ANNUAL REPORT 2014-2015

RECOVERY
IMAGINE BETTER

MI Fellowship

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.

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.

CONTENTS

RECOVERY
IMAGINE A BETTER LIFE

New scientific findings and a growing movement of vocal consumers, their friends and families are illuminating what is involved in recovery with and from mental health problems. Many countries are grappling with the implications of these new perspectives. Hope is central, so how do we avoid taking away hope with stigmatising labels? People often rise or fall to the level of expectations placed on them, so how do we avoid imposing low expectations which take away opportunities, whilst recognising that recovery takes time?

When most people talk about recovery, they mean something like 'cure' or 'an absence of symptoms'. This is what we used to mean in mental health – but it's not what we mean any more. This more common understanding of recovery is what we now call 'clinical recovery'.

The newer, more accepted meaning of mental health recovery is often referred to as 'personal recovery'. Here is a widely accepted definition:

'Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness' (Anthony, 1993).

Many people just say recovery is about living the life of their choice in their community.

Research has asked consumers about what most contributes to recovery, and five processes have emerged: Connectedness, Hope, Identity, Meaning and Empowerment (Leamy et al, 2010).

Thinking differently about recovery requires us to think differently about mental health services. The core types of services remain the same: treatment, rehabilitation and support. However, how we work, and the impacts we aim to achieve, are different.

Recovery invites us to work with people in the context of their family, friends, community and broader society. It invites us to shift power so that consumers can make their own choices. It asks us to support people to explore their identities, to make their own meaning of mental health experiences, and to build meaningful lives of their own choosing. Most importantly, recovery requires us to always hold hope.

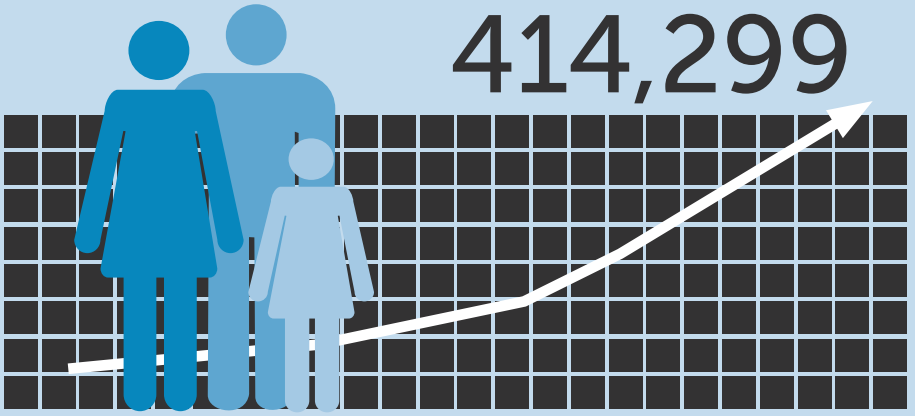
Anthony, WA. (1993). Recovery from mental illness: The guiding vision of the mental health system in the 1990s. *J Psychosoc Rehabil,* 16: 11-23.

Leamy, M., Bird, V., Le Boutillier, C., Williams, J., and Slade, M. (2011). Conceptual Framework for personal recovery in mental health: systematic review and narrative synthesis. *The British Journal of Psychiatry,* 199: 445-452

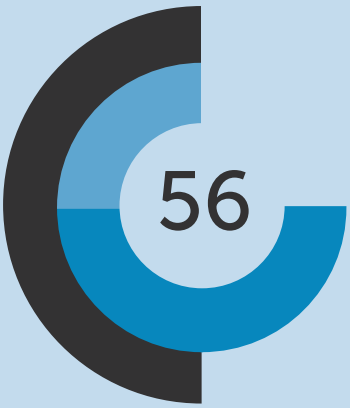
OVERVIEW 2014-15

Annual Turnover	Program Participants Consumers and Families	Helpline calls
$33.1m	6,571	4,829

Funded and fee for service programs



Engaged in our advocacy, information and education



Partnerships

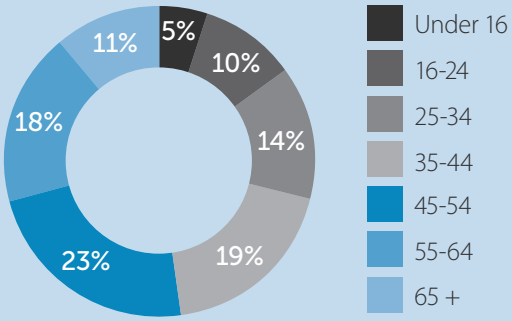
Staff members

Lived experience workers

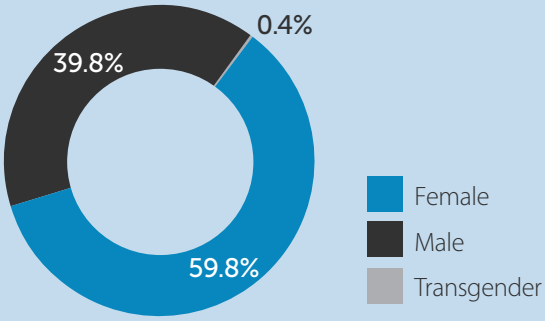
Staff with degree, diploma or certificate qualification

OVERVIEW 2014-15

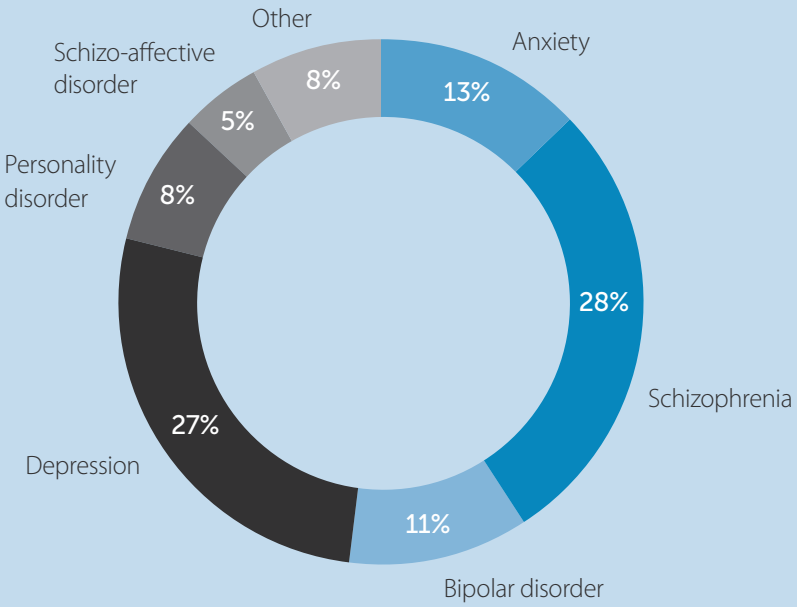
Age of the people we worked with



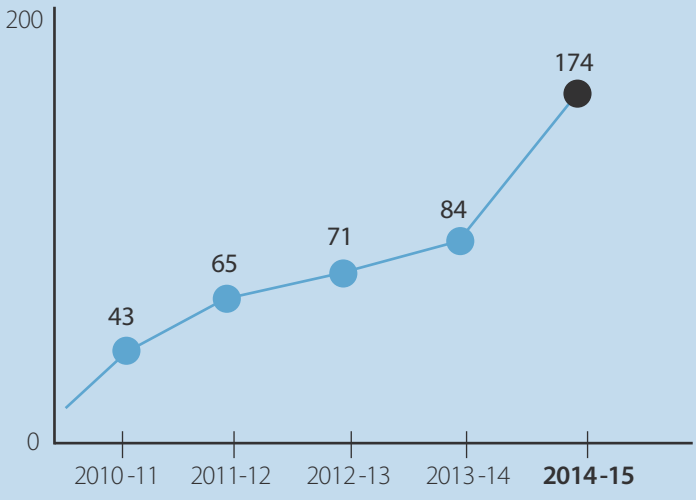
Gender of the people we worked with



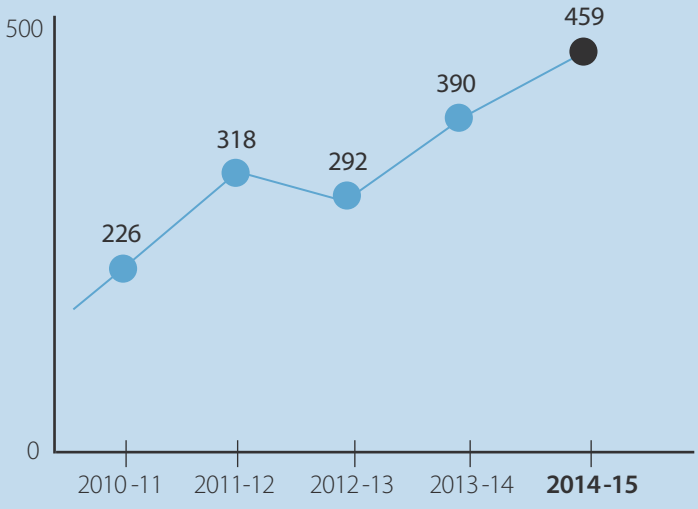
Mental health conditions of the people we worked with (primary diagnosis)



Participants identifying as Aboriginal or Torres Strait Islander



Participants from culturally and linguistically diverse backgrounds



PRESIDENT'S REPORT

PAUL MONTGOMERY

In 2014-15, MI Fellowship worked with more people, with a wider range of needs, in more places than ever before.

The organisation delivered programs funded by four State/Territory Governments and the Commonwealth Government; it worked with families, children, youth and adults, and with people with specific support needs – including people with drug and alcohol issues, people from culturally diverse backgrounds, people leaving the prison system, and people experiencing mental health and dual disability.

Support from the community increased with a 4% rise in fundraising revenue. Overall, the organisation's turnover for the year was up 33% on the previous year. This result was particularly pleasing given the continuing lack of security of funding for many mental health programs, and is possible because of the fundamentally solid operational capacity of MI Fellowship.

The Board continued to oversee the execution of our strategic plan, achieving good progress across a range of strategic directions and merger acquisition projects. In the year ahead, we are seeking to further extend our footprint in New South Wales and Queensland.

Our growing geographic spread of services was recognised during the year with the change of our name from Mental Illness Fellowship Victoria to MI Fellowship.

Through continuous quality improvement, innovation and workforce development, we are extending and developing the rehabilitation services we provide. While our expertise has historically been in supporting people affected by mental illness, we have also begun to strengthen the organisation's capacity to make its skills and facilities available to people affected by disability, ageing, trauma or drug and alcohol use.

Developing our lived experience workforce has been a priority for MI Fellowship, and we were extremely grateful for the very generous bequest by the Heyward Estate in 2014-15 that has funded the training and development of peer educators to work across our regions.

Building on the organisation's unique position as a member-based mental health organisation, we have established a new Advocacy category of membership which increases opportunities for our members to inform and deliver campaigns that seek to influence government policy on mental health.

During 2014-15, the organisation considered the future direction of its fundraising strategy and committed to a five-year regular giving program that will engage more community members in support of mental health recovery and provide financial support for programs and initiatives that are not government funded.

As part of the fundraising review, our Op Shops which were operating in an increasingly competitive market were closed. I thank those volunteers who contributed to the important work that the Op Shops did over many years.

I also thank the people who generously donated to the work of MI Fellowship in 2014-15. I acknowledge Rob and Adel Merola and SEW-Eurodrive for again conducting their charity luncheon which raised over $35,000. The generosity of a number of bequestors has also made it possible for us to undertake work we would not have otherwise been able to.

I am grateful for the committed voluntary contribution of the members of the MI Fellowship Board. The terms of a number of Board members came to an end this year: I thank Elaine Price, Louise Milne-Roch, Diane Brown and Alex Wood for their years of dedicated service – it was a pleasure working with them.

In what has been another tough year for mental health, CEO Elizabeth Crowther, the executive team and staff deserve congratulations for what has been achieved. The Board looks forward to working with you all in the year ahead as we continue to make a positive difference in the lives of people affected by mental illness and disability.

CHIEF EXECUTIVE'S REPORT

ELIZABETH CROWTHER

Organisational resilience is proving to be crucial in these times of great uncertainty over mental health funding. At MI Fellowship, our resilience arises from commitment to our core values and mission. While we work with government to bring quality services to as many people as possible, we continue to push government and the community to make personal recovery the goal of Australia's mental health system.

As it is rolled out around Australia, the National Disability Insurance Scheme (NDIS) is fast becoming an important part of the mental health system. MI Fellowship is now working with NDIS clients in Victoria, Tasmania and the ACT. The NDIS represents a fundamental shift in the way services are delivered to people living with mental illness, with eligibility for support requiring permanent, or likely to be permanent, impairment. This requirement challenges all that we know about the internationally adopted concept of mental health recovery and undermines the hope that is the crucial first step towards recovery.

During the year we commissioned renowned academics in the field of recovery, Professor Mike Slade and Dr Eleanor Longden, to review the evidence on recovery. Their findings make it clear that changes need to be made to NDIS eligibility requirements if the NDIS is to give people with mental illness the best prospects of recovery.

Our 17th Annual Bruce Woodcock Memorial Lecture by Dr Longden facilitated timely public discussion of mental health recovery. Dr Longden also shared her compelling personal story of recovery through a series of community and industry engagements.

Following the successful completion of the pilot Doorway Housing and Support Program, MI Fellowship was funded a further $3.57m over four years by the Victorian Government to extend this innovative program to an additional 100 people across four municipalities, in cooperation with four clinical partners and with the on-going support of the Real Estate Institute of Victoria.

Our collaborations with Swinburne University and RDNS investigated new ways of using technology in mental health services, and new approaches to promoting physical health among people with mental illness. Working with the Victorian Chinese community, we developed a culturally appropriate adaptation of the Commonwealth-funded Partners in Recovery program.

We further developed our relationship with Latrobe Regional Hospital, successfully tendering for the operation of residential services in Bairnsdale. During the year we also opened a new Prevention and Recovery Care (PARC) service in Fitzroy in partnership with St Vincent's Hospital, and commenced operation of youth residential programs: Purro Gunya in Warrnambool and Jacaranda in Shepparton.

We are also now operating intensive mental health support for young people in South West Sydney and Northern NSW.

We established an important relationship with the world-leading Temple University in the United States to strengthen our Community Recovery Model and broaden our scope of practice so that we can provide best-practice interventions to people with a range of psychosocial disability including mental illness, intellectual disability and acquired brain injury.

We have commenced a number of initiatives this year to make it easier for people to access our information and services. New 1300 numbers for our Helpline, regular giving fundraising program and general enquiries are being implemented. A new website will also be completed in the coming months. To support the delivery of NDIS services, we have invested in our digital communications network to enhance our responsiveness and enable interaction across geographically spread locations.

The work done by MI Fellowship this year is the result of the combined efforts of many people who have imagined better services, better opportunities and better choices for people living with mental illness and their families. Thank you to you all – we approach the coming year well positioned for the challenges ahead.

REVIEWING THE EVIDENCE ON MENTAL HEALTH RECOVERY

Nationally and internationally there is an increasingly sophisticated understanding of mental health recovery. In 2015, MI Fellowship commissioned two world-leading mental health researchers, Professor Mike Slade and Dr Eleanor Longden, to review current evidence on recovery and report what their findings mean for people living with mental illness. They came to seven fundamental conclusions:

'Recovery is emerging as much more common than previously understood.' – Mike Slade and Eleanor Longden, 2015

Recovery is best judged by the person living with the experience

The word 'recovery' in the context of mental health has traditionally referred to 'clinical recovery' judged by health professionals. A new understanding of recovery has emerged internationally which sees recovery defined by the person themselves according to their experiences, aspirations and individual identity.

Many people with mental health problems recover

Traditional research designs have not captured the broad range of recovery experiences and have tended to focus on people in clinical programs. While the evidence on personal recovery is still emerging, it is likely that previous research has under-estimated recovery rates.

If a person no longer meets the criteria for a mental illness, they are not ill

It has often been assumed that a reduction in symptoms of mental illness is 'remission' rather than recovery. It is now increasingly understood that an episode – even multiple or frequent episodes – of mental illness does not mean a person is always mentally ill, nor that they always will be.

Diagnosis is not a robust foundation

It should be more widely acknowledged that mental health diagnoses are contestable. Health professionals can disagree among themselves on diagnoses and diagnoses can change over time. While established diagnoses can be helpful, they rarely accurately nor fully explain a person's individual experience of mental health problems.

Treatment is one route among many to recovery

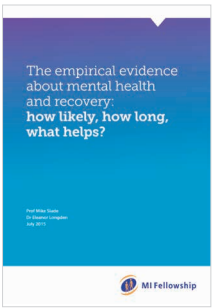
While treatment can be important, emerging empirical evidence indicates that individuals develop an identity as a person in recovery through a range of routes. Processes that assist recovery are connectedness, hope, a positive identity, meaning and empowerment. These processes often occur outside the mental health system.

Some people choose not to use mental health services

Many people live with psychosis-like experiences without requiring or wanting input from mental health services. Use of mental health services should therefore not be a requirement for receiving government supports, like benefits and entitlements.

The impact of mental health problems is mixed

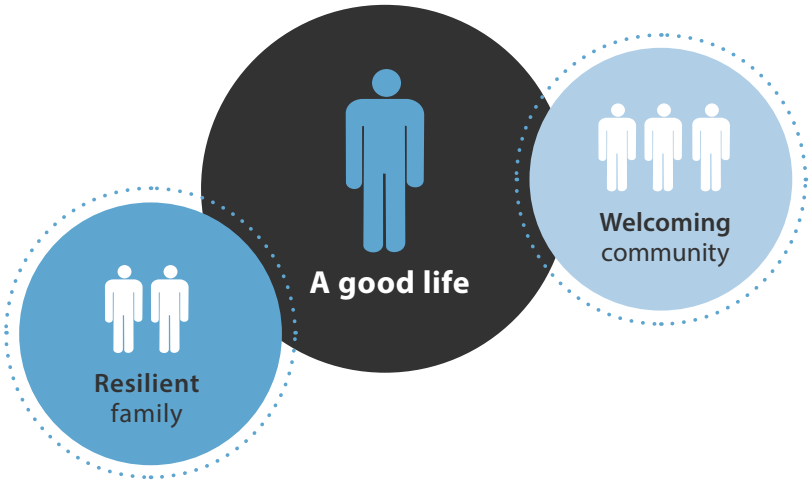
It cannot be assumed that the impact of mental health problems is entirely negative. While mental illness causes pain and distress, many people describe surviving mental illness as resulting in increased self-knowledge, fortitude, compassion and wellbeing. It is time to move beyond responding to mental illness as a totally and uniformally negative experience.



Slade M, Longden E (2015). *The empirical evidence about mental health and recovery: how likely, how long, what helps?* Victoria: MI Fellowship.

COMMUNITY RECOVERY MODEL

MI Fellowship's Community Recovery Model combines evidence from research with knowledge that comes from lived experiences of mental illness. This model recognises that the most effective way to support lasting mental health recovery is through a combination of supports: working with individuals as they take charge of their lives and wellbeing, offering tools to families and friends, and working with communities to create welcoming spaces and foster community inclusion.



Family
We understand mental illness
We know what helps recovery
We look after our own wellbeing

Person with mental illness
I can take charge of my life
I feel connected to people
I am part of my community

Community
We include people with mental illness
We stand up for equal rights
We create opportunities for people

The principles of the Community Recovery Model are applied across our programs. MI Fellowship staff are introduced to the Community Recovery Model during their orientation and undertake training to practice within the model.

We continue to develop and enhance the Community Recovery Model based on current international thinking and evidence on recovery. In 2014-15 we supported two staff members (in the areas of service development and peer education) to visit Temple University's Collaborative for Social Inclusion in the United States. This Collaborative is led by Professor Mark Salzer, an expert in the efficacy of peer support, and focuses on the development of evidence-based approaches that assist people with disabilities to be part of their communities.

MI Fellowship is working with Temple University and Professor Salzer on the further development of our Community Recovery Model, including the development of practical training and tools for workers and a comprehensive program of evaluation and research.

"I SPENT THREE YEARS ALONE IN MY BEDROOM BEFORE I REALISED I COULD GET BETTER. NOW I HAVE A LIFE I NEVER THOUGHT WOULD BE POSSIBLE."

RESIDENTIAL RECOVERY

In 2014-15 we again expanded our residential recovery services with new programs in Fitzroy, Shepparton, Warrnambool and Gippsland. Across these facilities we deliver programs ranging from sub-acute care through to supported independent living, bringing specialist expertise in working with youth and with people with complex or multiple needs.

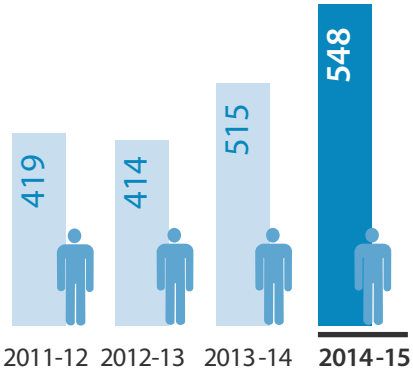
A total of 548 people participated in our residential programs in 2014-15. This number is expected to increase significantly over the next year as our recently established programs complete their first full year of operation.

ADULT PROGRAMS	PARTNERS	AVERAGE LENGTH OF STAY
Short term residential recovery		
North Fitzroy Prevention and Recovery Care (PARC) service	St Vincent's Hospital	20.7 days
South Yarra Prevention and Recovery Care (PARC) service	Alfred Health	18.2 days
Frankston Prevention and Recovery Care (PARC) service	Peninsula Health	22.7 days
Shepparton Prevention and Recovery Care (PARC) Service	Goulburn Valley Health	20.5 days
Gippsland Residential Recovery Program (Bairnsdale)	Latrobe Regional Hospital	N/A*
ACT Step Up Step Down	ACT Health	38.8 days**
Longer term residential recovery		
Shepparton Specialist Residential Rehabilitation Program (SRRP)	Goulburn Valley Health	0.85 years
Collins Place (Geelong)	NDIS	1 year
Opening Doors Program (St Kilda)	Alfred Health	1.5 years

YOUTH PROGRAMS	PARTNERS	AVERAGE LENGTH OF STAY
Short term residential recovery		
ACT Youth Step Up Step Down	ACT Health	43.6 days**
Longer Term Residential Recovery		
Jacaranda Youth Residential Service, Shepparton	Goulburn Valley Health	N/A*
Purro Gunya Youth Residential Service, Warrnambool	South West Healthcare	N/A*
Collins Place (Geelong)	NDIS	1 year

*This information is not yet available as the service has not been operated by MI Fellowship for a full year.
** ACT programs have maximum lengths of stay of three months.

Total participants in residential recovery programs:



We partner with metropolitan and regional health services so that clinical care can be provided in a home-like environment. Our recovery interventions are evidence-based and support participants to develop skills to self-manage mental health issues, prepare for employment or study, engage in social activities, re-connect with family and friends and develop the skills to live independently at home.

Short-term residential recovery

MI Fellowship operates seven short-term residential recovery programs where the average stay is between three and six weeks. These programs offer 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.

In Victoria these programs are known as Prevention and Recovery Care services (PARCs) and in the ACT as Step-up Step-down services (SUSD).

In 2014-15, we commenced operation of a new PARC service in North Fitzroy in partnership with St Vincent's Hospital. We have also recently commenced operation of the Gippsland PARC.

Longer-term residential recovery

We operate seven longer-term residential recovery programs, staffed by professionals with specialist rehabilitation skills, that provide an extended intervention for people with complex needs, including substance misuse, recent release from detention or incarceration, and multiple health or disability issues. In 2014-15, MI Fellowship commenced operation of two longer-term residential recovery programs for young people: Jacaranda in Shepparton and Purro Gunya in Warrnambool.

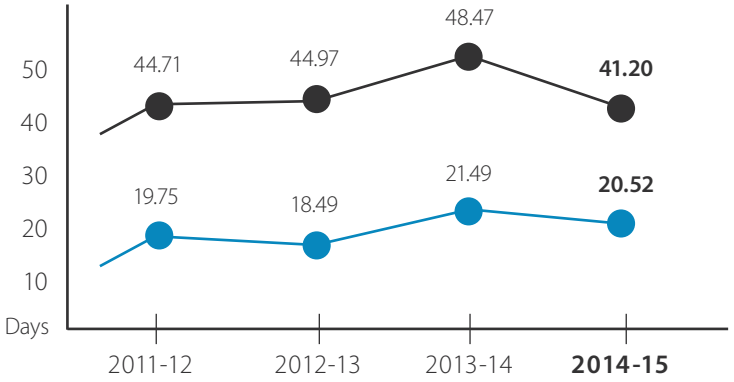
Our focus on working with participants on purposeful rehabilitation is reflected in the average lengths of stay in our residential programs, which are lower than those for clinical bed-based services, and which have been decreasing steadily over recent years.

Average length of stay for **short-term** programs (days)*

ACT Step-up Step-down services

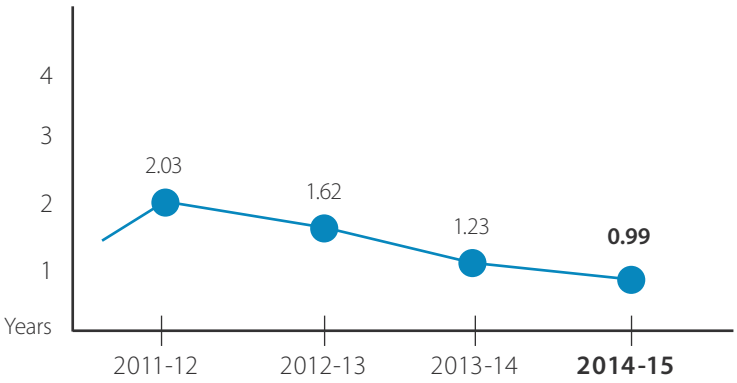
Victorian PARC services

*ACT Step-up Step-down services are funded to provide longer term stays than PARC services.



Average length of stay for **longer-term** residential programs (years)

Note: This does not include lengths of stay for the Jacaranda Youth Residential Service (Shepparton), the Purro Gunya Youth Residential Service (Warrnambool) or the Gippsland PARC programs as they have not yet operated for a full year.



OUTCOMES FOR SHEPPARTON SPECIALIST RESIDENTIAL REHABILITATION PROGRAM (SRRP)

Reduction in difficulty

Basis-32

Participants in SRRP reported an overall reduction in difficulties, with significant reductions in four of the five subscales of Basis-32.

- Self and other
- Depression
- Living skills
- Psychotic symptoms

Reduction in needs

CANSAS outcome measures

Percentage of SRRP participants reporting reduction in need

> **SRRP is a very safe environment where I felt safe.**

100%	Safety to other	**71%**	Physical health
100%	Money	**60%**	Transport
86%	Food	**81%**	Information on condition and treatment
85%	Self care		
75%	Psychological distress		

Improved employment outcomes

44% In 2014 and 2015, 44% of participants were engaged in employment (paid or voluntary) or education.

Successful transition to community housing

61% PRIVATE HOUSING

DOORWAY HOUSING AND SUPPORT PROGRAM

Following the successful completion of MI Fellowship's three-year demonstration project, the Doorway program has been funded $3.57 million over four years by the Victorian Government to support a further 100 people living with mental illness to escape homelessness and housing insecurity and find and maintain a home in the private rental market.

The Doorway Housing and Support Program is an innovative response to the high levels of homelessness among people living with mental illness and was developed by MI Fellowship, based on international evidence.

Participants in the program are supported to find and apply for suitable properties in the private rental market, to manage rent and utility payments, to build connections in the local community, to develop skills to manage mental health problems, and to prepare for employment. Over the course of their time in the program, participants move towards greater independence. Leases are taken out in the names of individual tenants, enabling them to establish their own rental histories.

At its conclusion in June 2014, a total of 59 people had been housed and supported through the Doorway demonstration program.

Following the commencement of the second round of funding, there were a total of 30 active Doorway participants in 2014-15. The program is expected to reach its capacity in 2015-16.

Independent evaluation

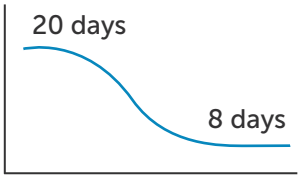
An independent longitudinal three-year evaluation of the Doorway demonstration program found that the intervention delivered significant health and economic benefits, including a substantial reduction in the use of hospital and bed-based services.

DOORWAY 2014-2018	
Locations	City of Frankston, Mornington Peninsula Shire, City of Stonnington, City of Port Phillip, City of Glen Eira, Latrobe City, Baw Baw Shire, City of Boroondara, City of Yarra
Participants	100 people living with mental illness, including people with multiple and complex needs
Staff	Mental health workers with specific experience in tenancy management and psychosocial rehabilitation
Clinical partners	Alfred Health, Latrobe Regional Hospital, Peninsula Health, St Vincent's Hospital
Supporter	Real Estate Institute of Victoria

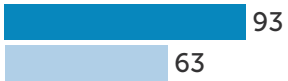
DOORWAY EVALUATION

Source: Doorway Formative and Summative Evaluations, Nous Group, November 2013.

1/3 of participants improved to the point of being discharged from their Area Mental Health Service



Reduction in the average time each participant spent in bed-based clinical mental health services



Reduction in estimated emergency department presentations across all participants over 12 months

$11,050

per participant per annum was saved by government on avoided health costs

Doorway supported by:

REIV

COMMUNITY-BASED FUNDED SERVICES

MI Fellowship is funded by State and Commonwealth Governments to provide outreach rehabilitation services that enable people with a mental illness to better manage their own health in their own homes and in their communities.

In the last 12 months, MI Fellowship has increased the number of people it works with through community-based services, with the operation of new programs in Tasmania and South West Victoria. We also commenced delivery of the new Individual Client Support Packages in Victoria.

Individual Client Support Packages (ICSPs)

Participants: 675

Locations: Great South Coast, Grampians, Goulburn Valley, Victoria

Following the introduction of funding from the Victorian Government for Individual Client Support Packages (ICSPs), MI Fellowship commenced delivering ICSPs in August 2014.
MI Fellowship staff work with participants to design support packages that address their particular psychosocial and health needs. In accordance with our Community Recovery Model, we focus on peer support, assertive housing and employment support, and purposeful rehabilitation towards participants' recovery goals.

Personal Helpers and Mentors Service (PHaMs)

Participants: 231

Locations: Peninsula region, Victoria

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.

The program is funded by the Commonwealth Government, with MI Fellowship delivering the service to people living in the Frankston, Rosebud and Western Port areas in Victoria. The employment-focused PHaMs program (E-PHaMs) is reported on elsewhere in this report.

Partners in Recovery (PIR)

Participants: 569

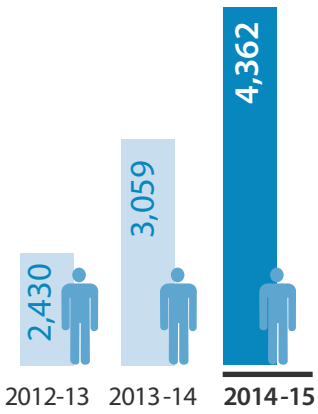
Locations: ACT, Gippsland, Peninsula, Eastern Metropolitan Melbourne, Hume, Tasmania

Partners in Recovery (PIR) is a Commonwealth Government funded program for people with severe and persistent mental illness and complex needs who require services from multiple agencies. PIR funds support facilitators who work to ensure a coordinated response to clients who are most at risk of falling through the gaps. We are part of five PIR consortiums.

During 2014-15, MI Fellowship worked with the Chinese community in Eastern metropolitan Melbourne to develop interventions that are culturally appropriate and effective for Chinese PIR participants.

Funding for the PIR program is in question, raising concerns about how the program's participants will access support in the future.

Participants in community-based funded services



Includes 534 people in 2014-15 who were supported to transition to new services following reforms to the Victorian community-based mental health sector.

Does not include participants in the E-PHaMs program.

Rehabilitation and Recovery Packages

Participants: 286

Locations: North, North West and Southern Tasmania

Funded by the Tasmanian Government, this program delivers outreach and home-based client support packages to people with a wide range of needs, including complex and acute mental health needs. MI Fellowship commenced operation of the program in 2014 and works in partnership with local community services to reach people across large parts of regional Tasmania.

Promotion, Prevention and Early Intervention (PPEI) Program

Participants: 206

Location: Tasmania-wide

This education program is funded by the Tasmanian Government to promote good mental health and prevent mental illness by reducing the risk factors associated with mental ill-health, and through early intervention for people beginning to show signs of mental health difficulties. MI Fellowship commenced operation of the program in 2014.

Child, Youth and Family Engagement Program (CYFE)

Participants: 67

Locations: North West Tasmania

The Child, Youth and Family Engagement (CYFE) program works with children and young people who are at risk of, or affected by, mental illness. The program provides early interventions specifically for children and young people, including one-on-one and group support, practical whole of family assistance to support children and young people in their mental health and wellbeing, and education for the community to increase local capacity to respond early and appropriately. CYFE is funded by the Commonwealth Government.

Detention Exit Community Mental Health Outreach Program

Participants: 18

Location: ACT

The Detention Exit Community Mental Health Outreach (DECO) Program is a recovery-focused outreach program supporting individuals with a mental illness who are exiting prison. The program provides intensive case management for up to three months, and addresses complex needs including psychosocial and intellectual disability and drug and alcohol issues. DECO is a partnership between MI Fellowship, Karralika Programs, Mental Health, Justice Health and Alcohol and Drug Services and ACT Corrective Services.

Housing and Accommodation Support/Recovery Initiative

Participants: 13

Location: ACT

The Housing and Accommodation Support/Recovery Initiative (HASI/HARI) supports people with a mental illness to maintain long-term tenancies and avoid homelessness. Intensive support plans are tailored to individuals' needs. The program is funded by the ACT Government.

Home and Community Care Program (HACC)

Participants: 63

Locations: Northern Melbourne, Great South Coast, Victoria

With funding from the Victorian Government's HACC program, our staff work with participants to strengthen their day-to-day living skills and to connect with local community services.

Youth Community Living Support Services (YCLSS)

Participants: N/A

Locations: South West Sydney and Northern NSW

YCLSS is an intensive mental health support program for young people in NSW. MI Fellowship successfully tendered to the NSW Government in 2015 for delivery of YCLSS services and will commence operation of the program in the 2015-16 financial year.

Respite

Participants: 1,700

Locations: Metropolitan and regional Victoria and Tasmania

Respite services are designed to provide support for families in their caring role. Options are flexible and responsive to the needs of families and individuals. Respite can range from occasion-specific sessions to day-long activities and week-long retreats. Family education and skill development is embedded into the respite activity along with culturally specific respite options. In Tasmania, our respite services are also offered to people with intellectual disabilities and Autism Spectrum Disorders. Our respite services are funded by the Victorian Government's Department of Health and Human Services and the Commonwealth Government's Department of Social Services.

Transitioning participants from discontinued Victorian services

Following reforms to what used to be known as Psychiatric Disability Rehabilitation Support Services in Victoria in 2013-14, many people were required to leave discontinued community-based mental health programs. MI Fellowship worked with 534 people to assist them to transition to new programs, either at MI Fellowship or at other agencies.

FRANKSTON ADULT PARC

10 BED RESIDENTIAL FACILITY

MI FELLOWSHIP AND PENINSULA HEALTH

EDUCATION AND EMPLOYMENT

Barriers to accessing education and employment opportunities are some of the biggest challenges for people living with mental illness. Workforce participation by people with severe mental illness is less than a third of the workforce participation rate for the general population. Only 31% of Australians living with severe mental illness have completed Year 12.

MI Fellowship operates educational, vocational training and employment programs developed to address the needs of people with mental health issues. Our programs support people to complete recognised qualifications and to enter the job market.

EDUCATION

In 2014-15, we expanded the number of locations in which we offer education courses through our registered training organisation (RTO). Both accredited and pre-accredited training programs were delivered for the first time in Traralgon, Wonthaggi, Ballarat, Bacchus Marsh, Warrnambool, Camperdown, Portland, Hamilton and Seymour. The total number of participants in our RTO courses in 2014-15 was 314.

We invested in new laptops, tablets and printers during the year to ensure all students have access to current technology. We also maintained a team of qualified trainers with expertise in delivering training to people with mental illness and disability.

We are currently investigating a new course to be offered in the future – the Certificate I in Transition Education. This is an accredited vocational training course designed for people who experience learning difficulties or disability.

The 12-month course is focused on preparing students to enter employment or further study.

Courses on offer:

- Certificates II and III in General Education for Adults
- Pre-accredited training
- Certificate I in Transition Education (planning underway)

21 metropolitan and regional locations

314

RTO participants

> EMPLOYMENT IS BEING PART OF THE COMMUNITY AND IS PART OF MY RECOVERY

EMPLOYMENT

Well Ways to Work

Participants: 40

The Well Ways to Work program has been developed by MI Fellowship based on its successful Well Ways peer education programs. Delivered in 2014-15 for the first time, Well Ways to Work is facilitated by people with a lived experience of mental illness, helping them to envisage a working life and make the choice to participate in employment or study. The six-week program assists participants to develop skills and knowledge in the areas of communication, dealing with stigma and discrimination, navigating the employment support system and planning for good mental health while working or studying.

Vocational training enterprise

Participants: 31

North South Gardening and Cleaning is a vocational training program operated by MI Fellowship in Canberra. It provides paid work experience for people with mental illness and the opportunity to complete qualifications in related fields.

Personal Helpers and Mentors Employment Service (E-PHaMs)

Participants: 116

MI Fellowship is funded by the Commonwealth Department of Social Services to deliver PHaMs employment services (E-PHaMs) to assist people in the Frankston and Mornington Peninsula area to engage in employment. PHaMs provides one-on-one mentoring and practical recovery coaching by teams which include workers with lived experience of mental illness. During 2014-15, 40 E-PHaMs participants linked with employment agencies, 15 entered paid employment, 20 undertook training or further study, and nine undertook volunteer work.

Partnership with Eastern Health and ORS Group

Participants: 61

MI Fellowship participated in a three-way partnership with Eastern Health and the ORS Group employment service providing specialist expertise in the delivery of employment support to people with mental illness. The service was available to people attending the Eastern Health Koonung Clinic.

Individual Placement and Support research project

The Individual Placement and Support (IPS) model is an approach to employment support for people with mental illness and disability that assists people to find and keep jobs in the open job market. MI Fellowship has collaborated with Monash University and St Vincent's Hospital to analyse the outcomes of a seven-year partnership between St Vincent's Hospital and MI Fellowship that worked with participants using the IPS model.

Results of the research project show that, of the 139 people who participated in the employment support program, 65 (46.7%) achieved an employment placement in the open labour market, and 19 were employed more than six months. While the results demonstrate a positive impact, they also raise questions about the effectiveness of the IPS model when funded and delivered through the disability employment service system. Results were presented at the 2015 TheMHS conference. This research project recently won the St Vincent's Health Australia Innovation and Excellence Award.

NDIS

MI Fellowship is a registered National Disability Insurance Scheme (NDIS) provider in Victoria, Tasmania and the ACT. People eligible for the NDIS receive funding from the Commonwealth Government to purchase support services of their choice. In 2014-15, MI Fellowship worked with 42 NDIS clients, and delivered an education program to help ensure people with physical and psychosocial disabilities are informed of their NDIS entitlements.

OUR NDIS SERVICES

- Accommodation/tenancy assistance
- Assistance to access and maintain employment
- Assistance with daily personal activities
- Development of daily living and life skills
- Management of funding for supports in a participant's plan
- Specialised assessment of skills, abilities and needs
- Household tasks
- Participation in community, social and civic activities
- Training for independence in travel and transport
- Assistance in coordinating or managing life stages, transactions and supports
- Assistance with daily life tasks in a group or shared living arrangement
- Other innovative supports

Benefits and challenges

Our experience of delivering services under the NDIS is that clients' goals can be met when an appropriate plan is developed. Good plans require preparation and time, and often clients benefit from having an advocate to assist in developing a plan.

Clients can now access a wider range of support services than in the past, as long as they know what to ask for. Helping to ensure consumers are well informed about their options is crucial to the NDIS offering people real choice.

Some of the challenges we have experienced as an NDIS provider are that the scheme is administratively complex for many clients and many people choose not to engage with it, leaving them without support. Also, the NDIS does not provide support for carers or families. These are issues we have raised in our regular meetings with the National Disability Insurance Agency.

ACT NDIS Capacity Building

The NDIS Taskforce, Community Services Directorate and ACT Government has funded MI Fellowship to deliver the 'Your Voice, Your Choice' education program, in partnership with Imagine More and Community Connections, which will assist people to learn about and prepare for the NDIS.

Risks for those outside the NDIS

Many people with mental illness will not be supported by the NDIS – some will be deemed ineligible, and others will find it too onerous or intimidating to choose to engage with the system. A significant proportion of people who need mental health support will miss out on the NDIS. This is especially concerning in Victoria because many mental health support services have been incorporated into the NDIS, leaving fewer support services available outside the NDIS system.
MI Fellowship continues to advocate to State and Commonwealth Governments on this issue, calling for an increase in the availability of services outside the NDIS.

Permanency and recovery

Eligibility for the NDIS requires permanent, or likely to be permanent, impairment, creating a fundamental difficulty for people with mental illness accessing NDIS support to hold hope for their recovery. Professor Slade and Dr Longden have described the idea of permanent disability in a mental health context as 'toxic' and having no place in a recovery-focused mental health system. Facilitating recovery while ensuring people get the NDIS services they are entitled to, is a major challenge. We are working to increase informed discussion on how contemporary knowledge about mental health recovery can be reflected in government policies and services.

WELL WAYS

Our unique Well Ways peer education programs are designed to support people with a mental illness and their family and friends. The programs have been co-designed and are led by people with their own lived experience of mental illness or as family members or carers of someone with a mental illness. Facilitators are trained and supported by MI Fellowship.

In 2014-15, Well Ways programs were delivered in 40 locations nationally:

Victoria
Ballarat, Box Hill, Camperdown, Cranbourne, Geelong, Ferntree Gully, Frankston, Hamilton, Hastings, Heidelberg, Phillip Island, Portland, Rawson, Richmond, Ringwood, Shepparton, Sunshine, Thornbury, Warragul, Warrnambool, Werribee, Wodonga

Western Australia
Bunbury, Esperance, Fremantle, Joondalup, Mandurah, Margaret River, Midland, Northam, Tuart Hill, Wheatbelt

Queensland
Brisbane

New South Wales
Albury, Blacktown, Finlay, Griffith

Tasmania
Burnie, Hobart, Launceston

> "WHEN YOU SEE YOURSELF AS A PERSON AND NOT AN ILLNESS, YOU CAN DO SO MUCH MORE"

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

Well Ways programs provide 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.

The program also delivers culturally specific adaptations accompanied by translated materials.

Well Ways partnerships

Since 2013, MI Fellowship has partnered with other organisations to train consumer and carer peers from these organisations to deliver Well Ways programs within their local communities. Our partner organisations include health services, employment agencies, social services organisations and community associations.

This delivery model is proving to be successful at increasing the availability of Well Ways programs nationally and aims to make the programs self-sustaining into the future.

In 2014-15, we partnered with 11 organisations, including the NSW Recovery College which commenced delivering Well Ways programs for the first time. In Victoria, Eastern Health delivered a youth-specific Well Ways MI Recovery program. In Brisbane, the Kyabra Community Association expanded the number of Well Ways programs it is delivering.

11
WELL WAYS PARTNERS

114
PEER FACILIATORS

734
PROGRAM PARTICIPANTS

Well Ways MI Recovery

Well Ways MI Recovery is an award-winning 10-session program designed and led by people with lived experience of mental illness. It provides people with knowledge and skills to move forward in their recovery and their lives.

In 2014-15, 248 people completed the MI Recovery program, and 35 new MI Recovery facilitators were trained. There are currently a total of 89 accredited MI Recovery facilitators in Australia who participate in regular peer supervision. In Victoria, our partner Eastern Health has delivered MI Recovery programs specifically for young people. During 2014-15, this youth program received an Eastern Health award for Consumer Leadership.

Well Ways Building a Future

Well Ways Building a Future is a 12-session 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. The program can also be delivered in an intensive format at retreats for family members and carers.

The program is facilitated by people with their own experience as family members, friends or carers of someone with a mental illness. In 2014-15, 228 people participated in the program. A total of 51 new peer facilitators were trained around Australia.

Well Ways Snapshot

Well Ways Snapshot is a two-session introductory program for family members, friends and carers of a person with a mental illness. The program can be delivered in a range of formats and incorporated into other education activities for groups and individuals. In 2014-15 the total number of people who participated in the program increased to 142, reflecting increasingly innovative use of the program within a range of settings.

Well Ways Duo

Well Ways Duo is a 10-session program for family members, friends and carers of a person with a dual diagnosis (mental illness and drug/alcohol issues). During the year, a Snapshot version of the Duo program was successfully piloted. A total of 76 people participated in Duo programs in 2014-15.

Well Ways to Work

Well Ways to Work is a new Well Ways program delivered for the first time in 2014-15. The program builds on the Well Ways approach and is delivered by peer facilitators. The six-session program assists participants to envisage a working life and make the choice to participate in employment or study. Skills to be developed include communication, understanding the impact of stigma, disclosure and the use of personal information, navigating the employment support system, and planning for good mental health while working or studying. A total of 40 people participated in the program in 2014-15. Plans are in place to expand the delivery of this program in the coming year.

Well Ways program participants

	2011-12	2012-13	2013-14	2014-15
Well Ways MI Recovery	102	440	304	248
Well Ways family education	701	417	240	446
Well Ways to Work				40
Total	803	857	544	**734**

The decrease in the number of MI Recovery participants in 2014-15 is due to a reduction in the number of partners delivering MI Recovery. This follows the end of Commonwealth funding for partner organisations to deliver 'Well Ways Preparing for the NDIS' sessions.

FAMILY SUPPORT

The evidence shows that when families of a person with a mental illness are skilled and supported, there are better outcomes for everyone. Our family services are integrated into our rehabilitation programs, offering carers and family members education, respite, self-care and connection with others.

Residential programs family support

Location: Goulburn Valley, Victoria
Participants: 76 families

During 2014-15, we created a new family support worker role in the Goulburn Valley to work specifically with families and carers of people participating in our three residential recovery programs in the region. A total of 76 referrals were received during 2014-15, and families have accessed a range of services including individual sessions with a support worker, Well Ways family education programs, respite, peer support and social outings.

Well Ways family education

Locations: National
Participants: 446

Our Well Ways family education programs are delivered in a variety of formats ranging from 12 sessions to two sessions and continue to demonstrate excellent results for participants. Programs are facilitated by people with experience as a carer or family member of a person with a mental illness and provide participants with information about mental illness and recovery, the mental health system and self-care. (Further details on the suite of Well Ways education programs on pages 24 and 25).

Supporting children of parents with a mental illness

Location: Eastern region Melbourne, Great South Coast, Victoria
Participants: 90 families

In Melbourne's Eastern region we partner with Eastern Health, Uniting Care Connections and Monash Youth and Family Services to deliver CHAMPS, an eight-week peer support program for children aged 8 to 12 years with parents who have mental health issues. The aim of the CHAMPS program is to give parents and children opportunities to spend time with others in similar situations.

The Cool Cookies is an ongoing peer support program for children and families who have completed the CHAMPS program. It gives families a recreational and nurturing environment in which to explore issues and concerns.

The SHAnKS program in Great South Coast provides fun and relaxing activities, respite and education. SHAnks is supported by skilled staff and volunteers with philanthropic funding.

Respite

Locations: Victoria and Tasmania
Participants: 1,700

Funding from the Victorian and Commonwealth governments runs respite services. Respite options are flexible, including short and long term and individual and group options. Carers retreats are run regularly, some incorporating delivery of the Well Ways family education programs.

Individual support

Locations: Victoria, Tasmania, ACT
Participants: 158

We provide individual assistance to carers and family members to help people manage their own health and wellbeing, manage their finances, find time for themselves, and sustain their caring role. Our family support programs use the Carer Star Outcome Tool to assist individuals to identify their support needs and to work together to optimise their quality of life and their caring role. In 2014-15, 158 people received support to complete the Carer Star tool.

Paying Attention to Self (PATS) Program

Locations: Inner East Melbourne, Great South Coast, Victoria; Burnie, Tasmania
Participants: 9

PATS is a support program for young people aged 13 to 18 years who have a parent or sibling with a mental illness. The program aims to decrease risk factors for mental ill health for these young people and to increase their coping skills to help them meet their needs and challenges. The eight-week program is facilitated by a health professional and a peer leader. In 2014-15 we trained 11 PATS facilitators. The program will be fully established in 2015-16.

HELPLINE

MI Fellowship's Helpline has become an increasingly important outreach recovery service, providing scheduled telephone support to people living with mental illness. At the same time, it maintains its traditional role of responding to a wide range of mental-health related enquiries from the community, and providing vital information.

MI FELLOWSHIP HELPLINE

CALL 03 8486 4222

Five most frequently asked Helpline questions:

- My son doesn't want to seek help. What should I do?
- What does NDIS mean and how can I get help?
- Can we talk about how I am feeling? I don't have anyone to talk to.
- Can you help me find support in my area?
- I can't live at my place anymore, I need help to find a home.

Our 1300 Helpline number is coming soon. Check our website for information.

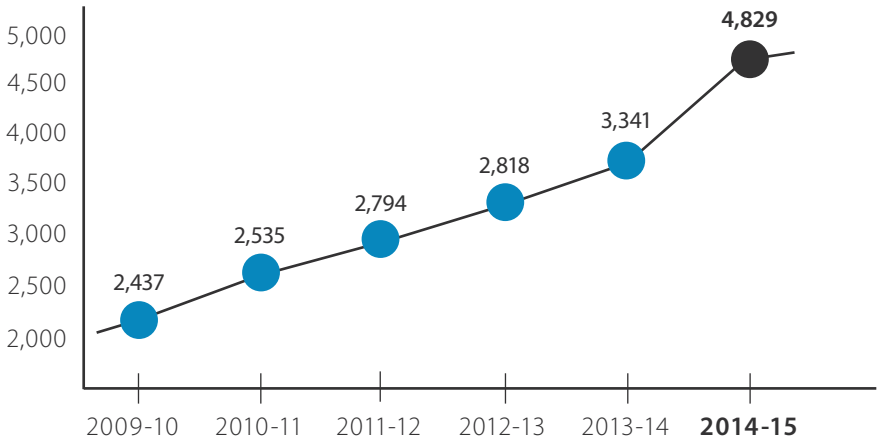
Helpline team

The Helpline team has expanded this year to 57 trained volunteers (including five team leaders), a volunteer coordinator and a service manager. All members of the Helpline team have lived experience of mental illness, some as a carer or family member. All Helpline team members undertake extensive training before handling calls, and are provided with ongoing support and development. Team members are committed to sharing knowledge, wisdom and time with people managing the impact of mental illness.

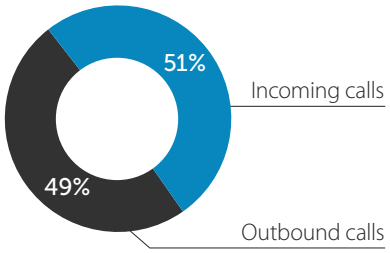
Appointment callers

Appointment callers are individuals who have been linked to the Helpline through their mental health workers. Many of these people are participants in MI Fellowship programs, but a growing number of people are referred from other mental health services. Helpline team members call these individuals on a weekly basis and provide emotional support, social connection, peer mentorship and links to appropriate services. The number of appointment calls currently averages around 240 a month and is growing steadily.

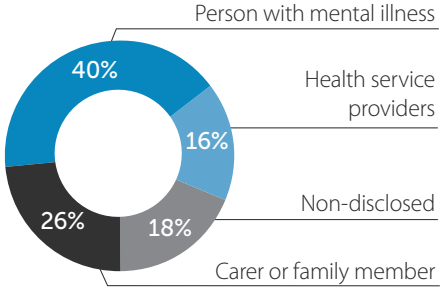
Helpline calls



Inbound/outbound calls 2014-15



Helpline callers



PEER SUPPORT AND LEADERSHIP

It is increasingly recognised that mental health recovery is more likely if a person has support and understanding from people who've been through the recovery process themselves. MI Fellowship is committed to growing our peer workforce, training people to use their lived experience and expanding the number of paid and voluntary roles in our programs.

MI Fellowship's lived experience workforce

In 2014-15, MI Fellowship had a total of 112 people in trained peer specialist roles. These are paid roles. There are also a large number of people with lived experience in voluntary peer roles on our Helpline and our Brainwaves radio progam.

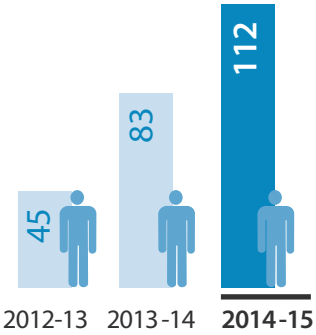
Pathways for consumer and carer peer leaders

In 2014-2015, MI Fellowship developed an introductory training program for consumers and carers who are interested in using their lived experience in peer roles. This foundation training is delivered through our registered training organisation as a pre-accredited course and is facilitated by experienced MI Fellowship peer educators. A total of 83 consumers and carers from all regions have taken part in the training which was delivered in Gippsland, Goulburn Valley, Great South Coast, ACT, Melbourne and Tasmania.

Foundation training provides consumers and carers with an opportunity to develop introductory skills and knowledge on the use of lived experience in training, peer education, community education, advocacy and volunteering.

Following foundation training, many participants have undertaken further training to become peer and/or community educators and are using their lived experience within their local communities.

Number of lived experience workers at MI Fellowship



Lived experience roles at MI Fellowship

Lived experienced roles	Programs
Peer support workers	• Partners in Recovery • Family Services • Prevention and Recovery Care (PARC) residential programs • Personal Helpers and Mentors (PHaMs) program • Self Management and Recovery Technology (SMART) program • Individualised Community Support Packages
Advisory groups	• Consumer Connections Group • Carer Participation Advisory Group • Learning and Development Committee • Doorway Model Redevelopment Committee
Management, quality and service development	• Program design • Project management • Research • Training and leadership • Practice, Innovation and Excellence Committee (PIE)
Peer and community education	• Well Ways MI Recovery facilitators • Well Ways family education facilitators • Speakers Bureau presenters • Understanding Mental Illness workshop facilitators

CARER AND CONSUMER PARTICIPATION

From program planning to Board level, the views and experiences of consumers and carers inform what we do and how we do it. Consumers and carers contribute to service design, delivery and evaluation, identify issues of importance to consumers and carers, and identify ways to improve the accessibility of MI Fellowship services.

Carer and Consumer Board Committee

The role of the Carer and Consumer Committee is to consider and advise the Board on the ongoing development of the organisation's policies and programs from a consumer and carer perspective. Members of the committee have first-hand experience of the mental health system and the committee includes people with lived experience of mental illness and policy experience.

Consumer Connections Group

The Consumer Connections Group was formed in November 2014 to act as a reference panel on operational issues and service improvement. There are 15 members, all of whom haved lived experience. Many of these members have used MI Fellowship services and a number also have roles in community and peer education.

Carer Participation Advisory Group

The Carer Participation Advisory Group provides 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.

Activities in 2014-15

Over the year, carers and consumers have been involved in regional planning of MI Fellowship services; participated on local advisory groups; informed and participated in advocacy campaigns and consultations; and provided consumer and carer perspectives on a number of MI Fellowship's operational committees. Committees include the Learning and Development Committee, the Practice Innovation and Excellence Committee and the Doorway Model Redevelopment Committee.

Many consumers and carers have also taken part in training courses to learn and explore how lived experience can be used intentionally in participation, leadership, advocacy and peer and community education. In 2014-15, 83 consumers and carers completed this training across Melbourne, Gippsland, Peninsula, Goulburn Valley and the Great South Coast.

Family Experience of Service survey

Our regular Family Experience of Service survey helps keep us informed of issues of importance to families, friends and carers, and their experiences of using our services.

In 2015, 400 questionnaires were distributed and 160 were returned. The results included the following:

- 80% of respondents were satisfied with how quickly MI Fellowship staff responded to their enquiries and felt they could ask questions and voice opinions.
- Over 90% of respondents were offered an opportunity to learn about mental illness and recovery which they found helpful.
- MI Fellowship helped respondents access practical/financial support (18%); emotional support/self care (60%); connection to others (47%); respite (46%); support to participate in activities or hobbies (37%); and to engage in study or work (9%).
- 53% wanted to be informed about the type of services their family member could access and were provided with the information.

INNOVATION

Without innovation, our methods will not improve and we cannot expect better outcomes and lives for people with mental illness and their families. MI Fellowship combines evidence with the knowledge of consumers and carers to develop new interventions and approaches.

Engaging the Chinese community in mental health care

Stigma towards mental illness is a barrier within the Chinese community to families talking about mental illness and to those living with mental illness seeking treatment. During 2014-15, MI Fellowship built on its experience of working with the Chinese community to develop an intervention that encourages Chinese people to participate in the Commonwealth Government's Partners in Recovery program.

MI Fellowship's consultations with the Chinese community found that people often hide mental illness, that Western medical models are not readily trusted and that psychosocial education is better accepted when delivered in Chinese languages. MI Fellowship has employed five bilingual Chinese support workers to deliver a program in Eastern Melbourne that engages Chinese families in peer-led supported activities such as Tai Chi, Chinese singing, calligraphy and shared meals. These activities build trust, provide positive role models and present opportunities for discreet conversations between workers and carers and consumers. The program also delivers culturally specific adaptations of MI Fellowship's Well Ways peer education programs accompanied by translated materials. The program will be evaluated by St Vincent's Hospital and Monash University.

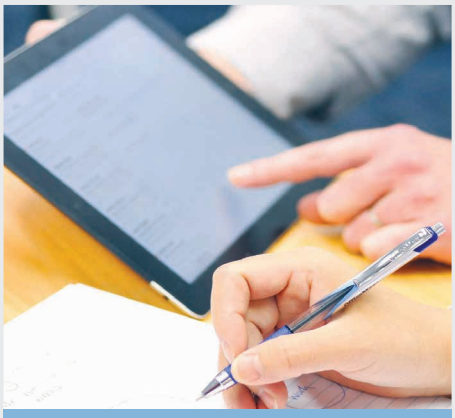
Making physical health part of mental health care

Despite an increasing focus on the physical health of people with mental illness – it is well recognised that the outcomes remain poor.

MI Fellowship has partnered with the Royal District Nursing Service on a pilot project designed to address poor physical health among people living with mental illness.

This project recognises the importance of a 'wellness' approach, aiming for optimal health and taking into account diet, exercise and meaningful social engagement. Assistance is provided to individuals to learn, re-learn or engage with skills to increase physical activity and social participation.

The project is working with 50 consumers in the Frankston area. People are invited to participate in a program to enhance their physical activity and social participation, and are asked to identify physical activities that they would like to engage in and then to set goals towards achieving the specified activity. Funding of up to $1,000 is provided to cover costs associated with participating in an activity. An evaluation will measure participants' outcomes.



Piloting electronic mental health resources

SMART (Self-Management and Recovery Technology) is a website that has been designed to be used during consultations between mental health workers and consumers, as well as being accessible to consumers and carers at home. The site includes videos of people talking about their experiences of mental health and recovery, moderated forums, mood and sleep monitors and interactive exercises.

MI Fellowship is a key partner in a research project being led by Swinburne University to test SMART and understand how consumers and workers engage with the new technology and how this compares with traditional consultations. The project has been funded by the Victorian Department of Health Mental Illness Research Fund.

ADVOCACY AND EDUCATION

MI Fellowship was formed as a member-based organisation working for better services, better understanding and better opportunities for people living with mental health problems and their families. We employ a wide range of engagement strategies to promote informed discussion in the community about mental illness and recovery.

MI Fellowship communications in 2014-15

142,834
Website visits

4,513
MI Voice monthly e-bulletin readers

6,655
YouTube views

3,050
Social media followers

Advocacy Membership

This year we launched a new category of membership called *Advocacy Membership* which is open to anyone with a passion for making a difference about mental health.

- Advocacy Members are people who inform and support our work to build a better mental health system and provide better services
- Advocacy Members add to our ability to influence for change
- Every member will add to the strength of our influence as we campaign to bring about change
- Advocacy membership provides the opportunity to 'have a say' about issues which are important

MI Fellowship's advocacy activities work to improve mental health systems and educate the community so that every person can access the support and understanding they need, and the dignity and respect they deserve.

Our advocacy platform

1. For the NDIS to be accessible and genuinely support recovery for people affected by mental health problems. We have:
   - challenged assumptions about recovery and the notion of 'permanent impairment'
   - highlighted gaps in support for carers and families
2. For Victoria to retain specialist mental health rehabilitation services in the community rather than replace the entire sector with the NDIS. We have argued that disability support services are different to mental health rehabilitation services, and that current funding directions in Victoria are likely to disadvantage people with mental health problems
3. For improvements to the effectiveness of mental health services by transferring Community Care Units to the community managed sector
4. For more effective responses to housing and homelessness, by extending our innovative Doorway program
5. For additional funding for Well Ways to be able to deliver evidence-based peer programs to every region of Australia.

Advocacy in action

Reports and submissions

- Call to Action
  – Victorian State Election 2014
- Recovery Report – Slade, Mike; Longden, Eleanor; 2015; *The empirical evidence about mental health and recovery: how likely, how long, what helps?* Victoria: MI Fellowship
- Welfare reform submission – to the Interim Report of the Reference Group on Welfare Reform to the Minister for Social Services: 'A New System for Better Employment and Social Outcomes'
- Consumer and Carer Workforce Partnership Dialogue Forum – Contributions and recommendations to the Victorian Government

Forums and committees

- Raise your voice, Barwon
  – NDIS trial site, consumer and carer advocacy forum
- NDIS Operational Access Review
  – Membership of several committees in the Federal Operational Access Review of the NDIS
- VICSERV NDIS Review Project
  – reporting to the Victorian Government on NDIS trial site implications for the community managed mental health sector
- Tandem Caring Counts Forum 2015
  – MI Fellowship presented with Deakin University Research and Ermha about carer support and building resilience

Conferences

- 19th ISPS International Congress, New York
  - Nunan, Cassy; MI Recovery
- International Mental Health Conference, QLD
  - Peck, Debra; Intentional use of sensory modulation in psychosocial settings at PARC
  - Higgins, Kate; Outcomes achieved through a seven year project utilising an integrated employment and mental health treatment service model
- The Mental Health Services (TheMHS) conference, WA
  - Fogerty, Beth; Smark, Tara; Holliday, Julia; Consumer and carer engagement in improving the physical health of people with a mental illness
  - Nunan, Cassy; Stanley, Adrian; The use of peer education in addressing barriers to employment for people with a lived experience of mental illness
  - Daya, Indigo; Pass the can opener: Highlighting barriers to implementing trauma informed care and practice within mental health services
  - Thomas, Neil; Farhall, John; Foley, Fiona; Nunan, Cassy; Using the internet to integrate peer stories and self-management resources into mental health services: The Self-Management and Recovery Technology (SMART) program
- 4th Annual BPD conference, VIC
  - Daya, Indigo; Working with trauma and borderline personality disorder
- Change the Way Forum, QLD
- 2nd Annual NDIS Conference, NSW

Publications

- Nunan, Cassy 2015; 'A qualitative and quantitative study of the Well Ways MI Recovery peer education program,' *Health Issues Journal*
- Dianne, Goeman; Koch, Susan; Fogerty, Beth; Collister, Laura; 2015; 'Holistic Care Approach,' *Australian Nursing and Midwifery Journal*
- Lee, Stuart J; Collister, Laura; Stafrace, Simon; Crowther, Elizabeth; Kroschel, Jon; Kukarni, Jayashri; 2014; 'Promoting recovery via an integrated model of care to deliver a bed-based, mental health prevention and recovery centre,' *Australasian Psychiatry*
- Higgins, Kate 2015; 'Making Individual Placement and Support (IPS) more effective in Australia,' *newparadigm*
- Daya, Indigo 2015; 'Raising Our Voices: Emerging consumer and carer stories from the NDIS Barwon trial,' *newparadigm*

Community advocacy events

We presented more than 20 local events and participated in joint activities with other organisations across Australia. Highlights included:

- Work is more than a wage dinner
  – an opportunity for businesses to learn about mental health and employment, Frankston
- What does a meaningful life look like?
  – open public forum, Launceston
- Mental Health and Wellbeing Expo, Canberra
- Southwest dinner dance for families, friends and participants of residential services, Warrnambool
- Mental Health Week Seymour art exhibition
- Gippsland Mental Health Alliance football round

17TH ANNUAL BRUCE WOODCOCK MEMORIAL LECTURE

This year's Bruce Woodcock Memorial Lecture presented by Dr Eleanor Longden was sold out, filling Storey Hall at RMIT University to capacity with 700 people.

Dr Longden is a world renowned psychologist and academic who was diagnosed with schizophrenia at 18 and told she would never recover. Today she is a leading international thinker, writer and speaker on mental health recovery. Her 2013 TED talk on voice hearing has been viewed almost 3 million times, translated into 35 languages and was named by The Guardian as one of 'The 20 online talks that could change your life'.

The topic of this year's lecture was: 'Mental illness recovery: is it possible?'

Dr Longden presented her inspiring journey and her work to advance our understanding of mental health. Professor Helen Herrman, Director of Research at Orygen and Professor of Psychiatry at University of Melbourne, also spoke at the event to share ideas about the causes of mental illness and what can work for an individual's recovery.

In addition to presenting the Woodcock Lecture, Dr Longden also addressed public and health sector forums arranged by MI Fellowship in Warrnambool, Preston Polytechnic, St Vincent's Hospital and for Swinburne University at Fitzroy Town Hall. These were well attended and well received.

We thank the Woodcock family for their generous sponsorship of this important public forum over the past 17 years.

To listen online visit:
www.mifellowship.org/woodcock

Brainwaves radio program

MI Fellowship's Brainwaves radio program is now five years old and is cementing its position as a pivotal contributor to community radio and to public discussion about mental health. It is produced and presented by volunteers with lived experience.

In 2014-15, the program won 3CR's Community Engagement Award for its outstanding programming using radio to connect communities and support campaigns. Brainwaves presenter Ben Rinaudo won the 3CR 'Smarty Pants' Award, acknowledging his skill and knowledge as a 3CR programmer. The program was also shortlisted for another three 3CR awards.

Over 2014-15, Brainwaves produced 48 programs, covering topical subject matter such as the lived experience of homelessness, recovery from trauma, over-diagnosis and over-medication, personality disorder, and nutrition and mental health.

Throughout the year, the program also engaged in advocacy in solidarity with peers around the world who are experiencing human rights violations. In particular, Brainwaves has supported the Free Pasung Campaign which is seeking to put an end to the physical restraint and confinement (a practice known as 'pasung') of people with mental illness in Indonesia.

Ten Brainwaves volunteers successfully completed 3CR's Introductory Radio Training Course.

Estimated audience per week	5,000
Volunteer producers and/or presenters	29
Programs produced	48
Awards	2

Community Education Program

Our community education program is 100% peer-delivered, reflecting the evidence that sharing the lived experience and real stories is most effective in influencing community attitudes and breaking down stigma. The program aims to address stigma by assisting people to understand the impact of mental illness and the factors that contribute to recovery. The program comprises of:

- **Speakers Bureau** – a team of community educators with lived experience of mental illness trained to speak about mental illness and to present to a wide range of community forums and events.
- **Understanding Mental Illness workshops** – three-hour workshops that run regularly and are available to any community group or business wanting to gain an understanding of mental illness. The workshops are delivered by trained facilitators with lived experience of mental illness and are designed to give people an understanding of the symptoms, associated behaviours and helpful strategies to support people with mental illness in their recovery.

In 2014-15, we introduced training with a particular focus on regional areas to support consumers and carers to lead education workshops in their local communities. A majority of MI Fellowship regions now have a team of trained peer community educators. Over the course of the year, a total of 3,560 members of the public attended events addressed or facilitated by our community education team.

Trained Speakers Bureau educators	53
Trained Understanding Mental Illness workshop facilitators	43
Speakers Bureau presentations	110
Understanding Mental Illness workshops	54
Audience numbers	3,560

African Community Award

MI Fellowship family services coordinator Yonas Mihtsuntu won the Captain's Award at the Celebration of African Australians National Awards in November 2014.

The Celebration of African Australians Awards showcases the contributions of Africans to Australia's growth and prosperity and honours Australian organisations, businesses and individuals that support the African community.

Yonas has worked in our Western Region in Melbourne as a family services coordinator for more than five years, supporting people who care for people with mental illness.

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 Institute of Company Directors, a director of a number of private companies, 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
Retired: 19 November 2014

Diane has family experience of mental illness and convened the Wodonga Support Group for five years. She has 16 years' senior paralegal experience and retired in 2007. Diane is a past member of the Melbourne Health Research and Ethics Committee. She has 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 15 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 start-up sector to not-for-profit human services organisations and education. Board memberships have included: DASSI, Loddon Mallee Health Alliance Ltd, GETGP (GP training), Australian College of Health Service Executives (Vic) and the Leo Baeck Centre. He is currently CEO of Dianella Community Health.

Mr Darrel Drieberg

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 the 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.

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
Retired: 1 December 2014

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
Retired: 24 February 2015

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 on-going work on behalf of people with a mental illness and other fields 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
Retired: 1 December 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. Alex has family experience of mental illness.

BOARD COMMITTEES

Appointments and Governance Committee

This committee monitors and advises 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 2014-2015 included:

- Recommended that the statement of strategic intent be extended to 2016.
- Recommendation and oversight of the development of MI Fellowship's new advocacy membership category.
- Drafting of amendments to MI Fellowship's constitution to modernise the constitution by allowing the number of directors to be reduced to eight.
- Drafting of amendments to MI Fellowship's constitution to introduce the new category of advocacy member.
- Review of Committee structures and Terms of Reference including the establishment of the Executive Committee and Due Diligence Working Group.
- Oversight of the next phase of development of the Carer and Consumer Advisory Committee.
- Review of Board by-laws.
- Review of the Board self-assessment process for 2015.

Directors: Kevin Abrahamson (Chair), Paul Montgomery, Neil Cowen.
Note: Elaine Price retired from the Board and this Committee in February 2015

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 ensure that risk management and audit processes are in place.

Achievements in 2014-2015 included:

- Refining financial reporting and forecasting.
- Continued oversight of the strategic and efficient rationalisation of MI Fellowship's property holdings.
- Financial oversight of the proposal to develop and deliver the long-term strategy for a regular giving program to replace the current fundraising activities.
- A review of the core policy principles underlining MI Fellowship's Investment Policy Statement.

Directors: Jenny King (Chair), Theo Krambias, Darrel Drieberg.
Note: Louise Milne-Roch retired from the Board and this Committee in December 2014.

Clinical Governance Committee

This committee monitors and advises the Board on all matters relating to clinical governance, including the quality, safety, efficiency and effectiveness of MI Fellowship recovery services.

Achievements in 2014-2015 included:

- Oversighted strategic investment business case development.
- Reviewed the Experience of Service and Feedback Framework to introduce a more structured procedure for responding to suggestions for improvement.
- Oversighted the implementation of an improved feedback mechanism to improve accessibility to staff and participants.
- Recommended the training of carer and consumer candidates as Ethics Application Reviewers to build greater capacity to review research proposals.
- Encouraged the development of emerging carer and consumer leaders from MI Fellowship's carer and consumer advisory groups by inviting candidates to participate as members of the Clinical Governance Committee.
- Oversighted the incident review system and related quality improvement activities.
- Oversighted a review of the Clinical Compliance Register.

Directors: Julian Freidin (Chair), Rob Hughes. Neil Cowen now sits on the Appointments and Governance Committee.
Note: Diane Brown resigned from the Board and Clinical Governance Committee in November 2014.

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 2014-2015 included:

- Provided support and advice to the Board from a consumer and carer perspective.
- Rated the organisation against, 'Implementing Recovery, a Methodology for Organisation Change', Shepherd & Boardman.
- Recommended the development and implementation of a standard measurement tool for use across the organisation.
- Reviewed organisational frameworks to support learning and development, risk and safety.
- The Committee underwent a self-evaluation with the decision to initiate development into an advisory committee to the Board with a focus on future strategy and governance.

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, Rosemary Boote, Terri McNeilage and Nathan Grixti.

Staff support to Board and committees

A number of senior staff members support the work of the Board and sub-committees and are in attendance at meetings. During 2014-2015, meetings were regularly attended by Elizabeth Crowther, Laura Collister, Linda Feenane, Gert Naude, Emma Ladd, Indigo Daya, Advan Hadzic and Sean Hegarty.

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 in senior management roles in the clinical and psychiatric disability sectors. She was appointed Chief Executive of MI 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).

Gerard Reed
Director, Strategic Development Projects

Gerard has had over 15 years' experience in the mental health sector, having worked previously for MI Fellowship in the role of General Manager Community Connections, and in an executive leadership role with another health services organisation. Gerard has extensive knowledge of the development and restructure of mental health services gained during the recommissioning of the community managed mental health sector, and is a specialist in business growth and mergers.

Gerard has a Bachelor of Theology (Theological College) and a Masters of International Mental Health (Melbourne University). He is a member of the Institute of Community Directors Australia.

Gerard returned to MI Fellowship in November 2014.

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 Workplace Training and Assessment and is an Adjunct Research Fellow at Swinburne 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 of our rehabilitation services. He manages a range of State and Commonwealth funded programs, in the community managed mental health environment, and oversees all aspects of program implementation and delivery for MI Fellowship programs.

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

Linda Feenane
General Manager, Communications and Public Affairs

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.

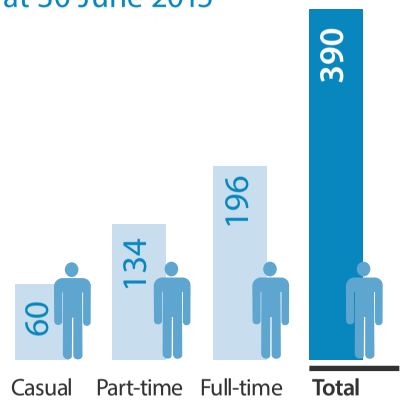
Linda joined MI Fellowship in July 2010.

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. Gert has a Business Science degree from (University of Stellenbosch, South Africa) and has completed CFA postgraduate studies.

MI Fellowship staff at 30 June 2015



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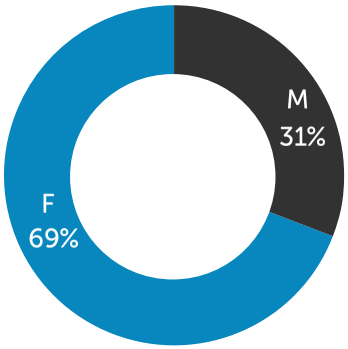
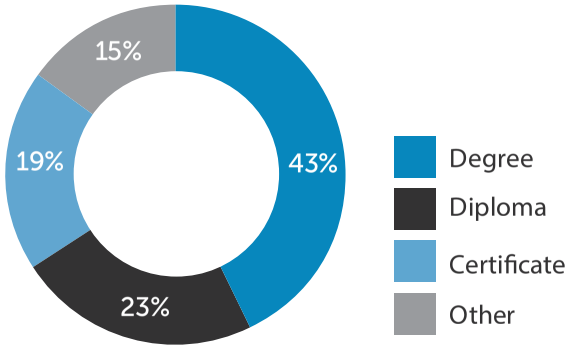


Qualifications



Workforce Development

MI Fellowship's workforce development strategy is informed by consumers and carers, best practice evidence, policies and projects. Our strategy for 2014-15 has focused on training staff in recovery-oriented and trauma-informed practice, on ensuring a highly skilled peer workforce, and on embedding the staff in our recently commenced programs, particularly in regional areas.

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
- 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

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 we continue to see significant improvements in our site audit outcomes. Our Employee Assistance Program provides a valuable support service for staff. Three Workcover claims were lodged during 2014-15.

Practice, Innovation and Excellence Committee

The Practice, Innovation and Excellence (PIE) committee drives a range of research and continuous improvement activities to benefit individuals, families and communities MI Fellowship serves.

The PIE committee consists of program workers, service delivery and business managers, consumers and the Quality and Service Development Team.

During 2014-15, the PIE committee provided support to QIP assessment activities, and worked on developing responses to meet the needs of Aboriginal and Torres Strait Islander people, with the appointment of an Aboriginal worker to lead research and reconciliation planning. The 'Well proud' project continued to improve responses to the Gay, Lesbian, Bisexual, Transgender, Intersex and Queer community with participation in Mad Pride events.

The PIE committee has also provided oversight of a dual disability project to ready the organisation to better support people with co-existing psychosocial disabilities and other disabilities.

Asset Management

Over the course of 2014-15 we transitioned in and out of 18 service locations across Victoria, ACT and Tasmania. The majority of these moves were as a result of the recommissioning of community mental health services in Victoria. Sales of redundant properties at Ripponlea, Richmond, Launceston and Warrnambool were also successfully concluded. We continue to look for co-location opportunities with other community services who can offer participants complementary services such as housing and employment support.

Continuous Quality Accreditation and Continuous Quality Improvement

MI Fellowship has been independently certified by the internationally recognised quality accreditation organisation Quality Innovation Performance (QIP). In April 2015, MI Fellowship was assessed by QIP against the Quality Improvement Council Health and Community Services Standards 6th Edition (QIC Standards), the National Standards for Mental Health Services (NSMHS 2010) and the Victorian Department of Human Services Standards (DHS Standards). All programs and activities were included within the scope of this assessment with a total of 11 sites and 25 functions/programs audited across Victoria, Tasmania and the ACT. MI Fellowship was successful in meeting all accreditation requirements and achieved a rating of 'Exceeded' for two QIC standards: Financial Management and Community and Professional Capacity Building.

MI Fellowship's registered training organisation (RTO) is registered under the *National Vocational Education and Training Regulator Act 2011*. The RTO meets the Standards for Registered Training Organisations 2015.

Risk Management

Our risk management strategy during 2014-15 has focused on embedding a comprehensive risk management approach across the organisation, with particular attention on clinical governance.

As a result, the organisation now has in place a Board governance model which details the elements of risk management and quality processes 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 Board Sub-committee continued 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. The Committee has been active in identifying and reviewing specific processes and systems associated with service delivery.

The Carer and Consumer Committee continues to contribute to the development of policies and programs that ensure our organisation's effectiveness in delivering our core commitment of providing quality services and support to carers and consumers.

Environmental Sustainability

Our amalgamation with Aspire, A Pathway to Mental Health Inc, at the end of 2013-14 resulted in a marked increase in the size of our car fleet. This year we reduced the environmental impact of our fleet, resulting in 100% of the fleet having a Green Star rating of 3.5 or above and 8% with the top rating of 5. Skype for Business' implementation should result in significant reduction in car travel across our regional sites.

Complaints and Compliments 2014-2015

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

Complaints and compliments are recorded centrally and monitored to ensure a timely response. In 2014 -2015, 14 complaints were received about issues such as service availability and responsiveness, communication with participants and the administrative process for fundraising. We also received 19 compliments or expressions of appreciation for the quality of our services and the support and commitment of our staff members and two suggestions for improvement around service provision.

In 2014, the organisation commenced a review of its Experience of Service and Feedback Framework to introduce a more structured procedure for responding to suggestions for improvement; an improved feedback mechanism is also being developed to improve accessibility for staff and participants. This framework reflects the best practice standard for complaint management (AS ISO 10002-2006) and describes how our complaints and compliments handling process supports our Consumer and Carer Framework and continuous quality improvement activities. The framework is being further developed to reflect the requirements of the Victorian Mental Health Complaints Commission, the Disability Service Commission, the ACT Human Rights Commission, NSW Health Care Complaints Commission, Tasmanian Health Complaints Commission and the Australian Skills and Qualifications Authority.

Information Communication Technology (ICT) Infrastructure

Major ICT developments undertaken in 2014-15 were as follows:

- Upgrade of computer network fabric at all offices to support convergence of voice and data to improve remote support and enable software distribution to all computers on the MI Fellowship network.
- Installation of advanced tools to improve the functionality of the MI Fellowship intranet site (MI Share).
- Installation of Skype for Business servers to enable the migration of existing phone systems at MI Fellowship sites to enable voice, video and collaboration applications.
- Installation and configuration of Carelink Mobile systems and ICT infrastructure to enable outreach and mobile workforce to access the participant database securely using smart mobile phones and tablets.
- Servers were upgraded and additional servers added to the ICT infrastructure to support additional business applications and to accommodate increased numbers of staff.
- Migration of MI Fellowship Wide Area Network to Aussie Broadband's Multiprotocol Label Switching (MPLS) network resulting in major savings and higher bandwidths and performance to all connected MI Fellowship sites.

OUR SUPPORTERS

The Board, Chief Executive and staff of MI Fellowship thank everyone who has generously supported our work during 2014-15, whether this be through donating to our appeals, regular giving, volunteering, a bequest, or supporting our events.

Giving Program

To ensure the ongoing sustainability of our recovery programs, advocacy and research, MI Fellowship is developing the Giving Program, inviting community members to join us with a monthly gift to support people impacted by mental illness and their families.

Our existing regular donors (listed on the next page) are essential to our work. Knowing that we will receive these regular donations helps us to plan and deliver our programs in an effective manner.

Growing this supporter base is vital to our ongoing capacity to support people living with mental illness to be full members of their community. This work supports our vision of a society in which people with mental illness and other psychosocial disabilities are understood and accepted.

We will be using mail, telephone and face-to-face fundraising to build the Giving Program.

Donations will be directed to our services helping people living with mental illness to establish a safe and stable home and engage in work or education. They will also help fund our family support programs to help families and carers manage the impact of mental illness on their lives.

The Bruce Woodock Memorial Lecture

Long-time supporters Frank and Patricia Woodcock enabled us to present the 17th Annual Bruce Woodcock Memorial Lecture, an event promoting public discussion of topical mental health issues. This year's presentation on mental health recovery by Dr Eleanor Longden was an overwhelming success.

SEW-EURODRIVE

We are grateful to Robert and Adel Merola and SEW-EURODRIVE for holding their 17th Annual Charity Luncheon event in support of MI Fellowship's work. Through ticket sales, raffles, charity auctions and donations, the event raised $35,500 towards our work helping people living with mental illness to overcome isolation.

Appeal Donations

Nearly 700 people donated to our Christmas Appeal, helping us deliver more family education programs which create better understanding of the impact of their loved one's mental illness, to develop coping strategies and maintain supportive relationships.

Supporters also responded generously to our end of financial year appeal to help people with a mental illness to return to study through our RTO.

Terrence Heyward Bequest

A bequest from Terrence Heyward has enabled MI Fellowship to significantly expand our community education program by recruiting, training and supporting more people with a lived experience of mental illness to share their story in order to create change in community attitudes and provide education in a variety of contexts. Particularly significant is the ability the bequest has given us to expand the reach of our community education program to rural and regional areas.

Bequests

The Estate of The Late Mr Terrence Heyward

The Estate of The Late Mr Peter Morley

The Estate of The Late Mrs Helen Anderson

Major donors

Frank and Patricia Woodcock

Daniel O'Connor

Robyn Swanson

Trusts and foundations

Lord Mayor's Charitable Foundation

The George Lewin Foundation

The William Angliss (Victoria) Charitable Fund

OUR SUPPORTERS

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Sharlene Nipperess
Fiona Nixon
Nancy Nowers
Debbie Nugent
Sheila Park
John Perry
Thi Vinh Phan
John Plum
Christine Pollock
Terry Poor
John Potter
Elaine Price
Jenny Proebstel
Tanya Richardson
Phillip Riley
Liz Rinaudo
Nerida Robertson
Nell Rootsey
Jenifer Rowell
Joseph Ryan
Kathleen Ryan
David Slack
Barry Slon
Wendy Smith
Marion Snowden
Edna Stephens
Elizabeth Stewart
Caroline Storm
Joan Sullivan
Nick Szwed
Wendy Taylor
David Thomas
Jennifer Townsend
Dorothy Traill
Diane Treagus
Brian Tuckett
Rebecca Valk
Matthew Van Osta
Rosa Vardon
Carolyn Vile
Rosalia Volkov
Rita Voselis
Suzanne Wakeham
John Wallis
Joy Walters
Judith Ward
Donna Wileman
Dave Williams
Jane Wilson
Michael Winkless
Mathew Wright
Ann Yates

OUR SUPPORTERS

Organisation donors

Allansford Uniting Church Fellowship
All Souls' Opportunity Shop
Catholic Parish of Ivanhoe Outreach Group
Delmont Private Hospital
Fairleys Supa IGA
Hodges Real Estate
Mornington Peninsula Shire Smarty Grants
Notre Dame College
Padman Stops Innovative
Irrigation Solutions
Ritchies Stores Pty Ltd
Wannon Water

Community supporters

ANZ Business Bank
Andrea Rhodes
Audi Geelong
Austar Cleaning Services
AvePoint
Barkly Glass
Barry Plant Real Estate Essendon
Becks Wiggins Stokes Recruitment
Bunnings
Cirrus Media
Clarke and Doggett Building Concepts
Core 24 Fitness
Dallas Building & Maintenance
Dished & Flanged Ends
Emerging IT
Engineering Support Services
Ferguson Energy Consulting Services
Flexitec
Frankston Business Network
Frankston City Council
Golder Associates Pty Ltd
Get Smart Promotions
Harness Racing Victoria
Hey Dee Ho Music School
JDN Monocrane Pty Ltd
Kids Resort Early Learning Centre
Lobster Cave
Marriner Theatres
Middleton Millinery
MJR Distributors
Moonee Ponds Dental Group
Noise at Works
NSK Australia
Polar Linen
PwC
PMI Corporation
REIV
RACV
Rick Massese
RSM Bird Cameron
RSN Racing and Sport
Sameway
Sanctuary Lakes Function Centre
Sandringham Football & Social Club
Seabrook Vision
The Australian Industry Group
The Good Guys, Frankston
Timberland and Company
Veolia Environmental Services
Warringal Financial Services
Women in Super

Partners

SEW-Eurodrive Pty Ltd
Barwon Heads Golf Club Inc
K & L Gates
Rotary Club of Preston

Government Funders

Commonwealth Department of Social Services
Victorian Department of Health and Human Services
Tasmanian Department of Health and Human Services
Tasmanian Department of Education and Training
NSW Ministry of Health
ACT Heath
NDIA
ACT NDIS Taskforce
Community Services Directorate
ACT Medicare Local
Frankston Mornington Peninsula Medicare Local
Gippsland Medicare Local
Hume Medicare Local
Inner East Melbourne Medicare Local
Anglicare Tasmania

Clinical and service partners

Alfred Health
ACSO
Austin Health
Eastern Health
Goulburn Valley Health
Barwon Health
Inner South Community Health
Latrobe Regional Hospital
Peninsula Health
South West Healthcare
Ballarat Health Service
St Vincent's Hospital Melbourne
Mental Health, Justice Health, Alcohol and Drug Service
South West Sydney Local Health District
Northern NSW Local Health District
Tasmanian Health Service
ACT Corrective Services
Karralika Programs
Imagine More
Community Connections

Research partners

Swinburne University
Temple University (US)
Royal District Nursing Service (RDNS)
Melbourne University
La Trobe University
Monash Alfred Psychiatry Research Centre
Nous Group
St Vincent's Hospital Melbourne
Canberra University

Well Ways partners

Queensland Health, Toowoomba
Kyabra Community Association, Brisbane
WentWest, NSW Recovery College, Western Sydney
St Luke's
Mental Illness Fellowship WA
WISE employment
Eastern Health
Uniting Care Prahran Mission
Centacare South West NSW
ACSO
South West Health Care

OUR SUPPORTERS

Volunteers

MI Fellowship's volunteers are a major asset for the organisation. They help us to deliver important services such as our Helpline and the Brainwaves radio program, and provide administration and events assistance.

In addition, our Board and Committee members contribute to the good governance of MI Fellowship in a voluntary capacity.

Op Shops

We were saddened by the closure of our Kew and Northcote Op Shops due to changes in the retail market and fundraising environment. We acknowledge the amazing work our Op Shop volunteers did over 32 years, not only raising money, but also providing important mental health information to the community.

Many of our volunteers have chosen to be listed by first name only to protect their privacy.

Aditi
Ainara
Alexandra
Andrea
Arran
Ben Assan
Bree
Cameron Sack
Cara Watt
Carly
Carol Johnson
Chanel
Charlotte Corkhill
Chris Halton
Daphne
Elise
Elissa
Eliza
Elizabeth
Elle
Elyse
Emily
Erin
Fiona
Gaye Stewart
Georgia Drenth
Gina
Grant
Heather Bellingham
Ian Hornelrene Liapis
Iris Cuthbert
Iris Carling
Javiera
Jeanette Lowe
Jena
Jennie Taylor
Jeretine
Joan Hayes
Judy Richards
Julie
Julie
Juliette Pettitt
June Sharp
June
Justin
Kevin Kelly
Kim
Lesa Chao
Liam
Lina
Liz
Lorna Bunton
Lorraine Hope
Louise Long
Louise
Luke
Marg Darby
Marie
Marja Kelly
Martina Schmidt
Mary Deam
Matthew
Max
Megan
Mel
Michaela
Michelle
Mona Osborne
Nan Catterina
Narian
Pam Field
Patrick Kere
Pearl Tilley
Peter McDougall
Rachael
Raymond Kaye
Richard Perry
Rocky
Rodney
Romy Pinyon
Rose Lane
Rose Windmiller
Rosemary
Ruth
Sam Rockmolly
Samuel
Sarah
Sevastine
Shirley Tickner
Simon
Simone
Stella
Sue Collins
Tahlia Gash
Taryn
Terry
Tess
Timothy Barbon
Vaishali Kapatkar

FINANCIAL OVERVIEW

A year of some growth and consolidation of existing services which resulted in an Operating Surplus of $1.9m.

Income

Total revenue for the year was $33.1m which represents an increase of 33% over the previous year. $1.7m was raised from the sale of properties that were no longer fit for purpose. We also developed new funding sources and grew existing sources.

Fundraising

Fundraising income increased over the year by 4%. We maintain a focus on fundraising with positive expectations in a difficult economic climate.

Investments

With a sophisticated and conservative investment policy that has been put in place, we increased the value of our portfolio by 53%. We are well positioned to take advantage of a market upturn.

Operating expenses

Operating expenses were managed in line with programs and services growth. These expenses were up 35% from 2013-14. Salaries and staff related costs were 74% of expenditure (2012-13: 70%).

The year's result

Overall we achieved a surplus of $1.9m, largely as a result of profits on the sale of assets and conservative financial management. Member funds increased from $15.7m as at 30 June 2014 to $16.6m as at 30 June 2015.

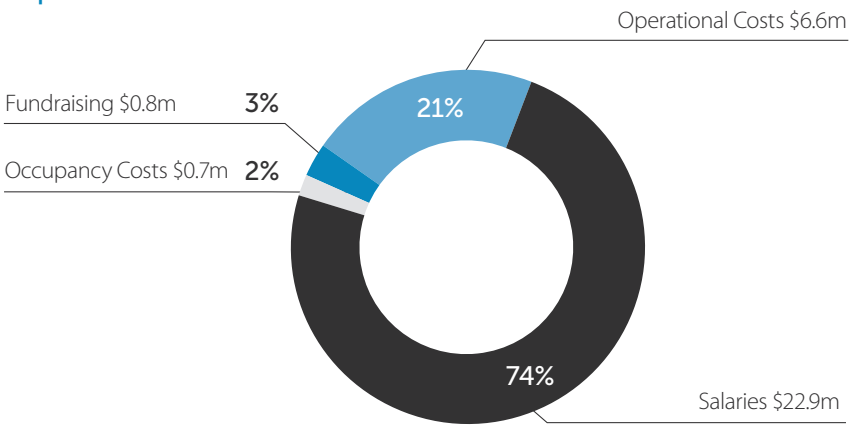
Overall, during 2014-15 we progressed effectively across the organisation, successfully achieving both service and business growth.

Looking ahead

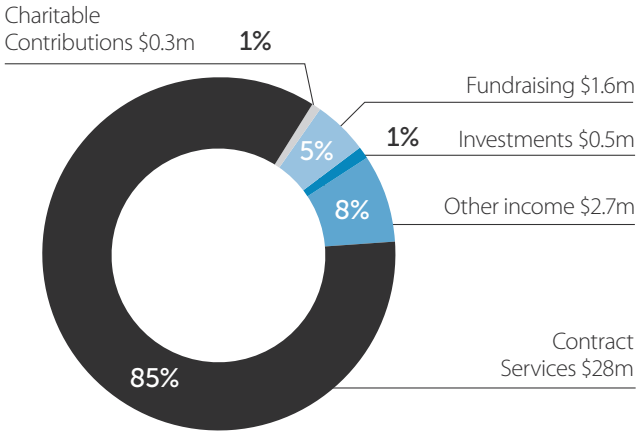
After several years of solid growth and the last year of significant changes in service delivery, 2015-16 will be a year of slight revenue growth and continued focus on managing expenses.

Overall, the organisation is well positioned to move forward, to create new opportunities and to take advantage of them as they arise. Our balance sheet remains strong and can support further growth.

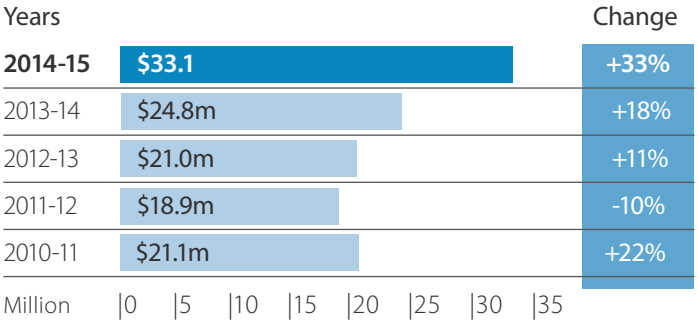
Expenses 2014-15



Income Sources 2014-15



Total Revenue 2014-15



FINANCIAL STATEMENTS

MENTAL ILLNESS FELLOWSHIP VICTORIA | ACN 093 357 165 | FOR THE YEAR ENDED 30 JUNE 2015

Director's Report

The Directors of Mental Illness Fellowship Victoria ("MI Fellowship", "the Company") have pleasure in submitting their report for the year ended 30 June 2015 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
Dr Neil Cowen
Mr Darrel Drieberg
Dr Julian Freidin
Mr Robert Hughes
Ms Jennifer King
Mr Theophanis Krambias
Ms Elaine Price (Resigned 24/02/2015)
Ms Louise Milne-Roch (Resigned 04/12/2014)
Mr Alex Wood (Resigned 27/11/2014)
Mrs Diane Brown (Resigned 19/11/2014)

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 2015, 12 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	Board Committee Meetings			
				Appointments & Governance	Finance, Audit, Risk & Resource Management	Clinical Governance	Carer & Consumer
Paul Montgomery (President)	25/09/2006		9 of 12	4 of 8			1 of 4
Kevin Abrahamson (Vice President)	05/07/2010		11 of 12	8 of 8			4 of 4
Neil Cowen	27/08/2012		7 of 12	4 of 8		1 of 1	1 of 1
Darrel Drieberg	17/12/2007		10 of 12		5 of 6		
Julian Freidin	22/06/2009		10 of 12			4 of 4	
Robert Hughes	27/06/2011		8 of 12			3 of 3	
Jennifer King	21/10/2005		7 of 12		6 of 6		
Theophanis Krambias	10/10/2008		8 of 12		5 of 6		
Elaine Price	24/01/2005	24/02/2015	7 of 8	5 of 6			
Louise Milne-Roch	20/01/2003	4/12/2014	1 of 6		0 of 2		
Alex Wood	28/04/2014	27/11/2014	5 of 6				
Dianne Brown	20/09/2000	19/11/2014	3 of 6			0 of 1	

Operating Result

The net surplus of the Company for the year after capital items was $1,884,417 (2014: net surplus $1,624,047). The surplus from ordinary activities before capital items was $2,070,338 (2014: $1,764,990 surplus).

Review of Operations

Contributing to the Company's surplus for the year were bequests from the Helen Anderson, Peter Morley and Terrence Heyward estates, as well as the surplus on the sale of MI Fellowship's property at 10 Bromham Place, Richmond. The Company has been successful in securing additional revenues through tenders for residential rehabilitation and non-rehabilitation services in New South Wales, Australian Capital Territory and Victoria.

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 a time of significant reform for the mental health sector, the Company is continuing to grow its services organically, increasing services in existing states, territories and new states, and through the review of potential business acquisitions after the successful amalgamation and expansion of services with Aspire, A Pathway to Mental Health Inc. This is part of the Company's business strategy to provide an enhanced service offering to 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 affected or may significantly affect the operations of the Company, the results of those operations or the state of affairs of the Company in subsequent financial years, 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.

Auditor's Declaration

A copy of the auditor's independence declaration as required under section 60-40 of the Australian Charities and Not for Profits Commission Act 2012 is set out on the following page.

On behalf of the Board

Paul Montgomery
Director

Jennifer King
Director

Signed at Fairfield on the 5th day of October 2015.

Auditor's Independence Declaration

To Mental Illness Fellowship Victoria,

In accordance with the requirements of section 60-40 of the Australian Charities and Not for Profits Commission Act 2012, as lead auditor for the audit of Mental Illness Fellowship Victoria for the year ended 30 June 2015, we declare that, to the best of our knowledge and belief, there have been:

i) No contraventions of the independence requirements of the Australian Charities and Not for Profits Commission Act 2012 in relation to the audit, and;

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

Dated at Frankston on the 30th of September 2015.

David A Szepfalusy
Director

Shepard Webster & O'Neill Audit Pty Ltd
Certified Practising Accountant
Authorised Audit Company No 415478
ABN 89 154 680 190
434 Nepean Highway Frankston 3199
PO Box 309 Frankston Victoria 3199
Telephone: (03) 9781 2633
Fax: (03) 9781 3073
Email: szepfalusy@shepard.com.au

Statement of Comprehensive Income

	NOTE	2015 $	2014 $
NET SURPLUS FROM CONTINUING OPERATIONS		**1,884,417**	1,624,047
Other Comprehensive Income			
Items that will not be reclassified subsequently to the Statement of Profit or Loss:		-	-
Items that may be reclassified subsequently to the Statement of Profit or Loss:		95,537	256,513
- Net Revaluations on Available For Sale Investments			
- Gains on Revaluation of Land & Buildings Classified as Held-for-Sale		(1,084,734)	-
TOTAL COMPREHENSIVE INCOME		**895,220**	1,880,560

The Accompanying notes form an integral part of these financial statements

Statement of Profit or Loss

	NOTE	2015 $	2014 $
INCOME FROM CONTINUING OPERATIONS			
Contract Services Income	2	28,049,591	20,423,164
Fundraising	2	1,949,916	1,870,405
Other Income	2	3,076,372	2,490,861
TOTAL REVENUE		**33,075,879**	24,784,430
EXPENSES			
Salaries & Related Costs	4	22,915,515	16,111,938
Consultancies		671,929	421,583
Audit Fees	3	44,200	36,800
Bad Debts		600	-
Bank Fees		26,308	23,428
Depreciation & Amortisation			
- Depreciation of Fixed Assets		804,327	681,055
- Amortisation of Intangible Assets		78,527	72,153
IT Network Costs		363,122	335,022
Occupancy Costs		717,958	1,126,232
Office Costs		894,883	693,657
Participant Support		1,109,332	695,053
Program Setup Costs		89,119	107,336
Light & Power		197,533	155,987
Motor Vehicle Expenses		576,690	411,272
Property and Equipment Maintenance		1,064,749	894,178
Fundraising Expenses		776,010	802,095
Volunteer Costs		17,384	3,796
Other Expenses		202,118	184,122
Deficit on the Sale of Fixed Assets		351,470	229,445
Deficit on the Sale of Investments		103,767	34,288
TOTAL EXPENSES		**31,005,541**	23,019,440
SURPLUS BEFORE CAPITAL ITEMS		**2,070,338**	1,764,990
Building Depreciation		(185,921)	(140,943)
NET SURPLUS FROM CONTINUING OPERATIONS		**1,884,417**	1,624,047

The Accompanying notes form an integral part of these financial statements

Statement of Financial Position

	NOTE	2015 $	2014 $
CURRENT ASSETS			
Cash at Bank, Deposit and On Hand	13(a)	4,223,276	3,010,933
Receivables	5	731,510	792,572
Investments - Available for Sale Financial Assets	6	9,782,957	6,393,594
Assets Classified as Held for Sale	16	470,333	2,019,640
Prepayments		243,083	200,683
Other Assets		-	5,889
TOTAL CURRENT ASSETS		**15,451,159**	12,423,311
NON CURRENT ASSETS			
Fixed Assets	7	6,889,095	8,624,763
Intangible Assets	8	237,882	313,909
TOTAL NON CURRENT ASSETS		7,126,977	8,938,672
TOTAL ASSETS		**22,578,136**	21,361,983
CURRENT LIABILITIES			
Creditors & Accruals	9	2,012,021	2,093,681
Provisions	10	1,838,539	1,442,879
Grants & Funding in Advance	11	1,897,836	2,017,562
TOTAL CURRENT LIABILITIES		**5,748,396**	5,554,122
NON CURRENT LIABILITIES			
Provisions	10	229,186	102,527
TOTAL NON CURRENT LIABILITIES		**229,186**	102,527
TOTAL LIABILITIES		5,977,582	5,656,649
NET ASSETS		**16,600,554**	15,705,334
EQUITY			
Reserves	12	640,031	1,629,228
Accumulated Surplus		15,960,523	14,076,106
TOTAL EQUITY		**16,600,554**	15,705,334

The Accompanying notes form an integral part of these financial statements

Statement of Changes in Equity

	Reserves								
	Accumulated Surplus	Capital Campaign 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 2013	5,275,707	536,295	519,647	298,423	4,048,143	1,773,844	287,981	1,084,734	**13,824,774**
Surplus attributable to the entity	1,624,047	-	-	-	-	-	-	-	**1,624,047**
Amounts transferred to/(from) reserves - Note 12	7,176,352	(536,295)	(519,647)	(298,423)	(4,048,143)	(1,773,844)	-	-	**-**
Total other comprehensive Income - Note 12	-	-	-	-	-	-	256,513	-	**256,513**
Balance at 30 June 2014	**14,076,106**	**-**	**-**	**-**	**-**	**-**	**544,494**	**1,084,734**	**15,705,334**
Surplus attributable to the entity	1,884,417	-	-	-	-	-	-	-	**1,884,417**
Amounts transferred to/(from) reserves - Note 12	-	-	-	-	-	-	-	-	**-**
Total other comprehensive Income - Note 12	-	-	-	-	-	-	95,537	(1,084,734)	**(989,197)**
Balance at 30 June 2015	**15,960,523**	**-**	**-**	**-**	**-**	**-**	**640,031**	**-**	**16,600,554**

The Accompanying notes form an integral part of these financial statements

Statement of Cash Flows

	NOTE	2015 $	2014 $
Cashflow from Operating Activities			
Receipts - from Donors and Funding Agencies		34,056,839	24,913,537
Payments to Suppliers and Employees		(32,710,482)	(22,059,533)
Interest & Distributions Received		569,129	433,237
Net Cash Generated by Operating Activities	13(b)	1,915,486	3,287,241
Cashflow from Investing Activities			
Proceeds from Sale of Property, Plant & Equipment		1,606,456	404,771
Proceeds from Sale of Assets Held for Sale		3,095,527	-
Payment for Property, Plant & Equipment		(1,452,654)	(788,958)
Payment for Software		(2,500)	(35,000)
Payments for Assets Held for Sale		(656,146)	(401,530)
Payments for Available for Sale Investments		(3,293,826)	(377,415)
Net Cash Used in Investing Activities		(703,143)	(1,198,132)
Cash Flow from Financing Activities			
Payments to Extinguish Aspire Property Mortgages		-	(1,027,081)
Net Cash Used in Financing Activities		-	(1,027,081)
Net Increase in Cash Held		1,212,343	1,062,028
Cash at Beginning of Year		3,010,933	1,948,905
Cash at End of Year	13(a)	**4,223,276**	3,010,933

The Accompanying notes form an integral part of these financial statements

Notes To and Forming Part of the Financial Statements

NOTE 1:
Summary of Significant Accounting Policies & Basis of Preparation

Basis of Preparation

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 the Australian Charities and Not for Profits Commission Act 2012, Australian Accounting Standards Reduced Disclosure Requirements and other authoritative pronouncements of the Australian Accounting Standards Board. A Statement of Compliance with the International Financial Reporting Standards ('IFRS') as issued by the International Accounting Standards Board ('IASB') cannot be made due to the Company applying not-for-profit specific requirements contained in the Australian Accounting Standards.

The Company is a not-for-profit, Public Company limited by guarantee, incorporated and domiciled in Australia. The address of its registered office and its principal place of business is Fairfield Place, 276 Heidelberg Road, Fairfield, Vic 3078.

The financial statements were authorised for issue on the 5th of October 2015 by the Directors of the Company.

Summary of Accounting Policies

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.

Notes To and Forming Part of the Financial Statements

a) Revenue

Non-reciprocal grant revenue is recognised in the Statement of 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 the Statement of 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 asset's carrying amount will be recovered principally through a sale transaction rather than through continuing use, the asset will be re-classified as Held-for-Sale.

Increases in the carrying amount arising on revaluation of land and buildings are recognised in other comprehensive income and accumulated in the revaluation reserve 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 the Statement of 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.

Notes To and Forming Part of the Financial Statements

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 the Statement of 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(k) 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. These assets are segregated in the Statement of Financial Position and separately disclosed and tested for impairment.

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 the Statement of Profit or Loss in the period in which they arise. When revalued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

Computers with an original cost of $5,000 or greater are capitalised 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.

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.

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

Notes To and Forming Part of the Financial Statements

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 amortized on a straight-line basis over the life of the lease term.

e) Employee Benefits

Short-term employee benefits

Liabilities arising in respect of wages and salaries, annual leave and any other employee benefits expected to be settled within 12 months of the reporting date are measured at their nominal amounts based on remuneration rates which are expected to be paid when the liability is settled. The expected cost of short term employee benefits in the form of compensated absences such as annual leave is recognised in the provision for employee benefits. All other short-term employee benefit obligations are presented as payables.

Other long-term employee benefits

Liabilities arising in respect of long service leave and annual leave which is not expected to be settled within twelve months of the reporting date are measured at the present value of the estimated future cash outflow to be made in respect of services provided by employees up to the reporting date. Employee benefit obligations are presented as current liabilities in the balance sheet if the entity does not have an unconditional right to defer settlement for at least 12 months after the reporting date, regardless of when the actual settlement is expected to occur.

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.

Notes To and Forming Part of the Financial Statements

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 transactions 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 the Statement of Profit or Loss.

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 the Statement of 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 the Statement of 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 the Statement of Profit or Loss through the amortisation process and when the financial asset is derecognised.

Notes To and Forming Part of the Financial Statements

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 the Statement of 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 the Statement of Profit or Loss.

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 the Statement of 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 the Statement of Profit or Loss immediately. Also, any cumulative decline in fair value previously recognised in other comprehensive income is reclassified to the Statement of 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 the Statement of 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 the Statement of 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.

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) Fair Value of Assets and Liabilities

The company measures some of its assets and liabilities at fair value on either a recurring or non-recurring basis, depending on the requirements of the applicable Accounting Standard.

"Fair value" is the price the company would receive to sell an asset or would have to pay to transfer a liability in an orderly (ie unforced) transaction between independent, knowledgeable and willing market participants at the measurement date.

As fair value is a market-based measure, the closest equivalent observable market pricing information is used to determine fair value. Adjustments to market values may be made having regard to the characteristics of the specific asset or liability. The fair values of assets and liabilities that are not traded in an active market are determined using one or more valuation techniques. These valuation techniques maximise, to the extent possible, the use of observable market data.

To the extent possible, market information is extracted from the principal market for the asset or liability (ie the market with the greatest volume and level of activity for the asset or liability).

In the absence of such a market, market information is extracted from the most advantageous market available to the entity at the end of the reporting period (ie the market that maximises the receipts from the sale of the asset or minimises the payments made to transfer the liability, after taking into account transaction costs and transport costs).

For non-financial assets, the fair value measurement also takes into account a market participant's ability to use the asset in its highest and best use or to sell it to another market participant that would use the asset in its highest and best use.

The fair value of liabilities and the entity's own equity instruments (if any) may be valued, where there is no observable market price in relation to the transfer of such financial instrument, by reference to observable market information where such instruments are held as assets. Where this information is not available, other valuation techniques are adopted and where significant, are detailed in the respective note to the financial statements.

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.

p) New and Amended Accounting Standards Adopted

The AASB has issued a number of new and amended Accounting Standards and Interpretations that have mandatory application dates for future and current reporting periods, some of which are relevant to the Company. The Company has decided not to early adopt any of the new and amended pronouncements. The adoption of any current mandated Accounting Standards has been concluded to have no effect on the financial statements on their initial application, such that no disclosures under AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors or other transitional disclosures have been triggered.

q) Comparative Figures

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

Notes To and Forming Part of the Financial Statements

	2015 $	2014 $
NOTE 2: REVENUE		
Contract Services Income		
Government Grants	19,494,511	14,885,724
Funding & Grants received in previous periods recognised in the current period/(carry forward to future periods)	58,409	(1,179,699)
Fees from other Agencies	8,282,868	6,166,767
Client Fees	213,803	550,372
Total Contract Services Income	**28,049,591**	20,423,164
Fundraising		
Charitable Contributions	309,988	407,907
Other Fundraising	1,639,928	1,462,498
Total Fundraising	**1,949,916**	1,870,405
Other Income		
Income From Investments	481,943	380,542
Surplus on the Sale of Assets	1,734,660	159,939
Surplus on the Sale of Investments	43,595	211,192
Interest Income	147,353	126,553
Fair Value Adjustment on Amalgamation of Business	-	1,263,553
Membership Income	6,835	9,489
Other Revenue & Recoveries	661,986	339,593
Total Other Income	3,076,372	2,490,861
Total Revenue	**33,075,879**	24,784,430
NOTE 3: EXPENSES		
Included in expenses are the following expense items:		
Audit Fees:		
Audit or review of the financial statements	24,000	23,500
Acquittals	13,700	4,100
Other Services	6,500	9,200
	44,200	36,800

Notes To and Forming Part of the Financial Statements

	2015 $	2014 $

NOTE 4: SALARIES AND RELATED COSTS

Increase in Salaries & Related Costs is attributed to the increase in the provision of program services. The increase was a result of the Aspire amalgamation which was finalised at the end of the prior financial year, as well as due to new funding and programs introduced in the current year. The number of Equivalent Full Time (EFT) staff are as follows:

Number of Staff 30th June (EFT)	**292**	173

NOTE 5: RECEIVABLES - CURRENT

Trade Receivables	683,052	427,463
Deposits and Bonds Issued	34,279	55,112
Accrued Income	14,179	256,680
Other Receivables	-	53,317
	731,510	792,572

NOTE 6: INVESTMENTS - AVAILABLE FOR SALE FINANCIAL ASSETS

Investments in Managed Funds:		
Balance at the beginning of the year	6,393,594	5,759,666
Purchases	3,293,826	377,415
Fair value re-measurement gains	95,537	256,513
Balance at the end of the year	**9,782,957**	6,393,594

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.

Refer to Note 15 for disclosures regarding Fair Value measurement of available for sale assets.

Notes To and Forming Part of the Financial Statements

	2015 $	2014 $
NOTE 7: FIXED ASSETS		
Buildings and Land - at cost	5,703,529	7,832,083
Less Accumulated Depreciation	(1,584,774)	(1,629,353)
	4,118,755	6,202,730
Motor Vehicles - at cost	2,830,653	2,302,687
Less Accumulated Depreciation	(917,324)	(552,806)
	1,913,329	1,749,881
Office Furniture and Equipment - at cost	1,479,016	1,463,354
Less Accumulated Depreciation	(1,348,167)	(1,299,445)
	130,849	163,909
Computers - at cost	1,091,662	804,073
Less Accumulated Depreciation	(603,239)	(453,788)
	488,423	350,285
Rental Property Furniture and Fittings - at cost	400,480	265,373
Less Accumulated Depreciation	(162,741)	(107,415)
	237,739	157,958
Total Written Down Value	**6,889,095**	8,624,763

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

Notes To and Forming Part of the Financial Statements

NOTE 7: 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 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**
Additions at cost	-	983,861	46,098	135,107	287,588	**1,452,654**
Disposals (net)	(1,427,721)	(283,926)	(16,094)	-	-	**(1,727,741)**
Reclass of Assets Held for Sale**	(470,333)	-	-	-	-	**(470,333)**
Depreciation expense	(185,921)	(536,487)	(63,064)	(55,326)	(149,450)	**(990,248)**
Carrying amount at 30 June 2015	**4,118,755**	**1,913,329**	**130,849**	**237,739**	**488,423**	**6,889,095**

Note: In the Statement of Profit or Loss, the ***Depreciation & Amortisation*** line item (2015: $804,327 and 2014: $681,055) excludes depreciation for thecategory ***Land & Buildings*** (2015: $185,921 and 2014: $140,943). ***Land & Buildings*** depreciation is disclosed separately in the Statement of Profit or Loss.

** Relates to the current year reclassification of the written down value of 19 Bromham Place from Fixed Assets to being classified as Held for Sale.

Notes To and Forming Part of the Financial Statements

	2015 $	2014 $
NOTE 8: INTANGIBLE ASSETS		
Software Development	394,512	392,012
Amortisation of Software Development	(156,630)	(78,103)
	237,882	313,909

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 2012/13 year, the software became a core part of MI Fellowship and has streamlined 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 commenced being charged from June 2013 which was when the software went live.

NOTE 9: CREDITORS & ACCRUALS		
Trade Creditors	865,825	1,003,680
GST Payable	18,306	319,960
Accruals	1,083,318	731,884
Accrual for Audit Fees	43,956	35,652
Resident Security Deposits Held	-	1,000
Other Payables	616	1,505
	2,012,021	2,093,681
NOTE 10: PROVISIONS		
Current Liabilities		
Provision for Stamp Duty on Property Title Transfer	-	49,185
Provision for Annual Leave	1,315,531	1,044,467
Provision for Long Service Leave	523,008	349,227
	1,838,539	1,442,879
Non-Current Liability		
Provision for Long Service Leave	**229,186**	102,527

Notes To and Forming Part of the Financial Statements

	2015 $	2014 $
NOTE 11: GRANTS & FUNDING IN ADVANCE		
Current		
Expected to be utilised within 12 months	**1,897,836**	2,017,562

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 Company 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 Statement of Financial Position, unspent funds totalling $1,897,836 are showing as a liability at 30 June 2015 ($2,017,562 at 30 June 2014). All other donations and unused grants are recorded as income when monies are received.

NOTE 12: RESERVES

Available for Sale Investment Revaluation Reserve	12(a)	640,031	544,494
Gains on Revaluation of Land & Buildings	12(b)	-	1,084,734
Property Maintenance Reserve	12(c)	-	-
Asset Trust Reserve	12(d)	-	-
		640,031	1,629,228

In 2014, the Directors assessed that certain reserves no longer served a particular purpose, and accordingly, the respective balances were transferred back to retained earnings.

(a) Available for sale investment revaluaton reserve		
Opening Balance	544,494	287,981
Increase/(Decrease) in Fair Value of Investments	95,537	256,513
Closing Balance	**640,031**	544,494

(b) Gains on revaluation of land & buildings		
Opening Balance	1,084,734	1,084,734
Increase/(Decrease) in Fair Value of Land & Buildings	(1,084,734)	-
Closing Balance	-	1,084,734

Notes To and Forming Part of the Financial Statements

	2015 $	2014 $

NOTE 12: RESERVES continued

(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
Add/(Less) Transfers (to)/from Retained Surplus	-	(298,423)
Closing Balance	-	-

(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 Company'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
Add/(Less) Transfers (to)/from Retained Surplus	-	(4,048,143)
Closing Balance	-	-

Notes To and Forming Part of the Financial Statements

	2015 $	2014 $
NOTE 13: CASH FLOW INFORMATION		
(a) Reconciliation of Cash		
Cash at Bank, on Deposit and on Hand	4,223,276	3,010,933
(b) Reconciliation of Cash Flow from Operations with Operating Surplus		
Operating Surplus after income tax	1,884,417	1,624,047
Adjustments for Non-cash Items & Items of Income or Expenses Associated with Investing or Financing Cash Flows:		
Depreciation & Amortisation	1,068,775	894,151
Deficit on Sale of Property, Plant & Equipment (Net)	121,285	69,506
Surplus on Sale of Assets Held for Sale	(1,504,475)	-
Bad Debts Written Off	600	-
Fair Value Adjustment on Acquisition of Aspire	-	(1,263,553)
Aspire - Add back Aspire assets reclassed to equipment expenses < $5k	-	35,819
Changes in assets and liabilities:		
(Increase)/Decrease in Receivables	60,462	(451,547)
(Increase)/Decrease in Prepayments and Other Assets	(36,511)	(98,054)
Increase/(Decrease) in Creditors & Accruals	(81,660)	659,946
Increase/(Decrease) in Provisions	522,319	237,929
Increase/(Decrease) in Funds for Future Use	(119,726)	1,578,997
Cash flows from Operations	**1,915,486**	3,287,241

Notes To and Forming Part of the Financial Statements

		2015 $	2014 $
NOTE 14: 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	13(a)	4,223,276	3,010,933
Receivables	5	731,510	792,572
Available for sale financial assets	6	9,782,957	6,393,594
Total financial assets		**14,737,743**	10,197,099
Financial liabilities			
Trade and other payables	9	2,012,021	2,093,681
Grants & Funding in Advance	11	1,897,836	2,017,562
Total financial liabilities		**3,909,857**	4,111,243

Refer to Note 15 for detailed disclosures regarding the fair value measurement of the company's financial assets and financial liabilities.

NOTE 15: FAIR VALUE MEASUREMENT

The Company has the following assets, as set out in the table below, that are measured at fair value on a recurring basis after their initial recognition. The Company does not subsequently measure any liabilities at fair value on a recurring basis and has no assets or liabilities that are measured at fair value on a non-recurring basis.

Recurring fair value measurements

Financial assets			
Available-for-sale financial assets:			
- Investments in managed funds	6	9,782,957	6,393,594
		9,782,957	6,393,594

For investments in managed funds, the fair values have been determined based on closing quoted bid prices at the end of the reporting period.

Notes To and Forming Part of the Financial Statements

		2015 $	2014 $
NOTE 16: ASSETS CLASSIFIED AS HELD FOR SALE			
Assets Held for Sale - 19 Bromham Place Richmond	(i)	470,333	-
Assets Held for Sale - 10 Bromham Place Richmond	(ii)	-	2,019,640
		470,333	2,019,640

(i) 19 Bromham Place Richmond

In the current year, the carrying value of the non-current asset at 19 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 the carrying amount would be recovered principally through a sale transaction rather than through continuing use. Up to the point of re-classifying this asset, the premises had been used as part of MI Fellowship's operations. Funding of the programs operated through this site ceased during the year, which was the point at which the asset was reclassified.

At the date of this report, an external party has put forward their proposal to purchase MI Fellowship's interest in the property. It is anticipated that a sale date could be within 12 months of year end, and on this basis, the asset "held for sale" has been classified as current.

(ii) 10 Bromham Place Richmond

In the prior year, the balance of "held for sale" assets represented the carrying value of 10 Bromham Place Richmond. The sale of this property was finalised during the 2014/15 year, and accordingly the surplus on the sale was realised in the current year.

NOTE 17: 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		378,560	346,813
Longer than 1 year and not longer than 5 years		266,373	81,614
Longer than 5 years		-	-

c. Capital & Other Commitments

As at 30 June 2015, no material capital and other commitments were existing, nor were there any that existed for the comparative year, unless otherwise disclosed elsewhere in the financial statements.

Notes To and Forming Part of the Financial Statements

	2015 $	2014 $

NOTE 18: 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 19: KEY MANAGEMENT PERSONNEL

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

Short Term Benefits	713,369	613,746
Other Long Term Benefits	-	-
Post Employment Benefits	85,689	59,814
Termination Benefits	-	-
Share Based Benefits	-	-
Total	**799,059**	673,560
Number of Key Personnel (EFT)	7	4

NOTE 20: 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.

Directors' Declaration

In the opinion of the Directors of the Company:

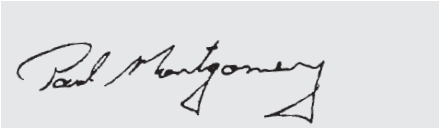
a) the financial statements and notes of the Company are in accordance with the Australian Charities and Not for Profits Commission Act 2012, including:

   i. Giving a true and fair view of its financial position as at 30 June 2015 and of its performance for the financial year ended on that date; and

   ii. Complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Australian Charities and Not for Profits Commission Regulation 2013; and

b) There are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

Signed in accordance with a resolution of the Board of Directors.



Paul Montgomery
Director

Jennifer King
Director

Signed at Fairfield on the 5th day of October 2015.

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 2015 and the Statement of Profit or Loss, Statement of 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 Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act) 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 Australian Charities and Not-for-profits Commission Act 2012. We confirm that the independence declaration required by the Australian Charities and Not-for-profits Commission Act 2012, which has been given to the Directors of Mental Illness Fellowship Victoria on the 30th September 2015, 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 Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

a. giving a true and fair view of the Company's financial position as at 30 June 2015 and of its performance and cash flows for the year ended on that date; and

b. complying with Australian Accounting Standards – Reduced Disclosure Requirements and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

Dated at Frankston on the
6th day of October 2015

David A Szepfalusy
Director

Shepard Webster & O'Neill Audit Pty Ltd
Certified Practising Accountant
Authorised Audit Company No 415478
434 Nepean Highway Frankston 3199
PO Box 309 Frankston Victoria 3199
Telephone: (03) 9781 2633
Fax: (03) 9781 3073
Email: szepfalusy@shepard.com.au

helpline 03 8486 4222
or help@mifellowship.org 9am-5pm Monday to Friday
www.mifellowship.org

ACN 093 357 165
fairfield place 276 heidelberg road fairfield victoria 3078
po box 359 clifton hill victoria 3068
t 03 8486 4200 e enquiries@mifellowship.org

We respectfully acknowledge that we work on Aboriginal land and
pay our respects to community members and elders, past and present.

Interpreter

Quality Improvement Council
'Yes ... we are a QIC accredited organisation'