



mental illness
fellowship victoria

Partnerships . . . where
the whole is greater than
the sum of its parts



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Mental Illness Fellowship Victoria for people with mental illness, their families and friends.

Mental Illness Fellowship Victoria
Helpline 03 8486 4222 or
help@mifellowship.org
(9am to 5pm Monday to Friday)

Mental Illness Fellowship Victoria
ACN 093 357 165

Fairfield Place
276 Heidelberg Road
Fairfield Victoria 3078
(PO Box 359, Clifton Hill Victoria 3068)
Telephone 03 8486 4200
Facsimile 03 8486 4265
Email enquiries@mifellowship.org

www.mifellowship.org

Board Members

The Hon Rob Knowles
President

Mr Graeme Pocknee

Mrs Diane Brown

Mr Peter Robertson

Ms Jenny King

Ms Louise Milne-Roch

Prof. Chris Pantelis

Mrs Elaine Price

Mr Nathan Shafir

Dr Alex Wood

Mission, Vision and Values

Our Mission

Our mission is to work with people with mental illness, their families and friends to improve their well being.

More specifically we work to achieve mental health reform through education, support and advocacy, and we provide a range of innovative programs in both membership and services. We also provide mutual support and self help, centre based day services, home based and accommodation services, and respite and residential rehabilitation services.

Our Vision

Our vision is of a society in which mental illness will be understood and accepted. People with mental illness will be afforded the same regard as those with physical illnesses and resources will be available to offer early interventions and state of the art treatment and support. These interventions will be so effective that long-term negative consequences of mental illness will have disappeared for the person and their family. People will no longer experience stigma and society will treat them with the same respect and dignity as any other person, and welcome and fully include them as community members.

Our Values

We value the contributions of people with mental illness, their families and friends in our organisation and the community, and set out the following values that underpin all our activity:

Honesty

Honesty means that integrity underpins all our dealings with members, volunteers, clients, staff and the community. In relationships with people seeking support and advice, we will be open, truthful, genuine and respectful. It also means that staff will reflect upon their own practice and develop new insights from that process. It means that there will be appropriate use of Mental Illness Fellowship resources to support the mission of the Mental Illness Fellowship, and this will be accurately documented and recorded. It also means that there will be a process to deal with potential conflicts of interest.

Acceptance

Acceptance means that we include and accept the person, and value difference. It means that our relationships are interactive and based on non-judgemental attitudes. We welcome people into our organisation who have limited support options, and who may have experienced difficulties within the mental health system. It means that we are 'loyal to a person's wellness' and healthy coping strategies by supporting them to build and enhance these capacities.

Equity

Equity means that we work to ensure mental health services are accessible, and available, and that people receive their entitlements. It also means that people with mental illness, their families and friends from diverse cultural backgrounds, and differing genders and creeds, have the same right to respect and dignified treatment as that provided to any other person. It means that we identify service gaps, injustice and poor practice, which affect interventions, and we work with people to find solutions and strategies to address these difficulties.

Flexibility

Flexibility means that we are able and willing to adjust to individuality. We welcome diversity, and use it for the benefit of the individual, the community and our organisation. It means we try to find creative solutions to overcome problems, and ensure that these solutions are open to scrutiny and fit within our total value system. We acknowledge the challenges that flexibility brings and use these challenges to enrich all our activities.

Commitment

Commitment means we work towards the achievement of our vision and purpose. We expect our members, volunteers and staff to commit to these values, and implement and promulgate them in all areas of our organisation. It also means that all of our activities are organised in ways that ensure effective and efficient use of resources and that we strive for excellence in all we do.

Participation

Participation means that we will fully and happily engage in positive developments for people with mental illness, their families and their friends. It means that we are a grass roots organisation and encourage active involvement in voluntary activity. We encourage staff to be members of our organisation and to actively participate in achieving our goals. We encourage active membership, which is designed to strengthen the mental health voice and influence mental health development and policy. It also means co-operation within the membership, volunteers, staff and with a range of community agencies.

President's Report



The year 2005-6 has seen mental health receive focus in the mainstream policy agenda. The Mental Health Council of Australia and the Brain and Mind Research Institute, in association with the Human Rights and Equal Opportunity Commission, produced major reports "Not for Service" and "Time

for Service", The Senate Select Committee on Mental Health released its report on inadequacies in Australia's treatment of people with mental illness.

The Prime Minister placed mental health on the agenda of the Council of Australian Governments in late 2005. A commitment of \$1.9 billion dollars was announced by the Federal Government in April 2006 and the Prime Minister challenged each of the states to match the commitment through new state money.

In April 2006, the Victorian Department of Premier and Cabinet released a report prepared by the Boston Consulting Group, Improving Mental Health Outcomes for Victorians: The Next Wave of Reform. Many of its recommendations reiterate the key themes and principles that underpin MI Fellowship's advocacy, namely that people with

a mental illness can and ought to live in the community and that service provision should be focused on home and community based interventions to provide effective pathways to recovery. There still remains much work to do in Australia and specifically in Victoria for these principles to be embedded in actual service delivery.

While the developments of the past year are welcome, there is always a danger when significant new money is committed in any sector that governments believe the job is done, while serious issues and shortcomings endure. There is still much to be done to ensure that every Victorian and every Australian who is affected by mental illness has timely access to appropriate, effective and humane services.

The World Health Organisation recommends that mental health account for 13 percent of the total national health budget. Australia still falls well short of that mark. Successive state and federal governments will need to continue to increase funding to mental health if mental health

services are to reach an acceptable, consistent standard. There is also a danger when new money becomes available that it is used ineffectively and inefficiently. Quite rightly, governments purchasing the services of non-government organisations (NGOs) are increasingly insisting on rigorous accountability for their investment. There is increasing pressure on NGOs to demonstrate financial viability, efficient and effective management and good governance.

The Board of Directors at MI Fellowship this year has worked hard to ensure that the governance processes of MI Fellowship meet best practice. The Quality Improvement and Community Services Accreditation (QICSA) process, undertaken by the whole organisation

and reported more thoroughly elsewhere in this report, included a review of the roles and responsibilities of the Board. As a result, accountabilities of the Board and its subcommittees have been reviewed and documented and a rigorous assessment of risk management through every level of the organisation has been completed and improvements implemented. I thank my fellow Board members for their commitment to this process and particularly to Peter Robertson, whose professional expertise in the area of risk management has provided invaluable leadership and guidance.

MI Fellowship's broad-based

advocacy agenda, which, through its membership, remains a key strategy in reaching its mission and vision, has once again provided a platform from which MI Fellowship can make a positive contribution to the development of good public policy.

Major Sam Cochran's visit to Australia in May this year to deliver the annual Bruce Woodcock Memorial Lecture and to have dialogue with key decision makers about the issues of psychiatric crisis intervention was a highlight of this year's advocacy. The overwhelming response of members to the invitation to identify key issues in the lead up to the coming Victorian state election served to remind me and my colleagues on the Board why the mission and vision of MI Fellowship is so important in the real impact it can have on the lives of people with a mental illness, their families and friends. Those issues identified by members have formed the basis of MI Fellowship's 'Call to Action' for to the state election in November 2006.

A commitment of \$1.9 billion was announced by the Federal Government in April 2006 and the Prime Minister challenged each of the states to match the commitment through new state money.

A capital appeal campaign will be launched in the coming financial year to raise \$2.4 million. This capital will be used to fund the redevelopment of the Rosedale property in St Kilda to provide an adequate facility for the new Opening Doors service (see report in 'Integrating Care' on page 13) and to enable the development and growth of MI Fellowship's education and employment services. I encourage your generosity in contributing in whatever way you can to these important initiatives.

I take this opportunity once again to thank Chief Executive Elizabeth Crowther and her dedicated team of paid staff and volunteers, for continuing to meet with such enthusiasm and professionalism the increasing demands of service delivery as the organisation continues to grow.

I thank also my colleagues on the Board whose commitment of both time and expertise ensures the effective and passionate governance of this organisation.

Finally, I thank all the members once again for their inspiring generosity and passionate commitment to MI Fellowship. I thank them too, on behalf of all members of the Board, for the trust and confidence they have placed in us this year to effectively govern the organisation.



Rob Knowles
President



The development of our strategic plan 2004-2008 reaffirmed one of our fundamental values – partnerships – that means working WITH, rather than working FOR, or working OVER . . .

Chief Executive's Report



In living our vision, that people who experience mental illnesses will be valued and active members of the community, we partnered with 1,331 people who have these illnesses, to recover a better quality of life. In analysing our data more closely, we found 461 people required

more than one service option from this organisation to reach their goals and maintain community tenure. Unsurprisingly, we found that 60 percent of people who were receiving MI Fellowship employment support were also receiving support through the day programs. It appears that day programs function as a hub from which people access multiple pathways. Ninety two percent of people using services were unemployed. This unacceptable situation has driven the establishment of a pilot with St. Vincent's Mental Health and has continued to fuel organisational advocacy. We also found that appropriate, affordable, supported accommodation remains a key stumbling block for 21 percent (or one in five) people in achieving their goals. Addressing this issue remains a key strategy within the organisational advocacy program.

This year has also seen further development of alternative community pathways for people with mental illnesses with an average of 224 people volunteering within the organisation per week. Through this expertise is offered to the organisation and a range of skills is developed. These skills include sales and customer service through the Opportunity Shops, and computer, telephone and administrative through working in Organisation Support and Community Connections.

In this period we partnered with 446 families through advocacy, family education and counselling, and the helpline responded to 6,340 calls, 60 percent of which were from carers. We have not yet developed an effective method for tracking follow-up calls but we estimate that calls to and from Helpline exceed 10,000. We are in the process of developing a data collection system that will assist us to more accurately to gather this data, both to assess the effectiveness of our care and to use better the data to inform our advocacy agenda. There are, however, key themes or issues that people in contact with us demand that we act upon – employment and appropriate supported accommodation were high priorities. Addressing community stigma, responsiveness of mental health crisis intervention and treatment teams, and police involvement in crises, continuity of care and family support and education were

top issues of concern and have driven our advocacy agenda. We are far from resolving these issues, but we have developed strategies which are described elsewhere in this report.

Creating strengths

We have continued to work on our vision through the strategic plan 2004 – 2008 to build capacity to deliver the best possible care. We have done this by making sure staff capacity was built by introducing the new Performance Development and Review program. In short, this is a process which supports staff skill development and reflection on current practice and identification of new skills required to provide the best possible care. This program is now in place for full and part-time staff and will in the next year be modified to address the needs of casual staff.

The negotiations with the Victoria Government to more appropriately fund the Psychiatric Disability Rehabilitation and Support Sector (PDRSS), of which we are part, has almost reached conclusion. This year the Victorian Department of Human Services has purchased rehabilitation

services for people with mental illnesses and associated disabilities and family education and support from us to the value of \$6,384,453. The Commonwealth Government through the Department of Employment and Workplace Relations (DEWR) \$365,869 and the Victorian Department of Education and Training has purchased education and employment services to the value of \$52,756.

The relationship with the Mental Illness Fellowship of Australia (MIFA) has contributed to capacity building by funding the development of family

and peer education programs, as has Johnson & Johnson. Our capacity has been further enhanced by the relationship with SEW Eurodrive and the Woodcock family. Individual donations of \$657,080 and investment returns have provided the discretionary funding for the development of new educational projects, community education and advocacy. In order to create future sustainability, the Board aims to create less dependence on Government grants. This year independent funding sources accounted for only 23 percent of total funding. A provision in the 2006-07 budget has been made for the creation of a capital appeal to reduce this dependence.

Strategic partnerships with Middletons Lawyers and MinterEllison Lawyers have had a direct impact on the bottom line with the provision of substantial pro-bono advice.

Organisational standards were reviewed by the Quality Improvement and Community Services Accreditation (QICSA), an external accreditation body, in June 2006. We have received the interim report and we have been advised that we met all 19 standards and were judged in this first survey to have attained leading practice in three of the standards.

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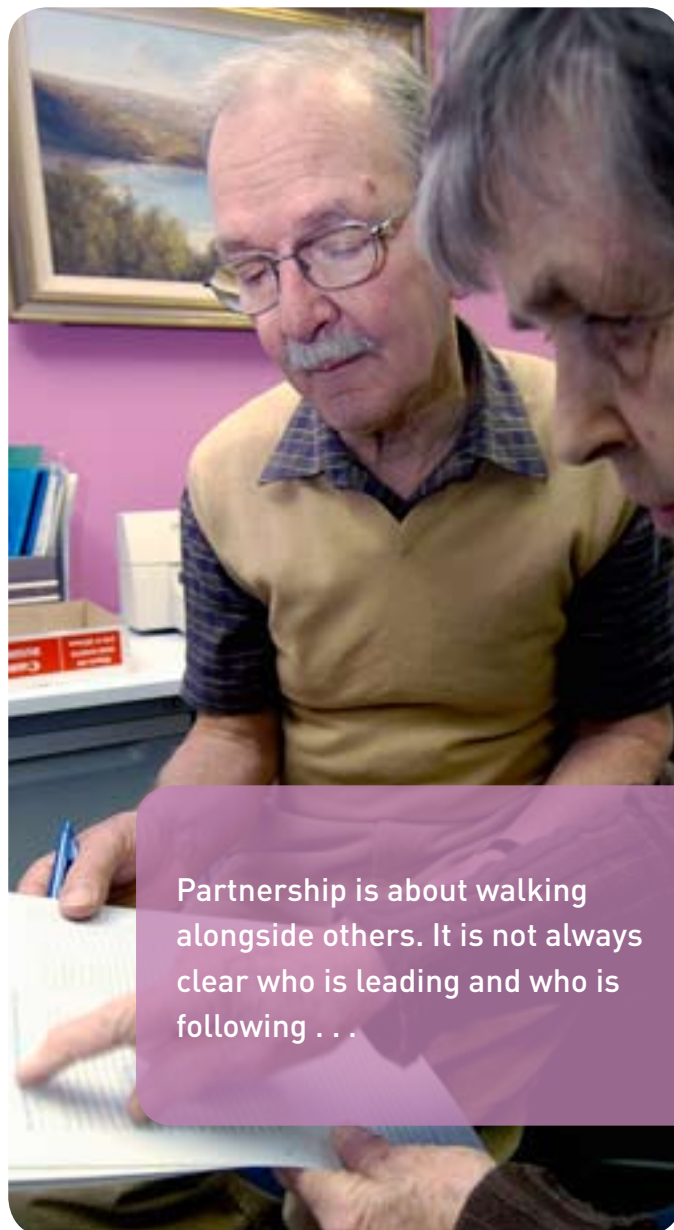
Integrating care

Partnerships have been the life blood in our integrating care strategy, and these range from working with individual carers and consumers, to relationships with health care networks. The relationship with Goulburn Valley Health remains a key one through which we have been able to develop innovative approaches. Our partnership with the Alfred Hospital enabled further development of the Opening Doors project in collaboration with Inner South Community Health. This project is designed to build entry and exit pathways for people who experience severe and enduring mental illnesses. The renovation of Rosedale is a key element to the full implementation of this project. The delays in renovating the building have put the full implementation of the project behind schedule. These issues have been addressed and the building is now scheduled for completion in December 2006. This partnership has also secured the funding of a new Prevention and Recovery Care unit in St. Kilda. This project has also been delayed by community opposition for an application for a building permit. Plans are being negotiated to address the issues.

During the year a partnership was established with St. Vincent's Mental Health to implement an evidence based employment project. A project submission for evidence based employment has also been developed in collaboration with MIFA which is being discussed with the DEWR.

Using evidence

In the last reporting period we identified that comorbid drug and alcohol symptoms were not regularly identified in reporting data. On examination it was revealed that under-reporting was a result of data management rather than practice. An ongoing challenge for the organisation has been information technology, and during this period the Board has funded a project which will connect the various parts of the organisation. This project has been developed



Partnership is about walking
alongside others. It is not always
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to create a solution to these problems and is expected to be fully implemented in the next financial year. An issue yet to be solved is data collection and analysis about the services we provide. A number of solutions has been tried, however meeting the contractual responsibilities to our major partner, the Department of Human Services, and having access to this data for management purposes remains unresolved. The creation of our Research and Development service has allowed us to look more closely at how we deliver our services.

I am able to report on these achievements this year as a consequence of the partnerships with the Board, people with a mental illness and their families, members, staff and volunteers. Thankyou.

Elizabeth Crowther
Chief Executive



Partnership is about respecting personal choice and travelling with people on the paths they choose, not choosing one for them . . .

Today

Highlights for the year

- 1,331 people in Victoria who have mental illness partnered with MI Fellowship in psychosocial rehabilitation services
- MI Fellowship's partnered with 446 families to improve their wellbeing
- Accreditation from Quality Improvement and Community Services Accreditation (QICSA), including the attainment of leading practice in three of 19 of the standards
- \$6.6m committed by the Victorian Government to build purpose-built accommodation for residential programs Prevention and Recovery Care (PARC) and Specialist Residential Rehabilitation Program (SRRP), services established through partnership between MI Fellowship and Goulburn Valley Area Mental Health
- A new partnership with St. Vincent's Mental Health to implement an evidence based employment project
- Further development of the Opening Doors Project in partnership with the Alfred Hospital and Inner South Community Health, including the beginnings of renovation to MI Fellowship's Rosedale property and funding for a new Prevention and Recovery Care unit in St. Kilda
- Establishment of a new Research & Development unit for the organisation to ensure its services are evaluated, innovative and evidence-based
- Major Sam Cochran's visit in May 2006 to further MI Fellowship's advocacy to achieve more effective psychiatric crisis intervention
- The eighth annual golf day and charity dinner run by SEW Eurodrive, raising more than \$160,000 for MI Fellowship's unfunded services
- Mental illness education and training provided to 500 of Victoria Police in region three, an area encompassing the northern suburbs of Melbourne through the Hume region and along the Murray River to Mildura; and.
- Funding from the Commonwealth Department of Health & Ageing for a demonstration and evaluation of the Well Ways family education program across eight sites throughout Australia, to be completed in May 2007.

Tomorrow

Prospects for the future

- Completion of new purpose-built accommodation for residential programs Prevention and Recovery Care (PARC) and Specialist Residential Rehabilitation Program (SRRP), services in the Hume region, providing 10 new beds for each service due in 2008
- Further development of the Prevention and Recovery Care service (PARC) in St Kilda in partnership with The Alfred hospital
- Full implementation of Opening Doors Project
- Capital appeal to raise \$2.4m to fund the redevelopment of Rosedale and to further develop MI Fellowship's education and employment services
- Development and implementation of two peer-based programs in partnership with Mental Illness Fellowship of Australia a short intervention family education program and a structured education program for people with a mental illness
- Increase in scope of accredited courses for people with a mental illness through MI Fellowship's Registered Training Organisation status, adding to the Certificates I, II & III in General Education for Adults now being delivered
- Implementation of Wide Area Network and client management software system to improve timely access to information
- Further development of evidence based employment services
- Evaluation of Prevention and Recovery Care (PARC) and Specialist Residential Rehabilitation (SRRP) Programs in Hume
- Finalisation of single entry process throughout the organisation; and
- Further research and evaluation of the Well Ways family education program.

45 adult students with a diagnosed mental illness have **successfully completed a Certificate in General Education for Adults** Certificates 1, 11, 111

6,340 calls were made to **our Helpline**

520 people have participated in **counselling sessions**

268 people have participated in **Well Ways family education program**; and

42 people have participated in the **Double Trouble family education program**.

Board of Directors 2005-2006

The Hon. Robert Knowles **President**

Rob is a farmer and Company Director. He currently is the Chair of the Mental Health Council of Australia, Chair of the Mental Illness Fellowship of Australia, Chair of Food Standards Australia New Zealand and on the Board of the Victorian Trauma Foundation. He is a former Victorian Minister for Health and has a strong interest in services for consumers and their families and carers. Rob is also President of the Mental Illness Fellowship of Australia.

Mr Graeme Pocknee **Vice President**

Graeme has professional experience as line manager, in-house change manager, and contracted consultant and educator spanning the banking and financial services, aerospace, agriculture, petroleum, chemicals, electricity, coal, water, automotive and professional services. Graeme's interest in the mental health area is based on both personal experience and professional experience.

Mrs Diane Brown **Honorary Secretary**

Diane lived in Wodonga for 15 years prior to moving to Melbourne in 2001. She has worked for an Albury law firm for the past 15 years and continues to work for them from her home office in Melbourne. She has family experience of mental illness and convened the Wodonga Support Group for five years. Diane is a past member of the Melbourne Health Research and Ethics Committee.

Mr Peter Robertson **Treasurer**

Peter has worked in the sugar, construction and mining industries for more than 30 years and is a Certified Practising Accountant, and a Member of the Institute of Internal Auditors. The breadth of Peter's background will enable him to bring a broad range of experience across financial, accounting, risk management and governance activities in support of MI Fellowship's strategies. Last year, Peter had a major role, along with fellow Board member, Ian Priestley, in assessing the business viability of the Flat Bottle Company, negotiating due diligence and purchase of this business for our first social firm.

Ms Jenny King

Jenny has worked in finance for almost 30 years in the automotive, chemical and paper industries and is a Fellow of the Australian Society of Certified Practising Accountants. Jenny's knowledge base includes an extensive background in strategic planning, budgeting and financial analysis as well as risk management and corporate governance. Jenny is presently employed by an ASX 200 listed paper manufacturing and merchanting company in the senior executive role of General Manager, Financial Analysis and Reporting.

Ms Louise Milne-Roch

Louise is currently Chief Executive Officer of the Nurses Board of Victoria. Louise has wide experience across the mental health and health fields, from clinician to facility manager, and has a family experience of mental illness.

Professor Christos Pantelis

Christos is a Professor of Neuropsychiatry at the University of Melbourne and clinical Director of the Adult Mental Health Rehabilitation Unit at Sunshine Hospital. He is also Scientific Director at Melbourne Neuropsychiatry Centre, Sunshine and Royal Melbourne Hospitals, and the National Neurosciences Facility. Christos brings an international reputation in schizophrenia research, particularly in the neuropsychology of the disorder.

Mrs Elaine Price

Elaine has been a member of MI Fellowship for some years through her involvement as a carer and is an active volunteer delivering Well Ways courses and is a regular Helpline volunteer. Elaine was a financial analyst in her working life in the manufacturing industry. Elaine would like to advocate for improved health for the mentally ill and helping families through education and awareness programs.

Mr Nathan Shafir

Nathan first became interested in the activities of MI Fellowship when he sought information about mental illness. He subsequently enrolled in a Well Ways Program and has since become involved in the development of the fundraising area of our organisation. Fundraising, in particular for major gifts, has always been an issue of importance to Nathan and he has served, and continues to serve, on various school, industry and community bodies in Melbourne.

Dr Alex Wood

Alex is a semi-retired urologist. His career included 17 years at the Alfred Hospital, three years at Melbourne and stints at the Southern Memorial in Caulfield and Larundel, and many years' experience on medical committees. Alex also spent three months in Vietnam as part of the Civilian Surgical Team and, on retirement, offered three months service as a urologist in Swaziland. Alex has family experience of mental illness and brings a wealth of knowledge, wisdom and passion to his role on the board.

Full Board

Directors

Alex Wood, Louise Milne-Roch, Diane Brown, Jenny King, Nathan Shafir, Peter Robertson, Christos Pantelis, Graeme Pocknee, Rob Knowles, Elaine Price.

Staff in attendance

Elizabeth Crowther, Eifion Breese, Advan Hadzic, Bernie Trahair (Minute taker)

Board of Directors Subcommittees

Appointments and Governance Committee

Directors

Louise-Milne Roch (Chair), Nathan Shafir

Staff in attendance

Elizabeth Crowther, Bernie Trahair (minute taker)

Executive of the Board

Directors

Rob Knowles (Chair), Diane Brown, Peter Robertson, Louise Milne-Roch, Graeme Pocknee

Staff in attendance

Advan Hadzic, Eifion Breese, Elizabeth Crowther, Bernie Trahair (minute taker)

Directions Committee

Directors

Diane Brown (Chair), Elaine Price, Alex Wood, Jenny King

Staff in attendance

Elizabeth Crowther, Bernie Trahair (minute taker)

Finance and Risk Management Committee

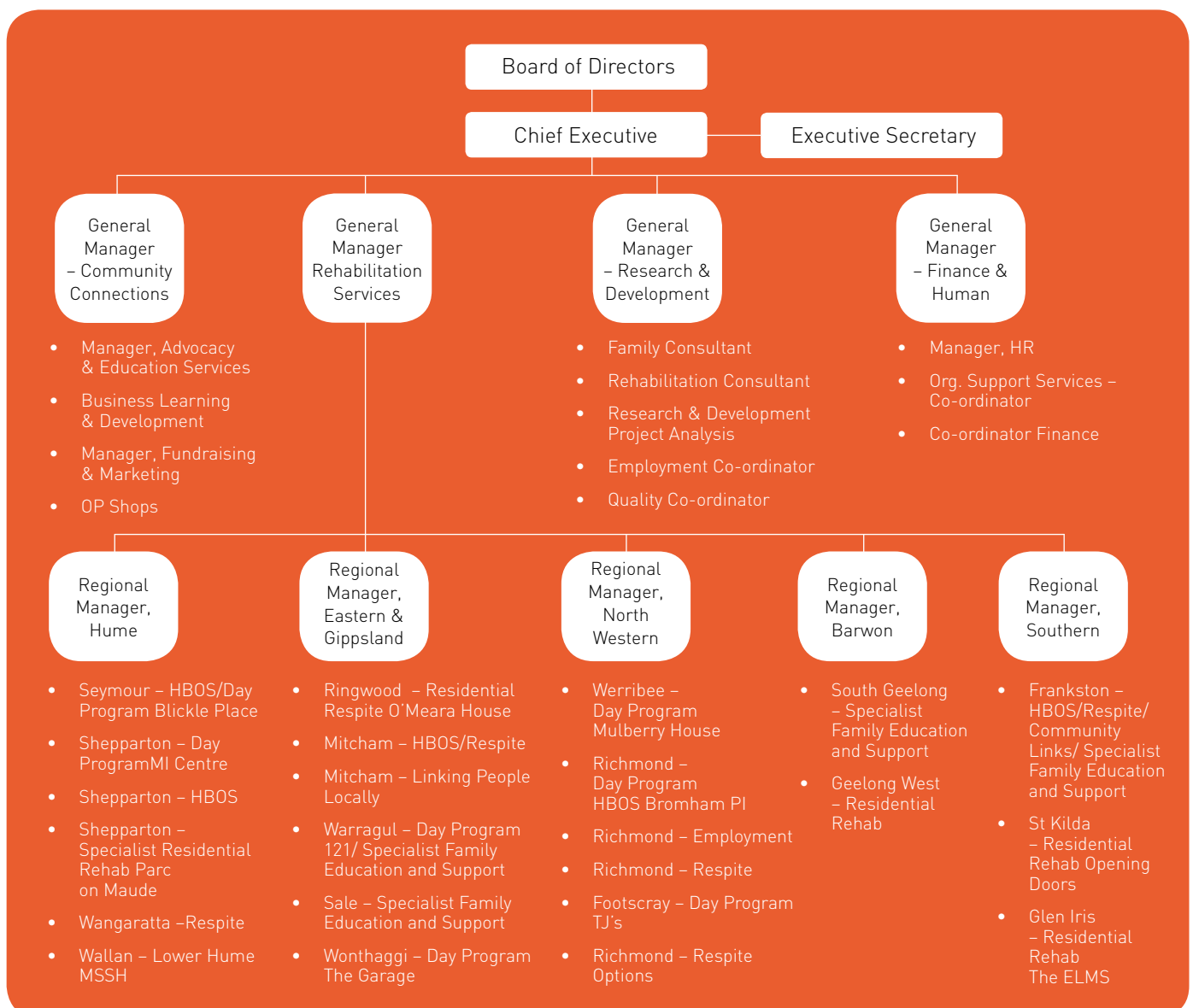
Directors

Peter Robertson (Chair), Graeme Pocknee, Jenny King

Staff in attendance

Advan Hadzic, Eifion Breese, Elizabeth Crowther

Organisation Chart



Executive Management Team

Elizabeth Crowther **Chief Executive**

Elizabeth has a 40 year history working in the health sector in Victoria, most of which has been spent in the mental health field, and the last nine years in the psychiatric disability rehabilitation and support sector. Sixteen of these years have been in senior management roles in both the clinical and psychiatric disability sectors. Elizabeth is a Senior Fellow at the School of Nursing, Melbourne University, holds a Bachelor of Applied Science, a Diploma of Nursing Education and a Graduate Diploma in Health Administration.

Eifion Breese **General Manager, Rehabilitation Services**

Eifion Breese has worked in the mental health sector for more than 35 years, first as a psychiatric nurse and then within the psychiatric disability support services, and for MI Fellowship since 1997. Eifion has the direct responsibility to lead and manage these regional services. Eifion holds a Bachelor of Applied Science (Nursing Administration).

Laura Collister **General Manager, Research & Development**

Laura joined MI Fellowship in September 2005. Laura holds a Bachelor of Applied Science (Occupational Therapy) and a Masters in Applied Science (La Trobe). She heads the newly formed Research & Development team whose role is to provide evaluation of and research into MI Fellowship's services to ensure they reflect and lead both innovative and evidence based practice.

Advan Hadzic **General Manager, Finance & Human Resources**

Advan migrated to Australia from Bosnia and Herzegovina in 1994 and in May 1997 commenced his employment at MI Fellowship as Bookkeeper, managing the accounts, payroll system and recruitment process. In 2001 he took on the portfolio of General Manager Finance & HR. Advan holds a Bachelor of Economics.

Gerard Reed **General Manager, Community Connections**

Gerard has 18 years' experience in the community sector. Before joining the MI Fellowship in 2002, Gerard worked in juvenile justice and in the homeless sector. Gerard was an ordained Catholic priest in the Archdiocese of Melbourne. He has a Bachelor of Theology (Hons) and studied law at the University of Melbourne.

Bernie Trahair **Executive Secretary**

Bernie has been with MI Fellowship since 1998 working in various projects for the executive team. She is personal assistant to Elizabeth and Eifion and Secretary to the Board of Directors. Bernie has 30 years' experience as a personal assistant and has a Graduate Certificate in Business (Executive Assistant) from Swinburne University of Technology.



Strategic Overview – *the journey continues*

MI Fellowship has spent considerable time with a range of stakeholders to frame the organisational strategic plan for 2004-2008. This plan both embeds and drives our organisational mission and values.

We are two years into this plan which has created fundamental changes to the organisation, strengthening partnerships, creating sustainable community links, building internal capacity and strengthening national links.

It is timely to review the logo which represents MI Fellowship's vision and values and has externally represented this organisations since its name change from Schizophrenia Fellowship Victoria in 2001.

This change of name was driven by people with mental illnesses and their families, members and staff as they believed that since the creation of the organisation in 1978 the name no longer fully represented the organisation.

This process of change took 3 years and involved all the key stakeholders and is still as relevant today as it was at the time of its creation. It informs the plan, symbolizing as it does the charism of the organisation and its vision, mission and values.

While our logo will mean different things to different people, the purposeful design creates the opportunity for seeing these different faces.

The logo is a space in which two people stand in a relationship, the illustration is slightly off center representing ambiguity. It represents the idea that each of the partners may take a lead role at different times, and is intentionally unclear about who is supporting whom, who is leading and who is following. Rather, these two people are in partnership, sharing a journey.

The blue disc in the center of the logo represents the dark times, and the yellow shapes the light. The dark shape represents difficult and painful times, and the yellow shapes represent hope and life on which the figures are standing.

The intent of this logo is also to be unclear as to whether these two figures are walking away from the viewer into the darkness or towards the viewer, out of the darkness and into the light. It represents people in the world who are greater than their experience of mental illness.

In MI Fellowship's work, we aim to walk alongside and partner with people with a mental illness, their families and friends. The journey is often full of uncertainty and we walk with people both into darkness and into light. In developing our strategic plan, our question was therefore: How do we smooth this journey and help support the development and maintenance of hope?

Some key themes and focus were:

- Responsiveness to the needs of people with a mental illness, their families and friends
- Working in partnership and supporting systems integration and innovation
- Building organisational capacity and moving forward as one organisation
- Quality improvement and organisational learning; and Strategic growth.

From these key themes and focus, we developed three key result areas:

- 1. Capacity building (creating strengths)**
- 2. Integrated service response and systems (integrating care)**
- 3. Evidence-based practice and innovation (using evidence)**

We also recognized that were this plan to make a real difference in our development, it needed to be firmly embedded in all performance measures throughout the organisation.

Regional and service plans, individual performance plans and monitoring and review processes have all been developed to reflect the three key result areas of our strategic plan.

This progress achieved so far through our strategic plan 2004-8 is the basis of this report.





Partnership is about inclusion
– ensuring that people are always
included in any decisions that affect
their journey ...

Integrating Care

This year has seen developments in creating relationships and extending services with a range of organisations across the state.

Families and people with mental illness find the ways in which service is delivered diminish their health outcomes and recovery paths. As a strategic direction, we have consciously worked to create linked services wherever we can.

The most powerful mechanism that we have to do this is through our psychosocial rehabilitation programs, where we worked with 1,331 people across the state in the financial year. These funded programs from the Department of Human Services Victoria and the Federal Government are reported in this section: Integrating Care. We do not have a presence in all parts of the state and much of our developmental history has been dictated by success in winning funded tenders.

Hume

Hume regional services are mainly delivered in the western part of the region through the greater Shepparton area, but respite services and family support are provided across the whole region, namely north eastern and west Hume. This concentration in Greater Shepparton poses some developmental issues for the lower part of this sector around Seymour.

In this year 497 people were provided services through a range of options. These include: centre based day services (148 people), respite (83), support in the home (150), residential services, namely the Specialist Residential Rehabilitation Program (SRRP) for people that have enduring disabilities (15) and the Prevention and Recovery Care program (PARC) for people in acute phases of illness who can be stepped down from acute care or stepped up from the community into a residential setting (101).

Specialist Family Education and Support Services provides information, structured and non-structured education and counselling support to families affected by mental illness. Finally, respite services are provided to both people who have a mental illness and their families. Last year 83 people with a mental illness were supported through this program; as yet we have not found a way to record the number of families that have benefited from this intervention.

The residential programs SRRP and PARC have been accommodated in rented premises and there has been a commitment from the Department of Human Services to seek funding to establish purpose built accommodation for these programs. A number of benefits emerges from this development including consolidating staffing and reducing rental outgoings from program budgets.

In May 2006, the Victorian Government committed \$6.6 million to building this accommodation. Planning has been underway for the last 18 months with specifications

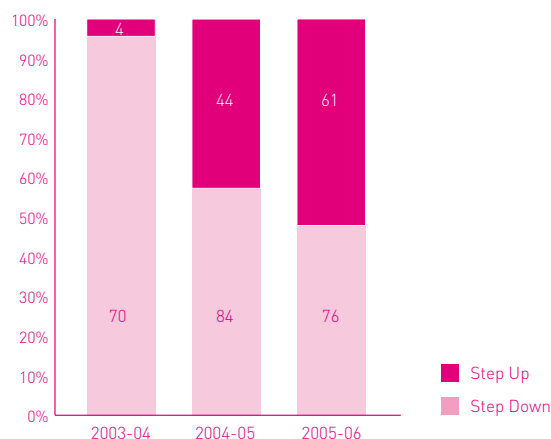
being developed during this last year for a 20 bed facility providing 10 beds for each of these programs. It is planned this building will be completed and opened in 2008. These developments are being created through the partnership of MI Fellowship with Goulburn Valley Area Mental Health Services GVAMHS and Department of Human Services, Hume Region.

The partnership between MI Fellowship and GVAMHS has been recognised in this state and nationally. In November 2005 the Commonwealth Senate Select Committee on Mental Health visited Shepparton PARC. This committee released its report in March 2006 stating that the program draws on "different strengths of service providers and it increased cooperation in the sector. PARC integrates health and non-health needs of people experiencing mental illness".

This recognition of PARC has brought with it multiple requests to visit, but the management of these visits became disruptive to program functioning. A process to filter these requests and visits was developed and introduced in the latter part of this reporting period.

The graph below demonstrates changes in the percentage of people using the step down and step up components of this program. The step down is a treatment option where a person is going to require a longer than average stay in an acute unit and the PARC project provides an opportunity for that person to receive treatment in a residential* environment that is less restrictive and more individualised than an in-patient acute unit. In 2003-04 there was considerable reluctance to admit people to PARC and more frequently people were admitted to the acute unit.

Stacked columns for step up and step down PARC stays over the past three years



* The 'step up' component offers this to people showing signs of relapse and aims to prevent rehospitalisation.

Integrating Care (cont'd)

Hume (cont'd)



From left: Chair of the Board of Directors at Goulburn Valley Health, Clem Furphy, Parliamentary Secretary to the Premier, Kaye Darveniza and Parliamentary Secretary for Health, Daniel Andrews.

As confidence within the partnership and practice competence has been demonstrated, the frequency of step up has increased over this three year period.

The state government funds Neighbourhood Renewal projects to improve the quality of life for people living in Office of Housing properties. MI Fellowship in this region was given \$100,000 to create a Well Being Program in the Shepparton Parkside Neighbourhood Renewal and Seymour Neighbourhood Renewal. The projects got off to a slow start, as they were new and the initial planning process was not fully documented, consulted upon and agreed by all parties. After these initial difficulties the project has met all its milestones. Community garden projects and educational workshops have been undertaken. Community fiestas celebrating the achievements and using community development principles are planned for December 2006 and February 2007.

Other community development and mental health promotion activities have been delivered in West Hume throughout the year. These include awareness raising during Mental Health and Schizophrenia Awareness weeks through artwork displays, information, BBQs and public walks. This year mental illness education has been delivered by MI Fellowship to seven secondary schools, the TAFE sector and five local businesses. The Pay Attention to Self (PATS) program in partnership with the Centre for Adolescent Health has been delivered to two groups of young people

ranging in age from 13 to 16 years. This eight week program for children of parents with a mental illness aims to develop their coping skills and strategies.

North West Region

In this year 721 people were provided services through the north west metropolitan region which spreads from Hawthorn in the inner east to Whittlesea local government area in the north to Werribee in the south west. These options include: three centre-based day services (392 people), employment (165), respite (118), support in the home (27) and specialist family education (this service is provided within Community Connections). Specialist Family Education and Support Services provides information, structured and non-structured education and counselling support to families affected by mental illness. The relationships that each of these service options has developed is integral to successful recovery outcomes for people with a mental illness.

This year funding changes occurred with the announcement of the restructure of employment services at the Commonwealth level between the Department of Family Services and Indigenous Affairs and the Department of Employment

and Workplace Relations. These changes facilitated the development of the Beck and Drake model evidence-based practice initiative into planning more effectively supporting individuals into work.

Professor Gary Bond in his visit in May 2005 through the Woodcock lecture stimulated discussion and strategies to implement such a program in Victoria. The introduction of this initiative has occurred at one of the centre based day services: Bromham Place in metropolitan Richmond.

This initiative has been

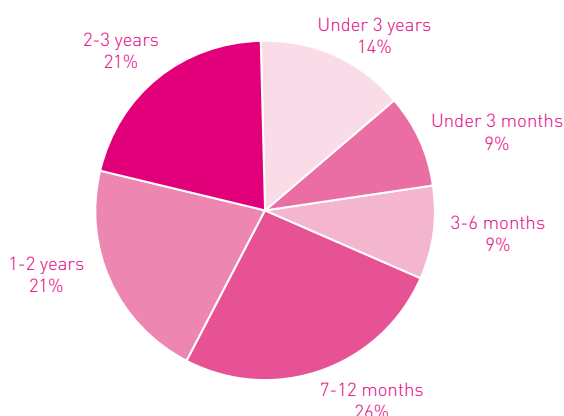
developed in partnership with MI Fellowship and St Vincent's Mental Health Services through its community clinic in Hawthorn.

This has resulted in a restructure of staffing at Bromham Place to facilitate placement of a staff member at Hawthorn Clinic. This project is in its early stages of development and a full report of these developments is included in the Using Evidence – Research & Development Program of this report.

The structural changes emanating from the employment service developments have resulted in a more widespread structural change to facilitate the single entry process across the region. Plans for this restructure have been developed and will be implemented in the next financial year.

MI Fellowship identified that younger people between 18 and 24 were not accessing rehabilitation services and were therefore missing out on recovery opportunities.

Length of tenure of jobs held as at 30 June 2006



The strategic intent of creating partnerships to facilitate employment outcomes has further built relationships. The partnership with the City of Boroondara was recognised at the Prime Minister's Employer of the Year Awards in December 2005. Through this relationship, 15 people from MI Fellowship have been employed in mainstream positions in this council.

"This Award recognizes the success of Council's partnership with Disabilities Works Australia and Bromham Place and is a positive outcome for our organisation and our diverse community" – Mayor Councillor Jack Wegman.

The above pie chart demonstrates the length of tenure for people who are being supported through services at Bromham Place. Only nine percent of this cohort have a job tenure of less than three months and 18 percent of less than six months. Of this group, 82 percent have job tenure greater than seven months. While these figures demonstrate that through positive on-going support people are able to retain their jobs for greater than a year, timely referral and access into employment support have proved problematic and have led to the development of the evidence-based intervention with St. Vincent's Mental Health Service.

Our partnership with St Vincent's Mental Health Service has led to a strong relationship with Melbourne University Asialink, which provides education and support to senior administrators and clinicians from Asia. During this year 55 of these personnel visited Bromham Place to gain an understanding of the role the PDRS services play in the mental health sector.

TJ's in Footscray and Mulberry House, in Werribee (centre based day services) have developed a strategic alliance with the Westgate Community Initiative Group (WCIG), a specialist employment agency which funded an employment project worker four days a week until August 2005. Despite the conclusion of this project the ongoing relationship resulted in 15 participants being referred to TJ's and Mulberry House, three of whom were employed, two studied, two undertook volunteer work and eight developed resumes to seek employment.

A further 15 were referred from WCIG to develop skills for employment. Six of this group were employed, two exited the service and seven were seeking employment.

Further partnerships have been forged with Women's Health West to provide education on self esteem and body image, and Richmond Fellowship to provide a men's program. Swim Gym in Footscray and the Essendon Lawn Bowls Clubs were also major partners in creating social connection.

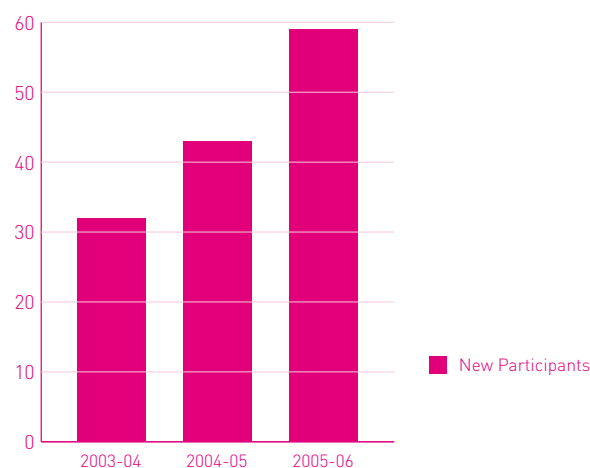
This region actively contributed to the organisational quality accreditation process through QICSA. Additionally, employment services are subject to specialised accreditation through the Department of Employment and Workplace Relations through Benchmark Certification. This survey was undertaken against the Disability Standards and was successful.

Southern Region

This year services were provided to 164 people throughout the southern metropolitan region. This region extends from Prahran in the north of the region to Cranborne in the west and the peninsula in the south. The service options within this region include: a centre based day service Community Links (18 people) which is based in Frankston, respite covering the whole region (121), support in the home in the Peninsula (59) and residential rehabilitation services in St Kilda and East Malvern (19). Specialist family education and support was actively delivered within the region, in particular in the Peninsula area.

The above graph shows the increased number of participants who have entered MI Fellowships programs in this region over the last three financial years. There are two main drivers for these changes. One has been the increase in program funding for home based services, and a centre based day service linking people with enduring mental illness into the community. The other reason for increased numbers has been the introduction of the single process of entry and the establishment of clear intake intervention and exit strategies, linking people into sustainable and fruitful community relationships.

Number of new participants southern region



Integrating Care (cont'd)

The Frankston Community Links program this year developed a close working relationship with Centrelink to address the needs of people with severe and enduring mental illnesses. A proportion of this group had been breached by Centrelink due to their apparent non-compliance in job seeking. Following the development of this relationship participation in this program has been treated as an appropriate step in job seeking. As a consequence of this relationship a small number of people have been referred directly from Centrelink for this intervention.

The partnership, in its second year between MI Fellowship, Bayside Health (the Alfred) and the Inner South Community Health Service, has developed and partially implemented the Opening Doors project. This project is designed to provide effective pathways for treatment, support, and psychosocial rehabilitation for people that have enduring psychiatric disabilities. Opening Doors has connected siloed services offered by each of the partners into an individualised process where people can have timely interventions at an appropriate intensity through the different elements of the program to assist their recovery.

MI Fellowship and the Alfred contributed buildings to facilitate the development of this project. Our building, named The Elms, and located in Glen Iris, was refurbished this year and two Adelaide Street, Armadale properties belonging to the Alfred were commissioned during this period. We hold the naming rights to a unit in High Street, Armadale, which will also be used for this project. Our Rosssdale property at 94 Alma Road, East St Kilda, has been a key element to the project. Refurbishment of the building at the rear of 94 Alma Road is now complete.

Major refurbishment to the front two buildings of Rosssdale has commenced and is expected to be completed by December this year. Delays in council permissions have resulted in the project being over budget and 12 months behind schedule. A strategy has been developed to manage both the delay and budget overrun. Participants now occupy The Elms, Adelaide Street, and the back unit of 94 Alma Road and are being provided services through the new partner model. The creation of the capital appeal campaign to fund Rosssdale re-building is discussed elsewhere in this report.

The development of a Prevention and Recovery Care service (PARC) in partnership with the Alfred has been further delayed this year because of planning permissions and neighbourhood discontent. A strategy has been developed to address this issue.

Volunteering remains an important component of the work in this region and a collaboration between Impact

Community Options and Peninsula Support Services has been developed and supported by the Department of Human Services. This project, developed on the Peninsula, has been funded to increase volunteering within the region. The volunteer co-ordinator was employed in June 2006 and an orientation program will run later this year in which eight volunteers will participate.

The single entry process has been finalised with a single referral point being located in the Frankston office. A duty system has been established to manage enquiries and referrals with an experienced

staff member available to speak to members of the public during office hours. This process has been developed to ensure that people do not have to tell their stories multiple times and that referrals are not overlooked. It also provides an opportunity for a holistic assessment and evaluation of program options to assist an individual.

Eastern Region

Respite, home based and community-based day services were delivered to 216 people with a mental illness in the eastern metropolitan region of Melbourne this year. This includes home based services to 51 people in the central eastern area, Box Hill and surrounding suburbs, 41 through a volunteer visitor service and 83 who enjoyed a week of activities and relaxation at O'Meara House in East Ringwood. Specialist family education and support services were also delivered in the region by Community Connections and are reported in the Creating Strengths section of this report.

In reviewing consumer use over the last three years, we identified that younger people between 18 and 24 were not accessing rehabilitation services and were therefore missing out on recovery opportunities. The Linking People Locally service option was developed to address this gap. This intervention aims to support young people by encouraging and assisting them to access accredited courses and activities at local Neighbourhood Houses in order to develop

Respite, home based outreach and Linking People Locally services were delivered to **216** people with a mental illness in the eastern metropolitan region of Melbourne this year.

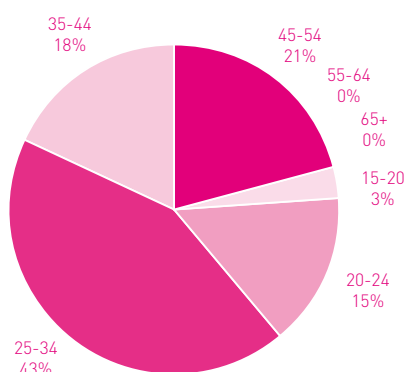
skills and confidence, gain accredited qualifications and improve employment prospects. We subsidised course fees when necessary to ensure that courses were affordable. Thirty four people accessed this service option in the reporting period. The graph below shows that 18 percent of participants were aged 15 to 24 years. This is a reasonable result for the first year of the service, but underlines how difficult this target group is to attract. Plans are underway to meet with a range of clinical and community health service providers to promote the service through both presentations and written materials, with a view to increasing referrals of the younger target group.

The development of the service has relied on building relationships with Donvale Living and Learning Centre, The Avenue Neighbourhood House, Vermont South Community House, Waverley Community Learning Centre, Mulgrave Neighbourhood House and Box Hill Community Arts Centre. These relationships have been formalised by the development of Memorandums of Understanding. Fundamental to the partnerships was the development of a process which included information, education and training for staff and tutors at these community services. The outcomes of this option have been to increase understanding of mental illness and removing barriers which prevent participants from accessing and successfully completing courses and activities.

During this time, in collaboration with the North West Region, we reviewed the Volunteer Visitors service. The purposes of this service option are to provide opportunities for people with a mental illness to develop friendly relationships with people from the wider community, and provide carers with some respite time.

This is achieved through members of the community who generously volunteer their time to establish a relationship with a person with a mental illness and spend regular time building relationships. Forty one people in this region were matched with a visitor in 2005-6. The outcome of the service review led to improvements in volunteers' orientation, education, training and supervision. These new processes will be fully implemented and evaluated in 2006-07.

Age group percentages linking people locally



Gippsland Region

Gippsland region delivers services based in Warragul and Morwell and the Bass district (from Wonthaggi). The geographic remoteness and the spread of towns through the Gippsland region pose a challenge to providing accessible and timely services to those who need them.

In 2006-7, 60 people were offered day services in Warragul and Wonthaggi. Specialist family education and support was provided through the southern and eastern regions of Gippsland and extended as far west as Bairnsdale through counselling support and structured family education. Well Ways programs were delivered in Bairnsdale and Inverloch for 20 family members.

To address the geographical isolation as a barrier to access, we developed an outreach day service at Foster in South Gippsland. The program is held on a fortnightly basis. Participants plan a range of activities which include social and recreational pursuits. There is at least one major social activity per month.

MI Fellowship, in partnership with Deakin University, completed a study titled "Pathways of Care for Socially Marginalised People with or at Risk of Depression and Related Disorders". This study helped identify the mental health needs of socially marginalised people in the outer eastern metropolitan and South Gippsland areas, looking at the barriers participants faced in receiving adequate care.

The research highlighted gaps in service provision and possible ways to improve health outcomes for marginalised people living in the community. Copies of the research document were distributed to key stake holders such as GPs and clinical staff to increase their awareness of issues participants often faced. A further research proposal is currently being considered to map problems in clinical and rehabilitation pathways to ultimately close the gaps that exist among services.

Other community development and mental health promotion activities have been delivered in Gippsland this year, including a roll out of Mind Body Life, a program which aims to educate participants about healthy lifestyle options and losing weight while having fun through a variety of exercise and social activities. In partnership with the South Coast Division of General Practitioners, we also co-facilitated a Mind Body Life program in South Gippsland. The clinic had an average of 12 participants in the eight sessions who each lost weight. This partnership will continue with funding being sought for another Mind Body Life program aimed at younger carers of people with a mental illness. Mind Body Life was also offered to people in our day services.

Awareness raising activities included an art exhibition displaying the artwork of MI Fellowship's day service participants at Baw Baw Shire Offices as part of Mental Health Week 2005. The council donated \$650 for art supplies for the service. Mental illness education is planned for Latrobe City Council's 200 staff in 2006-7.

Integrating Care (cont'd)

Barwon Region

Barwon regional services include a residential rehabilitation service and home based services for young people aged 16-24 years with dual diagnosis (mental illness and substance use issues) and 25 people participated in the program this year. Specialist family education and support services are also based in Geelong and have been developed over the reporting period. Structured family education programs, Well Ways and Double Trouble, will be available in Barwon in the coming year.

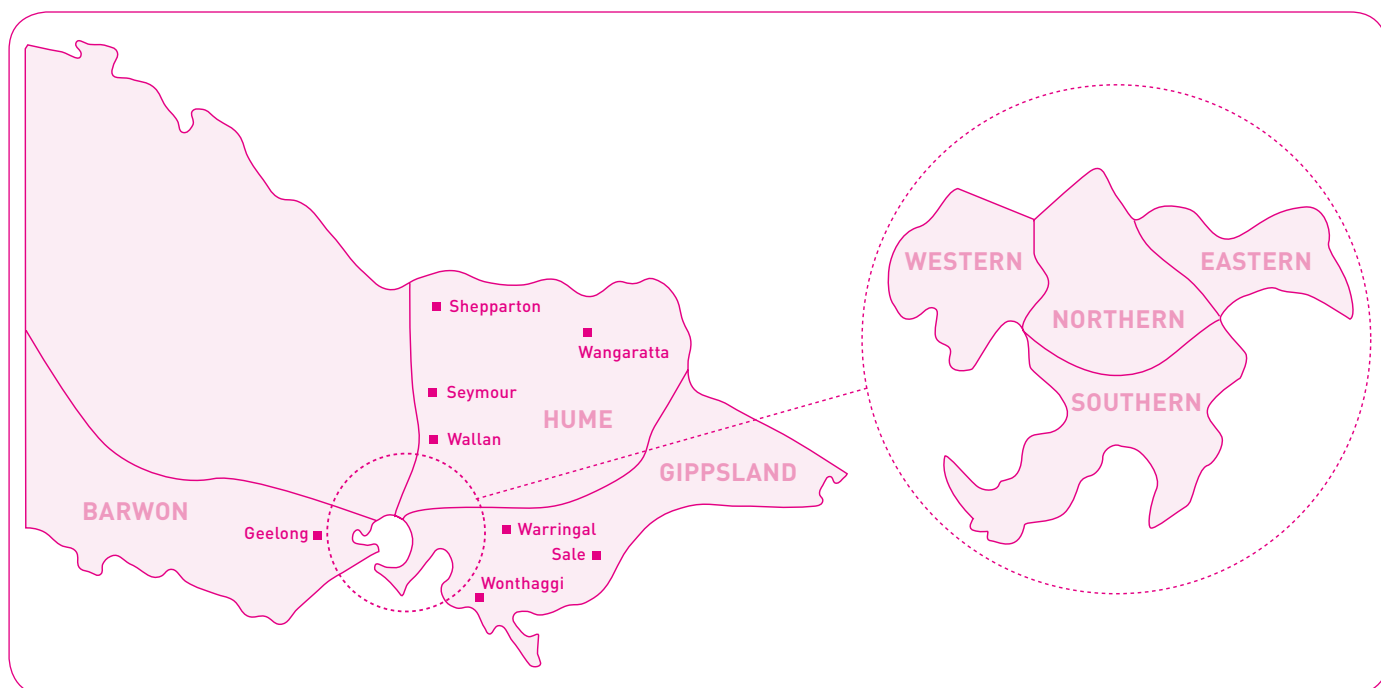
Working towards a linked service system in the Barwon region, MI Fellowship has been involved in a range of community development activities involving the development of partnerships and relationships. MI Fellowship is working with the Salvation Army, Pathways, Mood Support, Community Rehabilitation Facility and Mental Health Consumers Union to facilitate a forum for local service providers. Together, the group is known as PDRS Workers Network.

In addition to these forums for carers, consumers and workers, this network plans to develop a shared newsletter drawing on resources and providing expertise from a broad cross section of the community, including mental health and other community service agencies within the Barwon region.

Other community development activities include involvement in the Barwon Community Sector Organisation Partnership Project which aims to raise funds towards the establishment of a community service network. Through the network, agencies would gain efficiencies through sharing costs in areas such as volunteer recruitment and training, financial management, general administration, communications, computing and accommodation. The establishment of the network will better facilitate referral and access for individuals and families who use these community services.

We also contribute to the project liaison group informing a partnership between Barwon Health and Glastonbury Child and Family Service, which provides the programs Supporting Kids And Their Environment (SKATE, for children of parents with substance use problems) and Strengthening Child and Adolescent Relationships in Families (SCARF), for children of parents with mental illness). The project group aims to promote awareness, facilitate effective service and community responses and enhance skills and knowledge of service providers. Awareness raising and fund raising activities include the Barwon Heads Golf Club annual Charity Day.





BARWON REGION

South Geelong

Specialist family education and support
Phone 5229 8827

Geelong West

South residential rehabilitation service
Phone 5223 1541

EASTERN REGION

Ringwood

Residential Respite
O'Meara House
Phone 9876 0644

Mitcham

Home based services
Respite services
Community based day service

GIPPSLAND REGION

Warragul centre based day service
Club 121 services
Phone 5623 1313

Sale

Specialist family education and support
Phone 5144 7777

Cowes, Wonthaggi, Warragul

Denise Dale, co-ordinator
0400 634 743

Wonthaggi

The Garage centre based day service
Phone 5672 3111

HUME REGION

Seymour

Home based services
Blickle Place centre based day service
Phone 5799 2353

Shepparton

MI Centre - centre based day service
Phone 5831 8905

Specialist family education and support
Phone 5821 2685

Home based services
Phone 5831 3699

Specialist residential rehabilitation (SRRP)
Parc on Maude
Phone 5821 8850

WANGARATTA

Respite
Phone 5722 9264

WALLAN

Home based services
Specialist family education and support
Phone 5783 4498

NORTH WESTON REGION

Werribee

Mulberry House centre based day service
Phone 8742 3111

Richmond

Bromham Place Clubhouse centre based day service
Home based services
My Recruitment employment service
Respite
Phone 9427 7377

Footscray

Home based services
TJ's centre based day service
Phone 9687 2222

SOUTHERN REGION

Frankston

Home based services
Community based day services
Phone 9783 1008

St Kilda

Opening Doors residential rehabilitation:

- Alma Road, St Kilda
- Adelaide Street, Malvern
- The Elms, Glen Iris

Phone 9510 2338



Partnership is about building mutual respect and trust . . .

Creating Strengths

Creating strengths in advocacy

In addition to creating linked service systems through our psychosocial rehabilitation services, we offer services statewide to families of people with mental illness through our Community Connections programs based in Fairfield.

We also raise funds to develop and evaluate innovative services unfunded by government and pursue a broad advocacy agenda that seeks to promote mental health in the community. Our goal is to educate the community about mental illness and change community attitudes to work towards better outcomes for people with a mental illness, their families and friends.

Through MI Fellowship's specialist family support and education services based in Fairfield, 310 families from the north west, east and inner south regions of metropolitan Melbourne participated in structured family education programs in 2005-6.

We offer two structured family education programs – 'Well Ways' (a traveller's guide to wellbeing for families and friends of people with a mental illness) and 'Double Trouble' (which focuses on families caring for a member with both mental illness and drug use issues). They are facilitated by trained family members and aim to provide accurate, up-to-date information about the causes and treatments of mental illness. They also aim to assist people in understanding and accessing the mental health service system and to develop more effective coping and management strategies.

Five hundred and twenty counseling sessions with similar aims were also delivered. Sixty five percent of people accessing this service were family members in a caring role and 35 percent were people with a mental illness seeking to develop their coping skills.

A total of 6,340 calls was made to our Helpline, a Monday to Friday 9-5 service staffed by trained volunteers with the lived experience of mental illness. The service offers information, counsel and referral. Many of these calls resulted in follow up services. Fifty percent of calls to the Helpline were from family members in a caring role, 30 percent from people with a mental illness and 20 percent from professionals, students and members of the general community.

A series of 35 fact sheets developed by MI Fellowship forms the basis of standard information disseminated by the Helpline. Through our Registered Training Organisation status, we also offered in 2005 a Certificate in General Education for Adults to 20 students. Twenty more students are enrolled in this course in 2006. Outcomes for graduates have included successful transition to mainstream universities, studies in higher certificates, employment through traineeships and improved confidence, social networks and recovery.

Community education and mental health promotional activities include a standard three-hour workshop 'Understanding mental illness' which was delivered 29 times to a total of 1,011 members of the community. Tailored education sessions for businesses and, professional groups were delivered in 53 sessions to a total of 1,080 people. This includes training provided to 500 Victoria Police members in region three of the state, an area encompassing the northern suburbs of Melbourne through the Hume region and along the Murray River to Mildura.

Other mental health promotional activities that provide opportunities for us to promote key messages around, mental illness and its impacts on people and to improve mental health literacy and awareness in the community include:

- an annual street festival in Station Street Fairfield, in partnership with the Fairfield Traders Association, Open Mind Fiesta, which attracts 35,000 people
- Melbourne Marathon, for which MI Fellowship is an associated charity and provides both participants and volunteers
- Big Day Out, where MI Fellowship has the opportunity to disseminate information to a young audience; and
- the annual Bruce Woodcock Memorial Lecture which aims to highlight and advocate for change in areas in particular need of reform.

Other community groups, in partnership with MI Fellowship, also create opportunities for awareness raising in the community.

Women in Black, the women's coterie of the Collingwood Football Club, has MI Fellowship as its chosen charity and provided two occasions for guest speakers at its functions.

Cause to Create was an event run by a group of friends who wanted to raise both awareness of mental illness issues and money for MI Fellowship among young professionals. It held a night at BLVD bar at Southbank in Melbourne for about 200 people.

The key messages for our mental health promotion and awareness raising reflect the lived experience of mental illness which MI Fellowship understands through its service delivery and its membership. MI Fellowship currently has 1,397 members, many of whom actively engage in our advocacy campaigns.

In January 2006, 200 members responded to a request to identify key mental health issues in the lead-up to Victoria's state election in November 2006. These identified issues formed the basis of our 'Call to Action' which was subsequently produced and distributed to all candidates seeking office.

65% of people
accessing counselling
sessions were family
members in a caring role

Creating Strengths (cont'd)

MI Fellowship also engages in health promotion and community education through media opportunities. We employ an external media consultant to coordinate both active and reactive opportunities. We also developed a social marketing campaign in 2004 called 'Five in Five'. TV, radio and print community service announcements were produced. The campaign was relaunched in April 2006 and has had almost daily coverage in The Age and some broadcast TV coverage on Nine Network. Research and evaluation of the campaign has shown increased brand recognition of MI Fellowship and its mission.

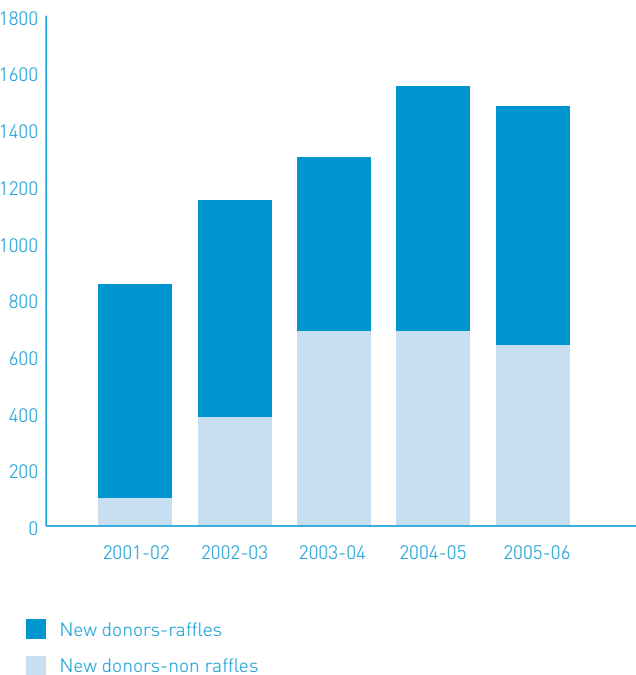
Our health promotion, community education and awareness raising activities are financed by discretionary funds raised through our fund raising program. The program includes car raffles, planned giving, a bequest program, events and corporate sponsorships. In 2005-06, fund raising provided 23 percent of our total income.

Two car raffles were held in this reporting period providing total income of \$550,846 to MI Fellowship, a small decrease on the previous financial year income of \$575,6755. It also resulted in more than 835 new donors providing their first donation. As detailed in the chart below, our raffles program has been the largest single source of new donors.

SEW Eurodrive for the eighth year ran a golf day and charity dinner raising \$160,859 for our services in 2005-06. In addition to these funds, our messages of inclusion and opportunities for people affected by mental illness have been embraced and championed by the business associates and friends of SEW-Eurodrive.

Other income for the reporting year included a bequest from the estate and family of the late David Andrew Fotheringham, donations through our website partners Our Community Pty Ltd and the contributions of many generous sponsors and donors.

New donors per financial year



Vital to our mission is the development of partnerships in the community with business and community groups, schools, service organisations and government

We have two OP Shops located in Kew and Northcote. Both shops successfully increased sales and profit. Sales for the two shops combined increased from \$96,000 to \$102,000.

Three adventure-seekers undertook a MI Challenge to China to walk several sections of the Great Wall. Two staff members, Cindy McCurdy and Ilonka Whitsed, together with Sarah Hick (the daughter of a MI Fellowship member), made a commitment to raise both funds for us and awareness of mental illness in the community, as well as to undertake a significant physical challenge. The next challenge to be undertaken is by MI Fellowship employees, Eifion Breese and Jo Luciani, who will trek to Everest Base Camp in September 2006. Also on the horizon are 2007 Challenges to Asia and again to China's Great Wall. Since its inception in 2004, MI challenges have resulted in \$51,905.66 gross contribution to our income.

In 2006-7, we will launch a capital appeal to raise \$2.4 million to fund the redevelopment of our Rosedale property for the Opening Doors project (reported on in the 'Integrating Care' page 13 and to fund the development of our employment and education services.

Our health promotion and fundraising activities would be impossible without the generous support of so many volunteers, donors and supporters. They are acknowledged by name in this report.

open mind fiesta



mental illness
fellowship victoria



**Sunday 15th October,
11am-5pm
Station Street Fairfield**

**Join -
Humphrey B Bear
at 11.30am**



FAMILY FUN DAY Free entertainment, live bands, fashion, food, crafts, children's activities, rides, wrestling, information and lots more



Kindly supported by



1 in 5 will be affected by mental illness. 5 in 5 can help
enquiries 03 8486 4200 www.mifellowship.org

The 200 paid staff of Mental Illness Fellowship Victoria are supported by 500 people who volunteer their support annually.

The following story is an example of the way in which the various health promotion, community education and awareness raising activities can influence the development of public policy to achieve better outcomes for people with a mental illness, their families and friends.

In January 2002, Mark Kaufmann, a young man who had a mental illness, was shot dead by police after his family rang for their assistance in a psychiatric crisis. We provided support to the Kaufmann family after the incident and throughout the subsequent inquest time, providing legal representation, moral support and assisting them with media demands.

On Thursday 4 August 2005, the Victorian State Coroner handed down his findings from the inquest into Mark's death. The findings attracted national media attention and highlighted the shortcomings of the current system in responding to crises involving mental illness.

We addressed the issue of crisis intervention in a variety of ways, including:

- Making a submission to the State Coroner as part of the inquest into Mark Kaufmann's death. The submission was commended by the State Coroner.
- A three hour tailored mental illness education session was developed in partnership with Victoria Police and delivered by our staff to 500 Victorian police in region three, which includes the northern metropolitan area of Melbourne, the Hume region and along the Murray river to Mildura
- Major Sam Cochran, who developed a successful crisis intervention model in Memphis, USA, was the international guest for the annual Bruce Woodcock Memorial Lecture in May 2006. The lecture was attended by 250 people, including our members, representatives of many and varied stakeholders in mental health and Victoria Police Commissioner Christine Nixon, who joined Major Cochran at a supper afterwards.

- In addition to delivering the lecture, Major Cochran met with key decision makers including senior politicians, senior members of the judiciary, including Deputy Chief Magistrate Jelena Popovic and UK County Court Judge Liz Gaynor, State Coroner Graeme Johnstone, Chief Psychiatrist Amgad Tanaghow, representatives from Forensicare, Victorian Mental Illness Awareness Council and Office of the Public Advocate, senior members of Victoria Police, senior mental health officials, including Ruth Vine, Director of Mental Health Services in Victoria, to discuss the Memphis model and its transferability to both the Victorian and Australian contexts.
- Media coverage for the issue. The inquest findings received national media attention. Major Sam Cochran featured on ABC television's Stateline and was a guest on Jon Faine's conversation hour on ABC radio.

This multi-faceted advocacy involved marketing and media, events and publications, community education and counselling components as well as expert input from Research & Development.

The results of this advocacy so far have been encouraging. Crisis intervention is now:

- in the top 10 priorities for Victoria Police
- on the agenda of the Victorian Health Minister's Advisory Board on mental health; and
- on the national agenda of Australia's State Chief Commissioners.

A report commissioned by the Department of Premier and Cabinet and prepared by The Boston Consulting Group in April 2006 'Improving Mental Health Outcomes for Victorians: The Next Wave of Reform' – has recommended the Memphis model of Crisis Intervention Teams be further explored for implementation in Victoria. A committee has been set up by Victoria Police to make recommendations by June 2007. We have already provided consultation.

Our heartfelt thanks go again to David and Margrit Kaufmann, Mark's parents, whose courage and generosity has enabled their tragedy to effect positive change for others.

Creating strengths through Support Services

Finance, Human Resources, Organisational Support Services and IT

The consistent and seamless delivery of services in a timely and accessible way requires an efficient and effective administrative team. Organisational Support Services (OSS) provides a centralised administration service across the whole of MI Fellowship. It is based on a Purchaser/ Provider model of service which ensures that actual use of administration resources is both effective and costed appropriately.

The implementation of the Human Resources Manager role has enabled us to continue to focus on embedding the Performance, Development and Review Program established last year. A full revision of the Policies and Procedures Manual has been undertaken to ensure that our policies and procedures remain relevant and reflect best practice.

A review of MI Fellowship's bi-annual All Staff Forum, where different services of MI Fellowship have the opportunity to present innovative service delivery so the learnings can be shared across the organisation, was undertaken and changes have been implemented to ensure that it continues as a key part of capacity building activities. Reviews into our staff orientation processes and our volunteer strategy have commenced and are due for completion by the end of 2006.

Information Technology has been challenged by continual updates, with the need for us to upgrade hardware and support technology to ensure a stable platform for our communications structure. This will also assist in the Wide Area Network implementation, due for completion in mid 2007, which will ensure that increases in locations or new programs can be effectively managed.

Work has started to implement new client management software. We are investigating the feasibility of moving towards computer-based files generally. This would ensure effective knowledge management across the organisation and offer better environmental outcomes.

Changes to reporting requirements and increases in services required to be delivered have meant that Finance has dealt with many challenges throughout the year. In working to support increasing financial responsibility, finance has reorganised its operations with the creation of a Finance Coordinator role to assist in the day to day running of the program. Australian Equivalent to International Financial Reporting Standards (AIFRS) have been implemented in our reporting, ensuring We can demonstrate compliance with the regulatory requirements.

Creating strengths through volunteers

Volunteers work across the organisation, on the Helpline, community education and family information and support. Volunteers deliver posters in letterboxes, carry clothes to the OP Shops and in between take waste to the rubbish. They stuff envelopes and govern the organisation. They answer telephones, they de-dupe multiple entries on electronic data bases. They undertake street surveys and support people with mental illnesses in their own homes. They form friendships with people with mental illness and

go to the football or eat a pizza. They form walking groups and they weed the garden and plant veggies in various programs. They speak to politicians and the media and clean cars.

Our 200 paid staff are supported by 500 people who volunteer annually. These volunteers come from many different walks of life They maybe Senior Counsel in a law firm or a QC. They may be a manager of a bank or an entertainer. They may be a person with a mental illness who has not worked for some time. They may be a family member of someone that is affected by mental illness

or they may be retired, or they may be an active business person. They may run the South Eastern Pacific component of a multi-national company or they may be a school student.

Our volunteers come from ads in local papers, other volunteering agencies, church groups, universities and people who have received assistance through this organisation and want to give back. The hundreds of people who volunteer their services to sell raffle tickets on behalf of this organisation are not included in this number of 500 people. University students who come on placement, secondary students who undertake community service also add to the social capital, capacity and strength of this organisation and also contribute over and above the 500 named people in this report.

We have calculated the value of these inputs to the organisation as \$1,411,200 of service delivery a year. This is calculated using the following method:

200 x 50 weeks x 7 hours	70,000 hours
300 x 4 days x 7 hours	8,400 hours
Total	78,400 hours
@ \$18 per hour = \$1,411,200 of service delivery a year	

Volunteers come from many different walks of life. They maybe a manager of a bank or an entertainer. They maybe retired, or they maybe an active business person.



Our vision is that people with a mental illness will be treated with the same respect and dignity as any other people ...

Using Evidence

Research and development

Research and development was established in January 2006. It aims to build MI Fellowship's capacity to:

- provide best practice; and
- develop, implement and advocate for innovative models of service based on sound evidence.

“Finding help for people with mental illness”:

A service for people from culturally and linguistically diverse backgrounds

People from culturally and linguistically diverse backgrounds are often unable to access mental health services. This may be because they come from countries which have a different conceptual or cultural understanding of mental health and illness, a different mental health system, or may have come from oppressive regimes and not feel comfortable using the mental health system in Victoria. We developed a fact sheet entitled “Finding Help for People with Mental Illness” in six languages (Greek, Italian, Arabic, Vietnamese, Spanish and Chinese) to address this issue.

In June 2006 the fact sheet were launched by the Parliamentary Secretary for Health, Daniel Andrews MP. This was the result of a close partnership with Action on Disability in Ethnic Communities (ADEC) and the Victorian Transcultural Psychiatry Unit. The fact sheets were developed through a consultative process with the six language communities to ensure cultural appropriateness. The launch of the fact sheets is the first phase of a broader project to develop a model of health education and promotion for families from culturally and linguistically diverse communities.

MI Fellowship awarded leading practice

To benchmark with national best practice, we engaged in a process of accreditation by the Quality Improvement Council. This meant not only aligning our services to QICSA's (Quality Improvement & Community Services Accreditation) standards and PDRSS standards but also establishing plans for continuous improvement. The process of external review engaged staff and participants from all of our services.

We were judged to have met all of the standards and was awarded leading practice in three of 19 areas:

- leadership and management
- collaborations and strategic positioning; and
- community and professional capacity building.

Peer education programs

We have a well developed peer education program for carers of people with a mental illness – Well Ways. Two new programs are currently under development. Firstly, a consumer peer education program for people with a mental illness is being developed and will be trialled in early 2007. A short peer education program for carers is also in its developmental phases – this will address the need of some carers who are unable to commit to the longer Well Ways program.

We have been sub-contracted by MIFA to develop these and they have been funded by Johnson and Johnson. An integral part of the development of the programs is the capacity to deliver these programs in MIFA member organisations throughout Australia.

Mental Health Project Worker

The consumer peer education project has heralded the appointment of a full time Mental Health Project Worker. This position is filled by somebody with a lived experience of mental

illness. The role aims to ensure that consumer participation and perspectives are embedded in all the activities of the organisation.

Development of carer literature database

We have a long tradition of providing high quality programs to families and friends of people with a mental illness. To further develop this work, we undertook an up-to-date and comprehensive review of the current evidence underpinning our programs for carers. Jansenn-Cilag, generously funded this review. We now boast a wide-ranging database of articles which can be accessed for a variety of purposes. These include advocacy, improving practice and increasing opportunities for external funding.

“This shows
an organisation in tune
with its participants
and community
and with a sound
understanding of quality
systems and commitment
to continuous quality
improvement”

Pam Kennedy, Director, QICSA

Using Evidence (cont'd)

Data Co-ordinator

DHS requires us to submit data from all programs related to the hours and types of services provided. We identified the possibilities this data could provide in terms of better monitoring our service delivery and identifying areas for improvement. A Data Co-ordinator was employed in April, 2006. A timely system that monitors program outputs against targets is now in place.

Improving employment outcomes

Providing employment opportunities for people with mental illness continues to be a priority for us. Eighty percent of people with severe mental illness are unemployed. Programs need to be developed that are proven to be effective in best meeting the needs of this group.

An innovative partnership between MI Fellowship, St Vincent's Mental Health and the Queensland Mental Health Research Centre was set up in line with evidence-based practice. An employment specialist employed by us is now working out of the Community Mental Health Service in Hawthorn.

This enables direct referrals to be made by clinical staff, increases access to employment services for people with a mental illness, and provides a collaborative approach to helping people with a mental illness get and keep a job.

This approach has been demonstrated internationally as being the most effective in assisting people with a mental illness to get and stay in work, although it is not usually implemented in Australia. Using this model, our referrals from the clinical service have increased. We are now providing services to 18 people who had not previously been engaged in an employment service. We have a growing waiting list for entry into this program which demonstrates the effectiveness of this model but also limits our capacity to offer a timely service.

In the coming year, we hope to articulate our implementation of this employment model and influence the funding and delivery of employment services to people with a mental illness. We will work with the Department of Employment and Workplace Relations to increase our capacity to deliver services to a greater number of people. Ultimately, we aim to have developed and demonstrated the effectiveness of this model in improving the employment outcomes for people with a mental illness.


Our partnership with St Vincent's Mental Health is **growing** and we hope to use this **partnership to develop** and demonstrate other integrated service delivery models.

Our partnership with St Vincent's Mental Health is growing, and we hope to use this partnership to develop and demonstrate other integrated service delivery models.

MI Fellowship continues to support people with a mental illness working in the social firm initiative – mi glass creations (formerly the Flat Bottle Company). We have applied evidence-based practice in this initiative – to ensure that employees with a mental illness have on-going support and training that is usually provided on-site. In addition, we regularly meet with the business management team to address employment issues.

Partnering with the School of Occupational Therapy at La Trobe University

MI Fellowship's partnership with La Trobe University has strengthened in the past year, with more than 40 occupational therapy students being placed across the state at our programs. We sponsored a third year occupational therapy student prize for a student who made an outstanding contribution to our services.

A photograph of a man and a woman sitting outdoors. The man, on the left, is wearing a dark green jacket over a light blue shirt and is playing an acoustic guitar. He is looking towards the woman. The woman, on the right, is wearing glasses, a white shirt, and a purple and pink floral lei. She is smiling and looking at the man. They are sitting in front of a brick wall with a large, flowering plant with white and pink blossoms hanging over them. An orange text box is overlaid on the top right of the image.

Integrated services
in partnership embrace
the full impact of mental illness,
not just the daily symptoms ...

Awards, Papers, Presentation

Mental Illness Fellowship Victoria staff presented, organised and/or participated in a variety of events and activities throughout the year.

July 2005

- Elizabeth Crowther, presented at the Community Mental Health Seminar on Patient Treatment, Management and Support in the Community
- Elizabeth Crowther, Mental Health Review Board forum
- Elizabeth Crowther, National Alliance for Mental Illness Conference, Austin, Texas
- Gerard Reed, presented at Swinburne University: *Understanding the role of PDRS services in the mental health system*
- Gerard Reed, Police Training pilot, Broadmeadows; and
- Gerard Reed, presented Centacare conference, East Melbourne.

August 2005

- Elizabeth Crowther, round table discussion on short and long term solutions for the Victorian level and a State Mental Health Policy and Plan, ORYGEN Research Centre; and
- Gerard Reed, presented at La Trobe University: *Understanding the role of PDRS services in the mental health system*.

September 2005

- Elizabeth Crowther, round table forum on Workforce Issues in Mental Health facilitated by the Director of Mental Health
- Elizabeth Crowther, research planning meeting which addresses challenges of social change in the next two to five years, Deakin University
- Elizabeth Crowther, mental health branch and Latrobe University School of Social Work and Social Policy
- Elizabeth Crowther, Committee member for the Review of PDRS Mutual Support & Self Help Info and Advocacy Services, Department of Human Services

- Elizabeth Crowther and senior executive staff in attendance – the MHS Conference, Adelaide; and
- Laura Collister, presented: *Creating a Social Firm: Balancing Employment and Business Objectives* at The MHS Conference, Adelaide (with Gafa Tuiloma).

October 2005

- Elizabeth Crowther, participated in Victorian Community Cabinet
- Elizabeth Crowther, presentation to Asialink to visiting Chinese health professionals on relationship between Government & the community sector; and
- Gerard Reed, Cochrane symposium: *Consumers and Communication Review Group*.

November 2005

- Elizabeth Crowther, RMIT - Post Grad. Program Advisory Committee meeting.

December 2005

- Risk Management workshop, attended by Elizabeth Crowther and senior executive staff.

January 2006

- Gerard Reed, presented at National Youth Justice Forum, Ballarat.

March 2006

- Eifion Breese -NorthWest PDRSS Manager Forum; and
- Gerard Reed, presented at Northcote Spirituality in the Pub: *Nourishing Spirit, Giving Spirit*.

April 2006

- Elizabeth Crowther and Rob Knowles attended Mental Illness Fellowship Australia meeting in Perth
- Elizabeth Crowther, Eifion Breese and senior staff attended VICSERV Conference, Melbourne. Elizabeth Crowther Chair, Day Programs Review

- Laura Collister, presented: *MI Recruitment: Improving Employment Outcomes for People with Mental Illness* at VICSERV Conference, Melbourne (with Gafa Tuiloma); and
- Gerard Reed, attended Mental Health Breakfast - Ideas @Breakfast Series, Melbourne.

May 2006

- 8th Bruce Woodcock Memorial Lecture – Major Sam Cochran, presented: *Memphis Police Model*
- Elizabeth Crowther, Consumers' Health Forum, Canberra
- Gerard Reed, presented, Kinnect Australia: *Go for your life* Forum; and
- Gerard Reed, presented to Box Hill TAFE staff, *Managing Mental Illness*.

June 2006

- Gerard Reed, presented Office of Public Advocate forum, Melbourne; and
- Gerard Reed, presented Jesuit Justice forum, Xavier College, Kew.

Presentations at various Rotary Clubs throughout the year by Elizabeth Crowther, Eifion Breese and Gerard Reed.

2005 MI Fellowship Award:

The Op Shop sorting team

Anne Curie	Barbara Crichton
Beth Exton	Betty Smith
Deidre Randell	Gaye Stewart
Lesley Jones	Lorna Bunton
Mona Osborne	Ruth Walsh

Mental Health Community Award:

Jen Akester
Dr Sally Wilkins
Gerry Zammit

Blickle Award:

Peter Ellingsen

Volunteer of the Year:

Robin Richards

Committee Memberships (July 2005 – June 2006)

Elizabeth Crowther, Chief Executive

- Ministerial Advisory Committee for Women's Wellbeing and Health
- Ministerial Advisory Committee - Service Structures and Partnerships Sub Committee
- Ministerial Advisory Committee – Future Front End Sub Committee
- Quality Initiative Reference Group
- Primary Mental Health Early Intervention Reference Group
- VICSERV Chief Executives Committee
- VICSERV Sector Viability Committee
- Department of Human Services Southern Region – Quality Surveyor on Roster Review
- Opening Doors Implementation Working Group; and
- The National Center for Mental Health, China CDC
 - Member of China-Australia Community-based Mental Health Service Program Advisory Committee.

Eifion Breese, General Manager of Rehabilitation Services

- VICSERV Committee of Management 2003/2004
- VICSERV Sector Viability Committee
- PARC Reference Group – Committee of Management; and
- Opening Doors Implementation Working Group.

Gerard Reed, General Manager Community Connections

- Mutual Support & Self Help Network
- Network for Carers of people with a mental illness
- Western Carer Support Fund Advisory Committee
- Outer Eastern Carers network; and
- Victorian Bereavement Support Network.

Acknowledgement Lists

Mental Illness Fellowship Victoria sincerely thanks all of our donors, supporters and friends for their assistance during the year:

Special Partners

MI Fellowship would like to thank the following special partners for their significant contribution to our work and the positive and direct impact they have made on the lives of people affected by mental illness.

SEW-Eurodrive Pty Ltd

Mr, Mrs & Mr Frank

Patricia & Ian Woodcock

Middletons Lawyers

MinterEllison Lawyers

Partners

Mental Illness Fellowship would like to thank the following partners in making a difference to the lives of people affected by mental illness.

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City of Darebin

Deakin University

Department of Employment & Workplace Relations

Department of Human Services

Fairfield Traders Association

Goulburn Valley Area Mental Health Service

Inner South Community Health

Office of Tertiary Training & Education

La Trobe University

Mental Illness Fellowship of Australia

Mr & Mrs Robert & Adele Merola

Rotary Club of Preston

Worktrainers

Major Donors – Companies/ Organisations

MI Fellowship would like to thank the following companies or organisations for their contributions.

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M E Bell Projects Pty Ltd

HBA (including BUPA Australia & BUPA UK)

At Home Pty Ltd

Barry Plant Doherty

Expo Solutions Pty Ltd

Camberwell Volkswagen

Women In Black Inc

Healthy Water Systems

Five For Life Inc

Nicash

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Mr Nick Lobianco

Mr David Lawson

Mr Ric Lenzi

Mr Frank Cerra

Mr Frank Cervi

Mr S Siemon

Mr Matthias Eckerle

Dr Umberto Boffa

Mr Sam Godino

Mrs Melva Jorgenson

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AMP Foundation

Fletcher Jones Support

Gandel Charitable Trust

Grosvenor Settlement

Lord Mayor's Charitable Fund

Pratt Foundation

The George Lewin Foundation

United Way Geelong Community Fund

William Angliss (Vic) Charitable Fund

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Estate of David Andrew Fotheringham

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BDO Partners Pty Ltd

Bolinda Publishing

Castle Corporate Services Pty Ltd

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Collox Pty Ltd

Costa's Mitre 10

Drives for Industry Pty Ltd
Eagle Australia Pty Ltd
GlaxoSmithKline
Graeme Rhodes Osteopath
Harness Racing Victoria
J C Smale & Co
K & P Dean Distributors
Laverton Accident Repair Centre
Mallesons Stephen Jaques
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Moonee Ponds Dental Group
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Radio Sport 927
Ritchies Stores Pty Ltd
Sanctuary Lakes Golf Club Ltd
Sandringham Football & Social Club
SKF Australia
Sky Channel
Southgate Fleet Management Pty Ltd
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Ms Virginia Vat
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AFL
Baw Baw Shire
Beasley's Nursery & Tea House
Best Western Wyndhamere Motel & Sebastian's Restaurant
Bunnings Shepparton
Coates Hire Southern Region
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Croftminster
Dandenong Heavy Haulage
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Event Wizard
Federation Square Management
Flanagan & Reed Real Estate
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GTV Channel 9
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Image Control
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Mars Confectionery
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The Beautiful Room
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Wallan Home Hardware,
Timber & Garden.
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Supporting Friends

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would like to thank the following
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Ms Sarah Russo
Ms Carol Ryan
Miss Sonal Sachdeua
Miss Nicole Sacristani
Mr Claudio Salemi
Mrs Maria Saltalamacchia
Ms Bonnie Salter
Mr Tony Salter
Ms Erin Santamaria
Ms Olga Sanz
Ms Leila Saraba
Mr Mark Sciacca
Mr Daniel Seex
Ms Kathleen Sefton
Ms Amanda Selak
Mr Nathan Shafir
Ms Julia Shipley
Miss Kylee Ruth Shore
Mr Peter Simon
Mr Matthew Sitters
Mr David Slack
Ms Susan Slattery
Mrs Betty Smith
Mr Bevan Smith
Mr Christopher Smith
Mr Frank Smith
Mr Steven Smith
Mr Tristan Snell
Miss Karen So
Mr Sourisong Songvilay
Ms Naomi Spence
Mr Sam Spiteri
Mr Arthur Staios
Ms Irene Stamp
Ms Mia Stanford
Mr Ian Stanley
Miss Zoe Starnawski

Mrs Toni Stefanakis
Ms Tammy Stefanos
Ms Michelle Stercel
Ms Gaye Stewart
Ms Janet Stone
Mrs Fay Strachan
Mr Mitch Strachan
Ms Christina Strouzas
Miss Joyce Teo
Mrs Enid Thompson
Ms Lauren Thompson
Mr Brian Thorburn
Mrs Shirley Tickner
Mr Harrison Tippef
Miss Kathy Tominac
Mr Peter Townsend
Ms Catherine Trahair
Ms Emma Trahair
Mr Eugene Trahair
Mrs Judy Trahair
Ms Kate Trahair
Mr Steve Trahair
Mrs Joycelyn Traill
Chris Trajcewski
Mr Pamela Tregear
Mr Andrew Tressider
Mr M B Trevascus
Ms Josephine Tripodi
Mr George Tsintsiras
Ms Metaxia Tsoukatos
Mr E H Tuke
Miss Elsha Turner
Mr Bradley Tutt
Ms Kirstie Anne Underwood
Mr James Upoko
Ms Cindy Van Rooy
Mr Frans van Wamel
Mr Anthony Varenica
Ms Pina Ventura
Ms Raewyn Vioght
Mr Jimmy Vouthas
Ms Vikki Wadsworth
Ms Yvonne Wales
Ms Monica Walsh
Mrs Ruth Walsh
Miss Helen Wang
Mrs Dorothy Warren
Ms Leeanne Waters
Ms Kate Watson
Mr Shane Weaven
Ms Miriam Weiner
Ms Marilyn Wentworth
Mr Emilio Werden
Ms Claire White
Ms Trish White
Ms Shankari Wijendra
Mrs Judith Wills
Ms August Wilson
Mr Nishan Wimalaratna
Mrs Rose Windmiller

Miss Fiona Wong
Ms Dulcie Wood
Dr Alex Wood
Ms S E Woodrooffe
Mrs Meredith Woods
Mr Mark Wynne
Miss Yuan Yao
Mr Salah Youssef
Ms Bev Zachariah
Mr Richard Zhao

Mental Illness Fellowship would also like to thank the following organisations for their volunteering assistance

ANZ Bank
Ivanhoe Grammar School
La Trobe University
Occupational Therapy Department
Marcellin College
Mission Australia
Methodist Ladies' College
National Australia Bank
NMIT
Telstra Friends
Trinity Grammar School
University of Melbourne
Rotaract



When you put the right people together, and you position strong organisations side by side, you inspire partnerships of achievement that go well beyond what they could normally accomplish ...

The Year In Review

Managing Members Money

Revenues have increased by 10 percent mainly due to an increase in funding by the Department of Human Services (DHS), as a consequence of our advocacy campaign, focusing on the review of rehabilitation services funding.

This year is the first time the financial report has been prepared using the new Australian Accounting Standards (which include the international requirements under Australian Equivalent to International Financial Reporting Standards (AIFRS). The adoption of AIFRS requires that investments are shown at market value, and various donations and untied grants shown as revenue in the year in which they are received. Explanations of the financial effects of these changes are disclosed in notes 3, 13 and 16 accompanying the accounts.

The notes are an important guide to the impact of these changes on the financial statements and should be used by readers to inform their understanding of why there may appear to be significant changes in the treatment of some items compared with the prior year.

The year ended with a surplus of \$1,312,358. A large part of this surplus was income earmarked for capital expenditure being:

- renovation of the property at 94, Alma Road, St.Kilda;
- purchase of premises at 4-6 Williamstown Road Kingsville;
- computer and office equipment upgrades.

Profit before capital expenditure and building depreciation was due mainly to an increase in return on investments; increase in donations (including the SEW Eurodrive charity event), and an increase in income from the OP Shops.

The surplus also reflects the deferral of expenditure for some projects and changes to Australian Accounting Standards as a result of adoption of AIFRS.

The surplus carried over from this year has been earmarked for the future expenditure on the development advocacy and education programs. The topic of future fundraising, flagged in last year's report, has been addressed elsewhere in this report. The investment returns have exceeded expectations and contributed significantly to the surplus this year. For the next financial year, income projections allow for more modest investment returns.

Infrastructure Projects

The IT project, flagged in last year's report, is in the final stage of selecting and implementing a new network/communication facility across fixed, mobile and portable sites within Victoria. The IT project's prime objective is to improve participants' service and efficiency by reliably and securely facilitating document and information sharing across all sites. The priority areas foreshadowed last year have been covered elsewhere in the annual report.

Managing Risk

MI Fellowship internal risk management processes were reviewed and a new management assurance model was developed together with a policy on governance and risk management. The implementation of this policy will ensure that appropriate controls are in place to identify and manage potential risks.

The terms of reference of all Board Committees were reviewed to build alignment with the new assurance model and a number of audits were commissioned to test the robustness of the internal control framework for cash management and MI Fellowship facilities. Further audits will be undertaken to test this control framework.

Making MI Fellowship distinctive

An important measure for any not for profit organisation (NFP) in the delivery of its charter, is the flow through of monies raised to programs rather than to the costs of administration and infrastructure. This is an important measure because it transparently shows supporters that their goodwill is being applied as intended. There is no obligation under any accounting standard to demonstrate that funds have been applied to programs in a cost-effective manner, nor is there an agreed standard by which any NFP can be compared with other NFPs, about the relative efficiency and effectiveness of a dollar raised to a dollar applied for the benefit of those who use the programs. MI Fellowship has been examining ways in which this might be measured and reported that meet the transparency test of independent scrutiny.

Mental Illness Fellowship Victoria is distinctive in this regard because of the collaborative combination of staff and volunteers. This enables delivery of an extensive range of programs in a most cost-effective manner. This is because a very high proportion of the total time of all people at MI Fellowship is spent on the direct delivery of programs along with the related activities of designing new programs, funding psycho social rehabilitation, and providing education and advocacy.

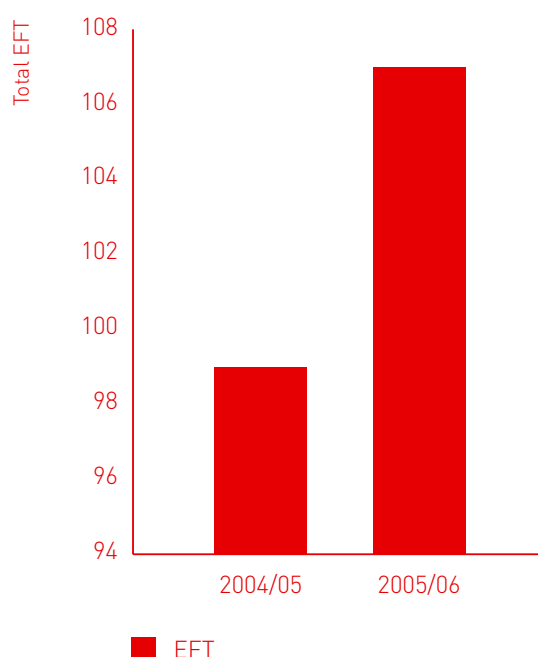
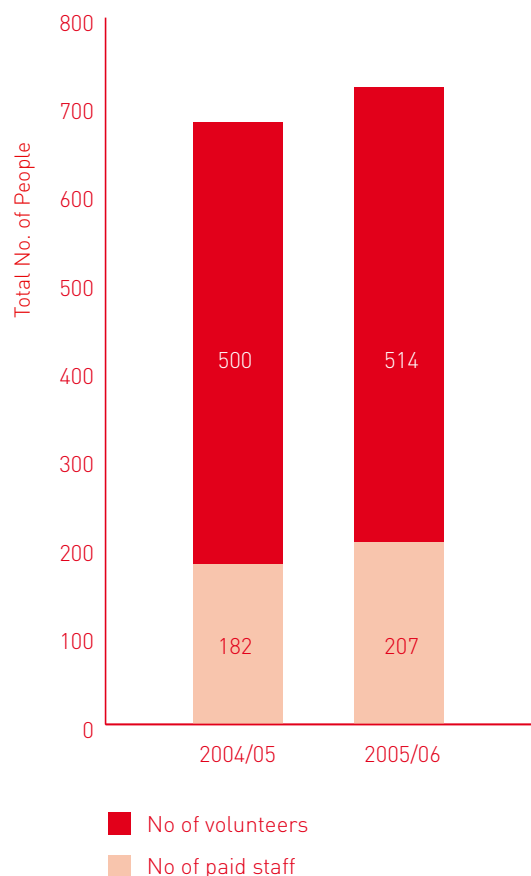
The mix of our workforce enables considerable flexibility, as evidenced by the overall number of full time equivalent (FTE) people and the high level of volunteers relative to the number of paid staff. This ensures a very high degree of program support time without the associated underlying fixed cost of a workforce comprised entirely of (FTE) staff. See graph opposite. The volunteers to FTE year on year continue to be a significant part of the delivery of MI Fellowship's programs as well as ensuring the underlying cost base is kept to a minimum.

Looking ahead

In line with the aspiration of the Strategic Plan 2004-2008, considerable thought has been given to ensuring that the management of MI Fellowship finances remains robust. An investment strategy is being developed to ensure that the funds under MI Fellowship's stewardship are managed with proper regard to risk and return. Foremost in this strategy, is the need to support and sustain existing programs, as well as build the flexibility to extend those programs and create and run new ones where gaps are identified. This requires an underlying income stream for MI Fellowship's aspirations to be sustainable today and tomorrow. Therefore a solid investment platform must be built to augment the traditional sources of funding.

Once the investment strategy is finalised and endorsed by the Board, expressions of interest will be sought from suitable qualified financial advisers to provide professional advice in the implementation of the investment strategy going forward.

Staffing



Director's Report

The Directors have pleasure in submitting their report for the year ended 30 June 2006 made in accordance with a resolution of the Directors.

Directors

The names and details of the Directors in office at the date of this report are:

Mrs Diane Brown	Mr Graeme Pocknee
Ms Jenny King	Ms Elaine Price
The Hon Rob Knowles	Mr Peter Robertson
Ms Louise Milne-Roch	Mr Nathan Shafir
Prof Chris Pantelis	Dr Alex Wood

No Director has an interest in any contract or proposed contract with the Company declared since the last Directors' Report.

Directors' Meetings

During the financial year ended 30 June 2006, Six meetings of the Company's Directors were held in respect of which, each Director of the Company attended the following number:

Name and Particulars of Directors	Date Appointed	Number of Meetings conducted while a Director	Number of meetings attended
Mrs Diane Brown	20/9/2000	6	4
Ms Jenny King	21/10/2005	4	3
The Hon Rob Knowles (President)	20/9/2000	6	3
Ms Louise Milne-Roch	20/1/2003	6	4
Prof Chris Pantelis	26/7/2004	6	3
Mr Graeme Pocknee	24/10/2003	6	5
Ms Elaine Price	24/1/2005	6	5
Mr Peter Robertson	22/10/2004	6	6
Mr Nathan Shafir	22/10/2004	6	5
Ms Doris Wisniewski (Resigned 21/10/2005)	19/6/2001	2	1
Dr Alex Wood	19/6/2000	6	6

Principal Activities

The principal activities of the Company in the course of the financial year were to provide support and assistance to people with mental illness, their family and friends.

There was no significant change in the nature of those activities during the financial period.

Profit

The net profit of the Company for the year after capital items was \$1,312,358 (2005 \$310,907). The profit from ordinary activities before capital items was \$481,341 (2005 \$259,785).

Review of Operations

It is the opinion of the Directors that the results of the Company's operations during the year were not substantially affected by any item, transaction or event of a material and unusual nature.

The company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a State or Territory.

State of Affairs

No significant changes in the state of affairs of the Company occurred during the financial year.

Likely Developments

The likely future developments in the operations of the Company are the continuation of the principal activities set out in this report.

Other than the matters discussed above, no matters or circumstances have arisen since the end of the financial year that significantly affected or may significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in subsequent financial years.

Directors' Benefits

Since the end of the previous financial year no Director of the Company has received or become entitled to receive a benefit, other than:

- (a) a benefit included in the aggregate amount of emoluments received or due and receivable by Directors shown in the accounts, or
- (b) the fixed salary of a full-time employee of the Company or of a related body corporate,

by reason of a contract made by the Company or a related body corporate with the Director or with a firm of which he is a member, or with a Company in which he has a substantial financial interest.

Directors & Auditors Indemnification

The Company has not, during or since the end of the financial year, in respect of any person who is or has been an officer or auditor of the Company or a related body corporate, indemnified or made any relevant agreement for indemnifying against a liability incurred as an officer, including costs and expenses in successfully defending legal proceedings.

All Directors of the Company are covered by a Directors and Officers liability insurance policy covering third party claims in respect of actual or alleged breach of duty, breach of trust, neglect, error, misstatement, misleading statement, omission, breach or warranty or authority, or other act wrongfully committed. The premium for this policy was paid for by the Department of Human Services.

Auditor's Declaration

A copy of the auditor's independence declaration as required by Section 307C Corporations Act 2001 is set out on the next page.

On behalf of the Board



The Hon Rob Knowles, Director



Peter Robertson , Director

Signed at Fairfield on this 14th day of September 2006

Auditor's Independent Declaration

To Mental Illness Fellowship Victoria,

As lead auditor for the audit of Mental Illness Fellowship Victoria for the year ended 30 June, 2006, I declare that, to the best of my knowledge and belief, there have been:

- (i) No contraventions of the independence requirements of the Corporations Act in relation to the audit, and
- (ii) No contraventions of any applicable code of professional conduct in relation to the audit.



David J. Osborne, FCPA
Certified Practising Accountant
Registered Company Auditor No 10244

Dated this 8th day of September 2006.

434 Nepean Highway, Frankston, Vic 3199
P.o. Box 309, Frankston, 3199
Tel: (03) 9781 2633 Fax: (03) 9781 3073

Directors' Declaration

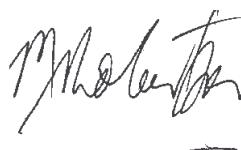
The directors of the company declare that:

1. the financial statements and notes, as set out on pages 43 to 51:
 - a) comply with Accounting Standards and the Corporations Law; and
 - b) give a true and fair view of the financial position as at 30 June 2006 and performance for the year ended on that date of the company;
2. in the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.



The Hon Rob Knowles, Director



Peter Robertson, Director

Signed at Fairfield on this 14th day of September 2006

Income Statement

FOR THE YEAR ENDED 30 JUNE 2006

	Note	2006 \$	2005 \$
Revenue			
Contract Services Income Fundraising	2	7,308,107	6,466,504
Charitable Contributions		657,080	455,904
Other Fundraising		673,027	816,236
Other Income			
Income From Investments		494,505	444,466
Profit on Sale of Fixed Assets		52,737	50,323
Membership Income		23,491	21,912
Other Revenue & Recoveries		244,180	319,824
Total Revenue		9,453,127	8,575,169
Expenses			
Salaries & Related Costs		6,177,130	5,564,510
Accounting & Legal		43,254	98,645
Audit Fees		15,996	16,968
Bank Fees		37,262	32,050
Business Undertaking Costs		77,555	17,268
Depreciation		460,476	347,413
Occupancy Costs		350,555	345,125
Office Costs		363,312	332,925
Program Costs		192,382	260,640
Light & Power		96,174	92,414
Motor Vehicle Expenses		263,196	218,707
Property and Equipment Maintenance		291,581	219,066
Fundraising Expenses		426,986	398,723
Client Costs		154,303	189,109
Volunteer Costs		3,524	5,333
Other Expenses		7,640	22,264
Loss on Sale of Investments		Nil	122,235
Loss on Sale of Fixed Assets		10,460	31,989
Total Expenses		8,971,786	8,315,384
Profit Before Capital Items	3	481,341	259,785
Capital Funding and Donations	4	978,494	185,433
Building Depreciation		(147,477)	(134,311)
Net Profit		1,312,358	\$310,907

The Accompanying notes form an integral part of these financial statements

Balance Sheet

AS AT 30 JUNE 2006

	Note	2006 \$	2005 \$
Current Assets			
Cash At Bank, On Deposit And On Hand		4,139,813	3,577,260
Receivables	5	401,785	412,439
Prepayments		40,351	42,759
Other Assets		1,315	1,315
Total Current Assets		4,583,264	4,033,773
Non Current Assets			
Investments Available For Sale	6	1,765,194	1,668,451
Building Works In Progress		451,066	175,376
Property, Plant & Equipment	7	6,367,848	6,199,637
Total Non Current Assets		8,584,108	8,043,464
Total Assets		13,167,372	12,077,237
Current Liabilities			
Creditors & Accruals	8	459,268	572,954
Resident Bonds		300	300
Provisions	9	383,372	312,315
Funds Held For Future Periods		2,860,393	3,090,278
Total Current Liabilities		3,703,333	3,975,847
Non Current Liabilities			
Provisions	9	178,491	124,475
Total Non Current Liabilities		178,491	124,475
Total Liabilities		3,881,824	4,100,322
Net Assets		9,285,548	7,976,915
Represented By:			
Members Funds			
Reserves	10	8,164,078	7,354,255
Retained Surplus		1,121,470	622,660
Total Members Funds		9,285,548	7,976,915

The Accompanying notes form an integral part of these financial statements

Statement in Changes in Equity

FOR YEAR ENDED 30 JUNE 2006

	Note	2006 \$	2005 \$
Retained Surplus			
Opening Balance		622,660	653,343
ADD Net Profit For Year		1,312,358	310,907
		1,935,018	964,250
LESS Transfer to New Projects Reserve	3	(481,341)	(259,000)
Transfer to Property Maintenance Reserve		(18,660)	(18,660)
Transfer to Asset Replacement Reserve		(41,896)	Nil
Transfer to Asset Trust Reserve	12	(131,854)	(108,822)
Transfer to Capital Campaign Reserve		(139,797)	Nil
ADD Transfer from Asset Replacement Reserve		Nil	44,892
Net Amount of Transfers		(813,548)	(341,590)
Closing Balance		1,121,470	\$622,660
Reserves			
Opening balance		7,354,255	6,968,990
Increase/(Decrease) in Fair Value of Investments	11	(3,725)	43,675
ADD Net transfers (to)/from Retained Surplus		813,548	341,590
Closing balance		8,164,078	7,354,255

The Accompanying notes form an integral part of these financial statements

Statement of Cash Flows

	2006 \$	2005 \$
Cashflow from Operating Activities		
Receipts - from Donors and Funding Agencies	10,447,216	9,442,922
Payments to Suppliers and Employees	(9,269,123)	(8,326,961)
Interest & Distributions Received	494,505	444,466
Net Cash Provided by Operating Activities	1,672,598	1,560,427
Cashflow from Investing Activities		
Proceeds from sale of property, plant & equipment	166,148	489,440
Purchase of investments	(100,468)	(181,058)
Payment for property, plant & equipment	(1,175,725)	(1,276,724)
Net Cash used by Investing Activities	(1,110,045)	(968,342)
Cash Flow from Financing Activities		
Net Cash provided by Financing Activities	Nil	Nil
Net Increase (Decrease) in Cash Held	562,553	592,085
Cash at Beginning of Year	3,577,260	2,985,175
Cash at End of Year	4,139,813	3,577,260
a) Reconciliation of Cash		
Cash at Bank, on Deposit and on Hand	4,139,813	3,577,260
b) Reconciliation of Cash Flow from Operations with Operating Profit after Income Tax		
Net Profit	1,312,358	310,907
Non cash flows in operating profit:		
Depreciation	607,953	481,724
Profit on Sale of Property, Plant & Equipment	(52,737)	(50,323)
Loss on Sale of Property, Plant & Equipment	10,460	31,989
Loss on Sale of Investments	Nil	122,235
Changes in assets and liabilities:		
(Increase)/Decrease in Receivables	10,654	(85,309)
(Increase)/Decrease in Prepayments and Other Assets	2,408	(9,591)
Increase/(Decrease) in Creditors & Accruals	(113,686)	147,292
Increase/(Decrease) in Employee Provisions	125,073	13,591
Increase/(Decrease) in Funds for Future Use	(229,885)	597,912
Cashflows from Operations	1,672,598	1,560,427

Notes to and forming part of the Financial Statements

1. Statement of Accounting Policies

This financial report is a general purpose financial report that has been prepared in accordance with applicable Accounting Standards and other mandatory professional reporting requirements and the requirements of the Corporations Law. The financial report has been prepared on the basis of historical costs and does not take into account changing money values or, except where stated, current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets. The accounting policies have been consistently applied, unless otherwise stated.

The following is a summary of the material accounting policies adopted by the Company in the preparation of the financial statements.

(a) First Time Adoption of Australian Equivalents to International Financial Reporting Standards (AIFRS)

This is the first financial report prepared by the Fellowship using Australian Accounting Standards which include AIFRS. Resulting from the adoption of AIFRS, investments are now valued at market value, and various donations and untied grants are included as revenue in the year that they are received. The financial effects of these changes are set out in Note 13. Comparatives in this financial report have been restated to reflect the application of AIFRS to that comparative period.

(b) Property, Plant and Equipment

Property, plant and equipment are brought to account at cost less, where applicable, any accumulated depreciation and any impairment in value. The carrying amount of property, plant and equipment is reviewed annually to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets employment and subsequent disposal. The expected net cash flows have not been discounted to their present values in determining recoverable amounts.

The carrying values of plant and equipment are also reviewed for impairment when events or changes in circumstances indicate the carrying value may not be recoverable. If any impairment exists, the assets are written down to their recoverable amount and the loss recognised in the income statement.

The depreciable amount of all fixed assets including buildings, but excluding freehold land, is depreciated over their useful lives commencing from the time the asset is held ready for use.

The gain or loss on disposal of all fixed assets, is determined as the difference between the carrying amount of the asset at the time of disposal and the proceeds of disposal, and is included in net profit in the year of disposal.

(c) Funds Held For Future Periods

The Fellowship receives funding from various agencies to run its programs. Where grants are required to be spent on specific programs in order to meet agreed outcomes as contracted with the funding agency, the Fellowship initially records the monies received as a liability. This is due to a present obligation existing at that time to spend the monies in accordance with the funding agreement or risk having to refund those funds. Income is subsequently recognised in the periods that the funds are actually spent.

As disclosed in the balance sheet, unspent funds totalling \$2,860,393 are showing as a liability at 30 June 2006 (\$3,090,278 at 30 June 2005).

All other donations and untied grants are recorded as income when monies are received.

(d) Employee Entitlements

Provision is made for the liability for employee entitlements arising from services rendered by employees to balance date. Employee entitlements expected to be settled within one year together with entitlements arising from wages and salaries, annual leave and sick leave which will be settled after one year, have been measured at their nominal amount. Other employee entitlements payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those entitlements. Contributions are made to employee superannuation funds and are charged as expenses when incurred.

(e) Taxation

The Fellowship is classified as a Public Benevolent Institution for tax purposes and as such is exempt of Income Tax, Fringe Benefits Tax, and Payroll Tax. Consequently, no provision is made in the accounts for these taxes.

(f) Investments – Available for sale

All investments are initially recognised at cost, being the fair value of the consideration given and including acquisition charges associated with the investment. After initial recognition, investments are recorded at their market value with dividend income and distributions, except interest, being recognised in the Income Statement when received. Interest on term deposits is brought to account in the period in which it is earned.

Unrealised gains and losses arising from normal market movements are taken to Unrealised Investment Fluctuations Reserve. In the event of a permanent impairment any loss is charged to the Income Statement. When available-for-sale investments are sold, the total realised gains or losses, including those previously recognised through reserves, are included in the Income Statement.

(g) Cash

Cash includes cash on hand, deposits held at call with banks and investments in term deposits and money

market instruments, net of overdrafts.			Note	2006 \$	2005 \$
	2006 \$	2005 \$		1,082,370	1,276,649
2. Contract Services Income			Office Furniture and Equipment - at cost	879,315	832,149
Government Grants	6,807,956	5,645,703	Less Accumulated Depreciation	(581,675)	(495,402)
Fees from other Agencies	400,100	611,111		297,640	336,747
Client FeeS	100,051	209,690			
	7,308,107	6,466,504			
3. Allocation of Funds			Total Written Down Value	6,367,848	6,199,637
As mentioned in Notes 1(a) and 1(c) following the adoption of AIFRS, untied grants and donations are now recorded as income in the year that they are received.					
The Profit Before Capital Items has been earmarked by the Board to be expended in future financial periods on developing Advocacy and Education programs. The Board therefore have resolved to transfer this amount to the New Projects Reserve.					
4. Capital Funding and Donations			8. Creditors & Accruals		
The Fellowship received increased funding during the year which it earmarked for expenditure on capital. Amounts have been allocated towards renovations of existing property \$530,661, purchase of property \$329,904, and purchase of computer equipment, network development and office equipment \$117,929. Not all funds were spent during the year – see Note 14.			Trade Creditors	325,703	418,039
			Accruals	133,565	154,915
				459,268	572,954
5. Receivables			9. Provisions		
Sundry Debtors	393,580	394,601	Current Liabilities		
Grants Receivable	8,205	17,838	Provision for Annual Leave	361,602	297,681
	401,785	412,439	Provision for Long Service Leave	21,770	14,634
				383,372	312,315
6. Investments – Available For Sale			Non Current Liability		
Investments in Managed Funds	1,765,194	1,668,451	Provision for Long Service Leave	178,491	124,475
	2006 \$	2005 \$			
7. Property, Plant & Equipment			10. Reserves Note		
Buildings and Land - at cost	6,092,110	5,543,036	Unrealised Investment Fluctuations Reserve	11	128,678
Less Accumulated Depreciation	(1,104,272)	(956,795)	Capital Campaign Reserve		536,295
	4,987,838	4,586,241	Capital Reserve		300,000
			New Projects Reserve		983,451
Motor Vehicles - at cost	1,938,480	1,931,445	Property Maintenance Reserve		111,118
Less Accumulated Depreciation	(856,110)	(654,796)	Asset Replacement Reserve		380,428
			Asset Trust Reserve	12	5,724,108
				8,164,078	7,354,255
			11. Unrealised Investment Fluctuations Reserve		
			Opening Balance		132,403
			Increase/(Decrease) in Fair Value of Investments		(3,725)

Notes to and forming part of the Financial Statements (cont)

	Note	2006 \$	2005 \$
Closing Balance		128,678	132,403

12. Asset Trust Reserve

In 1998/99 the Fellowship established an Asset Trust Reserve. The purpose of the reserve is to separately account for capital funding received in the past to finance the purchase of assets used by Fellowship programs. These assets are required to be used in accordance with the objectives of each program and can potentially be redirected by changes in Government policy. As a result, the Fellowship has no discretionary control regarding their utilisation.

The balance of the reserve represents the written down value of assets used in the funded Fellowship programs at the end of the financial year.

Opening Balance	5,592,254	5,483,432
Add/(Less) Transfers (to)/from Retained Surplus	131,854	108,822
Closing Balance	5,724,108	5,592,254

13. Impact Of Transition To Aifrs

The adoption for the first time of AIFRS has impacted these financial statement as follows:

- (1) An increase of \$88,728 in the value of Investments, Total Assets, Reserves and Equity at 30 June 2004; and
- (2) An additional increase of \$43,674 in the value of Investments, Total Assets, Reserves and Equity at 30 June 2005.

Both of the above increases have resulted from investments being recorded at market value rather than at cost. The net increase to equity at 30 June 2005 following the adoption of AIFRS has therefore been \$132,402.

14. Capital Commitments

During the year the Fellowship entered into a contract to renovate and refurbish 94 Alma Road, St Kilda at an adjusted cost of \$880,407. The Fellowship had paid \$334,139 by 30 June 2006, leaving an outstanding commitment of \$546,268 at the end of the year.

15. Financial Instruments

Recognised Financial Instrument	Accounting Policy	Terms and Conditions
Financial Assets		
Bank Deposit on Call and Bank Bills	Valued at face value.	On-call deposits returned floating interest rates between 2.5% and 5.75%. The average rate at balance date was 5.0%.
Managed Funds	Initially valued at cost, and then at market value.	Distributions vary in accordance with Fund performance and market conditions. The annual rate of return was 12%.
Receivables	No different from normal commercial practice	Debtors are unsecured, not subject to interest charge and normally settled within 30 days.
Financial Liabilities		
Creditors and Accruals	Liabilities are recognised for amounts to be paid in the future for goods received and services provided to the Fellowship as at balance date whether or not invoices have been received.	General creditors are unsecured, not subject to interest charges and are normally settled within 30 days of invoice date.
Resident Bonds	Liabilities are recorded when bonds are received by resident members.	Funds are payable upon termination of accommodation which is an indiscernible time in the future and are not subject to an interest charge.

Financial Instruments - Interest Rate Risk

The Fellowship's exposure to interest rate risk and the effective interest rates of financial assets and financial liabilities at balance date are as follows:

	Fixed Interest maturing in						
	Floating Interest Rate	1 Year or Less	Over 1 to 5 Years	Over 5 Years	Non Interest	Carrying Amount	Weighted Average
(i) Financial Assets							
Cash on Call							
& Bank Bills	1,622,255	2,517,558				4,139,813	5.0%
Managed Funds					1,765,194	1,765,194	N/A
Receivables					401,351	401,351	N/A
(ii) Financial Liabilities							
Creditors					459,268	459,268	N/A

16. Key Management Personnel

There were no related party relationships or transactions for this year, nor the comparative previous year.

The key management personnel compensation included in the salaries and related costs expenses is as follows:

	2006 \$	2005 \$
Short Term Benefits	391,039	333,204
Other Long Term Benefits	Nil	Nil
Post Employment Benefits	40,844	35,875
Termination Benefits	Nil	Nil
Share Based Benefits	Nil	Nil
Total	431,883	369,079

Number of Key Personnel (EFT)	4.78	4.30
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Independent Audit Report to the Members of Mental Illness Fellowship Victoria

ACN 093 357 165

Scope

I have audited the financial report of Mental Illness Fellowship Victoria for the financial year ended 30 June 2006 as set out on pages 5 to 16. The Company's Directors are responsible for the preparation and presentation of the financial statements and information they contain. I have conducted an independent audit of those financial statements in order to express an opinion on them to the members of the Company.

The financial report has been prepared for distribution to members for the purpose of fulfilling the requirements of the Corporations Act. I disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it related to any person other than the members, or for any purpose other than that for which it was prepared.

My audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance whether the financial statements are free of material misstatement. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statements, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial statements are presented fairly in accordance with Accounting Standards and other mandatory professional reporting requirements and statutory requirements so as to present a view which is consistent with my understanding of the Company's financial position and the results of its operations and cash flows.

The Audit Opinion expressed in this report has been formed on the above basis.

Audit Opinion

In my opinion, the financial report of Mental Illness Fellowship Victoria is in accordance with:

- a. the Corporations Act, including:
 - i. giving a true and fair view of the company's financial position as at 30 June 2006 and of their performance for the year ended on that date; and
 - ii. complying with Accounting Standards and the Corporations Regulations; and
- b. other mandatory professional reporting requirements.



David J. Osborne

Certified Practising Accountant
Registered Company Auditor No 10244
C/- Shepard Webster & O'Neill Pty Ltd
434 Nepean Highway, Frankston 3199

Telephone 9781-2633

Date: 15th September 2006



mental illness
fellowship victoria

Mental Illness Fellowship Victoria
ACN 093 357165

Fairfield Place
276 Heidelberg Road
Fairfield Victoria 3078
(PO Box 359, Clifton Hill Victoria 3068)

T: 03 8486 4200

F: 03 8486 4265

E: enquiries@mifellowship.org

www.mifellowship.org