



MI Fellowship™



Annual Report 2013–2014

IMAGINE BETTER IN ACTION

OVER THE PAST TWO YEARS WE HAVE CHALLENGED INDIVIDUALS, FAMILIES, COMMUNITIES AND GOVERNMENTS TO IMAGINE BETTER – BETTER SUPPORT, BETTER UNDERSTANDING, BETTER DREAMS, BETTER LIVES.

IN THIS YEAR'S ANNUAL REPORT WE LOOK AT HOW IMAGINING BETTER IS PUT INTO ACTION THROUGH THE AIMS AND ACHIEVEMENTS OF INDIVIDUALS AND OF OUR RECOVERY PROGRAMS.

WE THANK THE PARTICIPANTS, FAMILIES, MEMBERS, VOLUNTEERS AND STAFF WHO MADE THIS REPORT POSSIBLE THROUGH THE CONTRIBUTION OF THEIR THOUGHTS, STORIES AND IMAGES.

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IMAGINE BETTER IN ACTION

MI Fellowship™ is a not-for-profit membership organisation and is a Company Limited by Guarantee. Our primary purpose is to support people with mental illness and other psychosocial disabilities, their families and their friends in order to gain inclusion into communities; to create a home, get a job and build meaningful relationships. We provide this support through recovery, education and advocacy programs.

Recovery approaches and advocacy underpin all of our work and are our two very clear 'reasons for being'. MI Fellowship's advocacy and recovery services enable us to work toward social inclusion for people with mental illness and other psychosocial disabilities.

We operate in a context that maintains that people with mental illness and other psychosocial disabilities have both the right, and the potential, to live their lives untouched by societal stigma or discrimination. We work proactively to support this right and potential through a range of partnerships.

We acknowledge that mental illness and other psychosocial disabilities have a broad impact on associated families and friends who are often denied effective support systems. We work to assist people with mental illness and other psychosocial disabilities and their families to gain better access to community supports. We work towards enabling social inclusion with people who experience mental illness and other psychosocial disabilities, their families and friends.

Vision

Our vision is of a society in which people with a mental illness and other psychosocial disabilities, and their families will be understood, accepted and supported. People with mental illness and other psychosocial disabilities will be afforded the same regard as those with physical illnesses and resources will be available to offer early interventions and state of the art treatment and support. People will no longer experience stigma and society will treat them with the same respect and dignity as any other person.

Mission

We work with people who experience mental illness and other psychosocial disabilities, their families and their communities to assist people to build satisfying and meaningful lives. We will assist people to get a job, create a home, build relationships and attain physical and mental health and emotional wellbeing. We do these things so people are full members of the community.

OVERVIEW 2013-14

Program Participants	Doorway funding	Calls To Helpline
4,600	\$7m	3,341

392,500

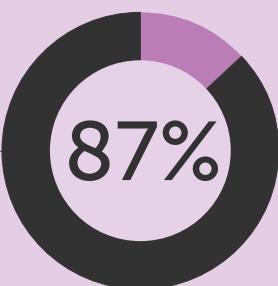
Engaged in our advocacy, information and education activities



Staff members



Lived experience
roles



Staff who are degree, diploma
or certificate qualified



Active volunteers



AWARDS ★★★★★

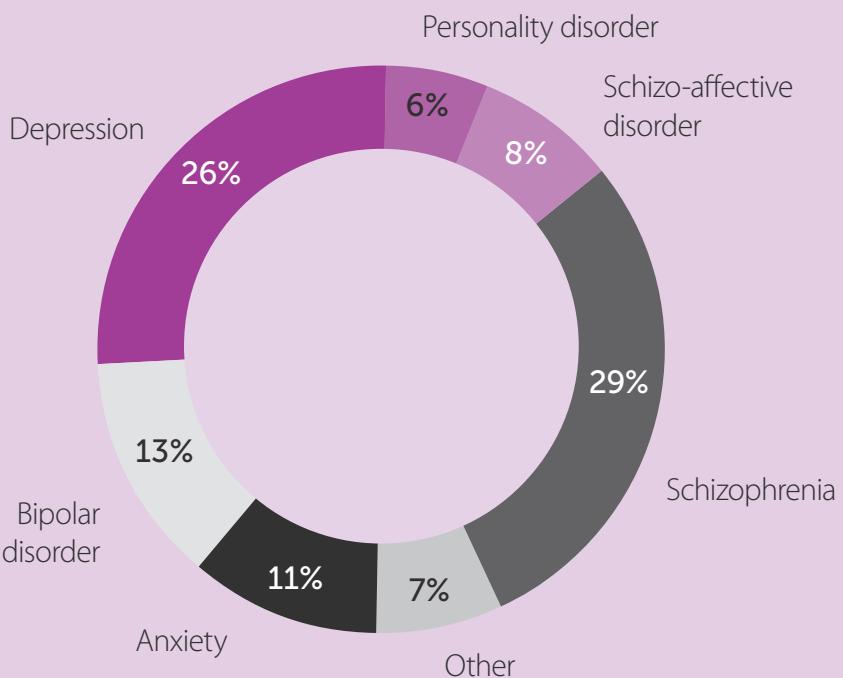
- 2013 Australian and New Zealand Mental Health Service (TheMHS) Gold Achievement Award for a Support Program
- 3CR Community Radio Best Special Broadcast Award 2013

ANNUAL TURNOVER

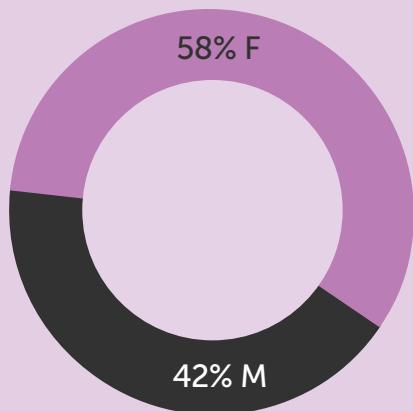
\$25m

OVERVIEW 2013-14

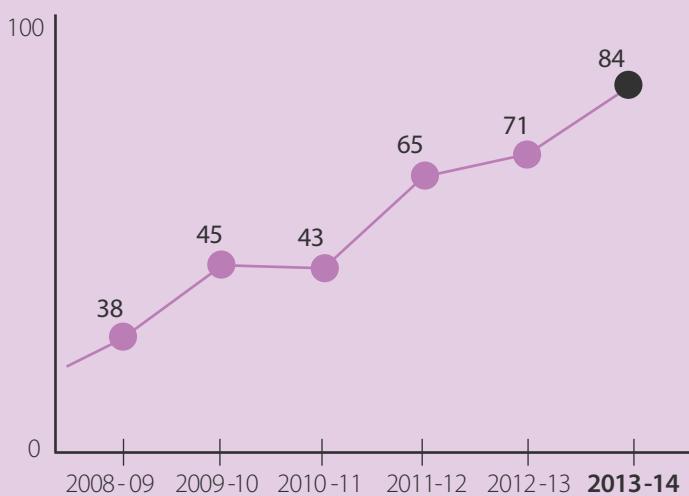
Mental health conditions of the people we worked with in 2013-14



Gender of the people we worked with



Participants identifying as Aboriginal or Torres Strait Islander



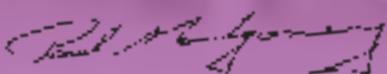
Participants from culturally and linguistically diverse backgrounds



Note: We use the word 'participant' to describe people living with mental illness and their families and carers who take part in our programs and use our services.

PRESIDENT'S REPORT

PAUL MONTGOMERY



"The strategic plan seeks to maintain MI Fellowship's position as a member-based recovery and advocacy organisation at the same time as opening possibilities for new directions and future growth."

In what has been an especially busy year, the Board has been focussed on steering the organisation through a changing landscape in order that it emerge with the capabilities to continue the important work it does as a leading mental health organisation.

The intense period of government reform that occurred over the 2013-14 year has been matched by a corresponding period of strategic growth and re-positioning at MI Fellowship.

Following the reform of many Victorian Government funded mental health support services, and the launch of the NDIS, we are now operating in a significantly altered environment – with more change ahead.

In this context, the Board reviewed and extended its strategic plan, reaffirming its mission and setting out a strategic course to guide the organisation until December 2016. This plan seeks to maintain MI Fellowship's unique position as a member-based recovery and advocacy organisation, at the same time as opening possibilities for new directions and future growth.

The amalgamation between MI Fellowship and Aspire was successfully completed and effective by 1 July 2014, extending the delivery of MI Fellowship services to new regions and preparing the organisation for future merger possibilities and a growing geographical footprint. We have continued to investigate our mutual interests with RDNS and have this year embarked upon partnership projects with that national organisation to further develop our relationship.

Our strategic vision now allows for the increase of our services to a wider group of people affected by psychosocial disability. While our core mission continues to be influencing positive change in the lives of people with severe mental illness and their families, the programs of MI Fellowship also benefit people affected by ageing, trauma, injury or drug and alcohol use.

The Board's committee structure is working well at bringing focus to key aspects of our business. The addition of the Carer and Consumer Committee ensures that carer and consumer perspectives are a part of all Board decision making.

We have achieved an excellent financial result this year, with revenue of \$25m.

A large part of this result is due to bequests from people with a personal interest in seeing the work of our organisation continue.

Special acknowledgement goes to the Estate of Terrence Heyward and also to our major donors David Slack, Janet Tiller and our long standing partners Rob and Adele Merola at SEW-Eurodrive. We thank these people for their generosity and exceptional sense of community. This strong financial position will be of great benefit to the organisation as it navigates more changing times ahead.

I take this opportunity to thank my fellow Board members for the voluntary contributions they make to MI Fellowship. During the year Jan Hatt resigned and we thank her for the excellent contribution she made over three years. We welcomed Dr Alex Wood who has had a long association with MI Fellowship and brings a wealth of experience.

I also thank MI Fellowship staff so ably led by Liz Crowther. Liz and the team have been responsible for much hard work which has given us such good results in a tough year. I thank our members, who are playing an increasingly important part in our advocacy work. I also thank the participants in our programs who have been required to show patience and understanding during this last year of change and transition. We acknowledge the support of the Australian Government and the Victorian Government for their funding of many vital programs. We look forward to building on these constructive and productive relationships with government, funders, donors, members, participants and staff.

CHIEF EXECUTIVE'S REPORT

ELIZABETH CROWTHER

The Good News

"Our vision of better support, better opportunities, better lives for people with mental illness, their families and carers remains unchanged."

All organisations in the community mental health sector have been affected by the recommissioning of government-funded services and MI Fellowship has been no exception.

As a result of these far-reaching reforms, our organisation gained some services, lost others, and is now working over a larger geographical area.

We now operate across 39 locations in three states. As a result, we have re-located some staff to regional areas where we are delivering programs that are distinctly place-based – that is, supporting individuals through the strengthening of community networks, relationships and friendships. Sadly, we also lost 25 staff members through the loss of some services.

We have established a new organisational structure to reflect the changed funding environment. This structure enables us to deliver our services effectively to a growing number of communities and incorporates research and development, giving us greater capacity to develop

innovative and evidence-informed program responses to individual, family and community needs.

During the year the organisation again reaffirmed its commitment to advocacy as a fundamental plank in our mission. It was in this context that the new position of General Manager for Consumer and Carer Advocacy and Leadership was established. This executive level peer leadership position will help amplify the voices of people with lived experience of mental illness, and will lead our organisation's policy analysis and advocacy campaigns.

Our amalgamation with Aspire, A Pathway to Mental Health Inc, was fully operational by the end of June extending our reach over South West Victoria and into Tasmania. We welcome Aspire staff to our organisation.

We have continued to develop the capacity of our staff through ongoing upgrading of skills, knowledge and understanding. During the year an extensive staff development program was undertaken to ensure that all areas of our practice are informed by our Community Recovery Model. Comprehensive training has also been carried out to ensure we are optimising the benefits of the electronic participant management system Carelink+ which now operates across our organisation.

The year ahead will bring further change, with the Victorian Government undertaking reviews and re-commissioning of adult residential rehabilitation, mutual support self-help and respite services; and a Commonwealth Government review of the Personal Helpers and Mentors Scheme (PHaMs) and mental health respite/carers support. The roll-out of the NDIS will also progress.

We will continue to work with participants and family members to ensure people are able to make informed choices about the support options available to them.

At a systemic level through the voices of consumers and carers – we will advocate for an NDIS that is designed to understand and meet the needs of people living with mental illness, and for the retention of services for those people outside the NDIS system.

Following a particularly challenging year, some things at MI Fellowship have changed, but our vision of better support, better opportunities, better lives for people with mental illness and their families remains unchanged. We approach the year ahead with a strong financial position, an invigorated and skilled workforce and an organisational commitment to continue to imagine better. I thank the very many people who have helped make this possible.



COMMUNITY RECOVERY MODEL

MI Fellowship staff are trained to practise within our Community Recovery Model. This model combines evidence from research with the expertise of lived experience. It recognises that real and lasting recovery does not occur in isolation and can be best achieved by working at three levels: to promote recovery and positive change for people with mental illness; to assist families and friends to build resilience; and to create welcoming communities.



The principles of the Community Recovery Model are applied across our practice and are informed by evidence.

Peer work: Peer work is essential to create an environment for recovery by intentionally using lived experience of mental illness to inspire hope, confidence and a sense of empowerment. Studies show that peer support increases a person's ability to bring about change in their own life. Our programs include peer support relationships that are based on learning rather than helping, and that focus on recovery rather than illness.

Natural supports: We work with people to establish and enhance their natural supports. Natural supports are the relationships that occur in everyday life – family, friends and community members. Research shows that individuals with a diversity of relationships and involvement in a range of social activities have healthier lives than those who lack such supports. Natural supports foster empowerment, independence and growth, and reduce reliance on services.

Families: For a person affected by mental illness, recovery is enhanced when the whole family is knowledgeable, skilled, resilient and well supported. We work to ensure families have effective education and support and that they are involved in decision making and support processes.

Housing: Having a home enables people with mental illness to improve their health and wellbeing. Informed by international examples and evidence, we work to ensure that people have real choices about where and how they live, a sustainable way to manage their housing costs and support from family, friends and others in the community.

Employment: Our own experience and international evidence demonstrate that people with a mental illness can work when provided with the right support. We help people find work that is fairly paid and that reflects their skills and interests and we support people to develop skills and networks to help them keep their job. We work with employers and colleagues to assist them to better understand mental illness.



**"NOW IT'S NOT ALL
ABOUT ME."**

ARTHUR | Melbourne

Arthur thinks he is closer than he has ever been to living the life he wants to live. "I'm doing more of what I want to do. I'm becoming someone I really want to be." Arthur's life has been tough. Homeless from the age of 16, he lived on the streets for 10 years. It wasn't until he became physically very unwell that mental illness was identified.

Now 35, Arthur is finding the balance between looking after himself and helping others. He has trained as a volunteer for MI Fellowship's Helpline and volunteers there regularly. He is also a trained Speakers Bureau community educator and frequently presents his story to diverse audiences.

"It feels good to be able to help others. It's a reminder that I'm not the only person living with mental illness. I used to call in to Helpline myself. Now it's not all about me." Arthur continues to have support from clinical and community-based mental health services. He lives on his own with increasing independence. "Sometimes I feel a bit lonely but that can happen to anyone anywhere. I get out of the house now. I've got things to do and I'm more open to meeting new people and making friends."

Arthur's goal is to eventually work for MI Fellowship. "I want to help people who are going through what I've been through. I see people at MI Fellowship who have a mental illness and are working. I think: 'if they can do it, I can do it'."

RESIDENTIAL RECOVERY

In 2013-14 MI Fellowship continued to expand its capacity to offer residential recovery care ranging from intensive support to independent living options. Our residential programs help avoid and reduce hospital stays, and enable people to prepare for life back in their communities.

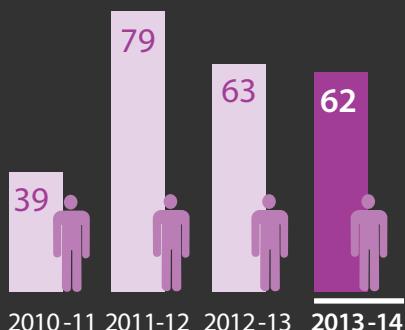
COMPLEX NEEDS IN REGIONAL AREAS

MI Fellowship delivers the Mental Health Pathways Program in Barwon and Shepparton in partnership with regional housing and area mental health services with funding from the Victorian Government. This residential program works with people who have complex mental health needs and are without stable housing.

Locations

- Barwon
- Shepparton

Participants



SHORT-TERM PREVENTION AND RECOVERY

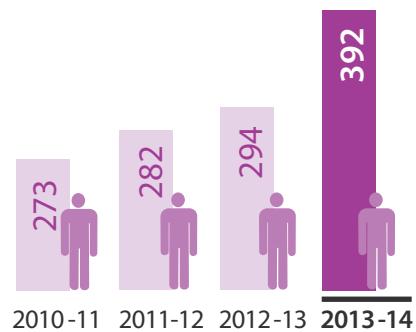
MI Fellowship operates five residential recovery programs, with a sixth to commence operation in 2015 in partnership with St Vincent's Hospital. These programs offer short-term support for people who require early intervention to prevent admission to a psychiatric inpatient unit or who require a structured environment for a time following discharge from hospital.

Locations

- Canberra (Adult)
- Canberra (Youth)
- Fitzroy (2015)
- Frankston
- Shepparton
- South Yarra

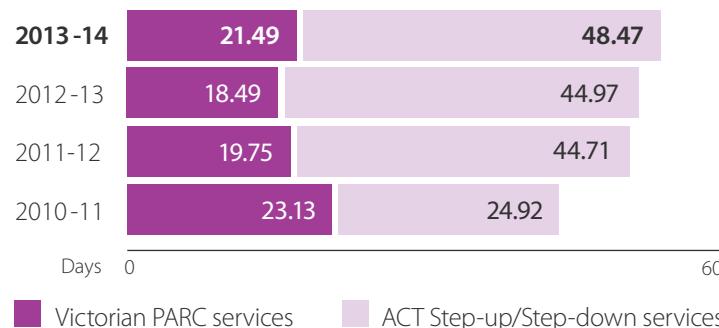
Providing participants with a home-like environment, these programs are linked to local clinical services and provide each participant with a key mental health worker to assist with the transition back to life in the community. The programs are known as Prevention and Recovery Care services (PARCs) in Victoria, and Step-up/Step-down services (SUSD) in the ACT and are funded through the Victorian and ACT governments. The SUSD services are funded to provide longer stays than PARC services.

PARCs and SUSD participants



PARCs and SUSD average length of stay: days*

*SUSD services are funded to provide longer-term stays than PARC services.





LONGER-TERM RESIDENTIAL RECOVERY

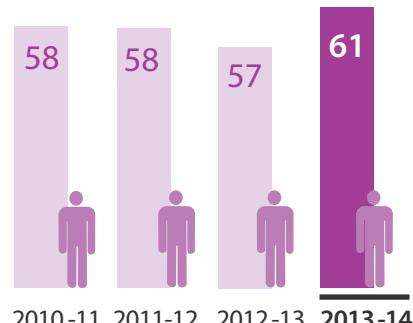
Shepparton Specialist Residential Rehabilitation Program

This program provides long-term residential care for adults in partnership with the Goulburn Valley Area Mental Health Service. It delivers clinical care, rehabilitation and support in a 24-hour non-clinical, recovery-focussed environment.

Locations

- Shepparton
- South Yarra and Inner South
- Barwon

Longer-term residential recovery participants



Opening Doors

Opening Doors comprises six home-style residential sites across the inner south of Melbourne offering a continuum of residential rehabilitation care ranging from the intensive support of a Community Care Unit (CCU) to independent living options.

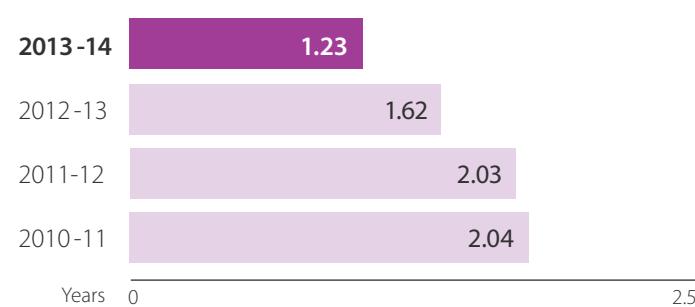
Opening Doors operates in partnership with Alfred Psychiatry and Inner South Community Health with participants focusing on building independent living skills, participating in the household community and working towards their individual recovery goals.

Barwon Program (Collins Place)

This program offers five two-bedroom units in Geelong providing a safe and stable recovery environment for people with mental illness and substance misuse issues. It focuses on establishing or re-establishing family and social connections and building living skills and a sense of responsibility.

This program was previously funded by the Department of Human Services and is now operating as part of the National Disability Insurance Scheme (NDIS).

Longer-term residential recovery average length of stay: years



"I COULD GRADUALLY WORK MY WAY BACK TO REGULAR LIFE."

JESSICA | Canberra

Jessica was 19 and on a gap year from her engineering degree at ANU when symptoms of post-traumatic stress surfaced and she was admitted to hospital. Once her condition was stable, she was referred by clinical staff to MI Fellowship's Youth Step-up/Step-down residential program.

"I lived there for a couple of months," says Jessica. "There was a lot more freedom than in the hospital and at the same time there was enough support when necessary. The staff were awesome.

"There was structure but also time for just general chilling with each other and talking to other participants. I could gradually work my way back to regular life."

As a transgender person, Jessica has not always found mental health professionals to be supportive and non-judgemental, but she says both participants and staff were very accepting. "Everyone was quite open to it," she says. "I'm very much about educating people and so I used every chance to get people to question their assumptions about gender."

Jessica has now moved into a place with her partner and has been steadily increasing her independence. "For the first month or two I had regular outreach visits from my MI Fellowship keyworker which helped the transition."

Now back at uni, Jessica has switched from engineering to a psychology/arts degree. Her plan is to complete the qualifications necessary to work as a counsellor with people who are questioning their gender.



DOORWAY

MI Fellowship established the Doorway housing and support program as a demonstration project in 2011 with \$3.2m funding from the Victorian State Government. The program draws upon international evidence in the fields of housing and mental health to deliver an innovative service that supports people with serious mental illness who are homeless (or at risk of homelessness) to find and sustain homes in the private rental market.

Ross, 47

Found himself without a home following a relationship breakdown. The Doorway subsidy allowed him to rent a three-bedroom house so that he could have his three children stay with him on weekly access visits. While in Doorway he addressed his alcohol dependency and had his driving licence reinstated. His brother gave him a car and he is now able to drive his children to sporting activities.



59

Number of people housed over 3 years



27 REAL ESTATE AGENTS

The three-year demonstration project concluded in June 2014. Although funded for 50 participants, a total of 59 people were housed through the program. The program operated in the Melbourne metropolitan areas of Banyule, Nillumbik and Yarra, and in the Gippsland shires of Baw Baw and Latrobe. Referrals were made through the clinical mental health services in each of these catchments: Austin Health, St Vincent's Hospital and Latrobe Regional Hospital. Doorway also had the support of the Real Estate Institute of Victoria (REIV).

The program was staffed by housing and recovery workers, including workers with personal experience of mental illness and housing stress. A reference committee comprised of both staff and participants contributed to the direction of the program.

An independent longitudinal evaluation of the demonstration project undertaken by Nous Group found that Doorway participants were leading more independent and healthier lives than before entering the program, with fewer hospital admissions, less reliance on specialised mental health supports and newly developed skills in managing rental and lease arrangements.

In May 2014 the Victorian Government announced that it would re-fund the Doorway program with \$4.1m over four years. Scoping is currently being carried out to determine the catchment areas for the new Doorway program. Locations for the program will be determined by the size of homeless populations and the need for mental health support within these populations.

At the conclusion of the demonstration project, the majority of participants chose to remain in private rental and were independently maintaining their tenancies. A total of 18 people received transitional support beyond the end of the program.

Doorway longitudinal evaluation findings

 Before Doorway  After Doorway



20 Days  8 Days

Average time each participant spent in bed-based clinical mental health services



93  63

Estimated emergency department presentations across all participants over a 12 month period



16%  27%

% of Doorway participants in paid or unpaid work



$\frac{1}{3}$

of participants improved to the point of being discharged from their Area Mental Health Service

Cost of Doorway per participant per annum	Savings to Government in avoided health costs per participant per annum	Net cost of Doorway per participant per annum
\$19,300	\$11,050	\$8,250

Pam, 54

Was living in her mother's converted garage but was not able to remain there due to increasing conflict with her mother. After establishing a home for herself through Doorway she found work for four hours a week. She used this money to buy a car and is now able to visit her daughter and granddaughter each week. Her relationship with her mother has improved and they see each other regularly. At the conclusion of Doorway Pam moved to a two-bedroom flat which she secured and rents independently.

Michael, 24

Came into the Doorway program having spent long periods of time in residential rehabilitation services. Through Doorway, he rented a property close to his family. For the first time in his life he developed independent living skills such as shopping, budgeting, paying bills and cleaning his home. With support Michael found a housemate and is now able to pay his share of the rent and bills sustainably.

Therese, 32

Following her participation in Doorway, Therese has now moved into a home in Reservoir and is paying the full cost of her rent. Having a Doorway rental history, she secured her new property on her own merit. Therese is now working full-time following many years of being out of the workforce due to mental illness. This was a goal she set for herself during her time in Doorway, which she achieved after studying for two years.

SOURCE: Doorway Formative and Summative Evaluations, Nous Group, November 2013

COMMUNITY-BASED RECOVERY

Our community-based recovery programs support people in their communities, assisting them to develop new skills, establish community networks, maintain homes and relationships with families and friends, and manage their health and wellbeing.

In 2013-14 the Victorian Government completed its reform of mental health community support services, resulting in changes in the way MI Fellowship delivers some of its community-based programs. This was a major change for participants and some found it very difficult. We worked closely with people to ensure the best transition possible.

A net change brought about by the reforms is that MI Fellowship has expanded the geographical reach of its community-based programs across Victoria. Our expansion was further advanced by our amalgamation with Aspire.

Individual Client Support Packages

As part of the Victorian Government's reforms, funding of some programs delivered by MI Fellowship ceased from 31 July 2014 and was replaced by new Individual Client Support Packages. These packages allocate State Government funding to individuals on the basis of their particular support needs, enabling agencies such as MI Fellowship to work with participants to design support packages that address their needs, interests and aspirations. The hours of support used by a person can be decreased or increased over time, depending on changing needs.

MI Fellowship was successful in being selected to deliver Individual Client Support Packages in communities around Victoria. In doing so, we are working with participants in accordance with our Community Recovery Model, ensuring a focus on peer support, encouraging the establishment of natural supports, supporting family and friends, assertive housing and employment support, and enabling people to identify and pursue their own recovery goals.

Day Programs

Victorian Government funding of Day Programs has now been replaced by Individual Client Support Packages. In 2013-14 a total of 656 people participated in MI Fellowship's day programs. We worked with these people through the reform process to ensure they could make informed decisions about the new support services available to them from 1 August 2014.

Day Program participants

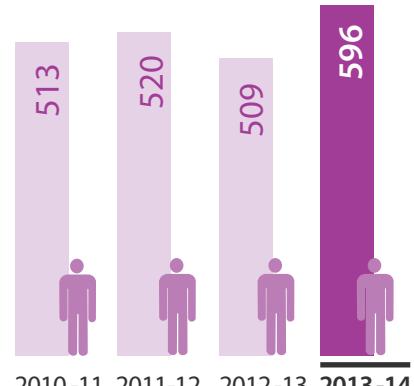


Home-based Outreach Services

Funding of Home-based Outreach Services has been replaced in Victoria by Individual Client Support Packages. We continue to deliver home-based outreach services in the ACT with funding through Housing and Accommodation Support/Recovery Initiative (HASI/HARI).

In 2013-14 we worked with a total of 596 people through home-based outreach services.

Home-based Outreach Services participants



Personal Helpers and Mentors Service (PHaMs)

The Personal Helpers and Mentors Service (PHaMS) provides one-on-one mentoring and practical recovery coaching by teams which include workers with lived experience of mental illness.

MI Fellowship is funded by the Commonwealth Government to deliver the PHaMS service in the Frankston and Rosebud areas in Victoria.

Employment PHaMs (E-PHaMs)

Some PHaMs teams bring particular focus and expertise in employment support for those people who are looking to move into work (E-PHaMs). We work collaboratively with employment services to achieve better employment outcomes for participants. Our E-PHaMs teams worked with a total of 97 participants in 2013-14.

PHaMs participants



* includes PHaMs and E-PHaMs participants

Respite

Respite is designed to provide a break for families from their caring role and is part of the range of supports we offer to families and participants. Our respite options are designed to be flexible and responsive, addressing the needs of families and individuals affected by mental illness. Respite services can range from occasion-specific sessions to day-long activities and week-long retreats.

We work with participants and family members to shape the respite activities we offer. We continue to work with Aboriginal and Torres Strait Islander communities and culturally and linguistically diverse (CALD) communities to increase the number of culturally specific respite activities that we offer.

Our respite services are funded by the Victorian Government's Department of Health and the Commonwealth Government's Department of Social Services. The demand from families for respite continues to rise.

Partners in Recovery

This Commonwealth funded program was rolled out in 2012-13 and provides people living with complex mental health needs with a facilitator to help coordinate support across multiple service providers.

MI Fellowship is part of five coalitions in the Medicare Local areas of Inner East Melbourne, Gippsland, Hume, Frankston-Mornington Peninsula and the ACT which are delivering Partners in Recovery.

We worked with a total of 261 participants in 2013-14, facilitating their mental health support.

Through this program, participants and their families are supported to develop greater self-management of their health and recovery goals and the services which support them.

Coordinating care across a range of different health supports in the community helps to achieve better outcomes for participants.

Respite participants

	2013-2014	2012-13	2011-12	2010-11
Commonwealth Government funded	793	621	762	781
Victorian Government funded	533	487	458	393
Total	1,326	1,108	1,220	1,174

Community-based recovery locations

Victoria - Bacchus March, Ballarat, Benalla, Camperdown, Cobram, Frankston, Geelong South, Geelong West, Hamilton, Mitcham, Richmond, Myrtleford, Portland, Rosebud, South Yarra, St Kilda, Seymour, Shepparton, Wallan, Wangaratta, Warragul, Warrnambool, Wonthaggi, Yea

Australian Capital Territory - Lyneham, O'Connor, Kambah

Tasmania - Burnie, Devonport, Hobart, Launceston

MI FELLOWSHIP ASPIRE SERVICES

In 2014, MI Fellowship amalgamated with Aspire, A Pathway to Mental Health Inc, which operated mental health services in Tasmania and South West Victoria. The amalgamation brought more services to the two regions and greater choice for people with mental illness and their carers.



MI Fellowship™
Aspire services

SERVICES IN SOUTH WEST VICTORIA

Mental health community support services, youth residential rehabilitation, carer support, peer support, volunteering program, respite and mental health promotion and education programs.

SERVICES IN TASMANIA

Rehabilitation and recovery programs, child, youth and family engagement services, carer support, early intervention programs, Partners in Recovery and mental health promotion and education. Tasmania is also a National Disability Insurance Scheme (NDIS) trial site, for young people aged between 15 and 24. We are a registered provider with the NDIS.

MI Fellowship and Aspire shared values and a vision of recovery for people with mental illness in the community. Our amalgamation took place to bring new opportunities and services to people with mental illness and their carers, family and friends in Tasmania and on Victoria's Great South Coast.

MI Fellowship's work across Victoria and the ACT has shown us the importance and value of strong connections with the local community. We have been working to maintain and develop these in our two new regions, whilst building on the solid foundations developed by Aspire over many years.

The amalgamation took place over a number of months, beginning on 1 April 2014 when Aspire programs in Tasmania supported by Department of Social Services Targeted Community Care funding transferred to MI Fellowship.

The amalgamation was formally completed on 1 July 2014 when remaining Aspire staff transferred to MI Fellowship.

Then, from 1 August 2014, MI Fellowship began providing Individual Client Support Packages, youth residential rehabilitation and catchment-based planning in the Victoria's South West following the State Government's recommissioning of mental health community support services. Aspire supported MI Fellowship in this tendering process.

MI Fellowship staff worked closely with their new Aspire colleagues to make the amalgamation happen smoothly so the people who use our services were not affected.



"RECOVERY SUPPORT HAS TO ENABLE PEOPLE
TO FIND THEIR WAY AROUND THEIR OWN
COMMUNITIES THROUGH POSITIVE INTERACTIONS
AND RELATIONSHIPS."

- MI FELLOWSHIP PROGRAM WORKER

NDIS

The National Disability Insurance Scheme (NDIS) commenced operation in the Barwon region in Victoria on 1 July 2013 and is one of five launch sites nationally. MI Fellowship has prepared at both strategic and operational levels to become an NDIS service provider, aiming to provide excellent support services at the same time as seeking to ensure that the scheme meets the needs of people with mental illness and their families. While the Barwon launch site has presented challenges, our involvement is helping inform our participation in the Tasmanian and ACT trial sites.

Client transition and impacts in Barwon

The transition of people to the NDIS has been staged. In May 2014, people with mental health related disabilities were no longer funded by the Victorian Department of Health to receive a service. Instead they transitioned to the NDIS and began the process of eligibility assessment.

One of the key issues for people with a mental health diagnosis is that the language of 'permanent disability' used to assess eligibility for the NDIS is a barrier for many people. The concept of 'permanent disability' sits in opposition to the principles of mental health recovery.

At 30 June, 2014 less than half (43%) of the 488 people previously registered with mental health community support agencies in the Barwon region had received support packages from the National Disability Insurance Agency (NDIA).

To date, no carer with MI Fellowship has received support through an NDIA package.



Although efforts are continuing to transition people to the new system, the disengagement of people with mental illness is highly concerning. Participants, carers and families have found the process complicated and slow, and backlogs have occurred.

The diagnosis and assessment criteria has been especially challenging for many people. Without funding, MI Fellowship staff have accompanied clients to GPs to assist with their NDIS applications.

We are concerned about people deemed to be ineligible who still need to receive mental health services.

MI Fellowship is continuing to work closely with clients to ensure that as many eligible people as possible receive support packages.

Also of concern is that the cost to deliver support services is substantially higher than funding provided through the NDIS. This presents issues for future sustainability for community mental health providers and the quality and ranges of services available.

Through our advocacy work we are calling on policy makers to provide accessible, equitable and sufficient recovery-oriented mental health services.

MI FELLOWSHIP'S NDIS SERVICES

- Accommodation/tenancy assistance
- Assistance to access and maintain employment
- Assistance with daily life tasks in a group or shared living arrangement
- Behaviour support
- Coordination of complex supports
- Life/transition planning
- Establishment of mentoring and peer support
- Development of daily living and life skills
- Participation in community, social and civic activities
- Specialised assessment of skills, abilities and needs
- Training for independence in travel and transport

NDIS ADVOCACY

As well as working with individuals, we are addressing the larger systemic issues associated with the NDIS through our advocacy work. These issues have been raised with and are being considered by mental health organisations, peak bodies and local, state and federal governments and the NDIA.

MI Fellowship is part of a coalition of mental health service providers elected by VICSERV which is working to influence the design of the current system.

MI Fellowship's Call to Action

During our advocacy campaigns for both the 2013 Federal Election and 2014 Victorian State Election, we have asked governments to learn the lessons from the NDIS trial site in Barwon before the roll-out of the NDIS nationally.

The Barwon NDIS trial has been an excellent opportunity to assess how the scheme works in practice, and has demonstrated that there is an important and necessary role for specialist mental health community support services to be delivered separately.

We are extremely concerned about how people not eligible for an NDIS plan will continue to receive services.

In our 2014 Call to Action, we asked the Victorian State Government to preserve \$80m a year for specialist mental health services in Victoria to provide support services to people with a mental illness who are not eligible for an NDIS plan.

Choices Project

In November 2013 MI Fellowship formed a consortium with Doutta Galla Community Health Services and Merri Community Health Services to trial client-directed funding packages in preparation for the NDIS and the introduction of Individual Client Support Packages in Victoria.

The 'Choices: Building a Good Life' project saw 48 people with mental illness access a selection of services from the three organisations using a virtual budget. They were assisted by a support advisor to identify what a good life meant to them and to put together a plan to achieve it.

An evaluation of the project found that over 70% of project participants had a clear vision and plan and believed they were on track to achieving their recovery outcomes.

"I NEVER THOUGHT I'D BE ABLE TO TURN
MY LIFE AROUND. THIS IS THE FIRST TIME
SINCE I WAS 15 THAT I'VE LIVED LIKE I'M
NOT JUST EXISTING."



CHLOE | Geelong

"I never thought I'd be able to turn my life around. This is the first time since I was 15 that I've lived like I'm not just existing." Just over a year ago Chloe's life was at rock-bottom. She was 20 years old, living with post-traumatic stress disorder, isolated from family and friends, and without a home. "I'd been in residential facilities before, but Collins Place was different because it encouraged me to live independently," says Chloe.

Collins Place in Barwon accommodates up to 10 people and provides individualised recovery support that encourages people to build the skills and confidence to work towards their own life goals. "I have one-on-one sessions three times a week with my key worker Paul, and we talk about everything," says Chloe.

"Being part of the community here gives me a sense of belonging. I feel safe. Every day I'm working hard to maintain my health. When I'm feeling down, it's small steps, like a walk down the street. When I'm feeling well, it's bigger steps."

"I got my licence and I'm over the moon about it. I'd got my driving hours up with Mum and Dad, but I'd never done lessons. The staff here helped me apply for funding to pay for lessons and to sit the test. I got it first go! Now I've got a car." Chloe has also enrolled in a bridging course so she can study nursing. "Two years ago I tried to start a Diploma of Nursing but wasn't stable enough to keep going. I'm well enough now to feel confident to apply. If you told me a year ago I'd be where I am now, I wouldn't have believed it."

STUDY AND WORK

For 20 years MI Fellowship has delivered programs that provide study and employment support for people living with mental illness. We know from direct experience what the research bears out: that people with mental illness want to work and that given the opportunity, people can exceed even their own expectations.

STUDY

Registered Training Organisation

As a registered training organisation (RTO), MI Fellowship increased its geographical spread in 2013-14 and offered 22 training courses across 12 Victorian metropolitan and regional locations. Courses included Ready for Employment, Introduction to Social Media, Introduction to IPad, and Certificates II and III in General Education for Adults.



193

Number of RTO participants in 2013-14



22

Training courses across Victoria

WORK

Our approach to employment support is informed by the evidence-based Individual Placement and Support (IPS) model which has consistently been found to be more successful at assisting people with mental illness into employment than non-specialist approaches. The key principles of this approach include: integration of employment and mental health support; rapid job search; ongoing individualised support and seeking employment in the open job market.

IPS Demonstration Project

Participants: 72

A fixed-term project run in partnership with Eastern Health and funded by the Victorian Department of Health that is using the IPS model to support people referred from Eastern Health clinical mental health service to find and maintain competitive employment.

ACT Vocational Recovery Program

Participants: 42

MI Fellowship runs a specialist vocational program in Canberra – a café and a gardening service – providing real-life work experience for people with mental illness, along with the opportunity for participants to complete qualifications in related fields.

E-PHaMs

Participants: 97

MI Fellowship was funded by the Commonwealth Department of Social Services to deliver PHaMs employment services to assist people in the Frankston and Mornington Peninsula area to prepare for employment. Over this 12 month period, 97 participants used this service.

Partnering with Commonwealth-funded employment services

Participants: 18

MI Fellowship has partnered with Commonwealth-funded employment services and Eastern Health and St Vincent's Hospital to deliver employment support specific to the needs of people with mental illness in the Inner Eastern and Central Eastern catchments of metropolitan Melbourne.

Research with St Vincent's Hospital

We have commenced a joint research project with St Vincent's Hospital Melbourne to analyse the pathways and outcomes of people who sought employment support through the MI Fellowship-St Vincent's partnership. The findings of this study will contribute to the growing evidence base on effective employment support interventions for working with people with mental illness.

CELIA | Warragul

After her first day of class in the Certificate II of General Education for Adults, Celia wrote in her journal: "Very nervous and shook through the first part of the day. Finding it hard to see how I can get through seven months of this." Today Celia is planning to move on to Certificate III. Celia is one of 12 students in her class. All the students live with mental illness and the course is delivered by an experienced, qualified trainer through MI Fellowship's registered training organisation.

"People in the class understand if you're having a bad day. I'm allowed to laugh, I'm allowed to cry and just be myself. It's knowing that we've all got problems but we can still achieve things," says Celia.

Celia, 47, has been diagnosed with anxiety and depression and had been out of work for two and a half years before starting the course. In among her family and caring responsibilities, she was finding it increasingly hard to manage. "I couldn't think clearly. Now I'm writing reports, I'm doing maths, I'm using computers."

"Earlier in the year we organised a class trip into the Ian Potter Centre in Melbourne. Last year there was no way I would have caught the train up to Melbourne. That was a huge step for me." Celia is now investigating the requirements for becoming a hairdresser in aged care facilities. "I can't imagine where I would have been if I hadn't done this course. It's given me focus, skills, friends and the time and understanding to step outside my comfort zone and get things done."

**"EARLIER IN THE YEAR WE ORGANISED A CLASS TRIP INTO THE
IAN POTTER CENTRE IN MELBOURNE. LAST YEAR THERE WAS
NO WAY I WOULD HAVE CAUGHT THE TRAIN UP TO MELBOURNE.
THAT WAS A HUGE STEP FOR ME."**





HELPLINE WHERE TO FROM HERE?

The MI Fellowship Helpline is an information, referral and support service that is available to any person affected by mental illness. It operates from Monday to Friday, 9am – 5pm, is managed by a coordinator and staffed by trained volunteer peers who understand the challenges faced by those living with mental illness or by those who are caring for someone.

The Helpline responded to 3,341 calls during 2013-14 – an 18% increase on the previous year. It also replied to an average of 50 email enquiries a month – a 75% increase on the previous year.

The majority of calls (64%) were from people with a mental illness;

18% were from carers and family members, with the remainder coming from friends, service providers and students.

Looking forward

In the coming year our Helpline will offer ongoing individualised peer support to NDIS (National Disability Insurance Scheme) participants and to carers and consumers in the community through a freecall line.

We will also expand the Helpline regional volunteer program to enable people in regional areas to support people with mental illness in their local communities. This recognises the importance of a person's community to the recovery process.

Helpline calls



"PEOPLE CALL FOR INFORMATION, OR FOR A CHAT. OFTEN PEOPLE CALL WHEN THEY'RE HAVING A HARD TIME OR JUST NEED SOME SUPPORT. IT'S GOOD TO BE ABLE TO BE A FRIENDLY VOICE, SOMEONE WHO CAN LISTEN."

LOUISE, HELPLINE VOLUNTEER

CALLER: My daughter has a mental illness. I'm trying to find out what services she is eligible for but I'm finding it very confusing.

HELPLINE: If you can tell me where you live and the kind of support you think you and your daughter are interested in, we'll put together some information for you.

HELPLINE: Hi Bernadette, it's Marion from Helpline. How's your week been?

PARTICIPANT: Hi Marion. The week hasn't been too bad.

CALLER: I've got a key worker who I really like. What will happen with the changes to mental health organisations in Victoria?

HELPLINE: It will depend on what organisation's services you use. Let me find out for you...

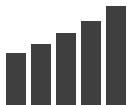
CALLER: Hi, it's Frank.

HELPLINE: Hi Frank. I haven't spoken with you for a while. How are you going?

WELL WAYS

Our evidence-based Well Ways peer education programs support recovery for people with a mental illness and their families and friends. All programs are led by peers – either people with their own lived experience of mental illness or family members and carers of someone with a mental illness. Facilitators are trained and supported by MI Fellowship.

The success of the Well Ways programs is based on the powerful combination of providing up-to-date knowledge on mental health, recovery, treatment, support options, legal and service systems, stigma and rights within a peer learning environment of shared expertise.



EVALUATION

All Well Ways programs have been shown through external and internal evaluations to significantly improve the lives of people with a mental illness and their families and friends including reducing stigma, increasing self-efficacy and providing people with a sense of belonging.

AWARD WINNING

In 2013 the Well Ways MI Recovery program was awarded the Gold Achievement Award for a Support Program or Service as part of the Australian and New Zealand Mental Health Service (TheMHS) Achievement Awards.

Well Ways MI Recovery

A 10-session program designed and led by people with a lived experience of mental illness to enable people living with mental illness to move forward in their recovery and lives.

Well Ways Snapshot

A two-session introductory program for family members, friends and carers of a person with a mental illness, including a short presentation from someone with a lived experience of mental illness.

Well Ways Building a Future

A 12-session education program designed to assist family members and carers to maintain their own wellness and support the recovery of their family member or friend with a mental illness.

Well Ways Duo

A 10-session program for family members, friends and carers of a person with a dual diagnosis (mental illness and drug/alcohol issues).

Well Ways programs have been delivered in the following locations:

Australian Capital Territory

Queensland – Brisbane, Dalby, Stanthorpe, Toowoomba, Warwick

Tasmania – Burnie, Hobart, Launceston

New South Wales – Finley, Nepean Blue Mountains, Newcastle, Western Sydney

Victoria – Ballarat, Banyule, Bairnsdale, Boronia, Box Hill, Croydon, Dandenong, Frankston, Geelong, Knox, Lilydale, Ringwood, Seymour, South Melbourne, Sunshine, Warrnambool, Wonthaggi, Werribee, Wodonga

Western Australia – Bunbury, Northam, Joondalup

Well Ways partnerships

In 2013-14 we moved to a new delivery model for the Well Ways programs which aims to make the programs self-sustaining into the future. Under this new model, we have trained consumer and carer peers from partner organisations to deliver Well Ways within their local communities. Partner organisations fund facilitator training and contribute to the ongoing research and evaluation undertaken by MI Fellowship.

We are currently working with 16 external partner organisations across Australia. Our newest partnership is with WentWest in Western Sydney which will be delivering Well Ways programs as part of its innovative NSW Recovery College.

While the shift to the new delivery model has resulted in an initial reduction in participant numbers, we expect that as new partnerships are established and more facilitators are trained, the program will continue to grow in a sustainable manner.

Well Ways program participants

	2013-14	2012-13	2011-12	2010-11
Well Ways MI Recovery	304	440	102	60
Well Ways family education	240	417	701	803
Preparing for the NDIS single session workshops		309		
Total	544	1,166*	803	863

*Numbers of participants in 2012-13 was unusually high due to the Commonwealth Government grant for NDIS readiness peer education.

Supporting peer workforce development

Training peer workers as Well Ways facilitators is contributing to the development of the peer workforce in partner organisations. Facilitators have expressed an increased confidence in their peer role and their capacity to support recovery. In 2013-14 a qualitative evaluation and survey of MI Recovery facilitators produced the following results:

- 91% indicated the training had positive impacts on their own recovery
- 100% felt more confident in their peer worker role after completing MI Recovery training
- 84% indicated they had gained new peer work skills from facilitating the program.

We have continued to develop the skills and confidence of peer facilitators through ongoing peer supervision and mentorship, fostering the development of peer networks and the sharing of expertise.

"Knowledge is power... relevant knowledge is more power... relevant knowledge delivered by people who have been there and done that is inspirational"

– Well Ways Participant

Well Ways and NDIS

Following on from the 2012-2013 Commonwealth-funded NDIS Practical Design Fund project, in which Well Ways programs were delivered to consumers and carers to support them in preparation for the NDIS, we have continued to increase consumer and carer capacity to exercise choice and control. This has been achieved through delivery of Well Ways programs and NDIS specific peer workshops, providing consumers and carers with knowledge, strategies and tools to navigate the new NDIS.

Ongoing development

We continue to evaluate and develop the content of Well Ways programs and over the past year have worked with facilitators on the development of new and innovative peer education programs. These have included programs designed to support consumers interested in work or study; Well Ways Building a Future for carers associated with Forensicare's Thomas Embling Hospital; and youth specific MI Recovery programs. In 2014-2015 we aim to continue developing new Well Ways partnerships across Australia, implement new innovative peer education programs and continue with evaluation and research on the impact of peer education.

CARER AND CONSUMER PARTICIPATION

MI Fellowship has processes in place to ensure that people with lived experience of mental illness participate across our organisational structure, from service delivery to the strategic level.

Carer and Consumer Committee

The purpose of the Carer and Consumer Committee is to consider and advise the Board on the ongoing development of the organisation's policies and programs. This enhances our commitment to provide quality services and supports to carers and consumers, aligned with the principles of recovery.

This committee includes people with lived experience of mental illness themselves or as a carer or family member.

Members of the committee have first-hand experience of the mental health system and are committed to improving the quality of mental health services in Australia.

Consumer Connections Group

Members of this group have direct experience as users of MI Fellowship services and act as a reference panel on a wide range of operational issues including reviewing publications and other materials, recommending quality improvement activities, bringing attention to informal consumer feedback and advising on communications strategies to facilitate ongoing engagement with participants in our programs.

The group meets monthly. During 2013-14 a large focus for the Consumer Connections Group was providing advice and insights to assist MI Fellowship in its communications with program participants during the Victorian Government's mental health sector reforms which resulted in significant changes to the way people access services.

Carer Participation Advisory Group

The purpose of the Carer Participation Advisory Group is to provide direction and support to MI Fellowship to enhance carer participation within the organisation. The group monitors carers' experiences of services, makes recommendations regarding practice improvements within MI Fellowship and initiates and supports carer leadership and advocacy activities.

The group meets bi-monthly. During 2013-14 the group discussed the issues of stigma and shame within culturally and linguistically diverse communities, the new Victorian Mental Health Act and the impact of the reforms of the Victorian mental health sector on individuals and families.

'Experience of Service' survey

This survey was conducted in August 2013 and was sent to 900 people who had used MI Fellowship services over the period May to July 2013. The survey was also translated into Vietnamese. A total of 199 completed surveys were returned.

The results of the survey were largely positive and indicated areas for further work and development. The survey results were taken up by the Consumer Connections Group which identified key themes that it recommended as prospective focus points for future quality improvement projects.



YIMER GONIE TASSAW - Carer Participation Advisory Group

BRENDON CLARK - Manager, Community Education and Development

JIM ORTH - Carer and Consumer Committee

PEER SUPPORT AND LEADERSHIP

Having support, encouragement and understanding from a worker with lived experience of mental illness has been shown to increase a person's sense of hope and chances of creating change in their own lives.

MI Fellowship's staff includes a growing number of workers who bring a range of skills and experiences, including lived experience of mental illness. In 2013-14 we employed 83 people in peer support and peer leadership roles.

Program delivery

Peer support is an essential element of many of the recovery programs we deliver, including:

- Well Ways education programs
- Doorway housing and recovery support program
- Community Connections programs
- Personal Helpers and Mentors Scheme (PHaMS)
- Employment PHaMS
- Outreach
- QUIT smoking and Optimal Health programs
- Ready for Employment program
- Individual Client Support
- Prevention and Recovery Care

An increasing number of interest groups and programs are being developed, established and run by program participants themselves. MI Fellowship supports this process through peer leadership and facilitator training for people who are interested in taking on a peer leadership role.

Advocacy and education

Community educators who are trained and supported through MI Fellowship's Speakers Bureau are contributing their skills and stories to a growing number of community education initiatives. In 2013-14 a group of five peer educators were trained to deliver a range of peer and community education programs as part of a Medicare Local funded project.

During the year we employed three peer trainers to provide training, coaching and support to community educators, ensuring that educators present their material in an informative, engaging and influential way, but also assisting educators to make informed decisions about how and when they choose to share their experiences with the public.

Building our peer capacity

MI Fellowship runs peer worker training at regular intervals throughout the year. During 2013-14 this training was extended to peer workers in South West Victoria and Tasmania in preparation for the amalgamation with Aspire. Specific training is also offered for peer workers with supervisory responsibilities. A total of 49 workers undertook peer worker training during the year.

During 2013-14 two new roles were established within MI Fellowship: Manager, Community Education and Development and the position of General Manager, Consumer and Carer Advocacy and Leadership, which was established at an executive level to help drive the organisation's advocacy agenda. Both these new leadership roles have been filled by people with extensive experience in training, community development and advocacy, along with lived experience of mental illness. The new roles are focussing on mobilising the skills and experiences of people with lived experience of mental illness and further developing MI Fellowship's peer capacity.

ADVOCACY AND EDUCATION

Founded as a member based organisation 36 years ago, MI Fellowship continues to work to ensure that the voices of people living with mental illness and their families are heard. In 2013-14 we engaged more than **392,500** people in our advocacy, information and community education activities.

COMMUNICATIONS

The number of people engaging with us electronically is increasing.



119,770

Website visits



45,380

MI Voice e-bulletin readers



5,172

YouTube views



2,125

Twitter and Facebook followers

Brainwaves

MI Fellowship's Brainwaves radio program continues to gather volunteers, supporters and awards.

Produced and presented by people with a lived experience of mental illness, the half-hour program airs weekly on 3CR Community Radio and presents a unique mix of interviews, personal stories, current affairs, advocacy and education on mental health issues.

During the year, the program was shortlisted for four 3CR Radio Awards, and won the award for Best Special Broadcast for its national two-part series produced in celebration of Mental Health Week. This series was created in collaboration with the Wild@heArt arts organisation and featured the stories, music and creativity of people living with mental illness, including performances and interviews with songwriters, musicians and members of the Moon's a Balloon choir led by choir master Kavisha Mazella.

The specialist role of Brainwaves in broadcasting on mental health issues was recognised when Brainwaves presenters secured media accreditation and passes to the World Hearing Voices Congress in Melbourne in November 2013, resulting in a series of interviews with international speakers.

This year, eight new recruits successfully completed the introductory radio production training course at 3CR and another seven commenced the course.

We thank all of our Brainwaves volunteers whose creativity and dedication make this program possible.

Estimated audience

per week 5,000

Brainwaves participants 23

Programs produced 52



"I SHARE MY
STORY TO HELP
PEOPLE LEARN"

DEBORAH

Presenter,
Woodcock Lecture 2014

"I was brought up in institutions and had very little contact with my family for many years. I was also homeless at various times and was in a psychiatric hospital for a while. Then a shopkeeper in the Brisbane CBD befriended me and helped me to apply for support. That's when I was introduced to A Place to Belong who became my support agency.

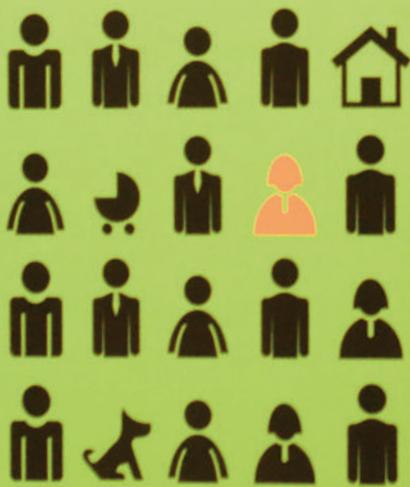
I now have secure housing and have learnt a lot about managing myself. I have a home, a mobile phone, a TV, 700 DVDs and a few friends.

Some time back A Place to Belong began helping me to write up my story and they gave me opportunities to share it – and I like this. Since then, many organisations have asked me to come and share my story and to train their workers.

I spoke at MI Fellowship's Woodcock Lecture in Melbourne because it was a chance to help people learn and understand more, and I find this very satisfying.

Things have changed a lot for me. Three things I would still like to change would be: to have more friends; to be independent from Public Trustees; to see less hospitals."

16th Annual Bruce Woodcock Memorial Lecture



16th Annual Bruce Woodcock Memorial Lecture

The 16th Annual Bruce Woodcock Memorial Lecture was presented on the topic 'Imagine better: tackling loneliness in mental health'.

The keynote address was delivered by Neil Barringham, a recovery and community leader and coordinator of the Brisbane-based agency

A Place to Belong. Neil inspired and provoked the capacity 350-person audience to consider the role we can all play in transforming communities and building networks for people who are isolated because of their experience of mental illness.

Neil's presentation was followed by an address by Deborah Lugsden, who shared her experiences of bringing friendship and community to her life following isolation and institutionalisation due to mental illness.

The involvement of Indigenous leader Auntie Diane Kerr who relayed her personal insights on mental health, along with some reflections on the Indigenous response to spiritual and emotional health issues as part of the Welcome to Country, was very well received by the audience.

A practical guide to developing natural supports was developed for the evening and has become part of our fact sheet catalogue, available for download on our website.

We thank the Woodcock family for their generous sponsorship of this important public forum over the past 16 years.

Schizophrenia Awareness Week 2014

Over the remainder of Schizophrenia Awareness Week following the Woodcock Lecture, Neil Barringham and Deborah Lugsden delivered further workshops aimed at embedding the concept of building natural supports into practice:

- **Barwon staff training:** 22 staff from Barwon and from Aspire in Warrnambool participated in a workshop on building natural support networks. This highly engaging session focused on how this approach works in regional contexts. Kim Chidgey, a consumer presenter from Ballarat, added his story of recovery through network development.
- **Barwon forum in partnership with the Medicare Local:** attended by 30 people, with a mix of NDIA staff and other local service providers. Senior staff from the NDIA commented that the approach of building natural supports is in line with the principles and practice of the NDIS.
- **Goulburn Valley staff training:** MI Fellowship staff from Goulburn Valley and Hume, along with staff from Goulburn Valley Health, participated in a workshop on building natural supports.
- **Member Forum:** Neil Barringham presented to MI Fellowship members on what community members, carers and families can do to support network building. This was a lively and highly interactive session.

- **Peer Worker Forum:** Neil Barringham facilitated a workshop with 30 peer workers, peer educators and consumer and carer leaders on the topic of building natural support networks. The focus was on drawing out the wisdom of the group and people's lived experience of connecting to community and developing belonging.

The group included Well Ways MI Recovery and Building a Future facilitators (including two peer facilitators from Warrnambool), members of the Carer Advisory Group, Speakers Bureau educators and a number of peer workers from different programs. This forum provided a great opportunity for attendees to connect as a network within MI Fellowship.

Speakers Bureau

This year Speakers Bureau educators attended a total of 130 engagements, sharing their experiences and insights with approximately 3,250 people across the community. The Speakers Bureau maintained its partnership with The Dax Centre, contributing to the 'Mindfields' mental health education program for Year 11 and 12 students.

Five new educators joined the team in 2013-14.

Active Speakers Bureau educators	15
Speaking engagements	130
Number of audience members reached (approx)	3,250



"I AM PASSIONATELY OPTIMISTIC.

THE FUTURE IS UP TO US."

INDIGO | General Manager, Consumer and Carer Advocacy and Leadership

"Can we really change the future of mental health? Fifty years ago I would have been locked in an institution for the rest of my life. Thirteen years ago I was told I had such a serious mental illness that I would never work again. Today – I'm a General Manager at MI Fellowship, a major mental health organisation.

With my own lived experience as a consumer, carer and family member, I have for many years worked in roles that aim to promote more choice, greater leadership for people with lived experience and a better system for all.

My vision is for a future where consumers, carers and families don't just 'give feedback' to mental health organisations about what we want and need, but where we demonstrate leadership by lived experience and hold pivotal roles across the mental health sector so we can set the agenda.

A major priority is systemic advocacy to influence the kind of mental health sector we want. Our advocacy agenda is based on deep engagement with consumers and carers to check what people really want and need. We will be advocating 'with' rather than 'for' people with lived experience.

In my vision of our future mental health landscape, we will have a broad range of effective services and supports to access personal, social and clinical recovery. These will be embedded in communities, will respect diversity and difference, and will have moved beyond the adversarial to genuine collaboration. I am passionately optimistic. The future is up to us."



GOVERNANCE AND MANAGEMENT

BOARD OF DIRECTORS

Mr Paul Montgomery

President

Chair, Carer and Consumer Committee

Qualifications: Bachelor of Arts and Laws

Appointment: 25 September 2006

Paul has a wealth of experience in strategy and leadership development and these skills were demonstrated over 12 years as managing partner of a respected law firm and then as principal of a professional services consulting company. He is a member of the Australian Company Directors Association and is a director of a number of private companies, a Medicare Local and is also the current chair of the Royal District Nursing Service.

Mr Kevin Abrahamson

Vice-President

Chair, Appointments and

Governance Committee

Qualifications: Bachelor of Laws

Appointment: 5 July 2010

A practising lawyer for 45 years, Kevin spent the 12 years prior to his retirement as Special Counsel with Middletons (now K&L Gates) and during that period acted on a pro bono basis for MI Fellowship.

In 2009 MI Fellowship recognised Kevin's commitment with an O'Meara Award and honorary life membership. He is active in community affairs, participating in the activities of several community organisations.

Mrs Diane Brown

Qualifications: Advanced Certificate in Business Studies

Appointment: 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 and is a past member of the Melbourne Health Research and Ethics Committee. Diane has recently published a memoir dealing with the issues of suicide and depression.

Dr Neil Cowen

Qualifications: Bachelor of Science, Master of Business Administration,

Doctor of Philosophy, GAICD

Appointment: 20 September 2012

Neil has had 14 years' experience as a CEO, providing advice to boards in the health, aged care and education fields. This advice has covered strategic direction, mergers and acquisitions, risk management including clinical governance, operational, financial and reputational advice.

He has moved from the private biotech sector to human services and education start-ups. Board memberships have included DASSI, Loddon Mallee Health Alliance Ltd, GETGP, Australian College of Health Service Executives (Vic), Leo Baeck Centre and Rotary.

Mr Darrel Driebberg

Qualifications: Diploma of Business Studies (Accounting), Certified Management Accountant, Licensed Real Estate Agent

Appointment: 17 December 2007

Darrel is a corporate strategist and management consultant. He has worked in the petroleum, development banking, merchant banking and manufacturing sectors. He has consulted extensively in the not-for-profit sector, particularly in the area of employment services, and is the co-author of Financial Management Handbook for Not for Profit Organisations, published in 1997. Darrel is a director of a number of private companies and is chairman of BioAg Pty Ltd.

Dr Julian Freidin

Chair, Clinical Governance Committee
Qualifications: Bachelor of Medicine, Bachelor of Surgery, Master of Psychological Medicine, Fellow of the Royal Australian and New Zealand College of Psychiatrists
Appointment: 22 June 2009

Julian is a Consultant Psychiatrist at Alfred Health and is clinical leader of a specialist outreach service for homeless people who have mental illness. He was President of the Royal Australian and New Zealand College of Psychiatrists between 2005 and 2007. He currently chairs the Clinical Governance Committee of the Board, which works with the Executive team to monitor the quality and standards of MI Fellowship programs.

Ms Jan Hatt

Qualifications: Bachelor of Arts (Sociology), Cert IV in Office Administration
Appointment: 4 April 2011

Jan has a background as an active and passionate consumer advocate in the mental health sector, having worked with organisations such as VMIAC and, currently, Neami. Her significant work on a consumer participation project culminated in presentations of papers at the 2010 VICSERV and TheMHS conferences. At the 2013 TheMHS Conference she presented on: Consumer Participation: Launching into Leadership. Jan brings valuable personal and professional experience to the work of the MI Fellowship Board.

Ms Jan Hatt resigned from the Board on 24 February 2014.

Mr Rob Hughes

Qualifications: Bachelor of Business (Accounting)
Appointment: 27 June 2011

Rob brings a wealth of experience in providing advisory services to major organisations in the manufacturing, government, financial services, education, pharmaceutical, insurance and utilities sectors in Australia, particularly in the area of business strategy. Before joining the Board, Rob had worked as a consultant to MI Fellowship on a number of strategic initiatives.

Mrs Jenny King

Chair, Finance, Audit Risk and Resource Management Committee
Qualifications: Bachelor of Business (Accounting), Certified Practising Accountant (Fellow)
Appointment: 21 October 2005

Jenny has more than 30 years' finance experience in the chemical, automotive and paper industries and is currently a senior finance executive with a major ASX listed company. Jenny has an extensive background in strategic planning, budgeting and financial analysis, as well as risk management and corporate governance. She is a Fellow of the Australian Society of Certified Practising Accountants (FCPA) and a member of the Australian Institute of Company Directors. Jenny is also a Founding Council Member of the YMCA's Juvenile Justice Bridge Project.

Mr Theo Krambias

Qualifications: Bachelor of Applied Chemistry, Bachelor of Science (Hons), Master of Business Administration (Marketing)

Appointment: 10 October 2008

Theo was an innovator and supporter of the first Open Mind Fiesta in 2001 and has remained committed to raising awareness of mental health and the importance of social inclusion. He brings to the Board experience in the health industry, as well as hospitality and property development. Theo has been invaluable to the strategic management of MI Fellowship's property holdings.

Ms Louise Milne-Roch

Qualifications: Bachelor of Arts, Bachelor of Business, Postgraduate Diploma in Evaluation
Appointment: 20 January 2003

Louise serves on another health related, not for profit board, and is a graduate of the Australian Institute of Company Directors. She runs her own consulting company providing advice to clients in the health and welfare sectors. Previously she has 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.

Mrs Elaine Price

Appointment: 24 January 2005

Prior to retirement Elaine was a financial analyst in the manufacturing industry, both in Australia and overseas. Elaine is a keen advocate for people with a mental illness, their families and friends, and has volunteered over a long period at MI Fellowship as both a Well Ways facilitator and Helpline volunteer and is MI Fellowship's representative with the Rotary Club of Preston. Elaine has been recognised for her ongoing work on behalf of people with a mental illness and for other roles within the community, receiving a Paul Harris Fellowship from Rotary International in 2007 and 2011.

Dr Alex Wood

Qualifications: Bachelor of Medicine, Bachelor of Surgery, Fellowship of the Royal College of Surgeons, Fellow of the Royal Australasian College of Surgeons.
Appointment: 28 April 2014

Alex, a semi-retired urologist in both public and private practice, has many years' experience on medical committees. His public appointments include urologist to the Victorian Department of Mental Health and Continence Director at Maroondah Hospital. Alex has been an active volunteer with MI Fellowship since 1998 and served on our board from 2000 to 2009. He currently works with MI Fellowship's Clinical Governance Committee reviewing research proposals. Alex has family experience of mental illness.

BOARD COMMITTEES

Appointments and Governance Committee

The purpose of this committee is to monitor and advise the Board on all matters relating to future directions, governance, skill mix, selection orientation and responsibilities of Board Directors including legal and constitutional compliance, risk management and internal assurance processes.

Achievements in 2013-2014 included:

- drafting of an alternative Constitution for adoption in the event of future mergers
- oversight of due diligence, contract novation, property transfer and the transfer of other assets in the Aspire amalgamation process
- drafting and implementing a Completion Deed to finalise the Aspire amalgamation process
- confirmation of election procedures and appointment of Returning Officer
- overview of ongoing negotiations with RDNS regarding a possible future merger.

Directors: Kevin Abrahamson (Chair), Paul Montgomery, Elaine Price, Neil Cowen, Darrel Drieberg.

Note: Darrel Drieberg moved to the FARRM Committee in January 2014.

Finance, Audit, Risk and Resource Management Committee

The purpose of this committee is to monitor and advise the Board on the short-term financial performance and long-term financial security of the organisation and to ensure that risk management and audit processes are in place.

Achievements in 2013-2014 included:

- oversight of the process of due diligence and property transfer for the amalgamation with Aspire, A Pathway to Mental Health Inc.
- improvements to the budgeting process
- oversight of the strategic and efficient rationalisation of MI Fellowship's property holdings
- improvements to financial reporting and forecasting
- review and oversight of MI Fellowship's investment strategy.

Directors: Jenny King (Chair), Theo Krambias, Louise Milne-Roch, Darrel Drieberg.

Note: Darrel Drieberg joined the Committee in January 2014.

Clinical Governance Committee

The purpose of this committee is to monitor and advise the Board on all matters relating to clinical governance, including the quality, safety, efficiency and effectiveness of MI Fellowship recovery services.

Achievements in 2013-2014 included:

- identification of key areas for improvement in the collection of feedback, complaints and compliments
- reviewed the Community Recovery Model and related learning and development plans
- monitored and reviewed the developments of the Consumer Connections and Carer Participation Advisory Groups
- oversaw the policy for supporting research at MI Fellowship.
- established the Sentinel Event System and related quality improvement activities
- oversaw the Incident Review System and related quality improvement activities.

Directors: Julian Freidin (Chair), Diane Brown, Neil Cowen, Jan Hatt.
Note: Jan Hatt resigned as a Board and Committee member in December 2013.

Carer and Consumer Committee

The purpose of the Carer and Consumer Committee is to consider and advise the Board on the development of the organisation's policies and programs to ensure effectiveness in meeting our core commitment to provide quality services and support to carers and consumers, aligned with the principles of recovery.

Achievements in 2013-2014 included:

- established a mechanism to engage with the organisation for information and review of the effectiveness of consumer and carer services
- identified a review of key outcome measures (KPIs) that most effect consumers and carers and our performance in those areas
- support and advice provided to MI Fellowship from a consumer and carer perspective.

Directors: Paul Montgomery (Co-Chair), Kevin Abrahamson.

Non-Directors: Michael Burge (Co Convenor), Alex Wood, Margaret Springgay, Robin Richards, Judy Bentley, Jim Orth, Allan Pinches, Liz Carr, Indigo Daya.

Note: Liz Carr and Indigo Daya resigned from the Committee in May 2014.

SENIOR MANAGEMENT TEAM

Elizabeth Crowther

Chief Executive

Elizabeth has a 40-year history working in the health sector in Victoria, mostly in mental health, with more than 20 years experience in senior management roles in the clinical and psychiatric disability sectors. She was appointed Chief Executive of Mental Illness Fellowship in 1995. Elizabeth is a senior fellow in 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.

Laura Collister

Director Mental Health Services, Research and Development

Laura graduated as an occupational therapist in 1984 and has worked in the mental health field since then in both hospital and community health settings, and as a lecturer in occupational therapy at La Trobe University.

Laura joined MI Fellowship in 2005. Laura has a Bachelor of Applied Science (Occupational Therapy) and Master of Applied Science (La Trobe University).

Sean Hegarty

General Manager, Operations

Sean occupies a new role in the Senior Management Team, providing leadership in the management and development of best practice and quality in our rehabilitation services. He manages a range of State and Commonwealth funded programs, across disability employment and community managed mental health environments, and oversees all aspects of program implementation for MI Fellowship programs.

Sean graduated as an occupational therapist in 2005 and joined MI Fellowship in 2006.

Gert Naude

General Manager, Organisational Services

Gert has significant experience in strategic planning and implementation through operational responsibilities including profit and loss, sales, finance, IT and general management in large international and medium-sized firms in the publishing, bookselling, media, energy, consulting and not-for-profit industries.

Gert joined MI Fellowship in September 2011.

Indigo Daya

General Manager, Consumer and Carer Advocacy and Leadership

Indigo joined MI Fellowship in June 2014, bringing her skills as a recovery expert by experience and an advocate for positive change in mental health led by people with lived experience. Indigo's experience and study covers a broad range of fields, including recovery practice, community work, psychology, business, management and visual arts. She has a Certificate IV in Training and Assessment and is an Adjunct Research Fellow at Swinburne University.

Linda Feenane

General Manager, Communications and Marketing

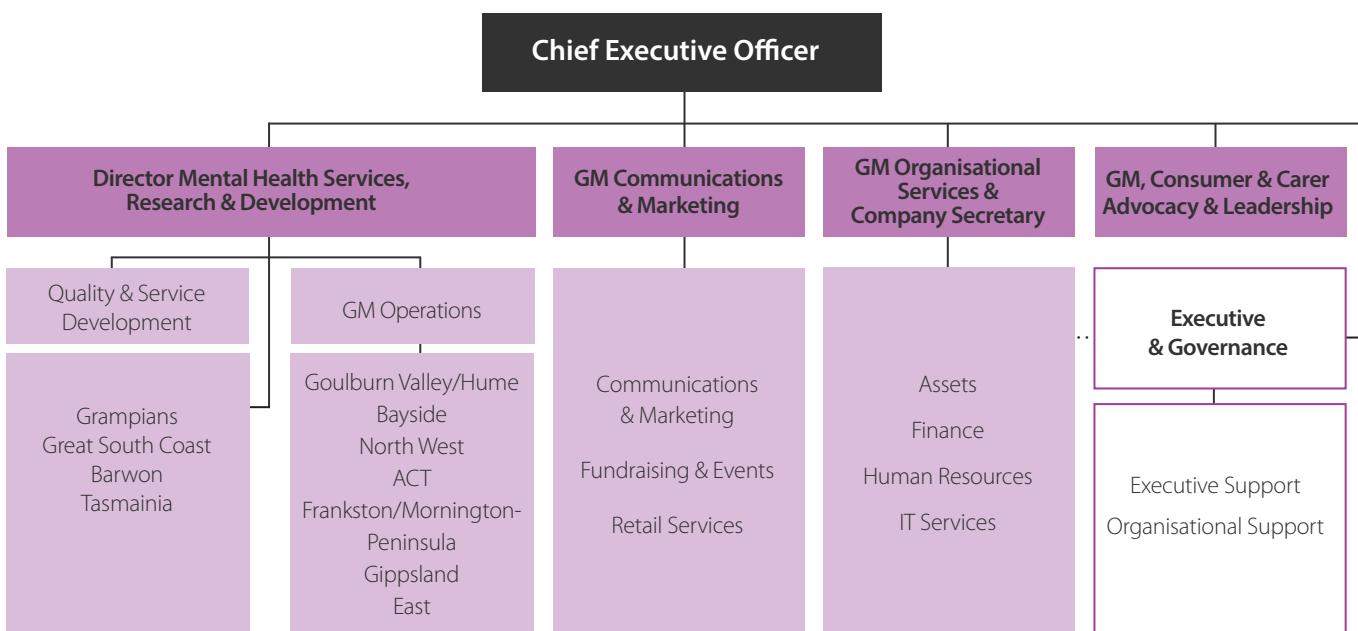
Linda has an extensive background in journalism, marketing and public relations across the commercial and not-for-profit sectors, both in Australia and the United Kingdom. She commenced her career as a cadet in the commercial television industry.

Linda joined MI Fellowship in July 2010.

ORGANISATIONAL STRUCTURE

Following the reforms of the community managed mental health sector by the Victorian Government and the recommissioning of many state government funded services, MI Fellowship restructured its management team and workforce to enable it to work across more dispersed service delivery locations.

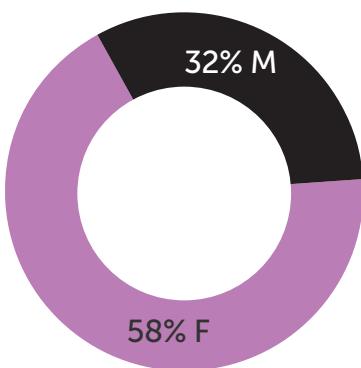
The new structure reflects the organisation's continued focus on its two priority areas: recovery and advocacy. It also allows for service/program innovation and development while maintaining efficient key corporate functions.



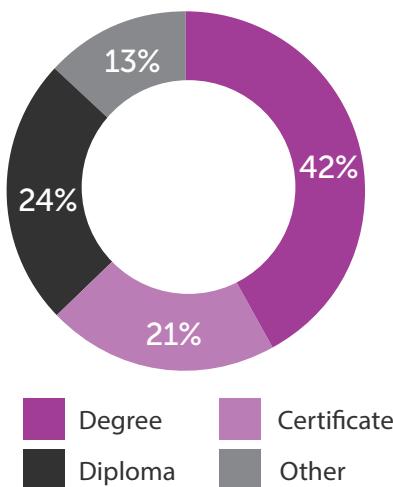
Staff numbers as at 30 June 2014



Gender



Qualifications



Workforce Development

MI Fellowship's recovery-oriented practice, our work to create inclusive communities and our reputation as a consumer and carer driven organisation attracts staff that are experienced and committed. Our workforce development strategy is informed by consumers and carers, best practice evidence, and sectoral policies and projects. In developing our strategy, we have focussed on developing dual diagnosis and dual disability capability, training staff in recovery oriented and trauma informed practice, and ensuring a highly skilled peer workforce.

All MI Fellowship staff members receive a thorough orientation to the organisation and to the mental health sector.

Core training includes:

- Understanding Mental Illness delivered by the Consumer Leadership team
- Community Recovery Model training co-produced and delivered in partnership with consumers
- Cultural competence training facilitated in partnership with the Victorian Transcultural Psychiatry Unit and ADEC
- Optimal Health training facilitated in partnership with St Vincent's Hospital
- Supervisor training for managers of peer workers delivered by the Consumer Leadership team
- Intentional Peer Worker training for peer workers delivered by the Consumer Leadership team
- Self-care training.

We also deliver a leadership program in association with Leadership Management Australia. This program builds skills in management and leadership, and reflects our commitment to supporting staff to progress their career at MI Fellowship. This year 12 staff completed the program.

Practice, Innovation and Excellence Committee

The Practice, Innovation and Excellence (PIE) committee is a staff committee that draws its membership from across the organisation and aims to develop the organisation's capacity in key areas of its practice. During 2013-14 the PIE committee developed new organisational policies and practices relating to how the organisation meets the needs of Aboriginal and Torres Strait Islander people, how we work with the Gay, Lesbian, Bisexual, Transgender, Intersex and Queer community, and how we respond to the needs of people with alcohol and other drug issues.

Occupational Health and Safety

The Health and Safety Committee continues to build a proactive approach in the provision of effective support for health and safety management and a key focus for 2013-14 has been slips, trips and falls, communication and wellbeing. We continued to see significant improvements in our site audit outcomes over the past 12 months. Our Employee Assistance Program continues to provide a valuable support service for staff. During the reporting period two WorkCover claims were lodged.

Asset Management

We continued working on the development project at our Richmond property which promises exciting new housing opportunities for people living with a mental illness. It is anticipated that this will be successfully concluded in early 2014-15. Our amalgamation with Aspire has seen the inclusion of properties at Warrnambool and Launceston and commensurate increase in our fleet.

Risk Management

Risk management is embedded across the organisation in our committee structure. We have in place a Board governance model which details the elements of risk management and quality process within two broad categories: corporate governance/business management and clinical governance. Decision making within this model is guided by a Governance Policy on Risk Management.

The Clinical Governance Committee is a sub-committee of the Board which monitors and advises on all matters relating to the quality, safety, efficiency and effectiveness of MI Fellowship's recovery services. The Committee is active in identifying and reviewing specific processes and systems associated with our service delivery.

The Finance, Audit, Risk and Resource Management Committee monitors and advises the Board on the short-term financial performance and long-term financial security of the organisation and ensures risk management and audit process are in place.

Information Communication Technology (ICT) Infrastructure

We enhanced our ICT infrastructure in 2013-14 by increasing the capacity and improving the performance of our Storage Area Networks to cater for the growing business requirements and the amalgamation of Aspire offices into our network. Substantial work was also completed in deploying a secure wireless network to our remote offices.

The enhancement of the Storage Area Network enabled us to upgrade several of our guest operating systems and then also the following applications:

- Sunsys Technology finance software upgrade from version 5 to 6
- MI Share from SharePoint platform version 2007 to 2013, providing the facility to extend our intranet site to external partners and participants
- payroll and HR systems
- backup software to enable us to handle new platforms and archive our email and data files from online storage.

We were also able to deploy the CareLink+ mobile server for staff to access participant and rostering data using smart mobile phones and tablets.

During this period, the Aspire and MI Fellowship data communications networks were configured to prepare for the migration of the Aspire computers and data onto the MI Fellowship ICT infrastructure. This enabled us to migrate Aspire computers with MI Fellowship's standard operating environment.

Continuous Quality Improvement

The Practice Innovation and Excellence (PIE) Committee is the primary mechanism for participants, carers, employees and stakeholders to collaborate on Continuous Quality Improvement (CQI) activities. The PIE Committee designs, plans and evaluates innovative programs and service responses to bring about genuine improvements for the individuals, families and communities we work with.

The committee also monitors and continually develops the implementation of our Quality Work Plan which addresses the various CQI activities that have arisen from external reviews and evaluations.

The Quality Work Plan has been developed to include several projects from Aspire and those relating to the Home and Community Care (HACC) - funded program reviewed by Quality Innovation Performance (QIP) in April 2014.

We were accredited by Quality Improvement and Community Services Accreditation (QICSA), now part of Quality Innovation Performance (QIP) in 2012 against a range of quality standards. We are now working towards renewing our QIP accreditation in early 2015 against the National Standards for Mental Health Services (NSMHS 2010), Quality Improvement Council (QIC) Health and Community Services Standards and Department of Human Services (DHS) Standards.

Complaints and Compliments 2013–2014

Feedback about our services is received in a variety of ways including conversations with participants, written and verbal complaints, compliments and comments in response to our written publications and consumer feedback surveys.

Complaints and compliments are recorded centrally and monitored to ensure a timely response. In 2013-2014, 35 complaints were received about issues such as service availability and responsiveness, communication with participants and the administrative process for raffles. We also received 21 compliments or expressions of appreciation for the quality of our services and the support and commitment of our staff members.

Environmental Sustainability

During 2013-14 we built on our policy framework for improving the environmental sustainability of all our activities. We continued our program of installing energy efficient globes, increasing the use of soft copy documents and purchasing cars that have low CO₂ output and high green ratings. Using the savings arising from our new electricity contract arrangements, MI Fellowship also offset its greenhouse gas emissions by purchasing 500 Greenhouse Friendly carbon credits.

OUR SUPPORTERS

VOLUNTEERS

People from all walks of life volunteer their time and expertise to the work of MI Fellowship. Volunteers work across the organisation, including on our Helpline, in our Op Shops, on our Brainwaves radio program, in administration support roles, contributing expertise to programs, and helping out with events.

In 2013-14 a total of 156 people volunteered their time to our organisation – this is in addition to the voluntary contribution made by all our Board and Committee members. We thank all of these people for the skills and commitment they bring to MI Fellowship.

Op Shops

Over the last 12 months the Op Shops played an important part in connecting our organisation to the community and raising funds. Ninety-seven volunteers kept our shops in Northcote and Kew running and engaged with many people.

The changing retail market has made it difficult for our shops to compete with low prices offered at large chain stores, the impact of internet shopping and the growth of vintage merchandise sales outlets.

At the same time we have experienced a downturn in donations and increased rubbish collection costs.

This changing environment also came at a time when it is increasingly difficult to secure and maintain low cost rental premises.

Taking all this into consideration and after a great deal of heartfelt discussion, the decision was taken by the Board that the Kew and Northcote Opportunity Shops will close in December 2014.

We offer our sincerest thanks to all volunteers who have given their time, passion and commitment over many years and to the local community and donors who have supported us.

Achut	Daniel Rigo	Irene Liapis	Ken Ko
Aditi Kapadia	Daniel Schofield	Iris Carling	Kerry Barrett
Adrian Feeney	Daphne Konas	Isabel Logan	Kevin Kelly
Adrian Walker	Delanor	Janelle Johnstone	Ki Chu
Ainara Martinez	Dennis Ting	Janice Brandon	Laura
Alex	Derya AK	Javiera	Lauren Brody
Alexandra	Eleana Tsecoutanis	Jemima Munyori	Leigh Hahn
Alexia	Elise Pahlow	Jena Capes	Liam
Alison Hutchinson	Elissa Richetti	Jennie Taylor	Lina Petraitis
Andrea Taylor	Elizabeth Lay	Joel Chatelier	Lorraine Kromodimoeijo
Angie Tan	Elizabeth White	Josie Marsicano	Lorna Bunton
Arthur Nicolaou	Elle	Judy Down	Louise Long
Barbara Crichton	Elyse Watkins	Judy Richards	Louise Pontin
Bernie Wood	Emily Woods	Julie Giuliani	Marg Darby
Bethany Jewell	Fergus Browne	Julie Waddell	Margaret Affleck
Betty Smith	Fiona Dickson	Julianne	Marguerite Lardner
Bree Buck	Fiona Kalathas	Juliette Pettitt	Marion Frolik
Cameron Sack	Francis McCredie	Justin Caspersz	Marja Kelly
Carly Dober	G Reid	Karen Pinson	Mark Cahill
Chanel Nagy	Gaye Stewart	Karen Roberts	Mark Jackson
Charlotte Powell	Geoff Clough	Kate Milan	Martina Schmidt
Chris Constanti	George Kiroudis	Katelin Morris	Mary Deam
Chris Halton	Graeme Doyle	Kathy Huynh	Matthew Hopersberger
Claire Bryce	Grant Overend	Kay Gross	Maureen Meredith
Con Kouklakis	Ian Horne	Kelly Johnson	Megan Jurecka

OUR SUPPORTERS

Mel Cerato	Patrica McNamara	Ruth Tripkou	Stella Martindale
Melissa	Pearl Tilley	Ruth Walsh	Stephanie Emmett
Meredith Wood	Penny D.	Samuel Pearce	Stephen
Mi Nguyen	Perihan Unal	Sarah Brain	Sue Collins
Michaela Riggall	Peter Cooper	Sarah Holloway	Suzin Fletcher
Michelle Kealy	Rae-Lyne Kop	Scott Reddiex	Tara Bennie
Mona Osborne	Richard Perry	Selina Gately	Taryn Webb
Naomi Dindo	Rina Hannan	Stephanie Emmett	Terri Dry
Narelle Douglas Smith	Robert Berry	Sevastine Katsakis	Tess Mumme
Nicholas Rowe	Rocky Mammoliti	Shantelle P.	Vaishali Kapatkar
Noeleen Braddock	Rose Lane	Shapour Fahandezh-Saadi	Vanessa Evrard
Nova	Rose Windmiller	Silvana Lowry	Vicki McKernan
Oliva Bryan	Rosemary	Simon Marty	Vivienne & Robert Lyons
Paddy Meehan	Rosemary Haley	Simone Gindidis	Yimer Gonie Tassaw

PARTNERS AND DONORS

Many people contribute to our work through regular and one-off donations and bequests. Some individuals and organisations have supported MI Fellowship over a long period of time, and we recognise the importance of these ongoing relationships.

We take this opportunity to thank everyone who supported us in 2013-14 – without their generosity it would not be possible for us to do the work we do.

We would also like to sincerely thank the many donors we have been unable to list.

Major Partners

SEW-Eurodrive

MI Fellowship's relationship with SEW-Eurodrive stretches back 16 years and has resulted in contributions to MI Fellowship of more than \$1.7 million. We thank Robert and Adel Merola for their generous and continuing commitment to supporting people living with mental illness.

K & L Gates

K & L Gates has generously provided MI Fellowship with excellent pro bono legal services for more than 30 years. We greatly appreciate this significant contribution to our organisational capacity.

Frank and Patricia Woodcock

Frank and Patricia Woodcock have sponsored the Bruce Woodcock Memorial Lecture for 16 years, making possible this unique, free public forum for the discussion of issues affecting people with mental illness and their families.

Major Bequests

The Estate of Mr Terrence Heyward with thanks also to Executors Mr Bernard Huby and Mr Michael Stokie.

The Estate of Mrs Helen Anderson

Major donors

Ms Janet Tiller
Mr David Slack

Bequests

Estate of Mrs Jane Nemec
Estate of Ms Judith Thompson
Estate of Mrs Shelagh Goonewardene

In memory donations

Mr Matthew Colliver
Mr William Gaton
Ms Amanda Phillips
Mr John Crawford
Katrina & Christopher Dokos
Mr Christopher Elmes

OUR SUPPORTERS

Partners

3CR Community Radio
Apple Marketing Group P/L
Barwon Heads Golf Club
Ferguson Energy Consulting Services
Golder Associates Pty Ltd
Peter Sokolowski
– vsv.carssales.com.au
Real Estate Institute of Victoria
Ritchies Stores P/L
Rotary Club of Preston
Federation Square

Community supporters

Barry Plant Real Estate Northcote
City of Boroondara
City of Darebin
City of Kingston
Kavisha Mazella AO
Madras Link Homewares
Multicultural Arts Victoria
Runners World, East Kew
Sandringham Football & Social Club
ANZ Business Bank
Collingwood Football Club
Dished & Flanged Ends
Golden Messenger Couriers
Lanier (Australia) P/L
M E Bell Projects P/L
Radio Sport National
Seelite Windows & Doors
Warringal Financial Services
NSK Australia P/L
Emerging IT
RSM Bird Cameron

Organisation donors

Magistrates' Court of Victoria
Notre Dame College
Moonee Ponds Dental Group
Delmont Private Hospital
All Souls' Opportunity Shop
ShareGift Australia
Treble Tones United Ladies Choir
St John's Park Writers & Players

New Wave Christian Fellowship-Church Inc
Engineering Support Services
MJR Distributors

Trusts and foundations

The William Angliss Charitable Fund
The George Lewin Foundation
The Community Fund Goulburn Valley
The Yorke Family Foundation
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Ruth Fagg Foundation
Lord Mayor's Charitable Foundation
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Iris Clutterbuck
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Tina Daflos
Judy Davey
Charles Davidson
Mary Davies
Alison Davies
Howard Day
Joy De Jong
Thelma Detlefsen
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Zelman Elton
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Robert Ewen
Jan Ewinger
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Pam Fegen
Sylvia Fernando
Kathleen Fewchuk
Norma Firth
Cheryl Fitch
Leanne Fitzpatrick
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Mary Fontana
Pamela Fowler
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Dale Harrington
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Norwood Harrison
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James Hearn
Tom Henry
Margaret Higgs
Maelor Himbury
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Shirley Holten
Bevan Hood
Mary Hope
Doug Hornsey
Jenny Humberstone
Betty Huston
Keith & Verraine Ingram
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Margaret Jenkins
Sylvia Johansen
Kevin Keath
Terry Keeling
Mary Kehoe
Jenny Kemp
Edna Kendall
Lynette Kirby

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Eleanor Langford
Eva Lanyon
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Graeme Mabin
Kevin Mahony
Lois Marshall
Heather Mason
Julianne Masters
John Mawson
Andrew McComas
Eric McKay
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Joy Millard
George Miller
Margaret Milne
Joseph Moloney
Bruce Morrell
Margaret Morris
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Helen Ng
Linh Nguyen
Debbie Nugent
Daniel O'Connor
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William Orford
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Kevin O'Sullivan
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Ann Parris
John Perry
Thi Vinh Phan
John Plum
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Katarzyna Potoczny
Anne Poynter
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Elaine Price
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Anne Ramsden

Lorraine Rayner
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Les Reid
Judy Reid
Phillip Riley
Liz Rinaudo
A & N Robinson
Trish Roe
Meredith Rogers
Nell Rootsey
E Ryan
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Nathan Shafir
John Shalit
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Priscilla van Reesema
Rosa Vardon
Carolyn Vile
Graham Walker
John Wallis
Diana Watts
Rosslyn Webster
Coral Whimpey
Peter White
Anita Whittle

Donna Wileman
Sally Wilkins
Kent Williams
John Williams
Doug Williams & Ina Koetsier
Dave Williams
Jane Wilson
Victoria Winship
Anne Woolley
Mathew Wright
K Wright
Elizabeth Yewers

Clinical partners

ACT Health
Alfred Hospital
Austin Health
Goulburn Valley Health
Latrobe Regional Hospital
Peninsula Health
St Vincent's Hospital

Government funders

Commonwealth Government
Department of Social Services
Hume Medicare Local
Gippsland Medicare Local
Frankston Mornington Peninsula
Medicare Local
Inner East Medicare Local
ACT Medicare Local
Tasmania Medicare Local

Victorian Government

Department of Health
Department of Human Services
Department of Education and
Early Childhood Development
Adult, Community and Further
Education Board

ACT Government

ACT Health Directorate

Tasmanian Government

Department of Health
and Human Services
Department of Social Services
Targeted Community Care

FINANCIAL OVERVIEW

2013-14 was a year of growth and consolidation of existing services, resulting in an operating surplus of \$1.6m.

Income

Total revenue for the year was \$24.8m which represents an increase of 18% over the previous year. A total of \$3.2m was raised as a result of the amalgamation with Aspire, A Pathway To Mental Health Inc. The organisation also developed new funding sources such as Partners in Recovery programs and grew existing sources.

Fundraising

Fundraising income increased by \$291,000 (18%) in 2013-14. Despite a challenging economic climate, we are maintaining a focus on fundraising as an important income source, and we have positive expectations for the year ahead.

Investments

The value of our investment portfolio increased by \$634,000 in 2013-14. The organisation's investments are now well positioned to take advantage of a market upturn.

Operating expenses

Operating expenses were managed in line with programs and services growth. Total expenses were \$23m – up 17.8% on 2012-13. Salaries and staff-related costs accounted for 70% of total expenditure compared with 68% in 2012-13.

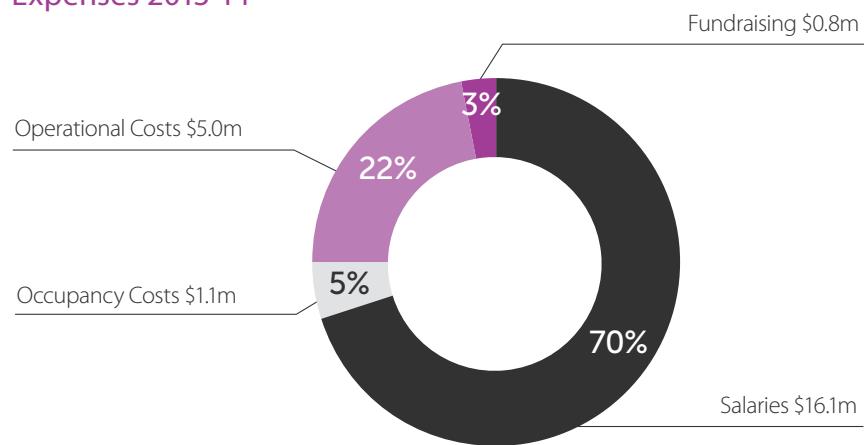
The year's result

Overall we achieved a surplus of \$1.6m, largely as a result of the amalgamation with Aspire. Member funds increased from \$13.8m as at 30 June 2013 to \$15.7m as at 30 June 2014. Over the year, the organisation was successful in achieving both service and business growth.

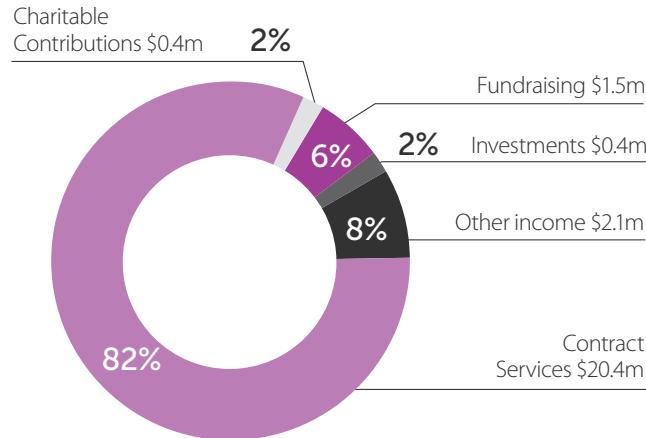
Looking ahead

After several years of solid growth, 2014-15 will be a year of change, as a result of the amalgamation with Aspire and the outcome of the retendering process for Victorian Government-funded services, which make up a significant proportion of our business. There will be continuing focus on managing expenses. Overall, the organisation is well positioned to take advantage of new opportunities. Our balance sheet remains strong and will support future growth.

Expenses 2013-14



Income Sources 2013-14



Total Revenue 2013-14

Years	Change
2013-14	+ 18%
2012-13	+11.1%
2011-12	-10.4%
2010-11	+22.0%
2009-10	+16.9%

Million | 0 | 5 | 10 | 15 | 20 | 25

FINANCIAL STATEMENTS

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Directors' Report

The Directors of Mental Illness Fellowship Victoria ("MI Fellowship", "the Company") have pleasure in submitting their report for the year ended 30 June 2014 made in accordance with a resolution of the Directors.

Directors

The names and details of the Directors in office at any stage during the year and to the date of signing this report are:

Mr Paul Montgomery
Mr Kevin Abrahamson
Mrs Diane Brown
Dr Neil Cowen
Mr Darrel Drieberg
Dr Julian Freidin
Mr Robert Hughes
Ms Jennifer King
Mr Theophanis Krambias
Ms Elaine Price
Ms Louise Milne-Roch
Mr Alex Wood (Appointed 28/04/2014)
Ms Jan Hatt (Resigned 24/02/2014)

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 2014, 10 meetings of the Company's Directors were held in respect of which, each Director of the Company attended the following number:

Name of Director	Date Appointed	Date Resigned	Board of Director Meetings	Appointments & Governance	Finance, Audit, Risk & Resource Management	Clinical Governance	Carer & Consumer	Doorway
Paul Montgomery (President)	25/09/2006		8 of 9	5 of 8			1 of 3	
Kevin Abrahamson (Vice President)	05/07/2010		8 of 9	8 of 8			3 of 3	
Dianne Brown	20/09/2000		5 of 9			3 of 3		
Neil Cowen	27/08/2012		4 of 9	6 of 8		3 of 3		
Darrel Drieberg	17/12/2007		7 of 9	3 of 4	4 of 4			
Julian Freidin	22/06/2009		8 of 9			3 of 3		1 of 1
Robert Hughes	27/06/2011		8 of 9					
Jennifer King	21/10/2005		7 of 9		5 of 6			
Theophanis Krambias	10/10/2008		8 of 9		6 of 6			
Elaine Price	24/01/2005		6 of 9	6 of 8				
Louise Milne-Roch	20/01/2003		6 of 9		3 of 6			
Alex Wood	28/04/2014		2 of 2					
Jan Hatt	04/04/2011	24/02/2014	3 of 5					

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Operating Result

The net profit of the Company for the year after capital items was \$1,624,047 (2013: net profit \$1,296,072). The profit from ordinary activities before capital items was \$1,764,990 (2013: \$1,471,760 profit).

Review of Operations

Contributing to the Company's surplus for the year was a bequest from the Helen Anderson Estate and profit on sale of MI Fellowship's property at 204-206 White Rd Wonthaggi. The Company amalgamated with Aspire, A Pathway to Mental Health Inc. and took over the management of all services across South West Victoria and Tasmania from the 1st of July 2014. The Company generated additional revenues in the program services area with the expansion of Partners In Recovery programs in Victoria and ACT.

Other than the matters described above, it is the opinion of the Directors that the results of the Company's operations during the year were not substantially affected by any other 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

Other than the matters described above in Review of Operations, there have been no other significant changes in the state of affairs of the Company during the financial year.

Likely Developments

At this time the mental health sector is undergoing significant reforms at both State and Commonwealth levels. These sector reforms will improve services to people with mental illness and their families. The organisation is looking at ways to shape its future and create better lives for people with mental illness and their families.

Other than the matters described above, the likely future developments in the operations of the Company are the continuation of the principal activities set out in this report.

Events Subsequent To Balance Date

No matters or circumstances have arisen since the end of the financial year that significantly effected or may significantly effect the operations of the Company, the results of those operations or the state of affairs of the Company in subsequent financial years, not otherwise disclosed in this report.

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' & 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.

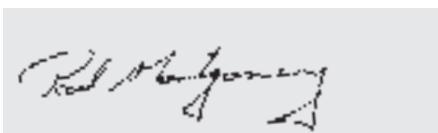
FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

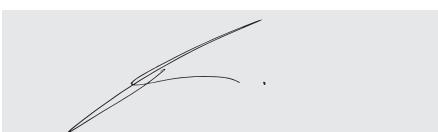
Auditor's Declaration

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



Paul Montgomery
Director



Theophanis Krambias
Director

Signed at Fairfield on the 22nd day
of October 2014.

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 2014, we declare that, to the best of our knowledge and belief, there have been:

- i) No contraventions of the independence requirements of the Corporations Act 2001 in relation to the audit, and;
- ii) No contraventions of any applicable code of professional conduct in relation to the audit.

Dated at Frankston on the 17th
of October 2014



David A Szepfalusy
Director

Shepard Webster & O'Neill
Audit Pty Ltd
Certified Practising Accountant
Authorised Audit Company
ABN 89 154 680 190
434 Nepean Highway Frankston 3199
PO Box 309 Frankston Victoria 3199
Telephone: (03) 9781 2633
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Email: szepfalusy@shepard.com.au

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Statement of Comprehensive Income

	NOTE	2014 \$	2013 \$
NET PROFIT/(LOSS) FROM CONTINUING OPERATIONS		1,624,047	1,296,072
Other Comprehensive Income			
Items that will not be reclassified subsequently to profit or loss:		-	-
Items that may be reclassified subsequently to profit or loss:			
- Net Revaluations on Available For Sale Investments		256,513	325,735
- Gains on Revaluation of Land & Buildings Classified as Held-for-Sale	20	-	1,084,734
TOTAL COMPREHENSIVE INCOME		1,880,560	2,706,541

The Accompanying notes form an integral part of these financial statements

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Statement of Profit or Loss

	NOTE	2014 \$	2013 \$
INCOME FROM CONTINUING OPERATIONS			
Contract Services Income	2	20,423,164	17,526,665
Fundraising	2	1,870,422	1,579,581
Other Income	2	2,490,844	1,903,558
TOTAL REVENUE		24,784,430	21,009,804
EXPENSES			
Salaries & Related Costs	4	16,111,938	13,358,856
Consultancies		421,583	462,362
Audit Fees	3	36,800	36,692
Bank Fees		23,428	23,863
Depreciation & Amortisation			
- Depreciation of Fixed Assets		681,055	757,117
- Amortisation of Intangible Assets		72,153	5,950
IT Network Costs		335,022	306,414
Occupancy Costs		1,126,232	1,272,602
Office Costs		693,657	573,069
Participant Support		695,053	599,987
Program Setup Costs		107,336	80,851
Light & Power		155,987	175,401
Motor Vehicle Expenses		411,272	446,627
Property and Equipment Maintenance		894,178	666,917
Fundraising Expenses		802,095	497,011
Volunteer Costs		3,796	4,290
Other Expenses		184,122	170,172
Loss on Sale of Fixed Assets		229,445	15,598
Loss on Sale of Investments		34,288	84,265
TOTAL EXPENSES		23,019,440	19,538,044
PROFIT / (LOSS) BEFORE CAPITAL ITEMS		1,764,990	1,471,760
Capital Funding and Donations	5	-	-
Building Depreciation		(140,943)	(175,688)
NET PROFIT / (LOSS) FROM CONTINUING OPERATIONS		1,624,047	1,296,072

The Accompanying notes form an integral part of these financial statements

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Statement of Financial Position

	NOTE	2014 \$	2013 \$
CURRENT ASSETS			
Cash at Bank, Deposit and On Hand	17(a)	3,010,933	1,948,905
Receivables	6	792,572	205,256
Investments - Available for Sale Financial Assets	7	6,393,594	5,759,666
Assets Classified as Held for Sale	20	2,019,640	1,618,110
Prepayments		200,683	103,898
Other Assets		5,889	4,620
TOTAL CURRENT ASSETS		12,423,311	9,640,455
NON CURRENT ASSETS			
Fixed Assets	8	8,624,763	6,464,869
Intangible Assets	9	313,909	351,062
TOTAL NON CURRENT ASSETS		8,938,672	6,815,931
TOTAL ASSETS		21,361,983	16,456,386
CURRENT LIABILITIES			
Creditors & Accruals	10	2,093,681	1,155,166
Provisions (current)	11	1,442,879	986,204
Grants & Funding in Advance	12	2,017,562	438,565
TOTAL CURRENT LIABILITIES		5,554,122	2,579,935
NON CURRENT LIABILITIES			
Provisions (non-current)	11	102,527	51,677
TOTAL NON CURRENT LIABILITIES		102,527	51,677
TOTAL LIABILITIES		5,656,649	2,631,612
NET ASSETS		15,705,334	13,824,774
EQUITY			
Reserves	13	1,629,228	8,549,067
Retained Earnings		14,076,106	5,275,707
TOTAL EQUITY		15,705,334	13,824,774

The Accompanying notes form an integral part of these financial statements

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Statement of Changes in Equity

Reserves

	Retained Earnings	Capital Campaign Reserve	Capital Reserve	New Projects Reserve	Property Maintenance Reserve	Asset Trust Reserve	Development Fund Reserve	Available for Sale Investment Revaluation Reserve	Held for Sale Land & Buildings Revaluation Reserve	Total
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Balance at 1 July 2012	3,577,040	536,295	300,000	519,647	275,620	4,173,541	1,773,844	(37,754)	-	11,118,233
Profit attributable to the entity	1,296,072	-	-	-	-	-	-	-	-	1,296,072
Amounts transferred to/(from) reserves - Note 13	402,595	-	(300,000)	-	22,803	(125,398)	-	-	-	-
Total other comprehensive Income - Note 13	-	-	-	-	-	-	-	325,735	1,084,734	1,410,469
Balance at 30 June 2013	5,275,707	536,295	-	519,647	298,423	4,048,143	1,773,844	287,981	1,084,734	13,824,774
Profit attributable to the entity	1,624,047	-	-	-	-	-	-	-	-	1,624,047
Amounts transferred to/(from) reserves - Note 13	7,176,352	(536,295)	-	(519,647)	(298,423)	(4,048,143)	(1,773,844)	-	-	-
Total other comprehensive Income - Note 13	-	-	-	-	-	-	-	256,513	-	256,513
Balance at 30 June 2014	14,076,106	-	-	-	-	-	-	544,494	1,084,734	15,705,334

The Accompanying notes form an integral part of these financial statements

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Statement of Cash Flows

	NOTE	2014 \$	2013 \$
Cashflow from Operating Activities			
Receipts - from Donors and Funding Agencies		24,913,537	22,508,502
Payments to Suppliers and Employees		(22,059,533)	(21,014,853)
Interest & Distributions Received		433,237	321,962
Net Cash Generated by / (used in) Operating Activities	17(b)	3,287,241	1,815,611
Cashflow from Investing Activities			
Proceeds from sale of property, plant & equipment		404,771	1,607,408
Payment for property, plant & equipment		(788,958)	(1,477,580)
Payment for software		(35,000)	(116,094)
Net (Payment) / Receipt for Available for Sale Investments		(377,415)	(1,914,529)
Net (Payment) / Receipt for Assets Held for Sale		(401,530)	-
Net Cash Generated by / (used in) Investing Activities		(1,198,132)	(1,900,795)
Cash Flow from Financing Activities			
Loan recovered from / (payments to) Related Parties		-	33,385
Payments to Extinguish Aspire Property Mortgages		(1,027,081)	-
Net Cash Generated by / (used in) Financing Activities		(1,027,081)	33,385
Net Increase (Decrease) in Cash Held		1,062,028	(51,799)
Cash at Beginning of Year		1,948,905	2,000,704
Cash at End of Year	17(a)	3,010,933	1,948,905

The Accompanying notes form an integral part of these financial statements

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Notes To and Forming Part of the Financial Statements

NOTE 1: Statement of Accounting Policies

MI Fellowship applies Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010-2: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the Corporations Act 2001. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

The amounts presented in the financial statements have been rounded to the nearest dollar.

The financial statements were authorised for issue on 22nd of October 2014 by the Directors of the Company.

Accounting Policies

a) Revenue

Non-reciprocal grant revenue is recognised in profit or loss when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

If conditions are attached to the grant which must be satisfied before it is eligible to receive the contribution, the recognition of the grant as revenue will be deferred until those conditions are satisfied.

When grant revenue is received whereby the entity incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the state of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Where the Company receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value, these assets are recognised at fair value on the date of acquisition in the

statement of financial position, with a corresponding amount of income recognised in profit or loss.

Donations and bequests are recognised as revenue when received.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

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

b) Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated, less, where applicable, accumulated depreciation and any impairment losses.

Freehold property

Freehold land and buildings that are classified as fixed assets are shown at their cost less subsequent depreciation for buildings. Where a fixed assets carrying amount will be recovered principally through a sale transaction rather than through continuing use, the asset will be reclassified as Held-for-Sale.

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Notes To and Forming Part of the Financial Statements

b) Property, Plant and Equipment (continued)

Increases in the carrying amount arising on revaluation of land and buildings are recognised in other comprehensive income and accumulated in the revaluation surplus in equity. Revaluation decreases that offset previous increases of the same class of assets shall be recognised in other comprehensive income under the heading of revaluation surplus. All other decreases are recognised in profit or loss.

Any accumulated depreciation at the date of the revaluation is eliminated against the gross carrying amount of the asset and the net amount is restated to the revalued amount of the asset.

Freehold land and buildings that have been contributed at no cost, or for nominal cost, are initially recognised and measured at the fair value of the asset at the date it is acquired.

Plant and Equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset.

A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(h) for details of impairment).

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

Properties Held for Sale

Held for Sale properties are those where the value of the property will be principally recovered through the sale transaction rather than through continued use. At the time property is classified as Held for Sale, the property is revalued at fair value through Other Comprehensive Income, and is subsequently measured at the lower of its carrying value less the costs to sell.

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a straight line basis over the asset's useful life to the entity commencing

from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period. Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are recognised in profit or loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

Computers with an original cost of \$5,000 or greater are capitalized in the Statement of Financial Position. Computers with an original cost of less than \$5,000 are expensed in the Statement of Profit or Loss.

The Depreciation rates used for each class of depreciable assets are:

Class of Asset	Depreciation Rate	Method
Buildings	2.5%	Straight Line
Computers	20%	Straight Line
Furniture & Fittings	20%	Straight Line
Motor Vehicles	20%	Straight Line
Office Furniture & Equipment	20%	Straight Line

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Notes To and Forming Part of the Financial Statements

c) Intangibles

Software Development

Software is recorded at cost. It has a finite life and is carried at cost less accumulated amortisation and any impairment losses. Software has an estimated useful life of between one and five years. It is assessed annually for impairment.

d) Leases

Leases of fixed assets, where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership that are transferred to the entity, are classified as finance leases.

Finance leases are capitalized by recording an asset and a liability at the lower of the amounts equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Leased assets are depreciated on a straight-line basis over the shorter of their estimated useful lives or the lease term.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

Lease incentives under operating leases are recognised as a liability and amortised on a straight-line basis over the life of the lease term.

e) 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 and annual 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.

f) Taxation

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

g) Cash

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Where relevant, bank overdrafts are shown within short-term borrowings in current liabilities on the statement of financial position.

h) Provisions

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

i) Trade and Other Payables

Trade and other payables represent the liabilities for goods and services received by the Company during the reporting period that remain unpaid at the end of the reporting period. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

j) Financial Instruments

Initial Recognition and Measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions of the instrument. For financial assets, this is equivalent to the date that the Company commits itself to either purchase or sell the asset (ie trade date accounting is adopted). Financial instruments are initially measured at fair value plus transaction costs except where the instrument is classified "at fair value through profit or loss" in which case transaction costs are recognised immediately as expenses in profit or loss.

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Notes To and Forming Part of the Financial Statements

Classification and subsequent measurement

Financial instruments are subsequently measured at fair value, amortised cost using the effective interest method, or cost. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment, and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the *effective interest method*.

The *effective interest method* is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying amount with a consequential recognition of an income or expense item in profit or loss

Fair value is determined based on current bid prices for all quoted investments. Valuation techniques are applied to determine the fair value for all unlisted securities, including recent arm's length transactions, reference to similar instruments and option pricing models.

i) Financial assets at fair value through profit and loss

Financial assets are classified at "fair value through profit or loss" when they are held for trading for the purpose of short-term profit taking, derivatives not held for hedging purposes, or when they are designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Such assets are subsequently measured at fair value with changes in carrying amount being included in profit or loss.

ii) Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

iii) Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the Company's intention to hold these investments to maturity. They are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

iv) Available-for-sale financial assets

Available-for-sale investments are non-derivative financial assets that are either not capable of being classified into other categories of financial assets due to their nature or they are designated as such by management. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

They are subsequently measured at fair value with any remeasurements other than impairment losses and foreign exchange gains and losses recognised in other comprehensive income. When the financial asset is derecognised, the cumulative gain or loss pertaining to that asset previously recognised in other comprehensive income is reclassified into profit or loss.

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Notes To and Forming Part of the Financial Statements

j) Financial Instruments (Continued)

Available-for-sale financial assets are classified as non-current assets when they are not expected to be sold within 12 months after the end of the reporting period. All other available-for-sale financial assets are classified as current assets.

v) Financial Liabilities

Non-derivative financial liabilities other than financial guarantees are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

Impairment

At the end of each reporting period, the Company assesses whether there is objective evidence that a financial asset has been impaired. A financial asset (or a group of financial assets) is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events (a "loss event") having occurred, which has an impact on the estimated future cash flows of the financial asset(s).

In the case of available-for-sale financial assets, a significant or prolonged decline in the market value of the instrument is considered to constitute a loss event. Impairment losses are recognised in profit or loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified to profit or loss at this point.

In the case of financial assets carried at amortised cost, loss events may include: indications that the debtors or a group of debtors are experiencing significant financial difficulty, default or delinquency in interest or principal payments; indications that they will enter bankruptcy or other financial reorganisation; and changes in arrears or economic conditions that correlate with defaults.

For financial assets carried at amortised cost (including loans and receivables), a separate allowance account is used to reduce the carrying amount of financial assets impaired by credit losses. After having taken all possible measures of recovery, if management establishes that the carrying amount cannot be recovered by any means, at that point the written-off amounts are charged to the allowance account or the carrying amount of impaired financial assets is reduced directly if no impairment amount was previously recognised in the allowance accounts.

When the terms of financial assets that would otherwise have been past due or impaired have been renegotiated, the Company recognises the impairment for such financial assets by taking into account the original terms as if the terms have not been renegotiated so that the loss events that have occurred are duly considered.

Derecognition

Financial assets are derecognised when the contractual rights to receipt of cash flows expire or the asset is transferred to another party whereby the entity no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised when the related obligations are discharged or cancelled, or have expired. The difference between the carrying amount of the financial liability, which is extinguished or transferred to another party, and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed, is recognised in profit or loss.

k) Impairment of Assets

At the end of each reporting period, the entity assesses whether there is any indication that an asset may be impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised immediately in profit or loss, unless the asset is carried at a revalued amount in accordance with another Standard (eg in accordance with the revaluation model in AASB 116). Any impairment loss of a revalued asset is treated as a revaluation decrease in accordance with that other Standard.

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Notes To and Forming Part of the Financial Statements

k) Impairment of Assets (Continued)

Where it is not possible to estimate the recoverable amount of an individual asset, the entity estimates the recoverable amount of the cash-generating unit to which the asset belongs.

Impairment testing is performed annually for goodwill and intangible assets with indefinite lives.

l) Goods and Services Tax (GST)

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

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

m) Key Estimates – Impairment

The entity assesses impairment at each reporting date by evaluating conditions specific to the entity that may lead to impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined.

Value-in-use calculations performed in assessing recoverable amounts incorporate a number a key estimates.

No impairment has been recognised in respect of this financial year.

n) Comparative Figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

o) Critical Accounting Estimates and Judgments

The Directors evaluate estimates and judgments incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and internally.

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Notes To and Forming Part of the Financial Statements

	NOTE	2014	2013
		\$	\$
NOTE 2: REVENUE			
Contract Services Income			
Government Grants		14,885,724	13,751,947
Funding & Grants received in previous periods recognised in the current period / (carry forward to future periods)		(1,179,699)	115,514
Fees from other Agencies		6,166,767	3,008,751
Client Fees		550,372	650,453
Total Contract Services Income		20,423,164	17,526,665
Fundraising			
Charitable Contributions		407,907	311,873
Other Fundraising		1,462,515	1,267,708
Total Fundraising		1,870,422	1,579,581
Other Income			
Income From Investments		380,542	289,232
Profit on Sale of Assets		159,939	1,026,302
Profit on Sale of Investments		211,192	24,794
Interest Income		126,553	100,887
Fair Value Adjustment on Acquisition of Business	19	1,263,553	-
Membership Income		9,489	10,704
Other Revenue & Recoveries		339,576	451,639
Total Other Income		2,490,844	1,903,558
Total Revenue		24,784,430	21,009,804
NOTE 3: EXPENSES			
Included in expenses are the following expense items:			
Audit Fees:			
Audit or review of the financial statements		23,500	23,042
Acquittals		4,100	3,500
Other Audit Services		9,200	10,150
		36,800	36,692

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Notes To and Forming Part of the Financial Statements

2014	2013
\$	\$

NOTE 4: SALARIES AND RELATED COSTS

Decrease in Salaries & Related costs is attributed to the reduction in the provision of program services. The number of Equivalent Full Time (EFT) staff are as follows:

Number of Staff 30th June (EFT)	173.00	182.00
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NOTE 5: 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.

NOTE 6: RECEIVABLES - CURRENT

Trade Receivables	427,463	141,205
Deposits and Bonds Issued	55,112	59,969
Accrued Income	256,680	4,082
Other Receivables	53,317	-
	792,572	205,256

NOTE 7: INVESTMENTS - AVAILABLE FOR SALE FINANCIAL ASSETS

Investments in Managed Funds:

Balance at the beginning of the year	5,759,666	3,519,402
Net Purchases / (Disposals)	377,415	1,914,529
Fair value re-measurement gains/(losses)	256,513	325,735
Balance at the end of the year	6,393,594	5,759,666

Available-for-sale financial assets are investments in managed funds, with the majority of the portfolio comprising of investments in the equities of various entities. The use of available-for-sale financial assets is for trading purposes to generate income through the receipt of dividends and capital gains.

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Notes To and Forming Part of the Financial Statements

	2014	2013
	\$	\$
NOTE 8: FIXED ASSETS		
Buildings and Land - at cost	7,832,083	5,729,234
Less Accumulated Depreciation	(1,629,353)	(1,531,526)
	<hr/>	<hr/>
Motor Vehicles - at cost	2,302,687	1,664,060
Less Accumulated Depreciation	(552,806)	(406,689)
	<hr/>	<hr/>
Office Furniture and Equipment - at cost	1,463,354	1,374,571
Less Accumulated Depreciation	(1,299,445)	(1,203,524)
	<hr/>	<hr/>
Computers - at cost	804,073	1,435,091
Less Accumulated Depreciation	(453,788)	(828,590)
	<hr/>	<hr/>
Rental Property Furniture and Fittings - at cost	265,373	299,238
Less Accumulated Depreciation	(107,415)	(66,996)
	<hr/>	<hr/>
Total Written Down Value	8,624,763	6,464,869

See the follow page for the reconciliation of the movement in the carrying amount of Fixed Assets.

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Notes To and Forming Part of the Financial Statements

NOTE 8: FIXED ASSETS (continued)

Movement in the carrying amount of fixed assets:

	Land & Buildings	Motor Vehicles	Office Furniture & Equipment	Rental Properties Furniture & Fittings	Computers	Total
	\$	\$	\$	\$	\$	\$
Balance at the 1 July 2012	5,317,605	1,013,338	299,837	121,433.00	537,362	7,289,575
Additions at cost	111,279	916,397	47,416	144,217.00	258,271	1,477,580
Disposals (net)	(282,711)	(305,781)	(7,030)	-	(1,182)	(596,704)
Transfer to expenses *	(239,401)	-	-	-	-	(239,401)
Reclassification of Assets Held for Sale **	(533,376)	-	-	-	-	(533,376)
Depreciation expense	(175,688)	(366,583)	(169,176)	(33,408)	(187,950)	(932,805)
Carrying amount at 30 June 2013	4,197,708	1,257,371	171,047	232,242	606,501	6,464,869
Additions at cost	30,752	636,885	40,275	1,302	79,744	788,958
Additions at FV - Aspire Assets	2,200,000	363,000	48,508	55,703	-	2,667,211
Disposals (net)	(84,787)	(133,150)	-	(71,181)	(185,159)	(474,277)
Depreciation expense	(140,943)	(374,225)	(95,921)	(60,108)	(150,801)	(821,998)
Carrying amount at 30 June 2014	6,202,730	1,749,881	163,909	157,958	350,285	8,624,763

Note: Note: In the Statement of Profit or Loss, the *Depreciation & Amortisation* line item (2014: \$681,055 and 2013: \$845,228) excludes depreciation for the category *Land & Buildings* (2014: \$140,943 and 2013: \$175,688). Land & Buildings depreciation is disclosed separately in the Statement of Profit or Loss.

* In the prior year, capitalized costs in relation to environmental works performed at 10 Bromham Place Richmond were transferred to expenses. The result was a reduction in the carrying amount in land and buildings by \$239,401.

** Relates to the prior year reclassification of the written down value of 10 Bromham Place from Fixed Assets to being classified as Held for Sale.

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Notes To and Forming Part of the Financial Statements

	2014	2013
	\$	\$
NOTE 9: INTANGIBLE ASSETS		
Software Development	392,012	357,012
Amortisation of Software Development	(78,103)	(5,950)
	313,909	351,062

MI Fellowship has developed *Carelink+* enterprise software. *Carelink+* is a powerful client management system used widely in community care. It provides efficient and extensive data capture, tracking and reporting on all aspects of service delivery including financial management, clinical and statutory needs. In the prior year, the software became a core part of MI Fellowship and is expected to streamline the database from physical to electronic.

A total of 70 licenses were purchased, implemented and customised upon finalisation of the software development. Costs capitalised in the development years include staff, contractor and supplier expenses directly relating to developing or testing the software in the development phase. Amortisation costs were charged from June 2013 which was when the software went live.

NOTE 10: CREDITORS & ACCRUALS

Trade Creditors	1,003,680	438,403
GST Payable	319,960	184,583
Accruals	731,884	486,528
Accrual for Audit Fees	35,652	24,652
Resident Security Deposits Held	1,000	21,000
Other Payables	1,505	-
	2,093,681	1,155,166

NOTE 11: PROVISIONS

Current Liabilities

Provision for Stamp Duty on Property Title Transfer	49,185	-
Provision for Annual Leave	1,044,467	682,921
Provision for Long Service Leave	349,227	303,283
	1,442,879	986,204

Non-Current Liability

Provision for Long Service Leave	102,527	51,677
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FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Notes To and Forming Part of the Financial Statements

	NOTE	2014	2013
		\$	\$
NOTE 12: GRANTS & FUNDING IN ADVANCE			
(a) Current			
Expected to be utilised within 12 months		2,017,562	438,565
(b) Non-Current			
Expected to be utilised between 1-2 years		-	-
Expected to be utilised between 2-5 years		-	-
Total Non-Current		-	-
Total Grants & Funding in Advance		2,017,562	438,565

MI Fellowship receives funding from various agencies to run its programs. Where grants are required to be spent on specific programs in order to meet agreed outcomes as contracted with the funding agency, the 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. Income is subsequently recognised in the periods that the funds are actually spent. If the contract has been completed and unexpended funds are present, the remaining funds will be recognised through income when MI Fellowship is satisfied that the funds will not be required to be repaid. As disclosed in the balance sheet, unspent funds totaling \$2,017,562 are showing as a liability at 30 June 2014 (\$438,565 at 30 June 2013). All other donations and untied grants are recorded as income when monies are received.

NOTE 13: RESERVES

Available for Sale Investment Revaluation Reserve	13(a)	544,494	287,981
Gains on Revaluation of Land & Buildings	13(b)	1,084,734	1,084,734
Capital Campaign Reserve		-	536,295
Development Fund Reserve		-	1,773,844
New Projects Reserve		-	519,647
Property Maintenance Reserve	13(c)	-	298,423
Asset Trust Reserve	13(d)	-	4,048,143
		1,629,228	8,549,067

In 2013/14, the Directors assessed that certain reserves no longer served a particular purpose, and accordingly, the respective balances were transferred back to retained earnings.

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Notes To and Forming Part of the Financial Statements

	NOTE	2014	2013
		\$	\$
NOTE 13: RESERVES (continued)			
(a) Available for sale investment revaluation reserve			
Opening Balance		287,981	(37,754)
Increase/(Decrease) in Fair Value of Investments		256,513	325,735
Closing Balance		544,494	287,981
(b) Gains on revaluation of land & buildings			
Opening Balance		1,084,734	-
Increase/(Decrease) in Fair Value of Land & Buildings	20	-	1,084,734
Closing Balance		1,084,734	1,084,734
(c) Property maintenance reserve			
In 2003/4, MI Fellowship established a Property Maintenance Reserve. The purpose of the reserve was to separately account for the provision of building maintenance on MI Fellowship properties. In 2013/14, the Directors assessed that this reserve no longer served a particular purpose, and accordingly, the balance was transferred back to retained earnings.			
Opening Balance		298,423	275,620
Add/(Less) Transfers (to)/from Retained Surplus		(298,423)	22,803
Closing Balance		-	298,423
(d) Asset trust reserve			
In 1998/99, MI Fellowship established an Asset Trust Reserve. The purpose of the reserve was to separately account for funding received in the past to finance the purchase of assets used by the Organisation's programs. The balance of the reserve represented the written down value of assets used in the funded programs at the end of the financial year. These assets were previously required to be used in accordance with the objectives of each program, and could potentially be redirected by changes in Government policy.			
In 2013/14, the Directors assessed that there was no longer any restriction on the control of the assets and their utilisation. Accordingly, there was no particular requirement to hold these assets in a reserve. The balance of the reserve was therefore transferred back to retained earnings.			
Opening Balance		4,048,143	4,173,541
Add/(Less) Transfers (to)/from Retained Surplus		(4,048,143)	(125,398)
Closing Balance		-	4,048,143

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Notes To and Forming Part of the Financial Statements

2014	2013
\$	\$

NOTE 14: CAPITAL COMMITMENTS

As at 30 June 2014 no material capital commitments were existing, nor were there any that existed for the comparative previous year.

NOTE 15: RELATED PARTY RELATIONSHIPS

There were no material related party relationships or transactions for this year, nor the comparative previous year not otherwise disclosed elsewhere in the financial statements.

NOTE 16: KEY MANAGEMENT PERSONNEL

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

Short Term Benefits	613,746	580,867
Other Long Term Benefits	-	-
Post Employment Benefits	59,814	61,578
Termination Benefits	-	-
Share Based Benefits	-	-
Total	673,560	642,445
Number of Key Personnel (EFT)	4.0	4.0

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Notes To and Forming Part of the Financial Statements

	2014 \$	2013 \$
NOTE 17: CASH FLOW INFORMATION		
(a) Reconciliation of Cash		
Cash at Bank, on Deposit and on Hand	3,010,933	1,948,905
(b) Reconciliation of Cash Flow from Operations with		
Operating Profit / (Loss)		
Operating Profit/ (Loss) after income tax	1,624,047	1,296,072
<i>Adjustments for Non-cash Items & Items of Income or Expenses Associated with Investing or Financing Cash Flows:</i>		
Depreciation & Amortisation	894,151	938,755
Profit on Sale of Property, Plant & Equipment	69,506	(1,010,704)
Reversal of Fixed Assets Deemed to be Expenses (10 Bromham Place)	-	239,401
Fair Value Adjustment on Acquisition of Aspire	(1,263,553)	-
Aspire - Add back Aspire assets reclassified to equipment expenses < \$5k	35,819	-
Partial Recovery of Bad Debts Previously Written-off	-	(8,385)
<i>Changes in assets and liabilities:</i>		
(Increase)/Decrease in Receivables	(451,547)	(71,766)
(Increase)/Decrease in Prepayments and Other Assets	(98,054)	(20,733)
Increase/(Decrease) in Creditors & Accruals	659,946	175,118
Increase/(Decrease) in Provisions	237,929	91,659
Increase/(Decrease) in Funds for Future Use	1,578,997	186,194
Cashflows from Operations	3,287,241	1,815,611

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Notes To and Forming Part of the Financial Statements

NOTE	2014	2013
	\$	\$

NOTE 18: FINANCIAL INSTRUMENTS

FINANCIAL RISK MANAGEMENT

The Company's financial instruments consist mainly of deposits with banks, short-term investments, accounts receivable, accounts payable and leases. The carrying amounts for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

Financial assets

Cash and cash equivalents	17(a)	3,010,933	1,948,905
Receivables	6	792,572	205,256
Available for sale financial assets	7	6,393,594	5,759,666
Total financial assets		10,197,099	7,913,827

Financial liabilities

Trade and other payables	10	2,093,681	1,155,166
Grants & Funding in Advance	12	2,017,562	438,565
Total financial liabilities		4,111,243	1,593,731

NOTE 19: CHANGE IN THE STATE OF AFFAIRS DURING THE YEAR

Aspire Merger

On the 30th of June 2014, MI Fellowship completed their amalgamation with Aspire. Aspire provided mental health services in Tasmania and the Great South Coast in Victoria. MI Fellowship and Aspire have been working together to make this amalgamation happen smoothly so people with mental illness and carers who use the services are not affected.

Aspire employees have been transitioned to MI Fellowship, with MI Fellowship assuming the program services contracts that operated under Aspire. The fair value of the net assets, totaling \$1,263,553, were transferred to MI Fellowship by the 30th of June 2014, which forms the basis for the "Bargain Purchase" recognised in the Statement of Profit or Loss.

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Notes To and Forming Part of the Financial Statements

	2014 \$	2013 \$
NOTE 20: ASSETS CLASSIFIED AS HELD FOR SALE	2,019,640	1,618,110

In the prior year, the carrying value of the non-current asset at 10 Bromham Place Richmond was re-classified as "held for sale" under AASB 5. MI Fellowship re-classified this asset as "held for sale" on the basis that its carrying amount would be recovered principally through a sale transaction rather than through continuing use. Up to the point of re-classifying this asset in the prior year, the premises had been used as part of MI Fellowship's operations. Operations at this site were subsequently re-located during the prior year, which was the point at which the asset was reclassified.

It is expected that MI Fellowship will bear further costs under the contract, associated with building works, as well as various soil costs such as shifting, classification and retention. During the year, \$401,530 of costs under the contract were expended, which have been capitalised in 2013/14. The Directors have reviewed the key assumptions of the cost remaining and have quantified an estimate of these costs through discussions held with contractors, and have assessed the carrying amount inclusive of the capitalised costs to be less than the fair value less cost to sell. Accordingly, the capitalised amount of \$401,530 is added to the prior year carrying amount of the asset, resulting in the carrying value for the year ended 30 June 2014 to be \$2,019,640.

As the expected revised sale date is within 12 months of year end, the asset Held for Sale has been classified as current.

NOTE 21: EVENTS AFTER BALANCE DATE

There have been no significant events occurring after balance date which may affect the operations of MI Fellowship, not otherwise disclosed in this report.

NOTE 22: CAPITAL AND LEASING COMMITMENTS

a. Finance Lease Commitments	Nil	Nil
b. Operating Lease Commitments		

Non-cancellable operating leases contracted for but not capitalised in the financial statements:

Not longer than 1 year	346,813	330,301
Longer than 1 year and not longer than 5 years	81,614	310,605
Longer than 5 years	-	5,814

FINANCIAL STATEMENTS continued

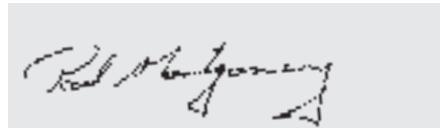
MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Directors' Declaration

**The Directors of the Company
declare that:**

1. the financial statements and notes, as set out on pages 50 to 71:
 - a) comply with Australian Accounting Standards and the Corporations Law; and
 - b) give a true and fair view of the financial position as at 30 June 2014 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.



Paul Montgomery
Director



Theophanis Krambias
Director

Signed at Fairfield on the 22nd day of October 2014.

FINANCIAL STATEMENTS continued

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2014

Independent Auditor's Report To The Members

We have audited the accompanying financial report of Mental Illness Fellowship Victoria ("the Company"), which comprises the Statement of Financial Position as at 30 June 2014 and the Statement of Profit or Loss and Other Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the Directors' Declaration.

Directors' Responsibility for the Financial Report

The Directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Act 2001 and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we 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 Company's preparation of the financial report that gives a true and fair view 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.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the Directors of Mental Illness Fellowship Victoria on the 17th of October 2014, would be in the same terms if given to the Directors as at the time of this auditor's report.

Auditor's Opinion

In our opinion, the financial report of Mental Illness Fellowship Victoria is in accordance with the Corporations Act 2001, including:

- a. giving a true and fair view of the Company's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
- b. complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Regulations 2001.

Dated at Frankston on the 22nd day of October 2014.



David A Szepfalusy
Director

**Shepard Webster & O'Neill
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We respectfully acknowledge that we work on Aboriginal land and pay our respects to community members and elders, past and present.

