

# **National Mental Health Commission**

## **Annual Report 2018–19**



**Australian Government**

**National Mental Health Commission**

## Contact us

This Annual Report is available online at [www.mentalhealthcommission.gov.au](http://www.mentalhealthcommission.gov.au)

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**Australian Government**  
**National Mental Health Commission**

The Hon. Greg Hunt MP  
Minister for Health  
Minister Assisting the Prime Minister for the Public Service and Cabinet  
Parliament House  
CANBERRA ACT 2600

Dear Minister

I am pleased to present the Annual Report of the National Mental Health Commission for the period ending 30 June 2019.

This Annual Report has been prepared in accordance with section 70 of the *Public Service Act 1999* and section 46 of the *Public Governance, Performance and Accountability Act 2013* and Division 3A of the *Public Governance, Performance and Accountability Rule 2014*. The Annual Report has been prepared to meet the requirements of section 70(2) of the *Public Service Act 1999*.

I submit this Annual Report in accordance with section 70(1) of the *Public Service Act 1999* for presentation to the Australian Parliament.

The Annual Report includes the National Mental Health Commission's annual performance statements and audited financial statements as required by section 39 and section 42 of the *Public Governance, Performance and Accountability Act 2013*.

I certify that the National Mental Health Commission has prepared fraud risk assessments and fraud control plans and has in place appropriate fraud prevention, detection, investigation and reporting mechanisms that meet the needs of the Commission, and that all reasonable measures have been taken to appropriately deal with fraud relating to the Commission.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Christine Morgan', written in a cursive style.

**Ms Christine Morgan**  
**Chief Executive Officer**

21 September 2019

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# *Contributing Lives, Thriving Communities*

## **Our vision**

All people in Australia are enabled to lead contributing lives in socially and economically thriving communities.

## **Our mission**

Promote understanding of the outcomes that matter and drive transformational change across service systems for people with lived experience of mental health issues.

## **Our values**

### Excellence

- We believe everyone is capable of great things in a great environment.
- We strive for success and celebrate it when we achieve it.
- We know and use evidence to inform our decisions.
- We support innovation and continuous improvement, and are committed to helping to build the evidence base.
- We are credible and trusted.

### Integrity

- We are honest and trustworthy in all that we do.
- We stand up for what we believe in.
- We respect each other's differences.
- We value human rights and social justice.
- We believe in equity and opportunity for all.

### Collaboration

- We value individuals, interactions and connectedness.
- We respect and acknowledge everyone's input, skills and experience.
- We believe in working together.
- We acknowledge the importance of effective communication.
- We support engagement and participation at all levels to enhance our outcomes.

### Accountability

- We value our independence and transparency.
- We take accountability for our commitments and actions and expect no less of others.
- We are reflective and open to feedback.
- We ensure correct information.

*At the Commission we believe that everyone has the right to lead a  
Contributing Life, built from:*



## CEO's Review

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I am pleased to present my first Annual Report since commencing as the Chief Executive Officer at the National Mental Health Commission. It is an honour to be appointed to the role and, since joining in March 2019, I have been impressed by the professionalism of the Commission team and the dedication of everyone to improving mental health and suicide prevention outcomes for the community.

I have also been humbled listening to the experiences of consumers and carers and impressed with the dedication and commitment of those working in the sector.

This report sets out the Commission's performance for the 2018-19 year, and details our work and achievements. During this period, the Commission continued to lead projects that improve the policy, programs, services and systems that support mental wellbeing and suicide prevention in Australia. The Commission continued to strengthen its operations and improve efficiency, and align resources to deliver Government priorities.

On 4 October 2018, the Commission published *Monitoring Mental Health and Suicide Prevention: National Report 2018* which reports on the performance of the mental health system and the progress and outcomes of key national reforms. This report also examined the social determinants of health and their impact on mental illness.

Our first report under the Fifth National Mental Health and Suicide Prevention Plan: *Monitoring Mental Health and Suicide Prevention Reform: Fifth National Mental Health and Suicide Prevention Plan, 2018 Progress Report*, was delivered to COAG Health Ministers in October 2018. This report provides an update of implementation progress up until 30 June 2018 and establishes a baseline for the 13 available identified performance indicators in the Fifth Plan. The Commission also conducted a survey of consumers and carer experiences of mental health services, in relation to the eight priority areas identified in the Fifth Plan and the results will serve as a baseline from which to measure progress.

Another significant achievement this year was the launch of the Australian Mental Health Leaders Fellowship in July 2018. This Fellowship is the first of its kind in Australia designed to meet the needs of emerging leaders with a passion for mental health. The first cohort of twenty participants commenced in July, and the second cohort of twenty participants commenced in October 2018. Both cohorts graduated in April 2019, with a third cohort scheduled to commence later in the year.

Since establishment, the Commission has sought to put mental health on the economic agenda. The potential economic and social gains from mental health reform from investing in prevention are considerable. This year, the Commission released an analysis of ten prevention interventions modelled using a return on investment framework. This project looked at the potential benefits of the ten specific interventions, both in terms of improved mental health, and their impact on the Australian economy, through levels of improved productivity and health system cost savings.

The Commission welcomed the establishment of the Productivity Commission's inquiry into the role of improving mental health to support economic participation and enhancing productivity and economic growth. The Commission recommended the inquiry as an important step to ensure investment in mental health is efficient and effective and made a written submission in April 2019. We continue to work with the Productivity Commission

throughout the inquiry process.

Achievements and progress on significant projects throughout the year are detailed further in this report.

Thank you to all the consumers, carers, families and stakeholders who have contributed to, and informed the Commission's work throughout 2018-19.

I would also like to thank Ms Maureen Lewis Deputy CEO for her leadership as Interim CEO of the Commission prior to my commencement and the Executive team for leading the delivery of the achievements this year.

Finally, thank you to our Chair Mrs Lucy Brogden AM, our Commissioners and all our staff whose dedication and hard work enables the Commission to work towards its goal of improving the mental health and wellbeing of all Australians.

A handwritten signature in black ink, appearing to read 'C Morgan', with a long horizontal flourish extending to the right.

**Ms Christine Morgan**  
**Chief Executive Officer**



## Overview

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The National Mental Health Commission (the Commission) is an independent executive agency under the *Public Service Act 1999* and a non-corporate Commonwealth Entity under the *Public Governance, Performance and Accountability Act 2013*. The Commission is part of the Minister for Health's portfolio and reports directly to the Minister for Health. We also meet with the Prime Minister and the Minister for Health.

The Chief Executive Officer (CEO) is the accountable authority under the *Public Governance, Performance, and Accountability Act 2013* and is responsible for the governance and performance of the Commission. The Commission's Advisory Board includes a Chair and a number of Mental Health Commissioners (as determined by the Minister from time to time) and includes the CEO for the term of her appointment.

The Commission's role and functions are to support the Australian Government to deliver an efficient, integrated and sustainable mental health system to improve mental health outcomes for Australians and help prevent suicide. The Commission's budgeted outcome is to provide expert advice to the Australian Government and cross-sectoral leadership on the policy, programs, services and systems that support mental health in Australia, including through administering the Annual National Report Card on Mental Health and Suicide Prevention, undertaking performance monitoring and reporting and engaging consumers and carers.<sup>1</sup>

The Commission's purpose is to monitor and report on investment in mental health and suicide prevention initiatives,

provide evidence based policy advice to Government and disseminate information on ways to continuously improve Australia's mental health and suicide prevention systems, and act as a catalyst for change to achieve those improvements. This includes increasing accountability and transparency in mental health through the provision of independent reports and advice to the Australian Government and the community.

The Commission seeks to ensure that investment in mental health is both effective and efficient. We work with stakeholders – particularly with people with lived experience, their families and other support people – to ensure reforms are collectively owned and actioned. The Commission acknowledges that engaging stakeholders and facilitating meaningful participation is essential to achieving transformational change.

The Commission seeks to engage with people with a lived experience of mental health issues, including carers and other support people, in all areas of our work. We affirm the right of all people to participate in decisions that affect their care and to determine the conditions that enable them to live contributing lives. Diverse and genuine engagement with people with lived experience, their families and other support people adds value to decision-making by providing direct knowledge about the actual needs of the community, which results in better targeted and more responsive services and initiatives.

Throughout our existence, we have applied the *Contributing Life* framework to our work – a whole-of-person, whole-of-system, whole-of-life approach to mental health and wellbeing.

<sup>1</sup> Portfolio Budget Statements Program 1.1 2018-19 Health Portfolio, Portfolio Budget Statements, p.411

A contributing life can mean many things. It can mean a fulfilling life enriched with close connections to family and friends; good health and wellbeing to allow those connections to be enjoyed; having something to do each day that provides meaning and purpose – whether it be a job, supporting others or volunteering; and a home to live in, free from financial stress and uncertainty. In short, it means thriving, not just surviving.

We will work to support individuals to: live a contributing life; have equitable opportunity; have the best possible mental health and wellbeing; participate in community, education and employment; have knowledge, assurance and respect; and be able to contribute to socially and economically thriving communities.

Indigenous people have significantly higher rates of mental distress, trauma, suicide and intentional self-harm, as well as exposure to risk factors such as stressful life events, family breakdown,

unemployment, racism, discrimination, imprisonment, crime victimisation and alcohol and substance misuse.

Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing is a priority across all our key work areas.

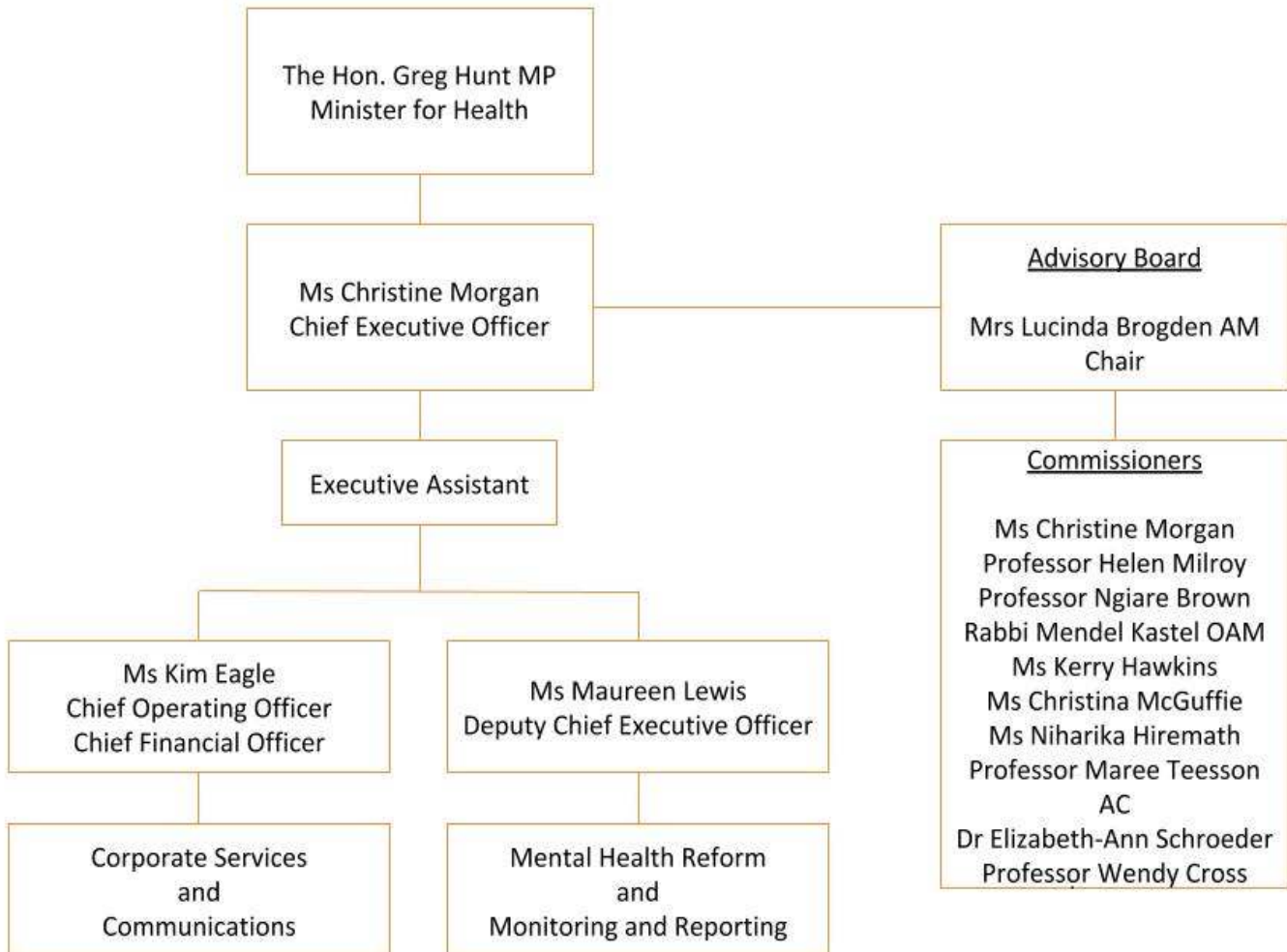
The Commission will facilitate collaboration across all sectors to promote mental health and prevent mental illness and suicide – this includes health, housing, human services, income support, justice, education, employment, defence, veterans' affairs and the broader system to maximise outcomes and integrate service provision.

The Chair and Commissioners, who bring a range of expertise and perspectives, provide strategic direction and independent advice which reflects the evidence they gather from the community, research and data. They are committed to giving a voice to the experiences of people living with mental health difficulties or suicide risk and their families and support people.

# Our structure

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As at 30 June 2019



## Our Commissioners

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In 2018-19, the Advisory Board contributed to setting the Commission's strategic direction and priorities, and provided independent expertise and advice to the CEO.



### **Mrs Lucinda Brogden AM, Chair**

April 2014 – July 2017 (Commissioner)

August 2017 – January 2018 (Co-Chair)

February 2018 – present (Chair)

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Mrs Lucy Brogden brings extensive experience in psychology and has a strong commitment to helping others and building stronger communities.

Lucy's primary areas of focus are issues facing mental health and wellbeing particularly in the workplace and the community. She takes an evidence based approach to problem solving and social investment.

Lucy has more than 25 years of commercial experience with companies including Macquarie Group and Ernst & Young and more than ten years in organisational psychology. Specifically, Lucy has worked in trusted advisory roles with some of Australia's leading CEOs, Managing Partners, Ministers and Chairs in investment banking, finance, law and government.



### **Professor Ngiare Brown**

August 2017 - present

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Prof Ngiare Brown is a Yuin nation woman from the south coast of NSW. She is a senior Aboriginal medical practitioner with qualifications in medicine, public health and primary care, and has studied bioethics, medical law and human rights. She was the first identified Aboriginal medical graduate from NSW, and is one of the first Aboriginal doctors in Australia. Over the past two decades she has developed extensive national and international networks in Indigenous health and social justice, including engagement with the UN system. Ngiare is a clinician and researcher, and a chief investigator on multiple national and international grants. She works largely in the translation and implementation space, exploring how to utilise 'best evidence' to inform policy, resourcing and service delivery determinations.

Ngiare is a founding member and was Foundation CEO of the Australian Indigenous Doctors' Association (AIDA). She is a founding member of the Pacific Region Indigenous Doctors' Congress (PRIDoC); and a member of the International Indigenous Genomics Alliance. She has served as a Director on a number of national Boards, including the Social Inclusion Board (Cth Government) and Australian Indigenous Mentoring Experience (AIME). She also serves as a Director on the Bangarra Aboriginal Dance Theatre Board, The Australian Research Alliance for Children and Youth (ARACY) Board and the National Centre for Indigenous Genomics Board. Ngiare was reappointed to the Prime Minister's Indigenous Advisory Council, and has recently been appointed as a Commissioner on the National Mental Health Commission.

Ngiare is now the Founding Director of Ngaoara, a not-for-profit dedicated to Aboriginal child and adolescent wellbeing. The work of Ngaoara explores culturally relevant approaches to childhood health and social and emotional wellbeing, and supports communities to develop strength based approaches to breaking intergenerational cycles of trauma and disparity.



**Professor Wendy Cross**

August 2017 – present

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Professor Wendy Cross is a mental health nurse with 35 years' experience. Her primary research interests include clinical supervision, practice development, workplace learning and broad based research methods including quantitative and qualitative paradigms.

She is currently Associate Dean of Health and Head of Nursing at Torrens University and a former Professor of Mental Health Nursing at Monash Nursing and Midwifery, later appointed Professor and Head of School. She was previously the President of the Australian College of Mental Health Nurses and is a Fellow of the Australian College of Nursing. She has held senior executive and academic appointments in nursing at Monash Health, Deakin University and the University of Western Sydney.



**Ms Kerry Hawkins**

September 2018 – present

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Ms Kerry Hawkins is the current president of Western Australian Association for Mental Health. She is a carer representative on the WAAMH board for four years and was appointed president of WAAMH in November 2016.

Kerry has acquired a solid understanding of the issues facing the mental health sector. This experience is complemented by her professional career in the private, education and public sectors, including working as a project management consultant at KPMG, a high school teacher, and a strategic advisor for the National Native Title Tribunal. She has previously worked as a senior program manager for the National Disability Insurance Scheme, the WA Mental Health Commission, and as a Carer Consultant for North Metro Adult Health Service. Her other board appointments include Vice President of Helping Minds and WA Director for Emerging Minds.



**Ms Niharika Hiremath**

3 April 2019 – present

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Ms Niharika Hiremath has a lived experience of clinical depression and anxiety and has herself been through the mental health care system in Australia. Her recovery led her to find her passion; working to understand and reduce stigma, especially in ethnically diverse communities.

Niharika has seen the impact that quality mental health support can have firsthand, and is committed to improving wellbeing outcomes for all Australians alike. She has held various roles as a youth mental health representative, including on the headspace's Youth National Reference Group.



**Rabbi Mendel Kastel OAM**  
September 2018 – present

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Rabbi Mendel Kastel brings extensive experience in community welfare work and is highly respected for his achievements in dealing with problems amongst the city's youth. He has worked with people with disability, made frequent hospital and prison visits, helped those suffering from addictions and offered counselling services for the bereaved. His skill, knowledge and interest spans across the broad spectrum of mental health including trauma, homelessness, youth, suicide prevention, economics, social investment and innovation.

Rabbi Kastel has a long standing interest in the welfare of younger members of the community. His work within various communities across the world has taken him far beyond his initial role of only working with youth including experience working with hospices.

Rabbi Kastel has experienced first-hand the problems of dealing with entire communities, understanding the importance of establishing and making available life-changing programs for those living in the community.



**Ms Christina McGuffie**  
September 2018 – present

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Ms Christina McGuffie has lived experience as both a consumer and a carer. She has experienced first-hand the difficulties associated with getting access to the right care and brings with her knowledge of what is working and what is not working in the mental health system.

Christina has an in-depth knowledge of government and has established good working relationships across the sector, including state and territory governments and key leaders in mental health. After 11 years in federal politics, she has developed extensive knowledge about how governments function and what they need from bodies such as the Commission.

Christina has 28 years' experience in journalism and government advisory work. She has demonstrated strong communication and stakeholder engagement skills and her experience in communications, media and mental health advice to government are of particular value to the advisory board.



**Professor Helen Milroy**  
August 2017 – present

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Professor Helen Milroy is a Consultant Child and Adolescent Psychiatrist and Winthrop Professor at the University of Western Australia. She has held positions on state and national mental health advisory committees and boards with a particular focus on the wellbeing of children. Her work and research interests include holistic medicine, child mental health, recovery from trauma and grief, cultural models of care, Aboriginal health and mental health, and developing and supporting the Aboriginal medical workforce.

Helen holds a degree in Medicine and Surgery, is a fellow of the Royal Australian and New Zealand College of Psychiatry and has completed a Certificate of Advanced Training in Child and Adolescent Psychiatry.



**Dr Elizabeth-Ann Schroeder**

3 April 2019 - present

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Dr Elizabeth-Ann Schroeder is a Senior Research Fellow for the Centre for the Health Economy and Senior Lecturer for the Macquarie University's Department of Health Systems and Populations Faculty of Medicine.

She has extensive experience (locally and internationally) in applied research in the economics of complex public health interventions. Her current research work centres around health systems integration and mental health. In her previous roles she has collaborated with national research, audit and commissioning bodies to translate research findings into policy.



**Professor Maree Teesson AC**

September 2018 – present

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Maree Teesson is Professor and Director of The Matilda Centre for Research in Mental Health and Substance Use, Director of the NHMRC Centre of Research Excellence in Prevention and Early Intervention in Mental Illness and Substance Use (PREMISE) and NHMRC Principal Research Fellow at The University of Sydney.

Maree was announced as a Companion of the Order of Australia in the Australia Day 2018 Honours List. She is also a Fellow of the Australian Academy of Health and Medical Sciences and the Australian Academy of Social Sciences, a National Mental Health Commissioner and Member, National Health and Medical Research Council. She is also a founding member of TheMHS Management Committee since 1991.

Maree's vision is to build the world's leading dedicated translational research program for the prevention and treatment of co-occurring mental health and substance use problems. She seeks to increase our understanding of substance use and mental health problems, prevent these where possible and improve treatment responses.



**Ms Christine Morgan**

March 2019 – present

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Ms Christine Morgan is the CEO of the National Mental Health Commission. Prior to joining the Commission, Christine was CEO of the Butterfly Foundation for eating disorders and Director of the National Eating Disorders Collaboration. In the not for profit sector, she was General Manager at Wesley Mission, over the areas of Corporate Services; and Community & Family Development.

Prior to joining Wesley Mission, Christine was Executive General Manager responsible for managing the strategic direction and business unit effectiveness of the Wholesale, Broadband & Media Business Unit at Telstra; and prior to that held the joint roles of General Counsel and Company Secretary for a number of ASX listed companies.



**Professor Harvey Whiteford**

August 2017 – Dec 2018

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Professor Harvey Whiteford is a Professor of Population Mental Health at the University of Queensland and Professor of Global Health at the Institute of Health Metrics and Evaluation, University of Washington, USA.

He has trained in medicine, psychiatry, public health and health policy in Queensland, Stanford University in California and the Australian National University. He has held senior clinical and administrative positions including Director of Mental Health in the Queensland and federal governments and at the World Bank in Washington DC.



# Report on Performance

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## Introductory statement

I, Christine Morgan, as the accountable authority of the National Mental Health Commission, present the 2018–19 annual performance statement as required under paragraph 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). These results are reported against the performance measures in the Commission’s Corporate Plan 2018–2022 (CP) and the Commission’s 2018–19 Portfolio Budget Statement (PBS). It includes the activities, achievements and performance during the year to achieve our purpose.

In my opinion, this annual performance statement complies with subsection 39(2) of the PGPA Act, is based on properly maintained records and accurately reflects the performance of the Commission in the year ending 30 June 2019.



Ms Christine Morgan  
Chief Executive Officer

## Performance Targets 2018–19

### PORTFOLIO BUDGET STATEMENTS

#### OUR OUTCOME

**Provide expert advice to the Australian Government and cross-sectoral leadership on the policy, programs, services and systems that support mental health in Australia, including through administering the Annual National Report Card on Mental Health and Suicide Prevention, undertaking performance monitoring and reporting and engaging consumers and carers**

#### Program 1.1

The NMHC continues to increase accountability and transparency in mental health and suicide prevention through independent reporting and the provision of advice to the Australian Government and the community. The NMHC continues to lead projects that improve the policy, programs, services and systems that support mental wellbeing and suicide prevention in Australia.

#### Performance Criteria

#### Reporting on national progress to improve mental health and prevent suicide

**Prepare and disseminate the National Report on Mental Health and Suicide Prevention.**

2018-19 Target: The 2018 National Report on Mental Health and Suicide Prevention will be published by 31 December 2018.

#### Improving system accountability, evidence and results

**Undertake research, analysis and evaluation on key national mental health priorities.**

2018-19 Target: Evidence-based advice will be available to inform improvements in policy, programs, services and systems that support mental health and suicide prevention.

**Promote consumer and carer engagement and participation in the mental health system.**

2018-19 Target: Increased opportunities for engagement and participation by consumers and carers in the mental health system.

**OUR PURPOSE**

The National Mental Health Commission’s purpose is to provide insight, advice and evidence on ways to continuously improve Australia’s mental health and suicide prevention systems and to act as a catalyst for change to achieve those improvements. This includes increasing accountability and transparency in mental health through the provision of independent reports and advice to the Australian Government and the community.

The Commission will continue to seek to ensure investment in mental health is both effective and efficient. We will work with stakeholders – particularly with people with lived experience, their families and other support people – to ensure reforms are collectively owned and actioned and to enable their participation in government process.

The Commission seeks to engage with people with a lived experience of mental health issues, including carers and other support people, in all areas of our work. We affirm the right of all people to participate in decisions that affect their care and the conditions that enable them to live contributing lives. Diverse and genuine engagement with people with lived experience, their families and other support people adds value to decision-making by providing direct knowledge about the actual needs of the community, which results in better targeted and more responsive services and initiatives.

Throughout its existence, the Commission has applied the Contributing Life framework to its work – a whole-of-person, whole-of-system, whole-of-life approach to mental health and wellbeing. This means we consider people across the lifespan – from pre-birth to old age.

A contributing life can mean many things. It can mean a fulfilling life enriched with close connections to family and friends; good health and wellbeing to allow those connections to be enjoyed; having something to do each day that provides meaning and purpose – whether it be a job, supporting others or volunteering; and a home to live in, free from financial stress and uncertainty. In short, it means thriving, not just surviving.

The Commission will work to support individuals to live a contributing life; have equitable opportunity; have the best possible mental health and wellbeing; participate in community, education and employment; have knowledge, assurance and respect, and able to contribute to socially and economically thriving communities.

Indigenous people have significantly higher rates of mental distress, trauma, suicide and intentional self-harm, as well as exposure to risk factors such as stressful life events, family breakdown, unemployment, racism, discrimination, imprisonment, crime victimisation and alcohol and substance misuse. Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing is a priority across all of the Commission’s key work areas.

The Commission will facilitate collaboration across all sectors to promote mental health and prevent mental illness and suicide – this includes health, housing, human services, income support, justice, education, employment, defence, veterans affairs and the broader system to maximise outcomes and integrate service provision.

**OUR KEY WORK AREAS**

1. Monitoring and reporting
2. Vision 2030: A blueprint for mental health services
3. Consumer and carer engagement and participation
4. Prevention and early intervention
5. Improve the physical health of people living with mental illness
6. Workforce growth and development
7. Mental health research
8. Strengthen the Commission to enhance effectiveness

## PERFORMANCE RESULTS

### Performance criteria:

- Monitoring and reporting, Commission Corporate Plan 2018–19 (CP), pg. 10
- Prepare and disseminate the national report on mental health and suicide prevention, Portfolio Budget Statements 2018–19 (PBS), pg. 412
- Undertake research, analysis and evaluation on key national mental health priorities, PBS pg.412

### National Report on Mental Health and Suicide Prevention

The Commission published *Monitoring Mental Health and Suicide Prevention: National Report 2018 (the National Report 2018)* on the 4th October 2018. The report is available on our website.

The *National Report 2018* provided an overview of the progress and outcomes of key national reforms in mental health including Primary Health Networks (PHNs), the National Disability Insurance Scheme (NDIS), Suicide Prevention Initiatives and the Fifth National Mental Health and Suicide Prevention Plan (the Fifth Plan).

The *National Report 2018* also reported on the performance of the mental health system by looking at mental health expenditure, workforce, seclusion and restraint, consumer and carer engagement and participation, and mental health outcomes. In addition, the report examined the social determinants of health and their impact on mental illness.

In 2018-19, the Commission also commenced work on the *National Report 2019* which will be published by 31 December 2019.

### The Fifth National Mental Health and Suicide Prevention Plan, 2018: Progress Report

The Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) was endorsed by the COAG Health Council in August 2017. The Fifth Plan establishes a national approach for collaborative action to improve Australia's mental health and suicide prevention systems over the period 2017 to 2022.

The Commission monitors and reports on the progress of implementation of the Fifth Plan and delivers an annual report to the Council of Australian Government's (COAG) Health Council. This report provides specific analysis of data and qualitative accounts against the indicators specified in the Fifth Plan.

In October 2018 the first report, the *Fifth National Mental Health and Suicide Prevention Plan, 2018: Progress Report (the 2018 Progress Report)* was endorsed by COAG and establishes the direction for future reporting. The report is available on our website.

To measure the progress of implementation, the Commission surveyed fifty-one stakeholders (governments, PHNs, Australian Health Ministers Advisory Council committees and state mental health commissions) that are tasked with implementing the actions of the Fifth Plan. The report contains progress against each action by the responsible stakeholder/s, and includes achievements, barriers and enablers against each of the eight priority areas. The report also presents baseline data for the available performance indicators.

To improve data collection for future reports, we also established a Fifth Plan Technical Advisory Group (FPTAG) to inform methodology and survey design. The FPTAG is comprised of members from each state and territory, the Commonwealth Department of Health, the Mental Health Information Strategy Standing Committee, as well as consumer and carer representatives.

The next annual implementation progress report for the 2018-2019 period will be

delivered to COAG Health Ministers in early 2020.

The Commission also undertook a national online consumer and carer survey to understand how implementation in the first year of the Fifth Plan is affecting experiences of care. Results from the survey will be published in the *Fifth National Mental Health Suicide Prevention Plan, 2018: Consumer and Carer perspective*; the first report of its kind. This report will establish a baseline against which the performance of the Fifth Plan reform will be measured.

The *2018 Consumer and Carer Report* will be released by 31 December 2019 and made available on our website.

### National Disability Insurance Scheme

The Commission continued to monitor and report on the impact of the National Disability Insurance Scheme (NDIS) as it relates to people with a psychosocial disability, including what services are available for those who are not receiving services under the NDIS. The *National Report 2018* considers consequences of the scheme for people with a psychosocial disability and their supporters.

To better understand the impact of the NDIS, we engaged with the National Disability Insurance Agency, the Department of Health, the Department of Social Services, the NDIS Safety and Quality Commission, states and territories and other key stakeholders.

The Commission also engaged Community Mental Health Australia to conduct the Commonwealth Mental Health Programs Monitoring Project. Two interim reports from the project were released during 2018-19: *Tracking transitions of people from PIR, PHaMS and D2DL into the NDIS: Commonwealth Mental Health Programs Monitoring Project: Interim Report Phase 1*; and *Tracking transitions of people from PIR, PHaMS and D2DL into the NDIS: Commonwealth Mental Health Programs Monitoring Project: Interim Report Phase 2*. Both interim reports are available on

Community Mental Health Australia's website.

The Commission made submissions to three NDIS related reviews in 2018-19: the Productivity Commission Review of the National Disability Agreement Review, the National Disability Strategy Review and the Thin Markets Project. These submissions can be found on our website.

### Primary Health Networks

The Commission continues to provide advice to the Australian Government Department of Health on the guidance materials developed to support the Primary Health Networks (PHNs) implement mental health reform.

In 2018, the Commission completed the *Peer Workforce Guidance* for PHNs to guide the mental health and suicide prevention commissioning work. The guide is available on the Department of Health's website.

In November 2018, the Commission presented the *Peer Workforce Guidance* to the PHN stepped care workshop, and in March 2019, we presented to PHNs our work on the consumer and carer engagement and participation project.

During 2018-19 we also met with PHN Chief Executive Officers to discuss mental health reform, local experiences and challenges, and the work of the Commission. We also invited all thirty one PHNs to respond to our survey on implementing actions under the Fifth Plan. Twenty seven PHNs provided a response to the Commission, while four cited lack of time and resources as a key barrier to participating in the survey.

The Commission monitored and reported on the PHNs in our *National Report 2018* and the *2018 Progress Report*.

In addition, the Commission's submission to the *Senate Inquiry into access and quality of rural and remote mental health services* addressed the concerns related to rural PHNs.

## Suicide Prevention

The Commission continued to work collaboratively with stakeholders to support suicide prevention efforts in Australia. The Commission participated on the Suicide Prevention Project Reference Group, a governance committee established under the Fifth Plan to develop a National Suicide Prevention Implementation Strategy that embodies a systems approach to suicide prevention. The strategy is due for release in late 2019.

The Commission monitored and reported in its *National Report 2018* on suicide prevention activities, in particular the four independent suicide prevention trials across a total of 29 local trials sites. Most of the trials are being led by PHNs, who are actively engaged with communities, local governments and service providers to ensure that trial activities are focussed on local needs.

In December 2018, the Australian Government in partnership with the Commission, held a National Suicide Prevention Summit, and subsequently committed to prioritising suicide prevention to a whole-of-government issue and a COAG priority; strengthening PHNs capability to deliver appropriate suicide prevention supports in their local communities and establishing a national system for the timely collection and communication of self-harm and suicide data to help communities respond early to emerging problems.

The Commission began working closely with the Australian Institute of Health and Welfare (AIHW) and the Department of Health to progress the National Suicide and Self-harm Monitoring Project as a result of this commitment.

The Commission also continued to prioritise suicide prevention as part of our monitoring role. This includes a discussion on the current state of suicide prevention reforms in the *National Report 2019* (due for release in late 2019), and raising

specific issues within our submissions to inquiries, including the Productivity Commission inquiry into mental health, and the Royal Commission into Victoria's mental health system.

## Housing and homelessness

The Commission continued to monitor and report rates of people with mental illness who are homeless and advocated for policy levers to improve outcomes.

The Commission engaged the Australian Housing and Urban Research Institute (AHURI) to conduct in-depth research on housing, homelessness and mental health. This work drew on insights from the consultations and involved an extensive review of the published evidence. Two investigative panel sessions were held in 2018 with a range of experts, including people with a lived experience of mental illness and carers of those with such experiences, as well as representatives from peak bodies, service providers, and government agencies. The AHURI report *Housing, homelessness and mental health: towards systems change* sets out 19 policy options, including actions that can be quickly implemented and collaboration-building activities to drive long-term change. The report is available on our website.

## Seclusion and restraint

The Commission continued to promote best practice in the reduction of restrictive practices. To support cultural change by nurses, the Commission engaged the Australian College of Mental Health Nurses (ACMHN) to progress the *Safe in care, safe at work* project which builds on the 2017 *Supporting Mental Health Nurses towards cultural and clinical change: Facilitating ongoing reduction in seclusion and restraint in inpatient mental health settings in Australia* project. The project responds to discussions between the ACMHN, the Commission and key stakeholders invested in the ongoing reduction of seclusion and restraint in Australia.

The project's Expert Reference Group includes members of the Safety and Quality Partnership Standing Committee (SQPSC), mental health chief nurses, expert clinicians, consumer and carer representatives, and other key stakeholders. The final package is comprised of an audit toolkit for services, the Australian adaption of the Six Core Strategies checklist and a list of guiding documents to reduce seclusion and restraint. An abridged version for mental health staff and managers was developed that emphasises the use of the checklist to guide the reduction of seclusion and restraint. The package is to be released in August 2019.

The Commission supported consumer and carer participation in the 12th National Towards Eliminating Restrictive Practices (TERP) Forum on 7-8 November 2018 in Hobart, to enable diverse participation of people with lived experience of mental ill-health or experience of caring to attend, particularly people who may have a lived experience of restrictive practices.

### **Aboriginal and Torres Strait Islander mental health**

The Commission continued to monitor and report on Aboriginal and Torres Strait Islander mental health and suicide prevention. The Commission's submission to the Productivity Commission's (PC) inquiry on mental health recommended that the PC explicitly addressed the needs of Aboriginal and Torres Strait Islander people. The submission also addressed the broader social determinants of health and how they impact on the mental health outcomes of Aboriginal and Torres Strait Islander people.

The Commission's *National Report 2018* and *2018 Progress Report* included some of the challenges facing the Aboriginal and Torres Strait Islander health workforce, partnership relationships with PHNs, suicide prevention trials and the implementation of actions from the Fifth Plan to improve Aboriginal and Torres

Strait Islander mental health and suicide prevention.

The Commission supported Aboriginal and Torres Strait Islander-led research to improve their wellbeing. The Commission supported the Lowitja Institute to identify areas of focus and action that support good mental health among Aboriginal and Torres Strait Islander people on their own terms. As the next step following the completion of the final report, the Lowitja Institute organised a national round table with key Aboriginal and Torres Strait Islander organisations and leaders to confirm priority themes and areas of action to inform future directions for the Commission in relation to Aboriginal and Torres Strait Islander mental health and wellbeing.

The Commission supported the participation of Aboriginal and Torres Strait Islander people in the World Indigenous Suicide Prevention Conference and the Second National Indigenous Suicide Prevention Conference in October 2018. The Commission participated on the organising committee for the conference. The Commission's Advisory Board and Executive participated in both conferences.

### **Data and data capability**

The Commission continues to be an active participant in the development of mental health data and performance indicators that facilitate national reporting through participation on the Mental Health Information Strategy Standing Committee. This role includes the development and refinement of performance indicators for the reporting on outcomes from the Fifth Plan through collaborative work with the Australian Institute for Health and Welfare and Australian Bureau of Statistics.

In 2019-20, the Commission will include data on eighteen of the twenty four Fifth Plan performance indicators as part of the second Fifth Plan Progress Report. The Commission continues to be engaged in

the development of the remaining six performance indicators.

### **Productivity Commission inquiry into mental health**

Following recommendations from the Commission, in November 2018, the Australian Government announced a Productivity Commission inquiry into the social and economic benefits of improving mental health.

The Commission made an in-depth submission to the inquiry, discussing:

- the social determinants of health outcomes, recognising the importance of addressing the social conditions that contribute to poor

health outcomes including social disadvantage, housing, education and employment;

- mental health system performance, including gaps in the system for both mental health services and suicide prevention efforts;
- funding, commissioning and service planning, including structural deficits and the need for a shift in investment from demand driven services to upstream preventative measures.

The Commission continues to meet with the Productivity Commission to assist with the inquiry, which is due to report to government in 2020.

### **Performance criteria:**

- *Vision 2030: A blueprint for mental health services*, CP pg.14
- *Undertake research, analysis and evaluation on key national mental health priorities*, PBS pp. 411-412

### **Vision 2030**

The Commission is leading the development of *Vision 2030*, a shared long term approach to improve the mental health of people in Australia.

In 2018, the Commission commenced preparatory work including an audit of all mental health plans across jurisdictions and other relevant stakeholder documents that interface with a national planning process, and an initial scoping to map the national population need for mental health services and current service delivery.

The Commission engaged the University of Queensland to undertake a mental health services regional mapping project to better support regional mapping and planning of mental health services across the nation. The project's methodologies and data will assist PHNs and LHNs in identifying what services exist and what services are required in their local areas. The UQ team is currently progressing the mapping of outputs from the National

Mental Health Services Planning Framework (NMHSPF) to existing service provision.

In early 2019, the Commission commenced planning its Connections project, a nation-wide conversation with all Australians on the future of mental health and suicide prevention in Australia. Launching in July 2019, the Commission is connecting with local communities to understand their experiences of mental health and wellbeing to inform a shared 2030 Vision for Mental Health. As part of the Connections project, the Commission will visit twenty three communities across Australia holding town hall meetings of which anyone with a lived experience of mental health; including consumers, carers, families and those organisations which provide support and care, are invited to attend.

More information about the Connections project is available on our website.

#### Performance criteria:

- Consumer and carer engagement and participation, CP pg.15
- Undertake research, analysis and evaluation on key national mental health priorities, PBS pp. 411-412
- Promote consumer and carer engagement and participation in the mental health system, PBS pp. 411-412

#### Consumer and carer engagement and participation

The Commission believes it is essential that people with lived experience of mental ill-health, families and support people are included and involved in decisions that impact them to lead a contributing life.

In 2018-19 the Commission progressed some additional components to build on its *Engage and Participate in Mental Health* report (2018) to support people with lived experience. The report *Sit Beside Me, Not Above Me* examined ways to support people with lived experience to effectively and safely participate with services, organisations and systems. This work demonstrates how to better support people with lived experience to fill roles at all levels from CEO, to peer worker, committee member or board member. Drawing on findings from interviews with a range of leaders, the report describes the essential ingredients and considerations for effective and safe engagement and participation, and demonstrates positive changes. The report was released in December 2018 and is available on our website.

In 2018-19, the Commission undertook a co-design process to develop a practical guide to consumer and carer participation and engagement, including peer review.

The guide will be released on the Commission's website later in 2019. The guide provides a clear framework with a set of principles for best practice in consumer and carer engagement and participation, as well as practical advice on how to act on principles and

associated values. It is envisaged the guide will be used by mental health consumers and carers and by people working within the mental health system at all levels.

#### Consumer and Carer guide

In 2018-19, the Commission continued to develop, in consultation with the National Mental Health Consumer and Carer Forum (NMHCCF) and the Safety and Quality Partnership Standing Committee (SQPSC), a guide for consumer and carer participation in mental health services to strengthen their role in ongoing safety and quality initiatives, an activity in the Fifth Plan. The Commission provides regular updates to SQPSC and the NMHCCF, and seeks advice from these partners on how the guide can be a useful tool for mental health services and consumer and carers.

The Safety and Quality Engagement Guide Advisory Committee was established, co-chaired by the Commission and Commissioner Kerry Hawkins. Members comprise representatives from consumer and carer groups, public, private and community sectors and the Australian Commission on Safety and Quality in Health Care. The Advisory Committee met three times – in February, April and June 2019. The first stage of the work was to define the project scope and develop project and engagement plans. Work around stakeholder engagement and drafting to develop the guide will continue throughout 2019-20. The guide is due for completion under the Fifth Plan by end-2020.



### Peer Workforce Development Guidelines

In 2018-19, work commenced on the development of National Peer Workforce Development Guidelines, an activity in the Fifth Plan. The guidelines will provide formalised guidance about the support structures required to sustain and grow the workforce, delineate roles of peer workers and identify effective anti-stigma interventions with the health workforce.

Work included an environmental scan and thematic analysis of existing resources and a roundtable event with peer worker leaders in November 2018.

The Commission also established a project steering committee via an open Expression of Interest process using merit-based principles and an independent assessment panel (which included consumer and carer peer workers). Seventy-five percent of the appointed Steering Committee membership are people with lived experience – with a diverse membership from the Aboriginal and Torres Strait Islander community, the LGBTIQ+ community, a number of young peer workers and people from rural and remote regions. The Steering Committee met in June 2019. Next steps for this work will include broader stakeholder

engagement with consumer and carer peaks, health professional bodies, the mental health sector and governments.

The guidelines are due for completion by 2021.

### Monitoring and reporting

The Commission's *National Report 2018* provided an overview of the importance of consumer and carer engagement and participation, and activities underway nationally to support this.

To inform the Commission's work in monitoring and reporting on progress in implementing the Fifth Plan, the Commission conducted an online survey of consumers and carers in April 2019 with over 500 respondents. The survey documents feedback from respondents on consumer and carer experiences of mental health services in Australia, in relation to the eight priority areas identified in the Fifth Plan. The results of the 2019 survey will form the basis of a report and serve as a baseline from which to measure progress throughout the Fifth Plan. The Commission is conducting annual consumer and carer surveys over the life of the plan.

### Performance criteria:

- Prevention and early intervention, CP pg.16
- Undertake research, analysis and evaluation on key national mental health priorities, PBS pp. 411-412

### The Economics of Mental Health

The Commission is building on the evidence base of why investing in promotion and prevention initiatives can result in benefits for the individual in terms of their mental health and also economic benefits in the form of improvements in productivity and efficiency. The Commission has completed work on assessing the cost and benefits of ten interventions focussed on mental health prevention through the lens of return on investment. The modelling was completed by Deakin Health Economics

with support from an expert Steering Committee using a return on investment framework. The analysis showing that prevention interventions targeted to workplaces, schools and specific members of the community including new mothers and older persons can bring economic benefit by increasing productivity and decreasing the demand on the health budget. The results of this project provide evidence that investing in preventative interventions can deliver better mental health outcomes in a cost effective

manner. The full results for each intervention and the overall summary document are being published gradually on the Commission's website, with the final ones to be uploaded in August 2019.

### **The Australian Mental Health Leaders Fellowship**

In July 2018, the Commission launched the Australian Mental Health Leaders Fellowship (the Fellowship).

The prestigious Fellowship was developed and led by the National Mental Health Commission and funded by the Australian Government.

The Fellowship incorporates a mix of experiential learning, reflective practice and group activity supported by expert facilitators, coaches and mentors. The educational content is designed and delivered by the University of Melbourne and includes mentors sourced from a pool of experienced health managers and leaders.

The Fellowship is the first program of its kind in Australia, designed to meet the needs of emerging leaders with a passion and commitment to mental health. The first cohort of 20 participants commenced in July 2018, and a second cohort of 20 participants in October 2018. Both the first and second cohorts graduated on 2 April 2019. The third cohort is scheduled to commence in July 2019.

### **Productivity Commission inquiry**

The Commission recommended the Productivity Commission undertake an inquiry into the social and economic benefits of improving mental health. It was seen as an important step to ensure investment in mental health is efficient and effective, and achieves the best possible outcomes to enable people to live a contributing life. The focus of the

inquiry aligns with the Commission's Contributing Life Framework, which acknowledges the social determinants of good mental health, and the ambition that individuals can lead 'contributing lives'.

The Productivity Commission inquiry into the role of improving mental health to support economic participation and enhancing productivity and economic growth was announced in October 2018.

The Commission provided a written submission and is working with the Productivity Commission throughout the process to ensure the inquiry results in positive change so that all Australians can lead contributing lives. The Commission's submission is available on our website.

### **Mentally Healthy Workplace Alliance**

The Commission has continued to participate in and support the work of the Mentally Healthy Workplace Alliance (MHWA) in developing the National Workplace Initiative to provide a national consistent approach to workplace mental health requirements.

In August 2018, the MHWA commenced a series of stakeholder forums. The first workshop was held with the Australian Council of Trade Unions where Union representatives discussed the National Workplace Initiative, and its potential benefits to their members. Following this, the MHWA held three forums in Melbourne on 29 October and 12 November 2018 with representatives from business, the mental health sector and state and territory governments.

The MHWA launched its website in October 2019 and more information is available at:

[www.mentallyhealthyworkplacealliance.org.au](http://www.mentallyhealthyworkplacealliance.org.au)

#### Performance criteria:

- Improve the physical health of people living with mental illness, CP pg.17
- Undertake research, analysis and evaluation on key national mental health priorities, PBS pp. 411-412.

#### Equally Well Implementation Committee

The Commission established the Equally Well Implementation Committee (EWIC) to oversee the strategic implementation of *Equally Well National Consensus Statement*.

The Commission supported a range of Equally Well activities including:

- Building the evidence base for the *Equally Well National Consensus Statement* by commissioning a paper on *Physical health of people living with a mental illness: A narrative literature review* by Associate Professor Russell Roberts.
- The development of a physical health assessment tool to better enable nurses to improve the physical health of people living with mental illness – a project led by the Australian College of Mental Health Nurses.
- The Inaugural Equally Well Symposium in Melbourne. Sponsored by the Commission, this gathering of stakeholders and experts from the UK, New Zealand and Australia promoted the latest developments to enhance the health of people living with mental illness.

#### Equally Well Website

The Commission supported the maintenance of the recently re-launched Equally Well website in 2018-19. The website is designed to inform a range of stakeholder groups including consumers, carers, health professionals and service providers. In addition, Equally Well now has a presence on Twitter, Instagram and Facebook. The Commission re-engaged Charles Sturt University to provide project support and maintain the Equally Well website in 2018-19.

#### Monitoring and reporting

The Fifth Plan identifies improving the physical health of people living with mental illness and reducing early mortality as a priority area. In the Commission's first progress report on the implementation of the Fifth Plan, the Commission reported on a number of barriers, enablers and achievements on implementation to date.

The Commission provided a presentation to the inaugural Equally Well Symposium on the findings for Priority Area 5: Improving Physical Health as documented in the *Fifth National Mental Health and Suicide Prevention Plan 2018, Progress Report*.

#### Performance criteria:

- Workforce growth and development, CP pg.18
- Undertake research, analysis and evaluation on key national mental health priorities, PBS pp. 411-412
- Promote consumer and carer engagement and participation in the mental health system, PBS pp. 411-412

#### Mental Health and Suicide Prevention Workforce

In our *National Report 2018* the Commission analysed the current issues facing the mental health and suicide

prevention workforce – who makes up this workforce, what are the key challenges and the way forward. Some of the workforce challenges include high staff turnover, access to suicide prevention training, challenges for those

working in rural and remote areas, need for Aboriginal and Torres Strait Islander representation in the workforce and growing and valuing the peer workforce. The Commission noted the strong link between safe and high-quality mental health service delivery and the size and composition of the workforce.

As part of the Fifth Plan reporting, the Commission will report on a number of actions under the Fifth Plan that relate to the mental health workforce. These actions include the development of a Workforce Development Program to guide strategies that address future workforce recruitment and retention of skilled staff.

Under KWA 3 of the Fifth Plan, the Commission reports on its activities to promote consumer and carer engagement in the mental health system. In the Commission's reporting on the implementation of the Fifth Plan, it reports on how those responsible for the plan's actions address consumer and carer engagement and participation.

As part of its analysis of the mental health and suicide prevention workforces, in 2018-19 the Commission made submissions to the Medicare Benefits Schedule (MBS) Review Taskforce regarding MBS items related to mental health. Noting the role of the MBS as a source of funding for a significant portion of the mental health workforce, the Commission made two submissions – one in May 2018 and again in June 2019. As well as specific reforms (for example around MBS items for mental health services for people living in residential aged care, and ensuring more equitable distribution and uptake of mental health MBS items), these submissions

encouraged consideration of the place of the MBS within the broader mental health system and options for improving prevention of and early intervention in mental illness.

In addition, the Commission's submission (both written and at a public hearing) to the *Senate Inquiry into access and quality of rural and remote mental health services* addressed the issue of rural and remote mental health workforce.

### **National Mental Health Workforce Strategy**

The Commission is working with the Australian Government Department of Health in developing this strategy announced by the Australian Government in early 2019. This work will progress in 2019-2020.

### **A study into the feasibility of a national peer workforce organisation**

In 2018-19, the Commission continued to support the growth and development of the consumer and carer peer workforce. As part of this work, the Commission engaged the Private Mental Health Consumer and Carer Network to complete a project to explore the feasibility of establishing a national member based organisation to support peer workers. The Final Report reconfirmed the important role of consumer and carer peer workers within the broader mental health workforce and identified strong community support for the establishment of an organisation to support development of the peer workforce. The project literature review was released in February 2019, and the Final Report and summary will be released by the Commission in late 2019.

#### Performance criteria:

- Mental Health research, CP pg.19
- Undertake research, analysis and evaluation on key national mental health priorities, PBS pp. 411-412

#### Mental Health Research

The Commission is working in collaboration with the National Health and Medical Research Council, consumers and carers, states and territories, research funding bodies and researchers to lead the development of the National Mental Health Research Strategy (NMHRS) an action under the Fifth Plan to drive better treatment outcomes across the mental health sector. This strategy will provide a long term vision for mental health research in Australia, including identifying priority areas for research and strategies to improve the alignment of research and the needs of practitioners and consumers.

The Commission established a Steering Committee to develop the consultation process involving the stakeholders identified in the Fifth Plan. The committee, which is co-chaired by Commissioner Maree Teesson, has met

twice and finalised the Terms of Reference. Due to the potential overlap with the Million Minds Mission, it has been agreed that the Million Minds Advisory Panel and the NMHRS Steering Committee will share at least one common member, thereby ensuring the strategy is informed by the progress under the Million Minds Mission.

The Steering Committee membership includes research funding agencies, state and territory governments, the Million Minds Mission and consumer and carer representatives. The Steering Committee is working on a principles-based framework to support and guide mental health research in Australia. A Mental Health Expert Advisory Committee has been appointed to provide research advice to the Steering Committee co-chairs. The strategy is expected to be completed by December 2020.

#### Performance criteria:

- Continuously improving the Commission's operations, CP pg. 18

The Commission continued to improve its operations during 2018–19, during which:

- Our staffing resources increased from an Average Staffing Level (ASL) of 20 to an ASL of 26.
- Staff capability was enhanced through targeted training and development, in accordance with the Commission's Performance and Development scheme.
- Seven Commission meetings were held, including two outside of capital cities (Newcastle and Dubbo) and two that focussed on Aboriginal and Torres Strait Islander mental health (Dubbo and Perth). Three Commission

meetings were dedicated to engaging with stakeholders.

- All statutory and governance reporting requirements were met.
- The 2018–22 Corporate Plan incorporating the 2018–19 Work Plan was submitted to the Minister and Finance Minister as required under the PGPA Act.
- We operated within budget, efficiently and judiciously.
- All staff had performance plans in place in accordance with the Performance and Development Policy and performed well during the year.

- We continued to implement our Mentally Healthy Workplace Policy.
- Eleven new or revised operational policies or procedures were implemented.
- We have re-developed the Commission's website, due to be launched in 2019-20.
- We commenced the development of a stakeholder engagement plan in accordance with which we:
  - Undertook proactive and strategic communication, including through timely responses to emerging issues
  - Engaged with a broad range of stakeholders including: federal, state and territory governments and agencies to progress shared priorities, private organisations, consumers and carers, community organisations, and academic and research agencies; and
  - Developed and/or undertook 11 separate online consultations of stakeholder groups.
- We contributed to a wide variety of national committees, including the:
  - Standing Committee (MHISSC); the Suicide Prevention Project Reference Group; Equally Well Implementation Committee (EWIC); Safety and Quality Partnership Standing Committee (SQPSC); Fifth Plan Technical Advisory Group (FPTAG); Safety and Quality Engagement Guide Advisory Committee; Mentally Healthy Workplace Alliance (MHWA); and the Australian Mental Health Commissions and the New Zealand Mental Health Commissioner.
- We commenced the development of a community engagement plan, in accordance with which:
  - Our Commissioners engaged with communities in open forums in Newcastle, Dubbo and Perth;
  - Our CEO commenced the Connections Project listening tour, which will visit more than 23 communities in every state and territory of Australia, including numerous regional and remote locations.

<b>Advisory Board – meeting attendance</b>							
	<b>1–2 Aug 2018</b>	<b>12-13 Sep 2018</b>	<b>20–23 Nov 2018</b>	<b>13–14 Feb 2019</b>	<b>14–15 Mar 2019</b>	<b>22-23 May 2019</b>	<b>Total</b>
<b>Mrs Lucinda (Lucy) Brogden AM</b>	Y	Y	Y	Y	Y	Y	<b>6</b>
<b>Ms Christine Morgan</b>	-	-	-	-	-	Y	<b>1</b>
<b>Prof. Harvey Whiteford</b>	Y	Y	N	-	-	-	<b>2</b>
<b>Prof. Helen Milroy</b>	Y	Y	Y	Y	N	Y	<b>5</b>
<b>Prof. Ngaire Brown</b>	Y	Y	Y	Y	N	N	<b>4</b>
<b>Prof. Wendy Cross</b>	N	Y	Y	Y	N	Y	<b>4</b>
<b>Rabbi Mendel Kastel OAM</b>	-	Y	Y	Y	Y	Y	<b>5</b>
<b>Dr Elizabeth-Ann Schroeder</b>	-	-	-	-	-	Y	<b>1</b>
<b>Prof. Maree Teesson AC</b>	-	Y	N	N	N	Y	<b>2</b>
<b>Ms Niharika Hiremath</b>	-	-	-	-	-	Y	<b>1</b>
<b>Ms Christina McGuffie</b>	-	N	Y	N	Y	Y	<b>3</b>
<b>Ms Kerry Hawkins</b>	-	Y	Y	Y	Y	Y	<b>5</b>

## Analysis of performance against our purpose

In 2018–19 the Commission delivered results against our purpose: to provide insight, advice and evidence on ways to continuously improve Australia’s mental health and suicide prevention systems, and to act as a catalyst for change to achieve those improvements.

In 2018–19 we delivered our *2018 National Report on Mental Health and Suicide Prevention* which provided an overview of the progress and outcomes of key national mental health and suicide prevention reforms. It also considered the performance of the mental health system and examined the social determinants of health and their impact on mental illness. The *2018 National Report* was published in October 2018 and was well received by the Australian Government and the community.

We also delivered an annual report to the Council of Australian Government’s (COAG) Health Council on the progress of the implementation of the Fifth National Mental Health and Suicide Prevention Plan Fifth Plan. This *Progress Report 2018* provides specific analysis of data and qualitative accounts against the indicators specified in the Fifth Plan and establishes the direction for future reporting. The *Progress Report 2018* was endorsed by COAG Health Ministers in October 2018 and published on our website.

In 2018-19 the Commission made an in-depth submission to the Productivity Commission inquiry into the social and economic benefits of improving mental health inquiry. This submission focussed on:

- the social determinants of health outcomes, recognising the importance of addressing the social conditions that contribute to poor health outcomes including social disadvantage, housing, education and employment;
- mental health system performance, including gaps in the system for both

mental health services and suicide prevention efforts;

- funding, commissioning and service planning, including structural deficits and the need for a shift in investment from demand driven services to upstream preventative measures.

The Commission continues to meet with the Productivity Commission to assist with the inquiry, which is due to report to government in 2020.

In July 2018, the Commission launched the Australian Mental Health Leaders Fellowship (the Fellowship). The Fellowship is the first program of its kind in Australia, designed to meet the needs of emerging leaders with a passion and commitment to mental health. The first cohort of 20 participants commenced in July 2018 with a further cohorts commencing in October 2018 and July 2019.

The Commission continued to prepare for the launch of its 2030 Vision consultation with Australians (launched in July 2019).

Throughout the year, we engaged with a broad range of stakeholders at our community forums and Commission meetings. We heard first-hand the experiences of consumers, carers, service providers and other stakeholders about what is working and what is not working in the mental health and suicide prevention system. The information is used to inform all our work.

In 2018–19, the focus of the meetings included mental health and suicide prevention and reforms; Aboriginal and Torres Strait Islander mental health; mental health and farming; mental health and suicide prevention for children and youth; and the experiences of schools and emergency responders in the mental health system.

Throughout 2018-19, we continued to strengthen our operations and target resourcing to improve performance and deliver results.



## Report on Financial Performance 2018–19

At year-end, the balance of appropriations remaining was \$3,058,745 and \$1,557,518 for Departmental and Administered, respectively. These balances included 2018-19 appropriations, as well as unspent amounts from prior years.

Activities during the financial year resulted in an expenditure of \$6,788,586 for Departmental and \$3,390,282 for Administered. Compared to the budget, this resulted in an under spend of approximately 14% in Departmental and an under spend of approximately 11% in Administered. The Commission is in the process of adjusting budget to align with the work program.

### NMHC Resource Statement 2018 – 19

	Actual available appropriation for 2018-19 \$'000 <b>(a)</b>	Payments made 2018-19 \$'000 <b>(b)</b>	Balance remaining 2018-19 \$'000 <b>(a) – (b)</b>
<b>Ordinary annual services<sup>1</sup></b>			
<b>Departmental appropriation<sup>2</sup></b>	9,965	7,045	2,920
<b>Total</b>	<b>9,965</b>	<b>7,045</b>	<b>2,920</b>
<b>Administered expenses</b>			
<b>Outcome 1</b>	6,378	4,828	1,557
<b>Total</b>	<b>6,378</b>	<b>4,828</b>	<b>1,557</b>
<b>Total ordinary annual services</b>	<b>16,343</b>	<b>11,873</b>	<b>4,477</b>
<b>Departmental non-operating Equity injections</b>	150	12	138
<b>Total other services</b>	<b>150</b>	<b>12</b>	<b>138</b>
<b>Total available annual appropriations and payments</b>	<b>16,493</b>	<b>11,885</b>	<b>4,615</b>

<sup>1</sup>Appropriation Act (No. 1) 2018-19. This also includes prior-year departmental appropriations and section 74 retained revenue receipts.

<sup>2</sup>Includes an amount of \$24,000 in 2018-19 for the departmental capital budget, along with prior-year capital balances. For accounting purposes, this amount has been designated as 'contributions by owners'

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**Expenses for Outcome 1**


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<b>Outcome 1:</b>	Budget*	Actual expenses	Variation
<b>Provide expert advice to the Australian Government and cross-sectoral leadership on the policy, programmes, services and systems that support mental health in Australia, including through administering the Annual National Report Card on Mental Health and Suicide Prevention, undertaking performance monitoring and reporting, and engaging consumers and carers <sup>2</sup></b>	2018-19 \$'000	2018-19 \$'000	2018-19 \$'000
	(a)	(b)	(a) – (b)
<b>Program 1: National Mental Health Commission</b>			
Administered expenses			
Ordinary annual services (Appropriation Act No. 1)	3,785	3,390	395
Departmental expenses			
Departmental appropriation <sup>2</sup>	7,851	6,788	1,063
<b>Total for Program 1</b>	<b>11,636</b>	<b>10,178</b>	<b>1,458</b>
<b>Total expenses for Outcome 1</b>	<b>11,636</b>	<b>10,178</b>	<b>1,458</b>
	2018-19		
<b>Average staffing level (number)</b>	<b>23</b>		

<sup>1</sup> National Mental Health Commission only had one Outcome and Program during the 2018-19 year.

<sup>2</sup> Departmental appropriation combines ordinary annual services (Appropriation Act Nos. 1, 3 and 5) and retained revenue receipts under section 74 of the Public Governance, Performance and Accountability Act 2013.

# Management and accountability

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## Corporate governance

The Commission is an executive agency established under the *Public Services Act 1999* and is a non-corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

The CEO is the accountable authority under the PGPA Act and is responsible for the governance and performance of the Commission. The Commission includes an Advisory Board made up of a Chair and a number of Mental Health Commissioners (as determined by the Minister from time to time), as well as the CEO as a Commissioner.

The Commission executive is currently made up of Ms Christine Morgan (CEO), Ms Maureen Lewis (Deputy CEO) and Ms Kim Eagle (COO/CFO). Maureen Lewis was the Commission's Interim CEO from the beginning of the reporting period to 3 March 2019. Christine Morgan was appointed to the CEO position on 4 March 2019.

The Commission executive are responsible for ensuring the Commission's operations are efficient and effective and carried out in accordance with statutory and government requirements, including financial management, resource management, delivering outcomes against the Corporate Plan and Work Plan, people and culture and stakeholder engagement.

The executive meet on a weekly basis to discuss the management of the Commission. The Commission has structures and processes in place to implement the principles and objectives of corporate governance.

The Commission's Audit Committee met four times in 2018–19. The Committee reviewed and endorsed the Commission's Financial Statements, the Internal Audit Report, Annual Performance Statements

and our Corporate Plan 2018–2022.

The Audit Committee also reviewed and endorsed revisions to governance documents including the Risk Management Policy and Framework, the Business Continuity Plan and the Fraud Control Plan.

The 2018–19 Internal Audit was conducted by Walter Partners. The objective of the audit was to assess the effectiveness of the internal control framework for financial management activities, ensuring compliance with relevant Commonwealth regulations, including procurement, contracts, financial delegations, travel and credit cards. The annual report on internal controls found that the Commission's financial processes and internal controls were operating in an efficient, effective, economical and ethical manner.

The Commission's *Charter and Operating Principles* provide guidance to the Commissioners of the Advisory Board.

The Commission's Accountable Authority Instructions set out appropriate controls and directions for staff in relation to requirements under the PGPA Act and relevant policies of the Australian government. The Commission operates in a corporate services shared services environment provided by the Department of Health and regularly reviews internal systems and procedures to simplify and streamline our operations and make best use of resources.

The Corporate Plan 2018–2022 and Work Plan 2018–19 were also in place to guide the work of the Commission to achieve its objectives and are available on the Commission's website.

There were no significant issues reported to the Minister under paragraph 19(1)(e) of the PGPA Act that relate to non-compliance with Finance law and any action taken to remedy non-compliance.

### Recognising the contribution of people with lived experience, their families and support people

The contribution of people with a lived experience of mental health issues, their families and support people is at the heart of the Commission's work. Our *Paid Participation Policy* provides a daily or pro-rata payment for an individual's time when they are personally nominated or invited to give expert advice and share their experiences to inform the Commission's work; to pay for travel and accommodation costs and to reimburse any reasonable associated out of pocket expenses.

### External Scrutiny

No judicial, administrative tribunal decisions or decisions from the Australian Information Commissioner relating to the Commission were handed down during 2018–19. There were no reports by the Auditor-General on the operations of the agency, other than the report on the financial statements contained in this annual report. There were no reports on the operations of the Commission conducted by a Parliamentary Committee or the Commonwealth Ombudsman in 2018–19 or any other agency capability reviews.

### Fraud Prevention

The Commission's Fraud Control Plan, developed and managed in line with section 10 of the PGPA Rule 2014 and the Commonwealth Fraud Control Policy, was reviewed in 2018–19. General training on our fraud control processes is provided to staff annually.

The National Mental Health Commission CEO certifies that she is satisfied that the Commission:

- has prepared a fraud and corruption risk assessment and fraud control plan
- has in place appropriate fraud prevention, detection, investigation, reporting and data collection

procedures and processes that meet the specific needs of the agency

- has taken all reasonable measures to minimise the incidence of fraud in the agency, and investigate and recover the proceeds of fraud against the agency.

There were no instances of fraud in 2018–2019.

### Management of Human Resources

The Commission is committed to fostering a flexible, efficient and high performing workplace. The Commission operates within the Australian Public Sector Employment Framework and implements and supports good practice as an employer which is responsive to the needs of staff.

The CEO and executive provide strategic leadership and align individual performance with the Commission's Vision and goals. Staff are afforded opportunities to build their skills and continuous learning is promoted. Staff capability is developed through ongoing workforce planning and staff participation in the performance and development scheme. Under the performance and development scheme, the performance of staff is aligned with the Commission's Work Plan and objectives, with performance reviewed periodically during each reporting period. Effective management and development of staff was a key factor to the achievement of Commission objectives in 2018–19.

Staff are appointed under the *Public Service Act 1999* and remuneration and other employment terms of non-SES staff are set out under the conditions of the Commission's Enterprise Agreement 2017–2020. In accordance with the Enterprise Agreement, the Commission's Performance and Development Scheme enables incremental salary advancements. Employees receiving a rating of fully effective or higher are eligible for incremental salary advancement where they are below the

maximum salary range for their classification.

Non-salary benefits include: annual Christmas shutdown period; access to annual leave at half pay; maternity, adoption and foster leave for eligible employees; and supporting partner leave.

Determinations under section 24(1) of the *Public Service Act 1999* are used to set the remuneration and conditions for SES employees. As at 30 June 2019, section 24(1) determinations were in operation for one SES employee.

The remuneration and conditions of the CEO are set by the Remuneration

Tribunal.

In accordance with the Enterprise Agreement and where required, individual flexibility arrangements are used to supplement the benefits or remuneration provided to non-SES employees. These arrangements are agreed between the employee and the Commission CEO/Interim CEO or delegate. As at 30 June 2019 there was one such agreement in effect.

No employees were covered by common law contracts this year. Performance pay is also not applicable to the Commission this year.

## Human Resources Statistics

### Details of Accountable Authority 2018-19

Name	Position Title/Position held	Period as the accountable authority or member	
		Date of Commencement	Date of cessation
Maureen Lewis	Interim/Acting Chief Executive Officer	23 June 2018	22 March 2019
Christine Morgan	Chief Executive Officer	4 March 2019	ongoing

### APS Employment arrangements 2018-19<sup>2</sup>

	SES	Non-SES	Total
National Mental Health Commission Enterprise Agreement 2017-20	-	28	28
S24(1) determination ( <i>Public Service Act 1999</i> )	1	-	1
Individual Flexibility Arrangements	-	1	1
<i>Total</i>	1	29	30

### Employment type by location 2018-19

	Ongoing	Non-Ongoing	Total
NSW	14	6	20
ACT	9	1	10
Overseas	-	-	-
<i>Total</i>	-	-	30

### Employment type by location 2017-18

	Ongoing	Non-Ongoing	Total
NSW	14	4	18
ACT	7	-	7
Overseas	-	-	-
<i>Total</i>	21	4	25

### Indigenous Employment 2018-19

	Total
Ongoing	-
Non-Ongoing	-
<i>Total</i>	-

### Indigenous Employment 2017-18

	Total
Ongoing	-
Non-Ongoing	-
<i>Total</i>	-

<sup>2</sup> This information excludes the CEO, whose terms and conditions of employment are set by the Remuneration Tribunal.

### Ongoing Employees 2018-19

	Male			Female			Indeterminate			Total
	Fulltime	Part Time	Total Male	Fulltime	Part Time	Total Female	Full-time	Part Time	Total Indet.	
NSW	3	-	3	9	2	11	-	-	-	14
ACT	1	-	1	5	3	8	-	-	-	9
Overseas	-	-	-	-	-	-	-	-	-	-
<i>Total</i>	4	-	4	14	5	19	-	-	-	23

### Non-Ongoing Employees 2018-19

	Male			Female			Indeterminate			Total
	Fulltime	Part Time	Total Male	Fulltime	Part Time	Total Female	Full-time	Part Time	Total Indet.	
NSW	-	-	-	5	1	6	-	-	-	6
ACT	1	-	1	-	-	-	-	-	-	1
Overseas	-	-	-	-	-	-	-	-	-	-
<i>Total</i>	1	-	1	5	1	6	-	-	-	7

### Ongoing Employees 2017-18

	Male			Female			Indeterminate			Total
	Fulltime	Part Time	Total Male	Fulltime	Part Time	Total Female	Full-time	Part Time	Total Indet.	
NSW	1	-	1	12	1	13	-	-	-	14
ACT	1	-	1	5	1	6	-	-	-	7
Overseas	-	-	-	-	-	-	-	-	-	-
<i>Total</i>	2	-	2	17	2	19	-	-	-	21

### Non-Ongoing Employees 2017-18

	Male			Female			Indeterminate			Total
	Fulltime	Part Time	Total Male	Fulltime	Part Time	Total Female	Full-time	Part Time	Total Indet.	
NSW	1	-	1	1	2	3	-	-	-	4
ACT	-	-	-	-	-	-	-	-	-	-
Overseas	-	-	-	-	-	-	-	-	-	-
<i>Total</i>	1	-	1	1	2	3	-	-	-	4

### Ongoing Employees 2018-19 – by classification

	Male			Female			Indeterminate			Total
	Fulltime	Part Time	Total Male	Fulltime	Part Time	Total Female	Full-time	Part Time	Total Indet.	
SES 1	-	-	-	1	-	1	-	-	-	1
EL 2	1	-	1	3	1	5	-	-	-	6
EL 1	2	-	2	4	3	7	-	-	-	9
APS 6	-	-	-	5	1	5	-	-	-	5
APS 5	-	-	-	-	-	-	-	-	-	-
APS 4	1	-	1	1	-	1	-	-	-	2
<b>TOTAL</b>	<b>4</b>	<b>-</b>	<b>4</b>	<b>14</b>	<b>5</b>	<b>19</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>23</b>

### Non-Ongoing Employees 2018-19 – by classification

	Male			Female			Indeterminate			Total
	Fulltime	Part Time	Total Male	Fulltime	Part Time	Total Female	Full-time	Part Time	Total Indet.	
EL 2	-	-	-	1	-	1	-	-	-	1
EL 1	-	-	-	-	1	1	-	-	-	1
APS 6	1	-	1	3	-	3	-	-	-	4
Other	-	-	-	1	-	1	-	-	-	1
<b>TOTAL</b>	<b>1</b>	<b>-</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>6</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>7</b>

### Ongoing Employees 2017-18 – by classification

	Male			Female			Indeterminate			Total
	Fulltime	Part Time	Total Male	Fulltime	Part Time	Total Female	Full-time	Part Time	Total Indet.	
SES 1	-	-	-	1	-	1	-	-	-	1
EL 2	1	-	1	4	1	5	-	-	-	6
EL 1	1	-	1	4	1	5	-	-	-	6
APS 6	-	-	-	7	-	7	-	-	-	7
APS 4	-	-	-	1	-	1	-	-	-	1
<b>TOTAL</b>	<b>2</b>	<b>-</b>	<b>2</b>	<b>17</b>	<b>2</b>	<b>19</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>21</b>

### Non-Ongoing Employees 2017-18 – by classification

	Male			Female			Indeterminate			Total
	Fulltime	Part Time	Total Male	Fulltime	Part Time	Total Female	Full-time	Part Time	Total Indet.	
EL 2	-	-	-	-	1	1	-	-	-	1
EL 1	-	-	-	-	1	1	-	-	-	1
APS 6	1	-	1	1	-	1	-	-	-	2
<b>TOTAL</b>	<b>1</b>	<b>-</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4</b>



### Employees by full time and Part time Status 2018-19

	Ongoing			Non-Ongoing			Total
	Fulltime	Part Time	Total Ongoing	Fulltime	Part Time	Total Non-Ongoing	
SES 3	-	-	-	-	-	-	-
SES 2	-	-	-	-	-	-	-
SES 1	1	-	1	1	-	1	2
EL 2	4	1	5	-	-	-	5
EL 1	6	3	9	-	1	1	10
APS 6	5	1	6	4	-	4	10
APS 5	-	-	-	-	-	-	-
APS 4	2	-	2	-	-	-	2
APS 3	-	-	-	-	-	-	-
APS 2	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-
Other	-	-	-	1	-	1	1
<b>TOTAL</b>	<b>18</b>	<b>5</b>	<b>23</b>	<b>6</b>	<b>1</b>	<b>7</b>	<b>30</b>

### Employees by full time and Part time Status 2017-18

	Ongoing			Non-Ongoing			Total
	Fulltime	Part Time	Total Ongoing	Fulltime	Part Time	Total Non-Ongoing	
SES 3	-	-	-	-	-	-	-
SES 2	-	-	-	-	-	-	-
SES 1	1	-	1	-	-	-	1
EL 2	5	1	6	-	1	1	7
EL 1	5	1	6	-	1	1	7
APS 6	7	-	7	2	-	2	9
APS 5	-	-	-	-	-	-	-
APS 4	1	-	1	-	-	-	1
APS 3	-	-	-	-	-	-	-
APS 2	-	-	-	-	-	-	-
APS 1	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-
<b>TOTAL</b>	<b>19</b>	<b>2</b>	<b>21</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>25</b>

### Remuneration – Key Management Personnel

Name	Position title	Short-term benefits			Post-employment benefits	Other long-term benefits		Termination Benefits	Total Remuneration
		Base salary (\$)	Bonuses (\$)	Other benefits and allowances (\$)	Superannuation contributions (\$)	Long service leave (\$)	Other long-term benefits (\$)		
Christine Morgan	CEO	86,224	-	-	8,294	510	-	-	95,027
Maureen Lewis	CEO (interim)	161,311	-	80,696	24,737	4,649	-	-	271,392

### Remuneration – Senior Executive Service<sup>3</sup>

Remuneration Band	Number of Senior Executives	Short-term benefits			Post-employment benefits	Other long-term benefits		Average Termination Benefits (\$)	Average total remuneration (\$)
		Average Base salary (\$)	Average Bonuses (\$)	Average Other benefits and allowances (\$)	Average Superannuation contributions (\$)	Average Long service leave (\$)	Average Other long-term benefits (\$)		
\$0-\$220,000	1	52,686	-	20,232	8,079	1,519	-	-	82,516
\$220,001-\$245,000	1	166,329	-	31,544	23,175	4,165	-	-	225,213

### Salary ranges by classification level 2018-19

	Minimum Salary	Maximum Salary
EL 2	\$125,251	\$149,069
EL 1	\$107,611	\$122,646
APS 6	\$83,738	\$94,103
APS 5	\$73,375	\$79,594
APS 4	\$65,914	\$71,715
APS 3	\$59,281	\$63,840
APS 2	\$51,818	\$57,620
APS 1	\$46,016	\$50,574
Other	-	-

<sup>3</sup> Note that the 'other highly paid staff' table is not included as no other employees reached the minimum reporting threshold in 2018-19.

## Purchasing

The Commission made all purchases in accordance with relevant procurement policies and principles, including the *Public Governance, Performance and Accountability Act 2013* and the *Commonwealth Procurement Rules*.

Further information on the Commission's financial performance is available in the audited Financial Statements and accompanying notes of this Annual Report.

## Consultants

The Commission engages consultants to provide professional, independent and expert advice or services, where those services involve the development of an intellectual output that assists with agency decision-making, and/or the output reflects the independent views of the service provider.

All tenders and contractual arrangements undertaken in 2018–19 were carried out in accordance with the Commonwealth Procurement Rules.

During 2018–19, one new consultancy contract was entered into involving total actual expenditure of \$30,000.00. In addition, one ongoing consultancy contract was active during the period involving total actual expenditure of \$14,685.00 (inclusive of GST).

This Annual Report contains information about actual expenditure on contracts for consultancies in the audited Financial Statements and accompanying notes. Information on the value of contracts and consultancies higher than \$10,000 is available on the AusTender website: [www.tenders.gov.au](http://www.tenders.gov.au).

## Australian National Audit Office Access Clauses

All contracts entered into by the Commission during 2018–19 provided access for the Auditor-General to the contractor's premises where the contract value was above \$100,000 including GST.

## Exempt Contracts

There were no contracts entered into by the Commission during 2018–19 that were exempt from being published in AusTender on the basis that it would disclose exempt matters under the *Freedom of Information Act 1982*.

## Procurement Initiatives to Support Small Business

The Commission supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises and Small Enterprise participation statistics are available on the Department of Finance's website:

[www.finance.gov.au/procurement/statistics-on-commonwealth-purchasing-contracts/](http://www.finance.gov.au/procurement/statistics-on-commonwealth-purchasing-contracts/)

The Commission's practices are in line with the Australian Industry Participation Plans in whole-of-government procurement and the Small Business Engagement Principles such as communicating in clear, simple language and presenting information in an accessible format.

## Advertising campaigns

No advertising campaigns were undertaken by the Commission during the 2018–19 year.

## Grants

Information on grants awarded during the 2018–19 year is available at [www.mentalhealthcommission.gov.au](http://www.mentalhealthcommission.gov.au) and on GrantConnect at: <https://www.grants.gov.au/>.

## Disability Reporting

Since 1994, Commonwealth departments and agencies have reported on their performance as policy adviser, purchaser, employer, regulator and provider under the Commonwealth Disability Strategy. In 2007–2008, reporting on the employer role was transferred to the Australian Public Service Commission's *State of the*

*Service Report and the APS Statistical Bulletin*. These reports are available at [www.apsc.gov.au](http://www.apsc.gov.au). From 2010–11, agencies have no longer been required to report on these functions.

The Commonwealth Disability Strategy has been overtaken by a new National Disability Strategy 2010–2020 which sets out a ten year national policy framework to improve the lives of people with disability, promote participation and create a more inclusive society. A high level two-yearly report will track progress against each of the six outcome areas of the Strategy and present a picture of how people with disability are faring. The first of these reports was released in December 2015 and provides a high-level view of progress under the strategy. Further information can be found at [www.dss.gov.au](http://www.dss.gov.au).

Although the Commission is not a public service care agency as defined by the *Carer Recognition Act 2010*, through its core functions and day to day work the Commission supports the Statement for Australia's Carers and its 10 key principles that set out how carers should be treated and considered in policy, program and service delivery settings.

The Commission's mission is to give mental health and suicide prevention national attention, to influence reform and to help people with lived experience of mental health issues live contributing lives. In doing so the Commission places the engagement of not only Australians living with mental health difficulties but their families, friends and other support people at the centre of its work to influence mental health policy and service improvements.

### **Freedom of Information**

Agencies subject to the *Freedom of Information Act 1982* (FOI Act) are required to publish information to the public as part of the Information Publication Scheme (IPS). This requirement is in Part II of the FOI Act and

has replaced the former requirement to publish a Section 8 statement in an annual report. Each agency must display on its website a plan showing what information it publishes in accordance with the IPS requirements. The Commission's Information Publication Scheme statement can be found at [www.mentalhealthcommission.gov.au](http://www.mentalhealthcommission.gov.au).

### **Work health and safety**

To help to ensure the health, safety and welfare of employees, the Commission has a WHS Representative, and First Aid Officers and Fire Wardens at each of its offices.

There were no injuries incurred by employees, nor were there any notifiable incidents recorded. There were no investigations conducted under Part 10 of the *Work Health Safety Act 2011*.

### **Ecologically sustainable development and environmental performance**

In 2018–19 the Commission maintained a range of measures which contributed to ecologically sustainable development (ESD), including:

- wherever possible, electronic mediums for communication, engagement and publications are favoured over other methods
- printing on both sides of the paper and in black and white where possible
- follow-me printing to reduce wastage
- ensuring equipment such as desktop computers, photocopiers, dishwashers and printers incorporate energy-saving features
- participation in the Sydney landlord's waste and recycling schemes
- various energy efficiency and other measures to reduce the environmental impact of the Commission's new office premises in Sydney as detailed in the green lease schedule.

The Commission does not provide any capital funding, project or grant funding for activities that have a measurable impact on ESD.

### Number and expenditure on Consultants 2018-19

	<i>Total</i>
<b>No. of New contracts entered into during the period</b>	<i>1</i>
<b>Total actual expenditure during the period on new contracts (inc. GST)</b>	<i>\$6,000.00</i>
<b>No. of Ongoing contracts engaging consultants that were entered into during a previous period</b>	<i>1</i>
<b>Total actual expenditure during the period on ongoing contracts (inc. GST)</b>	<i>\$14,685.30</i>

### Aids to Access details Current Report Period (2018-19)

<b>Annual report Contact Officer (Title/Position held)</b>	<b>Kim Eagle, Chief Operating Officer</b>
<b>Contact Phone Number</b>	02 8229 7550
<b>Contact Email</b>	<a href="mailto:enquiries@mentalhealthcommission.gov.au">enquiries@mentalhealthcommission.gov.au</a>
<b>Entity website (URL)</b>	<a href="http://www.mentalhealthcommission.gov.au">www.mentalhealthcommission.gov.au</a>



## INDEPENDENT AUDITOR'S REPORT

### To the Minister for Health

#### Opinion

In my opinion, the financial statements of the National Mental Health Commission ('the Entity') for the year ended 30 June 2019:

- (a) comply with Australian Accounting Standards – Reduced Disclosure Requirements and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial position of the Entity as at 30 June 2019 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following statements as at 30 June 2019 and for the year then ended:

- Statement by the Chief Executive Officer and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement;
- Administered Schedule of Comprehensive Income;
- Administered Schedule of Assets and Liabilities;
- Administered Reconciliation Schedule;
- Administered Cash Flow Statement; and
- Notes to the financial statements, comprising a Summary of Significant Accounting Policies and other explanatory information.

#### Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and his delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

#### Other information

The Accountable Authority is responsible for the other information. The other information comprises the information included in the annual report for the year ended 30 June 2019 but does not include the financial statements and my auditor's report thereon.

My opinion on the financial statements does not cover the other information and accordingly I do not express any form of assurance conclusion thereon.

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

If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact. I have nothing to report in this regard.

### **Accountable Authority's responsibility for the financial statements**

As the Accountable Authority of the Entity, the Chief Executive Officer is responsible under the *Public Governance, Performance and Accountability Act 2013* (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Reduced Disclosure Requirements and the rules made under the Act. The Chief Executive Officer is also responsible for such internal control as the Chief Executive Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Executive Officer is responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the Entity's operations will cease as a result of an administrative restructure or for any other reason. The Chief Executive Officer is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the assessment indicates that it is not appropriate.

### **Auditor's responsibilities for the audit of the financial statements**

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity to cease to continue as a going concern; and
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office

A handwritten signature in blue ink, appearing to read 'S Benfield', is positioned above the printed name.

Sean Benfield  
Executive Director  
Delegate of the Auditor-General

Canberra  
19 September 2019



# Financial Statements

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## NATIONAL MENTAL HEALTH COMMISSION

### STATEMENT BY THE CHIEF EXECUTIVE OFFICER AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2019 comply with subsection 42(2) of the Public Governance, *Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that the National Mental Health Commission will be able to pay its debts as and when they fall due.



Christine Morgan  
Chief Executive Officer  
17 September 2019



Kim Eagle  
Chief Financial Officer  
17 September 2019

## Statement of Comprehensive Income

for the year ended 30 June 2019

	Notes	2019 \$	2018 \$	Original Budget \$
<b>NET COST OF SERVICES</b>				
<b>Expenses</b>				
Employee benefits	1.1A	<b>3,466,049</b>	2,698,681	3,507,000
Suppliers	1.1B	<b>3,021,025</b>	1,743,957	4,261,000
Depreciation and amortisation	3.2	<b>301,512</b>	71,174	83,000
Loss on disposal of assets		-	3,914	-
<b>Total expenses</b>		<b>6,788,586</b>	4,517,726	7,851,000
<b>Own-source revenue</b>				
Sale of goods and rendering of services	1.2A	<b>1,351,349</b>	767,716	2,050,000
Other revenue	1.2B	<b>33,013</b>	32,039	25,000
<b>Total own-source revenue</b>		<b>1,384,362</b>	799,755	2,075,000
<b>Net cost of services</b>		<b>(5,404,224)</b>	(3,717,971)	(5,776,000)
Revenue from Government	1.2C	<b>5,693,000</b>	2,712,000	5,693,000
<b>Surplus/(loss) on continuing operations</b>		<b>288,776</b>	(1,005,971)	(83,000)

The above statement should be read in conjunction with the accompanying notes.

For Budgetary reporting information refer to Note 9. The original budget is the budget published in the 2018-19 *Portfolio Budget Statements*. The budget statement information has been reclassified and presented on a consistent basis with the corresponding financial statement items.

## Statement of Financial Position

as at 30 June 2019

	Notes	2019 \$	2018 \$	Original Budget \$
<b>ASSETS</b>				
<b>Financial assets</b>				
Cash and cash equivalents	3.1A	-	342,373	470,000
Trade and other receivables	3.1B	<b>3,588,132</b>	1,651,563	252,000
<b>Total financial assets</b>		<b>3,588,132</b>	1,993,936	722,000
<b>Non-financial assets</b>				
Leasehold improvements	3.2	<b>1,106,472</b>	1,364,021	4,000
Plant and equipment	3.2	<b>15,613</b>	24,144	1,659,000
Prepayments		<b>79,142</b>	409,439	25,000
<b>Total non-financial assets</b>		<b>1,201,227</b>	1,797,604	1,688,000
<b>Total assets</b>		<b>4,789,359</b>	3,791,540	2,410,000
<b>LIABILITIES</b>				
<b>Payables</b>				
Suppliers	3.3A	<b>713,501</b>	87,272	11,000
Other payables	3.3B	<b>1,455,888</b>	1,545,709	1,369,000
<b>Total payables</b>		<b>2,169,389</b>	1,632,981	1,380,000
<b>Provisions</b>				
Employee provisions	6.1	<b>484,035</b>	453,304	232,000
Other provisions	3.4	<b>70,110</b>	70,110	56,000
<b>Total provisions</b>		<b>554,145</b>	523,414	288,000
<b>Total liabilities</b>		<b>2,723,534</b>	2,156,395	1,668,000
<b>Net assets</b>		<b>2,065,826</b>	1,635,145	742,000
<b>EQUITY</b>				
Contributed equity		<b>413,466</b>	271,564	482,000
Retained surplus		<b>1,652,360</b>	1,363,581	260,000
<b>Total equity</b>		<b>2,065,826</b>	<b>1,635,145</b>	742,000

The above statement should be read in conjunction with the accompanying notes.

For Budgetary reporting information refer to Note 9. The original budget is the budget published in the 2018-19 *Portfolio Budget Statements*.

## Statement of Changes in Equity

for the year ended 30 June 2019

	2019 \$	2018 \$	Original Budget \$
<b>CONTRIBUTED EQUITY</b>			
<b>Opening balance</b>			
Balance carried forward from previous period	271,564	283,564	308,000
<b>Adjusted opening balance</b>	<b>271,564</b>	<b>283,564</b>	<b>308,000</b>
<b>Transactions with owners</b>			
<b>Distributions to owners</b>			
Returns of capital	(32,098)	(36,000)	-
<b>Contributions by owners</b>			
Equity injection - appropriations	150,000	-	150,000
Departmental capital budget	24,000	24,000	24,000
<b>Total transactions with owners</b>	<b>141,902</b>	<b>(12,000)</b>	<b>174,000</b>
<b>Closing balance as at 30 June</b>	<b>413,466</b>	<b>271,564</b>	<b>482,000</b>
<b>RETAINED EARNINGS</b>			
Balance carried forward from previous period	1,363,581	2,369,552	343,000
<b>Adjusted opening balance</b>	<b>1,363,581</b>	<b>2,369,552</b>	<b>343,000</b>
<b>Comprehensive income</b>			
Surplus/(loss) for the period	288,776	(1,005,971)	(83,000)
Other comprehensive income	-	-	-
<b>Total comprehensive income</b>	<b>288,776</b>	<b>(1,005,971)</b>	<b>(83,000)</b>
<b>Closing balance as at 30 June</b>	<b>1,652,357</b>	<b>1,363,581</b>	<b>260,000</b>
<b>TOTAL EQUITY</b>			
<b>Opening balance</b>			
Balance carried forward from previous period	1,635,145	2,653,116	651,000
<b>Adjusted opening balance</b>	<b>1,635,145</b>	<b>2,653,116</b>	<b>651,000</b>
<b>Comprehensive income</b>			
(Loss)/surplus for the period	288,776	(1,005,971)	(83,000)
Other comprehensive income	-	-	-
<b>Total comprehensive income</b>	<b>288,776</b>	<b>(1,005,971)</b>	<b>(83,000)</b>
<b>Transactions with owners</b>			
<b>Distributions to owners</b>			
Returns of capital	(32,098)	(36,000)	-
<b>Contributions by owners</b>			
Equity injection - appropriations	150,000	-	150,000
Departmental capital budget	24,000	24,000	24,000
<b>Total transactions with owners</b>	<b>141,902</b>	<b>(12,000)</b>	<b>174,000</b>
<b>Closing balance as at 30 June</b>	<b>2,065,823</b>	<b>1,635,145</b>	<b>742,000</b>

The above statement should be read in conjunction with the accompanying notes.

For Budgetary reporting information refer to Note 9. The original budget is the budget published in the 2018-19 *Portfolio Budget Statements*.

### Accounting Policy

#### Equity Injections

Amounts appropriated which are designated as 'equity injections' for a year (less any formal reductions) and Departmental capital budgets are recognised directly in contributed equity in that year.

## Cash Flow Statement

for the year ended 30 June 2019

	Notes	2019 \$	2018 \$	Original Budget \$
<b>OPERATING ACTIVITIES</b>				
<b>Cash received</b>				
Appropriations		6,678,756	5,562,352	7,743,000
Net GST received		32,564	-	-
Rendering of services		1,527,062	2,935,780	-
<b>Total cash received</b>		<b>8,238,383</b>	<b>8,498,132</b>	<b>7,743,000</b>
<b>Cash used</b>				
Employees		(3,432,049)	(2,487,922)	(3,507,000)
Suppliers		(2,418,602)	(1,996,746)	(4,236,000)
Section 74 receipts transferred to the Official Public Account (OPA)		(2,730,105)	(3,877,954)	-
Net GST paid		-	(70,653)	-
<b>Total cash used</b>		<b>(8,580,756)</b>	<b>(8,433,275)</b>	<b>(7,743,000)</b>
<b>Net cash (used by)/from operating activities</b>		<b>(342,373)</b>	<b>64,857</b>	<b>-</b>
<b>INVESTING ACTIVITIES</b>				
<b>Cash used</b>				
Purchase of property, plant and equipment		(35,432)	(389,081)	(174,000)
<b>Total cash used</b>		<b>(35,432)</b>	<b>(389,081)</b>	<b>(174,000)</b>
<b>Net cash used by investing activities</b>		<b>(35,432)</b>	<b>(389,081)</b>	<b>(174,000)</b>
<b>FINANCING ACTIVITIES</b>				
<b>Cash received</b>				
Appropriations - Departmental capital budget - Bill 1		24,000	47,000	24,000
Appropriations - Equity injections - Bill 2		11,432	150,000	150,000
<b>Total cash received</b>		<b>35,432</b>	<b>197,000</b>	<b>174,000</b>
<b>Net cash from financing activities</b>		<b>35,432</b>	<b>197,000</b>	<b>174,000</b>
<b>Net (decrease)/increase in cash held</b>		<b>(342,373)</b>	<b>(127,224)</b>	<b>-</b>
Cash and cash equivalents at the beginning of the reporting period		342,373	469,597	470,000
<b>Cash and cash equivalents at the end of the reporting period</b>	3.1A	<b>-</b>	<b>342,373</b>	<b>470,000</b>

The above statement should be read in conjunction with the accompanying notes.

For Budgetary reporting information refer to Note 9. The original budget is the budget published in the 2018-19 *Portfolio Budget Statements*.

**Administered Schedule of Comprehensive Income***for the year ended 30 June 2019*

		2019	2018	Original Budget
	Notes	\$	\$	\$
<b>NET COST OF SERVICES</b>				
<b>Expenses</b>				
Suppliers	2.1	<b>3,390,282</b>	2,841,649	3,785,000
<b>Total expenses</b>		<b>3,390,282</b>	2,841,649	3,785,000
<b>Income</b>				
<b>Non-Taxation Revenue</b>				
Other Revenue		<b>3,733</b>	-	-
<b>Total non-taxation revenue</b>		<b>3,733</b>	-	-
<b>Total income</b>		<b>3,733</b>	-	-
<b>Net cost of services</b>		<b>(3,386,549)</b>	(2,841,649)	(3,785,000)
<b>Deficit</b>		<b>(3,386,549)</b>	(2,841,649)	(3,785,000)

The above schedule should be read in conjunction with the accompanying notes.

For Budgetary reporting information refer to Note 9. The original budget is the budget published in the 2018-19 *Portfolio Budget Statements*.

## Administered Schedule of Assets and Liabilities

as at 30 June 2019

	Notes	2019 \$	2018 \$	Original Budget \$
<b>ASSETS</b>				
<b>Financial assets</b>				
Cash and cash equivalents	4.1A	<b>1,540,300</b>	53,652	122,000
Trade and other receivables	4.1B	<b>155,174</b>	108,925	108,000
<b>Total financial assets</b>		<b>1,695,474</b>	162,577	230,000
<b>Total assets administered on behalf of Government</b>		<b>1,695,474</b>	162,577	230,000
<b>LIABILITIES</b>				
<b>Payables</b>				
Suppliers	4.2	<b>619,934</b>	1,223,301	1,028,000
<b>Total payables</b>		<b>619,934</b>	1,223,301	1,028,000
<b>Total liabilities administered on behalf of Government</b>		<b>619,934</b>	1,223,301	1,028,000
<b>Net assets (liabilities)</b>		<b>1,075,540</b>	(1,060,724)	(798,000)

The above schedule should be read in conjunction with the accompanying notes.

For Budgetary reporting information refer to Note 9. The original budget is the budget published in the 2018-19 *Portfolio Budget Statements*.

## Administered Reconciliation Schedule

	2019 \$	2018 \$	Original Budget \$
<b>Opening assets less liabilities as at 1 July</b>	<b>(1,060,724)</b>	(798,241)	(798,000)
<b>Net cost of services</b>			
Expenses	(3,386,549)	(2,841,649)	(3,785,000)
<b>Transfers from the Australian Government</b>			
Administered transfers from Australian Government	6,451,023	2,866,431	3,785,000
<b>Appropriation transfers to OPA</b>			
Transfers to OPA	(928,209)	(287,265)	-
<b>Closing assets less liabilities as at 30 June</b>	<b>1,075,541</b>	(1,060,724)	(798,000)

The above schedule should be read in conjunction with the accompanying notes.

For Budgetary reporting information refer to Note 9. The original budget is the budget published in the 2018-19 *Portfolio Budget Statements*.

### Accounting Policy

#### Administered Cash Transfers to and from the Official Public Account

Revenue collected by the Commission for use by the Government rather than the Commission is administered revenue. Collections are transferred to the Official Public Account (OPA) maintained by the Department of Finance. Conversely, cash is drawn from the OPA to make payments under Parliamentary appropriation on behalf of Government. These transfers to and from the OPA are adjustments to the administered cash held by the Commission on behalf of the Government and reported as such in the schedule of administered cash flows and in the administered reconciliation schedule.



## Administered Cash Flow Statement

for the year ended 30 June 2019

	Notes	2019 \$	2018 \$	Original Budget \$
<b>OPERATING ACTIVITIES</b>				
<b>Cash received</b>				
Net GST received		-	-	-
<b>Total cash received</b>		<u>-</u>	<u>-</u>	<u>-</u>
<b>Cash used</b>				
Suppliers		(3,989,916)	(2,646,072)	(3,785,000)
Net GST paid		(46,249)	(1,140)	-
<b>Total cash used</b>		<u>(4,036,165)</u>	<u>(2,647,212)</u>	<u>(3,785,000)</u>
<b>Net cash used by operating activities</b>		<u>(4,036,165)</u>	<u>(2,647,212)</u>	<u>(3,785,000)</u>
<b>Cash from Official Public Account</b>				
Appropriations		6,451,023	2,866,431	3,785,000
<b>Total cash from Official Public Account</b>		<u>6,451,023</u>	<u>2,866,431</u>	<u>3,785,000</u>
<b>Cash to Official Public Account</b>				
Appropriations		(928,209)	(287,265)	-
<b>Total cash to Official Public Account</b>		<u>(928,209)</u>	<u>(287,265)</u>	<u>-</u>
Cash and cash equivalents at the beginning of the reporting period		53,652	121,698	122
<b>Cash and cash equivalents at the end of the reporting period</b>	4.1A	<u>1,540,301</u>	<u>53,652</u>	<u>122</u>

This schedule should be read in conjunction with the accompanying notes.

For Budgetary reporting information refer to Note 9. The original budget published in the 2018-19 *Portfolio Budget Statements*.

## Overview

### Objectives of the National Mental Health Commission

The National Mental Health Commission (the Commission) is a not-for-profit Australian Government controlled entity. The objective of the Commission is to contribute to the Government's agenda to deliver an efficient, integrated and sustainable mental health system to improve mental health outcomes for Australians and help prevent suicide.

The Commission's purpose is to monitor and report on investment in mental health and suicide prevention initiatives, provide evidence based policy advice to Government and disseminate information on ways to continuously improve Australia's mental health and suicide prevention systems, and act as a catalyst for change to achieve those improvements. This includes increasing accountability and transparency in mental health through the provision of independent reports and advice to the Australian Government and the community.

The Commission's activities are classified as either departmental or administered. Departmental activities involve the use of assets, liabilities, income and expenses controlled or incurred by the Commission in its own right. Administered activities involve the management or oversight by the Commission, on behalf of the Government, of items controlled or incurred by the Government.

The continued existence of the entity in its present form and with its present programs is dependent on Government policy and on continuing funding by Parliament for the entity's administration and programs.

### Comparative Figures for 2018 Financial Year

The comparative 2018 financial year amounts have been reclassified where necessary to conform with the current year's presentation.

### The Basis of Preparation

The financial statements are general purpose financial statements and are required by section 42 of the *Public Governance, Performance and Accountability Act 2013*.

The financial statements have been prepared in accordance with:

- a) *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015 (FRR)* ; and
- b) Australian Accounting Standards and Interpretations – Reduced Disclosure Requirements issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities recorded at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are presented in Australian dollars.

## New Accounting Standards

### *Adoption of New Australian Accounting Standard Requirements*

No accounting standard has been adopted earlier than the application date as stated in the standard.

During the period the Commission adopted AASB 9 *Financial Instruments* which has had an immaterial impact on the disclosures included in the financial statements.

### Future accounting standard requirements

AASB 16 will be implemented from 1 July 2019. The standard is expected to have a material impact on the statement of financial position by the recognition of right of use (ROU) assets and lease liabilities. The statement of comprehensive income will be impacted by the depreciation of the ROU assets and finance costs relating to the leases. The cash flow statement will also be impacted with changes to the categorisation of outflows.

AASB 15 and AASB 1058 will be implemented on 1 July 2019 and are expected to have no material impact.

## Taxation

The Commission is exempt from all forms of taxation except Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

Revenues, expenses and assets are recognised net of GST except:

- a) where the amount of the GST incurred is not recoverable from the Australian Taxation Office; and
- b) for receivables and payables.

## Reporting of Administered activities

Administered revenues, expenses, assets, liabilities and cash flows are disclosed in the administered schedules and related notes.

Except where otherwise stated, administered items are accounted for on the same basis and using the same policies as for departmental items, including the application of Australian Accounting Standards.

## Events After the Reporting Period

There were no subsequent events that had the potential to significantly affect the ongoing structure and financial activities of the Commission.

The balances and movements detailed are rounded which may result in discrepancies between totals and the sum of components.

## Financial Performance

This section analyses the financial performance of the National Mental Health Commission for the year ended 30 June 2019

### 1.1 Expenses

	2019	2018
	\$	\$
<b>1.1A: Employee Benefits</b>		
Wages and salaries	2,470,218	1,987,028
Superannuation:		
Defined contribution plans	350,734	163,894
Defined benefit plans	97,065	154,392
Leave and other entitlements	496,727	383,053
Separations and redundancies	32,238	-
Other employee benefits	19,067	10,314
<b>Total employee benefits</b>	<b>3,466,049</b>	<b>2,698,681</b>

#### Accounting Policy

Accounting policies for employee related expenses are contained in the People and Relationships section.

### 1.1B: Suppliers

#### Goods and services supplied or rendered

Contracted services	1,786,642	971,437
Travel	185,364	75,793
IT services	37,506	29,402
Property operating expenses	146,139	129,403
Audit fees	33,000	32,000
Conferences and seminars	11,821	4,829
General expenses	158,908	50,299
<b>Total goods and services supplied or rendered</b>	<b>2,359,380</b>	<b>1,293,163</b>
Goods supplied	49,141	35,219
Services rendered	2,310,239	1,257,944
<b>Total goods and services supplied or rendered</b>	<b>2,359,380</b>	<b>1,293,163</b>

#### Other suppliers

Operating lease rentals	642,829	441,102
Workers compensation expenses	18,816	9,692
<b>Total other suppliers</b>	<b>661,645</b>	<b>450,794</b>
<b>Total suppliers</b>	<b>3,021,025</b>	<b>1,743,957</b>

#### Accounting Policy

The contracted services include payments to the service providers of the Commission in delivery of the funded programs from the Department of Health and payments to the Department of Health under a shared services agreement.

### Leasing commitments

The Commission has entered into two lease agreements:

- i) Phillip St, Sydney - Lease commenced on 1 March 2018 and will terminate on 28 February 2023. The lease has an option to extend for one further term of 5 years.
- ii) Blackall St, Canberra - Lease commenced on 1 June 2018 and will terminate on 31 May 2023. The lease has an option to extend for two further terms of 3 years.

**Commitments for minimum lease payments in relation to non-cancellable operating leases are payable as follows:**

	2019	2018
	\$	\$
Within 1 year	917,836	884,969
Between 1 to 5 years	2,577,133	3,494,969
<b>Total operating lease commitments</b>	<b>3,494,969</b>	<b>4,379,938</b>

### Accounting Policy

Operating lease payments are expensed on a straight-line basis which is representative of the pattern of benefits derived from the leased assets.

## 1.2 Revenue and Gains

	2019	2018
	\$	\$
<b>1.2A: Sale of Goods and Rendering of Services</b>		
Rendering of services	1,351,349	767,716
<b>Total sale of goods and rendering of services</b>	<b>1,351,349</b>	<b>767,716</b>

### Accounting Policy

Revenue from the rendering of services is recognised on a straight-line basis over the term of the funding agreement due to the indeterminate number of acts required for the Commission to meet each activity and deliverable milestone.

### 1.2B: Other Revenue

Interest income	13	39
Resources received free of charge:		
Remuneration of external auditors	33,000	32,000
<b>Total other revenue</b>	<b>33,013</b>	<b>32,039</b>

### Accounting Policy

#### Resources Received Free of Charge

Resources received free of charge are recognised as revenue when, and only when, a fair value can be reliably determined and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense. Resources received free of charge are recorded as either revenue or gains depending on their nature.

### 1.2C: Revenue from Government

Appropriations		
Departmental appropriations	5,693,000	2,712,000
<b>Total Revenue from Government</b>	<b>5,693,000</b>	<b>2,712,000</b>

### Accounting Policy

#### Revenue from Government

Amounts appropriated for departmental appropriations for the year (adjusted for any formal additions and reductions) are recognised as Revenue from Government when the entity gains control of the appropriation, except for certain amounts that relate to activities that are reciprocal in nature, in which case revenue is recognised only when it has been earned. Appropriations receivable are recognised at their nominal amounts. Funding received or receivable from non-corporate Commonwealth entities (appropriated to the non-corporate Commonwealth entity as a corporate of the Commonwealth entity payment item for payment to this entity) is recognised as Revenue from Government by the corporate Commonwealth entity unless the funding is in the nature of an equity injection or a loan.

## Income and Expenses Administered on Behalf of Government

This section analyses the activities that the National Mental Health Commission does not control but administers on behalf of the Government. Unless otherwise noted, the accounting policies adopted are consistent with those applied for departmental reporting.

### 2.1 Administered - Expenses

for the year ended 30 June 2019

	2019	2018
	\$	\$
<b>2.1: Suppliers</b>		
<b>Goods and services supplied or rendered</b>		
Outsourced providers and contractors	2,781,643	1,809,768
Travel	290,740	321,564
IT services	1,954	1,885
General expenses	315,945	708,432
<b>Total goods and services supplied or rendered</b>	<b>3,390,282</b>	<b>2,841,649</b>
Services rendered	3,390,282	2,841,649
<b>Total goods and services supplied or rendered</b>	<b>3,390,282</b>	<b>2,841,649</b>
<b>Total suppliers</b>	<b>3,390,282</b>	<b>2,841,649</b>

## Financial Position

This section analyses the National Mental Health Commission's assets and liabilities.

### 3.1 Financial Assets

	2019	2018
	\$	\$
<b>3.1A: Cash and Cash Equivalents</b>		
Cash on hand or on deposit	-	342,373
<b>Total cash and cash equivalents</b>	-	342,373

#### Accounting Policy

Cash is recognised at its nominal amount. Cash and cash equivalents include cash on hand and any deposits in bank accounts with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value.

### 3.1B: Trade and Other Receivables

#### Goods and services receivables

Goods and services	473,985	355,670
<b>Total goods and services receivables</b>	<b>473,985</b>	<b>355,670</b>

#### Appropriations receivables

For existing programs	2,920,177	1,175,828
Equity injection & Departmental capital budget	138,568	32,098
<b>Total appropriations receivables</b>	<b>3,058,745</b>	<b>1,207,926</b>

#### Other receivables

GST receivable from the Australian Taxation Office	55,402	87,967
<b>Total other receivables</b>	<b>55,402</b>	<b>87,967</b>
<b>Total trade and other receivables (gross)</b>	<b>3,588,132</b>	<b>1,651,563</b>
<b>Total trade and other receivables (net)</b>	<b>3,588,132</b>	<b>1,651,563</b>

#### Accounting Policy

##### *Trade and Other receivables*

Trade receivables and other receivables that are held for the purpose of collecting the contractual cash flows where the cash flows are solely payments of principal and interest, that are not provided at below-market interest rates, and are subsequently measured at amortised cost using the effective interest method adjusted for any loss allowance.



## 3.2 Non-Financial Assets

### 3.2: Reconciliation of the Opening and Closing Balances of Property, Plant and Equipment and Intangibles:

#### Reconciliation of the opening and closing balances for 2019

	Leasehold improvements \$	Plant and equipment \$	Computer Software \$	Total \$
<b>As at 1 July 2018</b>				
Gross book value	1,422,049	41,000	24,505	1,487,554
Accumulated depreciation, amortisation and impairment	(58,028)	(16,856)	(24,505)	(99,389)
<b>Total as at 1 July 2018</b>	<b>1,364,021</b>	<b>24,144</b>	<b>-</b>	<b>1,388,165</b>
Additions:				
Purchased	35,432			35,432
Depreciation and amortisation	(292,981)	(8,531)	-	(301,512)
<b>Total as at 30 June 2019</b>	<b>1,106,472</b>	<b>15,613</b>	<b>-</b>	<b>1,122,085</b>
<b>Net book value as at 30 June 2019 represented by</b>				
Gross book value	1,457,481	41,000	24,505	1,522,986
Accumulated depreciation, amortisation and impairment	(351,009)	(25,387)	(24,505)	(400,901)
<b>Total as at 30 June 2019</b>	<b>1,106,472</b>	<b>15,613</b>	<b>-</b>	<b>1,122,085</b>

No property, plant and equipment are expected to be sold or disposed of within the next 12 months.

There are no significant contractual commitments for the acquisition of property, plant and equipment and intangible assets.

## **Accounting Policy**

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Assets acquired at no cost, for nominal consideration, are initially recognised as assets and income at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor's accounts immediately prior to the restructuring.

### Asset Recognition Threshold

Purchases of property, plant and equipment are recognised initially at cost in the statement of financial position, except for assets costing less than \$2,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'make good' provisions in property leases taken up by the Commission where there exists an obligation to restore the property to its original condition. These costs are included in improvements with a corresponding provision for the 'make good' recognised.

### Revaluations

Following initial recognition at cost, property, plant and equipment are carried at fair value less subsequent accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of the assets did not differ materially from the assets fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in the market values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reversed a previous revaluation decrement of the same asset class that was previously recognised in the surplus/deficit. Revaluation decrements for a class of assets are recognised directly in the surplus deficit except to the extent that they reverse a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

### Depreciation

Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the entity using, in all cases, the straight-line method of depreciation.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

Depreciation and/or amortisation rates applying to each class of asset are based on the following useful lives:

	<b>2017-18</b>	<b>2018-19</b>
Leasehold Improvements	Lease term	Lease term
Plant and Equipment	3-4 years	3-4 years
Software	3-7 years	3-7 years

#### Impairment

All assets were assessed for impairment at 30 June 2019. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs of disposal and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependant on an asset's ability to generate future cash flows, and the asset would be replaced if the Commission were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

#### Derecognition

An item of property plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

#### Intangibles

The Commission's intangibles comprise purchased software for internal use. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

Software is amortised on a straight-line basis over its anticipated useful life.

### 3.3 Payables

	2019	2018
	\$	\$
<b>3.3A: Suppliers</b>		
Trade creditors and accruals	713,501	87,272
<b>Total suppliers</b>	<u>713,501</u>	<u>87,272</u>

Settlement is usually made within 30 days with all supplier payables expected to be settled in the next 12 months.

#### **3.3B: Other Payables**

Salaries and wages	20,663	18,097
Superannuation	3,757	3,054
Lease incentive	870,530	1,042,271
Prepayments received/unearned income	560,938	482,287
<b>Total other payables</b>	<u>1,455,888</u>	<u>1,545,709</u>

#### **Accounting Policy**

##### Financial Liabilities

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

##### Unearned Income

Unearned income represents assets received from another party in advance of the Commission fulfilling its contracted obligations. The Commission releases unearned income to revenue over the period of the contracted obligations when the services are performed.

##### Lease Incentive

The lease incentive is capitalised at the inception of the lease as part of property, plant and equipment and is amortised over the related lease term.

### 3.4 Other Provisions

	Provision of makegood \$	Total \$
<b>As at 1 July 2018</b>	<b>70,110</b>	<b>70,110</b>
Additional provisions made	-	-
Amounts used	-	-
Amounts reversed	-	-
<b>Total as at 30 June 2019</b>	<b>70,110</b>	<b>70,110</b>

The Commission has one lease for rental premises (2018; one) which requires restoration of the premises to their original conditions at the conclusion of the lease. The Commission has made a provision to reflect the present value of this obligation.

## Assets and Liabilities Administered on Behalf of the Government

This section analyses assets used to conduct operations and the operating liabilities incurred as a result. The National Mental Health Commission does not control these assets and liabilities but administers them on behalf of the Government. Unless otherwise noted, the accounting policies adopted are consistent with those applied for departmental reporting.

### 4.1 Administered - Financial Assets

	2019	2018
	\$	\$
<b>4.1A: Cash and Cash Equivalents</b>		
Cash on hand or on deposit	1,540,300	53,652
<b>Total cash and cash equivalents</b>	<b>1,540,300</b>	<b>53,652</b>
<b>4.1B: Trade and Other Receivables</b>		
<b>Other receivables</b>		
GST receivable from the Australian Taxation Office	155,174	108,925
<b>Total other receivables</b>	<b>155,174</b>	<b>108,925</b>
<b>Total trade and other receivables</b>	<b>155,174</b>	<b>108,925</b>

### 4.2 Administered - Payables

	2019	2018
	\$	\$
<b>4.2: Suppliers</b>		
Trade creditors and accruals	619,934	1,223,301
<b>Total suppliers</b>	<b>619,934</b>	<b>1,223,301</b>

Settlement is usually made within 30 days with all supplier payables to be settled in the next 12 months.

## Funding

This section identifies the National Mental Health Commission's funding structure.

### 5.1 Appropriations

#### 5.1A: Annual Appropriations ('Recoverable GST exclusive')

	Annual appropriation 2019 \$	Annual appropriation 2018 \$
<b>Departmental</b>		
Ordinary annual services <sup>1</sup>	5,693,000	2,712,000
Receipts retained under PGPA Act - Section 74	2,730,105	3,877,954
Capital Budget <sup>2</sup>	24,000	24,000
Other services		
Equity injections	150,000	-
<b>Total departmental appropriation</b>	<b>8,597,105</b>	<b>6,613,954</b>
Appropriation applied (current and prior years)	(7,056,561)	(5,886,576)
<b>Variance <sup>3</sup></b>	<b>1,540,544</b>	<b>727,378</b>
<b>Administered</b>		
Ordinary annual services	3,785,000	3,726,000
Receipts retained under PGPA Act - Section 74	596,212	-
<b>Total administered appropriation</b>	<b>4,381,212</b>	<b>3,726,000</b>
Appropriation applied (current and prior years)	(4,828,581)	(1,851,041)
<b>Variance <sup>4</sup></b>	<b>(447,369)</b>	<b>1,874,959</b>

#### Commentary:

<sup>1</sup> There were no amounts withheld under section 51 of the PGPA Act from 2019 or 2018 departmental ordinary annual services appropriations.

<sup>2</sup> Departmental Capital Budgets are appropriated through Appropriation Acts (No. 1,3) and Supply Acts (No.1,3). They form part of ordinary annual services and are not separately identified in the Appropriation Acts.

<sup>3</sup> The variance of \$1,540,544 for departmental ordinary annual services primarily represents the timing difference of payments to suppliers or employees.

<sup>4</sup> The administered ordinary annual services items variance of \$447,369 relates to the utilisation of retained funding from 2018 during 2019 (the former section 11 of the Appropriation Acts).

### 5.1B: Unspent Annual Appropriations ('Recoverable GST exclusive')

	2019 \$	2018 \$
<b>Departmental</b>		
<i>Appropriation Act (No. 1) 2015-2016 - Capital Budget<sup>1</sup></i>	-	32,098
<i>Appropriation Act (No. 1) 2017-2018</i>	-	1,175,827
<i>Appropriation Act (No. 1) 2017-2018 - cash held by the Commission</i>	-	342,373
<i>Appropriation Act (No. 1) 2018-2019</i>	<b>2,920,177</b>	-
<i>Appropriation Act (No. 1) 2018-2019 - Capital Budget</i>	-	-
<i>Appropriation Act (No. 2) 2018-2019</i>	<b>138,568</b>	
<i>Appropriation Act (No. 1) 2018-2019 - cash held by the Commission</i>	-	-
<b>Total departmental</b>	<b>3,058,745</b>	<b>1,550,298</b>
<b>Administered</b>		
<i>Appropriation Act (No 1) 2017-2018</i>		1,943,005
<i>Appropriation Act (No 1) 2017-2018 - cash held by the Commission</i>		53,652
<i>Appropriation Act (No 1) 2018-2019</i>	<b>17,218</b>	-
<i>Appropriation Act (No 1) 2018-2019 - cash held by the Commission</i>	<b>1,540,300</b>	-
<b>Total administered</b>	<b>1,557,518</b>	<b>1,996,657</b>

#### Commentary:

<sup>1</sup> This balance lapsed on 1 July 2018 in accordance with the repeal date of the underlying Appropriation Act.



## People and relationships

This section describes a range of employment and post employment benefits provided to our people and our relationships with other key people.

### 6.1 Employee Provisions

	2019	2018
	\$	\$
<b>6.1: Employee Provisions</b>		
Leave	484,035	453,304
<b>Total employee provisions</b>	<b>484,035</b>	<b>453,304</b>
<b>Employee provisions expected to be settled</b>		
No more than 12 months	204,459	159,320
More than 12 months	279,576	293,984
<b>Total employee provisions</b>	<b>484,035</b>	<b>453,304</b>

#### Accounting Policy

Liabilities for short-term employee benefits and termination benefits expected within twelve months of the end of reporting period are measured at their nominal amounts.

The nominal amount is calculated with regard to the rates expected to be paid on settlement of the liability.

#### Leave

The liability for employee benefits includes provision for annual leave and long service leave.

The leave liabilities are calculated on the basis of employees' remuneration at the estimated salary rates that will be applied at the time the leave is taken, including the Commission's employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The liability for long service leave has been calculated using the Australian Government short hand method. The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

#### Separation and Redundancy

The Commission recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

#### Superannuation

The Commission's staff are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS), or the PSS accumulation plan (PSSap), or other superannuation funds held outside the Australian Government.

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported in the Department of Finance's administered schedules and notes.

The liability for superannuation recognised as at 30 June represents outstanding contributions for the final fortnight of the reporting period.

The Commission also contributes to a number of complying funds to discharge the Authority's liability in regard to individual employees and the *Superannuation Guarantee (Administration) Act 1992* as well as to facilitate the salary sacrifice options of employees.

## 6.2 Key Management Personnel Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the Commission, directly or indirectly, including any director (whether executive or otherwise). The Commission has determined the key management personnel to be the Portfolio Minister and the Chief Executive Officer. Key management personnel remuneration is reported in the table below:

	2019	2018
	\$	\$
Short-term employee benefits	<b>328,230</b>	295,495
Post-employment benefits	<b>33,031</b>	45,540
Other long-term employee benefits	<b>5,159</b>	35,005
<b>Total key management personnel remuneration expenses<sup>1</sup></b>	<b>366,420</b>	376,040

The total number of key management personnel that are included in the above table are two (there were two occupants of the CEO position during 2018-19); (2018: two).

<sup>1</sup> The above key management personnel remuneration excludes the remuneration and other benefits of the Portfolio Minister. The Portfolio Minister's remuneration and other benefits are set by the Remuneration Tribunal and are not paid by the Commission.

## 6.3 Related Party Disclosures

### Related party relationships:

The Commission is an Australian Government controlled entity. Related parties to the Commission are Key Management Personnel, including the Portfolio Minister, the Commission's Chief Executive Officer and other Australian Government entities.

### Transactions with related parties:

Given the breadth of Government activities, related parties may transact with the government sector in the same capacity as ordinary citizens. Such transactions include the payment for shared services. These transactions have not been separately disclosed in this note.

Significant transactions with related parties can include:

- the payments of grants or loans;
- purchases of goods and services;
- asset purchases, sales transfers or leases;
- debts forgiven; and
- guarantees.

Giving consideration to relationships with related entities, and transactions entered into during the reporting period by the Commission, it has been determined that there are no related party transactions to be separately disclosed.

## Managing uncertainties

This section analyses how the Commission manages financial risks within its operating environment.

### 7.1 Financial Instruments

	2019	2018
	\$	\$
<b>7.1: Categories of Financial Instruments</b>		
<b>Financial assets and liabilities under AASB 139</b>		
<b>Loans and receivables</b>		
Cash and cash equivalents		342,373
Goods and services receivable		355,670
<b>Total loans and receivables</b>		<u>698,043</u>
<b>Total financial instruments (assets)</b>		<u>698,043</u>
<b>Financial Liabilities measured at amortised cost</b>		
Trade creditors		87,272
<b>Total financial liabilities</b>		<u>87,272</u>
<b>Total financial instruments (liabilities)</b>		<u>87,272</u>
<b>Financial assets and liabilities under AASB 9</b>		
<b>Financial assets measured at amortised cost</b>		
Cash and cash equivalents	-	
Goods and services receivable	473,985	
<b>Total financial instruments (assets)</b>	<u>473,985</u>	
<b>Financial liabilities</b>		
<b>Financial liabilities measured at amortised cost</b>		
Trade creditors	713,501	
<b>Total financial instruments (liabilities)</b>	<u>713,501</u>	

#### Accounting Policy

##### Financial Assets

Every class of the Commission's financial assets were classified as loans and receivables under AASB 139 and under AASB 9 they are held at amortised cost. The Commission has determined that the carrying amounts for financial assets on the date of initial application of AASB 9 are the same as the carrying amounts under AASB 139.

Financial Assets are recognised when the entity becomes a party to the contract, and, as a consequence, has a legal right to receive or a legal obligation to pay cash. Financial Assets are derecognised when the contractual rights to the cash flows from the financial asset expire or are transferred upon trade date.

##### Impairment of Financial Assets

Financial assets are assessed for impairment at the end of each reporting period based on Expected Credit Losses. The simplified approach for trade and contract receivables is used whereby the loss allowance is measured as the amount equal to the lifetime expected credit losses.

##### Financial Liabilities

The Commission's financial liabilities consist of trade creditors and other payables. These liabilities are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

## 7.2 Administered - Financial Instruments

	2019	2018
	\$	\$
<b>7.2 : Categories of Financial Instruments</b>		
<b>Financial assets and liabilities under AASB 139</b>		
<b>Loans and receivables</b>		
Cash and cash equivalents		53,652
<b>Total loans and receivables</b>		<b>53,652</b>
<b>Total financial instruments (assets)</b>		<b>53,652</b>
<b>Financial Liabilities measured at amortised cost</b>		
Trade creditors		1,223,301
<b>Total financial liabilities</b>		<b>1,223,301</b>
<b>Total financial instruments (liabilities)</b>		<b>1,223,301</b>
<b>Financial assets and liabilities under AASB 9</b>		
<b>Financial assets measured at amortised cost</b>		
Cash and cash equivalents	1,540,300	
<b>Total financial assets</b>	<b>1,540,300</b>	
<b>Financial liabilities measured at amortised cost</b>		
Trade creditors	619,934	
<b>Total financial instruments (liabilities)</b>	<b>619,934</b>	

### Accounting Policy

#### Financial Assets

Every class of the Commission's financial assets were classified as loans and receivables under AASB 139 and under AASB 9 they are held at amortised cost. The Commission has determined that the carrying amounts for financial assets on the date of initial application of AASB 9 are the same as the carrying amounts under AASB 139.

Financial assets are recognised when the entity becomes a party to the contract, and, as a consequence, has a legal right to receive or legal obligation to pay cash. Financial assets derecognised when the contractual rights to the cash flows from the financial asset expire or are transferred upon trade date.

#### Impairment of Financial Assets

Financial assets are assessed for impairment at the end of each reporting period based on Expected Credit Losses. The simplified approach for trade and contract receivables is used whereby the loss allowance is measured as the amount equal to the lifetime expected credit losses.

#### Financial Liabilities

The Commission's financial liabilities consist of trade creditors and other payables. These liabilities are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

### **7.3. Contingent Assets and Liabilities**

#### **7.3A: Departmental - Contingent Assets and Liabilities**

There are no contingent assets or liabilities in current year or prior year.

##### **Quantifiable Contingencies**

There were no estimated contingent liabilities as at 30 June 2019. (2018:Nil)

##### **Unquantifiable Contingencies**

There were no unquantifiable contingent liabilities as at 30 June 2019. (2018:Nil)

##### **Accounting Policy**

Contingent liabilities and contingent assets are not recognised in the Statement of Financial Position but are reported in the notes. They may arise from uncertainty as to the existence of a liability or asset or represent an asset or liability in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain and contingent liabilities are disclosed when settlement is greater than remote.

#### **7.3B: Administered - Contingent Assets and Liabilities**

There are no contingent assets or liabilities in current year or prior year.

##### **Quantifiable Administered Contingencies**

There were no estimated contingent liabilities as at 30 June 2019. (2018:Nil)

##### **Unquantifiable Administered Contingencies**

There were no unquantifiable contingent liabilities as at 30 June 2019. (2018:Nil)

## 7.4: Fair Value Measurement

### Fair value measurements at the end of the reporting period

	2019	2018
	\$	\$
<b>Financial assets</b>		
Cash on hand or on deposit	-	342,373
<b>Total Financial assets</b>	<u>-</u>	<u>342,373</u>
<b>Non-financial assets</b>		
Property, plant and equipment - fair value	<u>1,122,085</u>	1,388,165
<b>Total non-financial assets</b>	<u>1,122,085</u>	<u>1,388,165</u>
<b>Financial liabilities (approximate to fair value)</b>		
Trade creditors and accruals	713,501	87,272
Other payables	<u>1,455,888</u>	1,545,709
<b>Total financial liabilities</b>	<u>2,169,389</u>	<u>1,632,981</u>
<b>Non-financial liabilities</b>		
Employee provisions (approximate to fair value)	<u>484,035</u>	453,304
<b>Total non-financial liabilities</b>	<u>484,035</u>	<u>453,304</u>

#### Accounting Policy

Following initial recognition at cost, property, plant and equipment is carried at fair value less subsequent accumulated depreciation and accumulated impairment losses.

Valuations are conducted with sufficient frequency to ensure the carrying amounts of assets do not differ materially from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the volatility of movements in market values for the relevant assets.

The Commission's assets are held for operational purposes and not held for the purposes of deriving a profit. The current use of all non-financial assets is considered their highest and best use.

The Commission's policy is to recognise transfers into and transfers out of fair value hierarchy levels as at the end of the reporting period. There have been no transfers between level 1 and level 2 of the hierarchy during the year.

Financial liabilities are held at amortised cost. At 30 June, they are approximate to fair value.

## 7.5 Administered Fair Value Measurement

### Fair value measurements at the end of the reporting period

	2019	2018
	\$	\$
<b>Financial assets</b>		
Cash on hand or on deposit	1,540,300	53,652
<b>Total Financial assets</b>	<b>1,540,300</b>	<b>53,652</b>
<b>Financial liabilities</b>		
Trade creditors and accruals (approximate to fair value)	619,934	1,223,301
<b>Total financial liabilities</b>	<b>619,934</b>	<b>1,632,981</b>

### Accounting Policy

The Commission's assets are held for operational purposes and not held for the purposes of deriving a profit.

The Commission's policy is to recognise transfers into and transfers out of fair value hierarchy levels as at the end of the reporting period. There have been no transfers between level 1 and level 2 of the hierarchy during the year.

Financial Liabilities are held at amortised cost. At 30 June, they are approximate to fair value.

## Other information

### 8.1 A : Aggregate Assets and Liabilities

#### 8.1 Aggregate Assets and Liabilities

	2019	2018
	\$	\$
<b>Assets expected to be recovered in:</b>		
No more than 12 months	3,667,274	1,993,936
More than 12 months	1,122,085	1,797,604
<b>Total assets</b>	<b>4,789,359</b>	<b>3,791,540</b>
<b>Liabilities expected to be settled in:</b>		
No more than 12 months	2,373,848	1,632,981
More than 12 months	349,686	364,094
<b>Total liabilities</b>	<b>2,723,534</b>	<b>1,997,075</b>

#### 8.1 B: Administered - Aggregate Assets and Liabilities

	2019	2018
	\$	\$
<b>Assets expected to be recovered in:</b>		
No more than 12 months	1,695,474	162,577
More than 12 months	-	-
<b>Total assets</b>	<b>1,695,474</b>	<b>162,577</b>
<b>Liabilities expected to be settled in:</b>		
No more than 12 months	619,934	1,223,301
More than 12 months	-	-
<b>Total liabilities</b>	<b>619,934</b>	<b>1,223,301</b>



## Budget Variance

### Note 9 : Explanations of Major Budget Variances

Variances are considered to be 'major' if they are core to the Commission's activities and based on the following criteria:

- the variance between budget and actual is greater than +/- 10% of the original budget for a line item; and
- an item is below this threshold but is considered important for the reader's understanding or is relevant to an assessment of the discharge of accountability and to an analysis of the Commission's performance.

The budget is not audited.

Budget Variance Explanation	Affected statements and line items
<p>In 2017/18 the Commission was tasked with additional responsibilities to monitor, report and provide advice on mental health and suicide prevention reforms, and report on the progress of implementation of the Fifth National Mental Health and Suicide Prevention Plan. The Commission is in the process of adjusting budget to align with the work program.</p> <p>In 2017/18, the Commission received revenue from the Department of Health under a funding agreement to deliver specific projects where deliverables have been scheduled to occur in 2019/20. Part of this funding was deferred to match with future expenditure.</p> <p>The Commission entered into two leases in 2017/18. The fitout was completed with a slight variance to budget.</p>	<p>Statement of Comprehensive Income:</p> <ul style="list-style-type: none"> <li>- Suppliers</li> <li>- Depreciation and amortisation</li> <li>- Sale of goods and rendering of services</li> </ul> <p>Statement of Financial Position:</p> <ul style="list-style-type: none"> <li>- Cash &amp; cash equivalents</li> <li>- Trade and other receivables</li> <li>- Leasehold improvements</li> <li>- Plant &amp; equipments</li> <li>- Prepayments</li> <li>- Suppliers</li> <li>- Employee provisions</li> <li>- Other provisions</li> </ul> <p>Cash Flow Statements:</p> <ul style="list-style-type: none"> <li>- Appropriations</li> <li>- Rendering of services</li> <li>- Suppliers</li> <li>- Section 74 receipts transferred to the OPA</li> <li>- Purchase of property, plant and equipment</li> <li>- Appropriations - Equity injections</li> <li>- Bill 2</li> </ul>
<p>In 2017/18 the Commission was tasked with additional responsibilities to monitor, report and provide advice on mental health and suicide prevention reforms, and report on the progress of implementation of the Fifth National Mental Health and Suicide Prevention Plan. The Commission is in the process of adjusting budget to align with the work program.</p>	<p>Administered Schedule of Comprehensive Income:</p> <ul style="list-style-type: none"> <li>- Suppliers</li> </ul> <p>Administered Schedule of Assets and Liabilities:</p> <ul style="list-style-type: none"> <li>- Trade and other receivables</li> <li>- Suppliers</li> </ul>

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## Glossary of abbreviations and acronyms

**Australian Mental Health Leaders Fellowship (AMHLF):** A national program that supports the development of leadership skills among emerging leaders with a passion and commitment to mental health. These leaders include consumers, carers, mental health professionals and others outside the traditional boundaries of the mental health sector, including emergency service workers, students and early career researchers, and professionals in industry, finance and the justice system.

**Carer:** In this document, the term carer refers to an individual who provides ongoing personal care, support, advocacy and/or assistance to a person with mental illness.

**Commission:** The Chair, Commissioners and Chief Executive Officer.

**Consumers:** People who identify as having a living or lived experience of mental illness, irrespective of whether they have a formal diagnosis, who have accessed mental health services and/ or received treatment. This includes people who describe themselves as a 'peer', 'survivor' or 'expert by experience'.

**Contributing Life:** A fulfilling life where people living with a mental health difficulty can expect the same rights, opportunities and health as the wider community. It is a life enriched with close connections to family and friends, supported by good health, wellbeing and health care. It means having a safe, stable and secure home and having something to do each day that provides meaning and purpose, whether it is a job, supporting others or volunteering.

**Council of Australian Governments (COAG):** The peak intergovernmental forum in Australia, comprising the Prime Minister, State Premiers, Territory Chief Ministers and the President of the Australian Local Government Association.

**Co-design:** An approach to design that includes all stakeholders (for example, consumers, carers, researchers, health workers, clinicians, funders, policy-makers).

**Formal Commission meeting:** Full meetings of the Commission, of which there will be a minimum of six per year in accordance with the Operating Principles. The Commission may also conduct business out-of-session.

**Fifth Plan:** Fifth National Mental Health and Suicide Prevention Plan.

**Lived experience:** In this report, lived experience refers to people who have either current or past experience of mental illness as a consumer and/or a carer.

**Mental health:** A state of wellbeing in which every person realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community. (World Health Organization definition).

**Mental illness:** Mental illness is a wide spectrum of diagnosable health conditions that significantly affect how a person feels, thinks, behaves, and interacts with other people. Mental illness can vary in both severity and duration. In this report 'mental illness' is used in place of 'mental health problem', 'mental health disorder', 'mental ill-health' and 'mental health disease'.

**National Disability Insurance Scheme (NDIS):** The NDIS provides individualised support packages for eligible people with permanent and significant disability, their families and carers. Roll out commenced on 1 July 2016 and is expected to be complete by 2020.

**Peer workforce:** The supply of people who are employed, either part-time or fulltime, on the basis of their lived experience, to provide support to people experiencing a similar situation. The people who make up the peer workforce may be called peer workers, consumer workers, carer workers and/or lived experience workers.

**Primary Health Network (PHN):** A PHN is an administrative health region established to deliver access to primary care services for patients, as well as co-ordinate with local hospitals to improve the operational efficiency of the network. The six key priorities for targeted work for PHNs are: mental health, Aboriginal and Torres Strait Islander health, population health, health workforce, eHealth and aged care.

**Psychosocial disability:** A term used in the context of the NDIS to describe a disability arising from a mental illness, that is likely to make the person eligible for an individual support package under the scheme.

**Restraint:** The restriction of an individual's freedom of movement by physical or mechanical means.

**Seclusion:** The confinement of an individual at any time of the day or night alone in a room or area from which free exit is prevented.

**Social and emotional wellbeing:** A holistic concept that reflects the Aboriginal and Torres Strait Islander understanding of health and recognises the importance of connection to land, culture, spirituality, ancestry, family and community and how these affect the individual.

**Secretariat:** Support provided for meetings of the Commissioners.

**Stigma:** Stigma is a mark of shame, disgrace or disapproval on the basis of an individual's characteristics, which results in that individual being rejected, discriminated against, and/or excluded from participating in a number of different areas of society.

**Suicide:** Deliberately ending one's own life.

**Support person:** A person whose life is affected by virtue of a family or close relationship role with a person with mental illness.

**AASB:** Australian Accounting Standards Board

**ABS:** Australian Bureau of Statistics

**ACMHN:** Australian College of Mental Health Nurses

**AHURI:** Australian Housing and Urban Research Institute

**AIDA:** Australian Indigenous Doctors' Association

**AIME:** Australian Indigenous Mentoring Experience

**AIHW:** Australian Institute of Health and Welfare

**AMHLF:** Australian Mental Health Leaders Fellowship (the Fellowship)

**ARACY:** Australian Research Alliance for Children and Youth

**ASL:** Average Staffing Level

**CEO:** Chief Executive Officer

**CFO:** Chief Financial Officer

**COO:** Chief Operating Officer

**CP:** Corporate Plan

**CSU:** Charles Sturt University

**COAG:** Council of Australian Governments

**DCB:** Departmental Capital Budget

**ESD:** ecologically sustainable development

**EWIC:** Equally Well Implementation Committee

**FOI:** Freedom of Information

**FPTAG:** Fifth Plan Technical Advisory Group

**FRR:** Financial Reporting Rule

**GST:** Goods and Services Tax

**IPS:** Information Publication Scheme

**KPI:** Key Performance Indicator

**MHISSC:** Mental Health information Strategy Standing Committee

**MHWA:** Mentally Healthy Workplace Alliance (the Alliance)

**NATSILMH:** National Aboriginal and Torres Strait Islander Leadership in Mental Health

**NDIS:** National Disability Insurance Scheme

**NHMRC:** National Health and Medical Research Council

**NMHCCF:** National Mental Health Consumer and Carer Forum

**NMHRS:** National Mental Health Research Strategy

**NMHSPF:** National Mental Health Services Planning Framework

**OPA:** Official Public Account

**PREMISE:** Prevention and Early Intervention in Mental Illness and Substance Use

**PRIDoC:** Pacific Region Indigenous Doctors' Congress

**PBS:** Portfolio Budget Statements

**PGPA Act:** *Public Governance, Performance and Accountability Act 2013 (Cth)*

**PHN:** Primary Health Network

**PRIDoC:** Pacific Region Indigenous Doctors' Congress

**SQPSC:** Safety and Quality Partnership Standing Committee

**TERP:** Towards Eliminating Restrictive Practices

**WAAMH:** Western Australian Association for Mental Health

## List of Requirements

PGPA Rule Reference	Page reference	Description	Requirement
<b>17AD(g)</b>	<b>Letter of transmittal</b>		
17AI	Page 3	A copy of the letter of transmittal signed and dated by the accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report.	Mandatory
<b>17AD(h)</b>	<b>Aids to access</b>		
17AJ(a)	Page 4	Table of contents.	Mandatory
17AJ(b)	Page 82	Alphabetical index.	Mandatory
17AJ(c)	Page 83	Glossary of abbreviations and acronyms.	Mandatory
17AJ(d)	Page 86	List of requirements.	Mandatory
17AJ(e)	Pages 2, 45	Details of contact officer.	Mandatory
17AJ(f)	Pages 2, 45	Entity's website address.	Mandatory
17AJ(g)	Pages 2, 45	Electronic address of report.	Mandatory
<b>17AD(a)</b>	<b>Review by accountable authority</b>		
17AD(a)	Page 7	A review by the accountable authority of the entity.	Mandatory
<b>17AD(b)</b>	<b>Overview of the entity</b>		
17AE(1)(a)(i)	Page 9	A description of the role and functions of the entity.	Mandatory
17AE(1)(a)(ii)	Page 11	A description of the organisational structure of the entity.	Mandatory
17AE(1)(a)(iii)	Pages 9, 17	A description of the outcomes and programs administered by the entity.	Mandatory
17AE(1)(a)(iv)	Page 9	A description of the purposes of the entity as included in corporate plan.	Mandatory
17AE (1)(aa)(i)	Pages 9, 38	Name of the accountable authority or each member of the accountable authority.	Mandatory
17AE(1)(aa)(ii)	Pages 9, 38	Position title of the accountable authority or each member of the accountable authority.	Mandatory
17AE(1)(aa)(iii)	Pages 9, 38	Period as the accountable authority or member of the accountable authority within the reporting period.	Mandatory
17AE(1)(b)	n/a	An outline of the structure of the portfolio of the entity.	Portfolio departments - mandatory
17AE(2)	n/a	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change.	If applicable, Mandatory

<b>17AD(c)</b>	<b>Report on the Performance of the entity</b>		
	<b>Annual performance Statements</b>		
17AD(c)(i); 16F	Pages 19-32	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.	Mandatory
<b>17AD(c)(ii)</b>	<b>Report on Financial Performance</b>		
17AF(1)(a)	Page 33	A discussion and analysis of the entity's financial performance.	Mandatory
17AF(1)(b)	Pages 33-34	A table summarising the total resources and total payments of the entity.	Mandatory
17AF(2)	n/a	If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results.	If applicable, Mandatory.
<b>17AD(d)</b>	<b>Management and Accountability</b>		
	<b>Corporate Governance</b>		
17AG(2)(a)	Page 35	Information on compliance with section 10 (fraud systems)	Mandatory
17AG(2)(b)(i)	Page 36	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory
17AG(2)(b)(ii)	Page 36	A certification by accountable authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud that meet the specific needs of the entity are in place.	Mandatory
17AG(2)(b)(iii)	Page 36	A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity.	Mandatory
17AG(2)(c)	Page 35	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.	Mandatory
17AG(2)(d) – (e)	Page 35	A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to non-compliance with Finance law and action taken to remedy non-compliance.	If applicable, Mandatory
	<b>External Scrutiny</b>		
17AG(3)	Page 36	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory
17AG(3)(a)	Page 36	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity.	If applicable, Mandatory

17AG(3)(b)	Page 36	Information on any reports on operations of the entity by the Auditor-General (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman.	If applicable, Mandatory
17AG(3)(c)	Page 36	Information on any capability reviews on the entity that was released during the period.	If applicable, Mandatory
<b>Management of Human Resources</b>			
17AG(4)(a)	Page 36	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory
17AG(4)(aa)	Pages 38-41	Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following: (a) statistics on full-time employees; (b) statistics on part-time employees; (c) statistics on gender; (d) statistics on staff location.	Mandatory
17AG(4)(b)	Pages 38-41	Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including the following: <ul style="list-style-type: none"> <li>• Statistics on staffing classification level;</li> <li>• Statistics on full-time employees;</li> <li>• Statistics on part-time employees;</li> <li>• Statistics on gender;</li> <li>• Statistics on staff location;</li> <li>• Statistics on employees who identify as indigenous.</li> </ul>	Mandatory
17AG(4)(c)	Pages 36-38	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i> .	Mandatory
17AG(4)(c)(i)	Pages 36-38	Information on the number of SES and non-SES employees covered by agreements etc identified in paragraph 17AG(4)(c).	Mandatory
17AG(4)(c)(ii)	Page 42	The salary ranges available for APS employees by classification level.	Mandatory
17AG(4)(c)(iii)	Pages 36-37	A description of non-salary benefits provided to employees.	Mandatory
17AG(4)(d)(i)	n/a	Information on the number of employees at each classification level who received performance pay.	If applicable, Mandatory
17AG(4)(d)(ii)	n/a	Information on aggregate amounts of performance pay at each classification level.	If applicable, Mandatory
17AG(4)(d)(iii)	n/a	Information on the average amount of performance payment, and range of such payments, at each classification level.	If applicable, Mandatory
17AG(4)(d)(iv)	n/a	Information on aggregate amount of performance payments.	If applicable, Mandatory
<b>Assets Management</b>			
17AG(5)	n/a	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities.	If applicable, mandatory
<b>Purchasing</b>			
17AG(6)	Page 43	An assessment of entity performance against the <i>Commonwealth Procurement Rules</i> .	Mandatory



<b>Consultants</b>			
17AG(7)(a)	Page 43	A summary statement detailing the number of new contracts engaging consultants entered into during the period; the total actual expenditure on all new consultancy contracts entered into during the period (inclusive of GST); the number of ongoing consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting year on the ongoing consultancy contracts (inclusive of GST).	Mandatory
17AG(7)(b)	Page 43	A statement that <i>“During [reporting period], [specified number] new consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing consultancy contracts were active during the period, involving total actual expenditure of \$[specified million]”</i> .	Mandatory
17AG(7)(c)	Page 43	A summary of the policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged.	Mandatory
17AG(7)(d)	Page 43	A statement that <i>“Annual reports contain information about actual expenditure on contracts for consultancies. Information on the value of contracts and consultancies is available on the AusTender website.”</i>	Mandatory
<b>Australian National Audit Office Access Clauses</b>			
17AG(8)	Page 43	If an entity entered into a contract with a value of more than \$100 000 (inclusive of GST) and the contract did not provide the Auditor-General with access to the contractor’s premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract.	If applicable, Mandatory
<b>Exempt contracts</b>			
17AG(9)	Page 43	If an entity entered into a contract or there is a standing offer with a value greater than \$10 000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters.	If applicable, Mandatory

	<b>Small business</b>		
17AG(10)(a)	Page 43	A statement that “[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance’s website.”	Mandatory
17AG(10)(b)	Page 43	An outline of the ways in which the procurement practices of the entity support small and medium enterprises.	Mandatory
17AG(10)(c)	n/a	If the entity is considered by the Department administered by the Finance Minister as material in nature—a statement that “[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury’s website.”	If applicable, Mandatory
	<b>Financial Statements</b>		
17AD(e)	Page 49	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory
17AD(da)	Page 74	Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 2-3 of the Rule.	Mandatory
<b>17AD(f)</b>	<b>Other Mandatory Information</b>		
17AH(1)(a)(i)	n/a	If the entity conducted advertising campaigns, a statement that “During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity’s website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance’s website.”	If applicable, Mandatory
17AH(1)(a)(ii)	Page 43	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, Mandatory
17AH(1)(b)	Page 43	A statement that “Information on grants awarded to [name of entity] during [reporting period] is available at [address of entity’s website].”	If applicable, Mandatory
17AH(1)(c)	Page 43	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory
17AH(1)(d)	Page 44	Website reference to where the entity’s Information Publication Scheme statement pursuant to Part II of FOI Act can be found.	Mandatory
17AH(1)(e)	n/a	Correction of material errors in previous annual report.	If applicable, mandatory
17AH(2)	Pages 43-44	Information required by other legislation.	Mandatory