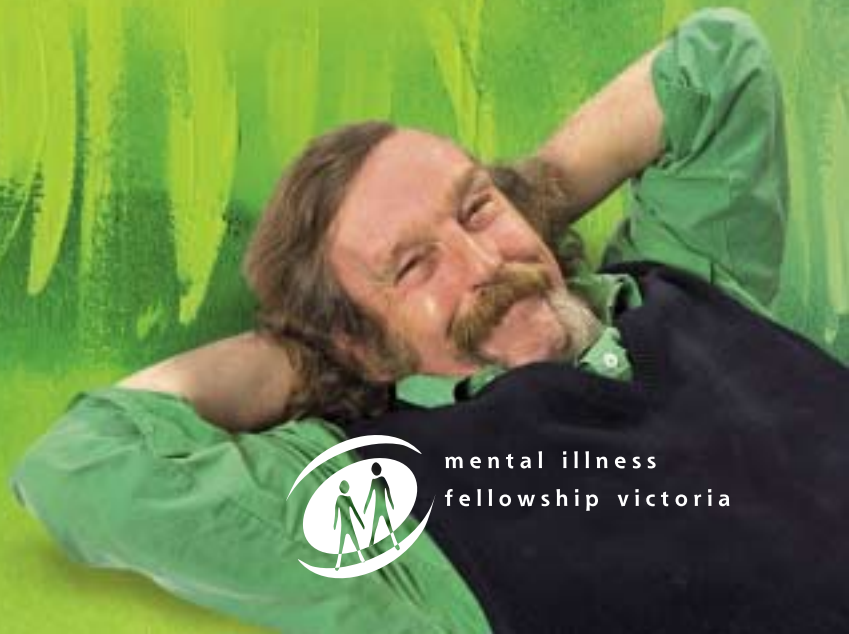


# home relationships work

2006.07 annual report



mental illness  
fellowship victoria

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## who we are

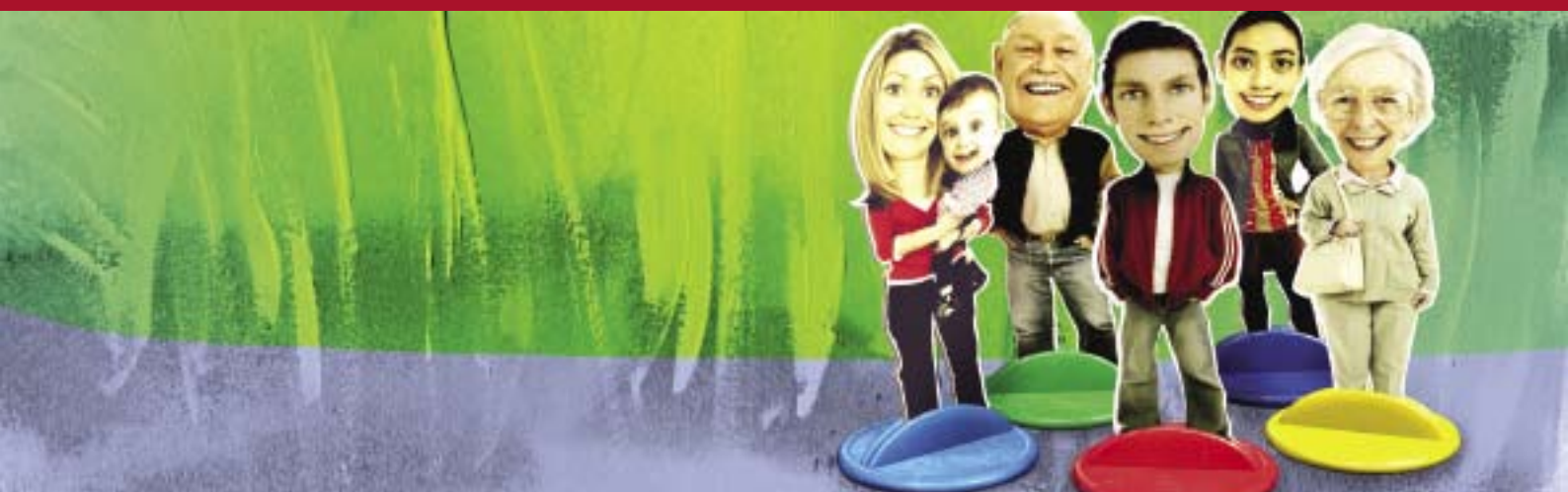
Mental Illness Fellowship Victoria is a membership-based non profit organization that is driven by the passion and professionalism of 241 staff, over 400 volunteers, 1411 members, a board of directors and other supporters.

This year we assisted 1700 people affected by mental illnesses such as schizophrenia, depression and bipolar disorder who needed specialised assistance to overcome the disabilities these illnesses cause. We also work with their family, friends, carers and employers.

We provide people with a network of evidence-based services offering individual pathways through psychiatric rehabilitation. We also prioritize community education and advocacy. Everything we do is aimed at providing people with homes, jobs and relationships.

MI Fellowship creates events that reduce stigma by raising awareness and giving the public contact with people with mental illness including the annual Bruce Woodcock memorial lecture and the Open Mind Fiesta which attracts 30,000 people.

What started in 1978 as a small band of volunteers has developed into one of Australia's largest and leading psychiatric disability support organization with a budget exceeding \$10 million and company limited by guarantee status. After almost three decades we know that the crucial phase of the journey is in front of us. → [www.mifellowship.org](http://www.mifellowship.org)



1 in 5 Australians is affected by mental illness

highlights  
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relationships

# 2006.07 vision & values

## OUR VISION

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

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

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

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

## OUR VALUES

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

### HONESTY

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

### ACCEPTANCE

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

### EQUITY

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

### FLEXIBILITY

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

### COMMITMENT

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

### PARTICIPATION

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

# 2006.07

## strategic plan - services go from strength to strength

There has been a 40% increase in the number of people with a mental illness accessing our programs and services over the past five years.

**The strategic plan 2004-08 was developed during 2003 after consulting members, people with mental illness and their families, the Department of Human Services and other key people in the community. There was also a staff audit of how well the organization was positioned to manage now and into the future.**

Both reviews identified that the organization needed to strengthen its capacity to manage for the future through strategic growth and working in partnership with people with mental illness, mental health services, legal firms and government to address service integration. Organizational responsiveness to consumer and carer need was rated highly by service users and their families and it was recommended that the high standard be maintained and that the capacity for innovation and formalizing best practice should be further developed.

The standardized audit tool provides a snapshot of organizational performance across 13 categories. These are benchmarked against organizations operating at the median, top quartile and top 10% of Australian companies. The most effective rating is to operate in the top 10% of international companies.

In 2003, benchmarking rated five of the categories in the median range of Australian organizational performance, six in the top quartile and two in the top 10% of Australian companies. These 13 ratings **SEE FIGURE 1 PAGE 5** → measure organizational capacity to manage for the future. The gaps identified through this review became the new key performance areas: capacity building, building integrated service and system responses and evidence-based best practice and innovation in the strategic plan.

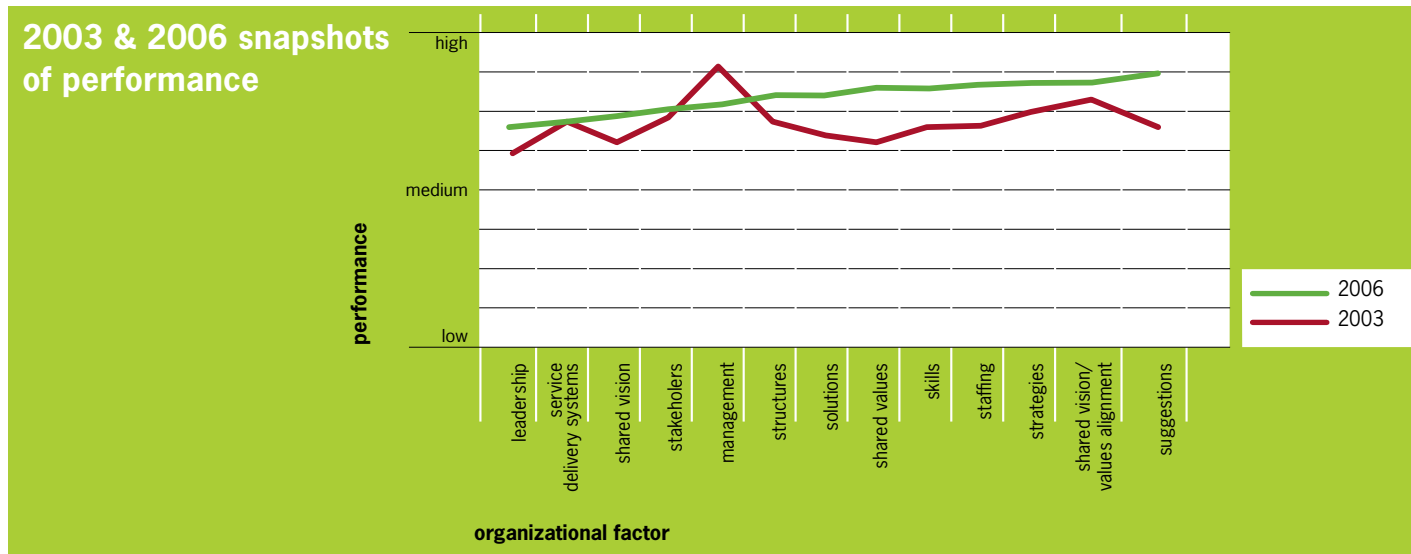
The three key performance areas were turned into actions through regional and service plans and built into the organization through the introduction of the staff performance and development system. Outcome monitoring and evaluation processes were reviewed and re-established, resulting in an organizational restructure and the establishment of new committee and project management arrangements.

The outcomes of these strategies were re-measured in 2006, and are displayed on the opposite page. **SEE FIGURE 1 PAGE 5** → This snapshot demonstrates marked organizational improvement across all 13 categories, and the organization consistently performing within the top 10% of Australian companies. This outcome was supported by the result of the quality improvement and community services accreditation (QICSA) process in 2006, in which we were awarded leading practice ratings in leadership and management, collaboration and strategic positioning and community and professional capacity building.

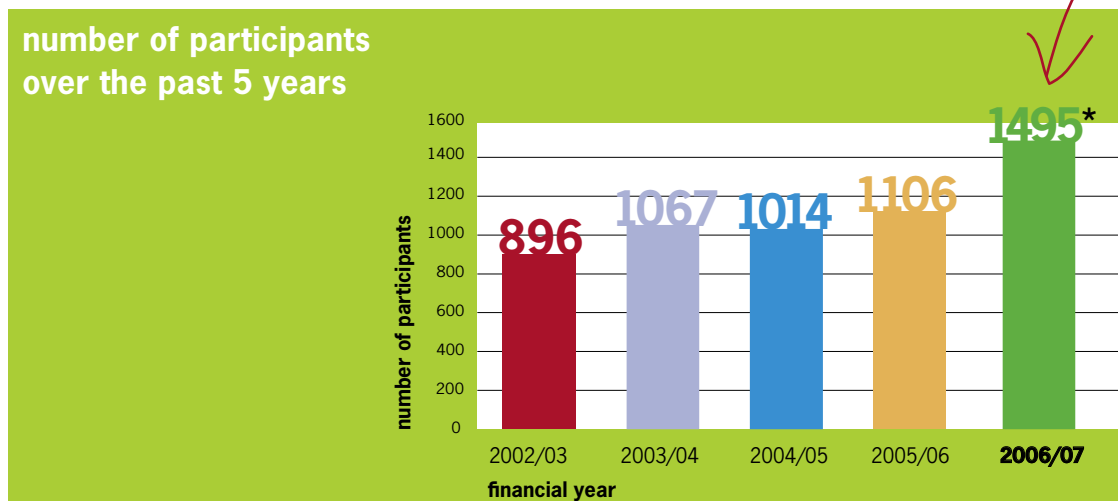
**Figures 2 and 3 show the breadth and growth of our organization.**

**SEE FIGURES 2 & 3 PAGE 5** → **There has been a 40% increase in the number of people with a mental illness accessing our programs and services over the past five years. Our provision of services direct to carers of people with a mental illness also continues to grow, reaching 7160 people in the past year.**

# strategic plan results 2005-08

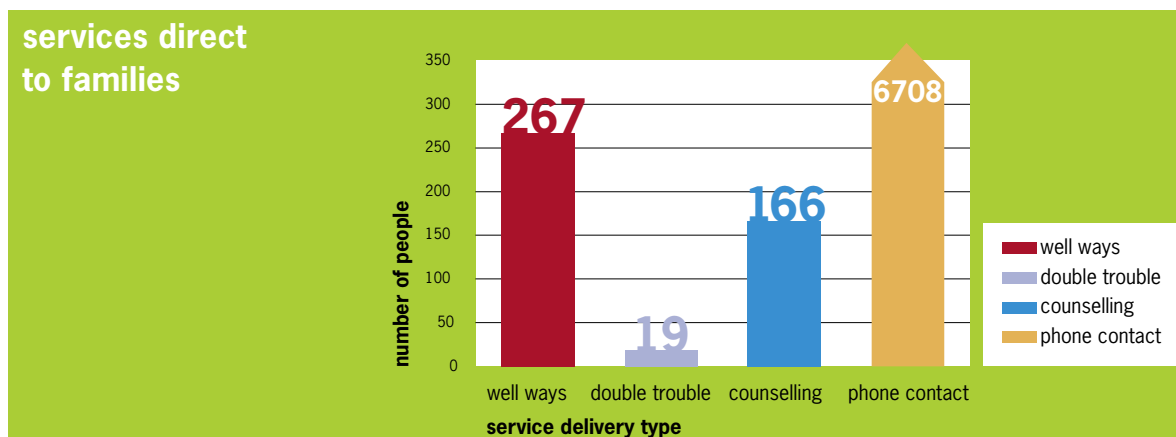


**Figure 1 – Organizational performance** displays the results of the audit tool used to measure organizational performance as discussed opposite. [SEE MORE PAGE 4](#)



**Figure 2 – Participant number growth** shows the number of people with a mental illness receiving our services over the past five years.

\*The 2006/07 figure includes employment and education participants, not included on Figure 4 on page 14.



**Figure 3 – Services direct to families.** Well Ways and Double Trouble are programs for carers of people with a mental illness designed to assist them to understand the issues surrounding mental illness and develop coping skills.

# 2006.07 president's report



*The call to action in Victoria led to a national political advocacy program called Australians Talk Mental Illness.*

**The board of directors has continued to build a strong foundation for sustainability for the next phase of Mental Illness Fellowship Victoria. We have focused on external political advocacy, internal and external relationships, innovation and best practice strategies to build organizational capacity. Our strong performance in each of these strategies has reinforced the foundation for the future.**

## **POLITICAL**

*'We call upon all political parties and all candidates seeking office at the next Victorian state election to say how they will achieve better outcomes for people with a mental illness, their families and friends.'* This was how we opened our call to action in the 2006 Victorian state election. In this advocacy campaign 226 members responded, often conveying the most harrowing stories about their personal experiences of the mental health service in this state. Well over 600 different issues were identified from these responses. We sought responses from political

parties to the five main categories that were identified. We have continued to advocate on these issues throughout the year.

Through our membership of the Mental Illness Fellowship of Australia (MIFA) we have continued to advocate for better mental health outcomes with the Federal Government through the Departments of Health and Ageing, Employment and Workplace Relations and Families, Community Services and Indigenous Affairs. We have also lobbied directly and through the Mental Health Council of Australia. We have been able to have mental health issues raised directly with Federal Parliamentary Friends of Schizophrenia. The call to action in Victoria led to a national political advocacy program called Australians Talk Mental Illness. As part of MIFA we surveyed members and friends about their most important mental health issues. We have had more than 2100 responses nationally, almost 400 from Victoria (for more details on the survey go to [www.mifa.org.au](http://www.mifa.org.au)). This campaign will be launched in the next reporting period.

## **RELATIONSHIPS**

This year we have improved organizational capacity to make a difference in the lives of people with mental illness by building our relationships with members, supporters, donors, volunteers and organizations that fund us.

We have concentrated on engaging our membership and the call to action campaign was one way of representing the concerns and views of our members. Feedback from members has also influenced the content of our quarterly magazine *MI Voice*. The annual Bruce Woodcock memorial lecture was attended by 397 people and the feedback was extremely positive. The pro bono support of ABC Radio National's Fran Kelly again this year contributed to its success. This lecture continues to be supported by Frank Woodcock and his family.

Volunteers are part of who we are and they work across the organization from the board as a director, to supporting people and their families through service delivery and raising funds through the op shops.

*An important element in building our capacity and sustainability for the future relies on our relationships with supporters and donors. This allows us to develop advocacy campaigns and to innovate.*

Through its annual awards the board recognizes people for their contributions to improving the lives of people affected by mental illness. Last year 409 people volunteered their time which enables us to achieve goals that are unfunded by government. The relationship with Preston Rotary is an example of how an organization has been able to support us. It has provided volunteers, donations and has helped us build community mental health literacy.

An important element in building our capacity and sustainability for the future relies on our relationships with supporters and donors. This allows us to develop advocacy campaigns and to innovate. This support comes from the 9371 people who sold raffle tickets this year, provided pro bono services and advice and directly raised money on our behalf. Middleton's has taken a lead role in providing pro bono legal services and their assistance has enabled us to receive pro bono Queens Council support. The AMP Foundation alongside the Fairfield Traders Association has been instrumental in enabling the Open Mind Fiesta to spearhead community education.

SEW-Eurodrive, an international company that makes engine parts, has committed to improving the lives of people with mental illness and over the course of our nine-year relationship has raised over \$1m. Fox FM's The Matt and Jo Show, featuring Matt Tilley and Jo Stanley, raised \$42,000 in September 2006 through listener pledges and hundreds of other people and organizations helped us make a difference in people's lives. Our heartfelt thanks goes to all who have helped us and I encourage you to recognize these contributions by reviewing the section on relationships later in this report.

#### **INNOVATION**

Innovation has been a key strategy in building organizational capacity. This year Dr Patrick Corrigan, the director of Psychiatric Rehabilitation at the University of Chicago, led the development of the community action plan which will influence future organizational strategy. Elements of the plan are based on Dr Corrigan's research in dealing with stigma associated with mental illness.

In collaboration with La Trobe University a research program has been developed. This is discussed in the 'Relationships' section of the report. **SEE PAGE 25** →

The development of the Well Ways family education program has had enormous impact for the families of people with mental illness across Australia. Through our relationships with organizations that fund us and Area Mental Health Service partners we have been able to develop new approaches to family education and support, employment and residential service delivery.

The board is awaiting a consultants report on the outcome of their self evaluation of performance. The outcome will be communicated to members in due course.

In concluding I would like to thank my fellow directors and our partners both big and small for helping us achieve our goals. I would also like to thank our committed and loyal staff and our management team for their important and valuable contributions in striving to make a difference in the lives of people with a mental illness their family and friends.



Rob Knowles

# 2006.07 chief executive's report



*The belief that people with mental illness and their families have the right and potential to live untouched by stigma and discrimination guides the strategic plan.*

Next year we are 30 years old. As our current strategic plan ends in 2008 we have taken stock and are planning to start the next 30 years on firm ground. Although we cannot plan this far out we can review our current effectiveness and focus to build for the future using unmet need as a guide for that development.

The belief that people with mental illness and their families have the right and potential to live untouched by stigma and discrimination guides the strategic plan. In the current environment many people are denied effective support. This belief was turned into tangible outcomes and measured through the key result areas of capacity building, integrated service response and systems and evidence-based practice and innovation. The effectiveness of these strategies is introduced here and further reported in other sections of this publication – home, work, relationships, our people and financials. The issues of home, work and relationships are the three highest priorities of our members and supporters of people with a mental illness.

## CAPACITY BUILDING

- **The values-based performance planning and management system** is in its second year; its purpose is to build staff support and competence to provide best practice services. The first year showed some teething problems however application of continuous quality improvement principles has ensured that these were addressed and that there is a system in place for future refinement. [SEE MORE PAGE 28](#) →
- **Financial viability:** The sector viability campaign resulted in \$537,345 this year. A government infrastructure grant will make possible the full introduction of a wide area network which will enable better service delivery and communications. The planned foundation and capital appeal have been put on hold; reprioritization and alternative short-term funding strategies have been put in place. This will be reviewed in the next reporting period. In line with the strategic plan, an investment strategy is being developed to ensure that funds are managed with proper regard to risk and return. The

investments resulted in \$408,428 this year, fundraising in \$695,798 and donations income in \$527,769. These improved results are influenced by increased income from SEW-Eurodrive charity events and op-shop activities. [SEE MORE PAGE 25, 30-33](#) →

- **Focus on quality:** The specialist family education, counselling and helpline review has resulted in the redevelopment of quality processes including the utilisation of standard data collection tools to inform advocacy and service development.
- **Creation of a consumer project worker position** and recruitment to this position has increased our level of consumer participation and networking throughout the organization with more than 30 consumer focus groups being conducted this year. In addition, Mental Illness Fellowship Victoria has further built our carer capacity through the employment of facilitators for our peer education programs. [SEE MORE PAGE 25](#) →

## 10 YEAR GROWTH CHART



*We worked with 1495 people with mental illnesses across 35 metropolitan and rural settings through 22 outlets with the aim of supporting them to develop their skills to live personally and socially valued lives in their communities of choice.*

## INTEGRATED SERVICE RESPONSE AND SYSTEMS

- **We worked with 1495 people with mental illnesses** across 35 metropolitan and rural settings through 22 outlets with the aim of supporting them to develop their skills to live personally and socially valued lives in their communities of choice.
- **The Minister for Mental Health, Lisa Neville visiting the Ambergmere building site in Shepparton** announced the Government's redevelopment plan, which will fund the location of the prevention and recovery centre (PARC [sub acute]) and the community care unit (longer term rehabilitation) onto this site from the current rented premises. In partnership with Goulburn Valley Health the planning process for this move in December 2007 is well under way. [SEE MORE PAGE 16](#) →
- **Opening doors, a longer term rehabilitation and supported accommodation project** has been developed in partnership with Bayside Health and Inner South Community. A pivotal element of the project was the \$1.25m renovation of Rosedale, and while work has yet to be completed on the outside of the building, the service has commenced and accepted the first seven participants. [SEE MORE PAGE 16](#) →

- **A new prevention and recovery centre (PARC) has been developed** in collaboration with Bayside Health. A building has been acquired for this purpose but has required modifications. The local community has opposed this community program and negotiations with the neighbors have been prolonged and fraught. A solution has been found and the renovations and program planning are under way. The service opened in August 2007. [SEE MORE PAGE 16](#) →
- **Fundraising from the Matt and Jo Show on Fox FM** enabled a one-off educational program to be conducted in Frankston. [SEE MORE PAGE 22](#) →
- **The information technology (IT) strategy**, with the wide area network solution has been developed. This will deliver a stable IT platform from which the organization can build for the future.

## EVIDENCE-BASED PRACTICE AND INNOVATION

- Peer, family and consumer educational programs have been built through development and pilot stages. [SEE MORE PAGE 25](#) →
- Dr Patrick Corrigan, director of Psychiatric Rehabilitation at the University of Chicago worked with us during Schizophrenia Awareness Week this year to develop an evidence-based approach to tackling stigma. Under his guidance a framework for a community action plan has been developed and will underpin this organization's approach to stigma reduction over the next three years. [SEE MORE PAGE 25](#) →
- Our approaches to employment were reviewed and redeveloped during this reporting period. An evidence-based approach has been adopted, with these services being provided in collaboration with clinical services. This year the services provided through St Vincent's mental health have resulted in 16 people getting a job, new services starting up with ORYGEN Youth Health and Goulburn Valley Mental Health Worktrainers and three of these new services being planned for next year.

We have achieved much this year through the dedication of staff, members, volunteers and supporters. Thank you.



Elizabeth Crowther



# 2006.07 governance board of directors

**APPOINTMENT:**  
**20 SEPT 2000**

## **The Hon Robert Knowles – President**

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

**APPOINTMENT:**  
**20 SEPT 2000**

## **Mrs Diane Brown – Secretary**

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

**APPOINTMENT:**  
**24 OCT 2003**

## **Mr Graeme Pocknee - Vice president**

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

**APPOINTMENT:**  
**26 SEPT 2006**

## **Mr Neil Cole**

Neil is an associate professor in the Monash Medical School. Before joining Alfred Psychiatry Research Centre (APRC) in 2005 he worked for five years at the Mental Health Research Institute as the head of the depression awareness research project. Neil was a member of the Victorian State Parliament for over a decade and, in the 1990s, the Victorian Shadow Attorney-General. A former lawyer, he is also a playwright who has had seven plays produced in Victoria, New South Wales and Queensland.

**APPOINTMENT:**  
**21 OCT 2005**

## **Mrs Jenny King - Treasurer**

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

**APPOINTMENT:**  
**20 JAN 2003**

## **Ms Louise Milne-Roch**

Louise Milne-Roch is currently chief executive of the Nurses Board of Victoria. She has wide experience across health fields, from clinician to facility manager, and has a family experience of mental illness. She holds a Bachelor of Arts and Business, a Postgraduate Diploma in Evaluation and is a registered psychiatric nurse.

**APPOINTMENT:  
25 SEPT 2006**

**Mr Paul Montgomery**

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

**APPOINTMENT:  
26 JULY 2004**

**Professor Christos Pantelis**

Christos is currently the head of the Cognitive Neuropsychiatry Research and Academic Unit (CNRAU) in the Department of Psychiatry at the University of Melbourne. He was formerly clinical director of the Adult Mental Health Rehabilitation Unit and director of the inpatient rehabilitation program at Royal Park Hospital. Christos brings an international reputation in schizophrenia research, particularly in the neuropsychology of the disorder.

**APPOINTMENT:  
24 JAN 2005**

**Mrs Elaine Price**

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

**APPOINTMENT:  
22 OCT 2004**

**Mr Nathan Shafir**

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

**APPOINTMENT:  
19 JUNE 2000**

**Dr Alex Wood**

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

# board of directors sub-committees

## **APPOINTMENTS AND GOVERNANCE COMMITTEE**

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

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

Staff attending: Elizabeth Crowther, Bernie Trahair

## **EXECUTIVE OF THE BOARD**

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

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

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

## **DIRECTIONS COMMITTEE**

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

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

Staff attending: Elizabeth Crowther, Bernie Trahair

## **FINANCE AND RISK MANAGEMENT COMMITTEE**

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

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

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

# 2006.07 highlights

today  
highlights for the year



tomorrow  
what the future holds

1	Increased the provision of Certificates 1, 11 & 111 in General Education for Adults (CGEA) by commencing a program in Frankston with funds raised by Fox FM's The Matt and Jo Show <a href="#">SEE MORE PAGE 22</a> →	The challenge is to secure funding to continue to the provision of CGEA in Frankston beyond 2008
2	Continued development of the Prevention and Recovery Care (PARC) service in South Yarra in partnership with The Alfred hospital <a href="#">SEE MORE PAGE 9</a> →	Program participants will move into the facility in August 2007
3	Dr Patrick Corrigan's visit to Victoria in May 2007 provided the impetus for MI Fellowship's inaugural community action plan to combat stigma in the community. Dr Corrigan's visit included numerous speaking engagements and workshops which were attended by more than 800 people <a href="#">SEE MORE PAGE 25</a> →	Development of the community action plan to combat stigma, featuring ideas provided by the many people in Victoria introduced to Dr Corrigan's ideas during his visit
4	Final preparation and contract negotiation for implementation of the Wide Area Network (WAN)	Implementation of the Wide Area Network (WAN) planned for November 2007. This provides a platform for the introduction of client management software system to improve timely access to information planned for March 2008
5	Continued partnership with SEW-Eurodrive raised more than \$210,000 for MI Fellowship's unfunded services <a href="#">SEE MORE PAGE 26</a> →	MI Fellowship will strengthen our relationship with SEW-Eurodrive in the tenth year of our partnership with them
6	Phase one of the evaluation of the PARC program completed including analysis of participant admission characteristics such as whether people were coming from home or hospital, length of stay and accommodation on exit <a href="#">SEE MORE PAGE 17</a> →	Phase two will be conducted, including interviews with key stakeholders – carers, participants and partner agencies
7	Expansion of evidence-based employment initiatives to ORYGEN Youth Health and Goulburn Valley Area Mental Health/Worktrainers <a href="#">SEE MORE PAGE 20</a> →	Planned expansion to Alfred Psychiatry and Peninsula Health
8	Development and piloting of a consumer peer education program – MI Recovery Journey <a href="#">SEE MORE PAGE 25</a> →	Two additional pilots planned for 2007 and production of program materials
9	Planning of redevelopment and the relocation of both PARC and CCU services in Shepparton from rental properties to the Ambermere site <a href="#">SEE MORE PAGE 16</a> →	The construction is due for completion in December 2007
10	Development and piloting of a brief family peer education program – Well Ways Snapshot <a href="#">SEE MORE PAGE 25</a> →	Two additional pilots planned for 2007 including rural and interstate locations and production of program materials

# home



*"I am part of the community. I have choices, I make my own decisions. I am finally living as a normal adult. I am someone with a valuable life, living in the real world."* Dean



# our results home

**“The lack of appropriate housing and support options often creates a cycle of homelessness and inappropriate care for people with a mental illness.”**

Catherine, MI Fellowship member, as reported in our 2006 state election call to action.

**People need a range of skills, personal and social supports to maintain their capacity to live in the community. A house is not enough. The group of people who develop psychiatric disabilities need structured support to develop their independence, self-managing and organizational skills to maintain their home. Without these specialized interventions homelessness and marginal housing are a reality, as is loss of custody of children. At times of acute episodes there is significant risk of losing housing tenure or fracturing lifelong relationships integral in sustaining living arrangements.**

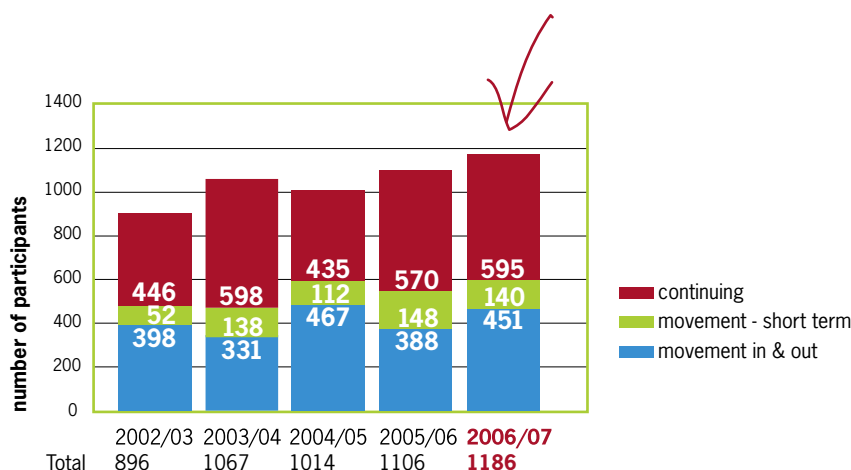
The level of a person's disabilities will be determined by a range of factors and therefore their special needs require a range of individualized support to attain their goals. This support is delivered through six service types in this organization.

This year we partnered with 1186 participants through these six service types; home-based outreach support, residential rehabilitation, prevention and recovery care (PARC), day programs, community care units and respite through 27 outlets in metropolitan, regional and rural settings. Some participants will have accessed programs more than once. These services are funded through the Department of Human Services (DHS).

Figure 4 **SEE BELOW** → shows the number of people who have participated in programs over the past year, showing that 11% of people had brief interventions. The average length of service for this group is between three and four months with respite and PARC services accounting for half of the services delivered as shortterm interventions. In the main, services are focused on working with people who have developed psychiatric disabilities as a consequence of their mental illness and therefore require a concentrated period of time to develop skill and confidence

to maintain independence. In 2006-07, 62% had relationships with services for periods greater than one year with the average association being 4.4 years.

The data for 2003-2004 highlights a different trend. In implementing best practice it was identified that data collection methods and staff practices in routinely reviewing and managing participant discharge required revision. New systems and support were introduced in 2004-05, where recording and exit policies were put in place.



**Figure 4 – Participant movement through six service types**

**Figure 4 – Participant movement through six service types** shows the number of people using these service types over the past five years. Participant activity is displayed according to their movement status through these programs ie. people who have either started or finished during the year, those who have started and finished within the same year and those who have continued from one year through to the next.

The age range of participants in these programs is demonstrated in figure 5. **SEE OPPOSITE** → Both the mean and median age was 41 years.

“Andrew **relearnt** living skills, **regained** control of his finances, **reconnected** with his family, has been successfully discharged from clinical case management to his local GP. He has gained full-time casual employment and has recently bought a car with his earnings.”

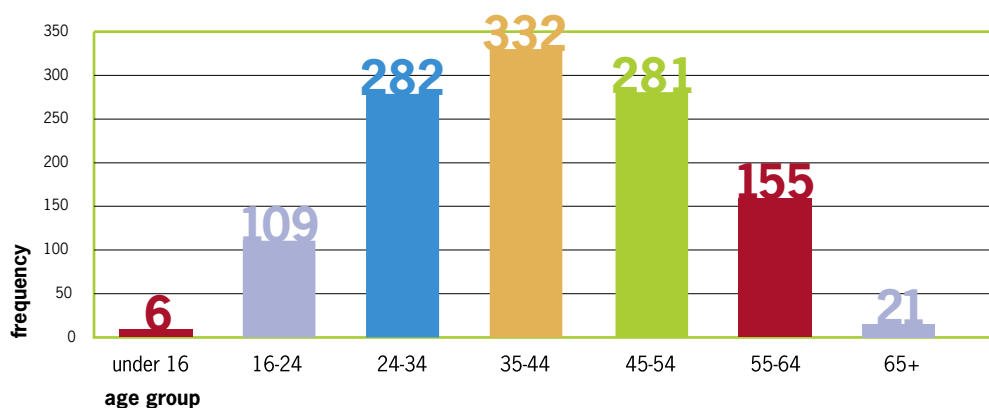


Figure 5 – Participant age distribution

We delivered 116,000 hours of home-based outreach, respite and day services across the state, which exceeds the set target hours.

#### SERVICE TYPES:

- **Home-based support** staff work in a one on one relationship with participants to help them gain personal management skills to maintain a home and live in the community. One recipient of this service said:

**“It was about raising my confidence, hope and self esteem to reconnect and take the next steps to make relationships with my community of choice, from my home base, where I felt safe.”** Melissa

**399 people** were supported through this service in the peninsula in Melbourne, regional Barwon and the north west corridor of rural Hume.

- **Day services** structure opportunities for people to form relationships and through participation in activities, gain skill in communicating with others, take on leadership roles, and further develop their organizational skills at personal and intellectual levels. These centre-based services assist individuals develop strategies and skills to develop social networks and support them to link into vocational programs.

**“It’s nice to be around people who understand what I’m going through who don’t judge me. It gives me a routine and something to look forward to, something to get out of bed for.”** Rob

**562 people** participated in these programs across Victoria in Wonthaggi, Warragul, Werribee, Footscray, Frankston, Richmond, Seymour and Shepparton.

- **Respite** is designed to provide a space for the person with mental illness and their family to have a supported break from their daily lives, which gives them an opportunity to refresh, look at their future in a different way and develop friendship networks. These interventions are provided through planned residential, visiting and packaged services, and are tailored to individual and family need. The mother of a respite participant said of the service:

**“It took the pressure off me and my family to do everything. It was such a relief to know that my son was being looked after when we were pretty desperate for a rest.”** Patricia

**438 people** participated in these programs across metropolitan Melbourne and parts of regional and rural Victoria.

# continued home

- **Residential services:** We delivered 10,268 days of residential rehabilitation this year, with an 88% occupancy rate. These services have been developed to work with people who need specific intensive residential support to develop their skill to live independently. The Barwon youth program in Geelong, prevention and recovery care and the community care unit in Shepparton and opening doors in St Kilda, Armadale and Glen Iris all provide this support.

– **The Barwon youth program** caters for people between the ages of 16 and 24; it has both home based and residential components. The residential service helps this young group to manage drug and alcohol misuse and to build social and living skills through shared learning with others while accepting responsibility for themselves within a supportive environment. The program also fosters vocational and educational connectedness in the community. A participant has explained her use of this service:

**“When I moved in there my whole life changed for the better. I have support but I have gained some independence.”**

Sarah

**11 young people** participated in this program last year.

This project is a new and innovative service that links residential and in-home interventions within a multi organizational staff team to meet the needs of this very disadvantaged group.

– **Opening doors** in collaboration with DHS, Bayside Health and Inner South Community Health provides medium to long-term rehabilitation for adults who have enduring psychiatric disabilities across four program settings. This project is a new and innovative service that links residential and in-home interventions within a multi organizational staff team to meet the needs of this very disadvantaged group. The intensity of interventions range from 24-hour focused clinical and rehabilitation interventions over a period of months to long-term supported accommodation, which is scaled up or down according to individual need. The full implementation of this project has been dependent on the completion of renovations of Rossdale, in Alma Road, St. Kilda, which cost \$1.25m. Donations from the Fisher family and the Nemec family have made this possible. At the end of this year there are 46 people being supported in this program; the completion of the renovations provides an additional eight places. Four have moved into this residential component of the project and four people have been assessed and will join the program in the new year. The effectiveness of this project is explained by one of the residents:

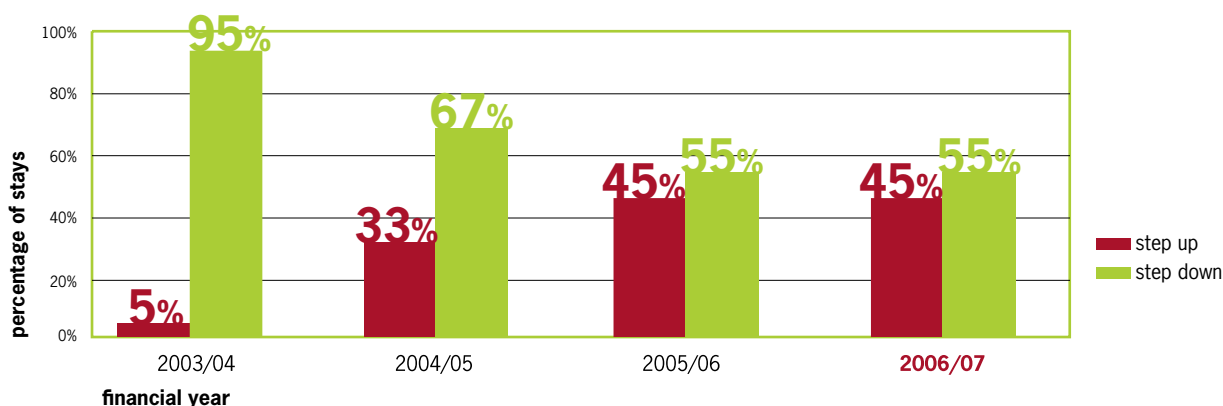
**“I am part of the community. I have choices, I make my own decisions. I am finally living as a normal adult. I am someone with a valuable life, living in the real world.”** Dean

– **Shepparton** residential services are delivered in partnership with Goulburn Valley Health and are currently located in rented premises. The Government has granted \$6.5m for the redevelopment of a hospital site called Ambermere in Shepparton. As part of this redevelopment a purpose built facility will accommodate both programs. A plan for the relocation of these programs and the new care models has been developed. This relocation is planned for December 2007.

– **Community care unit** accommodates eight people who experience significant and enduring psychiatric disabilities and who are unable to sustain independent living in the community. It enables people to learn or relearn living skills in a supportive and safe ‘live in’ environment. Participants build social and living skills through shared learning with others, while accepting responsibility for themselves within a supportive environment. The program also fosters vocational and educational connectedness in the community. A worker explains what the CCU did for one of the participants:

**“Andrew relearnt living skills, regained control of his finances, reconnected with his family, has been successfully discharged from clinical case management to his local GP. He has gained full-time casual employment and has recently bought a car with his earnings.”**

**19 people** attended this program last year.



**Figure 6 – Step-up and step-down percentages**

– **Prevention and recovery care (PARC)** delivers clinical and psychosocial rehabilitation services together to prevent relapse and support recovery for people who experience acute symptoms. This program has been the subject of an evaluation project this year. Phase one of this project analysed three years of data with a particular focus on participant and admission characteristics. Analysis of 2003-2007 data shows an increase in the number of stays over the four year period, a consistent average age (38 years) and over two thirds being diagnosed with schizophrenia or a mood disorder. The relative proportions of the step-up (participants entering the service directly from the community) and step-down (participants entering the service following acute hospitalization) participants have equalized over four years. **SEE FIGURE 6 ABOVE** → This suggests that PARC is now used as both an early intervention and early discharge strategy.

**109 people** have participated in this service in the last year.

• As part of this research the outcomes of interventions were closely evaluated. The paper based tool, Basis-32, is used across the organization as an outcome measure. 250 outcome results were selected to represent the effectiveness of the program over the last three years. This tool asks participants to reflect on how they are feeling about 32 standardised items measuring symptoms and disability at the beginning and at the end of their stay. Figure 7 below indicates how participants rated their levels of symptoms and coping strategies. There was a significant reduction in perceived levels of these difficulties at time of discharge compared to that experienced at admission. Difficulty in all five sub-areas improved over the course of people's stay: relation to self/others, depression/anxiety, daily living/role functioning, impulsive/addictive behavior and psychosis. Females expressed more difficulty than males on three of the five subscales including their relation to self and other, daily living and depression/anxiety.

**Figure 7** shows a reduction in difficulty experienced by participants in the PARC program from the beginning to the end of their stay. The score range was 0 – 4.



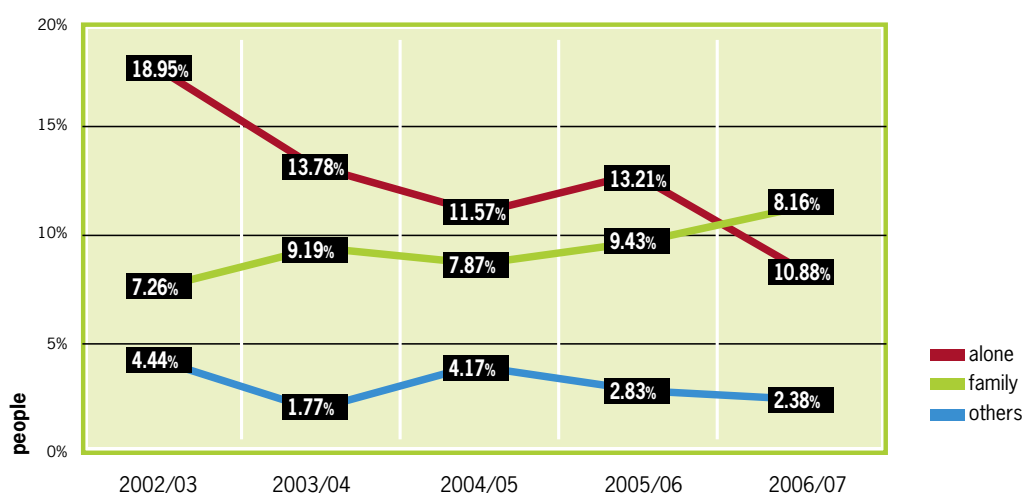
**Figure 7 – Perceived levels of difficulty**

# continued home

These programs focus on partnering with people to improve their capacity to live in a home of their choice. There is a worrying trend that can be seen in our five year data in figure 8 of people moving out of their own house back into the family home. A number of explanations are put forward for this trend; the overwhelming reasons being offered are housing costs and availability of support. We have committed to look at this data more closely in the coming year.

Finally the single entry process where we aim to ensure that a person can access the organization through one phone call has improved throughout the year. The core elements of this policy have now been put in place in each of the regional services. Further improvement to local practices will be completed in the next financial year for example, the development of training materials to support intake processes, and more effective I.T. support.

**Figure 8** shows the percentages for people with a mental illness accessing our services and living in public housing either alone, with family or with others. The percentage living alone/independently in public housing has greatly reduced over the past five years.



**Figure 8 – Living arrangements**

## FACTS AT A GLANCE

- We partnered with 1186 participants through six service types
- Participants had an association with our services for an average of 4.4 years
- The average age of participants in this area was 41 years
- 399 people were supported through home-based support
- 562 people participated in the day services program
- 438 people participated in the respite program
- We delivered 116,000 hours of home-based outreach, respite and day services across Victoria
- We delivered 10,268 days of residential rehabilitation this year
- 109 people participated in our prevention and recovery care service this year
- The percentage of people accessing our services who live alone or independently in public housing had reduced by over 10% in the past five years

# work



*"Knowing I have ongoing support gives me confidence."* Marnie



# our results work

**More than 75% of people with a severe psychiatric disability are not employed and yet most want to work. In addition, many people with a mental illness have experienced disrupted educational achievement, compromising their lifetime employment prospects. Mental Illness Fellowship Victoria remains committed to improving the employment and educational outcomes for people with a mental illness.**

More than 75% of people with a mental illness are not employed and yet most people with a mental illness want to work. In addition, many people with a mental illness have experienced disrupted educational achievement, compromising their lifetime employment prospects. Mental Illness Fellowship Victoria remains committed to improving the employment and educational outcomes for people with a mental illness.

## EMPLOYMENT SERVICES

**"Having the employment service located where I get treatment means I get the complete package in the same building. I'm enjoying my recovery. There's real commitment and understanding of my illness that I haven't found anywhere else."** Perry

Employment services have continued to expand and evolve in line with evidence-based practice. This has seen closer partnerships with clinical services and the relocation of our disability employment network services. As a result of additional funding from the Department of Human Services and strategic investment from Mental Illness Fellowship Victoria and our partners in 2007, employment services were restructured into research and organizational development and an employment manager was appointed.

## Principles of evidence-based employment

Employment services are integrated with clinical services
Goal is open employment
Eligibility is based on consumer choice
Job search is individualized
Rapid job placement
Benefits counselling
Ongoing support

- St Vincent's Mental Health, Hawthorn:** Mental Illness Fellowship Victoria integrated an employment specialist with St Vincent's Mental Health, Hawthorn Community Mental Health Centre in April 2006. Clinical case managers and the employment specialist have worked closely with 22 job seekers, resulting in over 55% employment rate. The clinical team views the program positively; they are able to assist job seeker engagement and support the job seeker through the employment process. Close collaboration with the clinical team also means clinical interventions are timed to enhance rather than interrupt work performance. The success of the program has meant that Mental Illness Fellowship Victoria has become the preferred employment service by clients attending the clinical service and there is now a waiting list. In the coming year, additional resources will be allocated to this program.
- MI Work, Shepparton:** This program is a partnership between Goulburn Valley Mental Health, Worktrainers Inc., a local employment service, and Mental Illness Fellowship Victoria. Each partner invested money to fund an employment specialist based at Goulburn Valley Mental Health services. This program started in January 2007. It has worked with 33 clients and secured employment for 13 of these job seekers.
- ORYGEN Youth Health, Parkville:** In March, 2007, a half-time employment specialist, funded through the Department of Human Services, started at ORYGEN Youth Health. In this program we work alongside an existing employment specialist funded through ORYGEN Research Centre. This arrangement has resulted in shared learning and fast uptake of our service in this location. Clients in this service have an average age younger than those in our other employment service locations and education is viewed as equally valuable as employment. Twelve clients have been engaged in the service; three have been placed in jobs and two in education.

More than 75% of people with a severe psychiatric disability are not employed and yet most want to work.

Employment services have continued to expand and evolve in line with evidence-based practice.



• **Bromham Place, Richmond:** The adoption of evidence-based practice and the resultant relocation of some employment services to clinical sites have had an impact on existing disability employment network services at Bromham Place. Evidence suggests that employment services are most effective when they are not located with day programs. This enables both staff and participants to remain focused on job seeking rather than being side tracked by other activities. This evidence, however, was weighed up with ensuring our day program participants had ready and easy access to employment services should they wish to become job seekers. The employment office has been relocated to Fairfield Place and our employment specialists provide an outreach service to Bromham Place including both group-based employment interventions and individual appointments.

#### **SOCIAL FIRM**

Social firms are businesses that employ a mix of people with a disability and people without a recognized disability. They are viable, community-based businesses that grow in relation to commercial success. Mental Illness Fellowship Victoria supported the development of The Flat Bottle Company as a social firm by providing recruitment services and ongoing support and training to employees. In the past year, The Flat Bottle Company has diversified and focused its efforts on the development of new products and services – including a range of jewellery, platters and cleaning services. Mental Illness Fellowship Victoria employment services have been instrumental in developing the cleaning services – miCleaning - taking an active role in sales and contract management.

Mental Illness Fellowship Victoria has recruited and provided support and training to 10 employees with a mental illness in the social firm.

#### **VOLUNTEERING**

Volunteering can provide a valuable opportunity to acquire work skills. Approximately 60% of regular volunteers at Mental Illness Fellowship Victoria do so as part of their employment plan. In August 2006, a mentoring program commenced at Fairfield where a volunteer is linked to a staff member to help them identify their learning needs and find positive and effective ways to support that learning.

One of the volunteers in the mentoring program said “This program has provided me with the opportunity to learn new skills in administration. I enjoy going to work knowing that MI Fellowship is a place where everyone is co-operative and approachable.” Ken

Valuable work skills acquired include retail, data entry, management and money handling.

“... I enjoy going to work knowing that MI Fellowship is a place where everyone is co-operative and approachable.” Ken

# continued work

**“This course is the best thing I have ever done.”** Alison

## EDUCATION

**“For the first time in my life I have finished something I have begun.”** David

**“Knowing I have ongoing support gives me confidence.”** Marnie

Educational achievement is a pathway to employment. Accessible programs that accommodate mental illness without compromising achievement are therefore critical in helping people with a mental illness to get a job. The Certificate in General Education for Adults targets people with a mental illness who have been unable to access mainstream educational programs, either due to stigma or inflexibility in teaching approaches. The course is underpinned by a collaborative relationship between the key support providers of individual students and Mental Illness Fellowship Victoria.

This program was offered in Fairfield to 15 students in 2006 and 17 students in 2007. This program was funded through Northern Metropolitan Regional Adult Council of Further Education under the Department of Education, Science and Training, with a substantial internal contribution by Mental Illness Fellowship Victoria.

The education program was expanded to Frankston in 2007. It was funded through money raised by the Matt and Jo Show on Fox FM. Thirteen students enrolled in the program in 2007 and are mid-way to completing their Certificate in General Education for Adults.

Teaching approaches
Curriculum spread over two semesters
Supportive learning environment, including peer support
Flexible deadlines
Lesson timed to start late morning
Flexible modes of teaching
Individual tutoring available, via volunteer tutors
Individual support and intervention available via counselling program including strategies for managing symptoms and social demands in the classroom.
Connection to employment program

Student Profile, Fairfield, 2007
Age range 21-65
Over 50% between the ages of 31-42
Travel from outer and inner metropolitan
Most have achieved year 10 or lower
94% unemployed
75% seeking employment
Over half students report a diagnosis of schizophrenia

## FACTS AT A GLANCE

- Employment services were delivered to 189 job seekers
- 67 new job seekers entered the service, 28 remain in the service
- Accredited educational courses were delivered to 45 students, over two sites – Frankston and Fairfield

- The average age of job seekers is 36
- 88 participants were engaged with the disability employment network on 30 June, 46 were being supported in employment
- Job seekers stayed in work for an average of 22 weeks
- 15 students graduated with a Certificate in General Education for Adults in 2006



# relationships

*Mental Illness Fellowship Victoria believes that quality relationships are critical to improving the lives of people affected by mental illness.*



# our results relationships

6708 calls were answered through helpline, with an average call length of 23 minutes.

**For us, relationships means many things. It's what people affected by mental illness seek in a personal context. It's what connects the class of students in our Certificate in General Education for Adults course. It's what we build between our staff and participants. It's what we continue to develop with organizations such as SEW-Eurodrive to raise funds. It's what unites a Well Ways facilitator and a group of participants. It's what brings experts such as Dr Patrick Corrigan to Australia to educate. It's what brings a helpline volunteer and a person seeking information together.**

Quality relationships produce excellent results in service delivery. The breadth of our relationships extends from individuals to large organizations in areas ranging from volunteering to fundraising.

## HELPLINE

Helpline provides advice, referral and support to people with a mental illness, their family and friends. A skilled group of volunteers, all of whom have been affected by mental illness, provide this service. This year, 6708 calls were answered through helpline, with an average call length of 23 minutes. Although most helpline services are delivered through telephone contact, more than 700 contacts were made via email.

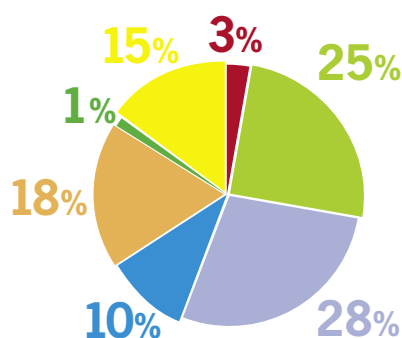


Figure 9 – Helpline caller locations

The helpline is accessed predominately by callers from metropolitan Melbourne, particularly the north and east areas. Fifteen percent of callers come from country Victoria and a much smaller percentage from interstate locations (see figure 9 below). Family members and carers of people with a mental illness were the largest group of people accessing the helpline services (45%), followed by people with a mental illness (38%), with students and professionals making up the smallest group (17%).

## COUNSELLING

Like helpline, counselling provides a direct service to people with a mental illness, their family and friends. Sixty people accessed counselling services over the year and 320 counselling appointments were provided. Approximately half the people accessing counselling services were offered one counselling session and then assisted to engage with the Well Ways family education program.

## PEER FAMILY EDUCATION

Mental Illness Fellowship Victoria uses peer family education as a key approach in helping families of people with a mental illness. Peer facilitators bring the lived experience of caring for somebody with a mental illness to the program and are trained to educate in a consistent and best-practice manner. Over 20 specialist family education peer workers were employed to deliver these services in regional locations.

Well Ways programs are run throughout our metropolitan and regional services. This year an additional four partnerships were set up with public mental health services – north west, mid west, outer east and inner west area mental health services. These partnerships enable easy access to programs by family members and positively influence family services at the clinical treatment level.

Double Trouble is a family peer education program specifically designed for carers of people with a diagnosis of both mental illness and substance use. Nineteen carers accessed the program this year.

More than 250 family members engaged in the peer family education programs this year. The main source of referrals was Mental Illness Fellowship Victoria services, such as helpline, counselling and the volunteer program. Other key referral sources were clinical services and carer support services, as outlined in figure 10 below.

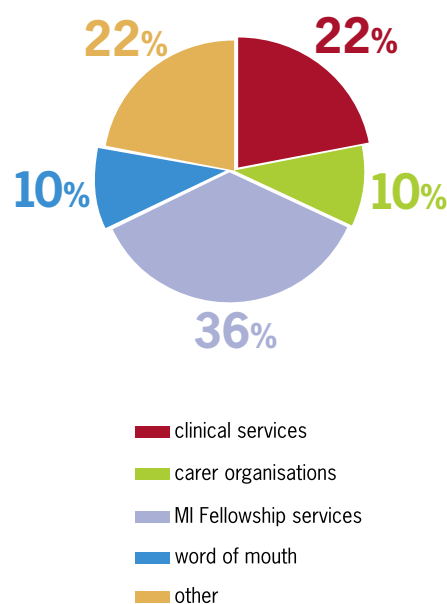


Figure 10 – Peer education referral sources

**“It gave me the opportunity to reflect on my illness and realize I can improve my lifestyle in order to lessen the impact of my illness.”** Hayley

In 2006-2007, Mental Illness Fellowship Victoria was contracted by MIFA to develop a short peer education program for families through Johnson & Johnson via Give2Asia. This program recognized that some family members are unable to commit to attending the longer Well Ways program perhaps because of travel distances in rural locations or other time demands. This program provides brief education and skill development in two half-day sessions. It was piloted for the first time in December 2006 in the Barwon region. Mental Illness Fellowship Victoria has been engaged by MIFA to continue to develop and run the program in two locations in late 2007 – one interstate rural and one metropolitan location.

#### PEER CONSUMER EDUCATION

In 2006-2007 Mental Illness Fellowship Victoria continued development of a consumer peer education program – MI Recovery Journey. This program was successfully piloted in 2007. 11 students participated in the pilot. Evaluation results are currently informing program developments with two additional pilots being planned in 2007.

One of the participants made this remark in their evaluation:

**“It gave me the opportunity to reflect on my illness and realize I can improve my lifestyle in order to lessen the impact of my illness. The biggest gain I've had from the program is the knowledge and the tools I can use, and the shift in my awareness that I need to take better care of myself.”** Hayley

#### COMMUNITY EDUCATION

People with a mental illness want a house.

People with a mental illness want a job.

People with a mental illness want a relationship.

People with a mental illness want no stigma.

On 15 October 2006 more than 30,000 people attended the Open Mind Fiesta and got this message on T-shirts, badges and postcards throughout the Station Street cafes, shops and street stalls. The Open Mind Fiesta is not only a community education event, it is an opportunity for all our partners to come together and work for social change. In 2006 more than 200 people volunteered for this event, including participants from programs and their families, entertainers, volunteers from Preston Rotary, ANZ, our staff and board, community members and, of course the Fairfield traders and their staff. Our sponsors, AMP Foundation, Commonwealth Bank, Bank of Queensland, Melbourne City Toyota and City of Darebin were generous in their financial support for this event. Our relationship with Fairfield Traders Association strengthens with each fiesta.

#### OPPORTUNITY SHOPS

The Northcote and Kew opportunity shops continue to improve their financial viability, with record profits again this year, demonstrated below in figure 11. More than 80 volunteers staff the shops and make a very tangible contribution to the growth of Mental Illness Fellowship Victoria.

#### SCHIZOPHRENIA AWARENESS WEEK

As part of Schizophrenia Awareness Week in May 2007, Mental Illness Fellowship Victoria invited Dr Patrick Corrigan from Chicago USA, to deliver the ninth annual Bruce Woodcock memorial lecture and facilitate forums, workshops and meetings. Dr Corrigan's expertise is in the area of stigma and mental illness. In his 10 days with us Dr Corrigan ran workshops with more than 850 participants, including people with a mental illness, family members, senior staff of the mental health branch of Department of Human Services, senior police, senior area mental health service staff, Fairfield traders and other community partners and the general public through three public lectures. Dr Corrigan's visit was the starting point in the development of a three-year community action plan to address stigma in our community.

The plan will target particular groups and will be fully evaluated. Our outcomes will contribute to the body of research showing what is effective in challenging stigmatizing attitudes and discrimination in the community. We will partner with La Trobe and Deakin universities on this project.



Figure 11 – Opportunity shops trading profit

# continued relationships

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Patricia and Ian  
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Hunter Leisure  
Hunters Passport  
Jamie Pattison  
JKA International  
John Anderson Pharmacy  
John Bolzon Jewellery  
John Mathieson Motors  
Kangan TAFE  
Ken Hancock - Sportsthergistic  
Group  
Leader Newspapers  
Letzsurf Business Solutions  
Lisa Galante - Glovebox 6  
Lisa Pearson  
Looking Good Northside  
Lovell's Newsagency  
Marilyn Carmen  
Mark Mayer - Mind Illusionist  
Masterfoods  
Melbourne 96.5 Inner FM  
Melbourne Fire Brigade  
Melbourne Toyota  
Michelle Wilson  
Mitch Dowd  
Mooroopna News Agency  
Mustafa's Kebabs  
Natural Solutions  
Neighbourhood Watch

Nestle  
NMIT  
Organic Gertude  
Original Fish & Chips  
Pantheon Cakes  
Photo Express  
Pink Karim  
Premium Wines  
Premix King  
Preston Rotary  
Qdos Landscape  
Rebel Sport  
Retravision  
Riverlinks  
Riviera Pizza  
Roadshow Entertainment  
Rotary West Footscray  
Rotary Yarraville.  
Ruffles Salon Boutique  
Schubert's Nursery  
Sofra Solicitors Pty Ltd  
Soul Purpose  
Sportsmans Warehouse  
St Andrews Church  
& Kindergarten  
Stathmos 109  
Station Lounge Cafe Bar  
Station Street Foodstore  
Station Street Health  
Suburban Towing  
Sunbury Bi Lo  
Tahbilk Winery  
Tasty Souvlaki  
Temptation Bakeries  
Terminus Hotel  
The Carrington  
The Cheesecake Shop  
The Cosmetic & Fragrance  
Collection  
The Hotel Australia  
Best Western Wyndhamere  
Motel & Sebastian's  
Restaurant  
The MC Hammers  
The Peppermill Inn  
Thomas Quixley (Fairfield)  
Pty Ltd  
Thompson Motors Group  
Trapezi  
Twin Cities Ten Pin Bowl  
Universal Music Australia  
Victoria Police Band - Code 1  
Victoria Racing Club  
Viet Palace  
Wallan Home Hardware  
Timber & Garden  
Wendy's.  
West Gate Carers Group

## SUPPORTING FRIENDS

E. & W. Dimmick  
Lyn Elford  
Fran Kelly  
Raymond Mah  
Esther Makris  
Mark Mayer  
Lois Park  
Amanda Roach  
Jo Stanley  
Matt Tilley

## DONATIONS RECEIVED IN MEMORY OF

Coralie Baker  
Narelle Hill  
Grant Phillips  
Steve Rastas

# people



*Employees and volunteers put Mental Illness Fellowship values into action every time they enter the workplace.*



# our results people

241 employees at 30 June 2007  
– 82 full time, 54 part time and 105 casual.

It is through the innovation and creativity of our people that MI Fellowship is able to improve and grow. At 30 June 2007 we had 241 employees and 409 volunteers as part of our diverse team across Victoria.

## LEADERSHIP

**MI Fellowship knows that excellent performance, innovation and evidence-based practice thrives in an environment where there is excellent leadership. Therefore it is important that we continue to support development opportunities for our current and future leaders.**

This year 12 of our managers attended leadership development activities with organizations such as Leadership Management Australia (LMA). This type of investment ensures our leaders are supported in their professional development and are challenged to continue.

To ensure that leadership continues to be a focus we have started a leadership development program to be implemented in 2007/08. This year, a review of organization structure took place. The new structure will be implemented next year.

SEE 'ORGANIZATION CHART' OPPOSITE →

## SUPPORTING PERFORMANCE, DEVELOPMENT AND REVIEW

The performance development and review (PDR) planning process has completed its second full cycle. The eligible staff participation rate in PDR supervision has increased from 56% to 71% in the past year.

Our PDR process is a unique way of combining strategic goals, professional supervision, organizational values expressed in behavioural terms, professional excellence and individual career development. The combination of the five elements allows for MI Fellowship to ensure the effective support of individuals and the achievement of service goals.

Further development of the PDR process will be undertaken in the next year.

## ORIENTATION AND INDUCTION

From a full review of our orientation and induction philosophy we identified the need for improvements including more relevant materials, better coordinated processes and a stronger link between orientation and the PDR process plan for new employees. Opportunities for improvement in the orientation of volunteers were also identified.

Most of these improvements have already been implemented and will assist us better communicate the essence of MI Fellowship to new employees and volunteers.

## OCCUPATIONAL HEALTH AND SAFETY

A strategic approach to occupational health and safety assists in creating a safe environment for all our stakeholders. Improvement in our reporting mechanisms has meant that the prevention and resolution of incidents is more effectively supported.

A total of 349 incidents were reported in 2006/07. We believe that this, along with more qualitative information, demonstrates that our people understand and use the safety reporting systems. Twelve of these reported incidents were serious requiring reporting to the Department of Human Services.

## SUSTAINABILITY

**MI Fellowship is committed to fostering principles of sustainability in our work. Our initiatives, ranging from environmental to community and social include:**

- Standard domestic recycling of paper, glass and plastic,
- Using computers donated to MI Fellowship by the Nurses Board of Victoria,
- The provision of internal and external training for staff in areas such as presentation skills and management,
- The provision of fact sheets and guest speakers and the staging of events such as Open Mind Fiesta to build community understanding of mental illness,
- Embracing diversity in staff and volunteer recruitment, including age, culture and gender.

## FACTS AT A GLANCE

- 241 employees at 30 June 2007  
– 82 full time, 54 part time and 105 casual
- 409 people volunteered their time over the course of the year
- 12 managers attended management training in the past year
- There was a 54% reduction in the number of serious incidents reportable to the Department of Human Services over the past three years
- All new full time and part time staff attended a comprehensive two-day orientation program as part of a 13-week induction program
- 50% of the senior management team are women



### → Elizabeth Crowther CHIEF EXECUTIVE

Elizabeth has a 40-year history working in the health sector in Victoria, most of which has been spent in the mental health field. Sixteen of these years have been in senior management roles in both the clinical and psychiatric disability sectors. She commenced as chief executive of Mental Illness Fellowship Victoria in 1995. Elizabeth is a Senior Fellow at the School of Nursing, University of Melbourne, holds a Bachelor of Applied Science, a Diploma of Nursing Education and a Graduate Diploma in Health Administration.

### → Eifion Breese GENERAL MANAGER, REHABILITATION SERVICES

Eifion Breese has worked in the mental health sector for more than 35 years, first as a psychiatric nurse and then within the psychiatric disability support services. He has worked for Mental Illness Fellowship Victoria since 1997. In this financial year, Eifion led and managed MI Fellowship's regional services. Eifion holds a Bachelor of Applied Science (Nursing Administration).

### → Laura Collister GENERAL MANAGER, RESEARCH AND DEVELOPMENT

Laura joined MI Fellowship in September 2005. She holds a Bachelor of Applied Science (Occupational Therapy) and a Masters in Applied Science (La Trobe University). In this financial year, Laura's role was to head the newly formed research and development team whose role is to provide evaluation of and research into MI Fellowship's services to ensure they reflect and lead both innovative and evidence-based practice.

### → Advan Hadzic GENERAL MANAGER, FINANCE AND HUMAN RESOURCES

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

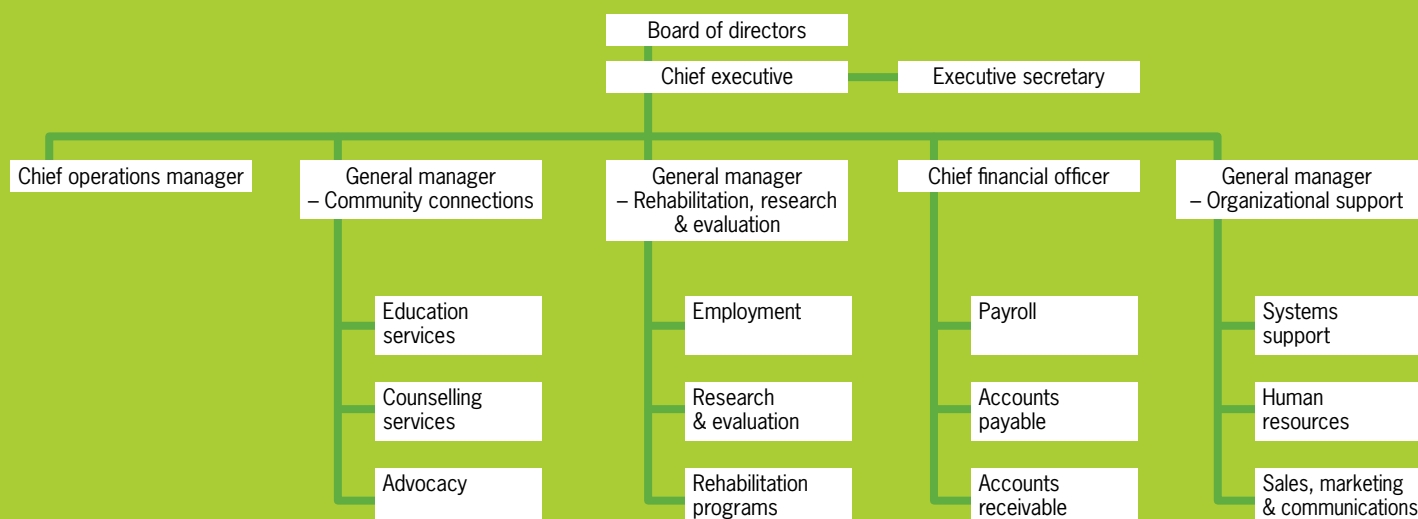
### → Gerard Reed GENERAL MANAGER, COMMUNITY CONNECTIONS

Gerard has 18 years' experience in the community sector. Before joining the Mental Illness Fellowship Victoria in 2002, Gerard worked in juvenile justice and in the homeless sector. He is currently the general manager, community connections, a team that includes our helpline, counselling, education and advocacy services. Gerard was an ordained Catholic priest in the Archdioceses of Melbourne. He has a Bachelor of Theology (Hons) from Melbourne College of Divinity and studied law at the University of Melbourne.

### → Bernie Trahair EXECUTIVE SECRETARY

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

## organization chart 2007 & beyond



# continued people

## VOLUNTEERS

Abrahms, M	Collins, K	Gould, M	Louca, S	Park, R	Smith, M
Ackroyd, S	Collins, M	Gozdzik, R	Luciani, J	Parker, S	Snell, T
Affleck, D	Collins, N	Green, K	Luxford, P	Paterson, J	Sourtzis, M
Affleck, M	Collins, P	Grigg, G	Lyons, V	Pechlivanidis, S	Spence, N
A'Hern, C	Collister, L	Gross, K	Mackay, R	Pegoraro, R	Starcel, M
Aliferis, M	Collyer, P	Groves, S	Macphail, M	Pereira, S	Stathopoulos, S
Alija, D	Constantine, N	Guerin, R	Maher, U	Perry, C	Stefanakis, T
Aloisio, L	Cope, J	Hadzic, A	Malpas, E	Perry, R	Stevenson, M
Arbuthnot, G	Cornelius, V	Hannan, R	Malseed, B	Pettitt, J	Still, N
Arena, A	Crampton, J	Hansen, D	Malseed, E	Peyton, P	Stone, J
Attard, J	Craven, R	Hart, K	Manno, M	Phillips, J	Suryanti, L
Bachour, S	Cropley, M	Harutyunyan, D	Marin, A	Phung, A	Thomas, M
Badcoe, A	Crowther, A	Hayes, J	Marler, M	Pieper, S	Thompson, E
Badunas, S	Crowther, J	Heffernan, A	Martin, J	Pinder, N	Topham, L
Bai, H	Cubitt, P	Hill, P	Mascarenhas, I	Pocknee, B	Trahair, E
Bailey, E	Danaher, I	Hills, T	Masterianni, A	Pocknee, G	Trahair, J
Bajaj, J	Dao Nguyen, X	Horvath, E	Maturana, A	Polson, A	Trahair, K
Baker, R	Darby, M	Hose, D	Maulana, A	Preece, N	Trahair, M
Ballard, A	Daunt, C	Hosken, M	Maulana, J	Price, L	Trahair, S
Bandaranayak, N	De Cler, D	House, K	Maynes, C	Price, E	Tregear, D
Barbounis, P	De Zilwa, T	Hudson, B	McAtee, D	Puls, J	Tsintiras, G
Barbounis, Y	Deam, M	Humphries, M	McCarroll, A	Puls, J	Tucker, O
Bassi, A	Deam, R	Hutchins, N	McCarthy, J	Puls, S	Tuckwell, J
Bassi, E	Del Medico, J	Hutchison, M	McCredie, F	Quartermaine, S	Tuke, E
Berberi, E	DeVries, J	Inglis, M	McDonald, K	Quirk, J	Turner, E
Bichara, E	DeVries, V	Ioannidis, L	McDonald, M	Rainsford, N	van Wamel, F
Bichara, T	Di Battista, R	Ireland, G	McDougall, B	Randell, D	Vergou, C
Billiet, D	Di Sipio, P	Isacacs, B	McDowell, M	Rasile, J	Voight, R
Bollingmoore, J	Dodson, C	Jeffries, R	McGee, N	Raven, L	Wadsworth, V
Bourekas, T	Donovan, P	Jenkins, N	McMullen, A	Rawley, M	Wales, Y
Bowler, J	Doueal, J	Jenkins, S	McQuillan, C	Read, L	Walkenhorst, E
Bowman, E	Doueal, L	Jennings, J	McTaggart, J	Reid, G	Wall, L
Bradley, L	Doueal, R	Jimi, N	Medley, L	Rennison, V	Walsh, M
Brandon, J	Down, J	Johnstone, L	Mifka, S	Richards, G	Waters, L
Brazzale, S	Dudziak, K	Jones, B	Mignot, H	Richards, R	Watson, M
Brown, D	Dunstan, P	Jones, J	Millar, D	Ridley, B	Webster, V
Bruty, K	Dyson, G	Jones, L	Milne-Roch, L	Rigoni, A	Weiner, M
Buchanan, J	E. Lord, E	Jones, P	Mogford, G	Riley, P	Westhorpe, K
Cai, K	Eastoe, D	Kallonas, A	Moller, B	Rinaldi, M	Westwood, D
Calderone, A	Edwards, B	Kambelos, M	Moloney, H	Riotto, V	White, T
Cameron, R	Edwards, C	Kazi, F	Montana, P	Roberts, G	Whitshed, I
Cardenti, K	Edwards, M	Keddie, S	Montgomery, P	Robertson, P	Wickramasuriya, D
Carling, D	Evans, J	Kelly, A	Moore, K	Roeschlein, H	Wilcox, J
Carling, I	Exton, E	Kendrick, P	Moran, T	Roffey, C	Wilcox, R
Carlton, D	F. Azadpeima, F	King, G	Mules, P	Rossi, C	Wilkinson, J
Carter, B	Fabbro, P	King, J	Mulholland, L	Roumpos, V	Williams, B
Caruso, A	Fitzgerald, S	Knowles, R	Mulholland, P	Royston, W	Williamson, S
Cash, T	Flores, M	Koteska, N	Murphy, O	Russell, A	Wills, J
Cater, T	Ford, F	Lai, D	Musgrove, I	Russo, S	Wilson, N
Cattanach, N	Foster, L	Lai, F	Mutton, K	Ryan, C	Wilson, T
Chan, M	Gale, L	Lai, J	Myers, J	Ryan, P	Wilton, R
Chandramouli, A	Gallagher, M	Lamb, N	Nancarrow, C	Sanders, I	Wimalaratna, N
Chappell, R	Gallagher-Lyon, J	Lamers, B	Naylor, J	Sawczuk, H	Windmiller, R
Chen, J	Gamble, C	Lamont, M	Nguyen, J	Scaccia, M	Winston, J
Chua, S	Gamble, J	Lang, H	Nicholas, E	Scholes, L	Wood, A
Cid, R	Garrison, J	Lang, S	Nickson, T	Scott, E	Wood, J
Ciesielski, S	Garvie, C	Lau, M	Nunan, C	Sedman, R	Woods, C
Clarke, B	Garzon-Rodriguez, Y	Lavrin, A	O'Connell, T	Sefton, K	Woods, M
Clayton, L	Gates, J	Lazzaro, A	Oddo, A	Shafir, N	Yao, Y
Clifford, R	Gatto, N	Le Couteur, P	O'Donnell, M	Shan Chan, L	Yee Lau, S
Clough, G	Gayleard, V	Leftley, T	O'Keefe, D	Sharples, S	Zachariah, B
Coffey, F	George, M	Lethlean, R	O'Keefe, M	Sheen, A	Zeng, Y
Cole, N	George, S	Lewis, V	O'Neill, M	Shipley, J	Zoumbouridis, T
Coleiro, A	Geppaart, A	Lewis, W	Oznek, Y	Sierakowski, E	Zugna, T
Collet, K	Gerrard, H	Liapis, I	Panchal, H	Simon, P	
Collins, D	Gill, D	Lo Nigro, J	Panetta, R	Singh, A	
Collins, E	Gill, J	Lococo, J	Pantelis, C	Singh, G	
Collins, J	Goette, S	Lopez, J	Papageorgiou, C	Sitters, M	
Collins, J	Goodman, K	Lopez, O	Parente, L	Smith, F	

## VOLUNTEERS

This year Mental Illness Fellowship Victoria was supported by the contribution of 409 volunteers across Victoria. Our volunteers participate in a range of ways, from regular administrative support, to being a family education facilitator to being a board member to being a one-off volunteer at an event. We value the contribution of every one of them and acknowledge them here:

# financials



# 2006.07 financials the year in review

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 30 JUNE 2007

**MI Fellowship** is committed to providing the highest standard of governance and financial reporting to our members, fund providers and stakeholders. A key element of our strategic plan was a review of all aspects of financial and risk management to ensure these high standards are achieved and maintained. Consistent with this objective, budgets are developed on an annual basis and take into account not only our short-term requirements but consider the need to invest in our future. Also, this year we have completed a major review of our financial control processes and have introduced an ongoing internal control program to provide assurance that the assets of MI Fellowship are protected.

**The result for the year was a profit of \$80,520** (before building depreciation) which compares to a planned deficit of \$352,000. This favourable outcome was a consequence of the positive impact of the sector pricing review, the record donation raised from SEW Eurodrive charity events, a better than expected return on investments, as well as delays in staff recruitment. The surplus is however \$400,821 less than last year as a direct consequence of funding future projects as well as strengthening the infrastructure of the organization to provide better service to those affected by mental illness, their families and friends. The sector review also increased funding of rehabilitation services which has allowed programs to contribute directly towards quality improvements.

**Over this year revenue including capital funding has increased by 4.2% to \$10.9 million**, with the main growth occurring in the area of contract services. Our financial aim is to continue to increase independent funding to enable innovation to meet service gaps. This remains a challenge, with 78% of total revenue provided by various government grants.

Operating expenses also increased over the prior year to meet new service developments. Salaries remain our largest expense at 68% of total expenditure, consistent with last year, as program costs increased reflecting the growth in contract services.

Our key IT infrastructure project has reached its final pre implementation phase. Next year's implementation phase investment will be funded from future projects reserves. This IT development will revolutionize communications within rehabilitation and support services making it easier to deliver effective, accessible and prompt service.

Prudent financial management includes diversifying our investments within an acceptable risk environment to ensure they provide an ongoing source of funding to support our projects. This year, MI Fellowship has engaged independent professional advice to further develop this investment strategy with the aim of growing our income from investments in 2007/2008 and future years.

**Membership funds this year total \$9.682 million, up from \$9.285 million last year.**

We continue to remain in a very sound financial position and hold sufficient cash reserves to meet our financial liabilities.

**This financial result has been a product of the work of many people in the organization.** In particular I would like to thank Advan Hadzic and his team for the outstanding job they do in managing all aspects of our financial reporting. Also I would like to thank MI Fellowship member and volunteer Les Price for his generous leadership and support in developing and implementing the internal control program.

Jenny King, Treasurer

# directors' report

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 30 JUNE 2007

The directors have pleasure in submitting their report for the year ended 30 June 2007 made in accordance with a resolution of the directors.

## DIRECTORS

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

Mrs Diane Brown  
Mr Neil Cole  
Ms Jenny King  
The Hon Rob Knowles  
Ms Louise Milne-Roch  
Mr Paul Montgomery  
Prof Chris Pantelis  
Mr Graeme Pocknee  
Ms Elaine Price  
Mr Nathan Shafir  
Dr Alex Wood

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 2007, 6 meetings of the company's directors were held in respect of which, each director of the company attended the following number:

Name and particulars of directors	Date appointed	Number of meetings conducted whilst a director	Number of meetings attended
Diane Brown	20/09/2000	6	5
Mr Neil Cole	26/09/2006	5	1
Ms Jenny King	21/10/2005	6	4
The Hon Rob Knowles (President)	20/09/2000	6	3
Ms Louise Milne-Roch	20/01/2003	6	5
Mr Paul Montgomery	25/09/2006	5	4
Prof Chris Pantelis	26/07/2004	6	2
Mr Graeme Pocknee	24/10/2003	6	6
Ms Elaine Price	24/01/2005	6	6
Mr Peter Robertson (Resigned 20/10/2006)	22/10/2004	2	0
Mr Nathan Shafir	22/10/2004	6	5
Dr Alex Wood	19/06/2000	6	6

## PROFIT

The net profit of the company for the year after capital items was \$273,913 (2006 \$1,312,358). The profit from ordinary activities before capital items was \$80,520 (2006 \$481,341).

## REVIEW OF OPERATIONS

It is the opinion of the directors that the results of the company's operations during the year were not substantially affected by any item, transaction or event of a material and unusual nature, except that the directors resolved to provide for the potential non repayment of a loan to the Social Firm Management Group of \$224,400.

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

## STATE OF AFFAIRS

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

## LIKELY DEVELOPMENTS

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

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

## DIRECTORS' BENEFITS

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

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

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

# 2006.07 financials directors' report continued

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 30 JUNE 2007

## 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 this page.

On behalf of the board



THE HON ROB KNOWLES - DIRECTOR



GRAEME POCKNEE - DIRECTOR

Signed at Fairfield on the 3rd day of September 2007.

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# 2006.07 financials auditor's independence declaration

## 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, 2007, I declare that, to the best of my knowledge and belief, there have been:

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



DAVID J. OSBORNE, FCPA

Certified Practising Accountant  
Registered Company Auditor No 10244

Dated this 29th day of August 2007.

# directors' declaration

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 **30 JUNE 2007**

## DIRECTORS' DECLARATION

The directors of the company declare that:

1. the financial statements and notes, as set out on pages 36 to 45:
  - a) comply with Accounting Standards and the Corporations Law; and
  - b) give a true and fair view of the financial position as at 30 June 2007 and performance for the year ended on that date of the company;
2. in the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the board of directors.



THE HON ROB KNOWLES - DIRECTOR



GRAEME POCKNEE - DIRECTOR

Signed at Fairfield on the 3rd day of September 2007.

# 2006.07 financials income statement

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 FOR THE YEAR ENDED 30 JUNE 2007




	NOTE	2007 \$	2006 \$
<b>REVENUE</b>			
<b>Contract Services Income</b>	2	8,200,320	7,308,107
<b>Fundraising</b>			
Charitable Contributions		527,969	657,080
Other Fundraising		695,798	673,027
<b>Other Income</b>			
Income From Investments		408,428	494,505
Profit on Sale of Assets		64,228	52,737
Profit on Sale of Investments		104,569	Nil
Membership Income		21,947	23,491
Other Revenue & Recoveries		483,777	244,180
<b>TOTAL REVENUE</b>		<b>10,507,036</b>	9,453,127
<b>EXPENSES</b>			
Salaries & Related Costs		7,087,947	6,177,130
Consultancies		100,757	43,254
Audit Fees		15,996	15,996
Bank Fees		54,326	37,262
Business Undertaking Costs		12,630	77,555
Depreciation		492,489	460,476
Occupancy Costs		384,307	350,555
Office Costs		387,661	363,312
Program Costs		349,144	192,382
Light & Power		97,371	96,174
Motor Vehicle Expenses		277,271	263,196
Property and Equipment Maintenance		344,304	291,581
Fundraising Expenses		434,333	426,986
Client Costs		136,314	154,303
Provision for Doubtful Debts		224,400	Nil
Volunteer Costs		5,533	3,524
Other Expenses		8,804	7,640
Loss on Sale of Fixed Assets		Nil	10,460
Loss on Sale of Investments		12,929	Nil
<b>TOTAL EXPENSES</b>		<b>10,426,516</b>	8,971,786
<b>PROFIT BEFORE CAPITAL ITEMS</b>	3	<b>80,520</b>	481,341
Capital Funding and Donations	4	364,141	978,494
Building Depreciation		(170,748)	(147,477)
<b>NET PROFIT</b>		<b>273,913</b>	1,312,358

The accompanying notes form an integral part of these financial statements

# balance sheet

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 AS AT 30 JUNE 2007



	NOTE	2007 \$	2006 \$
<b>CURRENT ASSETS</b>			
Cash at Bank, on Deposit and on Hand		4,297,884	4,139,813
Receivables	5	210,227	401,785
Prepayments		56,862	40,351
Other Assets		1,315	1,315
<b>TOTAL CURRENT ASSETS</b>		<b>4,566,288</b>	4,583,264
<b>NON CURRENT ASSETS</b>			
Investments available for sale	6	2,065,906	1,765,194
Building Works in Progress		Nil	451,066
Property, Plant & Equipment	7	7,988,418	6,367,848
Receivables	8	Nil	Nil
<b>TOTAL NON CURRENT ASSETS</b>		<b>10,054,324</b>	8,584,108
<b>TOTAL ASSETS</b>		<b>14,620,612</b>	13,167,372
<b>CURRENT LIABILITIES</b>			
Creditors & Accruals	9	787,575	459,268
Resident Bonds		300	300
Provisions	10	417,481	383,372
Funds Held for Future Periods	11	1,585,000	2,860,393
<b>TOTAL CURRENT LIABILITIES</b>		<b>2,790,356</b>	3,703,333
<b>NON CURRENT LIABILITIES</b>			
Funds Held for Future Periods	11	1,952,695	Nil
Provisions	10	195,200	178,491
<b>TOTAL NON CURRENT LIABILITIES</b>		<b>2,147,895</b>	178,491
<b>TOTAL LIABILITIES</b>		<b>4,938,251</b>	3,881,824
<b>NET ASSETS</b>		<b>9,682,361</b>	9,285,548
<b>MEMBERS FUNDS</b>			
Reserves	12	8,576,038	8,164,078
Retained Surplus		1,106,323	1,121,470
<b>TOTAL MEMBERS FUNDS</b>		<b>9,682,361</b>	9,285,548

The accompanying notes form an integral part of these financial statements

# 2006.07 financials statement in changes in equity

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 FOR THE YEAR ENDED 30 JUNE 2007




	NOTE	2007 \$	2006 \$
<b>Retained Surplus</b>			
Opening Balance		1,121,470	622,660
ADD Net Profit For Year		273,913	1,312,358
		1,395,383	1,935,018
LESS Transfer to New Projects Reserve	3	(80,520)	(481,341)
Transfer to Property Maintenance Reserve		(24,468)	(18,660)
Transfer to Asset Replacement Reserve		(95,819)	(41,896)
Transfer to Asset Trust Reserve	14	(88,253)	(131,854)
Transfer to Capital Campaign Reserve		Nil	(139,797)
Net Amount of Transfers		(289,060)	(813,548)
<b>CLOSING BALANCE</b>		<b>1,106,323</b>	1,121,470
<b>Reserves</b>			
Opening balance		8,164,078	7,354,255
Increase/(Decrease) in Fair Value of Investments	13	122,900	(3,725)
ADD Net transfers (to)/from Retained Surplus		289,060	813,548
<b>CLOSING BALANCE</b>		<b>8,576,038</b>	8,164,078

The accompanying notes form an integral part of these financial statements

# statement of cash flows

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 AS AT 30 JUNE 2007



NOTE	2007 \$	2006 \$
<b>Cashflow from Operating Activities</b>		
Receipts - from Donors and Funding Agencies	11,925,069	10,447,216
Payments to Suppliers and Employees	(10,096,341)	(9,269,123)
Interest & Distributions Received	408,428	494,505
Net Cash Provided by Operating Activities	2,237,156	1,672,598
<b>Cashflow from Investing Activities</b>		
Proceeds from sale of property, plant & equipment	276,592	156,626
Proceeds realised from sale of investments	104,569	9,522
Purchase of investments	(177,809)	(100,468)
Loans advances made	(224,400)	Nil
Payment for property, plant & equipment	(2,058,037)	(1,175,725)
Net Cash used by Investing Activities	(2,079,085)	(1,110,045)
<b>Cash Flow from Financing Activities</b>		
Net Cash provided by Financing Activities	Nil	Nil
Net Increase (Decrease) in Cash Held	158,071	562,553
Cash at Beginning of Year	4,139,813	3,577,260
<b>CASH AT END OF YEAR</b>	<b>4,297,884</b>	4,139,813
<b>a) Reconciliation of Cash</b>		
Cash at Bank, on Deposit and on Hand	4,297,884	4,139,813
<b>b) Reconciliation of Cash Flow from Operations with Operating Profit after Income Tax</b>		
Net Profit	273,913	1,312,358
<i>Non cash flows in operating profit:</i>		
Depreciation	663,237	607,953
Provision for Doubtful Debts	224,400	Nil
Profit on Sale of Property, Plant & Equipment	(64,228)	(52,737)
Profit on Sale of Investments	(104,569)	Nil
Loss on Sale of Property, Plant & Equipment	12,929	10,460
<i>Changes in assets and liabilities:</i>		
(Increase)/Decrease in Receivables	191,558	10,654
(Increase)/Decrease in Prepayments and Other Assets	(16,511)	2,408
Increase/(Decrease) in Creditors & Accruals	328,307	(113,686)
Increase/(Decrease) in Employee Provisions	50,818	125,073
Increase/(Decrease) in Funds for Future Use	677,302	(229,885)
<b>Cashflows from Operations</b>	<b>2,237,156</b>	1,672,598

The accompanying notes form an integral part of these financial statements

# 2006.07 financials

## notes to and forming part of the financial statements

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 30 JUNE 2007

### 1. STATEMENT OF ACCOUNTING POLICIES

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

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

#### Basis of Preparation

##### Reporting Basis and Conventions

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

#### Accounting Policies

##### (a) Property, Plant and Equipment

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

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

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

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

##### (b) Funds Held For Future Periods

Mental Illness Fellowship Victoria receives funding from various agencies to run its programs. Where grants are required to be spent on specific programs in order to meet agreed outcomes as contracted with the funding agency, the organization initially records the monies received as a liability. This is due to a present obligation existing at that time to spend the monies in accordance with the funding agreement or risk having to refund those funds. Income is subsequently recognised in the periods that the funds are actually spent. As disclosed in the balance sheet, unspent funds totalling \$3,537,695 are showing as a liability at 30 June 2007 (\$2,860,393 at 30 June 2006).

All other donations and untied grants are recorded as income when monies are received.

**(d) Employee Entitlements**

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

**(e) Taxation**

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

**(f) Investments – Available for sale**

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

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

**(g) Cash**

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

# 2006.07 financials

## notes to and forming part of the financial statements continued

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 30 JUNE 2007



NOTE \$	2007	2006
<b>2. CONTRACT SERVICES INCOME</b>		
Government Grants	7,340,570	6,807,956
Fees from other Agencies	668,979	400,100
Client Fees	190,771	100,051
	<b>8,200,320</b>	7,308,107

### 3. ALLOCATION OF FUNDS

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

### 4. CAPITAL FUNDING AND DONATIONS

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

<b>5. RECEIVABLES – CURRENT</b>		
Sundry Debtors	202,022	393,580
Grants Receivable	8,205	8,205
	<b>210,227</b>	401,785


<b>6. INVESTMENTS – AVAILABLE FOR SALE</b>		
<b>Investments in Managed Funds</b>	<b>2,065,906</b>	1,765,194

<b>7. PROPERTY, PLANT &amp; EQUIPMENT</b>		
Buildings and Land - at cost	7,576,947	6,092,110
Less Accumulated Depreciation	(1,275,020)	(1,104,272)
	<b>6,301,927</b>	4,987,838

Motor Vehicles - at cost	2,271,356	1,938,480
Less Accumulated Depreciation	(998,008)	(856,110)
	<b>1,273,348</b>	1,082,370

Office Furniture and Equipment - at cost	882,671	879,315
Less Accumulated Depreciation	(469,528)	(581,675)
	<b>413,143</b>	297,640

<b>TOTAL WRITTEN DOWN VALUE</b>	<b>7,988,418</b>	6,367,848
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	NOTE	2007 \$	2006 \$
<b>8. RECEIVABLES – NON CURRENT</b>			
Loan - Social Firm Management Group		224,400	Nil
Less Provision for Doubtful Debts		(224,400)	Nil
		<b>Nil</b>	Nil
<b>9. CREDITORS &amp; ACCRUALS</b>			
Trade Creditors		621,107	325,703
Accruals		166,468	133,565
		<b>787,575</b>	459,268
<b>10. PROVISIONS</b>			
<b>Current Liabilities</b>			
Provision for Annual Leave		393,043	361,602
Provision for Long Service Leave		24,438	21,770
		<b>417,481</b>	383,372
<b>Non Current Liability</b>			
Provision for Long Service Leave		<b>195,200</b>	178,491
<b>11. FUNDS HELD FOR FUTURE PERIODS</b>			
<b>Current</b>			
Expected to be utilised within 12 months		<b>1,585,000</b>	2,860,393
<b>Non Current</b>			
Expected to be utilised between 1-2 years		685,000	Nil
Expected to be utilised between 2-5 years		1,267,695	Nil
<b>Total Non Current</b>		<b>1,952,695</b>	Nil
<b>TOTAL</b>		<b>3,537,695</b>	2,860,393
<b>12. RESERVES</b>			
Unrealised Investment Fluctuations Reserve	13	251,581	128,678
Capital Campaign Reserve		536,295	536,295
Capital Reserve		300,000	300,000
New Projects Reserve		1,008,419	983,451
Property Maintenance Reserve		135,586	111,118
Asset Replacement Reserve		476,247	380,428
Asset Trust Reserve	14	5,812,361	5,724,108
		<b>8,520,489</b>	8,164,078

# 2006.07 financials

## notes to and forming part of the financial statements continued

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 30 JUNE 2007



NOTE	2007 \$	2006 \$
<b>13. UNREALISED INVESTMENT FLUCTUATIONS RESERVE</b>		
Opening Balance	128,678	132,403
Increase/(Decrease) in Fair Value of Investments	122,900	(3,725)
<b>CLOSING BALANCE</b>	<b>251,578</b>	128,678

### 14. ASSET TRUST RESERVE

In 1998/99 Mental Illness Fellowship Victoria established an Asset Trust Reserve. The purpose of the reserve is to separately account for capital funding received in the past to finance the purchase of assets used by the organization'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 Fellowship has no discretionary control regarding their utilisation.

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

Opening Balance	5,724,108	5,592,254
Add/(Less) Transfers (to)/from Retained Surplus	88,253	131,854
<b>CLOSING BALANCE</b>	<b>5,812,361</b>	5,724,108

### 15. CAPITAL COMMITMENTS

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

### 16. KEY MANAGEMENT PERSONNEL

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

Short Term Benefits	456,785	391,039
Other Long Term Benefits	Nil	Nil
Post Employment Benefits	45,448	40,844
Termination Benefits	12,282	Nil
Share Based Benefits	Nil	Nil
<b>TOTAL</b>	<b>514,515</b>	431,883
Number of Key Personnel (EFT)	5.42	4.78

## 17. FINANCIAL INSTRUMENTS

Recognised Financial Instrument	Accounting Policy	Terms and Conditions
<b>FINANCIAL ASSETS</b>		
Bank Deposit on Call and Bank Bills	Valued at face value.	On-call deposits returned floating interest rates between 2.5% and 5.75%. The average rate at balance date was 5.0%.
Managed Funds	Initially valued at cost, and then at market value.	Distributions vary in accordance with Fund performance and market conditions. The annual rate of return was 10%.
Receivables	No different from normal commercial practice	Debtors are unsecured, not subject to interest charge and normally settled within 30 days.
<b>FINANCIAL LIABILITIES</b>		
Creditors and Accruals	Liabilities are recognised for amounts to be paid in the future for goods received and services provided to the organization as at balance date whether or not invoices have been received.	General creditors are unsecured, not subject to interest charges and are normally settled within 30 days of invoice date.
Resident Bonds	Liabilities are recorded when bonds are received by resident members.	Funds are payable upon termination of accommodation which is an indiscernible time in the future and are not subject to an interest charge.

### FINANCIAL INSTRUMENTS - INTEREST RATE RISK

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

		Fixed Interest maturing in					
	Floating Interest Rate	1 Year or Less	Over 1 to 5 Years	Over 5 Years	Non Interest Bearing	Carrying Amount	Weighted Average Interest Rate %
(i) Financial Assets							
Cash on Call & Bank Bills	789,036	3,508,848				4,297,884	5.84%
Managed Funds					2,065,906	2,065,906	N/A
Receivables					210,227	210,227	N/A
(ii) Financial Liabilities							
Creditors					787,575	787,575	N/A
Resident Bonds					300	300	N/A

# 2006.07 financials independent audit report

to the members of mental illness fellowship victoria

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165 30 JUNE 2007

## REPORT ON THE FINANCIAL REPORT

I have audited the accompanying financial report of Mental Illness Fellowship Victoria which comprises the balance sheet as at 30 June 2007 and the income statement, statement of recognised income and expenditure and cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the directors' declaration.

### Directors' Responsibility for the Financial Report

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

### Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement. An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

### Independence

In conducting my audit, I have complied with the independence requirements of the Corporations Act 2001. I confirm that the independence declaration required by the Corporations Act 2001, provided to the directors of Mental Illness Fellowship Victoria on 29th August, 2007, would be in the same terms if provided to the directors as at the date of this auditor's report.

### Auditor's Opinion

In our opinion:

- a. the financial report of Mental Illness Fellowship Victoria is in accordance with the *Corporations Act 2001*, including:
  - i. giving a true and fair view of the company's financial position as at 30 June 2007 and of their performance for the year ended on that date; and
  - ii. complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Regulations 2001.

DAVID J. OSBORNE FCPA  
Registered Company Auditor No 10244  
C/- Shepard Webster & O'Neill Pty Ltd  
434 Nepean Highway, Frankston 3199  
Telephone 9781-2633  
Date: 4th September 2007

# 2006.07 our locations

- |                  |                 |
|------------------|-----------------|
| → Armadale       | → Richmond      |
| → Bairnsdale     | → Ringwood      |
| → Benalla        | → Seymour       |
| → Fairfield      | → Shepparton    |
| → Frankston      | → South Geelong |
| → Geelong West   | → St Kilda      |
| → Glen Iris      | → Wallan        |
| → Hawthorn       | → Wangaratta    |
| → Kingsville     | → Warragul      |
| → Mitcham        | → Werribee      |
| → Phillip Island | → Wonthaggi     |

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Naomi Constantine & Tyson Scanlon. Feet from Brooke McKay

page 13 Dominic Goss

page 19 Christine Sahasrara

page 22 Charo Garcia

**our people** page 27 Oscar Lopez, Jennifer Collins, Maryanne Ewing

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for people with mental illness, their families and friends.

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mental illness  
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5 in 5 can help