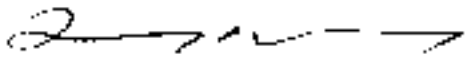

# Annual Report 2014/15
# Mental Health Commission

Hon Helen Morton MLC
MINISTER FOR MENTAL HEALTH

Dear Minister

In accordance with section 61 of the *Financial Management Act 2006*, I hereby submit for your information and presentation to Parliament, the Annual Report of the Mental Health Commission for the financial year ended 30 June 2015.

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



Timothy Marney
COMMISSIONER
MENTAL HEALTH COMMISSION

DATE SEPTEMBER 2015

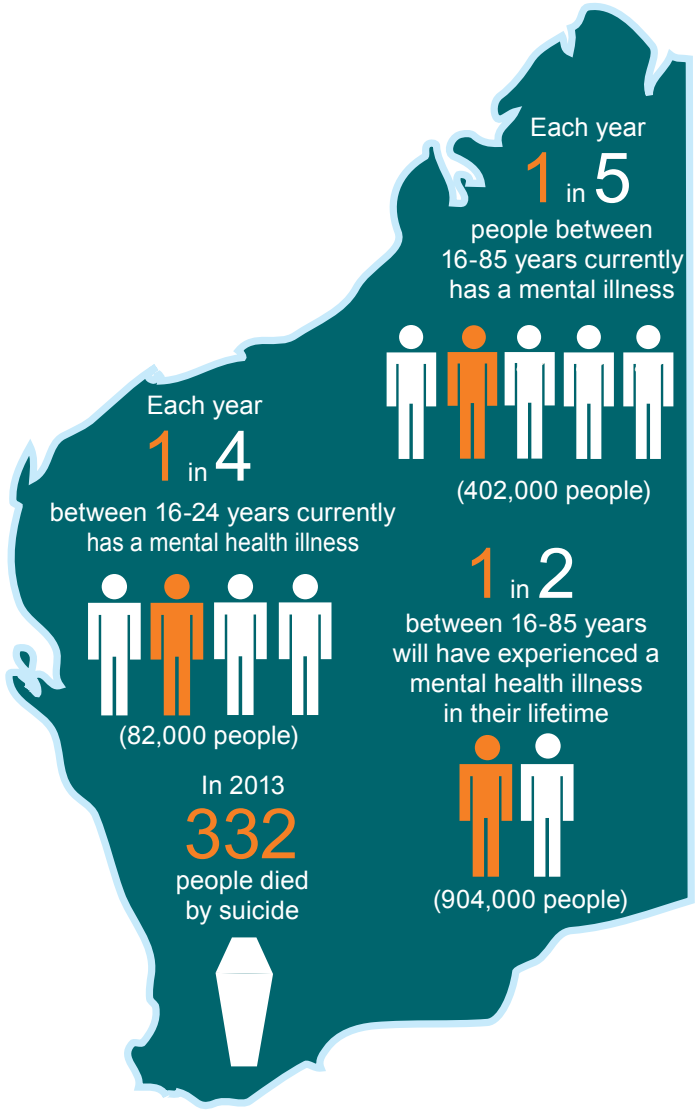
The Commission was established in 2010 with a mandate to improve Western Australia's mental health system. We do this by:

- advising the Government on mental health policy
- deciding how the State's mental health budget should be spent each year
- planning for future investment in mental health services
- monitoring and evaluating the performance of the mental health system.

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

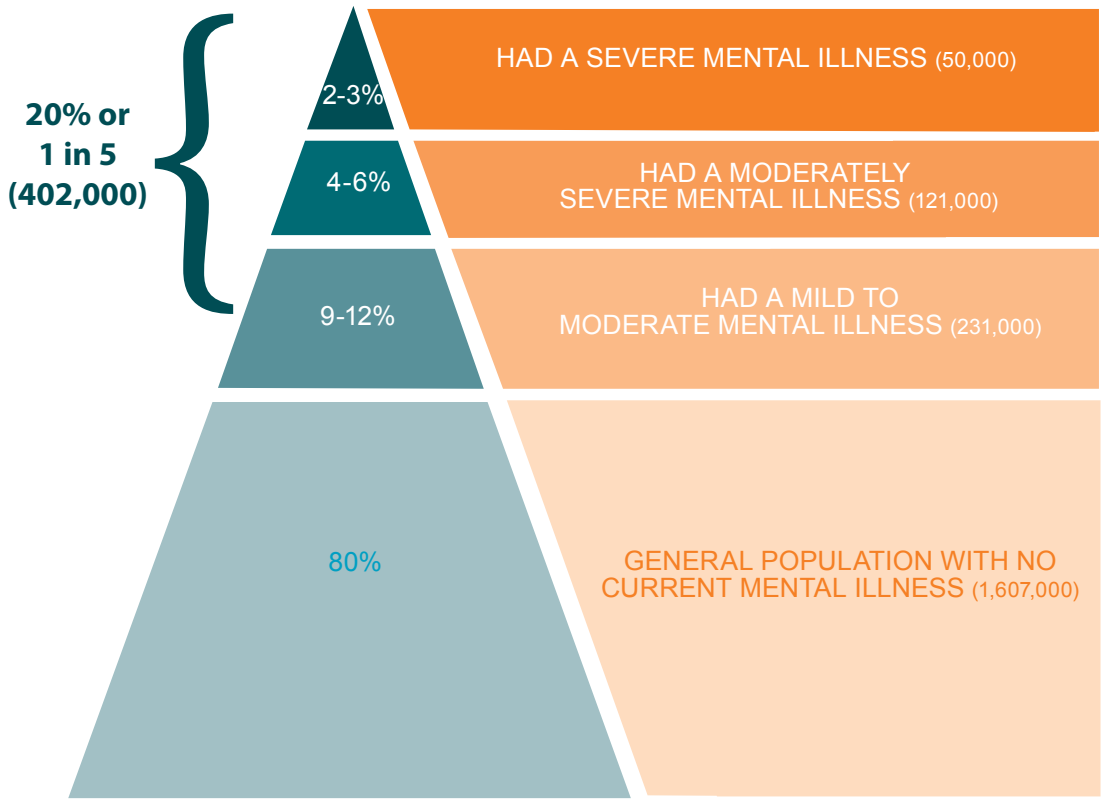
Our work is guided by the three key reform directions set out in the State's strategic mental health policy, *Mental Health 2020: Making it Personal and Everybody's Business*:

- Balanced investment - ensuring that money is spent on the right mix of supports and services
- Connected approaches - recognising that everyone has a role in delivering good outcomes for people with mental illness
- Person-centred supports and services - recognising that there is no 'one size fits all' approach to mental health care.




National prevalence data is sourced and extrapolated from the ABS National Survey of Mental Health and Wellbeing, 2007 (cat. No. 4326.0). Population figures are estimated using the June 2014 Estimated Residential Population for Western Australia aged 16-85 years. Suicide statistics are sourced from the ABS Causes of Death, 2013 publication (cat. No. 3303.0).

# Snapshot of mental health in Western Australians




National prevalence data is sourced and extrapolated from the ABS National Survey of Mental Health and Wellbeing, 2007 (cat. no. 4326.0) and using modelling presented in the National Action Plan for Mental Health 2006-2011 Progress reports. Population figures are estimated using the June 2014 Estimated Residential Population for Western Australia aged 16-85 years

## Oveview

An overview of the Commission's responsibilities and organisational structure.



## Agency performance

A report on our operational performance from 1 July 2014 to 30 June 2015 and the progress towards achieving the desired outcomes of the Commission.



## Significant issues

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



## Disclosures and legal compliance

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



## Appendices

# Commissioner's foreword

For many people who experience mental illness, making a plan is a major step towards recovery. Creating a plan makes us reflect on where we are, where we want to be, and what we need to do to get there.

The same can be said of the challenge of building a world-class mental health system. In 2014/15, the Mental Health Commission released the draft *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025.*

The draft Plan offers a clear picture of the services we have; the services we need; and the rebalancing of investments required over the next 10 years in order to bridge the gap from our current position of meeting 65 per cent of the estimated needs of our population.

The past year has also been a time of progress in a range of other areas:

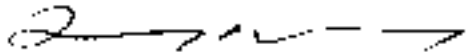
- we continued our work to modernise the State's mental health legislation through the new *Mental Health Act 2014* and preparation for its implementation
- we launched a new suicide prevention strategy, *Suicide Prevention 2020: Together we can save lives*, that aims to halve the number of people who lose their lives to suicide over the next 10 years, which also brought a doubling of Government funding for its implementation
- we worked with partners from across the sector to implement improvements to the public mental health system recommended by Professor Bryant Stokes AM in his landmark *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia*. More than half of the of the recommendations adopted by the Government have been implemented.

These and other achievements and activities are described in the chapters that follow.

This annual report marks the end of one era for the Commission and the beginning of another. As of 1 July 2015, the Commission and *Drug and Alcohol Office* amalgamated to form the new Mental Health Commission. The amalgamation presents a fresh opportunity to build a system that recognises and addresses the co-occurring relationship that often exists between mental health, alcohol and other drug problems.

Developing a plan may be a major step towards recovery, but it is only the start. Implementing a plan requires determination, perseverance and the support of all involved. The task ahead of us is significant, but with the dedication of our staff and the support of our partners across Government and the community, I am optimistic about the progress we will continue to make.

Thank you to all of those who contributed to the Commission's work, and to the mental health of their fellow Western Australians, in ways big and small during 2014/15. I look forward to working with you again in 2015/16 and beyond.



Timothy Marney
Mental Health Commissioner

## The Mental Health Commission

The Mental Health Commission (the Commission) is the Western Australian State Government agency responsible for supporting the Minister for Mental Health. We do this by:

- providing policy advice
- purchasing mental health services for the community on behalf of the State Government
- monitoring and evaluating the performance of mental health services in Western Australia
- leading engagement and collaboration with other government agencies, the non-government and private sectors, and the broader community.

The Commission's work is guided by the State's strategic policy for mental health *Mental Health 2020: Making it Personal and Everybody's Business*, and the various statutes and policies that govern the operation of the public sector.

## Key achievements

In 2014/15, the Commission continued to make significant progress in the development of a mental health system that meets the needs of the Western Australian community. A significant milestone was achieved in December 2014 with the release of the draft *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan)* for consultation. The Plan estimates the optimal level and mix of mental health services required to meet the needs of the population by 2025 and provides a roadmap for phased investment over the next 10 years. A final version of the Plan reflecting community feedback will be considered by Government in mid-2015.

Another key achievement was the finalisation and passage of the *Mental Health Act 2014*. This new legislation strengthens rights protections for involuntary patients and better recognises the important role of families and carers. It is expected that the new legislation will come into force on 30 November 2015, at which time it will replace the *Mental Health Act 1996*.

The Commission is working with partners from across the sector to achieve a smooth transition to the new legislation.

A new suicide prevention strategy for Western Australia, *Suicide Prevention 2020: Together we can save lives* was released in May 2015. It calls for community-wide efforts to halve the number of suicides in Western Australia over the next decade. The State Government has allocated $25.9 million over the next four years to support the implementation of initiatives across the six action areas identified in the Strategy. This represents a doubling in funding from the previous strategy.

Throughout 2014/15, the Commission continued to work with the *Department of Health* to implement improvements to the public mental health system arising from the Government's response to the *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia* (the Stokes Review). More than half of the *Stokes Review's* 117 recommendations and 10 sub-recommendations have now been implemented and implementation of the remaining recommendations is progressing well.

## Funded services

The Commission is responsible for purchasing mental health services on behalf of the State Government. In 2014/15, the Commission purchased more than $678 million worth of services from government and non-government service providers. Services purchased by the Commission spanned the entire spectrum of mental health service delivery, from promotion and early intervention through to community-based treatment and support services, and hospital-based services. This expenditure was 7.3 per cent above that in 2013/14.

A large proportion of the Commission's 2014/15 budget was allocated to public mental health services provided by the *Department of Health*, including inpatient services and community treatment services.

The Commission also funded services and initiatives aimed at:

- preventing suicide
- diverting people with mental illness from the criminal justice system

**We invested a total of more than**

**$678m**

to support people with mental illness, their families and carers

- improving the mental health of Aboriginal people
- enabling people to live in their own home in the community, and
- improving the support available for people with mental health issues.

## Engagement and consultation

The Commission's work is underpinned by a strong collaborative ethos. In 2014/15, the Commission embarked on a major, State-wide consultation process in support of the Plan.

The implementation of the *Mental Health Act 2014* and the recommendations of the *Stokes Review* continued to be guided by reference groups which draw together the diverse expertise of clinicians, people with a personal experience of mental illness, their families and carers, government agencies, and the non-government sector.

The *Mental Health Advisory Council* continued to provide advice to the Mental Health Commissioner, and the *Ministerial Council for Suicide Prevention* partnered with the Commission to develop *Suicide Prevention 2020.*

## Significant issues impacting the agency

The Commission's priorities and work program continue to be influenced by developments at the local and national levels. In 2013, the State Government announced its intention to amalgamate the Commission and the *Drug and Alcohol Office* (DAO). A core objective of the amalgamation is to provide better care for the many Western Australians who experience co-occurring mental health and alcohol and other drug issues, a need that was highlighted in the *Stokes Review*.

In 2014/15, the Commission worked closely with DAO to prepare to merge administrative and operational functions.

At the national level, the Commonwealth Government released the Report of the National Mental Health Commission's *Review of Mental Health Programmes and Services*. The Report calls for better coordination across different levels of Government, a direction supported by the Plan.

In 2014/15, the Commission worked to ensure that the parallel State and Commonwealth NDIS trials include eligible people with a psychosocial disability and provide support in a way that reflects the recovery orientation of the mental health sector.

## Summary of key performance indicators

The Commission's key performance indicators for 2014/15 measure performance against its desired outcome of delivering accessible, high quality mental health services and supports that are recovery-focused and promote mental health and wellbeing.

In 2014/15, the results for five out of seven key efficiency indicators met or outperformed the targets, demonstrating the Commission's commitment to monitoring the cost efficiency of the services it purchases. In terms of its key effectiveness indicators, the Commission continues to be close to the national target of 12 per cent for re-admission rates to its purchased hospital mental health services, and has continued to exceed its target for providing more than 40 per cent of its funding to community-based specialised mental health services. While further progress is required to meet aspirational targets of 70 per cent for rates of community follow-up after discharge from hospital, and 15 per cent for the proportion of funding directed to non-government organisations, the Commission will continue to monitor the quality and appropriateness of the services it purchases.

## Disclosures and legal requirements

In 2014/15, the Commission continued to meet its requirements under the legislation and policies that govern the operation of the public sector, including in the areas of record-keeping, occupational health and safety, and disability and inclusion. The Commission's finances were independently audited in line with whole-of-Government requirements.

## Responsible Minister

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

## Accountable authority

The Commission was established by the Governor in Executive Council under section 35 of the *Public Sector Management Act 1994.* The accountable authority of the Commission is the Mental Health Commissioner, Mr Timothy Marney.

## Administered legislation

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

## Other key legislation

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

- *Auditor General Act 2006*
- *Carers Recognition Act 2004*
- *Corruption and Crime Commission Act 2003*
- *Disability Services Act 1993*
- *Equal Opportunity Act 1984*
- *Financial Management Act 2006*
- *Freedom of Information Act 1992*
- *Health and Disability Services (Complaints) Act 1995*
- *Hospital and Health Services Act 1927*
- *Industrial Relations Act 1979*
- *Mental Health Act 1996*
- *Minimum Conditions of Employment Act 1993*
- *Occupational Safety and Health Act 1984*
- *Public Interest Disclosure Act 2003*
- *Public Sector Management Act 1994*
- *Salaries and Allowances Act 1975*
- *State Records Act 2000*
- *State Superannuation Act 2000*
- *State Supply Commission Act 1991*
- *Workers' Compensation and Injury Management Act 1981*

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

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

## Minister for Mental Health - the Hon Helen Morton MLC

Helen was appointed WA Mental Health Minister in December 2010.

First elected in May 2005, Helen is a Legislative Council member for the East Metropolitan region.

With a background in occupational therapy and broad experience as an administrator in the *Department of Health*, Helen has a deep understanding of the challenges of delivering services in rural and remote areas and brings a wealth of knowledge and experience to her role.

# Organisational structure

## Commissioner for Mental Health - Timothy Marney

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

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

- Leads the purchasing and development of mental health services and supports across the State, including purchasing from the *Department of Health*.
- Drives improved service outcomes for individuals, carers and families with an emphasis on coordinated service integration and person-centred, individualised approaches to the delivery of services across the sector.
- Oversees service delivery performance and ensures compliance with relevant standards and legislative requirements.

**Maureen Lewis**
**Acting Assistant Commissioner**
**Planning, Policy and Strategy**

- Leads reform and provides direction and management of strategic policy and planning for new programs and services.
- Shapes the future direction for mental health services and infrastructure planning Statewide, ensuring alignment with the Commission's and the Government's priorities and strategic objectives.

**Ken Smith**
**Director, Corporate Services**

- Responsible for ensuring an effective corporate governance framework is in place to support the operations of the Commission.
- Provides corporate support functions for a range of Boards and Councils.

**Sue Jones**
**Director, Operations**

- Responsible for the Machinery of Government changes required to amalgamate the *Drug and Alcohol Office* with the Commission.

# Organisational structure

**David Axworthy**
**Acting Director- Non-government organisation, purchasing and development**

- Leads purchasing and development of mental health services from non-government organisations.
- Responsible for coordination and liaison for service purchasing with non-government organisations.

**Michael Moltoni**
**Acting Director - Performance, Monitoring and Evaluation**

- Focuses on performance evaluation to help determine the effectiveness of purchasing activities. This includes measurement of effectiveness of the purchasing activities of the Commission and evaluation of major initiatives.

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

- Leads reform and provides strategic direction in policy and planning.
- Implementation of the *Mental Health and Alcohol and Other Drug Services Plan*.
- Oversees the Commission's engagement with consumers, families and carers.

**Paul Stevens**
**Acting Director - Mental Health Act Implementation**

- Provides leadership and strategic direction for the implementation of the mental health reform agenda and the Commission's and Government's key priorities and strategic objectives.
- Drives the development and implementation of system-wide mental health legislation reform across the portfolio with a specific focus on engagement and consultation.

# Agency performance

## Summary of financial performance

The table to the right provides an overview of the Commission's financial performance. The detailed information and notes are provided in the Financial Statements section from *page 36.*

| FINANCIAL TARGET | 2014/15 BUDGET $0,000 | 2014/15 ACTUAL $0,000 | VARIATION $0,000 |
|---|---|---|---|
| Total cost of service (expense limit) | 707,156 | 704,118 | -3,038 |
| Net cost of services | 543,736 | 522,231 | -21,505 |
| Total equity | 14,001 | 17,785 | 3,784 |
| Net increase/(decrease) in cash held | -700 | 5,094 | 5,794 |
| Approved full-time equivalent staff level | 95 | 106 | 11 |

## Summary of key effectiveness and efficiency indicators

The Commission reports each year on efficiency and effectiveness indicators that contribute to our agency outcomes. A summary of our performance is provided in the table below. More detailed information and analysis of our efficiency and effectiveness indicators are provided in the Key Performance Indicators section from *page 63.*

| INDICATOR | 2014/15 ACTUAL | 2014/15 TARGET |
|---|---|---|
| **Key effectiveness indicators** | **%** | **%** |
| • Readmission to hospital within 28 days of discharge | 13.6 | <=12 |
| • Percent of contacts with community-based public mental health non-admitted services within 7 days post discharge from public mental health inpatient units | 56.2 | >=70 |
| • Proportion of service funding directed to publicly funded community mental health services | 42.8 | >=40 |
| • Proportion of funding directed to community organisations (NGOs) | 12.9 | >=15 |
| **Key efficiency indicators:** | **$** | **$** |
| • Cost per capita of activities to enhance mental health and wellbeing (illness prevention, promotion and protection activities) | 12 | 10 |
| • Average cost per purchased bedday in specialised mental health units | 1,273 | 1,317 |
| • Average cost per purchased episode of community care provided by public mental health services | 2,390 | 2,378 |
| • Average cost per hour for community support provided by non-government organisations to people with mental health problems | 112 | 80 |
| • Average MHC subsidy per bedday for people with mental illness living in community supported residential accommodation | 238 | 247 |
| • Average cost per package of care for the Individualised Community Living Strategy | 67,397 | 85,769 |
| • Average cost per bedday in subacute units | 612 | 573 |

## Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025

The draft *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan)* was released for public consultation in December 2014.

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

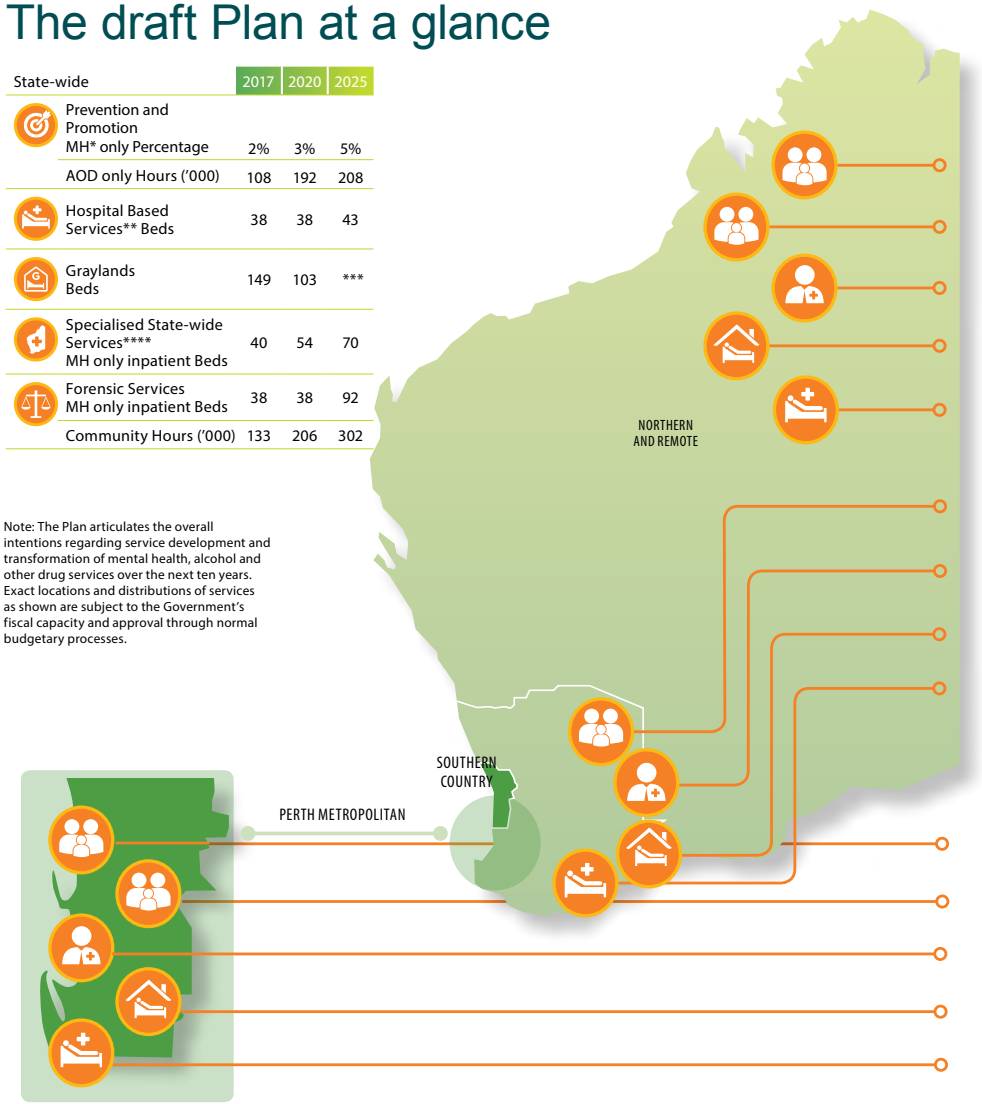
Consultation on the Plan involved 19 forums across the State, more than 60 written submissions and 245 online survey responses. The feedback received during this process was constructive and positive, and a final version of the Plan incorporating the outcomes of the consultation process is currently being completed.

The Commission is already planning the implementation of a number of key early priorities identified in the Plan. Funding to implement other aspects of the Plan will be sought on an ongoing basis subject to the Government's fiscal capacity and approval through the annual budget process.

## The draft Plan at a glance

| State-wide | 2017 | 2020 | 2025 |
|---|---|---|---|
| Prevention and Promotion MH* only Percentage | 2% | 3% | 5% |
| AOD only Hours ('000) | 108 | 192 | 208 |
| Hospital Based Services** Beds | 38 | 38 | 43 |
| Graylands Beds | 149 | 103 | *** |
| Specialised State-wide Services**** MH only inpatient Beds | 40 | 54 | 70 |
| Forensic Services MH only inpatient Beds | 38 | 38 | 92 |
| Community Hours ('000) | 133 | 206 | 302 |

Note: The Plan articulates the overall intentions regarding service development and transformation of mental health, alcohol and other drug services over the next ten years. Exact locations and distributions of services as shown are subject to the Government's fiscal capacity and approval through normal budgetary processes.




| NORTHERN AND REMOTE | 2017 | 2020 | 2025 |
|---|---|---|---|
| Community Support Services Hours ('000) | 247 | 416 | 513 |
| Community Support Services AOD only Beds | 164 | 176 | 176 |
| Community Treatment Services Hours ('000) | 346 | 449 | 554 |
| Community Bed Based Services Beds | 144 | 159 | 188 |
| Hospital Based Services** Beds | 47 | 80 | 102 |

| SOUTHERN COUNTRY | 2017 | 2020 | 2025 |
|---|---|---|---|
| Community Support Services Hours ('000) | 336 | 597 | 703 |
| Community Treatment Services Hours ('000) | 339 | 524 | 697 |
| Community Bed Based Services Beds | 61 | 119 | 217 |
| Hospital Based Services** Beds | 49 | 64 | 142 |

| PERTH METROPOLITAN | 2017 | 2020 | 2025 |
|---|---|---|---|
| Community Support Services Hours ('000) | 931 | 2,203 | 4,016 |
| Community Support Services AOD only beds | 14 | 29 | 29 |
| Community Treatment Services Hours ('000) | 2,463 | 3,128 | 4,206 |
| Community Bed Based Services Beds | 585 | 756 | 1,222 |
| Hospital Based Services** Beds | 499 | 571 | 803 |

Notes:

1. MH = Mental health
2. AOD = Alcohol and other drug
3. All services are MH and AOD combined unless otherwise specified.
4. Hours of support (community support only): the hours of direct "face-to-face" contact the individual (carer/consumer etc) receives.
5. Hours of service (prevention and promotion, community treatment, specialised state-wide services and forensics): are the hours which the workers/staff are employed for, and include all duties such as "face-to-face" services with individuals, administration, training and other duties.

* Percentage of total Mental Health Commission budget. ** The beds outlined under the "Hospital based services" stream (in all regions), includes beds which will replace those being gradually closed at Graylands. *** A new contemporary mental health facility will be located on the Graylands site. **** Specialised State-wide Services refer to those services that are accessible to the entire State's population, but may be located in one specific location.

## Mental Health Act 2014

The *Mental Health Act 2014* was approved by the Western Australian Parliament in October 2014. It is expected that this new legislation will come into force on 30 November 2015, at which time it will replace the existing *Mental Health Act 1996*.

The new legislation combines existing involuntary treatment powers with enhanced human rights protections, new rights for families and carers, stronger discharge planning requirements and numerous other improvements. These changes represent a further departure from the traditional approach to involuntary mental health care, ensuring decision-making authority is shared between clinicians, patients and their loved ones.

In 2014/15, the Commission finalised the drafting process, assisted the Minister during Parliamentary debate, and continued to prepare for the implementation of the new legislation. Implementation activities included:

- developing educational materials for clinicians, people with a lived experience of mental illness, and their families and carers
- establishing transitional arrangements for statutory bodies including the *Council of Official Visitors* (which will become the Mental Health Advocacy Service), the *Mental Health Review Board* (which will become the Mental Health Tribunal), and the *Office of the Chief Psychiatrist*
- the preparation of regulations to support the new legislation.

The implementation process is being overseen by a cross-sector Reference Group chaired by Mr Eric Ripper.

## Stokes Review

In 2014/15, the Commission continued to work with the *Department of Health* and other partners to implement improvements to the public mental health system, in accordance with the Government's response to the *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia* (Stokes Review).

Of the *Stokes Review's* 117 recommendations and 10 sub-recommendations, 68 have been successfully implemented and implementation of the remaining recommendations is progressing well.

Key implementation milestones achieved in 2014/15 include:

- commencement of construction of a subacute step-up/step-down facility in Rockingham
- the progressive opening of mental health services at the new Fiona Stanley Hospital, including a perinatal mother and baby unit, a short-stay mental health assessment unit and the State's first dedicated inpatient service for youth
- release of a new multi-year suicide prevention strategy, *Suicide Prevention 2020: Together we can save lives*
- continued trial of Court Diversion pilot programs for children and adults.

The *Stokes Review's* principal recommendation was the development of a 10-year mental health services plan. The release of the draft *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan)* represents significant progress towards the implementation of this recommendation. The Plan includes strategies for implementing a number of other *Stokes Review* recommendations.

The implementation of the Government's response to the *Stokes Review* is overseen by an Implementation Partnership Group, chaired by Mr Barry MacKinnon AM that includes representatives of government and non-government agencies, the *Chief Psychiatrist*, and consumer and family/carer representatives.


## A new Suicide Prevention Strategy

A new suicide prevention strategy for Western Australia, *Suicide Prevention 2020: Together we can save lives*, was released in May 2015. The State Government has allocated $25.9 million to support the implementation of the new strategy over the next four years. This represents a doubling of expenditure from the previous four years.

*Suicide Prevention 2020* sets an ambitious but achievable goal of halving the number of suicides in Western Australia by 2025. Progress towards this goal will focus on six key action areas:

- greater public awareness and united action
- local support and community prevention across the lifespan
- coordinated and targeted services for high-risk groups
- shared responsibility across government, private and non-government sectors to build mentally healthy workplaces
- increased suicide prevention training
- timely data and evidence to improve responses and services.

*Suicide Prevention 2020* was developed by the Commission in partnership with the *Ministerial Council for Suicide Prevention.* It draws on international research; the recommendations of recent reports by the State Ombudsman, Auditor-General and Edith Cowan University for future suicide prevention strategies in Western Australia; and input from people across Western Australia, including people who have lost a loved one to suicide.

The implementation process for *Suicide Prevention 2020* is being informed by community feedback provided at recent consultation workshops held in the Perth metropolitan area, the Kimberley, the Pilbara, the Midwest, the Great Southern, the Wheatbelt and the Goldfields.

## Improved commissioning practices

In 2014/15, the Commission implemented further improvements to the way it purchases mental health services. These changes aim to ensure that the State Government's mental health budget is allocated in a way that achieves high quality outcomes for service users and value for money.

The Commission's *Quality Management Framework* was launched in December 2014. Under the Framework, non-government services purchased by the Commission are independently evaluated at least once every three years. The evaluations will monitor compliance with the *National Standards for Mental Health Services 2010* and assess the extent to which the service is producing high quality outcomes for the people it supports.

The Commission's approach to purchasing services from the *Department of Health* was enhanced with the introduction of Special Purpose Accounts (SPAs). SPAs offer a more transparent view of the funding the Commission provides to public mental health services and how it is spent by ensuring all funding provided by the Commission must be expended on mental health services. The introduction of SPAs was supported by the establishment of a series of quarterly discussions between senior officers from the Commission, the *Department of Health* and each Area Health Service. These meetings provide a forum to monitor year-to-date activity and funding and discuss emerging mental health service delivery issues.

## Service development

Additional investment in public mental health services enabled almost 4,000 extra Western Australians to access high quality clinical treatment and support for mental health issues in the 2014 calendar year, for a total of approximately 55,000 Western Australians. This increase in funding in 2014/15 provided an additional 3,405 community-based clinical treatment sessions for a total number of 863,417 sessions. Funding also provided an extra 9,832 overnight hospital mental health stays for people with psychiatric problems. During this financial year, there was a total of 240,586 overnight hospital mental health stays.

In 2014/15 we provided an additional

**3,405**

community-based clinicial treatment sessions.

The total number of community-based clinicial treatment sessions was

**863,417**

In 2014/15 we provided an extra

**9,832**

overnight hospital mental health stays

The total number of overnight hospital mental health stays

**240,586**

Significant service developments in 2014/15 included the:

- opening of a new, state-of-the-art mental health inpatient service at *Fiona Stanley Hospital* (20 beds, with 10 more due to come online in 2015/16)
- extension of funding for the *Statewide Specialist Aboriginal Mental Health Service*
- the continued development of Hospital in the Home services throughout the metropolitan area, with a total of 36 beds now available
- the reconfiguration of *Child and Adolescent Mental Health Services* to meet the needs of high risk young people in the community
- start of construction of a new 10-bed subacute (step-up/step-down) facility in Rockingham
- Government approval to proceed with subacute (step-up/step-down) services in the Goldfields, Karratha and Bunbury
- extension of the pilot Mental Health Court Diversion and Support programs for adults and children.

From 2015/16, new investment in mental health services will be directly linked to the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025.*

The Commission is responsible for purchasing mental health services on behalf of the State Government. The services purchased by the Commission cover the entire spectrum of mental health care, from prevention and early intervention through to community-based treatment and support services and hospital-based services. Services are purchased from other government agencies (notably the *Western Australian Department of Health)* and community-managed organisations.

Total expenditure for mental health services including grants, subsidies and operational costs in 2014/15 was $704.1 million, an increase of $48.3 million or seven per cent over the previous year. This represents an overall increase of 44 per cent, or $213.4 million, since the Commission's first full year of operation.

Total expenditure on contracted mental health services in 2014/15 was $678.7 million, an increase of 7.3 per cent over the previous year.

A list of non-government organisations funded by the Commission is included in Appendix one on *page 82*.

## Public mental health services

In 2014/15, the Commission purchased specialised mental health services at a total value of $598 million from the *Western Australian Department of Health*. This funding included the purchase of specialised inpatient, residential and community mental health care services provided by public hospitals and public specialised mental health teams.

Specialised inpatient services that provide admitted patient care to people with mental illness were purchased from public hospitals run by the *Department of Health*, including:

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

In 2014/15 we boosted investment in mental health services by

**$48m**

or 7 per cent over the previous year

Services are also purchased from private hospitals at:

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

Specialised community mental health services purchased in 2014/15 by the Commission provided clinical interventions and specialist mental health support for children, adolescents, youth, adults and older adults.

The Commission continued to implement an Activity Based Funding (ABF) model for the purchase of inpatient activity from the public health system in 2014/15. The ABF model is consistent with the national framework and provides greater transparency and accountability by benchmarking performance against national efficient pricing indicators.

## Preventing mental illness, promoting mental health

In 2014/15, the Commission provided $1.88 million for initiatives aimed at preventing the onset of mental illness and promoting improved mental health. Initiatives throughout the year included:

- piloting the '*Dream it Forward*' program that supports Aboriginal communities to develop and implement locally relevant programs focusing on preventing mental illness and promoting improved mental health in their communities
- continued investment in the '*Act-Belong-Commit'* campaign, which encourages individuals to take action to protect and promote their own mental wellbeing
- continued investment in '*Aussie Optimism*', a school-based program for children in primary and lower secondary schools, that teaches children resilience, positive thinking and coping skills
- continued investment in '*Changing Minds: Mental Health Truths*', a school education program for secondary students in the Perth metropolitan area and some regional locations aimed at dispelling the myths and misconceptions surrounding mental illness and promoting improved mental health
- continued investment in '*Music Feedback*', a campaign targeting young people that uses music and popular culture to promote mental health, encourage help-seeking and reduce the stigma associated with mental health issues
- continued investment to support national mental health promotion activities developed and delivered by *beyondblue*.

## Statewide Specialist Aboriginal Mental Health Service

The *Statewide Specialist Aboriginal Mental Health Service* (SSAMHS) was established in 2010/11 to address the mental health needs of Aboriginal people in Western Australia. The program involves specialist Aboriginal mental health teams working with mainstream services to support Aboriginal people with severe and persistent mental health issues.

The 2014/15 Budget invested

**$29m**

in SSAMHS to continue to address mental health needs of Aboriginal people

SSAMHS funding provides 59.3 full-time equivalent staff across the State – including psychiatrists, Aboriginal health workers, clinical nurses, social workers, psychologists and coordination staff – many of whom are Aboriginal people. Staff are employed through the *Department of Health* and the *Kimberley Aboriginal Medical Services Council*.

The 2014/15 State Budget allocated an additional $29 million to enable SSAMHS to continue until 2017. Of this funding, $19 million will be spent in regional and remote areas. The Commission is currently preparing a comprehensive evaluation of SSAMHS.

## Assertive Community Intervention program

The Assertive Community Intervention program provides a community-based response for children and young people experiencing a mental health crisis and their families. It includes a clinical support service operated by the *Child and Adolescent Mental Health Services* and a community support service operated by *Mission Australia*.

The program commenced in January 2014 with support from the State and Commonwealth Governments. Total funding for 2014/15 was $4.1 million, of which $800,000 was contributed by the State.

Key benefits of the program for children, young people and their families experiencing a mental health crisis include:

- timely and effective community-based clinical intervention
- referral process from clinical services to family support provides timely and effective contact
- family-focused support
- a reduction in avoidable emergency department presentations.

The program will continue in 2015/16, with potential funding in future years to be informed by the outcomes of a forthcoming evaluation.

## Individualised Community Living Strategy

The *Individualised Community Living Strategy* (ICLS) helps people with severe mental illness to live in the community in their own home.

Now in its fourth year of operation, the ICLS currently supports 144 individuals. Of these, 122 are provided with a home through ICLS and 22 are supported to remain in their existing community accommodation.

In addition to receiving appropriate housing and mental health care, ICLS participants are supported to gain new skills and to engage with the community through recreational and social activities. All of these elements are brought together in a recovery plan that reflects the individual's personal goals and aspirations.

The holistic support offered through the ICLS is made possible by extensive collaboration between the Commission, the *Department of Health*, the Department of Housing and the numerous non-government mental health and housing organisations. An evaluation of the ICLS was commissioned in August 2014 and is expected to be finalised early in 2015/16.

## Suicide Prevention

In 2014/15, the Commission provided the following funding for important suicide prevention initiatives:

- $300,000 to *Netball WA* and the *WA Football Commission* to promote suicide prevention awareness amongst clubs and to increase the ability of coaching staff to recognise and appropriately respond to a mental health issue.
- $2 million to continue the 'School Response to Suicide and Self-Harm' program, which provides specialist support, clinical services and mental health education to vulnerable secondary school aged students and their families which is a partnership between with the *Child and Adolescent Mental Health Services*, *Department of Education School Psychology Service* and *Youth Focus*
- $811,605 in small grants to fund 66 local suicide prevention projects and 23 organisations to conduct suicide prevention training in local communities across Western Australia.
- $193,820 to fund ongoing work by the *Telethon Kids Institute* and the *State Coroner's* office to develop a timely and accessible database of suicide deaths in Western Australia by June 2016.

The Commission produced resources to assist people bereaved by suicide, including the booklet *When someone takes their own life… what next?* More than 5000 copies were printed and used by organisations throughout the State.

The non-government organisation *Brain Ambulance* was also contracted to develop a suicide prevention training and resource program for culturally and linguistically diverse communities. This resource will be available in 2016.

From 2015/16, funding for suicide prevention initiatives will be linked to the new multi-year suicide prevention strategy, *Suicide Prevention 2020: Together we can save lives.*

## Subacute services

Subacute services - also known as step-up, step-down services - provide short term supported residential care for people with mental illness to receive treatment as an alternative to acute hospital care. Such community-based services offer flexible, recovery-focused care options for local people with mental illness closer to where they live, while also reducing pressure on crowded hospital inpatient beds.

Step-up services provide intensive treatment and support for people, where an admission to hospital is not necessary.

Step-down services support people who need support to transition back to life in the community following a hospital stay.

This model of care helps build better community understanding and removes much of the trauma, stigma and cost that can result from an acute hospital stay. The service also ensures acute hospital beds are available to those who need them most. Community and consumer feedback indicates a strong preference for this type of service.

Western Australia's first subacute service opened in Joondalup in 2013. In 2014/15, this service reported steadily increasing occupancy and continued to deliver positive outcomes in terms of supporting both 'step-up' referrals from the community and 'step-down' referrals from inpatient settings. A total of 245 people accessed this service in 2014/15, many of whom either avoided or reduced hospital admissions.

The State Government has allocated funding to progressively establish similar services in Rockingham, Broome, the Goldfields, Karratha and Bunbury. Of these, the 10 bed facility in Rockingham is the most advanced, with construction having commenced in early 2015. Suitable land has been identified in the other locations, and the Commission is beginning the work of consulting with local stakeholders – including councils and residents – and obtaining the necessary planning approvals.

The completion of this program of works will see the State's community subacute mental health service capacity reach 60 beds by the end of 2017.

***Joondalup subacute service***

## Mental Health Court Diversion and Support Program Pilot

The Mental Health Court Diversion and Support Program provides a tailored response to offending that is linked to mental illness. Program participants are supervised by a court while they receive holistic treatment and support that addresses the underlying causes of their offending behaviour.

The pilot comprises an adult program, the *Start Court*, and a children's program, Links. The *Start Court* is a dedicated mental health court that operates within the *Perth Magistrates Court*. Links offers clinical and psychosocial support to young people who appear before the *Perth Children's Court*.

The pilot program was originally funded for the 20 month period ending on 30 June 2014. The 2014/15 State Budget allocated $4.6 million to extend the pilot for a further year.

Since it commenced in March 2013, the adult program has received 731 referrals, of which 448 resulted in the individual receiving support from the dedicated clinical team under the supervision of the Start Court magistrate. A total of 172 individuals have entered a formal program of approximately six months' duration, of whom 84 completed the program and 44 are current participants.

In the same period, the children's program received 558 referrals, completed 469 mental health assessments, and provided ongoing case management to 129 individuals.

A preliminary evaluation of the program's outcomes was completed in late 2014. The evaluation made a number of positive findings, including that the program is operating in accordance with good practice and is highly valued by participants, their families and carers, and stakeholders within the justice system.

The pilot program received a further one year funding extension through the *2015/16 State Budget*.This extension will provide an opportunity to further investigate the promising findings of the 2014 evaluation.

## Mental Health Inter-Hospital Patient Transport Service Pilot

The pilot Mental Health Inter-Hospital Patient Transport Service was established in March 2014 to provide safe, appropriate and timely transport for people who need to be transferred between hospitals under the *Mental Health Act 1996*. The pilot service is funded by the Commission and provided by the North Metropolitan Health Service. Total funding allocated to date is $642,000, of which $412,000 was allocated in 2014/15.

The staff who operate the pilot service have been given 'special constable' status under the *Police Act 1892*. This enables them to perform transport functions that are otherwise reserved for uniformed police officers.

An interim evaluation of the pilot service found that it is producing benefits for individuals, families and carers, and the system as a whole. The time people have to wait for transfer from an emergency department to a mental health facility has been reduced from an average of 29.9 hours prior to the pilot, to an average of just one hour and 43 minutes. In addition, fewer people need to be escorted by uniformed police officers.

The pilot service will continue in its current form until the new *Mental Health Act 2014* comes into force on 30 November 2015. The new legislation authorises 'transport officers' – trained people who are not police officers – to undertake transport when WA Police involvement is not required.

Service delivery arrangements under the new legislation will be informed by further evaluation of the current pilot service.

## Perinatal and Infant Mental Health Services

Strong evidence has emerged highlighting the importance of the early years of a child's life from conception to three years. Establishing secure attachments, preventing trauma, minimising risk and increasing protective measures can provide the bedrock for a healthy future.

In addition to funding public mental health services for women and infants, in 2014/15 the Commission invested $1,053,000 in recurrent services administered by non-government organisations to assist women experiencing or at risk of developing perinatal mental health issues in Fremantle, Gosnells, Midland, Rockingham and Northbridge.

Through funds provided via the Commonwealth's *National Perinatal Depression Initiative* (NPDI), the Commission invested an additional $1.4 million of non-recurrent funds to support work addressing perinatal depression across the State. Initiatives funded to support women and infants at risk and to foster nurturing relationships were undertaken by 15 organisations, including nine non-government organisations.

In 2014/15, almost $300,000 in NPDI funds was invested in a small grants opportunity circulated to the community services sector to develop, pilot and refine resources and services addressing perinatal depression in high risk populations. From 51 applications received, the Commission funded nine projects including programs and resources for women and children in the Aboriginal community, people from culturally and linguistically diverse backgrounds and people living in regional and remote areas.

## Workforce development

A world class mental health system requires a skilled and sustainable workforce. In 2014/15, the Commission provided $401,000 to mental health workforce initiatives across Western Australia including:

In 2014/15 we invested

**$401,000**

in workforce initiatives across Western Australia

- piloting a peer workforce scholarship scheme whereby peer workers participate in Certificate IV level training and receive on-the-job experience within non-government mental health services
- facilitating training and licences for peer workers to lead Peer Zone workshops where people recovering from mental illness or alcohol or drug addiction explore recovery and whole of life wellbeing
- training for workers in alcohol and other drug services about the co-occurrence of mental illness among some people undergoing treatment for alcohol and other drug use
- continued investment in Mental Health Nurse Retention Incentive Payments
- continued investment in programs to increase the skills of mental health workers to effectively support lesbian, gay, bi-sexual, transgender and intersex people with mental health issues
- continued investment in programs for undergraduate students in clinical career paths that demystify mental illness and help prepare them for work placements in mental health care settings.

The draft *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan)* highlights the importance of ensuring that Western Australia has the right number and mix of suitably qualified staff to deliver the services identified in the Plan. Key strategies identified in the Plan include increasing the peer workforce, developing workforce partnerships with the tertiary education sector and strengthening specialist advanced training programs.

## Research and evaluation

Research and evaluation helps the Commission to develop evidence-based policies and programs that achieve good outcomes for the community. Research and evaluation projects contracted by the Commission in 2014/15 include:

- a program evaluation and cost analysis of the Mental Health Court Diversion and Support Program, which were completed in December 2014 and informed the Government's decision to extend the pilot phase of the Program
- an evaluation of the Individualised Community Living Strategy, which was commissioned in August 2014 and will be finalised early in 2015/16.

The Commission is currently planning a comprehensive evaluation of the *Statewide Specialist Aboriginal Mental Health Service (SSAMHS)*. This evaluation will draw on feedback from Aboriginal people across the State and clinical evidence to assess the outcomes SSAMHS has produced.

## Mental Health Network

The Mental Health Network (the Network) was launched in October 2014 to provide a forum for consumers, families and carers, service providers and other stakeholders to contribute to improving the State's mental health system. The Network is a partnership between the Commission, the *Department of Health* and the more than 1,400 people from across the State who have signed on as members.

The Network's co-leads Ms Alison Xamon and Dr Helen McGowan, have met with a range of organisations and individuals to develop strategic priorities for the Network. Members have been invited to register their interest in establishing sub-networks focusing on specific populations, health conditions and regions.

## Mental Health Advisory Council

The *Mental Health Advisory Council* (MHAC) was appointed by Cabinet to provide high level, independent advice to the Mental Health Commissioner on major issues affecting the mental health system. The chair of MHAC is Mr Barry MacKinnon AM. A full list of members and their remuneration are provided in Appendix 3 from *page 88.*

A key area of focus in 2014/15 was promoting co-production in the mental health sector. Co-production is about professionals and consumers working in partnership to identify and achieve recovery goals. In May 2015, MHAC hosted a Chief Executive Officer and Chairs Forum on co-production, attended by more than a hundred CEOs, board members and chairs of service providers, consumers, families and carers and mental health professionals.

Other activities in 2014/15 included advising the Commissioner on the draft *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025* and visiting the Wheatbelt region to meet with local stakeholders.

## Ministerial Council for Suicide Prevention

The *Ministerial Council for Suicide Prevention* (MCSP) advises the Minister for Mental Health on suicide prevention initiatives and services. In 2014/15, the Ministerial Council worked in partnership with the Commission to develop Western Australia's new suicide prevention strategy, *Suicide Prevention 2020: Together we can save lives.* Other initiatives in 2014/15 included a forum for first responders and a visit to Albany to meet with local stakeholders.

In January 2015, Dr Neale Fong replaced retiring member Mr Peter Fitzpatrick as the Chair of the MCSP. New members Ms Dani Wright Toussaint and Mr Glenn Pearson were appointed in April 2015. A full list of members and their remuneration are provided in Appendix 3 from *page 88*. The MCSP meets on a monthly basis with the aid of executive support from the Commission.

## Mental Health Bill Implementation Reference Group

The Commission established the Mental Health Bill Implementation Reference Group (MHBIRG) to oversee the implementation of the new *Mental Health Act 2014*.

The MHBIRG includes representation from consumers, families and carers, the *Department of Health*, the *Office of the Chief Psychiatrist*, non-government organisations, the *Council of Official Visitors*, the *Mental Health Review Board*, the Aboriginal Advisory Group and the *Royal Australian and New Zealand College of Psychiatrists*. The current Chair of the MHBIRG, Mr Eric Ripper, was appointed in October 2014.

Various working groups have been established to support specific aspects of the implementation process.

## Stokes Implementation Partnership Group

The Stokes Review Implementation Partnership Group (IPG) was formed in March 2013 to oversee the implementation of the 117 recommendations and the 10 sub-recommendations, for improving the public mental health system arising from the *Review of the admission or referral to and the discharge and transfer practices of public mental health facilities/services in Western Australia (the Stokes Review)*. The group is chaired by Barry MacKinnon AM and includes key government and non-government agencies, consumer and family/carer representatives. The Mental Health Commissioner and the Acting Director General of the *Department of Health* are the executive sponsors of the IPG.

Progress reports from the Chair are forwarded to the Minister for Mental Health after each meeting and are available on the Commission's website. An annual report on the implementation process is expected to be released in 2015/16.

## Mental Health Week

The Commission partnered with the Western Australian Association of Mental Health to conduct Mental Health Week between 4-10 October 2015. The theme was *Make a Move towards better mental health*.

Statewide events included an arts exhibition, a movie premiere, a community concert and a peer support workers function. A lunchtime seminar, corporate event and 24-page editorial lift out published in The West Australian focused on the importance of mental wellbeing in the workplace.

***Mental Health Good Outcomes Awards finalists and winners with the Hon Helen Morton MLC, Minister for Mental Health***

## Good Outcomes Awards

On 7 October 2014, the Commission hosted the 12th Mental Health *Good Outcomes Awards* ceremony which was attended by more than 200 people from stakeholder and community groups, government agencies and non-government organisations.

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

# Key partnerships

The Commission continues to foster strong relationships with government, non-government and community partners across the mental health, drug and alcohol, justice, and primary care sectors. Key partners in the planning and delivery of initiatives throughout 2014/15 are outlined below.

## Other State government agencies

In 2014/15, the Commission worked in partnership with other State government agencies including the:

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

The Commission continued to work closely with the *Drug and Alcohol Office*, including in the development of the draft *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan)* and planning for the amalgamation of the two entities from 1 July 2015.

## Other entities within the mental health portfolio

The Commission also provides corporate service support to other entities within the mental health portfolio, including the:

- *Council of Official Visitors*
- *Mental Health Review Board*.

Established under the *Mental Health Act 1996*, the *Council of Official Visitors* and the *Mental Health Review Board* play essential roles in protecting the rights of involuntary patients in Western Australia. A full list of members and remunerations are provided in Appendix 3 on *page 88.*

In 2014/15, the Commission supported these entities by:

- procuring and testing a new integrated computer-based management client system
- providing advice where requested regarding compliance with legislation and policy governing the operation of the public sector
- ongoing corporate services support, including for human resources, finance and information technology
- ensuring staff and members of these entities are included in portfolio-wide planning and activities as appropriate.

Under the new *Mental Health Act 2014* the *Council of Official Visitors* and *Mental Health Review Board* will be renamed and given expanded functions. The Commission is supporting these entities to prepare for the transition to the new legislation, which is expected to take place on 30 November 2015.

In 2014/15, the Commission and *Drug and Alcohol Office* (DAO) worked in partnership to prepare for the 1 July 2015 amalgamation to:

- align information management and record keeping systems
- identify shared office accommodation requirements
- build stronger operational relationships in anticipation of the amalgamation.

## Consumer, family members and carers

The Commission continued to prioritise engagement with consumers, families and carers in many areas of its work in 2014/15. Implementation planning for the new *Mental Health Act 2014* was informed by the Lived Experience Advisory Group, which now has 18 members including a co-chair with a lived experience of mental illness.

Consumers, families and carers continue to be involved in advisory groups and committees the Commission has established to support peer work, court diversion, implementation of the *Review of the admission or referral to and the discharge and transfer practices of public mental*

*health facilities/services in Western Australia (the Stokes Review)* and the Individualised Community Living Strategy.

More than 40 consumers, families and carers provided input at 13 different forums for the draft *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan).* The project management team for the Plan consulted widely, including with people living in regional and remote areas, people from culturally and linguistically diverse backgrounds, and Aboriginal people.

In 2014/15, the Commission revised its Consumer, Family and Carer Engagement Policy. The revised policy allows the Commission to offer payments and cover out-of-pocket expenses across a wide range of participation and engagement activities. The Commission's newly established Engagement and Consultation Team has already assisted more than 30 other agencies and organisations to effectively engage with consumers, families and carers at a system and service level.

At the national level, the Commission continues to fund and support local members of the *National Mental Health Consumer and Carer Forum.*

## Community members and the mental health sector

During 2014/15, the Commission continued to work in partnership with a diverse range of community managed organisations including the:

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

The Commission was pleased to again partner with *Connect Groups in their Pay it Forward Grant Program*. This program assists self-help and support groups that are making a positive difference for people with a lived experience of mental illness.

The Commission also continued to sponsor conferences, events and workshops throughout the State. Some of the initiatives that received funding in 2014/15 include *The Mental Health Services Conference*, 2014 *National Disability Services WA State Conference*, *Generation Next seminar* and several eating disorder events both locally and nationally.

## National and international partnerships

In 2014/15, the Commission sponsored and helped to organise the 24th Mental Health Services conference, known as *TheMHS*, which was held in Perth in August 2014. *TheMHS* brrought together more than 1,000 stakeholders from across Australia to hear from keynote speakers, participate in workshops and build stronger connections. The conference theme for 2014 was *What We Share Makes Us Strong*.

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

*Primary Health Networks* are a major partner and we will continue to engage to ensure complementary services and to reduce gaps and overlaps in services.

At the international level, a Commission representative accompanied the *Hon Helen Morton MLC, Minister for Mental Health* and Ms Alison Xamon, President of the *Western Australian Association for Mental Health*, on a visit to Trieste, Italy, to learn about that city's approach to providing treatment and support in community settings. Knowledge obtained during this visit is reflected in the Plan. In addition, the Commission commenced discussions with the *World Health Organization* regarding a potential future collaboration on a mental health capacity-building project.

# Significant issues impacting the Commission

# Significant issues impacting the Commission

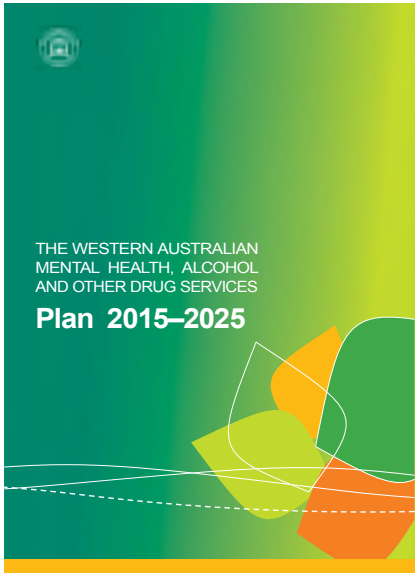
The Commission's priorities and work program continue to be influenced by developments at the local and national levels.

Among the most significant of these developments is the State Government's decision to amalgamate the Commission and the *Drug and Alcohol Office* (DAO).

A core objective of the amalgamation is to help people who experience both mental health, alcohol and other drug issues to access integrated care. The amalgamation supports the integrated approach to service delivery outlined in the draft *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan).*

During 2014/15, both agencies worked in partnership to prepare for the amalgamation. This included aligning policies and operations, identifying shared office accommodation, reviewing information technology requirements and developing a new organisational structure.

A significant milestone in the amalgamation process was reached in February 2015 when the State Parliament approved the necessary amendments to DAO's governing legislation, the *Drug and Alcohol Authority Act 1974*. It was subsequently confirmed that the amalgamation would become effective on 1 July 2015.



A significant development at the national level in 2014/15 was the release of the National Mental Health Commission's Report of the *National Review of Mental Health Programmes and Services* (the Report).

Commissioned by the Commonwealth Government, the Report focused on the efficiency and effectiveness of Commonwealth funded mental health services and programs. The key principles articulated in the Report, including the need for person-centred services and balanced investment, are closely aligned with the WA Commission's reform directions. A national response to the Report will be led by a dedicated *Council of Australian Governments Working Group on Mental Health Reform*.

An important finding of the Report is that the current lack of coordination between the Commonwealth and the States is resulting in duplication, overlap and gaps in services. The Plan supports this agenda by calling for shared planning between the Commonwealth and the State and providing a common platform on which to base future investment decisions.

On 11 April 2015, the Federal Minister for Health, the *Hon Susan Ley MP*, announced the Primary Health Networks (PHNs) structure for Western Australia. PHNs have been established to increase the efficiency and effectiveness of medical services, particularly those at risk of poor health outcomes, and improve coordination of care to ensure people receive care in the right place at the right time. There will be three PHNs in Western Australia: Perth North, Perth South and Country Western Australia.

Commonwealth funding for the *National Perinatal Depression Initiative* ceased in June 2015. The Commission will work with local service providers to minimise service disruption impacted by the Commonwealth's approach to the renewal of this Partnership Agreement.

The trials of the *National Disability Insurance Scheme* (NDIS) in Western Australia are another development impacting the work of the Commission.

Two different NDIS models are currently being trialled. The State Government's *My Way* model has been progressively implemented in the Lower South West region from 1 July 2014 and the Cockburn and Kwinana area from 1 July 2015. The Commonwealth model is being trialled for two years in the Perth Hills (Kalamunda, Mundaring and Swan) from 1 July 2014.

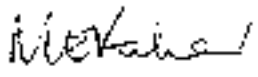
The Commission has been active in ensuring that people with psychosocial disability are fully included in the trials and are supported in a way that reflects contemporary, recovery-oriented approaches to mental health.

# Certificate of financial statements

**MENTAL HEALTH COMMISSION**
**CERTIFICATION OF FINANCIAL STATEMENTS**
**FOR THE YEAR ENDED 30 JUNE 2015**

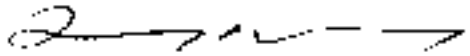
The accompanying financial statements of the Mental Health Commission have been prepared in compliance with the provisions of the *Financial Management Act 2006* from proper accounts and records to present fairly the financial transactions for the financial year ended 30 June 2015 and the financial position as at 30 June 2015.

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



Marie Falconer
Chief Finance Officer
Mental Health Commission

17 September 2015



Timothy Marney
Accountable Authority
Mental Health Commission

17 September 2015

# Disclosures and legal compliance

# Independent Auditor's report

Auditor General

**INDEPENDENT AUDITOR'S REPORT**

**To the Parliament of Western Australia**

**MENTAL HEALTH COMMISSION**

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

The financial statements comprise the Statement of Financial Position as at 30 June 2015, the Statement of Comprehensive Income, Statement of Changes in Equity, Statement of Cash Flows, Schedule of Income and Expenses by Service, Schedule of Assets and Liabilities by Service, and Summary of Consolidated Account Appropriations and Income Estimates for the year then ended, and Notes comprising a summary of significant accounting policies and other explanatory information, including Administered transactions and balances.

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

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

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

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

***Opinion***
In my opinion, the financial statements are based on proper accounts and present fairly, in all material respects, the financial position of the Mental Health Commission at 30 June 2015 and its financial performance and cash flows for the year then ended. They are in accordance with Australian Accounting Standards and the Treasurer's Instructions.

**Report on Controls**
I have audited the controls exercised by the Mental Health Commission during the year ended 30 June 2015.

Controls exercised by the Mental Health Commission are those policies and procedures established by the Commissioner to ensure that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions.

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

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

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

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

***Opinion***
In my opinion, the controls exercised by the Mental Health Commission are sufficiently adequate to provide reasonable assurance that the receipt, expenditure and investment of money, the acquisition and disposal of property, and the incurring of liabilities have been in accordance with legislative provisions during the year ended 30 June 2015.

**Report on the Key Performance Indicators**
I have audited the key performance indicators of the Mental Health Commission for the year ended 30 June 2015.

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

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

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

# Independent Auditor's report

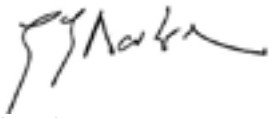
An audit involves performing procedures to obtain audit evidence about the key performance indicators. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the key performance indicators. In making these risk assessments the auditor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

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

***Opinion***
In my opinion, the key performance indicators of the Mental Health Commission are relevant and appropriate to assist users to assess the Commission's performance and fairly represent indicated performance for the year ended 30 June 2015.

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

**Matters Relating to the Electronic Publication of the Audited Financial Statements and Key Performance Indicators**
This auditor's report relates to the financial statements and key performance indicators of the Mental Health Commission for the year ended 30 June 2015 included on the Commission's website. The Commission's management is responsible for the integrity of the Commission's website. This audit does not provide assurance on the integrity of the Commission's website. The auditor's report refers only to the financial statements and key performance indicators described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these financial statements or key performance indicators. If users of the financial statements and key performance indicators are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial statements and key performance indicators to confirm the information contained in this website version of the financial statements and key performance indicators.



GLEN CLARKE
DEPUTY AUDITOR GENERAL
Delegate of the Auditor General for Western Australia
Perth, Western Australia
17 September 2015

# Statement of Comprehensive Income

As at 30 June 2015

| | Note | 2015 | 2014 |
|---|---|---|---|
| | | $ | $ |
| **COST OF SERVICES** | | | |
| **Expenses** | | | |
| Employee benefits expense | 6 | 15,647,903 | 14,424,729 |
| Contracts for mental health services | 7 | 678,746,369 | 632,408,582 |
| Supplies and services | 8 | 3,024,969 | 2,556,835 |
| Grants and subsidies | 9 | 5,816,360 | 5,674,316 |
| Depreciation expense | 10 | 63,025 | 70,382 |
| Other expenses | 11 | 819,428 | 701,423 |
| **Total cost of services** | | **704,118,054** | **655,836,267** |
| **Income** | | | |
| Revenue | | | |
| Commonwealth grants and contributions | 12 | 180,715,061 | 176,870,105 |
| Other grants and contributions | 13 | 759,941 | 661,779 |
| Other revenue | 14 | 412,300 | 14,044 |
| **Total revenue** | | **181,887,302** | **177,545,928** |
| **Total income other than income from State Government** | | **181,887,302** | **177,545,928** |
| **NET COST OF SERVICES** | | **522,230,752** | **478,290,339** |
| **Income from State Government** | | | |
| Service appropriation | 15 | 522,028,000 | 483,744,000 |
| Services received free of charge | 15 | 3,287,225 | 21,809 |
| **Total income from State Government** | | **525,315,225** | **483,765,809** |
| **SURPLUS/(DEFICIT) FOR THE PERIOD** | | **3,084,473** | **5,475,470** |
| **OTHER COMPREHENSIVE INCOME** | | - | - |
| **TOTAL COMPREHENSIVE INCOME/(LOSS) FOR THE PERIOD** | | **3,084,473** | **5,475,470** |

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

# Statement of financial position

As at 30 June 2015

| | Note | 2015 | 2014 |
|---|---|---|---|
| | | $ | $ |
| **ASSETS** | | | |
| **Current Assets** | | | |
| Cash and cash equivalents | 23 | 23,543,645 | 18,516,760 |
| Restricted cash and cash equivalents | 16, 23 | 488,490 | - |
| Receivables | 17 | 247,456 | 313,075 |
| **Total Current Assets** | | **24,279,591** | **18,829,835** |
| **Non-Current Assets** | | | |
| Restricted cash and cash equivalents | 16, 23 | - | 421,490 |
| Plant and equipment | 18 | 39,586 | 102,611 |
| **Total Non-Current Assets** | | **39,586** | **524,101** |
| **TOTAL ASSETS** | | **24,319,177** | **19,353,936** |
| **LIABILITIES** | | | |
| **Current Liabilities** | | | |
| Payables | 20 | 3,396,880 | 2,106,115 |
| Provisions | 21 | 2,606,273 | 1,985,675 |
| **Total Current Liabilities** | | **6,003,153** | **4,091,790** |
| **Non-Current Liabilities** | | | |
| Provisions | 21 | 530,923 | 561,518 |
| **Total Non-Current Liabilities** | | **530,923** | **561,518** |
| **TOTAL LIABILITIES** | | **6,534,076** | **4,653,308** |
| **NET ASSETS** | | **17,785,101** | **14,700,628** |
| **EQUITY** | | | |
| Contributed equity | 22 | 945,900 | 945,900 |
| Accumulated surplus | 22 | 16,839,201 | 13,754,728 |
| **TOTAL EQUITY** | | **17,785,101** | **14,700,628** |

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

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

# Statement of changes in equity

For the year ended 30 June 2015

| | Note | 2015 $ | 2014 $ |
|---|---|---|---|
| **CONTRIBUTED EQUITY** | 22 | | |
| Balance at start of period | | 945,900 | 945,900 |
| Transactions with owners in their capacity as owners: | | | |
| Contributions by owners | | - | - |
| Distributions to owners | | - | - |
| Balance at end of period | | 945,900 | 945,900 |
| | | | |
| **ACCUMULATED SURPLUS** | 22 | | |
| Balance at start of period | | 13,754,728 | 8,279,258 |
| Surplus/(deficit) for the period | | 3,084,473 | 5,475,470 |
| Balance at end of period | | 16,839,201 | 13,754,728 |
| | | | |
| **TOTAL EQUITY** | | | |
| Balance at start of period | | 14,700,628 | 9,225,158 |
| Total comprehensive income/(loss) for the period | | 3,084,473 | 5,475,470 |
| **Balance at end of period** | | **17,785,101** | **14,700,628** |

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

# Statement of cash flows

For the year ended 30 June 2015

| | Note | 2015 | 2014 |
|---|---|---|---|
| | | $ Inflows (Outflows) | $ Inflows (Outflows) |
| **CASH FLOWS FROM STATE GOVERNMENT** | | | |
| Service appropriations | 15 | 522,028,000 | 483,744,000 |
| **Net cash provided by State Government** | | **522,028,000** | **483,744,000** |
| Utilised as follows: | | | |
| **CASH FLOWS FROM OPERATING ACTIVITIES** | | | |
| **Payments** | | | |
| Employee benefits | | (15,003,857) | (15,299,127) |
| Contracts for mental health services | | (674,540,342) | (631,484,040) |
| Supplies and services | | (2,804,129) | (2,855,003) |
| Grants and subsidies | | (5,870,997) | (6,311,886) |
| Other payments | | (789,889) | (895,221) |
| **Receipts** | | | |
| Commonwealth grants and contributions | | 180,715,061 | 176,870,105 |
| Other grants and contributions | | 759,941 | 707,533 |
| Other receipts | | 600,097 | 14,044 |
| **Net cash used in operating activities** | 23 | **(516,934,115)** | **(479,253,595)** |
| **CASH FLOWS FROM INVESTING ACTIVITIES** | | | |
| Payment for purchase of non-current physical assets | | - | (37,054) |
| **Net cash used in investing activities** | | **-** | **(37,054)** |
| Net increase in cash and cash equivalents | | 5,093,885 | 4,453,351 |
| Cash and cash equivalents at the beginning of the period | | 18,938,250 | 14,484,899 |
| **CASH AND CASH EQUIVALENTS AT THE END OF THE PERIOD** | 23 | **24,032,135** | **18,938,250** |

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

# Schedule of income and expenses by service

For the year ended 30 June 2015

| | Promotion and Prevention | | Specialised Admitted Patient Services | | Specialised Community Services | | Accommodation, Support and Other Services | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2015 | 2014 | 2015 | 2014 | 2015 | 2014 | 2015 | 2014 | 2015 | 2014 |
| | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ |
| **COST OF SERVICES** | | | | | | | | | | |
| **Expenses** | | | | | | | | | | |
| Employee benefits expense | 666,601 | 556,795 | 6,927,327 | 6,361,305 | 6,698,867 | 6,199,749 | 1,355,108 | 1,306,880 | 15,647,903 | 14,424,729 |
| Contracts for mental health services | 28,914,594 | 24,410,970 | 300,481,018 | 278,892,185 | 290,571,321 | 271,809,209 | 58,779,436 | 57,296,218 | 678,746,369 | 632,408,582 |
| Supplies and services | 128,864 | 98,694 | 1,339,154 | 1,127,564 | 1,294,989 | 1,098,928 | 261,962 | 231,649 | 3,024,969 | 2,556,835 |
| Grants and subsidies | 247,777 | 219,029 | 2,574,902 | 2,502,373 | 2,489,984 | 2,438,821 | 503,697 | 514,093 | 5,816,360 | 5,674,316 |
| Depreciation expense | 2,685 | 2,717 | 27,901 | 31,038 | 26,981 | 30,250 | 5,458 | 6,377 | 63,025 | 70,382 |
| Other expenses | 34,908 | 27,075 | 362,761 | 309,328 | 350,797 | 301,471 | 70,962 | 63,549 | 819,428 | 701,423 |
| **Total cost of services** | 29,995,429 | 25,315,280 | 311,713,063 | 289,223,793 | 301,432,939 | 281,878,428 | 60,976,623 | 59,418,766 | 704,118,054 | 655,836,267 |
| **Income** | | | | | | | | | | |
| Commonwealth grants and contributions | 2,941,000 | - | 101,288,377 | 99,871,467 | 72,323,142 | 69,099,638 | 4,162,542 | 7,899,000 | 180,715,061 | 176,870,105 |
| Other grants and contributions | 75,000 | - | - | - | 634,941 | 661,779 | 50,000 | - | 759,941 | 661,779 |
| Other revenue | 355,828 | 3,511 | 18,824 | 3,511 | 18,824 | 3,511 | 18,824 | 3,511 | 412,300 | 14,044 |
| **Total income other than income from State Government** | 3,371,828 | 3,511 | 101,307,201 | 99,874,978 | 72,976,907 | 69,764,928 | 4,231,366 | 7,902,511 | 181,887,302 | 177,545,928 |
| **NET COST OF SERVICES** | 26,623,601 | 25,311,769 | 210,405,862 | 189,348,815 | 228,456,032 | 212,113,500 | 56,745,257 | 51,516,255 | 522,230,752 | 478,290,339 |
| **Income from State Government** | | | | | | | | | | |
| Service appropriation | 27,588,454 | 26,793,185 | 209,568,030 | 190,830,231 | 227,304,596 | 211,998,914 | 57,566,920 | 54,121,670 | 522,028,000 | 483,744,000 |
| Services received free of charge | 11,019 | 5,452 | 1,670,514 | 5,452 | 1,594,673 | 5,452 | 11,019 | 5,453 | 3,287,225 | 21,809 |
| **Total income from State Government** | 27,599,473 | 26,798,637 | 211,238,544 | 190,835,683 | 228,899,269 | 212,004,366 | 57,577,939 | 54,127,123 | 525,315,225 | 483,765,809 |
| **SURPLUS / (DEFICIT) FOR THE PERIOD** | 975,872 | 1,486,868 | 832,682 | 1,486,868 | 443,237 | (109,134) | 832,682 | 2,610,868 | 3,084,473 | 5,475,470 |

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

# Schedule of assets and liabilities by service

As at 30 June 2015

| | Promotion and Prevention | | Specialised Admitted Patient Services | | Specialised Community Services | | Accommodation, Support and Other Services | | TOTAL | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|
| | 2015 | 2014 | 2015 | 2014 | 2015 | 2014 | 2015 | 2014 | 2015 | 2014 |
| | $ | $ | $ | $ | $ | $ | $ | $ | $ | $ |
| **ASSETS** | | | | | | | | | | |
| Current assets | 1,034,311 | 726,832 | 10,748,575 | 8,303,957 | 10,394,093 | 8,093,063 | 2,102,612 | 1,705,983 | 24,279,591 | 18,829,835 |
| Non-current assets | 1,686 | 20,230 | 17,525 | 231,129 | 16,947 | 225,259 | 3,428 | 47,483 | 39,586 | 524,101 |
| **Total Assets** | 1,035,997 | 747,062 | 10,766,100 | 8,535,086 | 10,411,040 | 8,318,322 | 2,106,040 | 1,753,466 | 24,319,177 | 19,353,936 |
| **LIABILITIES** | | | | | | | | | | |
| Current liabilities | 255,734 | 157,943 | 2,657,596 | 1,804,479 | 2,569,950 | 1,758,651 | 519,873 | 370,717 | 6,003,153 | 4,091,790 |
| Non-current liabilities | 22,617 | 21,675 | 235,040 | 247,630 | 227,288 | 241,340 | 45,978 | 50,873 | 530,923 | 561,518 |
| **Total Liabilities** | 278,351 | 179,618 | 2,892,636 | 2,052,109 | 2,797,238 | 1,999,991 | 565,851 | 421,590 | 6,534,076 | 4,653,308 |
| **NET ASSETS** | 757,646 | 567,444 | 7,873,464 | 6,482,977 | 7,613,802 | 6,318,331 | 1,540,189 | 1,331,876 | 17,785,101 | 14,700,628 |

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

# Summary of consolidated account appropriations and income Estimates

For the year ended 30 June 2015

| | 2015 Estimate $ | 2015 Actual $ | Variance $ | 2015 Actual $ | 2014 Actual $ | Variance $ |
|---|---|---|---|---|---|---|
| Delivery of Services | | | | | | |
| Item 43 Net amount appropriated to deliver services | 542,548,000 | 521,540,000 | (21,008,000) | 521,540,000 | 482,386,000 | 39,154,000 |
| Section 25 transfer of service appropriation | - | - | - | - | 886,000 | (886,000) |
| Amount Authorised by Other Statutes | | | | | | |
| - *Salaries and Allowances Act 1975* | 488,000 | 488,000 | - | 488,000 | 472,000 | 16,000 |
| **Total appropriations provided to deliver services** | 543,036,000 | 522,028,000 | (21,008,000) | 522,028,000 | 483,744,000 | 38,284,000 |
| Administered Transactions | | | | | | |
| Administered grants, subsidies and other transfer payments | 84,248,000 | 82,924,335 | (1,323,665) | 82,924,335 | 80,796,391 | 2,127,944 |
| Administered capital appropriations | - | 87,527 | 87,527 | 87,527 | 1,383,714 | -1,296,187 |
| **Total administered transactions** | 84,248,000 | 83,011,862 | (1,236,138) | 83,011,862 | 82,180,105 | 831,757 |
| **GRAND TOTAL** | 627,284,000 | 605,039,862 | (22,244,138) | 605,039,862 | 565,924,105 | 39,115,757 |
| Details of Expenses by Service | | | | | | |
| Promotion and Prevention | 25,921,000 | 29,995,429 | 4,074,429 | 29,995,429 | 25,315,280 | 4,680,149 |
| Specialised Admitted Patient Services | 314,983,000 | 311,713,063 | (3,269,937) | 311,713,063 | 289,223,793 | 22,489,270 |
| Specialised Community Services | 302,460,000 | 301,432,939 | (1,027,061) | 301,432,939 | 281,878,428 | 19,554,511 |
| Accommodation, Support and Other Services | 63,792,000 | 60,976,623 | (2,815,377) | 60,976,623 | 59,418,766 | 1,557,857 |
| **Total Cost of Services** | 707,156,000 | 704,118,054 | (3,037,946) | 704,118,054 | 655,836,267 | 48,281,787 |
| Less Total income | (163,420,000) | (181,887,302) | (18,467,302) | (181,887,302) | (177,545,928) | (4,341,374) |
| Net Cost of Services | 543,736,000 | 522,230,752 | (21,505,248) | 522,230,752 | 478,290,339 | 43,940,413 |
| Adjustments (a) | (700,000) | (202,752) | 497,248 | (202,752) | 5,453,661 | (5,656,413) |
| **Total appropriations provided to deliver services** | 543,036,000 | 522,028,000 | (21,008,000) | 522,028,000 | 483,744,000 | 38,284,000 |
| Details of Income Estimates | | | | | | |
| Income disclosed as Administered Income | 84,248,000 | 83,011,862 | (1,236,138) | 83,011,862 | 82,180,105 | 831,757 |
| | 84,248,000 | 83,011,862 | (1,236,138) | 83,011,862 | 82,180,105 | 831,757 |

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

*Note 32 'Explanatory statement' provides details of any significant variations between estimates and actual results for 2015 and between actual results for 2015 and 2014.*

# Notes to the financial statements

For the year ended 30 June 2015

**Note 1 Australian Accounting Standards**

**General**

The Commission's financial statements for the year ended 30 June 2015 have been prepared in accordance with Australian Accounting Standards. The term 'Australian Accounting Standards' includes Standards and Interpretations issued by the Australian Accounting Standards Board (AASB).

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

**Early adoption of standards**

The Commission cannot early adopt an Australian Accounting Standard unless specifically permitted by Treasurer's Instruction 1101 *'Application of Australian Accounting Standards and Other Pronouncements'*. There has been no early adoption of Australian Accounting Standards that have been issued or amended (but not operative) by the Commission for the annual reporting period ended 30 June 2015.

**Note 2 Summary of significant accounting policies**

**(a) General statement**

The Commission is a not-for-profit reporting entity that prepares general purpose financial statements in accordance with Australian Accounting Standards, the Framework, Statements of Accounting Concepts and other authoritative pronouncements of the Australian Accounting Standards Board as applied by the Treasurer's instructions. Several of these are modified by the Treasurer's instructions to vary application, disclosure, format and wording.

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

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

**(b) Basis of preparation**

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

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

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

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

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

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

**(c) Reporting entity**

The reporting entity comprises the Commission only.

Mission

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

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

Services

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

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

*Promotion and Prevention*

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

*Specialised Admitted Patient Services*

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

*Specialised Community Services*

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

*Accommodation, Support and Other Services*

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

# Notes to the financial statements

For the year ended 30 June 2015

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

**(d) Contributed equity**

AASB Interpretation 1038 '*Contributions by Owners Made to Wholly-Owned Public Sector Entities*' requires transfers in the nature of equity contributions, other than as a result of a restructure of administrative arrangements, to be designated by the Government (the owner) as contributions by owners (at the time of, or prior to transfer) before such transfers can be recognised as equity contributions. Capital appropriations have been designated as contributions by owners by Treasurer's Instruction 955 '*Contributions by Owners made to Wholly Owned Public Sector Entities*' and have been credited directly to Contributed equity.

The transfer of net assets to/from other agencies, other than as a result of a restructure of administrative arrangements, are designated as contributions by owners where the transfers are non-discretionary and non-reciprocal. Refer also to note 22 'Equity'.

**(e) Income**

Revenue recognition

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

*Service appropriations*

Service Appropriations are recognised as revenues at fair value in the period in which the Commission gains control of the appropriated funds. The Commission gains control of appropriated funds at the time those funds are deposited to the bank account. Refer to note 15 'Income from State Government' for further information.

*Net appropriation determination*

The Treasurer may make a determination providing for prescribed receipts to be retained for services under the control of the Commission. In accordance with the determination specified in the 2014-2015 Budget Statements, the Commission retained $8,575,328 in 2015 ($23,282,461 in 2014) from the following:

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

In addition, Commonwealth revenue retained under the *National Health Funding Pool Act 2012* totals $173,311,981 ($154,263,467 in 2014).

*Grants, donations, gifts and other non-reciprocal contributions*

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

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

Gains

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

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

**(f) Plant and equipment**

Capitalisation/expensing of assets

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

Initial recognition and measurement

Plant and equipment are initially recognised at cost.

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

Subsequent measurement

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

Depreciation

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

The depreciation method for plant and equipment was changed to straight line on 1 July 2014. Up to 30 June 2014, plant and equipment were depreciated using the diminishing value with a straight line switch method under which the cost amounts of the assets are allocated on a diminishing value basis over the first half of their useful lives and a straight line basis for the second half of their useful lives.

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

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

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

# Notes to the financial statements

For the year ended 30 June 2015

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

**(g) Impairment of Assets**

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

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

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

Refer also to note 2(l) 'Receivables' and note 17 'Receivables' for impairment of receivables.

**(h) Leases**

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

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

**(i) Financial Instruments**

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

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

Financial instruments have been disaggregated into the following classes:

Financial Assets

- Cash and cash equivalents
- Restricted cash and cash equivalents
- Receivables

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

Financial Liabilities

- Payables

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

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

**(j) Cash and cash equivalents**

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

**(k) Accrued salaries**

Accrued salaries (see note 20 'Payables') represent the amount due to employees but unpaid at the end of the financial year. Accrued salaries are settled within a fortnight of the financial year end. The Commission considers the carrying amount of accrued salaries to be equivalent to its fair value.

The accrued salaries suspense account (see note 16 'Restricted cash and cash equivalents') consists of amounts paid annually into a suspense account over a period of 10 financial years to largely meet the additional cash outflow in each eleventh year when 27 pay days occur instead of the normal 26. No interest is received on this account.

**(l) Receivables**

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

Refer to note 2(i) 'Financial Instruments' and note 17 'Receivables'.

# Notes to the financial statements

For the year ended 30 June 2015

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

**(l) Receivables (continued)**

Accounting procedure for Goods and Services Tax

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

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

**(m) Payables**

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

Refer to note 2(i) 'Financial Instruments' and note 20 'Payables'.

**(n) Provisions**

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

Refer to note 21 'Provisions'.

Provisions - employee benefits

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

*Annual leave*

Annual leave is not expected to be settled wholly within 12 months after the end of the reporting period and is therefore considered to be 'other long-term employee benefits'. The annual leave liability is recognised and measured at the present value of amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

When assessing expected future payments, consideration is given to expected future wage and salary levels including non-salary components such as employer superannuation contributions, as well as the experience of employee departures and periods of service. The expected future payments are discounted using market yields at the end of the reporting period on national government bonds with terms to maturity that match, as closely as possible, the estimated future cash outflows.

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

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

*Long service leave*

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

When assessing expected future payments, consideration is given to expected future wage and salary levels including non-salary components such as employer superannuation contributions, as well as the experience of employee departures and periods of service. The expected future payments are discounted using market yields at the end of the reporting period on national government bonds with terms to maturity that match, as closely as possible, the estimated future cash outflows.

Unconditional long service leave provisions are classified as current liabilities as the Commission does not have an unconditional right to defer settlement of the liability for at least 12 months after the end of the reporting period. Pre-conditional and conditional long service leave provisions are classified as non-current liabilities because the Commission has an unconditional right to defer the settlement of the liability until the employee has completed the requisite years of service.

*Sick Leave*

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

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

*Deferred Salary Scheme*

The provision for deferred salary scheme relates to the Commission's employees who have entered into an agreement to self-fund an additional twelve months leave in the fifth year of the agreement. The provision recognises the value of salary set aside for employees to be used in the fifth year. This liability is measured on the same basis as annual leave. Deferred salary scheme is reported as a current provision as employees can leave the scheme at their discretion at any time.

# Notes to the financial statements

For the year ended 30 June 2015

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

*Superannuation*

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

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

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

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

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

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

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

Employment on-costs

Employment on-costs (workers' compensation insurance) are not employee benefits and are recognised separately as liabilities and expenses when the employment to which they relate has occurred. Employment on-costs are included as part of 'Other expenses' and not included as part of the Commission's 'Employee benefits expense'. Any related liability is included in 'Employment on-costs provision'.

Refer to note 11 'Other expenses' and note 21 'Provisions'.

**(o) Superannuation expense**

Superannuation expense in the Statement of Comprehensive Income comprises employer contributions paid to the GSS (concurrent contributions), the West State Superannuation Scheme (WSS), the GESB Super Scheme (GESBS) and other superannuation funds. The employer contribution paid to the GESB in respect of the GSS is paid back into the Consolidated Account by the GESB.

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

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

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

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

**(q) Assets Transferred between Government Agencies**

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

**(r) Comparative figures**

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

**Note 3 Judgements made by management in applying accounting policies**

The preparation of financial statements requires management to make judgements about the application of accounting policies that have a significant effect on the amounts recognised in the financial statements. The Commission evaluates these judgements regularly.

*Employee benefits provision*

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

*Operating lease commitments*

The Commission has entered into a number of leases for office accommodation. It has been determined that the lessor retains substantially all the risks and rewards incidental to ownership. Accordingly, these leases have been classified as operating leases.

**Note 4 Key sources of estimation uncertainty**

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

***Long Service Leave***

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

# Notes to the financial statements

For the year ended 30 June 2015

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

**Initial application of an Australian Accounting Standard**

The Commission has applied the following Australian Accounting Standards effective for annual reporting periods beginning on or after 1 July 2014 that impacted on the Commission.

| Title | |
|---|---|
| AASB 1031 | *Materiality*<br>This Standard supersedes AASB 1031 (February 2010), removing Australian guidance on materiality not available in IFRSs and refers to guidance on materiality in other Australian pronouncements. There is no financial impact. |
| AASB 1055 | *Budgetary Reporting*<br>This Standard requires specific budgetary disclosures in the general purpose financial statements of not-for-profit entities within the General Government Sector. The Commission will be required to disclose additional budgetary information and explanations of major variances between actual and budgeted amounts, though there is no financial impact. |
| AASB 2013-3 | *Amendments to AASB 136 – Recoverable Amount Disclosures for Non-Financial Assets*<br>This Standard introduces editorial and disclosure changes. There is no financial impact. |
| AASB 2013-9 | *Amendments to Australian Accounting Standards - Conceptual Framework, Materiality and Financial Instruments.*<br>Part B of this omnibus Standard makes amendments to other Standards arising from the deletion of references to AASB 1031 in other Standards for periods beginning on or after 1 January 2014. It has no financial impact. |
| AASB 2014-1 | *Amendments to Australian Accounting Standards*<br>Part A of this Standard consists primarily of clarifications to Accounting Standards and has no financial impact for the Commission.<br>Part B of this Standard has no financial impact as the Commission contributes to schemes that are either defined contribution plans, or deemed to be defined contribution plans.<br>Part C of this Standard has no financial impact as it removes references to AASB 1031 *Materiality* from a number of Accounting Standards. |

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

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

| Title | | Operative for reporting periods beginning on/after |
|---|---|---|
| AASB 9 | *Financial Instruments*<br>This Standard supersedes *AASB 139 Financial Instruments: Recognition and Measurement*, introducing a number of changes to accounting treatments.<br>The mandatory application date of this Standard is currently 1 January 2018 after being amended by AASB 2012-6, AASB 2013-9 and AASB 2014-1 *Amendments to Australian Accounting Standards.* The Commission has not yet determined the application or the potential impact of the Standard. | 1 Jan 2018 |

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

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

| Title | | Operative for reporting periods beginning on/after |
|---|---|---|
| AASB 15 | *Revenue from Contracts with Customers*<br>This Standard establishes the principles that the Commission shall apply to report useful information to users of financial statements about the nature, amount, timing and uncertainty of revenue and cash flows arising from a contract with a customer. The Commission has not yet determined the application or the potential impact of the Standard. | 1 Jan 2017 |
| AASB 2010-7 | *Amendments to Australian Accounting Standards arising from AASB 9 (December 2010) [AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 & 1038 and Int 2, 5, 10, 12, 19 & 127]*<br>This Standard makes consequential amendments to other Australian Accounting Standards and Interpretations as a result of issuing AASB 9 in December 2010.<br>The mandatory application date of this Standard has been amended by AASB 2012-6 and AASB 2014-1 to 1 January 2018. The Commission has not yet determined the application or the potential impact of the Standard. | 1 Jan 2018 |
| AASB 2013-9 | *Amendments to Australian Accounting Standards - Conceptual Framework, Materiality and Financial Instruments.*<br>Part C of this omnibus Standard defers the application of AASB 9 to 1 January 2017. The application date of AASB 9 was subsequently deferred to 1 January 2018 by AASB 2014-1. The Commission has not yet determined the application or the potential impact of AASB 9. | 1 Jan 2015 |
| AASB 2014-1 | *Amendments to Australian Accounting Standards*<br>Part E of this Standard makes amendments to AASB 9 and consequential amendments to other Standards. It has not yet been assessed by the Commission to determine the application or potential impact of the Standard. | 1 Jan 2015 |
| AASB 2014-4 | *Amendments to Australian Accounting Standards – Clarification of Acceptable Methods of Depreciation and Amortisation [AASB 116 & 138]*<br>The adoption of this Standard has no financial impact for the Commission as depreciation and amortisation is not determined by reference to revenue generation, but by reference to consumption of future economic benefits. | 1 Jan 2016 |
| AASB 2014-5 | *Amendments to Australian Accounting Standards arising from AASB 15*<br>This Standard gives effect to the consequential amendments to Australian Accounting Standards (including Interpretations) arising from the issuance of AASB 15. The Commission has not yet determined the application or the potential impact of the Standard. | 1 Jan 2017 |

# Notes to the financial statements

For the year ended 30 June 2015

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

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

| Title | | Operative for reporting periods beginning on/after |
|---|---|---|
| AASB 2014-7 | *Amendments to Australian Accounting Standards arising from AASB 9 (December 2014)*<br><br>This Standard gives effect to the consequential amendments to Australian Accounting Standards (including Interpretations) arising from the issuance of AASB 9 (December 2014). The Commission has not yet determined the application or the potential impact of the Standard. | 1 Jan 2018 |
| AASB 2014-8 | Amendments to Australian Accounting Standards arising from AASB 9 (December 2014) - Application of AASB 9 (December 2009) and AASB 9 (December 2010) [AASB 9 (2009 & 2010) ]<br><br>This Standard makes amendments to AASB 9 *Financial Instruments* (December 2009) and AASB 9 *Financial Instruments* (December 2010), arising from the issuance of AASB 9 *Financial Instruments* in December 2014. The Commission has not yet determined the application or the potential impact of the Standard. | 1 Jan 2015 |
| AASB 2015-1 | Amendments to Australian Accounting Standards - Annual Improvements to Australian Accounting Standards 2012-2014 Cycle (AASB 1, 2, 3, 5, 7, 11, 110, 119, 121, 133, 134, 137 & 140)<br><br>These amendments arise from the issuance of International Financial Reporting Standard Annual Improvements to IFRSs 2012-2014 Cycle in September 2014, and editorial corrections. The Commission has determined the application of the Standard has no financial impact. | 1 Jan 2016 |
| AASB 2015-2 | *Amendments to Australian Accounting Standards - Disclosure Initiative: Amendments to AASB 101 (AASB 7, 101, 134 & 1049)*<br><br>This Standard amends AASB 101 to provide clarification regarding the disclosure requirements in AASB 101. Specifically, the Standard proposes narrow-focus amendments to address some of the concerns expressed about existing presentation and disclosure requirements and to ensure entities are able to use judgement when applying a Standard in determining what information to disclose in their financial statements. There is no financial impact. | 1 Jan 2016 |
| AASB 2015-3 | *Amendments to Australian Accounting Standards arising from the Withdrawal of AASB 1031 Materiality*<br><br>This Standard completes the withdrawal of references to AASB 1031 in all Australian Accounting Standards and Interpretations, allowing that Standard to effectively be withdrawn. There is no financial impact. | 1 Jul 2015 |
| AASB 2015-6 | *Amendments to Australian Accounting Standards - Extending Related Party Disclosures to Not-for-Profit Public Sector Entities (AASB 10, 124 & 1049)*<br><br>The amendments extend the scope of AASB 124 to include application by not-for-profit public sector entities. Implementation guidance is included to assist application of the Standard by not-for-profit public sector entities. There is no financial impact. | 1 Jul 2016 |

| | 2015 | 2014 |
|---|---|---|
| | $ | $ |
| **Note 6 Employee benefits expense** | | |
| Salaries and wages (a) | 14,302,420 | 13,249,101 |
| Superannuation - defined contribution plans (b) | 1,345,483 | 1,175,628 |
| | 15,647,903 | 14,424,729 |

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

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

Employment on-costs (workers' compensation insurance) are included at note 11 'Other expenses'.

| | | |
|---|---|---|
| **Note 7 Contracts for mental health services** | | |
| Hospitals | 597,764,794 | 554,891,787 |
| Non-government and other organisations | 80,981,575 | 77,516,795 |
| | 678,746,369 | 632,408,582 |

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

| | | |
|---|---|---|
| **Note 8 Supplies and services** | | |
| Advertising | 37,202 | 31,564 |
| Communication | 96,797 | 108,694 |
| Computer related services | 44,124 | 70,333 |
| Consulting fees | 1,422,931 | 991,895 |
| Consumables | 303,995 | 228,756 |
| Operating lease expenses | 834,080 | 901,446 |
| Shared services charges | 124,490 | 112,036 |
| Other | 161,350 | 112,111 |
| | 3,024,969 | 2,556,835 |
| **Note 9 Grants and subsidies** | | |
| Recurrent | | |
| National Partnership Agreement - Improving public hospitals | - | 2,500,000 |
| Suicide Prevention Strategy | 2,581,198 | 770,450 |
| National Perinatal Depression Initiative | 1,396,444 | - |
| Prevention and Anti-Stigma | 710,000 | 500,000 |
| Other grants | 1,087,574 | 1,567,094 |
| Scholarships | 41,144 | 336,772 |
| | 5,816,360 | 5,674,316 |

# Notes to the financial statements

For the year ended 30 June 2015

| | 2015 | 2014 |
|---|---|---|
| | $ | $ |
| **Note 10 Depreciation expense** | | |
| Leasehold improvements | 59,810 | 67,527 |
| Furniture and fittings | 391 | 565 |
| Office equipment | 2,824 | 2,290 |
| | 63,025 | 70,382 |
| **Note 11 Other expenses** | | |
| Workers' compensation insurance (a) | 42,192 | 34,739 |
| Other employee related expenses | 290,119 | 294,617 |
| Repairs and maintenance | 11,000 | 18,111 |
| Travel related expenses | 97,938 | 52,315 |
| Audit fees | 79,807 | 87,383 |
| Legal fees | 42,219 | 30,235 |
| Other | 256,153 | 184,023 |
| | 819,428 | 701,423 |

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

| | | |
|---|---|---|
| **Note 12 Commonwealth grants and contributions** | | |
| National Health Reform Agreement (a) | 173,311,981 | 154,263,467 |
| National Partnership Agreement: | | |
| Improving Public Hospital Service | - | 12,647,562 |
| Supporting National Mental Health | 6,376,000 | 8,630,000 |
| Plan for Perinatal Depression | 1,008,000 | 1,329,076 |
| Pay Equity Funding | 19,080 | - |
| | 180,715,061 | 176,870,105 |

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

| | 2015 | 2014 |
|---|---|---|
| | $ | $ |
| **Note 13 Other grants and contributions** | | |
| Department of Child Protection | 684,941 | 661,779 |
| Department of Education | 75,000 | - |
| | 759,941 | 661,779 |
| **Note 14 Other revenue** | | |
| Refund of prior year's payment on contract for services (a) | 337,011 | - |
| Good outcomes award | 56,364 | - |
| Other revenue | 18,925 | 14,044 |
| | 412,300 | 14,044 |

(a) A refund of $0.337 million was received from a non-government organisation in the 2014-15 financial year, as the funds paid in 2013-14 were in excess of the requirement.

| | | |
|---|---|---|
| **Note 15 Income from State Government** | | |
| **Service appropriation received during the period:** | | |
| Amount appropriated to deliver services | 521,540,000 | 483,272,000 |
| Amount authorised by other statutes: | | |
| Salaries and Allowances Act 1975 | 488,000 | 472,000 |
| | 522,028,000 | 483,744,000 |
| **Services received free of charge from other State government agencies during the period:** | | |
| State Solicitor's Office - legal advisory services | 38,960 | 14,772 |
| Department of Finance - office accommodation leasing services | 5,117 | 7,037 |
| Department of Health - contracted mental health services | 3,243,148 | |
| | 3,287,225 | 21,809 |
| **Note 16 Restricted cash and cash equivalents** | | |
| **Current** | | |
| Accrued salaries suspense account (a) | 488,490 | - |
| **Non-current** | | |
| Accrued salaries suspense account (a) | - | 421,490 |

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

# Notes to the financial statements

For the year ended 30 June 2015

| | 2015 | 2014 |
|---|---|---|
| | $ | $ |
| **Note 17 Receivables** | | |
| **Current** | | |
| Receivables | 35,866 | 220,728 |
| GST receivables | 211,590 | 92,347 |
| | 247,456 | 313,075 |

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

| | | |
|---|---|---|
| **Note 18 Plant and equipment** | | |
| **Leasehold improvements** | | |
| At cost | 179,430 | 179,430 |
| Accumulated depreciation | (179,430) | (119,620) |
| | - | 59,810 |
| **Furniture & Fittings** | | |
| At cost | 6,273 | 6,273 |
| Accumulated depreciation | (1,583) | (1,192) |
| | 4,690 | 5,081 |
| **Office Equipment** | | |
| At cost | 29,577 | 29,577 |
| Accumulated depreciation | (6,681) | (3,857) |
| | 22,896 | 25,720 |
| **Artworks** | | |
| At cost | 12,000 | 12,000 |
| **Total plant and equipment** | 39,586 | 102,611 |

| | 2015 | 2014 |
|---|---|---|
| | $ | $ |
| **Note 18 Plant and equipment (continued)** | | |
| Reconciliations | | |
| Reconciliations of the carrying amounts of plant and equipment at the beginning and end of the reporting period are set out below. | | |
| ***Leasehold improvements*** | | |
| Carrying amount at the start of year | 59,810 | 104,186 |
| Additions | - | 23,151 |
| Depreciation | (59,810) | (67,527) |
| Carrying amount at the end of year | - | 59,810 |
| ***Furniture & Fittings*** | | |
| Carrying amount at the start of year | 5,081 | 5,646 |
| Additions | - | - |
| Depreciation | (391) | (565) |
| Carrying amount at the end of year | 4,690 | 5,081 |
| ***Office Equipment*** | | |
| Carrying amount at the start of year | 25,720 | 14,107 |
| Additions | - | 13,903 |
| Depreciation | (2,824) | (2,290) |
| Carrying amount at the end of year | 22,896 | 25,720 |
| ***Artworks*** | | |
| Carrying amount at the start of year | 12,000 | 12,000 |
| Additions | - | - |
| Carrying amount at the end of year | 12,000 | 12,000 |
| ***Total plant and equipment*** | | |
| Carrying amount at the start of year | 102,611 | 135,939 |
| Additions | - | 37,054 |
| Depreciation | (63,025) | (70,382) |
| Carrying amount at the end of year | 39,586 | 102,611 |

# Notes to the financial statements

For the year ended 30 June 2015

| | 2015 | 2014 |
|---|---|---|
| | $ | $ |

**Note 19 Impairment of assets**

There were no indications of impairment to plant and equipment at 30 June 2015.

The Commission held no goodwill during the reporting period.

**Note 20 Payables**

| | | |
|---|---|---|
| **Current** | | |
| Trade creditors | 363,927 | 402,107 |
| Accrued salaries | 478,562 | 382,278 |
| Accrued expenses | 2,554,391 | 1,321,730 |
| | 3,396,880 | 2,106,115 |

Refer to note 2(m) 'Payables' and note 34 'Financial Instruments'.

**Note 21 Provisions**

| | | |
|---|---|---|
| **Current** | | |
| Employee benefits provision | | |
| Annual leave (a) | 1,113,167 | 924,302 |
| Long service leave (b) | 1,327,662 | 950,021 |
| Deferred salary scheme (c) | 165,444 | 111,352 |
| | 2,606,273 | 1,985,675 |
| **Non-current** | | |
| Employee benefits provision | | |
| Long service leave (b) | 530,923 | 561,518 |
| | 3,137,196 | 2,547,193 |

| | 2015 | 2014 |
|---|---|---|
| | $ | $ |

**Note 21 Provisions (continued)**

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

| | | |
|---|---|---|
| Within 12 months of the end of the reporting period | 774,786 | 657,113 |
| More than 12 months after the end of the reporting period | 338,381 | 267,189 |
| | 1,113,167 | 924,302 |

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

| | | |
|---|---|---|
| Within 12 months of the end of the reporting period | 258,305 | 193,493 |
| More than 12 months after the end of the reporting period | 1,600,280 | 1,318,046 |
| | 1,858,585 | 1,511,539 |

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

| | | |
|---|---|---|
| Within 12 months of the end of the reporting period | 165,444 | 111,352 |
| | 165,444 | 111,352 |

**Note 22 Equity**

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

**Contributed equity**

| | | |
|---|---|---|
| Balance at start of period | 945,900 | 945,900 |
| Contributions by owners | - | - |
| Distributions to owner | - | - |
| Balance at end of period | 945,900 | 945,900 |

# Notes to the financial statements

For the year ended 30 June 2015

| | 2015 | 2014 |
|---|---|---|
| | $ | $ |
| **Note 22 Equity (continued)** | | |
| **Accumulated surplus / (deficit)** | | |
| Balance at start of period | 13,754,728 | 8,279,258 |
| Result for the period | 3,084,473 | 5,475,470 |
| Balance at end of period | 16,839,201 | 13,754,728 |
| Total Equity at end of period | 17,785,101 | 14,700,628 |

**Note 23 Notes to the Statement of Cash Flows**

**Reconciliation of cash**

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

| | | |
|---|---|---|
| Cash and cash equivalents | 23,543,645 | 18,516,760 |
| Restricted cash and cash equivalents (refer to note 16) | 488,490 | 421,490 |
| | 24,032,135 | 18,938,250 |

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

| | | |
|---|---|---|
| Net cost of services (Statement of Comprehensive Income) | (522,230,752) | (478,290,339) |
| Non-cash items: | | |
| Services received free of charge (refer to note 15) | 3,287,225 | 21,809 |
| Donation of non-current assets | - | - |
| Depreciation expense (refer to note 10) | 63,025 | 70,382 |
| (Increase)/decrease in assets: | | |
| Current receivables | 65,619 | 190,520 |
| Increase/(decrease) in liabilities: | | |
| Current payables | 1,290,765 | (1,412,429) |
| Current provisions | 620,598 | (19,049) |
| Non-current provisions | (30,595) | 185,511 |
| Net cash used in operating activities (Statement of Cash Flows) | (516,934,115) | (479,253,595) |

| | 2015 | 2014 |
|---|---|---|
| | $ | $ |
| **Note 24 Commitments** | | |

The commitments below are inclusive of GST where relevant.

**Non-cancellable operating lease commitments**

Commitments for minimum lease payments are payable as follows:

| | | |
|---|---|---|
| Within 1 year | 213,979 | 353,367 |
| Later than 1 year and not later than 5 years | 227,427 | 487,597 |
| | 441,406 | 840,964 |

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

**Contracts for the provision of mental health services**

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

| | | |
|---|---|---|
| Within 1 year | 75,950,211 | 75,790,851 |
| Later than 1 year and not later than 5 years | 56,754,505 | 109,292,056 |
| Later than 5 years | - | 4,998,355 |
| | 132,704,716 | 190,081,262 |

In addition, the 2014/15 service agreement between the Mental Health Commission, Department of Health and Area Health Services for the provision of mental health services in public hospitals was signed prior to 30 June 2014. The 2015/16 service agreement was not signed prior to 30 June 2015. The expenditure commitment is payable as follows:

| | | |
|---|---|---|
| Within 1 year | - | 599,499,000 |

**Other expenditure commitments**

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

| | | |
|---|---|---|
| Within 1 year | - | - |

# Notes to the financial statements

For the year ended 30 June 2015

**Note 25 Remuneration of senior officers**

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

| | 2015 | 2014 |
|---|---|---|
| $ 60,001 - $ 70,000 | 1 | 1 |
| $ 70,001 - $ 80,000 | 1 | - |
| $140,001 - $150,000 | 1 | 2 |
| $150,001 - $160,000 | 1 | - |
| $160,001 - $170,000 | 1 | - |
| $170,001 - $180,000 | 1 | 2 |
| $200,001 - $210,000 | 1 | 1 |
| $210,001 - $220,000 | 1 | 1 |
| $220,001 - $230,000 | 1 | - |
| $380,001 - $390,000 | | 2 |
| $540,001 - $550,000 | 1 | - |
| | 10 | 9 |

| | $ | $ |
|---|---|---|
| Base remuneration and superannuation | 1,805,708 | 1,698,248 |
| Annual leave and long service leave accruals | 155,411 | 5,389 |
| Other benefits | 13,286 | 189,143 |
| Total remuneration of senior officers: | 1,974,405 | 1,892,780 |

**Note 26 Remuneration of auditor**

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

| | | |
|---|---|---|
| Auditing the accounts,controls, financial statements and key performance indicators | 113,500 | 76,700 |

**Note 27 Contingent liabilities and contingent assets**

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

**Note 28 Events occurring after the end of the reporting period**

Legislation has been passed by the Parliament for the amalgamation of the Mental Health Commission and the WA Alcohol and Drug Authority to occur on 1 July 2015. All assets and liabilities of the WA Alcohol and Drug Authority will be transferred to the Commission.

**Note 29 Related bodies**

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

The Commission had no related bodies during the financial year.

**Note 30 Affiliated bodies**

| | 2015 $ | 2014 $ |
|---|---|---|

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

The Commission had the following affiliated bodies during the financial year:

| | | |
|---|---|---|
| Albany Halfway House Association Incorporated | 1,367,286 | 1,260,512 |
| Consumers of Mental Health WA | 420,000 | 271,212 |
| Even Keel Bipolar Support Association Incorporated | 122,191 | 115,000 |
| Home Health Pty Ltd (trading as Tender Care) | 1,162,278 | 1,088,099 |
| June O'Conner Centre Incorporated | 1,858,880 | 1,570,000 |
| Mental Health Carers ARAFMI (WA) Inc. | | 2,330,426 |
| Pathways Southwest Inc. | 727,210 | 708,436 |
| Schizophrenia Fellowship Albany and Districts Incorporated | 227,744 | 221,865 |
| Richmond Wellbeing Incorporated | 9,753,565 | 8,921,818 |
| | 15,639,154 | 16,487,368 |

**Note 31 Special Purpose Accounts**

**State Managed Fund (Mental Health) Account**

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

| | | |
|---|---|---|
| Balance at the start of period | - | - |
| Receipts: | | |
| Service appropriations (State Government) | 232,994,449 | 212,249,906 |
| Commonwealth grants and contributions | 72,023,604 | 65,036,481 |
| | 305,018,053 | 277,286,387 |
| Payments: | | |
| Block grant funding to local hospital networks | (301,493,187) | (277,286,387) |
| Block grant funding to non government organisation | (3,524,866) | - |
| Balance at the end of period | - | - |

# Notes to the financial statements

For the year ended 30 June 2015

**Note 32 Explanatory statement**

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

Significant variances between estimates and actual results for 2015

| | 2015 Estimate $ | 2015 Actual $ | Variance $ |
|---|---|---|---|
| (a) Total appropriations provided to deliver services | 543,036,000 | 522,028,000 | (21,008,000) |
| (b) Total Cost of Services | | | |
| Promotion and Prevention | 25,921,000 | 29,995,429 | 4,074,429 |
| Specialised Admitted Patient Services | 314,983,000 | 311,713,063 | (3,269,937) |
| Specialised Community Services | 302,460,000 | 301,432,939 | (1,027,061) |
| Accommodation, Support and Other Services | 63,792,000 | 60,976,623 | (2,815,377) |
| | 707,156,000 | 704,118,054 | (3,037,946) |

Expenditure of $1.9 million for Assertive Community Intervention was budgeted to Accommodation, Support and Other Services. It has been reclassified to Promotion and Prevention in 2015. Funding of $1.4 million on the National Perinatal Depression Initiative was not budgeted as the agreement was not finalised until after the 2014/15 budget process. Also, $0.6 million was costed to Promotion and Prevention for personalised support. This was included in the Accommodation, Support and Other Services at budget time.

| | | | |
|---|---|---|---|
| (c) Total Income | 163,420,000 | 181,887,302 | 18,467,302 |

National Health Reform Agreement revenue increased from a budget of $157.0 million to $173.3 million following a revision of the mix of funding between WA Health and the Commission due to changes to activity classifications as well as recognition of activity contracted by the Commission with the non-government sector.

**Note 32 Explanatory statement (continued)**

Significant variances between actual results for 2014 and 2015

| | 2015 Actual $ | 2014 Actual $ | Variance $ |
|---|---|---|---|
| (a) Total appropriations provided to deliver services | 522,028,000 | 483,744,000 | 38,284,000 |

Total appropriations increased are primarily to fund increased contracting of mental health services, particularly from public hospitals to allow for cost increases and increased activity due to population growth. In 2014/15 this increase amounted to $31 million more for hospitals and $3.7 million to non-government organisations.

| | | | |
|---|---|---|---|
| (b) Total Cost of Services | | | |
| Promotion and Prevention | 29,995,429 | 25,315,280 | 4,680,149 |
| Specialised Admitted Patient Services | 311,713,063 | 289,223,793 | 22,489,270 |
| Specialised Community Services | 301,432,939 | 281,878,428 | 19,554,511 |
| Accommodation, Support and Other Services | 60,976,623 | 59,418,766 | 1,557,857 |
| | 704,118,054 | 655,836,267 | 48,281,787 |

Expenditure on Promotion and Prevention increased during 2014/15 by $1.4 million on the National Perinatal Depression Initiative, $0.5 million on suicide prevention and $0.6 million for personalised support. Also, $1.9 million for Assertive Community Intervention has been reclassified to Promotion and Prevention in 2015.

| | | | |
|---|---|---|---|
| (c) Total Income | 181,887,302 | 177,545,928 | 4,341,374 |
| (d) Total Administered transactions | | | |
| Administered income | 83,011,862 | 82,180,105 | 831,757 |
| Administered expenses - transfer to WA Alcohol and Drug Authority | 83,011,862 | 82,180,105 | 831,757 |

**Note 33 Disclosure of administered income and expenses by service**

| | Drug and Alcohol | |
|---|---|---|
| Expenses | | |
| Appropriations transferred to WA Alcohol and Drug Authority | 83,011,862 | 82,180,105 |
| **Total administered expenses** | 83,011,862 | 82,180,105 |
| Income | | |
| Appropriations from Government for transfer | 83,011,862 | 82,180,105 |
| **Total administered income** | 83,011,862 | 82,180,105 |

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

# Notes to the financial statements

For the year ended 30 June 2015

**Note 34 Financial instruments**

a) **Financial risk management objectives and policies**

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

Credit risk

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

The maximum exposure to credit risk at the end of the reporting period in relation to each class of recognised financial assets is the gross carrying amount of those assets inclusive of any allowance for impairment, as shown in the table at note 34(c) 'Financial Instruments Disclosures' and note 17 'Receivables'.

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

Liquidity risk

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

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

Market risk

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

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

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:

| | 2015 $ | 2014 $ |
|---|---|---|
| Financial Assets | | |
| Cash and cash equivalents | 23,543,645 | 18,516,760 |
| Restricted cash and cash equivalents | 488,490 | 421,490 |
| Loans and receivables (a) | 35,866 | 220,728 |
| Financial Liabilities | | |
| Payables | 3,396,880 | 2,106,115 |

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

# Notes to the financial statements

For the year ended 30 June 2015

**Note 34 Financial instruments (continued)**

c) **Financial instrument disclosures**

Credit risk

The following table details the Commission's maximum exposure to credit risk, and the ageing analysis of financial assets. The Commission's maximum exposure to credit risk at the end of the reporting period is the carrying amount of financial assets as shown below. The table discloses the ageing of financial assets that are past due but not impaired and impaired financial assets. The table is based on information provided to senior management of the Commission.

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

**Aged analysis of financial assets**

| | | | Past due but not impaired | | | | |
|---|---|---|---|---|---|---|---|
| | Carrying amount | Not past due and not impaired | up to 1 month | 1 - 3 months | 3 months to 1 year | 1 - 5 years | Impaired financial assets |
| | $ | $ | $ | $ | $ | $ | $ |
| **2015** | | | | | | | |
| Cash and cash equivalents | 23,543,645 | 23,543,645 | - | - | - | - | - |
| Restricted cash and cash equivalents | 488,490 | 488,490 | - | - | - | - | - |
| Receivables (a) | 35,866 | 3,461 | 4,613 | 9,040 | 18,752 | | - |
| | 24,068,001 | 24,035,596 | 4,613 | 9,040 | 18,752 | - | - |
| **2014** | | | | | | | |
| Cash and cash equivalents | 18,516,760 | 18,516,760 | - | - | - | - | - |
| Restricted cash and cash equivalents | 421,490 | 421,490 | - | - | - | - | - |
| Receivables (a) | 220,728 | 191,260 | 5,520 | - | 8,473 | 15,475 | - |
| | 19,158,978 | 19,129,510 | 5,520 | - | 8,473 | 15,475 | - |

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

**Note 34 Financial instruments (continued)**

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

Liquidity risk and interest rate exposure

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

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

| | | Interest rate exposure | | | Maturity Dates | | |
|---|---|---|---|---|---|---|---|
| | Weighted average effective interest rate % | Carrying amount $ | Non-interest bearing $ | Nominal Amount $ | Up to 1 month | 1 - 3 months $ | 3 months to 1 year $ |
| **2015** | | | | | | | |
| **Financial Assets** | | | | | | | |
| Cash and cash equivalents | - | 23,543,645 | 23,543,645 | 23,543,645 | 23,543,645 | - | - |
| Restricted cash and cash equivalents | - | 488,490 | 488,490 | 488,490 | 488,490 | - | - |
| Receivables (a) | - | 35,866 | 35,866 | 35,866 | 35,866 | - | - |
| | | 24,068,001 | 24,068,001 | 24,068,001 | 24,068,001 | - | - |
| **Financial Liabilites** | | | | | | | |
| Payables | - | 3,396,880 | 3,396,880 | 3,396,880 | 3,396,880 | - | - |
| | | 3,396,880 | 3,396,880 | 3,396,880 | 3,396,880 | - | - |
| **2014** | | | | | | | |
| **Financial Assets** | | | | | | | |
| Cash and cash equivalents | - | 18,516,760 | 18,516,760 | 18,516,760 | 18,516,760 | - | - |
| Restricted cash and cash equivalents | - | 421,490 | 421,490 | 421,490 | 421,490 | - | - |
| Receivables (a) | - | 220,728 | 220,728 | 220,728 | 220,728 | - | - |
| | | 19,158,978 | 19,158,978 | 19,158,978 | 19,158,978 | - | - |
| **Financial Liabilites** | | | | | | | |
| Payables | - | 2,106,115 | 2,106,115 | 2,106,115 | 2,106,115 | - | - |
| | | 2,106,115 | 2,106,115 | 2,106,115 | 2,106,115 | - | - |

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

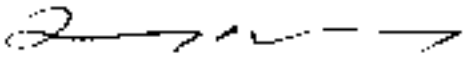
Fair values

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

# Certification of key performance indicators

**MENTAL HEALTH COMMISSION**
**CERTIFICATION OF KEY PERFORMANCE INDICATORS FOR THE YEAR ENDING 30 JUNE**

I hereby certify that the key performance indicators are based on proper records, are relevant and appropriate for assisting users to access the performance of the Mental Health Commission and fairly represent the performance of the Mental Health Commission for the financial year ended 30 June 2015.



Timothy Marney
COMMISSIONER
MENTAL HEALTH COMMISSION
Accountable Authority

17 SEPTEMBER 2015

## Performance management framework

| Whole of Government Goal | Our Desired Outcome | Services we purchase |
|---|---|---|
| Results-Based Service Delivery:<br><br>Greater focus on achieving results in key service delivery areas for the benefit of all Western Australians | Accessible and high quality mental health services and supports that are recovery focused and promote mental health and wellbeing<br><br>Key Effectiveness Indicators<br><br>• Readmissions to hospital within 28 days of discharge<br>• Percent of contacts with community-based public mental health non-admitted services within 7 days post discharge from public mental health inpatient units<br>• Proportion of service funding directed to publicly funded community mental health services<br>• Proportion of service funding directed to community organisations (NGOs) | Service 1: Promotion and Prevention<br><br>Service 2: Specialised Admitted Patient Services<br><br>Service 3: Specialised Community Services<br><br>Service 4: Accommodation, Support and Other Services |

**Key Efficiency Indicators**

| Service one<br>**Promotion and Prevention** | Service two<br>**Specialised Admitted Patient Services** | Service three<br>**Specialised Community Services** | Service four<br>**Accommodation, Support and Other Services** |
|---|---|---|---|
| Cost per capita of activities to enhance mental health and wellbeing (illness prevention, promotion and protection activities) | Average cost per purchased bedday in a specialised mental health unit | Average cost per purchased episode of community care provided by public mental health services | • Average cost per hour for community support provided by non-government organisations to people with mental health problems<br>• Average Mental Health Commission subsidy per bedday for people with mental illness living in community supported residential accommodation<br>• Average cost per package of care for the Individualised Community Living Strategy<br>• Average cost per bedday in subacute units |

# Readmissions to hospital within 28 days of discharge

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

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

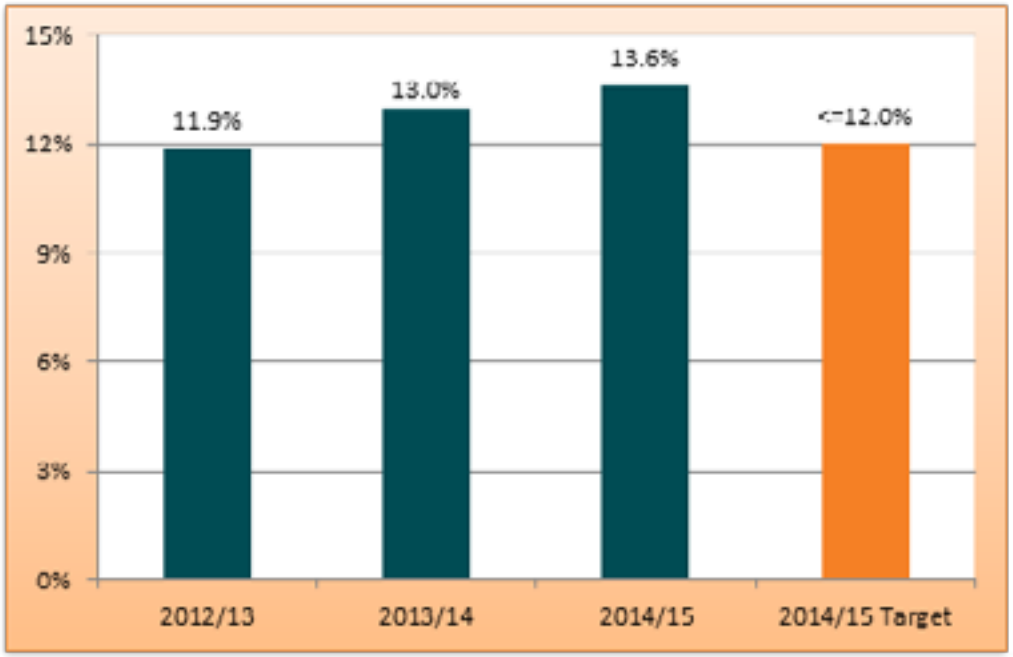
This indicator reports on planned as well as unplanned readmissions as current health systems cannot accurately identify unplanned readmissions.

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

### Results

- In 2014/15, the readmission rate to acute mental health inpatient facilities within 28 days of discharge was 13.6%.
- This result is slightly higher than the 2013/14 result and above the nationally set target.

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




**Notes**

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

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

**Data Source**

Hospital Morbidity Data Collection, Department of Health.

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

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

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

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

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

Results

- In 2014, 56.2% of patients had contact with a community-based public mental health service within seven days post discharge from a public mental health inpatient unit.
- This result is similar to the 2013 figure.

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


**Notes**

Data is for the calendar year of 2014.

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

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

**Data Source**

Mental Health Information System, Department of Health

Hospital Morbidity Data Collection, Department of Health.

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

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

One of the State Government's three key reform directions articulated in the Mental Health Commission's strategic policy document *Mental Health 2020: Making it personal and everyone's business* is 'balanced investment'. That is, working towards a contemporary mental health system that provides a full range of support and services. The *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015- 2025* builds on this direction by identifying the level of each type of service that will be required to meet the needs of the State's population by 2025.

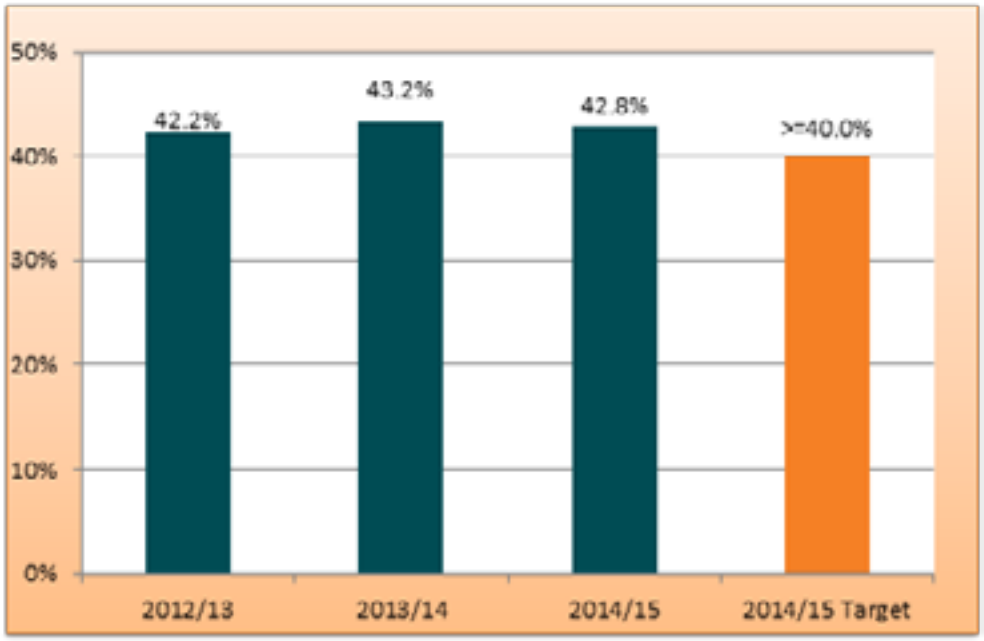
This indicator is a proxy measure of accessibility and appropriateness and is used to monitor the progress of this reform direction in Western Australia.

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

### Results

- In 2014/15, the proportion of funding directed to public community mental health services was 42.8%. This result is within the target range, and is lower than the 2013/14 result.

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




**Notes**

Includes a proportion of the Mental Health Commission's corporate services costs.

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

**Data Source**

Mental Health Commission financial systems.

## Proportion of service funding directed to community organisations

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

One of the State Government's three key reform directions articulated in the Mental Health Commission's strategic policy document *Mental Health 2020: Making it personal and everyone's business* is 'balanced investment'. That is, working towards a contemporary mental health system that provides a full range of support and services. The Western Australian *Mental Health, Alcohol and Other Drug Services Plan 2015-2025* builds on this direction by identifying the level of each type of service that will be required to meet the needs of the State's population by 2025.

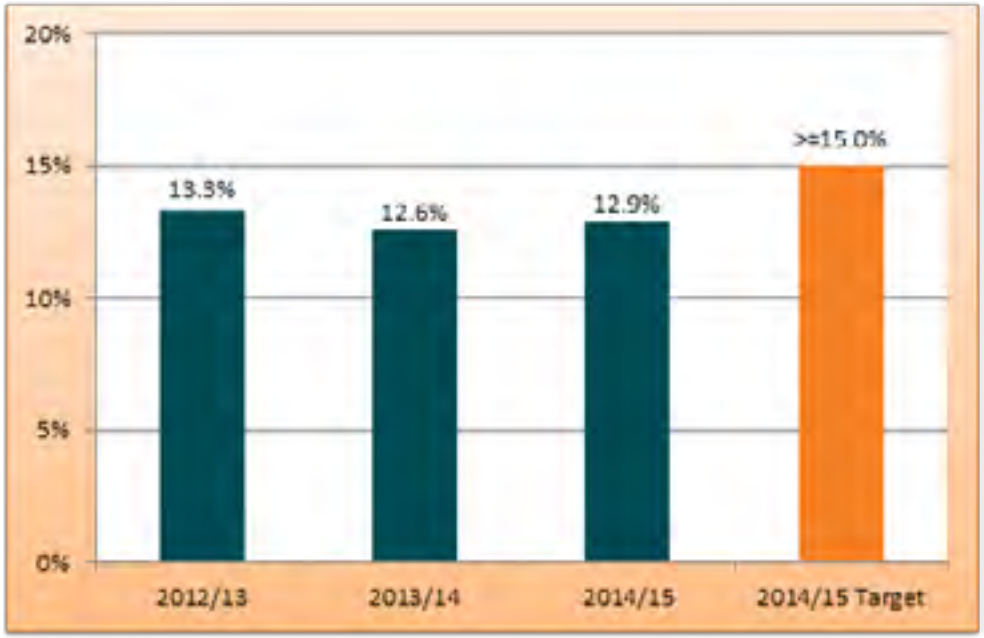
This indicator is a proxy measure of accessibility and appropriateness and will be used to monitor the progress of this reform direction in Western Australia.

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

### Results

- In 2014/15, the proportion of funding directed to community organisations was 12.9%. This result is lower than the target set but slightly higher than the 2013/14 figure.

Proportion of service funding directed to community organisations




**Notes**

Includes a proportion of the Mental Health Commission's corporate services costs.

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

**Data Source**

Mental Health Commission financial systems.

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

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

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

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

Results

- In 2014/15, the cost per capita to provide prevention, promotion, protection and related activities to enhance mental health wellbeing was $12.
- The result is higher than the 2013/14 figure, and the target, primarily due to the inclusion of funding from Commonwealth National Partnership Agreements (and lower than projected population growth).

Cost per capita of activities to enhance mental health and wellbeing


**Notes**

Includes a proportion of the Mental Health Commission's corporate services costs.

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

**Data Source**

Mental Health Commission financial systems.

Australian Bureau of Statistics December 2014 population for Western Australia (2,581,250).

# Average cost per purchased bedday in a specialised mental health unit

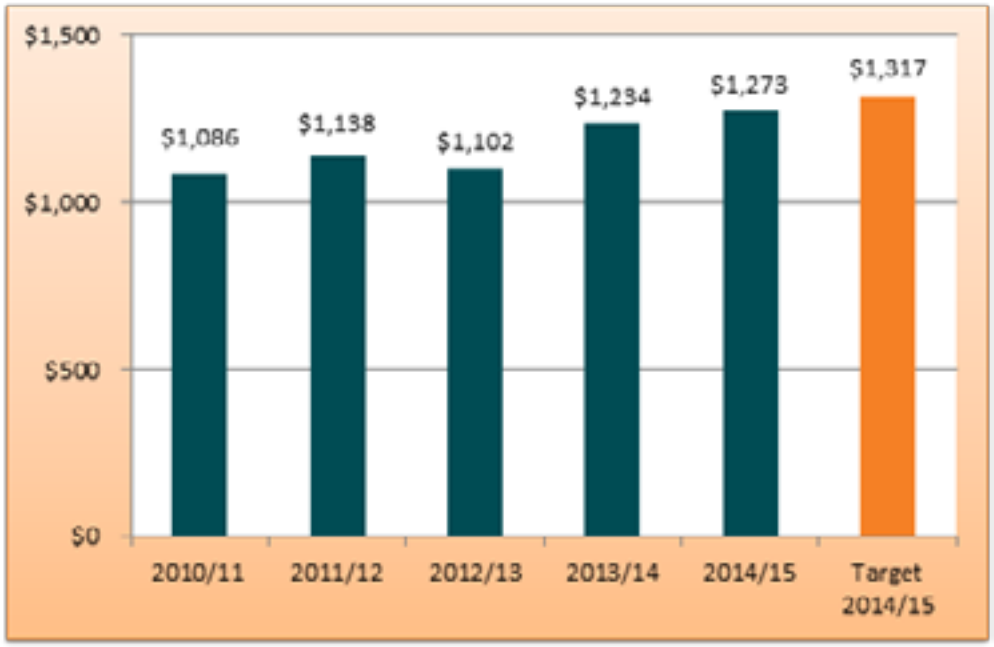
Specialised mental health inpatient units provide admitted patient care in publicly funded authorised facilities and designated mental health units located within general hospitals.

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

### Results

- In 2014/15 the average cost per bedday in a specialised mental health inpatient unit was $1,273.
- This result is higher than the 2013/14 figure. However, it is lower than the 2014/15 target, due to a higher than expected number of beddays accrued for the same overall cost.

Average cost per purchased bedday in a specialised mental health unit




**Notes**

This indicator is reported at a statewide level based on funding provided to the Department of Health. The unit cost reflects a 'purchased' bedday cost and includes a proportion of Mental Health Commission's corporate services costs.

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

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

**Data Source**

Mental Health Commission financial systems.

BedState, Department of Health.

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

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

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

## Results

- In 2014/15, the average cost per three month episode of community care provided by public mental health services was $2,390.
- This result is higher than the 2013/14 figure, due to increased funding for price escalation. It is slightly higher than the target set.

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


**Notes**

This indicator is reported at a statewide level based on funding provided to the Department of Health.

The unit cost reflects a 'purchased' cost per three month episode of community care and includes a proportion of Mental Health Commission's corporate costs.

An episode of community care is defined as each three month period of care with one or more service contacts for an individual.

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

**Data Source**

Mental Health Commission financial systems.

Mental Health Information System, Department of Health.

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

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

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

### Results

- In 2014/15 the average cost per hour for providing community support to people with mental health problems was $112.
- This result is higher than the budget target due to:
  - o the inclusion of funding for an additional service not allocated at the time of budget preparation.
  - o Significantly lower support hours reported by contracted non-government organisations (NGOs). The budgeted hours were calculated using 2013/14 estimated actual hours which were subsequently restated for one organisation. Improvements to the quality assurance processes relating to the reporting of hours by NGOs continue to be implemented.
- This result is higher than the 2013/14 result due to funding for additional services in 2014/15 which reported a higher than average cost per support hour. This may be due to initial costs and lead time for establishment of new services and will continue to be monitored.

Average cost per hour for community support


**Notes**

Includes a proportion of the Mental Health Commission's corporate services costs.

The result for 2013/14 has been restated due to a revision to the total number of hours delivered by one organisation.

The target was set as part of the Government Budget process and therefore cannot be restated.

In 2013/14, a new collection methodology (Non-government Organisation Establishment State data Collection) was implemented to allow compliance with national definitions.

**Data Source**

Non-government Organisation Establishment State Data Collection. Activity data for 6 months extrapolated to 12 months.

Mental Health Commission financial systems.

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

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

This accommodation support is available to people with a mental illness, including older persons with complex mental health issues and significant behavioural problems. These people would otherwise be unable to live independently in the community without the aid of appropriate care.

Results

- In 2014/15 the average Mental Health Commission subsidy per bedday was $238.
- This result is the same as the 2013/14 figure but slightly lower than the target.

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


**Notes**

Includes a proportion of the Mental Health Commission's corporate services costs.

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

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

In 2013/14, a new collection methodology (Non-government Organisation Establishment State Data Collection) was implemented to allow compliance with national definitions.

**Data Source**

Non-government Organisation Establishment State Data Collection. Activity data for 6 months extrapolated to 12 months.

Mental Health Commission financial systems.

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

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

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

The target group includes individuals with a severe mental illness that have a range of complexities and challenges resulting in a mix of individuals requiring low, medium, high and very high levels of support.

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

### Results

- In 2014/15, the average cost per package of care for the Individualised Community Living Strategy was $67,397.
- This result is below the target due to support packages being allocated and commencing at staggered times throughout the financial year and therefore includes part payments that are not reflective of the full year costs for an individual.
- The result is higher than the 2013/14 result, due to a revised vacancy management process which has reduced the time required to fill vacant places within the program. As a result, while the number of packages in 2014/15 has increased slightly, the total payments made have increased significantly.

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


**Notes**

Includes a proportion of the Mental Health Commission's corporate services costs.

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

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

**Data Source**

Mental Health Commission financial systems.

# Average cost per bedday in subacute units

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

Subacute services provide:

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

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

Western Australia's first subacute service opened at Joondalup in May 2013. A further subacute unit is currently under construction at Rockingham, and planning is underway for services in Broome and the Goldfields. As part of the 2015/16 State Budget, Government announced a commitment of $28 million through the Royalties for Regions program to fund development of additional subacute services at Karratha and Bunbury.

**Results**

- In 2014/15, the average cost per bedday in subacute units was $612.
- This result is significantly lower than the 2013/14 result, due to increased occupancy rates. However, the result is higher than the 2014/15 target as occupancy rates were slightly below the 85% estimated when calculating the target.

Average cost per bedday in subacute units


**Notes**

Currently the only operational subacute unit is at Joondalup.

Includes a proportion of the Mental Health Commission's corporate services costs.

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

**Data Source**

Non-government Organisation Establishments State Data Collection

Mental Health Commission financial systems.

# Other legal and government policy requirements and financial disclosures

## Ministerial directives

*Treasurer's Instruction 903* (12) requires the Commission to disclose information on any Ministerial directives relevant to the setting of desired outcomes or operational objectives, the achievement of desired outcomes or operational objectives, investment activities and financial activities. No such directives were issued by the Minister with portfolio responsibility for the Mental Health Commission during 2014/15.

## Contracts with senior officers

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

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

## Compliance with Public Sector standards and ethical codes

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

One breach of standard claim was lodged against the Employment Standard – Recruitment in 2014/15. The claim was dismissed by the Public Sector Commission.

During the year, the Commission continued to promote compliance with public sector standards and ethical codes by encouraging employees to undertake the Accountable and Ethical Decision Making online course.

The *Code of Conduct* was also widely promoted to ensure all employees were familiar with their obligations in the workplace.

## Board and committee remuneration reporting

A number of advisory committees were established by the Commission outside of the Cabinet process as they were required to support specific projects such as the implementation of the *Mental Health Bill* and the *Stokes Review*. Some of these members were remunerated following advice from the *Department of Finance* and in accordance with the *Public Sector Commission's Board and Committee remuneration policy*.

## Compliance with Electoral Act advertising

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

| Name of agency | $ |
|---|---|
| AdCorp Australia Limited - recruitment advertising, the Plan and Good Outcomes Awards and Mental Health Week advertising | 35,500.12 |
| Elephant Productions - video production regarding the Plan | 12,653.86 |
| Survey Monkey - market research on suicide prevention and internal staff surveys | 667.64 |
| TOTAL EXPENDITURE | 48,821.62 |

## Disability access and inclusion plan

The Commission is committed to ensuring that people with disabilities have the same access to services, information and facilities as other people. The amalgamation with the *Drug and Alcohol Office* (DAO) also provides an opportunity to review the agency's current plan and develop new strategies and initiatives to better reflect the responsibilities of the amalgamated agency.

During the year, the Commission ensured the desired outcomes below were promoted and supported by our employees, contractors and service providers:

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

## Recordkeeping plans

The *State Records Act 2000* (the Act) was established to standardise statutory record keeping practices for every government agency. Government agency practice is subject to the provisions of the Act and the standards and policies of the State Records Commission (SRC). The Commission has established a formal Record-keeping Plan to ensure compliance with these requirements.

In 2014/15, the Commission continued to implement measures identified in the Record-keeping Plan. The rollout of an electronic document and records management system (desktop HP TRIM) and associated staff training was completed in late 2014. This has led to a marked improvement in information capture, accountability and retrievability across the Commission. A review of the Commission's current Business Classification Scheme and Retention and Disposal Authority commenced in May 2015 and is expected to be completed in early 2015/16.

The Commission and the DAO took steps to ensure that the amalgamation of the two agencies, which is effective as of 1 July 2015, does not does disrupt compliance with record-keeping requirements. Preparations were governed by an Information Services Amalgamation Implementation Strategy. Among other things, the Strategy provides for ongoing compliance with both agencies' Record-keeping Plans and the expansion of the Commission's Business Classification Scheme and Retention and Disposal Authority to incorporate the functions of the former DAO.

Priorities for 2015/16 including reviewing the efficiency and effectiveness of staff training and awareness activities, disaster recovery and information security and improving record keeping standards across the Commission.

## Occupational safety, health and injury management

The Commission strives to provide a mentally healthy workplace for all employees. In August 2014, the Mental Health First Aiders program was launched. The program is based on the Mental Health First Aid Manual and offers assistance and support for employees who experience workplace or personal issues that may cause distress.

Three Commission staff have been designated as Mental Health First Aiders, with this number expected to increase to six in 2015/16. The program had 42 contacts with Commission employees during 2014/15.

Other relevant activities undertaken by the Commission in 2014/15 include:

- Hosting change management workshops for employees in anticipation of the amalgamation with the *DAO*
- Providing ergonomic assessments for employees on request
- Providing access to the employee assistance program
- Providing employees with free flu injections
- Training employees on mental health first aid
- Conducting workplace inspections across worksites.

The following table details the Commission's 2014/15 key performance indicators against occupational safety and health and injury management measures:

| Indicator | Actual 2014/15 |
|---|---|
| Number of fatalities | Zero |
| Lost time injury/disease incidence rate | Zero |
| Lost time injury severity rate | Zero |
| Percentage of injured workers returned to work within 28 weeks | N/A |
| Percentage managers trained in occupational safety, health and injury management responsibilities | 60% |

## Substantive equality

As the Commission was established in 2010, it is not included as a separate agency for reporting under the Policy Framework for Substantive Equality. However, the intent and substance of the Framework will shape the Commission's Workforce Plan, which is currently being developed.

## Corporate governance

During 2014/15, the Commission's Corporate Executive made progress in the implementation of the Corporate Governance Policy and Framework. A governance subcommittee was established to oversee and implement improvements to the Commission's financial and risk management practices as well as the implementation of an annual audit and compliance program.

In support of this, the Commission engaged *20/20 Global* to undertake an independent review of the financial processes of the Commission and the *DAO*. Recommendations were presented to facilitate the merging of the finance functions of both agencies in preparation for the amalgamation.

A second subcommittee was established to implement the Commission's Strategic Information and Communication Technology Plan that sets out key activities to be undertaken in support of the Commission's current and future strategic priorities.

In 2015/16, the implementation of the Corporate Governance Policy and Framework will be completed with the establishment of governance subcommittees to oversee the key areas of:

- people and communications
- organisational project management
- sponsorships
- alcohol and other drug clinical services.

## Performance Development program

The Commission recognises that an effective performance management system is a key component in creating a performance culture where employees adopt the values and behaviours that enable the Commission to achieve its goals.

During the year, the My PDP process was reviewed in preparation for the amalgamation and an improved program will be rolled out to the organisation during 2015/16.

# Appendices

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

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

| Service provider | Service type |
|---|---|
| 55 Central | Personalised support - other |
| Access Housing Australia | Personalised support - linked to housing |
| Aftercare | Individual Community Living |
| Albany Halfway House | Personalised support - linked to housing |
| Albany Halfway House | Personalised support - other |
| Albany Halfway House | Staffed residential services - community supported residential units |
| Amana Living | Staffed residential services |
| ARAFMI Mental Health Carers & Friends Association | Family and carer support |
| ARAFMI Mental Health Carers & Friends Association | Individual Advocacy |
| ARAFMI Mental Health Carers & Friends Association | Mental health promotion |
| Association for Service to Torture and Trauma Survivors | Counselling - face to face |
| Baptist Care | Personalised support - linked to housing |
| Baptist Care | Personalised support - other |
| Baptist Care | Staffed residential services |
| Baptist Care | Individual Community Living |
| Bay of Isles Community Outreach | Personalised support - other |
| beyond blue | Mental illness prevention |
| BP Luxury Care | Personalised support - other |
| Burswood Care | Staffed residential services |
| Carers Association of Western Australia | Sector development and representation |
| Casson Homes | Staffed residential services |
| Centrecare | Counselling - face to face |
| Centrecare | Family and carer support |
| Centrecare | Personalised support - linked to housing |
| Centrecare | Personalised support - other |
| Collie Family Centre Incorporated | Counselling - face to face |

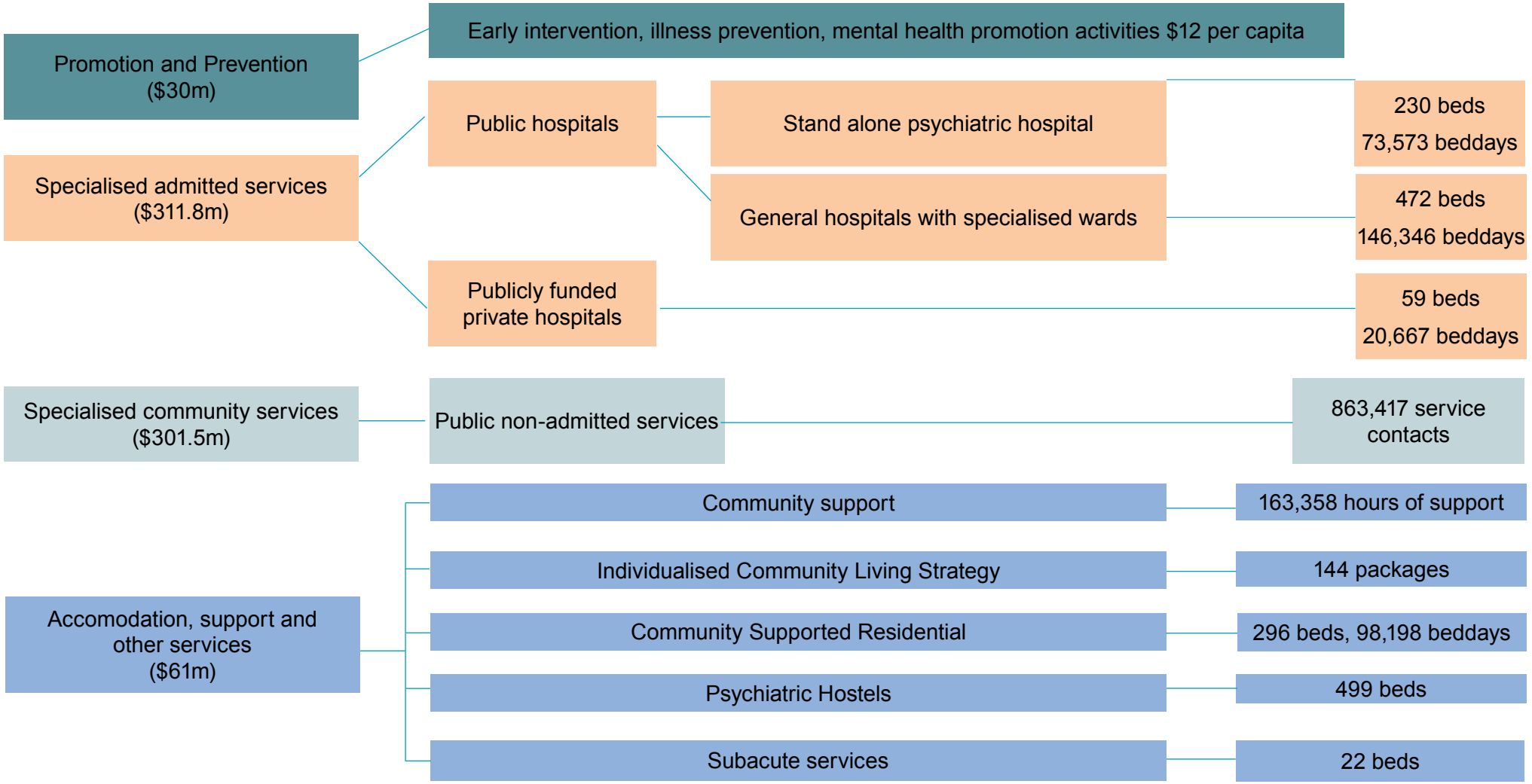
| Service provider | Service type |
|---|---|
| Community First International | Individual Community Living |
| Connect Groups | Sector development and representation |
| Consumers of Mental Health WA | Sector development and representation |
| Curtin University of Technology | Mental illness prevention |
| Curtin University of Technology | Mental health promotion |
| Devenish Lodge | Personal care support |
| Disability in the Arts-Disadvantage in the Arts-Australia | Group support activities |
| Enable Southwest | Individual Community Living |
| Even Keel Bipolar Disorder Support Association | Mutual support and self help |
| Foundation Housing | Personalised support - linked to housing |
| Franciscan House | Personal care support |
| Fremantle Medicare Local | Counselling - face to face |
| Fremantle Multicultural Centre | Individual Advocacy |
| Fremantle Women's Health Centre | Counselling - face to face |
| Fusion Australia | Staffed residential services |
| Gosnells Women's Health Service | Counselling - face to face |
| Great Southern Community Housing Association | Personalised support - linked to housing |
| GROW | Mutual support and self help |
| Home Health (trading as Tendercare) | Family and carer support |
| Home Health (trading as Tendercare) | Personalised support - other |
| Honeybrook Lodge | Personal care support |
| Ishar Multicultural Women's Health Centre | Family and carer support |
| Jennie Bertram & Associates | Personalised support - other |
| June O'Connor Centre | Group support activities |
| June O'Connor Centre | Personalised support - other |
| Kimberley Aboriginal Medical Services | Personalised support - other |
| Lamp | Family and carer support |
| Lamp | Personalised support - linked to housing |

| Service provider | Service type |
|---|---|
| Lamp | Personalised support - other |
| Life Without Barriers | Staffed residential services |
| Life Without Barriers | Individual Community Living |
| Lifeline WA | Counselling, support, information and referral - telephone |
| Mental Health Law Centre | Individual Advocacy |
| Mental Illness Fellowship of WA | Family and carer support |
| Mental Illness Fellowship of WA | Group support activities |
| Mental Illness Fellowship of WA | Mental health promotion |
| Mental Illness Fellowship of WA | Personalised support - other |
| Mental Illness Fellowship of WA | Individual Community Living |
| Midland Women's Health Care Place | Counselling - face to face |
| Midwest Community Living Association | Personalised support - other |
| Mission Australia | Family and carer support |
| Mission Australia | Individual Community Living |
| Neami National | Staffed residential services - Joondalup Mental Health Sub-acute Services |
| Neami National | Individual Community Living |
| Outcare Adult | Adult Mental Health Court Diversion Program |
| Outcare Children | Children Mental Health Court Diversion Program |
| Pathways South West | Family and carer support |
| Pathways South West | Personalised support - linked to housing |
| Pathways South West | Personalised support - other |
| PDLE | Education, employment and training |
| Perth Central and East Metro Medicare Local | Counselling - face to face |
| Perth Home Care Services | Family and carer support |
| Perth Home Care Services | Personalised support - other |
| Perth Home Care Services | Individual Community Living |
| Perth Inner City Youth Service | Personalised support - other |
| Richmond Wellbeing | Mutual support and self help |

| Service provider | Service type |
|---|---|
| Richmond Wellbeing | Personalised support - linked to housing |
| Richmond Wellbeing | Personalised support - other |
| Richmond Wellbeing | Staffed residential services - adult homeless |
| Richmond Wellbeing | Staffed residential services - community options |
| Richmond Wellbeing | Staffed residential services - community supported residential Units |
| Richmond Wellbeing | Staffed residential services - crisis respite |
| Richmond Wellbeing | Staffed residential services - intermediate care accommodation |
| Richmond Wellbeing | Staffed residential services - long term supported |
| Richmond Wellbeing | Individual Community Living |
| Rise Network | Individual Advocacy |
| Rise Network | Personalised support - linked to housing |
| Rise Network | Personalised support - other |
| Rise Network | Individual Community Living |
| Romily House | Personal care support |
| Ruah Community Services | Education, employment and training |
| Ruah Community Services | Personalised support - linked to housing |
| Ruah Community Services | Personalised support - other |
| Ruah Community Services | Individual Community Living |
| Salisbury Home | Personal care support |
| Schizophrenia Fellowship Albany & Districts | Group support activities |
| Schizophrenia Fellowship Albany & Districts | Personalised support - other |
| Share & Care Community Services Group | Family and carer support |
| Share & Care Community Services Group | Personalised support - other |
| Silver Chain Group | Family and carer support |
| Silver Chain Group | Sector development and representation |
| Silver Chain Group | Personalised support - other |
| South Coastal Women's Health Services Association | Counselling - face to face |
| Southern Cross Care | Staffed residential services |

| Service provider | Service type |
|---|---|
| Southern Cross Care | Family and carer support |
| Southern Cross Care | Personalised support - other |
| Southern Cross Care | Individual Community Living |
| Spirits of the Street Choir | Group support activities |
| St Bartholomew's House | Personalised support - linked to housing |
| St Bartholomew's House | Staffed residential services |
| St John of God Health Care Mount Lawley | Clinical treatment and care - admitted |
| St Jude's Hostel (Pu-Fam Pty Ltd) | Personal care support |
| St Patrick's Community Support Centre | Group support activities |
| St. Vincent De Paul Society | Staffed residential services |
| The Salvation Army Western Australia Property Trust | Personalised support - other |
| The Samaritans | Counselling - face to face |
| The Samaritans | Counselling, support, information and referral - telephone |
| The Samaritans | Mental health promotion |
| UnitingCare West | Personalised support - linked to housing |
| University of Western Australia (School of Psychiatry and Neuroclinical Sciences) | Sector development and representation |
| University of Western Australia (School of Psychology) | Sector development and representation |
| Wanslea Family Services | Family and carer support |
| Western Australian AIDS Council | Mental health promotion |
| Western Australian AIDS Council | Mental illness prevention |
| Western Australian Association for Mental Health | Mental health promotion |
| Western Australian Association for Mental Health | Sector development and representation |
| Women's Healthcare Association | Counselling - face to face |
| Women's Healthcare Association | Group support activities |
| Women's Healthcare Association | Mutual support and self help |
| Youth Focus | Counselling - face to face |

## Summary of specialised services and activity contracted by the Commission



# All board and committee names and remuneration reporting

| Position | Member's Name | Remuneration type | Amount $ |
|---|---|---|---|
| Mental Health Advisory Council | | | |
| Member (Retired) | Joseph Calleja | Sessional | 5,946.98 |
| Member | Margaret Doherty | Sessional | 5,917.41 |
| Member | Dr John Edwards | Sessional | 4,680.05 |
| Deputy Chair(Retired) | Dr Judith Edwards | Sessional | 15,975.69 |
| Member | Pamela Gardner | Sessional | 5,946.97 |
| Chair | Barry Mackinnon | Sessional | 15,871.49 |
| Member (ex-officio) | Janelle Ridgway | Sessional | 3,605.86 |
| Member | Lindsay Smoker | Sessional | 5,946.98 |
| Member (Retired) | Dr Alexandra Wellborn | Sessional | Nil |
| Member | Dr Bernadette Wright | Sessional | Nil |
| Member | Prof Dianne Wynaden | Sessional | Nil |
| Member | Petra Liedel | Sessional | Nil |
| Member | Christopher Gostelow | Sessional | Nil |
| Member | Dr Michael Wright | Sessional | Nil |
| | | TOTAL | 63,891.43 |
| Ministerial Council for Suicide Prevention | | | |
| Member | Adele Cox | Sessional | 328.50 |
| Member | Allison Xamon | Sessional | 2,978.40 |
| Member | Brian Mayfield | Sessional | 328.50 |
| Member | Cobie Rudd | Sessional | 2978.40 |
| Member | Delys Mouritz | Sessional | 1,642.50 |
| Member | Donna Watson | Sessional | 4,139.10 |
| Chair | Estelle Dragun | Sessional | 7,818.30 |
| Member | Jennifer Allen | Sessional | 3,963.90 |
| Chair | Neale Fong | Sessional | 14,112.77 |
| Member | Peter Fitzpatrick | Sessional | 17,647.53 |
| Member | Stuart Smith | Sessional | Nil |
| Deputy Chair | Andrew Harding | Sessional | Nil |
| Member | Donna Cole | Sessional | Nil |
| Member | James Gibson | Sessional | Nil |
| Member | Glenn Pearson | Sessional | Nil |
| Member | Dani Wright Toussaint | Sessional | Nil |
| | | TOTAL | 55,937.90 |

| Position | Member's Name | Remuneration type | Amount $ |
|---|---|---|---|
| Mental Health Review Board | | | |
| Member | Alan Alford | Sessional | 17,167.42 |
| Member | Ryan Arndt | Sessional | 17,172.89 |
| Member | Kathryn Barker | Sessional | 7,469.00 |
| Member | Ann Bell | Sessional | 2,470.32 |
| Member | Harriette Benz | Sessional | 21,679.91 |
| Member | Kerrilyn Ann Boase - Jelinek | Sessional | 13,522.16 |
| Member | Adam Brett | Sessional | 7,410.96 |
| Member | Jennifer Bridge-Wright | Sessional | 17,284.58 |
| Member | Rodger Bull | Sessional | 16,414.06 |
| Member | Julie Cant | Sessional | 11,010.23 |
| Member | Hugh Cook | Sessional | 58,710.62 |
| Member | Peter Curry | Sessional | 30,219.82 |
| Member | Daniel De Klerk | Sessional | 7,410.96 |
| Member | Jeanette De Klerk | Sessional | 19,125.27 |
| Member | Donna Dean | Sessional | 6,913.83 |
| Member | Kevin Dodd | Sessional | 42,418.12 |
| Member | Magdeline Fadjiar | Sessional | 13,033.79 |
| Member | Stuart Flynn | Sessional | 16,485.23 |
| Member | Anthony Fowke | Sessional | 18,172.63 |
| Member | John Gardiner | Sessional | 14,204.35 |
| Member | Susan Grace | Sessional | 18,083.94 |
| Member | Aaron Groves | Sessional | 3,598.32 |
| Member | Michael Hawkins | Sessional | 9,550.59 |
| President | Michael Hawkins | Annual | 241,870.58 |
| Member | David Hawks | Sessional | 15,192.04 |
| Member | John James | Sessional | 12,463.30 |
| Member | Manjit Kaur | Sessional | 16,555.31 |
| Member | Hannah Leslie | Sessional | 10,479.15 |
| Member | Lorrae Loud | Sessional | 6,913.83 |
| Member | Andrea McCallum | Sessional | 18,019.32 |
| Member | Hannah McGlade | Sessional | 19,643.21 |
| Member | Lynne McGuigan | Sessional | 13,827.67 |
| Member | Michael Nicholls | Sessional | 11,727.45 |

| Position | Member's Name | Remuneration type | Amount $ |
|---|---|---|---|
| Member | Nada Raich | Sessional | 55,063.18 |
| Member | David Rowell | Sessional | 14,133.17 |
| Member | Maxinne Sclanders | Sessional | 13,216.66 |
| Member | Anne Seghezzi | Sessional | 10,328.04 |
| Member | Leone Shiels | Sessional | 16,179.73 |
| President | Josephine Stanton | Sessional | 6,608.33 |
| Member | Daniel Stephiak | Sessional | 15,033.26 |
| Member | Merraine Strauss | Sessional | 29,135.77 |
| Member | Bryan Tanney | Sessional | 46,383.11 |
| Member | Jennifer Wall | Sessional | 24,641.89 |
| Member | Anthony Warner | Sessional | 16,179.73 |
| Member | Anne White | Sessional | 13,522.16 |
| Member | Keith Wilson | Sessional | 6,302.83 |
| Member | Rachel Yates | Sessional | 19,891.78 |
| Member | Anthony Zorbas | Sessional | 80,708.08 |
| | | TOTAL | 1,123,548.58 |
| Council of Official Visitors | | | |
| Member | Alessandra D'Amico | Sessional | 58,857.40 |
| Member | Anne McFadyen | Sessional | 64,068.54 |
| Member | Barbara Hewitt | Sessional | 24,904.71 |
| Member | Bruce Morrison | Sessional | 39,625.89 |
| Member | Cecily Cropley | Sessional | 74,440.36 |
| Member | Deborah Colvin | Sessional | 91,480.68 |
| Member | Denise Bayliss | Sessional | 28,424.06 |
| Member | Donald Cook | Sessional | 25,508.06 |
| Member | Gary Marsh | Sessional | 54,565.01 |
| Member | Gerard Doyle | Sessional | 7,059.48 |
| Member | Graham Pyke | Sessional | 23,111.13 |
| Member | Helen Taplin | Sessional | 52,554.59 |
| Member | Ian Wilson | Sessional | 13,866.01 |
| Member | Jennifer Stacey | Sessional | 9,611.92 |
| Member | Kate Nihill | Sessional | 11,621.27 |
| Member | Kathleen Simpson | Sessional | 16,232.32 |
| Member | Kaylee Oberg | Sessional | 12,729.39 |

| Position | Member's Name | Remuneration type | Amount $ |
|---|---|---|---|
| Member | Kelly Spouse | Sessional | 19,901.68 |
| Member | Mardi Edwards | Sessional | 9,506.81 |
| Member | Margaret Fleay | Sessional | 28,536.84 |
| Member | Matthew Scurfield | Sessional | 57,222.55 |
| Member | Maxine Drake | Sessional | 26,003.00 |
| Member | Michael Dixon | Sessional | 24,387.87 |
| Member | Naka Ikeda | Sessional | 58,363.53 |
| Member | Norma Josephs | Sessional | 44,909.26 |
| Member | Patricia Ryans-Taylor | Sessional | 11,921.29 |
| Member | Peter Upton-Davis | Sessional | 41,322.06 |
| Member | Rodney Hay | Sessional | 3,244.49 |
| Member | Sally Wheeler | Sessional | 85,165.87 |
| Member | Sandra McKnight | Sessional | 28,638.68 |
| Member | Sheila Rajan | Sessional | 53,616.75 |
| Member | Shelley McClellan | Sessional | 42,283.47 |
| Member | Trinette Murphy | Sessional | 15,581.89 |
| Member | Vlasta Michell | Sessional | 37,228.95 |
| | | TOTAL | 1,196,495.81 |

This Annual Report provides a review of the Mental Health Commission's (hereby referred to as the Commission) operations for the financial year ended 30 June 2015.

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

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

- an interactive PDF version, which has links to other sections of the annual report as well as external links to content on our website and external sites (excluding Financial statements from pages 36 to 62). All links are indicated by *underlined text.*
- an online version, which allows for quick and easy viewing of annual report sections. This version also features easy to use download and print functions
- a text version, which is suitable for use with screen reader software applications.

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