



mental illness
fellowship victoria

4,946 *program participants*

2,535 *Helpline calls*

42,000 *members of the community*

annual report 2010-11 **physical health and wellbeing**





What **does** physical health and wellbeing mean for Chris? >



This year's Annual Report

The theme of our 2010-11 Annual Report is physical health and wellbeing.

In it Together: physical health and wellbeing for people with mental illness is a two-year focus by Mental Illness Fellowship Victoria on closing the gap in physical health between people with mental illness and other Australians. Working alongside participants in our programs, we are finding ways to remove the barriers to better health, and to support people to make health-promoting activities part of their everyday lives.

> **Chris has played with The Dukes basketball team for the past 11 years. He trains with the team weekly and plays on Friday nights. He also keeps fit with swimming, running, going to the gym and walking the dog.**

Highlights: playing around Australia; winning awards; trying out for the Australian Boomerangs (national) team.

Other interests: Gardening, dancing, art.

Graduate of MI Fellowship Victoria's Certificates II and III in General Education for Adults.

About us We are a member-based not-for-profit organisation focused on creating better lives for people with mental illness and their families.

Our services are designed to support and care for people with mental illness so they are able to manage their mental health and pursue their life goals and aspirations.

Our advocacy work aims to increase community understanding of mental illness, and improve the quality and accessibility of services and opportunities available to people affected by mental illness.

We were established in 1978 by families wanting better services and information. Today we are one of Australia's leading psychiatric disability rehabilitation and support agencies, working through a \$21.1m budget to improve the lives of people with mental illness 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

Strategic goals and achievements Our *Strategic Plan 2009-13* seeks to position MI Fellowship Victoria to meet the challenges of our changing service delivery context. We aim to increase opportunities for people with mental illness to be connected to the community, and to gain homes, education, jobs and better health. We are guided by three principle goals.

Strategic goal	Progress in 2010-11
1. Build integrated service response systems based on up-to-date services that work collaboratively with other organisations and our participants	<ul style="list-style-type: none">> We strengthened our collaboration with clinical, non-clinical and other health services, including a headspace service for young people with mental illness.> We expanded the delivery of our <i>Well Ways</i> family education programs into regional areas.> We extended our IT capability to enable greater connectivity for our staff and service users.> We re-designed our communications arm to better promote our services and ensure more targeted information provision.> We trained managers to better understand and address the needs of our diverse community.
2. Drive innovation of our operations and services through evidence of best practice	<ul style="list-style-type: none">> We were successful in achieving funding for the housing and support demonstration project Doorway which is building on international evidence and models.> We commenced planning for the implementation of a new client management system that will enrich the information available to us on the service needs of program participants.> We continue to evaluate outcomes for participants in our <i>Well Ways</i> programs (with results published in peer reviewed journals).> We have implemented a new approach to our day programs which is providing greater social inclusion opportunities.
3. Build our organisational capacity to provide effective, high-quality and responsive services	<ul style="list-style-type: none">> We have developed a new and more responsive investment strategy to help secure our financial future.> We continued to strengthen our governance protocols through revised Board policies and improved orientation support to new Board members.> We developed and released policy positions on Housing and Support and the Victorian Justice System.> We invested in new budgeting software to enable improved financial planning.> We established new asset management systems and infrastructure.

Contents	2	Overview: the people we worked with and how we worked with them
	4	President's Report
	5	Chief Executive's Report
	6	Financial Overview
	8	Home
	12	Community
	14	Work and Study
	18	Relationships
	20	Physical Health and Wellbeing
	22	Advocacy and Awareness
	24	Governance and Management
	29	People
	31	Financials
	45	Donors and Supporters
		Contact Us



“People with mental illness do want to have good physical health, and they do know what is and isn’t good for them. But many people with mental illness are running marathons in their minds every day, just to get through the day. It is hard work, and yet we seem to expect people to get out and engage in their physical health as well.

“We need to walk alongside people to help them overcome the barriers they face. People can indeed engage in their physical health if the conditions are created for them to do so. We cannot wait any longer – the statistics have been known for too long. We can support people with mental illness to better health, and we are all in it together.”



– Associate Professor Sharon Lawn
Bruce Woodcock Memorial Lecture 2011

Overview

The people we worked with and how we worked with them

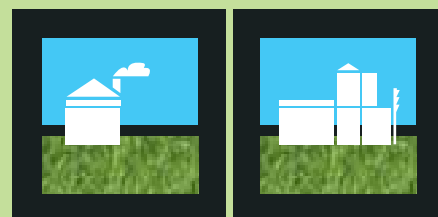
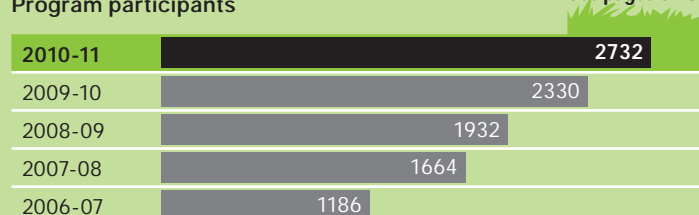
Participants

We use the word 'participants' in this report to describe people with mental illness, and their families, friends and carers, who take part in our programs and use our services. In 2010-11 we worked with **4946** participants and our Helpline responded to **2535** calls.

Home & Community

Program participants

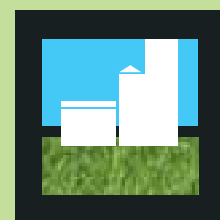
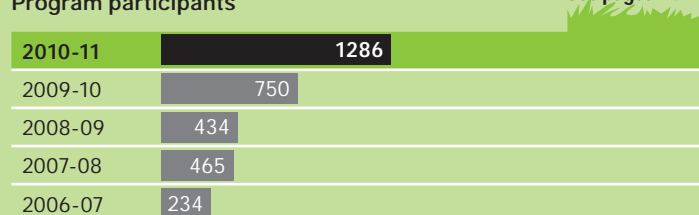
See pages 8-13



Work & Study

Program participants

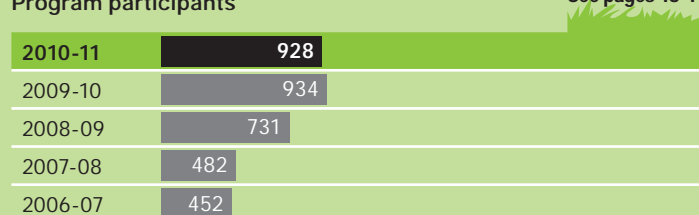
See pages 14-17



Relationships

Program participants

See pages 18-19



Helpline Calls

See page 19



Advocacy & Awareness

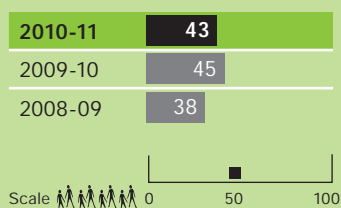
Participants

See pages 22-23

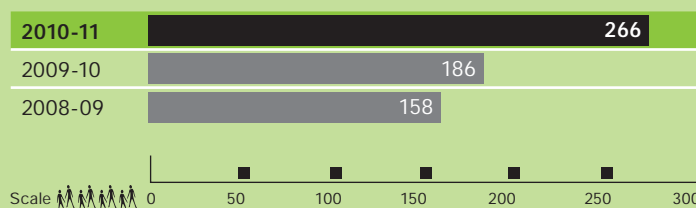
Community events	40,000
Community education	2000
Unique website visitors	33,034 (annual)
MI Voice and MI Voice Update readers	4200 (per month)



Participants identifying as Aboriginal or Torres Strait Islander

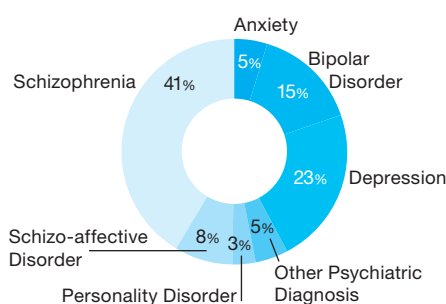


Participants from non-English speaking backgrounds



Mental health conditions of the people we work with

Our programs are designed to support people with severe and enduring mental illness. In 2010-11 the primary illnesses of participants in our programs were as follows:



Working with Aboriginal communities

This year we worked closely with Aboriginal communities and Aboriginal controlled health services in Western Australia and Gippsland to deliver culturally appropriate education programs and respite services for Aboriginal families affected by mental illness. We are continuing to improve our understanding of the needs of Aboriginal communities and are working to strengthen our capacity to meet these needs. In 2010-11, 43 participants identified themselves as Aboriginal or Torres Strait Islander.

Working with people from culturally diverse backgrounds

Over the past three years, the cultural diversity of participants in our programs has steadily increased. In 2010-11, people born in non-English speaking countries made up 11% of participants, up from 9% the year before. Much of the increase came from a growth in the number of Vietnamese and Chinese people engaging in our programs.

During the year we undertook a range of engagement activities with newly arrived communities, particularly Afghan, Iraqi and Sudanese communities. At present we have very low participation rates by these groups. Through focus groups, community workshops and translation of materials, we are establishing relationships which we expect to see reflected in service usage in the future.

Consumer and carer participation

The experiences and views of consumers and carers inform our work at every level. At an individual level, our services are designed so that participants take an active part in assessing and addressing their own needs. At a service delivery level, participants inform the development and strategic direction of our programs. At an organisational level, our staff includes peers in a wide range of roles and our Board represents consumer and carer perspectives. At a community level, our Peer Participation Unit supports participants and others with mental illness to contribute their experiences to a wide range of public forums.

In 2010-11:

- Formal consultations were held with participants about the direction of the Day Program.
- Formal consultations were held with participants about the appropriate use of a recovery assessment tool.
- We commenced a long-term Consumer and Carer Participation Project to strengthen our organisational capacity for meaningful participation by people with mental illness and the family and friends of people with mental illness.
- Participants formed a new social peer support group called AIMS (Achieving Individual and Meaningful Success), enabling people to maintain relationships with each other and our organisation throughout their ongoing recovery.

Measuring participant outcomes

Working with the people who use our services to monitor and measure outcomes is an important part of our work, allowing us to reflect with participants on progress made. The main assessment tools used in our work are:

1. **Basis-32:** This brief questionnaire asks people to reflect on their mental health and wellbeing over the past couple of weeks and identify areas of difficulty.
2. **Camberwell Assessment of Need:** This assessment combines the perspectives of the person and their support worker in identifying the most pressing areas of need.
3. **Individual Participant Plans:** The plan identifies actions that will be taken and support given in working on personal goals, addressing difficulties and meeting needs.

The purpose of outcome measurement is to assist people in their recovery process and help us to improve our services. We use assessments and plans in a way that empowers participants, promotes collaboration with others, uses user-friendly language, is evidence-based, collects useful information, and gives people feedback on progress.

President's Report

In 2010-11 we worked with more people than ever before, supporting a total of 4946 people through our programs and services.

Paul Montgomery



MI Fellowship Victoria has continued to work towards its strategic goal of delivering accessible services that enhance people's lives through greater social connectedness, the chance to create a stable home, and the opportunity to be part of the workforce.

In 2010-11 we worked with more people than ever before, supporting a total of 4946 people through our programs and services.

The Board worked closely with staff, participants, members, supporters and external experts during the year to increase the organisation's capacity to deliver high-quality programs and services that address the fundamental challenges faced by people with mental illness and their families.

A major initiative for the year was the implementation of an enhanced investment strategy. This has resulted in the development of an investment portfolio that is consistent with our preferred balance of risk versus return, particularly having regard to the current investment markets. As part of this review we re-evaluated our capital management policy and adopted a new policy to ensure it was in line with our future strategic financial requirements. We were extremely fortunate to have the services of investment expert David Slack to assist us with this process, and we thank him for his time and generosity.

You will see from the Chief Executive's Report that 2010-11 was an unusually busy year for policy and advocacy activity, and our extensive lobbying efforts were rewarded with significant gains for mental health at both the State and Federal levels.

MI Fellowship Victoria has played an important part in influencing the shape of mental health policy, and in facilitating service improvements across the sector. During the year, the Board supported Liz Crowther in her leadership role as President of the Victorian peak body VICSERV, and also in her participation in the implementation of the 4th National Mental Health Plan.

Over the past 12 months we have seen a new policy environment emerging for the mental health sector. National health reform, the new Victorian State Government, and funding for a new national mental health agenda, are changing the way we receive government funding and the way we deliver services. More and more, we will be working in partnership with agencies that complement our community-based services and that offer greater continuity of care for program participants.

It is in this context that the Board has deliberated at length over whether it will retain its membership of the national Mental Illness Fellowship of Australia (MIFA) whose focus is on national structural issues, or maintain our primary concern with delivering local, integrated services. A decision was taken by the Board to direct our limited resources towards achieving our agreed strategic objective of increasing and improving services. For this reason MI Fellowship Victoria has decided not to renew its membership of MIFA. We hope to

continue working with MIFA on specific projects and campaigns where there are mutual benefits for our organisations.

On behalf of the Board I thank The Hon Rob Knowles AO who stepped down as President in March 2011 following an 11-year term. Rob's contribution to MI Fellowship Victoria has been enormous, and he continues to play a major national role in working to improve the lives of people with mental illness and their families. We are very pleased to retain Rob's expertise through his role as Patron of our organisation.

We welcomed three new Board members during the year: Kevin Abrahamson, Jan Hatt and Rob Hughes bring skills in law, consumer representation and business strategy respectively. We thank Lei Ning who resigned from the Board in October 2010 for his contribution.

On behalf of the Board I also thank our donors and partners, whose generosity makes a large part of our work possible. We continued our long-time associations with Middletons Lawyers, SEW-Eurodrive and the Woodcock family. The generous contributions of these special partners is highly valued by MI Fellowship Victoria.

I congratulate everyone who has helped MI Fellowship Victoria to make its services and programs available to more people in 2010-11, and to position the organisation for continuing service development and growth.

Paul Montgomery President

Improving the quality and accessibility of mental health services in the community is the driving force behind everything we do at MI Fellowship Victoria.

Elizabeth Crowther



With both a Federal and State election, 2010-11 was a critical year for influencing mental health policy. We made the most of these opportunities by ensuring that the voices and experiences of people with mental illness and their families were heard by journalists, politicians and the community.

We called for a new approach to housing to address the 40% of people with mental illness without stable homes; we called for increased funding for home-based support to keep people out of hospital beds; we called for more Prevention and Recovery Care (PARC) residential units; and we sought policies and programs that would support people with mental illness into employment.

Gratifyingly, both the State and Federal budgets delivered new funding and policy directions to address many of these fundamental issues.

Particularly pleasing at the State level, was the funding of our new Doorway housing and support program, which is now being implemented. This will provide homes in the private rental market for 50 people who experience serious mental illness and who are homeless or at risk of homelessness.

Nationally, the Federal Budget committed an additional \$1.5 billion for mental health services, bringing with it increased individualised support for people, and a 10-year program of national mental health reform. This national reform agenda places greater importance on community-based mental health services, and I am very pleased to be representing these services at the national level.

In 2010-11 we implemented a new approach to the delivery of our day programs – an approach that focuses on working with participants to develop

the skills and confidence to be part of mainstream community environments. The results of this approach have been very encouraging, and I have received comments from many participants about the positive impact the new program is having on their lives and on their development of friendships and social networks.

At a sector level, we are working with other Victorian community mental health agencies through the peak body, VICSERV, to improve the integration of our services so that people can get support where they need it, when they need it. This sector-wide process is resulting in stronger partnerships with other service deliverers, and we look forward to building on these partnerships in the year ahead.

We achieved increases in participant numbers in almost all of our program areas in 2010-11, including a 36% increase in the number of families to whom we were able to provide respite services. We also commenced our two-year focus on physical health and wellbeing, investigating new methods for supporting participants to manage their physical health alongside their mental health.

Our employment support service, My Recruitment, worked with more than 1,200 people during the year, providing specialist support to job seekers with mental illness. Unfortunately, it was also a difficult year for this part of our organisation, with the subcontracting

relationship we had with Ostara proving to be unsustainable. The decision to exit this relationship was not easily made and has broad budgetary implications which we are currently managing. We continue to deliver employment support through our own, directly-funded service, and we continue to provide the type of support that has been shown internationally to be effective. We partner with seven area mental health services in the delivery of these interventions.

We experienced another year of financial growth, with total income in 2010-11 amounting to \$21.1 million – up 22% on the previous year. The reduction in income from our employment service, however, can be expected to have an impact on our receipts in the year ahead.

Our General Manager for Organisational Services, David Johnstone, announced his retirement. We wish him and his family all the very best. A new appointment to the position has been made.

I sincerely thank everyone who contributed to our work during 2010-11, including our members, staff, directors, volunteers, participants, partners and supporters. There are exciting opportunities ahead to improve the effectiveness of the services we provide, and I look forward to working with you all to ensure we make the most of these opportunities so that people with mental illness and their families can make the most of their lives.

A handwritten signature in black ink, appearing to read 'Elizabeth Crowther'.

Elizabeth Crowther Chief Executive



Financial Overview

Both service and business growth was achieved in 2010-11 with a total income of \$21.1m.

Income

We are very pleased to report that the income received in 2010-11 was a record. It reflects well on our successes in developing new funding sources and growing existing sources. Total income for the year was \$21.1m which represents a 21.9% increase over the previous year.

Government contracts

Income from government contract services increased by \$3.6m – an increase of 24.5% over the previous year. Within this, the major area of growth was our employment service, realising the business expansion planned in 2009-10.

Fundraising

2010-11 saw a review of our fundraising strategy as we took stock of our approach to fundraising and repositioned it for future growth. As a result, fundraising income declined slightly over the year to \$749,492 – a reduction of 4.7%. We go into the 2011-12 financial year with positive expectations of fundraising growth based on very solid end-of-year results.

Investments

The investment markets were again erratic but we achieved a net increase in value of our investments of \$159,134. This is an increase of 8.6% - a good result given the conditions and greater than the long-term average return for investments of this nature.

Property

Our income was augmented by the profit from the sale of our property at 12 Birdwood Street Frankston which was no longer fit for purpose. Settlement was in July 2010 and a profit of \$435,176 greater than the book value was achieved. This continues our review of properties and our commitment to sell them if they are no longer an appropriate fit for our programs.

Expenses

Our operating expenses grew in line with our business growth. These expenses were \$20.8m – up from \$16.6m in 2009-10. This increase has been driven by the expected growth in programs and services.

Salaries and related staff costs were the largest area of expenditure. The 24.7% growth was largely as a result of our investment in our employment business to provide the services required to generate the income growth achieved. We also increased our expenditure on consultants by \$180,070 to provide the necessary input to several critical strategic projects. These included the review of our investment strategy and the commencement of a project to purchase and implement a client management system within Rehabilitation Services.

We also took the opportunity to continue to invest in asset upgrades. During 2010-11 this focused on properties, with the refurbishment of several properties from which we offer residential services, and the establishment of several new leaseholds as offices for regionally based staff.

Some income received in previous financial years and retained as a liability as Funds Held for Future Periods was spent on services during the year as per our obligations under our various funding agreements. This has contributed to a reduction of \$2.2m in our current liabilities in the balance sheet.

The year's result

Overall we achieved a surplus (before capital items) of \$95,579. This was a pleasing result against a budgeted deficit of \$20,197, particularly during a period of significant business expansion and investment. While our surplus is lower than that achieved in the previous financial year, it does reflect the additional funding into our business during 2010-11 to continue the momentum developed in the previous year.

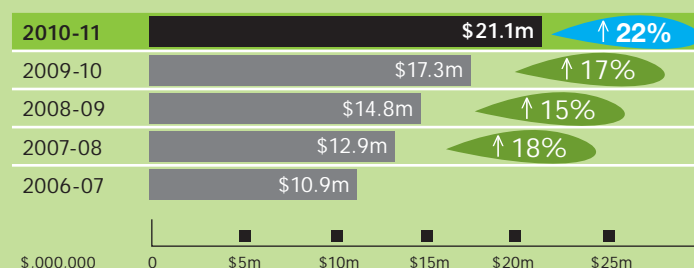
The review of our investment strategy was completed. We also developed a new capital management policy to ensure our investment strategy is aligned to our business growth strategy and that we continue to have financial capacity to meet our goals. We have continued the process commenced in 2009-10 of switching our investments out of the current investment fund into investment vehicles more appropriate for the current world financial markets. We will continue with this process in 2011-12 with our focus on timing to ensure the maximum benefit is obtained from each transaction.

Member funds continued to grow – from \$11.9m as at 30 June 2010 to \$12m at 30 June 2011. This means that we have been able to maintain our investment in the business whilst preserving member funds.

Overall, during 2010-11 we progressed effectively across the organisation, successfully achieving both service and business growth.

Financial overview at a glance

Income growth



Looking ahead

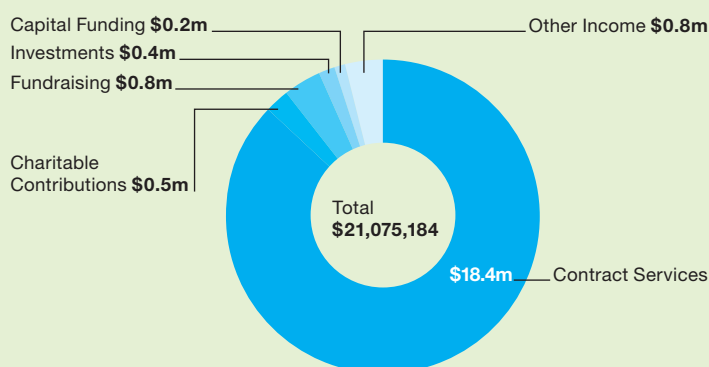
After several years of solid growth and a significant investment in the business, 2011-12 will be a year of financial consolidation. The priority will be on obtaining organisational benefit for our investment and to ensure our infrastructure remains current and will meet our future capacity requirements.

The decision to withdraw from our employment services contract with Ostara during 2010-11 will see a contraction of our income and expenses. We have reviewed our operating base in light of our decision to ensure that core programs and services are unaffected by the resulting changes. We do anticipate some slowdown in our investment in the business in 2011-12 while we adjust to accommodate the revised employment services funding.

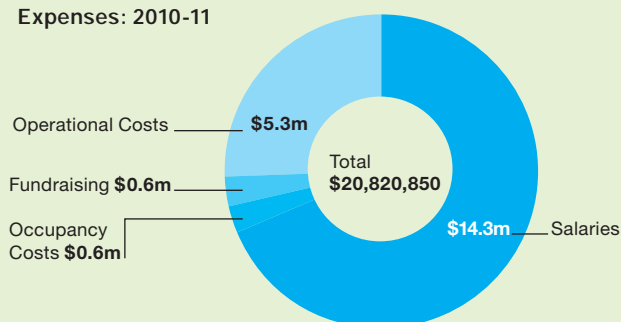
The new Doorway housing and support program is an important step forward for which we have received a funding commitment from the Victorian Government. This represents an investment of \$3.2m over the next three years and it strengthens our projected operating financial position in 2011-12.

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

Income sources: 2010-11



Expenses: 2010-11



Home



A suitable and stable home - and the opportunity to build or re-build the skills and community connections to live independently - are an essential foundation to the recovery process.

In 2010-11 we worked with 2171 people to assist them to find homes, to support them within their homes, to provide the residential care they needed to recover from or prevent hospitalisation, and to offer respite to sustain community living.



Program participation

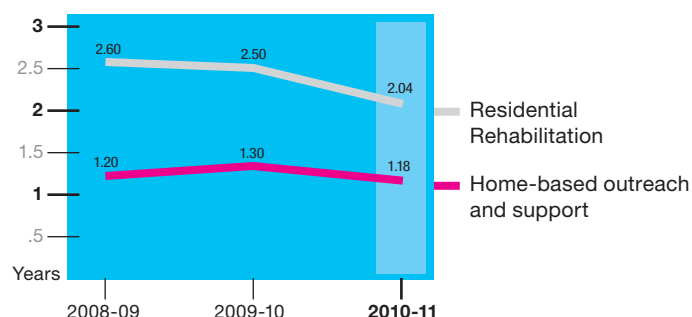


Program	Description	Participants in 2010-11	Participants in 2009-10	Participants in 2008-09
Home-based Outreach Support	Supports people in their homes	453	394	340
	Supports people in residential services (Opening Doors, Barwon Youth Program and ACT Step Up Step Down)	60	54	47
Prevention and Recovery Care (PARC) and Step Up Step Down	Located in Shepparton, South Yarra and Canberra	273	267	187
Residential Rehabilitation	Opening Doors and Barwon Youth	33	27	33
Specialist Residential Rehabilitation	Shepparton, and Opening Doors places reported through Alfred Psychiatry	25	26	19
Respite	Planned and short notice options funded by the Victorian Department of Health	393	461	320
	Funded by the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs	781	401	332
Personal Helpers and Mentors Service (PHAMS)	Two programs: one based in Frankston and one in Rosebud	114	105	-
Mental Health Pathways Program	Initiative addressing homelessness in partnership with rural housing and area mental health services	39	27	36
Total participants		2171	1762	1314

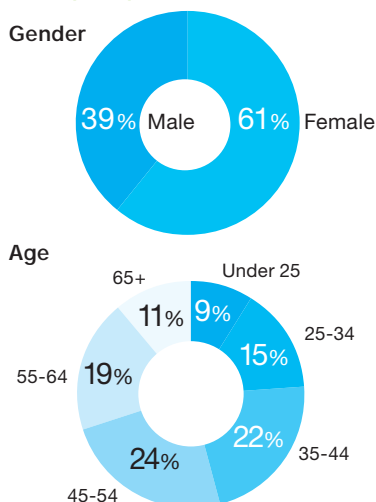
Highlights

- \$3.2 million funding from the Victorian State Government to operate an innovative demonstration housing and support program - Doorway - to meet the needs of people with mental illness.
- A 23% increase on the previous year in the number of participants using our home-centred and residential support programs.
- A 36% increase in the number of families we supported with respite services.

Average length of stay (years)



The people we worked with



Home-based Outreach Support

This program assists socially isolated people with mental illness to live in their own homes and access the community supports they need to maintain or improve their wellbeing. Our outreach workers visit participants in their homes, and assist them and their families to identify their individual needs. These can include support to find a job, support to participate in a leisure activity, assistance to undertake training, assistance to find sustainable housing, or support to strengthen skills for independent living.

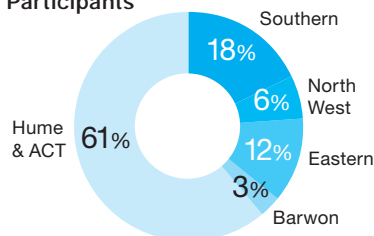
The number of people using our Home-based Outreach Support (HBOS) services continues to grow each year. This year, a total of 513 participants accessed the program – a 14% increase on the previous year. The regional spread of service users remains similar to the previous year, with the large proportion in our Hume & ACT region reflecting government funding levels.

Perry maintains a home and an independent life with family and community support.



We are currently reviewing the HBOS program in order to identify ways in which we can better meet the social inclusion needs of participants, particularly our most marginalised service users. The review includes an investigation of best practice delivery models for home-based outreach services and a comprehensive consumer and carer consultation process which is expected to be completed in December 2011.

Regional Snapshot - HBOS Participants



Prevention and Recovery Care (PARC)

MI Fellowship Victoria operates three Prevention and Recovery Care services (PARCs): two in Victoria and one in Canberra (which is known as a Step Up/Step Down service). All three are 24-hour short-term residential options which are operated in partnership with local clinical mental health services.

The services provide residential care to people with a mental illness who are becoming unwell and will likely require admission to a psychiatric inpatient unit (this early intervention is referred to as 'step up'). The services also enable early discharge from a psychiatric inpatient unit for people who continue to require the structured environment of a PARC setting (this option is referred to as 'step down').

In the 2010-11 year, 273 people benefited from our PARC programs – up slightly on 267 people in the previous year – with an average length of stay of around 23 days. While in previous years PARCs were mainly accessed by people aged 25-45 years of age, in 2010-11 we saw an increase in people aged over 55 years utilising PARC services, with around 9% aged under 25 years and more than 12% aged over 55 years.

As with all MI Fellowship Victoria programs, there is a strong emphasis placed on supporting PARC participants to strengthen their skills and confidence to move back into the wider community. This is reflected in the program and the facilities which have been designed to enable people to cook their own meals and move between communal and private living areas.

An important factor in the success of the PARC services is the integration of psychosocial rehabilitation and the clinical aspects of a person's prevention and/or recovery. This is made possible by the close collaborations between MI Fellowship Victoria and clinical mental health services across Victoria and the ACT.

Opening Doors

Opening Doors is a residential rehabilitation program which has capacity to provide support for 31 people. The program is run in partnership with Alfred Psychiatry and Inner South Community Health Service and comprises six residential sites spread across the inner south of Melbourne. Opening Doors offers a continuum of residential rehabilitation options, ranging from the more intensively supported Community Care Unit, to more independent living options with home-based outreach support.

A total of 33 people participated in the Opening Doors program during 2010-11. There were a total of 13 exits over the year, with participants moving on to Office of Housing units, private rental, transitional housing, SRS facilities, or transitioning back to their own accommodation.

A number of initiatives have been introduced to the Opening Doors program during the year to widen opportunities for participants. These include an 'out and about' group that links participants with activities in the local community. An art therapist has also been working with participants.

Two Opening Doors properties were extensively renovated and re-furnished during the year with funding from the Department of Health, the Alfred Hospital and MI Fellowship Victoria. Participants currently living in these properties have reported that they are very happy with the improvements.

Barwon Youth Residential program

Our Barwon Youth Residential program runs five, two-bedroom units in Geelong for young people with mental illness and substance use issues. Participants in the program are also able to access outreach support before entry and after exit, or as an alternative to a residential stay, if required.

In the 2010-11 year, 19 people utilised the Barwon Youth program – 15 of them participating in residential rehabilitation with an average stay of 46.6 weeks. The average age of Barwon Youth Program participants was 22 years, compared to 21 years in 2009-10.

Specialist Residential Rehabilitation program – Shepparton

This residential program is located in Shepparton and offers long-term psychosocial rehabilitation to clients with enduring mental illness. MI Fellowship Victoria operates the program in partnership with Goulburn Valley Area Mental Health Service. In 2010-11, 20 participants used the program with an average stay of 11.5 months.

Mental Health Pathways Program

MI Fellowship Victoria operates Mental Health Pathways programs in Shepparton and Barwon, with funding through the Office of Housing. These programs work with people who are homeless or at risk of homelessness. The majority of participants have a dual diagnosis and are under 25 years of age. In 2010-11, we worked with clinical providers to deliver services through these programs to 39 people – up from 27 people in the previous year.

Respite services

The growing demand for respite services was again reflected with a sharp increase in the number of participants in our respite activities. Through our various respite options we worked with 1174 families in 2010-11 – up from 862 in the previous year (an increase of 36%). A large part of this increase was made possible with additional funding from the Federal government department of Families, Housing, Community Services and Indigenous Affairs.

Respite services are family focused and meet the dual needs of the carer who needs a break, and the person with a mental illness. The respite options we offer include: residential respite, family education and retreats, planned holidays, in-home short-notice respite occasions, and respite sessions during weekends and after hours.

Personal Helpers and Mentors program

MI Fellowship Victoria is funded by the Commonwealth Government to run two Personal Helpers and Mentors (PHAMs) programs: one based in Frankston

covering the north Frankston region, and one based in Rosebud covering the south Peninsula and Westernport region. During the past 12 months both programs have been at capacity and are carrying waiting lists.

A total of 114 people accessed our PHAMs programs during 2010-11 – up from 105 in the previous year. A feature of the PHAMs teams is that they include peer support workers who bring their own experiences of the recovery journey.

Through relationships with a range of organisations, PHAMs participants took part in projects and activities throughout the year which included fishing trips, art projects, playing in a Statewide football competition, and participation in our peer-led education program *MI Recovery*.

We supported people on the PHAMs waiting lists by offering respite services.

Doorway

In May 2011 MI Fellowship Victoria was funded \$3.2 million over three years by the Victorian Government to operate a demonstration housing and support project to meet the needs of people with mental illness.

Work commenced immediately on what is now known as the Doorway program, and it is expected that by the end of 2011 we will see the first tenants housed through the program.

MI Fellowship Victoria is partnering with private property owners, real estate agents and health services to deliver private rental accommodation to 50 Victorians.

Tenants have the opportunity to participate in choosing a suitable property and home furnishings, have access to rental subsidies, and are able to choose from a range of support options, including specialist employment support, to help them establish their lives in their communities.

For property owners, the scheme offers secure tenancies at market rent, along with the opportunity to assist people to get a foothold in the private rental market and build a stable home for themselves. Doorway is based on the 'Housing First' model that has had proven success in the United States and other parts of the world at assisting people living in insecure housing to find and maintain homes.

A week in the life of Perry

For Perry, each week is about striking the right balance between accepting new challenges and maintaining the routine that has helped him in his recovery.

- I try and go to the gym two or three times a week. I walk there and back. It's about 20 minutes from my flat.
- I work around 30 hours a week: 3 days in the finance department at Mental Illness Fellowship Victoria and half a day doing cleaning with MI Cleaning.
- I have fortnightly visits with my My Recruitment employment consultant in Hawthorn - also a short walk from my flat.
- I get the tram to my parents' house a couple of times a week to help out with some gardening and cleaning around the place.
- I shop for and prepare my meals – I'm lucky that my mum also makes a few meals for me each week.
- I visit my sister and 3-year-old niece who live a couple of suburbs away every fortnight or so. Try and be a good uncle – something I missed out on doing when my other sister's children were young.
- I keep in touch with my neighbour and friend in the upstairs flat. She

has a child with schizophrenia so she knows about some of the things I've been through in my life and she's a good person who takes an interest in her friends.

- I regularly visit my caseworker and also my psychiatrist who is just a walk away.

Perry grew up in Melbourne's eastern suburbs, studied accounting at Swinburne and worked as a CPA-qualified accountant. In 1992 he became unwell with a mental illness. Since then, it's been a series of many 'baby steps' – as he calls them – to build himself a new life.



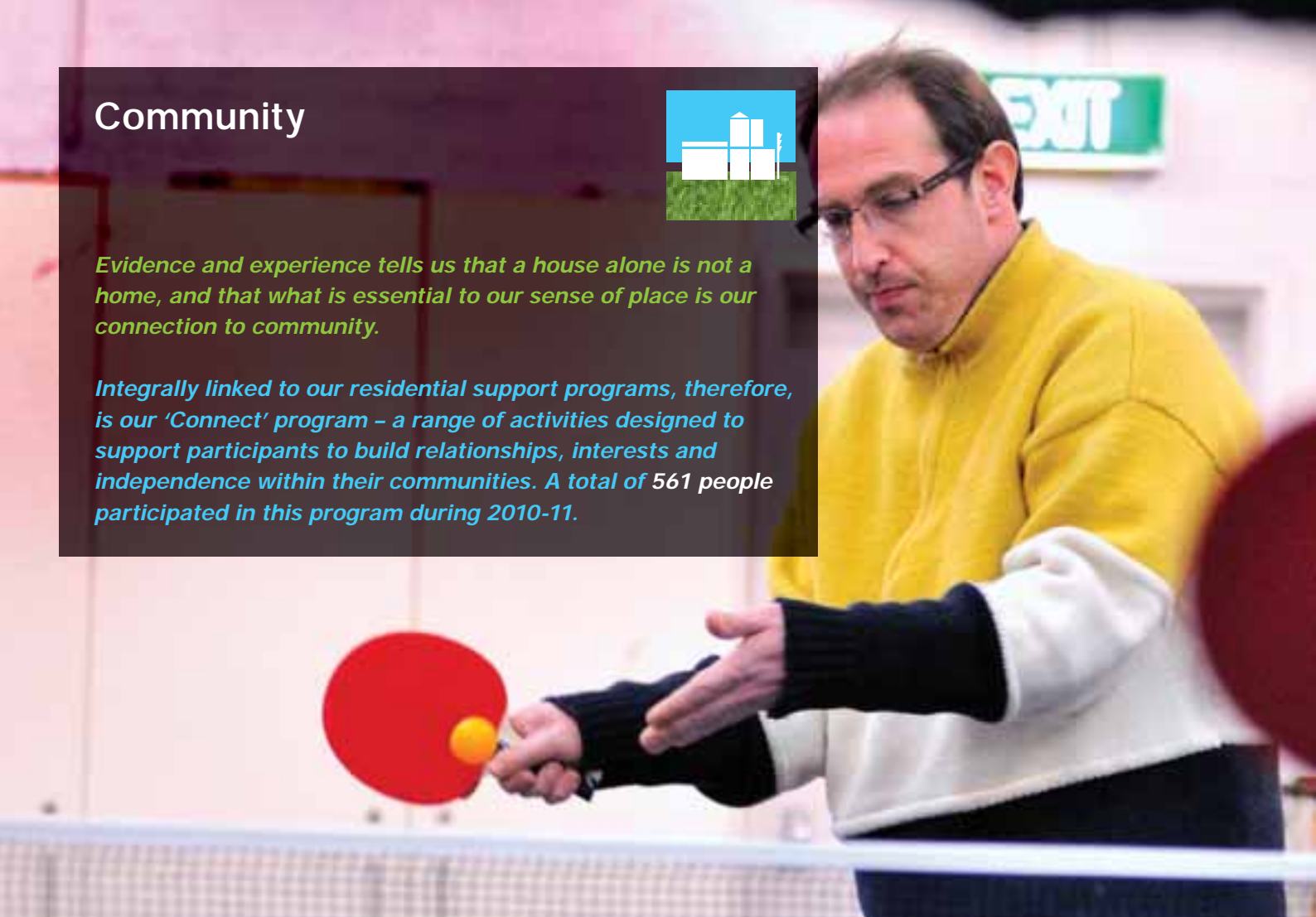
"I've got great support. I wouldn't be where I am today without the people I have around me."

Community



Evidence and experience tells us that a house alone is not a home, and that what is essential to our sense of place is our connection to community.

Integrally linked to our residential support programs, therefore, is our 'Connect' program - a range of activities designed to support participants to build relationships, interests and independence within their communities. A total of 561 people participated in this program during 2010-11.

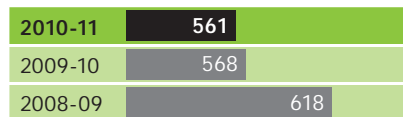


Julian participates in 'Connect' (formerly day program) activities in Richmond.

Highlights

- Following wide consultation with program participants, the successful re-naming of the Day Program to 'Connect' to reflect the shift from a centre-based to a community-based program.
- Increasing number of participants taking part in community-based, rather than centre-based activities.
- Introduction of the organisation's first multicultural program worker, giving access to 'Connect' activities to Chinese and Vietnamese participants.

Program participation

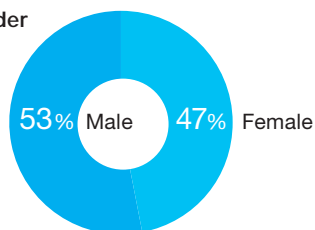


Scale 500 550 600 650

While the number of individuals participating in 'Connect' (formerly day program) activities reduced slightly during the year, there was an increase in the geographical and cultural diversity of participants due to the establishment of new local programs in regional areas and an increase in use of the program by the Vietnamese and Chinese communities in Richmond.

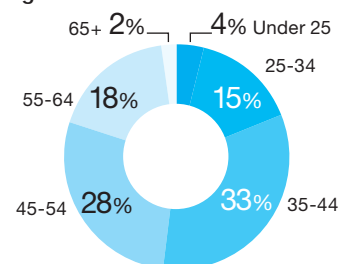
The people we worked with

Gender



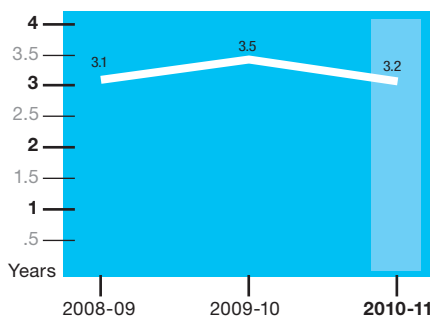
The gender division among 'Connect' (formerly day program) participants has remained similar over the last few years, with slightly more men than women.

Age



The average age of participants in 'Connect' (formerly day program) activities in 2010-11 was 45 years, compared to 43 years of age in the two previous years.

Average length of stay (years)



The length of time in which people participate in 'Connect' (formerly day program) activities is generally longer than in our residential and home-based programs. In 2010-11 the average length of time people had participated in the program was 3.2 years, down slightly from 3.5 years in 2009-10.

Shifting to a community-centred approach

Throughout 2010-11, staff and participants in our 'Connect' program continued to transition services from the previous, centre-based model into community settings. This process commenced in 2009 when the organisation identified that the older clubhouse, or centre-based model, was no longer effectively assisting participants to participate in community activities, including employment.

Our day programs had previously been provided in seven centre-based locations; now they are available in local neighbourhood houses, community centres, libraries and other community settings. Providing our programs in new settings enables our participants to interact with other members of the community and to access a range of programs or activities that our staff members are unable to facilitate. It also ensures that the individual needs and interests of participants can be more effectively met. The new model continues to provide a platform for participants to maintain friendships with other people with a lived experience of mental illness, as well as facilitating the development of new friendships with other community members.

Participant outcomes

We have closely monitored the effect of the day program's changes on the wellbeing of our program participants. Program workers report a sustained improvement in being able to provide interventions which are individually tailored to the needs of participants. Self-reports by program participants during assessments indicate positive effects as a result of the changes. 2010-11 also saw more participants from our day programs accessing My Recruitment - our specialist job search service for people with mental illness.



Meet Mark – 'Connect' participant

Mark had been a participant in MI Fellowship Victoria's Day Program for 10 years, visiting his local service regularly and forming strong bonds with other participants.

"I got some really good life skills there, but now the program has changed, I am doing a whole lot of things I never thought I'd do.

I've studied English, maths and science with the CAE, I work as a volunteer, and I'm meeting new people outside MI Fellowship. I heard it called 'social inclusion' at a Woodcock Lecture about two years ago. I just know I am living in the real world now."

Broadening access to 'Connect'

During 2010-11 we were able to expand the reach of the 'Connect' program in the Hume region with the establishment of local programs in Benalla and Cobram, in addition to our existing programs in Shepparton and Seymour.

In Gippsland, our 'Connect' program commenced working in partnership with the Warragul headspace - the Australian Government's youth mental health initiative. This arrangement increases our capacity to provide tailored, easily accessible services for young people

in the area. Our 'Connect' program is also about to become part of a new headspace consortium in Collingwood, led by YSAS and including Austin Health and St Vincents Health, enabling the delivery of services targeted to young people.

The employment of a multicultural worker has increased the number of participants from culturally and linguistically diverse backgrounds who are participating in 'Connect' activities in Richmond.

Connecting over table tennis

Around a dozen people meet every Thursday afternoon at a community hall in Richmond to play table tennis while building friendships and self-confidence. The participants come from a range of cultural backgrounds and all have experience of mental illness.

MI Fellowship Victoria program worker Hai Ngyuen describes table tennis as a highly therapeutic game. "It provides both physical and psychological exercise," he says. "And the chance to get to know each other without spending too much time talking."

The table tennis group is one of a range of 'Connect' (formerly day program) activities run by MI Fellowship Victoria's Richmond 'Connect' team.

"It provides both physical and psychological exercise..."

Work and Study



Having a mental illness should not exclude a person from employment and education opportunities. MI Fellowship Victoria delivers evidence-based employment services and accredited training courses to assist people to return to study, and to find and keep jobs.

In 2010-11 we worked with 1286 people across Victoria to support them in work and study.



Employment

Highlights

- 4-star ('high performing') rating achieved in two regions under the Federal Government's performance criteria for employment support services.
- 66% increase in the number of participants we worked with.

MI Fellowship Victoria delivers employment support through its My Recruitment service with funding from the Federal Government's Department of Education, Employment and Workplace Relations. During 2010-11 we delivered services to clients directly through My Recruitment, and also under subcontract to the Ostara employment service.

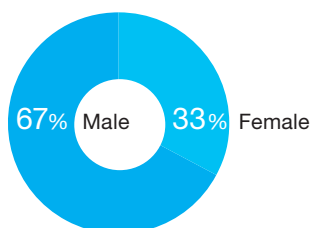
Program participation

	2010-11	2009-10	2008-09
My Recruitment clients	384	265	292
Ostara contract clients	844	473	128
Total	1228	738	420

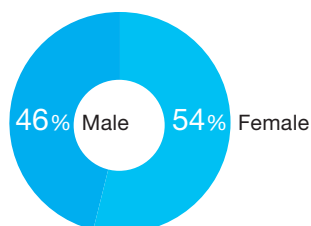
The people we worked with

Gender

My Recruitment clients



Ostara clients



Location of My Recruitment consultants

Health service	Locations
St Vincents Mental Health Service	Hawthorn and East Melbourne
Alfred Psychiatry	South Yarra
Austin Mental Health Service	Heidelberg
Eastern Health	Box Hill and Glen Waverley
Southern Health	Dandenong and Clayton
Peninsula Health	Frankston
headspace youth mental health service	Geelong and Corio
Sacred Heart Mission	St Kilda

- Provides ongoing support to encourage and train individuals as they participate in paid employment.

Australian and international evidence has demonstrated the effectiveness of the IPS approach through higher employment rates and higher numbers of hours worked each week by participants when compared to other approaches.

Co-locating health and employment services

Our My Recruitment consultants are co-located alongside mental health clinicians within community mental health settings. This allows efficient collaboration and referral between clinical and employment staff. It also engages people in the right place at the right time, when they are likely to be ready to think about work.

Engaging employers

During 2010-11 we worked with approximately 450 employers across a range of industries and sectors to identify suitable employment opportunities for clients.

In April we acknowledged the contribution of these employers with the 'More than a Wage Luncheon' at Etihad Stadium, which was also an opportunity to meet with prospective employers and discuss the important role they could play in giving a person the job opportunity they've been waiting for. More than 100 people attended the luncheon, which was sponsored by Delaware North Companies Australia.

Journey to social inclusion

In partnership with Sacred Heart Mission we are working with up to 40 people who have experienced long-term homelessness and unemployment. The project, Journey to Social Inclusion, is providing intensive support to assist participants to overcome multiple barriers to social inclusion. A My Recruitment consultant is located at Sacred Heart Mission to provide the employment support component of the program. The project is a long-term process, but already a number of participants have found work after extensive periods of unemployment.

Age

The average age among both My Recruitment and Ostara clients was 37 years.

Our approach to employment support

There is clear evidence on what works in supporting people with serious mental illness into sustainable employment. MI Fellowship Victoria has been delivering international best practice employment services targeted to the needs of people with mental illness since 2005 using the Individual Placement and Support (IPS) model. This approach:

- Integrates health and employment services;
- Supports job seekers into employment as quickly as possible so that they don't lose confidence and momentum;
- Matches jobs to individual clients' skills, interests and needs;
- Assists any eligible job seeker who wants to work;

My Recruitment client Frank has been working at Etihad Stadium for more than three years.



Human resources managers from Delaware North Companies Australia are acknowledged for their inclusive recruitment practices at the 'More than a Wage' luncheon.

"It's not your traditional job search network. It's more about 'how can we help you?'"

– My Recruitment client

Advocating for greater workforce participation

MI Fellowship Victoria continued its work during the year advocating for an evidence-based national approach to employment support for people with mental illness. We addressed a hearing of the Federal Parliamentary Inquiry into Mental Health Barriers to Workforce Participation and also submitted a comprehensive paper to this inquiry. We also used a range of other opportunities during the year to stress the importance of integrating employment support with other mental health services, and of applying the principles of the Individual Placement and Support model to achieve better outcomes for clients with mental illness.

Changes to sub-contractual relationship

A decision was taken during the year to end MI Fellowship Victoria's sub-contractual relationship with the employment service Ostara. This decision was not taken lightly, and will have an impact on the number of employment clients we will be able to work with in the year ahead. We continue to deliver employment support through our own, directly-funded service, and maintain our commitment to providing individualised, evidence-based support that has proven results in assisting people to find and keep jobs.

Priorities for the year ahead

Over the next 12 months we will be working to consolidate and improve our service performance across all My Recruitment sites, positioning the service for competitive tendering in the Federal Government's tender process in 2012 for its employment support services contracts.

We will also be continuing our focus on strengthening relationships and referral protocols with clinical mental health services, so that employment support can be readily offered to people as an integrated part of their recovery and health management plan.

Highlights

- Expanded scope of registration so that we now offer VET (Vocational Education and Training) certificates in addition to the Certificate in General Education for Adults.
- Expanded number of sites from which courses are offered to a range of community-based locations.

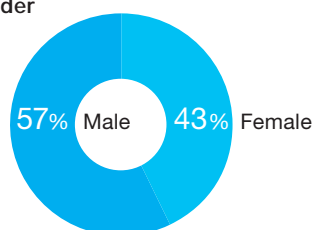
Enrolments

(by calendar year)

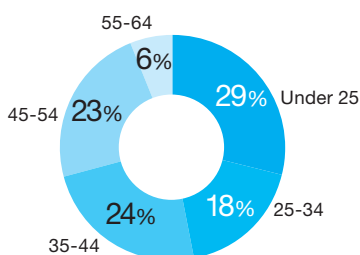
	2011	2010	2009
Enrolments	58	12	14

The people we worked with

Gender



Age



Sally Anais accepts her award from Elizabeth Crowther, Chief Executive of MI Fellowship Victoria.

Locations

Suburb	Site
Fairfield	Mental Illness Fellowship Victoria site
Richmond	Mental Illness Fellowship Victoria site
Geelong	Community house
Frankston and Frankston North	Community houses
Werribee	Men's shed
Caulfield	Jewishcare

Courses

MI Fellowship Victoria is a registered provider of accredited training courses. Our courses are designed to meet both accreditation requirements, and the needs of our students who are often building skills and confidence following lengthy absences from formal study.

At the end of 2010, MI Fellowship Victoria was successful in expanding its scope of registration and is now

able to offer a range of VET (Vocational Education and Training) Certificates. During 2010-11 we were also successful in gaining Skills Victoria funding to deliver a wider range of courses.

A strategic goal for the Education and Training program has been to make courses more readily available in existing community settings. During 2010-11 we offered courses from a number of new sites.

Courses offered in 2010-11

Course	Duration	Funding
Certificate II in General Education for Adults	12 months part-time	Skills Victoria
Certificate II in Retail (VET)	12 months part-time	Skills Victoria
Certificate III in Community Services Work (VET)	12 months part-time	Skills Victoria
Certificate III in Aged Care (VET)	12 months part-time	Skills Victoria
Pre-accredited BOOST course (preparation for an accredited training course)	Up to 10 weeks part-time	Adult Community and Further Education

Meet Sally – 2010 Student of the Year

Sally Anais was awarded Student of the Year at the end of 2010 after graduating with her Certificate in General Education for Adults. She then spent three months overseas visiting her family, before returning to Australia and embarking on a certificate in retail.

"Learning is just the best thing. It has changed my life. There were a few hard times, but our teacher was amazing. If I rang and said I couldn't get in to class, she would get me to come in just to be there, even if I couldn't concentrate that day.

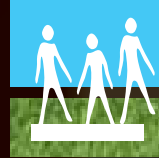
Class was always a safe place to go. You knew you would be accepted with your mental illness. That's what kept me coming back. I learned so much and I made it through to the end."

Students

A total of 12 students completed courses of study in 2010, and 58 students enrolled in courses in 2011 (up to 30 June 2011). Many of these students overcame fear, apprehension and lack of confidence to make it to their classes each week, and continued to manage health issues throughout the year as they progressed with their studies. We recognise the achievement of all students who furthered their education during the year.

Each year we acknowledge the outstanding efforts of a student who has demonstrated extra effort and commitment to reach a high level of attainment in their studies with the *Doris Wisniewski Student of the Year Award*. The 2010 Award was presented to Sally Anais who completed the Certificate in General Education for Adults and has now gone on to further study.

Relationships



Supporting existing relationships, providing opportunities for new relationships, and facilitating increased understanding between people is crucial to how we work with people with mental illness, their families and friends.

In 2010-11, a total of 928 people participated in our programs and services to sustain, improve and create supportive, recovery-focussed relationships. Our Helpline responded to 2535 calls.

Nadia uses her experience of mental illness to support others in their recovery journey.

Highlights

- The *Well Ways* family education program successfully piloted with Chinese and Aboriginal communities.
- *Well Ways* program outcomes published in peer-reviewed academic journal.

Well Ways program

Well Ways is a suite of peer-led education programs developed by MI Fellowship Victoria to support people with mental illness and their families to increase their understanding of mental illness and their capacity to manage the impact of it on their lives. Since 2008, *Well Ways* programs have been offered nationally through the Mental Illness Fellowship of Australia, while MI Fellowship Victoria

continues to deliver programs in Victoria and play a leadership role in evaluating and further developing *Well Ways* education products.

Well Ways family education

Our three *Well Ways* family education programs are delivered by trained facilitators who have lived experience as family members of a person with mental illness.

Well Ways: Building a Future – eight weekly sessions exploring the causes of mental illness and its emotional impacts, providing carers with a supportive basis for moving forward.

Well Ways: Duo – six weekly sessions for families and friends of people with dual diagnosis (mental illness and substance misuse).

Well Ways: Snapshot – a one-day session introducing carers to concepts relating to the impacts of mental illness on family members and the importance of self-care.

Participant numbers

Program/service	2010-11	2009-10	2008-09
<i>Well Ways</i> family education program	Victoria: 321	Victoria: 229	Victoria: 229
	Other states: 482	Other states: 542	Other states: 390
<i>Well Ways</i> MI Recovery program	Victoria: 34	Victoria: 34	Victoria: not commenced
	Other states: 26	Other states: 56	Other states: not commenced
Counselling	People: 65 Sessions: 964	People: 73 Sessions: 887	People: 112 Sessions: 707
Total participants	928	934	731
Helpline calls	2535	2473	2407

In January 2011 the results of an independent evaluation of the *Well Ways: Building a Future* program were published in *The Royal Australian and New Zealand College of Psychiatrists Journal*. The findings of the study measured significantly lower levels of worry, tension and distress in people who had completed the program.

During the year we piloted the delivery of *Well Ways* to Chinese participants in Melbourne and Aboriginal participants in Western Australia. Both these pilots were extremely successful with a number of participants from both groups going on to train as *Well Ways* facilitators so that they can deliver the program to others in their communities.

A total of 803 people took part in the *Well Ways* family program during the year.

Well Ways for people with mental illness

The *Well Ways* *MI Recovery* program is a peer education program informed by current evidence on mental illness recovery processes.

In 2010-11 the program was run in six locations, including a number of new regional and outer metropolitan locations. A total of 60 people participated in the *MI Recovery* program during the year – just over half of these in Victoria (34) and the remainder in Western Australia and the ACT.

We increased our capacity to deliver the course to more people by training 16 *MI Recovery* facilitators – 10 of these in Victoria. These people all have their own lived experience of mental illness and have completed the *MI Recovery* program.

During the year, partnerships were established with Austin Health and St Vincent's Health for the delivery of the *MI Recovery* program within their mental health services. These programs are due to commence early in the next financial year.

"This weekend I spent time with my parents, and my brother came to my house for the first time in five years."

– *Well Ways* *MI Recovery* participant

Counselling

MI Fellowship Victoria offers counselling to people with mental illness and family members. In 2010-11 we delivered 964 counselling sessions to 65 people, with an average of 16 sessions per client (a client can be an individual, couple or family). There continues to be strong demand for counselling services. In the year ahead the counselling team will use a combination of permanent staff and counselling interns to manage the case load.

"Counselling has been the difference between life and death. Simple as that."

– *MI Fellowship* Victoria counselling client

Helpline

The MI Fellowship Victoria Helpline is an information and referral service available to any person affected by mental illness. It operates Monday to Friday and is staffed by trained volunteer peers who understand the challenges of living in families where there is mental illness. The Helpline responded to 2535 calls during 2010-11 – a 2% increase on the previous year. A review of the Helpline is currently being undertaken to ensure the service continues to meet the needs of callers.

A week in the life of Nadia

Nadia completed MI Fellowship Victoria's *MI Recovery* program in 2009 and has since gone on to train as a *MI Recovery* facilitator. She also works as a consumer consultant at Austin Health.

- Mondays and Wednesdays I work as Consumer Consultant in the Acute Psychiatric Unit of the Austin Hospital. I get to know the clients and gather their feedback. I tell them I have a lived experience of mental illness and that I've used the public mental health system, and people are quite trusting

and share their views and experiences.

- I'm trained as a facilitator for the *MI Recovery* peer education course which is run in 4-hour sessions over 8 weeks. The course provides a very supportive environment and an opportunity for people to better understand their mental illness through conversations with others.
- I make sure I don't overdo things. I know that I need to spend time with family and friends, and find some time each

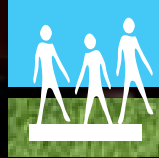
week for a bit of relaxation, to maintain wellness. I used to get impatient about wanting to be doing more, but now I see every step as a building block and that I have to look after the whole package of my life to stay well.

Nadia was 22 and had completed an honours degree in public health when she experienced her first episode of mental illness. She continues to draw upon her experiences to support the recovery of others.



"...I have to look after the whole package of my life to stay well."

Physical Health and Wellbeing



The gap in the physical health status of people with mental illness and the general population is alarming. People living with serious mental illness die up to 25 years earlier and have 2-3 times the morbidity and mortality from all major health conditions when compared with the general population.

This year MI Fellowship Victoria commenced a two-year focus on reducing the barriers that keep people with mental illness from good health. In it Together – Physical health and wellbeing for people with mental illness encompasses a series of initiatives with participants, health professionals and the wider public.

Members of MI Fellowship Victoria's community choir sing their way to greater health and wellbeing.

Physical health and wellbeing pilot project

Research suggests that many consumers of mental health services feel helpless to improve their physical health and believe that their carers, workers and health professionals do not support them to address these issues. We commenced a pilot project in January 2011 in the Mornington Peninsula region to increase the level of support available to participants by:

- (a) Increasing individuals' capacity to participate in physical activities by providing access to community physical activity programs, a physical health self-management program, and transport and sports kits.
- (b) Developing the capacity of carers and workers to support people to

improve their health by providing resource materials, developing a physical health check tool, and running training workshops.

- (c) Establishing partnerships with private and community providers of health and fitness services to increase participants' access to healthy lifestyle options.

Outcomes of the project are currently being evaluated. Anecdotal evidence indicates that the physical health check tool has been particularly effective at facilitating conversations between workers and participants about physical health issues that had been of concern to participants, and at identifying ways of addressing or monitoring these health issues.

Removing barriers to keeping fit

One participant in the physical health pilot project had only ever worn work boots because she had unusually large feet and didn't think she would be able to find any other shoe to fit her. With her voucher for sports clothes she went to a sports store and was fitted for sneakers. "They're so light!" she said, and has now commenced regular walking in her area.

Physical Health and Wellbeing *continued*



Participants in the MI Tournament program keep active together with a range of physical activities.

Staff training

We were privileged to have internationally acclaimed researcher Associate Professor Sharon Lawn from Flinders University deliver a series of workshops for our staff and other health professionals during this year's Schizophrenia Awareness Week.

Dr Lawn's workshops covered self-management, quitting smoking, and how mental health professionals and other health professionals can support people with a mental illness to improve their health and wellbeing. Dr Lawn's passionate advocacy for supporting people to quit smoking provided the impetus for a number of new projects at MI Fellowship Victoria.

Working with the sector

MI Fellowship Victoria hosted its annual breakfast during Schizophrenia Awareness Week, inviting people from key organisations within the health sector to share ideas and experiences in working alongside people with a mental illness to improve physical health and wellbeing. Presenters included:

- Associate Professor Sharon Lawn on her research into the most effective approaches for improving health outcomes for people with mental illness.
- Professor Jayashri Kulkarni of the Monash Alfred Psychiatry Research Centre on her centre's Healthy Lifestyles project and the impact of psychiatric medications on physical health.

- Alan Murnane of Inner South Community Health Service on the Dental as Anything project that uses an assertive outreach approach to dental care for people with a mental illness.
- Emma Ladd of MI Fellowship Victoria on our pilot project to improve the physical health of people in our services in the Mornington Peninsula.

The forum has led to ongoing discussions between a number of organisations about how we can share resources and work together more effectively in the area of physical health promotion.

Quit workshops

At the end of the 2010-11 year we appointed two staff members to deliver peer-facilitated smoking cessation information sessions and 10-week workshops in metropolitan and regional locations. These sessions, 'Talking about Tobacco', are available for free to people with mental illness wanting to quit or reduce smoking. Sessions are co-facilitated by a person with their own experience of mental illness and quitting smoking.

Singing for wellbeing

MI Fellowship Victoria runs a community choir – *The Moon's a Balloon* – for people with mental illness, families, friends and carers wishing to come together and share the joy of song. The choir was established in 2010 and has quickly grown to 30 people. With

artistic guidance and encouragement from talented award-winning singer-songwriter Kavisha Mazella AO, the group meets weekly for a heart and lung workout. The choir performed at a number of events during 2010-11, including the 2010 Open Mind Fiesta and the 2011 Woodcock Lecture.

MI Tournament gets people up and going

The MI Tournament program is a series of weekly low-impact physical activities run in the Hume region. Activities are planned in advance by participants, and are run on a term-by-term basis. So far the program has included trout fishing, rock climbing, cricket, mini-golf, indoor soccer, tai chi and table tennis.

The program is available to participants in our 'Connect' program, and also to people making use of our Home-based Outreach and residential services. The program aims to support participants to keep active, try something new, explore physical health opportunities in their area, and make caring for their physical health a part of their everyday lives. With funding from the Victorian Department of Health, MI Tournament participants are also offered free health checks, which many people choose to undertake.

Advocacy and Awareness



MI Fellowship Victoria works at all levels of government and community to build understanding of mental illness, reduce stigma, and influence the shape of mental health policy.

In 2010-11 our community engagement activities reached an estimated 42,000 people. In a year of both a Federal and State election, we saw the advocacy work of our organisation and the wider sector rewarded with new funding and policy directions.



Open Mind Fiesta attracts huge crowds as it raises community awareness of mental illness.

Photo courtesy Urban Artistry

Government advocacy

We continued to advocate to Federal and State governments on issues that are of fundamental importance to the lives of people with mental illness and their family, friends and carers. During 2010-11 we made public comment on the need to improve police understanding of mental illness, the high levels of homelessness and insecure housing among people with mental illness, lack of available supports in the community to assist people to stay out of hospital, and the imperative that government policy and funding respond to the desire of people with mental illness to participate in paid work.

In a landmark year for mental health, many of these issues were addressed in the Victorian State and Federal Budgets. MI Fellowship Victoria continues to work with government and other mental health agencies to ensure that more quality services are delivered to more people.

Submissions and policy statements:

- Response to the Victorian Mental Health Bill: Exposure Draft to the Department of Health, December 2010
- Presentation by Laura Collister, General Manager Rehabilitation Services to the House of Representatives Standing Committee on Education and Employment Inquiry into Mental Health Barriers to Education, Training and Employment Participation, April 2011
- Submission to the Productivity Commission regarding the Draft Report: Disability Care and Support and development of the National Disability Insurance Scheme, June 2011
- Policy Statement: Housing and Support, July 2010
- Policy Framework Statement: People with a Mental Illness and the Victorian Justice System, February 2011

Open Mind Fiesta

MI Fellowship Victoria hosted its 9th Open Mind Fiesta – the closing event for Mental Health Week in Victoria – in October 2010. Open Mind Fiesta is a major community celebration attracting visitors and volunteers from across the state to raise awareness of mental health issues and show support for the one in five Australians who experience mental illness. The theme of the 2010 fiesta was *Family: when mental illness affects a family member it affects us all*.

An estimated 40,000 people attended the 2010 Fiesta in Station Street Fairfield. Local traders, participants, carers, staff and other volunteers provided fiesta-goers with an array of stalls, activities, performances and other attractions. Partnerships with Darebin Council, the Fairfield Traders Association and support from a group of major sponsors contributed to the event's success.

In 2011 the Fiesta will move to the culturally diverse retail precinct of High Street, Preston where it will celebrate its 10th anniversary, bringing its message of social inclusion to a new local community.

Bruce Woodcock Memorial Lecture

The 13th Bruce Woodcock Memorial Lecture was held during Schizophrenia Awareness Week in May 2011 on the subject: *In it Together: physical health and wellbeing for people with mental illness*.

The lecture was delivered by Associate Professor Sharon Lawn of Flinders University, an internationally recognised researcher in the area of working with people with mental illness to improve their physical health. The lecture was followed by first-hand accounts from Ben Rinaudo and Diane Brown of the physical health challenges facing people with mental illness.

The lecture was fully subscribed, with 400 people filling the ANZ Pavilion at the Melbourne Arts Centre. A survey of audience members showed that 47% of our audience were family members or carers of a person with a mental illness, and 16% were people with a mental illness.

Brainwaves

Brainwaves is a weekly radio program airing on 3CR Community Radio each Wednesday drive-time. The program is funded by MI Fellowship Victoria, coordinated through our peer support team, and produced and presented by people with lived experience of mental illness. A total of 6 people are now involved in the production of the program, mostly on a voluntary basis.

The programs combine personal stories, political comment, topical guests and comedy and conversation to give voice to people with mental illness. During 2010-11 the program satisfied the requirements to begin podcasting through the 3CR Community Radio website.

Speakers Bureau

Our Speakers Bureau provides trained speakers with lived experience of mental illness to present to a wide range of corporate, community and school groups. In 2010-11, our speakers presented at 83 engagements to an estimated 1180 people. This included presenting our *Understanding Mental Illness* workshop in a variety of forums.

Through a partnership with Remind, Bureau speakers regularly present their experiences to call centre staff as part of their staff training in dealing with callers with mental illness. Through a partnership with the Cunningham Dax group, speakers bring their insights to secondary school psychology students. Other engagements during the year included presentations to football clubs, a Neighbourhood Justice Centre, community mental health services and teacher training workshops.

MTC's 'Next to Normal' production

As part of Schizophrenia Awareness Week and our promotional partnership with Melbourne Theatre Company (MTC), we hosted an event at the opening night of the MTC production 'Next to Normal'. The production was the Australian premiere of the Pulitzer Prize winning play which examines a woman's journey through mental illness and recovery.

Around 100 participants, members and supporters attended the event at the Arts Centre. The evening was opened with an address from Associate Professor Sharon Lawn and followed by after-show drinks and an opportunity to discuss the issues raised in the performance. For some of our guests it was the first time they had attended live theatre and was an opportunity to engage in the insights that the arts can bring to the topic of mental health.

Opportunity shops

Our Opportunity Shops in Kew and Northcote not only help fund our programs, but are also important community shopfronts for MI Fellowship Victoria. We have approximately 70 volunteers working in the shops, contributing anywhere between two and 20 hours a week. The ages of volunteers range from 16 to 87 years. The shops also provide employment to two workers who were placed through our My Recruitment employment service. MI Fellowship Victoria greatly appreciates the time and commitment given by the volunteer team who keep the shops operating.

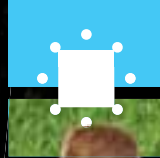
During the year we received funding support from the Bendigo Bank in East Kew to install a new shop counter which is a welcome addition to the store.



The 2011 Woodcock Memorial Lecture addressed physical health and wellbeing for people with mental illness.

Governance and Management

Board of Directors



1. Paul

2. Darrel

3. Louise



4. Diane

5. Theo

6. Jan

7. Robert

1. Mr Paul Montgomery

President, Chair Finance Audit and Resource Management Committee

Qualifications: Bachelor of Arts and Laws
Appointment date: 25 September 2006

Paul has a wealth of experience in strategy and leadership development and these skills were demonstrated over 12 years as managing partner of a respected law firm. Currently a principal of a professional services consulting company, he continues to provide advice and guidance to a range of organisations. He is a member of the Australian Institute of Company Directors, is a Director of a number of private companies and is also the current chair of the Royal District Nursing Service.

2. Mr Darrel Drieberg

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

3. Ms Louise Milne-Roch

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

Louise serves on another health related, not-for-profit Board, and is a graduate of the Australian Institute of Company Directors. She runs her own consulting company providing advice to clients in the health and welfare sectors. Previously she has held a number of CEO positions in the health sector and has wide experience across the mental health and health fields. Louise has family experience of mental illness.

4. 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.

5. Mr Theo Krambias

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

Theo was an innovator and supporter of the first Open Mind Fiesta in 2001 and has remained committed to raising awareness of mental health and the importance of social inclusion. He brings to the Board experience in hospitality and property development. Theo is also a Board member with OzChild and the Cyprus Community of Melbourne and Victoria.

6. Ms Jan Hatt

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

Jan has a background as an active and passionate consumer advocate in Victoria's mental health sector, having worked with organisations such as the Victorian Mental Illness Awareness Council and, currently, Neami. Her significant work on a consumer participation project resulted in presentations at the 2010 VICSERV and TheMHS conferences.

7. The Hon. Robert Knowles AO – Patron

– Director: September 2000 – March 2011

Having contributed to and led the Board for more than 10 years, Rob stood down as President and from the Board in March 2011. We continue to benefit from his knowledge and experience as he provides advice in regard to national issues in his role as our Patron. Rob continues his work in the mental health sector as President of Mental Illness Fellowship Australia, Chair of the Mental Health Council of Australia and as a consultant and advisor, most recently to the Victorian Department of Human Services.

Board of Directors Sub Committees

Appointments and Governance Committee

The role of this committee is to consider and report to the Board on matters relating to governance, skill mix, recruitment, orientation and responsibilities of Board Directors.

Achievements in 2010-11 included:

- Review of Board Policies and By-laws
- Development of the role of Patron
- Board succession planning and recruitment of new Directors

Directors (July – November 2010): Louise Milne-Roch, Rob Knowles, Elaine Price

Directors (current): Kevin Abrahamson (Chair), Lyn Allison, Paul Montgomery, Elaine Price, Jennifer King

Directions Committee

This committee oversees the development of innovative and best practice consumer and carer programs and related products and monitors progress on the strategic plan.

Achievements in 2010-11 included:

- Reporting process on the delivery of the Strategic Plan
- Completion of the Day Program redevelopment
- Championing the development of consumer participation through support for activities such as the Brainwaves radio program on 3CR
- Oversight of the organisation's Culturally and Linguistically Diverse (CALD) strategy

Directors: Darrel Drieberg (Chair), Diane Brown, Kevin Abrahamson, Lei Ning (to October 2010). Non-Directors: Estelle Malseed, Alex Wood

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, ensure risk management and audit processes are in place and that the organisation is resourced to achieve its strategic objectives.

Achievements in 2010-11 included:

- Guiding through a comprehensive capital management policy
- Oversaw the investment review and new investment strategy
- Enhanced financial reporting



8. Jennifer 9. Elaine 10. Kevin

8. Ms Jennifer King

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

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

9. Mrs Elaine Price

Appointment date: 24 January 2005

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

10. Mr Kevin Abrahamson

– Chair, Appointments and Governance Committee

Qualifications: Bachelor of Laws
Appointment date: 5 July 2010

A practising lawyer for 45 years, Kevin spent the 12 years prior to his retirement in 2009 as Special Counsel with Middletons and during that period acted on a *pro bono* basis for MI Fellowship Victoria. He is active in community affairs participating on the Boards and in the activities of several community organisations in the Gippsland region including as Deputy District Governor of Lions International and Traralgon Special Development School.



11. Julian 12. Lyn 13. Lei

11. 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 Alfred Health and is clinical leader of a specialist outreach service for homeless people who have mental illness. He was President of the Royal Australian and New Zealand College of Psychiatrists between 2005 and 2007. He currently chairs the Advisory Committee and the Steering Committee for the new MI Fellowship Victoria Enhanced Housing First Project, Doorway.

12. Ms Lyn Allison

– Chair, Policy and Advocacy Committee

Qualifications: Bachelor of Education
Appointment date: 8 August 2008

A former secondary school teacher, Lyn was elected to the Federal Parliament in 1996 and 2001 and held the health portfolio for the Australian Democrats for 10 years. She initiated and chaired the Senate Mental Health Inquiry, reporting in 2006, which led to an extra \$4 billion in Commonwealth and State spending on mental health. Lyn now chairs the Policy and Advocacy Committee of the MI Fellowship Victoria Board and serves on the Appointments and Governance Committee. She is also a Director of Orygen Youth Health and is on several other health-related not-for-profit boards.

13. Mr Lei Ning

Qualifications: Master Degree in Art Therapy (specialising in mental health)
Appointment date: 22 June 2009. Resigned: 20 October 2010.

Mr Rob Hughes

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

Joining the Board as the year drew to an end, Rob brings a wealth of experience in providing advisory services to major organisations in the manufacturing, government, financial services, education, pharmaceutical, insurance and utilities sectors in Australia, particularly in the area of business strategy. Prior to joining the Board, Rob had worked with MI Fellowship Victoria as a consultant on recent strategic initiatives.

- Completed successful sale of 10 Bromham Place site with a commitment from the buyer that the development will include provision for social housing

- Enhanced business planning process

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

Policy and Advocacy Committee

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

Achievements in 2010-11 included:

- Housing Policy Statement and associated media that highlighted the housing issues facing people with severe mental illness
- Call to Action campaign that underpinned the achievement of funding for the Doorway program
- Justice Policy Statement and participation in the State Justice Mental Health Committee
- Submission to the review of the *Victorian Mental Health Act*

Directors (July – November 2010): Lyn Allison (Chair), Julian Freidin, Elaine Price, Diane Brown (to September 2010), Lei Ning (to October 2010)

Directors (current): Lyn Allison (Chair), Julian Freidin, Elaine Price, Jan Hatt (March 2011)

Executive of the Board

The Executive of the Board is comprised of the President, Vice President and Committee Chairs. It meets to facilitate decision-making between Board meetings and to act as a reference point for senior management. In 2010-11 the Executive of the Board established a governance structure for the Doorway project including a Steering Committee to oversee delivery.

Staff support to Board and committees

A number of senior staff members support the work of the Board and sub-committees and are in attendance at meetings. During 2010-11, meetings were regularly attended by Elizabeth Crowther, Laura Collister, David Johnstone, Ken Kirby, Linda Feenane, Bernie Trahair, Margaret Burdeu, Advan Hadzic and Sally Curran.

Governance and Management *continued*

Management Team



1. Elizabeth

2. David

3. Laura

4. Linda

1. 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 was appointed Chief Executive of Mental Illness Fellowship Victoria in 1995.

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

- President, VICSERV
- Deputy Chair, Victorian Ministerial Advisory Committee on Mental Health
- Mental Health Standing Committee - Fourth National Mental Health Plan - Flagship 1 Steering Committee
- Psychosocial Rehabilitation and Recovery Partnership Group - Justice Mental Health Partnership Group
- Asia Australia Mental Health Advisory Council

2. David Johnstone General Manager, Organisational Services

David joined MI Fellowship Victoria in March 2010. As General Manager, Organisational Services, David is responsible for ensuring that we have organisational capacity in the areas of finance, IT, human resources, asset management, legal services and administration.

David brings with him a wealth of knowledge and experience in mental health and the financial sector, including 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.

3. Laura Collister General Manager, Rehabilitation Services

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

Laura joined MI Fellowship Victoria in 2005 and has embedded evidence-based practice and evaluation frameworks into programs and services. Laura has a Bachelor of Applied Science (Occupational Therapy) and Master of Applied Science (La Trobe University). Her committee memberships include:

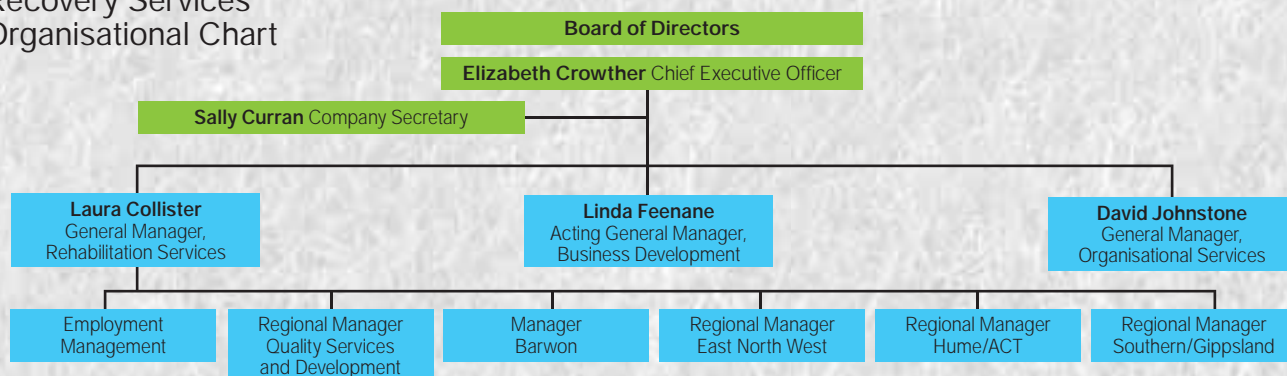
- Victorian Ministerial Advisory Sub-committee on Workforce Participation
- Victorian Department of Health – PARC Advisory Committee
- Victorian Department of Health – Day Program Review Reference Group
- City of Darebin Health Planning Committee

4. Linda Feenane Marketing Manager and Acting General Manager, Business Development since April 2011

Linda joined the MI Fellowship Victoria as Marketing Manager in July 2010 and more recently assumed the role of Acting General Manager, Business Development upon the retirement of Ken Kirby. Linda is responsible for brand and reputation management, relationship development, and the areas of fundraising, communications and events.

Linda has a diverse background in marketing, public relations and journalism across the commercial sector both in Australia and the United Kingdom, and commenced her career 30 years ago with a television media traineeship.

Recovery Services Organisational Chart



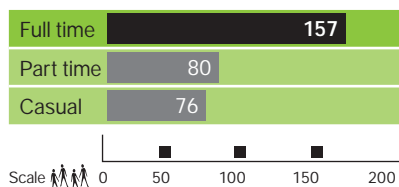
Organisational Development

Highlights

- Our new leadership development program has been embraced by management staff and successfully implemented.
- We reviewed our health and safety audit process, and developed and successfully piloted a new audit instrument.

Staff numbers 2010-11

Total: 313



Leadership

The senior team has continued its work on developing a comprehensive human resources strategy for the organisation and has worked collaboratively on a leadership strategy. Our leadership development program for new managers was introduced in 2010 and a second group commenced the program this year. To further support course outcomes, we have placed a stronger emphasis on mentored support with each course participant now working with their manager as a coach as well as a second mentor from within the organisation.

Organisational learning

We continue to provide training and development opportunities to support the success of all staff and have again worked intensively with individuals and teams to provide insight into both their emotional and thinking preferences through the use of the Herrmann Brain Dominance and Emotional Intelligence instruments and other tools. These insights greatly support opportunities to improve communication and collaboration within and between teams.

More than 120 staff attended our organisational orientation workshops. An important part of these workshops is providing support in the use of our Performance Development and Review process which underpins and supports

both service excellence and personal and professional growth.

Our staff participated in training to enhance their capacity to support participants in their recovery journey. Our Rehabilitation Training Model was further refined during the year with completion of a new module on recovery-centred practice. Work continues on the social inclusion and employment modules of the training program. In partnership with VICSERV, dual diagnosis training has been introduced, and team-based coaching is also being used to support our more formal learning activities.

Cultural competency training

During 2010-11 we continued the delivery of cultural competence training for our staff, working with the Victorian Transcultural Psychiatry Unit, and with the Goulburn Valley Area Mental Health Service in the delivery of training in Shepparton.

Occupational health and safety

Our Health & Safety Committee has completed an audit of our occupational health and safety processes and procedures and a new site audit process has been developed with the new audit instrument successfully trialled.

Two workcover claims were lodged in 2010-11 compared to four in the previous year. Our Employee Assistance Program continues to be valued by staff as an effective support service.

IT infrastructure

We introduced a number of new technologies and platforms to our IT infrastructure during 2010-11 to support the future growth of the organisation. A major IT initiative for the year was the upgrade of the IT server infrastructure from physical to virtual servers on VMWare and EqualLogic Storage Area Network (SAN) technology platforms. The reduction in the number of physical servers is improving network administration and reducing power use.

Other major IT developments during the year were the roll-out of Citrix to enable the use of a wider range of applications across all computers and devices, and

the expansion of the organisation's Wide Area Network to enable smaller remote sites to access applications and databases at lower cost.

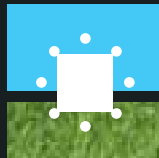
Assets management

During 2010-11 we continued to review our assets and infrastructure to ensure that they are delivering maximum outcomes on an economical basis, and remain fit for purpose. We finalised the sale of our Frankston property, developed and commenced implementation of our new Fleet Strategy, commenced a review of our current telecommunications arrangements and opened 10 new offices. We are now providing a variety of services at over 70 locations and will be continuing to review our asset base, contracts and procedures during 2011-12.

A major focus during next year will be the housing opportunities we hope to provide through the redevelopment and rezoning of our property at Richmond, and the establishment of the housing component of the Doorway housing and support program. Finalisation of the strategy for the Fairfield Place site is also a priority for the coming year.

Risk management

Our risk management framework is based on seven high-level areas of risk: strategy, reputation and image, legal and commercial, financial, safety and environment, human resources and systems. During the year a priority was placed on financial risk management. This resulted in the development of a new suite of financial policies and management tools including a new capital management policy, a revised investment strategy for our corporate financial assets, enhanced budgeting and cash management processes, and upgraded financial reporting.



Accreditation

One of our fundamental organisational aims is to ensure that we embed quality improvement in our everyday practices, across all our programs. We measure the quality of the services we provide against a number of independent accreditation processes.

At an organisation-wide level, we currently meet the *Quality Improvement Council* (QIC) standards, *Psychiatric Disability Rehabilitation and Support Services* (PDRSS) standards, *Homelessness Assistance Service Standards* (HASS), and *Home and Community Care* (HACC) standards. We are busily preparing for our next accreditation to these standards in June 2012.

For some service types we have specific accreditations. Our employment programs successfully met the *Disability Employment Service Standards* (DESS) in 2010. Our Education and Training services will be reviewed against the Australian Quality Training Framework (AQTF) in 2012.

For some of these accreditation processes we develop workplans which help us plan and prioritise areas for improvement. During 2010-11 we continued to make steady gains against these workplans and provided progress reports to the accrediting bodies.

Compliments and complaints

Our organisation-wide feedback system logs complaints and compliments in a central register so that there is a mechanism to monitor feedback themes and the quality of our responses. In 2010-11, 18 complaints were recorded and responded to about issues such as service availability and communication processes. There were also 10 compliments received expressing appreciation for service delivery and staff commitment.

Environmental sustainability

As an organisation we continue to work on reducing our environmental impact through our Go Green program. Our focus during 2010-11 has been on reducing paper use, reducing energy and water use, and sourcing environmentally sustainable goods and materials.

Journal articles

By MI Fellowship Victoria staff

Clarke B. 'An interview with Brendon Clarke'. *New Paradigm*, Winter 2010, pp 38-40.

Collister L. 'Opinion: Social inclusion, recovery and voluntary work'. *New Paradigm*, Summer 2010/11, pp: 61-64.

Crowther E. Bennett W, Collins I. 'Chapter 15: Consumer and Carer Participation' in *Mental Health Nursing: Dimensions of Praxis*, Oxford University Press Australia, 2010.

Crowther E. 'Mental Health and the Justice System - Policing for Positive Mental Health Outcomes'. *New Paradigm*, Autumn 2011, pp 6-9.

Stephens JR, Farhall J, **Farnan S, Ratcliff KM.** 'An evaluation of Well Ways, a family education program for carers of people with a mental illness.' *Australian and New Zealand Journal of Psychiatry*, Jan 2011, Vol 45:1, pp 45-53.

Ladd E, Smark T. 'In it together: understanding the physical health needs of people with serious mental illness.' *New Paradigm*, Winter 2011, pp 40-43.

Ennais P, Cartwright E, **Rinaudo B.** 'Supported education: one pathway to social inclusion for people with interrupted education trajectories'. *New Paradigm*, Winter 2010, pp 12-16.

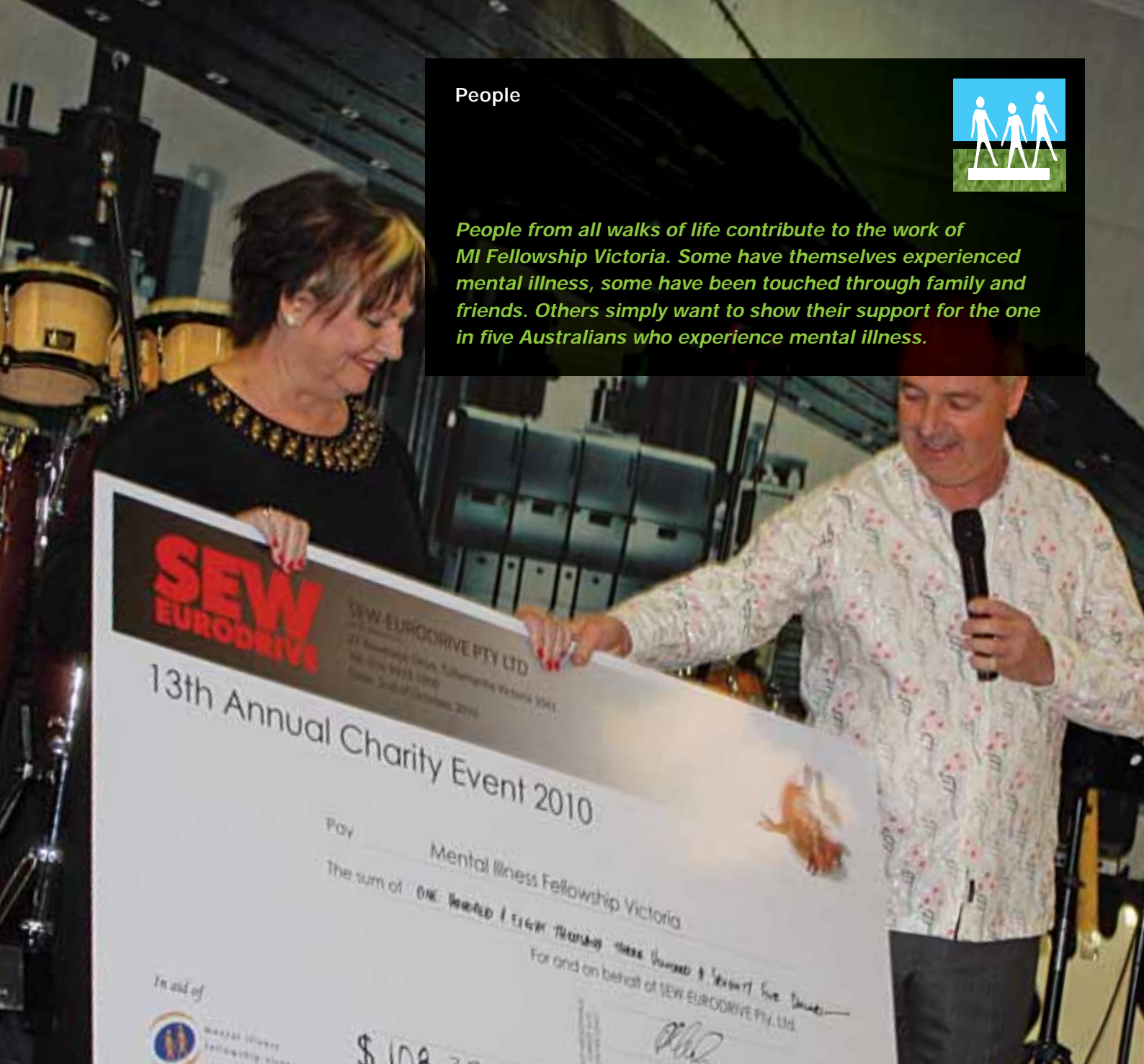


MI Fellowship Victoria was proud to assist Guide Dogs Victoria in 2011 by supporting one of our staff members to raise a Labrador puppy, called Clint, at work. Clint became a member of the team as a nine week old puppy, and attended meetings at various hospitals and clinics, State Government Department offices and was in the audience for the Woodcock Lecture during Schizophrenia Awareness Week.

People



People from all walks of life contribute to the work of MI Fellowship Victoria. Some have themselves experienced mental illness, some have been touched through family and friends. Others simply want to show their support for the one in five Australians who experience mental illness.



SEW-Eurodrive's Managing Director, Robert Merola, presents MI Fellowship Victoria with another generous donation from their charity events.

(See a full list of our supporters and partners on the inside back cover of this report.)

Our supporters

Individuals, families, corporations, workplaces and community clubs are among those who support MI Fellowship Victoria with donations, sponsorship and *pro bono* contributions. Their generosity enables us to continue delivering high-quality, innovative services and programs.

Our regular giving program – *mifriend* – grew significantly in 2010-11. People who join the *mifriend* program make a monthly gift to MI Fellowship Victoria. The commitment of these supporters helps us to maintain programs which

are bringing long-term benefits to participants in crucial aspects of their lives, including finding a home, building links in the community, returning to study or work, and establishing and maintaining supportive relationships.

We also thank those people who responded with compassion and generosity to our fundraising appeals. Two appeals are run each year. In 2010-11 our campaigns addressed the issues of family and of physical health and wellbeing. We also run two raffles each year which are always well supported.

A number of people made a lasting impact by remembering MI Fellowship Victoria with 'In Memoriam' requests. This is a gift

which can transform the lives of others, and we say a heartfelt thank you to those who, during difficult times, were able to think of others.

Our major donors provide us with critical funding support and look for no acknowledgement. Their combined support makes a substantial contribution to our work and we are grateful for their humility and generosity.



Our major partners

The international engineering company SEW-Eurodrive has been a major partner of MI Fellowship Victoria for 13 years and the company continues to demonstrate its commitment to improving the lives of people with mental illness. Through a series of annual fundraising events, the company makes a major contribution to MI Fellowship Victoria's work each year. In 2010-11 the company raised \$108,375 and we thank SEW-Eurodrive management and staff for their outstanding support.

Since the early 1980s MI Fellowship Victoria has benefitted from excellent *pro bono* legal services generously provided by Middletons Lawyers and its predecessor Molomby & Molomby. This contribution has greatly enhanced the capacity of our organisation to deliver efficient and innovative programs, and we thank Middletons for its ongoing support.

We thank Frank and Patricia Woodcock for their sponsorship of the Annual Bruce Woodcock Memorial Lecture which is now in its 14th year. This event plays a unique and important role in promoting public discussion of the issues facing people affected by mental illness and attracts hundreds of people each year.

Our volunteers

More than 340 people volunteered their time to assist the work of MI Fellowship Victoria during 2010-11. This included the trained volunteers who take calls on the Helpline, staff who work in our op shops, our volunteer visitors, those who use their experience of mental illness to deliver training and awareness sessions, and our Board members who also contribute their time and expertise in a voluntary capacity.

We greatly appreciate the contribution of our volunteers and thank them all sincerely for the enormous benefits they bring to our organisation.

Our volunteers contribute in many ways:

- Administration
- Events
- Op shops
- Community and family education
- Helpline
- Volunteer visitors
- General education tutors
- Speakers Bureau
- Community support

MI Fellowship Victoria Award winners

Our awards publicly acknowledge the work of people who promote community understanding of mental illness. The award winners this year are:

Volunteer of the Year Award
(awarded to two people this year)

Phyllis Mules: For her contribution to the MI Fellowship Victoria Helpline, not only as a volunteer over many years, but also as a support to colleagues and an important contributor to the development of the service.

Steve George: For his contribution as a facilitator of the *Well Ways* education program to the engagement of men in building their understanding and skills in managing mental health challenges in their lives.

Mental Illness Fellowship Victoria Award
(awarded to two people this year)

Estelle Malseed: For her dedication as a volunteer on the MI Fellowship Victoria Helpline and as a facilitator of the *Well Ways* education program.

Alex Wood: For his long-standing commitment to MI Fellowship Victoria through his contributions as an active volunteer and passionate advocate.

Mental Health Community Award

Bill Brown: For his tireless work in the Goulburn Valley region to improve the care, treatment, recovery and perception of people with mental illness, and for support to families.

Volunteers

Affleck, Margaret	Cole, Benjamin	Gately, Selena	Johnson, Lorraine	McLean, Richard	Rawley, Maris	Tilley, Pearl
Alison, Derreck	Colley, Peter	Gaynor, Liz	Katselas, Nektarios	McNamara, Patricia	Redding, Seamus	Ting, Rhoda
Alison, Jennifer	Collier, Mary	George, Steve	Katopodis, Natasha	McNeill, Jenni	Reid Gail,	Toholka, Kate
Allen, Robert	Collins, Bernard	Georgy, Nancy	Kelly, Kevin	Meneghetti, Linda	Renison, Mark	Tokita, Naomi
Anais, Sally	Collyer, Pauline	Gilbert, Peter	Kendrick, Kayne	Mignot, Ray	Richards, June	Tolchard, Robin
Angelopoulos, Anna	Comfort, Bianca	Gilbert, Barbara	Kerr, Brendan	Miller, Loren	Richmond, Stephen	Tomarchio, Sam
Angove, Geena	Constantine, Naomi	Giles, Claudia	Khare, Priya	Mitchell, Elspeth	Rigoni, Nadia	Trahair, Catherine
Angove, Karen	Corbett, Dulcie	Gill, David	Kim, Hannah	Moloney, Helen	Riley, Kane	Trahair, Chris
Arena, Andrew	Costanzo, Sandra	Gizzi, Giulia	Kiroudis, George	Mongford, Garry	Robinson, Sharon	Trahair, Madeline
Armatas, George	Craven, Rachael	Goodman, Kerri	Kouklafis, Con	Montana, Peter	Rogers, Michelle	Trahair, Emma
Assan, Ben	Craven, John	Goodman, Kristen	Kuru, Pelin	Morrow, Brenda	Romas, George	Trahair, Judy
Attard, Josephine	Crichton, Barbara	Gordon, Letitia	Lane, Rosemary-Jean	Morton, Ingrid	Ross, Steven	Trahair, Stephen
Badcoe, Andrew	Crowther, Dominic	Greco, Anthea	Le Couteur, Pam	Mules, Phyllis	Ryan, Jessica	Trahair, Tim
Bergami, Ermanno	Crump, Marilyn	Groenhuizen, Val	Leonard, Steve	Munohar, Yashna	Ryan, Jenna	Trahair, Teagum-Moon
Betageri, Ravindra	Cullen, Paul	Gross, Kay	Lewis, Wendy	Munoz, Jose	Ryding, Lisa	Tran, Anna
Bone, Lucy	Cuthbert, Iris	Groves, Steven	Liapis, Irene	Nathan, Leah	Sapar, Nicky	Tran, Alice
Bradley, Kieran	Darby, Margaret	Guerin, Roma	Lin, Jing-Chun	Nguyen, Mi	Schmidt, Martina	Trapper, Bree
Bradley, Liam	Davies, Amanda-Jane	Gullotti, Dijana	Lin, Ya-Hsun	Nguyen, Van-Hoa	Sharp, June	Turbull, Beth
Bradley, Shannon	Deam, Mary	Haas, Indra	Liston, Barbara	Nicholls, Peter	Sheehan, Pam	Turner, Purdita
Brandon, Janice	Deam, Alissa	Halton, Chris	Lloyd, Vera	Nickson, Timothy	Sherlock, Kim	Uwamahoro, Nathalie
Brock, Lorraine	Di Rago, Pat	Hannan, Rina	Lloyd, Adrian	Nicols, Perry	Singh, Nikita	Van Elderen, Damien
Brooks, Indahly	DiBattista, Martin	Hansen, Dorothy	Lococco, John	Nithianandan, Mithira	Sioutkis, Arthur	Van-Moorik, Aurora
Brown, Amanda	DiFabio, Carlo	Hart, Sarah	Logan, Robert	Nunan, Ruby	Sipek, Michelle	Vouthas, Jimmy
Brown, Jennifer	DiFabio, Faye	Hastings, Anneliese	Long, Louise	O'Meara, Andy	Slingh, Nikita	Walker, Jacqui
Buckly, Melissa	Dimos, Linda	Hayes, Joan	Lord, Jasmin	Obuch, Heather	Smarr, Tara	Wallace, Susan
Bunton, Lorna	Dinaur, Sarah	Henry, Tegan	Lucas, Kate	O'Connell, Jeremy	Smith, Jennifer	Walsh, Monica
Burdeu, Alice	Dodd, Craig	Hickinbotham, Judith	Lyons, Vivienne	O'Connell, Terri	Smith, Miriam	Walsh, Ruth
Burnett, Lloyd	Dougal, Lisa	Higgins, Kelly	Lyons, Robert	Osborne, Mona	Smith, Betty	Waye, Carley
Burns, Simone	Douglas, John	Hill, Phil	Malseed, Estelle	Pakavakis, Simone	Smith, Margaret	Westhorpe, Krystle
Burrowes, Margaret	Down, Judy	Holland, Mike	Malseed, Robert	Panetta, Rita	Snell, Tristan	William, George
Byrd, Joshua	Doyle, Graeme	Hornbuckle, Rob	Marin, Angelo	Pavlin-Premrl, Davor	Song, Amanda	Windmiller, Rose
Calhoun, Poppy	Drumm, Janelle	Houston, Clare	Marsh, Nova	Perera, Tharshie	Sooriyakumaran, Maheshayini	Wong, Gloria
Cantale, Thea	Dunn, Elissa	Houston, Paul	Marsicano, Josie	Perry, Richard	Sourtzis, Maria	Wood, John
Carey, Anne-Marie	Dyson, Greg	Hsiao, Edward	Martin, Robert	Pettiit, Juliet	Sriboonmak, Tanya	Wood, Alex
Carling, Iris	Eboutany, Ida	Hudson, Charlotte	Martin, Kade	Peyton, Peter	Stavrou, Dannie	Wood, Katie
Carmen, Brittany	Fairbank, Mitchell	Huon, Chang (Charlie)	Martin, Rebecca	Phillips, Jenny	Stefanakis, Toni	Wood, Sarah
Cattanach, Nannette	Filardo, Joe	Huy-Do, Viet	Martyn, Nicole	Phung, Alissa	Stewart, Gaye	Woods, Meredith
Catterina, Nan	Finnocchiard, Carla	Huynh, Mandy	Mascarenhas, Iris	Piccoli, Lucy	Stubbs, Beth	Woods, Melanie
Chan, Tiffany	Fitzgerald, Gwenda	Huynh, Anny	Maulana, Aly	Pierce, Eleanor	Sullivan, Bree	Yang, Haixin
Chettleburgh, Jo	Fiumara, Sam	Interlandi, Sonia	Maxwell, Glenda	Pisani, Carmelo	Susay, Michelle	Zbukvic, Isabel
Chmielewski, Megan	Flores, Marco	Ioannidis, Lina	McCarten, Aimee	Ponniha, Niranjana	Tame, Graeme	Zuccelli, Claudia
Ciabotti, Tanya	Foundling, Rachael	Isaccs, Babe	McCarthy, John	Pope, Jacinta	Tan, Vicki	Zuccelli, Cathie
Clay, Lorraine	Frisbee, John	James, Laurence	McCredie, Frances	Prasad, Namarata	Taylor, Anna	
Clough, Geoff	Frost, Ruby	Jarvis, Katie	McCullagh, Catherine	Price, J	Taylor, Jenine	
Cocaine, Catherine	Gallagher, Michelle	Jodlowska, Zanna	McDonald, Julie	Pritchard, Betty	Thompson, Emma	
Coffey, Liza	Gallagher-Lyon, Jordan	Jodlowska, Di	McKernan, Vicki	Randell, Deidre	Tickner, Shirley	

Mental Illness Fellowship Victoria ACN 093 357 165
For the year ended 30 June 2011

Directors' report

The Directors have pleasure in submitting their report for the year ended 30 June 2011 made in accordance with a resolution of the Directors.

Directors

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

Mr Paul Montgomery
 Mrs Diane Brown
 Mr Kevin Abrahamson
 (Appointed 5/7/10)
 Ms Lyn Allison
 Mr Darrel Driberg
 Dr Julian Freidin
 Ms Jan Hatt
 (Appointed 4/4/11)

Mr Robert Hughes
 (Appointed 27/6/11)
 Ms Jennifer King
 The Hon Robert Knowles
 (Resigned 7/3/11)
 Mr Theophanis Krambias
 Ms Louise Milne-Roch
 Mr Lei Ning
 (Resigned 20/10/10)
 Ms Elaine Price

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 2011, 7 meetings of the Company's Directors were held in respect of which, each Director of the Company attended the following number:

Name of Director	Date Appointed	Date Resigned	Board of Director Meetings	Board Committee Meetings				
				Executive	Appointments & Governance	Finance, Audit & Resource Management	Directions	Policy & Advocacy
Paul Montgomery (President)	25/09/2006		7 of 7	2 of 2	4 of 5	8 of 9		
Diane Brown (Vice President)	20/09/2000		6 of 7	1 of 2			6 of 6	
Kevin Abrahamson	5/07/2010		7 of 7	1 of 1	5 of 5		5 of 6	
Lyn Allison	8/09/2008		6 of 7	1 of 2		4 of 5		5 of 6
Darrel Driberg	17/12/2007		6 of 7	2 of 2		3 of 3	6 of 6	
Julian Freidin	22/06/2009		5 of 7					6 of 6
Jan Hatt	4/04/2011		2 of 2					
Robert Hughes	27/06/2011		1 of 1					
Jennifer King	21/10/2005		6 of 7	0 of 1	3 of 5	7 of 9		
Robert Knowles (Patron)	20/09/2000	7/03/2011	5 of 5	1 of 1	1 of 1			
Theophanis Krambias	10/10/2008		5 of 7			8 of 9		
Louise Milne-Roch	20/01/2003		5 of 7	1 of 1	1 of 1			
Lei Ning	22/06/2009	20/10/2010	2 of 2					
Elaine Price	24/01/2005		7 of 7		5 of 6			6 of 6

Operating Result

The net profit of the Company for the year after capital items was \$70,948 (2010 \$487,664). The profit from ordinary activities before capital items was \$95,579 (2010 \$585,626).

Review of Operations

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

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

State of Affairs

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

Likely Developments

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

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

Directors' Benefits

Since the end of the previous financial year no Director of the Company has received or become entitled to receive a benefit.

Directors' report *continued*

Directors & Auditors Indemnification

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

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

Auditor's Declaration

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

On behalf of the Board



PAUL MONTGOMERY - DIRECTOR



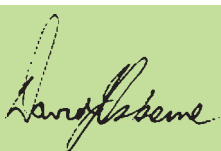
JENNIFER KING - DIRECTOR

Signed at Fairfield on the 10th day of October 2011.

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, 2011, I declare that, to the best of my knowledge and belief, there have been:

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



DAVID J. OSBORNE, FCPA

Certified Practising Accountant
Registered Company Auditor No 10244
Dated this 5th day of October 2011.

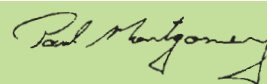
ABN 30 863 523 324
434 Nepean Hwy,
Frankston Vic 3199
TEL: (03) 9781 2633
FAX: (03) 9781 3073

Directors' Declaration

The directors of the company declare that:

1. the financial statements and notes:
 - 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 2011 and performance for the year ended on that date of the company;
2. in the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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



PAUL MONTGOMERY - DIRECTOR



JENNIFER KING - DIRECTOR

Signed at Fairfield on the 10th day of October 2011.

Mental Illness Fellowship Victoria ACN 093 357 165
For the year ended 30 June 2011

Income Statement

	Note	2011 AUD\$	2010 AUD\$
INCOME FROM CONTINUING OPERATIONS			
Contract Services Income	2	18,443,657	14,811,305
Fundraising			
Charitable Contributions		490,480	565,724
Other Fundraising		749,492	786,142
Other Income			
Income From Investments		399,369	388,862
Profit on Sale of Assets		514,160	345,602
Membership Income		14,144	15,591
Other Revenue & Recoveries		305,127	251,276
TOTAL REVENUE		20,916,429	17,164,502
EXPENSES			
Salaries & Related Costs	3	14,380,263	11,533,470
Consultancies		338,176	158,106
Audit Fees		29,337	16,560
Bank Fees		32,901	29,221
Depreciation		845,851	771,208
Interest Expense		44	20
IT Network Costs		281,076	245,932
Occupancy Costs		558,435	456,133
Office Costs		833,288	615,058
Participant Support		1,412,383	1,046,119
Program Setup Costs		48,100	130,098
Light & Power		144,568	126,394
Motor Vehicle Expenses		492,556	381,158
Property and Equipment Maintenance		735,732	412,057
Fundraising Expenses		544,758	495,116
Support Costs - MIFA		100,000	60,000
Volunteer Costs		9,554	9,871
Other Expenses		33,759	31,357
Loss on Sale of Fixed Assets		69	6,064
Loss on Sale of Investments		-	54,934
TOTAL EXPENSES		20,820,850	16,578,876
PROFIT/ (LOSS) BEFORE CAPITAL ITEMS		95,579	585,626
Capital Donations and Funding	4	158,755	103,305
Building Depreciation		(183,386)	(201,267)
NET PROFIT/ (LOSS) FROM CONTINUING OPERATIONS		70,948	487,664

The Accompanying notes form an integral part of these financial statements

Statement of Comprehensive Income

Note	2011 AUD\$	2010 AUD\$
NET PROFIT/ (LOSS) FROM CONTINUING OPERATIONS	70,948	487,664
Other Comprehensive Income		
Net Revaluations on Available For Sale Investments	114,647	299,067
TOTAL COMPREHENSIVE INCOME	185,595	786,731

Balance Sheet

CURRENT ASSETS

Cash at Bank, on Deposit and on Hand		4,224,922	6,191,826
Receivables	5	662,957	529,715
Work in Progress		69,299	-
Prepayments		54,035	75,154
TOTAL CURRENT ASSETS		5,011,213	6,796,695

NON CURRENT ASSETS

Investments available for sale	6	1,999,891	1,840,757
Property, Plant & Equipment	7	7,931,941	7,678,864
TOTAL NON CURRENT ASSETS		9,931,832	9,519,621
TOTAL ASSETS		14,943,045	16,316,316

CURRENT LIABILITIES

Creditors & Accruals	8	1,561,162	1,008,098
Resident Bonds		-	300
Provisions	9	897,841	860,064
Funds Held for Future Periods	10	382,725	2,562,628
TOTAL CURRENT LIABILITIES		2,841,728	4,431,090

NON CURRENT LIABILITIES

Provisions	9	62,533	32,037
TOTAL NON CURRENT LIABILITIES		62,533	32,037
TOTAL LIABILITIES		2,904,261	4,463,127

NET ASSETS

		12,038,784	11,853,189
Represented By:			
EQUITY			
Reserves	11	7,769,497	7,695,967
Retained Earnings		4,269,287	4,157,222
TOTAL EQUITY		12,038,784	11,853,189

The Accompanying notes form an integral part of these financial statements

Mental Illness Fellowship Victoria ACN 093 357 165
For the year ended 30 June 2011

Statement of Changes in Equity

	Reserves									
	Retained Earnings	Capital Campaign Reserve	Capital Reserve	New Projects Reserve	Property Maintenance Reserve	Asset Replacement Reserve	Asset Trust Reserve	Development Fund Reserve	Fair Value Revaluation of Investments Reserve	Total
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Balance at 1 July 2009	2,494,186	536,295	300,000	1,063,968	191,074	360,437	5,281,087	1,781,166	(941,755)	11,066,458
Profit attributable to the entity	487,664	-	-	-	-	-	-	-	-	487,664
Amounts transferred to/ (from) reserves - Note 13	1,175,372	-	-	(301,911)	26,028	76,877	(969,044)	(7,322)	-	-
Total other comprehensive Income - Note 12	-	-	-	-	-	-	-	-	299,067	299,067
Balance at 30 June 2010	4,157,222	536,295	300,000	762,057	217,102	437,314	4,312,043	1,773,844	(642,688)	11,853,189
Profit attributable to the entity	70,948	-	-	-	-	-	-	-	-	70,948
Amounts transferred to/ (from) reserves - Note 13	41,117	-	-	(242,410)	32,465	60,883	107,945	-	-	-
Total other comprehensive Income - Note 12	-	-	-	-	-	-	-	-	114,647	114,647
Balance at 30 June 2011	4,269,287	536,295	300,000	519,647	249,567	498,197	4,419,988	1,773,844	(528,041)	12,038,784

The Accompanying notes form an integral part of these financial statements

Statement of Cash Flows

	Note	2011 AUD\$	2010 AUD\$
Cashflow from Operating Activities			
Receipts - from Donors and Funding Agencies		19,597,178	17,406,263
Payments to Suppliers and Employees		(21,150,441)	(17,127,013)
Interest & Distributions Received		399,369	388,862
Net Cash Provided by Operating Activities	19(b)	(1,153,894)	668,112
Cashflow from Investing Activities			
Proceeds from sale of property, plant & equipment		634,989	950,680
Proceeds realised from sale of investments		-	442,759
Re-investment of working cash account investments		(45,827)	(103,277)
Payment for property, plant & equipment		(1,402,172)	(821,846)
Net Cash used by Investing Activities		(813,010)	468,316
Cash Flow from Financing Activities			
Net Cash provided by Financing Activities		-	-
Net Increase (Decrease) in Cash Held		(1,966,904)	1,136,428
Cash at Beginning of Year		6,191,826	5,055,398
Cash at End of Year	19(a)	4,224,922	6,191,826

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

The AASB has issued new, revised and amended Standards and Interpretations that have mandatory application dates for future reporting periods and which the company has decided not to early adopt. The company does not anticipate early adoption of any of the reporting requirements would have any material effect on the company's financial statements.

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 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.

Depreciation Rates are as follows:

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

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. These gains or losses are included in the income statement. When revalued assets are sold, amounts included in the revaluation reserve relating to that asset are transferred to retained earnings.

c) Leases

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

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

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

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

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

d) Employee Entitlements

Provision is made for the liability for employee entitlements arising from services rendered by employees to balance date. Employee entitlements expected to be settled within one year together with entitlements arising from

wages and salaries, annual leave and sick leave which will be settled after one year, have been measured at their nominal amount. Other employee entitlements payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those entitlements. Contributions are made to employee superannuation funds and are charged as expenses when incurred.

e) Taxation

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

f) Financial Instruments

Recognition

Financial instruments are initially measured at cost on trade date, which includes transaction costs, when the related contractual rights or obligations exist. Subsequent to initial recognition these instruments are measured as set out below.

Financial assets at fair value through profit and loss

A financial asset is classified in this category if acquired principally for the purpose of selling in the short term or if so designated by management and within the requirements of AASB 139: Financial Instruments: Recognition and Measurement. Derivatives are also categorized as held for trading unless they are designated as hedges. Realized and unrealized gains and losses arising from changes in the fair value of these assets are included in the income statement in the period in which they arise.

Notes to and Forming Part of the Financial Statements *continued*

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are stated at amortized cost using the effective interest rate method.

Held-to-maturity investments

These investments have fixed maturities, and it is the entity's intention to hold these investments to maturity. Any held-to-maturity investments held by the entity are stated at amortized cost using the effective interest rate method.

Available-for-sale financial assets

Available-for-sale financial assets include any financial assets not included in the above categories. Available-for-sale financial assets are reflected at fair value.

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

Unrealised gains and losses arising from normal market movements are taken to Unrealised Investment Fluctuations Reserve. After any accumulated gains are utilised by subsequent losses, any further losses are taken to the 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.

Financial liabilities

Non-derivative financial liabilities are recognised at amortized cost, comprising original debt less principal payments and amortization.

Fair value

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

Impairment

At each reporting date, the entity assesses whether there is objective evidence that a financial instrument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether impairment has arisen. Impairment losses are recognised in the income statement.

As a not-for-profit entity the value in use of an asset may be equivalent to the depreciated replacement cost of that asset when the future economic benefits of the asset is not primarily dependent on the asset's ability to generate net cash inflows and where the entity would, if deprived of the asset, replace its remaining future economic benefits

g) Cash

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

h) 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 \$382,725 are showing as a liability at 30 June 2011 (\$2,562,628 at 30 June 2010). All other donations and untied grants are recorded as income when monies are received.

i) Comparative Figures

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

j) Critical Accounting Estimates and Judgments

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

k) Key estimates – Impairment

The entity assesses impairment at each reporting date by evaluating conditions specific to the entity that may lead to impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined. Value-in-use calculations performed in assessing recoverable amounts incorporate a number of key estimates.

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

Note	2011 AUD\$	2010 AUD\$
NOTE 2: CONTRACT SERVICES INCOME		
Government Grants	12,522,255	11,193,132
Funding & Grants received in previous periods/ (carry forward to future periods)	2,179,049	408,365
Fees from other Agencies	3,477,672	2,878,000
Client Fees	264,681	331,808
	18,443,657	14,811,305

Notes to and Forming Part of the Financial Statements *continued*

Note	2011 AUD\$	2010 AUD\$
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 the provision of program services. The number of Equivalent Full Time (EFT) staff are as follows:		
Number of Staff 30th June (EFT)	181.12	191.58
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	473,519	483,679
Deposits and Bonds Issued	43,418	26,255
Accrued Income	146,020	19,781
	662,957	529,715
NOTE 6: INVESTMENTS – AVAILABLE FOR SALE		
Investments in Managed Funds	1,999,891	1,840,757
NOTE 7: PROPERTY, PLANT & EQUIPMENT		
Buildings and Land - at cost	7,277,262	7,047,149
Less Accumulated Depreciation	(1,898,453)	(1,746,587)
	5,378,809	5,300,562
Motor Vehicles - at cost	2,813,939	2,775,635
Less Accumulated Depreciation	(1,519,531)	(1,424,625)
	1,294,408	1,351,010
Office Furniture and Equipment - at cost	1,425,744	1,335,453
Less Accumulated Depreciation	(926,272)	(711,382)
	499,472	624,071
Computers - at cost	1,111,848	780,000
Less Accumulated Depreciation	(505,033)	(376,779)
	606,815	403,221
Rental Property Furniture and Fittings - at cost	155,021	-
Less Accumulated Depreciation	(2,584)	-
	152,437	-
Total Written Down Value	7,931,941	7,678,864

Mental Illness Fellowship Victoria ACN 093 357 165
For the year ended 30 June 2011

Notes to and Forming Part of the Financial Statements *continued* Reconciliation of Fixed Assets

	Land & Buildings	Motor Vehicles	Office Furniture & Equipment	Rental Properties Furniture & Fittings	Computers	Total
	\$	\$	\$	\$	\$	\$
Balance at the 1 July 2009	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	(554,799)	(138,365)	-	-	-	(693,164)
Depreciation expense	(201,267)	(455,620)	(205,287)	-	(110,301)	(972,475)
Carrying amount at 30 June 2010	5,300,561	1,351,011	624,071	-	403,221	7,678,864
Additions at cost	320,949	489,282	91,632	155,021	340,090	1,396,974
Disposals	(59,315)	(55,275)	-	-	(70)	(114,660)
Depreciation expense	(183,386)	(490,610)	(216,231)	(2,584)	(136,426)	(1,029,237)
Carrying amount at 30 June 2011	5,378,809	1,294,408	499,472	152,437	606,815	7,931,941

Note	2011 AUD\$	2010 AUD\$
NOTE 8: CREDITORS & ACCRUALS		
Trade Creditors	948,279	616,166
Accruals	612,883	391,932
	1,561,162	1,008,098
NOTE 9: PROVISIONS		
Current Liabilities		
Provision for Annual Leave	646,378	572,048
Provision for Long Service Leave	251,463	288,016
	897,841	860,064
Non Current Liability		
Provision for Long Service Leave	62,533	32,037
NOTE 10: FUNDS HELD FOR FUTURE PERIODS		
(a) Current		
Expected to be utilised within 12 months	382,725	2,562,628
Total Funds Held for Future Periods	382,725	2,562,628
NOTE 11: RESERVES		
Available for Sale Investment Revaluation Reserve 12	(528,041)	(642,688)
Capital Campaign Reserve	536,295	536,295
Capital Reserve	300,000	300,000
Development Fund Reserve	1,773,844	1,773,844
New Projects Reserve	519,647	762,057
Property Maintenance Reserve	249,567	217,102
Asset Replacement Reserve	498,197	437,314
Asset Trust Reserve 13	4,419,988	4,312,043
	7,769,497	7,695,967
NOTE 12: AVAILABLE FOR SALE INVESTMENT REVALUATION RESERVE		
Opening Balance	(642,688)	(941,755)
Increase/(Decrease) in Fair Value of Investments	114,647	299,067
Closing Balance	(528,041)	(642,688)

Notes to and Forming Part of the Financial Statements *continued*

Note	2011 AUD\$	2010 AUD\$
------	---------------	---------------

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	4,312,043	5,281,087
Add/(Less) Transfers (to)/from Retained Surplus	107,945	(969,044)
Closing Balance	4,419,988	4,312,043

NOTE 14: CAPITAL COMMITMENTS

As at 30 June 2011 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 not otherwise disclosed elsewhere in the financial statements.

NOTE 16: KEY MANAGEMENT PERSONNEL

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

Short Term Benefits	478,051	389,896
Other Long Term Benefits	-	-
Post Employment Benefits	140,183	122,662
Termination Benefits	-	1,603
Total	618,233	514,161
Number of Key Personnel (EFT)	4.0	4.3

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 Companies' operations.

The Company does not have any derivative instruments at 30 June 2011.

Notes to and Forming Part of the Financial Statements *continued*

NOTE 17: FINANCIAL INSTRUMENTS (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 6.00%. The weighted average rate at balance date was 6.80%.
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 2.35%.
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.

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	1,451,537	2,773,385				4,224,922	6.80%
Managed Funds					1,999,891	1,999,891	N/A
Receivables					662,957	662,957	N/A
(ii) Financial Liabilities							
Creditors					1,561,162	1,561,162	N/A
Resident Bonds					300	300	N/A

CREDIT RISK

Credit risk is the risk that parties that owe money do not pay it.

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets, is the carrying amount, net of any provisions for impairment of those assets, as disclosed in the balance sheet and notes to the financial statements.

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.

Notes to and Forming Part of the Financial Statements *continued*

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.

NOTE 17: FINANCIAL INSTRUMENTS (Continued)

Note	Profit AUD\$	Equity AUD\$
Sensitivity analysis		

The following table illustrates sensitivities to the association's exposures to changes in interest rates and equity prices. The table indicates the impact on how profit and equity values reported at the end of the reporting period would have been affected by changes in the relevant risk variable that management considers to be reasonably possible. These sensitivities assume that the movement in a particular variable is independent of other variables.

Year ended 30 June 2011		
+/- 2% in interest rates	104,200	104,200
+/- 10% in available-for-sale investments	200,000	200,000
Year ended 30 June 2010		
+/- 2% in interest rates	112,500	112,500
+/- 10% in available-for-sale investments	184,000	184,000

No sensitivity analysis has been performed on foreign exchange risk as the company has no significant exposure to currency risk.

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.

NOTE 18: COMMITMENTS & CONTINGENCIES

a) Sale of 10 Bromham Place Richmond:

On 24 December 2010, an agreement was entered into for the sale of property owned by the Fellowship, at 10 Bromham Street Richmond. The contracted sale price is \$2.9 million. The settlement date is agreed as being the later of 24 months from the day of sale and 21 days after the purchaser is notified that the planning permits for the property have been approved. The approval of the planning permits is conditional on successfully passing an Environmental Audit. A contribution of \$50,000 has been received from the purchaser to assist with the Environmental Audit that is required as part of the contract of sale. As at the date of this report, the environmental audit has not concluded.

b) Discontinuation of Subcontracting Agreements:

On 29th of June 2011 the subcontracting agreement between Mental Illness Fellowship Victoria and Ostara in the Cairns region was discontinued. The Directors have assessed any costs due as a result of the termination and it is not expected that there will be any significant costs associated with discontinuing this contract.

Reference is made to Note 21 *Events After the Balance Sheet Date* with respect to details relating to the discontinuation of the Ostara contract in the Victorian region.

Statement of Cash Flows

Note	2011 AUD\$	2010 AUD\$
NOTE 19: CASH FLOW INFORMATION		
(a) Reconciliation of Cash		
Cash at Bank, on Deposit and on Hand	4,224,922	6,191,826
(b) Reconciliation of Cash Flow from Operations with Operating Profit / (Loss)		
Operating Profit/ (Loss) after income tax	70,948	487,664
Adjustments for Non-cash items:		
Depreciation	1,029,237	972,475
Profit on Sale of Property, Plant & Equipment	(514,091)	(339,538)
Realised loss on Sale of Investments	-	54,934
Changes in assets and liabilities:		
(Increase)/Decrease in Receivables	(133,242)	(175,215)
(Increase)/Decrease in Prepayments and Other Assets	21,119	47,727
(Increase)/Decrease in Work in Progress	(69,299)	-
Increase/(Decrease) in Creditors & Accruals	553,064	(53,324)
Increase/(Decrease) in Employee Provisions	68,273	79,268
Increase/(Decrease) in Funds for Future Use	(2,179,903)	(405,879)
Cashflows from Operations	(1,153,894)	668,112
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 1 year	385,954	186,083
Longer than 1 year and not longer than 5 years	546,444	385,028
Longer than 5 years	-	-

NOTE 21: EVENTS AFTER THE BALANCE SHEET DATE

On the 31st of August 2011 the subcontracting agreement between Mental Illness Fellowship Victoria and Ostara in the Victorian region was discontinued.

As at the date of this report, the approved 2011/12 budget for revenue and expenditure associated with the Ostara contract in the discontinued regions were revenues of approximately \$3.96 million and expenses of approximately \$2.86 million. The Directors expect that the Fellowship may recoup lost revenues as a result of new contracts already awarded in 2012 and from other contracts that are currently under negotiation.

The following one off impacts associated with the discontinuation of the agreement have been estimated by the Directors:

Costs:

A maximum exposure of approximately \$46,000 in lease costs for the remaining period of the lease term; Redundancy payments to employees of \$62,580 may be incurred in the next financial year. These amounts have not been taken up in the accounts as knowledge of the discontinuation of the contract occurred subsequent to balance date.

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

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 2011 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 of the financial report that gives a true and fair view in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Act 2001 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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

Independence

In conducting my audit, I have complied with the independence requirements of the *Corporations Act 2001*. I confirm that the independence declaration required by the *Corporations Act 2001*, provided to the directors of Mental Illness Fellowship Victoria on 5th October 2011, 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 2011 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
TEL: (03) 9781 2633

Date: 12th October 2011

MI Fellowship Victoria sincerely thanks its donors and supporters for their generous contributions during 2010-11.

Special partners

Apple Marketing Group Pty Ltd
Barwon Heads Golf Club
Centrelink – Area North Central
City of Darebin
Danzfit
Eli Lilly
Jagen Group
Leader Community Newspapers
Melbourne Theatre Company
Middletons Lawyers
Peter Sokolowski
– vsv.carsales.com.au
Robert & Adel Merola
Ritchies Stores Pty Ltd
Rotary Club of Preston
SEW-Eurodrive Pty Ltd
Women in Black INC

Major donors

– Individuals

(those who have agreed to have their names published)

Audrey Young
Barbara Cohen
Betty Towie
Daniel O'Connor
David Slack
David O'Halloran
Fiona Mazzetti
Frank and Patricia Woodcock
Frank Cerra
Graeme and Andrea Rhodes
Jackie Cernoy
Janet Badenhop
Jean Hawkes
Jeanette Sidney
Jessie Neagle
John Matthews
John Shalit
Joy Millard
Judith Beavis
Judith Smith and Robert Iverson

Marina Gagalevska
Mario Roufas
Nadine Gass
Neil Merola
Nick Lobianco
Patricia and Henry van Reesema
Sally Wilkins
Sherry McGrath
Simon and Michael Bell
The Mansour Family
Valwyn Beggs

Major donors

– Companies & organisations

Arc Homes P/L
Air Road Distribution Pty Ltd
ANZ Business Bank
Austar Cleaning Services
BDO Kendalls Administration
NSW-VIC Pty Ltd
Bolinda Digital
Chocolate Gannets
Dallas Building & Maintenance
Des Munday & Son
Dimmick Funds Pty Ltd
Dished and Flanged Ends
E W Cox Holdings Pty Ltd
Engineering Support Services
FESTO Pty Ltd
Golden Messenger Couriers
HRV Management (Trading as Tabcorp Park)
JDN Moncrane Pty Ltd
Johanna Associates Pty Ltd
Kids Resort Early Learning Centre
Kinsi Resort
La Porchetta Mill Park
Lanier (Australia) Pty Ltd
M E Bell Projects Pty Ltd
Melbourne City Toyota
Melbourne Stadiums Limited (Etihad Stadium)
Moonee Ponds Dental Clinic

Notre Dame College
NSK Australia Pty Ltd
Old Anandians Association of Victoria
Old Soul's Opportunity Shop
Radio 3AW Melbourne Pty Ltd
Media House
Sab's Auto
Salzone Dance Studios
Sanctuary Lakes Corporate Wear
Sandringham Football & Social Club
Sport 927
Veritas
Warringal Financial Services

In memory donations

Aaron Davies
Alexander Domanski
David Lording
Dianne Hutchins
Isabel Thomas
Leon Visentin
Louis Chandler
Lucas Ralston
Melanie Hunt

Trusts and foundations

AMP Foundation
Anna White Trust
– The Trust Company
ANZ Trustees
Bendigo Bank Community Enterprise Foundation
Beverley Jackson Foundation
Lord Mayor's Charitable Foundation
Shulu Foundation
The George Lewin Foundation
The William Angliss Charitable Fund
The Yorke Family Foundation

Government funders

Victorian Department of Health
Federal Department of Families, Housing, Community Services and Indigenous Affairs
Federal Department of Employment, Education and Workplace Relations

Community supporters

Bank of Queensland
Barry Plant Real Estate
Biviano's Fruit Shop
Candela Dance
Circus & Arena Attractions
City of Boroondara
Cold Snap
Commonwealth Bank
Fairfield Village Traders
Frisque Pty Ltd
Jhoom-Bollywood Dance Co.
Kavisha Mazella AO
Mei Material Beauty
Melbourne Fire Brigade
Miss Caroline and the Tappets
NICA
Rooster Bar, Fairfield
Runners World, East Kew
SES
Spicers Paper
Temptation Bakeries
Urban Artistry Photography
Victoria Police, Northcote
Zabelleydancers
Zumarinas

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

www.mifellowship.org

Contact us



mental illness
fellowship victoria

ACN 093 357 165
fairfield place
276 heidelberg road
fairfield victoria 3078

PO box 359
clifton hill victoria 3068

t > 03 8486 4200
f > 03 8486 4265
e > enquiries@mifellowship.org
w > www.mifellowship.org

BARWON
51 Fyans Street, South Geelong
t 03 5229 8827

HUME
796 Wyndham Street,
Shepparton
t 03 5822 8600

SOUTHERN AND GIPPSLAND
45 Davey Street, Frankston
t 03 9784 6800

EAST NORTH WEST
8/602 Whitehorse Road, Mitcham
t 03 8873 2500

**AUSTRALIAN CAPITAL
TERRITORY**
3/6 Montford Crescent, Lyneham
t 02 6230 0322

FAIRFIELD PLACE
276 Heidelberg Road, Fairfield
t 03 8486 4200

**MY RECRUITMENT
EMPLOYMENT SERVICE**
t 1300 559 998

OP SHOPS
602-604 High Street, Kew
t 03 9817 5599

454 High Street, Northcote
t 03 9482 6688

Mental Illness Fellowship Victoria for people with mental illness, their families and friends

