



Annual Report
2012 - 2013

Imagine better



mental illness
fellowship victoria



Imagine better

Mental Illness Fellowship Victoria is a not-for-profit organisation established in 1978 that works with individuals and families who are affected by mental illness. We support thousands of people each year to bring about positive change in their lives and build independent and fulfilling lives in their communities.

What we do

We work in partnership with people with mental illness and their families to:

- > Deliver recovery programs
- > Advocate for improved support and opportunities

Mission

Social inclusion for people with mental illness:

- > a home
- > a job
- > relationships

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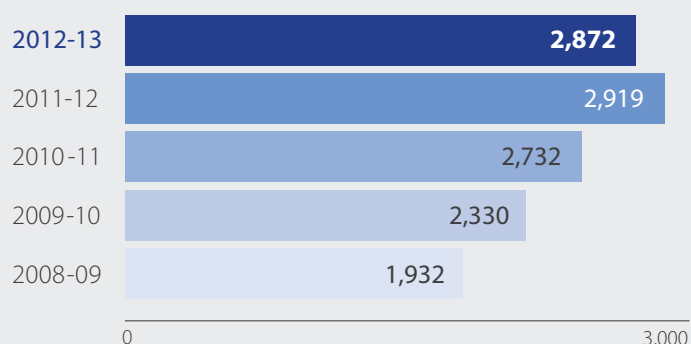
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Overview

In 2012-13 we worked with a total of **4,778** participants through our programs, and our Helpline responded to **2,818** calls. We use the word 'participant' to describe people living with mental illness and their families and carers who take part in our programs and use our services.

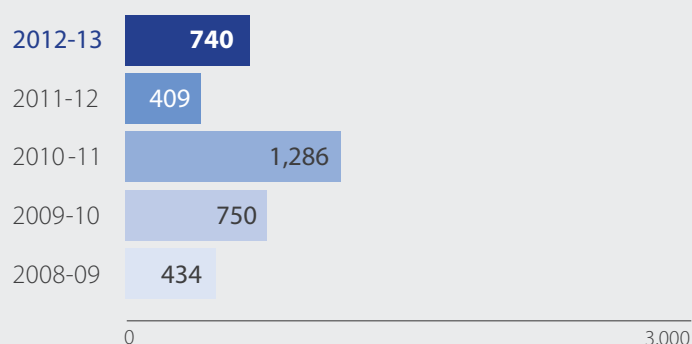
Home and Community see pages 8-16

Program participants



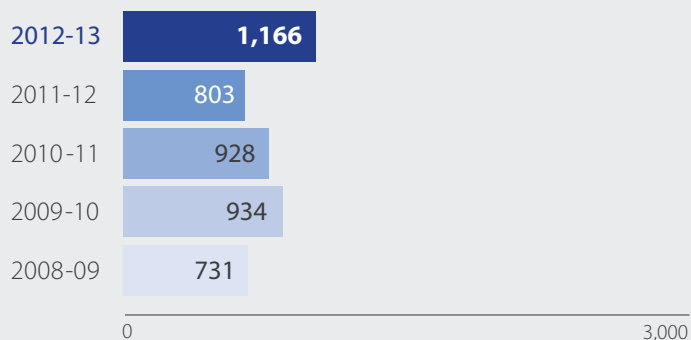
Work and Study see pages 7-20

Program participants



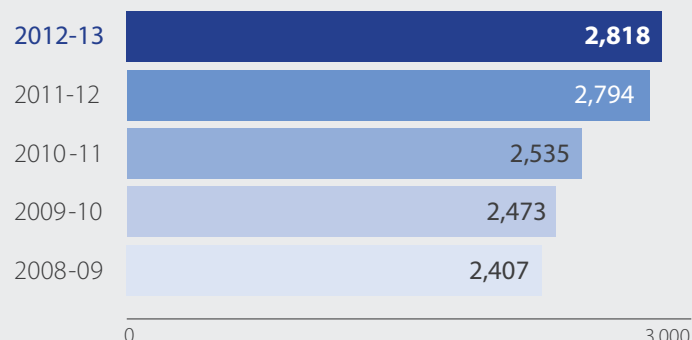
Knowledge and Fellowship see pages 21-23

Program participants



Helpline Calls see page 23

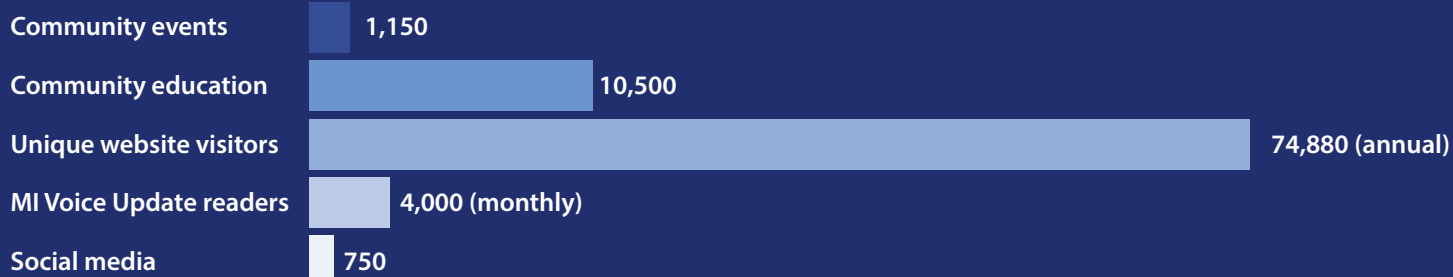
Program participants



Advocacy and Education see page 29

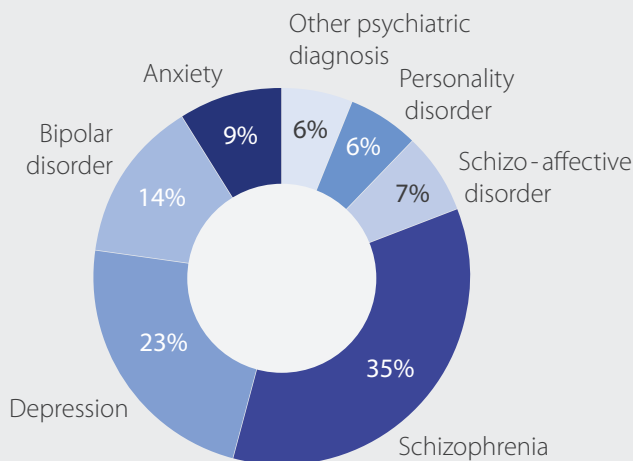


Reached approximately
91,300 people

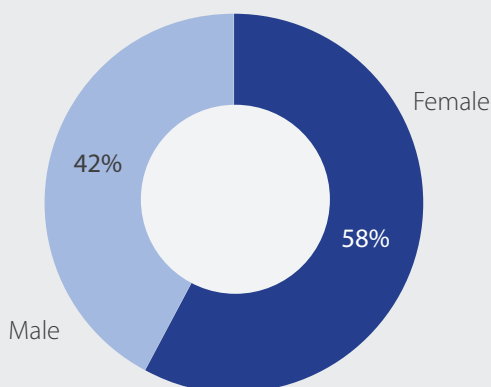


Overview

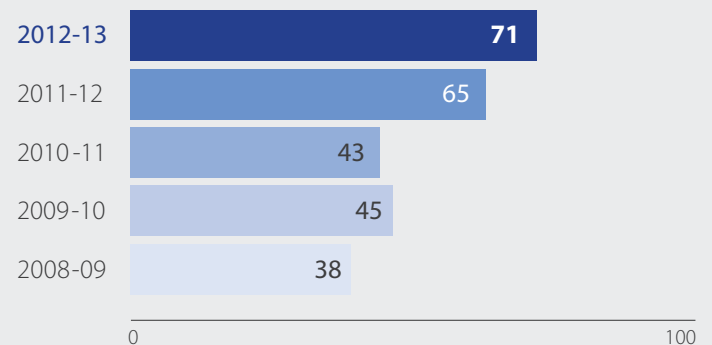
Mental health conditions of the people we worked with



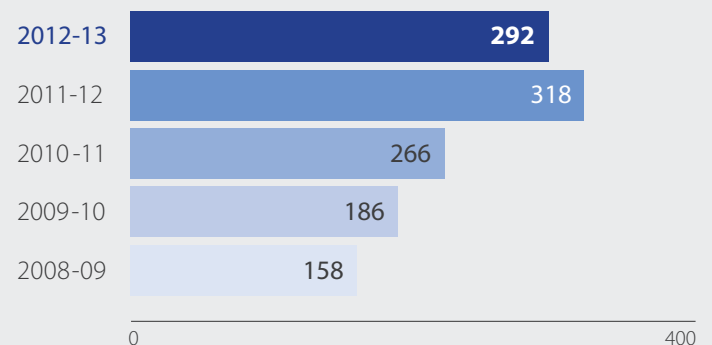
Gender of the people we worked with



Participants identifying as Aboriginal or Torres Strait Islander



Participants from culturally and linguistically diverse backgrounds



Consumer and carer participation

MI Fellowship Victoria endeavours to place the expertise of program participants at the forefront of our service planning and delivery. During 2012-13 we established and maintained strategies to strengthen the role of participants across our organisation, including the following:

- > Established a Carers and Consumers Committee as a sub-committee to the board.
- > Established an operational Consumer Advisory Group called 'Consumer Connections'.

- > Developed and implemented an Experience of Service Survey for all current participants, with results expected to be known by the end of 2013.
- > Integration of consumer and carer participation strategies across the organisation's regional service plans.
- > Supported consumer representation on organisational committees including the Doorway Model Development Committee and the Practice Innovation and Excellence Committee.
- > Supported consumer and carer representation at planning consultations regarding the move towards an individualised funding environment.

President's Report

Paul Montgomery



The changing environment for mental health community support services - at both the state and federal levels of government - is challenging organisations to deliver mental health supports where, when and how people need and want them.

MI Fellowship Victoria has been providing quality mental health services for 35 years, and is one of Australia's larger mental health community support services. A priority matter for the Board over 2012-13 has therefore been ensuring that MI Fellowship is well placed to build on its successes of the past, while positioning itself to continue to support people with mental illness and their families into the future.

This process has included considering partnership possibilities with other organisations which share MI Fellowship's values, including a commitment to the mission of achieving social inclusion for people living with mental illness.

In considering alliances with other organisations, we looked at whether potential partnerships would deliver the following:

- Sustainable recovery-focussed support services to people with severe and enduring mental illness and families and carers;
- Connection to local communities and understanding of local needs;
- Capacity to increase choice and individual tailoring of services;
- A size and scale of operations that would increase access to services in both metropolitan and regional areas.

As a result of these deliberations, in June 2013 MI Fellowship agreed to amalgamate with the member-based organisation Aspire – A Pathway to Mental Health Inc, who provide mental health support services in South Western Victoria and Tasmania. In August 2013 MI Fellowship also entered into a due diligence process with the national Royal District Nursing Service to examine the potential for a merger.

It is the objective of the MI Fellowship Board to have established a clear path forward with regard to partnerships by the end of the 2013-14 financial year. This will enable the organisation to respond to the national roll-out of the National Disability Insurance Scheme (NDIS). We are already a registered NDIS provider at the Victorian launch site of Barwon.

This year, the organisation has worked with close to 5,000 participants, and touched the lives of thousands more through our advocacy, information and education.

We farewellled Ms Lyn Allison from the Board during the year following a 4-year term and we thank her for her dedicated contribution. Dr Neil Cowen was appointed as a new Director and we welcome his experience in health service governance and management. I thank all of our Board members for the outstanding contribution they make to MI Fellowship.

On behalf of the Board I thank our CEO Elizabeth Crowther and the MI Fellowship staff for the excellent work they do every day. I also acknowledge the generosity of our supporters and members. I particularly thank our major partners: K & L Gates, SEW Eurodrive and the Woodcock family for their long-term support.

It is a time of change, but it is also a time for optimism, as MI Fellowship prepares to continue its important contribution to Australia's mental health system.



Paul Montgomery, President

Chief Executive's Report

Elizabeth Crowther



Two major government reforms are affecting the way we work with people living with mental illness and their families - the establishment of the National Disability Insurance Scheme; and the rationalisation and re-commissioning of Victoria's mental health community support services. MI Fellowship Victoria has taken a determined advocacy position in seeking to ensure that these reforms result in better outcomes for people living with mental illness and their families.

We have also carefully examined how we as an organisation work with participants, and how we can make sure we are offering high-quality, individually-tailored supports that maximise the benefits of the new policy and funding environment.

During the year we worked with leaders in individualised approaches to mental health and disability support, including international expert Dr Michael Kendrick. Our staff participated in training to deepen their understanding of the role they can play in facilitating truly individualised support, and we increased our knowledge of international best practice in this area.

Also during the year we were funded by the Federal Government to help prepare people with mental illness and their families to exercise choice and control in how they access the National Disability Insurance Scheme (NDIS). More than 800 Australians took part in the peer-facilitated NDIS readiness program which we delivered nationally. We have also collaborated with other agencies during the year on a project which is investigating the types of services people will be seeking if they receive individual funding packages.

The Victorian Government's reforms require all organisations currently delivering state government-funded services – including day programs and home-based outreach services

– to re-tender for this funding. This 're-commissioning' is expected to result in changes to the number of service providers and changes in the types of services. The aim of the recommissioning is to ensure that services are directed to those people who are most in need, and that services respond to participants' and families' individual needs. We expect to know the outcomes of the re-tendering process in March 2014. In the meantime we are keeping participants informed and will work with individuals if the programs they are using are affected.

The Doorway housing and support demonstration program operated at or over its expected capacity during 2012-13, with 55 people in private rental properties at 30 June 2013. An independent mid-term evaluation of the program found that Doorway participants significantly reduced their use of bed-based mental health services and hospital emergency services. The evaluation also found that there were significant savings to the Victorian Government in terms of hospital costs and government housing costs. The program is currently funded until July 2014 and we are calling upon both State and Federal governments to build on the program's success as an innovative response to the high levels of homelessness among people with mental illness.

We ended 2012-13 in a strong financial position with a \$1,296,000 surplus - the result of business growth, management efficiencies, the divestment of two properties, and a generous bequest. This surplus will help to protect our position as we competitively tender for many of our services through the Victorian Government's recommissioning process.

As usual, there are many people who have been part of the MI Fellowship story this year. I thank you all – participants, families, members, volunteers, staff, directors, partners and supporters – for continuing the work which is so needed to improve support and opportunities in our community for Australians living with mental illness.

Elizabeth Crowther, Chief Executive

Imagine

Home

Too many people with mental illness continue to leave hospitals without a safe and stable place to return to. Our housing and residential programs assist people to find and keep homes, to recover in home-like environments, and to increase individuals' and families' capacity to manage at home.

In 2012-13, we worked with **2,307** people through our 'home' focussed programs.

L

"Having my home gives me the benefit of a place where I can focus on my recovery"

– Stefan, Doorway participant.

Home

Difficulty finding a safe and stable place to live continues to be a major barrier to recovery for people living with mental illness. MI Fellowship Victoria seeks to address this by delivering home-based and residential support programs, and by developing innovative, evidence-informed program responses.

Home-based outreach services

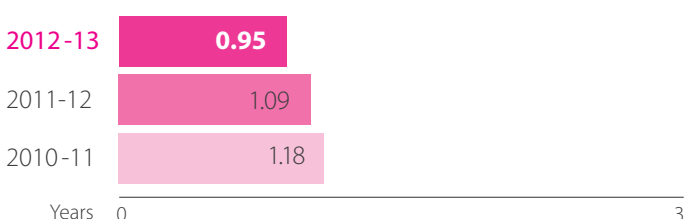
During 2012-13 we continued to deliver home-based outreach services across our metropolitan and regional sites in Victoria and the ACT, with funding through the Victorian and ACT state governments.

Home-based outreach services support people in their homes to develop and strengthen skills for independent living and to access community services to maintain or improve their health and wellbeing. During the year we were successful in attaining government funding to offer intensive home-based outreach services to individuals in the Goulburn Valley region.

Home-based outreach participants

2012-13	2011-12	2010-11
509	520	513

Home-based outreach average length of stay: Years



Prevention and Recovery Care Services (PARCS) and Step-up/Step-down (SUSD) services

PARC and SUSD services offer short-term residential options for people who require early intervention care to prevent admission to a psychiatric inpatient unit, or who require a structured environment for a time following discharge from hospital.

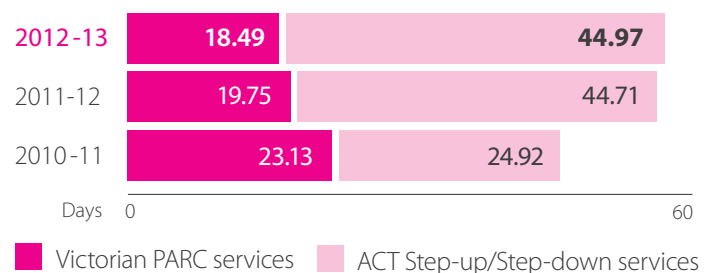
During the 2012-13 year we continued to operate PARC services in Shepparton and South Yarra in Victoria. We also successfully partnered with Peninsula Health to establish a new PARC service in the Frankston region and this commenced operation in August 2013. Early in the 2013-14 financial year we were advised that we were successful in our tender to operate a PARC service in Fitzroy with St Vincents Hospital Melbourne. This is expected to commence operation in July 2014. These four services are funded through the Victorian Government.

In Canberra we continued to operate a SUSD for adults, and in March 2013 commenced operating a new SUSD service for people aged 18-25 years in partnership with ACT Health. Both these services are funded through the ACT Government.

PARCS & SUSD participants

2012-13	2011-12	2010-11
294	282	273

PARCS & SUSD average length of stay: Days*



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

Home continued

Doorway Housing and Support Program

The Doorway Housing and Support Program is a three-year pilot program funded by the Victorian Government that is supporting people to find and keep homes through the private rental market. MI Fellowship Victoria operates the program in partnership with Austin Health, St Vincents Hospital Melbourne and Latrobe Regional Hospital. The program is being delivered in the Melbourne metropolitan areas of Banyule, Nilumbik and Yarra, and across the Gippsland shires of Baw Baw and Latrobe.

The Doorway program was developed by MI Fellowship Victoria based on international evidence and using the 'Housing First' approach which has been found to be successful in supporting people who were previously homeless to establish stable homes. Doorway participants are actively involved in identifying, applying for and furnishing rental properties, and leases are taken in participants' names to enable people to establish rental histories.

As well as providing housing support, Doorway workers provide recovery support to assist participants to connect with their local communities and to work towards achieving their personal goals.

During 2012-2013 a mid-term evaluation of the Doorway program was completed by the Nous Group. The evaluation found that the program had resulted in significant health improvements for the group of Doorway participants, including a reduction in the number of days participants spent in bed-based care and a reduction in the number of visits to hospital emergency departments. The evaluation also detailed significant savings to the Victorian Government in terms of hospital and government housing costs.

The Doorway program has been well supported by real estate agents and landlords, and is currently operating beyond its expected capacity with a total of 55 participants in properties. Funding for the program is due to end in June 2014.

Doorway program participants

2012-13	2011-12	2010-11
55	54	-

Specialist residential recovery programs

MI Fellowship operates three specialist residential recovery programs with funding through the Victorian Government.

Opening Doors: operates in partnership with Alfred Psychiatry and Inner South Community Health Service and is made up of six residential sites across the inner south of Melbourne, offering a continuum of residential rehabilitation care ranging from the intensive support of a Community Care Unit (CCU) to independent living options.

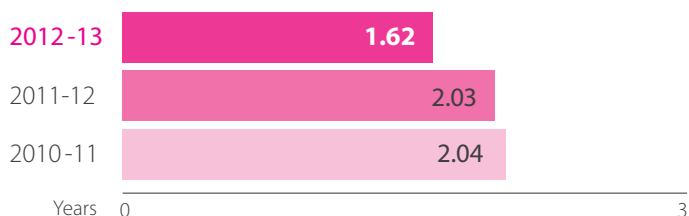
Barwon Youth Program: runs five two-bedroom units in Geelong for young people with mental illness and substance misuse issues.

Shepparton Specialist Residential Rehabilitation Program: offers long-term psycho-social rehabilitation in partnership with the Goulburn Valley Area Mental Health Service.

Specialist residential recovery program participants

2012-13	2011-12	2010-11
57	58	58

Specialist residential recovery program average length of stay: Years





Home continued

Mental Health Pathways Program

These two programs are delivered in Barwon and Shepparton in partnership with rural housing and area mental health services, and funded through the Department of Human Services. The programs work with people who have complex mental health needs and are homeless or at risk of homelessness.

Mental Health Pathways Program participants

2012-13	2011-12	2010-11
63	79	39

Personal Helpers and Mentors Service (PHaMs)

We continued to deliver the Personal Helpers and Mentors (PHaMs) service in the Frankston, Rosebud and Westernport areas during 2012-13.

The PHaMs service is funded by the Commonwealth Government and provides teams of support workers and peer mentors to assist people to develop skills, confidence and social networks for living successfully with mental illness.

Over the last year we have extended our PHaMs service to engage specifically with Aboriginal communities and people from culturally and linguistically diverse backgrounds. We were also successful in attaining additional funding to operate a new PHaMs Employment team. This team commenced work in July 2013 and will support 90 people to engage with employment services and to prepare to enter or re-enter the workforce.

PHaMS participants

2012-13	2011-12	2010-11
221	149	114

Respite

Respite services are part of the range of family supports we provide across all our Victorian metropolitan and regional sites. Our respite options are designed to be flexible and responsive, addressing the needs of families and individuals affected by mental illness. Respite services can range from occasion-specific sessions, to day-long activities to week-long retreats.

During 2012-13 we worked with carers and consumers to develop new respite programs and activities. This resulted in a number of new initiatives including the successful trialling of health and wellbeing camps, and more extensive availability of one-on-one carer support.

We partnered with a number of Aboriginal organisations during the year to develop respite options that respond specifically to the health and wellbeing and cultural needs of Aboriginal families. As a result, we saw an increase in the number of Aboriginal people using our respite services during 2012-13. We also continued to work with culturally and linguistically diverse (CALD) communities to increase the number of culturally specific respite activities that we offer.

In recent years there has been a noticeable increase in the number of people with a dual disability who are accessing respite services, particularly people living with both a mental illness and Autism Spectrum Disorder. During the year there was also an increase in the number of carers accessing our services who are aged over 65 and under 18. In order to respond to these changing needs, we have increased the number of services we deliver in conjunction with other community agencies with complementary expertise.

Respite participants

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

Imagine

Community

Being able to participate in what your community has to offer is an important part of the mental health recovery process, but it takes information, confidence and practice.

In 2012-13 we supported **565** people to find and develop skills, hobbies, interests and friendships through our day programs.

I

"It's encouraged me to get out and about more, join in new social activities and persist with the confidence to find long-term work and study"

– day program participant, Richmond.

Community

MI Fellowship Victoria delivers day programs at sites across Victoria. These programs are designed to support people with mental illness to participate in meaningful and therapeutic activities of their choice, which promote recovery and offer opportunities for greater social connectedness.

Our day programs are funded by the Victorian Government.

Community settings

During 2012-13 we continued the process we commenced three years ago of transforming our approach to psychosocial rehabilitation day programs from a centre-based model to a community-based model.

This means we work with individual participants to find out what activities they are interested in pursuing, and we seek to identify existing opportunities within the community. Examples include attending art classes at a local neighbourhood house, using fitness and leisure facilities at a local YMCA, or undertaking budget training through the Money Matters program.

Our staff support participants to find the right activities, to get started, and to make these activities part of their weekly routine. If participants identify common interests or areas in which they would like to gain skills, our staff establish group activities to address these.

Peer-led programs

An increasing number of our day program activities are now peer led, with a growing level of interest and expertise among people with lived experience of mental illness in facilitating courses and groups.

During 2012-13, peer leaders delivered a number of popular courses and groups through the day program, including:

- Tobacco Free! smoking cessation courses
- Hearing Voices groups
- Ready for Employment workshops
- Well Ways MI Recovery programs

During the year we developed and implemented a peer leadership training program which assists participants to develop skills in leading groups, and in participating on committees and interview panels. The training program was trialled in the Gippsland region with excellent outcomes and is further strengthening the capacity of the peer workforce to deliver quality day program activities.

Day program participation

Over the past three years we have seen the average length of stay for day program participants drop by 12 months, from 3.5 years in 2009-10 to 2.5 years in 2012-13. This reflects the greater focus of the program on identifying individual recovery goals, and supporting people to take part in activities that build confidence, independence and community connection.

During the year we saw a slight decrease in the average age of day program participants from 44 years last year, to 42 years in 2012-13, and a slight increase in the number of women participating.



Community continued



46% men



54% women

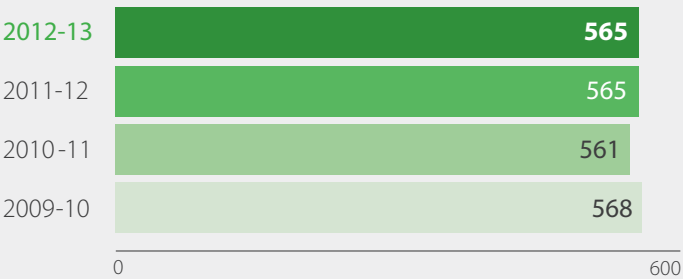
Locations

- > Benalla
- > Cobram
- > Footscray
- > Frankston
- > Richmond
- > Shepparton
- > Seymour
- > Warragul

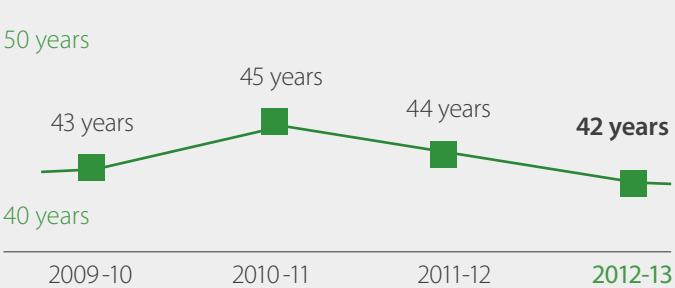
Settings

Day program activities and groups are delivered in a range of community settings and in partnership with other organistions including: neighbourhood houses, community mental health services, libraries, sports and leisure centres, local cafes and headspaces.

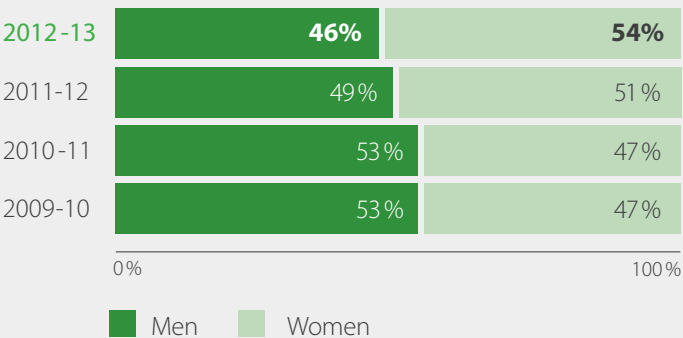
Number of day program participants



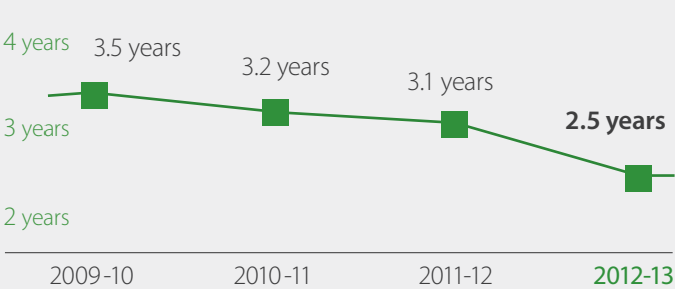
Average age of day participants



Gender of day program participants



Average length of stay (years)



Imagine

Work and Study

People living with mental illness continue to face numerous barriers to employment. Workforce participation by people with severe mental illness is less than a third of the workforce participation rate for the general population. With the onset of mental illness often interrupting senior secondary schooling, only 31% of Australians living with severe mental illness have completed Year 12.

We worked with **740** people in 2012-13 providing specific support in the areas of work and study.

I

“It’s been such a huge step for me and has helped me face the fears of stigma in the workforce, fears of relapse and anxiety management at work”

– Alana, participant in employment support demonstration project.

Work and Study

MI Fellowship Victoria provides specialist employment support to people with mental illness. We use an evidence-based approach known as the Individual Placement and Support (IPS) model which has been widely evaluated in Australia and internationally and has consistently been found to be more successful at assisting people with mental illness into employment than non-specialist approaches.

The key principles of the IPS approach include: co-location of employment staff with mental health staff, early intervention, ongoing, individualised support, and seeking employment in the open job market.

Commonwealth funded Disability Employment Service

Between 2007 and March 2013 MI Fellowship Victoria was funded by the Commonwealth Government as an Employment Support Service. In 2013 we tendered for funding to continue delivering this service. Unfortunately we were not successful in this highly competitive process.

We supported clients to transition to other employment support services by March 2013, and by this time, had worked with a total of 381 clients in the 2012-13 financial year.

We continue to deliver specialist employment support to people with mental health issues at a smaller scale through other programs. We are also continuing to research and develop new programs that will address the unacceptably high unemployment rate among people with mental illness.

Journey to Social Inclusion Project

Journey to Social Inclusion was a 3-year project run by Sacred Heart Mission to assist 40 people who have experienced long-term homelessness and social exclusion to make a permanent exit from homelessness. MI Fellowship Victoria provided specialist employment support to the project's participants, many of whom had severe mental illness as well as substance misuse issues. The program ended in late 2012 and its outcomes are currently being assessed by a longitudinal study. In the 2012-13 year, MI Fellowship worked with a total of 34 participants in the Journey to Social Inclusion project.

Individual Placement and Support Demonstration Project

This financial year we entered into a new partnership with Eastern Health to operate a demonstration employment program using the Individual Placement and Support (IPS) model. The project is operating in the outer Eastern region of Melbourne, with MI Fellowship employment consultants located in mental health clinics at Murnong, Chandler and Lilydale. The project is funded by the Victorian Government until 30 June 2014, and will then be evaluated to measure outcomes for participants and any changes in the way clinical and employment services work together.

A total of 80 clients have participated in the demonstration project since it commenced in February 2013.



Work and Study continued

Vocational Recovery Program

Our Vocational Recovery Program in Canberra offers people with mental illness the opportunity to take part in paid work experience in small businesses in preparation for employment on the open job market.

The program runs two businesses. The One Moore Coffee cafe in the heart of Canberra City gives participants the chance to work alongside qualified and experienced food and hospitality supervisors. The NorthSouth Contractors Gardening Service provides gardening and home maintenance services, giving trainees the chance to gain skills and undertake qualifications in fields such as horticulture and landscape design.

In 2012-13 a total of 50 people took part in the Vocational Rehabilitation Program.

PHaMs Employment workers

The PHaMs (Personal Helpers and Mentors) service is a federally funded program that provides teams of support workers and peer mentors to provide practical recovery support to people with mental illness.

During the 2012-13 financial year the Commonwealth Government provided funding for the establishment of new PHaMs teams to focus particularly on assisting people to engage with employment services and gain employment.

MI Fellowship tendered for and was successful in being funded to establish a new PHaMs Employment team to operate in the Frankston and Rosebud areas. The team commenced operation in July 2013 and will support 90 people.

Education and training

MI Fellowship is a Registered Training Organisation. We deliver a range of pre-accredited and accredited training courses that offer people the opportunity to return to study in an environment that understands the challenges of mental illness, and gain skills and confidence to pursue further training, study and employment opportunities.

The total number of enrolments in the 2012-13 year was 195, up from 101 students the year before.

Each year we acknowledge the outstanding efforts of a student who has demonstrated extra effort and commitment in their studies with the *Doris Wisniewski Student of the Year Award*.

The 2012 award was presented to Ms Mi Nguyen.

Locations in 2012-13

Fairfield	Geelong	Richmond
Frankston	Mitcham	Warragul
Wonthaggi		

Courses in 2012-13

Pre-accredited programs	Accredited programs
Ready for Employment	Certificate II in General Education for Adults
BOOST Return to Study program	Certificate III in General Education for Adults
Bushwalking	
Introduction to Aged Care	
Introduction to iPad	
Introduction to Nutrition and Healthy Eating	
Well Ways MI Recovery	

Imagine

Knowledge and Fellowship

We provide opportunities for people to gain the knowledge and skills necessary to take greater control over their lives, and to connect with others who are also seeking to increase their understanding of mental illness and recovery.

In 2012-13, a total of **1,166** people participated in our range of peer-led recovery and family education programs, and our Helpline responded to **2,818** calls.

I “My life has changed beyond recognition, it (MI Recovery) has educated me and inspired me to take control of my illness... I’m more confident and happier in my skin”

– participant in Well Ways MI Recovery program.

Knowledge and Fellowship

We deliver a range of programs and services that have been developed to empower people with mental illness and family members to manage the impact of mental illness on their lives. All of these programs and services are peer-delivered by people with their own recovery experiences, or with experience as a family member or carer of a person with mental illness.

Well Ways MI Recovery

The Well Ways MI Recovery program is a 10-session education program designed to enable people living with mental illness to move forward in their lives. The program is informed by both lived experience and current evidence on mental health recovery. Sessions are facilitated by people who bring their own recovery experiences and who are themselves past participants of the program.

The program supports people to make positive changes in their lives, build relationships with others on a similar journey, and re-discover their hopes and dreams. Evaluations of the program have found that the program increases participants' levels of confidence and hope, reduces the impact of social stigma, and results in a greater sense of control over mental illness.

In 2012-13 there was a substantial increase in the number of people who completed the Well Ways MI Recovery program – up from 102 last year to 440 nationally. This increase was due to funding from the Australian Government to use the Well Ways MI Recovery program to assist mental health consumers to prepare for the introduction of the National Disability Insurance Scheme (see page 23).

Well Ways Family Education programs

Our three Well Ways Family Education programs have been designed to provide information and skills to increase the capacity of families, friends and carers to care for themselves, other family members, and their relative living with a mental illness. The programs are delivered by trained facilitators who have lived experience as family members of a person with mental illness.

Well Ways Building a Future – a 12-session program exploring the causes of mental illness and its emotional impacts, providing carers with a supportive base for moving forward.

Well Ways Duo – a 10-session program 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.

Evaluations of the Well Ways Building a Future program have found that participants experience significant reductions in anxiety, depression and tension, and experience a greater sense of self-empowerment.

A total of 417 people participated in Well Ways Family Education programs nationally in 2012-13 – just under a quarter of these people took part in the Well Ways Building a Future program that had been modified to include sessions on the National Disability Insurance Scheme.

Knowledge and Fellowship continued

Preparing for the National Disability Insurance Scheme (NDIS)

During the 2012-13 year MI Fellowship Victoria was successful in receiving a grant through the Australian Government's NDIS Practical Design Fund. The purpose of this grant was to implement an innovative project that would help prepare people with mental illness, their families, carers and friends for choosing and accessing supports under the NDIS.

We delivered this project through our peer education programs, Well Ways MI Recovery and Well Ways Building a Future, and through single session workshops on getting ready for the NDIS.

We worked in partnership with 36 other organisations and trained a total of 120 peer workers from across Australia who delivered peer education programs to more than 800 people. Participant feedback was extremely positive, particularly regarding participants' increased confidence and capacity to exercise choice and control when making decisions about their support needs.

A number of the external organisations we worked with are planning to run further education programs, utilising the expertise of their recently trained peer facilitators, and continuing to increase the number of people with mental illness with the knowledge, skills and confidence to engage positively with the NDIS.

Helpline

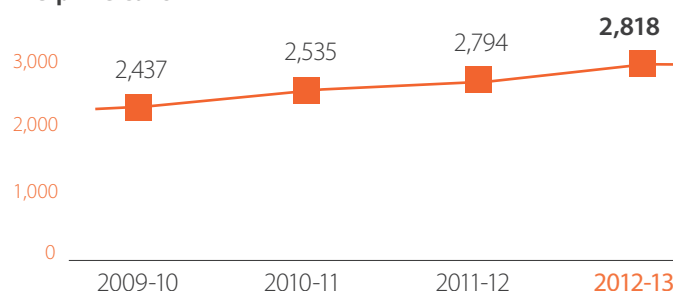
The MI Fellowship Victoria Helpline is an information, referral, and support service that is available to any person affected by mental illness. It operates from Monday to Friday 9am – 5pm, it's managed by a coordinator, and staffed by trained volunteer peers who understand the challenges faced by those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

The Helpline answered 2,818 calls during 2012-13 (a slight increase on the previous year) and also responded to an average of 30 email enquiries per month.

The majority of the calls (54%) were from people with a mental illness, 16% were from carers and family members, with the rest of the calls coming from concerned friends, service providers and students.

The most commonly raised issues during the year were difficulty finding suitable and stable housing, respite availability, access to clinical mental health services and to community-based support services, and carer support.

Helpline calls



Well Ways Programs	State	2012-13	2011-12	2010-11
Well Ways MI Recovery	Victoria	175	38	34
	Other States	265	64	26
Well Ways Building a future Family Education	Victoria	184	251	321
	Other States	233	450	482
Preparing for the NDIS - single session workshops	Victoria	245		
	Other States	64		
Total		1,166	803	863

Individualised support

Funding arrangements for mental health support services are moving steadily towards directing funding to individuals to purchase the supports they need, rather than funding organisations to deliver prescribed services. This is the model upon which the new National Disability Insurance Scheme operates, and is increasingly becoming the model used by governments for funding a wide range of mental health support services.

MI Fellowship Victoria is responding to this changing funding environment at program, organisational and sector levels. This has included the establishment of a change management project team within our organisation to ensure our financial, administrative and operating systems are able to support and maximise the benefits of the new funding arrangements. We are also working closely with participants in our programs to ensure we have programs and services available that meet the needs and expectations of consumers and their families.

National Disability Insurance Scheme (NDIS)

MI Fellowship is a registered provider with the NDIS and is participating in the Victorian NDIS launch site in the Barwon region which commenced in July 2013. Through this launch site we are delivering a range of services to people who have received individual funding packages. We will also be a participant in the ACT NDIS launch site which will commence in 2014.

Choices project

During 2012-13 MI Fellowship partnered with Doutta Galla Community Health and Merri Community Health Services on a pilot project that is developing and trialling service offerings to a group of participants who will be provided with individual funding packages. The project is seeking to identify strategies to improve client-directed service delivery, and also to investigate the preferred methods of receiving information about services. The findings of the project will be used in our future program development.

Individual packages in the ACT

In the ACT MI Fellowship commenced delivering individually funded services during 2012-13 to people who have received funding packages through the ACT Government. Participants are choosing from a range of services and programs that includes social activities, employment and education support, home-based services and recovery coaching.

Individualised support continued

Partners in Recovery

The Partners in Recovery program is being rolled out nationally by the Australian Government to better coordinate services across multiple service providers for people with complex mental health needs.

Organisations participating in Partners in Recovery consortia are working together to coordinate the planning and delivery of support services within Medicare Local catchments. MI Fellowship has worked with a total of 17 Medicare Locals during the establishment of the Partners in Recovery program. We have been selected to provide support facilitation in six Medicare Local areas: Inner East Melbourne, Inner North West Melbourne, Hume Region, Barwon Region, Frankston-Mornington Peninsula and the ACT.

Consumer readiness and advocacy

While MI Fellowship has been a supporter of the NDIS, we have also recognised that the NDIS system has to work in a way that understands the specific needs of people living with psychosocial disability. Over the past 12 months we have advocated for eligibility and assessment criteria, and individual planning processes, that will be effective at supporting the mental health recovery process.

Also during 2012-13 we rolled out two key initiatives to help ensure that people with mental illness and their families are informed about the NDIS and are in a position to exercise choice and control in how they use the NDIS. This included peer-delivered education programs to more than 800 people around Australia (see details on page 23), and a series of public forums in metropolitan and regional Victoria which gave people the opportunity to get information and ask questions about how the NDIS will affect people living with mental illness.

Staff readiness

A major focus of our staff development strategy in 2012-13 has been increasing the capacity of our staff to support participants to identify and address their individual needs and aspirations. This has always been a large part of the way our staff work with participants, and is now a systematic element of our professional practice.

In May 2013 we hosted a visit to Australia by Dr Michael Kendrick, an international expert on individualised approaches to support. Dr Kendrick ran a series of training workshops with all MI Fellowship staff aimed at demonstrating best practice examples of individualised support, deepening understanding of the role of support workers in facilitating individualised support, and identifying known and hidden barriers to achieving truly individualised approaches to support. During the year many of our staff participated in intensive training sessions with Neil Barringham, a leader in the field of optimising individualised support.



Peer Support and Leadership

MI Fellowship Victoria is an organisation that was formed by people living with the impacts of mental illness. Today we continue to recognise the central importance of the lived experience of mental illness to running a responsive organisation and delivering effective services.

Research demonstrates that peer support results in reduced hospital admissions, improved self-esteem, empowerment and confidence, improved social functioning, increased acceptance and understanding of mental illness, increased ability to manage stigma, and increased hope for the future.

During 2012-13 MI Fellowship Victoria maintained its commitment to building a well-supported peer workforce. We now have a total of 45 paid peer workers (people with experience of mental illness or with experience of caring for a person with mental illness) across a range of organisational areas.

Doorway Housing and Support Program

Our Doorway team includes skilled workers who bring personal experiences of living with mental illness and housing stress. Team members work with participants on a case-management basis, and also coordinate knowledge and processes across the team. The inclusion of peer workers in the team has significantly strengthened the capacity of the Doorway program.

Personal Helpers and Mentors Service (PHaMs)

MI Fellowship now runs three PHaMs teams who deliver peer coaching and mentoring to participants seeking practical guidance and encouragement from professionals with personal experience of mental illness and recovery.

Mental Health Hospital Admission Risk Program (MH-HARP)

A new mental health version of the Hospital Admission Risk Program (HARP) was established by the Victorian Government in 2012-2013. The program partners community mental health services with hospitals to reduce hospital admissions for people living with mental health conditions. MI Fellowship is partnering with St Vincents Hospital Melbourne and Peninsula Health in delivering this preventative program, with an important innovation being the use of peer workers who provide one-on-one support to people with histories of high hospitalisation rates.

Peer support and leadership continued

Community connection programs

During 2012-13 we focussed on increasing peer leadership within our day programs. As a result, a growing number of day program activities are now peer led, including smoking cessation programs, Hearing Voices groups and Ready for Employment workshops. To support people in these roles we successfully trialled a training program in the Gippsland region which focussed on developing skills for group leadership.

Training and support for peer workers

MI Fellowship recognises that peer workers bring specific capabilities to our workforce, and at the same time they work with specific challenges. During 2012-13 we ensured a number of mechanisms were in place to support peer workers within our organisation.

- The Peer Hub was developed by members of our consumer consultation team and is now in its second year of operation. It offers group peer supervision for lived experience peer workers, and professional development and support.
- Training for supervisors of lived experience peer workers.
- Intentional peer support training is offered twice a year for new lived experience peer workers, providing professional development, cross-team introductions and support, and guidance on managing wellbeing in the workplace.

Well Ways education programs

Our Well Ways MI Recovery program is a peer-developed and peer-delivered education program that empowers people with information and skills to manage mental illness. Evaluations show that peer delivery is crucial to the effectiveness of the MI Recovery program.

Our Well Ways education programs for families are facilitated by people who have personal experience of caring for a person with mental illness and who have completed Well Ways facilitator training.

Community education

Our community education team is staffed by peer workers who develop and implement community education activities, including running our Speakers Bureau and delivering 'Understanding Mental Illness' workshops in various community and business settings. This team aims to support the development of inclusive communities by training and supporting people with lived experience of mental illness to bring their voices to anti-stigma activities, public events and mental health education programs.

Peer volunteers

We are fortunate to have the expertise of almost 60 peer volunteers who bring their experience and skills to the running of our Helpline and our Brainwaves radio program on 3CR Community Radio.

Imagine

Advocacy and Education

Our organisation was founded 35 years ago with a mission to advocate for better recognition of the needs and rights of people with mental illness and their families. A member based organisation, we continue to work to ensure that the voices of people affected by mental illness are heard.

In 2012-13 an estimated **91,300** people engaged in our advocacy and community education activities.

I “I need the community to be educated that I am not a psycho, I’m sick. Please educate people”
– respondent to our 2013 mental health issues survey.

Advocacy and Education

Our advocacy to State and Federal governments takes the form of meetings with politicians, representation on government committees and working groups, participation in events and campaigns, and communicating our policy positions to government enquiries.

Bruce Woodcock Memorial Lecture

The annual Bruce Woodcock Memorial Lecture was held in May 2013 and attracted a full house of 350 people to consider the topic: Imagine Better: mental illness and creating a life well lived.

Our guest speaker was Dr Michael Kendrick, an international expert on individualised support for people living with disability or mental illness. In his Woodcock Lecture he challenged all of us to consider what the essential features of a life well lived might be, and how we can assist people with mental illness to live lives that flourish rather than languish.

Dr Kendrick's address was followed by a panel discussion which featured a member of the National Mental Health Commission, Rob Knowles, mental health consumer and worker, David Elliot, and carer Julie Mehegan.

The lecture was well received by audience members, with many letters and emails of thank you received after the event. We thank the Woodcock family for their generous sponsorship of this important public forum for the past 15 years.

Survey of issues for people living with mental illness

In May 2013 we conducted a survey of our members, participants and supporters to inform the development of our advocacy positions for the 2013 Federal Election. We received 950 survey responses from people affected by mental health issues, which provided invaluable information on the challenges people are facing and what would make a difference for them.

The result of this survey was our Call to Action campaign which included online, print and social media communications in the lead up to the September 2013 Federal election on key mental health issues, including access to employment opportunities, access to safe and stable housing, access to the National Disability Insurance Scheme, the inadequacy of the Newstart allowance, and continuing social stigma and lack of understanding of mental illness.

Community events

During the year we ran a series of six forums for MI Fellowship members and members of the public on changes to the Victorian community mental health sector, and what the National Disability Insurance Scheme will mean for people affected by mental illness. These forums were held in Melbourne, Gippsland and Barwon and attracted around 250 people.

We hosted a series of five workshops, presented by Dr Michael Kendrick, with mental health workers in regional Victoria and the ACT, and we partnered with Inner North West Melbourne Medicare Local to present a workshop with Michael Kendrick to leaders in the mental health sector. These workshops were attended by a total of approximately 350 people.

Our annual community fundraising and awareness raising event presented with SEW-Eurodrive was attended by 200 guests.

Advocacy and Education *continued*

Submissions made in 2012-13

- Submission to the Select Council on Disability Reform on the National Disability Insurance Scheme Rules
- Submission to the Council of Australian Governments' Regulation Impact Statement for the National Disability Insurance Scheme
- Submission to the Department of Education, Employment and Workplace Relations on improving the employment participation of people with disability in Australia
- Feedback to the Select Council on Disability Reform on developing an individual plan and assessment of support needs
- Feedback to the Select Council on Disability Reform on the draft definitions of 'eligibility' and 'reasonable and necessary support' for the proposed National Disability Insurance Scheme.

Speakers Bureau

Our Speakers Bureau trains and supports speakers with lived experience of mental illness to present to community and corporate audiences in order to increase understanding of the impacts of mental illness, and of the social stigma associated with mental illness.

This year Speakers Bureau educators attended a total of 123 engagements, sharing their experiences and insights with approximately 4,000 people. The Speakers Bureau maintained its partnership with The Dax Centre, contributing to the 'Mindfields' mental health education program for Year 11 and 12 students.

During the year, four members of the Speakers Bureau team moved on to other opportunities. Five new recruits joined the team and completed training in May 2013, maintaining the number of Speakers Bureau educators at 16.

- Number of active Speakers Bureau educators: 16
- Number of speaking engagements: 123
- Number of audience members reached: 4,000 (approx)

Brainwaves

Brainwaves is a weekly radio program airing on 3CR Community Radio each Wednesday drive-time, and available by podcast. The program is funded by MI Fellowship Victoria, coordinated by our peer support team, and produced and presented by people with lived experience of mental illness.

A highlight of the 2012-13 year was being awarded the Community Broadcasting Association of Australia Award for Excellence in Training. This award, shared by MI Fellowship Victoria and 3CR, recognised the work of the Brainwaves team in engaging people with mental illness in broadcast training.

During the year an additional five people undertook 3CR's introductory radio training course, and a total of 14 people participated in the program. Now into its fourth year, the program continues to present topical, insightful and entertaining programs, and is estimated to reach around 5,000 listeners each show.

- Number of Brainwaves participants: 14
- Number of programs produced: 52

Community education

Our program of community education activities includes regular 'Understanding Mental Illness' (UMI) workshops for staff, other organisations and members of the public. In 2012-13 we presented a total of 15 UMI workshops.

A first for the year was the delivery of a UMI webinar to 1,300 members of the Australian Physiotherapy Association. Our community educators also delivered workshops to groups within the City of Kingston.

Advocacy and Education *continued*

Communications

This year we continued to see increases in the number of people engaging with our organisation through our website, e-bulletin and social media.

A total of 74,880 unique visitors visited our website during 2012-13 – a 112% increase on the previous year. Our free mental health fact sheets were downloaded 25,250 times.

Our free monthly e-newsletter *MI Voice Update* is now sent to around 4,000 people each month, and our Twitter following grew to more than 750.

Opportunity shops

Our op shops in Kew and Northcote provide an opportunity for volunteers, participants and carers to engage with the community and raise awareness of the work of MI Fellowship.

During 2012-13 we had a total of 93 volunteers working across the two shops. These people are crucial to the running of the shops, and we greatly appreciate their hard work and commitment.

We also receive support and donations from a number of businesses. This year we were particularly grateful to Madras Link, Alchera and Runners World East Kew for their generous support.

Journal articles by MI Fellowship Victoria staff

Collister L and Stowe. 'Doorway: The way in to housing' in *Parity*, Vol 26, No 5, June 2013.

Lee SJ, Crowther E, Keating C, Kulkarni J. 'What is needed to deliver collaborative care to address comorbidity more effectively for adults with a severe mental illness?' *Australian and New Zealand Journal of Psychiatry*, Vol 47, No 4, pp 333-346, 2013.

Hegarty S, Kenyon M and Elliott K. 'Learning the art and practice of collaboration' in *New Paradigm*, Winter 2012, pp 20-25.

Mihtsunthu Y. 'Reaching 'hidden' carers through an integrated and collaborative service delivery model,' in *New Paradigm*, Autumn/Winter 2013, pp 16-21.

Nunan C and Anderson J. 'Peer to peer, not pillar to post: a framework for supporting and expanding on the lived experience workforce and consumer leadership' in *New Paradigm*, Winter 2012, pp 26-29.

Nunan C and Anderson J. 'Recovering citizenship in the peer domain: a discussion about the impacts of the MI Recovery program' in *TheMHS Book of Proceedings*, Feb 2013.

Swadling T and Partland R, 'First things first: people with mental illness who experience homelessness, creating a home and building lives through the Doorway enhanced Housing First demonstration project' in *TheMHS Book of Proceedings*, Feb 2013.



mental ill
fellowshi

15th Annual

Bruce Woodcock
Memorial Lecture



mental illness
fellowship victoria

15th Annual

Bruce Woodcock
Memorial Lec



Governance and Management

Board of Directors

Mr Paul Montgomery President

Chair, Carer and Consumer Committee
Qualifications: Bachelor of Arts and Laws
Appointment: 25 September 2006

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

Mr Kevin Abrahamson Vice-President

Chair, Appointments and Governance Committee
Qualifications: Bachelor of Laws
Appointment: 5 July 2010

A practising lawyer for 45 years, Kevin spent the 12 years prior to his retirement as Special Counsel with Middletons (now K&L Gates) and during that period acted on a pro bono basis for Mental Illness Fellowship Victoria. He is active in community affairs, participating in the activities of several community organisations. In recognition of his pro bono work he is a life member of Mental Illness Fellowship.

Mrs Diane Brown

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

Diane has family experience of mental illness and convened the Wodonga Support Group for five years. She has 16 years' senior paralegal experience and retired in 2007 and is a past member of the Melbourne Health Research and Ethics Committee. Diane has recently published a memoir dealing with the issues of suicide and depression.

Dr Neil Cowen

Qualifications: Bachelor of Science, Master of Business Administration, Doctor of Philosophy, GAICD
Appointment: 20 September 2012

CEO of a start-up training company, backed by the University of Melbourne, Neil is experienced in providing advice to Boards in the health, aged care and education fields. This advice has covered strategic direction, mergers and acquisitions, risk management including clinical governance, operational, financial and reputational advice. Moving from the private biotech sector he has extensive senior management and Board experience in the health field across Victoria, including 12 years as CEO of public health services.

Mr Darrel Driberg

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

Darrel is a corporate strategist and management consultant. He has worked in the petroleum, development banking, merchant banking and manufacturing sectors. He has consulted extensively in the not-for-profit sector, particularly in the area of employment services, and is the co-author of the 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.

Board of Directors

Dr Julian Freidin

Chair, Clinical Governance Committee

Qualifications: Bachelor of Medicine, Bachelor of Surgery, Master of Psychological Medicine, Fellow of the Royal Australian and New Zealand College of Psychiatrists

Appointment: 22 June 2009

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

Ms Jan Hatt

Qualifications: Bachelor of Arts (Sociology),

Cert IV in Office Administration

Appointment: 4 April 2011

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

Mr Rob Hughes

Qualifications: Bachelor of Business (Accounting)

Appointment: 27 June 2011

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

Mrs Jenny King

Chair, Finance, Audit, Risk and Resource Management Committee

Qualifications: Bachelor of Business (Accounting); Certified Practising Accountant (Fellow)

Appointment: 21 October 2005

Jenny has more than 30 years' finance experience in the chemical, automotive and paper industries and is currently a senior finance executive with a major ASX listed company.

Jenny has an extensive background in strategic planning, budgeting and financial analysis, as well as risk management and corporate governance. She is a Fellow of the Australian Society of Certified Practising Accountants (FCPA) and a member of the Australian Institute of Company Directors. Jenny is also a Founding Council Member of the YMCA's Juvenile Justice 'Bridge' project.

Mr Theo Krambias

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

Appointment: 10 October 2008

Theo was an innovator and supporter of the first Open Mind Fiesta in 2001 and has remained committed to raising awareness of mental health and the importance of social inclusion. He brings to the Board experience in the health industry as well as hospitality and property development.

Ms Louise Milne-Roch

Qualifications: Bachelor of Arts, Bachelor of Business, Postgraduate Diploma in Evaluation.

Appointment: 20 January 2003

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

Mrs Elaine Price

Appointment: 24 January 2005

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

- Ms Lyn Allison resigned from the Board on 16 July 2012.

Board Committees

Appointments and Governance Committee

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

Achievements in 2012-13 included:

- Review of the committee structure and establishment of the Clinical Governance Committee and the Carer and Consumer Committee
- Finalisation of the Board Governance Model and of a comprehensive Governance Risk Management Policy
- Strengthening of the skills review process for ensuring the range of necessary skills is available on the Board
- Oversight of the process to identify and target strategic opportunities for growth in the mental health sector

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

Clinical Governance Committee

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

Achievements in 2012-13 included:

- Establishment of the Terms of Reference for the committee
- Establishment of the Clinical Governance Framework
- Identification of the initial key areas of focus and review of a range of processes associated with service delivery

Directors: Julian Freidin (Chair),
Diane Brown, Neil Cowen, Jan Hatt.

Carer and Consumer Committee

This year a foundation Carer and Consumer Committee has been established with the purpose to establish this Committee as an integral contributor to the quality of our service delivery. Specifically, the Committee is to consider and advise the Board on the development of the organisation's policies and programs to ensure effectiveness in meeting our core commitment to provide quality services and support to carers and consumers, aligned with the Recovery Framework.

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

Finance, Audit, Risk and Resource Management Committee

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

Achievements in 2012-13 included:

- Due diligence and oversight of the process for amalgamation with Aspire: A Pathway to Mental Health Inc.
- Improvements to the budgeting process
- Oversight of the strategic and efficient rationalisation of MI Fellowship Victoria's property holdings
- Refining and adopting a final investment strategy
- Refining monthly financial reports
- Developing and implementing 6-monthly facilities audit reports
- Put financial audit out for tender and re-appointment of auditors.

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

Senior Management Team

Elizabeth Crowther Chief Executive

Elizabeth has a 40-year history working in the health sector in Victoria, mostly in mental health, with more than 20 years in senior management roles in the clinical and psychiatric disability sectors. She was appointed Chief Executive of 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
- Asia Australia Mental Health Advisory Council
- Vice President, Community Mental Health Australia
- Monash Alfred Psychiatry Research Centre Board
- Mental Health Council of Australia
- Mental Health Standing Committee, Flagship 1 Committee
- Ministerial Advisory Council on Homelessness

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).

Gert Naude General Manager, Organisational Services

Joining the team in September 2011 as General Manager Organisational Services, Gert is responsible for ensuring that we have organisational capacity in the areas of Finance, IT, HR, Asset Management, Legal, Quality Control and Risk Management. He leads these teams to ensure that our programs are well supported and are aligned with our vision, values and strategic plans.

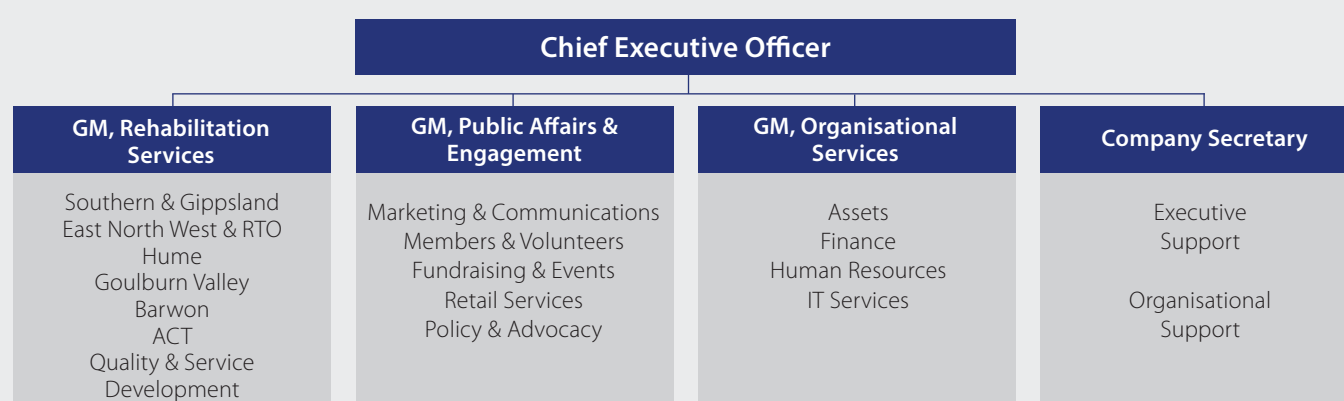
Gert has significant experience in strategic planning and implementation through operational responsibilities including profit and loss, sales, finance, IT and general management in large international and medium-sized firms in the publishing, bookselling, media, energy, consulting and not-for-profit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

Linda Feenane General Manager, Public Affairs and Engagement

Linda joined MI Fellowship Victoria in July 2010 and is responsible for the management of the organisation's brand and reputation, community engagement, relationship development, and promotion of the organisation in the areas of fundraising, communications and events.

Linda has an extensive background in journalism, marketing and public relations across the commercial sector both in Australia and the United Kingdom, and commenced her career as a cadet in the commercial television industry.

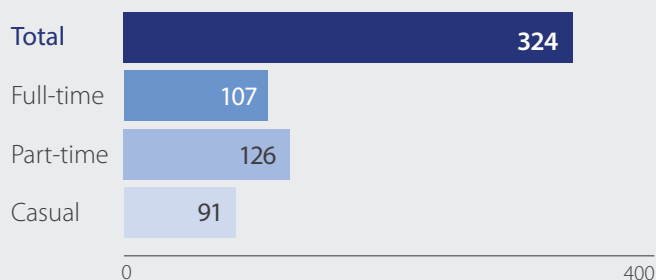
Organisational Structure



Organisational Management

Organisational Development

Staff numbers at 30 June 2013



The fundamental goal of our staff development activities is to develop our people and their capabilities to ensure that we are able to meet and exceed the expectations of people with mental illness, their families and carers.

We provide a number of leadership and cultural development programs. These programs are designed to support individual and team alignment with organisational goals, foster diversity and build a collaborative employment environment.

Our programs also seek to provide individuals with greater awareness of both their emotional intelligence and their thinking preferences through the use of the Herrmann Brain Dominance Instrument and other interventions. This year we worked with more than 30 staff using the Herrmann Brain Dominance and emotional intelligence tools.

A total of nine staff successfully completed our leaders development program, and 12 staff commenced the program in March this year. We are delighted that staff who have previously completed the program are now working collaboratively in mentoring roles with current program participants.

During 2012-13 more than 70 staff attended our organisational orientation workshops and approximately 160 staff attended our All Staff Forum.

Other training programs focussed on building a skilled, recovery-focussed workforce. We piloted two new training courses: (1) Introduction to Peer Work and (2) Supervising Peer Workers. We trained four staff as Recovery Star trainers, and we established a cross-regional working group to develop a new core training workshop on the Community Recovery Model which informs and guides the work of all staff at MI Fellowship Victoria.

Occupational Health and Safety

The Health and Safety Committee continues to build a proactive approach to the provision of effective support for health and safety management and we have seen significant improvements in our site audit outcomes over the past 12 months. Our Employee Assistance Program continues to provide a valuable support service for staff. During 2012-13 two Workcover claims were lodged.

ICT Infrastructure

We continued to enhance our ICT infrastructure in 2012-13 to ensure that our combination of hardware, software and telecommunications is capable of supporting the organisation into the future.

Major initiatives during 2012-13 were as follows: migration of the PC operating system to Windows 7 Enterprise; roll out of smart mobile phones and tablets; implementation of Airwatch to centrally control the company's fleet of smart mobile phones and tablets; upgrade of IT Infrastructure to meet growth of application systems; installation of KACE servers to improve help desk service and management of the company's Windows 7 desktop environment.

Over the next 12 months, projects will include increasing the capacity of our Storage Area Network to cater for growing business requirements, increasing the reach of our secure wireless network, and installing software to support desktop video conferencing and online chat facilities.

Electronic Records Project

Roll-out of the electronic rehabilitation management system Carelink+ continued throughout 2012-13, with the new system now available to around 80% of MI Fellowship Victoria's program staff.

The system is designed to capture and manage participant information, including assessments, care plans, referrals, case notes and time spent on service delivery. Easier access to this information is already resulting in a number of benefits, including: time savings for staff; improvement in data quality leading to more accurate reporting and acquittal; aggregation of data across groups of participants from different services, regions and demographic profiles, enabling better informed service planning; standardised work flows across the organisation leading to a more consistent level of service.

It is expected that the remaining 20% of program staff will be trained and using the Carelink+ system early in the new financial year.

Organisational Management continued

Asset Management

We continued to divest our property assets with sales of three properties at Ringwood, Seymour and Wonthaggi, and were successful in our efforts to obtain development and re-zoning approval of our Richmond property. This re-development promises exciting possibilities in terms of making new housing available to people living with mental illness.

Using our bulk-buying capacity, we renegotiated our electricity supply contract and achieved significant cost savings. Building on this, we are hopeful of joining with other not-for-profit organisations during 2013-14 to achieve similar savings in gas supply contracts.

Risk Management

Our risk management strategy during 2012-13 has focussed on structuring and establishing a comprehensive risk management approach across the organisation, with particular attention on clinical governance.

As a result, the organisation now has in place a Board governance model which details the elements of risk management and quality processes within two broad categories: corporate governance/business management; and clinical governance. Decision making within this model is guided by a new Governance Policy on Risk Management.

During the year a Clinical Governance Committee was established as a sub-committee of the Board to monitor and advise the Board on all matters relating to clinical governance, including the quality, safety, efficiency and effectiveness of Ml Fellowship Victoria recovery services. The Committee has been active in identifying and reviewing specific processes and systems associated with our service delivery.

Also during the year we established a Carers and Consumers Committee, reporting to the Board. The role of this committee is to contribute to the development of policies and programs that ensure our organisation's effectiveness in delivering our core commitment of providing quality services and support to consumers and carers.

Quality

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 our services against a number of regular internal evaluations and reviews, as well as having independent accreditation processes.

2012-13 was a busy period of accreditation reviews, with the following achievements:

- In August 2012 we achieved re-accreditation of our education and training services (RTO) after meeting the Standards for NVR Registered Training Organisations 2011.
- In September 2012 our employment programs were re-accredited against the Disability Service Standards.
- In April 2013 we received formal confirmation, after our review in June 2012, that we had been accredited against the Quality Improvement Council (QIC) Standards, the Psychiatric Disability Rehabilitation Service Standards (PDRSS) and the Homelessness Assistance Service Standards (HASS).

Compliments and Complaints

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

Complaints and compliments are recorded centrally and monitored to ensure that responses are provided in a timely fashion. In 2012-13 a total of 47 complaints about issues such as service availability, responsiveness and communication were recorded. We also received 7 compliments expressing appreciation for our services and the support and commitment of staff members.

Environmental Sustainability

During 2012-13 we continued to build on our policy framework for improving the environmental sustainability of our activities. We strive to embed good environmental practices within the organisation through staff participation in recycling programs and effective use of resources. During the year we introduced a number of environmental efficiencies in our buildings, including automated electric light timers, water tanks and drought resistant plants.

In working with participants, we ensure we provide information and support that enables participants to make environmentally informed decisions in areas such as purchasing of household goods.

Our Supporters

Volunteers

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

In 2012-13 a total of 225 people volunteered their time to our organisation – this is in addition to the voluntary contribution made by all our Board and Committee members. We thank all of these people for the skills and commitment they bring to MI Fellowship Victoria.

Fross Abbey
Ali Reza Adibnia
Margaret Affleck
Rob Affleck
Andrew Arena
Liate AsFour
Ben Assan
Michelle Balcke
Justin Bale
Glenn Barber
Damian Barnett
Jeff Boucher
Judith Boucher
Noeleen Braddock
Janice Brandon
Thea Bridgman
Hannah Budd
Lorna Bunton
Lloyd Burnett
Damien Burton
Michayla Bush
Mark Cahill
Jena Capes
Nan Carling
Nan Catterina
Joel Chatelier
Tiffany Cheah
Jo Chetleburgh
Geoffrey Clough
Ken Co
Sue Collins
Pauline Collyer
Peter Cooper
Amy Corcoran
Barbara Crichton
Kathryn Curtis
Kathleen Curtis
Iris Cuthbert
Lena Daniels
Margaret Darby
Javiera Dastres

Chanice De Berardinis
Mary Deam
Mirella Di Benedetto
Mark Di Marzio
Alexia Dickson
Judy Down
Graeme Doyle
Georgia Drenth
Stephen Duff
James Dunn
Ashley Dunne
Heidi Everett
Vanessa Evrard
Paul Fearn
Gwenda Fitzgerald
Suzin Fletcher
Annie Gargano
Selena Gately
Andrew Gatto
Maree Georgakopoulos
Hamish Gifford
Rosemary Goodfellow
Stephen Goodfellow
Penny Gould
Nic Gray
Richard Grogan
Kay Gross
Roma Guerin
Simonette Haddad
Leigh Hahn
Alex Hall
Chris Halton
Jill Hamilton
Lara Hamilton
Victoria Hammond
Rina Hannan
Joan Hayes
Tegan Henry
Belinda Holden
Merren Hosken
Suzanne Hunt-Tuzo
Koraltay Husseyin

Glenn Ingram
Babe Isaccs
Serge Jakube
Emma Jennings
Bethan Jewell
Neil Katselas
Tigist (TJ) Kebede
Michael Keil
Leesa Keith
Kevin Kelly
Kayne Kendrick
Daniel Kigo
George Kiroudis
Con Kouklafis
Lorraiane Kromodimoeljo
Anna Lampugnani
Rosemary Lane
Betty Li
Irene Liapis
Leanne Lindenburg
Lina Lioannidis
Rachel Loi Yuen Ying
Louise Long
Sean Lou
Robert Lyons
Vivienne Lyons
Ibrahim Mahdi
Timmoth Mak
Rhonda Manning-Arrowsmith
Julie Markby
Josie Marscicano
Mary Martell
Glenda Maxwell
Kavisha Mazzella
Francis McCredie
Vicki McKernan
Jillian McKimm
Ian McLachlan
Pat McNarmara
Paddy Meehan
Julie Mehegan
Rikki Mellor
Kate Milan
Darryl Mischlewski
Ali Rewani Mohammed
Peter Montana
Katelin Morris
Elle Morrison
Tess Mumme
Jemima Munyori
Emily Muschol
Basil Natoli
Mi Nguyen
Terri O'Connell
Teresa Oliva
Jarrod Oliver
Andrew Ormerod
Mona Osborne
Eliza Otte
George Paul

David Paulin
Richard Perry
Juliet Pettitt
Jenny Phillips
Anh Phung
Lucy Piccoli
Ann Poore
Deidre Randell
Jonathan Rasmussen
Maris Rawley
Chiara Registro
Gail Reid
Adrian Richardson
Nancy Rodriguez
Steven Ross
Nicholas Rowe
Cameron Sack
Karuna Santosa
Ian Sayers
Paul Sayers
Peter Schilling
Martina Schmidt
Piers Sellers
June Sharp
Erin Sharp
Ryan Sheehan
Nathan Simmonds
Betty Smith
Margaret Smith
John Soldatos
Maria Sourtziz
Cimmonne Spiteri
Greg Stafford
Adrian Stanley
Gaye Stewart
Michelle Susay
John Taouk
Andrea Taylor
Jenine Taylor
Kayley Teo
Achut Thuc
Pearl Tilly
Sam Tomarchio
Justin Tomy
Ha Tong
Christina Tripodi
Angelo Tzagadouris
Rosie Vaughan
Coralie Visser
Gabriel Voglis
Adrian Walker
Ruth Walsh
Lynda Watts
Natasha Wilmann
Rose Windmiller
Bernadette Wood
Meredith Woods
Craig Wright
Paula Zuluteta

Our Supporters

Donors and supporters

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

We take this opportunity to thank everyone who supported us in 2012-13 – without their generosity it would not be possible for us to do the work we do.

Major partners

SEW-Eurodrive

MI Fellowship Victoria's relationship with SEW-Eurodrive stretches back 15 years and has resulted in contributions to MI Fellowship of more than \$1.7million. We thank Robert and Adel Merola for their generous and continuing commitment to supporting people living with mental illness.

K & L Gates (Previously Middletons Lawyers)

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

Frank and Patricia Woodcock

Frank and Patricia Woodcock have sponsored the Bruce Woodcock Memorial Lecture for 15 years, making possible this unique, free public forum for the discussion of issues affecting people with mental illness and their families.

Speakers Bureau educators

Maria Dimopoulos
David Elliot
Denise Grant
Carol Hare
Mark Jackson
Larry James
Steven King
Mel Paul
Louisa Pearce
Sandra Sanders
Mia Thiedeman

Other partners

Apple Marketing Group Pty Ltd
Barwon Heads Gold Club
Peter Sokolowski - vsv.carssales.com.au
Ritchies Stores Pty Ltd
Rotary Club of Preston

Major donors – individuals

Simone Adamczyk
Margaret Anthony
Marjorie Armstrong
Janet Badenhop
Joseph Bartolovic
Judith Beavis

Greg Beeton
Valwyn Beggs
Bill Berry
Marina Bisinella
Michelle Bisinella
Pat Blake
Robert & Paula Bolger
Andrea Bowyer
Cath Brown
Keith Brownbill
Karin Butt
Julie Callaghan
Joyce Carpenter
Barbara Cassidy
Peter Champ
Emma Chapman
Derek Clapton
Rosemary Clark
Margaret Clarke
Iris Clutterbuck
Greg Costa
Catherine Craig
Andrew Craig
Arthur & Marjorie Crawley
Nancy Cross
Judy Davey
Mary Davies
Geoffrey Davies
Joy De Jong
Michael De Luise
Thelma Detlefsen
Barbara Dohle
Raymond Drew
Helen Driver
John Duke
Elizabeth Eames
John Ellson
Zelman Elton
Bill English
Marian Evans
Jan Ewinger
Kaye Farrow
Pam Fegen
Sylvia Fernando
Kathleen Fewchuk
Leanne Fitzpatrick
Mary Fontana
Pamela Fowler
Liz Gaynor
Charles Gibson
Ora Gillitzer
Lynette Giraud
Luigi Giuliano
John Grace
Robin Gray
Liz Grazebrook
Roma Guerin
Max Hall
Kerri Hall
Ann Harley

Norwood Harrison
Molly Haynes
Tom Henry
Margaret Higgs
Annie Higgs
John Hill
Shirley Holten
Bevan Hood
Denise Hooper
Sue Howell
Rob Hughes
Jenny Humberstone
Robert Iversen
Margaret Jenkins
Sylvia Johansen
Mark Jordan
Terry Keeling
Jenny Kemp
Edna Kendall
Lyn Kirby
Ornella Knez
Liz Krien
Peter Kuskopf
Colin Lane
Steve Langford
Eleanor Langford
Eva Lanyon
Eva Lenkiewicz
Diana Logan
Graeme Mabin
Kevin Mahony
Andrew Mansour
Lois Marshall
Sally Martin
Heather Mason
Andrew McComas
Sherry McGrath
Margot Meldrum
Rob Mentha
Ray Mignot
Joy Millard
Darryl Mischlewski
Margaret Morey
Bruce Morrell
Margaret Morris
Don Muntz
James Murray
Ray Neill
Debbie Nugent
Daniel O'Connor
Kerry O'Meara
David Orford
Alf Osbourne
Julie Owens
J R Page
Ann Parris
Thi Vinh Phan
John Plum
Shirley Polack
Anne Poynter

Our Supporters

Major donors

– individuals cont.

Elaine Price
Jenny Proebstel
Sian Pryce-Chisholm
Wendy Quantrell
Lorraine Rayner
Les Reid
Judy Reid
Albert Renshaw
Andrea Rhodes
Anne Richter
Michael Rigg
Phillip Riley
Liz Rinaudo
Marcia Robinson
Dorothy Robinson
Meredith Rogers
Nell Rootsey
Nel Sajet
Ann Saunders
Barbara Sawyer Angela
Scollary
Sandra Scott
Joan Scott
Nathan Shafir
John Shalit
Clare Shelton
Jeanette Sidney
David Slack
Judith Smith
Rena Sofroniou
Kaye Spurling
Kaye Stacey
Marian Steele
Robbie Swanson
Nick Szwed
Rosemary Tabak
Derryn Thomas
Wendy Thomson
Malcolm Horpe
Marjie Tkatchenko
Betty Towie
P N Tredinnick
Brian Tuckett
R P Ungar
Toby Vague
Mary Van Den Broek
Maaïke Van Der Valk
Priscilla van Reesema
Rosa Vardon
Carolyn Vile
Graham Walker
John Wallis
Anne Walshe
Rob Ware
Diana Watts

Rosslyn Webster
Coral Whimpey
Peter White
Sally Wilkins
Rosemary Wilkinson
Doug Williams
Frances Williams
John Williams
Dave Williams
John Wilson
Carol Wilson
Bernadette Wood
Alex Wood
Robert Wreford
Elizabeth Yewers

In memory donations

Mrs Thelma Cochaud
Mr Dimitrios Giannakakis
Mr Stuart Hurley
Mr Mauricio Munoz
Mr John Sensi

Major donors - organisations

ANZ Business Bank
Barwon Heads
Golf Club Inc
Bohail Express
Bolinda Digital
Catholic Parish of Ivanhoe
Outreach Group
Centrelink Area North Central
Dallas Building & Maintenance
DHL Global Forwarding (Australia) PTY LTD
Dished & Flanged Ends
Engineering Support Services
Harness Racing Victoria
JDN Monocrane Pty Ltd
Kids Resort Early Learning Centre
Lanier (Australia) Pty Ltd
M E Bell Projects Pty Ltd
Maryvale Friendly Society
Melbourne City Toyota
MJR Distributors
Moonee Ponds
Dental Group
Neil Fletcher Design Pty Ltd
NSK Australia Pty Ltd
Our Community Pty Ltd
RSN Racing and Sport
Ritchies Stores Pty Ltd
RSM Bird Cameron
Sab's Auto
ShareGift Australia

Shulu Foundation
Stockyard Gallery
Swift Signs
Veolia Environmental Services
Warringal Financial Services

Trusts and foundations

Anna White Trust
Andrews Foundation
The Beverley Jackson Foundation
Collier Charitable Fund
The Flora and Frank Leith Charitable Fund
The George Lewin Foundation
Give Where You Live
Ruth Fagg Foundation
Shell Community Grants
William Angliss Charitable Fund
The Yorke Family Foundation

Community supporters

3CR Community Radio
Alchera
Barry Plant Real Estate
Northcote
City of Boroondara
City of Darebin
Madras Link Homewares
Runners World, East Kew
Multicultural Arts Victoria
Kavisha Mazella AO

Government funders

Victorian Department of Health
Australian Government
– Department of Health
– Department of Social Services
– Department of Employment
ACT Government
City of Kingston

Financial Overview

2012-13 was a year of growth and consolidation of existing services, resulting in an operating surplus of \$1.3m.

Income

Total revenue for the year was \$21.0m which represents an increase of 11.1% over the previous year. A total of \$1.0m was raised from the sale of properties that were no longer fit for purpose. The organisation also developed new funding sources and grew existing sources.

Fundraising

In 2011-12 we reviewed our fundraising strategy and repositioned our approach for future growth. As a result, fundraising income increased by \$314,000 (24.8%) in 2012-13. Despite a challenging economic climate, we are maintaining a focus on fundraising as an important income source, and we have positive expectations for the year ahead.

Investments

Following the appointment of new investment advisors and the establishment of a new investment policy, the value of our investment portfolio increased by \$326,000 in 2012-13. The organisation's investments are now well positioned to take advantage of a market upturn.

Operating expenses

Operating expenses were managed in line with programs and services growth. Total expenses were \$19.5m – down 2.8% on 2011-12. Salaries and staff-related costs accounted for 68% of total expenditure compared with 69% in 2011-12.

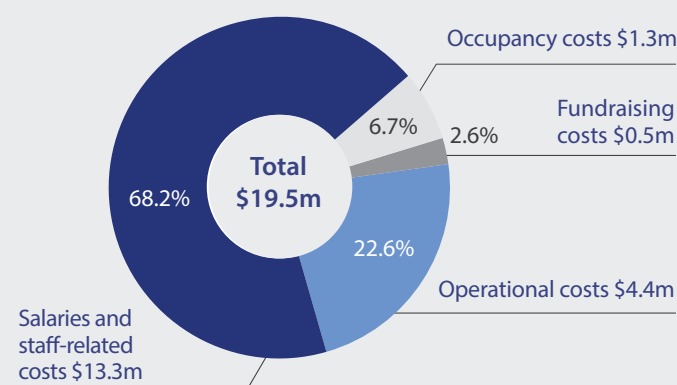
The year's result

Overall we achieved a surplus of \$1.3m, largely as a result of profit on the sale of assets and a once-off bequest. Member funds increased from \$11.1m as at 30 June 2012 to \$13.8m as at 30 June 2013. Over the year, the organisation was successful in achieving both service and business growth.

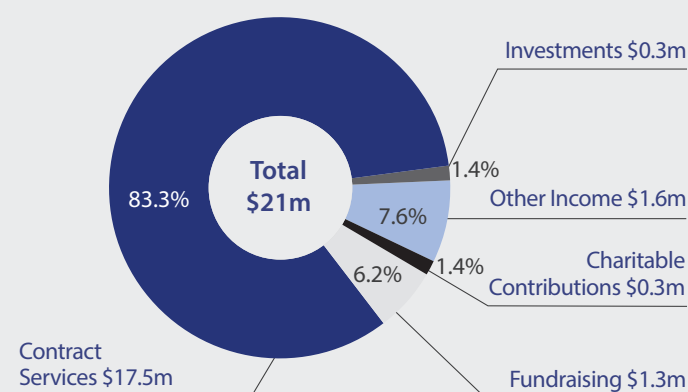
Looking ahead

After several years of solid growth and the last year of significant changes in investments, 2013-14 will be a year of change, depending on the outcome of the retendering process for Victorian Government-funded services, which make up a significant proportion of our business. There will be continuing focus on managing expenses. Overall, the organisation is well positioned to take advantage of new opportunities. Our balance sheet remains strong and will support future growth.

Expenses 2012-13



Income Sources 2012-13



Total Revenue 2012-13

Years		Change
2012-13	\$21.0m	+11.1%
2011-12	\$18.9m	-10.4%
2010-11	\$21.1m	+22.0%
2009-10	\$17.3m	+16.9%
2008-09	\$14.8m	
Million	0 5 10 15 20 25	

Financial Statements

For the year ended 30 June 2013

Mental Illness Fellowship Victoria ACN 093 357 165

Directors' Report

The Directors of Mental Illness Fellowship Victoria ("MI Fellowship", "the Company") have pleasure in submitting their report for the year ended 30 June 2013 made in accordance with a resolution of the Directors.

Directors

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

Mr Paul Montgomery, Mrs Diane Brown, Mr Kevin Abrahamson, Ms Lyn Allison (Resigned 16/07/2012), Mr Darrel Drieberg, Dr Julian Freidin, Ms Jan Hatt, Mr Robert Hughes, Ms Jennifer King, Ms Louise Milne-Roch, Mr Theophanis Krambias, Ms Elaine Price, Dr Neil Cowen (Appointed 27/08/2012).

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 2013, 12 meetings of the Company's Directors were held in respect of which, each Director of the Company attended the following number:

Name of Director	Date Appointed	Date Resigned	Board of Director Meetings	Board Committee Meetings				
				Appointments & Governance	Finance, Audit & Resource Management	Clinical Governance	Doorway	Awards Sub-committee
Paul Montgomery (President)	25/09/2006		10 of 12	3 of 5	2 of 3			
Kevin Abrahamson (Vice President)	05/07/2010		12 of 12	5 of 5				
Lyn Allison	08/09/2008	16/07/2012	1 of 1					
Dianne Brown	20/09/2000		9 of 12			3 of 4		1 of 1
Neil Cowen	27/08/2012		10 of 11			3 of 4		
Darrel Drieberg	17/12/2007		9 of 12	4 of 5	1 of 1 *		0 of 1	
Julian Freidin	22/06/2009		9 of 12			4 of 4	1 of 1	
Jan Hatt	04/04/2011		7 of 9			1 of 3		
Robert Hughes	27/06/2011		5 of 12		1 of 1 *	0 of 4		
Jennifer King	21/10/2005		9 of 12		5 of 6			
Theophanis Krambias	10/10/2008		8 of 12		6 of 6		1 of 1	
Elaine Price	24/01/2005		6 of 6	2 of 2				
Louise Milne-Roch	20/01/2003		11 of 12		4 of 4			

*Invited attendee

Operating Result

The net profit of the Company for the year after capital items was \$1,296,072 (2012: net loss \$1,410,838). The profit from ordinary activities before capital items was \$1,471,760 (2012: \$1,234,420 loss).

Review of Operations

Contributing to the Company's surplus for the year was a bequest from the Heyward Estate and profits on sale of two MI Fellowship properties: 128 Railway Avenue Ringwood and 12 Mentor Street Seymour.

The Company generated additional revenues in the program services area with the expansion in Commonwealth funded programs and a new contract in the ACT.

Other than the matters described above, it is the opinion of the Directors that the results of the Company's operations during the year were not substantially affected by any other item, transaction or event of a material and unusual nature.

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

Financial Statements continued

For the year ended 30 June 2013

Mental Illness Fellowship Victoria ACN 093 357 165

State of Affairs

The Directors have elected to early adopt the Australian Accounting Standards Reduced Disclosure Requirements as set out in AASB 1053. For further details regarding the application of this standard refer to Note 1 of the financial statements. Other than both this and the matters described above in Review of Operations, there have been no other significant changes in the state of affairs of the Company during the financial year.

Likely Developments

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

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

Events Subsequent To Balance Date

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

Directors' Benefits

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

Directors & Auditors Indemnification

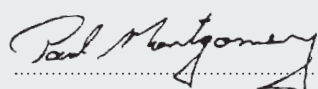
The Company has not, during or since the end of the financial year, in respect of any person who is or has been an officer or auditor of the Company or a related body corporate, indemnified or made any relevant agreement for indemnifying against a liability incurred as an officer, including costs and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

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

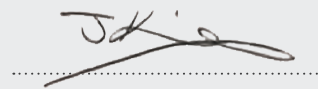
Auditor's Declaration

A copy of the auditor's independence declaration as required 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 17th day of October 2013.

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 2013, we declare that, to the best of our knowledge and belief, there have been:

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

Dated at Frankston on the 10th of October 2013



David A Szepefalusy
Director

SHEPARD WEBSTER & O'NEILL AUDIT PTY LTD
Certified Practising Accountant
Authorised Audit Company No 415478
434 Nepean Highway Frankston 3199,
PO Box 309 Frankston Victoria 3199
Telephone (03) 9781 2633 – Fax (03) 9781 3073
Email – szepefalusy@shepard.com.au

Financial Statements

For the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165

Statement of Comprehensive Income

	NOTE	2013 \$	2012 \$
NET PROFIT / (LOSS) FROM CONTINUING OPERATIONS		1,296,072	(1,410,838)
Other Comprehensive Income			
Items that will not be reclassified subsequently to profit or loss			
		-	-
Items that may be reclassified subsequently to profit or loss:			
- Net Revaluations on Available For Sale Investments		325,735	490,287
- Gains on Revaluation of Land & Buildings Classified as Held-for-Sale	20	1,084,734	-
TOTAL COMPREHENSIVE INCOME		2,706,541	(920,551)

Financial Statements continued

For the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165

Statement of Profit or Loss

	NOTE	2013 \$	2012 \$
INCOME FROM CONTINUING OPERATIONS			
Contract Services Income	2	17,526,665	16,511,934
Fundraising	2	1,579,581	1,266,161
Other Income	2	1,903,558	1,093,940
TOTAL REVENUE		21,009,804	18,872,035
EXPENSES			
Salaries & Related Costs	4	13,358,856	13,950,186
Consultancies		462,362	302,759
Audit Fees	3	36,692	34,992
Bad Debts		-	15,000
Bank Fees		23,863	32,399
Depreciation & Amortisation			
- Depreciation of Fixed Assets		757,117	845,228
- Amortisation of Intangible Assets		5,950	-
IT Network Costs		306,414	282,807
Occupancy Costs		1,272,602	744,371
Office Costs		573,069	673,060
Participant Support		599,987	640,852
Program Setup Costs		80,851	16,121
Light & Power		175,401	141,807
Motor Vehicle Expenses		446,627	463,797
Property and Equipment Maintenance		666,917	546,586
Fundraising Expenses		497,011	522,473
Support Costs - MIFA		-	18,750
Volunteer Costs		4,290	3,377
Other Expenses		170,172	73,944
Loss on Sale of Fixed Assets		15,598	32,145
Loss on Sale of Investments		84,265	765,801
TOTAL EXPENSES		19,538,044	20,106,455
PROFIT / (LOSS) BEFORE CAPITAL ITEMS		1,471,760	(1,234,420)
Capital Funding and Donations	5	-	13,553
Building Depreciation		(175,688)	(189,971)
NET PROFIT / (LOSS) FROM CONTINUING OPERATIONS		1,296,072	(1,410,838)

The Accompanying notes form an integral part of these financial statements

Financial Statements continued

For the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165

Statement of Financial Position

	NOTE	2013 \$	2012 \$
CURRENT ASSETS			
Cash at Bank, Deposit and on Hand	17(a)	1,948,905	2,000,704
Receivables	6	205,256	133,490
Investments - Available for Sale Financial Assets	7	5,759,666	3,519,402
Assets Classified as Held for Sale	20	1,618,110	-
Prepayments		103,898	83,683
Loans Receivable		-	25,000
Other Assets		4,620	4,102
TOTAL CURRENT ASSETS		9,640,455	5,766,381
NON CURRENT ASSETS			
Fixed Assets	8	6,464,869	7,289,575
Intangible Assets	9	351,062	240,918
TOTAL NON CURRENT ASSETS		6,815,931	7,530,493
TOTAL ASSETS		16,456,386	13,296,874
CURRENT LIABILITIES			
Creditors & Accruals	10	1,155,166	980,048
Provisions (current)	11	986,204	901,966
Grants & Funding in Advance	12	438,565	252,371
TOTAL CURRENT LIABILITIES		2,579,935	2,134,385
NON CURRENT LIABILITIES			
Provisions (non-current)	11	51,677	44,256
TOTAL NON CURRENT LIABILITIES		51,677	44,256
TOTAL LIABILITIES		2,631,612	2,178,641
NET ASSETS		13,824,774	11,118,233
EQUITY			
Reserves	13	8,549,067	7,541,193
Retained Earnings		5,275,707	3,577,040
TOTAL EQUITY		13,824,774	11,118,233

The Accompanying notes form an integral part of these financial statements

Financial Statements continued

For the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165

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	Available for Sale Investment Revaluation Reserve	Held for Sale Land & Buildings Revaluation Reserve	Total
	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Balance at 1 July 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
Profit attributable to the entity	(1,410,838)	-	-	-	-	-	-	-	-	-	(1,410,838)
Amounts transferred to/(from) reserves - Note 13	718,591	-	-	-	26,053	(498,197)	(246,447)	-	-	-	-
Total other comprehensive Income - Note 13	-	-	-	-	-	-	-	-	490,287	-	490,287
Balance at 30 June 2012	3,577,040	536,295	300,000	519,647	275,620	-	4,173,541	1,773,844	(37,754)	-	11,118,233
Profit attributable to the entity	1,296,072	-	-	-	-	-	-	-	-	-	1,296,072
Amounts transferred to/(from) reserves - Note 13	402,595	-	(300,000)	-	22,803	-	(125,398)	-	-	-	-
Total other comprehensive Income - Note 13	-	-	-	-	-	-	-	-	325,735	1,084,734	1,410,469
Balance at 30 June 2013	5,275,707	536,295	-	519,647	298,423	-	4,048,143	1,773,844	287,981	1,084,734	13,824,774

The Accompanying notes form an integral part of these financial statements

Financial Statements continued

For the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165

Statement of Cash Flows

	NOTE	2013 \$	2012 \$
Cashflow from Operating Activities			
Receipts - from Donors and Funding Agencies		22,508,502	20,730,834
Payments to Suppliers and Employees		(21,014,853)	(21,832,081)
Interest & Distributions Received		321,962	383,035
Net Cash Generated by / (used in) Operating Activities	17(b)	1,815,611	(718,212)
Cashflow from Investing Activities			
Proceeds from sale of property, plant & equipment		1,607,408	88,504
Net (Payment) / Receipt for Investments		(1,914,529)	(1,029,224)
Payment for software, property, plant & equipment		(1,593,674)	(540,286)
Net Cash Generated by / (used in) Investing Activities		(1,900,795)	(1,481,006)
Cash Flow from Financing Activities			
Loan recovered from / (payments to) Related Parties		33,385	(25,000)
Net Cash Generated by / (used in) Financing Activities		33,385	(25,000)
Net Increase (Decrease) in Cash Held		(51,799)	(2,224,218)
Cash at Beginning of Year		2,000,704	4,224,922
Cash at End of Year	17(a)	1,948,905	2,000,704

The Accompanying notes form an integral part of these financial statements

Financial Statements continued

For the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165

Notes to and Forming Part of the Financial Statements

NOTE 1: Statement of Accounting Policies

MI Fellowship has elected to early adopt the Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010–2: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements. Accordingly, the entity has also early adopted AASB 2011–2: Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project – Reduced Disclosure Requirements and AASB 2012–7: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements in respect of AASB 2010–6: Amendments to Australian Accounting Standards – Disclosures on Transfers of Financial Assets and AASB 2011–9: Amendments to Australian Accounting Standards – Presentation of Items of Other Comprehensive Income.

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

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

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

The financial statements were authorised for issue on 17th of October 2013 by the Directors of the Company.

Accounting Policies

a) Revenue

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

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

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

Where the Company receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value, these assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in profit or loss.

Donations and bequests are recognised as revenue when received.

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

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

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

Financial Statements continued

For the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165

Notes to and Forming Part of the Financial Statements

b) Property, Plant and Equipment

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

Freehold property

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

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

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

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

Plant and equipment

Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present (refer to Note 1(h) for details of impairment).

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

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a straight line basis over the asset's useful life to the entity commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

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

c) Intangibles

Software Development

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

Financial Statements continued

For the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165

Notes to and Forming Part of the Financial Statements

d) Leases

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

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

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

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

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

e) Employee Entitlements

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

f) Taxation

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

g) Financial Instruments

Initial Recognition and Measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions of the instrument. For financial assets, this is equivalent to the date that the Company commits itself to either purchase or sell the asset (ie trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transactions costs except where the instrument is classified "at fair value through profit or loss" in which case transaction costs are recognised immediately as expenses in profit or loss.

Classification and subsequent measurement

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

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

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

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

Financial Statements continued

For the year ended 30 June 2013

Mental Illness Fellowship Victoria ACN 093 357 165

Notes to and Forming Part of the Financial Statements

g) Financial Instruments (continued)

Financial assets at fair value through profit and loss

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

Loans and receivables

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

Held-to-maturity investments

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

Available-for-sale financial assets

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

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

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

Financial Liabilities

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

Impairment

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

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

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

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

Financial Statements continued

For the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165

Notes to and Forming Part of the Financial Statements

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

Derecognition

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

h) Cash

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

i) Impairment of Assets

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

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

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

j) Goods and Services Tax (GST)

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

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

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

k) Provisions

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

l) Trade and Other Payables

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

Financial Statements continued

For the year ended 30 June 2013

Mental Illness Fellowship Victoria ACN 093 357 165

Notes to and Forming Part of the Financial Statements

m) Key Estimates – Impairment

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

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

n) Change in Accounting Policies

Presentation of items of other comprehensive income (OCI)

As a result of early adopting AASB 2012–7, which includes amendments to disclosure requirements arising from the Tier 1 (full-disclosure) Standard AASB 2011–9: Amendments to Australian Accounting Standards – Presentation of Items of Other Comprehensive Income that became mandatorily applicable from 1 July 2012, the following changes to the presentation of the Company's financial statements were made during the year:

- items of OCI were grouped into:
 - items that will not be reclassified subsequently to profit or loss; and
 - those that will be reclassified subsequently to profit or loss when specific circumstances occur; and
- the title "income statement" was changed to "statement of profit or loss" under the two-statement approach. Although other titles are also permitted, the Company has decided to use the title "statement of profit or loss".

The adoption of AASB 2011–9 only changed the presentation of the Company's financial statements and did not have any impact on the amounts reported for the current period or for any prior period in the Company's financial statements.

o) Comparative Figures

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

p) Critical Accounting Estimates and Judgments

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

Financial Statements continued

For the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165

Notes to and Forming Part of the Financial Statements

	2013 \$	2012 \$
NOTE 2: REVENUE		
Contract Services Income		
Government Grants	13,751,947	13,066,921
Funding & Grants received in previous periods/ (carry forward to future periods)	115,514	183,718
Fees from other Agencies	3,008,751	2,945,498
Client Fees	650,453	315,797
Total Contract Services Income	17,526,665	16,511,934
Fundraising		
Charitable Contributions	311,873	532,740
Other Fundraising	1,267,708	733,421
Total Fundraising	1,579,581	1,266,161
Other Income		
Income From Investments	289,232	237,316
Profit on Sale of Assets	1,026,302	144,815
Profit on Sale of Investments	24,794	-
Interest Income	100,887	198,646
Fair Value Adjustment on Acquisition of Business	-	145,139
Membership Income	10,704	12,819
Other Revenue & Recoveries	451,639	355,205
Total Other Income	1,903,558	1,093,940
Total Revenue	21,009,804	18,872,035
NOTE 3: EXPENSES		
Included in expenses are the following expense items:		
Audit Fees:		
Audit or review of the financial statements	23,042	21,342
Acquittals	3,500	3,500
Other Audit Services	10,150	10,150
	36,692	34,992

Financial Statements continued

For the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165

Notes to and Forming Part of the Financial Statements

2013
\$

2012
\$

NOTE 4: SALARIES AND RELATED COSTS

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

	2013 \$	2012 \$
Number of Staff 30th June (EFT)	182.00	179.00

NOTE 5: CAPITAL FUNDING AND DONATIONS

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

NOTE 6: RECEIVABLES - CURRENT

Trade Receivables	141,205	76,437
Deposits and Bonds Issued	59,969	52,245
Accrued Income	4,082	4,808
	205,256	133,490

NOTE 7: INVESTMENTS - AVAILABLE FOR SALE FINANCIAL ASSETS

Investments in Managed Funds:

Balance at the beginning of the year	3,519,402	1,999,891
Net Purchases / (Disposals)	1,914,529	1,029,224
Fair value re-measurement gains/(losses)	325,735	490,287
Balance at the end of the year	5,759,666	3,519,402

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

Financial Statements continuedFor the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165**Notes to and Forming Part of the Financial Statements**

	2013 \$	2012 \$
NOTE 8: FIXED ASSETS		
Buildings and Land - at cost	5,729,234	7,406,029
Less Accumulated Depreciation	(1,531,526)	(2,088,424)
	4,197,708	5,317,605
Motor Vehicles - at cost	1,664,060	2,449,987
Less Accumulated Depreciation	(406,689)	(1,436,649)
	1,257,371	1,013,338
Office Furniture and Equipment - at cost	1,374,571	1,408,637
Less Accumulated Depreciation	(1,203,524)	(1,108,800)
	171,047	299,837
Computers - at cost	1,435,091	1,204,779
Less Accumulated Depreciation	(828,590)	(667,417)
	606,501	537,362
Rental Property Furniture and Fittings - at cost	299,238	155,021
Less Accumulated Depreciation	(66,996)	(33,588)
	232,242	121,433
Total Written Down Value	6,464,869	7,289,575

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

Financial Statements continued

For the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165

Notes to and Forming Part of the Financial Statements

NOTE 8: FIXED ASSETS (continued)

Movement in the carrying amount of fixed assets:

	Land & Buildings	Motor Vehicles	Office Furniture & Equipment	Rental Properties Furniture & Fittings	Computers	Total
	\$	\$	\$	\$	\$	\$
Balance at the 1 July 2011	5,378,809	1,294,408	499,472	152,437.00	606,815	7,931,941
Additions at cost	128,767	233,346	9,317	-	109,907	481,337
Disposals	-	(70,271)	(9,898)	-	(8,335)	(88,504)
Depreciation expense	(189,971)	(444,145)	(199,054)	(31,004)	(171,025)	(1,035,199)
Carrying amount at 30 June 2012	5,317,605	1,013,338	299,837	121,433	537,362	7,289,575
Additions at cost	111,279	916,397	47,416	144,217	258,271	1,477,580
Disposals (net)	(282,711)	(305,781)	(7,030)	-	(1,182)	(596,704)
Transfer to expenses *	(239,401)	-	-	-	-	(239,401)
Reclass of Assets Held for Sale **	(533,376)	-	-	-	-	(533,376)
Depreciation expense	(175,688)	(366,583)	(169,176)	(33,408)	(187,950)	(932,805)
Carrying amount at 30 June 2013	4,197,708	1,257,371	171,047	232,242	606,501	6,464,869

Note: In the Statement of Profit or Loss, the Depreciation & Amortisation line item (2013: \$757,117 and 2012: \$845,228) excludes depreciation for the category Land & Buildings (2013: \$175,688 and 2012: \$189,971). Land & Buildings depreciation is disclosed separately in the Statement of Profit or Loss.

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

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

Financial Statements continuedFor the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165**Notes to and Forming Part of the Financial Statements**

	2013 \$	2012 \$
NOTE 9: INTANGIBLE ASSETS		
Software Development	357,012	240,918
Amortisation of Software Development	(5,950)	-
	351,062	240,918

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

A total of 70 licenses were purchased, implemented and customised upon finalisation of the software development. Costs capitalised in the 2011/12 and 2012/13 year include staff, contractor and supplier expenses directly relating to developing or testing the software in the development phase. Amortisation costs were charged from June 2013 which was when the software went live.

NOTE 10: CREDITORS & ACCRUALS		
Trade Creditors	438,403	280,592
GST Payable	184,583	219,566
Accruals	486,528	456,630
Accrual for Audit Fees	24,652	23,260
Resident Security Deposits Held	21,000	-
	1,155,166	980,048

NOTE 11: PROVISIONS

Current Liabilities		
Provision for Legal Fees	-	35,000
Provision for Annual Leave	682,921	618,537
Provision for Long Service Leave	303,283	248,429
	986,204	901,966
Non Current Liability		
Provision for Long Service Leave	51,677	44,256

Financial Statements continued

For the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165

Notes to and Forming Part of the Financial Statements

	2013 \$	2012 \$
NOTE 12: GRANTS & FUNDING IN ADVANCE		
(a) Current		
Expected to be utilised within 12 months	438,565	252,371
(b) Non-Current		
Expected to be utilised between 1-2 years	-	-
Expected to be utilised between 2-5 years	-	-
Total Non Current	-	-
Total Grants & Funding in Advance	438,565	252,371

MI Fellowship receives funding from various agencies to run its programs. Where grants are required to be spent on specific programs in order to meet agreed outcomes as contracted with the funding agency, the organisation initially records the monies received as a liability. This is due to a present obligation existing at that time to spend the monies in accordance with the funding agreement. Income is subsequently recognised in the periods that the funds are actually spent. If the contract has been completed and unexpended funds are present, the funds will be moved to the Development Fund Reserve through income when MI Fellowship is satisfied that the funds will not be required to be repaid. As disclosed in the balance sheet, unspent funds totaling \$438,565 are showing as a liability at 30 June 2013 (\$252,371 at 30 June 2012). All other donations and untied grants are recorded as income when monies are received.

NOTE 13: RESERVES

Available for Sale Investment Revaluation Reserve	13(a)	287,981	(37,754)
Gains on Revaluation of Land & Buildings	13(b)	1,084,734	-
Capital Campaign Reserve		536,295	536,295
Capital Reserve	13(c)	-	300,000
Development Fund Reserve		1,773,844	1,773,844
New Projects Reserve		519,647	519,647
Property Maintenance Reserve	13(d)	298,423	275,620
Asset Replacement Reserve	13(e)	-	-
Asset Trust Reserve	13(f)	4,048,143	4,173,541
		8,549,067	7,541,193

(a) Available for sale investment revaluation reserve

Opening Balance	(37,754)	(528,041)
Increase/(Decrease) in Fair Value of Investments	325,735	490,287
Closing Balance	287,981	(37,754)

Financial Statements continuedFor the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165**Notes to and Forming Part of the Financial Statements****NOTE 13: RESERVES (Continued)****(b) Gains on revaluation of land & buildings**

		2013 \$	2012 \$
Opening Balance		-	-
Increase/(Decrease) in Fair Value of Land & Buildings	20	1,084,734	-
Closing Balance		1,084,734	-

(c) Capital Reserve

In 1994, MI Fellowship established a Capital Reserve to record the capital grant provided towards the purchase of O'Meara House. In 2012/13, O'Meara House was sold. Accordingly, the reserve has been transferred back to Retained Earnings.

Opening Balance	300,000	300,000
Add/(Less) Transfers (to)/from Retained Surplus	(300,000)	-
Closing Balance	-	300,000

(d) Property Maintenance Reserve

In 2003/4, MI Fellowship established a Property Maintenance Reserve. The purpose of the reserve is to separately account for the provision of building maintenance on MI Fellowship properties.

Opening Balance	275,620	249,567
Add/(Less) Transfers (to)/from Retained Surplus	22,803	26,053
Closing Balance	298,423	275,620

(e) Asset Replacement Reserve

In 2003/4, MI Fellowship established an Asset Replacement Reserve to record capital purchases within the funded rehabilitation services programs. The purpose of the reserve is to track capital items purchased using funding received from the various funding bodies.

As these items have since been fully depreciated and replaced with internally funded assets, the reserve no longer represents these assets. The balance of the reserve has been transferred to Retained Earnings as at 30 June 2012.

Opening Balance	-	498,197
Add/(Less) Transfers (to)/from Retained Surplus	-	(498,197)
Closing Balance	-	-

Financial Statements continued

For the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165

Notes to and Forming Part of the Financial Statements

	2013	2012
	\$	\$

NOTE 13: RESERVES (Continued)

(f) Asset Trust Reserve

In 1998/99, MI Fellowship established an Asset Trust Reserve. The purpose of the reserve is to separately account for 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	4,173,541	4,419,988
Add/(Less) Transfers (to)/from Retained Surplus	(125,398)	(246,447)
Closing Balance	4,048,143	4,173,541

NOTE 14: CAPITAL COMMITMENTS

As at 30 June 2013 no material capital commitments were existing, nor were there any that existed for the comparative previous year.

NOTE 15: RELATED PARTY RELATIONSHIPS

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

NOTE 16: KEY MANAGEMENT PERSONNEL

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

Short Term Benefits	649,888	609,335
Other Long Term Benefits	-	-
Post Employment Benefits	61,578	72,100
Termination Benefits	-	-
Share Based Benefits	-	-
Total	711,466	681,435

Number of Key Personnel (EFT)	4.0	4.0
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Financial Statements continuedFor the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165**Notes to and Forming Part of the Financial Statements**

	2013 \$	2012 \$
NOTE 17: CASH FLOW INFORMATION		
(a) Reconciliation of Cash		
Cash at Bank, on Deposit and on Hand	1,948,905	2,000,704
(b) Reconciliation of Cash Flow from Operations with Operating Profit / (Loss)		
Operating Profit/ (Loss) after income tax	1,296,072	(1,410,838)
<i>Adjustments for Non-cash Items & Items of Income or Expenses Associated with Investing or Financing Cash Flows:</i>		
Depreciation & Amortisation	938,755	1,035,199
Profit on Sale of Property, Plant & Equipment	(1,010,704)	(112,670)
Reversal of Fixed Assets Deemed to be Expenses (10 Bromham Place)	239,401	-
Bad Debts	-	15,000
Partial Recovery of Bad Debts Previously Written-off	(8,385)	-
<i>Changes in assets and liabilities:</i>		
(Increase)/Decrease in Receivables	(71,766)	514,467
(Increase)/Decrease in Prepayments and Other Assets	(20,733)	(33,750)
Increase/(Decrease) in Creditors & Accruals	175,118	(581,114)
Increase/(Decrease) in Provisions	91,659	(14,152)
Increase/(Decrease) in Funds for Future Use	186,194	(130,354)
Cashflows from Operations	1,815,611	(718,212)

Financial Statements continued

For the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165

Notes to and Forming Part of the Financial Statements

	2013	2012
	\$	\$

NOTE 18: FINANCIAL INSTRUMENTS

FINANCIAL RISK MANAGEMENT

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

Financial assets

Cash and cash equivalents	17(a)	1,948,905	2,000,704
Receivables	6	205,256	133,490
Loans Receivable		-	25,000
Available for sale financial assets	7	5,759,666	3,519,402
Total financial assets		7,913,827	5,678,596

Financial liabilities

Trade and other payables	10	1,155,166	980,048
Grants & Funding in Advance	12	438,565	252,371
Total financial liabilities		1,593,731	1,232,419

NOTE 19: PROVISIONS & CONTINGENT LIABILITIES

The Directors disclose a Contingent Liability for a potential capital repayment in relation to a possible title transfer of one of MI Fellowship's properties, at 19 Bromham Place Richmond.

In 1998, the Department of Health provided MI Fellowship with funding to contribute to the construction of 4 units, to be used for the purpose of providing long term community housing. As specified in the funding agreement, in the occurrence of a specified "Default Event", the Director of Housing has the right to demand repayment of a sum as calculated under a specified formula, being the proportion of the market value of each unit ('proportionate value'). The 'proportionate value' formula in the funding agreement is based on the proportion of the Department's funding, over total construction costs for the units. This proportion is grossed up by the current market value of the units, excluding the land value. Based on these inputs, the Directors have obtained current valuations and have quantified a potential "Default Event" capital repayment of \$878,596.

Based on the funding agreement, there is a possible obligation to make the capital repayment. However, this repayment is conditional on the occurrence or non-occurrence of uncertain future events, being that it will only be payable at the discretion of the Director of Housing, and furthermore, the transfer is conditional on a vote by members at a special meeting to be held at a future date. The Directors will not vote in favour of the transfer of 19 Bromham Place Richmond should the repayment actually be demanded from the Director of Housing.

Financial Statements continuedFor the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165**Notes to and Forming Part of the Financial Statements**

	2013 \$	2012 \$
NOTE 20: ASSETS CLASSIFIED AS HELD FOR SALE		
Assets Held for Sale - 10 Bromham Place Richmond	1,618,110	-

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

On the 24th of December 2011, an agreement was entered into for the sale of property owned by MI Fellowship, at 10 Bromham Place Richmond. The contracted sale price is \$2.9 million. The settlement date was initially agreed as being the later of 24 months from the day of sale and 21 days after the purchaser is notified that the property planning permits have been approved. However, due to progress delays with the planning permit process, the settlement date has been extended by a further two months. Under the terms of the contract, the approval of the planning permits is conditional on successfully passing an Environmental Audit. A contribution of \$50,000 was received from the purchaser in the 2010/11 year to assist with the costs of obtaining the planning permit, which is required as part of the contract of sale. Site contamination was identified, and options to reduce the cost of the environmental clean-up have been explored.

As part of re-classifying the asset as Held for Sale, under Accounting Standards, the asset was revalued based on the fair value less cost to sell. The contracted selling price provided the basis for the revaluation of the asset. It is expected that MI Fellowship will bear further costs under the contract, associated with demolition of the building, as well as various soil costs such as shifting, classification and retention. The Directors have reviewed the key assumptions of the cost and have quantified an estimate of these costs through discussions held with contractors. The valuation resulted in a revaluation increment of \$1,084,734 being recorded as an unrealised gain on revaluation of land and buildings, for the year ended 30 June 2013.

The Directors believe the carrying amount of the asset held for sale reflects the fair value less cost to sell at 30 June 2013.

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

NOTE 21: EVENTS AFTER BALANCE DATE

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

Financial Statements continued

For the year ended 30 June 2013
Mental Illness Fellowship Victoria ACN 093 357 165

Notes to and Forming Part of the Financial Statements

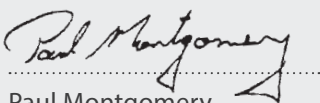
	2013 \$	2012 \$
NOTE 22: CAPITAL AND LEASING COMMITMENTS		
a. Finance Lease Commitments	Nil	Nil
b. Operating Lease Commitments		
Non-cancellable operating leases contracted for but not capitalised in the financial statements:		
Not longer than 1 year	330,301	295,313
Longer than 1 year and not longer than 5 years	310,605	331,169
Longer than 5 years	5,814	-


Directors' Declaration

The Directors of the Company declare that:

- the financial statements and notes, as set out on pages 46 to 68:
 - comply with Australian Accounting Standards and the Corporations Law; and
 - give a true and fair view of the financial position as at 30 June 2013 and performance for the year ended on that date of the Company;
- in the Directors' opinion there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

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


Paul Montgomery
Director


Jennifer King
Director

Financial Statements continued

For the year ended 30 June 2013

Mental Illness Fellowship Victoria ACN 093 357 165

Independent Auditor's Report to the Members

We have audited the accompanying financial report of Mental Illness Fellowship Victoria ("the Company"), which comprises the Statement of Financial Position as at 30 June 2013 and the Statement of Profit or Loss and Other Comprehensive Income, Statement of Changes in Equity and Statement of Cash Flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the Directors' Declaration.

Directors' Responsibility for the Financial Report

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

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

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

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

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the Directors of Mental Illness Fellowship Victoria on the 10th of October 2013, would be in the same terms if given to the Directors as at the time of this auditor's report.

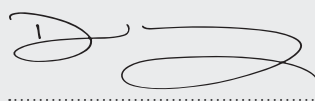
Auditor's Opinion

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

- a. giving a true and fair view of the Company's financial position as at 30 June 2013 and of its performance for the year ended on that date; and
- b. complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Regulations 2001.

Dated at Frankston on the 17th day of October 2013

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David A Szepfalusy
 Director

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