



this direction

Social Inclusion

annual report 2008.2009



mental illness
fellowship victoria

2008.2009



Social Inclusion

EASE OF NAVIGATION

The arrow icon **p1** helps you navigate the report.

ABOUT US

We are a member based non-profit organisation and our outcomes focus on creating a better life for people with mental illness and their families. We strive to reduce stigma and discrimination and implement programs and services that help people find homes, jobs and develop meaningful relationships.

We started in 1978 with families wanting better services and information. This vision remains our inspiration. Today, we are one of Australia's leading psychiatric disability rehabilitation and support agencies working through its \$14.8m budget to improve the lives of people with mental illnesses and their families.

This year, we **worked with 2182 people** with a mental illness and their carers and provided many more with volunteering opportunities. We **provided 435 families** access to education and information and **provided 6661 people** with support through our helpline.

ABOUT OUR ANNUAL REPORT

Social inclusion energises our vision. Too many people diagnosed with mental illnesses develop disabilities resulting in social exclusion. Eighty per cent are unemployed, 46 per cent do not complete secondary education, 42 per cent live in marginal housing or are homeless, their physical health is poor and many are disconnected from their families and friends. We report against our 2005-08 strategic plan and present the development of the 2009-13 plan aimed at tackling social exclusion.

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Picture above: Alisun, Marg and Andie sort through piles of donated goods to sell at the Northcote Op Shop.

Credits: Design and Production Lisa Minichiello room44.com.au Photography James Braund Photography Illustration deangorissen.com

How we work

People with mental illness no longer experience stigma...



1 IN 5 AUSTRALIANS IS AFFECTED BY MENTAL ILLNESS

OUR VISION

Our vision is of a society in which mental illness is understood and accepted.

People with mental illness will be afforded the same regard as those with physical illness. Resources will be readily available and 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.

OUR MISSION

– Social Inclusion

OUR VALUES

Honesty, Acceptance, Equity, Flexibility, Commitment and Participation are the cornerstones of our work.

We trust that people can be well and must not be defined by their diagnoses, and this belief informs our practice approaches and supports healthy coping strategies.

We expect that all our dealings with people will be open, truthful, genuine and committed, working towards engaging people with mental illnesses and their families within our organisation and their own communities.

Our staff and volunteers find creative solutions that overcome problems, reflecting non-judgemental approaches to diverse groups, striving to achieve our vision.

OUR ENABLING BEHAVIOURS

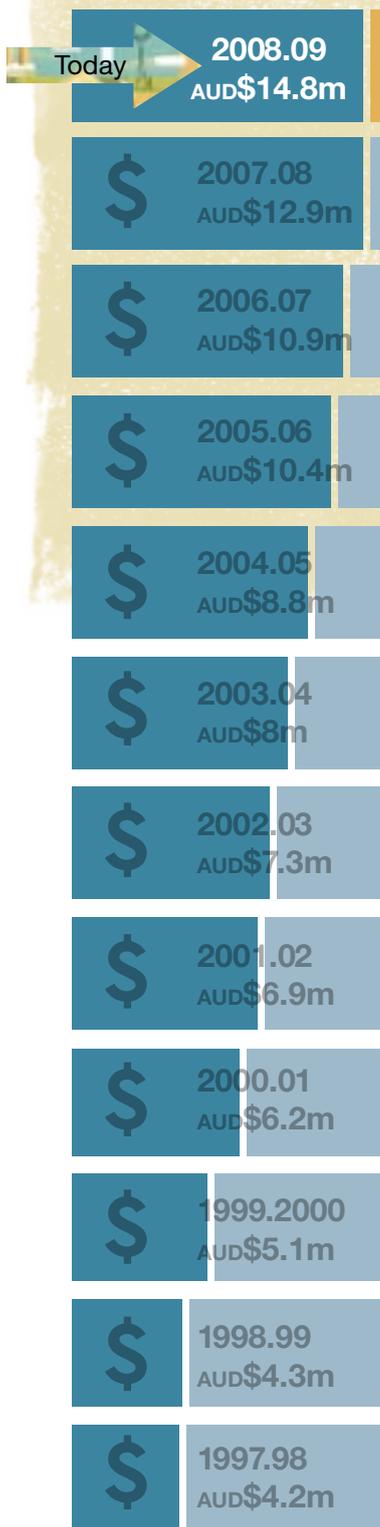
- valuing the lived experience
- partnering
- innovation, demonstration and leadership
- peer participation and support
- best practice
- advocacy and community development

OUR STRATEGIC PRIORITIES 2009-13

- Build integrated service response systems that deliver social inclusion
- Use evidence based practice and innovation that advances social inclusion
- Build organisational capacity that facilitates social inclusion

Our highs & Lows

12 Year growth chart

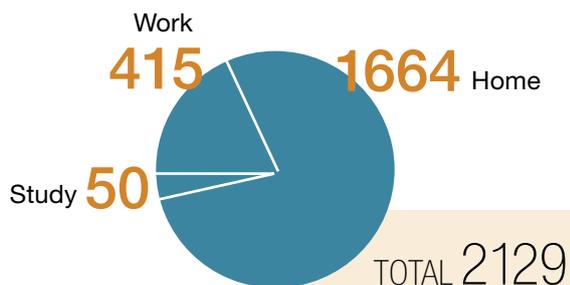


- ✓ Renovated a residential building and commenced the Canberra *Step Up Step Down* program on 16 January 2009, on time and in budget
- ✓ Awarded the delivery of the *Prevention and Recovery Care (PARC)* program in Frankston in collaboration with Peninsula Health
- ✓ Won tenders from FaCHSIA to deliver the *Personal Helpers and Mentors* programs in South Frankston/Westernport and North Frankston
- ✓ Expanded carer services by securing additional respite funding from FaCHSIA
- ✓ Successful service re-accreditation by QICSA
- ✓ Open Mind Fiesta 2008 won Mainstreet Award
- ✓ Introduced new accounting, fundraising and donor management databases, improving efficiency, effectiveness and more systematic risk management.
- ✓ Annual Report 2007-08 received a bronze award in the Australasian Reporting Awards
- ✗ Did not publish the *Well Ways* research results, or the Certificate in General Education for Adults research
- ✗ Did not progress Mental Illness Fellowship Victoria *PARC* evaluation
- ✗ Delayed roll out of intranet and Share Point portal
- ✗ Did not receive additional external funding for the Certificate in General Education for Adults. We continue to self-fund
- ✗ Unable to secure support for pilot of an electronic client-record management system

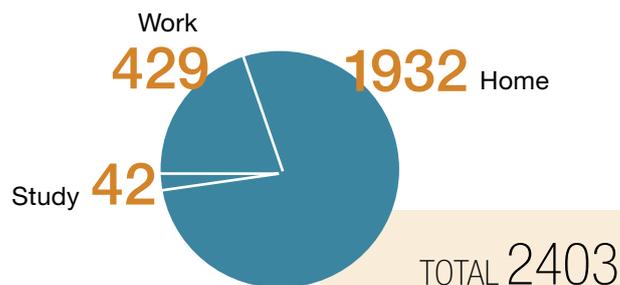
Who we worked with

Total people benefited during each year

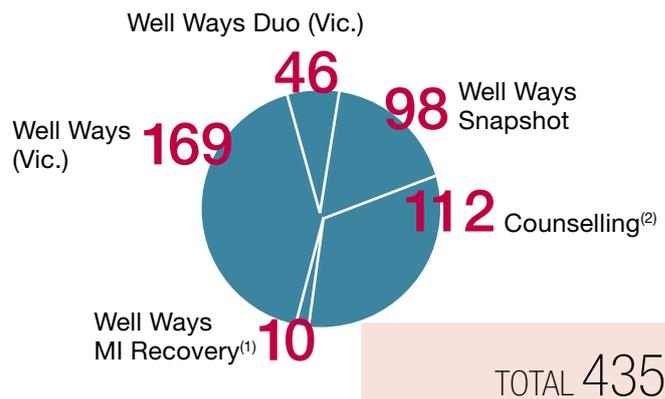
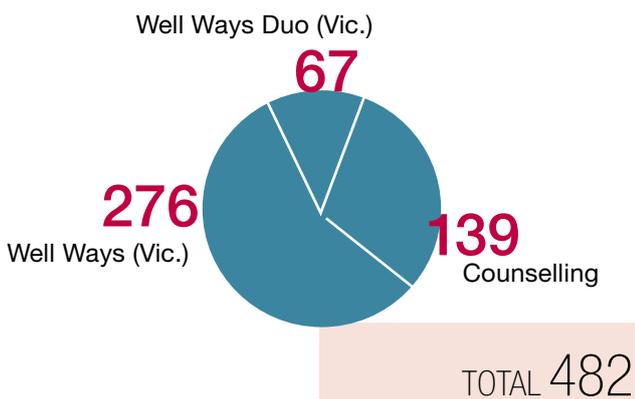
2007.2008



2008.2009

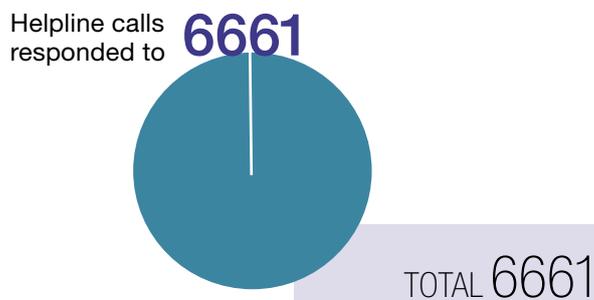
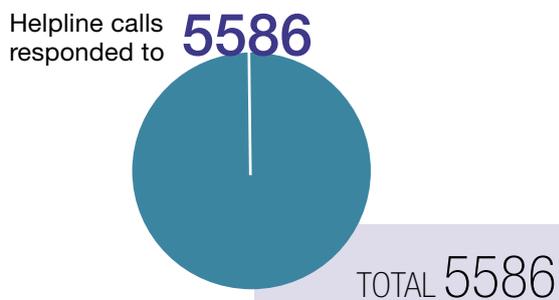


We also worked with more than 70 people with a mental illness and their carers to promote social inclusion through volunteering.



(1) Two new *Well Ways* peer education programs commenced this year. *Well Ways MI Recovery* is a consumer peer education program and *Well Ways Snapshot* is a brief family education program.

(2) The complexity of need being assisted through our counselling service resulted in fewer clients but more intensive service. In 2008-09, 707 sessions were provided compared to 482 sessions in 2007-08.



“...and we reached **40,000** Open Mind Fiesta participants, **44,260** website visitors, **8,800** MI Voice readers, **2,167** MI Voice Update readers and **1900** audience members through **60** occasions of community education.”



President's report



The barriers to accessing treatment, community networks and vocational supports are embedded in many of our systems, often invisible and generally institutionalised. Stigmatised attitudes are often also held by the person affected by mental illness creating further barriers to social inclusion.

“Improving social inclusion of people with mental illnesses is our key driver.”

In this context, the Board reviewed the 2005-08 strategic plan and extensively consulted to develop a new plan for 2009-2013 [p10-11](#). In collaboration with Mental Illness Fellowship Australia (MIFA), we hosted a visit from social inclusion authority, Dr David Morris, Director of the Inclusion Institute in the United Kingdom, as the guest speaker at the Bruce Woodcock Memorial Lecture and Corporate Breakfast [p24](#). Dr Morris' presence at many events and advocacy forums highlighted the immediate importance of shifting Australian social inclusion agendas and more vigorously addressing stigma.

The Victorian Government's *Because mental health matters – Victorian mental health reform strategy 2009-19* was launched in March 2009. We had significant input into its development and we are pleased to see that many of the issues for which we advocated during the recent past are included. During her presentation at the ministerial launch of this policy, Elizabeth Crowther commended the strategy, however commented that the strategy's effectiveness will be measured by the Government's commitment to invest.

During the year, our advocacy continued on police mental health interfaces, housing and social inclusion through both printed and electronic media and our many submissions.

The Finance Audit and Risk Management (FARM) Committee reviewed our financial accounting and fundraising software. The Board approved the purchase of new software that is now operating.

Our property portfolio was reviewed in the context of service delivery and need. Services flagged that there is some incongruity between the current and future use of Mental Illness Fellowship Victoria owned properties. It is expected that in late 2009 and early 2010 services will have located to more suitable locations. A policy will be developed to manage these changes.

During the year, Ms Leslie Miles and Professor Christos Pantelis retired from the Board, their contributions are highly valued and I express the Board's deep appreciation. I am also delighted to announce the mid term appointments of Mr Lei Ning and Dr Julian Freidin. Lei is the Deputy Director of the Victorian Mental Illness Awareness Council and a well-known consumer advocate. Julian is immediate past president of the Royal Australian and New Zealand College of Psychiatrists and holds a policy role within that organisation.

Partnerships are key to our achievements. SEW Eurodrive marked its eleventh year in supporting our social inclusion programs while Middletons Lawyers continue its pro bono support, ensuring effective risk management. We are deeply appreciative of our many supporters. Special thanks to Frank and Patricia Woodcock for playing an active role in our social inclusion agenda.

We have delivered our goals on budget. I want to thank my fellow Directors and our committed loyal staff, volunteers and management team for striving to make a difference in the lives of people with mental illnesses and their families.

A handwritten signature in black ink that reads "Rob Knowles". The signature is fluid and cursive, written in a professional style.

PRESIDENT
THE HON. ROB KNOWLES AO

Chief Executive's report



“Social inclusion strategies prevent poor health outcomes.”

Our strategic plan drives our focus. [p10-11](#)

- **Build integrated service responses and systems** that *deliver* social inclusion
- **Create evidence based practice and innovation** that *advances* social inclusion
- **Build organisational capacity** that *facilitates* social inclusion

In building integrated service responses and systems, we opened the *Step Up Step Down* service in Canberra, extended respite services to carers, successfully tendered for the *Personal Helpers and Mentors* programs in North Frankston and South Frankston/ Westernport and were awarded the *Prevention and Recovery Care (PARC)* Centre in Frankston by Peninsula Health.

Advocacy focussed on social inclusion, [p24](#) with our participation in a range of high profile events like the Open Mind Fiesta attracting more than 40,000 people and winning a Mainstreet Award. The *ilikeyou* photographic exhibition, a collaboration between secondary schools and a person with mental illness, was displayed during Mental Health and Schizophrenia Awareness Weeks [p24](#). SEW Eurodrive's corporate awareness and fundraising program took our social inclusion message to more than 250 western suburban businesses.

Improving service fragmentation is addressed through building partnerships with mental health services in both Victoria and the ACT. Services, meeting our strategic needs, are increasingly delivered through these collaborations [p15](#).

Innovating and building evidence was achieved through developing pilot programs, evaluation and research in family education [p23](#). This platform was further supported through our *Well Ways* programs, consumer participation and advocacy [p23](#). The day program review is informing new models of care. Papers for peer reviewed publications are being prepared. Papers were presented at conferences including the World Psychiatric Association Conference in Florence in April 2009 [p29](#).

Capacity was built through staff development strategies [p29](#).

We reviewed and updated our information systems – financial, human resources, fundraising and the introduction of an intranet in August 2009.

Our financial viability ensures that we can build a more responsive socially inclusive community. This year saw the budget increase from \$12.9 million in 2007-08 to \$14.8 million in 2008-09. Salaries have increased 20 per cent over this year due to increases in service delivery and remain our largest expense at 68 per cent of total expenditure [p8](#).

The operating outcome for this period was a deficit of \$98,324. The capital investment account was negatively affected by the global financial crisis [p8](#), which affected member funds. At the end of the reporting period, we are in a sound financial position.

Sustainability was a focus this year and included strategies to better manage resources by establishing an environmental sustainability sub-committee. Education for staff and participants on environmentally responsible practices was developed and commenced [p31](#).

I warmly thank the Directors for their support and leadership, the members, volunteers and staff for their magnificent commitment in creating a different future, and participants and carers for sharing their lived experience of mental illness with us.

CHIEF EXECUTIVE
ELIZABETH CROWTHER

Social exclusion negatively affects all parts of a person's life. Evidence demonstrates that social exclusion is built on stigma which diminishes participation in work, creates homelessness, tenuous housing, poor social relationships and a life expectancy of 50 – 59 years⁽¹⁾. Social exclusion results in late treatment and consequential poorer mental health outcomes for the person with mental illness and their families.

This report presents our achievements in creating social inclusion opportunities. We report on home [p12](#), vocation [p18](#), relationships [p22](#) and partnerships which helped attain these successes [p25](#).

⁽¹⁾ Psychiatric Disability Services of Victoria (VICSERV) *Pathways to Social Inclusion Proposition Papers – August 2008* p 21.



Financial overview

TREASURER'S REPORT



INCOME

I am pleased to report that last year was once again a year of growth, principally in the area of contract services. During the year the Department of Families, Community Services and Indigenous Affairs (FaHCSIA) increased our funding to provide the *Personal Helpers and Mentors* program in Peninsula North and Peninsula South Westernport, and to deliver respite services, previously allocated to Commonwealth Carer Respite Centres. We also commenced a new *Step Up Step Down* program in the ACT. In addition, we used funds held for future periods to fund the IT Project. These contracts and CPI increases in the Department of Human Services (DHS) funding increased revenue, including capital funding, by 14 per cent to \$14.8 million.

EXPENSES

Operating expenses rose during the year reflecting our increased delivery of contracted services. Salaries are our largest expense, representing 68 per cent of our total expenditure, consistent with the previous year. Our growth also resulted in building improvement expenses to accommodate increased staff. We budgeted for a deficit during the year, funded from reserves, in order to fund the development and delivery of projects in education, employment, family support and community advocacy. Examples are development of a peer based brief education program for carers of people with a mental illness, *Well Ways Snapshot*, and a peer education recovery oriented program for people with a mental illness, *Well Ways MI Recovery*.

THE YEAR'S RESULT

The result for the year was a deficit of \$98,324 before capital items and building depreciation which compares to a planned deficit of \$200,093. The operating deficit was \$8,881, however during the year we realised an unexpected loss on capital investments of \$89,443. A number of factors contributed to the improved operating result including the outcome of the autumn raffle, improved Op Shop sales as well as delayed expenditure for some projects. Income from investments declined in line with lower interest and dividend rates, and the volatility in capital markets continues to impact on the value of the Capital Investment Fund, which is expected to improve over the next period. During the year our receivables balance decreased considerably due mainly to a payment of outstanding PARC funding from Alfred Health.

GROWTH AND FINANCIAL SUSTAINABILITY

This year the Board of Directors continued supporting the development of best practice, innovation and influence. It allocated and used targeted funds from reserves to support projects, some of which are funded across a 3-4 year period. There is an expectation that external funding will be sought to sustain some of these projects on an ongoing basis. For example, Employment in Peninsula, initially self funded, is now fully funded from external sources.

NEW DEVELOPMENTS

The IT project infrastructure phase is complete and we are now connected through the wide area network. The IT project collaboration and document management system is in a final implementation phase. During the year we implemented new financial software that will significantly increase financial reporting capability and provide a platform to support future organisational growth. It will provide more timely and comprehensive management information to assist with service delivery and resource allocation. As a result of a fundraising review, we implemented new fundraising software that will meet increased reporting requirements on fundraising activities and improve our communication and relationship management with members.

LOOKING AHEAD

One of our strategic objectives is to increase our organisation's financial strength. We continue reviewing the suitability of our properties to meet our service and administrative accommodation needs. Strategies are being developed to maximise the value derived from properties that no longer fit purposes.

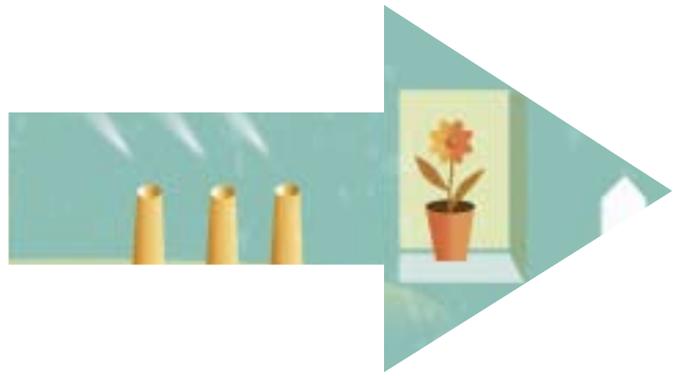
During the coming year we will also review our capital investment strategy ensuring that our long term investment portfolio meets the growth and returns required to support our strategic plans.

MEMBER FUNDS

Membership funds this year total \$9,285,292, down from \$9,756,716 last year. The change is principally due to a decrease in the value of the Capital Investment Fund. We continue to remain in a very sound financial position and hold sufficient cash reserves to meet our financial liabilities.

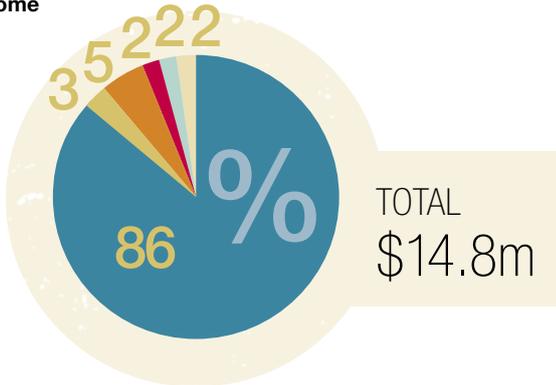
TREASURER
DARREL DRIEBERG

FINANCIAL SNAPSHOT

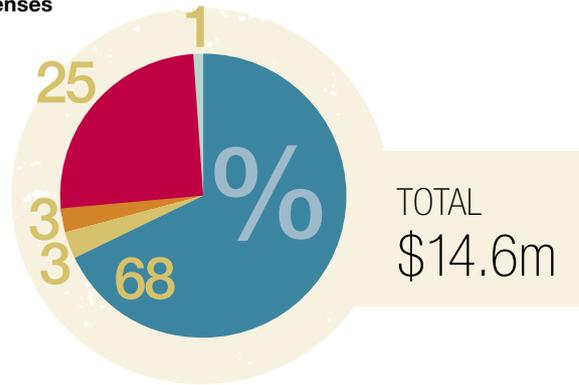


2008.2009

Income



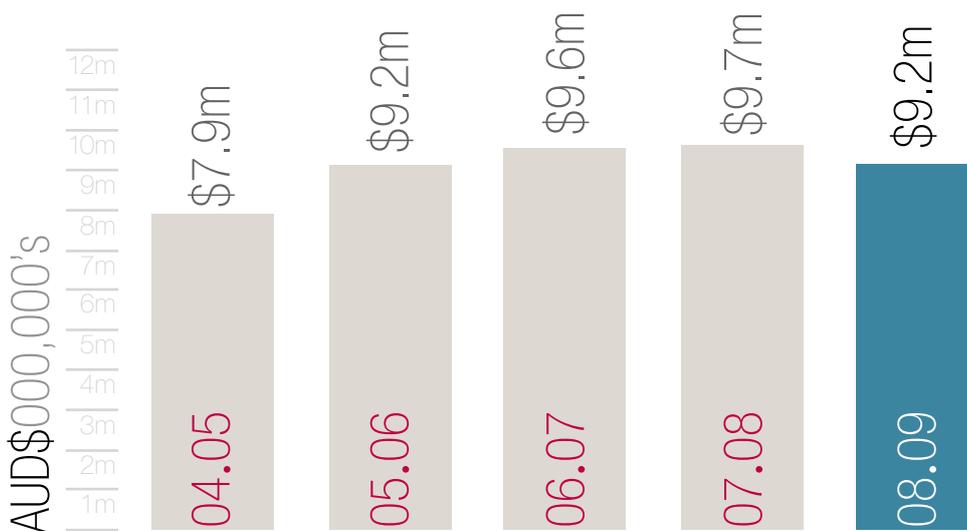
Expenses



■ Contract Services	\$12.8m
■ Charitable Contributions	\$0.5m
■ Fundraising	\$0.7m
■ Investments	\$0.3m
■ Capital Funding	\$0.2m
■ Other Income	\$0.3m

■ Salaries	\$10.0m
■ Occupancy Costs	\$0.4m
■ Fundraising	\$0.4m
■ Operational Costs	\$3.7m
■ Investments	\$0.1m

Members' Funds



“The Board supported best practice developments, innovation and influence.”



Strategic plan

AIMS

At the conclusion of this strategic plan the organisation will have grown by 100 per cent and will be able to address the needs of people with mental illnesses and their families. The organisation will have capacity to effectively manage and evaluate innovation and support the development of social inclusion pilots that it can use to advocate for systems reform. The focus of this plan will address systems and service fragmentation and drive both internal changes and external relationships.

OUR PROCESSES

The development of the strategic plan sits in the context of our organisational mission, articulated in our vision where we imagine a time when people with mental illnesses and their families will be fully included and supported in our community.

The Board reviewed and reported on the 2005-08 plan last year and carried forward unfinished business into this plan.

The Board decided to operate this plan over five years, as the priority areas were of such substance that a longer time frame was required to implement it. Wide consultation provided feedback on how well we currently operate and the assessment of gaps. Stakeholder consultations included members, service users and families, funders, staff, volunteers, donors and supporters. A pro bono consultant undertook this work and provided feedback to the Board. The consultant conducted 63 interviews, the outcomes of which were reviewed during a Board planning day in 2008. Three strategic priorities emerged from this process to meet the future challenges to address social inclusion.

OUR FUTURE

The Board endorsed the framework of the plan in December 2008. The plan, inclusive of an operational plan, measurement and reporting will be reviewed by the Board at the November 2009 meeting. We will build our capacity to deliver best practice through our people management, financial and technological systems.

“The focus of this plan will drive both internal changes and external relationships.”

Strategic Plan 2009-2013

GOAL 1

Build integrated service response systems that deliver social inclusion

Strategy	Milestone
1.1 Map service delivery systems to identify gaps in achieving social inclusion	1.1.1 Quantify the size of the gap using population based health measures when developing new services
	1.2.1 Increase service access for people - CALD backgrounds, under 18 years, over 65 years, homeless, with a dual diagnosis
	1.2.2 Improve family and consumer participation to be reported on a six month basis using standardised tools
1.2 Expand service delivery scope ensuring delivery to people with psychotic disorders and their families	1.2.3 Build interstate partnerships and delivery systems
	1.3.1 Undertake stakeholder communications analysis by year-end 2009
1.3 Build effective communication strategies	1.3.2 Create benefit statements for each of the stakeholder groups by July 2010
	1.3.3 Create a communications plan addressing the needs of the benefit statements by December 2010
	1.3.4 Develop a communications strategy for the strategic plan by year end 2009
	1.3.5 Implement 1800 number through Helpline by June 2010



Brendon Clarke, Project Worker, Consumer Participation Services and his favourite portrait from the *ilikeyou* exhibition, *Selena*, by Nikolina p24.



“...people with mental illnesses will be fully included and supported in our community”

GOAL 2

Use evidence based practice and innovation that **advances** social inclusion

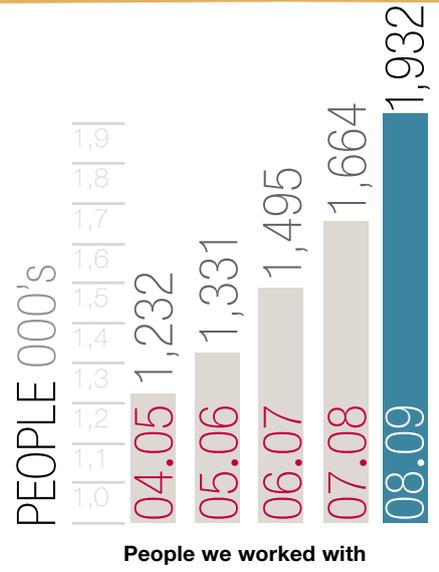
Strategy	Milestone
2.1 Create partnerships that deliver research outcomes	2.1.1 Publish best practice employment outcomes with Queensland Mental Health Research Centre by June 2010
	2.1.2-5,7 Partner with La Trobe University - <ul style="list-style-type: none"> • obtain research and ethics approval of consumer peer education by December 2009 • research peer education program and publish by December 2010 • publish consumer education (RTO) by June 2011 • research Helpline effectiveness by June 2010 • publish <i>Well Ways</i> outcomes by December 2010
	2.1.6 Publish best practice policy with International Mental Health Leadership Group
2.2 Clarify organisational role in taking a leadership position in transforming practice knowledge and data into information	2.2.1 To be determined
2.3 Develop pilots and projects	2.3.1 Review, evaluate and make recommendations on current mental health promotion activities
	2.3.2 Pilot a physical health intervention
	2.3.3 Pilot SRS in-reach program
2.4 Build evidence to inform development of services, evaluate and publish outcomes	2.4.1 Advance social inclusion agenda by building the evidence for <ul style="list-style-type: none"> • Day programs • Housing and support • Physical health strategies • Prevention and recovery care • Home Based Outreach Support • Residential rehabilitation • Respite

GOAL 3

Build organisational capacity that **facilitates** social inclusion

Strategy	Milestone
3.1 Develop Board capacity through succession planning and building governance policies	3.1.1 Formalised assessment of board functioning - 2010 and 2012
	3.1.2 By laws and policy review completed by 2011
	3.1.3 Annual formal reviews of Board skills mix
3.2 Expand scope of organisation to value of \$25m	3.2.1 Business unit growth
3.3 Create and implement people development strategy	3.3.1 Reward and recognition framework incorporating salary and non-salary benefits by June 2010
	3.3.2 Executive structure review and recommendation completed by October 2009
	3.3.3 Leadership and management framework and development plan published by June 2010
	3.3.4 Expand partnerships with universities and professional businesses incorporating varied disciplines including finance, PR, HR, fundraising, IT, medical by 2013
3.4 Review and develop business models for efficient and effective service delivery	3.4.1 Complete finance and organisational support business plan by mid 2009
	3.4.2 Develop business model by December 2009
	3.4.3 Develop financial health measures linking finance to organisational actions – first stage April 2010
	3.4.4 Map target growth areas and analyse supply chain and future growth annually and as opportunities arise
	3.4.5 Develop format guiding comprehensive stakeholder benefit analysis
3.5 Develop an asset management strategy	3.5.1 To be determined following the executive structure review

Home



p32 See other ways in which people with a mental illness and their families are supported in their communities.

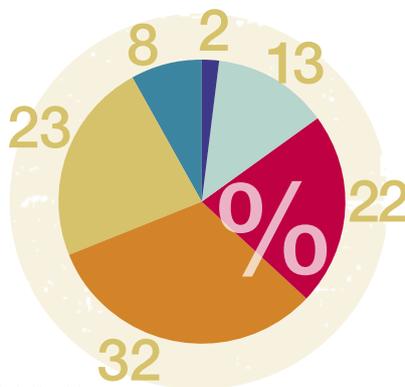


“Social exclusion operates in the space between communities of people with mental health problems and those without, or at least, not yet with...”

DR DAVID MORRIS, DIRECTOR OF THE INCLUSION INSTITUTE, UK

THE PEOPLE WE WORKED WITH

We worked with 1932 participants this period; 268 more than last year, in programs that build relationships and self-management skills, helping participants to better care for themselves and their home. This was a three per cent increase from the previous year and as previously, most people were between the ages of 35 and 44 with males comprising 54 per cent and females 46 per cent.



Age groups



This chart does not include direct carer services provided through FaCHSIA respite.

“A home is at the heart of social inclusion”

A safe home makes us feel secure and provides us with a platform for making meaningful connections within our community. Without a house, we struggle, remaining on the outskirts of society. But a house alone is not enough. We need homes in which we feel confident; caring for ourselves, our relationships and where we can connect to our community.

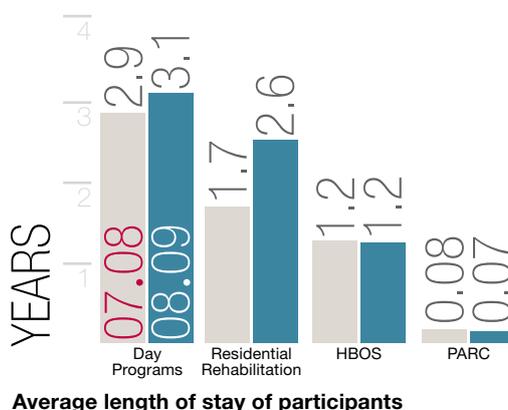
For people with a mental illness 42 per cent live in at risk accommodation or are homeless. Inadequate housing remains a major issue for people with a mental illness and their families.

We help people find a house and build a home through our home based outreach, day programs and residential rehabilitation programs and through volunteering programs.

Home participants

Program	Description	Participant Numbers
Home based outreach (HBOS)	Not combined with other service type	340
	Combination service: associated with Opening Doors, Barwon Youth programs and ACT Step Up Step Down	47
Community care unit (CCU)	Shepparton	14
	Opening Doors places reported via Alfred Psychiatry	5
Residential Rehabilitation	Opening Doors and Barwon Youth	33
Prevention and recovery care (PARC) and Step Up Step Down (SUSD)	Shepparton, South Yarra, and Canberra	187
Psychosocial rehabilitation day program	Centre based	571
	Community based	47
Mental Health Pathways program (MHPP)	Homelessness initiative. Partnerships with rural housing and area mental health	36
Respite	Planned and short notice options: DHS	320
	Respite: (FaHCSIA)	332
Total Program Participants		1932

The length of time participants' benefit from our programs varies according to service type. Day programs have the longest average stay at 3.1 years compared to PARC programs at 25 days. Residential rehabilitation duration has increased from 1.69 years in 2007-08 to 2.6 years in 2008-09. This is because Opening Doors started operating during the last reporting period. Participants in this program stay up to five years and so, as expected, the average length of stay increased. This increase is anticipated in the next reporting period as well.



“We respect and trust each other. We are willing to deal constructively with challenge and difficulty and we are prepared to learn and change.”

Jenni Williams, Manager - PARC South Yarra



Home continued



South Yarra PARC participants roll up their sleeves for a working bee.

HOW WE WORKED WITH PEOPLE

We work in partnership with people with a mental illness to identify their needs and set goals that guide interventions. Standardised tools are used to assist this process, including the BASIS-32 – a self rated measure of behaviour and symptoms, and the Camberwell Assessment of Needs. During this year, we established and trialled a database assisting us in program evaluation. Our pilot data analysis from PARC South Yarra indicated that, overall, participants significantly improved in the areas of depression and living skills during their stay in PARC. An additional component of the database was trialled at Step Up Step Down in the Australian Capital Territory (ACT). Needs analysis and related goals indicated that participants were most frequently wishing to address vocational goals (work and study), financial, socialising and housing goals.

This database will be operational throughout the next year enabling us to more rigorously evaluate and improve our programs.

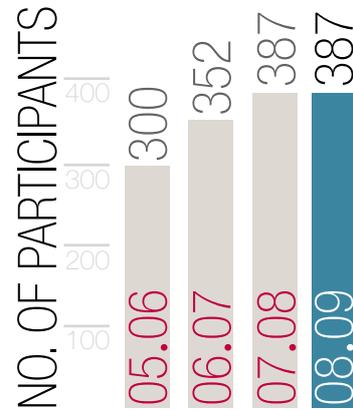
HOME BASED OUTREACH AND SUPPORT

Home Based Outreach Support provides outreach services to people with a mental illness. Our workers visit participants in their own home, in the community and focus on developing skills that assist the person better look after themselves and their home while improving their community access.

Regional snapshot – HBOS participants

Region	Number of participants
Hume and ACT	192
Southern Metropolitan	82
North West	30
Eastern	62
Barwon	21
Total	387

Overall, the number of participants accessing HBOS has remained steady this year. Ten participants received Home Based Outreach Support through our new Step Up Step Down program in the ACT that opened in January 2009.



HBOS participant growth graph

To better address the housing needs of people with a mental illness, it is critical to increase the number of Home Based Outreach and Support places available.

The Intensive Rehabilitation and Recovery Care program provides intensive community support to people who otherwise would be living in restricted environments such as a secure extended care unit or community care unit. We provided intensive HBOS (ten hours per week) to one participant with complex needs living in the St Kilda area.

PREVENTION AND RECOVERY CARE (PARC)/STEP UP STEP DOWN

These services provide intensive residential support to people who are experiencing a relapse of mental illness. They aim to prevent hospitalisation by providing early intervention (Step Up) or facilitate early discharge from an acute hospital admission (Step Down).

We operate two PARCS in Victoria – South Yarra and Shepparton and one Step Up Step Down service in the ACT. These services are underpinned by partnerships with clinical mental health services. We provide the residential environment and psychosocial rehabilitation services while the clinical services provide the clinical input and manage admission and discharge decisions from the facility.

We offer a comfortable and homely residential environment providing opportunities for participants to choose both social and private spaces. In this sub acute environment we foster independence, help maintain established routines and encourage contact with friends and family. Our staff assist participants to cook meals for themselves and to look after their environment.

In January 2009, Minister Katy Gallagher opened the first Step Up Step Down program in the ACT, managed by us in partnership with ACT Mental Health. This program has a maximum length of stay of three months and includes outreach support assisting participants after they leave the program. To date, 20 participants have used the program.

Together our PARC facilities (including Step Up and Step Down), provided services to 187 participants during this year. Thirty more participants received services in our PARCS in Victoria this year. The average length of stay is 22 days for PARC South Yarra, 27 days for PARC Shepparton and 34 days for Step Up and Step Down ACT.

OPENING DOORS

This program runs in partnership with Alfred Psychiatry and is a unique blend of residential rehabilitation options scattered through the Inner South Metropolitan area of Melbourne. In total, 48 residential places are available through this program, each providing a variable level of support and rehabilitation. Alfred Psychiatry manages 20 residential places with 28 managed by Mental Illness Fellowship Victoria. Inner South Community Health Centre provides in-reach support to 13 participants in the program.

Intensive rehabilitation is provided at the Alma Road Apartments. Alfred Psychiatry manages five places in collaboration with us as part of the Community Care Unit. We manage seven residential places. This year, 12 participants used Mental Illness Fellowship Victoria places with five people reaching their goals and moving onto community living.

The Alma Road Townhouses provide a less intensive rehabilitation environment for people with a mental illness who are expected to stay in this environment for several years.

This program focuses on fostering positive socialisation with other residents, better management of their environment and promotes skills to better connect in the local community. Eight participants used the program this year.

The Elms, Glen Iris; Adelaide Street, Armadale; and High Street, Armadale are homes in the community. Participants stay in these programs for up to three years. During the year, two additional places were added to the program in Oak Grove, Ripponlea. The focus of rehabilitation at these sites is on skill development and community connection. Eighteen people participated in residential rehabilitation at these sites.

The Elms residence was relocated this year due to road works on the adjacent freeway. The four participants in the Elms residence relocated to rented premises in Malvern. During 2009-10, these participants will move to longer-term replacement housing in the Inner South area.

In the 28 places we manage, we worked with 38 participants in the Opening Doors program during this year.

BARWON YOUTH RESIDENTIAL PROGRAM

The Collins Place residential rehabilitation program offers five, two bedroom units for young people with mental illness. Young people using this program often also have co-occurring issues, such as substance misuse. In addition, outreach support is available before entry and after exit or as an alternative to a residential stay, if required.

Participants learn independent living skills and relationship skills and are supported to manage their mental illness and substance use. Young people in these programs are encouraged to engage in employment and educational opportunities.

“Mental Illness Fellowship Victoria will open its fourth PARC program in the Peninsula in 2010.”



Sarah and Tegan show their participation enthusiasm at Collins Place, Geelong

During this year, 24 young people used these programs with 11 using both outreach and residential rehabilitation. Collins Place was home to 13 people with an average stay of 13 months and an average age of 22 years.

SPECIALIST RESIDENTIAL REHABILITATION PROGRAM

This program relocated to new premises at Orr Street, Shepparton in July 2008. The program offers long-term psychosocial rehabilitation to clients with enduring mental illness. Operated in partnership with Goulburn Valley Area Mental Health Service, 14 participants used the program this year with an average stay of 12 months. The average age of participants was 33 years.

“Opening Doors has helped by monitoring my medication and I now I do it myself.”

Despina, aged 23



Home continued



Mulberry House participants share premiership victory with their Western Storm team mates.

DAY PROGRAMS

We operated nine day programs for 618 participants during this reporting period. Day programs provide opportunities for participants to build social and living skills. Participant numbers remained steady in this reporting period compared with the previous year (613). This reflects a continued focus on building key worker relationships and individual participant plans, and meets all contractual obligations.

Day programs have the longest length of stay of any of our programs, with an average stay of 3.1 years representing a slight increase of 2.5 months from the previous year. Our day centre participants are 43 years old on average.

Day Programs

Program	Location	Number of participants
MI Centre	Shepparton	125
Blickle Place	Seymour	34
TJ's	Footscray	119
Mulberry House	Werribee	86
Bromham Place	Richmond	89
The Garage	Wonthaggi	43
Linking People Locally	Mitcham	47
Community Links	Frankston	39
MI Place (previously named Club 121)	Warragul	36
Total		618

All of our day programs are centre based with the exception of *Linking People Locally* and *Community Links*. These programs work with people engaging them in existing social and education programs.

As forecast in last year's annual report, our day programs this year focused on increasing connections.

- Mulberry House participants were supported to play in a local football team
- Participants and staff from TJ's began a creative writing group at the local library
- The MI Centre art program relocated to the Shepparton Art Gallery
- Our participants at Blickle Place volunteer at the Meet and Greet community lunch program
- Participants from Mulberry House joined Swim Gym at Wyndham Leisure Centre.

RESPIRE

Our respite services increased during this reporting period by delivering services to 238 more carers. Respite services are family focused and meet the dual needs of the carer, who needs a break, and the person with a mental illness. Funding to further expand our respite service delivery was received from FaHCSIA in May 2009.

A range of respite of respite options are offered –

- residential respite at O'Meara House
- family education retreats
- planned holidays
- in-home, short-notice respite occasions
- programs during weekends and after hours

“You’ll see you’re not on your own and how others can relate to your story.”

Sunda, aged 53

SPECIAL NEEDS GROUPS

We are committed to improving our services to people from culturally and linguistically diverse (CALD) backgrounds. This has been a feature of our Quality Workplan and a DHS priority.

People from a CALD background continue to be under represented in our participant groups.

To improve access for CALD communities we have appointed a cultural portfolio holder in every region. In partnership with the Victorian Transcultural Psychiatry Unit, 10 staff were trained to deliver cross-cultural competency training to the broader staff group. We developed an organisational CALD policy in May 2009.

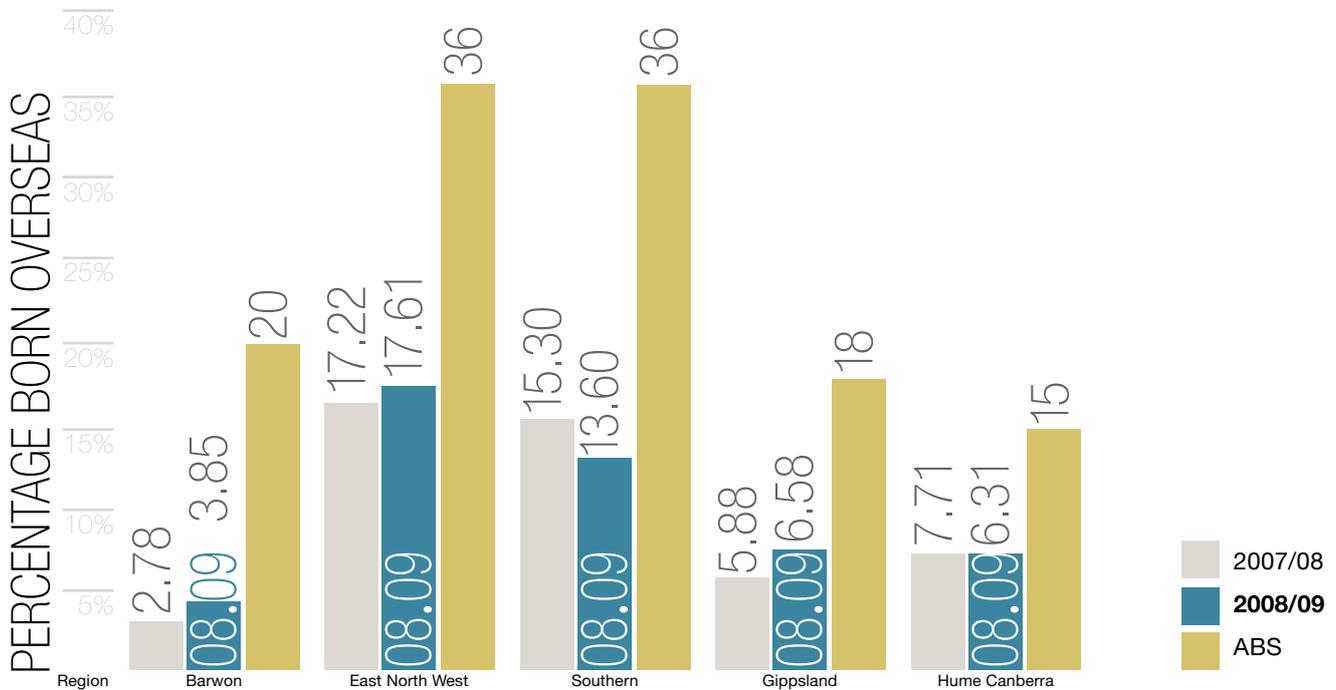
We are also participating in a stigma reduction community education program designed by Multicultural Mental Health Australia called *Stepping out of the Shadows*. This project supports peer educators from local ethnic communities to better support cross-cultural understanding of mental health. The project is expected to run during the next 18 months.

MENTAL HEALTH PATHWAYS

Mental Health Pathways programs in Shepparton and Barwon have a particular focus on working with people who are homeless, or at risk of homelessness. The Office of Housing, through DHS, funds the programs. We worked in partnership with clinical providers providing services to 36 people (15 Barwon, 21 Shepparton). Participants in these programs tend to be young, with most under the age of 25 years and also tend to have a dual diagnosis.

The Shepparton program worked with 21 participants, 34 less than last year. This is in alignment with expected outcomes of the program, reflecting the intensive support offered in the program.

“Every region has a cultural portfolio holder to improve access for CALD communities.”



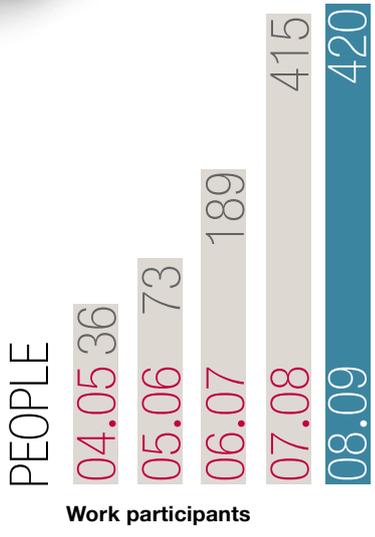
Participants born in countries other than Australia

“Mental illness has different meanings in different cultures and makes it hard for people to understand the problem, let alone seek help for it.”

Suri, aged 37



Work & study



“Work is much more than a wage”

JOHN CONWAY
EMPLOYMENT COORDINATOR

“Participation in work and study are two significant ways through which people become socially included.”

Work links us to the wider community and produces a valued outcome.

Work facilitates friendship and social support, promoting wellbeing.

Education provides a pathway into the world of work.

We provide employment and educational programs enabling people with mental illness to achieve social inclusion through work and study.

People with a mental illness are significantly disadvantaged in engaging in work and education.

- More than 80 per cent of people with schizophrenia are not employed, yet most want to work.
- More than 47 per cent of people with mental illness have not achieved basic education levels enabling entry into the workforce.

EMPLOYMENT

This year, we assisted 420 people with a mental illness through our specialised employment services. We helped five more people look for a job over this reporting period. There was some employment service growth for young people through a *headspace* hub at Barwon. However, with the completion of our employment project in November 2008 at Orygen Youth Health, our service numbers in this program reduced. The number of people assisted through our Disability Employment Network also reduced this year, reflecting our prolonged engagement with participants both during their job search and on the job.

We helped 176 people with a mental illness find and keep paid employment, 32 more people than for the same period last year.

During the year, we offered employment services, co-located with clinical treatment services, from five locations. At these sites clinical staff, employment staff and jobseekers work together supporting individual employment goals. These sites are Davey Street Clinic in Frankston, Waiora Clinic in Armadale, Clarendon Clinic in East Melbourne, Hawthorn Clinic in Hawthorn and *headspace* in Barwon.

Volunteering provides valuable opportunities for job seekers to gain skills supporting their vocational plan. This year, seven job seekers gained administration skills through prolonged volunteering with us.



Sally Whitehead (right), our employment consultant in Frankston, offers jobs options to client Jeannie Wallace-Ogier.

Employment outcomes

Program	Disability Employment Network		Vocational Rehabilitation Service		<i>headspace</i>		Peninsula Health		Orygen Youth Health		Total	
	2007-08	2008-09	2007-08	2008-09	2007-08	2008-09	2007-08	2008-09	2007-08	2008-09	2007-08	2008-09
Total job seekers assisted	223	144	83	128	n/a	55	79	65	30	28	415	420
Vocational Outcomes	60	50	23	58	n/a	17	42	30	19	21	144	176

** *headspace* Barwon employment program commenced in 2008-09, hence no data for 2007-08.



Work & study continued



Christine has found work after completing her Certificate in General Education for Adults.

BEST PRACTICE/SERVICE RECOGNITION

Employment services are delivered according to best evidence based practice.

- Employment services are integrated with clinical services
- Eligibility is based on consumer choice
- Competitive employment is the goal
- Rapid job search is preferred
- Job search and job matching is individualised
- Follow on supports are continuous
- Benefits planning is provided

Our ongoing commitment to best practice in achieving employment outcomes for people with a mental illness was recognised when we were invited to be keynote speakers at the *Work Matters Conference* in Newcastle 2008 and present at the *International Initiative in Mental Health Leadership Conference* in Brisbane 2009 [p29](#). In addition, our *Vocational Rehabilitation Service* was rated as a four star service and was nominated as a site of excellence through a national employment consortium, Ostara Australia. Staff members were individually recognised for their excellent work in achieving employment outcomes for clients.

During 2009-10, we will co-locate employment services at Austin Health in Heidelberg and Koonung Clinic in Box Hill. We also plan to expand our service delivery to interstate locations.

During the remainder of 2009, employment contracts will be tendered. We plan to retain and expand our employment services throughout Melbourne, rural Victoria and some interstate locations.

“Getting a job is what saved my life.”

Gerard

Employment services are funded through three sources. The Department of Education, Employment and Workplace Relations (DEEWR) funds our *Disability Employment Network* and *Vocational Rehabilitation Services*. A self funded employment site in Frankston, co-located with Peninsula Health reached 65 job seekers who would otherwise not be in an employment program. We have also expanded our services reaching 55 young people with a mental illness who wanted to work and study in the Barwon region by operating out of a *headspace* hub.



“...I think we all need to treat mental illness just like any other illness and accept people with a mental illness as part of the community.”

Karen, 2008 Student of the Year



Karen McQuaigue
2008 Student of the Year.

EDUCATION

Nationally recognised training

We conducted Certificate II and III in General Education for Adults across three sites in Victoria – Frankston, Fairfield and Shepparton. Courses are designed as a “stepping stone” to further education and employment. The curriculum and program assistance are structured to support students with a mental illness. Twenty students graduated from our programs during 2008 with 42 new students enrolled for this period.

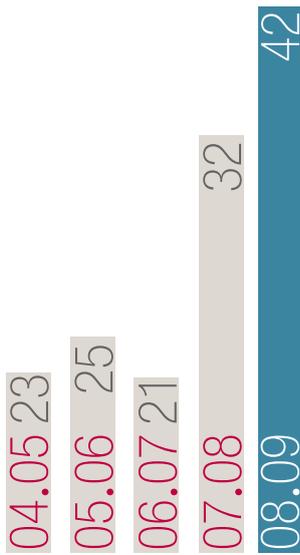
Each year, we recognise outstanding achievement by individual students by awarding our *Student of the Year*. We acknowledge the achievements of people who are overcoming the stigma and difficulties associated with mental illness, who are contributing positively to their own well-being and to the community.

The *Doris Wisniewski Student of the Year Award* is an annual award made to a student within each Certificate in General Education for Adults program who excels. The award acknowledges the extra effort and commitment made by the successful student/s, to reach a high level of attainment.

The 2008-09 award recipients

- **Ben Rinaudo**
Graduate – Certificate II
General Education for Adults,
Fairfield
- **Karen McQuaigue**
Graduate – Certificate III
General Education for Adults,
Frankston.

PEOPLE ENROLLED



Education participants



Ben Rinaudo 2008 Student of the Year.

“Recovery hasn’t been an easy process at all... but looking back now, I can see how far I have come.”

Ben, 2008 Student of the Year



Relationships



“Before the course, every day there was conflict, tension and I was angry. By doing this program, our relationships are enhanced as a family.”

GREG, 49
WELL WAYS PARTICIPANT,
MARCH 2009

We work with families supporting them to develop skills to better manage the impact of mental illness. Our principle mechanisms for doing this are family education, counselling and Helpline.

FAMILY EDUCATION

We have three peer delivered, family education programs all of which are evidence based and reflect the lived experience of family members and carers of people with a mental illness.

Well Ways: Building a Future and *Well Ways: Duo* are programs that comprise three phases:

Engagement – Family members are introduced to the program and “get to know” the people running the program.

Development – this part of the program is highly structured, peer delivered, and is designed to increase knowledge, build social networks and develop skills

Consolidation – these follow-up sessions are less frequent and build on the information provided in the development phase.

Well Ways: Building a Future

Well Ways: Building a Future explores the causes of mental illness and its emotional impacts, unpacks the complexities of the caring role, examines specific illness groups and provides a strong supportive basis for carers to move forward into the future. The development phase comprises eight weekly sessions.

Well Ways: Duo

This is an education program for families and friends of people with dual diagnosis (mental illness and substance misuse). The development phase is six weekly sessions.

Well Ways: Snapshot

This one-day program introduces carers to some important concepts relating to the impacts of mental illness on the family member, the importance of self-care and recovery.

The *Well Ways: Building a Future* program was rigorously evaluated and data from the 2008 national evaluation shows that this *Well Ways* program is associated with decreases in the average levels of caregiver distress. This very positive finding is now being more thoroughly investigated.

WELL WAYS ACROSS AUSTRALIA

We developed the Well Ways suite of programs that are now offered nationally through MIFA member organisation. We take a national role in ongoing product development, facilitator training, support, mentoring and evaluation. During 2008-09, we provided 9 Train the Facilitator courses, resulting in the accreditation of 60 new facilitators across Australia. The reach of our family education programs continues to grow.

Well Ways programs across Australia 2008-09

Location	Number of programs
South Australia	14
Western Australia	1
South Queensland	4
North Queensland	9
NSW	14
Regional Vic	10
Melbourne Metro	13
NT, TAS, ACT	0
Total	65

CONSUMER PEER EDUCATION

Well Ways MI Recovery is a peer education program for people with a mental illness. It brings together knowledge derived from the lived experience of mental illness with the latest research about recovery. Facilitators of this program are all people with a mental illness who have progressed in their own recovery journeys. During this year, we were successful in obtaining funding to develop facilitator training to train 16 local and interstate facilitators, who will deliver eight programs during 2009-10.

COUNSELLING

Specialist counselling services for family members and people with a mental illness assist people to manage the impact of mental illness on their lives. During this year, the service was expanded through a partnership with Gestalt Therapy Australia and the development of an intern counselling service, and by providing a group based intervention – *Grief and Growth*. During 2008-09 we provided 707 counselling sessions to people with mental illness and their family members.

“*Well Ways* made me feel more confident in dealing with my son’s illness.”

William



Kane, volunteer staff member, provides information and support through our Helpline.

HELPLINE

Helpline provides a telephone service for people seeking support, information, and referral. The phone service operates between 9am and 5pm Monday to Friday. A distinguishing feature of the service is that it is staffed by volunteer peers who understand the challenges of living in families in which there is mental illness. Our Helpline peer volunteers responded to 6661 enquiries in 2008-09.

“Our Helpline peer volunteers responded to **6661** enquiries.”



Relationships continued



Station Street in Fairfield came alive with the spirit of social inclusion for our annual Open Mind Fiesta.

Photography by urbanartistry.com.au

MENTAL HEALTH WEEK

The Open Mind Fiesta is a flagship event of Mental Health Week during October. As the week's closing event, it brings together the Fairfield Traders Association, participants, carers, volunteers, staff and the community in a large-scale celebration aiming at breaking down the stigma associated with mental illness. More than 40,000 people attended the event on 12 October 2008. Our key message was *One million Victorians have a mental illness ... people like us.*

As part of Mental Health Week, we also launched a community arts photographic exhibition – *ilikeyou*. This project partnered 30 people with a mental illness and 30 secondary school photography students from across Victoria, who worked collaboratively to produce stunning portraits. The portraits show the invisibility of mental illness - their subjects are people with diverse interests and positive involvements and were hung at the New North Gallery, Fairfield in the week leading up to Open Mind Fiesta. It was also exhibited at Victorian Parliament House, with an official opening on 2 June 2009, where participants and their families, students and state government ministers viewed the exhibition together.

OPPORTUNITY SHOPS

Our trading profit increased for the seventh year in a row from \$58k in 2007-08 to \$64k in 2008-09. Our thanks go to our 80 volunteers for their hard work and the generous donations from the local communities.

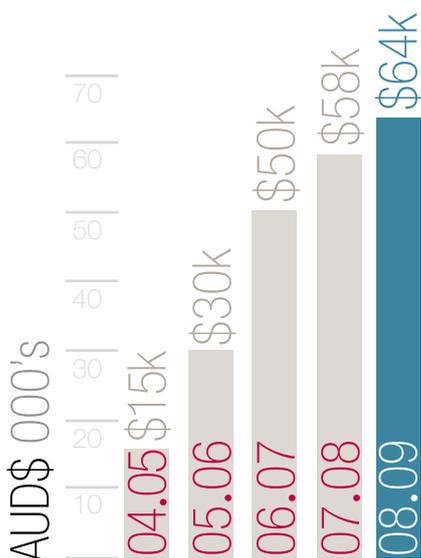
To the delight of our volunteers, the Northcote shop received a refurbishment from the design students at NMIT, and with the assistance of the Bendigo Community Bank East Kew, new fixtures and fittings were installed at the Kew Shop. These changes updated the display and layout of the two shops and gave the volunteers a fantastic new framework to enjoy.

SCHIZOPHRENIA AWARENESS WEEK – SOCIAL INCLUSION

Schizophrenia Awareness Week advances the community's understanding of and commitment to mental health issues. This year, we invited social inclusion authority Dr David Morris, Director of the Inclusion Institute, University of Central Lancashire UK, to update our health and consumer communities about leading edge social inclusion approaches. His work shows that social inclusion requires a whole of government approach, with all departments taking an equal responsibility in developing policy and practice that builds social inclusion for people with a mental illness.

Our key event, the **Bruce Woodcock Memorial Lecture**, attracted 338 people and was held at Federation Square, BMW Edge Theatre in May. Professor Alan Hayes from the Australian Institute of Family Studies responded from a family's perspective to Dr Morris' lecture. Dr Morris led two workshops with staff focusing on transforming services to promote social inclusion. An exciting addition to the week's activities was a Corporate Breakfast, held at the Jim Stynes Room at the Melbourne Cricket Ground, with 63 leaders from the mental health and community sector in attendance. Dr Morris also held meetings with senior personnel from DHS, local council and was interviewed on state and national radio.

“Our trading profit increased for the seventh year in a row from \$58k in 2007-08 to \$64k in 2008-09.”



Opportunity shops' trading profit

DONORS AND SUPPORTERS

Our capacity to offer innovative services not currently funded by government relies on the generosity and vision of business and community groups who make valuable contributions by providing funds or in-kind or pro bono services. Our excellent financial bottom line is possible because of this generosity.

SPECIAL PARTNERS

The Woodcock Family

We acknowledge and thank Frank and Patricia Woodcock for their generous sponsorship of the annual Bruce Woodcock Memorial Lecture.



Frank and Patricia Woodcock, sponsors of the annual Bruce Woodcock Memorial Lecture.

SEW Eurodrive, an international company that engineers power transmission equipment, is committed to improve the lives of people with mental illness and has been our partner for 11 years. The amazing fundraising efforts of this company include an annual auction night

and an annual golf day. This year these events raised \$165,000 with a total raised since 1997 of \$1,356,357. Thank you to Rob and Adel Merola and the team at SEW-Eurodrive for your continuing support. [p7](#)

ACKNOWLEDGEMENTS

Special Partners

Mr and Mrs Robert and Adel Merola SEW-Eurodrive
Mr Frank, Mrs Patricia and Mr Ian Woodcock
Middletons Lawyers

Partners

ACT Health
Action on Disability in Ethnic Communities
Alfred Health (Psychiatry)
ANZ Bank
AsiaLink
Australian Consumer Research Centre
Australian Institute of Family Studies – Prof Alan Hayes
Australian Mental Health Consumer Network
Carer Links North
Carer Links West
Catherine Trahair - Maintain
Central East Mental Health Service
Commonwealth Carer Respite Centre
– Southern Region
Department of Education, Employment and
Workplace Relations (DEEWR)
Department of Families, Housing, Community
Services and Indigenous Affairs (FaHCSIA)
Department of Health and Ageing
Department of Human Services Victoria
Eastern Health Area Mental Health Service
Gateway Community Health
Goulburn Valley Area Mental Health Service
Hanover Welfare Services
headspace Barwon
HomeGround Services
Hootville Communications
Inner South Community Health Service
Inner West Area Mental Health Service
John McGrath
Kathy Wilson – Kathy Wilson Consulting
La Trobe University
Mental Health Council of Australia
Mental Health Legal Centre
Mental Illness Fellowship of ACT Inc
Mental Illness Fellowship of Australia Inc
Mental Illness Fellowship of North Qld Inc
Mental Illness Fellowship of Queensland
Mental Illness Fellowship of SA Inc
Mental Illness Fellowship of WA Inc
Mid West Area Mental Health Service
Mind Australia
Monash University
North East Area Mental Health Service
North West Area Mental Health Service
Northern Area Mental Health Service
Northern Metropolitan Regional Council of Adult
Community and Further Education
NorthSouth Contractors ACT

Orygen Youth Health
Ostara Australia Limited
Our Consumer Place
Peninsula Health
Psychiatric Disability Services (VICSERV)
Queensland Centre for Mental Health Research
Room 44
Rural Housing Network
Schizophrenia Fellowship of NSW Inc
South West Area Mental Health Service
Spicers Paper
St Vincent's Mental Health
Summit Inner West Footscray
Uniting Care Community Options
University of Melbourne
Upper Hume Community Health Service
Victorian Mental Illness Awareness Council (VMIAC)
Waiora Community Mental Health Services
Worktrainers Ltd

Community Supporters

Architectural Glassworks
Bank of Queensland
Barry Plant Real Estate
Barwon Heads Golf Club
Best Western Wyndhamere Motel & Sebastian's
Restaurant
Brotherhood of St Laurence
Bunnings Preston
Busted Onions
Candela Dance
Cathy Newing
Chalgaparty
Champions IGA
Circus & Arena Attractions
City of Boroondara
City of Frankston
City of Port Phillip
City of Stonnington
City of Yarra
Clare Parkin
Coates Hire Bulleen
Cold Snap
Coles
Collingwood Football Club (Women in Black)
Commonwealth Bank of Australia
Darebin City Council
Drummond Family, Melbourne
Fairfield Traders Association
Fernree Gully Carer Support Group
Geoff and Helen Bray
Holeproof Australia
Housing Choices Australia
Ivanhoe Grammer School
Jhoom-Bollywood Dance Company
Jika International

John Sands
Knox Community Health Service
Leader Newspapers
Love Cherry and Attitude
Mangiameli Family, Shepparton
Mars Confectionary
Mauro Bros. East Kew
Melbourne City Toyota
Melbourne Hapkido Academy
Meston Band
Metropolitan Fire Brigade (Melbourne)
Miss Caroline and the Tap-Pets
Mumma Said What
NEAMI
New Life Church Fairfield
New North Gallery & Photographic Art Printing
NMIT
Northcote Police
Plenty Valley Community Health Clinic
Random House Australia
Rivers Australia
Rotary Club of Preston
Rotary Club of Werribee
Runners World East Kew
Safeway Geelong
Santa Maria College
Scholastic
School Uniform Shop Shepparton
Second Bite
SES
Southern Generators and Electrical Pty Ltd
St John Ambulance Australia
Stortarellas
Swingchesters Swing
Telstra
Temptation Bakeries Pty Ltd
The Blinds Factory
The Pulse Community Radio
Urban Artistry
Victoria University
Village Cinemas
Watsonia Pipe Band
Yummy Mummy Lolly Shop
Zabelleydancers

Trusts and Foundations

William Angliss Charitable Fund
Beverly Jackson Foundation
Bendigo Bank Community Enterprise Foundation

Thank you



OUR RESULTS –

People



BOARD OF DIRECTORS

1 The Hon. Robert Knowles AO – President
Appointment Date: 20 September 2000
Rob is a farmer and company director. His current Chairs are: Mental Health Council of Australia, Mental Illness Fellowship of Australia, Campus Council of the Royal Children's Hospital and he is on the boards of the Brotherhood of St Laurence and Annex. He is a former Victorian Minister for Health and has a strong interest in services for consumers, their families and carers. Rob received an Order of Australia Award in 2007.

2 Ms Jenny King – Treasurer
(1/07/08 - 23/2/09)
Qualifications: Bachelor of Business (Accounting)
Appointment Date: 21 October 2005
Jenny has more than 30 years finance experience in the automotive, chemical and paper industries and is currently the chief financial officer of a major Victorian health and aged care provider. Jenny has an extensive background in strategic planning, budgeting, financial analysis as well as risk management and corporate governance. She is a Fellow of the Australian Society of Certified Practising Accountants (FCPA).

3 Mrs Diane Brown – Secretary
Qualifications: Advanced Certificate in Business Studies
Appointment Date: 20 September 2000
Diane has family experience of mental illness and convened the Wodonga Support Group for five years. She has 16 years senior paralegal experience and retired in 2007. Diane is a past member of the Melbourne Health Research and Ethics Committee.

4 Ms Louise Milne-Roch – Vice President
Qualifications: Bachelor of Arts, Bachelor of Business, Postgraduate Diploma in Evaluation.
Appointment Date: 20 January 2003
Currently Louise has her own business consulting company providing advice to clients in the health and welfare sectors. Previously she held a number of CEO positions in the health sector and has wide experience across the mental health and health fields, from clinician to facility manager. Louise has family experience of mental illness.

5 Mr Darrel Drieberg – Treasurer
(24/2/09 - current)
Qualifications: Diploma of Business Studies (Accounting), Certified Management Accountant, Licensed Real Estate Agent
Appointment date: 17 December 2007
Darrel is a corporate strategist and management consultant. He worked in the petroleum, development banking, merchant banking and manufacturing sectors. His professional experience is in structuring businesses both strategically and financially, positioning them in markets and assisting senior executives to achieve their strategic goals. Darrel is also the author of "Financial Management Handbook for Not for Profit Organisations", published in 1997.

6 Mr Paul Montgomery
Qualifications: Bachelor of Arts and Law
Appointment Date: 25 September 2006
Paul has a proven track record in management in a range of contexts. These skills were demonstrated as a managing partner of a multi-million dollar professional services firm. He is now a company director of a number of private companies and is the current chair of the Royal District Nursing Service. He is a member of the Australian Companies Directors Association.

7 Mrs Elaine Price
Appointment Date: 24 January 2005
Elaine is a keen advocate for people with mental illness and their families and friends. She has volunteered over a long period of time as both a *Well Ways* facilitator and *Helpline* volunteer. Prior to retirement, Elaine was a financial analyst in the manufacturing industry. In 2007, she received a Paul Harris Fellowship from Rotary International in recognition of her on-going work on behalf of those affected by a mental illness.

8 Mr Nathan Shafir
Qualifications: Bachelor of Commerce, Graduate Diploma of Commerce DP and FCPA
Appointment Date: 22 October 2004
Nathan was initially involved in the development of the fundraising area of Mental Illness Fellowship Victoria and is now on the Appointments and Governance Committee. He continues serving on various school, industry and community bodies in Melbourne in the area of development and fundraising. Nathan currently teaches and manages at Monash University and Monash College.

9 Ms Lyn Allison
Qualifications: Bachelor of Education
Appointment Date: 8 August 2008
Elected to the Federal Parliament in 1996 and 2001, Lyn held the health portfolio for the Australian Democrats for 10 years and became its leader in 2004. Lyn initiated and chaired the Senate Mental Health Inquiry reporting in 2006 leading to an extra \$4 billion spending on mental health. She co-authored a progress study in Victoria on the recommendations of the Burdekin Inquiry into mental health in 2004. She was also councillor at Port Melbourne in the early 1990s. She is a member of the Australian Institute of Company Directors and joined the boards of several health-related, not-for-profit organisations.

10 Mr Theo Krambias
Qualifications: Bachelor of Applied Chemistry, Bachelor of Science (Hons), Master of Business Administration (Marketing)
Appointment Date: 10 October 2008
Theo has extensive experience in both the health industry and business in hospitality and property development. Theo was an innovator and supporter of the first Open Mind Fiesta in 2001 and now assists reviewing and developing our property portfolio. Theo is a board member with OzChild and the Cyprus Community of Melbourne and Victoria.



011 Dr Julian Freidin

Qualifications: Bachelor of Medicine, Bachelor of Surgery, Master of Psychological Medicine, Fellow of the Royal Australian and New Zealand College of Psychiatrists

Appointment Date: 22 June 2009

Julian is currently the Specialist Medical Adviser to the Royal Australian and New Zealand College of Psychiatrists, having been President of the College between 2005 to 2007. His clinical work spearheads a specialist outreach service for homeless people with mental illness in the inner city. He chaired the organising committee for the World Psychiatric Association International Congress in 2007.

012 Mr Lei Ning

Qualifications: Master Degree in Art Therapy (specialising in mental health)

Appointment Date: 22 June 2009

Lei has a lived experience of a serious mental health challenge for more than 15 years. As an active consumer representative, Lei sits on a number of national and state mental health committees. He is the Deputy Director of the Victorian Mental Illness Awareness Council and manages the Consumer Research and Evaluation Unit. Currently, he is undertaking postgraduate study on mental health laws at the Law Faculty of Monash University.

**Directors' meeting
attendances** 

BOARD OF DIRECTORS SUB COMMITTEES

Appointments and Governance Committee

This committee establishes broad directions for the recruitment, orientation and ongoing development of board members.

Achievements

- updated By-laws updated and reviewed Constitution
- undertook strategic workshop for senior staff to increase governance knowledge
- developed Code of Conduct and Confidentiality Agreements
- developed Conflict of Interest Policy relating to Directors working as volunteers in operations
- appointment of external scrutineer where contested elections occur
- agreed to Non-Director membership of Committees as a mechanism for Board diversity and succession planning
- agreed on Directors endorsement
- developed Appointment of Director letter
- developed nomination process including a Skills set matrix

Directors: Louise Milne-Roch (Chair), Rob Knowles, Nathan Shafir and Elaine Price
Staff attending: Elizabeth Crowther and Bernie Trahair

Executive of the Board

This committee manages decision-making between board meetings and acts as a reference point for senior management.

Directors: Rob Knowles (Chair), Louise Milne-Roch, Diane Brown, Jenny King and Darrel Drieberg
Staff attending: Elizabeth Crowther, Advan Hadzic, Eifion Breese, Laura Collister and Bernie Trahair

Directions Committee

This committee generates broad strategy directions for innovative program development that informs the benchmarks for practice within the field.

Achievements

- developed 2009-13 strategic plan
- redevelopment of participant welfare program
- oversaw four research requests
- input into the Aust & NZ College of Psychiatrists Practice Standards, Research and Professional & Community Relations, and the Australian Medical Council review of accreditation.
- oversaw quality and best practice initiatives.

Directors: Diane Brown (Chair), Lesley Miles, Lyn Allison, Darrel Drieberg and Alex Wood

Non-Director: Estelle Malseed and Alex Wood

Staff attending: Elizabeth Crowther, Laura Collister, Eifion Breese and Bernie Trahair

Finance, Audit and Resource Management Committee

This committee develops broad directions for the short/long-term organisational financial security and directs risk management and audit processes.

Achievements

- completed internal cash management plan
- established Compliance Declaration Checklist including Essential Services Act compliance
- developed asset management system
- commenced the Wide Area Network
- monitored investment strategy
- introduced new financial and fundraising software systems

Directors: Jenny King (Chair 1/7/08 – 23/2/09), Darrel Drieberg (Chair 23/2/09 – current), Paul Montgomery and Theo Krambias
Staff Attending: Elizabeth Crowther, Eifion Breese, Advan Hadzic, Louise Davies and Bernie Trahair

OUR RESULTS –

People continued



MANAGEMENT TEAM

01 Ms Elizabeth Crowther

Chief Executive

Elizabeth has a 40-year history working in the health sector in Victoria, mostly in mental health, with 16 years in senior management roles in the clinical and psychiatric disability sectors. She started as chief executive of Mental Illness Fellowship Victoria in 1995. Elizabeth is a Senior Fellow at the School of Nursing, University of Melbourne, has a Bachelor of Applied Science, a Diploma of Nursing Education and a Graduate Diploma in Health Administration.

- She is a member of the following committees:
- President, VICSERV
 - Deputy Chair - Ministerial Advisory Committee on Mental Health
 - Mental Health Information Systems Strategy Project
 - Project PRIMeD Expert Advisory Group
 - Member MIFA

02 Mr Eifion Breese

Chief Operations Manager

Eifion has worked in the mental health sector for more than 35 years, first as a psychiatric nurse and then within psychiatric disability support services. Eifion's role was Rehabilitation Services Manager until 2007 when he became Chief Operations Manager. Eifion has a Bachelor of Applied Science (Nursing Administration).

03 Ms Laura Collister

General Manager, Rehabilitation Services

Laura joined us in 2005 and manages our rehabilitation programs, employment programs and respite programs as well as leading the research and evaluation team that evaluates our programs and embeds best practice into all our services. She has a Bachelor of Applied Science (Occupational Therapy) and a Masters in Applied Science.

04 Ms Louise Davies

General Manager, Organisational Support Services

Louise's responsibility is implementing systems and structures to maintain and grow our organisational capacity in the areas of administration, HR, IT and Fundraising and Communications. She joined us in 2007

with more than 10 years experience in general management and particular experience in human resources. She has a Bachelor of Science in Human Resource Management, Business Psychology and Psychology and a Post Graduate Diploma in Human Resource Management.

05 Mr Advan Hadzic

Chief Financial Officer

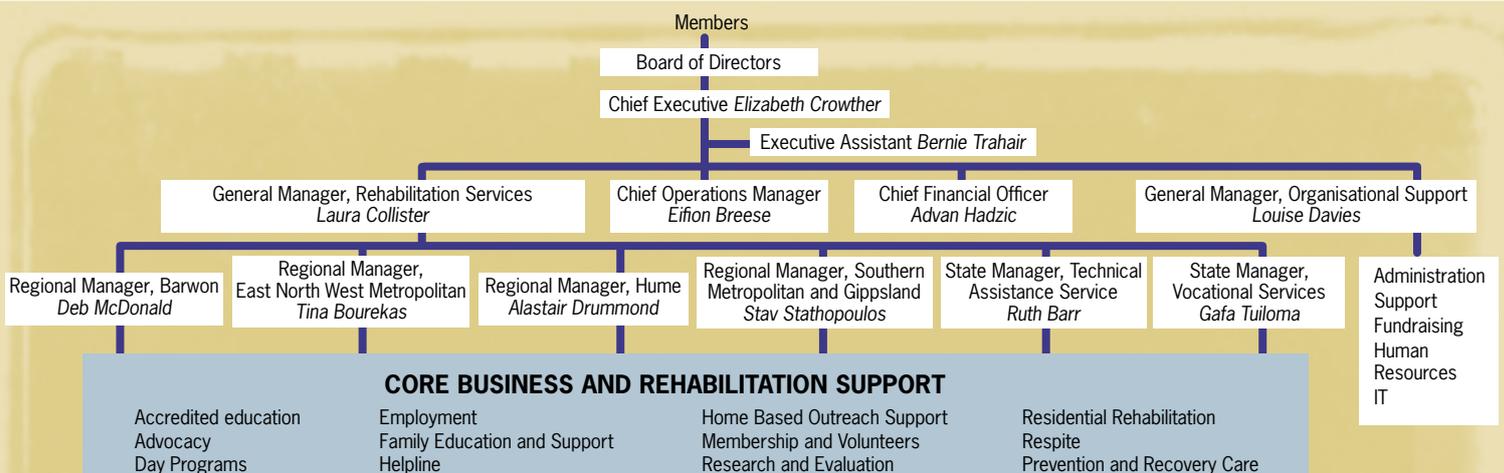
Advan started with us in 1994 and has extensive experience in accounting, finance and general management. He is focused on developing accounting solutions to support efficient business practices for the organisation. Advan has a Bachelor of Economics and is a member of CPA Australia.

06 Ms Bernie Trahair

Executive Assistant

Bernie is executive assistant to the chief executive and secretary to the Board of Directors. She also provides project and management support for the executive team. Joining us in 1998, she has 30 years' experience as a personal assistant and has a Graduate Certificate of Business (Executive Assistant).

ORGANISATIONAL CHART



We strive to develop our people and their capabilities ensuring that we meet and exceed our service delivery for people with mental illness and their families. Our focus on our people is underpinned by our core values of Honesty, Commitment, Participation, Flexibility, Equity and Acceptance and we provide on-going opportunities that foster our strong team environment.

ORGANISATIONAL DEVELOPMENT

In line with our objective of building organisational capability, we provide a number of leadership and cultural development programs. These activities support individual and team alignment with organisational goals, foster diversity and build a collaborative employment environment. Our programs provide individuals with greater awareness of both their emotional intelligence and their thinking preferences through the use of the Herrmann Brain Dominance Instrument. A key activity during this period was providing further training to support the operation of our Performance Development and Review (PDR) process, with a key focus on communication effectiveness.

Supporting our organisational service provision, we developed an integrated rehabilitation process model which focuses on the partnership between participant and key worker, enabling participation in a recovery journey. This program was delivered to more than 130 staff between January and May 2009.

CONFERENCES AND PRESENTATIONS

We presented 11 papers at national and international conferences and three papers were published in journals.

National and international conferences

Title	Title
<i>A Developmental Approach to Mental Health Service Partnerships.</i> Collister, L and Brown, Bill.	Rural Health Conference, Bendigo, July 2008
<i>Education: A Pathway to Social Participation for People with an Enduring Mental Illness.</i> Reed, G and Doyle, B.	Margins to Mainstream Conference, Melbourne, September 2008
<i>Getting and Keeping a Job in the Community: Social Participation for People with an Enduring Mental Illness.</i> Collister, L and Tuiloma, G.	Margins to Mainstream Conference, Melbourne, September 2008
<i>Social Participation for People with Mental Illness – a Multi-faceted Health Promotion Program at a Meso-community Level.</i> Reed, G and McAtee, D.	Margins to Mainstream Conference, Melbourne, September 2008
<i>Building Community Capacity through Family Education for Families of People with Mental Illness.</i> Farnan, S and Reed, G.	Margins to Mainstream Conference, Melbourne, September 2008
<i>Day Programs: An Exploration of the Evidence Base to Inform Change.</i> Collister, L and Harrison, S.	TheMHS, Auckland, September 2008
<i>Analysis of a Peer Led Consumer Education Program as an Effective Tool in the Promotion of Recovery of People with Mental Illness.</i> Anderson, J and Clarke, B.	TheMHS, Auckland, September 2008
<i>Implementing and Delivering Best Evidence Based Practice in Gaining and Maintaining Employment for People with an Enduring Mental Illness - a CHANGE that WORKS.</i> Tuiloma, G and Hegarty, S.	TheMHS, Auckland, September 2008
<i>MY Recruitment: Implementing Co-location Employment Models.</i> Tuiloma, G.	Work Matter Conference, Newcastle, November 2008
<i>Improving Employment Outcomes through Co-location.</i> Crowther, E, Collister, L and Tuiloma, G.	International Initiative in Mental Health Leadership Conference, Brisbane, March 2009
<i>Partnerships Between Clinical and Non-Government Organisations.</i> Crowther, E.	World Psychiatric Conference, Florence, April 2009

In line with our objective of enhancing our attraction, recruitment and development strategies, all human resource policies were reviewed with significant progress achieved in key human resource management practices including:

- position descriptions redesign supporting effective selection and placement
- succession planning
- orientation process redevelopment

Staff Numbers

Staff	Staff number
Full time	97
Part time	76
Casual	77
Total	250

Facts at a glance

Development opportunity	No. attendees
Orientation	71
Performance Development and Review	83
All Staff Forum	133 Nov 2008 134 Jun 2009
Cultural & Linguistic Diversity	10
Rehabilitation Service Delivery Model	133
Herrmann Brain Dominance Instrument	24
External Conferences	24

OCCUPATIONAL HEALTH AND SAFETY

We conducted a rigorous review of our occupational health and safety policies confirming our compliance with legislation, and to highlight across the organisation the value of effective health and safety practices. The Health and Safety Committee continues to build a proactive approach in providing effective support for health and safety management and our incident reports are monitored within this forum. The number of incidents across all categories was 359 and there were eight Category 1 incidents during the reporting period. There were four Workcover claims lodged during this period, representing a significant reduction on the previous period. Our *Employee Assistance Program* continues to provide a valuable support service for our staff.

Publications

- Belonging to a Community Based Football Team; an ethnographic study. Mynard, L, Howie, L and Collister, L. *Australian Occupational Therapy Journal.* (2009) 56, p.266-274
- CALD Experiences at Nicholson Street Prevention and Recovery Care (PARC) Service. Williams, J. *New Paradigm.* (2009) Summer, p.29-30
- Consumer Leadership in the PDRSS Sector. Anderson, J. *New Paradigm.* (2008) Winter, p.20-21

OUR RESULTS –

People continued

Mental Illness Fellowship Victoria annual report 08-09

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IT PROJECT

Great progress was made during the year on our IT Infrastructure. We completed the design of our new intranet site - *MI Share*, and training commenced at the beginning of July with the first phase going live officially on 3 August 2009. This is a critical communication tool enabling staff, participants, volunteers and board members to keep up to date with news and communicate more effectively with colleagues.

Other developments included the roll out of new integrated financial software, Sunsystems, and the implementation of ThankQ, which is a new fundraising and supporter database. We also rolled out our new human resources software, called *CHRIS 21*. Together, these new systems will support the growth of Mental Illness Fellowship Victoria during the course of our new strategic plan.

RISK MANAGEMENT

As part of our Risk Management Plan, the Quality Committee, under direction of the Chief Executive, undertook a review of our Policy and Procedure Manual. It is now more closely aligned with the risk management framework endorsed by the Board, which conceptualises risk as falling into seven broad areas. The diagram below represents the relationship between the organisational policies and procedures, the Chief Executive, the Board, and the members it is elected to serve.

ACCREDITATION

Our organisational commitment to continuous quality improvement was tested during the year as we underwent comprehensive re-accreditation against two separate bodies of standards.

My Recruitment was assessed by BSI Management Systems against the Disability Service Standards, and was fully re-accredited. Our employment programs were also successfully reviewed during the Ostara Consortium's accreditation assessment.

My Recruitment will now participate in annual surveillance audits until the date of its next full accreditation review in 2011.

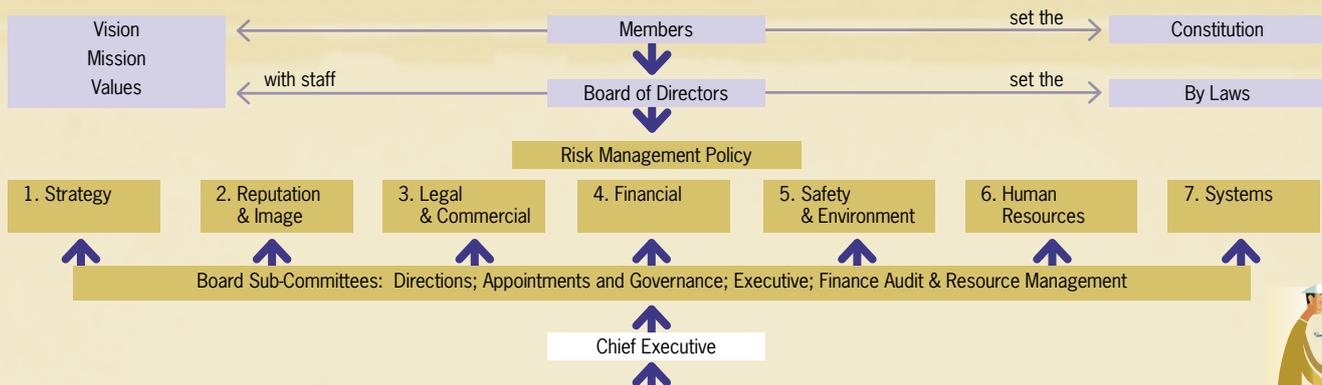
Since our rehabilitation services are our largest operational area, accreditation of these and related programs is of key strategic importance. In June, we were assessed for our second accreditation with the Quality Improvement Council Standards and Accreditation Program (QICSA). The review found that our organisation successfully met 25 standards, and was judged as exceeding industry standards in our incorporation and contribution to best practice. With some further short-term work in two areas, we will achieve full organisational re-accreditation for the period 2009 to 2012.

COMPLIMENTS AND COMPLAINTS

In a busy statewide service with many regional sites, monitoring of incoming compliments and complaints requires robust systems. During the year, we reviewed our systems and developed a stronger staff culture of valuing feedback and ensuring that consumer input shapes our services. We are now implementing an organisation-wide systemic process ensuring all feedback is consistently responded to and that themes are identified, reported and monitored by our Quality Committee.

“We are now implementing an organisation-wide systemic process ensuring all feedback is consistently responded to...”

RISK MANAGEMENT FRAMEWORK



Policies & Procedures; Protocols & Instructions; OH&S Committee & Systems; Quality Committee; Communications Structures; Incident Reporting; Complaints; Reporting Mechanisms; External Stakeholder Relationships; Compliance Software; Editorial Committee; Recruitment Practices; IT



ENVIRONMENTAL SUSTAINABILITY (ES)

We continued to work on reducing our environmental impact by establishing an Environmental Sustainability subcommittee. This subcommittee initiated a project charter and was instrumental in the development of an ES Policy and Procedure. The subcommittee reports into our Quality Committee on a monthly basis using an evaluation tool developed to analyse progress against the charter and our policy.



Environmentally friendly cleaning products are used at all our sites.

The subcommittee wrote our *GoGreen* report and provided strategic recommendations and work practices to improve our efficiency and ensure that sustainability practices become an integral part of managing the services that we offer.

The ES Policy and Procedure details the initiatives that we undertake as an organisation to protect our environment. The subcommittee is responsible for driving the project ensuring that our goals are realised. Our priority areas are listed below with the progress that has been made to date.

Environmental Sustainability Priority Areas

Priority area	Initiative	Status
<ul style="list-style-type: none"> Reduce energy and water consumption 	<ul style="list-style-type: none"> Provide environmental prompts to facilitate behavioural change at work and home 	<ul style="list-style-type: none"> Water saver kits installed at all sites Work with our participants to adopt environmentally sustainable practices in their own homes
<ul style="list-style-type: none"> Reduce paper use and waste volume Increase recycling practices 	<ul style="list-style-type: none"> Implement paper saving and recycling practices across all sites Use council recycling bins at all sites 	<ul style="list-style-type: none"> Printers are set to double sided printing at all sites Local recycling services used
<ul style="list-style-type: none"> Purchase environmentally sustainable goods and materials 	<ul style="list-style-type: none"> Identify green energy providers Quality green cleaning products used at all sites 	<ul style="list-style-type: none"> Switched to green cleaning products in June 2009
<ul style="list-style-type: none"> Provide participant and staff education about environmentally responsible practices 	<ul style="list-style-type: none"> Develop <i>GoGreen</i> poster Prepare and dispatch internal communications encouraging ES tips 	<ul style="list-style-type: none"> Developed and presented poster at the All Staff Forum in Nov 2008

“During the year, we reviewed our systems and developed a stronger staff culture.”



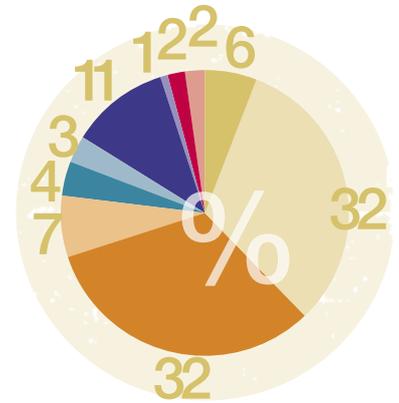
Targets for the Environmental Sustainability subcommittee for the forthcoming year

- Cost evaluation of green utility providers
- Develop an environmentally effective organisational wide model for central procurement
- *GoGreen* re-evaluation scheduled for October 2009

VOLUNTEERING AND SOCIAL INCLUSION

Affleck	M	Dolidis	L	Hosken	M	McLean	R	Richmond	S
Aliferis	M	Doaeal	L	House	K	McTaggart	J	Rigoni	N
Alkeusha	S	Down	J	Howell	D	Mekhail	M	Riley	K
Allen	C	Drewe	L	Huang	C	Meneghetti	L	Riley	P
Allison	A	Drieberg	D	Humpries	D	Meskanen	G	Rinaudo	B
Angelopoulos	L	Drumm	J	Huong	C	Metcalfe	J	Ross	S
Angove	K	Dunn	E	Hutchins	N	Mignot	R	Russo	S
Arena	A	Eboutany	I	Huxham	F	Miles	L	Ryding	L
Arthur	C	Edgley	J	Inglis	M	Milione	H	Sahasrara	C
Assan	B	Edwards	Z	Ioannidis	B	Milne-Roch	L	Schmidt	M
Attard	J	Elhassan	B	Isaccs	L	Moloney	H	Shafir	N
Attard	D	Evans	J	James	L	Mongford	G	Samarani	J
Badcoe	A	Exton	E	Jeffries	R	Montana	P	Sheerhan	P
Bayley	M	Fabbro	P	Jenkins	N	Montgomery	P	Sherlock	K
Bergami	E	Fahandezh Saadi	S	Jennings	J	Moore	H	Smak	T
Betageri	R	Fairbank	M	Johnson	L	Moore	E	Smillie	A
Bianco	T	Fallon	D	Johnson	K	Moore	E	Smith	W
Bowd	G	Finnocchiar	C	Jones	J	Moran	P	Smith	M
Brandon	J	Fitzgerald	G	Kallonas	A	Mules	T	Smith	M
Brown	D	Fitzgerald	S	Keddie	S	Nguyen	V	Smith	B
Buckly	M	Fiumara	S	Kelleher	M	Nickson	T	Smulders	W
Bunton	L	Flahavin	S	Kelly	K	Ning	L	Snell	T
Burnett	L	Flores	M	Kerr	B	Novac	S	Song	A
Burrowes	M	Foley	G	King	J	Nunan	R	Sourtzis	M
Calhoun	P	Foster	L	Kioudis	G	O'Connell	J	Spence	N
Cameron	L	Freidin	J	Knowles	R	O'Connell	T	Stavrou	D
Cameron	W	French	P	Krambias	T	O'meara	A	Stephaniakis	T
Campbell	M	Gallagher	M	Kulpinski	J	O'Neill	M	Stewart	G
Carling	I	Gallagher-Lyon	J	Kumbaric	M	Osborne	M	Stubbs	B
Carlton	D	Garvie	C	Lamers	B	Panetta	R	Szved	S
Cattanach	N	Gately	S	Lamers	B	Pantelis	C	Tan	V
Chandramouli	A	Gayleard	V	Lang	H	Parker	N	Taylor	J
Chepurov	I	Gaynor	L	Lanyon	P	Parke	H	Thirkell	K
Chettleburg	J	George	S	Le Couteur	P	Patchett	T	Tilley	P
Clough	G	Giles	J	Leonard	S	Patel	T	Tolchard	R
Coffey	L	Glickman	M	Lethlean	R	Pearce	E	Trahair	T
Coglahn	E	Goodman	K	Lewisohn	P	Pechlivanidis	S	Trahair	E
Coglahn	M	Goodman	K	Liapas	I	Perry	R	Trahair	J
Coiley	P	Gordon	L	Liapis	I	Petch	L	Trahair	K
Collier	M	Gould	M	Little	M	Pettitt	J	Trahair	S
Collins	E	Gould	N	Lococco	J	Peyton	P	Trahair	C
Collins	E	Gould	P	Luxford	P	Phillips	J	Trahair	C
Collins	J	Gratton	T	Lyons	V	Phillips	J	Trahair	M
Collyer	P	Groenhuizen	V	Lyons	R	Phung	A	Trahair	M
Comfort	B	Gross	K	Macro	F	Piccoli	L	Vandenberg	Y
Constantine	N	Ground	J	Magoulas	L	Pierce	E	Venville	V
Costanzo	S	Guerin	R	Makonnen	G	Piermarini	A	Verditti	M
Craven	J	Haas	I	Malseed	R	Piscioneri	R	Vergou	C
Crichton	B	Halton	C	Malseed	E	Price	E	Voight	R
Cropley	M	Hannan	R	Manno	M	Price	J	Vouthas	J
Crowthier	D	Hansen	D	Marin	A	Price	L	Wadley	S
Crump	M	Harding	B	Markopoulos	M	Price	M	Walker	J
Cullum Jenkins	S	Hart	A	Martin	K	Price	J	Wallace	S
Cvetanovski	A	Hastings	A	Martin	R	Price	D	Walsh	M
Darby	M	Hay	S	Martin	R	Randell	D	White	M
De Cler	D	Hayes	J	Mascarenhas	I	Rawley	M	White	K
Deam	R	Hayes	S	May	A	Real	M	White	T
Deam	M	Heffernan	A	McCarten	A	Redding	G	Windmiller	S
Dear	M	Hickinbotham	J	McCarthy	J	Reed	S	Wright	R
Di Rago	P	Hickinbotham	J	McCredie	F	Reid	G	Wong	C
DiFabio	C	Hill	P	McCullagh/Hale	C	Reid	G	Wong	C
Dimos	F	Holland	M	McDonald	M	Renison	V	Wood	J
Dimos	L	Hornbuckle	R	McDonald	K	Richards	D	Wood	A
Dodson	C	Horvath	E	McKernan	V	Richards	R	Woods	M
						Richards	G	Zoumbouridis	T

SOME OF THE WAYS MI FELLOWSHIP VOLUNTEERS PARTICIPATE ARE:



Volunteering Roles

- Administration
- Events
- Op Shops
- Community & Family Education
- Board of Directors
- Helpline
- Volunteer Visitors
- General Education Tutors
- Speakers Bureau
- Community Support

Volunteering contributes to the strengthening of communities, the support of families and provides a forum for social engagement, all of which are important mechanisms of social inclusion.

Volunteers make our community stronger and more connected. By 'giving back' to their

community they support our organisation's work and they demonstrate the value of active participation.

This year MI Fellowship's work was boosted by the participation of 312 volunteers who worked with us to connect, support, inform and add to the delivery of programs and

services for people with a mental illness, their families & friends.

For many, volunteering is the first step towards gaining experience for employment while for others it is an opportunity to contribute alongside others who are also interested in making a difference.

"To all of our volunteers who have participated during the past year....Thank you!"

MI FELLOWSHIP AWARDS

After first starting in 1992, our awards publicly acknowledge the work of people who promote community understanding of mental illness. The award winners this year are:

Blickle Award (non annual)

John McGrath

John is well known for his work in the mental health field and made a sustained and substantial impact on the lives of people with a mental illness and their families. This prestigious award is only awarded on merit.

Volunteer of the Year Award (annual)

Frances McCredie

Frances' award acknowledges her outstanding contribution at the Kew and Northcote Op Shops and at the Fairfield office during the past four years.

Mental Illness Fellowship Award (annual)

David Richards

For outstanding contribution to participants and/or carers in our programs through the development of MI Fellowship Social Firms.

Mental Health Community Award (annual)

Cameron Mangiameli and Sebastian Mangiameli

For their ongoing support of our activities in Shepparton.

Sue Drummond and Bryan Drummond

For donating their holiday house for our Respite programs.

Financials

DIRECTORS' REPORT

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2009



The Directors have pleasure in submitting their report for the year ended 30 June 2009 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	Ms Jennifer King
Ms Elaine Price	The Hon Robert Knowles
Mr Nathan Shafir	Ms Louise Milne-Roch
Mr Paul Montgomery	Mr Darrel Drieberg
Ms Lyn Allison	Dr Julian Freidin
Mr Theo Krambias	Mr Lei Ning

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 2009, 6 meetings of the Company's Directors were held in respect of which, each Director of the Company attended the following number:

OPERATING RESULT

The net loss of the Company for the year after capital items was \$48,084 (2008 profit \$592,770). The loss from ordinary activities before capital items was \$98,324 (2008 profit \$323,149).

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.

Directors' meetings attendances p27

Name of Director	Date Appointed	Board of Directors' Meetings	Board Committee Meetings			
			Executive	Appointments & Governance	Finance, Audit & Resource Management	Directions
Lyn Allison	8/9/08	6 of 6				4 of 5
Diane Brown (Secretary)	20/9/00	6 of 6	4 of 4			4 of 6
Darrel Drieberg (Treasurer from 24/02/09 to current)	17/12/07	4 of 6	1 of 2		6 of 6	5 of 6
Julian Freidin	22/6/09	1 of 1				
Jenny King (Treasurer 1/7/08 to 23/02/09)	21/10/05	3 of 6	1 of 2		4 of 6	
Rob Knowles (President)	20/9/00	5 of 6	3 of 4	3 of 6		
Theo Krambias	10/10/08	4 of 5			3 of 4	
Lesley Miles (Resigned 15/12/08)	3/9/07	3 of 3				2 of 3
Louise Milne-Roch (Vice President)	20/1/03	5 of 6	3 of 4	6 of 6		
Paul Montgomery	25/9/06	5 of 6			3 of 6	
Lei Ning	22/6/09	1 of 1				
Chris Pantelis (Resigned 16/01/09)	26/7/04	0 of 3				
Elaine Price	24/1/05	4 of 6		2 of 2		3 of 3
Nathan Shafir	22/10/04	5 of 6		6 of 6		
Alex Wood (Retired 17/10/2008)	19/6/00	1 of 1				2 of 2

Financials continued

DIRECTORS' REPORT CONTINUED

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2009

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.

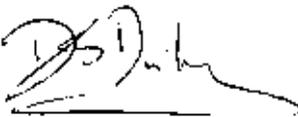
AUDITOR'S DECLARATION

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 ROBERT KNOWLES - DIRECTOR



DARREL DRIEBERG - DIRECTOR

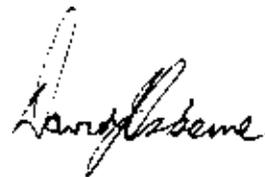
Signed at Fairfield on the 7th day of September 2009.

DAVID J OSBORNE FCPA Certified Practising Accountant Registered Company Auditor
ABN 30 863 523 324

AUDITOR'S INDEPENDENCE DECLARATION

To Mental Illness Fellowship Victoria,
As lead auditor for the audit of Mental Illness Fellowship Victoria for the year ended 30 June, 2009, 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 2nd day of September 2009.

DIRECTORS' DECLARATION

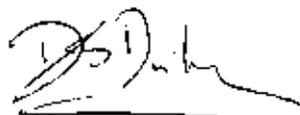
The directors of the company declare that:

1. the financial statements and notes, as set out on pages 35 to 44:
 - 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 2009 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 ROBERT KNOWLES - DIRECTOR



DARREL DRIEBERG - DIRECTOR

Signed at Fairfield on the 7th day of September 2009.

INCOME STATEMENT

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2009

	NOTE	2009 \$	2008 \$
REVENUE			
Contract Services Income	2	12,857,317	10,532,251
Fundraising			
Charitable Contributions		364,044	464,038
Other Fundraising		721,914	733,184
Other Income			
Income From Investments		326,764	435,812
Profit on Sale of Assets		49,280	109,010
Profit on Sale of Investments		-	26,931
Membership Income		22,142	18,039
Other Revenue & Recoveries		220,312	205,411
TOTAL REVENUE		14,561,773	12,524,676
EXPENSES			
Salaries & Related Costs	3	10,034,656	8,349,314
Consultancies		113,028	120,769
Audit Fees		16,596	16,596
Bank Fees		49,465	34,062
Depreciation		664,147	544,286
Interest Expense		171	-
IT Network Costs		290,454	-
Occupancy Costs		403,528	403,694
Office Costs		536,013	516,382
Program Costs		707,057	740,839
Program Setup Costs		232,318	-
Additional Funding to MIFA		25,000	-
Light & Power		118,771	103,512
Motor Vehicle Expenses		321,128	322,463
Property and Equipment Maintenance		413,490	364,166
Fundraising Expenses		363,907	378,327
Client Costs		269,615	182,508
Volunteer Costs		4,455	5,084
Other Expenses		2,728	2,349
Loss on Sale of Fixed Assets		4,127	-
Loss on Sale of Investments		89,443	117,176
TOTAL EXPENSES		14,660,097	12,201,527
PROFIT/ (LOSS) BEFORE CAPITAL ITEMS	4	(98,324)	323,149
Capital Donations and Funding		237,356	455,705
Building Depreciation		(187,116)	(186,084)
NET PROFIT/ (LOSS)		(48,084)	592,770

The Accompanying notes form an integral part of these financial statements



Financials continued

BALANCE SHEET

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2009

	NOTE	2009 \$	2008 \$
CURRENT ASSETS			
Cash at Bank, on Deposit and on Hand		5,055,398	3,694,800
Receivables	5	354,500	1,222,032
Prepayments		122,881	52,044
Other Assets		-	-
TOTAL CURRENT ASSETS		5,532,779	4,968,876
NON CURRENT ASSETS			
Investments available for sale	6	1,936,106	2,233,668
Property, Plant & Equipment	7	8,440,635	8,396,103
Receivables	8	-	-
TOTAL NON CURRENT ASSETS		10,376,741	10,629,771
TOTAL ASSETS		15,909,520	15,598,647
CURRENT LIABILITIES			
Creditors & Accruals	9	1,061,422	957,116
Resident Bonds		300	300
Provisions	10	537,736	443,003
Funds Held for Future Periods	11	2,948,046	2,285,633
TOTAL CURRENT LIABILITIES		4,547,504	3,686,052
NON CURRENT LIABILITIES			
Funds Held for Future Periods	11	1,801,627	1,952,695
Provisions	10	275,097	203,184
TOTAL NON CURRENT LIABILITIES		2,076,724	2,155,879
TOTAL LIABILITIES		6,624,228	5,841,931
NET ASSETS		9,285,292	9,756,716
Represented By:			
MEMBERS FUNDS			
Reserves	12	6,791,106	7,559,787
Retained Surplus		2,494,186	2,196,929
TOTAL MEMBERS FUNDS		9,285,292	9,756,716

The Accompanying notes form an integral part of these financial statements

STATEMENT OF CHANGES IN EQUITY

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2009

	NOTE	2009 \$	2008 \$
Retained Surplus			
Opening Balance		2,196,929	1,106,323
ADD Net Profit For Year		(48,084)	592,770
		2,148,845	1,699,093
ADD/LESS			
Transfer to New Projects Reserve	3	Nil	Nil
Transfer to Property Maintenance Reserve		(29,016)	(26,472)
Transfer to Asset Replacement Reserve		150,601	(34,789)
Transfer to Asset Trust Reserve	14	223,756	307,517
Realised Gains on Sale of Investments		Nil	251,580
Net Amount of Transfers		345,341	497,836
Closing Balance		2,494,186	2,196,929
Reserves			
Opening balance		7,559,787	8,576,038
Net change in fair value of available-for-sale financial assets	13	(423,340)	(518,415)
ADD Net transfers (to)/from Retained Surplus		(345,341)	(497,836)
Closing balance		6,791,106	7,559,787

The Accompanying notes form an integral part of these financial statements



Financials continued

STATEMENT OF CASH FLOWS

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2009

NOTE	2009 \$	2008 \$
Cashflow from Operating Activities		
Receipts - from Donors and Funding Agencies	17,053,326	13,125,271
Payments to Suppliers and Employees	(14,953,629)	(12,358,700)
Interest & Distributions Received	326,764	435,812
Net Cash Provided by Operating Activities	2,426,461	1,202,383
Cashflow from Investing Activities		
Proceeds from sale of property, plant & equipment	158,390	412,786
Proceeds realised from sale of investments	70,269	1,975,661
Purchase of investments	(285,490)	(2,752,082)
Payment for property, plant & equipment	(1,009,032)	(1,441,832)
Net Cash used by Investing Activities	(1,065,863)	(1,805,467)
Cash Flow from Financing Activities		
Net Cash provided by Financing Activities	Nil	Nil
Net Increase (Decrease) in Cash Held	1,360,598	(603,084)
Cash at Beginning of Year	3,694,800	4,297,884
Cash at End of Year	5,055,398	3,694,800
a) Reconciliation of Cash		
Cash at Bank, on Deposit and on Hand	5,055,398	3,694,800
b) Reconciliation of Cash Flow from Operations with Profit/ (Loss)		
Net Profit/ (Loss)	(48,084)	592,770
<i>Adjustments for Non cash flows in operating profit:</i>		
Depreciation	851,263	730,370
Profit on Sale of Property, Plant & Equipment	(45,153)	(109,010)
Profit on Sale of Investments	Nil	(26,931)
Realised loss on Sale of Investments	89,443	117,176
<i>Changes in assets and liabilities:</i>		
(Increase)/Decrease in Receivables	867,532	(1,011,805)
(Increase)/Decrease in Prepayments and Other Assets	(70,837)	6,133
Increase/(Decrease) in Creditors & Accruals	104,306	169,541
Increase/(Decrease) in Employee Provisions	166,646	33,506
Increase/(Decrease) in Funds for Future Use	511,345	700,633
Cashflows from Operations	2,426,461	1,202,383

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2009

1. STATEMENT OF ACCOUNTING POLICIES

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards including Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the *Corporations Act 2001*. The financial report is for Mental Illness Fellowship Victoria as an individual entity, incorporated and domiciled in Australia. Mental Illness Fellowship Victoria is a company limited by guarantee.

The following is a summary of the material accounting policies adopted by the entity in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

Basis of Preparation

Reporting Basis and Conventions

The financial report has been prepared on an accruals basis and is based on historical costs. It 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.

Accounting Policies

(a) 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.

(b) Funds Held For Future Periods

Mental Illness Fellowship Victoria 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 organisation 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 \$4,749,673 are showing as a liability at 30 June 2009 (\$4,238,328 at 30 June 2008). All other donations and untied grants are recorded as income when monies are received.



Financials continued

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS CONTINUED

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2009

(c) 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.

(d) Taxation

Mental Illness Fellowship Victoria 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.

(e) 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. After any accumulated gains are utilised by subsequent losses, any further losses are taken to the Income Statement. 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.

(f) Cash

Cash includes cash on hand, deposits held at call with banks and investments in term deposits and money market instruments, net of overdrafts.

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS CONTINUED

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2009

	NOTE	2009 \$	2008 \$
2. CONTRACT SERVICES INCOME			
Government Grants		10,028,278	8,740,364
Funding & Grants received in previous periods		1,123,385	386,761
Fees from other Agencies		1,320,710	1,151,028
Client Fees		384,944	254,098
		12,857,317	10,532,251

3. SALARIES AND RELATED COSTS

Increase in Salaries & Related costs is attributed to the Australian Fair Pay Commission increase, salary review increases and increase in Equivalent Full Time (EFT) staff.

Number of Staff 30th June (EFT) 163.89 141.39

4. CAPITAL FUNDING AND DONATIONS

Mental Illness Fellowship Victoria receives funding which it earmarks for expenditure on capital. Amounts are allocated towards renovations of existing property, purchase of property, purchase of computer equipment, network development, motor vehicles and office equipment.

5. RECEIVABLES - CURRENT

Sundry Debtors	354,500	1,222,032
	354,500	1,222,032

6. INVESTMENTS – AVAILABLE FOR SALE

Investments in Managed Funds	1,936,106	2,233,668
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7. PROPERTY, PLANT & EQUIPMENT

Buildings and Land - at cost	7,704,848	7,624,633
Less Accumulated Depreciation	(1,648,220)	(1,461,104)
	6,056,628	6,163,529
Motor Vehicles - at cost	2,606,724	2,466,006
Less Accumulated Depreciation	(1,243,211)	(990,058)
	1,363,513	1,475,948
Office Furniture and Equipment - at cost	1,664,116	1,374,479
Less Accumulated Depreciation	(783,836)	(617,853)
	880,280	756,626
Work in Progress	140,214	-
Total Written Down Value	8,440,635	8,396,103

8. RECEIVABLES – NON CURRENT

Loan - Social Firm Management Group	-	224,400
Less Provision for Doubtful Debts	-	(224,400)
	-	-



Financials continued

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS CONTINUED

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2009

	NOTE	2009 \$	2008 \$
9. CREDITORS & ACCRUALS			
Trade Creditors		532,796	735,039
Accruals		528,626	222,077
		1,061,422	957,116
10. PROVISIONS			
Current Liabilities			
Provision for Annual Leave		507,096	417,818
Provision for Long Service Leave		30,640	25,185
		537,736	443,003
Non Current Liability			
Provision for Long Service Leave		275,097	203,184
11. FUNDS HELD FOR FUTURE PERIODS			
Current			
Expected to be utilised within 12 months		2,948,046	2,285,633
Non Current			
Expected to be utilised between 1-2 years		685,000	685,000
Expected to be utilised between 2-5 years		1,116,627	1,267,695
Total Non Current		1,801,627	1,952,695
Total		4,749,673	4,238,328
12. RESERVES			
Available for Sale Investment Revaluation Reserve	13	(941,755)	(518,415)
Capital Campaign Reserve		536,295	536,295
Capital Reserve		300,000	300,000
New Projects Reserve		1,063,968	1,063,968
Property Maintenance Reserve		191,074	162,058
Asset Replacement Reserve		360,437	511,038
Asset Trust Reserve	14	5,281,087	5,504,843
		6,791,106	7,559,787
13. AVAILABLE FOR SALE INVESTMENT REVALUATION RESERVE			
Opening Balance		(518,415)	251,578
Increase/(Decrease) in Fair Value of Investments		(423,340)	(518,415)
Transfer to income statement on sale of financial assets		-	(251,578)
Closing Balance		(941,755)	(518,415)

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS CONTINUED

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2009

14. ASSET TRUST RESERVE

In 1998/99 the Mental Illness Fellowship Victoria 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 the organisation's 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 organisation has no discretionary control regarding their utilisation.

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

	NOTE	2009 \$	2008 \$
Opening Balance		5,504,843	5,812,361
Add/(Less) Transfers (to)/from Retained Surplus		(223,756)	(307,518)
Closing Balance		5,281,087	5,504,843

15. CAPITAL COMMITMENTS

As at 30 June 2009 no capital commitments exist, nor any existed for the comparative previous year.

16. RELATED PARTY RELATIONSHIPS

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

17. KEY MANAGEMENT PERSONNEL

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

Short Term Benefits	496,781	541,335
Other Long Term Benefits	-	-
Post Employment Benefits	121,384	123,631
Termination Benefits	121,190	-
Share Based Benefits	-	-
Total	739,355	664,966



Financials continued

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS CONTINUED

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2009

18. 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 0.0% and 7.70%. The average rate at balance date was 3.91%.
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 7.46%.
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 organisation 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 organisation's exposure to interest rate risk and the effective interest rates of financial assets and financial liabilities at balance date are as follows:

	Floating Interest Rate	Fixed Interest maturing in			Non Interest Bearing	Carrying Amount	Weighted Average Interest Rate %
		1 Year or Less	Over 1 to 5 Years	Over 5 Years			
(i) Financial Assets							
Cash on Call & Bank Bills	3,853,271	1,202,127				5,055,398	3.91%
Managed Funds					1,936,106	1,936,106	N/A
Receivables					354,500	354,500	N/A
(ii) Financial Liabilities							
Creditors					1,061,422	1,061,422	N/A
Resident Bonds					300	300	N/A

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF MENTAL ILLNESS FELLOWSHIP

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2009

REPORT ON THE FINANCIAL REPORT

I have audited the accompanying financial report of Mental Illness Fellowship Victoria which comprises the balance sheet as at 30 June 2009 and the income statement, statement of recognised income and expenditure and cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the *Corporations Act 2001*. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

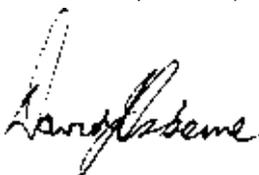
Independence

In conducting my audit, I have complied with the independence requirements of the *Corporations Act 2001*. I confirm that the independence declaration required by the *Corporations Act 2001*, provided to the directors of Mental Illness Fellowship Victoria on 7 September, 2009, would be in the same terms if provided to the directors as at the date of this auditor's report.

Auditor's Opinion

In my opinion:

- a. the financial report of Mental Illness Fellowship Victoria is in accordance with the *Corporations Act 2001*, including:
 - i. giving a true and fair view of the company's financial position as at 30 June 2009 and of their performance for the year ended on that date; and
 - ii. complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Regulations 2001.



DAVID J. OSBORNE FCPA

Registered Company Auditor No 10244
C/- Shepard Webster & O'Neill Pty Ltd
434 Nepean Highway, Frankston 3199
Telephone 9781-2633
Date: 9th September 2009



Glossary

Advocacy: arguing in favour of another; publicly defending and supporting the interests of an individual or group who are subject to stigma and discrimination

BASIS 32: a self-report measure used in MI Fellowship rehabilitation programs to gauge participants' evaluation of the progress that they are making in their recovery

Best practice: a technique or methodology that, through experience and research, has reliably led to a desired or optimum result

CALD: 'culturally and linguistically diverse' – refers to groups whose first or preferred language and culture is not the dominant language and culture

Camberwell Assessment of Needs: an assessment instrument used in MI Fellowship rehabilitation programs to develop a comprehensive picture of the participant's needs, skills and abilities.

Certificate in General Education for Adults: A nationally-recognised training course offered by MI Fellowship at Certificate levels II and III, for people with a mental illness

Commonwealth Carer Respite Centres: places that help people find care and support to continue living independently in their own homes. Centres can provide information and can help to arrange respite care

Community Care Unit: Clinical care and rehabilitation for people with serious mental illness, usually offered in a cluster of accommodation in the community.

Community links: is a day program in Frankston

Consumer participation: the active involvement of service users in planning and decision-making about those services; the process whereby service-delivery organisations open up their operations to be more influenced by and accountable to, the people who use these services

CPI: Consumer Price Index is an index of the changes in the cost of goods and services to a typical consumer, based on the costs of the same goods and services at a base period

Day programs: organised programs of activities that support people with mental illness to develop and maintain skills for independent community living; usually provided to groups either in a designated centre or in generic community settings

DEEWR: Commonwealth Department of Education, Employment and Workplace Relations

DHS: Victorian Department of Human Services

Disability Employment Network (DEN): Provides specialist assistance to job seekers with disabilities who require on-going support to find and maintain employment

Discrimination: the practice of treating a person or a group unfavourably or unfairly on the basis of an identifiable characteristic, such as having a mental illness

DoHA: Commonwealth Department of Health and Ageing

Dual diagnosis: where a person experiences both a mental illness and a substance misuse condition

Early intervention: (1) the practice of timing treatment or rehabilitation to occur early in an illness to modify the course of the illness and prevent deterioration; (2) the practice of orienting interventions towards younger people so as to prevent illness from occurring, or to address illness in its early stages

Evidence-based practice: the offer of services or interventions that are based on proven evidence of effectiveness in bringing about good outcomes for consumers

FaHCSIA: Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs

FARM: Finance, Audit and Resource Management Committee

headspace: headspace provides mental and health wellbeing support, information and services to young people and their families across Australia

Helpline: a telephone information, referral and support service provided by MI Fellowship for people with mental illness, family members, and others in the general community; the service is provided 9-5 Monday to Friday and is staffed by volunteers, most of whom are also peers

Home Based Outreach and Support (HBOS): Individually-tailored support provided to people with mental illness in their own homes and communities, to assist them to develop and maintain skills for independent living and increase their participation

Human Resources: the personnel employed by a given company or organisation

Individual Participant Plans (IPP): a key document that provides the framework for delivery of rehabilitation services to each individual; the IPP is developed collaboratively with the participant and defines his/her personal goals and aspirations

IT: Information technology - the development, implementation, and maintenance of computer hardware and software systems to organise and communicate information electronically

Integrated service responses: a desirable situation wherein diverse services are coordinated and integrated into a seamless system that is easy to navigate

Intranet: a private network that uses internet protocols to securely share any part of an organisation's information systems with its employees

Length of stay: the period during which a person remains as a participant of a MI Fellowship program

Linking People Locally (LPL): A program assisting people with a mental illness to access courses and activities at local Neighbourhood Houses in the eastern Melbourne metropolitan area

MY Recruitment: the name of MI Fellowship's evidence based employment program, which assists people with mental illness to find and keep appropriate jobs in the open labour market

MI Share: Mental Illness Fellowship Victoria's implementation of Microsoft's Sharepoint Technologies to create a corporate Web Portal to manage documents, search content and enable teams to collaborate.

MIFA: Mental Illness Fellowship of Australia Inc

Occupational health and safety (OHS): refers to the legislation, policies, procedures and activities that aim to protect the health, safety and welfare of all people at the workplace

Opening Doors: An intensive residential rehabilitation program for people with a serious mental illness. It consist of various forms of independent living options, located in several homes in the Armadale, Glen Iris and St Kilda areas

Organisational capacity: the sum total of knowledge, capabilities, skills, values and attitudes that are held and practiced by the people of the organisation, combined with its physical and financial resources and the goodwill and influence that it exerts externally

Participant: a person who is a client of MI Fellowship programs and services

Peer: A person with direct lived experience of either mental illness or caring, who uses this experience in taking on an active role working with other consumers, for example as a leader, facilitator, or provider of information and support

Performance Development and Review (PDR): the system for staff supervision, goal setting, performance monitoring and development applied within MI Fellowship

PHaMS: Personal Helpers and Mentors Service – a program that offers flexible, individual support to people with mental illness living in the community

Prevention and Recovery Care (PARC): a transitional treatment and rehabilitation service available to people with mental illness who are becoming unwell and may require admission to acute care; and those who have been in acute care and are preparing to return to home

Psychiatric disability rehabilitation and support: that group of rehabilitation services directed to people with mental illness living in the community; includes day programs, home-based outreach, and residential rehabilitation services

Public Relations: the actions of a group, corporation, store, government, individual, or the like in promoting goodwill between itself and its stakeholders

QICSA: Quality Improvement and Community Services Accreditation: the framework for quality accreditation that applies for many community services organisations

Psychosocial Rehabilitation: the provision of skilled behavioural interventions that support and enable people affected by mental illness to recover, relearn skills, reconnect with their communities and resume fulfilling roles

Residential Rehabilitation: rehabilitation programs that are provided in conjunction with provision of accommodation; for specified periods of time, participants 'live-in' and receive comprehensive support and rehabilitation as well as accommodation

Respite: a period of rest and relief that is provided to support someone in a caring role

RTO: A registered training organisation (RTO) in Australia, is a vocational education organisation that provides students with training that results in qualifications and statements of attainment that are recognised and accepted by industry and other educational institutions throughout Australia

Secure Extended Care Unit: medium to long term inpatient treatment and rehabilitation, for people with severe mental illness that limits their capacity to live in a community setting

Social exclusion: A complex process of compounding disadvantage whereby vulnerable people become outcast, owing to their lack of employment, education, housing, and relationships

Social inclusion: The state of belonging and being a part of the community, whereby people are able to actively participate because they have access to the necessities of employment, education, housing and relationships

SRS: Supported Residential Service - a form of supported congregate accommodation provided for people who are independent but need assistance with preparation of meals and provision of basic household necessities

Step Up Step Down: a transitional treatment and rehabilitation service available to people in the ACT with mental illness who are becoming unwell and may require admission to acute care; and those who have been in acute care and are preparing to return to home

Stigma: negative image associated with an identifiable characteristic such as mental illness

Substance misuse: use of illicit substances or problematic use of licit substances, such as alcohol and other drugs

Vocational Rehabilitation Services: Provides assistance to people who have an injury, disability or health condition to work independently in the open labour market. It provides a comprehensive intervention, combining vocational rehabilitation with employment assistance

Wide Area Network: a computer network that covers a broad geographic area

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Helpline

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Social Inclusion



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mental illness
fellowship victoria

ACN 093 357 165
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
w > www.mifellowship.org

mental illness fellowship victoria
for people with mental illness, their families and friends

BARWON

51 Fyans Street, South Geelong
t 03 5229 8827

HUME

71B Wyndham Street, Shepparton
t 03 5831 3699

SOUTHERN AND GIPPSLAND

34 Birdwood Street, Frankston
t 03 9783 1008

EAST NORTH WEST

8/602 Whitehorse Road, Mitcham
t 03 9874 5310

AUSTRALIAN CAPITAL TERRITORY

3/6 Montford Crescent, Lyneham
t 02 6230 0087

FAIRFIELD PLACE

276 Heidelberg Road, Fairfield
t 03 8486 4200

OP SHOPS

602-604 High Street Kew
t 03 9817 5599

454 High Street Northcote
t 03 9482 6688