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ABOUT US

Mental Illness Fellowship Victoria is a membership-based non-profit organisation that is driven by the passion and professionalism of 250 staff, 349 volunteers, 1136 members, a board of directors and other supporters.

This year we assisted 2129 people affected by serious mental illnesses. We also provided opportunities for people with a mental illness through volunteering. We worked with their family, carers and employers. We provide people with a network of evidence-based services offering individual pathways through psychiatric rehabilitation. We also prioritise community education and advocacy. Everything we do is aimed at reducing stigma and providing people with homes, jobs and relationships.

ABOUT OUR ANNUAL REPORT

This year our theme is 'Home'. More than a roof over one's head, a home is a place that provides safety, security, independence and the opportunity to care for oneself. Yet 42%* of people with serious mental illness are excluded from secure, affordable and stable housing. MI Fellowship wants to bring home the importance of action to improve housing for people with mental illness.

responded to







1 IN 5 AUSTRALIANS
IS AFFECTED BY MENTAL ILLNESS



REPORT 2007.08 - YOUR HOME

Well Ways Duo (Vic)
67
276
Well Ways
(Vic)
139
Counselling



OUR VISION

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

People with mental illness will be afforded the same regard as those with physical illness and resources will be available to offer early interventions and state of the art treatment and support.

These interventions will be so effective that long-term negative consequences of mental illness will have disappeared for the person and their family.

People with mental illness will no longer experience stigma and society will treat them with the same respect and dignity as any other person and welcome and include them fully as community members.

EASE OF NAVIGATION

Our Mental Illness Fellowship Victoria annual report aims to provide a clear, logical and accessible guide to the organisation and activities for the year 2007.08. We hope the 'see page' icon (below) helps navigation while reading our report.

OUR VALUES

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

HONESTY

Honesty is integral to all our dealings with members, volunteers, people with a mental illness, staff and the community. In relationships with people seeking support and advice we will be open, truthful, genuine and respectful. Staff will reflect on their own practice and develop new insights from that process. There will be appropriate use of our resources to support the mission of Mental Illness Fellowship Victoria and this will be accurately documented and recorded. There will also be a process to deal with potential conflicts of interest.

ACCEPTANCE

Acceptance means that we include and accept people with mental illness and we value difference. Our relationships are interactive and based on non-judgmental attitudes. We welcome people into our organisation who have limited support options and who may have experienced difficulties within the mental health system. We trust that people can be well and must not be defined by their symptoms and we work to support that belief. We encourage healthy coping strategies that enhance the capacities of people with mental illness.

EQUITY

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

FLEXIBILITY

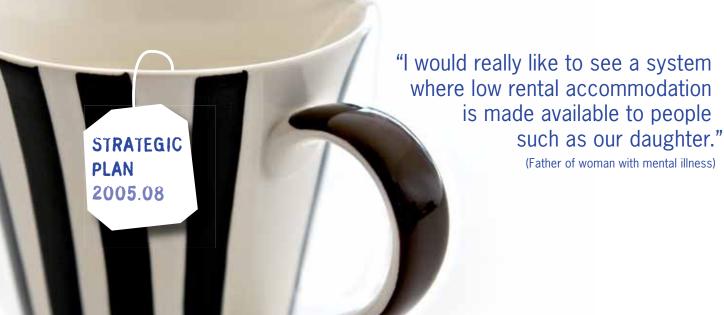
Flexibility means that we are able and willing to adjust to individuality. We welcome diversity and use it for the benefit of the individual, the community and our organisation. It means we try to find creative solutions to overcome problems and ensure that these solutions are open to scrutiny and fit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

COMMITMENT

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

PARTICIPATION

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



Strategic planning every four years gives direction to the organisation. The 2005.08 strategic plan was developed following an extensive review and consultation process including:

- a review of the 2002.04 strategic plan
- consultation with groups of people with a mental illness. carers and staff
- p individual interviews with board members and external stakeholders
- a cultural audit of staff.

The board met on 24 October 2003 and concluded that:

"The current mental health service is fragmented; it is difficult to know where, who and how to ask for service. There is a lack of understanding of what role each part of the system plays; most services are set up for a single event or series of events using an acute care model. This service model is not designed to attend to episodic illness and it perpetuates the development of chronic illness. Once a person is discharged from the system, developmental support, education and access to employment options are denied to both the person with a mental illness, their family and friends."

OUR AIMS

The strategic plan that resulted aimed to address these issues. It identified goals to build capacity to provide a broad range of high quality services, including organisational advocacy. The plan recognised the necessity to build strategic partnerships to address service fragmentation. It aimed to build services recognised for innovation and best practice in order to influence broader mental health system developments.

OUR PROCESSES

The introduction of staff performance management, linked to values and the strategic plan was a key lever to build internal capacity and interest in innovation and best practice. Review and development of entry processes for people with mental illnesses and their families into this organisation was a strategic focus to improve ease of access. Service innovation and strategic partnerships delivered new service models in rehabilitation and educational initiatives. The establishment of the research and evaluation team enabled local, national and international best practice to inform new developments.

OUR EVIDENCE

During this period the whole organisation prepared for and was accredited by OICSA, the Victorian arm of the national Quality Improvement Council. We were awarded three leading practice assessments: for collaboration with other organisations, building community capacity, and leadership and management. Employment and educational services are subject to external audit as conditions of funding. Benchmark, using ISO9000 (a quality management framework devised by the International Organisation for Standardisation) reviewed and accredited our employment services and The Victorian Registration and Qualifications Authority reviewed and accredited our registered training organisation status. During this time the organisation was approached and has agreed to provide expert advice to government departments, industry organisations and universities on policy development and projects. Staff have presented and been invited to present at conferences and papers have been published in journals.

The following table illustrates the relationship between the goals of our strategic plan 2005.08, the strategies developed to achieve these goals and the measurements by

Integrated service responses and systems

A planned approach to creating a joined up service system

Evidence-based

Build the evidence-base

for MI Fellowship's practice

Actively pursue opportunities

practice and

innovation

for innovation

Enhance service connections through discrete projects using Single Entry Process and other strategies

Enhance family education across

Enhance consumer feedback

mechanisms

Organisation-wide research, evaluation and feedback to inform practice advocacy and service planning

Develop and implement program innovations to improve quality or reach of services

Standard participant files organisation wide

Standard entry process into organisation

Consumer participation

One file per participant

service options

education program

Implementation of evidence-based

employment program National impact evaluation of family

Development and implementation of Opening Doors program

OUR FUTURE

Systems and service fragmentation will remain a focus for the future and drive both internal changes and further development of external relationships.

Innovation, model and program development will be a feature of our approach to creating the conditions for people with mental illnesses to access a home, a job and social participation. We will continue to further build our capacity to deliver best practice through our people management, financial, and information technology systems.

INCOME

INANC

I am pleased to report that last year was a year of growth.

During this period the Department of Families, Housing, Community Services and Indigenous Affairs provided funding for respite services and Australian Capital Territory Health funded the Step Up Step Down program in Canberra. These contracts, as well as two new programs in Victoria and a CPI funding adjustment from the Department of Human Services (DHS), increased revenue (including capital funding) by 19.4% to \$12.9 million, with the main growth occurring in the area of contract services.

EXPENSES

Operating expenses also increased over the year to meet new service developments. Salaries remain our largest expense at 68% of total expenditure, consistent with last year, with program costs increasing to reflect the growth in contract services. This year costs attributable to these services have included support for research and evaluation, quality and the rehabilitation consultant as well as ongoing local connection costs for the MI Fellowship wide area network IT communication tool.

THIS YEAR'S RESULT

The net surplus before capital funding and depreciation for the year was \$323,149, which was \$605,020 better than budget.

There are a number of factors that have contributed to this outcome. These include a greater result from the SEW–Eurodrive charity event, increased donations and bequests, as well as delays in staff recruitment. Service growth this year will support the funding of these positions in future years. The Capital Investment Fund has been subject to market volatility, which is expected to improve in the next reporting period.

GROWTH AND SUSTAINABILITY

MI Fellowship has put in place a new investment strategy and created a Capital Investment Fund to build and increase our capital base to fund the development of additional projects over the coming three-year period.

'S REPOR

The organisation has also been in an accumulation phase, building a small reserve to underpin our sustainability as well as undertake the development of pilot projects to influence the directions of mental health policy. The registered training organisation (RTO) program in Frankston has continued this year and an advocacy manager has been appointed to assist in the development of the community action plan on stigma.

NEW IT DEVELOPMENTS

The IT project, flagged in last year's report, is in the final stage of implementing a wide area network. This facility will improve participants' service and information sharing across all MI Fellowship sites. During the year we implemented new Human Resources and payroll software that will significantly increase functionality within the Human Resources area. Also, a new database manager has been employed to review and rationalise all the database systems that MI Fellowship uses.

LOOKING AHEAD

MI Fellowship is reviewing the suitability of all property (both leased and owned) to ensure that we optimise program outcomes. The objective of this review, which is still in its infancy, will be to ensure that all programs are housed in fit for purpose accommodation. Not fit for purpose properties will then be reviewed to ensure that we maximise the value we have invested in them (this may include piloting models of housing).

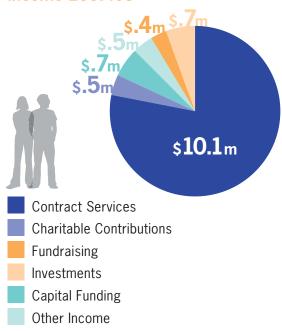
MEMBERS' FUNDS

Membership funds this year total \$9.756 million, up from \$9.682 million last year. We continue to remain in a very sound financial position and hold sufficient cash reserves to meet our financial liabilities.

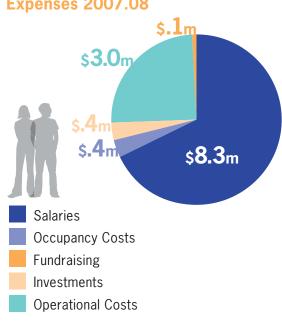




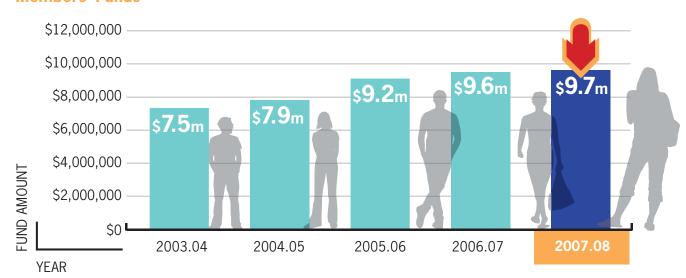




Expenses 2007.08



Members' Funds







We have made submissions to and had consultations with the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) in response to their green paper "Which way home? A new approach to homelessness". In collaboration with Mental Illness Fellowship Australia (MIFA) we presented with Phillip Mangano, executive director, United States Interagency Council on Homelessness to politicians and key policy makers in the ACT. We also made submissions and presented to FaHCSIA and the Department of Health and Aging (DoHA) on carer and consumer education, and to the Department of Education, Employment and Workplace Relations (DEEWR) on employment. We have actively engaged the Mental Health Council of Australia on these matters. We submitted to the House of Representatives house standing committee on family, community, housing and youth, inquiry into better support for carers. These submissions can be reviewed on our website, www.mifellowship.org.

STATE ADVOCACY

Our advocacy submissions continued at the state level to a hearing of the parliamentary inquiry into the provision of supported accommodation for Victorians with a disability or mental illness. These multiple submissions were made possible through investment in our advocacy service this year.

In May this year we used Schizophrenia Awareness Week as the major platform to put housing and support on the national and state agendas. Dr Sam Tsemberis of New York's Pathways to Housing provided the leadership for the political advocacy in this state.

The development of member forums, including a forum on trusts and wills, has been extremely successful. It has also enabled a clearer focus on family education and support and particularly the uptake of Well Ways family education across Australia. We have actively contributed to the government's green paper "Because mental health matters: A new focus for mental health and wellbeing in Victoria". The appointment of Elizabeth Crowther to the deputy chair of the Ministerial Committee on Mental Health has strengthened our state advocacy.

STRATEGIC PLANNING

The outcomes of the current four-year strategic plan are reported throughout this publication. The construction of the next plan is well underway; I want to express the board's appreciation to Graeme Pocknee for his facilitation of this review. Graeme has announced his retirement from the board. He will be greatly missed.

BOARD DEVELOPMENT

As a consequence of the external review of board performance a review of bylaws was recommended. The appointments and governance committee reviewed and revised all the by-laws for the board. The recommendation for the change to the constitution to remove the limits of director appointments will be put to the annual general meeting in October 2008.

The finance, audit and resource management committee reviewed all financial systems, including our property portfolio. The outcomes of this review will be reported next year. Our financial achievements are the results of many partnerships. I want to thank the 602 organisations and people who have supported us during the year and in particular SEW–Eurodrive, Middletons Lawyers, Frank and Patricia Woodcock and AMP Foundation.

I also wish to thank all my fellow directors and our committed and loyal staff and our management team for their important and valuable contributions in striving to make a difference in the lives of people with a mental illness and their families and friends.

PRESIDENT.

THE HON. ROB KNOWLES





Having a home is not only about having a house, but about belonging as a valued member of the community. This report assesses what we achieved in 2007-08 in partnering with people with mental illness and their families and friends to increase opportunities for their acceptance and inclusion in the community. In trying to achieve this, we report against the key objectives of our strategic plan in the three main areas of capacity building, integrated services and systems and evidence-based practice and innovation.

See page 4-5

Our achievements are introduced here and are reported more thoroughly throughout this publication.

CAPACITY BUILDING

The values-based performance planning and management system has been operating for three years now. Teething problems have been addressed through the delivery of training to staff – 68 of 150 permanent staff have completed the first round of training.



SUSTAINABILITY: We have also introduced in this reporting period various initiatives to improve our sustainable use of resources, including the installation of water tanks, double-sided printing as standard practice and computer recycling.

FINANCIAL VIABILITY: The target set in 2005 was to achieve an annual operating budget outcome of \$13 million. At the end of that period we have reached \$12.9 million. Salaries remain our largest expense at 68% of total expenditure. Excluding the unrealised loss of capital on investments, the operating outcome for this financial period was a surplus of \$323,149. The capital investments were subject to the downturn in financial markets and are seen as a temporary situation expected to improve. The organisation is in a sound financial position.

FOCUS ON QUALITY: Comprehensive reviews were conducted on our complaints policy and on our governance policies and procedures, ensuring best practice. We also began a review of our day programs to ensure they deliver real and measurable outcomes to people with mental illness. These reviews will be completed in the next period and recommendations will be implemented.

CONSUMER PARTICIPATION: Two more consumers have been employed to guide our consumer participation strategy. They have had significant input into the day program reviews and the subsequent staff training that is in development. A speakers' bureau is in development and people with mental illness are being recruited to become community educators. MI Recovery peer education program for people with mental illness was further piloted and is set for roll out in the next reporting period.

INTEGRATED SERVICE RESPONSE AND SYSTEMS

In collaboration with Goulburn Valley Area Mental Health Service, the prevention and recovery care (PARC) service and continuing care unit (CCU) in Shepparton have been relocated at new premises at the Ambermere site. Participants will be moving in during the next reporting period. PARC in the southern region is now operating and we were successful in a tender to develop a new Step Up Step Down service in Canberra. This service will start in the next reporting period. The Opening Doors program in southern region has now been completed and is fully operational.

We have been working in partnership with Commonwealth Carer Respite Centres on new respite services funded by the Department of Families, Housing, Community Services and Indigenous Affairs. Some teething problems have been identified in the establishment of this service.

FUNDRAISING: SEW–Eurodrive continued their generous financial support of the organisation, contributing \$170,508 from their golf day and charity dinner, plus 10 new laptops for the use of students in Certificate of General Education for Adults in Frankston. SEW–Eurodrive's 10-year partnership with us has now yielded \$1.1 million for the organisation. AMP again contributed \$10,000 to Open Mind Fiesta and Middletons Lawyers again provided a substantial financial contribution through pro bono services as well as making available their Collins Street offices for our housing roundtable in Schizophrenia Awareness Week. So many others have made significant contributions. All are acknowledged in this report.

INFORMATION TECHNOLOGY STRATEGY: We are disappointed not to have achieved a wide area network during this period. See page 30

EVIDENCE-BASED PRACTICE AND INNOVATION

Well Ways family education program has received ethics approval for formal impact evaluation that will allow us to publish results as research and contribute internationally to the development of evidence-based practice in working with families.

Well Ways Duo (formerly double trouble) family education program was redeveloped in partnership with Turning Point Drug and Alcohol service and is ready for national roll out.

We could not achieve anything without the passion and commitment of so many people, including our directors, members, supporters, staff, volunteers and, most importantly, people with mental illness and their families who put their trust in us to partner with us to work towards better outcomes and lives in which people feel at home in the community. My warmest thanks to all of you.

E Con the

CHIEF EXECUTIVE ELIZABETH CROWTHER

HIGHLIGHTS

3.

4.

5.

7.

10 YEAR **GROWTH CHART**

2007.08 \$12.9m

> 2006.07 \$10.9m

2005.06 \$10.4m

2004.05 \$8.8m

2003.04 \$8m

2002.03 \$7.3m

2001.02 \$6.9m

> 2000.01 \$6.2m

1999.2000 \$5.1m

998.99 4.3m

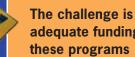
1997.98 \$4.2m

TODAY

HIGHLIGHTS AND CHALLENGES FOR THE YEAR



1. Increased the provision of Certificates II & III in General Education for Adults (CGEA) by starting a program in Shepparton. We also commenced a Certificate III in Frankston. Donation of 10 laptops from SEW-Eurodrive 2.



The challenge is to secure adequate funding for

Implementation of the wide area network has been delayed by technical problems. Negotiations with one of our external partners are expected to produce

implementation in September 2008

Implementation of the wide area network September 2008



Investigation of client management software has revealed that current products do not meet our future needs. An information technology (IT) project has been developed by the Department of Human Services (DHS) to address client management systems in the sector

Participate in the **Department of Human** Services (DHS) project



Funding secured for a step up step down service in ACT

Renovate and commission the building to accommodate the service and start it by December 2008



Prevention and Recovery Care (PARC) on Maude, Shepparton, participating in PARC evaluation project funded by Department of Human Services

Address evaluation gaps by involving carers and participants in Mental Illness Fellowship Victoria evaluation



Employment services delivering best practice in six sites - Peninsula Health, ORYGEN Youth Health, Waiora Community Mental Health, Hawthorn Community Mental Health, Clarendon Clinic and Hastings Community Centre. Partnership with Worktrainers Inc. and Goulburn Valley Mental Health to deliver miWork, Shepparton

Expand employment services through partnership with headspace Barwon. Secure additional, contracted services to ensure programs are sustainable into the future

Mental Illness Fellowship Victoria funded for three years to develop respite programs for carers of people with a mental illness in six sites across Victoria

Demonstrate a best practice model and secure a stream of sustainable funding for delivery

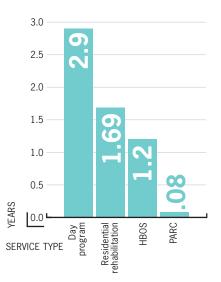


OUR RESULTS: HOME

CASE STUDY

"Jack lives at 94 Alma Road apartments, part of the Opening Doors program. see page 16 Previously he had lived with "mates" often dossing down on their couch or with his ageing parents. Jack has schizophrenia and loves football. He moved into Opening Doors after a long stay in hospital. Jack is learning how to cook a meal and shop for himself. His key worker Narelle has also taught him how to catch a tram to the MCG."

Figure 1.2 Average length of stay of participants with MI Fellowship



For a house to become a home people need to be confident that they can look after themselves, their house and are able to access the community. MI Fellowship works with people in their own home and community to help them to learn or relearn the skills they need to build themselves a home. We assist people to build independence to manage their lives in the community.

THE PEOPLE WE WORKED WITH

In 2007.08 we worked with 1664 participants to assist them to build themselves a home. Most people we worked with were between the ages of 24 and 54 with an equal gender mix. See figure 1.4

Figure 1.1 A home is more than a house participants

Program	Description	Number of participants
Home-based outreach (HBOS)	Not combined with other service type	351
	Combination service: associated with Opening Doors and Barwon youth programs	36
Community care unit (CCU)	Shepparton	12
	Opening Doors places reported via Alfred Psychiatry	5
Residential rehabilitation	Opening Doors and Barwon youth	29
Prevention and recovery care (PARC)	Shepparton and South Yarra	137
Psychosocial rehabilitation day	Centre based	562
program (Day program)	Community based	51
Mental health pathways program (MHPP)	Homelessness initiative. Partnerships with rural housing and area mental health.	67
Respite	Planned and short notice options	414
Total participants		1664

Our services were offered through six service types – prevention and recovery care (PARC) services, residential rehabilitation programs, home based outreach, respite, day programs and mental health pathways programs (MHPP). The time spent in each episode of care varied according to individual needs and the service type. Figure 1.2 represents the average duration of each participant's engagement with MI Fellowship according to service type. Prevention and recovery care (PARC) services have the shortest average duration and rehabilitation options such as day programs and some residential options have the longest.



WITH PARTICIPANTS

MI Fellowship provides staff with a standardised structure and tools for working together with a participant in exploring the participant's various life areas and identifying those areas that need some planning and goal setting. Although the framework for this exploration is set, the process is personalised. The plans are reviewed, modified and updated regularly to maintain their relevance and act as a time for reflection. To date, the information gathered through these tools has been used exclusively for the individual participant. A challenge for the future is to develop mechanisms for capturing this rich source of information centrally so that it can contribute to decision making around program planning and development.

In 2008.09 we will work towards establishing a centralised record of information gathered using tools in the needs identification and planning phase. This information can be used to monitor program performance, direct program development and is one way of knowing how participants are benefiting from being involved in our programs.

387 people used the home based outreach support services in 2007.08.

SERVICE TYPES

HOME-BASED OUTREACH SUPPORT

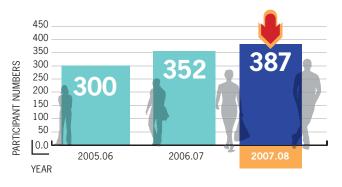
Home-based outreach support provides in-home services to people with a mental illness. The focus is on the development of skills to assist the person to live in their home and community.

- > 189 people were assisted in Hume region
- > 74 people were assisted in the southern region
- > 28 people were assisted in north west region
- > 71 people were assisted in eastern region
- > 25 people were assisted in Barwon region.

A snapshot of individual participant plans from a home-based outreach program revealed that 98% of participants had more than one goal, with an average number of goals of three per person. Participants wanted to work on a range of goals, particularly vocational goals, including education and employment (23%), social goals (19%), mental health related goals (18%) and domestic and community skills goals (17%). Physical health goals were also important for individuals, with 15% of goals linked to this area. Physical health goals related to weight loss, smoking reduction and physical fitness.

This same group of participants rated their own experiences of difficulty in a number of key areas when they first started with the outreach program. This self-rated questionnaire is periodically re-done. According to these participants' last questionnaire they rated themselves as experiencing less difficulty in the areas of daily living skills, mental health symptoms and their relationships with self and others since starting with the program. These areas are closely aligned to the bulk of their set goals. Being able to fully utilise information allows us to develop and increase the efficiency of our practice. This can be seen in Figure 1.3 which shows a steady increase in the number of participants over the past three years. see figure 1.3

Figure 1.3 Home-based outreach participants





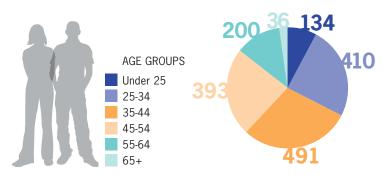


Figure 1.4 Age groups for 2007.08 home participants

PREVENTION AND RECOVERY CARE (PARC)

Prevention and recovery care services provide short-term residential intervention (up to 28 days) for people experiencing early relapse and for people recovering from an acute in-patient admission. These admission types to PARC are called step up (from the community) and step down (from the hospital) respectively.

PARCs are a recent addition to the mental health service system. They operate in partnership with clinical services. Mental Illness Fellowship Victoria provides the psychosocial rehabilitation and residential support and the clinical service provides clinical assessment and intervention. Admission to and discharge from the PARCs is managed by the clinical service. PARCs are important because they provide a less restrictive option for people with a mental illness and their family than hospital care but at the same time provide intervention, structure and support for people not coping at home.

Mental Illness Fellowship Victoria operates two PARCs – PARC on Maude, Shepparton in partnership with Goulburn Valley Area Mental Health and Nicholson Street PARC, South Yarra in partnership with Alfred Psychiatry. Nicholson Street PARC began accepting participants on 29 October 2007. They have an average length of stay of 15 and 23 days respectively.

Taking both services together 137 people used the PARC services in 2007.08. The use of PARC on Maude has remained steady for the past three years. Both PARCs have achieved a relatively equal proportion of step up and step down admissions indicating that the PARCs are being used as both an early intervention and early discharge strategy.

PARC on Maude, Shepparton has been selected as one of four sites for a Department of Human Services (DHS) evaluation of PARC services across Victoria.

In 2008.09 MI Fellowship will open its third Step Up Step Down service, in the ACT.

OPENING DOORS

This program is run in partnership with Alfred Psychiatry with in-home rehabilitation services sub-contracted to the Inner South Community Health Centre. A total of 51 residential places are available through this partnership for people requiring different levels of intensity and duration of rehabilitation services. Alfred Psychiatry manages 20 residential places, and Mental Illness Fellowship Victoria manages 31 places.

The St Kilda site at Alma Road has seven intensive rehabilitation beds and five community care beds. In the past year two people were discharged, one to a family home and another to independent living in a one-bedroom unit. In 2008.09 we expect to see further participants reaching their rehabilitation goals and moving to longer term housing in the community.

The townhouses at the Alma Road site provide accommodation and less intensive psychosocial support and rehabilitation for residents. It is anticipated that these people will live in these homes for several years or until their support needs change.

The Elms, Glen Iris; Adelaide Street, Armadale; and High Street, Armadale; all offer residential rehabilitation spanning 18 months to three years. Rehabilitation services focus on skill development and community connection.

This service began receiving residents in October 2005 and was recognised as a service model for the future by Department of Human Services (DHS).

This collaborative model "was developed to create more effective access and entry points to bed-based rehabilitation services in the inner south (Community Care Unit (CCU) and Psychiatric Disability Rehabilitation and Support Services (PDRSS) residential rehabilitation) and to better align community-based clinical and PDRSS services for people transiting to independent housing. A joint clinical and PDRSS governance group oversees access to these resources to optimise service access for clients who require accommodation and support." ("Because Mental Health Matters"

Department of Human Services [DHS], p83.)*

In 2008.09 our day programs will be reviewed with a focus on creating stronger links with other community organisations.

BARWON YOUTH PROGRAM

Rehabilitation options are provided for young people through both Collins Place residential program and associated home-based outreach. This program focuses on young people with dual diagnosis – a drug problem and mental illness. Young people in this program learn independent living skills and are encouraged to take on adult roles such as employment and education. The focus is on assisting the young person to develop appropriate peer and adult relationships. This program assisted a total of 13 participants in 2007.08.

COMMUNITY CARE UNIT (CCU) - SHEPPARTON (FORMERLY SPECIALIST RESIDENTIAL REHABILITATION PROGRAM)

This residential program offers longer term rehabilitation for people with enduring mental illness. It is operated in partnership with Goulburn Valley Area Mental Health where MI Fellowship provides the psychosocial rehabilitation and Goulburn Valley Area Mental Health provides the clinical intervention. In this reporting period 12 participants were assisted by this program with an average length of stay of 288 days.

Residential rehabilitation facilities in Shepparton will be known as PARC on Maude and 80 Orr Street CCU with the official opening of the Ambermere redevelopment on July 17 2008.

DAY PROGRAMS

Day programs provide a rehabilitation option where people are supported to develop skills in a centre-based environment. They enable the development of social skills and promote a sense of belonging. These programs also focus on assisting people to engage in community activities. Participant numbers have contracted slightly over the past two years as the day programs have increased their focus on key worker relationships and working with participants on their goals. Participant numbers still continue to meet our contractual targets.

- > MI Centre, Shepparton worked with 128 participants.
- > Blickle Place, Seymour worked with 42 participants.
- > TJs, Footscray worked with 112 participants.
- > Mulberry House, Werribee worked with 82 participants.
- > Bromham Place, Richmond worked with 113 participants.
- > The Garage, Wonthaggi worked with 32 participants.
- > Club 121, Warragul worked with 30 participants.
- > Linking People Locally, Mitcham worked with **51 participants.**
- > Community Links, Frankston worked with 23 participants.

Linking People Locally provides a day program option that is not centre based. This program operates in Mitcham and links people with both educational and social activities in the community. 51 people were linked with neighbourhood house educational programs in the community through this program. Mutual support activities were provided through a regular community based social activity. Similarly, Community Links, Frankston, provides services to link people to community based programs, mostly centre-based day programs. This program helped 23 people this year.

In 2007.08 our centre-based day programs experimented with new ways of delivering service.

- > TJs reached isolated men living in a local Supported Residential Service (SRS) by bringing the day program to them. Weekly, TJs staff go to Footscray House and engage 10 men in rehabilitation activities.
- Bromham Place day program received funding from the City of Yarra to run Youth Links a 10-week recreational program targeted towards engaging young people with a mental illness. This group is under-represented in our day program population and it is hoped that this program will provide a platform for these young people to remain engaged with our service.
- > Bromham Place day program also partnered with Belgium Neighborhood House to run weekly computer classes for day program participants. This strategy provided a mainstream environment for participants to engage in educational activities and introduced them to a range of alternative educational options.

In 2008.09 our day programs will be reviewed with a focus on creating stronger links with other community organisations.

OUR RESULTS: HOME

CONTINUED

WORKING WITH SPECIAL NEEDS GROUPS

MENTAL HEALTH PATHWAYS PROGRAM (MHPP)

Working with people who are homeless or at risk of homelessness is a focus of two programs funded by Office of Housing – Mental Health Pathways. In Hume, the program works in close partnership with the clinical service and provided 55 episodes of housing intervention. The Barwon program worked with 12 young people during this year, with 92% of participants being in a more secure and sustainable housing situation through this program.

CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS

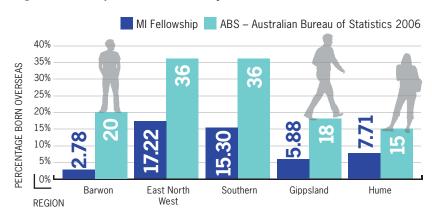
MI Fellowship wishes to ensure that all services are equally available to all members of the community including people from culturally and linguistically diverse (CALD) backgrounds and people with dual diagnosis.

In 2007.08 we began monitoring our performance at reaching people from a culturally and linguistically diverse background. This group is under represented in our data. Figure 1.5 illustrates our current data related to CALD participants showing that in each region the proportion of people born in countries other than Australia is less than what would be expected by examining population based data.

In 2008.09 we have committed to improving access for CALD communities in our services. See figure 1.5

In 2008.09 we have committed to improving access for Culturally and Linguistically Diverse (CALD) communities in our services.

Figure 1.5 Participants born in a country other than Australia



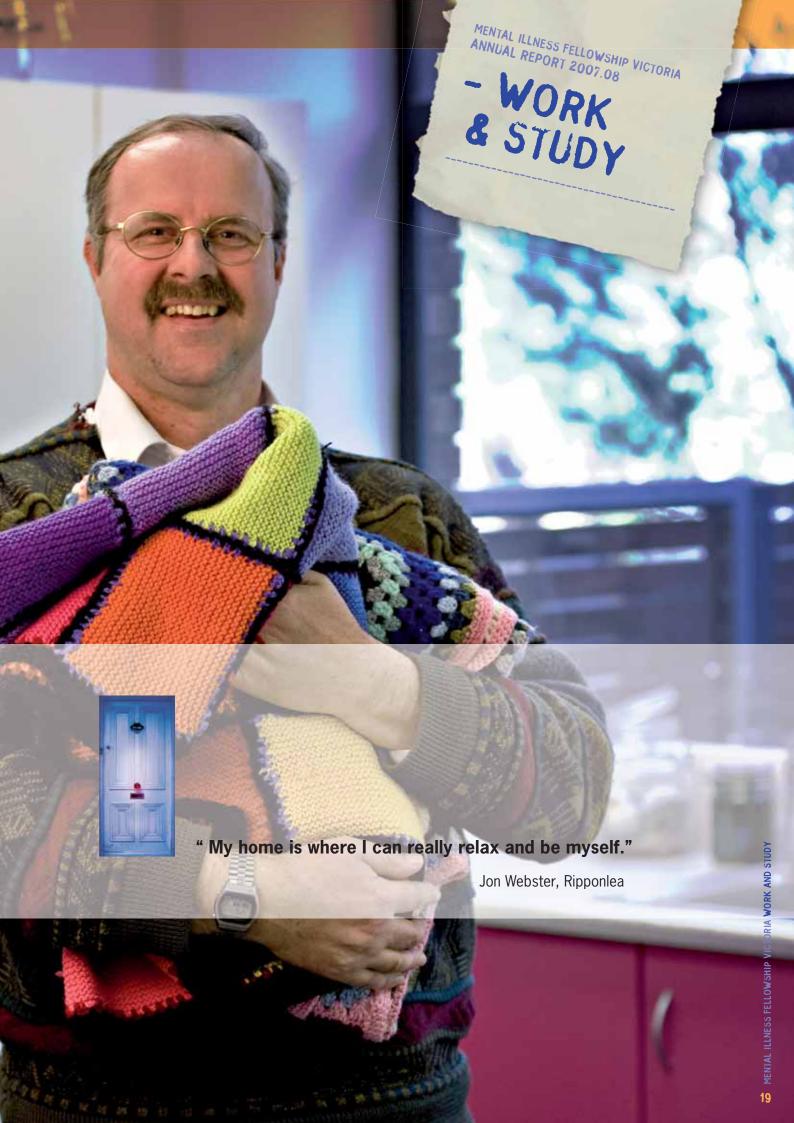
DUAL DIAGNOSIS

A priority for all mental health services is improving service access and quality for people with a co-occurring mental illness and drug and alcohol issues. Like most mental health services, drug and alcohol problems are under represented in our data, with only 24 percent of participants being identified as having a drug and/or alcohol problem. Staff capacity building in this area is essential to ensure staff feel confident in asking questions about drug and alcohol use, and are able to respond appropriately. In 2007.08, two staff members completed placements in drug and alcohol services. We hope to continue this strategy in 2008.09. We have also contracted SUMMITT – statewide training to offer service wide professional development to improve our capacity to assess and respond to these issues.

RESPITE

The impact of mental illness can be relentless on both the person with the illness and other family members. Relationships become strained, and people become both exhausted and isolated. MI Fellowship provides respite services that aim to give people a break from the everyday challenges that mental illness can bring. Additional to the break is the post respite effect that continues. In this sense, respite is more than having a break and attention is given to making the experience both enjoyable and motivating. With an energy recharge and a confidence boost, people often find they are able to take on new initiatives following respite. This year 266 occasions of respite were enjoyed by 165 participants who stayed at O'Meara House on a Monday to Friday basis. A further 232 participants received a total of 10,763 hours of various respite options throughout the northern and eastern metropolitan regions as well as the Hume region covering the North and North East of Victoria. Options are varied and include activities such as group holidays, one-to-one planned visits centred on either the home or the community, family holidays, and short notice respite for urgent situations.

The Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs have funding for new respite services. In partnership with Commonwealth Carer Respite Centres, we have developed models for these new services. Although teething problems have slowed the process, these are being worked through and the new services will be available in the next reporting period. These will include weekend respite for groups, including a brief family education component.



OUR RESULTS: WORK & STUDY

"When rent absorbs most of your income, this leaves little money for other necessities such as transport costs or toiletries. It is common for homeless people to miss out on food and to have insufficient money to cover basic medical expenses."*

The unemployment rate in Australia for people with psychotic illness is 75%. This is compared with a 19.9% non-participation rate among healthy Australians of working age. Among the group with mental illness 46% have not completed secondary education. Without secondary education, chances of success in the employment market are diminished.

Mental Illness Fellowship Victoria recognises the need to develop both specialist employment and educational strategies to enable people with mental illness to achieve social and economic inclusion.

EMPLOYMENT

SPECIALIST SERVICES

Evidence supporting the principles of best practice employment services is well developed. These principles are that:

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

This year Mental Illness Fellowship Victoria expanded its best practice employment sites by starting services at Waiora Community Mental Health, Armadale, Peninsula Mental Health Services, Frankston and Clarendon Clinic, Fast Melbourne.

At the same time, we maintained our commitment to long-standing participants who had engaged with us through Bromham Place day program. Many of these participants have been unemployed for lengthy periods and require support to engage in focused job search.

A big challenge of delivering best practice employment services through our Disability Employment Network contract is that participants have been reluctant to volunteer for employment services for fear of putting their disability support pension at risk. Co-location with treatment services partially addresses this issue with participants being able to discuss their concerns with our employment specialist and clinical case manager before formalised engagement. Anecdotally, however, this problem has discouraged approximately half of the eligible job seekers who have expressed an initial desire to start job searching. In the coming year we expect this to be less of an issue with the government committing to removing this disincentive.

An additional barrier to delivering best practice in our Disability Employment Network service is the requirement that job seekers undertake a job capacity assessment before formal engagement with our service. Although we support participants through this process, it is time consuming and can delay job search and acts as an additional disincentive for participants. Where participants are not required to undergo a job capacity assessment, more timely job placements have been achieved.

We provided employment services to 415 job seekers and achieved new vocational outcomes (including education) for 144 people *** [Supple *



"I can just manage to afford it, but it's worth every penny to be independent."



The Department of Education, Employment and Workplace Relations contracted us to provide vocational rehabilitation services (VRS) in Frankston and Hastings.

see page 20

This contract has challenged our delivery of services according to the evidence-based principles described earlier. Unlike our other employment services this contract has the expectation of some focused rehabilitation provision prior to job placement. Further, participants referred to this program frequently are not clients of public mental health services. Instead, they are often treated by GPs and private psychiatrists. Our VRS services have been co-located with our own services operating out of Frankston, and with other mental health, employment, financial, and corrections services at Hastings Community Centre.

We provided employment services in eight locations from 12 staff with a range of partners to provide best practice. see figure 2.1

Figure 2.1 Locations of employment services

	Co-location					
Disability Employment Network:						
Fairfield Place	Yes	With education services				
Hawthorn Community Mental Health	Yes	With treatment service				
Clarendon Clinic	Yes	With treatment service				
Waiora Clinic	Yes	With treatment service				
Self-funded employment services (partially funded Department Human Services)						
Peninsula Health	Yes	With treatment service				
ORYGEN Youth Health	Yes	With treatment service				
Vocational rehabilitation services						
Hastings	Yes	With other community services				
Frankston	Yes	With Mental Illness Fellowship Victoria home based outreach, education and respite services				

OUR RESULTS: WORK & STUDY

CONTINUED

"I would really like the opportunity to have an affordable one bedroom unit where I know I could stay and not have to move. It would improve my long-term health and my long-term housing stability."

Mich, age 39

We provided employment services to 415 job seekers and achieved new vocational outcomes (including education) for 144 people. Sites delivering best practice employment services without imposed contract restrictions achieve much more rapid placement than those provided through Department of Education Employment and Workplace Relations (DEEWR) contracts.

A challenge for next year will be to secure sustainable funding for our self-funded employment services. In 2008.09 we will be tendering to both maintain and expand our existing employment services.

Figure 2.2 Employment service outcomes

	Department Employment Relations (DI contracted s	and Workplace EEWR)	Self funded funded Dep Human Ser		
	Disability Employment Network	Vocational Rehabilitation Services	Peninsula Health	ORYGEN Youth Health	Total
Total job seekers assisted	223	83	79	30	415
New vocational outcomes	60	23	42	19	144
Average speed to placement (weeks)	27	13	8	6	13.5

EDUCATION

Nationally recognised training – Certificate in General Education for Adults (CGEA)

MI Fellowship became a registered training organisation in 2002, offering nationally recognised training. Each year since then, we have offered a Certificate II in General Education for Adults at Fairfield. In 2007, this certificate was offered to 10 students in Frankston. In 2008, we extended the program once again. The 2007 cohort of students in Frankston elected to continue on in 2008 to achieve a Level III Certificate, the first time we have offered this. In 2008, we also started a Level II Certificate in General Education for Adults for 10 students in Shepparton. A total of 50 students are enrolled in this reporting period to increase their minimum educational attainment level, increasing their chances of success in the workplace.

Funding remains an issue for these courses. We are competing for funds with mainstream adult education providers, including TAFE colleges.

Evaluation of outcomes from the courses, including high retention rates of students who have not succeeded in mainstream settings, will be used to advocate for specialist funding streams to ensure this disadvantaged group are given opportunities to participate in education and employment.





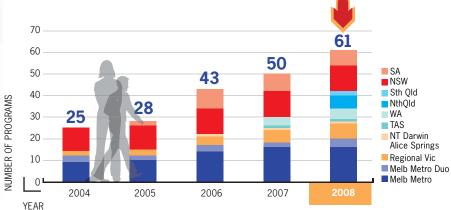


Figure 3.1 Well Ways - number of family education programs

CASE STUDY

Susan and Gary have been married 23 years and have three children, two in their late teens and Daniel, their eldest son, is 23. For six years he has been struggling with schizoaffective disorder and has been hospitalised many times. The impact of the illness on Susan and Gary and all their children is profound. For each family member the impact is different. Family relationships have been tested as members of the family have different understandings of what is happening. After six years of episodic psychoses, Daniel has had to rebuild his family relationships and build new friendships. He wants to be a contributing member of the community. Despite Daniel's efforts, he has not been able to secure employment and cannot afford to live away from home.



FAMILY EDUCATION

WELL WAYS FOR FAMILY MEMBERS AND FRIENDS OF PEOPLE WITH MENTAL ILLNESS

MI Fellowship works with families through peer group education programs to help them to develop effective strategies to manage the impact of mental illness.

There are three Well Ways family education programs: Well Ways; Well Ways Duo (which is for family members and friends caring for someone with both a mental illness and drug use issue); and Well Ways Snapshot (a one-day program which introduces the challenges of caring).

In 2007.08, MI Fellowship provided 23 Well Ways programs throughout Victoria to 276 family members and six Well Ways Duo programs to 67 family members. See figure 3.1

Well Ways was first piloted six years ago and has been evaluated for impact over those years. We now have evaluation that has included 600 participants over three years and shows that participants in the program have reduced tension and worry, and significantly less anxiety and depression. This impact is sustained over time.

Well Ways was acknowledged in a recent international publication as one of only six family education programs worldwide for family members of people with mental illness which has been evaluated.*

Well Ways has also been rolled out nationally through state and territory fellowships that are part of the Mental Illness Fellowship of Australia. There were 38 programs nationally for 456 family members in addition to Victoria's programs. Ethics approval from La Trobe University has been obtained for the next stage of program impact evaluation. This will allow us to publish results and contribute to the development of evidence-based best practice interventions for families.

MI RECOVERY FOR PEOPLE WITH MENTAL ILLNESS

This year, we developed and improved MI Recovery, our new peer program for people with mental illness. The program gives up-to-date information to people with mental illness about recovery and helps participants to explore what assists them in recovery and maintaining good health. The program also helps participants build a peer social support network.

COUNSELLING

Specialist counselling services are also available to families to discuss particular issues and develop strategies specific to their situation. There were 417 counselling sessions provided for 139 people with mental illness and other family members in 2007.08.

HELPLINE

Helpline provides an information, support and referral service on a Monday to Friday for any member of the community with an interest or involvement with mental illness. Trained volunteers with the lived experience of mental illness work on the Helpline. This year we responded to 5586 telephone enquiries.

^{*} Froggart et al. Families as Partners in Mental Health Care, World Fellowship for Schizophrenia and Allied Disorders, Canada, 2007.

"Having my own place helps me to stay organised. I can plan my meals and generally I eat better food."

Toby, age 30

COMMUNITY EDUCATION

MI Fellowship works to educate the community through workshops, presentations, information dissemination, publications, submissions, education sessions and special events. We educate the government, the business community, community groups and the general public.

This year, we worked with ANZ Bank to develop an online education tool for ANZ's 7000 staff to better understand mental illness and to better manage staff members who are affected by mental illness.

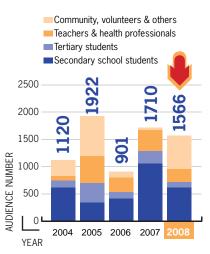


Figure 3.2 Community Education attendees according to audience types,

Our trading profit increased for the sixth year in a row, from \$49,410 in 2006.07 to \$58,366 in 2007.08. see figure 3.4

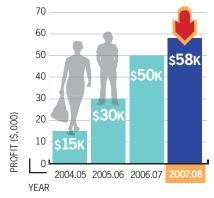


Figure 3.4 Opportunity shops' trading profit

In 2007.08, MI Fellowship provided 23 Well Ways programs throughout Victoria to 276 family members and six Well Ways Duo programs to 67 family members.

CELEBRATING 10 YEARS OF THE ANNUAL BRUCE WOODCOCK MEMORIAL LECTURE

Each year for the past 10 years MI Fellowship has hosted an annual lecture, highlighting a key issue affecting people with mental illness, their families and friends. This lecture series has been made possible by the generosity of the Woodcock family. In the last five years, overseas guests have delivered these lectures. This year, Dr Sam Tsemberis, from New York's Pathways to Housing, lectured on the successful Housing First strategy in the United States.

Figure 3.3 Lectures since 2003

2008	Dr Sam Tsemberis	Housing first for people with mental illness
2007	Dr Patrick Corrigan	Stigma and evidence-based practice
2006	Major Sam Cochran	Police crisis intervention teams
2005	Dr Gary Bond	Evidence-based employment services
2004	Dr Xavier Amador	I'm not sick, I don't need help
2003	Nathaniel Lachanmeyer	Family experience of mental illness

Dr Tsemberis also ran staff and community workshops over the week and met with Victoria's housing minister and led a roundtable of key stakeholders to establish agreed principles for developing an effective housing policy. His visit has led to policy and strategy development within MI Fellowship and informed our submission to the federal government's green paper on homelessness, "Which way home? A new approach to homelessness".

In May 2007, Dr Patrick Corrigan presented his research on changing community attitudes to mental illness. As a result, MI Fellowship committed to the development of a new advocacy team to implement a community action plan, including a speakers' bureau of people with mental illness and family members. Due to budgetary constraints and difficulty in recruitment, it took until June 2008 to fully staff the new team. It is now in place and plans are under way for the community action plan, including the new speakers' bureau.

OPPORTUNITY SHOPS

The Northcote and Kew opportunity shops, dependent on our 80 volunteers and donations from a generous community, have worked hard to increase sales. See figure 3.4

A jewellery expert spoke to 32 of our volunteers on how to discern valuable treasures from the ordinary earlier in the year. We were involved at the Kew Festival and Open Mind Fiesta. Besides our stall at this event we supplied garments for a retro parade held on the main stage by a group of young designers, models and makeup artists.

OUR RESULTS: RELATIONSHIPS

CONTINUED

DONORS AND SUPPORTERS

MI Fellowship's capacity to offer innovative services not currently funded by government relies on the generosity and vision of business and community groups who make valuable contributions through direct provision of funds and through in-kind or pro bono services. You will find the complete list of donors at the end of the financial statement in this report. Our excellent financial bottom line is possible only because of this generosity.

SPECIAL PARTNERS Among our generous partners four stand out.

THE WOODCOCK FAMILY see page 25

SEW-EURODRIVE, an international company that engineers power transmission equipment, has committed to improving the lives of people with mental illness and has been in partnership with MI Fellowship for 10 years. The amazing fund raising efforts of the company include an annual auction night and an annual golf day. This year those events raised \$170,508 with the total since 1997 to \$1,191,357. Thank you to Rob and Adel Merola and the team at SEW–Eurodrive for their continuing support.

MIDDLETONS LAWYERS, a leading Australian commercial law firm, provides ongoing pro bono legal support for our work and has been in partnership with us since 1998. This year Middletons also generously hosted the roundtable forum with Dr Sam Tsemberis in May, an event that brought together some of the nation's leading voices in the areas of housing and mental health. The forum was held at Middletons' Collins Street offices. Partner at the firm Andrew Mansour addressed the forum, which introduced the Housing First model from the United States. Our thanks to Middletons for their ongoing support.

THE AMP FOUNDATION has been a generous supporter of MI Fellowship's annual Open Mind Fiesta for the past four years, donating \$40,000 to the event. The partnership started when local financial planner Steve Trahair approached us offering to help. Committed to improving the lives of people with mental illness, not only does he contribute financially through the AMP Foundation, he always helps on the day of the fiesta in October wherever an extra pair of hands is needed. We thank the AMP Foundation and Steve Trahair for their continuing support.

ACKNOWLEDGEMENTS

Partners

Consulting

Australia

La Trobe University

Michael Murdoch

Further Education

Mind Australia

Mental Illness Fellowship of

Mental Illness Fellowship ACT

Northern Metropolitan Regional Council of Adult Community and

NorthSouth Contractors ACT

Office of Tertiary Training and

ACT Health Alfred Psychiatry Arthur Papakotsias - NEAMI AsiaLink AN7 Rank Catherine Trahair - Maintrain City of Darebin Collingwood Football Club (Women in Black) Deakin University Department of Education, Employment and Workplace Relations Department of Families, Housing, Community Services and Indigenous Affairs Department of Health and Ageing Department Housing and Community Services ACT Department of Human Services Fairfield Traders Association Goulburn Valley Area Mental Health Service Hootville Communications Inner South Community Health John McGrath Julie Anderson – Australian Mental Health Consumer Network Kathy Wilson - Kathy Wilson

Orvgen Youth Health Ostara Australia Limited Peninsula Health Prof Brian Howe - Housing Choices Australia Queensland Centre for Mental Health Research Room 44 Rotary Club of Preston Rural Housing Network Spicers Paper Steven Nash - HomeGround Services St Vincent's Mental Health Tony Keenan -Hanover Welfare Services Tony Nicholson - Brotherhood of St L'aurence University of Melbourne Upper Hume Community Health Worktrainers Ltd

Community Supporters Alfio's Café All Class Wines Allia Belly Architectural Glassworks Bakers' Delight Bank of Queensland Barry Plant Real Estate Bean Counter Cafe Belly Dance with Zabella Best Western Wyndhamere Motel & Sebastian's Restaurant Big W Shepparton Biviano & Sons Blue Skies Meditation Shepparton Boating Camping Fishing Brian Imber – Victorian Council of Social Services Bridgestone Tyre Centre

Bunnings Shepparton Cadbury Schweppes Café Oube Cambell's Soups Australia Candela Dance Cardamone Gourmet Carer Links North Care Links West Carolyn Adler – Public Interest Law Clearing House – Homeles Persons Legal Clinic Casa Moderna Cath Jamison Catherine Hadge – Hellenic Dance Studio Cathy Newing Cellar 47 Shepparton Century Gourmet Meat & Poultry Channel 9 Chilean Folk Group Circus & Arena Attractions City of Boroondara City of Yarra Clare Hopkins Clarke Clare Parkin - Randell Parkin Ptv Ltd Coates Hire Bulleen Cocca Hairdressers Coles Shepparton Collins Booksellers Shepparton Commonwealth Bank of Australia Commonwealth Carer Respite Centre – Southern Region Complete Transport Logistic Curves Shepparton Darebin City Council Degani Bakery Fairfield Di Palma's Restaurant Drummond Family, Melbourne Eastern Health AMHS Emmylou Paddlesteamers Enchanted Rainbow Shennarton

Fairfield Books Fairfield Milkhar Fairfield Seafood Fish and Chips Fantastic Furniture Shepparton Farrago Living Finer Floors Tile Mart Shepparton Flight Centre Fairfield Fonterra Stanhope Frank Rocca Mens and Boyswear Frisque Pty Ltd Fryers Café & Wine Bai Shepparton Full Mental Jacket Giant Sky Wheel Good Guys Shepparton Gorgeous Cosmetics Greek Community Dancers **GV Hotel Shepparton** Hassel Jackson Funk Himalayas Indian Restaurant Hunter Transport Shepparton IGA Ivanhoe Grammar School JIKA International John Anderson Pharmacy Shepparton Kenman Kandy Leader Newspapers Lion Dancers Liquor Works Shepparton Lisa Galante - Glovebox 6 Lovell's Newsagency Shepparton Mangiameli Family, Shepparton Mathieson Motors Ssanyong Shepparton Mavis Roberts Hair Design MEI Material Beauty Melbourne Fire Brigade Melbourne Hapkido Academy

Eureka Skydeck 88

Shepparton

Everest Indian Restaurant

Evolve Health & Wellbeing

Melbourne 360 Observation Deck at Rialto Mid West AMHS Miss Caroline and the Tap-Pets MIYSA Mooroopna Newsagency Natural Solutions Shepparton Nestle North East AMHS Northern AMHS North West AMHS NMIT Pantheon Cakes Parnell Builders Shepparton Philip Anthony – Scanlon Demolitions Phillip Mahon - Prestige Tiles Shepparton Photo Express Premix King Shepparton Preston Rotary Priceline Pharmacy Shepparton Professor Chris Chamberlair Puffing Billy Belgrave Quince Pop & Jazz Red Rooster Shepparton Renato's Florist Shepparton Retravision Shepparton Retro Fashions Retzos Group Rexel Electrics Shepparton Riverlinks Shepparton Roadshow Home Entertainment RSL Shepparton Runners World Salvation Army Pathways Sevmour Santa Maria College Shepparton Club

Shepparton Golf Club

Shepparton Golf Club - Pro Shop

Shepparton Ten Pin Bowling

Melbourne City Toyota

Shoe Image South Shepparton Community South West AMHS Spade Computers Shepparton SPC Ardmona Factory Sales Sportsmans Warehouse Shepparton Star Bowl Star Nails & Tan Stathmos 109 St Brendan's Tennis Club Shepparton St John's Ambulance Stortarellas Strathfield Car Radios Sumitt Inner West Footscray Swingchesters Dance Tahbilk Winery & Vineyard Nagambie Tasty Souvlaki & Pasta Bar Telstra Temptation Cakes Terry Patchett The Cheesecake Shop Shepparton The Cunningham Dax Collection The Hound Lounge The Tax Shop Shepparton Tip Top Uniting Care Community Options Universal Music Australia Victoria Racing Club Victoria University Video Ezy Shepparton Warner Music Australia Wendy's Shepparton Wine Clearance Warehouse Wolfa Motors Shepparton

Shepparton Camera House



ANNUAL REPORT 2007.08 - YOUR HOME

BOARD OF DIRECTORS



The Hon Robert Knowles – President Appointment: 20 September 2000

Rob is a farmer and company director. He is the chair of the Mental Health Council of Australia, chair of Mental Illness Fellowship of Australia, chair of Food Standards Australia New Zealand and on the board of the Victorian Trauma Foundation. He is a former Victorian Minister for Health and has a strong interest in services for people with a mental illness and their families and carers. Rob was the recipient of an Order of Australia award in 2007.



Ms Jenny King – Treasurer

Appointment: 21 October 2005

Jenny has worked in finance for almost 30 years in the automotive, chemical and paper industries and is a Fellow of the Australian Society of Certified Practising Accountants (FCPA). She holds a Bachelor of Business (Accounting) and has an extensive background in strategic planning, budgeting, financial analysis as well as risk management and corporate governance. She is currently general manager, financial analysis and reporting with an ASX 200 paper manufacturing company.



Mrs Diane Brown - Secretary

Appointment: 20 September 2000

Diane lived in Wodonga for 15 years before moving to Melbourne in 2001. She has worked for an Albury law firm for the past 16 years and continues to work for them from her home office in Melbourne as a senior paralegal. She has family experience of mental illness and convened the Wodonga Support Group for five years. Diane is a past member of the Melbourne Health Research and Ethics Committee and holds an Advanced Certificate in Business Studies



Mr Darrel DriebergAppointment: 17 December 2007

Darrel is a corporate strategist and management consultant. He has worked in the petroleum, development banking, merchant banking and manufacturing sectors. His professional experience is in structuring businesses both strategically and financially, positioning them in markets and assisting senior executives to achieve their strategic goals. He holds a Diploma of Business Studies (Accounting) is a certified management accountant and a licensed real estate agent. Darrel is also the author of Financial Management Handbook for Not for Profit Organisations published in 1997.



Ms Lesley Miles

Appointment: 3 September 2007

Lesley trained as an enrolled nurse in the 1980s. She also has a Bachelor of Arts specialising in drawing and ceramics, which she taught for three years. Having lived with mental illness since the 1980s, Lesley joined Bromham Place (a MI Fellowship centre-based day service) in 1993, to which she attributes her recovery. Lesley has been and remains an active member and volunteer within this program.



Mr Paul Montgomery

Appointment: 25 September 2006

Paul has extensive experience in initiating and managing change, with particular strengths in setting vision, business planning, coaching, team building, human resource development, taking a national and global perspective and bottom line responsibility. These skills were demonstrated as managing partner of a multi-million dollar professional services organisation renowned for the quality of commercial advice, innovative style and client focus. Paul holds a Bachelor of Arts and Law.



Mr Graeme Pocknee

Appointment: 24 October 2003 – 23 May 2008

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



Mrs Elaine Price

Appointment Date: 24 January 2005

Elaine is a keen advocate for people with mental illness and their families and friends. She has volunteered for more than five years as both a Well Ways facilitator and helpline volunteer. Before retirement Elaine was a financial analyst in the manufacturing industry.



Mr Nathan Shafir

Appointment: 22 October 2004

After completing a Well Ways program, Nathan became involved in the development of the fundraising area of Mental Illness Fellowship Victoria. He has served, and continues to serve, on various school, industry and community bodies in Melbourne in the area of development and fundraising. Nathan holds a Bachelor of Commerce and a Graduate Diploma in commercial data processing, and is a Fellow of the Australian Society of Certified Practising Accountants (FCPA).



Ms Louise Milne-Roch - Vice President

Appointment: 20 January 2003

Louise was chief executive officer of the Nurses Board of Victoria for five and a half years until June this year. Currently she has her own business consulting company providing advice to clients in the health and welfare sectors. Louise has wide experience across the mental health and health fields, from clinician to facility manager, and has a family experience of mental illness. Louise holds a Bachelor of Arts and Business, a postgraduate Diploma in Evaluation and is a registered psychiatric nurse and registered general nurse.



Professor Christos Pantelis

Appointment: 26 July 2004

Chris is foundation professor of neuropsychiatry and scientific director of the Melbourne Neuropsychiatry Centre at the University of Melbourne and Melbourne Health. He is also director of the Adult Mental Health Rehabilitation Unit at Sunshine Hospital. He holds honorary Principal Research Fellow positions at the Howard Florey Institute and the Centre for Neuroscience. Christos brings an international reputation in schizophrenia research, particularly in neuroimaging and neuropsychology of the disorder.



Dr Alex WoodAppointment: 19 June 2000

Alex is a semi-retired urologist. His career included 17 years at the Alfred Hospital as well as time spent practising overseas in Vietnam and Swaziland. Alex has family experience of mental illness, which drives his passion to improve the lives of people affected by mental illness. Alex is a qualified medical practitioner.



BOARD OF DIRECTORS SUB COMMITTEES

APPOINTMENTS AND GOVERNANCE COMMITTEE

The purpose of this committee is to set broad directions for the recruitment, orientation and ongoing development of board members.

ACHIEVEMENTS

Reviewed and re-developed governance policies and practices, board orientation and committee terms of reference.

Directors: Louise Milne-Roch (chair), Nathan Shafir, Rob Knowles

Staff attending: Elizabeth Crowther, Bernie Trahair

EXECUTIVE OF THE BOARD

The purpose of this committee is to manage decision-making between board meetings and to act as a reference point for senior management of MI Fellowship.

Directors: Rob Knowles (chair), Graeme Pocknee, Louise Milne-Roch, Diane Brown, Jenny King

Staff attending: Elizabeth Crowther, Eifion Breese, Advan Hadzic, Bernie Trahair

DIRECTIONS COMMITTEE

The purpose of this committee is to set broad strategy directions for the development and innovative programs which will set benchmarks for practice within the field.

ACHIEVEMENTS

Directed and oversaw a review:

- > complaints processes
- > organisational restructure
- > strategic planning, review of 2005.08 and establishment of 2009.13

Directors: Diane Brown (chair), Alex Wood, Elaine Price, Lesley Miles,

Non-Director: Estelle Malseed

Staff attending: Elizabeth Crowther, Bernie Trahair, Laura Collister, Gerard Reed

FINANCE, AUDIT AND RESOURCE MANAGEMENT COMMITTEE

The purpose of this committee is to set broad directions for the short/long-term financial security of the organisation, and ensure risk management and audit processes are in place.

ACHIEVEMENTS

Feedback from the external auditor that the organisation has reached a high level of financial compliance

- > Creation of an investment strategy
- > Reviewed property portfolio and designed a strategy for future development
- Overseeing implementation of internal recommendations and process improvement.

Directors: Jenny King (chair), Graeme Pocknee, Darrel Drieberg, Paul Montgomery

Staff attending: Elizabeth Crowther, Eifion Breese, Advan Hadzic, Bernie Trahair, Louise Davies



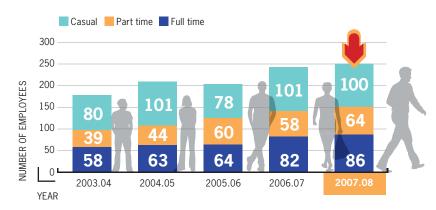


Figure 4.1 Staff status as of 30 June 2008

It has been a year of change for our people due to a major restructure following the organisation review in 2007. In line with the key objectives of our 2005.08 strategic plan we needed to prepare for current and future needs by enhancing organisational capacity, excellence of service and career opportunities for staff.

At 30 June 2008 we had 250 employees and 349 volunteers making up our team across Victoria.

ORGANISATION DEVELOPMENT/ PEOPLE DEVELOPMENT

Organisational development and in particular our performance development review (PDR) process has been in focus this year. This process enables us to embed capacity building throughout the organisation by enhancing the capabilities of our people instead of recruiting specialists externally, while also informing our succession planning strategies. Our PDR process combines personal objective setting and professional supervision in conjunction with our organisational values.

FACTS AT A GLANCE

- > 18 managers attended management training
- > 68 people attended PDR training
- > **57%** of the senior management team are women

This PDR process has completed three full cycles now and we have committed to training (or refresher training) on this process for all our people over the course of this year.

68 people have attended training so far this year.

MI Fellowship is well aware that where there is excellent service there is excellent leadership. Therefore we have introduced a leadership development program that will provide opportunities for our current and future leaders and 18 of our managers attended development activities this year.

Equally, we are aware that in order to deliver excellent service we need to focus on the development opportunities for our service deliverers or program workers. As a result we have committed to working with Professor David Castle, Chair of Psychiatry at St Vincent's Health, on their collaborative approach model to treatment and rehabilitation. We are also partnering with people with a mental illness to roll out an in-house training program focusing on assessment and intervention.

Our bi-annual all staff forum also offers opportunities for our different services to share best practice service delivery across the organisation.

IT PROJECTS

Significant work has gone into the roll out of our Wide Area Network (WAN), linking our 21 sites. Due to technical problems this project was delayed but has since been completed in September 2008.

The Department of Human Services (DHS) is running a project to review Client Management Systems in the sector and MI Fellowship hopes to be part of this project. The project will consider our requirements in terms of managing client information and the piloting of a suitable system.

OCCUPATIONAL HEALTH AND SAFETY

OHS remains a top priority for MI Fellowship and we regard providing a safe environment for all our stakeholders as critical to our success. We endeavour to ensure that all our people understand and use the incident reporting system effectively. We make sure this happens by inviting a representative from each of our regions to attend our OHS committee meetings, so that any changes or progress can be fed back to people through local team meetings.

In 2007.08 we reported a total of 296 incidents, nine of which were serious and were reported to the Department of Human Services.

SUSTAINABILITY

MI Fellowship has this year demonstrated our commitment to environmental, community and social sustainability. In order to ensure that sustainability remains at the top of our agenda it features on our quality plan which is reviewed monthly at our quality committee meetings. Our initiatives include:

- > Recycling bins
- > Paper recycling and double sided printing
- > Computer recycling
- > Water tanks
- > Staging of community events including Open Mind Fiesta and the Bruce Woodcock lecture
- > Diversity in staff and volunteer recruitment.



1. Ms Elizabeth Crowther CHIEF EXECUTIVE

Elizabeth has a 40-year history working in the health sector in Victoria, most of which has been spent in the mental health field. Sixteen years have been in senior management roles in both the clinical and psychiatric disability sectors. She started as chief executive of Mental Illness Fellowship Victoria in 1996. Elizabeth is a Senior Fellow at the School of Nursing, University of Melbourne, holds a Bachelor of Applied Science, a Diploma of Nursing Education and a Graduate Diploma in Health Administration

She is a member of the following committees:

Gippsland Partnership
– care in your community,
health, disability and aged care
Peninsula Health

 adult mental health service development project

President, VICSERV

Deputy chair ministerial advisory committee on mental health

Ministerial advisory committee

Carer and consumer sub committee

Mental health information systems strategy project Project PRIMeD expert advisory group

2. Mr Eifion Breese CHIEF OPERATIONS

Member MIFA

MANAGER

Eifion has worked in the mental health sector for more than 35 years, first as a psychiatric nurse and then within the psychiatric disability support services. He has worked for Mental Illness Fellowship Victoria since 1997. Eifion holds a Bachelor of Applied Science (Nursing Administration).

3. Ms Laura Collister GENERAL MANAGER, REHABILITATION, RESEARCH AND EVALUATION

Laura joined MI Fellowship in September 2005. She holds a Bachelor of Applied Science (Occupational Therapy) and a Masters in Applied Science (La Trobe University). Laura manages MI Fellowship's rehabilitation programs, employment programs and the new Commonwealth government-funded respite program. In addition, Laura heads the research and evaluation team which aims to evaluate our programs and embed best practice into all our services.

4. Ms Louise Davies GENERAL MANAGER, ORGANISATIONAL SUPPORT SERVICES

Louise joined MI Fellowship in November 2007 and has more than 10 years experience in general management, with particular experience in human resources. She has a Bachelor of Science in Human Resource Management, Business Psychology and Psychology and a Post Graduate Diploma in Human Resource Management. Louise is responsible for the application of systems and structures at MI Fellowship that will build and maintain organisational capacity in the areas of administration, HR, IT and marketing and fundraising.

5. Mr Advan Hadzic CHIEF FINANCIAL OFFICER

Advan started at MI Fellowship as bookkeeper in May 1997, having migrated to Australia from Bosnia and Herzegovina in 1994. With his experience in managing the accounts, payroll system and recruitment processes, he took on the portfolio of general manager finance in 2001, which extended to chief financial officer in this financial year. Advan holds a Bachelor of Economics, and is an associate member of CPA.

6. Mr Gerard Reed GENERAL MANAGER, COMMUNITY CONNECTIONS

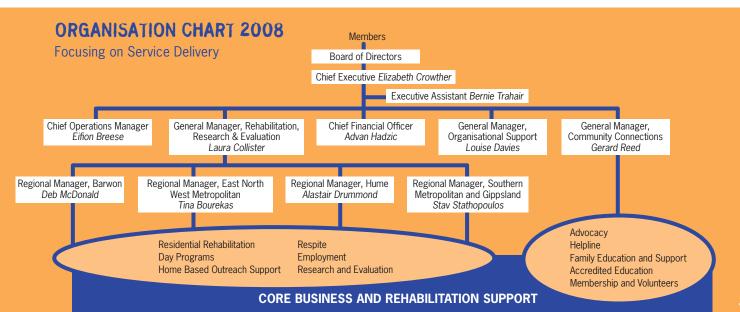
Gerard has 19 years' experience in the community sector. Before joining Mental Illness Fellowship Victoria in 2002, Gerard worked in juvenile justice and in the homeless sector. He is currently the general manager, community connections, a team that includes our helpline, counselling, education and advocacy services. Gerard was

an ordained Catholic priest in the Archdioceses of Melbourne. He has a Bachelor of Theology (Hons) from Melbourne College of Divinity and is currently completing a masters in International Mental Health at the University of Melbourne.

Gerard is a member of the Carer Network, the Mutual Support and Self Help Network, and in 2007 was a member of the The MHS organising committee, as well as the chair of the The MHS carer forum.

7. Ms Bernie Trahair EXECUTIVE ASSISTANT

Bernie has been employed at MI Fellowship since 1998 working in various projects for the executive team. Bernie's role is executive assistant to the chief executive and secretary to the board of directors. She has 30 years' experience as a personal assistant and holds a Graduate Certificate in Business (Executive Assistant) from Swinburne University of Technology.



MENTAL ILLNESS FELLOWSHIP VICTORIA OUR RESULTS: PEOPLE

REPORT 2007.08 - YOUR HOME ANNUAL Carlton, D

MI Fellowship's 349 volunteers are members of our community. They are people from all walks of life who have a lived experience of mental illness or share a common interest supporting MI Fellowship's vision. Volunteers bring valued life experience, enthusiasm, professional expertise and compassion to our work, which would not be the same without them. We thank them sincerely for their generous support.

"Stability of accommodation is vitally important for my daughter's health stability."

(Mother of adult with mental illness)

Range of volunteer roles

- > Board and sub-committees
- > Helpline
- > Speakers' bureau and community education
- > Events including Schizophrenia Awareness Week and Open Mind Fiesta
- > Volunteer visiting program
- > Administrative assistance raffles, photocopying, member mail-outs
- > Op shop sorting and sales
- > Peer group education

As well as the 290 volunteers listed below, there were a large number of volunteers who gave up their time for last year's Open Mind Fiesta. ... 🕮 🖽





Cater, T
Cattanach, N
Chan, M
Chandramouli, A
Chen, J
Ciardulli, D
Clough, G
Coffey, F
Cole, N
Coleiro, A
Collett, J
Collins, E
Collins, J
Collyer, P
Cornford, D
Cotter, A
Craven, R
Creaco, V
Crichton, B
Crump, M
Cullum Jenkins,
Curie, A
Cvetanovski, A
Daly, Y
Damou, C
Danaher, I
Darby, M
Davies, S
De Cler, D
Deam, M
Di Sipio, P
Dodson, C
Doueal, J
Doueal, L
Down, J
Drieberg, D
Eboustany, I

Edwards, B Evans, J Fabbro, P Fahandezh Saadi, S Fitzgerald, S Flores, M Foster, L Gamble, C Garvie, C Garzon-Rodriguez, Y Gates, J George, M George, S Gerrard, H Gill. D Gill. J Goette, S Gomez Westhorpe, K Goss D Green, K Grigg, G Gross, K Ground, J Groves, S Guerin, R Hannan, R Hansen, D Hay, S Hayes, J Heffernan, A Horvath, É Hosken, M House, K Hudson, B Hutchins, N Hutchison, M Huxham, F

Imran, S Inglis, M Ioannidis, L Ireland, G leffries R Jennings, J Jimi, N Jones, J Iones P Kallonas, A Kambelos, M Kasian, L Katselas, N Kazi F Keddie, S Kellv. A King, J Knowles R Koteska, N Lambe, N Lang, H Lau, S Lavrin, A Lazzaro, A Le, M Lethlean, R Lewis, S Lewis, V Lewis, W Liapis, I Lococo, J Lopez, J Lord, E Luong, S Luxford, P

Lyons, R

Malpas, E Malseed, E Manno, M Marin, A Markby, I Martin, J Martin, J Martin, J Mascarenhas, I Maturana, A Maulana, A Maynes, C McCredie, F McDonald, M McDowell, M McGee, N McKernan, V McMullen A McQuade, N McTaggart, J Mifka, S Mignot, R Miles, L Millar, D Millard, M Milne-Roch, L Minifie. T Miyamoto, R Moller, B Moloney, H Montana, P Montgomery, P Moore, K Moran, T

Morena, R

Mules, P

Maher, L

Mutton, K Nguven, J Nguyen, X Nicholas, E O'Connell T O'Neill, M Osborne, M Panchal, H Panetta, R Pantelis, C Papageorgiou, C Parker, S Parkes, H Paterson, J Pechlivanidis, S Periera, D Perry, C Perry, R Pettitt, J Phillips, J Pieper, S Piermarini, A Pocknee, G Polson, A Preece, N Price, E Quirk, J Rachelle, A Randell, D Rasile, J Rawley, M Read I Reid, G Renison, V Richards, G

Richards, R

Richmond, S Ridley, B Rigoni, A Riley, P Riotto V Robertson, P Rodger, J Roeschlein, H Roffey, C Rossi, C Royston, W Russell, A Russo, S Ryan, C Rvan, S Sawczuk, H Schmidt, M Scott, E Shafir N Shaman, J Sharpley, S Sierakowski, E Simon, P Sitters, M Smith, B Snell, T Sourtzis, M Stercel, M Stevenson, M Stewart, G Stone, J Stratakos, C Stubbs B Taylor, J Taylor, P Thomas, M Thompson, E

Trahair, E Tregear, D Tuke, E Turner, E van Wamel F Verditti, M Vergou, C Vessey, G Voight, R Wadsworth, V Wales, Y Walkenhorst, E Walker, J Wall. L Walsh, L Walsh, R Watson, M Weiner, M White T Wilksch, S Williams, B Williamson, S Wills, J Wilson, T Wimalaratna, N Windmiller, R Wood, A Woods, M Zeng, Y Zoumbouridis, T Zugna, T



DIRECTORS' REPORT

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 30 JUNE 2008

The Directors have pleasure in submitting their report for the year ended 30 June 2008 made in accordance with a resolution of the Directors.

DIRECTORS

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

Mrs Diane Brown Prof Chris Pantelis
Ms Jenny King Ms Elaine Price
The Hon Rob Knowles Mr Nathan Shafir
Ms Louise Milne-Roch Dr Alex Wood
Mr Paul Montgomery Mr Darrel Drieberg
Ms Lesley Miles

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 2008, six meetings of the Company's Directors were held in respect of which, each Director of the Company attended the following number:

PROFIT

The net profit of the Company for the year after capital items was \$592,770 (2007 \$273,913). The profit from ordinary activities before capital items was \$323,149 (2007 \$80,520).

REVIEW OF OPERATIONS

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

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

STATE OF AFFAIRS

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

LIKELY DEVELOPMENTS

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

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

DIRECTORS' BENEFITS

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

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

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

Director's Attendance

Director's Attenuance							
	Date	Board of	Board Committee Meetings				
Name of Director	Appointed	Director Meetings	Executive	Appointments & Governance	Finance, Audit & Resource Management	Directions 5 of 6	
Diane Brown (Secretary)	20/09/2000	6 of 6	4 of 4			5 of 6	
Neil Cole (Resigned 07/08/2007)	26/09/2006	0 of 1					
Darrel Drieberg	17/12/2007	3 of 3			3 of 3		
Jenny King (Treasurer)	21/10/2005	3 of 6	4 of 4		5 of 6		
Rob Knowles (President)	20/09/2000	5 of 6	3 of 4	1 of 2			
Lesley Miles	3/09/2007	6 of 6				5 of 6	
Louise Milne-Roch (Vice President)	20/01/2003	5 of 6	3 of 4	2 of 2			
Paul Montgomery	25/09/2006	5 of 6			4 of 6		
Chris Pantelis	26/07/2004	0 of 6					
Graeme Pocknee (Resigned 23/05/2008)	24/10/2003	3 of 5	2 of 2		5 of 5		
Elaine Price	24/01/2005	6 of 6				6 of 6	
Nathan Shafir	22/10/2004	5 of 6		2 of 2			
Alex Wood	19/06/2000	4 of 6				6 of 6	

DIRECTORS' REPORT

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 30 JUNE 2008

DIRECTORS & AUDITORS INDEMNIFICATION

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

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

AUDITOR'S DECLARATION

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

On behalf of the Board

THE HON ROB KNOWLES - DIRECTOR

PAUL MONTGOMERY - DIRECTOR

Signed at Fairfield on the 16th day of September 2008.

AUDITOR'S INDEPENDENCE DECLARATION

To Mental Illness Fellowship Victoria,

As lead auditor for the audit of Mental Illness Fellowship Victoria for the year ended 30 June, 2008, I declare that, to the best of my knowledge and belief, there have been:

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

DAVID J. OSBORNE, FCPA

Certified Practising Accountant Registered Company Auditor No 10244

Dated this 9th day of September 2008.

DIRECTORS' DECLARATION

The directors of the company declare that:

- 1. the financial statements and notes, as set out on pages 36 to 46:
 - a) comply with Accounting Standards and the Corporations Law; and
 - b) give a true and fair view of the financial position as at 30 June 2008 and performance for the year ended on that date of the company;
- in the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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

THE HON ROB KNOWLES - DIRECTOR

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PAUL MONTGOMERY - DIRECTOR

Signed at Fairfield on the 16th day of September 2008.

ANNIJAI REPORT 2007 08 - YOUR HOME

INCOME STATEMENT

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 FOR THE YEAR ENDED 30 JUNE 2008

	NOTE	2008 \$	2007 \$
REVENUE			
Contract Services Income	2	10,145,490	8,200,320
Fundraising			
Charitable Contributions		464,038	527,969
Other Fundraising		733,184	695,798
Other Income			
Income From Investments		435,812	408,428
Profit on Sale of Assets		109,010	64,228
Profit on Sale of Investments		26,931	104,569
Membership Income		18,039	21,947
Other Revenue & Recoveries		592,172	483,777
TOTAL REVENUE		12,524,676	10,507,036
EXPENSES			
Salaries & Related Costs	3	8,349,314	7,087,947
Consultancies	· ·	120,769	100,757
Audit Fees		16,596	15,996
Bank Fees		34,062	54,326
Depreciation		544,286	492,489
Occupancy Costs		403,694	384,307
Office Costs		516,382	387,661
Program Costs		740,839	349,144
Light & Power		103,512	97,371
Motor Vehicle Expenses		322,463	277,271
Property and Equipment Maintenance		364,166	344,304
Fundraising Expenses		378,327	434,333
Client Costs		182,508	136,314
Provision for Doubtful Debts		Nil	224,400
Volunteer Costs		5,084	5,533
Other Expenses		2,349	21,434
Loss on Sale of Investments		117,176	12,929
TOTAL EXPENSES		12,201,527	10,426,516
PROFIT BEFORE CAPITAL ITEMS	4	323,149	80,520
Capital Funding and Donations	5	455,705	364,141
Building Depreciation	-	(186,084)	(170,748)
NET PROFIT		592,770	273,913

BALANCE SHEET

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 AS AT 30 JUNE 2008

	NOTE	2008	2007
		\$	\$
CURRENT ASSETS			
Cash at Bank, on Deposit and on Hand		3,694,800	4,297,884
Receivables	6	1,222,032	210,227
Prepayments		52,044	56,862
Other Assets		Nil	1,315
TOTAL CURRENT ASSETS		4,968,876	4,566,288
NON CURRENT ASSETS			
Investments available for sale	7	2,233,668	2,065,906
Property, Plant & Equipment	8	8,396,103	7,988,418
Receivables	9	Nil	Nil
TOTAL NON CURRENT ASSETS		10,629,771	10,054,324
TOTAL ASSETS		15,598,647	14,620,612
CURRENT LIABILITIES			
Creditors & Accruals	10	957,116	787,575
Resident Bonds		300	300
Provisions	11	443,003	417,481
Funds Held for Future Periods	12	2,285,633	1,585,000
TOTAL CURRENT LIABILITIES		3,686,052	2,790,356
NON CURRENT LIABILITIES			
Funds Held for Future Periods	12	1,952,695	1,952,695
Provisions	11	203,184	195,200
TOTAL NON CURRENT LIABILITIES		2,155,879	2,147,895
TOTAL LIABILITIES		5,841,931	4,938,251
NET ASSETS		9,756,716	9,682,361
			1,11,12
Represented By:			
MEMBERS FUNDS			
Reserves	13	7,559,787	8,576,038
Retained Surplus		2,196,929	1,106,323
TOTAL MEMBERS FUNDS		9,756,716	9,682,361

The accompanying notes form an integral part of these financial statements $% \left(1\right) =\left(1\right) \left(1\right)$

ANNUAL REPORT 2007.08 - YOUR HOME

STATEMENT OF CHANGES IN EQUITY

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 FOR THE YEAR ENDED 30 JUNE 2008

	NOTE	2008	2007 \$
Retained Surplus			
Opening Balance		1,106,323	1,121,470
ADD Net Profit For Year		592,770	273,913
		1,699,093	1,395,383
ADD/(LESS) Transfer to New Projects Reserve	4	Nil	(80,520)
Transfer to Property Maintenance Reserve		(26,472)	(24,468)
Transfer to Asset Replacement Reserve		(34,789)	(95,819)
Transfer to Asset Trust Reserve	15	307,517	(88,253)
Realised Gains on Sale of Investments		251,580	Nil
Net Amount of Transfers		497,836	(289,060)
Closing Balance		2,196,929	1,106,323
_			
Reserves			
Opening balance		8,576,038	8,164,078
Net change in fair value of available-for-sale financial	assets 14	(518,415)	122,900
ADD/(LESS) Net transfers (to)/from Retained Su	rplus	(497,836)	289,060
Closing Balance		7,559,787	8,576,038

The accompanying notes form an integral part of these financial statements $% \left(1\right) =\left(1\right) \left(1\right)$

MENTAL ILLNESS FELLOWSHIP VICTORIA FINANCIALS

STATEMENT OF CASH FLOWS

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 AS AT 30 JUNE 2008

NOTE	2008	2007 \$
Cashflow from Operating Activities	<u> </u>	Ť
Receipts - from Donors and Funding Agencies	13,086,595	11,925,069
Payments to Suppliers and Employees	(12,320,024)	(10,096,341)
Interest & Distributions Received	435,812	408,428
Net Cash Provided by Operating Activities	1,202,383	2,237,156
Cashflow from Investing Activities		
Proceeds from sale of property, plant & equipment	412,786	276,592
Proceeds realised from sale of investments	1,975,661	104,569
Purchase of investments	(2,752,082)	(177,809)
Loans advances made	Nil	(224,400)
Payment for property, plant & equipment	(1,441,832)	(2,058,037)
Net Cash used by Investing Activities	(1,805,467)	(2,079,085)
Cash Flow from Financing Activities		
Net Cash provided by Financing Activities	Nil	Nil
Net Increase (Decrease) in Cash Held	(603,084)	158,071
Cash at Beginning of Year	4,297,884	4,139,813
Cash at End of Year	3,694,800	4,297,884
a) Reconciliation of Cash		
Cash at Bank, on Deposit and on Hand	3,694,800	4,297,884
oush at bank, on beposit and on hand	3,034,000	4,237,004
b) Reconciliation of Cash Flow from Operations with Operating Profit after Income Tax		
Net Profit	592,770	273,913
Non cash flows in operating profit:	352,770	273,313
Depreciation	730,370	663,237
Provision for Doubtful Debts	730,370 Nil	224,400
Profit on Sale of Property, Plant & Equipment	(109,010)	(64,228)
Profit on Sale of Investments	(26,931)	(104,569)
Realised loss on Sale of Investments	117,176	12,929
	227,270	12,323
Changes in assets and liabilities:		
(Increase)/Decrease in Receivables	(1,011,805)	191,558
(Increase)/Decrease in Prepayments and Other Assets	6,133	(16,511)
Increase/(Decrease) in Creditors & Accruals	169,541	328,307
Increase/(Decrease) in Employee Provisions	33,506	50,818
Increase/(Decrease) in Funds for Future Use	700,633	677,302
Cashflows from Operations	1,202,383	2,237,156

The accompanying notes form an integral part of these financial statements

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 30 JUNE 2008

1. STATEMENT OF ACCOUNTING POLICIES

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

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

Basis of Preparation

Reporting Basis and Conventions

The financial report has been prepared on an accruals basis and is based on historical costs. It does not take into account changing money values or, except where stated, current valuations of non current assets. Cost is based on the fair values of the consideration given in exchange for assets.

Accounting Policies

(a) Property, Plant and Equipment

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

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

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

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

(b) Funds Held For Future Periods

Mental Illness Fellowship Victoria receives funding from various agencies to run its programs. Where grants are required to be spent on specific programs in order to meet agreed outcomes as contracted with the funding agency, the organisation initially records the monies received as a liability. This is due to a present obligation existing at that time to spend the monies in accordance with the funding agreement or risk having to refund those funds. Income is subsequently recognised in the periods that the funds are actually spent. As disclosed in the balance sheet, unspent funds totalling \$4,238,328 are showing as a liability at 30 June 2008 (\$3,537,695 at 30 June 2007). All other donations and untied grants are recorded as income when monies are received.

(d) Employee Entitlements

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

(e) Taxation

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

(f) Investments - Available for sale

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

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

(g) Cash

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

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS CONTINUED

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 30 JUNE 2008

	NOTE	2008 \$	2007 \$
2. CONTRACT SERVICES INCOME			
Government Grants		8,740,364	7,340,570
Fees from other Agencies		1,151,028	668,979
Client Fees		254,098	190,771
		10,145,490	8,200,320

3. SALARIES AND RELATED COSTS

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

Number of Staff 30th June (EFT) 141.39 130.76

4. ALLOCATION OF FUNDS

In 2007 the Profit Before Capital Items was earmarked by the Board to be expended in future financial periods on developing Advocacy and Education programs. The Board therefore resolved to transfer this amount to the New Projects Reserve.

5. CAPITAL FUNDING AND DONATIONS

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

6. RECEIVABLES - CURRENT		
Sundry Debtors	1,222,032	202,022
Grants Receivable	Nil	8,205
	1,222,032	210,227
7. INVESTMENTS - AVAILABLE FOR SALE		
Investments in Managed Funds	2,233,668	2,065,906
8. PROPERTY, PLANT & EQUIPMENT		
Buildings and Land - at cost	7,624,633	7,576,947
Less Accumulated Depreciation	(1,461,104)	(1,275,020)
	6,163,529	6,301,927
Motor Vehicles - at cost	2,466,006	2,271,356
Less Accumulated Depreciation	(990,058)	(998,008)
	1,475,948	1,273,348
Office Furniture and Equipment - at cost	1,374,479	882,671
Less Accumulated Depreciation	(617,853)	(469,528)
·	756,626	413,143
Total Written Down Value	8,396,103	7,988,418

	NOTE	2008 \$	2007 \$
9. RECEIVABLES - NON CURRENT			
Loan - Social Firm Management Group		224,400	224,400
Less Provision for Doubtful Debts		(224,400)	(224,400)
		Nil	Nil
10. CREDITORS & ACCRUALS			
Trade Creditors		735,039	621,107
Accruals		222,077	166,468
		957,116	787,575
11. PROVISIONS			
Current Liabilities			
Provision for Annual Leave		417,818	393,043
Provision for Long Service Leave		25,185	24,438
		443,003	417,481
Non Current Liability			
Provision for Long Service Le	eave	203,184	195,200
12. FUNDS HELD FOR FUTURE PERIO	DDS		
Current			
Expected to be utilised within 12 months		2,285,633	1,585,000
Non Current			
Expected to be utilised between 1-2 years		685,000	685,000
Expected to be utilised between 2-5 years		1,267,695	1,267,695
Total Non Current		1,952,695	1,952,695
Total		4,238,328	3,537,695
13. RESERVES			
Available for Sale Investment Revaluation	14	(518,415)	251,578
Reserve	14	(310,413)	231,370
Capital Campaign Reserve		536,295	536,295
Capital Reserve		300,000	300,000
New Projects Reserve		1,063,968	1,063,968
Property Maintenance Reserve		162,058	135,586
Asset Replacement Reserve		511,038	476,247
Asset Trust Reserve	15	5,504,843	5,812,361
		7,559,789	8,576,035

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS CONTINUED

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 30 JUNE 2008

	NOTE	2008 \$	2007 \$
14. AVAILABLE FOR SALE INVESTMI REVALUATION RESERVE	ENT		
Opening Balance		251,578	128,678
Increase/(Decrease) in Fair Value of Investments		(518,415)	122,900
Transfer to income statement on sale of financial assets		(251,578)	Nil
Closing Balance		(518,415)	251,578

15. ASSET TRUST RESERVE

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

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

Closing Balance	5,504,843	5,812,361
Add/(Less) Transfers (to)/from Retained Surplus	(307,518)	88,253
Opening Balance	5,812,361	5,724,108

16. CAPITAL COMMITMENTS

In the financial year ended 30th June 2006 the organisation entered into a contract to renovate and refurbish 94 Alma Road, St Kilda at an adjusted cost of \$880,407. This has been capitalised in the 30th June 2007 financial year. As at 30 June 2008 no capital commitments exist.

17. KEY MANAGEMENT PERSONNEL

There were no related party relationships or transactions for this year, nor the comparative previous year. The key management personnel compensation included in the salaries and related costs expenses is as follows:

Number of Key Personnel (EFT)	5.63	5.42
Total	664,966	514,515
Share Based Benefits	Nil	Nil
Termination Benefits	Nil	12,282
Post Employment Benefits	123,631	45,448
Other Long Term Benefits	Nil	Nil
Short Term Benefits	541,335	456,785

18. FINANCIAL INSTRUMENTS

Recognised Financial Instrument	Accounting Policy	Terms and Conditions
Financial Assets		
Bank Deposit on Call and Bank Bills	Valued at face value.	On-call deposits returned floating interest rates between 2.5% and 7.70%. The average rate at balance date was 6.18%.
Managed Funds	Initially valued at cost, and then at market value.	Distributions vary in accordance with Fund performance and market conditions. The annual rate of return was 10%.
Receivables	No different from normal commercial practice.	Debtors are unsecured, not subject to interest charge and normally settled within 30 days.
Financial Liabilities		
Creditors and Accruals	Liabilities are recognised for amounts to be paid in the future for goods received and services provided to the organisation as at balance date whether or not invoices have been received.	General creditors are unsecured, not subject to interest charges and are normally settled within 30 days of invoice date.
Resident Bonds	Liabilities are recorded when bonds are received by resident members.	Funds are payable upon termination of accommodation which is an indiscernible time in the future and are not subject to an interest charge.

FINANCIAL INSTRUMENTS - INTEREST RATE RISK

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

		Fixed Interest maturing in					
	Floating Interest Rate	1 Year or Less	Over 1 to 5 Years	Over 5 Years	Non Interest Bearing	Carrying Amount	Weighted Average Interest Rate %
(i) Financial Ass	(i) Financial Assets						
Cash on Call & Bank Bills	1,136,919	3,508,848				4,645,767	6.18%
Managed Funds					2,233,668	2,233,668	N/A
Receivables					1,222,032	1,222,032	N/A
(ii) Financial Liabilities							
Creditors					957,116	957,116	N/A
Resident Bonds					300	300	N/A

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF MENTAL ILLNESS FELLOWSHIP VICTORIA

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 30 JUNE 2008

REPORT ON THE FINANCIAL REPORT

I have audited the accompanying financial report of Mental Illness Fellowship Victoria which comprises the balance sheet as at 30 June 2008 and the income statement, statement of recognised income and expenditure and cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the directors' declaration.

Directors' Responsibility for the Financial Report

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

Auditor's Responsibility

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

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

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

Independence

In conducting my audit, I have complied with the independence requirements of the Corporations Act 2001. I confirm that the independence declaration required by the Corporations Act 2001, provided to the directors of Mental Illness Fellowship Victoria on 28th August, 2008, would be in the same terms if provided to the directors as at the date of this auditor's report.

Auditor's Opinion

In our opinion:

- a. the financial report of Mental Illness Fellowship Victoria is in accordance with the Corporations Act 2001,
 - i. giving a true and fair view of the company's financial position as at 30 June 2008 and of their performance for the year ended on that date; and
 - ii. complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Regulations 2001.



Without the generous donations from organisations and individuals who have supported us financially and in kind Mental Illness Fellowship Victoria would not be in the position we are in today. We thank every one of our partners for helping to improve the lives of people affected by mental illness and acknowledge them here.

There are other donors and organisations that support us who prefer to remain anonymous. If you do not wish to be acknowledged in our annual report in future please let us know.

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