this direction

Social Inclusion

annual report 2008-2009
ABOUT US

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

We started in 1978 with families wanting better services and information. This vision remains our inspiration. Today, we are one of Australia’s leading psychiatric disability rehabilitation and support agencies working through its $14.8m budget to improve the lives of people with mental illnesses and their families.

This year, we worked with 2182 people with a mental illness and their carers and provided many more with volunteering opportunities. We provided 435 families access to education and information and provided 6661 people with support through our helpline.

Picture above: Alisun, Marg and Andie sort through piles of donated goods to sell at the Northcote Op Shop.

Credits: Design and Production Lisa Minichiello room44.com.au Photography James Braund Photography Illustration deangorissen.com
OUR VISION
Our vision is of a society in which mental illness is understood and accepted.
People with mental illness will be afforded the same regard as those with physical illness. Resources will be readily available and offer early interventions and state of the art treatment and support.
These interventions will be so effective that long-term negative consequences of mental illness will have disappeared for the person and their family.

OUR MISSION
- Social Inclusion

OUR VALUES
Honesty, Acceptance, Equity, Flexibility, Commitment and Participation are the cornerstones of our work.
We trust that people can be well and must not be defined by their diagnoses, and this belief informs our practice approaches and supports healthy coping strategies.
We expect that all our dealings with people will be open, truthful, genuine and committed, working towards engaging people with mental illnesses and their families within our organisation and their own communities.
Our staff and volunteers find creative solutions that overcome problems, reflecting non-judgemental approaches to diverse groups, striving to achieve our vision.

OUR ENABLING BEHAVIOURS
- valuing the lived experience
- partnering
- innovation, demonstration and leadership
- peer participation and support
- best practice
- advocacy and community development

OUR STRATEGIC PRIORITIES 2009-13
- Build integrated service response systems that deliver social inclusion
- Use evidence based practice and innovation that advances social inclusion
- Build organisational capacity that facilitates social inclusion
Renovated a residential building and commenced the Canberra Step Up Step Down program on 16 January 2009, on time and in budget.

Awarded the delivery of the Prevention and Recovery Care (PARC) program in Frankston in collaboration with Peninsula Health.

Won tenders from FaHSIA to deliver the Personal Helpers and Mentors programs in South Frankston/Westernport and North Frankston.

Expanded carer services by securing additional respite funding from FaHSIA.

Successful service re-accreditation by QICSA.

Open Mind Fiesta 2008 won Mainstreet Award.

Introduced new accounting, fundraising and donor management databases, improving efficiency, effectiveness and more systematic risk management.

Annual Report 2007-08 received a bronze award in the Australasian Reporting Awards.

Did not publish the Well Ways research results, or the Certificate in General Education for Adults research.

Did not progress Mental Illness Fellowship Victoria PARC evaluation.

Delayed roll out of intranet and Share Point portal.

Did not receive additional external funding for the Certificate in General Education for Adults. We continue to self-fund.

Unable to secure support for pilot of an electronic client-record management system.
...and we reached 40,000 Open Mind Fiesta participants, 44,260 website visitors, 8,800 MI Voice readers, 2,167 MI Voice Update readers and 1900 audience members through 60 occasions of community education.”
“Improving social inclusion of people with mental illnesses is our key driver.”

In this context, the Board reviewed the 2005-08 strategic plan and extensively consulted to develop a new plan for 2009-2013. In collaboration with Mental Illness Fellowship Australia (MIFA), we hosted a visit from social inclusion authority, Dr David Morris, Director of the Inclusion Institute in the United Kingdom, as the guest speaker at the Bruce Woodcock Memorial Lecture and Corporate Breakfast. Dr Morris’ presence at many events and advocacy forums highlighted the immediate importance of shifting Australian social inclusion agendas and more vigorously addressing stigma.

The Victorian Government’s Because mental health matters – Victorian mental health reform strategy 2009-19 was launched in March 2009. We had significant input into its development and we are pleased to see that many of the issues for which we advocated during the recent past are included. During her presentation at the ministerial launch of this policy, Elizabeth Crowther commended the strategy, however commented that the strategy’s effectiveness will be measured by the Government’s commitment to invest.

During the year, our advocacy continued on police mental health interfaces, housing and social inclusion through both printed and electronic media and our many submissions.

The Finance Audit and Risk Management (FARM) Committee reviewed our financial accounting and fundraising software. The Board approved the purchase of new software that is now operating.

Our property portfolio was reviewed in the context of service delivery and need. Services flagged that there is some incongruity between the current and future use of Mental Illness Fellowship Victoria owned properties. It is expected that in late 2009 and early 2010 services will have located to more suitable locations. A policy will be developed to manage these changes.

During the year, Ms Leslie Miles and Professor Christos Pantelis retired from the Board, their contributions are highly valued and I express the Board’s deep appreciation. I am also delighted to announce the mid term appointments of Mr Lei Ning and Dr Julian Freidin. Lei is the Deputy Director of the Victorian Mental Illness Awareness Council and a well-known consumer advocate. Julian is immediate past president of the Royal Australian and New Zealand College of Psychiatrists and holds a policy role within that organisation.

Partnerships are key to our achievements. SEW Eurodrive marked its eleventh year in supporting our social inclusion programs while Middletons Lawyers continue its pro bono support, ensuring effective risk management. We are deeply appreciative of our many supporters. Special thanks to Frank and Patricia Woodcock for playing an active role in our social inclusion agenda.

We have delivered our goals on budget. I want to thank my fellow Directors and our committed loyal staff, volunteers and management team for striving to make a difference in the lives of people with mental illnesses and their families.

President’s Report

President

THE HON. ROB KNOWLES AO

The barriers to accessing treatment, community networks and vocational supports are embedded in many of our systems, often invisible and generally institutionalised. Stigmatised attitudes are often also held by the person affected by mental illness creating further barriers to social inclusion.
Social inclusion strategies prevent poor health outcomes.

Our strategic plan drives our focus. Building integrated service responses and systems that deliver social inclusion, creating evidence based practice and innovation that advances social inclusion, and building organisational capacity that facilitates social inclusion are key strategies.

In building integrated service responses and systems, we opened the Step Up Step Down service in Canberra, extended respite services to carers, successfully tendered for the Personal Helpers and Mentors programs in North Frankston and South Frankston/Westernport and were awarded the Prevention and Recovery Care (PARC) Centre in Frankston by Peninsula Health.

Advocacy focused on social inclusion, with our participation in a range of high profile events like the Open Mind Fiesta attracting more than 4,000 people and winning a Mainstreet Award. The ilkebyou photographic exhibition, a collaboration between secondary schools and a person with mental illness, was displayed during Mental Health and Schizophrenia Awareness Weeks. SEW Eurodrive’s corporate awareness and fundraising program took our social inclusion message to more than 250 western suburban businesses.

Improving service fragmentation is addressed through building partnerships with mental health services in both Victoria and the ACT. Services, meeting our strategic needs, are increasingly delivered through these collaborations.

Innovating and building evidence was achieved through developing pilot programs, evaluation and research in family education. This platform was further supported through our Well Ways programs, consumer participation and advocacy. The day program review is informing new models of care. Papers for peer reviewed publications are being prepared. Papers were presented at conferences including the World Psychiatric Association Conference in Florence in April 2009.

Capacity was built through staff development strategies. We reviewed and updated our information systems – financial, human resources, fundraising and the introduction of an intranet in August 2009.

Our financial viability ensures that we can build a more responsive socially inclusive community. This year saw the budget increase from $12.9 million in 2007-08 to $14.8 million in 2008-09. Salaries have increased 20 per cent over this year due to increases in service delivery and remain our largest expense at 68 per cent of total expenditure.

The operating outcome for this period was a deficit of $98,324. The capital investment account was negatively affected by the global financial crisis, which affected member funds. At the end of the reporting period, we are in a sound financial position.

Sustainability was a focus this year and included strategies to better manage resources by establishing an environmental sustainability sub-committee. Education for staff and participants on environmentally responsible practices was developed and commenced.

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

Chief Executive
Elizabeth Crowther

---

Social exclusion negatively affects all parts of a person’s life. Evidence demonstrates that social exclusion is built on stigma which diminishes participation in work, creates homelessness, tenuous housing, poor social relationships and a life expectancy of 50 – 59 years. Social exclusion results in late treatment and consequential poorer mental health outcomes for the person with mental illness and their families.

This report presents our achievements in creating social inclusion opportunities. We report on home, vocation, relationships and partnerships which helped attain these successes.

---

INCOME
I am pleased to report that last year was once again a year of growth, principally in the area of contract services. During the year the Department of Families, Community Services and Indigenous Affairs (FaHCSIA) increased our funding to provide the Personal Helpers and Mentors program in Peninsula North and Peninsula South Westernport, and to deliver respite services, previously allocated to Commonwealth Carer Respite Centres. We also commenced a new Step Up Step Down program in the ACT. In addition, we used funds held for future periods to fund the IT Project. These contracts and CPI increases in the Department of Human Services (DHS) funding increased revenue, including capital funding, by 14 per cent to $14.8 million.

EXPENSES
Operating expenses rose during the year reflecting our increased delivery of contracted services. Salaries are our largest expense, representing 68 per cent of our total expenditure, consistent with the previous year. Our growth also resulted in building improvement expenses to accommodate increased staff. We budgeted for a deficit during the year, funded from reserves, in order to fund the development and delivery of projects in education, employment, family support and community advocacy. Examples are development of a peer based brief education program for carers of people with a mental illness, Well Ways Snapshot, and a peer education recovery oriented program for people with a mental illness, Well Ways MI Recovery.

THE YEAR’S RESULT
The result for the year was a deficit of $98,324 before capital items and building depreciation which compares to a planned deficit of $200,093. The operating deficit was $8,881, however during the year we realised an unexpected loss on capital investments of $89,443. A number of factors contributed to the improved operating result including the outcome of the autumn raffle, improved Op Shop sales as well as delayed expenditure for some projects. Income from investments declined in line with lower interest and dividend rates, and the volatility in capital markets continues to impact on the value of the Capital Investment Fund, which is expected to improve over the next period. During the year our receivables balance decreased considerably due mainly to a payment of outstanding PARC funding from Alfred Health.

GROWTH AND FINANCIAL SUSTAINABILITY
This year the Board of Directors continued supporting the development of best practice, innovation and influence. It allocated and used targeted funds from reserves to support projects, some of which are funded across a 3-4 year period. There is an expectation that external funding will be sought to sustain some of these projects on an ongoing basis. For example, Employment in Peninsula, initially self funded, is now fully funded from external sources.

NEW DEVELOPMENTS
The IT project infrastructure phase is complete and we are now connected through the wide area network. The IT project collaboration and document management system is in a final implementation phase. During the year we implemented new financial software that will significantly increase financial reporting capability and provide a platform to support future organisational growth. It will provide more timely and comprehensive management information to assist with service delivery and resource allocation. As a result of a fundraising review, we implemented new fundraising software that will meet increased reporting requirements on fundraising activities and improve our communication and relationship management with members.

LOOKING AHEAD
One of our strategic objectives is to increase our organisation’s financial strength. We continue reviewing the suitability of our properties to meet our service and administrative accommodation needs. Strategies are being developed to maximise the value derived from properties that no longer fit purposes.

During the coming year we will also review our capital investment strategy ensuring that our long term investment portfolio meets the growth and returns required to support our strategic plans.

MEMBER FUNDS
Membership funds this year total $9,285,292, down from $9,756,716 last year. The change is principally due to a decrease in the value of the Capital Investment Fund. We continue to remain in a very sound financial position and hold sufficient cash reserves to meet our financial liabilities.

TREASURER
DARREL DRIEBERG
FINANCIAL SNAPSHOT

2008-2009

Income

- Contract Services: 86% ($12.8m)
- Charitable Contributions: 3% ($0.5m)
- Fundraising: 3% ($0.7m)
- Investments: 2% ($0.3m)
- Capital Funding: 1% ($0.2m)
- Other Income: 1% ($0.3m)

Expenses

- Salaries: 68% ($10.0m)
- Occupancy Costs: 25% ($0.4m)
- Fundraising: 3% ($0.4m)
- Operational Costs: 3% ($3.7m)
- Investments: 1% ($0.1m)

Members' Funds

<table>
<thead>
<tr>
<th>Year</th>
<th>AUD$000,000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>$0.05</td>
</tr>
<tr>
<td>2005</td>
<td>$0.06</td>
</tr>
<tr>
<td>2006</td>
<td>$0.07</td>
</tr>
<tr>
<td>2007</td>
<td>$0.08</td>
</tr>
<tr>
<td>2008</td>
<td>$0.09</td>
</tr>
</tbody>
</table>

“"The Board supported best practice developments, innovation and influence.""
AIMS

At the conclusion of this strategic plan the organisation will have grown by 100 per cent and will be able to address the needs of people with mental illnesses and their families. The organisation will have capacity to effectively manage and evaluate innovation and support the development of social inclusion pilots that it can use to advocate for systems reform. The focus of this plan will address systems and service fragmentation and drive both internal changes and external relationships.

OUR PROCESSES

The development of the strategic plan sits in the context of our organisational mission, articulated in our vision where we imagine a time when people with mental illnesses and their families will be fully included and supported in our community.

The Board reviewed and reported on the 2005-08 plan last year and carried forward unfinished business into this plan.

The Board decided to operate this plan over five years, as the priority areas were of such substance that a longer time frame was required to implement it. Wide consultation provided feedback on how well we currently operate and the assessment of gaps. Stakeholder consultations included members, service users and families, funders, staff, volunteers, donors and supporters. A pro bono consultant undertook this work and provided feedback to the Board.

The consultant conducted 63 interviews, the outcomes of which were reviewed during a Board planning day in 2008. Three strategic priorities emerged from this process to meet the future challenges to address social inclusion.

OUR FUTURE

The Board endorsed the framework of the plan in December 2008. The plan, inclusive of an operational plan, measurement and reporting will be reviewed by the Board at the November 2009 meeting. We will build our capacity to deliver best practice through our people management, financial and technological systems.

“"The focus of this plan will drive both internal changes and external relationships.”"
"...people with mental illnesses will be fully included and supported in our community..."
“Social exclusion operates in the space between communities of people with mental health problems and those without, or at least, not yet with...”

DR DAVID MORRIS, DIRECTOR OF THE INCLUSION INSTITUTE, UK
THE PEOPLE WE WORKED WITH

We worked with 1932 participants this period; 268 more than last year, in programs that build relationships and self-management skills, helping participants to better care for themselves and their home. This was a three per cent increase from the previous year and as previously, most people were between the ages of 35 and 44 with males comprising 54 per cent and females 46 per cent.

Age groups

- Less than 25 years
- 25-34
- 35-44
- 45-54
- 55-64
- 65+

This chart does not include direct carer services provided through FaHCSIA respite.

Home participants

<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
<th>Participant Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home based outreach (HBOS)</td>
<td>Not combined with other service type</td>
<td>340</td>
</tr>
<tr>
<td></td>
<td>Combination service: associated with Opening Doors, Barwon Youth programs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and ACT Step Up Step Down</td>
<td>47</td>
</tr>
<tr>
<td>Community care unit (CCU)</td>
<td>Shepparton</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>Opening Doors places reported via Alfred Psychiatry</td>
<td>5</td>
</tr>
<tr>
<td>Residential Rehabilitation</td>
<td>Opening Doors and Barwon Youth</td>
<td>33</td>
</tr>
<tr>
<td>Prevention and recovery care (PARC)</td>
<td>Shepparton, South Yarra, and Canberra</td>
<td>187</td>
</tr>
<tr>
<td>and Step Up Step Down (SUSD)</td>
<td>Opening Doors and Barwon Youth</td>
<td>33</td>
</tr>
<tr>
<td>Psychosocial rehabilitation day program</td>
<td>Centre based</td>
<td>571</td>
</tr>
<tr>
<td></td>
<td>Community based</td>
<td>47</td>
</tr>
<tr>
<td>Mental Health Pathways program (MHPP)</td>
<td>Homelessness initiative. Partnerships with rural housing and area mental</td>
<td>36</td>
</tr>
<tr>
<td></td>
<td>health</td>
<td></td>
</tr>
<tr>
<td>Respite</td>
<td>Planned and short notice options: DHS</td>
<td>320</td>
</tr>
<tr>
<td></td>
<td>Respite: (FaHCSIA)</td>
<td>332</td>
</tr>
<tr>
<td><strong>Total Program Participants</strong></td>
<td></td>
<td><strong>1932</strong></td>
</tr>
</tbody>
</table>

The length of time participants’ benefit from our programs varies according to service type. Day programs have the longest average stay at 3.1 years compared to PARC programs at 25 days. Residential rehabilitation duration has increased from 1.69 years in 2007-08 to 2.6 years in 2008-09. This is because Opening Doors started operating during the last reporting period. Participants in this program stay up to five years and so, as expected, the average length of stay increased. This increase is anticipated in the next reporting period as well.

“A home is at the heart of social inclusion”

A safe home makes us feel secure and provides us with a platform for making meaningful connections within our community. Without a house, we struggle, remaining on the outskirts of society. But a house alone is not enough. We need homes in which we feel confident; caring for ourselves, our relationships and where we can connect to our community.

For people with a mental illness 42 per cent live in at risk accommodation or are homeless. Inadequate housing remains a major issue for people with a mental illness and their families.

We help people find a house and build a home through our home based outreach, day programs and residential rehabilitation programs and through volunteering programs.

“We respect and trust each other. We are willing to deal constructively with challenge and difficulty and we are prepared to learn and change.”

Jenni Williams, Manager - PARC South Yarra
HOME BASED OUTREACH AND SUPPORT

Home Based Outreach Support provides outreach services to people with a mental illness. Our workers visit participants in their own home, in the community and focus on developing skills that assist the person better look after themselves and their home while improving their community access.

Regional snapshot – HBOS participants

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hume and ACT</td>
<td>192</td>
</tr>
<tr>
<td>Southern Metropolitan</td>
<td>82</td>
</tr>
<tr>
<td>North West</td>
<td>30</td>
</tr>
<tr>
<td>Eastern</td>
<td>62</td>
</tr>
<tr>
<td>Barwon</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td>387</td>
</tr>
</tbody>
</table>

Overall, the number of participants accessing HBOS has remained steady this year. Ten participants received Home Based Outreach Support through our new Step Up Step Down program in the ACT that opened in January 2009.

PREVENTION AND RECOVERY CARE (PARC)/STEP UP STEP DOWN

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

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

We offer a comfortable and homely residential environment providing opportunities for participants to choose both social and private spaces. In this sub acute environment we foster independence, help maintain established routines and encourage contact with friends and family. Our staff assist participants to cook meals for themselves and to look after their environment.

HOW WE WORKED WITH PEOPLE

We work in partnership with people with a mental illness to identify their needs and set goals that guide interventions. Standardised tools are used to assist this process, including the BASIS-32 – a self rated measure of behaviour and symptoms, and the Camberwell Assessment of Needs. During this year, we established and trialled a database assisting us in program evaluation. Our pilot data analysis from PARC South Yarra indicated that, overall, participants significantly improved in the areas of depression and living skills during their stay in PARC. An additional component of the database was trialled at Step Up Step Down in the Australian Capital Territory (ACT). Needs analysis and related goals indicated that participants were most frequently wishing to address vocational goals (work and study), financial, socialising and housing goals.

This database will be operational throughout the next year enabling us to more rigorously evaluate and improve our programs.
In January 2009, Minister Katy Gallagher opened the first Step Up Step Down program in the ACT, managed by us in partnership with ACT Mental Health. This program has a maximum length of stay of three months and includes outreach support assisting participants after they leave the program. To date, 20 participants have used the program.

Together our PARC facilities (including Step Up and Step Down), provided services to 187 participants during this year. Thirty more participants received services in our PARCS in Victoria this year. The average length of stay is 22 days for PARC South Yarra, 27 days for PARC Shepparton and 34 days for Step Up and Step Down ACT.

OPENING DOORS
This program runs in partnership with Alfred Psychiatry and is a unique blend of residential rehabilitation options scattered through the Inner South Metropolitan area of Melbourne. In total, 48 residential places are available through this program, each providing a variable level of support and rehabilitation. Alfred Psychiatry manages 20 residential places with 28 managed by Mental Illness Fellowship Victoria. Inner South Community Health Centre provides in-reach support to 13 participants in the program.

Intensive rehabilitation is provided at the Alma Road Apartments. Alfred Psychiatry manages five places in collaboration with us as part of the Community Care Unit. We manage seven residential places. This year, 12 participants used Mental Illness Fellowship Victoria places with five people reaching their goals and moving onto community living.

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

This program focuses on fostering positive socialisation with other residents, better management of their environment and promotes skills to better connect in the local community. Eight participants used the program this year.

The Elms, Glen Iris; Adelaide Street, Armadale; and High Street, Armadale are homes in the community. Participants stay in these programs for up to three years. During the year, two additional places were added to the program in Oak Grove, Ripponlea. The focus of rehabilitation at these sites is on skill development and community connection. Eighteen people participated in residential rehabilitation at these sites.

The Elms residence was relocated this year due to road works on the adjacent freeway. The four participants in the Elms residence relocated to rented premises in Malvern. During 2009-10, these participants will move to longer-term replacement housing in the Inner South area.

In the 28 places we manage, we worked with 38 participants in the Opening Doors program during this year.

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

Participants learn independent living skills and relationship skills and are supported to manage their mental illness and substance use. Young people in these programs are encouraged to engage in employment and educational opportunities.

“Opening Doors has helped by monitoring my medication and I now I do it myself.”

Despina, aged 23

“Mental Illness Fellowship Victoria will open its fourth PARC program in the Peninsula in 2010.”

Sarah and Tegan show their participation enthusiasm at Collins Place, Geelong

During this year, 24 young people used these programs with 11 using both outreach and residential rehabilitation. Collins Place was home to 13 people with an average stay of 13 months and an average age of 22 years.

SPECIALIST RESIDENTIAL REHABILITATION PROGRAM
This program relocated to new premises at Orr Street, Shepparton in July 2008. The program offers long-term psychosocial rehabilitation to clients with enduring mental illness. Operated in partnership with Goulburn Valley Area Mental Health Service, 14 participants used the program this year with an average stay of 12 months. The average age of participants was 33 years.
Day Programs

We operated nine day programs for 618 participants during this reporting period. Day programs provide opportunities for participants to build social and living skills. Participant numbers remained steady in this reporting period compared with the previous year (613). This reflects a continued focus on building key worker relationships and individual participant plans, and meets all contractual obligations.

Day programs have the longest length of stay of any of our programs, with an average stay of 3.1 years representing a slight increase of 2.5 months from the previous year. Our day centre participants are 43 years old on average.

### Day Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Location</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>MI Centre Shepparton</td>
<td>125</td>
<td></td>
</tr>
<tr>
<td>Blickle Place</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>TJ’s Footscray</td>
<td>119</td>
<td></td>
</tr>
<tr>
<td>Mulberry House</td>
<td>86</td>
<td></td>
</tr>
<tr>
<td>Bromham Place</td>
<td>89</td>
<td></td>
</tr>
<tr>
<td>The Garage Wonthaggi</td>
<td>43</td>
<td></td>
</tr>
<tr>
<td>Linking People Locally</td>
<td>Mitcham 47</td>
<td></td>
</tr>
<tr>
<td>Community Links Frankston</td>
<td>39</td>
<td></td>
</tr>
<tr>
<td>MI Place (previously named Club 121)</td>
<td>Warragul 36</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>618</strong></td>
<td></td>
</tr>
</tbody>
</table>

All of our day programs are centre based with the exception of Linking People Locally and Community Links. These programs work with people engaging them in existing social and education programs.

As forecast in last year’s annual report, our day programs this year focused on increasing connections.

- Mulberry House participants were supported to play in a local football team
- Participants and staff from TJ’s began a creative writing group at the local library
- The MI Centre art program relocated to the Shepparton Art Gallery
- Our participants at Blickle Place volunteer at the Meet and Greet community lunch program
- Participants from Mulberry House joined Swim Gym at Wyndham Leisure Centre.

### Respite

Our respite services increased during this reporting period by delivering services to 238 more carers. Respite services are family focused and meet the dual needs of the carer, who needs a break, and the person with a mental illness. Funding to further expand our respite service delivery was received from FaHCSIA in May 2009.

A range of respite of respite options are offered –

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

We are committed to improving our services to people from culturally and linguistically diverse (CALD) backgrounds. This has been a feature of our Quality Workplan and a DHS priority.

People from a CALD background continue to be under represented in our participant groups.

To improve access for CALD communities we have appointed a cultural portfolio holder in every region. In partnership with the Victorian Transcultural Psychiatry Unit, 10 staff were trained to deliver cross-cultural competency training to the broader staff group. We developed an organisational CALD policy in May 2009.

We are also participating in a stigma reduction community education program designed by Multicultural Mental Health Australia called Stepping out of the Shadows. This project supports peer educators from local ethnic communities to better support cross-cultural understanding of mental health. The project is expected to run during the next 18 months.

MENTAL HEALTH PATHWAYS

Mental Health Pathways programs in Shepparton and Barwon have a particular focus on working with people who are homeless, or at risk of homelessness. The Office of Housing, through DHS, funds the programs.

We worked in partnership with clinical providers providing services to 36 people (15 Barwon, 21 Shepparton). Participants in these programs tend be young, with most under the age of 25 years and also tend to have a dual diagnosis.

The Shepparton program worked with 21 participants, 34 less than last year. This is in alignment with expected outcomes of the program, reflecting the intensive support offered in the program.

“Every region has a cultural portfolio holder to improve access for CALD communities.”

MENTAL HEALTH PATHWAYS

Mental Health Pathways programs in Shepparton and Barwon have a particular focus on working with people who are homeless, or at risk of homelessness. The Office of Housing, through DHS, funds the programs.

We worked in partnership with clinical providers providing services to 36 people (15 Barwon, 21 Shepparton). Participants in these programs tend be young, with most under the age of 25 years and also tend to have a dual diagnosis.

The Shepparton program worked with 21 participants, 34 less than last year. This is in alignment with expected outcomes of the program, reflecting the intensive support offered in the program.

“Every region has a cultural portfolio holder to improve access for CALD communities.”

MENTAL HEALTH PATHWAYS

Mental Health Pathways programs in Shepparton and Barwon have a particular focus on working with people who are homeless, or at risk of homelessness. The Office of Housing, through DHS, funds the programs.

We worked in partnership with clinical providers providing services to 36 people (15 Barwon, 21 Shepparton). Participants in these programs tend be young, with most under the age of 25 years and also tend to have a dual diagnosis.

The Shepparton program worked with 21 participants, 34 less than last year. This is in alignment with expected outcomes of the program, reflecting the intensive support offered in the program.

“Every region has a cultural portfolio holder to improve access for CALD communities.”
“Work is much more than a wage”

JOHN CONWAY
EMPLOYMENT COORDINATOR
**Work links us to the wider community** and produces a valued outcome.

Work facilitates **friendship and social support**, promoting wellbeing.

Education provides a **pathway** into the world of work.

We provide employment and educational programs enabling people with mental illness to achieve social inclusion through work and study.

People with a mental illness are significantly disadvantaged in engaging in work and education.

- More than 80 per cent of people with schizophrenia are not employed, yet most want to work.
- More than 47 per cent of people with mental illness have not achieved basic education levels enabling entry into the workforce.

**Employment**

This year, we assisted 420 people with a mental illness through our specialised employment services. We helped five more people look for a job over this reporting period. There was some employment service growth for young people through a headspace hub at Barwon. However, with the completion of our employment project in November 2008 at Orygen Youth Health, our service numbers in this program reduced. The number of people assisted through our Disability Employment Network also reduced this year, reflecting our prolonged engagement with participants both during their job search and on the job.

We helped 176 people with a mental illness find and keep paid employment, 32 more people than for the same period last year.

During the year, we offered employment services, co-located with clinical treatment services, from five locations. At these sites clinical staff, employment staff and jobseekers work together supporting individual employment goals. These sites are Davey Street Clinic in Frankston, Waiora Clinic in Armadale, Clarendon Clinic in East Melbourne, Hawthorn Clinic in Hawthorn and headspace in Barwon.

Volunteering provides valuable opportunities for job seekers to gain skills supporting their vocational plan. This year, seven job seekers gained administration skills through prolonged volunteering with us.

**Employment outcomes**

Sally Whitehead (right), our employment consultant in Frankston, offers jobs options to client Jeannie Wallace-Ogier.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total job seekers assisted</td>
<td>223</td>
<td>144</td>
<td>83</td>
<td>128</td>
<td>n/a</td>
<td>55</td>
<td>79</td>
<td>65</td>
<td>30</td>
<td>28</td>
<td>415</td>
<td>420</td>
</tr>
<tr>
<td>Vocational Outcomes</td>
<td>60</td>
<td>50</td>
<td>23</td>
<td>58</td>
<td>n/a</td>
<td>17</td>
<td>42</td>
<td>30</td>
<td>19</td>
<td>21</td>
<td>144</td>
<td>176</td>
</tr>
</tbody>
</table>

**headspace** Barwon employment program commenced in 2008-09, hence no data for 2007-08.
Mental Illness Fellowship Victoria
annual report
08.09

OUR RESULTS –

Work & study continued

Christine has found work after completing her Certificate in General Education for Adults.

“Getting a job is what saved my life.”

Gerard

Employment services are funded through three sources. The Department of Education, Employment and Workplace Relations (DEEWR) funds our Disability Employment Network and Vocational Rehabilitation Services. A self funded employment site in Frankston, co-located with Peninsula Health reached 65 job seekers who would otherwise not be in an employment program. We have also expanded our services reaching 55 young people with a mental illness who wanted to work and study in the Barwon region by operating out of a headspace hub.

BEST PRACTICE/SERVICE RECOGNITION

Employment services are delivered according to best evidence based practice.

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

Our ongoing commitment to best practice in achieving employment outcomes for people with a mental illness was recognised when we were invited to be keynote speakers at the Work Matters Conference in Newcastle 2008 and present at the International Initiative in Mental Health Leadership Conference in Brisbane 2009. In addition, our Vocational Rehabilitation Service was rated as a four star service and was nominated as a site of excellence through a national employment consortium, Ostara Australia. Staff members were individually recognised for their excellent work in achieving employment outcomes for clients.

During 2009-10, we will co-locate employment services at Austin Health in Heidelberg and Koonung Clinic in Box Hill. We also plan to expand our service delivery to interstate locations.

During the remainder of 2009, employment contracts will be tendered. We plan to retain and expand our employment services throughout Melbourne, rural Victoria and some interstate locations.
“...I think we all need to treat mental illness just like any other illness and accept people with a mental illness as part of the community.”

Karen, 2008 Student of the Year

EDUCATION
Nationally recognised training

We conducted Certificate II and III in General Education for Adults across three sites in Victoria – Frankston, Fairfield and Shepparton. Courses are designed as a “stepping stone” to further education and employment. The curriculum and program assistance are structured to support students with a mental illness. Twenty students graduated from our programs during 2008 with 42 new students enrolled for this period.

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

The Doris Wisniewski Student of the Year Award is an annual award made to a student within each Certificate in General Education for Adults program who excels. The award acknowledges the extra effort and commitment made by the successful student/s, to reach a high level of attainment.

The 2008-09 award recipients

- **Ben Rinaudo**
  Graduate – Certificate II General Education for Adults, Fairfield

- **Karen McQuaigue**
  Graduate – Certificate III General Education for Adults, Frankston.

Karen McQuaigue 2008 Student of the Year.

Ben Rinaudo 2008 Student of the Year.

“Recovery hasn’t been an easy process at all...but looking back now, I can see how far I have come.”

Ben, 2008 Student of the Year
“Before the course, every day there was conflict, tension and I was angry. By doing this program, our relationships are enhanced as a family.”

GREG, 49
WELL WAYS PARTICIPANT, MARCH 2009
We work with families supporting them to develop skills to better manage the impact of mental illness. Our principle mechanisms for doing this are family education, counselling and Helpline.

**FAMILY EDUCATION**

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

*Well Ways: Building a Future* and *Well Ways: Duo* are programs that comprise three phases:

**Engagement** – Family members are introduced to the program and “get to know” the people running the program.

**Development** – this part of the program is highly structured, peer delivered, and is designed to increase knowledge, build social networks and develop skills.

**Consolidation** – these follow-up sessions are less frequent and build on the information provided in the development phase.

*Well Ways: Building a Future*

*Well Ways: Building a Future* explores the causes of mental illness and its emotional impacts, unpacks the complexities of the caring role, examines specific illness groups and provides a strong supportive basis for carers to move forward into the future. The development phase comprises eight weekly sessions.

*Well Ways: Duo*

This is an education program for families and friends of people with dual diagnosis (mental illness and substance misuse). The development phase is six weekly sessions.

*Well Ways: Snapshot*

This one-day program introduces carers to some important concepts relating to the impacts of mental illness on the family member, the importance of self-care and recovery.

The *Well Ways: Building a Future* program was rigorously evaluated and data from the 2008 national evaluation shows that this *Well Ways* program is associated with decreases in the average levels of caregiver distress. This very positive finding is now being more thoroughly investigated.

**WELL WAYS ACROSS AUSTRALIA**

We developed the *Well Ways* suite of programs that are now offered nationally through MIFA member organisation. We take a national role in ongoing product development, facilitator training, support, mentoring and evaluation. During 2008-09, we provided 9 Train the Facilitator courses, resulting in the accreditation of 60 new facilitators across Australia. The reach of our family education programs continues to grow.

*Well Ways programs across Australia 2008-09*

<table>
<thead>
<tr>
<th>Location</th>
<th>Number of programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Australia</td>
<td>14</td>
</tr>
<tr>
<td>Western Australia</td>
<td>1</td>
</tr>
<tr>
<td>South Queensland</td>
<td>4</td>
</tr>
<tr>
<td>North Queensland</td>
<td>9</td>
</tr>
<tr>
<td>NSW</td>
<td>14</td>
</tr>
<tr>
<td>Regional Vic</td>
<td>10</td>
</tr>
<tr>
<td>Melbourne Metro</td>
<td>13</td>
</tr>
<tr>
<td>NT, TAS, ACT</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>65</strong></td>
</tr>
</tbody>
</table>

**CONSUMER PEER EDUCATION**

*Well Ways MI Recovery* is a peer education program for people with a mental illness. It brings together knowledge derived from the lived experience of mental illness with the latest research about recovery. Facilitators of this program are all people with a mental illness who have progressed in their own recovery journeys. During this year, we were successful in obtaining funding to develop facilitator training to train 16 local and interstate facilitators, who will deliver eight programs during 2009-10.

**COUNSELING**

Specialist counselling services for family members and people with a mental illness assist people to manage the impact of mental illness on their lives. During this year, the service was expanded through a partnership with Gestalt Therapy Australia and the development of an intern counselling service, and by providing a group based intervention – *Grief and Growth*. During 2008-09 we provided 707 counselling sessions to people with mental illness and their family members.

“*Well Ways made me feel more confident in dealing with my son’s illness.*”

William

Kane, volunteer staff member, provides information and support through our Helpline.

**HELPLINE**

Helpline provides a telephone service for people seeking support, information, and referral. The phone service operates between 9am and 5pm Monday to Friday. A distinguishing feature of the service is that it is staffed by volunteer peers who understand the challenges of living in families in which there is mental illness.

Our Helpline peer volunteers responded to 6661 enquiries in 2008-09.

“Our Helpline peer volunteers responded to 6661 enquiries.”
Mental Illness Fellowship Victoria annual report 08.09

Mental Health Week

The Open Mind Fiesta is a flagship event of Mental Health Week during October. As the week’s closing event, it brings together the Fairfield Traders Association, participants, carers, volunteers, staff and the community in a large-scale celebration aiming at breaking down the stigma associated with mental illness. More than 40,000 people attended the event on 12 October 2008. Our key message was One million Victorians have a mental illness … people like us.

As part of Mental Health Week, we also launched a community arts photographic exhibition – ilkeyou. This project partnered 30 people with a mental illness and 30 secondary school photography students from across Victoria, who worked collaboratively to produce stunning portraits. The portraits show the invisibility of mental illness - their subjects are people with diverse interests and positive involvements and were hung at the New North Gallery, Fairfield in the week leading up to Open Mind Fiesta. It was also exhibited at Victorian Parliament House, with an official opening on 2 June 2009, where participants and their families, students and state government ministers viewed the exhibition together.

Opportunity Shops

Our trading profit increased for the seventh year in a row from $58k in 2007-08 to $64k in 2008-09. Our thanks go to our 80 volunteers for their hard work and the generous donations from the local communities.

To the delight of our volunteers, the Northcote shop received a refurbishment from the design students at NMIT, and with the assistance of the Bendigo Community Bank East Kew, new fixtures and fittings were installed at the Kew Shop. These changes updated the display and layout of the two shops and gave the volunteers a fantastic new framework to enjoy.

“Our trading profit increased for the seventh year in a row from $58k in 2007-08 to $64k in 2008-09.”

Opportunity shops’ trading profit

“Station Street in Fairfield came alive with the spirit of social inclusion for our annual Open Mind Fiesta.”

Photography by urbanartistry.com.au

Schizophrenia Awareness Week advances the community’s understanding of and commitment to mental health issues. This year, we invited social inclusion authority Dr David Morris, Director of the Inclusion Institute, University of Central Lancashire UK, to update our health and consumer communities about leading edge social inclusion approaches. His work shows that social inclusion requires a whole of government approach, with all departments taking an equal responsibility in developing policy and practice that builds social inclusion for people with a mental illness.

Our key event, the Bruce Woodcock Memorial Lecture, attracted 338 people and was held at Federation Square, BMW Edge Theatre in May. Professor Alan Hayes from the Australian Institute of Family Studies responded from a family’s perspective to Dr Morris’ lecture. Dr Morris led two workshops with staff focusing on transforming services to promote social inclusion. An exciting addition to the week’s activities was a Corporate Breakfast, held at the Jim Stynes Room at the Melbourne Cricket Ground, with 63 leaders from the mental health and community sector in attendance. Dr Morris also held meetings with senior personnel from DHS, local council and was interviewed on state and national radio.

MENTAL HEALTH WEEK

The Open Mind Fiesta is a flagship event of Mental Health Week during October. As the week’s closing event, it brings together the Fairfield Traders Association, participants, carers, volunteers, staff and the community in a large-scale celebration aiming at breaking down the stigma associated with mental illness. More than 40,000 people attended the event on 12 October 2008. Our key message was One million Victorians have a mental illness … people like us.

As part of Mental Health Week, we also launched a community arts photographic exhibition – ilkeyou. This project partnered 30 people with a mental illness and 30 secondary school photography students from across Victoria, who worked collaboratively to produce stunning portraits. The portraits show the invisibility of mental illness - their subjects are people with diverse interests and positive involvements and were hung at the New North Gallery, Fairfield in the week leading up to Open Mind Fiesta. It was also exhibited at Victorian Parliament House, with an official opening on 2 June 2009, where participants and their families, students and state government ministers viewed the exhibition together.

Opportunity Shops

Our trading profit increased for the seventh year in a row from $58k in 2007-08 to $64k in 2008-09. Our thanks go to our 80 volunteers for their hard work and the generous donations from the local communities.

To the delight of our volunteers, the Northcote shop received a refurbishment from the design students at NMIT, and with the assistance of the Bendigo Community Bank East Kew, new fixtures and fittings were installed at the Kew Shop. These changes updated the display and layout of the two shops and gave the volunteers a fantastic new framework to enjoy.

“Station Street in Fairfield came alive with the spirit of social inclusion for our annual Open Mind Fiesta.”

Photography by urbanartistry.com.au

Schizophrenia Awareness Week advances the community’s understanding of and commitment to mental health issues. This year, we invited social inclusion authority Dr David Morris, Director of the Inclusion Institute, University of Central Lancashire UK, to update our health and consumer communities about leading edge social inclusion approaches. His work shows that social inclusion requires a whole of government approach, with all departments taking an equal responsibility in developing policy and practice that builds social inclusion for people with a mental illness.

Our key event, the Bruce Woodcock Memorial Lecture, attracted 338 people and was held at Federation Square, BMW Edge Theatre in May. Professor Alan Hayes from the Australian Institute of Family Studies responded from a family’s perspective to Dr Morris’ lecture. Dr Morris led two workshops with staff focusing on transforming services to promote social inclusion. An exciting addition to the week’s activities was a Corporate Breakfast, held at the Jim Stynes Room at the Melbourne Cricket Ground, with 63 leaders from the mental health and community sector in attendance. Dr Morris also held meetings with senior personnel from DHS, local council and was interviewed on state and national radio.
DONORS AND SUPPORTERS
Our capacity to offer innovative services not currently funded by government relies on the generosity and vision of business and community groups who make valuable contributions by providing funds or in-kind or pro bono services. Our excellent financial bottom line is possible because of this generosity.

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

SEW Eurodrive, an international company that engineers power transmission equipment, is committed to improve the lives of people with mental illness and has been our partner for 11 years. The amazing fundraising efforts of this company include an annual auction night and an annual golf day. This year these events raised $165,000 with a total raised since 1997 of $1,356,357. Thank you to Rob and Adel Merola and the team at SEW-Eurodrive for your continuing support.

ACKNOWLEDGEMENTS

Special Partners
Mr and Mrs Robert and Adel Merola SEWEurodrive
Mr Frank, Mrs Patricia and Mr Ian Woodcock
Middletons Lawyers

Partners
ACT Health
Action on Disability in Ethnic Communities
Alfred Health (Psychiatry)
ANZ Bank
AsiaLink
Australian Consumer Research Centre
Australian Institute of Family Studies – Prof Alan Hayes
Australian Mental Health Consumer Network
Carer Links North
Carer Links West
Catherine Treahar – Maintrain
Central East Mental Health Service
Commonwealth Carer Respite Centre
– Southern Region
Department of Education, Employment and Workplace Relations (DEEWR)
Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)
Department of Health and Ageing
Department of Human Services Victoria
Eastern Health Area Mental Health Service
Gateway Community Health
Goulburn Valley Area Mental Health Service
Hanover Welfare Services
headspace Barwon
HomeGround Services
Hootville Communications
Inner South Community Health Service
Inner West Area Mental Health Service
John McGrath
Kathy Wilson – Kathy Wilson Consulting
La Trobe University
Mental Health Council of Australia
Mental Health Legal Centre
Mental Illness Fellowship of ACT Inc
Mental Illness Fellowship of Australia Inc
Mental Illness Fellowship of North Qld Inc
Mental Illness Fellowship of Queensland
Mental Illness Fellowship of SA Inc
Mental Illness Fellowship of WA Inc
Mid West Area Mental Health Service
Mind Australia
Monash University
North East Area Mental Health Service
North West Area Mental Health Service
Northern Area Mental Health Service
Northern Metropolitan Regional Council of Adult Community and Further Education
NorthSouth Contractors ACT
Oxygen Youth Health
Ortastra Australia Limited
Our Consumer Place
Peninsula Health
Psychiatric Disability Services (WICSERV)
Queensland Centre for Mental Health Research
Room 4A
Rural Housing Network
Schizophrenia Fellowship of NSW Inc
South West Area Mental Health Service
Spicers Paper
St Vincent’s Mental Health
Surmitt Inner West Footscray
Uniting Care Community Options
University of Melbourne
Upper Hume Community Health Service
Victorian Mental Illness Awareness Council (VMIAC)
Wairoa Community Mental Health Services
Worktrainers Ltd
Community Supporters
Architectural Glassworks
Bank of Queensland
Barry Plant Real Estate
Barwon Heads Golf Club
Best Western Wyndhamere Motel & Sebastian’s Restaurant
Brotherhood of St Laurence
Bunnings Preston
Busted Onions
Candela Dance
Cathy Newing
Chalgarpar
Champions IGA
Circus & Arena Attractions
City of Boronia
City of Frankston
City of Port Phillip
City of Stawell
City of Yarra
Clare Parkin
Coates Hire Bulleen
Cold Snap
Coles
Collingwood Football Club (Women in Black)
Commonwealth Bank of Australia
Darling City Council
Drummond Family, Melbourne
Fairfield Traders Association
Ferntree Gully Carer Support Group
Geoff and Helen Bray
Hellopro Australia
Housing Choices Australia
Ivanhoe Grammer School
JhoomBollywood Dance Company
Jika International
John Sands
Knox Community Health Service
Leader Newspapers
Love Cherry and Attitude
Mangiameli Family, Shepparton
Mars Confectionary
Mauro Bros, East Kew
Melbourne City Toyota
Melbourne Hopkido Academy
Meston Band
Metropolitan Fire Brigade (Melbourne)
Miss Caroline and the Tap-Pets
Mumma Said What
NEAMI
New Life Church Fairfield
New North Gallery & Photographic Art Printing
NMIT
Northcote Police
Pleasant Valley Community Health Clinic
Randall House Australia
Rivers Australia
Rotary Club of Preston
Rotary Club of Werribee
Runners World East Kew
Safeway Geelong
Santa Maria College
Scholastic
School Uniform Shop Shepparton
Second Bite
SES
Southern Generators and Electrical Pty Ltd
St John Ambulance Australia
Stortarellas
Swingchesters Swing
Telstra
Temptation Bakeries Pty Ltd
The Blinds Factory
The Pulse Community Radio
Urban Artistry
Victoria University
Village Cinemas
Watsonia Pipe Band
Yummy Mummy Lolly Shop
Zabelleydancers

Trusts and Foundations
William Angliss Charitable Fund
Beverly Jackson Foundation
Bendigo Bank Community Enterprise Foundation

Thank you
OUR RESULTS –

People

1 The Hon. Robert Knowles AO – President
Appointment Date: 20 September 2000
Rob is a farmer and company director. His current
Chairs are: Mental Health Council of Australia, Mental Illness Fellowship of Australia, Campus
Council of the Royal Children’s Hospital and he is on the boards of the Brotherhood of
St Laurence and Annex. He is a former Victorian
Minister for Health and has a strong interest in
services for consumers, their families and carers. Rob received an Order of Australia Award in 2007.

2 Ms Jenny King – Treasurer
(1/07/08 – 23/2/09)
Qualifications: Bachelor of Business (Accounting)
Appointment Date: 21 October 2005
Jenny has more than 30 years finance experience in
the automotive, chemical and paper industries and is currently the chief financial officer of a
major Victorian health and aged care provider. Jenny has an extensive background in strategic
planning, budgeting, financial analysis as well as
risk management and corporate governance. She is a Fellow of the Australian Society of
Certified Practising Accountants (FCPA).

3 Mrs Diane Brown – Secretary
Qualifications: Advanced Certificate in Business Studies
Appointment Date: 20 September 2000
Diane has family experience of mental illness and
convened the Wodonga Support Group for
five years. She has 16 years senior paralegal
experience and retired in 2007. Diane is a past
member of the Melbourne Health Research and
Ethics Committee.

4 Ms Louise Milne-Roch – Vice President
Qualifications: Bachelor of Arts, Bachelor of Business, Postgraduate Diploma in Evaluation.
Appointment Date: 20 January 2003
Currently Louise has her own business consulting
compny providing advice to clients in the health
and welfare sectors. Previously she held a number
of CEO positions in the health sector and has wide
experience across the mental health and health
fields, from clinician to facility manager. Louise has
family experience of mental illness.

5 Mr Darrel Drieberg – Treasurer
(24/2/09 – current)
Qualifications: Diploma of Business Studies (Accounting), Certified Management Accountant, Licensed Real Estate Agent
Appointment date: 17 December 2007
Darrel is a corporate strategist and management
consultant. He worked in the petroleum, development banking, merchant banking
and manufacturing sectors. His professional
experience is in structuring businesses both
strategically and financially, positioning them
in markets and assisting senior executives to
achieve their strategic goals. Darrel is also the
author of “Financial Management Handbook for
Not for Profit Organisations”, published in 1997.

6 Mr Paul Montgomery
Qualifications: Bachelor of Arts and Law
Appointment Date: 25 September 2006
Paul has a proven track record in management
in a range of contexts. These skills were
demonstrated as a managing partner of a
multi-million dollar professional services firm. He is now a company director of a number of
private companies and is the current chair of the
Royal District Nursing Service. He is a member of
the Australian Companies Directors Association.

7 Mrs Elaine Price
Appointment Date: 24 January 2005
Elaine is a keen advocate for people with mental
illness and their families and friends. She has
volunteered over a long period of time as both
a Well Ways facilitator and Helpline volunteer.
Prior to retirement, Elaine was a financial analyst
in the manufacturing industry. In 2007, she
received a Paul Harris Fellowship from Rotary
International in recognition of her on-going work
on behalf of those affected by a mental illness.

8 Mr Nathan Shafir
Qualifications: Bachelor of Commerce, Graduate Diploma of Commerce DP and FCPA
Appointment Date: 22 October 2004
Nathan was initially involved in the development
of the fundraising area of Mental Illness Fellowship
Victoria and is now on the Appointments and
Governance Committee. He continues serving on
various school, industry and community bodies
in Melbourne in the area of development and
fundraising. Nathan currently teaches and manages
at Monash University and Monash College.

9 Ms Lynn Allison
Qualifications: Bachelor of Education
Appointment Date: 8 August 2008
Elected to the Federal Parliament in 1996 and
2001, Lyn held the health portfolio for the
Australian Democrats for 10 years and became
its leader in 2004. Lyn initiated and chaired the
Senate Mental Health Inquiry reporting in 2006
leading to an extra $4 billion spending on mental
health. She co-authored a progress study in
Victoria on the recommendations of the Burdekin
Inquiry into mental health in 2004. She was also
councillor at Port Melbourne in the early 1990s.
She is a member of the Australian Institute of
Company Directors and joined the boards of
several health-related, not-for-profit organisations.

10 Mr Theo Krambias
Qualifications: Bachelor of Applied Chemistry, Bachelor of Science (Hons), Master of Business Administration (Marketing)
Appointment Date: 10 October 2008
Theo has extensive experience in both the
health industry and business in hospitality and
property development. Theo was an innovator
and supporter of the first Open Mind Fiesta in
2001 and now assists reviewing and developing
our property portfolio. Theo is a board member
with OzChild and the Cyprus Community of
Melbourne and Victoria.
Appointments and Governance Committee
This committee establishes broad directions for the recruitment, orientation and ongoing development of board members.

Achievements
- updated By-laws updated and reviewed Constitution
- undertook strategic workshop for senior staff to increase governance knowledge
- developed Code of Conduct and Confidentiality Agreements
- developed Conflict of Interest Policy relating to Directors working as volunteers in operations
- appointment of external scrutineer where contested elections occur
- agreed to Non-Director membership of Committees as a mechanism for Board diversity and succession planning
- agreed on Directors endorsement
- developed Appointment of Director letter
- developed nomination process including a Skills set matrix

Directors: Louise Milne-Roch (Chair), Rob Knowles, Nathan Shafir and Elaine Price
Staff attending: Elizabeth Crowther and Bernie Trahair

Executive of the Board
This committee manages decision-making between board meetings and acts as a reference point for senior management.

Directors: Rob Knowles (Chair), Louise Milne-Roch, Diane Brown, Jenny King and Darrel Drieberg
Staff attending: Elizabeth Crowther, Advar Hadzic, Eifion Breese, Laura Collister and Bernie Trahair

Directions Committee
This committee generates broad strategy directions for innovative program development that informs the benchmarks for practice within the field.

Achievements
- developed 2009-13 strategic plan
- redevelopment of participant welfare program
- oversaw four research requests
- input into the Aust & NZ College of Psychiatrists Practice Standards, Research and Professional & Community Relations, and the Australian Medical Council review of accreditation.
- oversaw quality and best practice initiatives.

Directors: Diane Brown (Chair), Lesley Miles, Lyn Allison, Darrel Drieberg and Alex Wood
Non-Director: Estelle Malseed and Alex Wood
Staff attending: Elizabeth Crowther, Eifion Breese, Laura Collister and Bernie Trahair

Finance, Audit and Resource Management Committee
This committee develops broad directions for the short/long-term organisational financial security and directs risk management and audit processes.

Achievements
- completed internal cash management plan
- established Compliance Declaration Checklist including Essential Services Act compliance
- developed asset management system
- commenced the Wide Area Network
- monitored investment strategy
- introduced new financial and fundraising software systems

Directors: Jenny King (Chair 1/7/08 – 23/2/09), Darrel Drieberg (Chair 23/2/09 – current), Paul Montgomery and Theo Krambias
Staff Attending: Elizabeth Crowther, Eifion Breese, Advar Hadzic, Louise Davies and Bernie Trahair
OUR RESULTS -

**People continued**

### MANAGEMENT TEAM

**01 Ms Elizabeth Crowther**  
Chief Executive  
Elizabeth has a 40-year history working in the health sector in Victoria, mostly in mental health, with 16 years in senior management roles in the clinical and psychiatric disability sectors. She started as chief executive of Mental Illness Fellowship Victoria in 1995. Elizabeth is a Senior Fellow at the School of Nursing, University of Melbourne, has a Bachelor of Applied Science, a Diploma of Nursing Education and a Graduate Diploma in Health Administration. She is a member of the following committees: President, VICSEVR  
Deputy Chair - Ministerial Advisory Committee on Mental Health  
Mental Health Information Systems Strategy Project  
Project PRIME Project Director  
Member MIFA

**02 Mr Eifion Breese**  
Chief Operations Manager  
Eifion has worked in the mental health sector for more than 35 years, first as a psychiatric nurse and then within psychiatric disability support services. Eifion’s role was Rehabilitation Services Manager until 2007 when he became Chief Operations Manager. Eifion has a Bachelor of Applied Science (Nursing Administration).

**03 Ms Laura Collister**  
General Manager, Rehabilitation Services  
Laura joined us in 2005 and manages our rehabilitation programs, employment programs and respite programs as well as leading the research and evaluation team that evaluates our programs and embeds best practice into all our services. She has a Bachelor of Applied Science (Occupational Therapy) and a Masters in Applied Science.

**04 Ms Louise Davies**  
General Manager, Organisational Support Services  
Louise’s responsibility is implementing systems and structures to maintain and grow our organisational capacity in the areas of administration, IT and Fundraising and Communications. She joined us in 2007 with more than 10 years experience in general management and particular experience in human resources. She has a Bachelor of Science in Human Resource Management, Business Psychology and Psychology and a Post Graduate Diploma in Human Resource Management.

**05 Mr Advan Hadzic**  
Chief Financial Officer  
Advan started with us in 1994 and has extensive experience in accounting, finance and general management. He is focused on developing accounting solutions to support efficient business practices for the organisation. Advan has a Bachelor of Economics and is a member of CPA Australia.

**06 Ms Bernie Trahair**  
Executive Assistant  
Bernie is executive assistant to the chief executive and secretary to the Board of Directors. She also provides project and management support for the executive team. Joining us in 1998, she has 30 years’ experience as a personal assistant and has a Graduate Certificate of Business (Executive Assistant).

### ORGANISATIONAL CHART

[Diagram showing the organisational structure of the organisation, including the Board of Directors, Chief Executive, Chief Operations Manager, General Manager, and various managers and support services.]
We strive to develop our people and their capabilities ensuring that we meet and exceed our service delivery for people with mental illness and their families. Our focus on our people is underpinned by our core values of Honesty, Commitment, Participation, Flexibility, Equity and Acceptance and we provide on-going opportunities that foster our strong team environment.

ORGANISATIONAL DEVELOPMENT

In line with our objective of building organisational capability, we provide a number of leadership and cultural development programs. These activities support individual and team alignment with organisational goals, foster diversity and build a collaborative employment environment. Our programs provide individuals with greater awareness of both their emotional intelligence and their thinking preferences through the use of the Herrmann Brain Dominance Instrument. A key activity during this period was providing further training to support the operation of our Performance Development and Review (pDR) process, with a key focus on communication effectiveness.

Supporting our organisational service provision, we developed an integrated rehabilitation process model which focuses on the partnership between participant and key worker, enabling participation in a recovery journey. This program was delivered to more than 130 staff between January and May 2009.

CONFERENCES AND PRESENTATIONS

We presented 11 papers at national and international conferences and three papers were published in journals.

National and international conferences

<table>
<thead>
<tr>
<th>Title</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education: A Pathway to Social Participation for People with an Enduring Mental Illness. Reed, G and Doyle, B.</td>
<td>Margins to Mainstream Conference, Melbourne, September 2008</td>
</tr>
<tr>
<td>Social Participation for People with Mental Illness – a Multi-faceted Health Promotion Program at a Meso-community Level. Reed, G and McAttee, D.</td>
<td>Margins to Mainstream Conference, Melbourne, September 2008</td>
</tr>
<tr>
<td>Day Programs: An Exploration of the Evidence Base to Inform Change. Collister, L and Harrison, S.</td>
<td>TheMHS, Auckland, September 2008</td>
</tr>
<tr>
<td>Analysis of a Peer Led Consumer Education Program as an Effective Tool in the Promotion of Recovery of People with Mental Illness. Anderson, J and Clarke, B.</td>
<td>TheMHS, Auckland, September 2008</td>
</tr>
<tr>
<td>Implementing and Delivering Best Evidence Based Practice in Gaining and Maintaining Employment for People with an Enduring Mental Illness - a CHANGE that WORKS. Tuiloma, G and Hegarty, S.</td>
<td>TheMHS, Auckland, September 2008</td>
</tr>
<tr>
<td>Improving Employment Outcomes through Co-location. Crowther, E, Collister, L and Tuiloma, G.</td>
<td>International Initiative in Mental Health Leadership Conference, Brisbane, March 2009</td>
</tr>
<tr>
<td>Partnerships Between Clinical and Non-Government Organisations. Crowther, E.</td>
<td>World Psychiatric Conference, Florence, April 2009</td>
</tr>
</tbody>
</table>
IT PROJECT
Great progress was made during the year on our IT Infrastructure. We completed the design of our new intranet site - 
Mt Share, and training commenced at the beginning of July with the first phase going live officially on 3 August 2009. This is a critical communication tool enabling staff, participants, volunteers and board members to keep up to date with news and communicate more effectively with colleagues.

Other developments included the roll out of new integrated financial software, Sunsystems, and the implementation of ThankQ, which is a new fundraising and supporter database. We also rolled out our new human resources software, called CHRIS 21. Together, these new systems will support the growth of Mental Illness Fellowship Victoria during the course of our new strategic plan.

RISK MANAGEMENT
As part of our Risk Management Plan, the Quality Committee, under direction of the Chief Executive, undertook a review of our Policy and Procedure Manual. It is now more closely aligned with the risk management framework endorsed by the Board, which conceptualises risk as falling into seven broad areas. The diagram below represents the relationship between the organisational policies and procedures, the Chief Executive, the Board, and the members it is elected to serve.

ACCREDITATION
Our organisational commitment to continuous quality improvement was tested during the year as we underwent comprehensive re-accreditation against two separate bodies of standards.

My Recruitment was assessed by BSI Management Systems against the Disability Service Standards, and was fully re-accredited. Our employment programs were also successfully reviewed during the Ostara Consortium’s accreditation assessment.

My Recruitment will now participate in annual surveillance audits until the date of its next full accreditation review in 2011.

Since our rehabilitation services are our largest operational area, accreditation of these and related programs is of key strategic importance. In June, we were assessed for our second accreditation with the Quality Improvement Council Standards and Accreditation Program (QICSA). The review found that our organisation successfully met 25 standards, and was judged as exceeding industry standards in our incorporation and contribution to best practice. With some further short-term work in two areas, we will achieve full organisational re-accreditation for the period 2009 to 2012.

COMPLIMENTS AND COMPLAINTS
In a busy statewide service with many regional sites, monitoring of incoming compliments and complaints requires robust systems. During the year, we reviewed our systems and developed a stronger staff culture of valuing feedback and ensuring that consumer input shapes our services. We are now implementing an organisation-wide systemic process ensuring all feedback is consistently responded to and that themes are identified, reported and monitored by our Quality Committee.

“We are now implementing an organisation-wide systemic process ensuring all feedback is consistently responded to...”

RISK MANAGEMENT FRAMEWORK
“During the year, we reviewed our systems and developed a stronger staff culture.”
Volunteering contributes to the strengthening of communities, the support of families and provides a forum for social engagement, all of which are important mechanisms of social inclusion.

Volunteers make our community stronger and more connected. By ‘giving back’ to their community they support our organisation’s work and they demonstrate the value of services for people with a mental illness, their families & friends.

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

“To all of our volunteers who have participated during the past year…..Thank you!”

MI FELLOWSHIP AWARDS

After first starting in 1992, our awards publicly acknowledge the work of people who promote community understanding of mental illness.

The award winners this year are:

Blickle Award (non annual)
John McGrath

John is well known for his work in the mental health field and made a sustained and substantial impact on the lives of people with a mental illness and their families. This prestigious award is only awarded on merit.

Volunteer of the Year Award (annual)
Frances McCredie
Frances’ award acknowledges her outstanding contribution by the participation of 312 volunteers who worked with us to connect, support, inform and add to the delivery of programs and services for people with a mental illness, their families & friends.

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

Mental Health Community Award (annual)
Cameron Mangiameli and Sebastian Mangiameli
For their ongoing support of our activities in Shepparton.

Sue Drummond and Bryan Drummond
For donating their holiday house for our Respite programs.

Volunteering contributes to the strengthening of communities, the support of families and provides a forum for social engagement, all of which are important mechanisms of social inclusion.

Volunteers make our community stronger and more connected. By ‘giving back’ to their community they support our organisation’s work and they demonstrate the value of services for people with a mental illness, their families & friends.

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

“To all of our volunteers who have participated during the past year…..Thank you!”

MI FELLOWSHIP AWARDS

After first starting in 1992, our awards publicly acknowledge the work of people who promote community understanding of mental illness.

The award winners this year are:

Blickle Award (non annual)
John McGrath

John is well known for his work in the mental health field and made a sustained and substantial impact on the lives of people with a mental illness and their families. This prestigious award is only awarded on merit.

Volunteer of the Year Award (annual)
Frances McCredie
Frances’ award acknowledges her outstanding contribution by the participation of 312 volunteers who worked with us to connect, support, inform and add to the delivery of programs and services for people with a mental illness, their families & friends.

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

Mental Health Community Award (annual)
Cameron Mangiameli and Sebastian Mangiameli
For their ongoing support of our activities in Shepparton.

Sue Drummond and Bryan Drummond
For donating their holiday house for our Respite programs.

Volunteering contributes to the strengthening of communities, the support of families and provides a forum for social engagement, all of which are important mechanisms of social inclusion.

Volunteers make our community stronger and more connected. By ‘giving back’ to their community they support our organisation’s work and they demonstrate the value of services for people with a mental illness, their families & friends.

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

“To all of our volunteers who have participated during the past year…..Thank you!”

MI FELLOWSHIP AWARDS

After first starting in 1992, our awards publicly acknowledge the work of people who promote community understanding of mental illness.

The award winners this year are:

Blickle Award (non annual)
John McGrath

John is well known for his work in the mental health field and made a sustained and substantial impact on the lives of people with a mental illness and their families. This prestigious award is only awarded on merit.

Volunteer of the Year Award (annual)
Frances McCredie
Frances’ award acknowledges her outstanding contribution by the participation of 312 volunteers who worked with us to connect, support, inform and add to the delivery of programs and services for people with a mental illness, their families & friends.

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

Mental Health Community Award (annual)
Cameron Mangiameli and Sebastian Mangiameli
For their ongoing support of our activities in Shepparton.

Sue Drummond and Bryan Drummond
For donating their holiday house for our Respite programs.

Volunteering contributes to the strengthening of communities, the support of families and provides a forum for social engagement, all of which are important mechanisms of social inclusion.

Volunteers make our community stronger and more connected. By ‘giving back’ to their community they support our organisation’s work and they demonstrate the value of services for people with a mental illness, their families & friends.

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

“To all of our volunteers who have participated during the past year…..Thank you!”

MI FELLOWSHIP AWARDS

After first starting in 1992, our awards publicly acknowledge the work of people who promote community understanding of mental illness.

The award winners this year are:

Blickle Award (non annual)
John McGrath

John is well known for his work in the mental health field and made a sustained and substantial impact on the lives of people with a mental illness and their families. This prestigious award is only awarded on merit.

Volunteer of the Year Award (annual)
Frances McCredie
Frances’ award acknowledges her outstanding contribution by the participation of 312 volunteers who worked with us to connect, support, inform and add to the delivery of programs and services for people with a mental illness, their families & friends.

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

Mental Health Community Award (annual)
Cameron Mangiameli and Sebastian Mangiameli
For their ongoing support of our activities in Shepparton.

Sue Drummond and Bryan Drummond
For donating their holiday house for our Respite programs.
The Directors have pleasure in submitting their report for the year ended 30 June 2009 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  Ms Jennifer King
Ms Elaine Price  The Hon Robert Knowles
Mr Nathan Shafir  Ms Louise Milne-Roch
Mr Paul Montgomery  Mr Darrel Drieberg
Ms Lyn Allison  Dr Julian Freidin
Mr Theo Krambias  Mr Lei Ning

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 2009, 6 meetings of the Company's Directors were held in respect of which, each Director of the Company attended the following number:

OPERATING RESULT

The net loss of the Company for the year after capital items was $48,084 (2008 profit $592,770). The loss from ordinary activities before capital items was $98,324 (2008 profit $323,149).

REVIEWS OF OPERATIONS

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

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

STATE OF AFFAIRS

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

LIKELY DEVELOPMENTS

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

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

DIRECTORS' BENEFITS

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

<table>
<thead>
<tr>
<th>Name of Director</th>
<th>Date Appointed</th>
<th>Board of Directors' Meetings</th>
<th>Executive</th>
<th>Appointments &amp; Governance</th>
<th>Finance, Audit &amp; Resource Management</th>
<th>Directions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lyn Allison</td>
<td>8/9/08</td>
<td>6 of 6</td>
<td></td>
<td></td>
<td></td>
<td>4 of 5</td>
</tr>
<tr>
<td>Diane Brown (Secretary)</td>
<td>20/9/00</td>
<td>6 of 6</td>
<td>4 of 4</td>
<td></td>
<td></td>
<td>4 of 6</td>
</tr>
<tr>
<td>Darrel Drieberg (Treasurer from 24/02/09 to current)</td>
<td>17/12/07</td>
<td>4 of 6</td>
<td>1 of 2</td>
<td></td>
<td>6 of 6</td>
<td>5 of 6</td>
</tr>
<tr>
<td>Julian Freidin</td>
<td>22/6/09</td>
<td>1 of 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jenny King (Treasurer 1/7/08 to 23/02/09)</td>
<td>21/10/05</td>
<td>3 of 6</td>
<td>1 of 2</td>
<td></td>
<td></td>
<td>4 of 6</td>
</tr>
<tr>
<td>Rob Knowles (President)</td>
<td>20/9/00</td>
<td>5 of 6</td>
<td>3 of 4</td>
<td>3 of 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theo Krambias</td>
<td>10/10/08</td>
<td>4 of 5</td>
<td></td>
<td></td>
<td>3 of 4</td>
<td></td>
</tr>
<tr>
<td>Lesley Miles (Resigned 15/12/08)</td>
<td>3/9/07</td>
<td>3 of 3</td>
<td></td>
<td></td>
<td>2 of 3</td>
<td></td>
</tr>
<tr>
<td>Louise Milne-Roch (Vice President)</td>
<td>20/1/03</td>
<td>5 of 6</td>
<td>3 of 4</td>
<td>6 of 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Paul Montgomery</td>
<td>25/9/06</td>
<td>5 of 6</td>
<td></td>
<td></td>
<td>3 of 6</td>
<td></td>
</tr>
<tr>
<td>Lei Ning</td>
<td>22/6/09</td>
<td>1 of 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chris Pantelis (Resigned 16/01/09)</td>
<td>26/7/04</td>
<td>0 of 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elaine Price</td>
<td>24/1/05</td>
<td>4 of 6</td>
<td></td>
<td></td>
<td>2 of 2</td>
<td>3 of 3</td>
</tr>
<tr>
<td>Nathan Shafir</td>
<td>22/10/04</td>
<td>5 of 6</td>
<td></td>
<td></td>
<td>6 of 6</td>
<td></td>
</tr>
<tr>
<td>Alex Wood (Retired 17/10/2008)</td>
<td>19/6/00</td>
<td>1 of 1</td>
<td></td>
<td></td>
<td>2 of 2</td>
<td></td>
</tr>
</tbody>
</table>
DIRECTORS & AUDITORS INDEMNIFICATION

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

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

AUDITOR’S DECLARATION

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

On behalf of the Board

THE HON ROBERT KNOWLES - DIRECTOR

DARREL DRIEBERG - DIRECTOR

Signed at Fairfield on the 7th day of September 2009.

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, 2009, 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 2nd day of September 2009.

DIRECTORS’ DECLARATION

The directors of the company declare that:

1. the financial statements and notes, as set out on pages 35 to 44:
   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 2009 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 ROBERT KNOWLES - DIRECTOR

DARREL DRIEBERG - DIRECTOR

Signed at Fairfield on the 7th day of September 2009.
**INCOME STATEMENT**

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2009

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>REVENUE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract Services Income</td>
<td>2</td>
<td>12,857,317</td>
</tr>
<tr>
<td>Fundraising</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charitable Contributions</td>
<td></td>
<td>364,044</td>
</tr>
<tr>
<td>Other Fundraising</td>
<td></td>
<td>721,914</td>
</tr>
<tr>
<td>Other Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income From Investments</td>
<td></td>
<td>326,764</td>
</tr>
<tr>
<td>Profit on Sale of Assets</td>
<td></td>
<td>49,280</td>
</tr>
<tr>
<td>Profit on Sale of Investments</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td>Membership Income</td>
<td></td>
<td>22,142</td>
</tr>
<tr>
<td>Other Revenue &amp; Recoveries</td>
<td></td>
<td>220,312</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td></td>
<td>14,561,773</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; Related Costs</td>
<td>3</td>
<td>10,034,656</td>
</tr>
<tr>
<td>Consultancies</td>
<td></td>
<td>113,028</td>
</tr>
<tr>
<td>Audit Fees</td>
<td></td>
<td>16,596</td>
</tr>
<tr>
<td>Bank Fees</td>
<td></td>
<td>49,465</td>
</tr>
<tr>
<td>Depreciation</td>
<td></td>
<td>664,147</td>
</tr>
<tr>
<td>Interest Expense</td>
<td></td>
<td>171</td>
</tr>
<tr>
<td>IT Network Costs</td>
<td></td>
<td>290,454</td>
</tr>
<tr>
<td>Occupancy Costs</td>
<td></td>
<td>403,528</td>
</tr>
<tr>
<td>Office Costs</td>
<td></td>
<td>536,013</td>
</tr>
<tr>
<td>Program Costs</td>
<td></td>
<td>707,057</td>
</tr>
<tr>
<td>Program Setup Costs</td>
<td></td>
<td>232,318</td>
</tr>
<tr>
<td>Additional Funding to MIFA</td>
<td></td>
<td>25,000</td>
</tr>
<tr>
<td>Light &amp; Power</td>
<td></td>
<td>118,771</td>
</tr>
<tr>
<td>Motor Vehicle Expenses</td>
<td></td>
<td>321,128</td>
</tr>
<tr>
<td>Property and Equipment Maintenance</td>
<td></td>
<td>413,490</td>
</tr>
<tr>
<td>Fundraising Expenses</td>
<td></td>
<td>363,907</td>
</tr>
<tr>
<td>Client Costs</td>
<td></td>
<td>269,615</td>
</tr>
<tr>
<td>Volunteer Costs</td>
<td></td>
<td>4,455</td>
</tr>
<tr>
<td>Other Expenses</td>
<td></td>
<td>2,728</td>
</tr>
<tr>
<td>Loss on Sale of Fixed Assets</td>
<td></td>
<td>4,127</td>
</tr>
<tr>
<td>Loss on Sale of Investments</td>
<td></td>
<td>89,443</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td></td>
<td>14,660,097</td>
</tr>
<tr>
<td><strong>PROFIT/ (LOSS) BEFORE CAPITAL ITEMS</strong></td>
<td>4</td>
<td>(98,324)</td>
</tr>
<tr>
<td>Capital Donations and Funding</td>
<td></td>
<td>237,356</td>
</tr>
<tr>
<td>Building Depreciation</td>
<td>(187,116)</td>
<td>(186,084)</td>
</tr>
<tr>
<td><strong>NET PROFIT/ (LOSS)</strong></td>
<td></td>
<td>(48,084)</td>
</tr>
</tbody>
</table>

The Accompanying notes form an integral part of these financial statements.
## Balance Sheet

**MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165**  
FOR THE YEAR ENDED 30 JUNE 2009

### Note 2009 2008

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash at Bank, on Deposit and on Hand</td>
<td>5,055,398</td>
<td>3,694,800</td>
</tr>
<tr>
<td>Receivables</td>
<td>354,500</td>
<td>1,222,032</td>
</tr>
<tr>
<td>Prepayments</td>
<td>122,881</td>
<td>52,044</td>
</tr>
<tr>
<td>Other Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td>5,532,779</td>
<td>4,968,876</td>
</tr>
<tr>
<td><strong>Non Current Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investments available for sale</td>
<td>1,936,106</td>
<td>2,233,668</td>
</tr>
<tr>
<td>Property, Plant &amp; Equipment</td>
<td>8,440,635</td>
<td>8,396,103</td>
</tr>
<tr>
<td>Receivables</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Non Current Assets</strong></td>
<td>10,376,741</td>
<td>10,629,771</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td>15,909,520</td>
<td>15,598,647</td>
</tr>
</tbody>
</table>

### Current Liabilities

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creditors &amp; Accruals</td>
<td>1,061,422</td>
<td>957,116</td>
</tr>
<tr>
<td>Resident Bonds</td>
<td>300</td>
<td>300</td>
</tr>
<tr>
<td>Provisions</td>
<td>537,736</td>
<td>443,003</td>
</tr>
<tr>
<td>Funds Held for Future Periods</td>
<td>2,948,046</td>
<td>2,285,633</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td>4,547,504</td>
<td>3,686,052</td>
</tr>
</tbody>
</table>

### Non Current Liabilities

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds Held for Future Periods</td>
<td>1,801,627</td>
<td>1,952,695</td>
</tr>
<tr>
<td>Provisions</td>
<td>275,097</td>
<td>203,184</td>
</tr>
<tr>
<td><strong>Total Non Current Liabilities</strong></td>
<td>2,076,724</td>
<td>2,155,879</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Total Liabilities</strong></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>6,624,228</td>
<td>5,841,931</td>
</tr>
</tbody>
</table>

### Net Assets

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Assets</strong></td>
<td>9,285,292</td>
<td>9,756,716</td>
</tr>
</tbody>
</table>

Represented By:

### Members Funds

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reserves</strong></td>
<td>6,791,106</td>
<td>7,559,787</td>
</tr>
<tr>
<td><strong>Retained Surplus</strong></td>
<td>2,494,186</td>
<td>2,196,929</td>
</tr>
<tr>
<td><strong>Total Members Funds</strong></td>
<td><strong>9,285,292</strong></td>
<td><strong>9,756,716</strong></td>
</tr>
</tbody>
</table>

The accompanying notes form an integral part of these financial statements.
# Statement of Changes in Equity

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165

FOR THE YEAR ENDED 30 JUNE 2009

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Retained Surplus</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Opening Balance</td>
<td>2,196,929</td>
<td>1,106,323</td>
</tr>
<tr>
<td>ADD</td>
<td>Net Profit For Year</td>
<td>(48,084)</td>
</tr>
<tr>
<td></td>
<td><strong>2,148,845</strong></td>
<td><strong>1,699,093</strong></td>
</tr>
<tr>
<td>ADD/LESS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer to New Projects Reserve</td>
<td>3</td>
<td>Nil</td>
</tr>
<tr>
<td>Transfer to Property Maintenance Reserve</td>
<td></td>
<td>(29,016)</td>
</tr>
<tr>
<td>Transfer to Asset Replacement Reserve</td>
<td></td>
<td>150,601</td>
</tr>
<tr>
<td>Transfer to Asset Trust Reserve</td>
<td>14</td>
<td>223,756</td>
</tr>
<tr>
<td>Realised Gains on Sale of Investments</td>
<td></td>
<td>Nil</td>
</tr>
<tr>
<td>Net Amount of Transfers</td>
<td></td>
<td>345,341</td>
</tr>
<tr>
<td><strong>Closing Balance</strong></td>
<td></td>
<td><strong>2,494,186</strong></td>
</tr>
</tbody>
</table>

| **Reserves** | | |
| Opening balance | | 7,559,787 | 8,576,038 |
| Net change in fair value of available-for-sale financial assets | | 13 | (423,340) | (518,415) |
| ADD Net transfers (to)/from Retained Surplus | | (345,341) | (497,836) |
| **Closing balance** | | **6,791,106** | **7,559,787** |

The accompanying notes form an integral part of these financial statements.
# Statement of Cash Flows

**Mental Illness Fellowship Victoria ACN 093 357 165**

**For the year ended 30 June 2009**

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cashflow from Operating Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts - from Donors and Funding Agencies</td>
<td>17,053,326</td>
<td>13,125,271</td>
</tr>
<tr>
<td>Payments to Suppliers and Employees</td>
<td>(14,953,629)</td>
<td>(12,358,700)</td>
</tr>
<tr>
<td>Interest &amp; Distributions Received</td>
<td>326,764</td>
<td>435,812</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td>2,426,461</td>
<td>1,202,383</td>
</tr>
<tr>
<td><strong>Cashflow from Investing Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Proceeds from sale of property, plant &amp; equipment</td>
<td>158,390</td>
<td>412,786</td>
</tr>
<tr>
<td>Proceeds realised from sale of investments</td>
<td>70,269</td>
<td>1,975,661</td>
</tr>
<tr>
<td>Purchase of investments</td>
<td>(285,490)</td>
<td>(2,752,082)</td>
</tr>
<tr>
<td>Payment for property, plant &amp; equipment</td>
<td>(1,009,032)</td>
<td>(1,441,832)</td>
</tr>
<tr>
<td><strong>Net cash used by Investing activities</strong></td>
<td>(1,065,863)</td>
<td>(1,805,467)</td>
</tr>
<tr>
<td><strong>Cash Flow from Financing Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net cash provided by Financing Activities</td>
<td>Nil</td>
<td>Nil</td>
</tr>
<tr>
<td><strong>Net Increase (Decrease) in cash Held</strong></td>
<td>1,360,598</td>
<td>(603,084)</td>
</tr>
<tr>
<td><strong>Cash at Beginning of Year</strong></td>
<td>3,694,800</td>
<td>4,297,884</td>
</tr>
<tr>
<td><strong>Cash at End of Year</strong></td>
<td>5,055,398</td>
<td>3,694,800</td>
</tr>
</tbody>
</table>

a) **Reconciliation of Cash**

- Cash at Bank, on Deposit and on Hand | 5,055,398 | 3,694,800 |

b) **Reconciliation of Cash Flow from Operations with Profit/ (Loss)**

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net Profit/ (Loss)</strong></td>
<td>(48,084)</td>
<td>592,770</td>
</tr>
<tr>
<td><strong>Adjustments for Non cash flows in operating profit:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>851,263</td>
<td>730,370</td>
</tr>
<tr>
<td>Profit on Sale of Property, Plant &amp; Equipment</td>
<td>(45,153)</td>
<td>(109,010)</td>
</tr>
<tr>
<td>Profit on Sale of Investments</td>
<td>Nil</td>
<td>(26,931)</td>
</tr>
<tr>
<td>Realised loss on Sale of Investments</td>
<td>89,443</td>
<td>117,176</td>
</tr>
</tbody>
</table>

| **Changes in assets and liabilities:** | | |
| Increase/Decrease in Receivables | 867,532 | (1,011,805) |
| Increase/Decrease in Prepayments and Other Assets | (70,837) | 6,133 |
| Increase/(Decrease) in Creditors & Accruals | 104,306 | 169,541 |
| Increase/(Decrease) in Employee Provisions | 166,646 | 33,506 |
| Increase/(Decrease) in Funds for Future Use | 511,345 | 700,633 |

| **Cashflows from Operations** | 2,426,461 | 1,202,383 |
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2009

1. STATEMENT OF ACCOUNTING POLICIES

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

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

Basis of Preparation

Reporting Basis and Conventions

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

Accounting Policies

(a) Property, Plant and Equipment

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

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

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

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

(b) Funds Held For Future Periods

Mental Illness Fellowship Victoria receives funding from various agencies to run its programs. Where grants are required to be spent on specific programs in order to meet agreed outcomes as contracted with the funding agency, the organisation initially records the monies received as a liability. This is due to a present obligation existing at that time to spend the monies in accordance with the funding agreement or risk having to refund those funds. Income is subsequently recognised in the periods that the funds are actually spent. As disclosed in the balance sheet, unspent funds totalling $4,749,673 are showing as a liability at 30 June 2009 ($4,238,328 at 30 June 2008). All other donations and untied grants are recorded as income when monies are received.
(c) Employee Entitlements

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

(d) Taxation

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

(e) 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. After any accumulated gains are utilised by subsequent losses, any further losses are taken to the Income Statement. In the event of a permanent impairment any loss is charged to the Income Statement. When available-for-sale investments are sold, the total realised gains or losses, including those previously recognised through reserves, are included in the Income Statement.

(f) Cash

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

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Grants</td>
<td>10,028,278</td>
<td>8,740,364</td>
</tr>
<tr>
<td>Funding &amp; Grants received in previous</td>
<td>1,123,385</td>
<td>386,761</td>
</tr>
<tr>
<td>periods</td>
<td>1,320,710</td>
<td>1,151,028</td>
</tr>
<tr>
<td>Client Fees</td>
<td>384,944</td>
<td>254,098</td>
</tr>
</tbody>
</table>

Total: 12,857,317

3. SALARIES AND RELATED COSTS

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

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Staff 30th June (EFT)</td>
<td>163.89</td>
<td>141.39</td>
</tr>
</tbody>
</table>

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.

5. RECEIVABLES - CURRENT

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sundry Debtors</td>
<td>354,500</td>
<td>1,222,032</td>
</tr>
</tbody>
</table>

Total: 354,500

6. INVESTMENTS – AVAILABLE FOR SALE

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investments in Managed Funds</td>
<td>1,936,106</td>
<td>2,233,668</td>
</tr>
</tbody>
</table>

7. PROPERTY, PLANT & EQUIPMENT

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings and Land - at cost</td>
<td>7,704,848</td>
<td>7,624,633</td>
</tr>
<tr>
<td>Less Accumulated Depreciation</td>
<td>(1,648,220)</td>
<td>(1,461,104)</td>
</tr>
<tr>
<td></td>
<td>6,056,628</td>
<td>6,163,529</td>
</tr>
<tr>
<td>Motor Vehicles - at cost</td>
<td>2,606,724</td>
<td>2,466,006</td>
</tr>
<tr>
<td>Less Accumulated Depreciation</td>
<td>(1,243,211)</td>
<td>(990,058)</td>
</tr>
<tr>
<td></td>
<td>1,363,513</td>
<td>1,475,948</td>
</tr>
<tr>
<td>Office Furniture and Equipment - at cost</td>
<td>1,664,116</td>
<td>1,374,479</td>
</tr>
<tr>
<td>Less Accumulated Depreciation</td>
<td>(783,836)</td>
<td>(617,853)</td>
</tr>
<tr>
<td></td>
<td>880,280</td>
<td>756,626</td>
</tr>
<tr>
<td>Work in Progress</td>
<td>140,214</td>
<td>-</td>
</tr>
<tr>
<td>Total Written Down Value</td>
<td>8,440,635</td>
<td>8,396,103</td>
</tr>
</tbody>
</table>

8. RECEIVABLES – NON CURRENT

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loan - Social Firm Management Group</td>
<td>-</td>
<td>224,400</td>
</tr>
<tr>
<td>Less Provision for Doubtful Debts</td>
<td>-</td>
<td>(224,400)</td>
</tr>
</tbody>
</table>

Total: -
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS CONTINUED

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2009

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

9. CREDITORS & ACCRUALS

<table>
<thead>
<tr>
<th>Item</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Creditors</td>
<td>532,796</td>
<td>735,039</td>
</tr>
<tr>
<td>Accruals</td>
<td>528,626</td>
<td>222,077</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,061,422</strong></td>
<td><strong>957,116</strong></td>
</tr>
</tbody>
</table>

10. PROVISIONS

<table>
<thead>
<tr>
<th>Item</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision for Annual Leave</td>
<td>507,096</td>
<td>417,818</td>
</tr>
<tr>
<td>Provision for Long Service Leave</td>
<td>30,640</td>
<td>25,185</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>537,736</strong></td>
<td><strong>443,003</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision for Long Service Leave</td>
<td>275,097</td>
<td>203,184</td>
</tr>
</tbody>
</table>

11. FUNDS HELD FOR FUTURE PERIODS

<table>
<thead>
<tr>
<th>Item</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected to be utilised within 12 months</td>
<td>2,948,046</td>
<td>2,285,633</td>
</tr>
<tr>
<td><strong>Total Current</strong></td>
<td><strong>2,948,046</strong></td>
<td><strong>2,285,633</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expected to be utilised between 1-2 years</td>
<td>685,000</td>
<td>685,000</td>
</tr>
<tr>
<td>Expected to be utilised between 2-5 years</td>
<td>1,116,627</td>
<td>1,267,695</td>
</tr>
<tr>
<td><strong>Total Non Current</strong></td>
<td><strong>1,801,627</strong></td>
<td><strong>1,952,695</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,749,673</strong></td>
<td><strong>4,238,328</strong></td>
</tr>
</tbody>
</table>

12. RESERVES

<table>
<thead>
<tr>
<th>Item</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revaluation Reserve 13</td>
<td>(941,755)</td>
<td>(518,415)</td>
</tr>
<tr>
<td>Capital Campaign Reserve</td>
<td>536,295</td>
<td>536,295</td>
</tr>
<tr>
<td>Capital Reserve</td>
<td>300,000</td>
<td>300,000</td>
</tr>
<tr>
<td>New Projects Reserve</td>
<td>1,063,968</td>
<td>1,063,968</td>
</tr>
<tr>
<td>Property Maintenance Reserve</td>
<td>191,074</td>
<td>162,058</td>
</tr>
<tr>
<td>Asset Replacement Reserve</td>
<td>360,437</td>
<td>511,038</td>
</tr>
<tr>
<td>Asset Trust Reserve 14</td>
<td>5,281,087</td>
<td>5,504,843</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>6,791,106</strong></td>
<td><strong>7,559,787</strong></td>
</tr>
</tbody>
</table>

13. AVAILABLE FOR SALE INVESTMENT REVALUATION RESERVE

<table>
<thead>
<tr>
<th>Item</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Balance</td>
<td>(518,415)</td>
<td>251,578</td>
</tr>
<tr>
<td>Increase/(Decrease) in Fair Value of Investments</td>
<td>(423,340)</td>
<td>(518,415)</td>
</tr>
<tr>
<td>Transfer to income statement on sale of financial assets</td>
<td>-</td>
<td>(251,578)</td>
</tr>
<tr>
<td><strong>Closing Balance</strong></td>
<td>(941,755)</td>
<td>(518,415)</td>
</tr>
</tbody>
</table>
14. ASSET TRUST RESERVE

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

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

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Balance</td>
<td>$5,504,843</td>
<td>$5,812,361</td>
</tr>
<tr>
<td>Add/(Less) Transfers (to)/from Retained Surplus</td>
<td>$(223,756)</td>
<td>$(307,518)</td>
</tr>
<tr>
<td>Closing Balance</td>
<td>$5,281,087</td>
<td>$5,504,843</td>
</tr>
</tbody>
</table>

15. CAPITAL COMMITMENTS

As at 30 June 2009 no capital commitments exist, nor any existed for the comparative previous year.

16. RELATED PARTY RELATIONSHIPS

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

17. KEY MANAGEMENT PERSONNEL

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

<table>
<thead>
<tr>
<th>Benefit Type</th>
<th>2009</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short Term Benefits</td>
<td>$496,781</td>
<td>$541,335</td>
</tr>
<tr>
<td>Other Long Term Benefits</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Post Employment Benefits</td>
<td>$121,384</td>
<td>$123,631</td>
</tr>
<tr>
<td>Termination Benefits</td>
<td>$121,190</td>
<td></td>
</tr>
<tr>
<td>Share Based Benefits</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$739,355</td>
<td>$664,966</td>
</tr>
</tbody>
</table>
### 18. FINANCIAL INSTRUMENTS

<table>
<thead>
<tr>
<th>Recognised Financial Instrument</th>
<th>Accounting Policy</th>
<th>Terms and Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Financial Assets</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank Deposit on Call and Bank Bills</td>
<td>Valued at face value.</td>
<td>On-call deposits returned floating interest rates between 0.0% and 7.70%. The average rate at balance date was 3.91%.</td>
</tr>
<tr>
<td>Managed Funds</td>
<td>Initially valued at cost, and then at market value.</td>
<td>Distributions vary in accordance with Fund performance and market conditions. The annual rate of return was 7.46%.</td>
</tr>
<tr>
<td>Receivables</td>
<td>No different from normal commercial practice</td>
<td>Debtors are unsecured, not subject to interest charge and normally settled within 30 days.</td>
</tr>
<tr>
<td><strong>Financial Liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors and Accruals</td>
<td>Liabilities are recognised for amounts to be paid in the future for goods received and services provided to the organisation as at balance date whether or not invoices have been received.</td>
<td>General creditors are unsecured, not subject to interest charges and are normally settled within 30 days of invoice date.</td>
</tr>
<tr>
<td>Resident Bonds</td>
<td>Liabilities are recorded when bonds are received by resident members.</td>
<td>Funds are payable upon termination of accommodation which is an indiscernible time in the future and are not subject to an interest charge.</td>
</tr>
</tbody>
</table>

### FINANCIAL INSTRUMENTS - INTEREST RATE RISK

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

<table>
<thead>
<tr>
<th></th>
<th>Floating Interest Rate</th>
<th>1 Year or Less</th>
<th>Over 1 to 5 Years</th>
<th>Over 5 Years</th>
<th>Non Interest Bearing</th>
<th>Carrying Amount</th>
<th>Weighted Average Interest Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(i) Financial Assets</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash on Call &amp; Bank Bills</td>
<td>3,853,271</td>
<td>1,202,127</td>
<td></td>
<td></td>
<td></td>
<td>5,055,398</td>
<td>3.91%</td>
</tr>
<tr>
<td>Managed Funds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,936,106</td>
<td>1,936,106 N/A</td>
</tr>
<tr>
<td>Receivables</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>354,500</td>
<td>354,500 N/A</td>
</tr>
<tr>
<td><strong>(ii) Financial Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creditors</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,061,422</td>
<td>1,061,422 N/A</td>
</tr>
<tr>
<td>Resident Bonds</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>300</td>
<td>300 N/A</td>
</tr>
</tbody>
</table>
INDEPENDENT AUDIT REPORT
TO THE MEMBERS OF MENTAL ILLNESS FELLOWSHIP

MENTAL ILLNESS FELLOWSHIP VICTORIA ACN 093 357 165
FOR THE YEAR ENDED 30 JUNE 2009

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 2009 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 7 September, 2009, would be in the same terms if provided to the directors as at the date of this auditor’s report.

Auditor’s Opinion
In my opinion:

a. the financial report of Mental Illness Fellowship Victoria is in accordance with the Corporations Act 2001, including:
   i. giving a true and fair view of the company’s financial position as at 30 June 2009 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: 9th September 2009
headspace: headspace provides mental and health wellbeing support, information and services to young people and their families across Australia.

Helpline: a telephone information, referral and support service provided by MI Fellowship for people with mental illness, family members, and others in the general community; the service is provided 9-5 Monday to Friday and is staffed by volunteers, most of whom are also peers.

Home Based Outreach and Support (HBOS): Individually-tailored support provided to people with mental illness living in the community or with friends and communities, to assist them to develop and maintain skills for independent living and increase their participation.

Human Resources: the personnel employed by a given company or organisation.

 Individual Participant Plans (IPP): a key document that provides the framework for delivery of rehabilitation services to each individual; the IPP is developed collaboratively with the participant and defines his/her personal goals and aspirations.

IT: Information technology - the development, implementation, and maintenance of computer hardware and software systems to organise and communicate information electronically.

Integrated service responses: a desirable situation wherein diverse services are coordinated and integrated into a seamless system that is easy to navigate.

Intranet: a private network that uses internet protocols to securely share any part of an organisation’s information systems with its employees.

Length of stay: the period during which a person remains as a participant of a MI Fellowship program.

Linking People Locally (LPL): A program assisting people with a mental illness to access courses and activities at local Neighbourhood Houses in the eastern Melbourne metropolitan area.

MY Recruitment: the name of MI Fellowship’s evidence-based employment program, which assists people with mental illness to find and keep appropriate jobs in the open labour market.

MI Share: Mental Illness Fellowship Victoria’s implementation of Microsoft’s Sharepoint Technologies to create a corporate Web Portal to manage documents, search content and enable teams to collaborate.

MIFA: Mental Illness Fellowship of Australia Inc.

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

Opening Doors: An intensive residential rehabilitation program for people with a serious mental illness. It consists of various forms of independent living options, located in several homes in the Armadale, Glen Iris and St Kilda areas.

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

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

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

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

RTO: Registered Training Organisation.

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

RTO: a registered training organisation (RTO) in Australia, that provides students with training that results in qualifications and statements of attainment that are recognised and accepted by industry and other educational institutions throughout Australia.

Secure Extended Care Unit: medium to long term inpatient treatment and rehabilitation, for people with severe mental illness that limits their capacity to live in a community setting.

Social exclusion: A complex process of compounding disadvantage whereby vulnerable people become ostracised, owing to their lack of employment, education, housing, and relationships.

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

SRS: Supported Residential Service - a form of supported congregate accommodation provided for people who are independent but need assistance with preparation of meals and provision of basic household necessities.

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

Stigma: negative image associated with an identifiable characteristic such as mental illness.

Substance misuse: use of illicit substances or problematic use of licit substances, such as alcohol and other drugs.

Vocational Rehabilitation Services: Provides assistance to people who have an injury, disability or health condition to work independently in the open labour market. It provides a comprehensive intervention, combining vocational rehabilitation with employment assistance.

Wide Area Network: a computer network that covers a broad geographic area.