

family

annual report 2009>2010



mental illness
fellowship victoria

About us

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

We started in 1978 with families wanting better services and information. This vision remains our inspiration. Today, we are one of Australia's leading psychiatric disability rehabilitation and support agencies working through its \$17.3m budget to improve the lives of people with mental illnesses and their families.

Our Vision

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

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

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

Our Mission

Social Inclusion

Our Values

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

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

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

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

Our Enabling Behaviours

Valuing the lived experience

Partnering

Innovation, demonstration and leadership

Peer participation and support

Best practice

Advocacy and community development


Our Strategic Priorities 2009-13

Build integrated service response systems that deliver social inclusion

Use evidence-based practice and innovation that advance social inclusion

Build organisational capacity that facilitates social inclusion

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There are opportunities for us all to speak up...so the road to recovery is easier for families to traverse.

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About our Annual Report

This year MI Fellowship Victoria has highlighted the experience of families. Our key message sums it up. *When mental illness affects a family member it affects us all.* Our aim this year has been to build community understanding of the support and service needs of families managing the impact of mental illness on their lives. There are opportunities for us to all speak up, at the personal level and as community members, so the road to recovery is easier for families to traverse.

President's Report

The Hon. Rob Knowles AO

The board was pleased to observe the start of a shift in community awareness in Australia about the needs of people with serious mental illness and their families.



This year we have been celebrating the contribution of families to the care of people with mental illness. One highlight was our collaboration with Mental Illness Fellowship Australia (MIFA) in hosting a visit by Dr Joanne Nicholson from the University of Massachusetts who brought a new perspective on responding to the mental illness issues facing families – the needs of people with mental illness who are parents. Her research suggests that links across therapeutic mental health services and community-based support services are core to supporting all members of the family – the parents and the children.

The board was pleased to observe the start of a shift in community awareness in Australia about the needs of people with serious mental illness and their families. This was assisted by the naming of Professor Patrick McGorry as 2010 Australian of the Year for his work in mental health.

The need for urgent action to support people with mental illness was given further impetus by the release of final Report of the National Health and Hospital Reform Commission: *A Healthier Future for All Australians*. Mental health was identified as a top health reform issue with action needed across “a range of treatment and support services for people with mental illness, connected across the spectrum of care.”

Still, the report showed that policy makers are yet to understand the breadth of mental health care needed in community settings where much of the support for recovery is delivered (p10).

With that in mind, we have established a Policy and Advocacy Committee of the board to drive a stronger advocacy focus and to better position the organisation to influence mental health policy at state and federal levels. The committee has overseen the development of a board Housing and Support Policy Statement and has overseen a number of submissions advocating for people with mental illness and their families. For example: the Victorian Parliamentary Inquiry into the Adequacy and Future Directions of Public Housing.

Just as importantly, the board commissioned a senior management review to look at resourcing and support to the Chief Executive. This has resulted in improved resourcing to support operational management and business development across the organisation.

Partnerships are critical to our achievements. SEW Eurodrive marked its twelfth year in supporting our programs for people with mental illness and their families. Middletons Lawyers continued to provide pro bono advice enhancing our risk management processes. Special thanks go to Frank and Patricia Woodcock, AMP and Eli Lilly for their backing of our advocacy work and programs.

In closing, I would also like to acknowledge Nathan Shafir who retired from the board at the end of the financial year for his contribution.

Overall, I am pleased to report that MI Fellowship Victoria has continued to grow and increase the reach of its service delivery. With the board's strategic decision to build our advocacy base we are also set to be well placed for greater policy influence into the future. These achievements have been a joint effort. I would like to thank my fellow directors, CEO, Liz Crowther, the management team and committed staff and volunteers for striving to make a difference in the lives of people with mental illness and their families.

The Hon. Rob Knowles AO

Chief Executive's Report

Elizabeth Crowther

Due to huge unmet family need we have focused on the family this year, through our advocacy work in Schizophrenia Awareness Week and Mental Health Week.



One in five of us will have mental illness in our lifetime and more often than not it is families that are at the forefront in offering care and support. However these families are often left without adequate information, assistance and capacity to care effectively. The impact of this experience often results in the principal carer developing anxiety and depression. Frequently, the pathway from initial symptom development to diagnosis and recovery is long and circuitous and the family has limited support in managing during this time. Due to huge unmet family need we have focused on the family this year, through our advocacy work in Schizophrenia Awareness Week and Mental Health Week. This year's Annual Report is presented through the prism of the family.

When we reported on the number of people we worked with last year we included family respite participants in these numbers. This year we made the decision to report respite under family services and show its achievements through the acquisition of tenders. The development of our respite services, through funding, has enabled many more families to participate in education and access much-needed support.

Our achievements continue to be reported against the three planks of our strategic plan to build integrated services, create innovation and an evidence base, and build organisational capacity. The outcomes are described within this report.

We continued to deliver services centred on the desired outcomes of people who use our services, by redesigning four of our seven day programs with very positive outcomes. We were successful

in building employment services which target people with mental illness who have not been able to access these programs from generic services in the past. We are very early in bedding down these programs but already have firm evidence and feedback that we are reaching the people who need these services.

There have been many highlights in 2009-10, but one that I think about has been the performances by our carers' choir. The joy that the participants experience is contagious and energising.

I also want to mention the Commonwealth funding for MI Recovery, a consumer peer-education program. This funding has enabled consumer program leaders to be prepared in South Australia, Victoria, ACT, and South and North Queensland. Some of you may be surprised by the scope of our activities reaching areas far from Victoria, but as a leading Australian mental health advocacy organisation, our reach is widespread.

During 2009-10, our services grew by 20%, and more detailed descriptions of these services and the areas of growth can be found within the report. Our growth has required us to pay attention to staff and infrastructure development. A very active staff development program was put in place and improvements in IT infrastructure were made. We introduced new financial reporting and budget forecasting software, which has provided better access and information to all managers across the organisation.

I am delighted to report that the financial outcomes for this year are better than expected, with a surplus (before capital items) of \$585,000. This comprises sale of property of \$272,000 and \$313,000 from operations. This surplus will be invested to address future needs.

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

 Elizabeth Crowther

Financial Overview 2009>2010

Income

I am happy to report that we experienced very strong growth in 2009-10, with income for the year of \$17.3m, up 17.9% on 2008-09. This provides a good income platform for further expansion and future growth. Two operating areas in particular were significantly higher than the previous year: government contract services and charitable contributions. In addition our results were enhanced by the higher than expected asset sale prices.

In the area of government contract services, we received \$14.8m, an increase of 16.6% on last year. Income resulting from fees from other agencies increased by 117% to \$2.9m, primarily due to contract's won for delivery of employment services. We have budgeted for continuing strong growth in this area in 2010-11.

Following a review of the Funds Held for Future Periods, \$1.7m of these funds retained as a liability in the past has now been recorded through income into a Development Fund Reserve to be spent on future projects.

We achieved a profit on sale of assets of \$346,000 (\$49,000 in 2008-09). This was largely due to the sale of two properties for a price greater than their book value. The two properties were no longer an appropriate fit given the changing nature of our programs and services.

Our charitable contributions were up 55.4% to \$566,000 due to increased contributions from trusts, foundations and bequests.

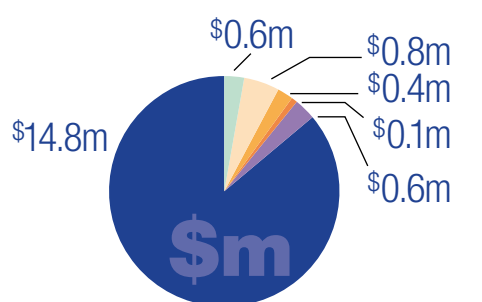
We are satisfied with our investment-related income, given the state of economic markets. Our investment-related income was on a par with last year with some growth in the value of the Capital Investment Fund.

Expenses

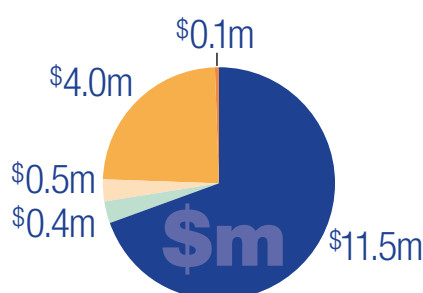
Our operating expenses grew during the year but a significant amount has funded business growth, most notably our investment in our employment business and, to a lesser degree, our executive review. Overall, our expenses were \$16.8m, up 13.0% on last year.

Salaries continue to be our largest single expense and represent 69% of total expenses (68% last year). Depreciation was \$972,000, up 14.2%, which is in large part due to our considerable investment in IT infrastructure in 2008-09 and early 2009-10.

Part of the expenses incurred on our executive review relates to work on our strategic plan. This work, in which we are being assisted by the firm, Grant Thornton, will be completed during 2010-11.



Income



Expenses

The Year's Result

The overall result for 2009-10 was extremely pleasing with a surplus (before capital items) of \$585,000. This was a significant improvement over the deficit of \$249,000 last year. Our budget for 2009-10 was a deficit of \$114,000. Our result of \$699,000 more than budgeted represents a very strong result in a period of expansion.

This result was particularly pleasing because it came as we invested significant resources in the business, particularly in the areas of IT infrastructure and staff. The latter was largely due to our delivery of employment services and our organisational restructure. Another factor of interest is that during the year we had to relocate a number of team members because of the sale of some properties and the establishment of new operating sites throughout Victoria.

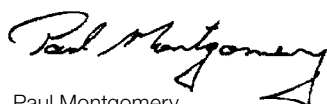
In summary, 2009-10 was a year of (re)positioning the business for the future. More investment into the business is planned for 2010-11 in services, people and technology.

Looking Ahead

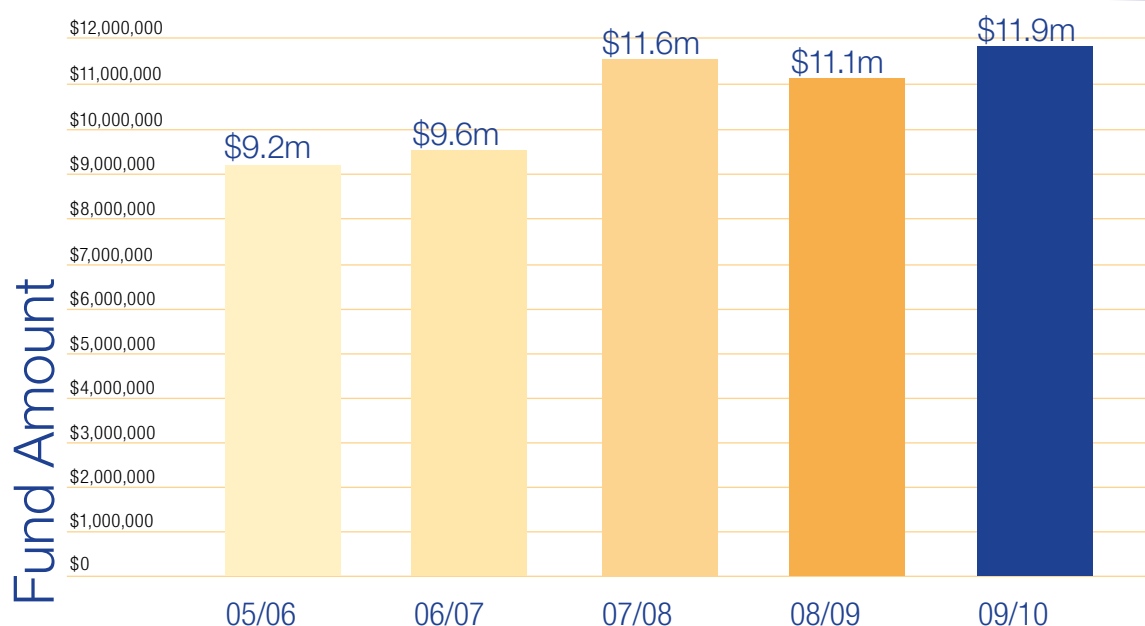
This year's result and the areas of our business in which we have invested provides us with optimism for 2010-11 and beyond. We anticipate that our recent period of investment and reorganisation will result in an expansion of services (particularly in the employment sector), improvements in existing services (such as those achieved this year in our day programs) and the positioning of some services on-line. In addition, investment in business development should lead to further opportunities and improved policy and advocacy outcomes on behalf of people with mental illness.

We are currently reviewing our fundraising processes and procedures with the aim of generating greater levels of funding for our business, in more economic ways. Our capital management strategy is also being reviewed so as to provide greater financial leverage for the organisation and to maximise our ability to improve services and create further growth. We are continuing to evaluate our property and accommodation requirements to align our strategic objectives with the practical needs of those who utilise our services.

To conclude, while the organisation is in a state of review and transition to improve delivery in all areas of our business, we do so with a strong balance sheet and having invested in areas that will help us meet our goals.



Paul Montgomery
Chair, Finance, Audit and Resource
Management Committee



Members' Funds

What We Do and How We Do It

Overview

Our Strategic Plan 2009-13 will extend the reach of the organisation to enable our services to address gaps and effectively link and deliver services to more people every year.

Our mission of social inclusion underpins the development and delivery of all services. The focus of our services is on people experiencing psychotic illness, and their families. We will ensure that our current range of services is extended to the development of new programs for young people. All services are delivered on the principles of:

- Supporting and creating opportunities for recovery
- Valuing cultural diversity
- Peer participation and leadership (consumer and carer)
- Development of evidence-based best practice.

Expanding our reach will occur through:

- Partnership development
- Innovation
- Policy and advocacy
- Development of the capacity of our staff.

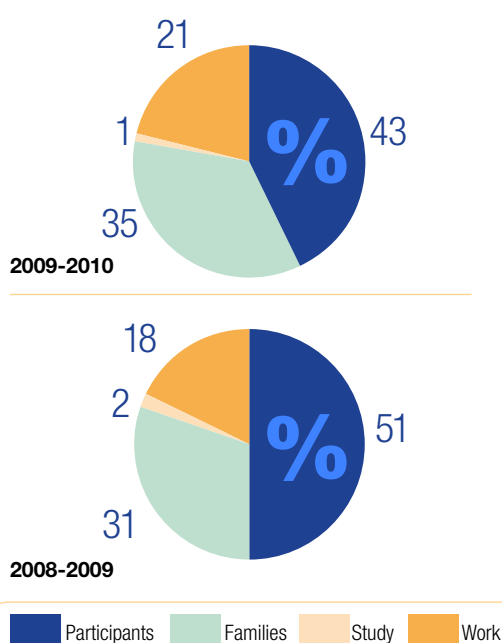
The goals and strategies in this plan have been developed through extensive consultation, with direct oversight from the board. The operational plans for the organisation are directly linked to our goals and strategies.

Our strategy is supported by detailed explicit value statements, behaviours and standards which are supported through staff performance management.

Guiding Principles

MI Fellowship is guided by the following principles:

- 1. Focus on psychotic illnesses** – we are committed to working with people with psychotic illness, their families and friends and communities to reduce the impacts of these disorders.
- 2. Focus on intervention strategies** – we will pursue early intervention strategies aimed at reducing the likelihood of the development of psychiatric disability, as well as active intervention and health promotion activities.
- 3. Focus on lived experience** – we will seek growth opportunities that support effective response to changing participant and carer needs, lifestyles and demographics and strengthen formalised peer-driven developments.
- 4. Focus on ethical compatibility** – all growth opportunities pursued by MI Fellowship will be compatible with the organisation's values and offer no risk to reputation.
- 5. Focus on organisational impact** – we will assess growth opportunities in respect to their overall impact on the organisation. Growth opportunities that may have some advantage but that will, in a broader sense, negatively impact on the organisation as a whole, will not be pursued.
- 6. Focus on staff** – among the criteria for prioritising growth opportunities is the development of a workplace that attracts and supports quality staff. Building staff confidence and competence will be a feature of our plan.
- 7. Focus on partnership** – we will give priority to growth opportunities achieved through partnerships that promote service system change and development in a manner that reduces stigma associated with mental illness, and that offers participants greater flexibility and choice.
- 8. Focus on accessibility** – social inclusion and co-location of services will underpin all growth strategies.
- 9. Focus on viability** – we will not pursue growth opportunities that do not fully cover the cost of delivering a quality program or service unless the opportunity provides a unique and powerful device for strategic positioning.



Total People Benefited During Each Year

In 2009-10
we did this by:

Strategic Goals

Building better service system responses

- Dedicating resources to redeveloping advocacy strategies
- Publishing core policy statements
- Providing additional funding for development of our registered training organisation
- Building a national strategy to improve delivery of the Well Ways suite of programs
- Co-location of our services with clinical services and other community and mental health providers
- Addressing communication strategies to improve internal and external awareness.

In 2009-10
we did this by:

Evidence-based practice and innovation

- Seeking funding to support our housing policy PILOT study
- Publishing the Well Ways suite of programs data outcomes
- Evaluating PARCs based in ACT
- Conducting research that will direct the outcomes from the registered training organisation.

In 2009-10
we did this by:

Building organisational capacity

- Dedicating resources to ensure governance compliance
- Developing the board's succession plans
- Restructuring the organisation to build capacity
- Implementing a people development strategy
- Putting in place budgeting and forecasting software
- Budgeting for the further development of our stakeholder relationships database
- Dedicating asset management resources in order to deliver the strategic objectives.



Home



Day Programs: building social and living skills.

Inadequate housing and support are major issues for people with mental illness and their families. And while we help people build a home through our home-based outreach, day programs and residential rehabilitation programs and through volunteering programs, some 42 per cent of people with mental illness still live in at-risk accommodation, or are homeless.

Providing a stable home is an important step in helping people to maintain and, in some cases, to rebuild relationships with family members. Having a home provides a platform to develop confidence, independence and connection to the community.

We worked with a total of 2,330 participants and families this period in programs that build relationships and self-management skills, provide time out and help participants better care for themselves and their home. This was 398 more participants than last year (an increase of 21% over 2008-2009). Note that these figures do not include employment, education and volunteer activities that are reported in the People, Work and Study and the Relationships sections.

Among the **highlights** in this area in 2009-10 were:

- > the reshaping of our day programs to focus more on building confidence to connect to the community
- > an increase of 42% in participants using our PARC and Step Up Step Down facilities
- > an increase of 32% in families using respite services (more than 100% over two years)
- > establishment and utilisation of a database to measure participant outcomes
- > training 12 ethnic community leaders in the Stepping Out of the Shadows program, a program to build mental health literacy in ethnic communities.

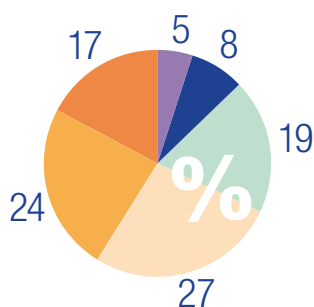
... some 42 per cent of people with mental illness still live in at-risk accommodation, or are homeless.

About the People We Worked With

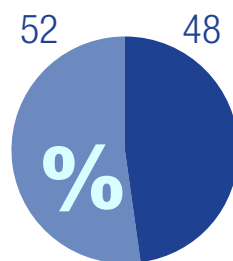
There was a significant shift in the gender distribution of participants in this period over 2008-09. Females now make up just over half of our participants at 52% (as against 46% in 2008-09) and males represent 48% (54% in 2008-09). The key reason for the shift in gender distribution is the injection of funding from FaHCSIA that has led to growth in the respite places for families and carers of people with mental illness, most of whom are women.

There was a more even distribution of age groups among those accessing our services this year than in 2008-09 with 27% aged 35 to 44, 24% aged 45 to 54, 19% aged 25-34, 17% aged 55-64, and the balance of 13% under 25 or over 65. In contrast, the 2008-09 distribution was aged 35 to 44 (32%), aged 45 to 54 (23%), aged 25-34 (22%), aged 55-64 (13%) and those under 25 and over 65 (10%). The shift in age group distribution is likely to have resulted from the increased number of participants in the respite program that primarily provide services to women.

Age Groups



Gender



Less than 25 yrs (188)	45-54 (548)	Male (1124)
25-34 (449)	55-64 (384)	Female (1216)
35-44 (638)	65+ (123)	

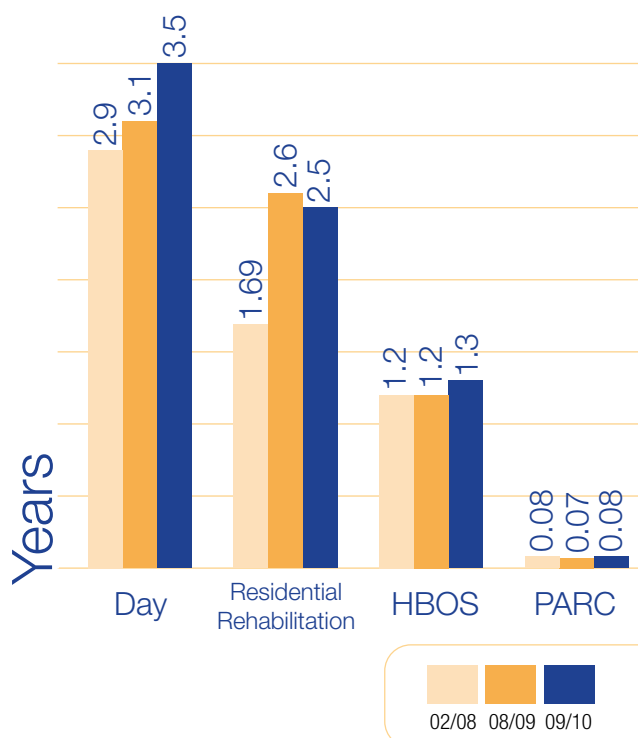
Home-Based Outreach Support

Program	Description	Participant Numbers
Home-based Outreach Support (HBOS)	Not combined with other service type	394
	Combination service: associated with Opening Doors, Barwon Youth programs and ACT Step Up Step Down	54
Specialist residential rehabilitation	Specialist residential rehabilitation program, Shepparton	21
	Opening Doors (CCU) places reported via Alfred Psychiatry	5
Residential rehabilitation	Opening Doors and Barwon Youth	27
Prevention and Recovery Care (PARC) and Step Up Step Down (SUSD)	Shepparton, South Yarra, and Canberra	267
Psychosocial Rehabilitation Day Program	Centre based	484
	Community based	84
Mental Health Pathways Program (MHPP)	Homelessness initiative. Partnerships with rural housing and area mental health	27
Respite	Planned and short notice options: DHS	461
	Respite: (FaHCSIA)	401
Personal Helpers and Mentors Service (PHaMS)		105
Total Program Participants		2330

Home Participants

The length of time that participants engage with our programs varies according to service type. Day programs have the longest average stay at 3.5 years compared to PARC programs at 29.2 days. Residential rehabilitation duration of stay has fallen marginally from 2.6 years in 2008-09 to 2.5 years in 2009-10. This is because the Opening Doors program is now fully established and participants are now reaching their rehabilitation goals and moving on from the program.

Average Length of Stay of Participants



How We Worked With People

We work in partnership with people with mental illness to identify their needs and set goals to guide the work we do. Standardised tools are used to assist this process, including the Camberwell Assessment of Needs (CAN-C) and BASIS-32 – a self-rated measure of behaviour and symptoms improvement.

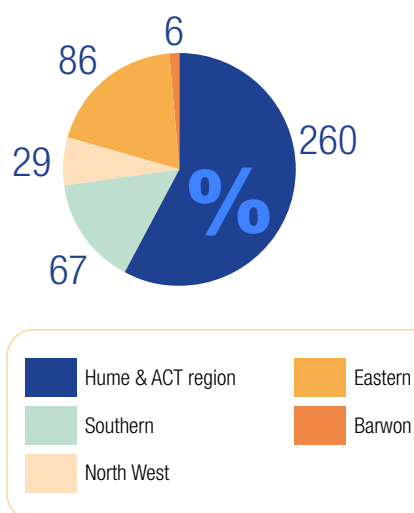
During this year, we started working with participants to analyse their data in the CAN-C and BASIS-32 goals database. This is a collaborative process where participants and workers view progress over time, and review current needs and goals. This direct feedback to participants is an important driver of rehabilitation success. This data will also enable us to directly report and evaluate the impact of our programs. We will continue to increase the size of the database and the number of participants we directly work with to analyse the data. We consider the use of such tools an increasingly important and reliable measure of change and success.

Home-Based Outreach and Support

Our workers visit each participant in their own home and community and focus on developing skills that assist them to better look after themselves and their home, while improving their participation in community life.

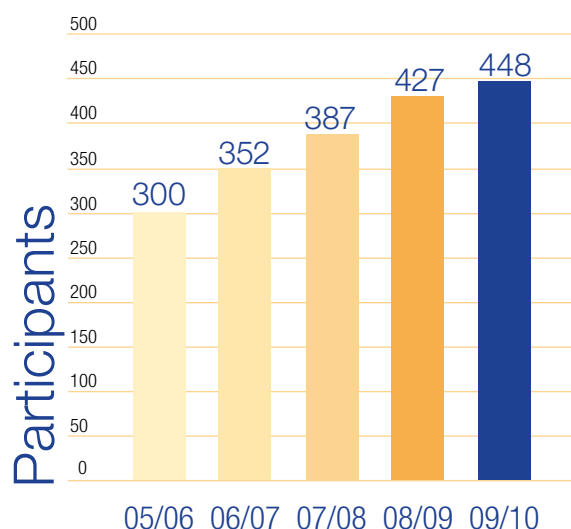
Home continued

Regional Snapshot – HBOS Participants



The total number of participants accessing HBOS continues to increase steadily with a further 5% growth this year. The number of participants was 448 this year compared to 427 in 2008-09¹. The main increases have been in the Hume/ACT and East regions. This is because we have established home-based outreach programs in the Benalla area (Hume) and a full year of operation of the Step Up Step Down program in the ACT with an associated outreach program. MI Fellowship has totally funded the Benalla program.

HBOS Growth



Prevention and Recovery Care (PARC)/Step Up Step Down

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

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

Throughout 2009-10, we continued to ensure that the facilities we provide offer the greatest opportunity for independence and choice. We provide spaces in each participant's own unit or bedroom where they can watch TV or relax, while also providing choices of congregate living areas to socialise or share meals. A point of difference of our PARC programs over similar programs is the facilitation of more effective skills assessment and the identification of skills development strategies through the provision of facilities for individuals to cook their own meals.

We are continuing to work with Peninsula Health to open up a new PARC program in the Frankston area. Last year we reported that such a facility was due to be built this year but opposition from the local community delayed the project. We are currently working closely with the local council and Peninsula Health to find another site that is both suitable for our needs and likely to be accepted by the community. This experience emphasises the amount of work that still needs to be done to overcome stigma.

Together our PARC facilities (including Step Up Step Down), provided services to 267 participants during this year, an increase of 42% over 2008-09 (187 participants). This increase in participant numbers is an indicator of higher occupancy and effective partnerships with the clinical programs. The average length of stay is 26.4 days for PARC South Yarra (22 days in 2008-09), 31.3 days for PARC Shepparton (27 days in 2008-09) and 43.5 days for Step Up Step Down ACT (34 days in 2008-09). The overall increase in average length of stay, in the ACT program, over 2008-09 was due to the admission of people with more complex needs.

¹ Note: due an error in aggregation of data that is drawn from a number of separate program areas, the 2008-09 Annual Report incorrectly reported the number of participants in the HBOS for the year as 387. The correct figure as reflected in this report is 427.

People do not recover in isolation. Recovery is closely associated with social inclusion and being able to take on meaningful and satisfying social roles within local communities, rather than in segregated services.

Opening Doors

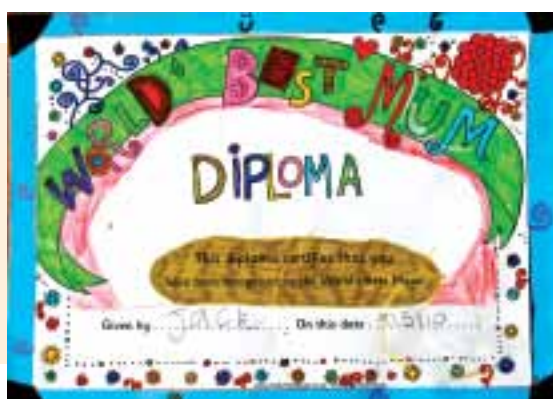
Opening Doors runs in partnership with Alfred Psychiatry and is a blend of residential rehabilitation options scattered through the Inner South Metropolitan area of Melbourne. In total, 48 residential places are available through this program, each providing a variable level of support and rehabilitation. In the 28 places we manage, we worked with 33 participants in the Opening Doors program during this year.

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

This program focuses on fostering positive socialisation with other residents, better management of their shared home environment and promotes skills to better connect into the local community.

The Elms, Glen Iris; Adelaide Street, High Street, and Ripponlea are homes in the community. Participants stay in these programs for up to three years. The focus of rehabilitation at these sites is on skill development and community connection. Nineteen people participated in residential rehabilitation at these sites.

This year we conducted a review of the Opening Doors program. This review identified that the major strength of the program was that it brings together resources from three local providers to offer an integrated service to participants and their families. A key gap was that participants had limited housing options to move to following Opening Doors. In 2009-10, we invited and received expressions of interest from MIND and Prahran Mission in joining the Opening Doors program to further build housing options for participants in the program.



Barwon Youth Residential Program

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

Participants learn independent living skills and relationship skills and are supported to manage their mental illness and substance use. Young people in these programs are encouraged to engage in employment and educational opportunities. Few programs in the state offer overnight care for such complex, young participants.

During this year, 17 young people used these Barwon programs. Of these young people, 11 participated in residential rehabilitation at Collins Place with an average stay of 15.6 months and an average age of 21 years.

Specialist Residential Rehabilitation Program

This program in Shepparton offers long-term psychosocial rehabilitation to clients with enduring mental illness and operates in partnership with Goulburn Valley Area Mental Health Service.

In 2009-10, 21 participants used the program with an average stay of 9.36 months.



Home continued



Day Programs

Day programs provide opportunities for participants to build social and living skills. Historically, most of our day programs have been operated from a day centre with activities being mostly run at the centre, or people meeting at the centre to visit community sites.

Underpinned by recovery principles and our focus on social inclusion, this year saw us radically change the way we operate day programs. As a result, these changes have been one of our main achievements of the year.

Over time, we discovered disadvantages to a centre-based approach:

- (i) that we were not able to provide the range of options in a stand-alone centre that are available in the community
- (ii) that activities offered in a day centre did not engage the broader community, but rather centres became a segregated environment
- (iii) that participants were not developing confidence and skills to access mainstream community venues
- (iv) that programs were not attracting younger people or people from a culturally and linguistically diverse background.

The Sainsbury Centre for Mental Health, Making Recovery a Reality summarises this approach well:

People do not recover in isolation. Recovery is closely associated with social inclusion and being able to take on meaningful and satisfying social roles within local communities, rather than in segregated services.

We have put in place major changes and now, where possible, run day programs from community venues appropriate to the particular program e.g. running art programs in community arts facilities. Apart from being a more appropriate space, it offers participants the opportunities to mix with other people and work with local artists (or other relevant experts) to develop their skills. Ideally, the participants will gain the confidence to attend that venue at other times as well.

These changes have also led to the development of consumer-run groups, such as The Friends Group – meeting once a month for lunch at a local restaurant.

As expected, some participants and their families who felt very comfortable with centre-based programs, were against these changes. We held participant and family meetings to explain the changes and to address concerns. We continue to provide individual follow-up and discussion with these participants.

As part of the design of this more community-focused and goal-focused service offer we undertook a review of participants registered with the day program. We now have 568 participants fully participating in the revised program. In the previous program for 2008-09 we had 613. Our current day program participants are an average of 43 years old with 52 per cent male and 48 per cent female.

Respite

Respite services are family focused and meet the dual needs of the carer, who needs a break, and the person with mental illness. Our aim in providing such services is not only to give carers a break but also provide a gateway or engagement with the organisation's further services.

A range of respite options are offered:

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

Our respite services increased during this reporting period by delivering services to 212 more families (an increase of 32 per cent). Over the past two years, the increase has been 450 people, which is more than 100 per cent. An increase has occurred in each of our Victorian regions.



Cultural and Linguistic Diversity

People from a culturally and linguistically diverse (CALD) background continue to be under-represented in our participant groups. We have implemented a long-term strategy to increase representation from CALD participants to be more in line with ABS population figures.

In 2009-10, we implemented the CALD Responsiveness Project, which achieved the following:

- Interpreter Policy and Cultural and Linguistic Diversity participation policy developed
- Development and implementation of the role of regional Cultural Portfolio Holders with a focus on liaison with community groups
- Implementation of the Stepping Out of the Shadows anti-stigma project in which 12 bilingual staff were trained in a mental health information package that they then delivered to people within their own African communities
- Partnership with Victorian Transcultural Psychiatry Unit to deliver cultural competence training (30 staff completed the five-module training)
- Delphi study into recovery principles for CALD communities at MI Fellowship completed
- MI Fellowship regional and specialty area consultations, including identification of relevant CALD communities completed
- Presentation by Ahmed Tohow, the Transcultural Mental Health Worker from Advocacy Diversity Ethnicity and Community Development (ADEC) about the history and experience of Somali refugees in Australia to 120 MI Fellowship staff.

Mental Health Pathways

Mental Health Pathways programs in Shepparton and Barwon have a particular focus on working with people who are homeless, or at risk of homelessness. The Office of Housing, through DHS, funds the programs. Participants in these programs tend to be young, with most under the age of 25 years and also tend to have a dual diagnosis.

In 2009-10, we worked in partnership with clinical providers delivering services to 27 people.

Personal Helpers and Mentors

This is a Commonwealth-funded program targeted towards people who are currently not connected to the mental health service system. In 2009-10, we established two Personal Helpers and Mentors programs, one in Peninsular North and one in Peninsular South and Western Port. A feature of this program is that each team includes a peer support worker. These people bring to the team the unique perspective of someone who is some way down the recovery journey from mental illness.

Work and Study



Ben Rinaudo, Consumer Consultant and graduate of our CGA course.

Exclusion from the workplace and/or educational opportunities undermines the confidence and skills-base of people with mental illness. This affects their capacity to take up their meaningful place within their family.

Our employment and education programs enabling people with mental illness to achieve, build their skills, self-esteem and self-respect

- People with mental illness are significantly disadvantaged when engaging in work and education
- People with mental illness experience higher rates of unemployment and lower rates of labour force participation than any other disability group
- Estimates of the annual costs of productivity losses attributable to joblessness among people with mental illness are in the range of \$10-15 billion.

Among the **highlights** in this area in 2009-10 were:

- > Assisting 738 (an increase of 76% over 2008-09) people with mental illness through our specialised employment services
- > Winning new contracts to deliver Disability Maintenance Services (DMS) under a subcontract to Ostara
- > Expanding delivery of the new contract to seven Employment Support Service Areas (Yarra, Plenty, Bayside, Peninsula, Latrobe, East Gippsland and Geelong)
- > Establishing new partnerships with Southern Health, Eastern Health and Austin Health to deliver employment services through new community mental health clinics
- > Deliberately targeting existing mental health facilities as sites from which to deliver our employment services.

Our employment programs now have over 35 staff providing services across Victoria, with 21 full-time sites and 36 outreach locations that operate in response to need. In 2009-10, this enabled us to assist 738 people (an increase of 76% over 2008-09).

Employment

Our employment programs now have over 35 staff providing services across Victoria, with 21 full-time sites and 36 outreach locations that operate in response to need. In 2009-10, this enabled us to assist 738 people (an increase of 76% over 2008-09) with mental illness through our specialised employment services. New requirements in our funding contracts have changed the way outcomes are measured with program areas. This means that direct comparison of data at the programs level with the previous year's figures, cannot be made this year.

In 2009-10, the Federal Government re-tendered all employment contracts and restructured the way such services were provided. It also changed the name from the Disability Employment Network to Employment Support Services.

We were successful in expanding our services to new employment services areas. We now provide services in several Employment Service Areas. Previously we delivered only in the Yarra area. We have also benefitted from a significant freeing up of contractual requirements with the uncapping of the number of clients we can assist at any given time. We can now provide assistance to any eligible job seeker in our catchment areas.

There are several aspects of the employment programs, new initiatives, other changes and successes that deserve to be highlighted.

- In late 2009, we tendered for new Disability Management Services (DMS) contracts as part of a consortium. Our consortium partner is Ostara, a national mental health service provider.
- In March 2010, the consortium was successful in winning new contracts to deliver DMS, and MI Fellowship has subcontracted to deliver part of this program. This enabled us to continue to deliver the old Vocational Rehabilitation Services in the Peninsula employment service area, and expand delivery to seven other areas (Yarra, Plenty, Bayside, Peninsula, Latrobe, East Gippsland and Geelong). It also enabled the previously self-funded Headspace partnership to be funded under the new contract.
- In August 2009, we partnered with Ostara to deliver services to North Queensland area, which covers many far north cities and towns including Cairns, Port Douglas, Innisfail, Malanda, Mareeba, Atherton and Ravenshoe.
- Throughout the year, we set up new partnerships to deliver our employment services through new community mental health clinics. These include Southern Health (through Dandenong clinic); Eastern Health (through Box Hill and Glen Waverley clinics); and Austin Health (through Heidelberg clinic).
- We also consolidated existing partnerships including those with St Vincent's (through Hawthorn and Clarendon clinics); Alfred Psychiatry (through Waiora clinic); Peninsula Health (through Davey St clinic); and Headspace (through Corio, Clockwork and Bellarine clinics).



Australia Post is a key partner in providing employment and training opportunities.

Work and Study continued

In 2009-10, we increased the locations that we operate our employment services from, deliberately targeting existing mental health facilities.



Participation in Employment Programs

Program	Job seekers assisted
Disability Maintenance Services (DMS)	274
Employment Support Services (ESS)	183
Headspace	36
Peninsula	46
Cairns	199
Total	738 (previously 420)

Best Practice/Service Recognition

Employment services are delivered according to best evidence-based practice.

- Employment services are integrated with clinical services
- Eligibility is based on consumer choice
- Competitive employment is the goal
- Commencement of job search is the earliest point
- Job search and job matching is individualised
- Planning takes in individual financial circumstances, including impact on government benefits
- Provision of ongoing support in response to need.

In 2009-10, we increased the locations that we operate our employment services from, deliberately targeting existing mental health facilities. The aim is to reach the most potential clients. By establishing a presence in a high-profile mental health clinic, we can sit alongside psychiatric services, or similar, and help the job seeker find employment. Participation in employment assists recovery from mental illness through higher self-esteem and increased financial independence.

An indication of how MI Fellowship is being recognised for its work in the employment area is the invitation provided to Laura Collister, General Manager, Rehabilitation Services, to speak at *TheMHS Summer Forum* in Sydney. Her presentation was on human rights and employment. It challenged stigmatising attitudes regarding the capacity of people with mental illness to engage in work.



Sam Flumara is awarded the 2009 Doris Wisniewski Student of the Year Award from Mental Illness Fellowship Victoria's President, Rob Knowles.

Education and Training

In 2010, the MI Fellowship will be working with the Victorian Qualifications Authority to amend the scope of registration, which will entitle MI Fellowship to extend the range of courses delivered to include Vocational Education Programs in Community Services and Hospitality.

These programs will give our current and future students the opportunity to participate in training that provides a pathway to further studies and/or employment.

Nationally Recognised Training

Certificates II and III and Introduction to General Education (CGA) for Adults programs were conducted across two sites, Fairfield and Frankston, over the period. The delivery of the education programs was restructured during the year. The Shepparton program was discontinued and the 'Introduction to Education'

program, an intensive bridging program for students with small class sizes, was introduced in Frankston. Over the period, 12 students completed Certificate III, the lower numbers over previous years reflecting the shift to provision of introductory learning programs.

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

Sam Flumara was awarded the 2009 Doris Wisniewski Student of the Year Award. This is an annual award made to MI Fellowship students who excel in the Certificate in General Education for Adults program. The award recognises the effort and commitment made by recipients of the award.

Relationships



The Ngoc family shows there is strength in numbers by volunteering at the Open Mind Fiesta.

People with mental illness are not islands. They are part of a family, which also has to deal with the experience of mental illness in their lives. It may be a traditional 'mum, dad, two kids' family but could equally be a male/female couple, same-sex couple, or a strong friendship network that provides support to someone experiencing mental illness.

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

Among the **highlights** in this area in 2009-10 were:

- > Well Ways winning the *TheMHS* achievement award, recognising its role in ensuring families have factual information about mental illness, and in providing family members with an opportunity to participate in the treatment of their family member with mental illness
- > Training an additional 83 Well Ways facilitators, 20 in Victoria; this makes 311 registered facilitators delivering the Well Ways suite of programs across Australia
- > Of the facilitators trained, 14 were *MI Recovery* facilitators, 5 in Victoria
- > A total of 45,000 people attend the Open Mind Fiesta
- > Receiving an award from Mainstreet Australia for the 2008 Open Mind Fiesta.

During 2009-10 we provided 887 counselling sessions to people with mental illness and their family members, and one eight-week therapy group course attended by eight participants.

Peer Education

The Well Ways suite of programs are education programs that are delivered by trained facilitators who are either someone who has experienced mental illness or a carer or family member.

Family Education

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

Well Ways: Building a Future, Well Ways Duo and Well Ways Snap Shot programs include:

- Up to date information about mental illness with practical insight into behaviours and strategies to respond effectively to these behaviours
- Practical frameworks to improve communication and problem solving skills
- Information about mental health services
- Opportunity to explore the dilemmas and complexities of the caring role.

During this year we expanded our delivery of the Well Ways suite of programs across the country with 852 participants involved across Australia, 254 in Victoria.

Impact studies have shown a statistically significant decrease in anxiety, depression, and tension amongst Well Ways participants.

Consumer Education

Well Ways MI Recovery is a consumer-facilitated peer education program for people with mental illness. It brings together knowledge derived from the lived experience of mental illness with the latest research about recovery. Facilitators of this program are all people with mental illness who have progressed in their own recovery journeys.

During this year, we received funding from the Department of Health and Ageing which enabled us to train MI Recovery facilitators from around the country. These participants, who have experienced mental illness, were flown to MI Fellowship, trained to be group leaders in the MI Recovery program, and then returned to run the program in their home state.

Throughout 2009-10, we trained a total of 14 MI Recovery facilitators who delivered nine programs to a total of 90 participants, of whom 34 attended programs in Victoria.

Counselling

Specialist counselling services for family members and people with mental illness assist people to manage the impact of mental illness on their lives. During 2009-10 we provided 887 counselling sessions to people with mental illness and their family members (an increase over 2008-09 where there were 707 sessions), and one eight-week therapy group course attended by eight participants: Grief and Growth, Healing and Hope, Therapy Group for Mothers.

Helpline

Helpline provides a telephone service for people seeking support, information, and referral. The phone service operates between 9am and 5pm Monday to Friday. A distinguishing feature of the service is that it is staffed by volunteers who have experienced mental illness, or are carers and/or friends and family members of people with mental illness.

Schizophrenia Awareness Week

The Well Ways suite of family education programs shared the spotlight with Dr. Joanne Nicholson at this year's Woodcock Lecture and Corporate Breakfast. Dr. Nicholson, a researcher from the University of Massachusetts focused on the need for a 'whole of family' approach to treating mental illness. Looking at the issue of the needs of families from a different perspective, she discussed the importance of integrated clinical and social support for parents with mental illness that has been supported by her long-term research in the area. Dr Nicholson referenced the Well Ways programs in each of her presentations, commending MI Fellowship on its innovation in developing the world-class family education programs for carers of people with mental illness.

Carer, Robin Richards spoke directly after Dr. Nicholson at the Woodcock Lecture, relating her personal story of caring for her son and the importance of the Well Ways program in supporting carers. At the Corporate Breakfast, Well Ways researcher Sue Farnan presented the results of evaluations showing that the programs have proven to give positive impacts on family members' experience of depression, anxiety, worry and tension. Guests at both events were presented with Well Ways materials for all four programs—Building a Future, Duo, Snapshot, and MI Recovery—together with evaluation results. Demand for the Well Ways programs continues to build following these significant events held during Schizophrenia Awareness Week.

Acknowledgements

Special Partners

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

Partners

ACT Health
Action on Disability in Ethnic
Communities
Alfred Health (Psychiatry)
AsiaLink
ANZ Bank
ARAFEMI
Anna White Trust
ANZ Trustees
Australian Consumer Research
Centre
Australian Institute of Family
Studies - Prof Alan Hayes
Australian Mental Health
Consumer Network
Baw Baw Shire Council
Belinda Mahony
Beverly Jackson Foundation
Breathing Space Community Choir
Brotherhood of St Laurence
Century Gourmet Meat
Craig Huggins
Department of Education,
Employment and Workplace
Relations
Department of Families, Housing,
Community Services and
Indigenous Affairs
Department of Health
Department of Health and Ageing
Department of Human Services
Victoria
Fairfield Village Traders
Feleki Drumming
Gateway Community Health
Goulburn Valley Area Mental
Health Service
Hanover Welfare Services
Heidi Everett
HomeGround Services
Hootville Communications
Inner South Community Health
Service
John McGrath
Kathy Wilson Consulting
La Trobe University
Lord Mayor's Charitable
Foundation
Maintrain - Catherine Trahair
Mental Health Council of Australia
Mental Health Legal Centre
Mental Illness Fellowship of ACT Inc
Mental Illness Fellowship of
Australia Inc
Mental Illness Fellowship of North
Qld Inc

Mental Illness Fellowship of
Queensland
Mental Illness Fellowship of SA Inc
Mental Illness Fellowship of WA Inc
Mind Australia
National Institute of Circus Arts
NEAMI
Northern Metropolitan Regional
Council of Adult Community and
Further Education
Northcote Pottery Suppliers
North South Contractors, ACT
O'Connor School of Irish Dancing
Orygen Youth Health
- Pat McGory and Dianne Allostons
Ostara Australia Limited
Our Consumer Place
Patchwork House
Peninsula Health
People Like You
Psychiatric Disability Services
(VICSERV)
Queensland Centre for Mental
Health Research
Raqs Sharqi Dance
Rebecca Jamieson
Regina Coeli Womens Group
Rhythm of Life
Room44
Rotary Club of Preston
Rotary Club of Werribee
Rural Housing Network
Schizophrenia Fellowship of NSW Inc
Skills Victoria (Department of
Industry, Innovation and Regional
Development)
Spicers Paper
St Vincent's Mental Health
Swing Patrol
The Chinese Cultural Lion Dance
Troupe
The Yorke Family Foundation
Urban Artistry Photography
University of Melbourne
Upper Hume Community Health
Service
Victorian Mental Illness Awareness
Council
William Angliss Charitable Fund
Worktrainers Ltd
Women in Black
- Collingwood Football Club

Community Supporters

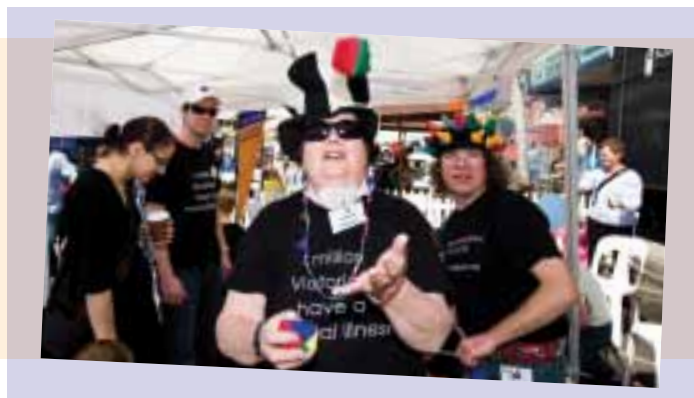
Albert Pinkster
Amcal chemist Wonthaggi
Architectural Glassworks
AutO Barn Wonthaggi
Bank of Queensland
Barry Plant Real Estate
Best Western Wyndhamere Motel
& Sebastian's Restaurant
Break Thru People Solutions
Brotherhood of St Lawrence
Bunnings Preston
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CapeView Mitre 10 Grantville
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Cargills Sports Store
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Clare Hopkins Clarke
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Centre - Southern Region
Complete Transport Logistic
Curves Fairfield
Eastern Health Area Mental Health
Service
Darebin Bowls Club
Carer Links Derrivarrh Health
Services
Dolphin Integration
Dell Computers
Drummond Family, Melbourne
Eastern Health Area Mental Health
Service
Fairplay - Fairfield's Community
Playgroup Association
Ferntree Gully Carer Support Group
Fintry Community Inc
Fiona Richardson
Foon's Photographics Wonthaggi
Frisque Pty Ltd
Fusion Chinese Medicine
Geoff and Helen Bray
Greek Community Dancers
Grow
Harvey Norman Wonthaggi
headspace Barwon
Inner West Area Mental Health
Service
Irene Hannah
Jika International
Jhoom-Bollywood Dance
Company
Kel and Barbara Wilson
Knox Community Health Service
Leader Newspapers
Mangiameli Family, Shepparton
Marc and Pam Le Couteur
Melbourne Fire Brigade
Melbourne Hapkido Academy
Melbourne City Toyota
Carer Links Merri Community
Health Service
MI Cleaning
Michelle Fulwell

Mid West Area Mental Health
Service
Miss Caroline and the Tap-Pets
Monash University
Mundo Maya
New Life Church Fairfield
Northcote Police
North East Area Mental Health
Service
Northern Area Mental Health
Service
North West Area Mental Health
Service
NMIT
Plenty Valley Community Health
Clinic
Puffing Billy Belgrave
Randell Parkin Pty Ltd
Retravision Wonthaggi
Rivers Australia
Roches Hardware
Safeway Geelong
Salvation Army Pathways Seymour
Santa Maria College
San Remo Pharmacy
School Uniform Shop Shepparton
SES
Scholastic
See Change
South West Area Mental Health
Service
Southern Generators and Electrical
Pty Ltd
Sports Power Wonthaggi
Star Nails & Tan
St Andrews Uniting Church
St John's Ambulance
Sumitt Inner West Footscray
Swingchesters Swing
Telstra
Temptation Cakes
Terri MacKenzie
The Cunningham Dax Collection
The Framing Art Place
The Pulse Community Radio
UnitingCare, Community Options
Universal Music Australia
Victoria University
Warner Music Australia
Waiora Community Mental Health
Services
Web Central
Wonthaggi M.F.S. Dispensary
Yummy Mummy Lolly Shop
Zabelleydancers

Relationships continued

Our message was, “people with mental illness want to participate... make it happen!”



Volunteers get into the spirit of the Open Mind Fiesta.

Mental Health Week

The Open Mind Fiesta is a flagship event of Mental Health Week during October. As the week's closing event, it brings together the Fairfield Traders Association, participants, carers, volunteers, staff and the community in a large-scale celebration aimed at breaking down the stigma associated with mental illness.

About 45,000 people attended the event on 11 October 2009. Our theme was *Wellbeing and Participation*, to emphasise that people with mental illness are an important part of every community. Our message was, “people with mental illness want to participate... make it happen!”.

Apart from the hundreds of stalls, traders and performers, a highlight of the Fiesta was the social circus. This involved some of our participants in our programs training prior to the event to perform circus acts, and then performing for and training members of the people at the street festival.

Other highlights included participants with mental illness creating a mosaic that other members of the community could add to; and the creation of a carers' quilt, where family members could contribute to a quilt that was then sewn together.

We also used the opportunity of the fiesta to launch our new online learning tool which is designed to enable people working alongside people with mental illness to learn about mental illness.

In 2008, the Mental Illness Fellowship and the Fairfield Traders Association achieved an award from Mainstreet Australia for the Open Mind Fiesta.

Opportunity Shops

We have two opportunity shops at Kew and Northcote. They play a dual role: raising funds and helping to raise awareness about mental illness. Our trading profit increased by 8.3% on the previous year to close to \$70,000 (as against \$64,000 in 2008-09). Around 98 volunteers contributed their time to working in the shops over the course of the year. On the downside, a cost

of \$4500 was incurred in redirecting 900 bags of clothing for recycling as rags. This was because of clothes not suitable for sale being left at the two shops.

A highlight for the year was seeing Ray Mignot who established the Kew Op Shop, awarded the Volunteer of the Year award at the 2009 Annual General Meeting.

Donors and Supporters

Our capacity to develop and deliver innovative services is strongly dependent on the generosity and vision of businesses, community groups and individuals who contribute funds, in-kind donations and pro bono services. These independent funds and resources are critical to achieving government and other funding for new initiatives as they allow us to develop and pilot new ideas. We can then go to funders with tried and tested approaches. Our donor generosity also makes our excellent financial bottom line possible.

Special Partners

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

SEW-Eurodrive, an international company that engineers power transmission equipment, is committed to improve the lives of people with mental illness and has been our partner for 12 years. The amazing fundraising efforts of this company include an annual auction night and an annual golf day. This year these events raised \$65,550 with a total raised since 1997 of \$1,421,907. Thank you Rob and Adel Merola and the team at SEW-Eurodrive for your continuing support.

We would like also like to acknowledge the continued generous support of Eli Lilly and the AMP Foundation for the Open Mind Fiesta. We also appreciate the ongoing pro bono support of Middletons Lawyers.

Board Board of Directors



Robert Knowles Darrel Driberg Louise Milne-Roch Diane Brown Theophanis Krambias Paul Montgomery Jennifer King Elaine Price Nathan Shafir

01 04 06 02 010 03 05 07 08

01 **The Hon. Robert Knowles AO – President**

Appointment Date: 20 September 2000

Rob is a farmer and company director. His current chairs are: Mental Health Council of Australia, Mental Illness Fellowship of Australia, Campus Council of the Royal Children's Hospital and he is on the boards of the Brotherhood of St Laurence and Annex. He is a former Victorian Minister for Health and has a strong interest in services for consumers, their families and carers. Rob received an Order of Australia Award in 2007.

02 **Mrs Diane Brown – Vice President**

Qualifications: Advanced Certificate in Business Studies
Appointment Date: 20 September 2000

Diane has family experience of mental illness and convened the Wodonga Support Group for five years. She has 16 years senior paralegal experience and retired in 2007. Diane is a past member of the Melbourne Health Research and Ethics Committee.

03 **Mr Paul Montgomery – Chair, Finance, Audit and Risk Management Committee**

Qualifications: Bachelor of Arts and Law
Appointment Date: 25 September 2006

Paul has a proven track record in management in a range of contexts. These skills were demonstrated as a managing partner of a multi-million-dollar professional services firm. He is now a company director of a number of private companies and is the current chair of the Royal District Nursing Service. He is a member of the Australian Companies Directors Association.

04 **Mr Darrel Driberg – Chair, Directions Committee**

Qualifications: Diploma of Business Studies (Accounting), Certified Management Accountant, Licensed Real Estate Agent
Appointment date: 17 December 2007

Darrel is a corporate strategist and management consultant. He worked in the petroleum, development banking, merchant banking and manufacturing sectors. His professional experience is in structuring businesses both strategically and financially, positioning them in markets and assisting senior executives to achieve their strategic goals. Darrel is also the author of "Financial Management Handbook for Not for Profit Organisations", published in 1997.

05 **Ms Jennifer King**

Qualifications: Bachelor of Business (Accounting)
Appointment Date: 21 October 2005

Jenny has more than 30 years finance experience in the automotive, chemical and paper industries and is currently the chief financial officer of a major Victorian health and aged care provider. Jenny has an extensive background in strategic planning, budgeting, financial analysis as well as risk management and corporate governance. She is a Fellow of the Australian Society of Certified Practising Accountants (FCPA).

06 **Ms Louise Milne-Roch**

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

Currently Louise has her own business consulting company providing advice to clients in the health and welfare sectors. Previously she held a number of CEO positions in the health sector and has wide experience across the mental health and health fields, from clinician to facility manager. Louise has family experience of mental illness.

07 **Mrs Elaine Price**

Appointment Date: 24 January 2005

Elaine is a keen advocate for people with mental illness their families and friends. She has volunteered over a long period at MI Fellowship as both a Well Ways facilitator and Helpline volunteer. Prior to retirement Elaine was a financial analyst in the manufacturing industry, both in Australia and overseas. In retirement she continues to gain valuable experience in her caring roles. This practical experience enables her to assist MI Fellowship in the achievement of its strategic objectives. In 2007 she received a Paul Harris Fellowship from Rotary International in recognition of her on-going work on behalf of those affected by mental illness. In 2009 she was invited to address an audience of over 600 Rotarians at a Rotary District Conference in order to highlight the impact of mental illness on those suffering the effects of drought and bushfires.

08 **Mr Nathan Shafir**

Qualifications: Bachelor of Commerce, Graduate Diploma of Commerce DP and FCPA
Appointment Date: 22 October 2004 Resigned: 30 June 2010

Nathan was initially involved in the development of the fundraising area of Mental Illness Fellowship Victoria and is now on the Appointments and Governance Committee. He continues serving on various school, industry and community bodies in Melbourne in the area of development and fundraising. Nathan currently teaches and manages at Monash University and Monash College.

09 **Ms Lyn Allison – Chair, Policy Advocacy Committee**

Qualifications: Bachelor of Education
Appointment Date: 8 August 2008

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



Julian Freidin Lyn Allison Lei Ning

011

09

012

010 Mr Theophanis Krambias

Qualifications: Bachelor of Applied Chemistry, Bachelor of Science (Hons), Master of Business Administration (Marketing)
Appointment Date: 10 October 2008

Theo has extensive experience in both the health industry and business in hospitality and property development. Theo was an innovator and supporter of the first Open Mind Fiesta in 2001 and now assists reviewing and developing our property portfolio. Theo is a board member with OzChild and the Cyprus Community of Melbourne and Victoria.

011 Dr Julian Freidin

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

Julian is a consultant psychiatrist at the Alfred and is clinical leader of a specialist outreach service for homeless people who have mental illness. He was President of the Royal Australian and New Zealand College of Psychiatrists between 2005 and 2007. He chaired the organising committee for the World Psychiatric Association International Congress in 2007 and is currently on a WPA Taskforce developing international guidelines for clinicians on how to work more closely with consumers and carers.

012 Mr Lei Ning

Qualifications: Master Degree in Art Therapy (specialising in mental health)
Appointment Date: 22 June 2009

Lei is the Deputy Director of the Victorian Mental Illness Awareness Council and manages the Consumer Research and Evaluation Unit. As an active consumer representative, Lei is a member of the National Mental Health Safety and Quality Subcommittee, the National Mental Health Information Strategies Subcommittee of the National Mental Health Standing Committee. Lei has been appointed to the Council of the Victorian Institute of Forensic Mental Health by the Victorian Mental Health Minister.

Update on Governance Focus for 2009-10

Externally reviewing the governance performance of the Board has been a crucial element to ensuring our effectiveness. The 2007 review was the basis for the Board's three-year work plan. In March this year the plan was reviewed and a revised implementation plan put in place and work progressed by the board and its committees.

Board of Directors Sub-Committees 2009-10

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:

- Framework for the board annual program of works
- Directors in Non-governance Role Policy developed
- Board appraisal
- Reviewed and redeveloped Board Skill Set for the upcoming year.

Directors: Louise Milne-Roch (Chair), Rob Knowles, Nathan Shafir & Elaine Price

Staff attending: Elizabeth Crowther, Bernie Trahair

Directions Committee

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

Achievements:

- Housing & Support Policy Statement
- Oversaw the implementation of the Strategic Plan
- Initiated the Supporter Relationship Project
- Commitment made to ensure that when advocating for housing and support options that people with severe and enduring symptoms are included in the strategy for obtaining independent housing
- Redeveloped Committee Terms of Reference.

Directors: Darrel Drieberg (Chair), Diane Brown, Lyn Allison, Julian Freidin, Lei Ning

Non-Directors: Estelle Malseed & Alex Wood

Staff attending: Elizabeth Crowther, Laura Collister, Louise Davies, David Johnstone, Bernie Trahair

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: reviewed and developed

- New budget framework
- Strategic process for managing properties and other assets
- Investment strategy
- Delegations of Authority to CEO Policy.

Directors: Paul Montgomery (Chair), Jenny King, Theo Krambias

Staff attending: Elizabeth Crowther, Advan Hadzic, Laura Collister, David Johnstone, Louise Davies, Ken Kirby, Bernie Trahair

Policy and Advocacy Committee

The purpose of this committee is to oversee the development of MI Fellowship policies and ensure the effectiveness of its advocacy in influencing mental health policy at state and federal levels.

Achievements: Developed

- Establishment and Terms of Reference for Committee
- Framework for Housing and Support Policy Statement
- List of priorities for MI Fellowship advocacy
- Operational plan for internal and external communication of policy statements commenced.

Directors: Lyn Allison (Chair), Julian Freidin, Lei Ning, Diane Brown, Elaine Price

Staff attending: Elizabeth Crowther, Ken Kirby, Bernie Trahair

Executive of the Board (meet on an ad hoc basis only)

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), Louise Milne-Roch, Diane Brown, Paul Montgomery, Darrel Drieberg, Lyn Allison

Staff attending: Elizabeth Crowther, Laura Collister, David Johnstone, Ken Kirby, Bernie Trahair

Management Team



David Johnstone Bernie Trahair Elizabeth Crowther Laura Collister Ken Kirby

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01 Elizabeth Crowther

Chief Executive

Elizabeth has a 40-year history working in the health sector in Victoria, mostly in mental health, with 16 years in senior management roles in the clinical and psychiatric disability sectors. She started as chief executive of Mental Illness Fellowship Victoria in 1995.

Elizabeth is a senior fellow at the School of Nursing, University of Melbourne, has a Bachelor of Applied Science, a Diploma of Nursing Education and a Graduate Diploma in Health Administration. Her committee memberships include:

- President, VICSERV
- Deputy Chair, Ministerial Advisory Committee on Mental Health
- Member, MIFA.

02 Laura Collister

General Manager, Rehabilitation Services

Laura graduated as an occupational therapist in 1984 and has worked in the field of mental health since that time. Her experience includes working in large hospitals, community mental health and as a lecturer in occupational therapy at La Trobe University.

Laura joined Mental Illness Fellowship Victoria in 2005 and has embedded evidence-based practice and comprehensive evaluation frameworks into programs and services. She believes passionately in the possibilities for people living with mental illness and the opportunities that come through employment and education.

Laura has a Bachelor of Applied Science (Occupational Therapy) and a Master of Applied Science (La Trobe University). Her committee memberships include:

- Ministerial Advisory Sub-Committee on Workforce participation
- Department of Health – PARC Advisory Committee
- Department of Health – Day Program Review Reference Group.

03 David Johnstone

General Manager, Organisational Services

Joining the team in early March 2010 as General Manager, Organisational Services, David is responsible for ensuring that we have organisational capacity in the areas of finance, IT, HR, asset management, legal and administration. David leads these teams to ensure that our programs are well supported and are aligned with our vision and values.

David brings with him a wealth of knowledge and experience in mental health and the financial sector. This includes six years at State Trustees managing the financial and legal affairs of 9,000 Victorians with a disability under a VCAT Administration Order. David has a Bachelor of Science in pure and applied mathematics and a business degree in economics and insurance.

04 Ken Kirby

General Manager, Business Development (since April 2010)

Ken Kirby joined the team as General Manager, Business Development in April 2010. Ken is responsible for effective business development of MI Fellowship programs and promotion of MI Fellowship products and services. This includes responsibility for policy and advocacy and fundraising.

Ken has a background in the healthcare industry. Initially a psychiatric nurse he then moved to the pharmaceutical industry where he held executive roles in management with a focus on commercial, marketing and business development. Ken has qualifications in accounting, a Bachelor Business Marketing and a Diploma in Management.

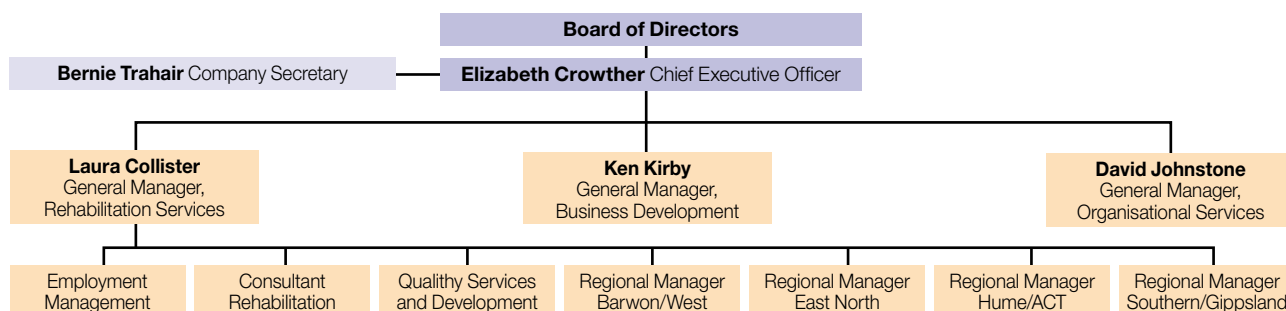
05 Bernie Trahair

Company Secretary

Bernie is Secretary to the Board of Directors. Bernie's main focus is providing directors with advice on corporate governance principles and plans and ensuring there is good communication between the board, the Chief Executive Officer and members.

Joining us in 1998, she has over 30 years' experience as a personal assistant over a number of industries. Bernie has a Graduate Certificate of Business and is currently undertaking a Certificate in Governance Practice and Administration.

Organisational Chart



People



It is through the innovation and creativity of our people that we are able to develop and grow.

The passion that our people have for their work, and for each other, often comes from their own lived experience with an illness or with family members with mental illness. We obviously have a far greater awareness of the issues facing people with mental illness than most organisations. But with one in five people experiencing some form of mental illness during their lifetime, we are really only a reflection of most organisations in Australia that, knowingly or unknowingly, employ people with mental illness, as well as many family members and friends of people with mental illness.

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

Among the highlights in this area in 2009-10 were:

- > Completion of review of the senior team to ensure that we have the most appropriate structure to support the achievement of our organisational objectives
- > Embarking on the process of developing a leadership strategy for MI Fellowship
- > Development of a tool kit for managers to support effective workplace practices
- > Delivery of the Optimal Health program to 90 staff
- > Completion of the IT disaster recovery procedures and the implementation of new budgeting and forecasting software
- > Two all-staff forums were held bringing staff from across the organisation to discuss new and emerging issues.

People continued

... we developed an interpreter policy and cultural and linguistic diversity policy. We also partnered with the Victorian Transcultural Psychiatry Unit to deliver cultural competence training. Thirty staff completed this intensive training program.

Organisational Development

Significant focus was placed on our objective of building organisational capability during 2009-10. Central to this was organisational development with the key themes being development, leadership and organisational learning.

A range of development activities were continued with the emphasis being on programs that supported staff, both as individuals and in teams. These focused on alignment of service and advocacy outcomes with organisation-wide goals and the creation of a culture built around collaboration and growth.

Leadership

Excellent performance, innovation and evidence-based practice thrive in an environment of excellent leadership. Therefore, it is critical that we continue to support development opportunities for our current and future leaders.

This year, we completed a review of our senior team to ensure that we have the most appropriate structure to support the achievement of our organisational objectives. Our new structure is aligned with our key strategic goals and we have welcomed Ken Kirby to the role of General Manager, Business Development, and David Johnstone to the role of General Manager, Organisational Services. Laura Collister has continued in the role of General Manager, Rehabilitation Services and Bernie Trahair has taken up her new role of Company Secretary.

The new senior team has embarked on the process of developing a leadership strategy for MI Fellowship and progress has been made in terms of strategy, framework and competencies.

To support our organisational succession planning we are currently piloting a leadership development program for our new managers. There were 12 in the first group participating in the program this year which has been developed in conjunction with Leadership Management Australia. This type of investment ensures that our leaders are supported in their professional development and are challenged to grow both personally and professionally.

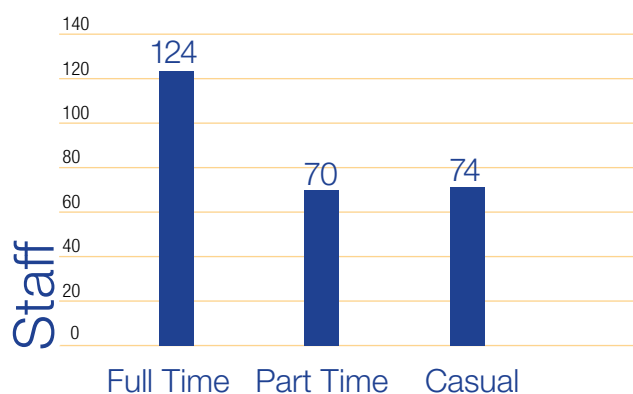
Organisational Learning

In line with our objective of building organisational capability, we provide a number of training and cultural development opportunities. These activities support individual and team alignment with organisational goals, foster diversity and build a collaborative employment environment. Our programs provide individuals with greater awareness of both their emotional and thinking preferences through the use of the Hermann Brain Dominance and Emotional Intelligence Instruments and other tools.

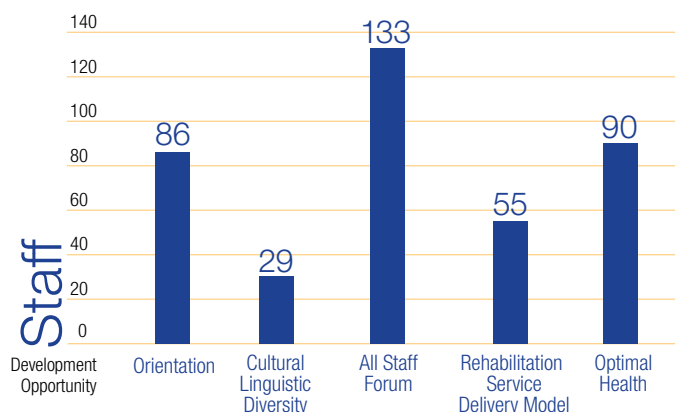
During 2009-10, we completed the re-development of our staff orientation activities and developed a tool kit for managers to support effective practice. A key component of the organisational orientation workshop is supporting new staff in the use of our Performance Development and Review process. This provides a unique way of combining strategic goals, professional supervision, organisational values expressed in behavioural terms, professional excellence and individual career development. The combination of these five elements allows MI Fellowship to ensure the effective support of individuals and the achievement of service goals.

Supporting our service provision, we continue to provide training for new staff in the Rehabilitation Process Model which focuses on the partnership between key worker and participant, enabling participation in a recovery journey. Staff members have also been trained in Optimal Health which builds on the learning from the Rehabilitation Process Model. Optimal Health was delivered to 90 staff in 2009-10.

Staff Numbers 2009-10



Staff Training at a Glance



CALD

People from a culturally and linguistically diverse (CALD) background continue to be under-represented in our participant groups. In order to increase the number of such people utilising our services, we have embarked on several internal initiatives.

In 2009-10, we developed an interpreter policy and a cultural and linguistic diversity participation policy. We also partnered with Victorian Transcultural Psychiatry Unit to deliver cultural competence training. Thirty staff completed this intensive training.

Occupational Health & Safety

A strategic approach to occupational health and safety assists in creating a safe environment for all our stakeholders, staff, participants, carers and volunteers and others involved in our activities. Our Health and Safety Committee has continued its proactive approach in providing effective support for health and safety management. In line with contractual obligations and our commitment to deliver programs of the highest quality, our organisation reports on and monitors all incidents, injuries and near misses and the Health and Safety Committee is one forum through which incident reports are monitored. The number of incidents across all categories was 344 with eight of these Category 1 incidents. Four Workcover claims were lodged during the 2009-10 period (the same numbers as reported in the 2008-09 period). Our Employee Assistance Program continues to provide a valuable support service for staff.

During 2009-10, we opened a number of new offices and are now providing a variety of services at over 50 sites throughout Victoria, ACT and Cairns.

IT Infrastructure

Like all progressive organisations, we recognise the critical role that innovative, reliable IT plays in maximising the effectiveness of our business operations, communicating our messages, and supporting the interests of our stakeholders.

The financial year started with our new intranet site, MI Share, going live on 3 August 2009. This critical communication tool enables staff, participants, volunteers and board members to keep up to date with news and to communicate more effectively with colleagues.

Other IT highlights of the year included the completion of our disaster recovery procedures, the implementation of new budgeting and forecasting software, an upgrade of the PABX, and the introduction of a new voicemail system. We have also recognised that our workforce is becoming more and more mobile and have embarked on a process of ensuring we deliver the right mobile technology to our staff.

Assets

We are continually reviewing our assets and infrastructure, such as buildings, to ensure that they are delivering maximum outcomes and remain fit for purpose.

During 2009-10, we opened a number of new offices and are now providing a variety of services at over 50 sites throughout Victoria, ACT and Cairns. We finalised the sale of the Glen Iris property. We also sold Kingsville this year which no longer suited our service delivery model. Staff were relocated to other locations that offer improved access and placement for service provision. We will be continuing to review our asset base, contracts and procedures during 2010-11 to ensure our asset base is sustainable and suitable for our service delivery needs.

Risk Management

Our risk management framework, endorsed by the board, conceptualises risk as falling into seven broad areas. A focus of this year was the recognition of risk in terms of asset management. This resulted in the creation of the new position of Asset Manager and a review of the health and safety aspects of our premises.

Accreditation

One of our organisational aims is to ensure we continue to embed quality in our everyday practices, across all our programs. We do so through a process of continuous quality improvement that is judged through accreditation against two separate bodies of standards.

Since re-accreditation under the *Quality Improvement and Community Service Accreditation* in 2009, we continue to focus on organisation-wide improvements to establish and work through a quality work plan. Four core areas have been chosen as areas for improvement over the next couple of years. They are:

- Strengthening strategic, governance and leadership systems and processes
- Improving the system for managing physical resources and assets
- Strengthening knowledge access, sharing, communication, and usability
- Improving service delivery through systematic and planned program developments.

People continued

This year 341 volunteers worked with us to connect, support, inform and add to the delivery of programs and services for people with mental illness, their families and friends.

Volunteering

Volunteering contributes to the strengthening of communities, the support of families and provides a forum for social engagement. Volunteers make our organisation stronger and more connected. By 'giving back' to their community volunteers support our organisation's work.

This year 341 volunteers worked with us to connect, support, inform and add to the delivery of programs and services for people with mental illness, their families and friends.

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

Volunteers

Adam Suzie	Dixon Lee	Kallonas Andie	Nguyen Mi	Sipek michelle
Affleck Margaret	Doueal Lisa	Karlen Marcus	Nguyen Tom-Quach	Smarr Tara
Aggarwal Jay	Douglas John	Katselas Nektarios	Nguyen Van-Hoa	Smillie Alison
Alkeusha Seljma	Doyle Bernadette	Keating Bernadette	Nickson Tim	Smith Betty
Allen Cassandra	Draisma Gabrielle	Kekulawala Shalinda	Ning Lei	Smith Margaret
Allen Robert	Drieborg Darrel	Kelleher Mel	Novac Susan	Smith Miriam
Alley Georgina	Drumm Janelle	Kelly Kevin	O'brien Patricik	Smulders Wilma
Anderson Judy	Dunn Elissa	Kendrick Kayne	Obuch Heather	Snell Trinstan
Angelopoulos Anna	Dyson Greg	Kerr Brenda	O'Connell Terri	Song Amanda
Angrove Karen	Eboutany Ida	King Jennifer	O'samooni Mafi	Sourtzis Maria
Anton Kate	Evan Judith	Kiroudis George	O'Halloran Sarina	Spiteri Sam
Arena Andrew	Fairbank Mitchell	Knowles Rob	O'Meara Andy	Stewart Gaye
Armatas George	Fergus Richard	Konstantopoulos Nick	O'Neil Marg	Stone June
Arthur Caitlin	Filardo Joe	Krambias Theo	Osborne Mona	Stubbs Beth
Assan Ben	Finnocchiaro Carla	Krantz Virginia	Osigli Angela	Styant-Browne Marcus
Badcoe Andrew	Fitzgerald Sandra	Krystle Westhorpe	Osigli Deanna	Sullivan Bree
Betageri Ravindra	Fiumara Sam	Lane Rosemary	Osigli Stephanie	Sullivan David
Bevan Anne	Flahavin Simon	Lang Heath	Panetta Rita	Susay Michelle
Bezzina Andrea	Florance Maggie	Leione Krishna	Parkes Helen	Tarasko Peter
Blazevic Amelia	Flores Marco	Lethlean Ruth	Patterson Des	Taylor Jenine
Blazevic Suzana	Foldrin Janyce	Lewisohn Penny	Pekin Natalie	Thirkell Kim
Bone Keeghan	Freidin Julian	Liapis Irene	Perra Denise	Thompson Emma
Booth Marion	Frisbe John	Lin JingChun	Petch Lisa	Tickner Shirley
Bradley Kieran	Fuji Misa	Lin Ya-Hsun	Pettitt Juliet	Tilley Pearl
Bradley Liam	Gallagher Jordan	Linder Tania	Peyton Peter	Ting Rhoda
Brandon Janice	Gallagher Michelle	Liston Barbara	Phillips Jenny	Toholka Kate
Brooks Indahly	Gamble Jessie	Little Mark	Phung Alissa	Tolchard Robin
Brown Diane	Garcio Charo	Long Louise	Piccoli Lucy	Tomarchio Sam
Browne Freya	Garstin Michelle	Luck Andrew	Pierce Eleanor	Trahair Catherine
Bunton Lorna	Gately Selena	Lyn Allison	Piermarini Antonietta	Trahair Chris
Burrows Margaret	Gaynor Liz	Lyons Robert	Ponniha Niranjana	Trahair Mark
Callendar Lyn	George Nancy	Lyons Vivienne	Poole Janet	Trahair Moon
Callipari Elena	George Steve	Maccdonald Karen	Pope Jacinta	Trahair Stephen
Cameron Wade	Gill David	Magoulas Louis	Powell Jamie	Treblcock Maria
Campbell Megan	Gioudmaina Shanon	Mai Annie	Price Elaine	Turner Purdita
Campbell Penny	Gooding Chris	Makonnen Gennet	Price Les	Uhlenkott Janelle
Cantale Thea	Goss Dominic	Malseed Estelle	Ralph Kate	Uwamahoro Nathalie
Carling Iris	Gould Matthew	Marsh Nova	Randell Deidre	Vandeneeden Yvonne
Carter Beverley	Grisold Hayden	Marsicano Josie	Rawley Maris	Vouthas Jimmy
Cattanach Nannette	Gross Kay	Martin Cathy	Real Mario	Walker Jacqui
Celia Simone	Groves Steven	Martyn Nicole	Redding Seamus	Wallace Susan
Chegwidden Margaret	Guerin Roma	Mascarenhas Iris	Reid Carol	Walsh Ruth
Chettleburgh Jo	Gullotti Dijana	Maud Philip	Reid Gail	Watson Anita
Clarence Jess	Haas Indra	Maulana Ally	Richards June	Waye Carley
Clay Lorraine	Halton Chris	Mccarthy John	Rigoni Nadia	Weaven Shane
Clough Geoff	Hannan Rina	McCredie Frances	Riley Kane	Webster John
Coffen Ava	Hansen Dorothy	McCullagh Catherine	Rinaudo Ben	Weston Doug
Cole Benjamin	Harding Bev	McGregor Sally	Robertson Bree	Whellum Laura
Colley Peter	Hauser Naomi	Mcintosh Pamela	Robison Sharon	White Trish
Collins James	Hawkey Amanda	Mckernan Vicki	Roffey Cathy	Wilcox Andrew
Collyer Pauline	Hayes Joan	Mckinna Judy	Ross Steven	Williams Amy
Comberford Jennifer	Hearps Simone	McLean Richard	Rumpous Vicky	Wilmott Catherine
Cooper-Sutton Zoe	Hildyard Janet	Mcnamara Clay	Ryan Rebecca	Windmill Rose
Cotter Anne	Holyoake Kim	Mcnamara Pat	Ryding Lisa	Wood Alex
Craneburgh Andrea	Horvath Eva	Mehegan Julie	Ryrie Clare	Wong Gloria
Craven Rachael	Hoskins Merrin	Meneghetti Linda	Salakowski Marie	Wood John
Creaden Tony	House Kirsty	Mignot Ray	Salim Janice	Wood Kate
Crichton Barbara	Howell Davina	Miller Loren	Sapar Nicky	Woodland Les
Cropley Madeline	Hutchins Nyree	Milne-Roch Louise	Sashakara Christine	Woods Meredith
Cruze Amber	Huxham Frances	Moloney Helen	Schmidt Martina	Wozniak Danny
Cullen Paul	Inglis Margaret	Monahan John	Schweiger Robby	Young Valerie
Cullum-Jenkins Sophie	Ioannidis Lina	Monahan Nina	Sciavo Frank	Younis Dianne
Danglow Susan	Isacss Babe	Montana Peter	Sebastian Rebecca	Zhuo Yue (Viva)
Darby Margaret	James Laurence	Montgomery Paul	Shafir Nathan	
Davies Amanda - Jane	Jeffries Rohan	Moore Emma	Sharp June	
Davison Jeanette	Jenkins Nadia	Moore Helen	Sherlock Kim	
Deam Mary	Jesson Lyn	Moran Tim	Shivsasani	
Deerson Denise	Johnstone Lorraine	Mules Phyllis	Simon Peter	
Di Rago Pat	Dinau Sarah	Nguyen Henry	Singh Nikita	

Compliments and Complaints

We have a strong staff culture of valuing feedback and ensuring that consumer input shapes our services. We have an organisation-wide systematic process that ensures that all feedback is consistently responded to and that themes are identified, reported and monitored by our Quality Committee and interventions put in place.

Environmental Sustainability

Our Environmental Sustainability Policy and Procedure details the initiatives that we undertake as an organisation to protect our environment. Our priority areas include: reducing energy and water consumption; reducing paper use and waste volume; increasing recycling practices; purchasing environmentally sustainable goods and materials; and providing participant and staff education about environmentally responsible practices. Our program Go Green continues and will be ramped up in the coming year.



Attendees of the Woodcock Lecture received a sneak preview of the play, Inside Out, to be performed in October 2010, featuring actors Ben Welford (left) and Valarie Bader.

People continued

MI Fellowship Awards

After first starting in 1992, our awards publicly acknowledge the work of people who promote community understanding of mental illness. This year's awards recognise the following people:

Byron Bailey who was conferred the Mental Illness Fellowship Award for his work as convenor of a social support and recreational group for people with mental illness in Kew that encourages members to actively participate in the community

The Mental Health Community Award was presented to Isabell Collins for her advocacy for the human rights of people with mental illness and John Edgley for his longstanding support for the Open

Mind Fiesta which he has supported through volunteering his time and the generous in-kind donation of his truck that is used as the stage on the day.

Ray Mignon received the Volunteer Award for his work in the Kew Op Shop. Ray along with his wife, established the Op Shop in 1981. He has been involved as a volunteer in the shop over the last 28 years

Kevin Abrahamson, Special Counsel with Middleton Lawyers was conferred the prestigious O'Meara Award for his unswerving commitment and pro bono advice and support to MI Fellowship over many years.



Volunteer Award recipient, Ray Mignon.

Financials

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2010

Directors' Report

The directors have pleasure in submitting their report for the year ended 30 June 2010 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:

The Hon Robert Knowles	Ms Louise Milne-Roch
Ms Lyn Allison	Mrs Diane Brown
Mr Darrel Drieberg	Mr Julian Freidin
Ms Jennifer King	Mr Theophanis Krambias
Mr Paul Montgomery	Mr Lei Ning
Ms Elaine Price	Mr Nathan Shafir

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 2010, six meetings of the Company's directors were held in respect of which, each director of the Company attended the following number (see table):

Operating Result

The net profit of the Company for the year after capital items was \$487,664 (2009 Loss \$48,084, restated to Loss \$199,152). The profit from ordinary activities before capital items was \$585,626 (2009 Loss \$98,324, restated to Loss \$249,392).

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.

Name of Director	Date Appointed	Board of Directors' Meetings	Board Committee Meetings				
			Executive	Appointments & Governance	Finance, Audit & Resource Management	Directions	Policy & Advocacy
Robert Knowles (President)	20/09/2000	5 of 6	1 of 1	4 of 6			
Lyn Allison	08/09/2008	5 of 6				6 of 6	3 of 3
Diane Brown	20/09/2000	6 of 6	1 of 1			5 of 6	1 of 2
Darrel Drieberg	17/12/2007	5 of 6	1 of 1		3 of 3	6 of 6	
Julian Freidin	22/06/2009	5 of 6				4 of 5	3 of 3
Jennifer King	21/10/2005	6 of 6			5 of 6		
Theophanis Krambias	10/10/2008	3 of 6			6 of 6		
Louise Milne-Roch	20/01/2003	6 of 6	1 of 1	6 of 6			
Paul Montgomery	25/09/2006	5 of 6	1 of 1		5 of 6		
Lei Ning	22/06/2009	6 of 6				3 of 5	2 of 3
Elaine Price	24/01/2005	5 of 6		6 of 6			3 of 3
Nathan Shafir	22/10/2004	4 of 6		5 of 6			

Financials continued

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2010

Directors' Report continued

Directors and Auditors Indemnification

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

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

Auditor's Declaration

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

On behalf of the board



THE HON ROBERT KNOWLES - DIRECTOR



PAUL MONTGOMERY - DIRECTOR

Signed at Fairfield on the 11th day of October 2010.

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 2010, 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
ACN 093 357 165

Dated this 5th day of October 2010.

Directors' Declaration

The Directors of the company declare that:

1. the financial statements and notes, as set out on pages 6 to 20:
 - a) comply with Australian Accounting Standards and the Corporations Law; and
 - b) give a true and fair view of the financial position as at 30 June 2010 and performance for the year ended on that date of the company;
2. in the Directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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



Signed at Fairfield on the 11th day of October 2010.

Income Statement

	NOTE	2010 \$	2009 \$
INCOME FROM CONTINUING OPERATIONS			
Contract Services Income	2	14,811,305	12,706,249
Fundraising			
Charitable Contributions		565,724	364,044
Other Fundraising		786,142	721,914
Other Income			
Income from Investments		388,862	326,764
Profit on Sale of Assets		345,602	49,280
Membership Income		15,591	22,142
Other Revenue & Recoveries		251,276	220,312
TOTAL REVENUE		17,164,502	14,410,705
EXPENSES			
Salaries & Related Costs	3	11,533,470	10,034,656
Consultancies		158,106	113,028
Audit Fees		16,560	16,596
Bank Fees		29,221	49,465
Depreciation		771,208	664,147
Interest Expense		20	171
IT Network Costs		245,932	290,454
Occupancy Costs		456,133	403,528
Office Costs		615,058	536,013
Participant Support		1,046,119	976,672
Program Setup Costs		130,098	232,318
Additional Funding to MIFA		60,000	25,000
Light & Power		126,394	118,771
Motor Vehicle Expenses		381,158	321,128
Property and Equipment Maintenance		412,057	413,490
Fundraising Expenses		495,116	363,907
Volunteer Costs		9,871	4,455
Other Expenses		31,357	2,728
Loss on Sale of Fixed Assets		6,064	4,127
Loss on Sale of Investments		54,934	89,443
TOTAL EXPENSES		16,578,876	14,660,097
PROFIT/ (LOSS) BEFORE CAPITAL ITEMS	4	585,626	(249,392)
Capital Donations and Funding		103,305	237,356
Building Depreciation		(201,267)	(187,116)
NET PROFIT/ (LOSS) FROM CONTINUING OPERATIONS		487,664	(199,152)

The accompanying notes form an integral part of these financial statements

Financials continued

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2010

Statement of Comprehensive Income

NOTE	2010 \$	2009 \$
NET PROFIT/ (LOSS) FROM CONTINUING OPERATIONS	487,664	(199,152)
Other Comprehensive Income		
Net Revaluations on Available For Sale Investments	299,067	(423,340)
TOTAL COMPREHENSIVE INCOME	786,731	(622,492)

Balance Sheet

CURRENT ASSETS		
Cash at Bank, on Deposit and on Hand	6,191,826	5,055,398
Receivables 5	529,715	354,500
Prepayments	75,154	122,881
TOTAL CURRENT ASSETS	6,796,695	5,532,779
NON-CURRENT ASSETS		
Investments available for sale 6	1,840,757	1,936,106
Property, Plant & Equipment 7	7,678,864	8,440,635
TOTAL NON-CURRENT ASSETS	9,519,621	10,376,741
TOTAL ASSETS	16,316,316	15,909,520
CURRENT LIABILITIES		
Creditors & Accruals 8	1,008,098	1,061,422
Resident Bonds	300	300
Provisions 9	604,085	537,736
Funds Held for Future Periods 10	2,562,628	2,968,507
TOTAL CURRENT LIABILITIES	4,175,111	4,567,965
NON-CURRENT LIABILITIES		
Provisions 9	288,016	275,097
TOTAL NON-CURRENT LIABILITIES	288,016	275,097
TOTAL LIABILITIES	4,463,127	4,843,062
NET ASSETS	11,853,189	11,066,458
Represented By:		
EQUITY		
Reserves 11	7,695,967	8,572,272
Retained Earnings	4,157,222	2,494,186
TOTAL EQUITY	11,853,189	11,066,458

The accompanying notes form an integral part of these financial statements

Statement of Changes in Equity

		NOTE	2010 \$	2009 \$
RETAINED EARNINGS				
Accumulated Surplus at the beginning of the year			2,494,186	2,196,929
ADD	Net Profit for Year		487,664	(199,152)
			2,981,850	1,997,777
ADD/ LESS	Transfer to New Projects Reserve		301,911	-
	Transfer to Property Maintenance Reserve		(26,028)	(29,016)
	Transfer to Asset Replacement Reserve		(76,877)	150,601
	Transfer to Asset Trust Reserve	13	969,044	223,756
	Transfer to Development Fund Reserve		7,322	151,068
Net Amount of Transfers			1,175,372	496,409
Other Comprehensive Income			-	-
Retained Earnings at the end of the year			4,157,222	2,494,186
RESERVES				
Balance at the beginning of the year			8,572,272	9,492,021
Net transfers (to)/from Retained Earnings			(1,175,372)	(496,409)
<i>Other Comprehensive Income:</i>				
	Net change in fair value of available-for-sale financial assets	12	299,067	(423,340)
Reserves balance at the end of the year			7,695,967	8,572,272

The accompanying notes form an integral part of these financial statements

Financials continued

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2010

Statement of Cash Flows

	NOTE	2010 \$	2009 \$
Cash Flow from Operating Activities			
Receipts - from Donors and Funding Agencies		17,406,263	17,053,326
Payments to Suppliers and Employees		(17,127,013)	(14,953,629)
Interest & Distributions Received		388,862	326,764
Net Cash Provided by Operating Activities	18(b)	668,112	2,426,461
Cash Flow from Investing Activities			
Proceeds from Sale of Property, Plant & Equipment		950,680	158,390
Proceeds Realised from Sale of Investments		442,759	70,269
Purchase/ Reinvestment of Investments		(103,277)	(285,490)
Payment for Property, Plant & Equipment		(821,846)	(1,009,032)
Net Cash used by Investing Activities		468,316	(1,065,863)
Cash Flow from Financing Activities			
Net Cash provided by Financing Activities		-	-
Net Increase (Decrease) in Cash Held		1,136,428	1,360,598
Cash at Beginning of Year		5,055,398	3,694,800
Cash at End of Year	18(a)	6,191,826	5,055,398

The accompanying notes form an integral part of these financial statements

Notes to and Forming Part of the Financial Statements

NOTE 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) New Accounting Policies

Mental Illness Fellowship Victoria has adopted the Amended Australian Accounting Standard AASB 101 (revised 2007) effective 1 January 2009. The revised standard separates owner and non-owner changes in equity. The statement of changes in equity includes only details of transactions with owners, with non-owners changes in equity presented in a reconciliation of each component of equity and included in the new statement of comprehensive income. The statement of comprehensive income presents all items of recognised income and expense either in one single statement, or in two linked statements. The entity has elected to present two statements, which includes retrospective restatement of prior year comparatives.

b) Property, Plant and Equipment

Property, plant and equipment are brought to account at cost less, where applicable, any accumulated depreciation and any impairment in value. The carrying amount of property, plant and equipment is reviewed annually to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows which

Notes to and Forming Part of the Financial Statements continued

will be received from the assets employment and subsequent disposal. The expected net cash flows have not been discounted to their present values in determining recoverable amounts.

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

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

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

c) Employee Entitlements

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

d) Taxation

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

e) Financial Instruments

Available for Sale Financial Assets

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

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

f) Cash

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

g) 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. Income is subsequently recognised in the periods that the funds are actually spent. If the contract has been completed and unexpended funds are present, the funds will be moved to the Development Fund Reserve through income when the Fellowship is satisfied that the funds will not be required to be repaid. As disclosed in the balance sheet, unspent funds totalling \$2,562,628 are showing as a liability at 30 June 2010 (\$2,968,507 at 30 June 2009). All other donations and untied grants are recorded as income when monies are received. See Note 1 h) for additional detail.

h) Voluntary Change in Accounting Policy

Nature and reason for the change:

On review of the Funds Held for Future Periods, a number of funding contracts stated that any excess funds could be retained, if the funding body was satisfied with the completion of the project. As such, the board may resolve to commit the funds to be spent on other projects. In the past these funds were retained as liabilities. The board now are of the view that it is more relevant and reliable to record this funding through income into a Development Fund Reserve in the Balance Sheet.

Comparative and current year adjustments:

Funds Held for Future Periods for the 30 June 2009 comparative period has been reduced by \$1,781,166, with the corresponding adjustment increasing a reserve account *Development Fund Reserve*. The Operating Surplus has been reduced by \$151,068 by a decrease in income which is the movement in the non-current liability account *Funds Held for Future Periods* in the 2008-09 year.

In the current 2009-10 year, the effect of the change of accounting policy is a decrease in Operating Surplus by a decrease in income and a corresponding increase in the liability account *Funds Held for Future Periods*, by an amount of \$7,322.

Financials continued

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2010

Notes to and Forming Part of the Financial Statements continued

NOTE	2010 \$	2009 \$
NOTE 2: CONTRACT SERVICES INCOME		
Government Grants	11,193,132	11,214,969
Funding & Grants received in previous periods	408,365	451,730
Fees from other Agencies	2,878,000	1,558,066
Client Fees	331,808	384,944
	14,811,305	12,706,249
NOTE 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)	191.58	163.89
NOTE 4: CAPITAL FUNDING AND DONATIONS		
Mental Illness Fellowship Victoria receives funding which it earmarks for expenditure on capital. Amounts are allocated towards renovations of existing property, purchase of property, purchase of computer equipment, network development, motor vehicles and office equipment.		
NOTE 5: RECEIVABLES - CURRENT		
Trade Receivables	483,679	335,672
Deposits and Bonds Issued	26,255	18,828
Accrued Income	19,781	-
	529,715	354,500
NOTE 6: INVESTMENTS – AVAILABLE FOR SALE		
Investments in Managed Funds	1,840,757	1,936,106
NOTE 7: PROPERTY, PLANT & EQUIPMENT		
Buildings and Land - at cost	7,047,149	7,704,848
Less Accumulated Depreciation	(1,746,587)	(1,648,220)
	5,300,562	6,056,628
Motor Vehicles - at cost	2,775,635	2,606,724
Less Accumulated Depreciation	(1,424,625)	(1,243,211)
	1,351,010	1,363,513
Office Furniture and Equipment - at cost	1,335,453	1,241,266
Less Accumulated Depreciation	(711,382)	(517,358)
	624,071	723,908
Computers - at cost	780,000	422,850
Less Accumulated Depreciation	(376,779)	(266,478)
	403,221	156,372
Work in Progress	-	140,214
Total Written Down Value	7,678,864	8,440,635

Notes to and Forming Part of the Financial Statements continued

2010	Land & Buildings \$	Motor Vehicles \$	Office Furniture & Equipment \$	Computers \$	Total \$
Balance at the beginning of the year	6,056,627	1,363,513	723,908	156,372	8,300,420
Additions – at cost	-	581,483	105,450	357,150	1,044,083
Disposals	554,798	138,365	-	-	693,163
Depreciation Expense	201,267	455,620	205,287	110,301	972,475
Carrying Amount at End of the Year	5,300,562	1,351,010	624,071	403,221	7,678,864

	NOTE	2010 \$	2009 \$
NOTE 8: CREDITORS & ACCRUALS			
Trade Creditors		616,166	532,796
Accruals		391,932	528,626
		1,008,098	1,061,422
NOTE 9: PROVISIONS			
Current Liabilities			
Provision for Annual Leave		572,048	507,096
Provision for Long Service Leave		32,037	30,640
		604,085	537,736
Non-Current Liability			
Provision for Long Service Leave		288,016	275,097
NOTE 10: FUNDS HELD FOR FUTURE PERIODS			
Current			
Expected to be Utilised within 12 months		2,562,628	2,968,507
Total Funds Held for Future Periods		2,562,628	2,968,507
NOTE 11: RESERVES			
Available for Sale Investment Revaluation Reserve	12	(642,688)	(941,755)
Capital Campaign Reserve		536,295	536,295
Capital Reserve		300,000	300,000
Development Fund Reserve		1,773,844	1,781,166
New Projects Reserve		762,057	1,063,968
Property Maintenance Reserve		217,102	191,074
Asset Replacement Reserve		437,314	360,437
Asset Trust Reserve	13	4,312,043	5,281,087
		7,695,967	8,572,272
NOTE 12: AVAILABLE FOR SALE INVESTMENT REVALUATION RESERVE			
Opening Balance		(941,755)	(518,415)
Increase/(Decrease) in Fair Value of Investments		299,067	(423,340)
Closing Balance		(642,688)	(941,755)

Financials continued

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2010

Notes to and Forming Part of the Financial Statements continued

NOTE	2010 \$	2009 \$
NOTE 13: 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.		
Opening Balance	5,281,087	5,504,843
Add/(Less) Transfers (to)/from Retained Surplus	(969,044)	(223,756)
Closing Balance	4,312,043	5,281,087

NOTE 14: CAPITAL COMMITMENTS

As at 30 June 2010 no capital commitments were existing, nor were there any that existed for the comparative previous year.

NOTE 15: RELATED PARTY RELATIONSHIPS

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

NOTE 16: KEY MANAGEMENT PERSONNEL

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

Short-Term Benefits	389,896	496,781
Other Long-Term Benefits	-	-
Post-Employment Benefits	122,662	121,384
Termination Benefits	1,603	121,190
Share-Based Benefits	-	-
Total	514,161	739,355
Number of Key Personnel (EFT)	4.3	5.31

NOTE 17: FINANCIAL INSTRUMENTS

FINANCIAL RISK MANAGEMENT POLICIES

The Company's financial instruments consist mainly of deposits with banks, accounts receivable and payable.

The committee's overall risk management strategy seeks to assist the Company in meeting its financial target, whilst minimising potential adverse effects on financial performance.

Risk management policies are approved and reviewed by the committee on a regular basis. These included the credit risk policies and future cash flow requirements.

The main purpose of non-derivative financial instruments is to raise finances for the Company's operations.

The Company does not have any derivative instruments at 30 June 2010.

Notes to and Forming Part of the Financial Statements continued

Recognised Financial Instrument	Accounting Policy	Terms and Conditions
Financial Assets		
Bank Deposit On-Call and Bank Bills	Valued at face value.	On-call deposits returned floating interest rates between 0.0% and 5.4%. The weighted average rate at balance date was 5.02%.
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 5.63%.
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.

NOTE 17: FINANCIAL INSTRUMENTS (Continued)

INTEREST RATE RISK

The Company'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 Assets							
Cash On-Call & Bank Bills	4,054,509	2,137,317				6,191,826	5.02%
Managed Funds					1,840,757	1,840,757	N/A
Receivables					529,715	529,715	N/A
(ii) Financial Liabilities							
Creditors					1,008,098	1,008,098	N/A
Resident Bonds					300	300	N/A

CREDIT RISK

The Company does not have any material credit risk exposure to any single debtor or group of debtors under financial instruments entered into by the Company.

NET FAIR VALUES

The aggregate net fair values and carrying amounts of financial assets and financial liabilities are comparable to the amounts disclosed in the financial statements.

MARKET RISK

i. Interest rate risk

Exposure to interest rate risk arises on financial assets and financial liabilities recognised at the end of the reporting period whereby a future change in interest rates will affect future cash flows or the fair value of fixed rate financial instruments. The company is also exposed to earnings volatility on floating rate instruments.

ii. Price risk

Price risk relates to the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices of securities held.

The company is exposed to securities price risk on managed fund investments held for the medium to longer term. Such risk is managed through diversification of investments across industries.

LIQUIDITY RISK

Liquidity risk arises from the possibility that the company might encounter difficulty in settling its debts or otherwise meeting its obligations in relation to financial liabilities. The company does not have any material liquidity risk exposure to any single creditor or group of creditors under financial instruments entered into by the Company. The Company manages liquidity risk by maintaining a reputable profile and through having minimal credit risk relating to financial assets.

Financials continued

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2010

Notes to and Forming Part of the Financial Statements continued

NOTE	2010 \$	2009 \$
NOTE 18: CASH FLOW INFORMATION		
(a) Reconciliation of Cash		
Cash at Bank, on Deposit and on Hand	6,191,826	5,055,398
(b) Reconciliation of Cash Flow from Operations with Operating Profit / (Loss)		
Operating Profit/ (Loss) after Income Tax	487,664	(199,152)
<i>Adjustments for Non-Cash Items:</i>		
Depreciation	972,475	851,263
Profit on Sale of Property, Plant & Equipment	(339,538)	(45,153)
Profit on Sale of Investments	-	
Realised Loss on Sale of Investments	54,934	89,443
Transfer of Development Funds		
<i>Changes in Assets and Liabilities:</i>		
(Increase)/Decrease in Receivables	(175,215)	867,532
(Increase)/Decrease in Prepayments and Other Assets	47,727	(70,837)
Increase/(Decrease) in Creditors & Accruals	(53,324)	104,306
Increase/(Decrease) in Employee Provisions	79,268	166,646
Increase/(Decrease) in Funds for Future Use	(405,879)	662,413
Cash Flows from Operations	668,112	2,426,461

NOTE 19: EVENTS AFTER THE BALANCE SHEET DATE

Mental Illness Fellowship Victoria, settled on the sale of their property situated at 34 Birdwood Street, Frankston on 12 August 2010. Total sale price is \$565,000 of which a deposit net of selling and incidental costs of \$32,259 is recorded as a liability. The sale will be recorded in the 2011 year.

There have been no other significant events occurring after balance date that may affect the operations of The Mental Illness Fellowship Victoria, not otherwise disclosed in this report.

NOTE 20: CAPITAL AND LEASING COMMITMENTS

a. Finance Lease Commitments

Nil

Nil

b. Operating Lease Commitments

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

Not longer than one year

186,083

199,247

Longer than one year and not longer than five years

385,028

177,598

Longer than five years

-

-

Independent Audit Report to the Members of Mental Illness Fellowship Victoria

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 2010 and the statement of comprehensive income, statement changes in equity 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 as to 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 judgement, 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 11 October 2010, would be in the same terms if provided to the directors as at the date of this auditor's report.

Auditor's Opinion

In my opinion:

- a. the financial report of Mental Illness Fellowship Victoria is in accordance with the *Corporations Act 2001*, including:
 - i. giving a true and fair view of the company's financial position as at 30 June 2010 and of their performance for the year ended on that date; and
 - ii. complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Regulations 2001.



DAVID J. OSBORNE FCPA
Registered Company Auditor No 10244
C/- Shepard Webster & O'Neill Pty Ltd
434 Nepean Highway, Frankston 3199
Telephone 9781-2633

Date: 13th October 2010

Glossary

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

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

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

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

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

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

DHS: Victorian Department of Human Services

Employment Support Services (ESS): provides specialist assistance to job seekers with disabilities who require on-going support to find and maintain employment

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

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

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

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

Helpline: a telephone information, referral and support service provided by MI Fellowship for people with mental illness, family members, and others in the general community

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

MIFA: Mental Illness Fellowship of Australia Inc

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

Opening Doors: An intensive residential rehabilitation program for people with serious mental illness.

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

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

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

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

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

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

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

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

Residential rehabilitation: rehabilitation programs that are provided in conjunction with provision of accommodation

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

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

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

Vocational Rehabilitation Services: provides assistance to people who have an injury, disability or health condition to work independently in the open labour market.

Well Ways: the Well Ways suite of programs are education programs that are delivered by trained facilitators who are either someone who has experienced mental illness or a carer or family member.

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fellowship victoria



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