

National Mental Health Commission

Annual Report 2015-16



Australian Government
National Mental Health Commission

Contact us

This Annual Report is available online at www.mentalhealthcommission.gov.au

If you have any queries about this report, please contact:

Chief Operating Officer
National Mental Health Commission
Post Office Box 1463
Royal Exchange
Sydney NSW 2000

Web address: www.mentalhealthcommission.gov.au

Email: enquiries@mentalhealthcommission.gov.au

Telephone: +61 2 8229 7550

Facsimile: +61 2 8229 7555

ABN 83 537 016 476

© Commonwealth of Australia 2016

This work is copyright. Apart from rights to use as permitted by the *Copyright Act 1968*, no part may be reproduced without prior written permission from the Commonwealth. Requests and enquiries concerning reproduction and rights are to be sent to the National Mental Health Commission on enquiries@mentalhealthcommission.gov.au.



Australian Government
National Mental Health Commission

The Hon. Sussan Ley MP
Minister for Health and Aged Care
Minister for Sport
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 2016.

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 'David Butt'.

David Butt
Chief Executive Officer
Commissioner

23 September 2016

Table of Contents

Overview of the National Mental Health Commission	6
National Mental Health Commission Structure	8
Chief Executive Officer's Statement	9
Our Commissioners	11
Message from the Chair	11
Report on Performance	16
Annual Performance Statements	16
Report on Financial Performance	26
Management and Accountability	28
Corporate Governance	28
External Scrutiny	29
Management of Human Resources	29
Purchasing	30
Consultants	30
Australian National Audit Office Access Clauses	31
Exempt Contracts	31
Procurement Initiatives to Support Small Business	31
Financial Statements	32
Other Mandatory Information	68
Alphabetical Index	70
Glossary of abbreviations and acronyms	71
List of requirements	73

National Mental Health Commission

Contributing Lives, Thriving Communities

Our vision

Our goal and reason for existence

All people in Australia achieve the best possible mental wellbeing to enable them to lead contributing lives in socially and economically thriving communities.

The World Health Organisation defines mental health as a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.

Our mission

How we will achieve our vision

To be a catalyst for change by providing insights, evidence and advice to decision makers, service providers and communities. Connecting people to lead contributing lives.

Our values

The principles driving our work

Maximise equity and opportunity for all people in Australia, regardless of mental wellbeing.

Human relationships and social connectedness

Mental wealth is a national asset that reflects the resilience and wellbeing of our people.

Accountability and transparency

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



Overview of the National Mental Health Commission

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.

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 and for working with the Chair and Commissioners to steer and manage the deliverables of the Commission. The Commission includes a Chair and a number of Mental Health Commissioners (as determined by the Minister from time to time), as well as the CEO as ex-officio Commissioner.

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.¹

The purpose of the Commission 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 provides cross-sectoral leadership on the policy, programs, services and systems that support better mental health and social and emotional wellbeing in Australia. The Commission works with stakeholders – particularly with people with lived experience, their families and other support people – to ensure reforms are collectively owned and actioned and enable participation in government process.

People with a lived experience of mental health, including carers and other support people, are actively engaged in all areas of the Commission's work. The Commission works to ensure the rights of all people to participate in decisions that affect their care and the conditions that enable them to live contributing lives – nothing about us without us. The Commission ensures diverse and genuine engagement with people with lived experience, their families and other support people to add 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-life approach to mental health and wellbeing. The Commission will work to ensure individuals live a contributing life; have equitable opportunity; have the best possible mental health and wellbeing; are included, and have stability, knowledge, assurance and respect.

A contributing life can mean many things. It can mean a fulfilling life enriched with close

¹ Portfolio Budget Statements Program 1.1 2015-16 Portfolio Budget Statements, p.440

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.

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, discrimination, racism, imprisonment, crime victimisation and alcohol and substance misuse. The Commission supports Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing as an overarching strategic priority which sits across all of our work areas.

The Commission works across all areas that promote mental health and prevent mental illness and suicide – not just government and not just health, but the broader system including education, housing, employment, human services, justice and social support.

The Chair and Commissioners, who bring a range of expertise and perspectives, provide 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.

Chief Executive Officer's Statement

A review by the Accountable Authority

This financial year was a year of driving for agreement to, and implementation of, far reaching reforms arising from our National Review of Mental Health Programs and Services – *Contributing Lives, Thriving Communities*.

Throughout the year, the Commission continued to work on a number of projects to build capacity across a range of sectors to promote positive mental health and support people to live contributing lives. The Commission worked 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 participation in government process.

The Commission's focus for the first half of 2015-16 was to progress a number of projects to address the Recommendations from *Contributing Lives, Thriving Communities* including completing the data linkage project with the Australian Bureau of Statistics, supporting the Mentally Healthy Workplace Alliance, developing the *National Consensus Statement on Improving the Physical Health and Wellbeing of People Living with Mental Illness*, and the evaluation of online peer support forums supporting people with severe and complex needs – particularly in rural and remote areas. The Commission also supported a number of consumers and carers to attend and participate in conferences to expand their leadership capabilities, knowledge, and broader connections throughout the community.

In November 2015, the Australian Government released the *Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programs and Services*. The Australian Government's response largely endorsed in full or in principle most of the recommendations from *Contributing Lives, Thriving Communities* and much of the Commission's focus going forward was on implementation of those reforms, as well as monitoring and reporting on performance.

From November 2015, the Commission commenced development of a national report to focus on implementing the mental health reform – the challenges being faced and the substantial good work being undertaken to improve mental health outcomes and reduce suicide at a local level.

The Australian Government's response identified a broader role in suicide prevention for the Commission resulting in the establishment of the Australian Advisory Group for Suicide Prevention to provide advice to the Commission on system-wide issues and priority setting. In addition to continuing to progress established projects, the Commission commenced processes for strategic work to inform implementation of the reforms and ensure investment in mental health is effective and efficient.

Throughout the year the Commission held seven Commission meetings that included meeting with consumers and carers, government agencies, the private sector and community organisations. The Commissioners were grateful and honoured to hear the experiences of consumers and carers.

I wish to acknowledge and thank the Chair and Commissioners for their leadership and support and the contributions they made to the Commission's work throughout the year. Their efforts in steering and managing the work of the Commission, while ensuring that the views of people with lived experience, their families and other support people is at the core of what we do, is commendable.

I also wish to convey my sincere appreciation and thanks to the staff of the Commission. Your hard work and commitment to improving the mental health and wellbeing of all Australians is exceptional. Ms Sally Goodspeed Executive Director retired during the year and I would like to thank her for her contribution to the Commission and wish her well in future.

David Butt
Chief Executive Officer
Commissioner

Our Commissioners

The Chair and Commissioners help set the Commission's strategic directions and priorities and provide independent advice and reports to the Australian Government.

Professor Allan Fels AO – Chair



Professor Allan Fels was Dean of the Australia and New Zealand School of Government (ANZSOG), an institution established by the governments of Australia, New Zealand, the states and territories and 16 leading universities that educate and train senior public sector leaders.

He also is Chairman of the Haven Foundation, which seeks to provide accommodation and support for the long-term mentally ill.

Professor Fels was Chairman of the Australian Competition and Consumer Commission from 1995 to 2003 and before that Chairman of the Trade Practices Commission and Chairman of the Prices Surveillance Authority.

In 2008-2009 he was a member of the Australian Government Disability Investment Group which first proposed the National Disability Insurance Scheme.

In the field of mental health Professor Fels serves or has served on a number of government advisory boards. He is also patron of many mental health networks. He was a member of the Bayside Health Board for a number of years. Professor Fels is a long-term advocate of mental health policy reform and a carer for his daughter.

Message from the Chair

“The focus of the Commission during 2015 was to continue to undertake work that provides leadership, insight, advice and evidence on the ways to continuously improve Australia's mental health and suicide prevention systems, and act as a catalyst for change to achieve those improvements.

In November 2015, the Commission welcomed the Federal Government's announcement on mental health reform as a major step forward in enabling people to lead more contributing lives and for Australia to grow thriving communities. This reform package recognises that change is needed to create a high-performing system that supports the wellbeing of the Australian population and through that to build the mental wealth of the nation. In the Review, the Commission outlined how changing the system can better meet people's needs in a more efficient and effective way, and at the same time improve productivity and promote economic growth. These reforms have far-reaching potential to improve the lives of millions of Australians.

The focus now must be on effective and efficient implementation, as well as on change management, to ensure the community reaps the full benefits of the reform package. It is critical that implementation actively engages key stakeholder groups across the mental health sector, and places individuals, families, carers and other support people at the centre.

It also is critical to recognise that mental health and wellbeing is much broader than the health system and that to be fully successful we must adopt a whole of government, whole of person, whole of life approach. This was recognised in the Commission's Review and drew from the Contributing Life framework.

If we enable people to live contributing lives – to relate to others, stable housing and maximise participation in education, employment and community more broadly – we will help build economically and socially thriving communities, and a more productive Australia.

My fellow Commissioners and I are grateful for the opportunity to make a valuable contribution to improving and supporting a transformed mental health system through the Review and through our ongoing work. We would like to sincerely thank everyone who provided their expert advice and stories with us - particularly people with lived experiences, their families and other support people. We look forward to continuing to work collectively to achieve our vision that all people in Australia achieve the best possible mental wellbeing to enable them to lead contributing lives in socially and economically thriving communities.

On 30 June 2016, Commissioner The Hon Dr Kay Patterson AO left the Commission to take up the role of Age Discrimination Commissioner with the Australian Human Rights Commission. I would like to thank Dr Patterson for her contribution to the Commission and wish her all the best in her new role.”

Mr David Butt – CEO and Commissioner



David Butt was appointed CEO of the National Mental Health Commission in January 2014. David has 30 years of experience in the health system, much of it at CEO and Executive level.

Prior to his appointment to the Commission, David was Deputy Secretary of the Australian Department of Health from August 2011, head of Rural and Regional Health Australia, and the Commonwealth's first Chief Allied Health Officer.

This followed 15 years as CEO of three major health system organisations: Chief Executive of Australian Capital Territory (ACT) Health and Community Care, National CEO of Little Company of Mary Health Care (the Calvary group), and CEO of the Australian General Practice Network.

Prior to this David worked as an executive in a number of positions in Queensland Health, including as Executive Director of Policy and Planning and for a brief time as Regional Director of Peninsula and Torres Strait health region.

Mrs Lucinda Brogden



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

Mrs Brogden'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.

Mrs Brogden has more than 25 years' commercial experience with companies including Macquarie Group and Ernst & Young and more than ten years in organisational psychology. Specifically, Mrs Brogden 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.

Ms Jackie Crowe



Ms Jackie Crowe is dedicated to encouraging greater understanding, compassion and respect for people affected by mental ill health, the suicidal mind and the families, friends and carers who journey with them. Jackie has been involved in mental health and suicide prevention issues in various advocacy, advisory, public speaking, research, consultancy and commissioner roles – at the local, state, national and international levels over many years.

Jackie works to help create a better world that values all people, social justice and ends discrimination. Her work is always grounded in the perspectives of people affected by mental ill health and suicidal concerns. She is solution focused and has an enthusiastic vision about what is possible. She enjoys engaging in differing opinions and views which inform her work.

Jackie combines her lived experience, understanding of the grass roots and knowledge of high level strategic policy and planning, with her familiarity with recovery and well-being to shift thinking about mental ill health and suicide.

Mr Rob Knowles AO



Mr Rob Knowles is a farmer and company director.

He is Chairman of the Royal Children's Hospital, Director of the Silverchain Group of Companies, St John of God Healthcare Ltd, Global Health Ltd, IPG Ltd and Drinkwise Australia Ltd. He is a former Chair of Mental Health Australia and was a Commissioner on the National Health and Hospital Reform Commission.

He is a former Victorian Minister of Health, Housing and Aged Care and has a strong interest in services for people with a lived experience, their families and support people.

Professor Pat Dudgeon



Professor Pat Dudgeon is from the Bardi people of the Kimberly area in Western Australia. She is a psychologist and research fellow at the School of Indigenous Studies at the University of Western Australia. Her areas of research includes Indigenous mental health and social and emotional wellbeing, and suicide prevention. She is a member of the executive board of the Australian Indigenous Psychologists Association; the Co-chair of the national ministerial Aboriginal Torres Strait Islander Mental Health and Suicide Prevention Advisory Group, and Chair of the National Aboriginal and Torres Strait Islander Leadership in Mental Health.

She is currently the project leader of the National Empowerment Project, an Indigenous suicide prevention project working with eight Aboriginal communities across the country. She is also project leader of an Office for Learning and Teaching initiative increasing cultural competence and Indigenous participation in psychology education, and is the project lead for the Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project (ATSISPEP). She is actively involved with the Aboriginal community and has a commitment to social justice for Indigenous people. She was recognised for her work with Deadly Award for Excellence in Aboriginal and Torres Strait Islander Health in 2013.

Ms Nicole Gibson



Nicole is committed to making a positive difference in the lives of young people. After overcoming mental health challenges as a young person, in particular anorexia nervosa, Nicole is channelling her energy into motivating other young people to be the best they can be. In 2011, Nicole established The Rogue & Rouge Foundation to reverse the stigmatisation of mental health, body image and self-esteem issues in Australia's young people.

As the Foundation's Chief Executive Officer, Nicole dreams that every teenager can look in the mirror and smile. Nicole is tackling the epidemic of low self-esteem by creating community outreach programs and working directly with schools, service providers and education departments in both central and remote parts of Australia. Nicole has recently completed her national youth motivation tour, 'Champions for Change', which has since seen her facilitate workshops at 300 schools with 50 000 young people across Australia to encourage young people to champion change in their communities through the development of innovative solutions.

Ms Gibson was a finalist for Young Australian of the Year 2014, named as one of Australia's 2012 Young Social Pioneers and is a current finalist for The Pride of Australia Medal.

Professor Ian Hickie AM



Professor Ian Hickie AM is the Co-Director Health and Policy of the Brain and Mind Centre at the University of Sydney.

He is recognised for his extensive knowledge and experience in early detection and improving treatments of depressive disorders.

Professor Hickie was one of the first round of National Health and Medical Research Council Australian Fellows; recognising excellence in Australian Medical Research, appointed for the period 2008-2013. He is now a Senior Principal Research Fellow of the National Health and Medical Research Council (NHMRC) (2013-2017).

He has published over 400 peer-reviewed journal articles, 20 book chapters and 30 educational materials.

From 2000–2003 he was the inaugural CEO of beyondblue: the national depression initiative and from 2003-2006 served as the organisation's Clinical Advisor. Professor Hickie's research, clinical and health services development work focuses on expansion of population-based mental health research and development of international mental health strategies.

The Hon Dr Kay Patterson AO



The Hon Dr Kay Patterson AO was elected to the Australian Senate in 1987. Prior to entering the Senate, she managed a small business before attending the University of Sydney and then Monash University where she was awarded a PhD in Psychology. Kay taught at Sydney and Monash Universities and held senior academic positions including Chairman of the School of Behavioural Sciences at the Lincoln Institute (now at LaTrobe University).

Kay served on a number of Senate committees and in Government was appointed Parliamentary Secretary to the Minister for Immigration and the Minister for Foreign Affairs. In 2001, she was appointed to Cabinet as Minister for Health and Ageing and in October 2003 Minister for Family and Community Services and Minister Assisting the Prime Minister for Women's Issues. She retired from Cabinet in 2006 and from the Senate in June 2008.

Report on Performance

Annual Performance Statements 2015-16

Introductory statement

The annual performance statements are prepared in accordance with s39(1)(a) of the PGPA Act for the 2015-16 financial year and accurately presents the National Mental Health Commission's performance in accordance with s39(2) of the PGPA Act.

National Mental Health Commission's purpose

The 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 provides cross-sectoral leadership on the policy, programs, services and systems that support better mental health and social and emotional wellbeing in Australia.

Throughout 2015-16 and over the next three years, the Commission will support the Australian Government 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 enable participation in government process.

People with a lived experience of mental health, including families, carers and other support people, are involved in all areas of the Commission's work.

Throughout its existence, the Commission has applied the *Contributing Life* framework to its work – a whole-of-person, whole-of-life approach to mental health and wellbeing. The Commission will work to ensure individuals live a contributing life; have equitable opportunity; have the best possible mental health and wellbeing; are included, and have knowledge, assurance and respect.

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.

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, discrimination, imprisonment, crime victimisation and alcohol and substance misuse. The Commission supports Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing as an overarching strategic priority which sits across all of our key work areas.

The Commission will work across all areas that promote mental health and prevent mental illness and suicide – not just government and not just health, but the broader system including education, housing, employment, human services, justice and social support.

In November 2014, the Commission delivered to the Australian Government, a comprehensive National Review of Mental Health Programs and Services (the Review).

The vision for the Review is in its title – *Contributing Lives, Thriving Communities*. It is framed by the Contributing Life principles and goes on to recognise that, if people can live fully contributing lives, this will enable socially and economically thriving communities, and a more productive Australia.

The Review assessed the efficiency and effectiveness of existing national mental health programs across government and the private and not-for-profit sectors that support individuals experiencing mental ill-health and their families and other support people.

The Review provides twenty-five recommendations across nine strategic directions. They form a strong, achievable and practical plan to assist the government to implement actions that will reform Australia's mental health system and address the Review.

The Commission is a listed entity under the *Public Governance, Performance and Accountability Act 2013* with the Commission's purpose set out in clause 15 of Schedule 1 of the *Public Governance, Performance and Accountability Rule 2014*.

The Commission's budgeted outcome as set out in the Portfolio Budget Statements (PBS) 2015-16 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, p.440.

Results

1. Analysing, monitoring and reporting on Mental Health and Suicide Prevention

Performance criterion:

- Analysing, monitoring and reporting on Mental Health and Suicide Prevention
- Undertake and disseminate report on national progress on mental health and suicide prevention
- Monitoring and reporting framework to be developed by 31 December 2015

Criterion source

- Key Work Area (KWA) 1 - National Mental Health Commission Corporate Plan 2015-2019 and National Mental Health Commission Work Plan 2015-16
- Portfolio Budget Statements (PBS) Program 1.1, 2015-16 Portfolio Budget Statements, p.443

Result against performance criterion:

Through the Mental Health Information Strategy Standing Committee (MHISSC), the Commission's work on mental health indicators was adapted and presented to the Mental Health, Drug and Alcohol Principal Committee (MHDAPC) of the Australian Health Ministers' Advisory Council (AHMAC) for consideration in the development of the Fifth National Mental Health Plan by the Australian Government Department of Health.

The Commission supported work through MHISSC to develop and implement the Your Experience of Services (YES) survey for mental health consumers and development of a similar survey to measure the service experiences of mental health carers.

The Commission worked with the Australian Bureau of Statistics (ABS) to complete the 2011 Mental Health Services-Census Integrated Dataset plus four analytical publications (see KWA 2).

The Commission commenced development of a national report reflecting the directions of reforms announced by the Government in November 2015 in response to the Commission's Review. This report will be disseminated in 2016-17.

Work is proceeding to develop an ongoing framework for monitoring and reporting on the progress and impacts of reform, with a focus on mental health consumer and carer outcomes.

2. Providing support and advice to the Australian Government on Mental Health and Suicide Prevention

Performance criterion:

- Providing support and advice to the Australian Government on Mental Health and Suicide Prevention
- Undertake and disseminate research, analysis, evaluation and advice on key national priorities and data gaps (indicator)
- Reports commissioned and published which analyse and advise on key priorities and data gaps.

Criterion source:

- KWA 2 - National Mental Health Commission Corporate Plan 2015-2019 and National Mental Health Commission Work Plan 2015-16
- PBS Program 1.1, 2015-16 Portfolio Budget Statements, p.443

Result against performance criterion:

Data linkage:

The Commission's work with the Australian Bureau of Statistics (ABS) on the 2011 Mental Health Services-Census Integrated Dataset was completed and resulted in four publications:

1. Cultural and Linguistic Characteristics of People Using Mental Health Services and Prescription Medications, 2011 (Cat. No. 4329.0.00.002)—released 3 June 2016
2. Housing Circumstances of People Using Mental Health Services and Prescription Medications, 2011 (Cat. No. 4329.0.00.002)—released 13 May 2016
3. Patterns of Use of Mental Health Services and Prescription Medications, 2011 (Cat. No. 4329.0.00.003)—released 24 March 2016
4. Characteristics of People using Mental Health Services and Prescription Medications, 2011 (Cat. No. 4329.0)—released 18 December 2016

The Commission hosted a joint workshop with the ABS to discuss future mental health data linkage work with stakeholders.

Other work:

The Commission's work in 2015-16 included actions to help build the evidence base for online peer support forums, care after a suicide attempt, best practice in suicide prevention and strategic approaches and priorities for mental health research.

The Commission continued its extensive engagement with mental health sector stakeholders, including through CEO and Commissioner presentations, participation in workshops and meetings with government officials and non-government organisations. The Commission organised its face-to-face meetings so as to ensure meaningful engagement with consumers, carers and service providers.

Throughout 2015-16, the Commission provided advice to the Australian Government on the performance of the mental health system. This advice was provided through direct correspondence and participation in a number of government forums, including the Mental Health Stakeholder Reform Group, Digital Mental Health Advisory Committee, Safety and Quality Partnership Standing Committee of MHDAPC, Australian Commission on Safety and Quality in Health Care, the Mental Health Information Strategy Standing Committee (MHISSC), the Fifth National Mental Health Plan Stakeholder Workshops and the Australian Advisory Group on Suicide Prevention.

3. Promote participation of people with lived experience, their families and other carers at all levels of the system

Performance criterion:

- Promote participation of people with lived experience, their families and other carers at all levels of the system
- 100% of Commission projects that have governance and advisory arrangements include people with lived experience of mental health issues

Criterion source:

- KWA 3 - National Mental Health Commission Corporate Plan 2015-2019 and National Mental Health Commission Work Plan 2015-16
- PBS Program 1.1, 2015-16 Portfolio Budget Statements, p.443

Result against performance criterion:

Together with consumers and carers, the Commission prepared two guidance documents for PHNs on behalf of the Department of Health, on:

- Consumer and carer engagement and participation; and
- Peer workforce

In collaboration with stakeholders, including consumers, carers and families, the Commission is developing an *Equally Well National Consensus Statement on Improving the Physical Health and Wellbeing of People Living with Mental Illness*. An Expert Advisory Group was established and a workshop held in November 2015.

Work to enhance evidence about the effectiveness of a digital strategy using peer support forums to support people with mental illness is in progress. This project includes the expertise of carers and consumers at all levels of design and delivery.

There also is work in progress to better understand mechanisms for and outcomes of mental health consumer and carer participation and engagement.

The Commission provided two bursaries to support consumer and carer participation in the Suicide Prevention Australia Conference to enable eight people to present their abstracts, and 12 people who had also attended the National Aboriginal and Torres Strait Islander Suicide Prevention Conference in Alice Springs in May to participate in the conference.

The Commission supported a workshop of Supporting the Promotion of Activated Research and Knowledge (SPARK) training program to training future mental health leaders in Australia from across the system including providers, PHNs and people from lived experience. The training is focused on building capacity to support knowledge transfer by developing skills in implementing innovations across the mental health sector.

4. Analysing the economic impact of the Mental Health and Wellbeing of Australia

Performance criterion:

- Undertake and disseminate research analysis, evaluation and advice on key national priorities and data gaps
- Analyse the economic impact of the Mental Health and Wellbeing of Australia

Criterion source:

- KWA 4 - National Mental Health Commission Corporate Plan 2015-2019 and National Mental Health Commission Work Plan 2015-16
- PBS Program 1.1, 2015-16 Portfolio Budget Statements, p.443

Result against performance criterion:

In partnership with the Australian Institute of Health and Welfare the Commission established a project to investigate the economics of mental health in Australia to build the case for mental health as a key part of Australia's economic and social reform agenda, and as a major potential contribution to economic growth and productivity.

The Commission supported its Chair to deliver a National Press Club address in August 2015 about the significant impact of mental health on our economy.

5. A person centred approach: embedding Mental Health within Primary Health Care

Performance criterion:

- Undertake and disseminate research analysis, evaluation and advice on key national priorities and data gaps
- A person centred approach: embedding Mental Health within Primary Health Care

Criterion source:

- KWA 5 - National Mental Health Commission Corporate Plan 2015-2019 and National Mental Health Commission Work Plan 2015-16
- PBS Program 1.1, 2015-16 Portfolio Budget Statements, p.443

Result against performance criterion:

In November 2015, the Government accepted the Commission's recommendations around driving regionally integrated mental health reform through Primary Health Networks. Following this announcement the CEO and Commissioners engaged extensively with stakeholders on implementing these reforms and integrated delivery models, including through

conference presentations, participation in high level meetings, and providing advice to PHNs and Government.

The Commission prepared two guidance documents for PHNs on behalf of the Department of Health in:

- Consumer and carer engagement and participation; and
- Peer workforce

The Commission is pursuing a national approach to the physical health of people with mental illness through the *Equally Well National Consensus Statement on Improving the Physical Health and Wellbeing of People Living with Mental Illness* (see also KWA 3). An Expert Advisory Group was established and a workshop held in November 2015.

6. Action to prevent Suicides, Suicide Attempts and Self Harm

Performance criterion:

- Undertake and disseminate research analysis, evaluation and advice on key national priorities and data gaps.
- Action to prevent Suicides, Suicide Attempts and Self Harm

Criterion source:

- KWA 6 - National Mental Health Commission Corporate Plan 2015-2019 and National Mental Health Commission Work Plan 2015-16
- PBS Program 1.1, 2015-16 Portfolio Budget Statements, p.443

Result against performance criterion:

The Commission has promoted the Suicide Prevention Australia National Research Action Plan for Suicide Prevention, noting its focus on Aboriginal and Torres Strait Islander communities. In addition, identifying research priorities is part of the work being undertaken by the Australian Institute of Health and Welfare.

The Government's response to the National Review identified an expanded role in suicide prevention for the Commission including the establishment of the Australian Advisory Group for Suicide Prevention (AAGSP) co-chaired by Commissioner Brogden and Ms Sharon Jones, Relationships Australia, Tasmania. Membership encompasses the public, private and community sectors and individuals with lived experience.

The AAGSP has a key role in providing advice to the Commission on system-wide issues and priority setting related to suicide prevention and where future effort should be placed, using the World Health Organisation framework as a useful reference point.

The Commission has provided two sets of bursaries to support consumer, carer, and Aboriginal and Torres Strait Islander participation in the National Conference on Suicide Prevention to enable:

- eight people to present and participate in the Conference; and
- 12 people who attended the National Aboriginal and Torres Strait Islander Suicide Prevention Conference in Alice Springs in May 2016 to participate in the conference.

The Commission has funded the Australian Institute for Suicide Research and Prevention (AISRAP) to undertake research to place the Care After A Suicide Attempt (CAASA) paper

(prepared for the Commission by the NHMRC Centre of Excellence in Suicide Prevention) into a wider national policy context. In addition, documents by AISRAP developed for the Commission include: *International Approaches to Aftercare for Suicide Attempts Patients*; and *Suicide and Suicide Attempts in Indigenous populations and the Question of Care after a Suicide Attempt*.

7. Working towards elimination of Seclusion and Restraint

Performance criterion:

- Undertake and disseminate research analysis, evaluation and advice on key national priorities and data gaps
- Work towards elimination of Seclusion and Restraint

Criterion source:

- KWA 7 - National Mental Health Commission Corporate Plan 2015-2019 and National Mental Health Commission Work Plan 2015-16
- PBS Program 1.1, 2015-16 Portfolio Budget Statements, p.443

Results against performance criterion:

The Commission continued its work towards eliminating seclusion and restraint by the following activities:

- The Commission's Seclusion and Restraint Core Reference Group met three times;
- The Commission collaborated with the Australian Commission on Safety and Quality in Health Care through membership on an advisory group on the review of the National Safety and Quality Health Service Standards; and
- The Commission continued its monitoring role on progress in reduction of seclusion and restraint.

8. Enhancing Workplace Mental Health

Performance criterion:

- The Mentally Healthy Workplace Alliance (MHWA) plans and undertakes strategic action that supports workplace mental health reform
- Enhance Workplace Mental Health

Criterion source:

- KWA 8 - National Mental Health Commission Corporate Plan 2015-2019 and National Mental Health Commission Work Plan 2015-16
- PBS Program 1.1, 2015-16 Portfolio Budget Statements, p.443

Result against performance criterion:

The Commission continues to support the MHWA, a collaborative network of Australian business, government, academic, public health and community organisations in promoting a national approach by community, business and government to encourage Australian workplaces to become mentally healthy for the benefit of employees, employers and the whole community. The Commission initiated the Alliance, which was formally launched in July 2013.

Each Alliance member organisation works independently and in collaboration with other members to support Australian workplaces to take active steps to create workplaces that are

mentally healthy. Employees and employers from a wide range of industries have used Alliance members' resources.

The Alliance is governed by a Steering Committee, comprising the senior management of Alliance member organisations. Since 2015, the Commission has contracted the Australian Chamber of Commerce and Industry to oversee an Industry Liaison Officer, to provide secretariat support to the MHWA including the development and implementation of its strategic plan. Other project and stakeholder groups are convened as required. Members have confirmed their interest in the Commission continuing to lead and coordinate the Alliance.

The Commission is working on behalf of the Alliance to construct a new Alliance website.

9. Promoting and monitoring the Mental Health Peer Workforce

Performance criterion:

- Undertake and disseminate research analysis, evaluation and advice on key national priorities and data gaps
- Promote and monitoring the Mental Health Peer Workforce

Criterion source:

- KWA 9 - National Mental Health Commission Corporate Plan 2015-2019 and National Mental Health Commission Work Plan 2015-16
- PBS Program 1.1, 2015-16 Portfolio Budget Statements, p.443

Result against performance criterion:

The Commission developed guidance for the Australian Government Department of Health to provide to the Primary Health Networks on the role of Mental Health Peer Workers.

A short survey of Registered Training Organisations (RTOs) was conducted to gain information and understanding of the use and utility of the training resource materials developed for the Certificate IV in Peer Work Mental Health (through funding provided by the Commission).

10. A strategic approach to the Mental Health Research Agenda

Performance criterion:

- Undertake and disseminate research analysis, evaluation and advice on key national priorities and data gaps.
- A strategic approach to the Mental Health Research Agenda

Criterion source:

- KWA 10 - National Mental Health Commission Corporate Plan 2015-2019 and National Mental Health Commission Work Plan 2015-16
- PBS Program 1.1, 2015-16 Portfolio Budget Statements, p.443

Result against performance criterion:

Following the Government's response in November 2015 to the Commission's 2014 Review, preliminary work was undertaken to scope a project to support coordination and translation of mental health research efforts. Work to better understand current mental health research activities and priorities is in progress.

11. Continuously improving the Commission's operations

Performance criterion:

Continuously improving the Commission's operations

Criterion source:

KWA 11 - National Mental Health Commission Corporate Plan 2015-2019 and National Mental Health Commission Work Plan 2015-16

Result against performance criterion:

- Seven Commission meetings were held in 2015-16
- All Commission meetings included engaging with stakeholders
- The 2015-2019 Corporate Plan and 2015-16 Work Plan were submitted to the Minister
- The CEO reported progress against the Work Plan 2015-16 at each Commission meeting
- All statutory and government reporting requirements were met
- The Commission operated within budget and statutory obligations
- All staff had performance plans in place during 2015-16
- Work continued on the development of a mentally healthy workplace policy and plan
- The Commission engaged with a broad range of stakeholders in 2015-16 including both federal and state and territory governments; private organisations; community organisations; consumers and carers and contributed to national committees and conferences.

Analysis of performance against the Commission's Purpose

The work performed by the Commission in 2015-16 delivers against the Commission's 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. This includes increasing accountability and transparency in mental health and prevention of suicide through the provision of independent reports and advice to the Australian Government and the community. The Commission continued to provide cross-sectoral leadership on the policy, programs, services and systems that support better mental health and social and emotional wellbeing in Australia.

During 2015-16, the Australian Government announced system wide mental health reform. The *Australian Government Response to Contributing Lives, Thriving Communities – Review of Mental Health Programs and Services* was released in November 2015 and resulted in the Commission's Work Plan 2015-16 being refocused to include implementation of the reforms.

This means that the Commission's annual National Report was also refocused on implementing the mental health reform – the challenges being faced and the substantial good work being undertaken to improve mental health outcomes and reduce suicide at a local level.

The Government's response identified an enhanced role in suicide prevention for the Commission resulting in the Commission establishing the Australian Advisory Group for Suicide Prevention (AAGSP). The AAGSP has a key role in providing advice to the Commission on system-wide issues and priority setting related to suicide prevention and where future effort should be placed. In turn, the Commission will then provide advice to the Australian Government on priorities in prevention of suicide.

In the latter half of 2015-16, the Commission provided advice on implementing the reforms and commenced tender processes for strategic pieces of work to help inform implementation, provide further evidence on what works and ensure investment in mental health is effective and efficient.

Report on Financial Performance 2015-16

During the 2015-16 reporting period, the Commission managed funds and allocated resources to deliver against its outcome and purpose. At year-end, the balance of appropriations remaining was \$620,637 and \$1,187,661 for Departmental and Administered, respectively. These balances included 2015-16 appropriations, as well as unspent amounts from prior years.

Activities during the financial year resulted in actual expenditure of \$2,791,338 for Departmental funds and \$3,438,418 for Administered funds. Compared to the budget, this resulted in an underspend of approximately 1.61% in Departmental funds and 5.8% in Administered funds. The variance between budget and actual is deemed reasonable and minor.

Commission Resource Statement 2015–16

	Actual available appropriation for 2015–16 \$'000 (a)	Payments made 2015–16 \$'000 (b)	Balance remaining 2015–16 \$'000 (a) – (b)
Ordinary annual services¹			
Departmental appropriation²	3,556	2,737	819
Total	3,556	2,737	819
Administered expenses			
Outcome 1	4,569	3,381	1,188
Total	4,569	3,381	1,188
Total ordinary annual services	8,125	6,118	2,007
Total net resourcing and payments	8,125	6,118	2,007

¹ Appropriation Act (No. 1) 2015-16. This also includes prior-year departmental appropriations.

² Includes an amount of \$33,000 in 2015–16 for the departmental capital budget, along with prior-year capital balances. For accounting purposes, this amount has been designated as 'contributions by owners'.

Expenses for Outcome 1

Outcome 1:	Budget*	Actual expenses	Variation
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 ¹			
	2015–16	2015–16	2015–16
	\$'000	\$'000	\$'000
	(a)	(b)	(a) – (b)
Program 1: National Mental Health Commission			
Administered expenses			
Ordinary annual services (Appropriation Act No. 1)	3,649	3,438	211
Departmental expenses			
Departmental appropriation ¹	2,837	2,791	46
Total for Program 1	6,486	6,229	257
Total expenses for Outcome 1	6,486	6,229	257
	2015-16	2015-16	
Average staffing level (number)	14	14	

¹ National Mental Health Commission only had one Outcome and Program during the 2015-16 year.

Management and Accountability

Corporate Governance

The Commission has structures and processes in place to implement the principles and objectives of 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*.

The 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 and for working with the Chair and Commissioners to steer and manage the deliverables of the Commission. The Commission includes a Chair and a number of Mental Health Commissioners (as determined by the Minister from time to time), as well as the CEO as ex-officio Commissioner. The Commission is chaired by Professor Allan Fels AO.

The Commission executive is made up of Mr David Butt CEO, Ms Maureen Lewis Executive Director Strategic Policy and Programs and Ms Kim Eagle Chief Operating Officer and Chief Financial Officer. The Chief Financial Officer function was performed by the CEO until Ms Eagle was appointed on 20 July 2015. 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 meets on a weekly basis to discuss the management of the Commission. In addition, the Commission executive and Directors meet on a fortnightly basis to discuss budget and work planning.

The Commission's Audit Committee met three times in 2015-16. The Committee reviewed and endorsed the Commission's Financial Statements, the Internal Audit Report and Annual Performance Statements. The Audit Committee reviewed the Commission's Risk Management Policy and Framework, Fraud Control Plan, Segregation of Duties Matrix and the Business Continuity and Disaster Recovery Plan. There were no instances of Fraud in 2015-16.

The 2015-16 Internal Audit was conducted by Walter & Partners. The objective of the audit was to assess the effectiveness of internal control frameworks for financial management activities, ensuring compliance with relevant Commonwealth regulations, including procurement, contracts, shared services arrangements, and travel and credit cards. The Internal Audit found that the Commission's financial processes and internal controls were operating in an efficient, effective, economical and ethical manner.

The Commission's *Operating Principles* provide guidance to the Commissioners and staff and are available on the Commission's website. 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 its operations and make best use of resources.

The Corporate Plan 2015-2019 and Work Plan 2015-16 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. The Commission's *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.

The Commission's Operating Principles make a commitment that any expert or advisory groups established by the Commission will be jointly chaired by a Commissioner or other expert and a person with lived experience. Expert participants on such groups, unless representing a government agency, will be offered payment according to the Commission's *Paid Participation Policy* or equivalent Remuneration Tribunal determination.

External Scrutiny

No judicial, administrative tribunal decisions or decisions from the Australian Information Commission relating to the Commission were handed down during 2015-16. 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 2015-16 or any other agency capability reviews.

Management of Human Resources

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

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 2012-2014. During the 2015-16 year, the Commission continued the Enterprise Agreement workplace bargaining process. Performance pay is not used by the Commission.

The CEO and executive provide strategic leadership and align individual performance with the Commission's goals.

Staff are afforded opportunities to build their skills and continuous learning is promoted. Staff capability is developed through ongoing workforce planning and staffs participation in the performance and development scheme.

Staffing statistics

As at 30 June 2016, the Commission had an establishment of 14 positions, not including the CEO. Nine positions were substantively occupied with employees employed under the *Public Service Act 1999*. The figures set out in the table below show the actual staff occupancy of 11.0 FTE as at 30 June 2016. No staff identified as Indigenous during 2015-16.

Commission staff numbers by substantive classification and full-time or part-time status at 30 June 2016

Classification	Female		Male		Total
	Full-time	Part-time	Full-time	Part-time	
Senior Executive Band 2					
Senior Executive Band 1	1.0				1.0
Executive Level 2	3.0				3.0
Executive Level 1		2.0			2.0
APS 6	1.0		1.0		2.0
APS 5	1.0		1.0		2.0
APS 4	1.0				1.0
Total	7.0	2.0	2.0		11.0

Commission staff numbers by substantive classification and full-time or part-time status at 30 June 2015

Classification	Female		Male		Total
	Full-time	Part-time	Full-time	Part-time	
Senior Executive Band 2					
Senior Executive Band 1					
Executive Level 2	1.0				1.0
Executive Level 1		1.4			1.4
APS 6	1.0		1.0		2.0
APS 5					
APS 4			1.0		1.0
Total	2.0	1.4	2.0		5.4

Purchasing

The Commission made all purchases in line 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

Consultants are engaged by the Commission 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 2015–16 were carried out in accordance with the Commonwealth Procurement Rules.

During 2015–16, there were no new consultancy contracts entered into.

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.

Australian National Audit Office Access Clauses

All contracts entered into by the Commission during 2015-16 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 2015-16 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/

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.



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Aged Care

I have audited the accompanying annual financial statements of the National Mental Health Commission for the year ended 30 June 2016, which comprise:

- 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 and forming part of the financial statements comprising a Summary of Significant Accounting Policies and other explanatory information.

Opinion

In my opinion, the financial statements of the National Mental Health Commission:

- (a) comply with Australian Accounting Standards and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial position of the National Mental Health Commission as at 30 June 2016 and its financial performance and cash flows for the year then ended.

Chief Executive Officer's Responsibility for the Financial Statements

The Chief Executive Officer of the National Mental Health Commission is responsible under the *Public Governance, Performance and Accountability Act 2013* for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards and the rules made under that Act. The Chief Executive Officer is also responsible for such internal control as the Chief Executive Officer determines is necessary to enable the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I have conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. These auditing standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

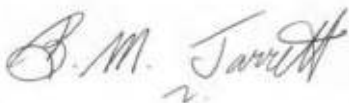
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or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

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

Independence

In conducting my audit, I have followed the independence requirements of the Australian National Audit Office, which incorporate the requirements of the Australian accounting profession.

Australian National Audit Office

A handwritten signature in black ink that reads "B. M. Jarrett". The signature is written in a cursive style with a small flourish at the end.

Brandon Jarrett

Executive Director

Delegate of the Auditor-General

Canberra

22 September 2016

**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 2016 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.

Signed 

David Butt

Chief Executive Officer
Commissioner
National Mental Health Commission

Date 22/9/2016

Signed 

Kim Eagle

Chief Financial Officer
Chief Operating Officer
National Mental Health Commission

Date 22/9/16

NATIONAL MENTAL HEALTH COMMISSION
STATEMENT OF COMPREHENSIVE INCOME
for the period ended 30 June 2016

	Notes	2016 \$	2015 \$	Original Budget \$
EXPENSES				
Employee benefits	4A	1,851,938	1,584,651	1,972,000
Supplier expenses	4B	984,574	1,125,718	846,000
Depreciation and amortisation	4D	7,826	10,540	44,000
Write-down and impairment of assets	4E	-	3,987	-
Total expenses		2,844,338	2,724,896	2,862,000
OWN-SOURCE INCOME				
Resources received free of charge				
Remuneration of auditors		53,000	65,000	25,000
Total own-source income		53,000	65,000	25,000
Net cost of services		2,791,338	2,659,896	2,837,000
Revenue from Government		2,792,000	2,830,000	2,793,000
Surplus attributable to the Australian Government		662	170,104	(44,000)

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

NATIONAL MENTAL HEALTH COMMISSION
STATEMENT OF FINANCIAL POSITION
as at 30 June 2016

	Notes	2016 \$	2015 \$	Original Budget \$
ASSETS				
Financial assets				
Cash and cash equivalents		45,100	270,086	100,000
Trade and other receivables	5	859,697	552,096	507,000
Total financial assets		904,797	822,182	607,000
Non-financial assets				
Property, plant and equipment	6	20,166	-	3,000
Intangibles	6	-	2,090	-
Total non-financial assets		20,166	2,090	3,000
Total assets		924,963	824,272	610,000
LIABILITIES				
Payables				
Suppliers	7A	182,249	291,390	55,000
Other	7B	18,272	35,152	31,000
Total payables		200,521	326,542	86,000
Provisions				
Employee provisions	8	356,188	163,138	82,000
Other provisions		-	-	129,000
Total provisions		356,188	163,138	211,000
Total liabilities		556,709	489,680	297,000
Net assets		368,254	334,592	313,000
EQUITY				
Contributed equity		110,564	77,564	277,000
Retained earnings		257,690	257,028	36,000
Total equity		368,254	334,592	313,000

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

NATIONAL MENTAL HEALTH COMMISSION
STATEMENT OF CHANGES IN EQUITY
for the period ended 30 June 2016

	Contributed equity/capital			Retained earnings			Total equity		
	2016	2015	Original Budget	2016	2015	Original Budget	2016	2015	Original Budget
	\$	\$	\$	\$	\$	\$	\$	\$	\$
Opening balance									
Balance carried forward from previous period	77,564	207,233	244,000	257,028	86,924	49,000	334,592	294,157	293,000
Comprehensive income									
Surplus for the period	-	-	-	662	170,104	(44,000)	662	170,104	(44,000)
Contribution by owners									
Return of capital	-	(165,669)	-	-	-	-	-	(165,669)	-
Departmental Capital Budget (DCB)	33,000	36,000	33,000	-	-	-	33,000	36,000	33,000
Other movements	-	-	-	-	-	31,000	-	-	31,000
Total transactions with owners	33,000	(129,669)	33,000	-	-	31,000	33,000	(129,669)	64,000
Closing balance as at ended 30 June 2016	110,564	77,564	277,000	257,690	257,028	36,000	368,254	334,592	313,000

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

NATIONAL MENTAL HEALTH COMMISSION
CASH FLOW STATEMENT
for the period ended 30 June 2016

	Notes	2016 \$	2015 \$	Original Budget \$
OPERATING ACTIVITIES				
Cash received				
Appropriations		2,684,949	2,687,190	2,694,000
Net GST received		-	62,414	78,000
Total cash received		2,684,949	2,749,604	2,772,000
Cash used				
Employees		(1,734,230)	(1,568,667)	1,967,000
Suppliers		(1,143,820)	(845,208)	727,000
Net GST paid		(31,885)	-	78,000
Total cash used		(2,909,935)	(2,413,875)	2,772,000
Net cash flows from/(used by) operating activities	9	(224,986)	335,729	-
INVESTING ACTIVITIES				
Cash used				
Purchase of property, plant and equipment		(25,902)	-	(33,000)
Total cash used		(25,902)	-	(33,000)
Net cash flows from/(used by) investing activities		(25,902)	-	(33,000)
FINANCING ACTIVITIES				
Cash received				
Appropriations - departmental capital budget		25,902	-	33,000
Total cash received		25,902	-	33,000
Cash used				
Return of capital		-	(165,669)	-
Total cash used		-	(165,669)	-
Net cash flows from/(used by) financing activities		25,902	(165,669)	33,000
Net increase/(decrease) in cash held		(224,986)	170,060	-
Cash and cash equivalents at the beginning of the period		270,086	100,026	100,000
Cash and cash equivalents at the end of the period		45,100	270,086	100,000

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

NATIONAL MENTAL HEALTH COMMISSION
ADMINISTERED SCHEDULE OF COMPREHENSIVE INCOME
for the period ended 30 June 2016

	Notes	2016 \$	2015 \$	Original Budget \$
EXPENSES				
Supplier expenses	13	<u>3,438,418</u>	<u>2,997,398</u>	<u>3,649,000</u>
Total expenses		<u>3,438,418</u>	<u>2,997,398</u>	<u>3,649,000</u>
Total comprehensive loss		<u>(3,438,418)</u>	<u>(2,997,398)</u>	<u>(3,649,000)</u>

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

NATIONAL MENTAL HEALTH COMMISSION
ADMINISTERED SCHEDULE OF ASSETS AND LIABILITIES
as at 30 June 2016

	Notes	2016 \$	2015 \$	Original Budget \$
ASSETS				
Financial assets				
Cash and cash equivalents		2,766	-	-
Trade and other receivables	14	130,790	203,768	111,000
Total financial assets		133,556	203,768	111,000
Total assets		133,556	203,768	111,000
LIABILITIES				
Payables				
Suppliers	15	512,972	342,586	652,000
Total payables		512,972	342,586	652,000
Total liabilities		512,972	342,586	652,000
Net assets/(liabilities)		(379,416)	(138,818)	(541,000)

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

NATIONAL MENTAL HEALTH COMMISSION
ADMINISTERED RECONCILIATION SCHEDULE
for the period ended 30 June 2016

	2016	2015	Original Budget
	\$	\$	\$
Opening assets less liabilities as at 1 July	(138,818)	(614,141)	(541,000)
Expenses			
Payments to entities other than corporate Commonwealth entities	(3,438,418)	(2,997,398)	(3,649,000)
Administered transfers from Australian Government	3,448,890	3,542,949	3,649,000
Transfers to OPA	(251,070)	(70,228)	-
Closing assets less liabilities as at 30 June	<u>(379,416)</u>	<u>(138,818)</u>	<u>(541,000)</u>

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

NATIONAL MENTAL HEALTH COMMISSION
ADMINISTERED CASH FLOW STATEMENT
for the period ended 30 June 2016

	Notes	2016 \$	2015 \$	Original Budget \$
OPERATING ACTIVITIES				
Cash received				
Net GST received		257,407	108,180	138,000
Total cash received		257,407	108,180	138,000
Cash used				
Suppliers		(3,452,461)	(3,581,766)	(3,649,000)
GST paid		-	-	(138,000)
Total cash used		(3,452,461)	(3,581,766)	(3,787,000)
Net cash flows from or (used by) operating activities	16	(3,195,054)	(3,473,586)	(3,649,000)
Cash from Official Public Account				
Appropriations		3,448,890	3,543,814	3,649,000
Total cash received		3,448,890	3,543,814	3,649,000
Cash to Official Public Account				
Appropriations		(251,070)	(70,228)	-
Total cash used		(251,070)	(70,228)	-
Net cash flows from Official Public Account		3,197,820	3,473,586	3,649,000
Net increase in cash held		2,766	-	-
Cash and cash equivalents at the end of the period		2,766	-	-

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

NATIONAL MENTAL HEALTH COMMISSION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

- Note 1: Summary of Significant Accounting Policies
- Note 2: Events after the Reporting Period
- Note 3: Net Cash Appropriation Arrangements
- Note 4: Expenses
- Note 5: Financial Assets
- Note 6: Non-Financial Assets
- Note 7: Payables
- Note 8: Provisions
- Note 9: Cash Flow Reconciliation
- Note 10: Contingent Assets and Liabilities
- Note 11: Senior Management Personnel Remuneration
- Note 12: Financial Instruments
- Note 13: Administered Expenses
- Note 14: Administered Financial Assets
- Note 15: Administered Payables
- Note 16: Administered Cash Flow Reconciliation
- Note 17: Administered Contingent Assets and Liabilities
- Note 18: Administered Financial Instruments
- Note 19: Appropriations
- Note 20: Reporting of Outcomes
- Note 21: Explanations of Major Variances between Actuals and Budgetary Reports
- Note 22: Explanations of Major Variances between Administered Actuals and Budgetary Reports

NATIONAL MENTAL HEALTH COMMISSION NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 1: Summary of Significant Accounting Policies

1.1 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 provides insight, advice and evidence on ways to continuously improve Australia's mental health and suicide prevention systems, and acts 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 provides cross-sectional leadership on the policy, programs, services and systems that support better mental health and social and emotional wellbeing in Australia.

The Commission's activities are classified as either departmental or administered. Departmental activities involve the use of assets, liabilities, income and expense 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.

1.2 Basis of Preparation of the Financial Statements

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 and notes have been prepared in accordance with:

- a) The Public Governance, Performance and Accountability (Financial Reporting) Rule (FRR) 2015 for reporting periods ending on or after 1 July 2015; and
- b) Australian Accounting Standards and Interpretations 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 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 and values are rounded to the nearest dollar unless otherwise specified.

Unless an alternative treatment is specifically required by an accounting standard or the FRR, assets and liabilities are recognised in the statement of financial position when and only when it is probable that future economic benefits will flow to the Commission or a future sacrifice of economic benefits will be required and the amounts of the assets or liabilities can be reliably measured. However, assets and liabilities arising under executory contracts are not recognised unless required by an accounting standard. Liabilities and assets that are unrecognised are reported in the schedule of commitments or the contingencies note.

Unless an alternative treatment is specifically required by an accounting standard, income and expenses are recognised in the Statement of Comprehensive Income when and only when the flow, consumption or loss of economic benefits has occurred and can be reliably measured.

NATIONAL MENTAL HEALTH COMMISSION NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 1: Summary of Significant Accounting Policies

1.3 Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in this note, the Commission has made the following judgements that have the most significant impact on the amounts recorded in the financial statements:

- a) The Australian Government short hand method has been used to estimate the present value of long service leave liabilities.
- b) The estimate of present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

No accounting assumptions or estimates have been identified that have a significant risk of causing a material adjustment to carrying amounts of assets and liabilities within the next reporting period.

1.4 Changes in Australian 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.

There have been no new standards, amended standards or interpretations that were issued by the Australian Accounting Standards Board prior to the sign off date that are applicable to the current reporting period and have a material impact on the Commission.

Future Australian Accounting Standard Requirements

There have been no future standards, amended standards or interpretations to be issued by the Australian Accounting Standards Board that the Commission believes will have a material impact on the Commission's future reporting requirements.

1.5 Revenue

Revenue from the sale of goods is recognised when:

- a) The risks and rewards of ownership have been transferred to the buyer;
- b) The Commission retains no managerial involvement or effective control over the goods;
- c) The revenue and transaction costs incurred can be reliably measured; and
- d) It is probable that the economic benefits associated with the transaction will flow to the Commission.

Revenue from rendering of services is recognised by reference to the stage of completion of contracts at the reporting date. The revenue is recognised when:

- a) The amount of revenue, stage of completion and transaction costs incurred can be reliably measured; and
- b) The probable economic benefits associated with the transaction will flow to the Commission.

The stage of completion of contracts at the reporting date is determined by reference to the proportion that costs incurred to date bear to the estimated total costs of the transaction.

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.

NATIONAL MENTAL HEALTH COMMISSION NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 1: Summary of Significant Accounting Policies

Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition, unless received from another Government agency or authority as a consequence of a restructuring of administrative arrangements.

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 Commission 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.

1.6 Transactions with the Government as Owner

Equity Injections

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

1.7 Employee Benefits

Liabilities for 'short-term employee benefits' (as defined in AASB 119 *Employee Benefits*) and termination benefits due within twelve months of the end of the 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.

Other long-term employee benefits are measured as net total of the present value of the defined benefit obligation at the end of the reporting period minus the fair value at the end of the reporting period of plan assets (if any) out of which the obligations are to be settled directly.

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 likely to be 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 present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Separation and Redundancy

Provision is made for separation and redundancy benefit payments. 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.

NATIONAL MENTAL HEALTH COMMISSION NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 1: Summary of Significant Accounting Policies

Superannuation

The Commission's staff are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS), the PSS accumulation plan (PSSap) and other superannuation plans.

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap and the other superannuation plans are defined contribution schemes.

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.

1.8 Leases

Operating lease payments are expensed on a straight-line basis which is representative of the pattern of benefits derived from the leased assets. The Commission took over the lease for office premises from the Department of Prime Minister and Cabinet in February 2015 and has been straight-lined from this point after previously being disclosed in property operating expenses.

1.9 Cash & Cash Equivalents

Cash is recognised at its nominal amount. Cash and cash equivalents includes:

- a) cash on hand,
- b) demand 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, and
- c) cash held with outsiders.

1.10 Financial Assets

The Commission classifies its financial assets as loans and receivables.

Loans and Receivables

Trade receivables, loans and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'loans and receivables'. Loans and receivables are measured at amortised cost using the effective interest method less impairment. Interest is recognised by applying the effective interest rate.

Receivables for goods and services, which have 30 day terms, are recognised at the nominal amounts due less any impairment allowance account. Collectability of debts is reviewed at the end of the reporting period. Allowances are made when collectability of the debt is no longer probable.

Impairment of Financial Assets

Financial assets are assessed for impairment at the end of each reporting period.

Financial assets held at amortised cost - if there is objective evidence that an impairment loss has been incurred for loans and receivables, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the asset's original effective interest rate. The carrying amount is reduced by way of an allowance account. The loss is recognised in the Statement of Comprehensive Income.

**NATIONAL MENTAL HEALTH COMMISSION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**

Note 1: Summary of Significant Accounting Policies

Financial assets held at cost - If there is objective evidence that an impairment loss has been incurred, the amount of the impairment loss is the difference between the carrying amount of the asset and the present value of the estimated future cash flows discounted at the current market rate for similar assets.

1.11 Financial Liabilities

Supplier 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).

1.12 Contingent Liabilities and Contingent Assets

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.

1.13 Acquisition of Assets

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.

1.14 Property, Plant and Equipment

Asset Recognition Threshold

Purchases of property, plant and equipment are recognised initially at cost in the statement of financial position, except for purchases 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).

Revaluations

Fair value of property, plant and equipment is measured at market selling price.

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 that the carrying amounts of assets do not differ materially from the assets' fair values as at the reporting date. The regularity of independent valuations depend upon the volatility of movements in 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 are 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.

NATIONAL MENTAL HEALTH COMMISSION NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 1: Summary of Significant Accounting Policies

Depreciation

Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to the Commission using, in all cases, the straight line method of depreciation. Leasehold improvements are depreciated on a straight-line basis over the lesser of the estimated useful life of the improvements or the unexpired period of the lease.

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 rates applied to property, plant and equipment are based on the useful lives of 3 to 4 years (2014-15: 3 to 4 years).

Impairment

All assets were assessed for impairment at 30 June 2016. 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 to sell 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 dependent on the asset's ability to generate future cash flows, and the asset would be replaced if the Commission was deprived of the asset, its value in use is taken to be its depreciated replacement cost.

No indicators of impairment were found for assets at fair value.

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.

1.15 Intangibles

The Commission's intangibles comprise purchased and internally developed software for internal use. These assets are carried at cost less accumulated amortisation and accumulated impairment losses. These assets are carried at cost above the capitalisation threshold of \$10,000; below this amount they are expensed in the year of purchase.

Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of the Commission's software are 3 years to 7 years (2014-15: 3 to 7 years).

All software assets were assessed for impairment as at 30 June 2016. There were no indicators of impairment.

1.16 Taxation/ Competitive Neutrality

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

**NATIONAL MENTAL HEALTH COMMISSION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**

Note 1: Summary of Significant Accounting Policies

1.17 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 below, 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.

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 Administered Cash Flow Statement and in the Administered Reconciliation Schedule.

Note 2: Events After the Reporting Period

Departmental and Administered

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

NATIONAL MENTAL HEALTH COMMISSION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 3: Net Cash Appropriation Arrangements

	2016	2015
	\$	\$
Total comprehensive income less depreciation/amortisation expenses previously funded through revenue appropriations ¹	(7,164)	159,564
Plus: depreciation/amortisation expenses previously funded through revenue appropriation	7,826	10,540
Total comprehensive income - as per the Statement of Comprehensive Income	<u>662</u>	<u>170,104</u>

¹ From 2010-11, the Government introduced net cash appropriation arrangements, where revenue appropriations for depreciation/amortisation expenses ceased. Entities now receive a separate capital budget provided through equity appropriations. Capital budgets are to be appropriated in the period when cash payment for capital expenditure is required.

NATIONAL MENTAL HEALTH COMMISSION
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 4: Expenses

	2016	2015
	\$	\$
Note 4A: Employee benefits		
Wages and salaries	1,354,064	1,186,989
Superannuation:		
Defined contribution plans	140,172	132,097
Defined benefit plans	101,201	17,437
Leave and other entitlements	239,256	227,763
Other employee benefits	17,245	20,365
Total employee benefits	<u>1,851,938</u>	<u>1,584,651</u>
Note 4B: Suppliers		
Goods and Services		
Consultants and contracted services	519,872	575,914
General expenses	94,789	119,195
Property operating expenses	24,656	249,598
Travel expenses	42,806	62,618
Information management expenses	13,066	17,935
Total goods and services	<u>695,189</u>	<u>1,025,260</u>
Goods and Services		
Goods supplied	20,944	11,253
Services rendered	674,245	1,014,007
Total goods and services	<u>695,189</u>	<u>1,025,260</u>
Other supplier expenses		
Minimum lease payments ¹	276,224	84,402
Workers compensation premiums	13,161	16,056
Total other supplier expenses	<u>289,385</u>	<u>100,458</u>
Total supplier expenses	<u>984,574</u>	<u>1,125,718</u>
Note 4C: Lease commitments payable¹		
One year or less	247,484	237,395
From one to five years	258,002	505,486
Total lease commitments payable	<u>505,486</u>	<u>742,881</u>

¹ Lease commitments are GST inclusive.

NATIONAL MENTAL HEALTH COMMISSION
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 4: Expenses

	2016	2015
	\$	\$
Note 4D: Depreciation and amortisation		
Depreciation:		
Plant and equipment	1,663	2,179
Leasehold improvements	4,073	-
Total depreciation	<u>5,736</u>	<u>2,179</u>
Amortisation:		
Intangibles	2,090	8,361
Total amortisation	<u>2,090</u>	<u>8,361</u>
Total depreciation and amortisation	<u>7,826</u>	<u>10,540</u>
Note 4E: Write-down and impairment of assets		
Asset write-downs and impairments from:		
Write-down of property, plant and equipment	-	3,987
Total write-down and impairment of assets	<u>-</u>	<u>3,987</u>

NATIONAL MENTAL HEALTH COMMISSION
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 5: Financial Assets

	2016	2015
	\$	\$
Note 5: Trade and other receivables		
Goods and Services:		
Goods and services	55,101	76,587
Total receivables for goods and services	<u>55,101</u>	<u>76,587</u>
Appropriations receivable:		
For existing programs	507,439	400,388
Undrawn equity injection	68,098	61,000
Total appropriations receivable	<u>575,537</u>	<u>461,388</u>
Other receivables:		
Leave provisions receivables	122,432	-
GST receivable from the Australian Taxation Office	106,627	14,121
Total other receivables	<u>229,059</u>	<u>14,121</u>
Total trade and other receivables	<u>859,697</u>	<u>552,096</u>

All receivables are expected to be recovered in the next 12 months

NATIONAL MENTAL HEALTH COMMISSION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 6: Non-Financial Assets

	Property, plant and equipment \$	Computer software purchased \$	TOTAL \$
Reconciliation of opening and closing balances 2016			
As at 1 July 2015			
Gross book value	6,053	24,505	30,558
Accumulated depreciation or amortisation	(6,053)	(22,415)	(28,468)
Net book value 1 July 2015	-	2,090	2,090
Additions:			
By purchase or internally developed	25,902	-	25,902
Depreciation or amortisation expense	(5,736)	(2,090)	(7,826)
Disposals:			
Gross book value	(757)	-	(757)
Gross accumulated depreciation or amortisation	757	-	757
Net book value 30 June 2016	20,166	-	20,166
Net book value as at 30 June 2016 represented by:			
Gross book value	31,198	24,505	55,703
Accumulated depreciation or amortisation	(11,032)	(24,505)	(35,537)
	20,166	-	20,166
Reconciliation of opening and closing balances 2015			
As at 1 July 2014			
Gross book value	23,948	24,505	48,453
Accumulated depreciation or amortisation	(17,782)	(14,054)	(31,836)
Net book value 1 July 2014	6,166	10,451	16,617
Additions:			
By purchase or internally developed	-	-	-
Depreciation or amortisation expense	(2,179)	(8,361)	(10,540)
Disposals:			
Gross book value	(17,895)	-	(17,895)
Gross accumulated depreciation or amortisation	13,908	-	13,908
Net book value 30 June 2015	-	2,090	2,090
Net book value as of 30 June 2015 represented by:			
Gross book value	6,053	24,505	30,558
Accumulated depreciation or amortisation	(6,053)	(22,415)	(28,468)
	-	2,090	2,090

No property, plant and equipment is held under finance leases.

No indicators of impairment were found for property, plant and equipment or intangible assets.

No non-financial asset is expected to be sold or disposed of within the next 12 months.

NATIONAL MENTAL HEALTH COMMISSION
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 7: Payables

	2016	2015
	\$	\$
Note 7A: Suppliers		
Trade creditors and accruals	182,249	291,390
Total supplier payables	<u>182,249</u>	<u>291,390</u>

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

Note 7B: Other Payables

Salaries and wages	4,016	24,487
Superannuation	900	4,584
Lease payable	13,356	6,081
Total other payables	<u>18,272</u>	<u>35,152</u>

All other payables are current.

Note 8: Provisions

	2016	2015
	\$	\$
Note 8: Provisions		
Employee leave provisions	356,188	163,138
Total provisions	<u>356,188</u>	<u>163,138</u>

Employee provisions are expected to be settled in:

No more than 12 months	141,354	69,291
More than 12 months	214,834	93,847
Total employee provisions	<u>356,188</u>	<u>163,138</u>

NATIONAL MENTAL HEALTH COMMISSION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 9: Cash Flow Reconciliation

	2016	2015
	\$	\$
Reconciliation of cash and cash equivalents as per Statement of Financial Position to Cash Flow Statement		
Report cash and cash equivalents as per:		
Cash flow statement	45,100	270,086
Statement of financial position	45,100	270,086
Difference	<u>-</u>	<u>-</u>
 Reconciliation of net cost of services to net cash from operating activities		
Net cost of services	(2,791,338)	(2,659,896)
Revenue from Government	2,792,000	2,830,000
 Adjustment for non-cash items		
Depreciation/amortisation	7,826	10,540
Net write-down of assets	-	3,987
 Movements in assets/liabilities		
Assets		
(Increase)/ decrease in appropriation receivable for existing programs	(107,051)	(142,810)
(Increase)/ decrease in GST receivable	(92,506)	9,740
(Increase)/ decrease in other receivables	(100,946)	(74,831)
Liabilities		
Increase/ (decrease) in employee provisions	193,050	92,008
Increase/ (decrease) in supplier payables	(109,141)	263,251
Increase/ (decrease) in other payables	(16,880)	3,740
Net cash from (used by) operating activities	<u>(224,986)</u>	<u>335,729</u>

Note 10: Contingent Assets and Liabilities

Departmental Contingencies

The Commission is not aware of any quantifiable, unquantifiable, or remote departmental contingent liabilities or assets as at the signing date that would require disclosure in the financial statements.

**NATIONAL MENTAL HEALTH COMMISSION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**

Note 11: Senior Management Personnel Remuneration

	2016	2015
	\$	\$
Short-term employee benefits:		
Salary	467,822	644,974
Performance bonuses	-	-
Other	59,956	75,136
Total short-term employee benefits	<u>527,778</u>	<u>720,110</u>
Post-employment benefits:		
Superannuation	92,709	43,705
Total post-employment benefits	<u>92,709</u>	<u>43,705</u>
Other long-term benefits:		
Annual leave	46,694	19,151
Long service leave	27,296	4,410
Total other long-term benefits	<u>73,990</u>	<u>23,561</u>
Total	<u>694,477</u>	<u>787,376</u>

Notes:

The total number of senior management personnel that is included in the above table is 2 (2015: 3). This includes the Chief Executive Officer and the Executive Director of the Commission.

NATIONAL MENTAL HEALTH COMMISSION
 NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 12: Financial Instruments

	2016	2015
	\$	\$
Note 12A: Categories of financial instruments		
Financial Assets		
Loans and receivables		
Cash and cash equivalents	45,100	270,086
Goods and services receivable	55,101	76,587
Total loans and receivables	<u>100,201</u>	<u>346,673</u>
Carrying amount of financial assets	<u>100,201</u>	<u>346,673</u>
Financial Liabilities		
At amortised cost:		
Trade creditors	182,249	291,390
Total	<u>182,249</u>	<u>291,390</u>
Carrying amount of financial liabilities	<u>182,249</u>	<u>291,390</u>

Note 12B: Net Income and Expense from Financial Assets

There is no income or expense from financial assets (2015: Nil).

Note 12C: Fair value of financial instruments

The fair values of financial instruments approximate their carrying amounts.

Note 12D: Credit Risk

Considering the nature of debtors, the Commission's financial assets have a low exposure to credit risk.

Note 12E: Liquidity Risk

The Commission's departmental financial liabilities are supplier payables and are due on demand. Accordingly the Commission was not exposed to significant liquidity risk.

Note 12F: Market Risk

The Commission held basic departmental financial instruments that did not expose the Commission to market risk. The Commission was not exposed to interest risk, currency risk or other price risk.

NATIONAL MENTAL HEALTH COMMISSION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 13: Administered Expenses

	2016	2015
	\$	\$
Note 13: Suppliers		
Goods and services		
Outsourced providers, contractors and consultants	2,842,864	2,122,078
General expenses	379,798	725,361
Travel	215,254	149,074
Information communications and technology	502	885
Total suppliers	3,438,418	2,997,398
Goods and services		
Goods supplied	473	17,310
Services rendered	3,437,945	2,980,088
Total goods and services	3,438,418	2,997,398

Note 14: Administered Financial Assets

	2016	2015
	\$	\$
Note 14: Trade and other receivables		
Goods and services		
Goods and services receivable	11,743	-
Total goods and services	11,743	-
Other receivables:		
GST receivable from the Australian Taxation Office	119,047	203,768
Total other receivables	119,047	203,768
Total trade and other receivables	130,790	203,768

All receivables are expected to be recovered in the next 12 months.

Note 15: Administered Payables

	2016	2015
	\$	\$
Note 15: Suppliers		
Trade creditors and accruals	512,972	342,586
Total supplier payables	512,972	342,586

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

**NATIONAL MENTAL HEALTH COMMISSION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**

Note 16: Administered Cash Flow Reconciliation

	2016	2015
	\$	\$
Reconciliation of cash and cash equivalents as per Administered Schedule of Assets and Liabilities to the Administered Cash Flow Statement		
Report cash and cash equivalents as per:		
Administered cash flow statement	2,766	-
Administered schedule of assets and liabilities	2,766	-
Difference	<u>-</u>	<u>-</u>
Reconciliation of net cost of services to net cash from operating activities:		
Net cost of services	3,438,418	2,997,398
Movements in assets/liabilities		
(Increase)/ decrease in net receivables	(72,978)	94,124
(Increase)/ decrease in supplier payables	(170,386)	382,064
Net cash from (used by) operating activities	<u>3,195,054</u>	<u>3,473,586</u>

Note 17: Administered Contingent Assets and Liabilities

Administered Contingencies

The Commission is not aware of any quantifiable, unquantifiable, or remote administered contingent liabilities or assets as at the signing date that would require disclosure in the financial statements.

NATIONAL MENTAL HEALTH COMMISSION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 18: Administered Financial Instruments

	2016	2015
	\$	\$
Note 18A: Categories of Financial Instruments		
Financial Assets		
Receivables		
Cash and cash equivalents	2,766	-
Receivables	11,743	-
Total receivables	<u>14,509</u>	<u>-</u>
Total financial assets	<u>14,509</u>	<u>-</u>
Financial Liabilities		
Financial liabilities measured at amortised cost		
Payables	512,972	342,586
Total financial liabilities measured at amortised cost	<u>512,972</u>	<u>342,586</u>
Total financial liabilities	<u>512,972</u>	<u>342,586</u>

Note 18B: Net Gains or Losses on Financial Assets

There was no net income and expense generated by financial assets for 2015-16 (2014-15: Nil).

Note 18C: Fair Value of Financial Instruments

The fair value of financial instruments approximates their carrying amounts.

Note 18D: Credit Risk

Considering the nature of debtors, the Commission's financial assets have a low exposure to credit risk.

Note 18E: Liquidity Risk

The Commission's administered financial liabilities are supplier payables and are due on demand. Accordingly the Commission was not exposed to significant liquidity risk.

Note 18F: Market Risk

The Commission held basic administered financial instruments that did not expose the Commission to material market risk. The Commission was not exposed to interest risk or price risk. The exposure to currency risk, though not material, at 30 June 2016 was of \$30,000, amount payable to Canadian Mental Health Commission.

NATIONAL MENTAL HEALTH COMMISSION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

Note 19: Appropriations

Note 19A: Annual Appropriations ('Recoverable GST exclusive')

	<i>Appropriation Act</i>		<i>PGPA Act</i>		Total appropriation \$	Appropriation applied (current and prior years) \$	Variance ^(a) \$
	Annual Appropriation \$	AFM \$	Section 74 \$	Section 51 \$			
Annual Appropriations 2016							
DEPARTMENTAL							
Ordinary annual services	2,793,000	-	-	(1,000)	2,792,000	2,710,850	81,150
Total departmental	2,793,000	-	-	(1,000)	2,792,000	2,710,850	81,150
ADMINISTERED							
Ordinary annual services	3,649,000	-	-	-	3,649,000	3,381,803	267,197
Administered items	3,649,000	-	-	-	3,649,000	3,381,803	267,197
Total administered	3,649,000	-	-	-	3,649,000	3,381,803	267,197
Annual Appropriations 2015							
DEPARTMENTAL							
Ordinary annual services	2,830,000	-	-	-	2,830,000	2,557,521	272,479
Total departmental	2,830,000	-	-	-	2,830,000	2,557,521	272,479
ADMINISTERED							
Ordinary annual services	3,617,000	-	865	-	3,617,865	3,349,049	268,816
Administered items	3,617,000	-	865	-	3,617,865	3,349,049	268,816
Total administered	3,617,000	-	865	-	3,617,865	3,349,049	268,816

Notes:

(a) The variance between total annual appropriation available and total appropriation applied in 2015 and 2016 relate to payments funded from unspent prior year appropriation items.

**NATIONAL MENTAL HEALTH COMMISSION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**

Note 19: Appropriations

Note 19B: Departmental Capital Budget ("Recoverable GST exclusive")

	Capital Budget Appropriations			Capital Budget Appropriations applied (current and prior years)			Variance \$
	Appropriation Act	PGPA Act	Total Capital Budget Appropriations \$	Payments for non-financial assets ^(b) \$	Payments for other purposes \$	Total payments \$	
Capital Budget Appropriations 2016							
DEPARTMENTAL							
Ordinary annual services - Departmental Capital Budget ^(a)	33,000	-	33,000	25,902	-	25,902	7,098
Capital Budget Appropriations 2015							
DEPARTMENTAL							
Ordinary annual services - Departmental Capital Budget ^(a)	36,000	-	36,000	-	-	-	36,000

Notes:

- (a) Departmental Capital Budgets are appropriated through Appropriation Acts (No. 1, 3 & 5). They form part of ordinary annual services, and are not separately identified in the Appropriation Acts. For more information on ordinary annual services appropriations, please see annual appropriations table (Note 19A).
- (b) The Commission did not use any capital budget in 2014-15 as the Department of Health IT platform does not require computers recorded as assets, it uses a desktop solution that has been provided by the Department of Health as part of the Shared Services Agreement.

**NATIONAL MENTAL HEALTH COMMISSION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**

Note 19: Appropriations

Note 19C: Unspent Annual Appropriations ('Recoverable GST exclusive')

	2016	2015
	\$	\$
Departmental		
Appropriation Act (No. 1) 2013-14	-	127,909
Appropriation Act (No. 1) Capital Budget (DCB) 2013-14	-	25,000
Appropriation Act (No. 1) 2014-15	-	272,479
Appropriation Act (No. 1) 2014-15 - cash held by the Commission	-	270,086
Appropriation Act (No. 1) Capital Budget (DCB) 2014-15	36,000	36,000
Appropriation Act (No. 1) 2015-16	507,439	-
Appropriation Act (No. 1) 2015-16 - cash held by the Commission	45,100	-
Appropriation Act (No. 1) Capital Budget (DCB) 2015-16	32,098	-
Total departmental	<u>620,637</u>	<u>731,474</u>
Administered		
Appropriation Act (No. 1) 2014-15	918,474	920,464
Appropriation Act (No. 1) 2015-16	266,421	-
Appropriation Act (No. 1) 2015-16 - cash held by the Commission	2,766	-
Total administered	<u>1,187,661</u>	<u>920,464</u>

Note 20: Reporting of Outcomes

The Commission has a single outcome and therefore reports on the basis of identifiable actual costs.

Note 20: Net Cost of Outcome Delivery

	2016	2015
	\$	\$
Departmental		
Expenses	(2,844,338)	(2,724,896)
Own-source Income	53,000	65,000
Administered		
Expenses	(3,438,418)	(2,997,398)
Net cost/(contribution) of outcome delivery	<u>(6,229,756)</u>	<u>(5,657,294)</u>

The Commission's outcome is described in Note 1.1. Net costs shown include intra-government costs that are eliminated in calculating the actual budget outcome.

**NATIONAL MENTAL HEALTH COMMISSION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**

Note 21: Explanations of Major Variances between Actuals and Budgetary Reports

For the purpose of variance analysis, the Commission considers a variance of greater than 10 percent to be a significant variance.

Explanations of major variances	Affected line items (and statement)
<p><u>Expenses</u></p> <p>The Commission made a small surplus of \$662, as opposed to a budget deficit for the reporting year. The surplus was largely due to the Commission underspending on employee benefit expenses. Additionally, depreciation/amortisation expenses were lower than budget because of the original budget amount being incorrectly overstated.</p> <p>There was a variance in supplier expenses; the actual amount being higher than the budget. This was due to expenses for consultants and contracted services being higher than anticipated.</p>	<p><i>Employees benefit and Suppliers expense (Statement of Comprehensive Income), Contributed and total equity (Statement of Financial Position), Contributed and total equity (Statement of Changes in Equity)</i></p>
<p><u>Revenue</u></p> <p>The major variance in revenue consisted of remuneration of auditors; the actual amount was higher than estimated in the budget.</p>	<p><i>Own-source income (Statement of Comprehensive Income), Contributed and total equity (Statement of Financial Position & Statement of Changes in Equity)</i></p>
<p><u>Financial assets</u></p> <p>The Commission recorded a higher financial assets balance than the budget amount; a variance of \$297,797. This was almost entirely due to balances of trade and other receivables being above budget. These receivables include appropriations not drawdown, as well as leave provisions receivable for employees who joined the Commission during the year.</p>	<p><i>Trade and other receivables (Statement of Financial Position)</i></p>
<p><u>Non-financial assets</u></p> <p>The balance is greater than the budgeted amount due to plant and equipment purchased during the year, not being included in the original budget.</p>	<p><i>Non-financial assets (Statement of Financial Position)</i></p>
<p><u>Payables</u></p> <p>The Commission is above budget for payables by \$114,521, principally through the higher level of supplier payables at 30 June 2016, essentially driven by the timing of payments to external parties.</p>	<p><i>Total payables (Statement of Financial Position), Operating Activities (Cash flow Statement)</i></p>
<p><u>Total provisions</u></p> <p>The Commission is above budget for total provisions by \$145,188 primarily due to new employees with pre-existing leave provision balances joining the Commission.</p>	<p><i>Total provisions (Statement of Financial Position)</i></p>
<p><u>Statement of changes in equity</u></p> <p>The Commission's Statement of changes in equity differs to that budgeted by \$55,254. This is primarily a result of variance in surplus for the year.</p>	<p><i>Contributed and total equity (Statement of Changes in Equity)</i></p>
<p><u>Net cash held</u></p> <p>Net cash held at 30 June 2016 was \$54,900 lower than the budgeted figure. This amount was in-part a result of trade and other receivables being higher than expected at year-end.</p>	<p><i>Trade and other receivables (Statement of Financial Position), Cash used employees and suppliers (Cash Flow Statement)</i></p>

**NATIONAL MENTAL HEALTH COMMISSION
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**

Note 22: Explanations of Major Variances between Administered Actuals and Budgetary Reports

For the purpose of variance analysis, the Commission considers a variance of greater than 10 percent to be a significant variance.

Explanations of major variances	Affected line items (and statement)
<p><u>Financial assets</u> The Commission recorded a higher financial assets balance than the budget amount; a variance of \$22,556. This was a result of GST paid in June 2016, that was received as a refund after the lodgement of the quarterly Business Activity Statement in July 2016.</p>	<p><i>Financial assets (Statement of Financial Position)</i></p>
<p><u>Suppliers</u> Payables at 30 June 2016 were under the budgeted amount by \$139,028 as a result of the timing of payments for both supplier payables and accrued expenses.</p>	<p><i>Suppliers expense (Statement of Comprehensive Income), Suppliers payable (Statement of Financial Position)</i></p>

Other Mandatory Information

Advertising campaigns

No advertising campaigns were undertaken by the Commission during the 2015-16 year.

Grants

Information on grants awarded during the 2015-16 year is available at

www.mentalhealthcommission.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. From 2010-11, departments and agencies have no longer been required to report on these functions.

The Commonwealth Disability Strategy has been overtaken by a new National Disability Strategy 2010-2012 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 will be available in late 2014, and can be found at www.dss.gov.au.

Although the Commission is not a public service care agency as defined by the *Carer Recognition Act 2010*, the Commission through its core functions and day to day work 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. Information Publication Scheme statement can be found at www.mentalhealthcommission.gov.au.

Work health and safety

To help to ensure the health, safety and welfare of employees, the Commission has a First Aid Officer, Workplace Health and Safety representative and a Fire Warden. Due to the small staffing this year, a second fire warden was not appointed.

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 2015–16 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
- ensuring equipment such as desktop computers, photocopiers, dishwashers and printers incorporate energy-saving features
- implementing a lights out policy, and switching off all lights and computers at the end of each day
- paper recycle bins at workstations and recycling bin in the office

The Commission does not provide any capital funding, project or grant funding for activities that have a measurable impact on ESD. As the Commission uses leased office space, there are limits to its ability to introduce environmental performance improvements.

Index

Alphabetical Index	70
Annual Performance Statements	16
Australian National Audit Office Access Clauses	31
Chief Executive Officer's Statement	9
Consultants	30
Corporate Governance	28
Exempt Contracts	31
External Scrutiny	29
Financial Statements	32
Glossary of abbreviations and acronyms	71
List of requirements	73
Management and Accountability	28
Management of Human Resources	29
Message from the Chair	11
National Mental Health Commission Structure	8
Other Mandatory Information	68
Our Commissioners	11
Overview of the National Mental Health Commission	6
Procurement Initiatives to Support Small Business	31
Purchasing	30
Report on Financial Performance	26
Report on Performance	16

Glossary of abbreviations and acronyms

Commission: The Chair, Commissioners and Chief Executive Officer.

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.

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.

Key performance indicators: used to assess and monitor the Commission's performance and to provide a record of our progress towards supporting the Government to meet its policy objectives, how public money was spent and whether planned achievements were on track.

Mental health: a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her own community (World Health Organization definition).

Mental illness: disturbances of mood or thought that can affect behaviour and distress the person or those around them, so the person has trouble functioning normally. They include anxiety disorders, depression and schizophrenia.

Secretariat: staff supporting the Commission.

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

AAGSP: Australian Advisory Group on Suicide Prevention

AASB: Australian Accounting Standards Board

ABS: Australian Bureau of Statistics

AHMAC: Australian Health Ministers' Advisory Council

AIHW: Australian Institute of Health and Welfare

AISRAP: Australian Institute for Suicide Research and Prevention

CAASA: Care After A Suicide Attempt

CEO: Chief Executive Officer

COAG: Council of Australian Governments

DCB: Departmental Capital Budget

ESD: ecologically sustainable development

FOI: Freedom of Information

FRR: Financial Reporting Rule

GST: Goods and Services Tax

IPS: Information Publication Scheme

KPI: Key Performance Indicator

KWA: Key Work Area

MHDAPC: Mental Health Drug and Alcohol Principal Committee

MHISSC: Mental Health Information Strategy Standing Committee

MHWA: Mentally Healthy Workplace Alliance (the Alliance)

NHMRC: National Health and Medical Research Council

OPA: Official Public Account

PBS: Portfolio Budget Statements

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

PHN: Primary Health Network

RTO: Registered Training Organisations

SPARK: Supporting the Promotion of Activated Research and Knowledge

SQPSC: Safety and Quality Partnership Standing Committee

YES: Your Experience of Services

List of requirements

PGPA Rule Reference	Part of Report	Description	Requirement
17AD(g)	Letter of transmittal		
17AI		A copy of the letter of transmittal signed and dated by 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
17AD(h)	Aids to access		
17AJ(a)		Table of contents.	Mandatory
17AJ(b)		Alphabetical index.	Mandatory
17AJ(c)		Glossary of abbreviations and acronyms.	Mandatory
17AJ(d)		List of requirements.	Mandatory
17AJ(e)		Details of contact officer.	Mandatory
17AJ(f)		Entity's website address.	Mandatory
17AJ(g)		Electronic address of report.	Mandatory
17AD(a)	Review by accountable authority		
17AD(a)		A review by the accountable authority of the entity.	Mandatory
17AD(b)	Overview of the entity		
17AE(1)(a)(i)		A description of the role and functions of the entity.	Mandatory
17AE(1)(a)(ii)		A description of the organisational structure of the entity.	Mandatory
17AE(1)(a)(iii)		A description of the outcomes and programmes administered by the entity.	Mandatory
17AE(1)(a)(iv)		A description of the purposes of the entity as included in corporate plan.	Mandatory
17AE(1)(b)		An outline of the structure of the portfolio of the entity.	Portfolio departments - mandatory
17AE(2)		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

17AD(c)	Report on the Performance of the entity		
	<i>Annual performance Statements</i>		
17AD(c)(i); 16F		Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.	Mandatory
17AD(c)(ii)	Report on Financial Performance		
17AF(1)(a)		A discussion and analysis of the entity's financial performance.	Mandatory
17AF(1)(b)		A table summarising the total resources and total payments of the entity.	Mandatory
17AF(2)		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.
17AD(d)	Management and Accountability		
	<i>Corporate Governance</i>		
17AG(2)(a)		Information on compliance with section 10 (fraud systems)	Mandatory
17AG(2)(b)(i)		A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory
17AG(2)(b)(ii)		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)		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)		An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.	Mandatory

17AG(2)(d) – (e)		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
<i>External Scrutiny</i>			
17AG(3)		Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory
17AG(3)(a)		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)		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)		Information on any capability reviews on the entity that were released during the period.	If applicable, Mandatory
<i>Management of Human Resources</i>			
17AG(4)(a)		An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory
17AG(4)(b)		Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including the following: <ul style="list-style-type: none"> • Statistics on staffing classification level; • Statistics on full-time employees; • Statistics on part-time employees; • Statistics on gender; • Statistics on staff location; • Statistics on employees who identify as Indigenous. 	Mandatory
17AG(4)(c)		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)		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)		The salary ranges available for APS employees by classification level.	Mandatory

17AG(4)(c)(iii)		A description of non-salary benefits provided to employees.	Mandatory
17AG(4)(d)(i)		Information on the number of employees at each classification level who received performance pay.	If applicable, Mandatory
17AG(4)(d)(ii)		Information on aggregate amounts of performance pay at each classification level.	If applicable, Mandatory
17AG(4)(d)(iii)		Information on the average amount of performance payment, and range of such payments, at each classification level.	If applicable, Mandatory
17AG(4)(d)(iv)		Information on aggregate amount of performance payments.	If applicable, Mandatory
Assets Management			
17AG(5)		An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities.	If applicable, mandatory
Purchasing			
17AG(6)		An assessment of entity performance against the <i>Commonwealth Procurement Rules</i> .	Mandatory
Consultants			
17AG(7)(a)		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)		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)		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)		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

<i>Australian National Audit Office Access Clauses</i>			
17AG(8)		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
<i>Exempt contracts</i>			
17AG(9)		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
<i>Small business</i>			
17AG(10)(a)		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)		An outline of the ways in which the procurement practices of the entity support small and medium enterprises.	Mandatory
17AG(10)(c)		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
<i>Financial Statements</i>			
17AD(e)		Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory

17AD(f)	Other Mandatory Information		
17AH(1)(a)(i)		If the entity conducted advertising campaigns, a statement that “ <i>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.</i> ”	If applicable, Mandatory
17AH(1)(a)(ii)		If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, Mandatory
17AH(1)(b)		A statement that “ <i>Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity’s website].</i> ”	If applicable, Mandatory
17AH(1)(c)		Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory
17AH(1)(d)		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)		Correction of material errors in previous annual report	If applicable, mandatory
17AH(2)		Information required by other legislation	Mandatory