Consumers of Mental Health WA

Listen. Advocate. Change.

ANNUAL REPORT

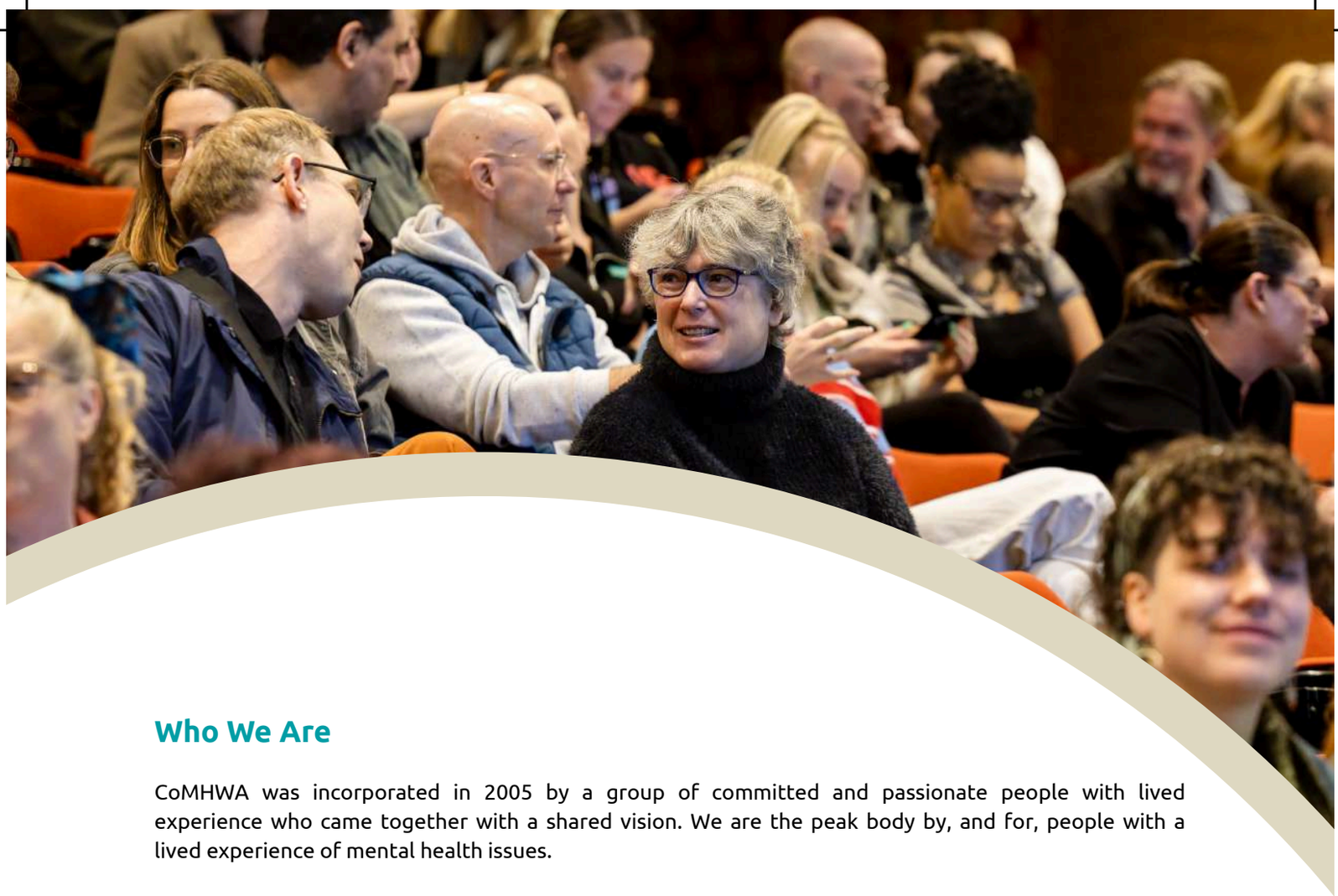
2025 - 2026





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Who We Are

CoMHWA was incorporated in 2005 by a group of committed and passionate people with lived experience who came together with a shared vision. We are the peak body by, and for, people with a lived experience of mental health issues.

A consumer-led organisation is essential to achieving a strong, assertive, independent voice for social change that reflects the needs and priorities of those living with mental health issues. We are grounded in Peer philosophies of self-advocacy, equity, mutual rapport, self-empowerment, and self-direction.

Our Vision
We are working for a world where people with lived experience of mental health issues are self-directed, self-empowered, respected and connected to community.

Our Purpose
We strengthen and advance the voice, leadership and expertise of people with lived experience of mental health issues.

Our Promise
We work together, as a lived experience community, to amplify your voice and deliver positive change.

Our Strategic Direction

- Systemic advocacy and reform
- Education and raising awareness
- Research
- Growing peer leadership and support
- Organisational management, governance and sustainability

Our Values
Kindness, Respect, Integrity, Social Justice, Connection, Courage

Acknowledgment of Country

CoMHWA acknowledges the Whadjuk people of the Noongar Nation as the Traditional Owners and Custodians of Boorloo (Perth) and their Boodja (Country), on which we live and work. We pay our respects to Elders past and present.

We also acknowledge all Aboriginal Nations across Western Australia, recognising their enduring connection to land, sea, and culture, and reaffirm our commitment to listening, learning, and walking together with respect.

CoMHWA stands with all Aboriginal and Torres Strait Islander communities across Australia in their pursuit of self-determination in all matters that shape Aboriginal Social and Emotional Wellbeing. We honour the rights, voices, and quality of life of all Aboriginal consumers.

Recognition of Lived Experience

CoMHWA recognises the collective and individual expertise of those people with a lived experience of mental health challenges, and those who have taken up their experiences within the tradition of consumer advocacy that we share in. We recognise the pioneers of our movement, who had to take those first steps grounded solely by the courage of their convictions and passion for justice.

We also recognise those peers who work tirelessly to continue this advocacy and expand on the changes we, as a movement, have made together over the last fifty years. It is critical, however, that our recognitions extend beyond the past of our movement and towards the current progress we are all working to enact—to pierce the walls and locked doors behind which so many of our peers still languish: locked away, unheard, and without the respect and rights they deserve. Recognising the value in our expertise should not only show us how far we've come, but it must also remind us just how much further there is to go in our collective struggle.





Chairperson's Report

Megan McKrill

In a year of both growth and uncertainty, I am pleased to say that CoMHWA's purpose has remained clear: to strengthen the voice, leadership and expertise of people with lived experience of mental health issues.

As Chairperson, I am proud of the way our members, Board and staff have held to that purpose while responding to increasing demand for our work.

This year has shown the breadth of what a consumer-led organisation can do. Our independent advocates supported 115 people, our education team worked with 658 participants, our Peer Pathways team responded to almost 1,000 unique navigation requests, while the Listening Lounge welcomed 211 people attending our groups for the first time. Behind each number is a person looking for information, connection, support or a stronger voice in decisions affecting their life.

I am proud that CoMHWA can support people individually while also learning from their experiences. What they share with us, alongside the insights of our advisory groups, keeps our systemic advocacy grounded in consumers' lives, rights and experiences of the system.

Our systemic advocacy addressed issues such as restrictive practices, involuntary treatment, supported decision-making and the effects of NDIS changes on people with psychosocial disability. We brought consumer perspectives to inquiries and consultations, including those concerning guardianship and administration, and racism directed at Aboriginal and Torres Strait Islander people. This work depends on people trusting us with their experiences. I thank every member and consumer who has shared their knowledge to help shape a more rights-based and culturally safe system.

Our membership reached 3,395 as at 30th June 2026. CoMHWA's growing community of members strengthens our mandate as Western Australia's peak body, by and for mental health consumers. It also places a responsibility on the Board to ensure the organisation remains independent, accountable and able to serve members into the future.

Financial and workforce sustainability have therefore been central to our oversight this year. Like many community organisations, CoMHWA has faced the disruption of short-term grants and late funding decisions. That uncertainty has had real consequences for staff, including colleagues whose roles or contracts ended in June. On behalf of the Board, I acknowledge their contributions and thank all staff for continuing to support consumers with care and professionalism through a difficult period.

This year we also said farewell to Board members: Morgan Margry, Sheleila D'Paiva and Kat Baumann. I thank them, together with our continuing Board members, for their thoughtful stewardship and personal contributions of their time and expertise to ensure that CoMHWA remains a strong and well governed organisation.

To our staff, volunteers, partners, funders and members: thank you for the expertise, courage and commitment you bring to this work. Together, we will keep building a stronger consumer movement and working towards a mental health system in which people are respected, self-directed and connected to community.


Alike
Alike
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Alike


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e. Change.





Consumers of
Mental Health WA
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Volunteer or Student?
PSN







CEO's Report

Darren Munday



2025–2026 has been a year of successes, challenges and growth for CoMHWA.

We have grown to our largest size yet, reaching 42 staff. This growth has come through a number of new and continuing grants, each centred on supporting consumers and strengthening the consumer movement.

Growing to this size is not without its challenges. Insecure funding remains a significant issue for us and for the community services sector as a whole. Short-term grants, last-minute funding announcements and contract extensions have a profound effect on our staff and our work. An organisation doesn't exist without its staff and the uncertainty many of ours have faced about their employment has been a source of concern for each and every one of us. Ultimately some of our staff left for opportunities offering longer contracts and unfortunately some roles, and employee's contracts, did have to cease in June 2026. Throughout this period of uncertainty and change, our staff have continued to live our values. They have supported consumers with care and respect, stayed connected to our purpose and kept showing up for the work and for each other. I sincerely thank them for that.

We have recently received assurance from the State Government and the Mental Health Commission of ongoing recurrent funding for our core advocacy, representation, training and group support programs past 2026-2027. This funding, and the contract itself, enables us to continue our role as the peak body for mental health consumers in WA. This is an enormous vote of confidence in our work. I thank the Hon. Meredith Hammat, Minister for Health and Mental Health, and Maureen Lewis, Mental Health Commissioner, for backing us to continue advocating for consumers and supporting the transformation of the sector towards a consumer-led mental health system.

Our Board continues to strengthen our governance and strategic oversight, and I am particularly thankful for the support they have provided to me as we navigated funding uncertainty this year.

A few highlights for the year deserve special mention:

An Election for Mental Health

In late 2024, we launched An Election for Mental Health, our platform for the 2025 State Election. It called for alternatives to Emergency Departments and a rights-based, culturally safe mental health system. I am pleased that the 2026 State Budget addressed several of our asks:

- **$15.4 million for WA's first Crisis Recovery and Intervention Support Service (CRISS).** Although the CRISS does not yet meet all the requirements we called for in an alternative to ED centre, we recognise that this initiative can be a first step in ensuring that people in distress can be supported in facilities designed for specifically for them and not face the uncomfortable and often traumatic experiences of presenting at an ED. Significantly, since this announcement, the Mental Health Commission has invited CoMHWA to play a meaningful role in the CRISS establishment, governance, implementation and evaluation. This in itself is a huge step forward in valuing the consumer voice at every level of decision making.

- **Increased funding for the Mental Health Advocacy Service.** We have advocated for this for several years, concerned about the workload of this essential service and whether people admitted to hospital under involuntary orders are receiving the advocacy support to which they are entitled by law.
- **$48.6 million to continue Social and Emotional Wellbeing (SEWB) programs across Western Australia.** Like our own CoMHWA programs, SEWB programs too have faced ongoing funding uncertainty. Supporting calls from Aboriginal Community Controlled Organisations (ACCOs) and Aboriginal community leaders for secure and sustainable funding was therefore a key ask in our platform.

Systemic advocacy on sector-wide issues takes persistence, and progress can be difficult to see from year to year, so I am pleased to see that CoMHWA's work over many years has helped in some way to contribute to these outcomes.

National Mental Health Consumer Alliance

CoMHWA played a key role in establishing the National Mental Health Consumer Alliance and remains an active member, supporting policy writing and facilitating consumer advisory and affinity groups. As an Alliance Board Director, I am pleased to see the Alliance advancing the consumer voice nationally.

For the first time, consumers have a voice in the development of the next Mental Health and Suicide Prevention Agreement. Its finalisation is still some way off, however, our seat at the table gives us an important opportunity to ensure consumer perspectives are heard and prioritised throughout the process.

Most recently, the Alliance was awarded the tender to establish the Australian Association of Peer Workers (AAPW). Peer workers have campaigned for this association for a long time. As a national representative and membership body for mental health and suicide prevention peer workers, AAPW will support peer work as a distinct professional discipline grounded in lived experience. Its work will include peer workforce advocacy, a National Training Plan, a national competency framework and a Peer Workforce Credential Register.

Looking Ahead

There will no doubt be more challenges in 2027 and beyond. Funding for three of our programs; My Voice My Rights My Way, ASPIRE and Collaborate to Connect, will cease in June 2027. The funding streams for these programs have been replaced by new grant programs that went out for tender in July 2026.

Whilst we remain hopeful for positive outcomes on those tenders, we have already commenced planning for our next phase. CoMHWA may look a little different, with fewer programs and less overall funding, but our commitment to our members and consumers will always remain strong. We will keep advocating in every forum and to every decision-maker, guided by our vision, purpose and values. We will continue working together for a transformed system, as a lived experience community to amplify your voices and deliver positive change.



20 Years of CoMHWA

In August 2025, CoMHWA Board, staff, members and friends celebrated the 20-year anniversary of the organisation.

20 years of incorporation is a huge milestone not just for CoMHWA's history, but the history of the consumer movement and mental health sector. On the night we paused and took a moment to look back at what we have achieved over these years, the ground we've covered, the struggles we have faced and the wins we have celebrated. We were honoured to have founding members join us on the night, and to contribute to our commemorative booklet. We reflected on the early days of WAMIAC and CoMHWA; meeting in a coffee shop, protesting on the steps of Parliament and operating with minimal funds and volunteers.

One of the themes that has run through every chapter of our history is that we have been, and always will be, 100% Peer-staffed and led.

Over 120 attendees enjoyed the views from Beaumonde on the Point in East Perth, a beautiful Welcome to Country from Robyn Collard and Tryse Rioli, a passionate Recognition of Lived Experience from Lyn Mahboub and a thoughtful reflection from Brian Wooller, former CoMHWA Chairperson who's dedication to our organisation spans almost the full 20 years.

"CoMHWA has enabled its members to be aware of what's happening in Perth's mental health sector and to hold those in key roles, such as ministers and staff of the Mental Health Commission, accountable for listening to the needs and desires of those battling mental illness. It's wonderful to be part of that transparency and accountability."

Rahul Seth



Consumers of
Help us driv
your ideas
promoting
people






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Systemic Advocacy and Reform

Key Pieces of Advocacy Work 2025 - 2026

Between January and June 2026, CoMHWA's Systemic Advocacy team wrote 6 letters, 4 position papers, 19 submissions to State and National consultations and 5 conference presentations.

CoMHWA has been preparing a suite of position papers stating our organisational positions on enduring issues that affect consumers. Four were published during the reporting period, on the topics of:

- Restrictive Practices
- Involuntary Treatment
- Supported Decision Making
- The Impact of NDIS Changes on People with Psychosocial Disability.

Some of our key submissions across 2025-26 include:

Mental Health and Alcohol and Other Drug Proposed Strategic Directions 2025-2030

We gave feedback to the Mental Health Commission's proposed Strategic Directions, drawing from our own submission made in November 2024 during the initial consultations. In our feedback, we ask for more specificity and focus for the strategic directions, as well as a strong commitment to system transformation.

WA Firearms Act 2024 Inquiry

CoMHWA has raised concerns about unintended consequences of the new Firearms Act, particularly its impact on people seeking or renewing licenses while also managing mental health challenges. Our submission warns that mandatory mental health assessments may deter people – especially in regional, rural or remote WA – from seeking help due to fears of losing their licence, and may strain trust between GPs and communities. We called for genuine co-design with affected communities and careful review of how mental health is assessed in this context. This submission led to an invitation for CoMHWA to give evidence at a public hearing in Parliament to share the consumer perspective about this reform.

Inquiry into WA's Guardianship and Administration System

CoMHWA provided a submission to the WA Community Development and Justice Standing Committee calling for urgent, systemic reform of WA's Guardianship and Administration System to better protect the human rights, autonomy, and dignity of mental health consumers and Aboriginal and Torres Strait Islander peoples. We highlight that it is essential that supported decision-making is central to these reforms, advocating for a transition away from substituted decision-making. We made recommendations aiming to transform the culture and operations of the State Administrative Tribunal, the Office of the Public Advocate, and the Public Trustee to ensure stronger accountability, oversight, advocacy access, and lived experience leadership across all levels.

Inquiry into Racism, Hate and Violence directed at Aboriginal and Torres Strait Islander People

We gave feedback to the Joint Standing Committee on Aboriginal and Torres Strait Islander Affairs, representing what we have heard from our members and consumers who are Aboriginal and/or Torres Strait Islander people about how systemic racism in the mental health system affects their social and emotional wellbeing and their ability to access and enjoy their human rights. We advocated for: systemic changes that give effect to the protections under the United Nations Declaration on the Rights of Indigenous Peoples and to the Gayaa Dhuwi (Strong Spirit) Declaration; mental health services that are codesigned with and accountable to Aboriginal and Torres Strait Islander people with lived experience; and culturally safe supports free from racism. Following this submission, CoMHWA has been further invited to speak at a parliamentary hearing on this Inquiry.





Systemic Advocacy Statistics 2025-2026

6 Consumer Advisory Groups

- Consumer Advised Systemic Advocacy Meetings (CASAM)
- Statewide Consumer and Carer Advisory Group (S-CCAG)
- Peer-led Regionally Informed Systemic Advocacy Meeting (PRISAM)
- WA National Consumer Advisory Group
- NDIS Reference Group
- Rural and Remote Affinity Group

✓ 47 consultations with consumers

✓ 28 submissions and reports made, and letters sent

✓ 245 hours given to committees, forums and consultations

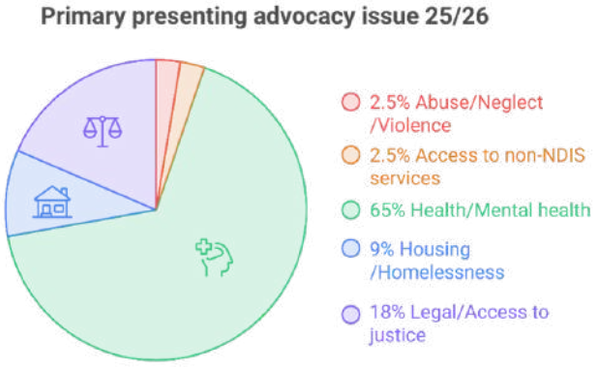


Independent Advocacy

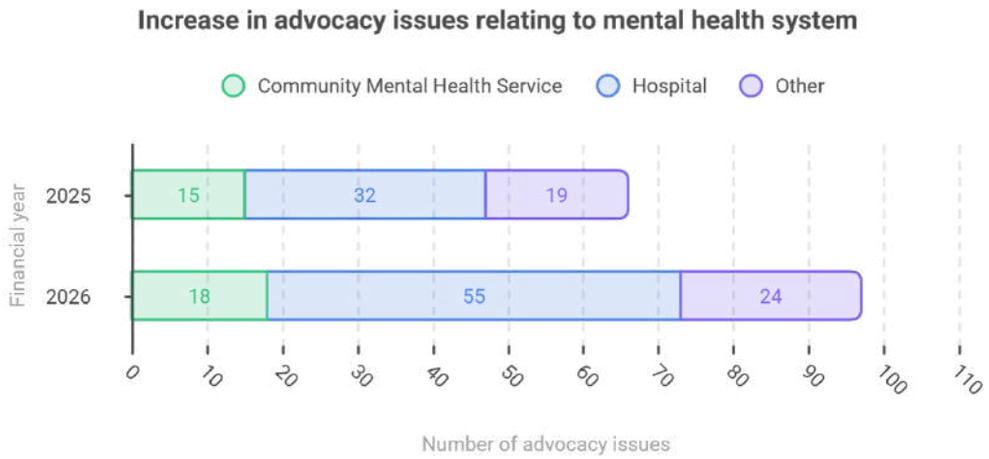
CoMHWA's Independent Advocacy Service is funded by the Department of Communities to provide free, independent advocacy to people with psychosocial disability living in the Perth metropolitan area.

During 2025–26, we supported 115 people across 151 individual advocacy matters. This represents a 25% increase in advocacy matters compared with the previous financial year, when the service assisted with 121 matters.

We also saw a particularly sharp increase in requests from people receiving inpatient mental health care.



Concerns relating to mental health services continued to be the most common reason people sought our assistance. Through supported self-advocacy, our advocates helped people understand their rights and options, communicate what mattered to them, and participate more meaningfully in decisions about their care and treatment.





Common issues included:

- Voluntary inpatients experiencing difficulties exercising their right to leave hospital
- People feeling that their views, preferences and concerns about medication were not being heard or taken seriously
- People not receiving clear information about their medication and treatment options, including possible side effects and alternatives
- Concerns about the use of physical and chemical restraint in hospital settings, including whether the restraint was necessary, proportionate, properly documented, or even legal.

The increase in requests from hospital inpatients shows how important it is for people to have access to independent advocacy when they may feel particularly vulnerable and have limited ability to exercise their rights. It also highlights ongoing concerns about informed consent, involvement in treatment decisions, and the extent to which consumers' voices are heard within mental health services.

Our team has continued to focus on responding to requests as promptly as possible. Of the 265 referrals received during the year, 44% were resolved on the day they were received, either by being accepted for advocacy assistance or referred to a more appropriate service.

Early contact allows us to understand the person's situation, identify any urgent concerns, provide relevant information and resources, and offer referrals where the issue falls outside our service's scope. Requests involving urgent or time-sensitive concerns, particularly those affecting hospital inpatients, continue to be prioritised.

"If you had not helped me understand my options and get the ball rolling, things never would have changed. Now there is a glimmer of hope, for which I am extremely grateful."

Advocacy client

Aboriginal Engagement

CoMHWA continues to build engagement with Aboriginal communities, including Aboriginal organisations, individuals, Elders and through our Aboriginal Lived Experience Advisory Group (ALEAG) and Statewide Aboriginal Mental Health Network (SAMHN).

To celebrate **National Reconciliation Week** this year, CoMHWA gathered at Forster Park Community Centre on 3rd July. This year's theme was All In, which prompts us to be active in advancing reconciliation. Our reflections on the morning were that action for reconciliation is integral to the work we do, and that actions advocating for the rights of people with lived experience of mental health challenges and for systems transformation must be actions that advance the rights of Aboriginal and Torres Strait Islander people.

The City of Belmont's flag-raising event for **NAIDOC week** was a great occasion for celebration of 50 years of deadly, this year's NAIDOC week theme.

The **Aboriginal Voices Program (AVP)** also continued in 2025-26 providing an opportunity for staff to hear from Aboriginal organisations about the work they are doing to break down systemic racism. Such organisations included the Aboriginal Family Legal Service, and Thirrilli.

The **Moorditj Minds podcast** continued to record episodes with Professor Pat Dudgeon joining our host Phill in July 2025. Professor Dudgeon is a highly respected researcher at the School of Indigenous Studies at UWA, and spoke at length about social and emotional wellbeing.

Moorditj Minds is available to stream on Spotify and Apple Music.

There have been 6 ALEAG meetings in 2025-26 with the purpose of upholding Aboriginal Mental Health (AMH) consumer rights ensuring positive, culturally safe, and recovery-focused services and supports are available. It is membered by Aboriginal people who identify as having a lived experience and are willing to share their journey with CoMHWA to achieve better outcomes for consumers.

There have been 6 SAMHN meetings in 2025-26 with members discussing specific issues within their regions. Recent discussions have been around some communities embracing Peer Work, while others are approaching it much slower as cultural ramifications are considered.










ALL IN






Consumers of
Mental Health WA
Listen. Advocate. Change.
Join us!
ify your voice.
our
Network

Education by Peers, for Peers

In 2025-26 CoMHWA continued to deliver free, Peer-led education and training to individuals with a lived experience of mental health issues. To meet the demands of the growing WA Peer Workforce, CoMHWA also delivered educational programs to community organisations on highly popular topics such as Peer Group Facilitation and Sharing Safely.

Peer Supervision training has now become part of CoMHWA's core training calendar, offering an intensive and fast-paced learning environment for Peer-to-Peer discipline specific Supervision, by and for the WA mental health consumer Peer Workforce. Peer Supervision training in 2025-26 was delivered face to face for one round and online for another round.

CoMHWA's education and training programs have expanded their reach in 2025-26, visiting multiple regional locations and delivering free training to Peer Workers in locations such as Albany, Kalgoorlie, Carnarvon, Bridgetown, Esperance and Karratha.

"While in Albany we ran three of our core trainings: Intentional Disclosure, Peer Group Facilitation and Sharing Safely. It was fantastic to train closely with some of the lived experience staff, Aboriginal mental health workers and consumers in the region. Having a background in regional peer work myself, it was lovely to connect to my roots of peer work in a tight knit community."

Emily Cole, Education Officer

In 2026, CoMHWA began delivering monthly fee for service one-day training to BHP for their internal Peer Supporter Program. This program was designed by CoMHWA for BHP employees who expressed interest in offering workplace peer support.

Our most popular free education and training workshops include Intentional Disclosure, Peer Group Facilitation and Boundaries in Lived Experience Peer Work.

During 2025-2026 our education team:

- **Delivered 68 workshops**
- **Trained 658 individuals**
- **Provided over 355 hours of training**

"Definitely my favourite training so far, and it's great to see that the feedback given in previous trainings has actually been applied in the development of the newly advertised training, such as this. I always respect when I feel my contribution is valued, and I honestly love that there are never wrong answers. Multiple truths exist and are complimented within this space which makes the whole training a lot safer for me personally. Thank you so much! As always!"

Training participant



Community Engagement

CoMHWA's Community Engagement team work across the metro area delivering free, monthly, Peer led groups to local communities and residential facilities.

As well as ongoing groups, the team attend community events to share information about CoMHWA and all our current programs. In March 2026, Elaine presented at the East Metro Health Services - Local Government Leadership Series - Mentally Healthy Communities, sharing the reasons behind running our community groups and the benefits gained from attending. This has resulted in increased promotion of current groups across local government.

Over the course of 2025-26 CoMHWA hosted a variety of events to engage with Western Australian Mental Health Consumers, our community and members. These events were universally well-received by consumers and continue to be one of the main ways CoMHWA connects with existing members and consumers within our community. All CoMHWA events are free to all. Some of the events we hosted this year include:

- Weekly yoga sessions
- Members' beach day at Coogee
- Mental Health Week event at Tomato Lake

CoMHWA was also fortunate enough to be invited to several sector events that allowed us to connect with other organisations operating within the WA Mental Health Sector and to promote CoMHWA and our projects to a wider audience. Some of the sector events we attended this year include:

- Alike Gala Awards
- Port Hedland Bounce Back Mental Health Week event
- WA Mental Health Awards
- East Metro Health Services - Local Government Leadership Series



In-Reach Engagement

As WA's peak body for mental health consumers, we ensure that we can provide support and services to our current members, and to reach out to consumers who have not yet heard of us. We aim to reach the voices who are hardly ever heard, and that unfortunately includes those on in-patient mental health wards.

To ensure that we continue to connect with those harder to reach consumers we have successfully continued our In-Reach Program across Acute Psychiatric Units, adding 3 hospitals over the course of the year. We now deliver monthly in-reach services at the following 10 sites:

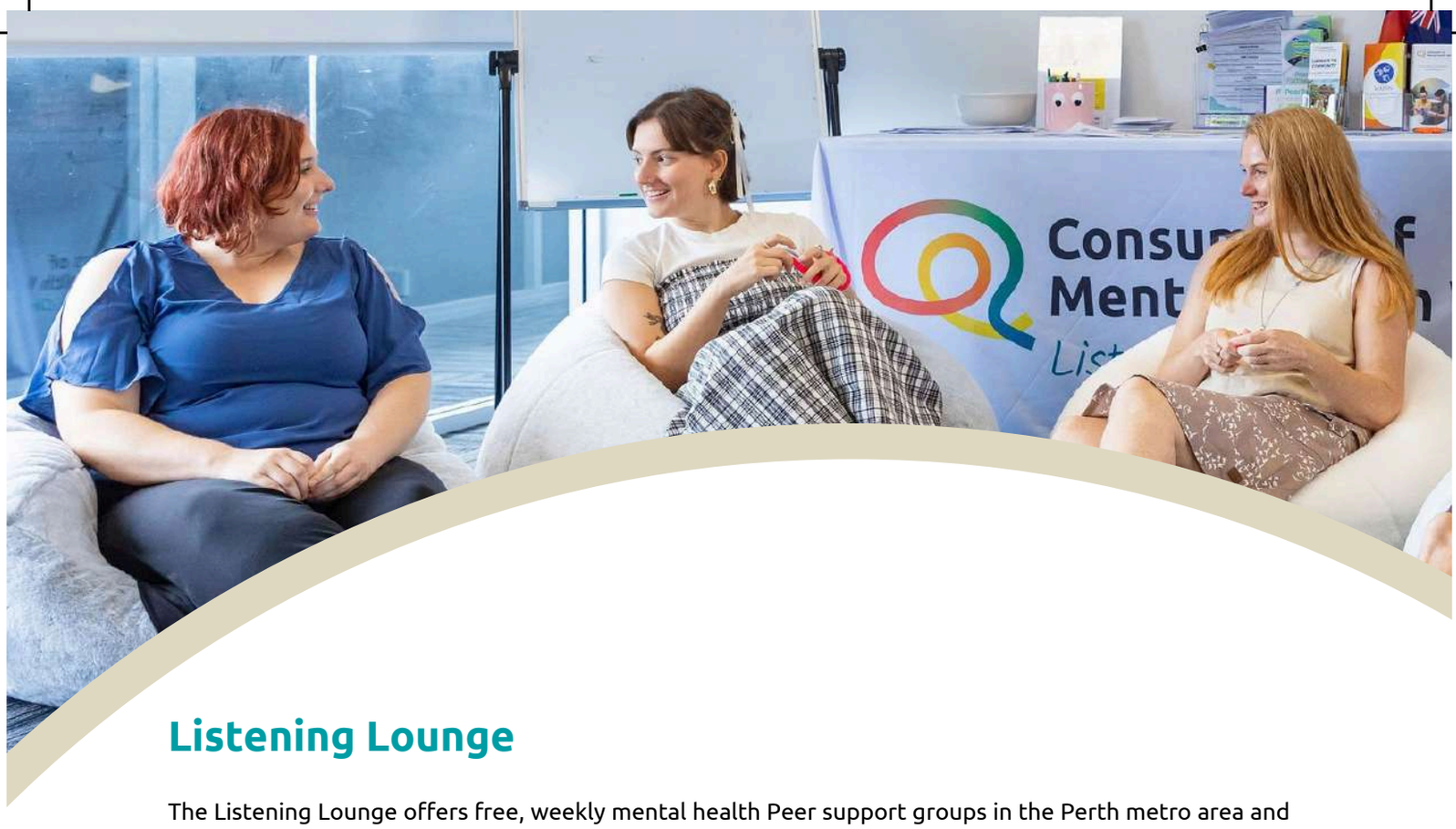


- Royal Perth Hospital
- St John of God Midland
- Fremantle Hospital
- Graylands
- Bentley Hospital
- Armadale Hospital
- Sir Charles Gairdner
- Rockingham
- Cockburn Clinic
- Joondalup Hospital

Getting Your Voice Heard

This program continues to gain strength across the metro area; Royal Perth Hospital approached us to provide In-reach on Ward 2K after hearing of the program from staff at other hospitals. This shows the respect that the program is gaining from the clinical teams; building strong relationships and educating staff on the value of Peer within recovery means that our message is continuing to be spread, and our voices heard.

Connecting with Consumers when they are in hospital gives us the opportunity to directly hear their voice as they are experiencing challenges, meaning we can raise these concerns with the systemic advocacy team. In early 2026 we were advised that the number of OT sessions had been reduced at Royal Perth Hospital and the negative effect of less groups was immediately felt by consumers. Our systemic advocacy team were able to take on the issue, and the group program was re-instated.



Listening Lounge

The Listening Lounge offers free, weekly mental health Peer support groups in the Perth metro area and online.

2025-26 was a very busy year for the Listening Lounge, undergoing a period of rapid expansion with eight groups up and running by early 2026. We have now secured funding to continue providing six weekly groups through to July 2028.

Our five weekly metropolitan groups, located in Cloverdale, Leederville, Baldivis, Fremantle, and Joondalup are held predominantly during the evening with one afternoon session in direct response to the needs identified in the co-design process.

In April, an online session commenced as an accessible option for those who live regionally, and those who are unable to attend in person due to other barriers such as access to transport.

Our team has grown, with nine skilled Lived Experience Staff and Volunteer Co-Facilitators hosting semi-structured sessions that include a check-in, sharing time, a discussion topic/activity, and time for a cuppa and chat afterwards.

Over the past 12 months, a total of 221 groups were held with 963 total consumer attendances. In that time, we welcomed 211 new people to their very first Listening Lounge group and provided 660 hours of peer support and connection in the community.

"LL is my main mental health support. I am able to centre and ground myself. It makes me feel less alone and less distressed when scary thoughts come"

Listening Lounge participant

The Listening LOUNGE

Mental Health Peer Support Groups

Advancing the WA Peer Workforce

Annual WAPSN Conference

The WA Peer Supporters Network has been growing in membership and reach over in 2025-26. This year's WAPSN Conference was held at the University Club at the University of Western Australia in Crawley, and saw attendance of over 280 peers from across the sector on each day, including 43 speakers and 17 regional scholars.

The theme of the conference this year was 'Peer Work in Practice' and gave us space to explore Peer Work across the spectrum of grassroots and professional perspectives. Topics presented included:

- Establishing the Australian Association of Peer Workers
- Peer Work in Action: From Frontline Practice to Organisational Change
- Substance Use Stigma: Awareness and Action
- National Police Certificates in Peer Work
- Community and Connection: Peer Practice, Mental Health Services and the Lived Experience Lens in Leadership

Monthly WAPSN Meetings

Our online monthly meetings continue to provide an opportunity for co-reflection, as well as an opportunity to network and hear from leaders and champions within the lived experience space. We have been delighted to welcome speakers from Holyoake, the National Mental Health Consumer Alliance, Mates WA, ECU's The Living Room, Alike WA and the Peer Practice to provide insight and expertise to fellow Peers.

Over the 12-month reporting period, WAPSN held 9 meetings, each followed by a free, co-reflection space hosted by an external, qualified Peer Supervisor. Over this period, there were 97 attendances from Peer Workers and Peer Supporters. We have also been involved in consultations related to the development of peer work on a national and state level, including the National Census of the Lived Experience (Peer) Workforce

WAPSN
WA Peer Supporters' Network




12










Welcome to
Country
Freda Ogilvie


WAPSN


HOLYOAKE
HOLYOAKE




WAPSN
The University Club


The University Club




13






Consumers of
Mental Health WA





Cert IV Mental Health Peer Work

For the last ten years the Certificate IV Mental Health Peer Work qualification has been generously funded by the Mental Health Commission of WA. Each year CoMHWA and North Metropolitan TAFE work in partnership to offer 30 people with lived experience of mental/emotional issues (as either a consumer or a carer) a scholarship to study the Certificate IV Mental Health in Peer Work. This great initiative builds capacity in the Peer workforce and contributes to improved employment outcomes for Peer workers and the consumers and carers they work with.

For the 2026 cohort, 52 applications were received, 40 were shortlisted, 36 were offered interviews and 28 applicants were offered places in the course. Neurodivergent communities were well represented, and there was gender parity in applications.

In 2025, 17 students graduated with a Cert IV in Mental Health Peer Work. The completion rate of 56% is lower than recent years, however it is still vastly higher than the national average of 18%.

ASPIRE: Advancing Successful Peer Inclusion and Readiness for Employment

The ASPIRE Project continues to create new employment pathways for people with psychosocial disability with 58 people enrolling into the six day course in 2025-26.

ASPIRE
Advancing Successful Peer Inclusion and Readiness for Employment



ASPIRE Case Study: Making a Change

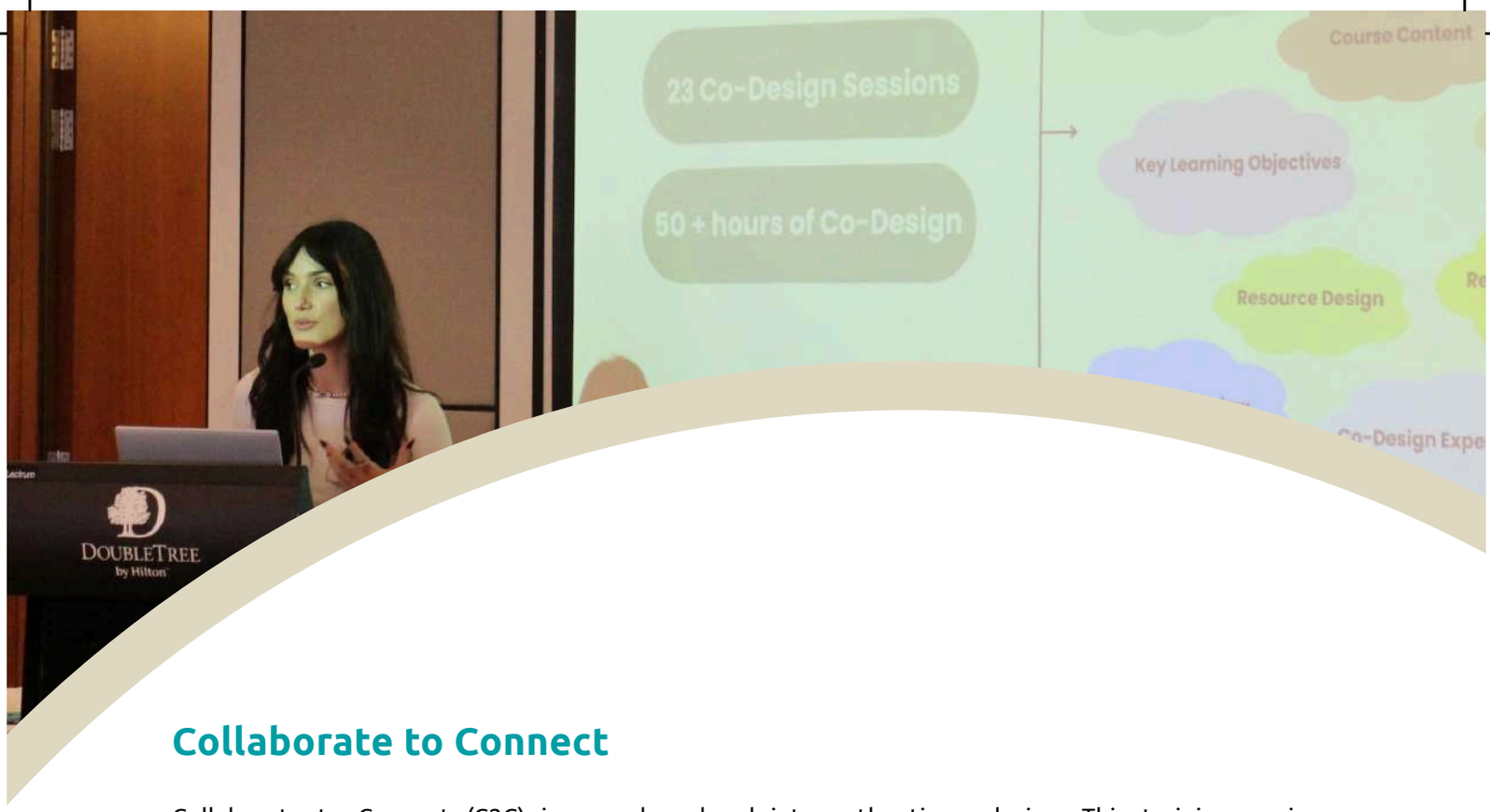
Participant Demographics
Half over 50, culturally and linguistically diverse, LGBTQIA+ people, Lived Experience of mental health and AOD.

Key Themes
This ASPIRE group had recent experience of significant mental health challenges with most attending a residential facility. One person had previous experience as a Peer worker, and most others had learned of what Peer work is when they met Peer workers in residential. This group were interested in the different types of Peer work and some already had an idea of the areas they wanted to work in (men's mental health, advocacy for women with English as another language).

Systemic issues
Some members of the group spoke of their experiences in residential facilities and shared the common experience of disempowerment. They identified what had helped them, and as the course progressed, they came to understand how the Peer approach was so different to the medical approach and why that made a difference to their experiences.

Outcome summary
When the members of the group completed the training, they expressed appreciation for the learning journey and their increased understanding of Peer work and themselves as aspiring and emerging peer workers.

Lessons learnt
6 days is a good amount of time to help people understand what Peer work is, and it is equally important to use this time to help them find themselves within Peer work. It is a cooperative learning journey between the facilitators and the participants and the outcome is people understand where they "fit" into Peer work and are ready to use the knowledge they gained from ASPIRE and also their expertise of their own Lived Experience to start the next chapter of becoming a practicing Peer Worker.



Collaborate to Connect

Collaborate to Connect (C2C) is your launchpad into authentic co-design. This training equips organisations with the skills, confidence, and tools to engage communities in shaping the programs, services, and policies that affect them.

C2C has continued to demonstrate strong reach and impact across the mental health and community services sector. Since commencing delivery, C2C has engaged 263 participants from 50 organisations, supporting organisations to build their understanding, confidence and capability to plan and implement co-design in meaningful and ethical ways.

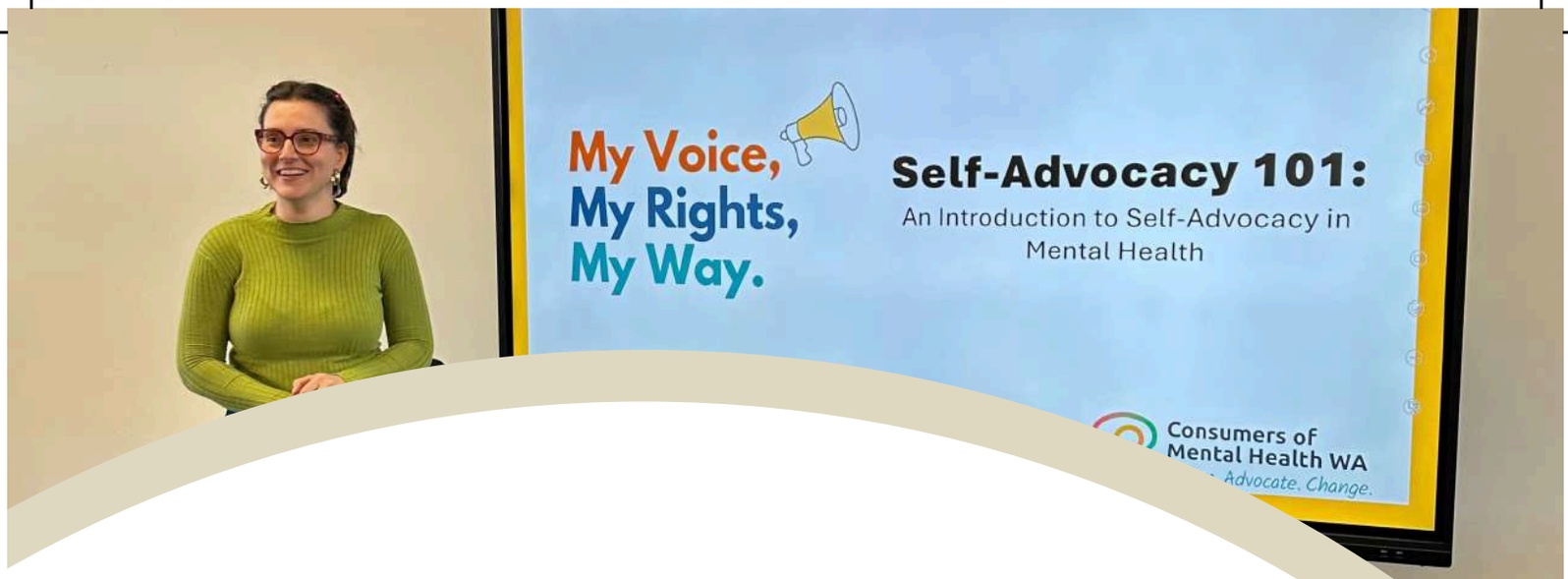
Delivery has included regional workshops in Albany, Port Hedland and Karratha alongside delivery to the Perth metropolitan area.

Evaluation data shows that 90% of participants reported increased knowledge after completing C2C training. Participants also reported a statistically significant 26.3% improvement in confidence to plan and implement a co-design project after training completion. These outcomes demonstrate the value of C2C in strengthening sector capacity for consumer-led, inclusive and sustainable co-design practice.

Alongside training delivery, C2C has maintained a growing network of consumers and organisational representatives interested in co-design best practice, supporting ongoing learning, connection and sector capability beyond individual workshops.

Collaborate to CONNECT

Contact us for more information: c2c@comhwa.org.au



My Voice, My Rights, My Way

In the 2025-26 reporting period, the My Voice project has launched its full range of workshops with delivery in-person and online, reaching consumers in community settings, residential services, Step-Up Step-Down programs, Women's Refuges, Employment agencies, youth spaces and Culturally, Ethnically and Linguistically Diverse organisations.

Guided by our Consumer Reference Group and focus group data highlighting how factors such as culture, disability, gender and other lived experiences, such as family and domestic violence and homelessness, intersect with mental health, the My Voice project team broadened stakeholder engagement across sectors, making new connections and partnerships to ensure the workshops reached diverse consumers and supported unique Lived Experience and intersectionality (as much as possible).

The My Voice team also made several regional visits during the year, delivering workshops in Broome, Karratha, Geraldton and South Hedland. The team engaged with local community members and leaders, learning about unique challenges faced by consumers who live in diverse regions across WA in a space that felt respectful, mutual and authentic.

Regional workshops were well received by participants, with someone in Geraldton stating that they will be using the tools and templates explored in the "Self-Advocacy and Preparing for Appointments" workshop at their next appointment, right after the workshop.

My Voice,
My Rights,
My Way.

"It's really helpful having this workshop in Karratha as so many people aren't sure how to advocate for better services/treatment due to having limited service providers available so knowing what can be done is powerful."

Regional workshop participant

Contact us for more information: myvoice@comhwa.org.au

Peer Pathways

Peer Pathways provides a free, state-wide, Peer-run system navigation support service, assisting callers to locate and understand how to access services, information, referral options and social prescribing supports to improve their mental health and wellbeing.

In the last 12 months, there was almost 1,000 unique navigation requests, of which 45% came from repeat callers who had previously accessed service navigation. Since its inception in November 2021, Peer Pathways has supported over 4,000 callers and made almost 11,000 follow up contacts.

As a state-wide service, we were delighted to see an increase in country callers over the past 12 months, representing 8% of all known caller locations, due to our active regional engagement strategy, taking us to a number of locations including Geraldton, Busselton, Esperance, Port Hedland, and Karratha.

"I really appreciate the kindness, understanding, and effort you have put into helping me navigate what has been a difficult time... It is reassuring to know that there are supports available, and I am grateful for your guidance and assistance"

Peer Pathways caller

In this reporting period, Service Navigation (from initial contact to case closed) took an average duration of 6.68 days. This is slightly higher that the average duration over the project to date of 4.69 days; this reflects both a higher overall volume of requests and the growing complexity of these requests with consumers requesting multi-faceted navigation for to overcome the multiple intersecting barriers to access they are facing.

"I appreciate you more than words can describe and I am so happy I came across you when I did"

Peer Pathways caller

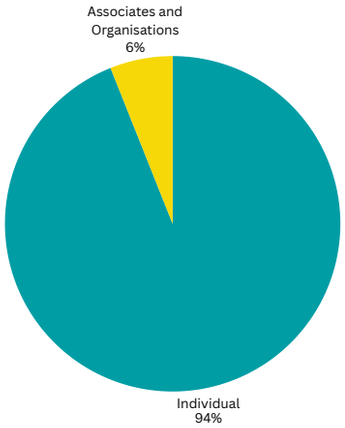
Contact us for more information:
info@peerpathways.org.au





CoMHWA Members

CoMHWA continues to engage with individuals and groups with a lived experience of mental health issues through peer support, peer mentoring and education.



3395 Members

at 30 June 2026

3190 Individual Members
Individuals with a lived experience of mental health challenges. Membership is free and for life.

205 Associates and Organisations
Associate individuals, consumer groups and community service organisations who support our mission.

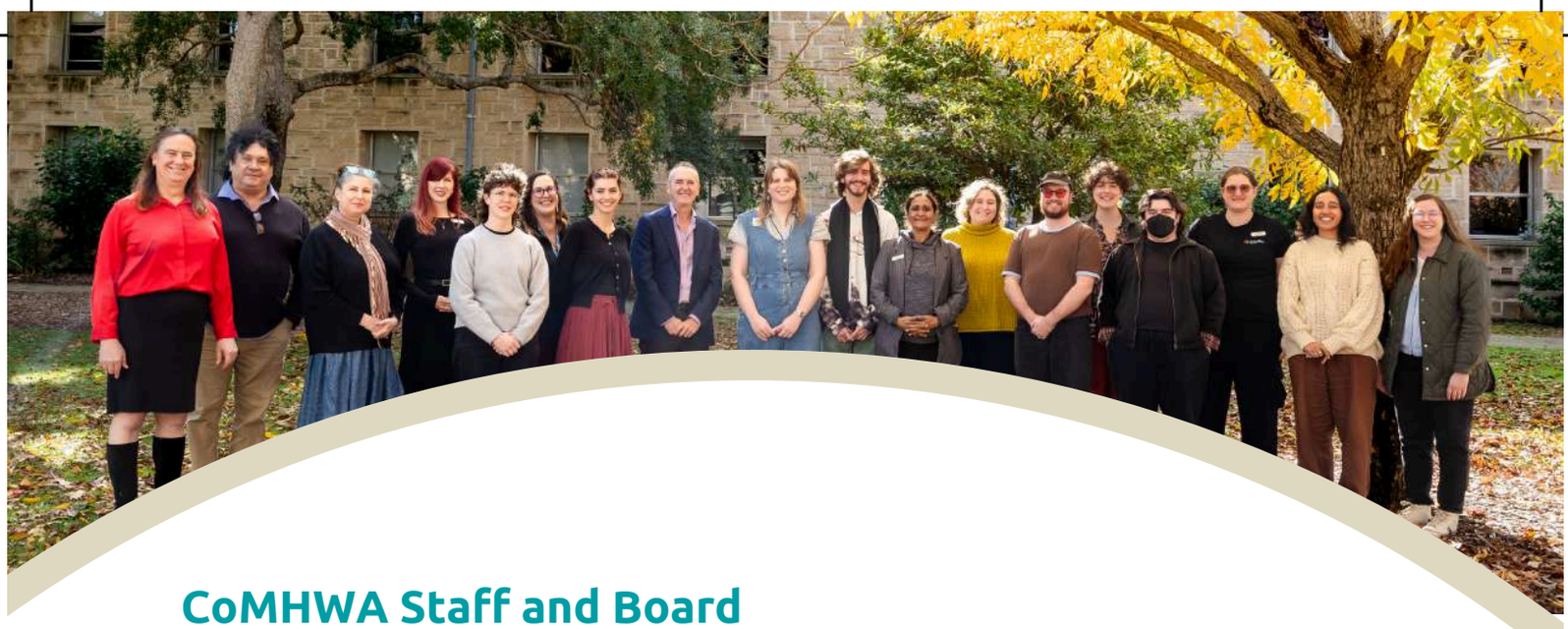
Over the last five years, CoMHWA membership has grown by 69%.

Amplify your voice. Strengthen our community.

Our growing CoMHWA member base enables us to continue driving change for people living with mental health issues. By joining as a member, you can be part of a movement that's improving mental health outcomes for people across WA.

Together, we can amplify your voice and influence change.

www.comhwa.org.au/get-involved/become-a-member



CoMHWA Staff and Board

CoMHWA staff and Board at 30th June 2026:

Darren Munday - CEO
Dr Mad Magladry - Deputy CEO

Advocacy Team
Dr Melissa Russell - Head of Systemic Advocacy, Policy and Research
Charles Foster - Senior Policy and Research Officer: Regional and Remote
Justine Kamprad - Senior Policy and Research Officer
Joanne Khan - Indigenous Policy and Research Officer
Chloe Harris - Independent Advocate: Team Lead
Adam Ellison - Independent Advocate
Bee Hawker - Independent Advocate

Admin and Engagement Team
Rebecca Banks - Administration Manager (on parental leave)
Colette Wrynn - Acting Manager
Elaine Ashurst - In-reach and Engagement Coordinator
Coryn Keith - Administration Officer
Bee Hawker - Communications Officer
Phill Moncrieff - Community Engagement: Aboriginal Mental Health







Education and Peer Workforce Team
Bridget Clarke - Executive Manager - Programs
Maree Jones - Education Manager
Robin Litvins-Salter - Acting Peer Workforce Coordinator
Emily Cole - Education Officer
Rumbiie Mudzengi - Education Officer
Cherie McAuliffe - Education Officer
Jamie Neal - Education Officer
Siena Laing - Education Officer
Andrea Kendrick - Education Officer
Meela Tiba - Education Officer

My Voice, My Rights, My Way Team
Elena Mauen - My Voice Project Coordinator
Danyelle Greyling - My Voice Project Officer
Rachael Burns - My Voice Project Officer
Arana Hudson - My Voice Project Officer
Jeannie Williams - My Voice Project Officer
Annabel Tannenbaum - My Voice Project Officer

Peer Pathways Team
Lucy Haffenden - Peer Pathways Coordinator
Trae Flett - Peer Pathways Engagement Coordinator
Ali, Mace, Dana - Peer Navigators

Group Supports Team
Emery Wishart - Group Supports Manager
Laura McWhae - Group Supports Officer
Rachel, Jake, Monti, Kaygan - Group Facilitators

CoMHWA Board

Megan Mckrill - Chairperson
Steve Pretzel - Vice-Chair
Morgan Margry - Secretary
Sheleila D'Paiva - Treasurer
Hayley Harris
Mike Anderson
Helena Jakupovic
Jaimie Forssman
Wajma Padshah
Kat Baumann






Acknowledgments

CoMHWA wishes to acknowledge and thank our supporters during the 2025-26 period

Thank you to our volunteers

Our volunteers, members, representatives, supporters and leaders are integral members of the CoMHWA team.

Your expertise and contributions are greatly appreciated, and the work you do helps us to bring about change for people with a lived experience of mental health challenges.

Our Partners and Sponsors

Mental Health Commission of Western Australia
Department of Social Services
WA Primary Health Alliance
Department of Communities
North Metro TAFE Leederville

CoMHWA continues to work alongside peak bodies and organisations within the health, mental health, alcohol and other drug, and carer sectors to ensure we are hearing and acting upon the voices of people who are hardly ever reached.

NATIONAL MENTAL HEALTH CONSUMER ALLIANCE

CoMHWA is proud to be a member of the National Mental Health Consumer Alliance, working at a National level to bring lived experience voices and expertise to the table.

Members of the National Mental Health Consumer Alliance:
ACT Mental Health Consumer Network | Being Mental Health Consumers (NSW)
Mental Health Lived Experience Tasmania
Lived Experience Leadership & Advocacy Network (LELAN, SA)
Mental Health Lived Experience Peak Queensland
Victorian Mental Illness Awareness Council | Consumers of Mental Health WA

Financial Reports



Consumers of Mental Health WA Inc.
(CoMHWA)

ABN: 95 581 286 940

FINANCIAL REPORT
for the year ended

30 JUNE 2026

Consumers of Mental Health WA (Inc)

STATEMENT BY MEMBERS OF THE BOARD OF MANAGEMENT FOR THE YEAR ENDED 30 JUNE 2026

The Board of Management have determined that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 in the financial statements, section 60.40 of the *Australian Charities and Not-for-Profits Commission Regulation 2022 (ACNC Regulation)* and to meet the requirements of the members of the Board and CoMHWA.

In the opinion of the Board of Management the financial report

1 Presents a true and fair view of the financial position of CoMHWA Inc. as at 30 June 2026 and it's performance for the year ended on that date.

2 At the date of this statement, there are reasonable grounds to believe that CoMHWA Inc. will be able to pay its debts as and when they fall due.

3 The financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-Profit Commission Act 2012.*

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

Chairperson.....

Board Member .....

Dated this....30.....day of....September..... 2026

Consumers of Mental Health WA (Inc)

INCOME AND EXPENDITURE STATEMENT

FOR THE YEAR ENDED 30 JUNE 2026

	Notes	2026 $	2025 $
Grant Revenue	2	5,424,645	4,697,568
Interest Income		30,513	24,038
Other Income			7,324
Total Revenue and Other Income		**5,455,158**	**4,728,930**
Employee Expenses	3	(3,710,582)	(3,253,748)
Operating Expenses	5	(1,324,457)	(1,185,692)
Operating Surplus		**420,119**	**289,490**
Depreciation and Amortisation Expense	4	(153,132)	(160,444)
Total Non-Operating Revenue/(Expense)		**(153,132)**	**(160,444)**
Surplus after and non-operating items		**266,987**	**129,046**

Consumers of Mental Health WA (Inc)

BALANCE SHEET AS AT 30 JUNE 2026

	Notes	2026 $	2025 $
CURRENT ASSETS			
Cash and Cash Equivalents	6	1,305,071	1,077,972
Receivables	7	59,726	55,326
Prepayments		141,362	44,962
TOTAL CURRENT ASSETS		**1,506,159**	**1,178,260**
NON-CURRENT ASSETS			
Right-of-use Asset	8	168,683	153,336
TOTAL NON-CURRENT ASSETS		**168,683**	**153,336**
TOTAL ASSETS		**1,674,842**	**1,331,596**
CURRENT LIABILITIES			
Payables	9	450,180	398,286
Lease Liability	10	173,083	158,096
Leave Provisions	11	168,008	158,630
TOTAL CURRENT LIABILITIES		**791,271**	**715,012**
NON-CURRENT LIABILITIES			
Lease Liability	11	-	-
TOTAL NON-CURRENT LIABILITIES		-	-
TOTAL LIABILITIES		791,271	715,012
NET ASSETS		**883,571**	**616,584**
ACCUMULATED FUNDS			
Balance at 1 July		616,584	487,538
Surplus for Year		266,987	129,046
TOTAL ACCUMULATED FUNDS		**883,571**	**616,584**

Consumers of Mental Health WA (Inc)

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2026

	Accumulated Funds $
Balance at 1 July 2024	487,538
Profit/(Loss) for the year	129,046
Balance at 30 June 2025	**616,584**
Profit/(Loss) for the year	266,987
Balance at 30 June 2026	**883,571**

Consumers of Mental Health WA (Inc)

STATEMENT OF CASH FLOW
FOR THE YEAR ENDED 30 JUNE 2026

	Notes	2026 $	2025 $
Cash Flow from Operating Activities			
Donations		-	522
Interest Received		30,513	24,038
Sundry Income		3,800	354,338
Grant Income		5,385,644	4,377,657
Other Income		30,802	25,246
Payments to Employees and Suppliers		(5,062,077)	(4,207,501)
Net cash provided from Operating Activities	12(b)	388,682	574,300
Cash Flow from Financing Activities			
Repayment of Lease Liabilities		(161,583)	(161,602)
Net Cash (used) by Financing Activities		(161,583)	(161,602)
Net Decrease in Cash Held		227,099	412,698
Cash at Beginning of Reporting Period		1,077,972	665,274
Cash at end of Reporting Period	12(a)	1,305,071	1,077,972

Consumers of Mental Health WA (Inc)

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2026

NOTE 1: STATEMENT OF MATERIAL ACCOUNTING POLICIES

This financial report is a special purpose financial report prepared in accordance with the requirements of the *Australian Charities and Not-For-Profits Commission Act 2012 and the Associations Incorporation Act (WA) 2015.*

The financial report has been prepared in accordance with the requirements of CoMHWA. In the Board of Directors' opinion, the incorporated association is not a reporting entity because there are no users dependent on general purpose financial statements.

In the Board of Directors' opinion, the incorporated association is not a reporting entity because there are no users dependent on general purpose financial statements. These are special purpose financial statements that have been prepared for the purposes of complying with the Australian Charities and Not-for-profits Commission Act 2012 and the Associations Incorporation Act (WA) 2015.

These financial statements have been prepared in accordance with the recognition and measurement requirements specified by the Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') and the disclosure requirements of AASB 101 'Presentation of Financial Statements', AASB 107 'Statement of Cash Flows', AASB 108 'Accounting Policies, Changes in Accounting Estimates and Errors', AASB 1048 'Interpretation of Standards' and AASB 1054 'Australian Additional Disclosures'.

Historical cost convention
The financial statements have been prepared under the historical cost convention.

Financial Position and Going Concern
The financial report has been prepared on the going concern basis, which contemplates the continuation of normal business activity and the realisation of assets and the settlement of liabilities in the normal course of business. The Association reported a net surplus of $266,987 (2025: surplus of $129,046) for the year ended 30 June 2026 and reported a net current asset surplus of $714,888 (2025: $463,248). Furthermore, the Association's primary source of funding comprises grants from Federal and State agencies with whom the Association enters into funding agreements for a period of one to three years . Based on the reasons above, the directors believe it is appropriate that the financial report be prepared on a going concern basis.

Significant Accounting Estimates and Assumptions
The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

NOTE 1: STATEMENT OF MATERIAL ACCOUNTING POLICIES (CONTINUED)

Employee benefits provision
The liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

New or amended Accounting Standards and Interpretations adopted
The incorporated association has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period. Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

(a) Revenue recognition

To determine whether and when to recognise revenue, the Association follows a 5-step process:
(1) Identifying the contract with a customer;
(2) Identifying the performance obligations;
(3) Determining the transaction price;
(4) Allocating the transaction price to the performance obligations; and
(5) Recognising revenue when/as the performance obligation(s) are satisfied.

The Association's main revenue sources and accounting policies are listed below:

Grants, Sponsorship Revenue and Contract Funding
Revenue is measured with respect to the ability to meet the sufficiently specific criteria under the new accounting standard AASB 15 Revenue from Contracts with Customers. If revenue or grant funding is a result of a contract with a customer with enforceable rights, and obligations that as are sufficiently specific, revenue would be recognised in accordance with AASB 15 rather than AASB 1058 Income for Not-For-Profit Entities. Government grants are recognised in the period in which the sufficiently specific criteria are met. If the agreement is not enforceable and/or does not contain sufficiently specific performance obligations, revenue is recognised on receipt in accordance with AASB 1058 Income for Not-for-Profit Entities.

Furthermore, if the contract contains a requirement to return unspent funds such amounts are recognised as a provision in accordance with AASB 137 Provisions, Contingent Asset and Liabilities

Volunteer services
A not-for-profit entity may in accordance with AASB 1058, as an accounting policy choice, elect to recognise volunteer services, as revenue, if the fair value of those services can be measured reliably, whether or not the services would have been purchased if they had not been provided. The Association has elected not to recognise services in-kind as revenue as the fair value cannot be measured reliably in accordance with AASB 13 Fair Value.

Contract assets
Contract assets are recognised when the incorporated association has transferred goods or services to the customer but where the incorporated association is yet to establish an unconditional right to consideration. Contract assets are treated as financial assets for impairment purposes.

NOTE 1: STATEMENT OF MATERIAL ACCOUNTING POLICIES (CONTINUED)

Contract liabilities
Contract liabilities represent the incorporated association's obligation to transfer goods or services to a customer and are recognised when a customer pays consideration, or when the incorporated association recognises a receivable to reflect its unconditional right to consideration (whichever is earlier) before the incorporated association has transferred the goods or services to the customer.

(b) Income Tax

CoMHWA Inc. is an income tax exempt charitable institution under the Income Tax Assessment Act 1997.

(c) Employee Entitlements

Short-term Benefits -Liabilities for employee benefits for wages, salaries, annual leave expected to be taken within 12 months of the reporting date represent present obligations resulting from employees' services provided to reporting date and are calculated at undiscounted amounts based on remuneration wage and salary rates that the Association expects to pay as at reporting date including related on-costs, such as workers compensation insurance and payroll tax. Non-accumulating non-monetary benefits, such as medical care, housing, cars and free or subsidised goods and services, are expensed based on the net marginal cost to the Association as the benefits are taken by the employees.

Long-term Employee Benefits
The Association's net obligation in respect of long-term employee benefits is the amount of future benefit that employees have earned in return for their service in the current and prior periods plus related on costs; that benefit is discounted to determine its present value, and the fair value of any related assets is deducted. The discount rate is the yield at the reporting date on government bonds that have maturity dates approximating the terms of the Association's obligations. The calculation is performed using the projected unit credit method. Any actuarial gains or losses are recognised in profit or loss in the period in which they arise.

(d) Trade and other payables

These amounts represent liabilities for goods and services provided to the incorporated association prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

(e) Cash and cash equivalents

Cash and cash equivalents includes cash on hand and at bank.

(f) Trade and other receivables

Other receivables are recognised at amortised cost, less any allowance for expected credit losses.

(g) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office.

In these circumstances the GST is recognised as part of the cost of the acquisition of the asset or as part of an item of the expense. Cashflows are presented in the cashflow statement on a gross basis.

NOTE 1: STATEMENT OF MATERIAL ACCOUNTING POLICIES (CONTINUED)

(h) Right-of-use Asset

A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.

Right of use assets are depreciated on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where CoMHWA expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right of use assets are subject to impairment or adjusted for any remeasurement of lease liabilities.

CoMHWA has elected not to recognise a right of use asset and corresponding lease liability for short-term leases with terms of 12 months or less and leases of low-value assets. Lease payments on these assets are expensed to income or expenditure statement as incurred.

(i) Lease Liability

A lease liability is recognised at the commencement date of a lease. The lease liability is initially recognised at the present value of the lease payments to be made over the term of the lease, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, CoMHWA's incremental borrowing rate. Lease payments comprise of fixed payments less any lease incentives receivable, variable lease payments that depend on an index or a rate, amounts expected to be paid under residual value guarantees, exercise price of a purchase option when the exercise of the option is reasonably certain to occur, and any anticipated termination penalties. The variable lease payments that do not depend on an index or a rate are expensed in the period in which they are incurred.

Lease liabilities are measured at amortised cost using the effective interest method. The carrying amounts are remeasured if there is a change in the following: future lease payments arising from a change in an index or a rate used; residual guarantee; lease term; certainty of a purchase option and termination penalties. When a lease liability is remeasured, an adjustment is made to the corresponding right of use asset, or to income or expenditure statement if the carrying amount of the right of use asset is fully written down.

(j) Financial Assets

There were no financial assets during the year ended 30 June 2026.

Consumers of Mental Health WA (Inc)

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2026

	2026	2025
	$	$
NOTE 2: REVENUE FROM ORDINARY ACTIVITIES		
State Government Grant Income	2,559,495	2,222,480
Federal Government Grant Income	2,739,650	2,278,855
Other Grant Income	-	79,000
Service Income	125,500	117,233
	5,424,645	4,697,568
NOTE 3: EMPLOYEE EXPENSES		
Salaries	3,139,932	2,607,815
Superannuation	362,704	313,206
Other Staff Costs	207,946	332,727
	3,710,582	3,253,748
NOTE 4: DEPRECIATION & AMORTISATION EXPENSES		
Plant and Equipment	-	7,108
Right-of-use Asset	153,132	153,336
	153,132	160,444
NOTE 5: OPERATING EXPENSES		
Administrative Costs	658,910	520,387
Operational costs	659,769	656,830
Repairs and Maintenance	5,778	8,475
	1,324,457	1,185,692
NOTE 6: CASH & CASH EQUIVALENTS		
Cash on Hand	-	500
Westpac Bank Accounts	787,064	1,073,969
Westpac Dr Card	8,585	3,503
Term Deposit	509,422	-
	1,305,071	1,077,972

	2026 $	2025 $
NOTE 7: RECEIVABLES		
Debtors	57,069	55,326
Accrued Interest	2,657	-
	59,726	55,326
NOTE 8: RIGHT-OF-USE ASSET		
Right-of-use Asset	684,518	629,361
Less Accumulated Depreciation	(515,835)	(476,025)
	168,683	153,336

Right-of-use asset referred to the lease for Unit 12 & 14, 275 Belmont Avenue, the lease was extended to 30 June 2027. This was accounted for as a lease modification in accordance with AASB 16 Leases.

During the year ended 30 June 2024, the lease for Unit 13, 275 Belmont Avenue, Cloverdale was extended to 30 June 2027, the change has been accounted for as a lease modification in accordance with AASB 16.

NOTE 9: PAYABLES		
CURRENT		
Grants in Advance	210,430	210,268
Creditors and Accruals	93,665	136,005
Payroll Liabilities	146,085	52,013
	450,180	398,286

	2026 $	2025 $
NOTE 10: LEASE LIABILITIES		
CURRENT		
Lease Liabilities	173,083	158,096
	173,083	158,096
NON-CURRENT		
Lease Liabilities	-	-
	-	-

Right-of-use asset referred to the lease for Unit 12 & 14, 275 Belmont Avenue, the lease was extended to 30 June 2027. This was accounted for as a lease modification in accordance with AASB 16 Leases.

NOTE 11: PROVISIONS		
Annual Leave	168,008	142,548
Long Service Leave - Current	-	16,082
	168,008	
	168,008	158,630
NOTE 12: CASH FLOW INFORMATION		
a) RECONCILIATION OF CASH		
Cash on Hand	-	500
Cash at Bank	795,649	1,077,472
Term Deposit	509,422	-
	1,305,071	1,077,972
b) RECONCILIATION OF NET CASH (USED IN) / PROVIDED BY OPERATING ACTIVITIES TO OPERATING RESULTS		
Net Surplus for the year	266,987	129,046
Adjustment for non-cash expenses:		
Amortisation and Depreciation for the year	153,132	160,444
Interest on lease liabilities	8,090	8,091
Assets written off	-	8,400
Adjustments for changes in operating assets & liabilities:		
Decrease/(Increase) in Receivables	(4,400)	52,872
Increase/(Decrease) in Provisions	9,305	67,797
Increase/(Decrease) in Accounts Payable	(44,593)	110,143
Increase/(Decrease) in Unexpended Grants	161	37,507
Net Cash Provided by / (used in) Operating Activities	388,682	574,300

NOTE 13 KEY MANAGEMENT PERSONELL AND RELATED PARTIES

Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other persons unless otherwise stated. The total compensation paid to the Key Management Personnel of the Association for the year ended 30 June 2026 is $487,277 (2025: $347,637). The annual leave owing to key management personnel at the end of the reporting period is $48,762 (2025: $13,602).

ARMADA
AUDITING

T (08) 6165 4090 F (08) 6165 4067
A 18 Sangiorgio Court Osborne Park WA 6017
P Locked Bag 4 Osborne Park DC WA 6916
E info@armada.com.au

strength in numbers

AUDITOR'S INDEPENDENCE DECLARATION
UNDER DIV 60 OF AUSTRALIAN CHARITIES AND NOT-FOR-PROFITS COMMISION ACT 2012
TO THE MEMBERS OF CONSUMERS OF MENTAL HEALTH WA INC.

I declare that to the best of my knowledge and belief, in relation to the audit for the financial year ended 30 June 2026 there have been:

(i) No contraventions of the auditor independence requirements as set out in the Australian Charities and Not-for-profits Commission Act 2012 in relation to the audit;
and

(ii) No contraventions of any applicable code of professional conduct in relation to the audit.

Armada Audit & Assurance

Armada Audit & Assurance Pty Ltd

Nigel Dias
Director
Perth, Dated 30 September 2026

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INDEPENDENT AUDITOR'S REPORT ON THE FINANCIAL REPORT TO MEMBERS OF CONSUMERS OF MENTAL HEALTH WA INC.

Opinion

We have audited the attached special purpose financial report of Consumers of Mental Health WA Inc. ("the Association") which comprises the balance sheet as at 30 June 2026, income and expenditure statement, statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the declaration by the members of the board.

In our opinion, the accompanying financial report of Consumers of Mental Health WA Inc. is in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012 including:

a) Giving a true and fair view of the Association's financial position as at 30 June 2026 and of its financial performance and cash flows for the year then ended; and

b) Complying withAustralian Accounting Standards to the extent disclosed in Note 1 to the financial report andDivision 60 of the Australian Charities and Not-for-profits Commission Regulation 2022.

Basis for Opinion

Weconducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the Association in accordance with the auditor independence requirements of the Australian Charities and Not-for-profits Commission Act 2012 and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants ("the Code") that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

Webelieve that the audit evidence we have obtained is sufficient and appropriate to provide a basis for ouropinion

Emphasis of Matter on Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Association's financial reporting responsibilities under the Australian Charities and Not-for-profits Commission Act 2012, as a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

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Board Members' Responsibility for the Financial Report

TheBoard of Directors of the Association are responsible for the preparation of the financial report that givesa true and fair view and have determined that the basis of preparation disclosed in Note 1 to the financial report is appropriate to meet the requirements of the Australian Charities and Not-for-profits Commission Act 2012 and is appropriate to meet the meets of members. The Board is also responsible for such internal control as the Board determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error. In preparing the financial report, the Board are responsible for assessing the ability of the Association to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Board either intends to liquidate the Association or to cease operations, or has no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

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

report is located at the Auditing and Assurance Standards Board website at <http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf>.
This description forms part of this auditor's report.

Armada Audit & Assurance

Armada Audit & Assurance Pty Ltd

Nigel Dias
Director
Perth, Dated 30 September 2026

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