

VMIAAC
by and for consumers



ANNUAL
REPORT

2018/2019



VMIAC would like to acknowledge the traditional custodians of the land on which we live and work, and to pay respect to elders past and present and those emerging



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ABOUT VMIAC

VMIAC is the Peak Victorian non- government organisation for people with direct lived experience of mental health issues or emotional distress. VMIAC's membership comprises individuals with direct lived experience as well as associate members who are allies.

VMIAC engages in a number of activities including:

- Information provision
- Consumer perspective education and training
- NDIS
- Support
- Individual, group and systemic advocacy
- Research

VMIAC receives recurrent funding from both the Commonwealth and Victorian State Governments. The State Department of Health and Human Services provides the bulk of our funding to enable us to undertake most of our work. The Commonwealth Department of Social Services provides funding to deliver an advocacy service to people who live in rural and regional Victoria.

OUR VISION

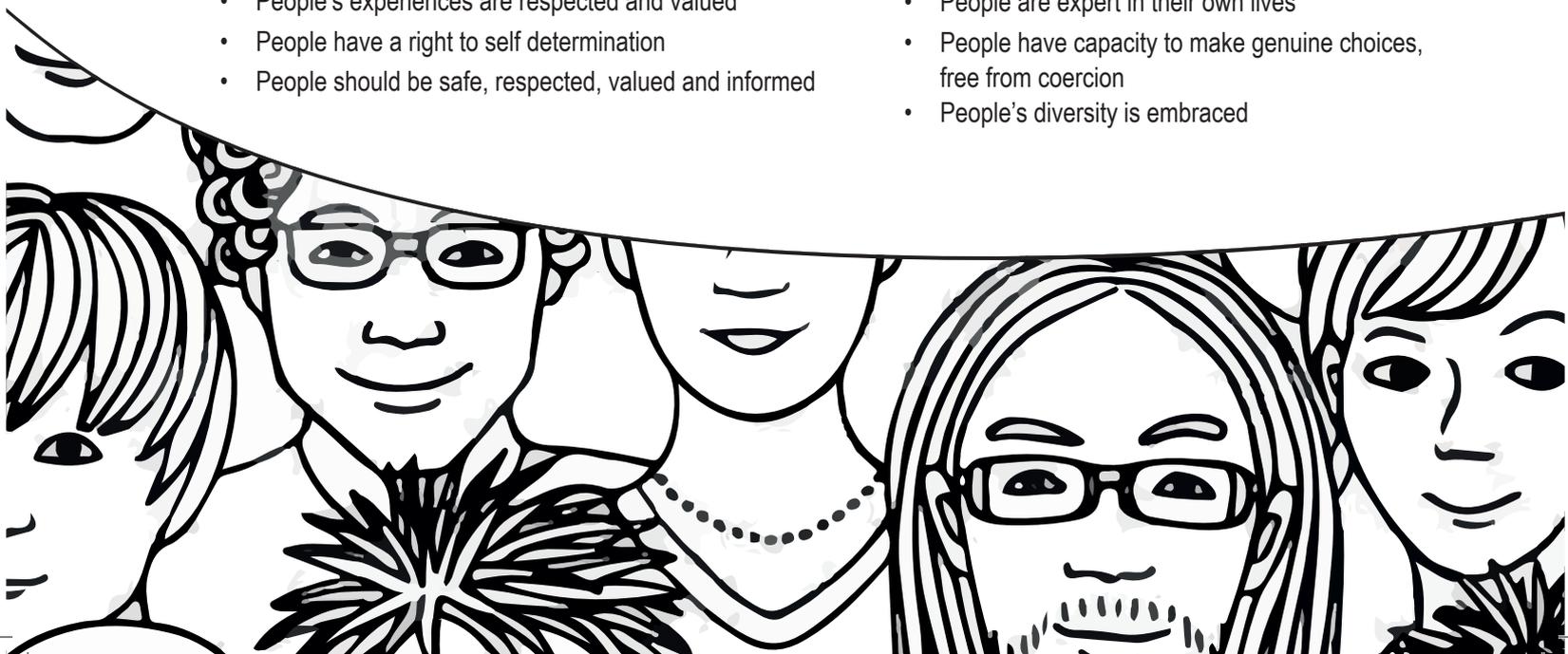
A world where all mental health consumers stand proud, live a life with choices honoured, rights upheld and these principles are embedded in all aspects of society. VMIAC aims to achieve our vision by:

1. Honouring mental health consumer diversity
2. Providing advocacy for mental health consumers
3. Advancing mental health consumer workforce and leadership
4. Delivering information and training to the community
5. Enabling mental health consumer driven education and research
6. Developing strategic partnerships

OUR GUIDING PRINCIPLES

VMIAC's work is premised on the following beliefs:

- People's experiences are respected and valued
- People have a right to self determination
- People should be safe, respected, valued and informed
- People are expert in their own lives
- People have capacity to make genuine choices, free from coercion
- People's diversity is embraced



COMMITTEE OF MANAGEMENT

Members of the Committee of Management for the 2018-2019 year were:

Chairperson	Vrinda Edan
Deputy Chair	Dr Tricia Szirom
Secretary	Liz Carr
Treasurer	Caron Byrne

Ordinary Members

- Eila Lyon
- Tom Wood
- Dr Chris Maylea
- Ali Pain
- Toni Paynter
- Alison Hall
- Ross Leonard

Committee members have also contributed to sub committees that form part of the VMIAC governance structure:

- Finance Audit and Risk Management sub committee
- Human Rights and Ethic committee
- Quality Assurance sub committee

VMIAC STAFF

Maggie	Frankie	Jess	Nicole
Narelle	Indigo	Simone	Jenny
Liz	Bill	Shellie	Romy
Jopay	Dom	Matt	Sean
Neil	Beck	Daryl	Joanne



CEO'S REPORT



VMIAC has had an impressive year of achieving milestones. We began the new financial year with a showcase forum of Culturally and Linguistically Diverse Community Projects which was the result of collaborative partnerships between VMIAC, Tandem and the Victorian Trans-Cultural Psychiatry Service.

VMIAC's commitment to reach as broad a base of consumer experiences has enabled us to reaffirm our vision and move forward with consolidating current and new partnerships. With a Victorian State Election looming we rallied our membership at a number of weekend forums to find out what mattered to them. We engaged in conversation with political parties, providing them with a list of VMIAC's members concerns and then watched as they were tabled at one of the final sittings in Parliament. Forums continued throughout the year with international speakers Rai Waddington, Oryx Cohen and Lucy Johnston.

We celebrated Mental Health Week by holding our bi-annual awards night at the Brunswick Town Hall and celebrating the great achievements of our award recipients of whom included our inaugural allies award. We saw our social media jump 100% and learnt that to maintain this level we needed to tighten our processes.

We maintained our commitment to provide scholarships to the TheMHs conference and broadened the scope to include other conferences throughout the year. We were fortunate to take six consumers to Adelaide for TheMHs.

We saw the development and then engagement of VMIAC's first youth leadership program. We invested time in the Committee of Management and staff team to under-take new strategic development, recognising that this is just the first step. We grew as an organisation, employing more staff to fill more roles.

We continue to ensure that our voice is representative of our membership and we used that knowledge in our first discussions with the Chair and CEO of the Royal Commission in to Mental Health.

My final note is to highlight the loss of one of our Committee members – Sherie Stifler who passed away in 2018. Sherie was an active member of the Lived experience workforce, a dedicated committee member of VMIAC, a consumer advocate and representative on departmental committees and advisory groups. Sherie was awarded the VMIAC Human Rights Award in 2018 just before she died. Sherie's passing is a great loss for VMIAC and the consumer movement. Sherie's authentic narrative of hope is a legacy that we can pass on to future generations of consumer leaders. Sherie is survived by her children.

MAGGIE TOKO

VMIAC strives to
NEVER FORGET
that there are
CONSUMERS who are
at the coal face of
DISADVANTAGE AND HARM
EVERY DAY
and that we
intend to
NEVER GIVE UP
FIGHTING FOR
THEIR RIGHTS

CHAIRMAN'S REPORT



The 2018-2019 year has been a year of growth for VMAIC, with a number of projects being undertaken and a strengthening of our advocacy work. The program managers reports outline the wonderful work the staff have undertaken during the year.

The year started with our biannual awards at which we introduced our inaugural Ally award. For many years we have had allies who have supported us in our work and the team, and the committee of management believed that we should acknowledge their work. We were delighted to be able to award a lifetime achievement award to Brenda Happel and an Ally award to Bridget Hamilton. More details of their work is in the awards section of this report. We had some amazing nominations for all of our awards, and we were delighted to be able to present Janet Karagounis with the lifetime achievement award. Janet's work in Voice Hearing has been inspirational to many people over the years and we look forward to more great things to come from her and the crew at Voices Vic. More information on the Awards and awardees is elsewhere in the annual report.

We launched our first election campaign it great acceptance by our membership. It was encouraging to see that we are on the right track with our advocacy and that we are able to get our memberships concerns into discussion points and onto the government's agenda.

We quickly followed this up with our submission to the Terms of Reference consultations for the Victorian Royal Commission int Mental Health Services, advocating strongly for a Consumer Commissioner. While this was unsuccessful, we did succeed in

having a great ally in Professor Bernadette McSherry appointed and ensuring that there were to consumer experts on the expert advisory committee. Much more work followed with the Commission and there is a detailed report on the great work of this team further in this report.

Both the Advocacy team and the NDIS team have undergone changes with expanded work roles and changes in staffing.

The Committee of Management this year have focussed on strengthening the governance of the organisation with new procedures and reporting templates and a strong strategic plan being developed following several planning meetings. The agreed Strategic Goals for VMIAC for the 2019-2022 years are:

- Reshaping the research agenda
- Consumer leadership and expertise
- Reform for radical change
- Creating a sustainable organisation

Further details on the strategic goals is available in our separate document and on our website.

As you will see in this report there has been an enormous amount of work undertaken this year, with some sustainable outcomes for our membership and consumers across the state. I want to extend an enormous thank you to all the staff, members, consumers and allies who have helped to achieve these outcomes for all of us.

VRINDA EDAN

We are

PARTICULARLY PROUD

of the YOUTH

LEADERSHIP

PROGRAM and the

NDIS TEAMS

work with the

COMMUNITY.

HUMAN RIGHTS, POLICY AND COMMUNICATIONS

This year brought an exciting new focus to VMIAC's systemic advocacy, with a sustained commitment to strong, effective and uncompromising advocacy by people with lived experience.

During the year we ran a major election campaign, surveyed consumers about advance statements, made a major submission to the Royal Commission into Mental Health, and launched The Seclusion Report with front page coverage in multiple newspapers.

More than ever before, VMIAC had a strong profile in the mass media, with press releases and regular coverage in the press and on radio. In social media we experienced major growth: our followers grew by 183% and on Twitter our average impressions grew by 480%. During the year we also developed our branding and visual imaging to increase our recognisability and to make sure that consumer voices stand out.

ELECTION CAMPAIGN
'HURT IN HOSPITAL,
CAUSALITIES IN
THE COMMUNITY'

VMIAC ran its first major election campaign during the second half of 2018, in the lead up to the Victorian state election. We developed an election platform with calls for action on three major issues.

471%
INCREASE
IN SECLUSION OF
ADOLESCENTS SINCE 2016

Hurt in hospital

Consumers continue to experience serious physical and psychological harms in Victorian mental health hospital units, through compulsion, seclusion, restraint and the impacts of medication and ECT. We argued for more accountability, transparency and consumer-run services.

68%
OF WOMEN FEEL UNSAFE
IN MENTAL HEALTH SERVICES

Sexual violence in hospital

On the heels of a damning report by the Mental Health Complaints Commissioner, we focused on the shocking issue of sexual violence which continues to impact people within psychiatric services. Despite more than 25 years of reports on this issue, Victorian hospitals & governments have failed to protect consumers from sexual violence while in hospital. We argued for immediate investment in patient-controlled locks on bedrooms and bathrooms, and a raft of other urgent measures.

Barriers to the NDIS

We highlighted the many failings of the NDIS for people with psychosocial disability, including discriminatory and distressing barriers to entry. We campaigned for funding to walk-in community support services and better advocacy access.

For our first campaign we had some significant wins:

- The Greens adopted one of our issues into their campaign commitments
- We received mass media coverage
- Many consumers thanked us for fighting so hard for the issues that mattered to them

“It has been 2 years since I’ve been to the psych ward. Since my psych ward stays I have had to spend time with a therapist talking about the terrifying things that happened to me on the psych wards. I had to pay for this therapy. I have also developed a need to sleep in my own bedroom, and can no longer sleep in the same room as my wonderful partner; I just want to be alone.” (Clara)

“I have found the process of transitioning to the NDIS to be inherently retraumatising, even though I was in a defined program. And observing my peers (who needed to apply) being treated so badly within a system riddled with Catch22s is heartbreaking.” (Kristen)

THE SECLUSION REPORT

Seclusion causes mental, emotional and physical injuries—it has no place in a modern healthcare setting. Every seclusion is a failure of care.

In April 2019 we launched The Seclusion Report, the first in a series of publications that look at psychiatric hospital safety from the perspective of consumers.

7,215

FORCED RESTRAINTS
OF PEOPLE IN VICTORIAN
MENTAL HEALTH SERVICES
IN THE LAST YEAR

“It’s though you’re some kind of rabid animal that needs to be put in a cage and controlled. And in the end it makes things worse, because you become quite fearful of seeking help down the track.” (Jess Cochrane, local consumer, The Age)

“This is NOT how you help someone who is experiencing mental distress. This is how you worsen it. It is confusing, scary and traumatic, and adds insult to injury.” (Louise)

The Seclusion Report took data from a range of government sources to create a league table of hospitals, ranked from those who seclude the most often, to those who use seclusion the least.

Key findings:

- Victorian hospitals seclude people for longer than other states in Australia
- The worst hospital secluded people 18 times more often than the best hospital
- There are significant gaps in data that mean it’s not currently possible to get a full picture of restrictive practices in Victorian mental health services.

Why we wrote it:

- To make information about seclusion more accessible. We believe people have a right to know how safe or traumatising their local hospital might be.
- To make public hospitals more accountable for their use of seclusion, and to create additional pressure for change.

We launched the Seclusion Report with a front page investigative report in The Age newspaper, coverage in many regional papers, and an interview on Jon Faine’s Morning Show on ABC Melbourne.

HUMAN RIGHTS, POLICY AND COMMUNICATIONS

ROYAL COMMISSION INTO MENTAL HEALTH

VMIAC has been an active participant in the Royal Commission into Mental Health since before it began.

On the day after the Royal Commission was announced, VMIAC's Indigo Daya was on the front cover of The Age newspaper, speaking about what we consumers and survivors expected.

On the day that the commissioners were announced, VMIAC issued a press release, and our CEO Maggie Toko was on Channel 9 news, expressing our disappointment in the lack of a consumer commissioner, and the failure to focus on abuse within services.

In January 2019 VMIAC made its first, 38-page submission to the Victorian Royal Commission into Mental Health. We consulted widely with consumers and developed a comprehensive submission which described our concerns with the terms of reference for the Royal Commission.

We took a strong stand about the principle 'Nothing about us without us is for us'.

57%

OF ADULTS ARE
FORCIBLY DETAINED,
TREATED &
TRAUMATISED

Like other marginalised and oppressed groups in society, such as Aboriginal and Torres Strait Islander peoples, women, LGBTIQ people, and people with disability, mental health consumers are increasingly saying that:

We can speak for ourselves— and psychiatrists, nurses, organisations, and even family members— do not always know, or ask for, what we really want and need (Submission, p.33).

Our submission critiqued all 10 suggested terms of reference topics, and we added a further ten topics that matter to consumers:

1. Harms and abuses
2. Legislation and human rights
3. Service systems and models of practice
4. Recovery
5. Police interactions
6. Physical health and early death
7. State government responsibility for therapy
8. Violence and mental health
9. Gaps in care for abuse and trauma survivors
10. Discrimination and community attitudes

*“System locks up and medicalises rather than looking holistically i.e. what happened to the consumer rather than what’s wrong.”
(Consumer)*

*“Psychiatrists just need to be accountable. This Royal Commission needs to decrease the power of the mental health psychiatrists and increase the power of the users/victims.”
(Consumer)*

SURVEY ON ADVANCE STATEMENTS AND NOMINATED PERSONS

Advance statements and nominated persons were introduced in the Mental Health Act 2014 (Vic) as mechanisms for supported decision making. This year we worked on a project with the Office of the Chief Psychiatrist to explore why the uptake of these mechanisms was so low, and what consumers thought about them.

In August we released a 58 page report after surveying 50 consumers about advance statements and nominated persons.

“I think most people think there’s no point in having an advance statement if it’s just going to be ignored.” (consumer)

“To some extent it’s made me feel less powerless. However, not all staff read them or take them seriously, so don’t hope for respectful care.” (consumer)

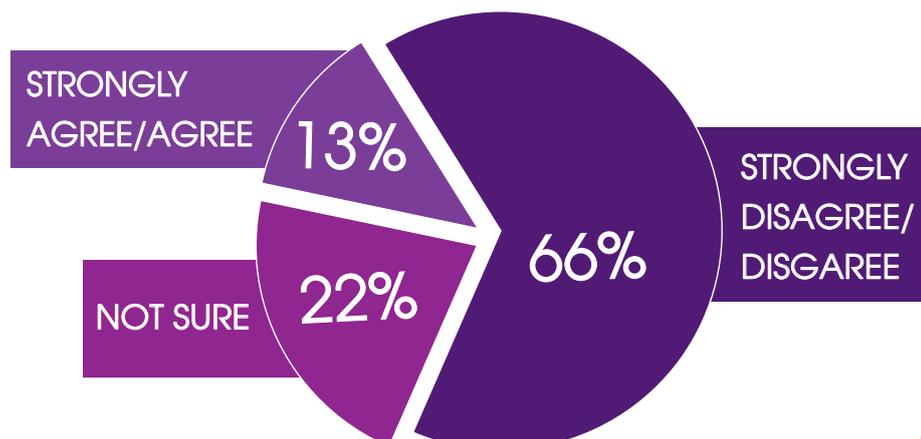
“I think the push should be towards services actually utilising the statements.... I question why consumers are being nagged to complete something that can—depending how the service responds to it—feel a little tokenistic.” (consumer)

Key findings:

- Awareness was not a strong issue
- People did not trust that clinicians would respect these mechanisms, they felt tokenistic
- People want access to support in order to prepare advance statements
- Despite the issues, people thought they were worth having
- Consumers had widely varying experiences with carers and family in relation to nominated persons. Some people wanted family included more, while others spoke about abuse within families and wanted to be able to nominate ‘excluded persons’ in order to be safe in the service.

INDIGO DAYA

I AM CONFIDENT THAT A HOSPITAL WOULD UPHOLD MY ADVANCE STATEMENT



NDIS

NDIS EDUCATION

The NDIS Education and Support Team are supported by the Victorian State Government to provide education, resources and support around the NDIS to people with a psychosocial disability via DHHS NDIS Transition Support Funding.

Over the course of 2018 -19 VMIAC's NDIS Education Team provided training to consumers in metropolitan and regional areas including NDIS workshops in Parkville, Brunswick, Dandenong, Wangaratta, Sale, Bairnsdale, Caroline Springs, Werribee, Berwick, Hoppers Crossing, Moonee Ponds and Melton. Our NDIS Educators provided inhouse training to Clinical and Community Mental Health Services and the Community Sector and presented at the Second National Conference and at Mental Health, Community and Workforce NDIS Forums and NDIS Expos.

This year we have continued to successfully use social media as an educational tool with videos and podcasts released that highlight consumer perspectives on the NDIS and which provide a rich source of expert commentary and learning. Blogs about the NDIS are currently in development and will be released with the launch of VMIAC's new website.

NDIS INFORMATION AND INTENSIVE SUPPORT

In response to a need to provide more tailored individual support to consumers in 2018-19 we created the NDIS Information and Intensive Support Worker role that provides outreach and phone-based support to consumers across their NDIS journey. From helping to gather evidence for an NDIS application, to answering questions and attending NDIS planning meetings we utilise a peer support approach to maintain warmth and respect for the consumer/participants that we work with. Our NDIS Intensive Support is receiving high demand and interest from our community highlighting the importance of this specialist role for consumers in their NDIS Journeys.

NDIS CRITICAL REFERENCE GROUP

This year NDIS team launched an NDIS Critical Reference Group (NDIS CRG) to share ideas and experiences of people applying for and utilising the NDIS. The aim of the NDIS Critical Reference Group is to provide an avenue whereby NDIS Participants can review and advise on VMIAC's work in all areas relating to the NDIS including advocacy, support, education resources. Member Terms of Reference were drawn up and 21 Expressions of Interest received from NDIS applicants and participants.

VMIAC NDIS APPEALS SERVICE

It's been a very busy year for the advocates of the appeals team with high demand from consumers wishing to challenge decisions made by the NDIA. Over the course of 2018-19 the NDIS Appeals team has supported 8 people through the AAT and 24 people through Internal Review along with supporting many more people through the NDIS Access. It's still early days with the NDIS and the scheme despite great outcomes for some people with a psychosocial disability is still proving difficult for consumers with far too many people struggling to gain rightful access or receive adequate plans with appropriate recovery focused support.

The NDIS Team is hopeful that with

THE RIGHT
EDUCATION,
TRAINING AND
SAFEGUARDS

in place the NDIS will prove resource for

PEOPLE WITH A
PSYCHOSOCIAL
DISABILITY.

VMIAC MUTUAL SELF HELP AND PEER SUPPORT NETWORK PROJECT

Through funding supplied through a NDIS Information and Linkages Grant. VMIAC continued its developmental work with 16 mutual self-help and peer support groups across Victoria to engage in shared learning and grow their impact.

Economic participation, sustainability and growth were key focus areas for groups with training, mentoring, networking and assistance and support provided to all project participants. The outcomes from this project were beyond our expectations and showcase the benefits of otherwise isolated groups coming together to catalyse new initiatives they include;

- The Boomerang Network hosted a Small Business Development and Arts Leadership training program in partnership with C-Collective and Mixed Nuts Media.
- The Maine Connection established a case for consumer-led NDIS services in Castlemaine.
- Schizy Inc. delivered a very successful Mojo Film Festival at the Melbourne Town Hall and expanded their horizons.
- Healesville's Arts and Minds consolidated their program and raised the profile of mental illness peer support groups in neighbourhood houses.
- OutMinds increased the scope and diversity of their community outreach program.
- Insights Peer Support Group in Ballarat launched a new website and online gallery and delivered consumer-led mental illness awareness workshops at Federation University.
- BiPolar Life developed a long-term strategic plan and negotiated a succession plan for their Secretary position.

THE NDIS PEER FACILITATED SELF ADVOCACY PROJECT

The NDIS Peer Facilitated Self Advocacy Project was a trial project delivered over the first 6 months of 2019 and funded by the Victorian Department of Health and Human Services (DHHS).

The Project was delivered by the Independent Mental Health Advocacy (IMHA) in partnership with VMIAC and Tandem. The project provided an opportunity to pilot a peer facilitated self-advocacy skills development program aimed at increasing the knowledge and capabilities of people with a psychosocial disability in engaging with and utilising the National Disability Insurance Scheme.

Some great outcomes from the project were the development of a comprehensive and freely available resource for consumers on all aspects of the NDIS journey and the successful trialling of a Peer Delivered Train the Trainer Model which provides the opportunity for Peer Workers to be trained up in delivering workshops on the NDIS based on the learnings of this project.

NEIL TURTON-LANE



CONSUMER LIAISON

ADVOCACY

We've had some significant reform in the advocacy team throughout the period, with the mental health sector continuing to transform with the roll out of the NDIS, the announcement of the Victorian Royal Commission into Mental Health.

Beck Curry joined us, providing a breadth of knowledge and a kind presence to the consumers we work with. We have also said farewell to Bill Moon retiring after many years devoted to the consumer cause. I would like to take this opportunity to thank Bill for all his hard work and dedication to our advocacy program and wish him all the best in the next chapter of life.

We have also implemented a new data system which has enabled us to more accurately collect information around our service provision, with our team taking 662 enquiries for the year, resulting in approximately 240 advocacies from across the state.

TOP THREE ADVOCACY ISSUES FOR THIS PERIOD ARE:

1. Assistance with
the Mental Health
COMPLAINTS
COMMISSION
PROCESS

2. Rights and information
around INPATIENT
UNIT STAYS

3. Access to
SERVICES

CONSUMER ENGAGEMENT

The development of the VMIAC Consumer Register (The register supports consumers to provide input and leadership into issues that affect the broader consumer community) continues, with over 30 register participants engaged over the period.

Some significant projects consumer register participants have been engaged with include:

- ECT Audits
- Review of Sub-Acute Mental Health Services
- Mental Health Victoria and the DHHS Workforce Development project
- Forensic Mental Health in Community Health project
- NDIA Training Interviews

As well as the register, our community engagement team continues to run and support various VMIAC events including the 2019 CALD forum, the Consumer Workforce Education and Mutual Support (CWEMS) days, our stall at the Midsumma festival and the 2018 VMIAC Awards.

VMIAC EMERGING LEADERS PROGRAM

VMIAC held its first Emerging Leadership program in early 2019; a residential retreat-based program aimed at supporting young people to develop the skills that will allow them to become the next generation of lived experience leaders.

The program was based on adaptive leadership and design thinking principles to prepare our participants to respond to the complex nature of the mental health leadership environment. The program was experiential, with learning facilitated by supporting participants to take risks and experiment with new

behaviours and beliefs outside of their comfort zone and reflect on how their thoughts, values and beliefs impact on them as leaders.

As well as these key concepts, each retreat focused on specific themes relevant to advocating access and engagement by people with lived experience of mental illness/psychosocial disability. Participants explored these through guided sessions, guest speakers and broader discussions.

Participants were **SUPPORTED**
to develop their
OWN LEADERSHIP
PROJECT

Participants came up with the idea of a children's book about mental health "My Toolbox". The participants wrote the story during their retreats and presented it at their graduation in June.

VMIAC is looking to support this project to completion in the new year.



ROYAL COMMISSION

VMIAC was asked by the Victorian Royal Commission into mental health, to provide Peer Support at their Community consultations. This request was a follow up from attendee feedback. VMIAC's response was immediate, with the request coming one day and Peer Support casuals, attending Community Consultations in Geelong the next.

VMIAC appointed a

PEER SUPPORT

TEAM LEADER

to oversee VMIAC's ongoing engagement with the

VICTORIAN ROYAL

COMMISSION

including supporting

people to SUBMIT

THEIR STORIES,

VIA WRITTEN

OR VIDEO FORMAT

Submission focus began when the community consultations ended, there was a five-week window to support as many people as possible to submit before the closing deadline of 5th July 2019.

Jenny Hickinbotham was appointed Team Leader and six fabulous casuals, Sean, Joanne, Nicolle, Romy, and Sharon were engaged to support the work. Sharing the engagement, VMIAC workers from other programs, volunteered one of their workdays to Peer Support at the community consultations.

VMIAC's Peer Support RC Team developed three approaches for consumers to engage, they were:

- Individual's engagement with VMIAC's flyers and cheat-sheets on VMIAC's website

- One staff available two days each week to work one-on-one, at VMIAC's office, with consumers to make submission
- Workshops held in metropolitan, regional and rural towns and cities supporting consumers to make submissions

WHAT WAS ACHIEVED:

- 20 Workshops in metropolitan, rural and regional locations
- Two services supported, Thomas Embling Hospital, we visited twice, and Barwon Health
- About thirty individuals supported by email, phone, and face to face
- Total people supported approx. 150

EVIDENCE/QUOTES

One casual staff sent the following Text to Team Leader Jenny Hickinbotham:

Thanks for your encouraging text yesterday. I actually had a great time at the workshop. Best turn out yet and feels good to be achieving something. I am learning a lot and am very grateful for the opportunity to be involved.

One consumer, Byron, wrote the following on Twitter:

Went to a @VMIAC Royal Commission Workshop. The Support Team were lovely, kind and understanding of my experience. Gone from feeling overwhelmed about it all to having more clarity about making a submission. Very grateful for the support.

Another consumer sent the following note:

Thank you for your kind assistance today much appreciated.

ISSUES FACED BY PEER SUPPORT TEAM

- Time frame felt impossible

WAS IT WORTH DOING?

- Absolutely it was worth supporting over 125 consumers to submit their stories/issues to the Vic Royal Commission into Mental Health
- Each of these consumers supported by the VMIAC Peer Support Royal Commission team was very grateful for the professional support
- People living in Thomas Embling Hospital also engaged strongly with the RC Peer Support Team's attendance, twice, to support them to make submissions. This was a great initiative, requested by the Peer Team at Thomas Embling.
- Consumers are still phoning VMIAC RC Team, asking if they can submit, when the RC business will finish.

A worthwhile achievement was

TRAINING AND
INTRODUCING
NEW PEER WORKERS
TO THE PEER SPACE

and supporting them to work within the sector.

- An unmeasurable aspect of the RC Team's work is the community impact, in terms of goodwill, brand awareness and loyalty within the general public for VMIAC as well as VMIAC's membership base.

ANOTHER UNMEASURABLE ASPECT of the RC Team's work is their IMPACT ON SERVICES, mental health and otherwise, as well as MEDIA, INCLUDING SOCIAL MEDIA and the local communities around Victoria, in terms of MENTAL HEALTH AWARENESS RAISING, THOUGHT-PROMOTION, BREAKDOWN OF STIGMA AND DISCRIMINATION goodwill for mental health presentations in the community and THOSE LIVING WITH MENTAL HEALTH ISSUES.

The Victorian Royal Commission into Mental Health interim report is to be release at the end of November 2019.

PHOENIX PROJECT

In 2018 the Victorian Mental Health Complaints Commissioner (MHCC) published and launched 'The Right to be Safe' report (2018) which confirmed that exposure to sexual violence in inpatient units continues to be a significant issue.

The 2018

'RIGHT TO
BE SAFE' REPORT
confirmed that
SEXUAL SAFETY
INCIDENTS
are ONGOING
despite recent
CHANGES MADE
BY HOSPITALS

The report provided recommendations which included; developing peer support approaches; providing all staff trauma informed care; ensuring breaches to ensuring sexual safety are reported.

In response to the report the Department of Health and Human Services (DHHS) provided funding to VMIAC to run a 10 month pilot project which offers support to Consumers of Public Health Inpatient Support who have experienced or witnessed sexual violence, sexual harassment or not feeling sexually safe in inpatient units.

In October 2018 the Phoenix Project commenced. Two mental health lived experience project workers, were initially employed to commence the project. Early phases of the Phoenix Project involved the development of a strategic plan which included;

research (including an international literary search), development of a networking and consultation strategy, project abstract, communication plan (for stakeholders & consultations), and development of a Trauma Informed Peer Support model.

In March 2019, Sharon Williams and Jane Dubock were employed as Trauma Informed Peer Support Workers to complete the remaining phases of the pilot and offer the planned Phoenix Service for eligible consumers.

In accordance with the project's framework, responsibilities included consultation meetings with key stakeholders (including MHCC, CASA forum, alternative specialist counselling services, Victoria Police (SOCIT, VAP program, VOCAT), Office of the Chief Psychiatrist, MHLIC, National Redress Scheme & providers, Community Mental Health Services & NDIS providers. These meetings served to develop warm referral pathways for potential Phoenix participants and to exchange information regarding service provision, raising awareness of the issue of sexual safety in inpatient units, the value of peer work and the Peer Support service available through the Phoenix Project.

A database of stakeholders and promotional material (flyer and pamphlet) were developed and circulated by email and post with accompanying detail about the project. Administrative and data collection procedures were developed in alignment with Peer Support Principles respecting consumer choice and control, privacy and consent leading to the commencement of offering Phoenix Peer Support Sessions at the commencement of June 2019.

The project was promoted as

OFFERING 2-6 SESSIONS
OF TRAUMA INFORMED
PEER SUPPORT

to any person over 18
who has experienced,
or witnessed,

SEXUAL ASSAULT,
SEXUAL HARASSMENT,
OR NOT FEELING
SEXUALLY SAFE,

while in a Victorian

MENTAL HEALTH
INPATIENT UNIT,

recent or historic.

Sessions provided an opportunity for participants to share their story with a Specialist Peer Support Worker in a safe space where believing, understanding and validation were priorities. Phoenix sessions also have offered the opportunity for peers to share information and strategies when considering services options and pathways. People accessing the service in June indicated an interest in utilising their accounts to contribute to change through VMIAC's advocacy work.

The original model for providing Phoenix sessions evolved over the month that it had been offered to accommodate access barriers. Phone sessions and Zoom (video) sessions were introduced as an option for people located in rural areas. Taxi vouchers were

provided to people who required financial assistance to attend. Participants who did not attend planned appointments were offered alternative support after a period over the phone, as required. People who indicated an interest in the project but have not accessed sessions provided the following reasons:

***"I am not ready",
"I do not identify with eligibility criteria",
"I am overwhelmed with other health issues"
and "I am too far away"*** (regional areas).

**SHARON WILLIAMS
AND JANE DUBOCK**



PARTNERSHIPS

THE 'BUILDING MENTAL HEALTH LITERACY AND CAPABILITY IN ETHNIC COMMUNITIES' PROJECT

In August 2018 the Sharing Minds Forum took place at Darebin Arts and Entertainment Centre with the aim of showcasing the work and achievements of the 'Building mental health literacy and capability in ethnic communities' Project. Twelve groups came together to share the work they have been doing to improve the mental health and wellbeing of refugee and migrant background communities across Victoria. These community, health and not for profit groups had received funding under a Department of Health and Human Services small grants program, which was administered in partnership by VMIAC and Tandem.

The presentations provided the opportunity for each group to share their successes, challenges and vision in working towards a more inclusive and culturally responsive way of responding to the mental health needs of these diverse communities.

Projects ranged from working with ELDERLY MEMBERS OF THE CHINESE COMMUNITY, WORKING WITH PASTORS, HOMELESS ASYLUM SEEKERS and LGBTI PEOPLE IN CULTURALLY DIVERSE COMMUNITIES in both REGIONAL AND METROPOLITAN AREAS.

Many at the forum brought with them lived experience of trauma, mental health issues, discrimination, racism and social exclusion, as well as powerful positive stories to tell of the strengths in their communities and projects along with the gaps they experience or witness around the support for members of CALD Communities in our State's systems and services.

The forum was a great demonstration of the projects funded and a wonderful networking opportunity for all, it provided a very strong case for further funding of longer term projects within these communities which remain at higher risk of mental ill health due to isolation, separation and lack of appropriate mental health supports which service their community's needs.

CONSUMER INVOLVEMENT IN ECT AUDITS

My name is Tanya Wall and I am a Peer Program Worker for Wellways PARC and I have now secured a position with the VMIAC Register as a Consumer Perspective ECT Auditor. I support the Department of Health and Human Services (DHHS) and the Office of the Chief Psychiatrist (OCP).

I commenced this role in early 2019 and have had the opportunity to visit several Victorian Public Hospital sites. My position within the team is to look at the ECT journey travelled by the Consumer themselves. Whether they be an inpatient or coming in for maintenance treatment, it is vital that all areas of a service are looked at and examined to ensure the best possible experience for every individual undergoing ECT treatment.

As a mental health advocate and mental health Consumer survivor who has undergone a significant amount of ECT myself, I find it very rewarding to be part of a team who are developing and recommending improvements to ensure a non-traumatising and stigma free treatment is given and received each and every time.

From LANGUAGE USED
IN PATIENT FILES,
to the LOOK AND FEEL
OF THE ECT SUITE,
to the SUPPORT OFFERED
BY PEER SUPPORT WORKERS
to consumers who are
struggling with the mere
idea of ECT, EVERY ASPECT
OF THE SERVICE IS
INVESTIGATED to gather
a clear picture of
HOW EACH SERVICE RUNS
this vital treatment modality.

At the conclusion of our fact-finding mission we then have the opportunity to present both our findings and recommendations to the department heads. This feedback is always well received and further discussed as ultimately each service wants to run the best Consumer/Patient experience.

Being part of such an important Auditing Team and working to offer my perspective and insight on areas for improvement has been a valuable experience to date and I look forward to future site visits to ensure the Consumer always remains paramount throughout their ECT journey.



TheMHS

I thought I'd share some perspectives I gained from the first keynote speaker and nurse practitioner Matt Ball that resonated with me as antidotes to the anxiety that can be a part of mental distress, demonstrating the resilience and toughness of the human spirit:

"WE NEED TO TURN NARRATIVES FROM A WHISPER INTO A ROAR"

To me this means that people labeled "mad" need to own their stories and be bold about sharing them. We should move from being ashamed and fearful to "out and proud" (the last phrase courtesy of the gay pride movement).

"SOME OF OUR VOICES CAN SUPPORT US AND MAY EVEN BE PROTECTIVE, LIKE THE CANARY DOWN THE MINE SHAFT"

I wrote this quote down because it held a nugget of truth for me. When I first started hearing voices it was in the context of feeling "othered" at work (I was the only female in my team) and suffering severe and prolonged stress due to sexual harassment.

The voices, as nasty as they were, nevertheless held some whispers of truth and wisdom. They were warning me that my boss was narcissistic and dangerous, that I was headed for a breakdown or suicide, and that I needed to look after myself and leave this particular workplace immediately.

"SINCE LAST YEAR I HAVE HAD AROUND FIFTY PROFESSIONALS CONTACT ME WHO HAVE LIVED EXPERIENCE BUT DON'T FEEL SAFE SHARING IT"

I included this quote from Matt because it would be greatly liberating and normalising if clinicians felt comfortable enough to reveal their personal experiences with mental ill health, including how they managed without treatment.

"WE CAN'T JUST HAVE ONE MODEL OF RECOVERY, FOR EXAMPLE SPIRITUAL EMERGENCE NETWORKS AND ABORIGINALS DO NOT FIT WITH TRAUMA INFORMED CARE"

I have read about and met many people who heard voices that were not negative but rather friendly and supportive. Perhaps what these people need is not to have their experiences pathologized and medicated away with antipsychotics but to have their symptoms acknowledged and honoured.

And if they need help to integrate their particular symptoms into daily life, as part of living their best life, they should receive this.

NAOMI
CHAPMAN



People have always talked
 Venom oozes from their lips
 Until it rains blows on your crown
 And corrodes the fibres of your heart
 Don't give yourself to these vicious tongues
 Instead wear their words as armour
 Use their disdain as fertiliser
 Roll in their mud like a little piglet
 And let it cleanse your very soul
 Own the label they bestow on you
 And don't for a second let it own you
 May you flower from the filth they throw

This piece was inspired by Matt Ball's keynote speech on consumer day but also the consumer day in general and the 'f&% you' attitude held by many people I met there. It is about learning to accept our madness and embrace what it brings into our lives.

Whispers in the wilderness
 Slowly gathering dust
 Until one speaks into the wind
 And their voice begins to travel
 A cyclone begins to form
 Crashing through the status quo
 Taking all ordinary and safe
 And challenging it to evolve
 The cracks in the system
 A caterpillar destined to transform
 When awakened by the song
 Of those whose stories must be told
 And angry roar echoes out
 That speaks of broken promises
 And demands humanity

This piece was inspired by the theme of the conference 'Hear the whisper, not the roar' and attempts to emphasise the power of whispers to overcome and become roars.

**JESS
 REVENS**



Going to TheMHS 2018 with Team VMIAC

WAS A PRIVILEGE
 AND WILL BE A
 LIFELONG MEMORY.

From the keynote speakers, workshops and discussions, to conversations with different people from different organisations, states and countries, there were some awesome moments.

The thing that stood out for me was the energy generated by the attendees. People who want to improve the mental health space for everyone.

The experience boosted my motivation to continue contributing to the mental health space. I look forward to the journey ahead.

**ANARU
 AUGUST**



Michael Judd, Anaru August, Maggie Toko, Jess Revens and Naomi Chapman.

VMIAC AWARDS

Following the success of our inaugural awards in 2016, celebrating 20 years of Consumer workforce VMIAC made a commitment to continue this tradition biannually.

VMIAC celebrated this years awards night on October 12th 2018 at the Brunswick Town Hall.

THE AWARD

RECIPIENTS WERE :

- Lifetime Achievement Award – Janet Karagounis
- Human Rights Award – Sherie Steifler
- Diversity Award – Toni Paynter
- Consumer worker of the year (Community) – Amy Paton
- Consumer worker of the year (Clinical) – Sam Ryan
- CAG – Thomas Embling Hospital – Forensicare

There were 2 new awards recognising Allies and a new commendation award

- Lifetime Ally award – Brenda Happell
- Ally of the year award – Bridget Hamilton
- Consumer Ally commendation – Inge Remmits



The VMIAC Human Rights award went to Sherie Steifler



Lifetime Achievement Award
Janet Karagounis (pictured with Cath Roper)



Consumer worker of the year (Community)
Amy Paton (pictured with Lynne Coulson Barr)



Consumer worker of the year (Clinical)
Sam Ryan (pictured with Lynne Coulson Barr)



Lifetime Ally award
Brenda Happell (pictured with Vrinda Edan)



Ally of the year award
Bridget Hamilton (pictured with Liz Carr)



Consumer Ally commendation
Inge Remmits (pictured with Vrinda Edan)

TREASURERS REPORT

2018/19 has been a very busy year for VMIAC, with the

MENTAL HEALTH

ROYAL COMMISSION

and VMIAC'S REPORT

ON "SECLUSION"

being just a couple

of HIGH-PROFILE

FOCUS AREAS

during the year.

VMIAC's financial operations have been tightly managed during 2019, with an as-yet unaudited surplus of \$74,800 reflected in the Income & Expenditure report at 30/6/19

Additional income for 2019 included \$293,000 Royal Commission funding, and \$118,000 ILC Volunteer Grant funds, with work ongoing on these projects into 2020

Overall on the costs side of things:

- Direct Program expenses were under budget for the year, in the areas of consultants, travel & conference costs reflecting tight cost management
- Salaries and related costs were also under budget for the year, due to some vacant roles (which are actively being recruited or have been filled since 30/6/19), and
- Advertising & Minor Asset purchases costs were up versus budget, as were Business Planning costs as we focussed on updating and developing VMIAC's 5-Year Strategic Plan.

VMIAC's Balance Sheet indicates:

- A healthy cash position with current assets being \$272,000 higher than last year, and an as-yet unaudited \$970,000 of income carried forward into 2020 (including the Royal Commission and ILC Volunteer Grants funds referred to above)
- The Equity section of the Balance Sheets indicates VMIAC's operations have generated nearly \$560,000 of value in the organisation. A strong position.

Areas of financial focus for the future will include:

- Staff wellbeing & future resourcing of the organisation
- Regular Program & Project reviews, with more rigorous reporting and updates to the Committee of Management
- Strategic Planning and delivering projects which achieve VMIAC's vision
- VMIAC's Risk Management profile, and
- Maximising return on funds

CARON BYRNE CA

11th October 2019

FINANCIAL YEAR ENDED 30TH JUNE 2019

VICTORIAN MENTAL ILLNESS AWARENESS COUNCIL
ABN 28 642 080 520

FINANCIAL STATEMENTS

FOR THE YEAR ENDED
30 JUNE 2019

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VICTORIAN MENTAL ILLNESS AWARENESS COUNCIL
ABN 28 642 080 520

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
FOR THE YEAR ENDED
30 JUNE 2019

	Note	2019 \$	2018 \$
Revenue from ordinary activities	2	1,979,700	2,066,746
Employee benefits expense		(1,185,972)	(1,072,689)
Depreciation and amortisation expense		(14,467)	(14,947)
Loss on sale of assets		-	-
Consultants fees		(1,960)	(10,020)
Direct program expenses		(332,225)	(535,523)
Rent and rates		(39,810)	(39,885)
Other expenses from ordinary activities		<u>(331,881)</u>	<u>(169,021)</u>
Surplus/(deficit) before income tax expense		73,385	224,661
Income tax expense		<u>-</u>	<u>-</u>
Surplus/(deficit) after income tax expense		<u><u>73,385</u></u>	<u><u>224,661</u></u>

VICTORIAN MENTAL ILLNESS AWARENESS COUNCIL
ABN 28 642 080 520

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2019

	Note	2019 \$	2018 \$
CURRENT ASSETS			
Cash and cash equivalents	3	1,824,694	1,518,512
Trade and other receivables	4	11,143	44,133
TOTAL CURRENT ASSETS		<u>1,835,837</u>	<u>1,562,645</u>
NON-CURRENT ASSETS			
Property, plant and equipment	5	46,625	49,586
Intangible assets	6	-	-
TOTAL NON-CURRENT ASSETS		<u>46,625</u>	<u>49,586</u>
TOTAL ASSETS		<u>1,882,462</u>	<u>1,612,231</u>
CURRENT LIABILITIES			
Trade and other payables	7	153,347	116,575
Income in advance	8	970,297	795,086
Provisions	9	59,538	76,611
TOTAL CURRENT LIABILITIES		<u>1,183,182</u>	<u>988,272</u>
NON-CURRENT LIABILITIES			
Income in advance	8	141,717	139,781
Provisions	9	-	-
TOTAL NON-CURRENT LIABILITIES		<u>141,717</u>	<u>139,781</u>
TOTAL LIABILITIES		<u>1,324,899</u>	<u>1,128,053</u>
NET ASSETS		<u>557,563</u>	<u>484,178</u>
MEMBERS' FUNDS			
Retained Surplus		557,563	484,178
TOTAL MEMBERS' FUNDS		<u>557,563</u>	<u>484,178</u>

VICTORIAN MENTAL ILLNESS AWARENESS COUNCIL
ABN 28 642 080 520

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED
30 JUNE 2019

	Retained Earnings \$	Total \$
Balance at 1 July 2017	259,517	259,517
Surplus attributable to the entity	224,661	224,661
Other comprehensive income	-	-
Balance at 30 June 2018	484,178	484,178
Surplus attributable to the entity	73,385	73,385
Other comprehensive income	-	-
Balance at 30 June 2019	<u>557,563</u>	<u>557,563</u>

VICTORIAN MENTAL ILLNESS AWARENESS COUNCIL
ABN 28 642 080 520

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED
30 JUNE 2019

	Note	2019 \$	2018 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from government and sponsors		2,125,311	1,725,446
Other grants, donations and sundry income received		61,217	182,068
Payments to suppliers and employees		(1,872,953)	(1,811,796)
Interest received		4,113	4,192
		<u>4,113</u>	<u>4,192</u>
Net cash provided by/(used in) operating activities	10	<u>317,688</u>	<u>99,910</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Payments for purchase of plant and equipment		(11,506)	(4,806)
Proceeds on sale of assets		-	-
		<u>-</u>	<u>-</u>
Net cash provided by/(used in) investing activities		<u>(11,506)</u>	<u>(4,806)</u>
Net increase/(decrease) in cash held		306,182	95,104
Cash at the beginning of the year		<u>1,518,512</u>	<u>1,423,408</u>
Cash at the end of the year		<u><u>1,824,694</u></u>	<u><u>1,518,512</u></u>

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2019

Note 1: Statement of Significant Accounting Policies

This financial report is special purpose financial report prepared in order to satisfy the financial reporting requirements of the *Associations Incorporation Reform Act 2012 (Vic)* and the *Australian Charities and Not-for-profits Commission Act 2012*. The committee has determined that the Association is not a reporting entity. The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values or, except where specifically stated, current valuation of non-current assets. The following significant accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in preparation of this financial report.

a. Cash and Cash Equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with banks, and other short-term highly liquid investments with original maturities of three months or less.

b. Property, Plant and Equipment

Leasehold improvements and office equipment are carried at cost less, where applicable, any accumulated depreciation or amortisation.

The depreciable amount of all property, plant and equipment is depreciated over the useful lives of the assets to the Association commencing from the time the asset is held ready for use. Leasehold Improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

c. Employee Entitlements

Provision is made for the Association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits have been measured at the amounts expected to be paid when the liability is settled.

Provision is made for the Association's liability for long service leave when an employee reaches 5 years of continuous employment service with the Association.

d. Provisions

Provisions are recognised when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions are measured at the best estimate of the amounts required to settle the obligation at the end of the reporting period.

e. Impairment of Assets

At the end of each reporting period, the Association reviews the carrying values of its tangible and intangible assets to determine whether there is an indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying amount. Any excess of the asset's carrying value over its recoverable amount is recognised in the income and expenditure statement.

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2019

Note 1: Statement of Significant Accounting Policies (cont.)

f. Revenue

Revenue is brought to account when received and to the extent that it relates to the subsequent period it is disclosed as a liability.

Grant Income

Grant income received, other than for specific purposes, is brought to account over the period to which the grant relates.

Deferred Income

Unspent grant income received in relation to specific projects and events is not brought to account as revenue in the current year but deferred as a liability in the financial statements until spent for the purpose received.

Interest Revenue

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

Donations

Donation income is recognised when the entity obtains control over the funds which is generally at the time of receipt.

All revenue is stated net of the amount of goods and services tax (GST).

g. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). Receivables and payable are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the assets and liabilities statement.

h. Income Tax

The Association is exempt from paying income tax by virtue of Section 50-45 of the Income Tax Assessment Act, 1997. Accordingly, tax effect accounting has not been adopted.

VICTORIAN MENTAL ILLNESS AWARENESS COUNCIL
ABN 28 642 080 520

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2019

	2019	2018
	\$	\$
Note 2: Revenue from ordinary activities		
Operating grants	1,916,306	1,865,085
Other income	59,281	197,469
Interest received	4,113	4,192
	<u>1,979,700</u>	<u>2,066,746</u>
 Note 3: Cash and cash equivalents		
Petty cash	208	158
Cash at bank	1,583,752	1,280,908
Term deposit	99,017	97,665
Term deposit held for restricted purposes - VMIAC Awards - Estate of DJ Western	141,717	139,781
	<u>1,824,694</u>	<u>1,518,512</u>
 Note 4: Trade and other receivables		
Trade and sundry receivables	400	34,194
Rental bond	5,000	5,000
Prepaid expenses	5,743	4,939
	<u>11,143</u>	<u>44,133</u>
 Note 5: Property, plant and equipment		
Furniture and equipment - as cost	111,726	100,220
Less accumulated depreciation	(96,220)	(88,149)
	<u>15,506</u>	<u>12,071</u>
 Motor vehicles - as cost	 30,893	 30,893
Less accumulated depreciation	(15,885)	(12,422)
	<u>15,008</u>	<u>18,471</u>
 Leasehold improvements - at cost	 57,705	 57,705
Less accumulated depreciation	(41,594)	(38,661)
	<u>16,111</u>	<u>19,044</u>
 Total property, plant and equipment	 <u>46,625</u>	 <u>49,586</u>
 Note 6: Intangibles		
Website development costs	10,000	10,000
Less accumulated amortisation	(10,000)	(10,000)
	<u>-</u>	<u>-</u>

VICTORIAN MENTAL ILLNESS AWARENESS COUNCIL
ABN 28 642 080 520

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2019

	2019	2018
	\$	\$
Note 7: Trade and other payables		
<i>Current</i>		
Trade creditors and other accruals	71,337	46,788
Payroll liabilities payable	33,183	23,954
GST liability	48,827	45,833
	<u>153,347</u>	<u>116,575</u>
Note 8: Income in advance		
<i>Current</i>		
Unspent grant funds - Commonwealth and State	970,297	795,086
	<u>970,297</u>	<u>795,086</u>
<i>Non-Current</i>		
VMIAC Awards Trust - Estate of DJ Western	141,717	139,781
	<u>141,717</u>	<u>139,781</u>
Note 9: Provisions		
<i>Current</i>		
Employee entitlements - annual leave	46,989	48,388
Employee entitlements - time in lieu	3,940	2,464
Employee entitlements - long service leave	8,609	25,759
	<u>59,538</u>	<u>76,611</u>
<i>Non-Current</i>		
Employee entitlements - long service leave	<u>-</u>	<u>-</u>

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED
30 JUNE 2019

	2019	2018
	\$	\$
Note 10: Reconciliation of cash flow from operations with surplus ordinary activities after income tax		
Surplus/(deficit) after income tax expense	73,385	224,661
Non-cash flows in surplus		
- Depreciation and amortisation	14,467	14,947
- Net (gain)/loss on disposal of plant and equipment	-	-
Changes in assets and liabilities:		
- (Increase)/decrease in trade and other receivables	32,990	18,021
- Increase/(decrease) in trade and other payables	36,772	(6,848)
- Increase/(decrease) in income in advance	177,147	(139,639)
- Increase/(decrease) in provisions	(17,073)	(11,232)
Net cash provided by/(used in) operating activities	317,688	99,910

Note 11: Operating lease commitments

Operating leases contracted for but not recognised in the financial statements

Payable - minimum lease payments:

- no later than 12 months	-	34,069
- between 12 months and five years	-	-
- greater than five years	-	-
	-	34,069

The property lease is a non-cancellable lease with a 5 year term. An option existed to renew the lease at the end of the 5 year term for a further term of five years. The last date to exercise the option was 10th March 2019 and it was not exercised. The tenancy is currently operating on a month-to-month basis.

VICTORIAN MENTAL ILLNESS AWARENESS COUNCIL
ABN 28 642 080 520

STATEMENT BY MEMBERS OF THE COMMITTEE
FOR THE YEAR ENDED
30 JUNE 2019

The Committee has determined that the Association is not a reporting entity and that this special purpose report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the committee of Victorian Mental Illness Awareness Council Inc.:

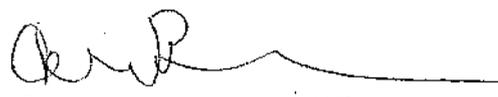
a) the financial statements and notes of Victorian Mental Illness Awareness Council Inc. are in accordance with the Associations Incorporation Reform Act (Vic) 2012 and the Australian Charities and Not-for-profits Commission

i. giving a true and fair view of its financial position as at 30 June 2019 and of its performance for the financial year ended on that date; and

ii. complying with the Australian Charities and Not-for-profits Commission Regulation 2013 ; and

b) there are reasonable grounds to believe that Victorian Mental Illness Awareness Council Inc. will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with a resolution of the Committee and is signed for and on behalf of the Committee by:


Signed Caron Byrne

Dated: 13-11-19


Signed Chris Maylen

Dated: 13/11/19

VICTORIAN MENTAL ILLNESS AWARENESS COUNCIL
ABN 28 642 080 520

AUDITOR'S INDEPENDENCE DECLARATION UNDER SECTION
60-40 OF THE AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISSION ACT 2012

In accordance with the requirements of section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012*, as auditor for the audit of Victorian Mental Illness Awareness Council Inc. for the year ended 30 June 2019, I declare that, to the best of my knowledge and belief, there have been:

- i. no contraventions of the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- ii. no contraventions of any applicable code of professional conduct in relation to the audit.



Sean Denham

Dated: 13th November 2019
Sean Denham & Associates
Suite 1, 707 Mt Alexander Road
Moonee Ponds VIC 3039

**INDEPENDENT AUDIT REPORT TO THE MEMBERS OF
VICTORIAN MENTAL ILLNESS AWARENESS COUNCIL**

Opinion

I have audited the accompanying financial report, of Victorian Mental Illness Awareness Council Inc., which comprises the statement of financial position as at 30 June 2019, statement of changes in equity, statement of cash flows and the statement of profit or loss and other comprehensive income for the year then ended, notes comprising a summary of significant accounting policies and the certification by members of the committee.

In my opinion, the accompanying financial report of Victorian Mental Illness Awareness Council Inc. has been prepared in accordance with Div 60 of the *Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act)* including:

- a) giving a true and fair view of the Association's financial position as at 30 June 2019 and of its financial performance for the year then ended; and
- b) complies with Australian Accounting Standards to the extent described in Note 1 to the financial statements, and the requirements of the *Associations Incorporation Reform Act 2012 (Vic)* and Div 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

I conducted my audit in accordance with Australian Auditing Standards. My responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of my report. I am independent of the association in accordance with the *Associations Incorporation Reform Act 2012 (Vic)* and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical 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.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the association's reporting responsibilities under the *Associations Incorporation Reform Act 2012 (Vic)* and the *Australian Charities and Not-for-profits Commission Act 2012*. As a result, the financial report may not be suitable for another purpose. My opinion is not modified in respect of this matter.

Responsibility of the Committee for the Financial Report

The committee of the association are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 of the financial report is appropriate to meet the requirements of the *Associations Incorporation Reform Act 2012 (Vic)* and the *Australian Charities and Not-for-profits Commission Act 2012* and the needs of the members. The committee's responsibility also includes such internal control as the committee determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the committee are responsible for assessing the association's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the committee either intend to liquidate the association or to cease operations, or have no realistic alternative but to do so.

Auditor's Responsibility for the Audit of the Financial Report

My objectives are to obtain reasonable assurance about whether the financial report as a whole is 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 Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

As part of an audit in accordance with Australian 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 report, 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 association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the committee.
- Conclude on the appropriateness of responsible entities' 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 association's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in our auditor's report to the related disclosures in the financial report 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 that may cause the to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with those charged with governance 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.



Sean Denham

Dated: 13th November 2019

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