169	66,043,046	-	-	-	7,407,123
Financial Liabilities											
Payables	-	3,040,055	-	-	3,040,055	3,040,055	3,040,055	-	-	-	-
Lease liabilities (b)	4.7%	116,294	116,294	-	-	126,041	4,356	8,713	29,426	83,546	-
		3,156,349	116,294	-	3,040,055	3,166,096	3,044,411	8,713	29,426	83,546	-

(a) The amount of receivables excludes GST recoverable from the ATO (statutory receivable).
(b) The amount of lease liabilities $155,768 (2021-22: $116,294) is from leased vehicles.

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

8.1 Financial risk management (cont.)

(e) Interest rate sensitivity analysis

The following table represents a summary of the interest rate sensitivity of the MHC'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 $
2023					
Financial Assets					
Restricted cash and cash equivalents	4,499,225	(44,992)	(44,992)	44,992	44,992
Total Increase/(Decrease)		(44,992)	(44,992)	44,992	44,992

		-100 basis points		+100 basis points	
	Carrying amount $	Surplus $	Equity $	Surplus $	Equity $
2022					
Financial Assets					
Restricted cash and cash equivalents	5,017,755	(50,178)	(50,178)	50,178	50,178
Total Increase/(Decrease)		(50,178)	(50,178)	50,178	50,178

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.

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

8.2 Contingent assets and liabilities

Contingent assets and contingent liabilities are not recognised in the statement of financial position but are disclosed and, if quantifiable, are measured at best estimate.

At the reporting date, the MHC is not aware of any contingent assets.

The MHC does not have any pending litigation that are not recoverable from RiskCover insurance at the reporting date.

Contaminated sites

Under the Contaminated Sites Act 2003, the MHC is required to report known and suspected contaminated sites to the Department of Water and Environmental Regulation (DWER). In accordance with the Act, DWER classifies these sites on the basis of the risk to human health, the environment and environmental values. Where sites are classified as contaminated – remediation required or possibly contaminated – investigation required, the MHC may have a liability in respect of investigation or remediation expenses.

At the reporting date, the MHC does not have any suspected contaminated sites reported under the Act.

8.3 Fair value measurements

Assets measured at fair value:	Level 1	Level 2	Level 3	Fair Value At end of period
2023	**$**	**$**	**$**	**$**
Land (Note 5.1)	-	430,000	5,926,915	6,356,915
Buildings (Note 5.1)	-	985,772	12,806,796	13,792,568
	-	**1,415,772**	**18,733,711**	**20,149,483**
2022				
Land (Note 5.1)	-	299,000	5,047,700	5,346,700
Buildings (Note 5.1)	-	404,000	10,905,813	11,309,813
	-	**703,000**	**15,953,513**	**16,656,513**

Valuation techniques to derive Level 2 fair values

Level 2 fair values of Land and Buildings are derived using the market approach. This approach provides an indication of value by comparing the asset with identical or similar properties for which price information is available. Analysis of comparable sales information and market data provides the basis for fair value measurement.

Fair value has been determined by reference to market evidence of sales prices of comparable assets.

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

8.3 Fair value measurements (cont.)

Fair value measurements using significant unobservable inputs (Level 3)	**Land**	**Buildings**
2023	**$**	**$**
Fair value at start of period	5,047,700	10,905,813
Transfer from work in progress	-	1,684,188
Revaluation increments/(decrements) recognised in Profit or Loss	19,400	-
Revaluation increments/(decrements) recognised in Other Comprehensive Income	859,815	721,765
Depreciation expense	-	(504,970)
Fair value at end of period	**5,926,915**	**12,806,796**
2022		
Fair value at start of period	4,578,300	10,156,600
Transfer from work in progress		303,599
Revaluation increments/(decrements) recognised in Profit or Loss	469,400	-
Revaluation increments/(decrements) recognised in Other Comprehensive Income	-	838,114
Depreciation expense	-	(392,500)
Fair value at end of period	**5,047,700**	**10,905,813**

Valuation processes

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 current replacement cost. 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, adjusted for obsolescence. Obsolescence encompasses physical deterioration, functional (technological) obsolescence and economic (external) obsolescence.

Valuation using current 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.

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

9. Other disclosures

This section includes additional material disclosures required by accounting standards or other pronouncements, for the understanding of this financial report.

	Notes
Events occurring after the end of the reporting period	9.1
Future impact of Australian Accounting Standards not yet operative	9.2
Key Management Personnel	9.3
Related Party Transactions	9.4
Related bodies	9.5
Affiliated bodies	9.6
Special purpose accounts	9.7
Remuneration of auditors	9.8
Equity	9.9
Services provided free of charge	9.10
Supplementary financial information	9.11

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

9.1 Events occurring after the end of the reporting period

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

9.2 Future impact of Australian Accounting Standards not yet operative

The MHC 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. Where applicable, the MHC plans to apply the following Australian Accounting Standards from their application date.

Title		Operative for reporting periods beginning on/after
Operative for reporting periods beginning on/after 1 Jan 2023		
AASB 2021-2	*Amendments to Australian Accounting Standards – Disclosure of Accounting Policies and Definition of Accounting Estimates* This Standard amends: (a) AASB 7, to clarify that information about measurement bases for financial instruments is expected to be material to an entity's financial statements; (b) AASB 101, to require entities to disclose their material accounting policy information rather than their significant accounting policies; (c) AASB 108, to clarify how entities should distinguish changes in accounting policies and changes in accounting estimates; (d) AASB 134, to identify material accounting policy information as a component of a complete set of financial statements; and (e) AASB Practice Statement 2, to provide guidance on how to apply the concept of materiality to accounting policy disclosures. There is no financial impact.	1 Jan 2023
AASB 2021-6	*Amendments to Australian Accounting Standards – Disclosure of Accounting Policies: Tier 2 and Other Australian Accounting Standards* This Standard amends: (a) AASB 1049, to require entities to disclose their material accounting policy information rather than their significant accounting policies; (b) AASB 1054 to reflect the updated accounting policy terminology used in AASB 101 Presentation of Financial Statements; and (c) AASB 1060 to required entities to disclose their material accounting policy information rather than their significant accounting policy and to clarify that information about measurement bases for financial instruments is expected to be material to an entity's financial statements. There is no financial impact.	1 Jan 2023
AASB 2022-7	*Editorial Corrections to Australian Accounting Standards and Repeal of Superseded and Redundant Standards* This Standard makes editorial corrections to various Australian Accounting Standards and AASB Practice Statement 2 Making Materiality Judgements There is no financial impact.	1 Jan 2023
AASB 2022-8	*Amendments to Australian Accounting Standards – Insurance Contracts: Consequential Amendments* This Standard amends: (a) AASB 1; (b) AASB 3; (c) AASB 5; (d) AASB 7; (e) AASB 9; (f) AASB 15; (g) AASB 17; (h) AASB 119; (i) AASB 132; (j) AASB 136; (k) AASB 137; (l) AASB 138; (m) AASB 1057; and (n) AASB 1058, to permit public sector entities to continue applying AASB 4 and AASB 1023 to annual periods beginning on or after 1 January 2023 but before 1 July 2026. There is no financial impact.	1 Jan 2023

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

9.2 Future impact of Australian Accounting Standards not yet operative (cont.)

Title		Operative for reporting periods beginning on/after
Operative for reporting periods beginning on/after 1 Jan 2024		
AASB 2020-1	*Amendments to Australian Accounting Standards – Classification of Liabilities as Current or Non-current* This Standard amends AASB 101 to clarify requirements for the presentation of liabilities in the statement of financial position as current or non-current. There is no financial impact.	1 Jan 2024
AASB 2022-5	*Amendments to Australian Accounting Standards – Lease Liability in a Sale and Leaseback* This Standard amends AASB 16 to add measurement requirements for sale and leaseback transactions that satisfy the requirements in AASB 15 to be accounted for as a sale. There is no financial impact.	1 Jan 2024
AASB 2022-6	*Amendments to Australian Accounting Standards – Non-current Liabilities with Covenants* This Standard amends AASB 101 to improve the information an entity provides in its financial statements about liabilities arising from loan arrangements for which the entity's right to defer settlement of those liabilities for at least twelve months after the reporting period is subject to the entity complying with conditions specified in the loan arrangement. The Standard also amends an example in Practice Statement 2 regarding assessing whether information about covenants is material for disclosure. There is no financial impact.	1 Jan 2024
AASB 2022-10	*Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities.* This Standard amends AASB 13 including adding authoritative implementation guidance and providing related illustrative examples, for fair value measurements of non-financial assets of not-for-profit public sector entities not held primarily for their ability to generate net cash inflows. The MHC has not assessed the impact of the Standard.	1 Jan 2024

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

9.2 Future impact of Australian Accounting Standards not yet operative (cont.)

Title		Operative for reporting periods beginning on/after
Operative for reporting periods beginning on/after 1 Jan 2025		
AASB 17	*Insurance Contracts* This Standard establishes principles for the recognition, measurement, presentation and disclosure of insurance contracts. It was amended by AASB 2022-8 to take effect for Not-For-Profit insurance contracts from 1 July 2026. The MHC has not assessed the impact of the Standard.	1 Jan 2026
AASB 2021-7C	*Amendments to Australian Accounting Standards – Effective Date of Amendments to AASB 10 and AASB 128 and Editorial Corrections* This Standard further defers (to 1 January 2025) the amendments to AASB 10 and AASB 128 relating to the sale or contribution of assets between an investor and its associate or joint venture. The standard also includes editorial corrections. The MHC has not assessed the impact of the Standard.	1 Jan 2025
AASB 2022-9	*Amendments to Australian Accounting Standards – Insurance Contracts in the Public Sector* This Standard amends AASB 17 and AASB 1050 to include modifications with respect to the application of AASB 17 by public sector entities This Standard also amends the following Standards to remove the temporary consequential amendments set out in AASB 2022-8 since AASB 4 and AASB 1023 do not apply to public sector entities for periods beginning on or after 1 July 2026: (a) AASB 1; (b) AASB 3; (c) AASB 5; (d) AASB 7; (e) AASB 9; (f) AASB 15; (g) AASB 119; (h) AASB 132; (i) AASB 136; (j) AASB 137; (k) AASB 138; (l) AASB 1057; and (m) AASB 1058 There is no financial impact.	1 Jan 2026

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

9.3 Key Management Personnel

The MHC has determined that key management personnel include the responsible Cabinet Minister and senior officers of the MHC. However, the MHC is not obligated for the compensation of the responsible Minister and therefore no disclosure is required. The disclosure in relation to the responsible Minister's compensation may be found in the Annual Report on State Finances.

The total fees, salaries, superannuation, non-monetary benefits and other benefits for senior officers of the MHC for the reporting period are presented within the following bands:

Compensation of Senior Officers Band ($)	2023	2022
460,001 - 470,000	1	-
440,001 - 450,000	-	1
370,001 - 380,000	-	1
320,001 - 330,000	1	1
230,001 - 240,000	-	1
220,001 - 230,000	2	-
200,001 - 210,000	-	1
190,001 - 200,000	1	1
170,001 - 180,000	-	1
160,001 - 170,000	-	1
150,001 - 160,000	1	1
140,001 - 150,000	1	-
130,001 - 140,000	1	-
120,001 - 130,000	2	1
110,001 - 120,000	1	-
80,001 - 90,000	2	-
60,001 - 70,000	-	1
50,001 - 60,000	-	2
30,001 - 40,000	-	1

	$	$
Short-term employee benefits	2,007,207	2,035,527
Post-employment benefits	226,916	225,702
Other long-term benefits	171,064	217,357
Termination benefits	-	127,331
Total compensation of senior officers	**2,405,187**	**2,605,917**

Total compensation includes the superannuation expense incurred by the MHC in respect of senior officers.

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

9.4 Related Party Transactions

The MHC is a wholly owned public sector entity that is controlled by the State of Western Australia.

Related parties of the MHC include:
- all cabinet ministers and their close family members, and their controlled or jointly controlled entities;
- all senior officers and their close family members, and their controlled or jointly controlled entities;
- all departments and public sector entities, including their related bodies, that are included in the whole of government consolidated financial statements;
- associates and joint ventures, that are included in the whole of Government consolidated financial statements; and
- the Government Employees Superannuation Board (GESB).

Significant transactions with Government-related entities

In conducting its activities, the MHC is required to transact with the State and entities related to the State. These transactions are generally based on the standard terms and conditions that apply to all agencies. Such transactions include:

- service appropriation (Note 4.1);
- contribution by owners (Note 9.9);
- services received free of charge from the other state government agencies (Note 4.1);
- royalties for regions fund (Note 4.1);
- income received from other public sector entities (Note 4.1);
- services agreement WA Health (Note 3.2);
- grants and subsidies payment to other government agencies (Note 3.3);
- legal fees (Note 3.6) - Department of Justice including State Solicitor's Office;
- corporate support services - Health Support Services (Note 3.4);
- valuation services payment to Landgate WA (Note 3.4);
- purchase of outsourced services from Western Australian Police Forces (Note 3.4);
- purchase of outsourced services and consulting fees (Note 3.4), leases and accommodation (Note 3.5) and repairs and maintenance (Note 3.6) from the Department of Finance;
- consulting expense (Note 3.4) and employment related payments (Note 3.6) to the Public Sector Commission;
- consulting expense (Note 3.4) to the Western Australian Treasury Corporation;
- workers' compensation and other insurance payment to Riskcover (Note 3.6);
- audit fee payments to the Office of the Auditor General (Note 3.6 and Note 9.8);
- annual monitoring related payments to the Department of Fire and Emergency Services (Note 3.6);
- administration related payment to North Metropolitan TAFE (Note 3.6);
- employee related payments to Department of Communities (Note 3.6);
- employee related payments to State Library of WA (Note 3.6);
- employee related payments to Department of Education (Note 3.6);
- other payments to Department of Treasury (Note 3.6);
- other payments to Department of Health (Note 3.6);
- services provided free of charge to other state government agencies (Note 9.10).

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

9.4 Related Party Transactions (cont)

Material transactions with related parties

Outside of normal citizen type transactions with the MHC, there were no other related party transactions that involved key management personnel and/or their close family members and/or their controlled (or jointly controlled) entities.

Material transactions with other related parties

- Superannuation payments to the Government Employees Superannuation Board (GESB) (Note 3.1(a)).

9.5 Related bodies

A related body is a body that receives more than half of its funding and resources from the MHC and is subject to operational control by the MHC. The MHC had no related bodies during the financial year.

9.6 Affiliated bodies

An affiliated body is a body that receives more than half of its funding and resources from the MHC but is not subject to operational control by the MHC.

During the financial year the following affiliated bodies received funding from the MHC:	2023 $	2022 $
Albany Halfway House Association Incorporated	1,887,951	1,323,215
Garl Garl Walbu Aboriginal Corporation	712,242	683,403
Goldfields Rehabilitation Services Inc	3,297,613	3,167,529
Home Health Pty Ltd (trading as Tender Care)	1,469,268	1,419,744
Local Drug Action Groups Inc.	675,880	715,265
Palmerston Association Inc.	11,999,970	11,945,058
Pathways Southwest Inc.	1,111,686	963,477
Richmond Wellbeing Incorporated	20,731,680	21,631,334
Holyoake Australian Institute for Alcohol and Drug Addiction Resolution Inc	6,333,902	(a)
WA Council on Addictions (trading as Cyrenian House)	15,744,495	15,231,485
Total affiliated bodies	**63,964,687**	**57,080,510**

(a) The MHC has provided funding of $6,003,996 in 2021-22 to Holyoake Australian Institute for Alcohol and Drug Addiction Resolution Inc . This organisation accessed as receiving less than half of its funding and resources from the MHC, hence was not reported affiliated body.

In addition, Mental Health MHC 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 MHC (Note 9.10). It is funded by parliamentary appropriation of $3,700,000 for 2022-23 ($3,577,000 for 2021-22).

Mental Health Advocacy Service is a government administered body that received administrative support from, but is not subject to operational control by the MHC (Note 9.10). It is funded by parliamentary appropriation of $3,696,000 for 2022-23 ($3,703,000 for 2021-22).

Office of Chief Psychiatrist is a government administered body that received administrative support from, but is not subject to operational control by the MHC (Note 9.10). It is funded by parliamentary appropriation of $4,122,000 for 2022-23 ($3,974,000 for 2021-22).

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

9.7 Special purpose accounts

State Managed Fund (Mental Health) Account (a)

The purpose of the special purpose account is to hold money received by the Mental Health MHC, 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.

	2023 $	2022 $
Balance at start of period	-	-
Receipts:		
Service appropriations (State Government)	343,538,440	302,674,019
Royalties for Region Fund (State Government) (b)	3,893,979	4,062,880
Commonwealth grants and contributions	166,995,565	136,868,803
	514,427,984	**443,605,702**
Payments:		
Block grant funding to local hospital networks in WA Health	(482,709,719)	(413,301,251)
Block grant funding to non-government organisation	(13,506,542)	(12,985,392)
Block grant funding to next step drug and alcohol services	(18,211,723)	(17,319,060)
Balance at end of period	**-**	**-**

(a) Established under section 16(1)(b) of FMA.
(b) The Commonwealth provides block funding for subacute services which is partially funded by the Royalties for Regions fund. The funding is provided to non-government organisations to deliver the services.

9.8 Remuneration of auditors

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

	2023	2022
Auditing the accounts, controls, financial statements and key performance indicators	**212,000**	**190,900**

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

		2023 $	2022 $
9.9	**Equity**		
	Contributed equity		
	Balance at start of period	37,385,891	33,682,891
	Transactions with owners in their capacity as owners:		
	Capital appropriation	16,654,298	666,000
	Other contribution by owners - Royalties for Region Fund	-	3,037,000
	Other distribution to owner - Department of Communities	(5,199,141)	-
	Total contributed equity at end of period	**48,841,048**	**37,385,891**
	Asset revaluation surplus		
	Balance at start of period	1,040,746	249,556
	Net revaluation increments / (decrements) :		
	Land	859,816	-
	Buildings	821,082	791,190
	Balance at end of period	**2,721,644**	**1,040,746**
	Accumulated surplus / (deficit)		
	Balance at start of period	42,291,278	14,931,948
	Result for the period	37,860,760	27,359,330
	Total asset revaluation surplus at end of period	**80,152,038**	**42,291,278**
	Total equity at end of period	**131,714,730**	**80,717,915**
9.10	**Services provided free of charge**		
	Services provided free of charge to other agencies during the period:		
	Mental Health Tribunal - corporate services	275,586	320,489
	Mental Health Advocacy Service - corporate services	429,183	389,595
	Office of the Chief Psychiatrist - corporate services and accommodation	580,886	505,875
	Total services provided free of charge	**1,285,655**	**1,215,959**

9.11 Supplementary financial information

Write-offs

During the financial year 2022-23 $3,575 ($nil in 2021-22) was written off the MHC's asset register under the authority of:

	2023	2022
The Mental Health Commissioner	**3,575**	**-**

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

10. Explanatory statements

This section explains variations in the financial performance of the MHC.

	Notes
Explanatory statement for controlled operations	10.1
Explanatory statement for administered items	10.2

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

10.1 Explanatory statement for controlled operations

This explanatory section explains variations in the financial performance of the MHC undertaking transactions under its own control, as represented by the primary financial statements.

All variances between annual estimates (original budget) and actual results for 2023, and between the actual results for 2023 and 2022 are shown below. Narratives are provided for key major variances which vary more than 10% from their comparative and that the variation is more than 1% of the following variance analyses for the::

1. Estimate and actual results for the current year

* Total Cost of Services of the estimate for the Statement of comprehensive income and Statement of cash flows (i.e. 1% of $1,257,538,000), and
* Total Assets of the estimate for the Statement of financial position (i.e. 1% of $76,254,000).

2. Actual results for the current year and the prior year actual

* Total Cost of Services for the previous year for the Statements of comprehensive income and Statement of cash flows (i.e. 1% of $1,118,756,743), and
* Total Assets for the previous year for the Statement of financial position (i.e. 1% of $93,499,701).

10.1.1 Statement of comprehensive income variances

	Variance Note	Estimate 2023 $	Actual 2023 $	Actual 2022 $	Variance between estimate and actual $	Variance between actual results for 2023 and 2022 $
COST OF SERVICES						
Expenses						
Employee benefits expenses		49,606,000	50,025,666	43,838,664	419,666	6,187,002
Service agreement - WA Health	A	955,605,000	966,029,000	853,720,231	10,424,000	112,308,769
Service agreement - non government and other organisations	1, B	222,396,000	200,551,688	172,717,886	(21,844,312)	27,833,802
Supplies and services		21,546,000	22,528,972	20,207,758	982,972	2,321,214
Grants and subsidies	C	227,000	1,978,128	21,733,856	1,751,128	(19,755,728)
Depreciation expense		494,000	784,137	523,795	290,137	260,342
Finance costs		11,000	6,904	6,148	(4,096)	756
Accommodation expenses		3,349,000	2,832,919	2,832,343	(516,081)	576
Other expenses		4,304,000	4,502,960	3,176,062	198,960	1,326,898
Total cost of services		**1,257,538,000**	**1,249,240,374**	**1,118,756,743**	**(8,297,626)**	**130,483,631**

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

10.1.1 Statement of comprehensive income variances (cont.)

	Variance Note	Estimate 2023 $	Actual 2023 $	Actual 2022 $	Variance between estimate and actual $	Variance between actual results for 2023 and 2022 $
Income						
Revenue						
Commonwealth grants and contributions		2,832,000	754,346	386,222	(2,077,654)	368,124
Other income		555,000	2,369,683	1,686,284	1,814,683	683,399
Total income other than income from State Government		**3,387,000**	**3,124,029**	**2,072,506**	**(262,971)**	**1,051,523**
NET COST OF SERVICES		**1,254,151,000**	**1,246,116,345**	**1,116,684,237**	**(8,034,655)**	**129,432,108**
Income from State Government						
Service appropriation	D	939,712,000	914,085,000	822,170,000	(25,627,000)	91,915,000
Service agreement funding - Commonwealth	2, E	274,592,000	338,032,395	298,568,840	63,440,395	39,463,555
Income from other public sector entities		5,022,000	3,574,678	3,792,771	(1,447,322)	(218,093)
Resources received		4,221,000	2,668,032	2,253,956	(1,552,968)	414,076
Royalties for Regions Fund		29,230,000	25,617,000	17,258,000	(3,613,000)	8,359,000
Total income from State Government		**1,252,777,000**	**1,283,977,105**	**1,144,043,567**	**31,200,105**	**139,933,538**
SURPLUS / (DEFICIT) FOR THE PERIOD		**(1,374,000)**	**37,860,760**	**27,359,330**	**39,234,760**	**10,501,430**
OTHER COMPREHENSIVE INCOME						
Changes in asset revaluation surplus		-	1,680,898	791,190	1,680,898	889,708
Total other comprehensive income		**-**	**1,680,898**	**791,190**	**1,680,898**	**889,708**
TOTAL COMPREHENSIVE INCOME/(LOSS) FOR THE PERIOD		**(1,374,000)**	**39,541,658**	**28,150,520**	**40,915,658**	**11,391,138**

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

10.1.2 Statement of financial position variances

	Variance Note	Estimate 2023 $	Actual 2023 $	Actual 2022 $	Variance between estimate and actual $	Variance between actual results for 2023 and 2022 $
ASSETS						
Current Assets						
Cash and cash equivalents		23,565,000	104,905,207	55,808,799	81,340,207	49,096,408
Restricted cash and cash equivalents		3,989,000	10,529,885	8,696,458	6,540,885	1,833,427
Receivables		252,000	561,753	702,759	309,753	(141,006)
Inventories		16,000	6,347	13,234	(9,653)	(6,887)
Other current assets		-	111,900	101,829	111,900	10,071
Total Current Assets		**27,822,000**	**116,115,092**	**65,323,079**	**88,293,092**	**50,792,013**
Non-Current Assets						
Restricted cash and cash equivalents		631,000	1,271,381	928,930	640,381	342,451
Amounts receivable for services		7,901,000	7,886,123	7,407,123	(14,877)	479,000
Property, plant and equipment	3, F	39,771,000	21,732,261	19,728,335	(18,038,739)	2,003,926
Right-of-use assets		129,000	150,490	112,234	21,490	38,256
Total Non-Current Assets		**48,432,000**	**31,040,255**	**28,176,622**	**(17,391,745)**	**2,863,633**
TOTAL ASSETS		**76,254,000**	**147,155,347**	**93,499,701**	**70,901,347**	**53,655,646**
LIABILITIES						
Current Liabilities						
Payables		2,448,000	4,997,404	3,040,055	2,549,404	1,957,349
Employee related provisions		7,120,000	7,764,639	7,493,873	644,639	270,766
Lease liabilities		41,000	45,299	37,933	4,299	7,366
Total Current Liabilities		**9,609,000**	**12,807,342**	**10,571,861**	**3,198,342**	**2,235,481**
Non-Current Liabilities						
Employee benefits provisions		2,041,000	2,522,806	2,131,564	481,806	391,242
Lease liabilities		96,000	110,469	78,361	14,469	32,108
Total Non-Current Liabilities		**2,137,000**	**2,633,275**	**2,209,925**	**496,275**	**423,350**
TOTAL LIABILITIES		**11,746,000**	**15,440,617**	**12,781,786**	**3,694,617**	**2,658,831**
NET ASSETS		**64,508,000**	**131,714,730**	**80,717,915**	**67,206,730**	**50,996,815**
EQUITY						
Contributed equity		47,767,000	48,841,048	37,385,891	1,074,048	11,455,157
Reserves		15,884,000	2,721,644	1,040,746	(13,162,356)	1,680,898
Accumulated surplus		857,000	80,152,038	42,291,278	79,295,038	37,860,760
TOTAL EQUITY		**64,508,000**	**131,714,730**	**80,717,915**	**67,206,730**	**50,996,815**

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

10.1.3 Statement of cash flows variances

	Variance Note	Estimate 2023 $	Actual 2023 $	Actual 2022 $	Variance between estimate and actual $	Variance between actual results for 2023 and 2022 $
CASH FLOWS FROM STATE GOVERNMENT						
Service appropriation	G	939,218,000	913,606,000	821,755,000	(25,612,000)	91,851,000
Capital appropriations	H	18,443,000	16,654,298	666,000	(1,788,702)	15,988,298
Service agreement funding - Commonwealth	4, I	274,592,000	338,032,395	298,568,840	63,440,395	39,463,555
Income from other public sector entities		5,022,000	3,705,573	3,661,876	(1,316,427)	43,697
Royalties for Regions Fund - Capital		1,500,000	-	3,037,000	(1,500,000)	(3,037,000)
Payment to Department of Communities - Royalties for Regions capital			(5,199,141)	-	(5,199,141)	(5,199,141)
Royalties for Regions Fund - Recurrent		29,230,000	25,617,000	17,258,000	(3,613,000)	8,359,000
Net cash provided by State Government		**1,268,005,000**	**1,292,416,125**	**1,144,946,716**	**24,411,125**	**147,469,409**
Utilised as follows:						
CASH FLOWS FROM OPERATING ACTIVITIES						
Payments						
Employee benefits expenses		(49,606,000)	(49,120,180)	(42,930,699)	485,820	(6,189,481)
Service agreement - WA Health	J	(955,605,000)	(966,029,000)	(853,720,231)	(10,424,000)	(112,308,769)
Service agreement - non government and other organisations	5, K	(222,396,000)	(200,868,973)	(172,220,128)	21,527,027	(28,648,845)
Supplies and services		(17,464,000)	(18,951,293)	(18,225,443)	(1,487,293)	(725,850)
Grants and subsidies	L	(227,000)	(1,978,128)	(21,733,856)	(1,751,128)	19,755,728
Finance costs		(11,000)	(6,904)	(6,148)	4,096	(756)
Accommodation expenses		(3,349,000)	(2,596,255)	(2,800,139)	752,745	203,884
Other payments		(4,020,000)	(3,875,205)	(3,285,478)	144,795	(589,727)
Receipts						
Commonwealth grants and contributions		2,832,000	752,457	386,222	(2,079,543)	366,235
Other receipts		555,000	2,473,999	1,071,198	1,918,999	1,402,801
Net cash used in operating activities		**(1,249,291,000)**	**(1,240,199,482)**	**(1,113,464,702)**	**9,091,518**	**(126,734,780)**
CASH FLOWS FROM INVESTING ACTIVITIES						
Payments						
Purchase of non-current assets		(20,377,000)	(906,507)	(1,510,738)	19,470,493	604,231
Net cash used in investing activities		**(20,377,000)**	**(906,507)**	**(1,510,738)**	**19,470,493**	**604,231**
CASH FLOWS FROM FINANCING ACTIVITIES						
Payments						
Lease payments		(66,000)	(37,850)	(53,166)	28,150	15,316
Net cash used in financing activities		**(66,000)**	**(37,850)**	**(53,166)**	**28,150**	**15,316**
Net increase / (decrease) in cash and cash equivalents		(1,729,000)	51,272,286	29,918,110	53,001,286	21,354,176
Cash and cash equivalents at the beginning of the period		29,914,000	65,434,187	35,516,077	35,520,187	29,918,110
CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD		**28,185,000**	**116,706,473**	**65,434,187**	**88,521,473**	**51,272,286**

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

10.1 Explanatory statements (cont.)

Statement of Comprehensive Income Major Estimate and Actual (2023) Variance Narratives for Controlled Operations

1 Service agreement payment to non-government and other organisations are under budget by $21.844m (9.8%) due to lower spending and delays in implementation of various programs such as The Immediate Drug Assistance Coordination Centre, Kimberley Alcohol and Other Drug Youth Services, Youth Mental Health and Alcohol and Other Drug Homelessness, Digital Capability Fund for Mental Health, Alcohol and Drugs information Management Solution. Community Care Unit and Suicide Prevention programs.

2 The increase of $63.44m (23.1%) in service agreement funding from the Commonwealth under the National Health Reform Agreement relates to non-admitted mental health funding and a change in the mix of services eligible as in-scope activity.

Statement of Comprehensive Income Major Actual (2023) and Comparative (2022) Variance Narratives for Controlled Operations

A The increase of $112.309m (13.2%) in Service agreement - WA Health expenditure is largely due to cost and demand escalation for public mental health hospital services, additional funding from the 2021 election commitments and other initiatives for the Infants, Children and Adolescents (ICA) Taskforce, Adult Community Treatment Uplift and Mental Health Emergency Telehealth Service.

B The increase of $27.834m (16.1%) in service agreement payment to non-government and other organisations is due to increased funding for new initiatives towards implementation of the Infants, Children and Adolescents (ICA) Taskforce, and additional funding for ongoing initiatives to improve mental health, alcohol and other drug services.

C The significant variance in grants and subsidies is largely due to the majority of the 2021-22 Actual expenditures relating to one-off grant payments associated with COVID-19 readiness and response and various small grant payments for other mental health services.

D The increase of $91.915m (11.2%) in service appropriations is largely due to cost and demand escalation for public mental health hospital services, additional funding from the 2021 election commitments and other initiatives for the Infants, Children and Adolescents (ICA) Taskforce, Adult Community Treatment Uplift and Mental Health Emergency Telehealth Service.

E The increase of $39.464m (13.2%) in service agreement funding from the Commonwealth under the National Health Reform Agreement relates to non-admitted mental health funding and a change in the mix of services eligible as in-scope activity.

Statement of Financial Position Major Estimate and Actual (2023) Variance Narratives for Controlled Operations

3 The decrease of $18.039m (45.4%) in Property, plant and equipment is due to delays in the completion of the 20-Bed AOD Rehabilitation Facility in the Metropolitan Region, the Youth Step Up/Step Down Facility and facilities in Broome and South Hedland and Immediate Drug Assistance Coordination Centre. Additionally, subsequent changes to the budget were also made to transfer Youth Mental Health and AOD Homelessness and Long-term Housing and Support assets to the Department of Communities.

Statement of Financial Position Major Actual (2023) and Comparative (2022) Variance Narratives for Controlled Operations

F The increase of $2.004m (10.2%) in Property, plant and equipment is primarily due to asset revaluations increasing the value of the assets within this category.

Mental Health Commission
Notes to the Financial Statements
For the year ended 30 June 2023

10.1 Explanatory statements (cont.)

Statement of Cash Flows Major Estimate and Actual (2023) Variance Narratives for Controlled Operations

4 The increase of $63.44m (23.1%) in service agreement funding from the Commonwealth under the National Health Reform Agreement relates to non-admitted mental health funding and a change in the mix of services eligible as in-scope activity.

5 Service agreement payment to non-government and other organisations are under budget by $21.527m (9.7%) due to lower spending and delays in implementation of various programs such as The Immediate Drug Assistance Coordination Centre, Kimberley Alcohol and Other Drug Youth Services, Youth Mental Health and Alcohol and Other Drug Homelessness, Digital Capability Fund for Mental Health, Alcohol and Drugs information Management Solution. Community Care Unit and Suicide Prevention programs.

Statement of Cash Flows Major Actual (2023) and Comparative (2022) Variance Narratives for Controlled Operations

G The increase of $91.851m (11.2%) in service appropriations is largely due to cost and demand escalation for public mental health hospital services, additional funding from the 2021 election commitments and other initiatives for the Infants, Children and Adolescents (ICA) Taskforce, Adult Community Treatment Uplift and Mental Health Emergency Telehealth Service.

H The increase of $15.988m (2,401%) in Capital appropriations is related to funding received for the 20-Bed AOD Rehabilitation Facility in the Metropolitan Region, Youth Mental Health and AOD Homelessness, Youth Long-term Housing and Support and the Broome Step Up/Step Down Facility.

I The increase of $39.464m (13.2%) in service agreement funding from the Commonwealth under the National Health Reform Agreement relates to non-admitted mental health funding and a change in the mix of services eligible as in-scope activity.

J The increase of $112.309m (13.2%) in Service agreement - WA Health expenditure is largely due to cost and demand escalation for public mental health hospital services, additional funding from the 2021 election commitments and other initiatives for the Infants, Children and Adolescents (ICA) Taskforce, Adult Community Treatment Uplift and Mental Health Emergency Telehealth Service.

K The increase of $28.649m (16.6%) in service agreement payment to non-government and other organisations is due to increased funding for new initiatives towards implementation of the Infants, Children and Adolescents (ICA) Taskforce, and additional funding for ongoing initiatives to improve mental health, alcohol and other drug services.

L The decrease of $19.755m (90.9%) in grants and subsidies is largely due to the majority of the 2021-22 Actual expenditures relating to one-off grant payments associated with COVID-19 readiness and response and various small grant payments for other mental health services.

Mental Health Commission Administered Schedules
Notes to the Financial Statements
For the year ended 30 June 2023

10.2 Explanatory statement for administered items

This explanatory section explains variations in the financial performance of the Department undertaking transactions that it does not control but has responsibility to the government for, as detailed in the administered schedules.

All variances between annual estimates and actual results for 2023, and between the actual results for 2023 and 2022 are shown below. Narratives are provided for key major variances which vary by more than 10% from their comparative and that the variation is more than 1% of the Total Administered Income for the following variance analyses for the:

1. Estimate and actual results for the current year (i.e. 1% of $12,866,000)
2. Actual results for the current year and the prior year actual (i.e. 1% of $12,667,329).

Administered income and expense by service		**Estimate 2023 $**	**Actual 2023 $**	**Actual 2022 $**	**Variance between estimate and actual $**	**Variance between actual results for 2023 and 2022 $**
Income						
For transfer:						
Administered appropriation						
Mental Health Tribunal		3,700,000	3,700,000	3,577,000	-	123,000
Mental Health Advocacy Service		3,696,000	3,696,000	3,703,000	-	(7,000)
Office of Chief Psychiatrist		4,122,000	4,122,000	3,974,000	-	148,000
Service received free of charge		1,306,000	1,355,897	1,272,743	49,897	83,154
Other revenue	1, A	42,000	434,115	140,586	392,115	293,529
Total administered income		**12,866,000**	**13,308,012**	**12,667,329**	**442,012**	**640,683**
Expenses						
Employee benefits expense	B	10,706,000	10,117,526	9,171,073	(588,474)	946,453
Supplies and services	2	1,495,000	2,338,331	2,169,483	843,331	168,848
Depreciation expense		12,000	18,377	18,466	6,377	(89)
Finance costs		2,000	1,500	1,120	(500)	380
Accommodation expense	3	315,000	444,390	385,170	129,390	59,220
Other expenses	C	336,000	446,001	298,509	110,001	147,492
Total administered expenses		**12,866,000**	**13,366,125**	**12,043,821**	**500,125**	**1,322,304**

Major Estimate and Actual (2023) Variance Narratives

1 The increase of $0.392m (934%) in Other revenue is primarily due to funding received from the Department of Justice for Criminal Law (Mental Impairment) Reforms and the Mental Health Commission for Enhanced Psychiatric Hostel Visiting program.

2 The increase of $0.843m (56.4%) in Supplies and services is primarily due to funding for the Digital Capability Fund provided for the Mental Health Tribunal Case Management System and the Criminal Law (Mental Impairment) Reforms.

3 The increase of $0.129m (41.1%) in accommodation expense is primarily due to increase of Office of Chief Psychiatrist occupied office space as services received free of charge from the Mental Health Commission.

Major Actual (2023) and Comparative (2022) Variance Narratives

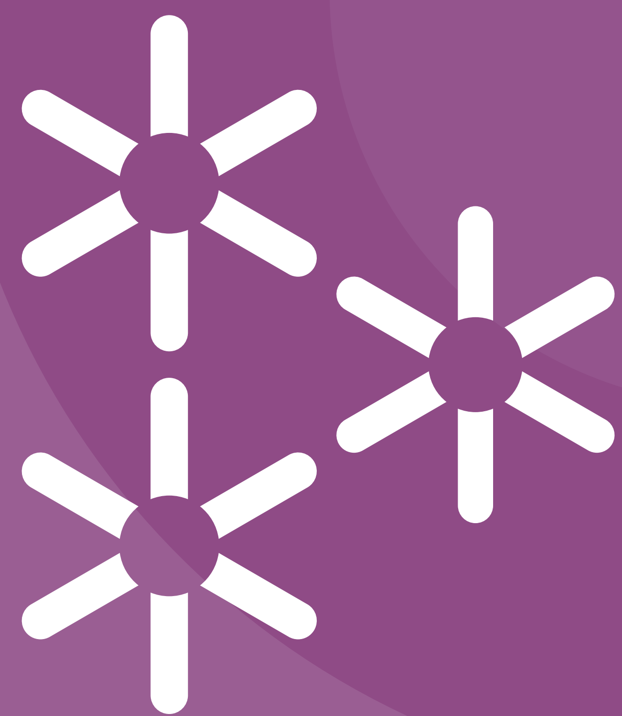
A The increase of $0.294m (209%) in Other revenue is primarily due to funding received from the Department of Justice for Criminal Law (Mental Impairment) Reforms and the Mental Health Commission for Enhanced Psychiatric Hostel Visiting program.

B The increase of $0.946m (10.3%) in employee benefits expense relates to pay increases in line with public sector wages policy amd increases associated with mental health advocacy services.

C The increase of $0.147m (49.41%) in Other expenses is primarily due to replacement of office equipment and furnitures at Mental Health Tribunal.

Certified KPIs

Detailed key effectiveness indicators information



Certification of KPIs

Mental Health Commission

Certificate of Key Performance Indicators for the year ended 30 June 2023.

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 2023.

Maureen Lewis
Commissioner
Mental Health Commission
Accountable Authority

31 August 2023

Outcome 1

Improved mental health and wellbeing

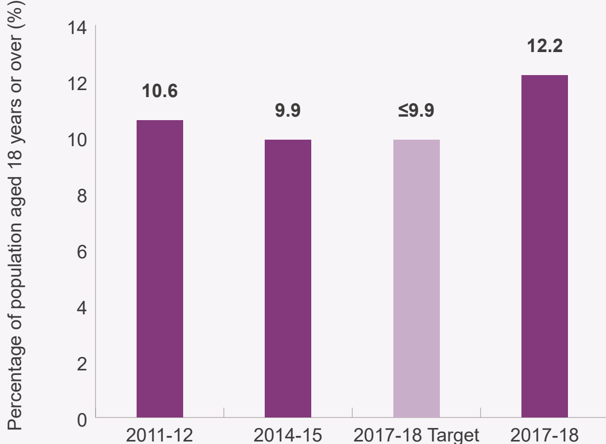
Key Effectiveness Indicator 1.1: Percentage of the population with high or very high levels of psychological distress

Measures the psychological distress of the Western Australian population aged 18 years and over. A higher proportion of people with high or very high levels of psychological distress is indicative of the potential population requiring mental health services.

Data for the indicator is derived from the 10-item Kessler Psychological Distress Scale (K10) administered as part of the Australian Bureau of Statistics (ABS) National Health Survey, which is conducted every three years.

The most recent National Health Survey (2017-18) indicated that 12.2% of the Western Australian population aged 18 years and over experienced high or very high levels of psychological distress. This result was 2.3 percentage points higher than the 2017-18 target and the 2014-15 result.

In 2022-23, the target for the percentage of the population with high or very high levels of psychological distress was ≤12.2% which was based on the 2017-18 result. Achieving a lower percentage, indicates better performance. The 2022 National Health Survey: First results will be published in late 2023.



Outcome 2

Reduced incidence of use and harm associated with alcohol and other drug use

Key Effectiveness Indicator 2.1: Percentage of the population aged 14 years and over reporting recent use of alcohol at a level placing them at risk of lifetime harm

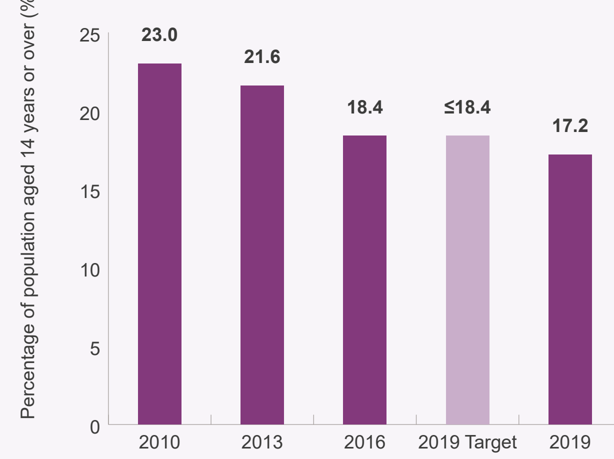
Measures the percentage of the Western Australian population aged 14 years and over reporting alcohol consumption at levels placing them at risk of lifetime harm. Data for the indicator is derived from the National Drug Strategy Household Survey, a national survey conducted every three years that provides a view of reported illicit drug and alcohol use over time. This indicator reflects the impact of preventative initiatives across a range of government departments, including the Commission, on reducing the incidence of use and harm associated with alcohol consumption.

The data presented were collected prior to 2020 and so alcohol-related risk of harm was determined using the 2009 National Health and Medical Research Council (NHMRC) guidelines. The 2009 guidelines recommended 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. Preventing or delaying the onset of risky alcohol consumption contributes to the prevention of long-term health related harm.

The most recent survey conducted in 2019 indicated that 17.2% of the Western Australian population aged 14 years and over reported use of alcohol at lifetime risky levels. This result was comparable to the 2019 target and 2016 result (1.2 percentage points lower than 18.4%).

The 2022-23 target for the percentage of the population aged 14 years and over reporting recent use of alcohol at level placing them at risk of lifetime was ≤17.2% which was based on the 2019 result. Achieving a lower percentage, indicates better performance.

In 2020, the NHMRC released an updated Australian guideline to reduce health risks from drinking alcohol. The 2020 guidelines recommend healthy men and women should drink no more than 10 standard drinks a week and no more than 4 standard drinks on any one day to reduce the risk of harm from alcohol-related disease or injury. The 2022 National Drug Strategy Household Survey results will be published in early 2024. These results and the updated guidelines will be used in the next annual reporting period and considered in setting targets and assessing performance.



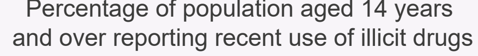
Key Effectiveness Indicator 2.2: Percentage of the population aged 14 years and over reporting recent use of illicit drugs

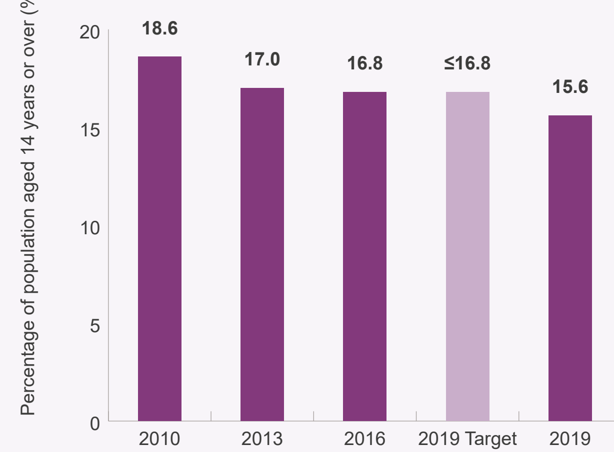
Measures the proportion of the Western Australian population aged 14 years and over reporting recent use of illicit drugs. The term ‘Illicit drugs’, as reported in the National Drug Strategy Household Survey (NDSHS), includes illegal drugs (such as cannabis, ecstasy, heroin and cocaine), prescription pharmaceuticals (such as tranquillisers, sleeping pills, and opioids) used for non-medical purposes, and volatile substances used inappropriately such as inhalants. The term ‘recent use’ refers to the use of drugs or alcohol within twelve months prior to being surveyed for the NDSHS. The NDSHS is conducted every three years and is coordinated by the Australian Institute of Health and Welfare.

Reducing illicit drug use lowers the impact of short-term risk and contributes to the prevention of long-term health related harm. This indicator 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 illicit drug use.

The most recent survey conducted in 2019 stated that 15.6% of the Western Australian population aged 14 years and over reported recent use of illicit drugs. This result was comparable to the 2019 target and 2016 result (1.2 percentage points lower than 16.8%), indicating that harm minimisation initiatives are having a positive impact on reducing the incidence of use and harm associated with illicit drug use.

In 2022-23, the target for the percentage of the population aged 14 years and over reporting recent use of illicit drugs was ≤15.6%, which was based on the 2019 result. Achieving a lower percentage, indicates better performance. The 2022 National Drug Strategy Household Survey result will be published early 2024.





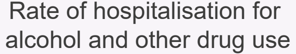
Key Effectiveness Indicator 2.3: Rate of hospitalisation for alcohol and other drug use

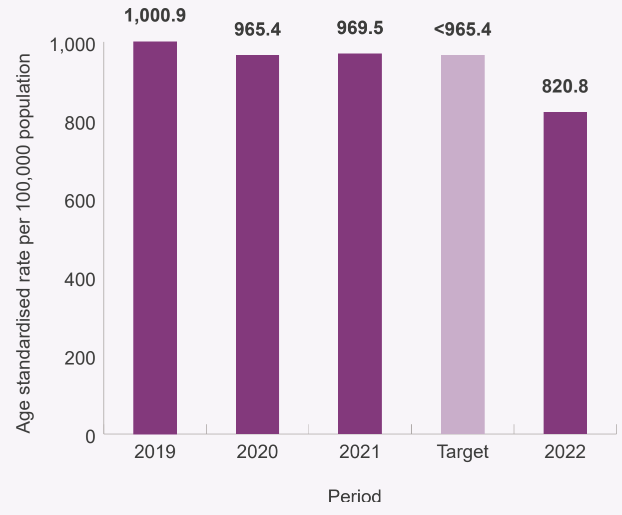
Measures the age-standardised rate of hospitalisations attributable to alcohol and other drug use per 100,000 population. To determine what proportion of hospitalisations are likely due to the effects of alcohol and other drugs, estimates are used. These estimates are called Aetiological Fractions and are based on published literature. Hospitalisation data is a robust measure of harmful health effects attributable to the use of alcohol and other drugs in the community. Data is provided by Department of Health Epidemiology Directorate for the calendar year using the Hospital Morbidity Data Collection.

This indicator reflects the effectiveness of preventative initiatives of a range of government departments, including the Commission, and alcohol and other drugs services that aim to provide high quality and appropriate treatments and supports to reduce the harm associated with alcohol and other drug use. It can be broadly interpreted as a measure of the impact of alcohol and other drug use on the health of the general population of Western Australia.

In 2022-23, the target for the rate of hospitalisations for alcohol and other drug use was < 965.4 per 100,000 population which was based on the 2020 result. Achieving a lower rate, indicates better performance.

The latest available data is for the 2022 calendar year and the age-standardised rate of hospitalisations attributable to alcohol and other drug use is 820.8 per 100,000 population. The 2022 result is 15.0% below the 2022-23 target, and 15.3% below the 2021 result. The lower result is primarily driven by lower alcohol related hospitalisations in 2022, commencing around the time the Western Australian border reopened following the lifting of certain COVID-19 related travel restrictions.





The latest available data has been used to report performance and in this instance the result is for the 2022 calendar year.

Outcome 3

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

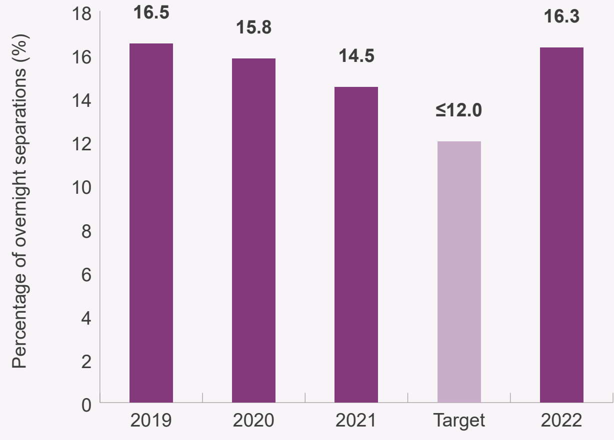
Key Effectiveness Indicator 3.1: Readmissions to hospital within 28 days of discharge from acute specialised mental health units

Measures 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 from hospital. This indicator measures the appropriateness and quality of care provided by mental health services. The readmission rate is an indicator of the objective to provide effective care and continuity of care in the delivery of mental health services.

Admissions to a specialised mental health inpatient unit following a recent discharge may indicate that inpatient treatment was either incomplete or ineffective, or that follow-up care was inappropriate or inadequate to maintain the person out of hospital. It should be noted that the readmission rate does not differentiate between planned and unplanned readmissions, which can affect the overall readmission rates. Planned readmissions may be part of a staged discharge plan or the model of care for the diagnosis. Data is provided by the Department of Health's Hospital Morbidity Data Collection for the calendar year.

In 2022-23, the target set for the percentage of readmissions to hospital within 28 days of discharge from acute specialised mental health inpatient units was ≤12.0%, which is the national target. Achieving a lower percentage, indicates better performance.

The latest available data is for the 2022 calendar year, and the result for the readmission rate to acute mental health inpatient facilities within 28 days of discharge was 16.3%. This result is 4.3 percentage points higher than the target of ≤12.0% and 1.8 percentage points higher than the 2021 result of 14.5%. The increase in readmission rates for the 2022 calendar year reflects patients being referred and admitted to the hospital in the home mental health services, patient complexity and small number of discharges for certain hospitals that can impact variability. The Mental Health Commission is continuing to work with the WA health system to improve performance.



The latest available data has been used to report performance and in this instance the result is for the 2022 calendar year.

Key Effectiveness Indicator 3.2: Percentage of contacts with community-based public mental health non-admitted services within 7 days post-discharge from public mental health inpatient units

Measures the proportion of overnight separations from public mental health inpatient units where a community-based mental health service contact occurred within seven days following discharge (post-discharge follow-up). Seven days was recommended nationally as an indicative time period for contact within the community following discharge from hospital. This indicator measures the quality of care provided by mental health services. It is an indicator of the objective to provide continuity of care in the delivery of mental health services. Data is sourced from the Department of Health's Mental Health Information Data Collection and Hospital Morbidity Data Collection for the calendar year.

A higher percentage of contact with mental health services within seven days post-discharge should lead to a lower proportion of readmissions. These community treatment services provide ongoing clinical treatment and access to a range of programs that maximise an individual's independent functioning and quality of life. Discharge from mental health inpatient units is a critical transition point in the delivery of mental health care. People leaving hospital after an admission for an episode of mental illness have heightened levels of vulnerability and, without adequate follow up, may relapse and/or need to be readmitted into hospital.

In 2022-23, the target for the percentage of contacts with community-based public mental health non-admitted services within 7 days post-discharge from public mental health inpatient units was ≥75.0%, which is the national target. Achieving a higher percentage, indicates better performance.

The latest available data is for the 2022 calendar year, and the percentage of post-discharge follow up was 86.3%. This result is 11.3 percentage points higher than the target and 0.6 percentage points higher than the 2021 result of 85.7%. Since 2019, the performance above the target has been consistently achieved due to the Health Service Providers implementing strategies and formal processes to ensure patients discharged from specialised inpatient mental health services have a follow up within seven days. The Commission continues to monitor this indicator and regularly reviews results with the Health Service Providers to further improve performance and enhance data capture.

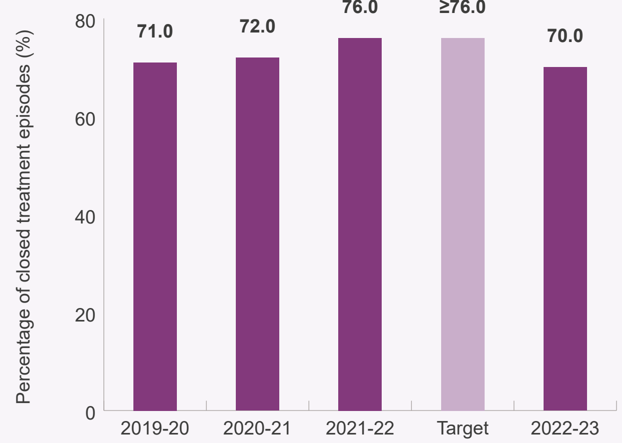
The latest available data has been used to report performance and in this instance the result is for the 2022 calendar year.

Key Effectiveness Indicator 3.3: Percentage of closed alcohol and other drug treatment episodes completed as planned

Measures the percentage of closed treatment episodes in alcohol and other drug treatment services that were completed as planned. An episode is the period of care between the start and end of treatment. 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. Data is sourced from the Commission's Alcohol and Other Drug Treatment Data Collection and is for the twelve-month period from April to March to allow for a three-month lag for coding and auditing purposes.

In 2022-23, the target for the percentage of closed alcohol and other drug treatment episodes completed as planned was ≥76.0%, which is the national target. Achieving a higher percentage, indicates better performance.

In 2022-23, the percentage of closed treatment episodes that were completed as planned was 70.0%. This result falls below the 2022-23 target and is 6 percentage points lower than the 2021-22 result of 76.0%. The below target result was largely driven by a small number of organisations reporting fewer than 50% of closed alcohol and other drug treatment episodes being completed as planned. These organisations typically had lower client numbers meaning the impact of non-completions on the overall percentage was disproportionately high. Other factors included transient populations where clients commenced treatment but then left the area; staffing issues; and COVID-19 impacting client numbers and staff retention. The Commission is continuing to work towards the target to ensure high quality and appropriate care.

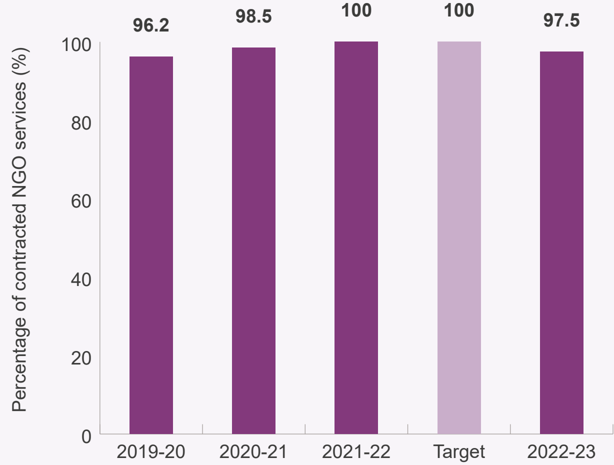


Key Effectiveness Indicator 3.4: Percentage of contracted non-government mental health or alcohol and other drug services that met an approved standard

Measures the appropriateness and quality of mental health and alcohol and other drug treatment services provided by organisations against an approved accreditation standard. All Commission funded services delivering mental health and alcohol and other drug treatment are required to be accredited and maintain accreditation against an approved standard. For providers of mental health services, the agreed standard is the National Standards for Mental Health Services 2010. For providers of alcohol and other drug services the approved accreditation standards have been established by the National Quality Framework for Drug and Alcohol Treatment Services (2018). The Commission contract officers review the accreditation reports as they are submitted and note any areas of concern as part of the Commission's contract management processes. Data is sourced from the Commission's Sector Development and Quality area. Access to services accredited to an agreed standard provides clients confidence in the services and support available to them.

In 2022-23, the target for the percentage of contracted non-government mental health or alcohol and other drug services that met an approved standard was 100%. The aim was for all non-government services to meet an approved standard.

In 2022-23, the percentage of non-government mental health and alcohol and other drug organisations that met an approved standard by 30 June 2023 was 97.5%. This result is less than the 2022-23 target of 100% and 2.5 percentage points lower than the 2021-22 result of 100%. The below target result is due to two organisations not having met the accreditation standard as at 30 June 2023. One organisation has indicated accreditation audits are scheduled for September and October 2023. The second organisation is expected to address the corrective actions by 1 September 2023, with an accreditation audit anticipated before the end of September 2023.



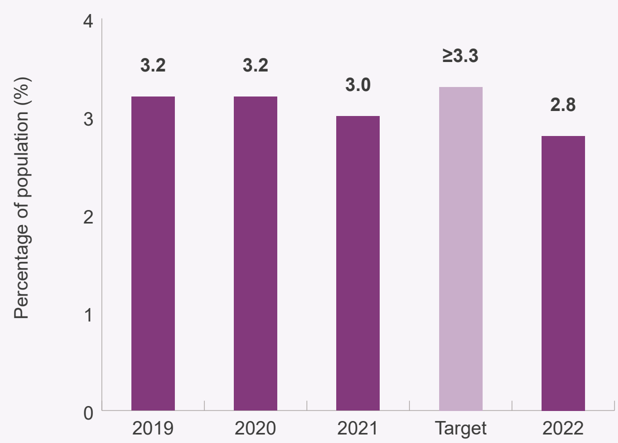
Key Effectiveness Indicator 3.5: Percentage of the population receiving public clinical mental health care or alcohol and other drug treatment

Measures the proportion of the Western Australian population using a specialised public mental health service or receiving public alcohol and other drug treatment. Data on the public clinical mental health care is for the 2022 calendar year and is sourced from the Department of Health's Mental Health Information Data Collection and the Hospital Morbidity Data Collection. The population figures are sourced from the Australian Bureau of Statistics (ABS). Data is based on the ABS June 2022 population estimate released in December 2022 and last updated on 15 June 2023.

The Alcohol and other Drug Treatment Services National Minimum Data Set (AODTS NMDS) collection covers the majority of publicly funded alcohol and other drug treatment services, including government and non-government organisations. It is noted that it is difficult to fully quantify the scope of alcohol and other drug services in Australia as people receive treatment for alcohol and other drug-related issues in a variety of settings not in scope for the AODTS NMDS. The out-of-scope services include but are not exclusive to private treatment agencies, prisons, accommodation services and general practitioners. Alcohol and other drug treatment data is for the 2021-2022 financial year.

In 2022-23, the target for the percentage of the population receiving public clinical mental health care or alcohol and other drug treatment was ≥3.3%. A higher percentage is indicative of greater accessibility to services by those in need.

In 2022, the percentage of the Western Australian population receiving public mental health care or alcohol and other drug treatment was 2.8%. The 2022 result is 0.2 percentage points lower than the 2021 result and 0.5 percentage points lower than the 2022-23 target. The lower than expected result was due to reduced number of clients receiving public care for mental health and alcohol and other drug treatment during the 2022 period, particularly during the months of March to July when the number of COVID-19 cases were highest in Western Australia.



The latest available data has been used to report performance and in this instance the mental health care result is for the 2022 calendar year, and the alcohol and other drug treatment result is for the 2021-22 financial year.

Certified KPIs

Detailed key efficiency indicators information

Service 1

Prevention

Key Efficiency Indicator 1.1: Cost per capita spent on mental health and alcohol and other drug prevention, promotion and protection activities

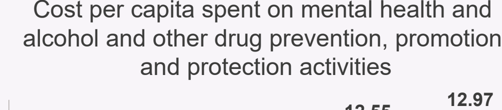
Measures the per capita expenditure by the Commission on mental health and alcohol and other drug prevention, promotion and protection activities for the Western Australian population. Mental health prevention, promotion and protection activities target all ages while alcohol and other drug initiatives target individuals 14 years of age and over. This indicator monitors investment by the Commission in activities that 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 illnesses and alcohol and other drug related harm before they occur. The aim is to increase the proportional investment in prevention activities and gain a return in health, economic and social benefits for the Western Australian community.

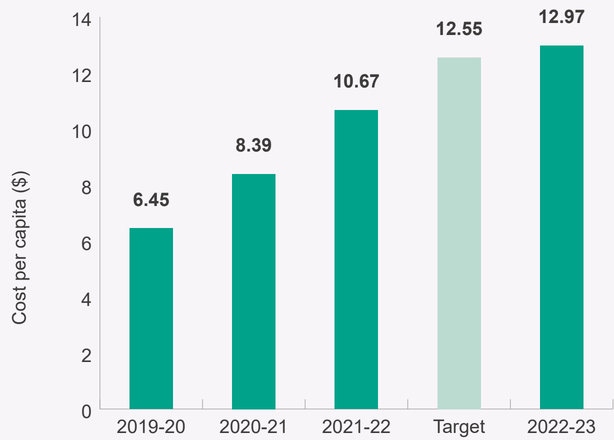
Data is sourced from the Commission's Financial Systems, while population figures for Western Australia are from the Australian Bureau of Statistics (ABS).

The population data for the 2022-23 result is based on the ABS June 2022 population estimate for Western Australia, released in December 2022 and last updated on 15 June 2023. Cost data is for the financial year.

In 2022-23, the target for the cost per capita spent on mental health and alcohol and other drug prevention and promotion activities was $12.55. A higher cost per capita indicates greater funding towards prevention and promotion activities in Western Australia. The 2022-23 target is higher than the 2021-22 result primarily due to an increase in available funding across a range of prevention initiatives.

In 2022-23, the cost per capita spent on mental health and alcohol and other drug prevention, promotion and protection activities was $12.97. The result is 3.3% higher than the 2022-23 target of $12.55 and 21.5% higher than the 2021-22 result of $10.67. The increased cost per capita in 2022-23 is primarily due to new funding for the 'Mental Awareness, Respect and Safety' program, foetal alcohol spectrum disorder prevention initiatives, and additional expenditure for the Think Mental Health public education campaign.





Service 2

Hospital Bed-Based Services

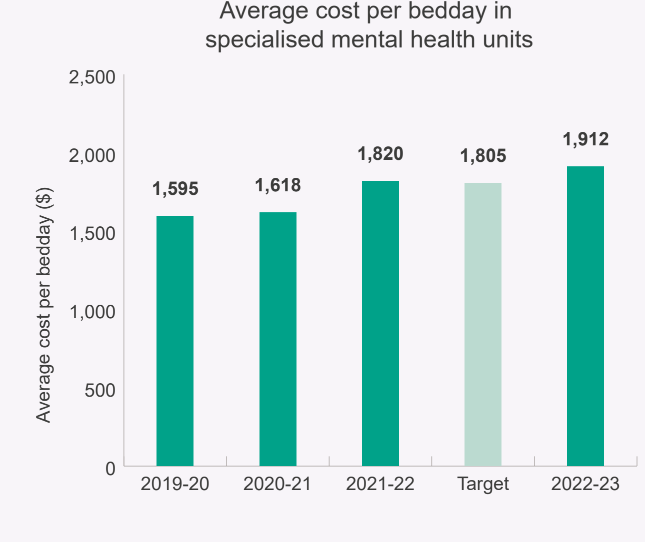
Key Efficiency Indicator 2.1: Average cost per purchased bedday in specialised mental health units

Measures the average cost per purchased bedday in specialised acute and sub-acute mental health units. Cost per inpatient bedday is defined as expenditure on inpatient services divided by the number of inpatient beddays for acute and subacute units. Data is for the financial year and is drawn from the Commission's Financial Systems, BedState from the Department of Health, and Next Step data extracted from the Commission's Alcohol and Other Drug Treatment Data Collection.

Acute hospital beds provide hospital-based inpatient assessment and treatment services for people experiencing severe episodes of mental illness. Acute inpatient services also include the Next Step inpatient withdrawal units. Sub-acute hospital services provide hospital-based treatment and rehabilitation for people with unremitting and severe symptoms of mental illness and an associated significant disturbance in behaviour. Sub-acute services provide mental health treatment, rehabilitation and support for adults, older adults and young people (18 years old and over).

In 2022-23, the target for the average cost per purchased bedday in specialised mental health units was $1,805. A result below target indicates there were more beddays or less funding provided than expected. A result above target indicates there were fewer beddays or more funding provided than expected.

In 2022-23, the average cost per bedday in specialised mental health units was $1,912. This result is 6.0% higher than the 2022-23 target of $1,805 and 5.1% higher than the 2021-22 result of $1,820. The higher 2022-23 result is due to a reduction in beddays and a decrease in the occupancy rates, as a result of the closure of some wards because of building issues and delays in the opening of new wards.



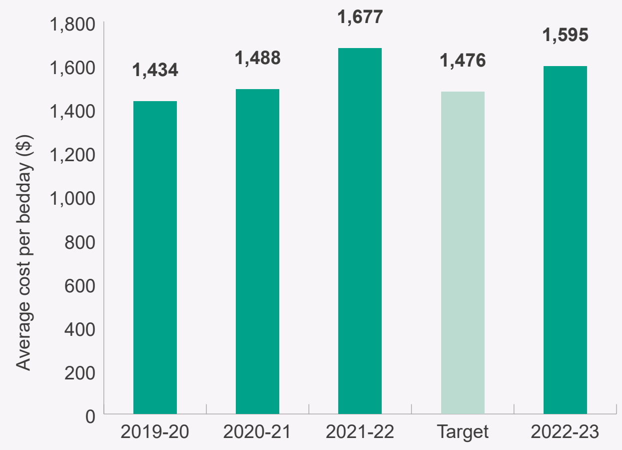
Key Efficiency Indicator 2.2: Average cost per purchased bedday in hospital in the home mental health units

Measures the average cost per bedday for patients in the Hospital in the Home Mental Health (HITH-MH) program. Data is for the financial year and is sourced from the Commission's Financial Systems, and BedState from the Department of Health.

The HITH-MH program offers individuals the opportunity to receive hospital level treatment delivered in their home, where clinically appropriate. HITH-MH is consistent with the approach of providing mental health care in the community, closer to where individuals live. HITH-MH is delivered by multidisciplinary mental health teams with a service focus of mental health interventions and support towards recovery. People admitted into this program remain under the care of a treating hospital doctor. HITH-MH is delivered in the community, but measured and funded as inpatient hospital activity, and therefore falls under the hospital beds stream for funding purposes. Cost per inpatient bedday is defined as expenditure on inpatient services divided by the number of inpatient beddays.

In 2022-23, the target for the average cost per purchased bedday for HITH-MH was $1,476. A result below target indicates there were more beddays or less funding provided than expected. A result above target indicates there were fewer beddays or more funding provided than expected.

In 2022-23, the average cost per bedday for HITH-MH services was $1,595. This result is 8.0% higher than the 2022-23 target of $1,476 and 4.9% lower than the 2021-22 result of $1,677. The higher result in 2022-23 compared to the 2022-23 target is due to a lower bed occupancy and delay in the opening of new services.



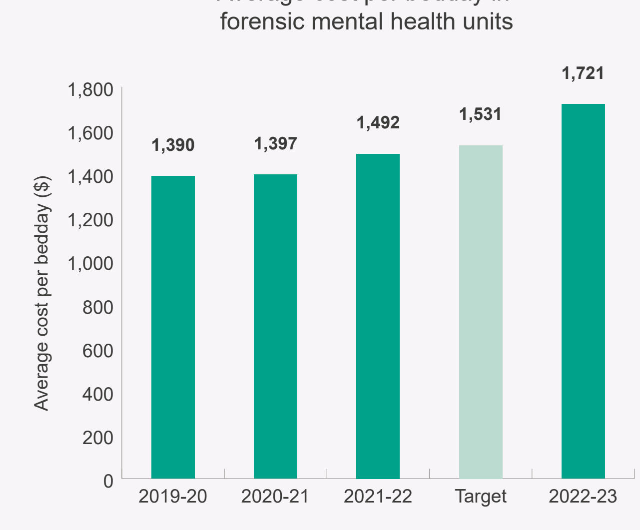
Key Efficiency Indicator 2.3: Average cost per purchased bedday in forensic mental health units

Measures the average cost per inpatient bedday in forensic mental health units. The unit cost of admitted patient care in forensic specialised mental health units is closely monitored in order to ensure cost effectiveness. Data is for the financial year and is sourced from the Commission's financial systems and BedState from the Department of Health.

Forensic beds include both acute and sub-acute 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 sub-acute 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 court order. Cost per inpatient bedday is defined as expenditure on forensic inpatient services divided by the number of forensic inpatient beddays.

In 2022-23, the target for the average cost per purchased bedday in forensic mental health units was $1,531. A result below target indicates there were more beddays or less funding provided than expected. A result above target indicates there were fewer beddays or more funding provided than expected.

In 2022-23, the average cost per bedday in forensic units was $1,721. This result is 12.4% higher than the 2022-23 target of $1,531 and 15.4% higher than the 2021-22 result of $1,492. The above target result in 2022-23 is due to the lower bed occupancy resulting in fewer beddays, and therefore a higher average cost per purchased bedday in forensic mental health services.



Service 3

Community Bed-Based Services

Key Efficiency Indicator 3.1: Average cost per purchased bedday in mental health 24 hour and non-24 hour staffed community bed based services

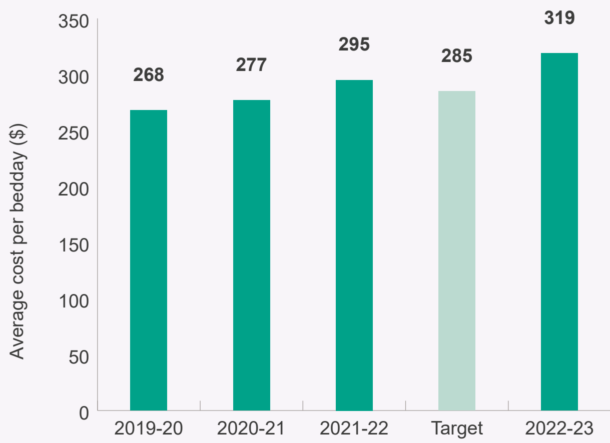
Measures the average cost per bedday in mental health 24 hour and non-24 hour staffed community bed based services. Data is for the financial year, and is sourced from the Commission's financial systems, the Commission's Contract Acquittal Data Collection (CADC). Activity data is for six months (July 2022 to December 2022) extrapolated to twelve months.

Non-government organisations provide accommodation in residential units for people affected by mental illness who require support to live in the community. Services include support with self-management of personal care and daily living activities as well as initiating appropriate treatment and rehabilitation to improve the quality of life. These services provide support for adults who have severe and persistent symptoms of mental illness, who have significant behavioural problems, and who have support and care needs above those that would enable them to live independently in the community.

Services can be staffed either 24 hours a day for those who require more intensive support or less than 24 hours a day for people with less severe mental health and behavioural problems. Where services are staffed less than 24 hours a day, appropriate staff are still available (e.g. on call) when required.

In 2022-23, the target for the average cost per purchased bedday in mental health 24 hour and non-24 hour staffed community bed based services was $285. A result below target indicates there were more beddays or less funding provided than expected. A result above target indicates there were fewer beddays or more funding provided than expected.

In 2022-23, the average cost per purchased bedday for 24 hour and non-24 hour staffed community bed-based services was $319. This result is 11.8% above the 2022-23 target and 8.0% higher than the 2021-22 result. The higher result for 2022-23 is attributable to a lower number of beddays in non-government 24 hour staffed community residential accommodation and cost escalations relating to Non-Government Human Services Sector indexation and the Community Contracts Uplift funding.



Exemptions were obtained from the Under Treasurer from reporting this KPI in 2019-20 and 2021-22. The data presented for these years are unaudited.

Key Efficiency Indicator 3.2: Average cost per bedday in mental health step up/step down community bed based units

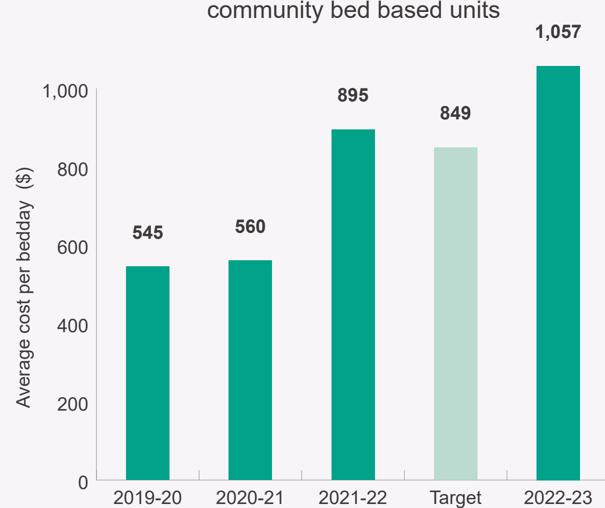
Measures the average cost per bedday in mental health step up/step down community bed based units. Cost data is for the financial year and is sourced from the Commission's financial systems. Activity data is for six months (July 2022 to December 2022) extrapolated to twelve months and is sourced from the Commission's Contract Acquittal Data Collection (CADC).

The Mental Health step up/step down service in Western Australia 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 predominantly through non-clinical activities. This service is provided to people who have recently experienced, or who are at risk of experiencing, an acute episode of mental illness. This usually requires short-term treatment and support to reduce distress that cannot be adequately provided in the person's home but does not require the treatment intensity provided by acute inpatient services.

In 2022-23, the target for the average cost per purchased bedday in mental health step up/step down community bed based units was $849. A result below target indicates there were more beddays or less funding provided than expected. A result above target indicates there were fewer beddays or more funding provided than expected.

The 2022-23 target was set lower than the 2021-22 result.

In 2022-23, the average cost per purchased bedday in step-up/step-down community bed-based units was $1,057. This is 24.5% higher than the 2022-23 target of $849 and higher than the 2021-22 result (18.1% higher). The higher result for 2022-23, compared to the 2022-23 target and 2021-22 result, is due to lower beddays caused by the closure of the Bunbury step-up/step-down residential component due to difficulties in retaining and recruiting staff during the COVID-19 pandemic, some bed closure in the Joondalup step-up/step down service due to maintenance in neighbouring property and a reduction returning consumers and double the number of leave days as consumers adjusting to their return to the community (and less reliance on the service), and cost escalations relating to Non-Government Human Services Sector indexation and the Community Contracts Uplift funding.



An exemption was obtained from the Under Treasurer from reporting this KPI in 2021-22. The data presented for 2021-22 are unaudited.

Key Efficiency Indicator 3.3: Average cost per closed treatment episode in alcohol and other drug residential rehabilitation and low medical withdrawal services

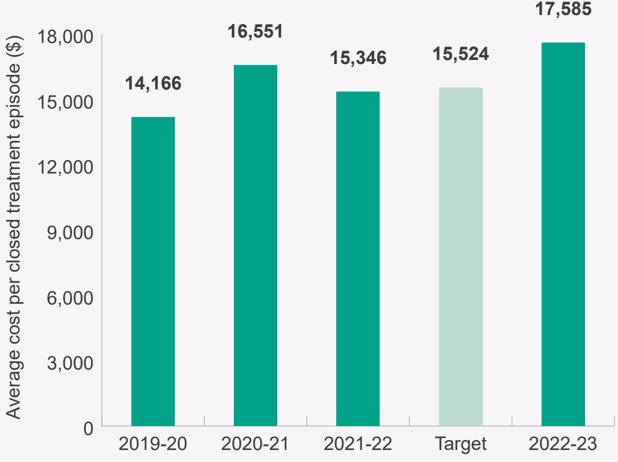
Measures the average cost per closed treatment episode in alcohol and other drug residential rehabilitation and low medical withdrawal services. Treatment episode data is sourced from the Alcohol and Other Drug Treatment Data Collection for the twelve-month period April to March and allows for a three month lag for coding and auditing purposes. Cost data is for the financial year and is sourced from the Commission's financial systems.

Alcohol and other drug community bed based services include residential rehabilitation and low medical withdrawal services which provide 24 hour, seven days per week, recovery orientated treatment in a residential setting. Bed based low medical withdrawal provides a supportive care model, based on non-medical or low medical interventions with support provided by a visiting doctor or nurse specialist.

These programs are most appropriate when the withdrawal symptoms are likely to be low to moderate and there is a lack of social support or an unstable home environment. Residential rehabilitation provides clients (following withdrawal) with a structured program of medium to longer-term duration that may include counselling, behavioural treatment approaches, recreational activities, social and community living skills and group work.

In 2022-23 the target for the average cost per closed treatment episode in alcohol and other drug residential rehabilitation and low medical withdrawal services was $15,524. A result below target indicates there were more closed treatment episodes or less funding provided than expected. A result above target indicates there were fewer closed treatment episodes or more funding provided than expected.

In 2022-23, the average cost per completed treatment episode in alcohol and other drug residential rehabilitation services was $17,585. This is 13.3% above than the 2022-23 target of $15,524 and 14.6% above the 2021-22 result of $15,346. The higher result is due to lower closed treatment episodes due to temporary short-term closures and restrictions due to COVID-19 outbreaks among clients and staff during 2022.



Exemptions were obtained from the Under Treasurer from reporting this KPI in 2019-20 and 2021-22. The data presented for these years are unaudited.

Service 4

Community Treatment

Key Efficiency Indicator 4.1: Average cost per purchased treatment day of ambulatory care provided by public clinical mental health services

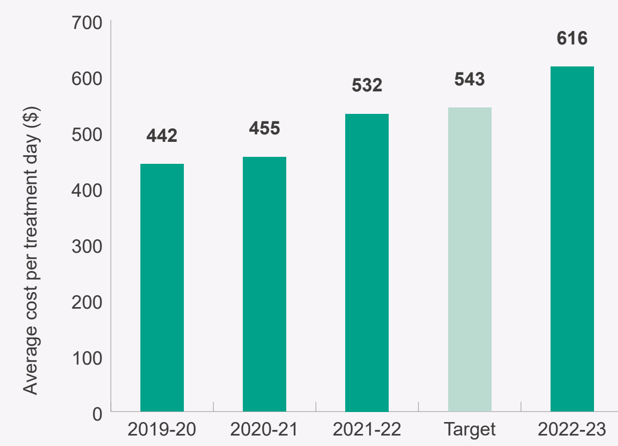
Measures the average cost per purchased treatment day of ambulatory care provided by public clinical mental health services. Treatment days is sourced from the Department of Health's Mental Health Information Data Collection (MIND), the Commission's Contract Acquittal Data Collection (CADC) and non-government organisations. Treatment days from the Department of Health is for financial year, while for non-government organisations it is for six months (July 2022 to December 2022) extrapolated to twelve months. Cost data is for the financial year and is sourced from the Commission's financial systems.

An ambulatory mental health care service (i.e. community treatment) 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 total funding provided for mental health ambulatory care services divided by the number of community treatment days provided by ambulatory mental health services, where a treatment day is defined as any day on which one or more community contacts are recorded for a consumer during their episode of care.

In 2022-23, the target for the average cost per purchased treatment day of ambulatory care provided by public clinical mental health services was $543. A result below target indicates that there were more treatment days or less funding provided than expected. A result above target indicates that there were fewer treatment days or more funding provided than expected.

In 2022-2023, the average cost per purchased treatment day of ambulatory care provided by public clinical mental health services was $616. This is higher than the 2022-23 target (13.5% higher) and the 2021-22 result (15.8% higher). The higher cost was primarily due to lower treatment days as a result of staff shortages due to COVID-19 public health measures and delays in the expansion of services due to difficulties in recruiting staff.



Exemptions were obtained from the Under Treasurer from reporting this KPI in 2019-20 and 2021-22. The data presented for these years are unaudited.

Key Efficiency Indicator 4.2: Average cost per closed treatment episode in community treatment-based alcohol and other drug services

Measures the average cost per closed treatment episode in community treatment-based alcohol and other drug services. Treatment episode data is for the 12-month period April to March and allows for a three-month lag for coding and auditing purposes and it is sourced from the Alcohol and Other Drug Treatment and cost data is for the financial year and is sourced from the Commission's financial systems.

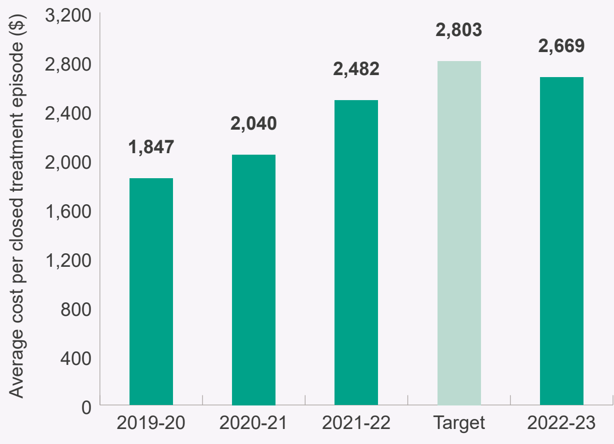
The Commission supports a comprehensive range of outpatient counselling, pharmacotherapy and support and case management services, including specialist indigenous, youth, women's and family services, which are provided primarily by non-government agencies specialising in alcohol and other drug treatment.

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 combined number of treatment episodes provided and the number of ADSS contacts answered with an outcome of counselling (excluding tobacco-related contacts). A treatment episode is the period of care between the start and end of treatment, whereas for ADSS this refers to a single contact (e.g. a phone call).

In 2022-23, the target for the average cost per closed treatment episode in community treatment-based alcohol and other drug services was $2,803. A result below target indicates there were more closed treatment episodes or less funding provided than expected. A result above target indicates there were fewer closed treatment episodes or more funding provided than expected.

In 2022-23, the average cost of a completed treatment episode in community-based alcohol and other drug services was $2,669. This is 7.5% higher than the 2021-22 result of $2,482 due to lower-than-expected closed treatment episodes in 2021-22 because of COVID-19 related restrictions and 4.8% lower than the 2022-23 target of $2,803 due to higher than expected ADSS calls.



Exemptions were obtained from the Under Treasurer from reporting this KPI in 2019-20 and 2021-22. The data presented for these years are unaudited.

Service 5

Community Support

Key Efficiency Indicator 5.1: Average cost per hour for community support provided to people with mental health issues

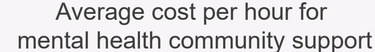
Measures the average cost per hour for community support provided to people with mental health services. Cost data is for the financial year and is sourced from the Commission's financial systems. Activity data is for 6 months (July 2022 to December 2022) extrapolated to 12 months and is sourced from the Commission's Contract Acquittal Data Collection (CADC) and the Individualised Community Living Strategy (ICLS) service providers.

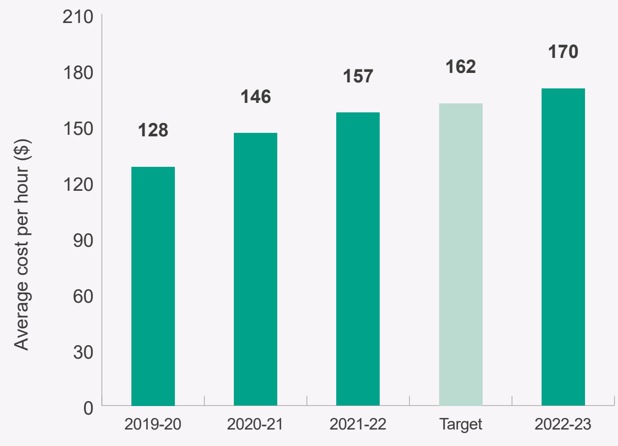
Community-based support programs support people with mental health problems to develop/maintain skills required for daily living, improve personal and social interaction, and increase participation in community life and activities. They also aim to decrease the burden of care for carers. These services primarily are provided in the person's home or in the local community. The range of services provided is determined by the needs and goals of the individual.

As a type of community support service, the ICLS is a collaborative partnership approach between Health Service Providers, Community Managed Organisations, Community Housing Organisations and the Department of Communities – Housing to provide clinical and psychosocial supports and services, in addition to appropriate housing (individual packages of support exclusive of housing are also provided) for individuals to maximise their success in recovery and living in the community.

In 2022-23, the target for the average cost per hour for community support provided to people with mental health issues was $162. A result below target indicates there were more hours for community support or less funding provided than expected. A result above target indicates there were fewer hours for community support or more funding provided than expected.

In 2022-23, the average cost per hour of community support provided to people with mental health issues was $170. This result is 4.7% higher than the 2022-23 target ($162) and 8.2% higher than the 2021-22 result ($157). The higher result for 2022-23 as compared to 2021-22 result is due to ongoing recruitment challenges across the sector and the resulting impact on service delivery. Additionally, there has been a cost escalations relating to Non-Government Human Services Sector indexation and the Community Contracts Uplift funding.





Exemptions were obtained from the Under Treasurer from reporting this KPI in 2019-20 and 2021-22. The data presented for these years are unaudited.

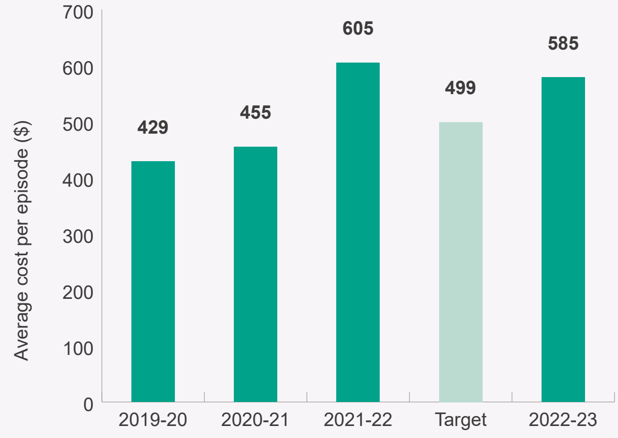
Key Efficiency Indicator 5.2: Average cost per episode of care in safe places for intoxicated people

Measures the average cost per episode of care in safe places for intoxicated people. Cost data is presented for the financial year. Data is sourced from the Commission's financial systems and the Sobering Up Centre database.

Safe places for intoxicated individuals or sobering up centres provide residential care overnight for intoxicated individuals. As at 30 June 2023, there were nine 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. 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.

In 2022-23, the target for the average cost per episode of care in safe places for intoxicated people was $499. A result below target indicates there were more episodes of care or less funding provided than expected. A result above target indicates there were fewer episodes of care or more funding provided than expected.

In 2022-23, the average cost per treatment episode of care in safe places for intoxicated people was $585. This result is 17.3% higher than the 2022-23 target of $499 and 3.3% lower than the 2021-22 result of $605. The higher result for 2022-23 as compared to the 2022-23 target is due to the reduction of beds in some sobering up centres due to COVID-19 restrictions and the closure of some sobering up centres for some time due to staff shortages relating to COVID-19. Flooding in the Kimberley early January 2023 impacted usage along with other seasonal factors, a transient population (particularly in regional/ remote areas), and liquor restrictions imposed in some areas. The voluntary nature of attending a sobering up centre can also impact the number of episodes of care. Additionally, the higher results are due to increased cost escalations relating to Non-Government Human Services Sector indexation and the Community Contracts Uplift funding.



Exemptions were obtained from the Under Treasurer from reporting this KPI in 2019-20 and 2021-22. The data presented for these years are unaudited.

Ministerial Directives

No Ministerial directives were received during the 2022-23 financial year.

Government policy requirements

Staffing, Occupational Safety, Health and Injury Management

Staffing Approved full-time equivalent staff	2022-23 Budget FTE	2022-23 Actual FTE	Variation
Mental Health Commission	340	345	(5)
Office of the Chief Psychiatrist	17	20	(3)
Mental Health Advocacy Service	9	7	2
Mental Health Tribunal	11	10	1
Total	**377**	**382**	**(5)**

Our commitment

The Executive Leadership Team is committed to a positive and values-based safety culture at the Commission; one in which employees, contractors and visitors feel supported and engaged.

To demonstrate this commitment in light of the Work Health and Safety Act 2020 (the WHS Act), the Commissioner updated the Work Health and Safety Statement of Commitment, setting out the Commission's and the Executive Leadership Team's commitment to workplace health, safety and injury management.

The Commission is continuing its work in aligning systems and practices with the WHS Act, through a process of continuous improvement and review. These systems and practices provide early intervention and proactive injury management in line with the requirements of the *Workers Compensation and Injury Management Act 1981*.

Consultation and governance mechanisms

The Work Health and Safety Committee (WHS Committee) is the primary consultation mechanism for raising and managing workplace health and safety issues. The WHS Committee comprises employer representatives across the Commission and all health and safety representatives.

The Committee meets bi-monthly to discuss and resolve health and safety issues, which includes reviewing incidents and hazards. Minutes from the WHS Committee meetings are made available to employees on the intranet. The contact details of all health and safety representatives are also communicated on the Commission's intranet and noticeboards.

To support proper governance mechanisms, the People & Culture directorate provide quarterly reports and updates on safety management system performance and reform initiatives to the Audit and Risk Committee and the Executive Leadership Group.

Workers' compensation and injury management

The Commission is committed to assisting injured employees to return to work as soon as medically appropriate and has in place a documented injury management system and return to work programs, in accordance with the Workers Compensation and Injury Management Act 1981. The Injury / Rehabilitation Management Policy is available for employees and managers to access via the Commission's intranet.

Measure	Results 2020-2021	Results 2021-22	Results 2022-23	Target	Comment on result
Number of workers' compensation claims received	0	1	0	Zero (0)	
Number of fatalities	0	0	0	Zero (0)	
Lost time injury and disease incidence rate	0	0.9%	0	0 or 10% reduction in incidence rate	
Lost time injury and severity rate	0	0	0	0 or 10% reduction in severity rate	
Percentage of injured workers returned to work (i) within 13 weeks	100%	100%	100%	Greater than or equal to 80%	
Percentage of injured workers returned to work (ii) within 26 weeks	100%	100%	100%	Greater than or equal to 80%	
Percentage of managers trained in work health and safety injury management responsibilities, including refresher training within 3 years	83%	73%	43%	Greater than or equal to 80%	WHS for Managers training module launched in March 2023. This result relates to training undertaken between March and June 2023.
Number of initial contacts made to access the in-house Mental Health First Aid Program	161	248	117	N/A	

Employee health and wellbeing

The Commission is committed to ensuring employees are supported and provided with an environment that actively assists them to maximise their overall health. During 2022-23, the following wellness events and activities were held to enhance employee wellbeing:

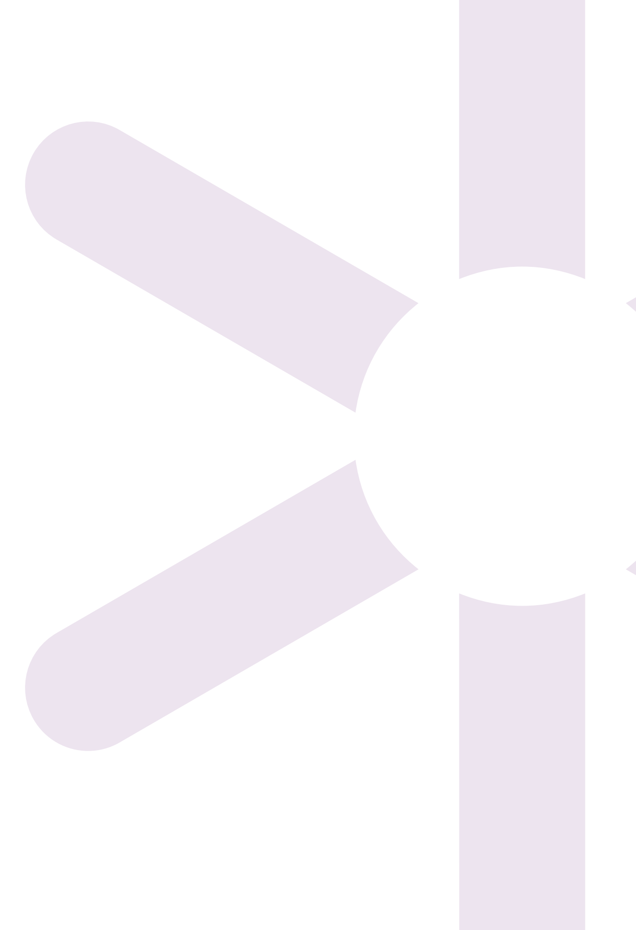
- influenza vaccinations
- step challenge
- salary packaging and superannuation seminars (financial wellness)
- R U OK? Day and Mental Health Week activities and guest speakers
- Christmas decoration competition.

During the year, the Commission continued to focus on the mental health and wellbeing of employees through the availability of:

- a comprehensive Employee Assistance Program
- in-house Mental Health First Aid Officers
- provision of the EAP Converge App
- provision of corporate health insurance rates through HBF and Medibank.

National Strategic Plan for Asbestos Awareness and Management 2019-2023

The Commission is committed to working towards Western Australia's targets to eliminate asbestos-related diseases in Australia. The Commission reports progress in relation to asbestos management, to the Department of Mines, Industry Regulation and Safety biannually. Building Management and Works are engaged every two years to complete inspections of our buildings to assess asbestos-related risks.



Board and committee remuneration

Alcohol and Other Drug Advisory Board

The Alcohol and Other Drugs Advisory Board, which provides advice to the Commission on matters relevant to section 11 functions of the *Alcohol and Other Drug Act 1974*, reconvened in 2021 with new members appointed.

Position	Member's name	Type of remuneration	Period of membership	Term of appointment/tenure	Base salary/ Sitting fees	Gross remuneration
Chair	Professor Steve Allsop	Annual	1 Sept 2022 – 30 June 2023	1 Sept 2022 – 30 Aug 2025: 3 years	$19,327pa	$16,017.24
Deputy Chair	Dr Mark Montebello	Annual	1 July 2022 - 30 June 2023	1 Mar 2020 - 28 Feb 2023 (extended until 30 June 2023): 3 years	$15,916pa	$16,268.76
Member	Ms Julia Stafford	Sessional	1 July 2022 - 30 June 2023	1 Jan 2022 – 31 Dec 2024: 2 years	$503 per day $327 per half day	$2,557.00
Member	Ms Miriam Rudd	Sessional	1 July 2022 - 30 June 2023	1 Jan 2022 – 31 Dec 2024: 2 years	$503 per day $327 per half day	$2,557.00
Member	Commander Lawrence Panaia	N/A	1 July 2022 – 25 Jan 2023 and 27 Jan 2023 – 30 Jun 2023	26 Jan 2021 – 25 Jan 2023: 2 years 27 Jan 2023 – 26 Jan 2026: 2 years	N/A	–
Member	Mr Nafiso Mohamed	Sessional	1 July 2022 – 6 June 2023	7 June 2021 – 6 June 2023: 2 years	$503 per day $327 per half day	$917.16
Member	Katiska Davis	N/A	7 Nov 2022 - 30 June 2023	7 Nov 2022 – 6 Nov 2025: 3 years	N/A	–
Member	Ethan James	N/A	26 Jan 2023 - 30 June 2023	26 Jan 2023 – 25 Jan 2026: 3 years	N/A	–
Member	Professor Colleen Hayward	N/A	1 July 2022 – 25 Jan 2023	26 Jan 2021 – 25 Jan 2023: 2 years	N/A	–
Member	Ms Keisha Calyun	N/A	1 July 2022 – 25 Jan 2023	26 Jan 2021 – 25 Jan 2023: 2 years	N/A	–
Member	Ms Jill Rundle	N/A	1 July 2022 – 25 Jan 2023	26 Jan 2021 – 25 Jan 2023: 2 years	N/A	–
Total						**$38,317.16**

Mental Health Advisory Committee

The Mental Health Advisory Committee provides strategic advice and guidance to the Mental Health Commissioner regarding key matters affecting people with mental issues, their families and service providers. The Council reconvened in 2021 with new members appointed.

Position	Member's name	Type of remuneration	Period of membership	Term of appointment/tenure	Base salary/ Sitting fees	Gross remuneration
Chair	Ms Margaret Doherty	Annual	1 July 2022 – 30 June 2023	2 Oct 2021 - 1 Oct 2023: 2 Years	$19,327pa	$19,576.69
Deputy Chair	Ms Patricia Councillor	Annual	1 July 2022 – 30 June 2023	28 Sept 2021 - 27 Sept 2023: 2 Years	$15,916 pa	$19,051.32
Member	Ms Tracey Young	Sessional	1 July 2022 – 30 June 2023	2 Oct 2021 - 1 Oct 2023: 2 Years	$503 per day $327 per half day	$4,446.56
Member	Ms Lee Steel	Sessional	1 July 2022 – 30 June 2023	2 Jan 2022 - 1 Jan 2024: 2 Years	$503 per day $327 per half day	$4,446.56
Member	Ms Jessica Nguyen	N/A	1 July 2022 – 30 June 2023	2 Oct 2021 - 1 Oct 2023: 2 Years	N/A	–
Member	Dr Richard Oades	Sessional	1 July 2022 – 30 June 2023	2 Oct 2021 - 1 Oct 2023: 2 Years	$503 per day $327 per half day	$5,363.72
Member	Mr Paul Parfitt	Sessional	1 July 2022 – 30 June 2023	3 June 2022 - 1 June 2024: 2 Years	$503 per day $327 per half day	$4,446.56
Member	Dr Pauline Cole	Sessional	1 July 2022 - 31 December 2022	1 Jan 2021 - 31 Dec 2022: 2 years	$503 per day $327 per half day	$555.82
Member	Ms Nafiso Mohamed	Sessional	1 July 2022 – 30 June 2023	1 Feb 2022 - 31 Jan 2024: 2 Years	$503 per day $327 per half day	$ 3,140.44
Member	Ms Jennifer Wilton	Sessional	1 July 2022 – 30 June 2023	1 Feb 2022 - 31 Jan 2024: 2 Years	$503 per day $327 per half day	$4,613.42
Member	Ms Virginia Catterall	Sessional	1 July 22 – 31 Dec 22 17 Apr 23 – 30 June 23	1 Jan 2021 – 31 Dec 2022; 17 Apr 2023 - 16 Apr 2025: 2 years	$503 per day $327 per half day	$3,334.92
Member	Ms Emily Wilding	Sessional	1 July 2022 – 8 Sept 2022	2 Oct 2021 - 8 Sept 2022 (Resigned): 1 year	$503 per day $327 per half day	$361.34
Total						**$69,337.35**

Mental Health Tribunal

In the interests of security and sensitivity, the names and details of the Mental Health Tribunal members have been excluded from this report. However, gross remuneration for the President and averages for the Tribunal members, for the reporting period is as follows:

President*:	$420,716.21
Member (high):	$199,010.80
Member (average):	$57,350.03
Member (low):	$1,246.44

** President's renumeration were higher than previous financial year due the change in President, and the final payment of undertaken leave entitlements to the previous President*

WA Multicultural Policy Framework

The Commission's Multicultural Plan 2022-25 was developed through consultation with all divisions to identify priority actions for implementation. The MHC strives to establish mental health and AOD systems that meet the needs of WA's population and deliver quality outcomes for individuals and their families. The Commission understands an effective mental health and AOD system must be able to provide care to people that is appropriate to their cultural background and the language they speak.

This year we:

- Celebrated Harmony Week to build staff knowledge and awareness and promoted external events through internal communications.
- Engaged the Equal Opportunity Commission to deliver lunch and learn workshops focusing on discrimination and harassment in the workplace.
- Proactively raised awareness of Harassment and Discrimination in the workplace, including information on the Elimination of Harassment and Discrimination in the Workplace Policy and grievance management policy and procedures.
- Engaged with the Mental Health Multicultural Sub-Network to identify priority, services and strategies for people from culturally and linguistically diverse backgrounds.
- Worked collaboratively across business areas to identify communication opportunities to promote and educate about diversity, inclusion and cultural safety. This included staff events and internal communication.
- Considered a range of strategies to promote and educate about diversity, inclusion and cultural safety, including by way of using imagery that reflects the diversity of the WA population, and referral to avenues for information, help seeking and resources for culturally and linguistically diverse communities, including for Aboriginal and Torres Strait Islander peoples.

The Commission is in the initial phase of considering ways to partner with Culturally and Linguistically Diverse employees in the review and co-design of recruitment and selection processes and practices.

We have also initiated the development of a new Workforce and Diversity Plan which will aim to increase the representation of people from different backgrounds at all levels within the Commission, and to ensure all staff experience a sense of belonging and inclusion in the work environment.

Other legal requirements

Personal expenditure

In accordance with section 903 of the Treasurer's Instructions, personal expenditure incurred on a WA Government Purchasing Card must be disclosed. During the reporting period there were six instances of personal expenditure incurred by Commission staff, as per below

Number of instances the purchasing card has been used for personal use:	6
Aggregate amount:	$400.39
Aggregate amount settled by due date:	$400.39
Aggregate amount settled after due date:	NIL
Aggregate amount outstanding:	NIL
Number of referrals for disciplinary action:	NIL

Expenditure on advertising, market research, polling and direct mail

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

Name	Category	Spend
303 MullenLowe	Advertising agencies	$128,121.65
Initiative	Media advertising	$77,980.87
Public education campaigns via Cancer Council WA	Media advertising	$5,118,677.00
Kantar Public	Market research	$363,386.36
The Behaviour Change Collaborative	Market research	$130,567.00
Painted Dog Research	Market research	$22,483.00
Total		**$5,841,215.88**

Disability Access and Inclusion Plan

The Disability Access and Inclusion Plan 2022-2026 (DAIP) demonstrates the Commission's commitment to ensuring we are proactive about removing any barriers that may exclude people from accessing information, services, facilities, events and employment opportunities. The DAIP is available to members of the public and employees through the website and intranet.

The DAIP was developed in consultation with employees, people with disability, their families and carers to identify access and inclusion barriers and improvement opportunities. The Commission provided a progress report to the Department of Communities in accordance with the *Disability Services Act 1993*.

This year we:

- Considered accessibility in accordance with our Working Together Engagement Toolkit for the Lived Experience Networking event.
- Incorporated the objectives of the DAIP in our Community Treatment and Emergency Response project planning.
- Included instructions and a contact point for training participants to advise of any access requirements for either online or in-person training sessions
- Continued to collaborate with all business areas regarding written and creative content, including publication development. As part of this, Strategic Communications promotes the Western Australian Accessibility Guidelines to staff and feedback is provided to ensure adherence to those standards.
- Arranged for a guest speaker to share his story of challenges, adversity, resilience, motivation and success on International Day of People with Disability. The event provided the opportunity for staff to ask questions and helped to raise awareness and understanding of people with disability and celebrate their achievements and contributions.
- Undertook Disability Awareness training with National Disability Services, increasing awareness and knowledge of how to create inclusive recruitment processes for people with disability. The People and Culture team are using this knowledge to inform recruitment and selection training and a review of the Recruitment, Selection and Appointment guidelines and request to advertise form.
- Contracted our website services supplier to aid in ongoing assessment of compliance with the Web Content Accessibility Guidelines and implementation of solutions to meet requirements including complaints mechanisms.

Compliance with public sector standards and ethical codes

Pursuant to 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 Mental Health Commission Code of Conduct. The Commission is also progressing work towards implementation of the new Public Sector Code of Ethics and Commissioner's Instruction 40: Ethical Foundations, for October 2023.

During 2022-23, the Commission received two Breach of Standard claims relating to the Employment Standard. One claim was withdrawn after satisfactory resolution was reached with the claimant, the other was dismissed by the Public Sector Commission, satisfied that the Employment Standard had not been breached.

Recordkeeping plans

The State Records Act 2000 was established to standardise statutory record keeping practices for every government agency. Government agency practice is subject to the provisions of the State Records Act 2000 and the standards and policies of the State Records Commission (SRC). The Commission's current Record Keeping Plan was approved by the SRC in August 2019.

In line with the Commission's Record Keeping Plan, all new staff are provided with a comprehensive induction on recordkeeping and its Electronic Document Records Management System (EDRMS). The induction includes a presentation on individual officers' responsibilities and the services of our Information Management team. Recordkeeping is embedded in the Commission's Code of Conduct and in addition to inductions, all new employees are enrolled in mandatory online awareness training and face-to face or virtual EDRMS training.

A total of 14 Recordkeeping and EDRMS Training sessions were delivered to staff and support agencies by the Information Management Team in 2022-23

The Commission, in partnership with HSPs, have embarked on upgrading the agency's EDRMS HP Records Manager to a newer platform, Content Manager, to deliver improvements to both staff and records management administration across the agency. This program of work is expected to be completed in the 2023-24 financial year.

In 2022-23, 82% of Commission employees completed the recordkeeping awareness training. This training provides an understanding of the fundamentals of recordkeeping and employee responsibilities in creating, managing and protecting records. Over 70 publications are available for staff, including fact and advice sheets and training videos regarding recordkeeping matters via the corporate intranet.

The Commission has continued to shift to a greater electronic records management operation and will shift to more digital recordkeeping practices following the approval of a Digitisation and Source Records policy and guidelines, which is expected to be rolled out in the 2023-24 financial year, significantly improving compliance with the State Records Act 2000.

Abbreviations and acronyms

ACCO	Aboriginal Community Controlled Organisation
AOD	Alcohol and Other Drugs
AODAB	Alcohol and Other Drug Advisory Board
CLO	Community Liaison Officer
CMC	Community Mental Health, Alcohol and Other Drug Council
Commission	Mental Health Commission
DESS	Drug Education and Support Service
FASD	Fetal Alcohol Spectrum Disorder
Framework	Western Australian Suicide Prevention Framework 2021-2025
HSPs	Health Service Providers
ICA Taskforce	Infants, Children and Adolescents aged 0–18 years in Western Australia (ICA Taskforce)
IDACC	Immediate Drug Assistance Coordination Centre
MHAC	Mental Health Advisory Council
MHEC	Mental Health Executive Committee
MHLS	Mental Health Leads Subcommittee
NDIS	National Disability Insurance Scheme
SEWB	Social and Emotional Wellbeing
State Priorities	WA State Priorities Mental Health, Alcohol and Other Drugs 2020-24
SUSD	Step up/step down
WAAMH	Western Australian Association for Mental Health
WANADA	WA Network of Alcohol and Other Drug Agencies
WAPHA	Western Australian Primary Health Alliance
YPPA	Young People's Mental Health and Alcohol and Other Drug Use: Priorities for Action 2020-2025

Glossary

Active Recovery Teams

Active Recovery Teams are a partnership between community mental health teams and NGO's that provide recovery planning and crisis response for individuals with complex needs recovering from an acute or crisis episode.

Aftercare

Aftercare refers to the care, treatment, help or supervisions received by people after a suicide attempt, extending to family, and carers.

Community mental health step up/step down services

The community mental health step up/step down services provide:

- Step up services, which allow people to step up from the community, and provide additional support for a person to manage a deterioration in their mental health, but where an admission to an inpatient facility (such as a hospital) is not warranted; and
- Step down services, which allow people to step down from a stay in an inpatient facility, and provide additional support to a person who no longer requires acute inpatient care but does require assistance in re-establishing themselves in the community.

Group Support Activities Services

Group Support Activities Services aim to improve the quality of life and psychosocial function of people impacted by mental health and co-occurring AOD issues, through community-based social, recreational, psychoeducational and pre-vocational activities.

Health Service Provider

Health Service Providers are established as statutory authorities and are each governed by a board and/or chief executive. These statutory authorities are responsible and accountable for delivering public health services or health support services. Mental health and AOD health services are purchased from health service providers by the Commission through service agreements.

LGBTIQA+SB

Throughout this report we have used the acronym LGBTIQA+SB to refer to lesbian, gay, bisexual, transgender, intersex, queer, questioning, asexual, sistergirl and brotherboys and any other person or group that is diverse in sex, gender or sexuality. We also recognise that many people and populations have additional ways of describing their distinct histories, experiences and needs outside this acronym.

Non-admitted service

A Non-admitted service provides services to support, treat and care for people without undergoing a formal admission process. Non-admitted mental health services provide a range of services to assess, diagnose and treat people with mental illness across clinical and community settings.

Service Stream descriptions

Prevention

Mental health and AOD prevention refers to initiatives and strategies to reduce the incidence and prevalence of mental health problems, and delay the uptake and reduce the harmful use of AOD and associated harms. Mental health promotion strategies aim to promote positive mental health and resilience.

The Commission continues to support a range of evidence-based prevention initiatives aimed at the whole population and specific priority target groups. Strategies include:

- public education campaigns such as the Alcohol. Think Again, Strong Spirit Strong Mind Metro Project, Drug Aware and Think Mental Health campaigns;
- creation of supportive environments, for example through monitoring of liquor licensing applications; and
- building community capacity to promote optimal mental health, and prevent mental illness, suicide and AOD harm through training for communities.

Community support services

Community support services include programs that help people with mental health and AOD issues to access the help and support they need to participate in their community. Community support includes:

- programs that help people identify and achieve their personal goals;
- personalised support programs (eg to assist in accessing and maintaining employment/education and social activities);
- peer support;
- home in reach support to attain and maintain housing;
- family and carer support (including support for young carers and children of parents with a mental illness);
- flexible respite;
- individual advocacy services; and
- AOD harm-reduction programs.

Community treatment

Community treatment services provide non-residential, clinical care in the community for people with mental health and AOD issues including families and carers. Community treatment services generally operate with multidisciplinary teams who provide outreach, transition support, relapse prevention planning, physical health assessment and support for good general health and wellbeing.

Community treatment services aim to provide appropriate mental health and AOD treatment and care in the community closer to where people live and where connections with, and support from, families and carers can be maintained.

Community bed-based services

Community bed-based services provide 24-hour, seven days per week recovery oriented services in a residential style setting (in the case of mental health services), and withdrawal services and structured, intensive residential rehabilitation for people with an AOD issue.

Community bed-based services provide support to enable individuals to move to more independent living. The primary aim of interventions is to improve functioning and reduce difficulties that limit an individual's independence. There are four types of mental health community beds: short stay; medium-stay; long-stay and long-stay (nursing home).

All community bed-based services are expected (where appropriate) to have the capability of meeting the needs of people with co-occurring mental health and AOD issues.

Hospital bed-based services

Hospital bed-based services include acute, subacute and non-acute inpatient units, consultation and liaison services and inpatient AOD withdrawal services. Hospital bed-based services provide treatment and support in line with mental health recovery oriented service provision, including promoting good general health and wellbeing.

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