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

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

Our Vision
Our vision is of a society in which mental illness is understood and accepted. People with mental illness will be afforded the same regard as those with physical illness. Resources will be readily available and offer early interventions and state of the art treatment and support. These interventions will be so effective that long-term negative consequences of mental illness will have disappeared for the person and their family.

Our Mission
Social Inclusion

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

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

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

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

Our Enabling Behaviours
Valuing the lived experience
Partnering
Innovation, demonstration and leadership
Peer participation and support
Best practice
Advocacy and community development

Our Strategic Priorities 2009-13
Build integrated service response systems that deliver social inclusion
Use evidence-based practice and innovation that advance social inclusion
Build organisational capacity that facilitates social inclusion
About our Annual Report

This year MI Fellowship Victoria has highlighted the experience of families. Our key message sums it up. When mental illness affects a family member it affects us all. Our aim this year has been to build community understanding of the support and service needs of families managing the impact of mental illness on their lives. There are opportunities for us to all speak up, at the personal level and as community members, so the road to recovery is easier for families to traverse.
This year we have been celebrating the contribution of families to the care of people with mental illness. One highlight was our collaboration with Mental Illness Fellowship Australia (MIFA) in hosting a visit by Dr Joanne Nicholson from the University of Massachusetts who brought a new perspective on responding to the mental illness issues facing families – the needs of people with mental illness who are parents. Her research suggests that links across therapeutic mental health services and community-based support services are core to supporting all members of the family – the parents and the children.

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

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

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

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

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

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

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

Overall, I am pleased to report that MI Fellowship Victoria has continued to grow and increase the reach of its service delivery. With the board’s strategic decision to build our advocacy base we are also set to be well placed for greater policy influence into the future. These achievements have been a joint effort. I would like to thank my fellow directors, CEO, Liz Crowther, the management team and committed staff and volunteers for striving to make a difference in the lives of people with mental illness and their families.
One in five of us will have mental illness in our lifetime and more often than not it is families that are at the forefront in offering care and support. However these families are often left without adequate information, assistance and capacity to care effectively. The impact of this experience often results in the principal carer developing anxiety and depression. Frequently, the pathway from initial symptom development to diagnosis and recovery is long and circuitous and the family has limited support in managing during this time. Due to huge unmet family need we have focused on the family this year, through our advocacy work in Schizophrenia Awareness Week and Mental Health Week.

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

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

We continued to deliver services centred on the desired outcomes of people who use our services, by redesigning four of our seven day programs with very positive outcomes. We were successful in building employment services which target people with mental illness who have not been able to access these programs from generic services in the past. We are very early in bedrocking these programs but already have firm evidence and feedback that we are reaching the people who need these services.

There have been many highlights in 2009-10, but one that I think about has been the performances by our carers’ choir. The joy that the participants experience is contagious and energising. I also want to mention the Commonwealth funding for MI Recovery, a consumer peer-education program. This funding has enabled consumer program leaders to be prepared in South Australia, Victoria, ACT, and South and North Queensland. Some of you may be surprised by the scope of our activities reaching areas far from Victoria, but as a leading Australian mental health advocacy organisation, our reach is widespread.

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

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

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

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

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

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

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

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

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

Expenses

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

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

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

Financial Overview 2009-2010

Income

<table>
<thead>
<tr>
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<tbody>
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<tr>
<td>Other Income</td>
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<td>$0.5m</td>
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Expenses

<table>
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<tr>
<th>Category</th>
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<th>2010</th>
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<tbody>
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<tr>
<td>Investments</td>
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<td>Fundraising</td>
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<td>$11.5m</td>
</tr>
<tr>
<td>Other Income</td>
<td>$0.6m</td>
<td>$0.5m</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$16.8m</td>
<td>$16.8m</td>
</tr>
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</table>
The Year’s Result

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

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

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

Looking Ahead

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

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

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

Paul Montgomery
Chair, Finance, Audit and Resource Management Committee
Overview

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

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

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

Expanding our reach will occur through:

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

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

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

Guiding Principles

MI Fellowship is guided by the following principles:

1. Focus on psychotic illnesses – we are committed to working with people with psychotic illness, their families and friends and communities to reduce the impacts of these disorders.

2. Focus on intervention strategies – we will pursue early intervention strategies aimed at reducing the likelihood of the development of psychiatric disability, as well as active intervention and health promotion activities.

3. Focus on lived experience – we will seek growth opportunities that support effective response to changing participant and carer needs, lifestyles and demographics and strengthen formalised peer-driven developments.

4. Focus on ethical compatibility – all growth opportunities pursued by MI Fellowship will be compatible with the organisation’s values and offer no risk to reputation.

5. Focus on organisational impact – we will assess growth opportunities in respect to their overall impact on the organisation. Growth opportunities that may have some advantage but that will, in a broader sense, negatively impact on the organisation as a whole, will not be pursued.

6. Focus on staff – among the criteria for prioritising growth opportunities is the development of a workplace that attracts and supports quality staff. Building staff confidence and competence will be a feature of our plan.

7. Focus on partnership – we will give priority to growth opportunities achieved through partnerships that promote service system change and development in a manner that reduces stigma associated with mental illness, and that offers participants greater flexibility and choice.

8. Focus on accessibility – social inclusion and co-location of services will underpin all growth strategies.

9. Focus on viability – we will not pursue growth opportunities that do not fully cover the cost of delivering a quality program or service unless the opportunity provides a unique and powerful device for strategic positioning.
Strategic Goals

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

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

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

In 2009-10 we did this by:

In 2009-10 we did this by:

In 2009-10 we did this by:
Inadequate housing and support are major issues for people with mental illness and their families. And while we help people build a home through our home-based outreach, day programs and residential rehabilitation programs and through volunteering programs, some 42 per cent of people with mental illness still live in at-risk accommodation, or are homeless.

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

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

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

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

About the People We Worked With

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

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

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

Home Participants

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

Average Length of Stay of Participants

How We Worked With People

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

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

Home-Based Outreach and Support

Our workers visit each participant in their own home and community and focus on developing skills that assist them to better look after themselves and their home, while improving their participation in community life.
The total number of participants accessing HBOS continues to increase steadily with a further 5% growth this year. The number of participants was 448 this year compared to 427 in 2008-09. The main increases have been in the Hume/ACT and East regions. This is because we have established home-based outreach programs in the Benalla area (Hume) and a full year of operation of the Step Up Step Down program in the ACT with an associated outreach program. MI Fellowship has totally funded the Benalla program.

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

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

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

Throughout 2009-10, we continued to ensure that the facilities we provide offer the greatest opportunity for independence and choice. We provide spaces in each participant’s own unit or bedroom where they can watch TV or relax, while also providing choices of congregate living areas to socialise or share meals.

A point of difference of our PARC programs over similar programs is the facilitation of more effective skills assessment and the identification of skills development strategies through the provision of facilities for individuals to cook their own meals.

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

Together our PARC facilities (including Step Up Step Down), provided services to 267 participants during this year, an increase of 42% over 2008-09 (187 participants). This increase in participant numbers is an indicator of higher occupancy and effective partnerships with the clinical programs. The average length of stay is 26.4 days for PARC South Yarra (22 days in 2008-09), 31.3 days for PARC Shepparton (27 days in 2008-09) and 43.5 days for Step Up Step Down ACT (34 days in 2008-09). The overall increase in average length of stay, in the ACT program, over 2008-09 was due to the admission of people with more complex needs.
People do not recover in isolation. Recovery is closely associated with social inclusion and being able to take on meaningful and satisfying social roles within local communities, rather than in segregated services.

**Opening Doors**
Opening Doors runs in partnership with Alfred Psychiatry and is a blend of residential rehabilitation options scattered through the Inner South Metropolitan area of Melbourne. In total, 48 residential places are available through this program, each providing a variable level of support and rehabilitation. In the 28 places we manage, we worked with 33 participants in the Opening Doors program during this year. The Alma Road Townhouses provide a less intensive rehabilitation environment for people with mental illness who are expected to stay in this environment for several years.

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

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

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

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

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

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

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

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

Day programs provide opportunities for participants to build social and living skills. Historically, most of our day programs have been operated from a day centre with activities being mostly run at the centre, or people meeting at the centre to visit community sites. Underpinned by recovery principles and our focus on social inclusion, this year saw us radically change the way we operate day programs. As a result, these changes have been one of our main achievements of the year.

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

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

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

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

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

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

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

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

Respite

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

A range of respite options are offered:

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

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

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

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

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

Mental Health Pathways

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

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

Personal Helpers and Mentors

This is a Commonwealth-funded program targeted towards people who are currently not connected to the mental health service system. In 2009-10, we established two Personal Helpers and Mentors programs, one in Peninsular North and one in Peninsular South and Western Port. A feature of this program is that each team includes a peer support worker. These people bring to the team the unique perspective of someone who is some way down the recovery journey from mental illness.
Exclusion from the workplace and/or educational opportunities undermines the confidence and skills-base of people with mental illness. This affects their capacity to take up their meaningful place within their family.

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

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

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

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

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

**Employment**

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

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

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

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

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

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

### Participation in Employment Programs

<table>
<thead>
<tr>
<th>Program</th>
<th>Job seekers assisted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability Maintenance Services (DMS)</td>
<td>274</td>
</tr>
<tr>
<td>Employment Support Services (ESS)</td>
<td>183</td>
</tr>
<tr>
<td>Headspace</td>
<td>36</td>
</tr>
<tr>
<td>Peninsula</td>
<td>46</td>
</tr>
<tr>
<td>Cairns</td>
<td>199</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>738 (previously 420)</strong></td>
</tr>
</tbody>
</table>

### Best Practice/Service Recognition

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

- Employment services are integrated with clinical services
- Eligibility is based on consumer choice
- Competitive employment is the goal
- Commencement of job search is the earliest point
- Job search and job matching is individualised
- Planning takes in individual financial circumstances, including impact on government benefits
- Provision of ongoing support in response to need.
In 2009-10, we increased the locations that we operate our employment services from, deliberately targeting existing mental health facilities. The aim is to reach the most potential clients. By establishing a presence in a high-profile mental health clinic, we can sit alongside psychiatric services, or similar, and help the job seeker find employment. Participation in employment assists recovery from mental illness through higher self-esteem and increased financial independence.

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

Education and Training

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

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

Nationally Recognised Training

Certificates II and III and Introduction to General Education (CGA) for Adults programs were conducted across two sites, Fairfield and Frankston, over the period. The delivery of the education programs was restructured during the year. The Shepparton program was discontinued and the ‘Introduction to Education’ program, an intensive bridging program for students with small class sizes, was introduced in Frankston. Over the period, 12 students completed Certificate III, the lower numbers over previous years reflecting the shift to provision of introductory learning programs.

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

Sam Flumara was awarded the 2009 Doris Wisniewski Student of the Year Award from Mental Illness Fellowship Victoria’s President, Rob Knowles.
People with mental illness are not islands. They are part of a family, which also has to deal with the experience of mental illness in their lives. It may be a traditional ‘mum, dad, two kids’ family but could equally be a male/female couple, same-sex couple, or a strong friendship network that provides support to someone experiencing mental illness.

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

Among the highlights in this area in 2009-10 were:
> Well Ways winning the TheMHS achievement award, recognising its role in ensuring families have factual information about mental illness, and in providing family members with an opportunity to participate in the treatment of their family member with mental illness
> Training an additional 83 Well Ways facilitators, 20 in Victoria; this makes 311 registered facilitators delivering the Well Ways suite of programs across Australia
> Of the facilitators trained, 14 were MI Recovery facilitators, 5 in Victoria
> A total of 45,000 people attend the Open Mind Fiesta
> Receiving an award from Mainstreet Australia for the 2008 Open Mind Fiesta.
During 2009-10 we provided 887 counselling sessions to people with mental illness and their family members, and one eight-week therapy group course attended by eight participants.

**Peer Education**

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

**Family Education**

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

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

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

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

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

**Counselling**

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

**Helpline**

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

**Schizophrenia Awareness Week**

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

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

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

Partners
ACT Health
Action on Disability in Ethnic Communities
Alfred Health (Psychiatry)
AsiaLink
ANZ Bank
ARAFEMI
Anna White Trust
ANZ Trustees
Australian Consumer Research Centre
Australian Institute of Family Studies - Prof Alan Hayes
Australian Mental Health Consumer Network
Baw Baw Shire Council
Belinda Mahony
Beverly Jackson Foundation
Breathing Space Community Choir
Brotherhood of St Lawrence
Century Gourmet Meat
Craig Huggins
Department of Education, Employment and Workplace Relations
Department of Families, Housing, Community Services and Indigenous Affairs
Department of Health
Department of Health and Ageing
Department of Human Services Victoria
Fairfield Village Traders
Fedki Drumming
Gateway Community Health
Goulburn Valley Area Mental Health Service
Hanover Welfare Services
Heidi Everett
HomeGround Services
Hootville Communications
Inner South Community Health Service
John McGrath
Kathy Wilson Consulting
La Trobe University
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Maintain - Catherine Trahair
Mental Health Council of Australia
Mental Health Legal Centre
Mental Illness Fellowship of ACT Inc
Mental Illness Fellowship of Australia Inc
Mental Illness Fellowship of North Qld Inc
Mental Illness Fellowship of Queensland
Mental Illness Fellowship of SA Inc
Mental Illness Fellowship of WA Inc
Mind Australia
National Institute of Circus Arts
NEAMI
Northern Metropolitan Regional Council of Adult Community and Further Education
Northcote Pottery Suppliers
North South Contractors, ACT
O’Connor School of Irish Dancing
Oxygen Youth Health - Pat McGorry and Dianne Allston
Ostara Australia Limited
Our Consumer Place
Patchwork House
Peninsula Health
People Like You
Psychiatric Disability Services (VICDSERV)
Queensland Centre for Mental Health Research
Raqs Shardi Dance
Rebecca Jamieson
Regina Coeli Women’s Group
Rhythm of Life
Room44
Rotary Club of Preston
Rotary Club of Werribee
Rural Housing Network
Schizophrenia Fellowship of NSW Inc
Skills Victoria (Department of Industry, Innovation and Regional Development)
Spicers Paper
St Vincent’s Mental Health
Swing Patrol
The Chinese Cultural Lion Dance Troupe
The Yorke Family Foundation
Urban Artistry Photography
University of Melbourne
Upper Hume Community Health Service
Victorian Mental Illness Awareness Council
William Anglis Charitable Fund
Worktrainers Ltd
Women in Black - Collingwood Football Club

Community Supporters
Albert Pinkster
Amcal chemist Wonthaggi
Architectural Glassworks
AUO Barn Wonthaggi
Bank of Queensland
Barry Plant Real Estate
Best Western Wyndhamere Hotel & Sebastian’s Restaurant
Break Thru People Solutions
Brotherhood of St Lawrence
Bunnings Preston
C Mark Music
Cadbury Schweppes
Candela Dance
CapéView Mitre 10 Grantville
Central East Mental Health Service
Cargills Sports Store
Chalgaparty
Champions IGA
Charles Sturt University
Circus & Arena Attractions
City of Boroondara
City of Frankston
City of Melbourne
City of Port Phillip
City of Stonnington
City of Yarra
Clare Hopkins Clarke
Clare Parkin
Coles
Commonwealth Bank of Australia
Commonwealth Carer Respite Centre – Southern Region
Complete Transport Logistic
Curves Fairfield
Eastern Health Area Mental Health Service
Darebin Bowls Club
Carer Links Derriwarrh Health Services
Dolphin Integration
Dell Computers
Drummond Family, Melbourne
Eastern Health Area Mental Health Service
Fairplay - Fairfield’s Community Playgroup Association
Ferntree Gully Carer Support Group
Fintry Community Inc
Fiona Richardson
Foon’s Photographics Wonthaggi
Frisque Pty Ltd
Fusion Chinese Medicine
Geoff and Helen Bray
Greek Community Dancers
Grow
Harvey Norman Wonthaggi
headspace Barwon
Inner West Area Mental Health Service
Irene Hannah
Jika International
Jhoom-Bollywood Dance Company
Kel and Barbara Wilson
Knox Community Health Service
Leader Newspapers
Mangiameli Family, Shepparton
Marc and Pammie Le Couteur
Melbourne Fire Brigade
Melbourne Hapkido Academy
Melbourne City Toyota
Carer Links Merri Community Health Service
MI Cleaning
Michelle Fulwell
Mid West Area Mental Health Service
Miss Caroline and the Tap-Pets
Monash University
Mundo Maya
New Life Church Fairfield
Northcote Police
North East Area Mental Health Service
Northern Area Mental Health Service
North West Area Mental Health Service
NMIT
Plenty Valley Community Health Clinic
Puffing Billy Belgrave
Randell Parkin Pty Ltd
Retravision Wonthaggi
Rivers Australia
Roches Hardware
Safeway Geelong
Salvation Army Pathways Seymour
Santa Maria College
San Remo Pharmacy
School Uniform Shop Shepparton
SES
Scholastic
See Change
South West Area Mental Health Service
Southern Generators and Electrical Pty Ltd
Sports Power Wonthaggi
Star Nails & Tan
St Andrews Uniting Church
St John’s Ambulance
Summer Inner West Footscray
Swinburne Footscry
Teatstra
Temptation Cakes
Terry Mackenzie
The Cunningham Dax Collection
The Framing Art Place
The Pulse Community Radio
UnitingCare, Community Options
Universal Music Australia
Victoria University
Warner Music Australia
Waiora Community Mental Health Services
Web Central
Wonthaggi M.F.S. Dispensary
Yummy Mummy Lolly Shop
Zabelleydancers
Our message was, “people with mental illness want to participate... make it happen!”

Mental Health Week

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

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

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

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

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

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

Opportunity Shops

We have two opportunity shops at Kew and Northcote. They play a dual role: raising funds and helping to raise awareness about mental illness. Our trading profit increased by 8.3% on the previous year to close to $70,000 (as against $64,000 in 2008-09). Around 98 volunteers contributed their time to working in the shops over the course of the year. On the downside, a cost of $4500 was incurred in redirecting 900 bags of clothing for recycling as rags. This was because of clothes not suitable for sale being left at the two shops.

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

Donors and Supporters

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

Special Partners

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

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

We would like also to acknowledge the continued generous support of Eli Lilly and the AMP Foundation for the Open Mind Fiesta. We also appreciate the ongoing pro bono support of Middletons Lawyers.
01 The Hon. Robert Knowles AO – President  
Appointment Date: 20 September 2000  
Rob is a farmer and company director. His current chairs are: Mental Health Council of Australia, Mental Illness Fellowship of Australia, Campus Council of the Royal Children’s Hospital and he is on the boards of the Brotherhood of St Laurence and Annex. He is a former Victorian Minister for Health and has a strong interest in services for consumers, their families and carers. Rob received an Order of Australia Award in 2007.

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

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

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

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

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

07 Mrs Elaine Price  
Appointment Date: 24 January 2005  
Elaine is a keen advocate for people with mental illness their families and friends. She has volunteered over a long period at MI Fellowship as both a Well Ways facilitator and Helpline volunteer. Prior to retirement Elaine was a financial analyst in the manufacturing industry, both in Australia and overseas. In retirement she continues to gain valuable experience in her caring roles. This practical experience enables her to assist MI Fellowship in the achievement of its strategic objectives. In 2007 she received a Paul Harris Fellowship from Rotary International in recognition of her on-going work on behalf of those affected by mental illness. In 2009 she was invited to address an audience of over 600 Rotarians at a Rotary District Conference in order to highlight the impact of mental illness on those suffering the effects of drought and bushfires.

08 Mr Nathan Shafir  
Qualifications: Bachelor of Commerce, Graduate Diploma of Commerce DP and FCPA  
Appointment Date: 22 October 2004 Resigned: 30 June 2010  
Nathan was initially involved in the development of the fundraising area of Mental Illness Fellowship Victoria and is now on the Appointments and Governance Committee. He continues serving on various school, industry and community bodies in Melbourne in the area of development and fundraising. Nathan currently teaches and manages at Monash University and Monash College.

09 Ms Lyn Allison – Chair, Policy Advocacy Committee  
Qualifications: Bachelor of Education  
Appointment Date: 8 August 2008  
Elected to the Federal Parliament in 1996 and 2001, Lyn held the health portfolio for the Australian Democrats for 10 years and became its leader in 2004. Lyn initiated and chaired the Senate Mental Health Inquiry reporting in 2006 leading to an extra $4 billion spending on mental health. She co-authored a progress study in Victoria on the recommendations of the Burdekin Inquiry into mental health in 2004. She was also councillor at Port Melbourne in the early 1990s. She is a member of the Australian Institute of Company Directors and joined the boards of several health-related, not-for-profit organisations.
Update on Governance Focus for 2009-10

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

Board of Directors Sub-Committees 2009-10

Appointments and Governance Committee
The purpose of this committee is to set broad directions for the recruitment, orientation and ongoing development of board members.
Achievements:
• Framework for the board annual program of works
• Directors in Non-governance Role Policy developed
• Board appraisal
• Reviewed and redeveloped Board Skill Set for the upcoming year.
Directors: Louise Milne-Roch (Chair), Rob Knowles, Nathan Shaflir & Elaine Price
Staff attending: Elizabeth Crowther, Bernie Trahair

Directions Committee
The purpose of this committee is to set broad strategy directions for the development of innovative programs that will set the benchmarks for practice within the field.
Achievements:
• Housing & Support Policy Statement
• Oversaw the implementation of the Strategic Plan
• Initiated the Supporter Relationship Project
• Commitment made to ensure that when advocating for housing and support options that people with severe and enduring symptoms are included in the strategy for obtaining independent housing
• Redeveloped Committee Terms of Reference.
Directors: Darrel Drieberg (Chair), Diane Brown, Lyn Allison, Julian Freidin, Lei Ning
Non-Directors: Estelle Malseed & Alex Wood
Staff attending: Elizabeth Crowther, Laura Collister, Louise Davies, David Johnstone, Bernie Trahair

Finance, Audit and Resource Management Committee
The purpose of this committee is to set broad directions for the short/long-term financial security of the organisation, and ensure risk management and audit processes are in place.
Achievements: reviewed and developed
• New budget framework
• Strategic process for managing properties and other assets
• Investment strategy
• Delegations of Authority to CEO Policy.
Directors: Paul Montgomery (Chair), Jenny King, Theo Krambias
Staff attending: Elizabeth Crowther, Advar Hadzic, Laura Collister, David Johnstone, Louise Davies, Ken Kirby, Bernie Trahair

Policy and Advocacy Committee
The purpose of this committee is to oversee the development of MI Fellowship policies and ensure the effectiveness of its advocacy in influencing mental health policy at state and federal levels.
Achievements: Developed
• Establishment and Terms of Reference for Committee
• Framework for Housing and Support Policy Statement
• List of priorities for MI Fellowship advocacy
• Operational plan for internal and external communication of policy statements commenced.
Directors: Lyn Allison (Chair), Julian Freidin, Lei Ning, Diane Brown, Elaine Price
Staff attending: Elizabeth Crowther, Ken Kirby, Bernie Trahair

Executive of the Board (meet on an ad hoc basis only)
The purpose of this committee is to manage decision-making between board meetings and to act as a reference point for senior management of MI Fellowship.
Directors: Rob Knowles (Chair), Louise Milne-Roch, Diane Brown, Paul Montgomery, Darrel Drieberg, Lyn Allison
Staff attending: Elizabeth Crowther, Laura Collister, David Johnstone, Ken Kirby, Bernie Trahair
01 Elizabeth Crowther  
Chief Executive  
Elizabeth has a 40-year history working in the health sector in Victoria, mostly in mental health, with 16 years in senior management roles in the clinical and psychiatric disability sectors. She started as chief executive of Mental Illness Fellowship Victoria in 1995. Elizabeth is a senior fellow at the School of Nursing, University of Melbourne, has a Bachelor of Applied Science, a Diploma of Nursing Education and a Graduate Diploma in Health Administration. Her committee memberships include:  
• President, VICSERV  
• Deputy Chair, Ministerial Advisory Committee on Mental Health  
• Member, MIFA.

02 Laura Collister  
General Manager, Rehabilitation Services  
Laura graduated as an occupational therapist in 1984 and has worked in the field of mental health since that time. Her experience includes working in large hospitals, community mental health and as a lecturer in occupational therapy at La Trobe University. Laura joined Mental Illness Fellowship Victoria in 2005 and has embedded evidence-based practice and comprehensive evaluation frameworks into programs and services. She believes passionately in the possibilities for people living with mental illness and the opportunities that come through employment and education. Laura has a Bachelor of Applied Science (Occupational Therapy) and a Master of Applied Science (La Trobe University). Her committee memberships include:  
• Ministerial Advisory Sub-Committee on Workforce participation  
• Department of Health – PARC Advisory Committee  
• Department of Health – Day Program Review Reference Group.

03 David Johnstone  
General Manager, Organisational Services  
Joining the team in early March 2010 as General Manager, Organisational Services, David is responsible for ensuring that we have organisational capacity in the areas of finance, IT, HR, asset management, legal and administration. David leads these teams to ensure that our programs are well supported and are aligned with our vision and values. David brings with him a wealth of knowledge and experience in mental health and the financial sector. This includes six years at State Trustees managing the financial and legal affairs of 9,000 Victorians with a disability under a VCAT Administration Order. David has a Bachelor of Science in pure and applied mathematics and a business degree in economics and insurance.

04 Ken Kirby  
General Manager, Business Development (since April 2010)  
Ken Kirby joined the team as General Manager, Business Development in April 2010. Ken is responsible for effective business development of MI Fellowship programs and promotion of MI Fellowship products and services. This includes responsibility for policy and advocacy and fundraising. Ken has a background in the healthcare industry. Initially a psychiatric nurse he then moved to the pharmaceutical industry where he held executive roles in management with a focus on commercial, marketing and business development. Ken has qualifications in accounting, a Bachelor Business Marketing and a Diploma in Management.

05 Bernie Trahair  
Company Secretary  
Bernie is Secretary to the Board of Directors. Bernie’s main focus is providing directors with advice on corporate governance principles and plans and ensuring there is good communication between the board, the Chief Executive Officer and members. Joining us in 1998, she has over 30 years’ experience as a personal assistant over a number of industries. Bernie has a Graduate Certificate of Business and is currently undertaking a Certificate in Governance Practice and Administration.
People

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

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

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

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

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

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

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

Leadership

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

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

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

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

Organisational Learning

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

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

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

Staff Numbers 2009-10

<table>
<thead>
<tr>
<th>Staff</th>
<th>Full Time</th>
<th>Part Time</th>
<th>Casual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>124</td>
<td>70</td>
<td>74</td>
</tr>
<tr>
<td>Total 268</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

People

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

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

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

Occupational Health & Safety

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

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

IT Infrastructure

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

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

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

Assets

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

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

Risk Management

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

Accreditation

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

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

- Strengthening strategic, governance and leadership systems and processes
- Improving the system for managing physical resources and assets
- Strengthening knowledge access, sharing, communication, and usability
- Improving service delivery through systematic and planned program developments.
This year 341 volunteers worked with us to connect, support, inform and add to the delivery of programs and services for people with mental illness, their families and friends.

Volunteering

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

This year 341 volunteers worked with us to connect, support, inform and add to the delivery of programs and services for people with mental illness, their families and friends. For many, volunteering is the first step towards gaining experience for employment, while for others it is an opportunity to contribute alongside others who are also interested in making a difference.

Volunteers

Adam Susie
Atteck Margaret
Aggarwal Jay
Aggarwala Selina
Allen Cassandra
Allen Robert
Alley Georgia
Anderson Judy
Angelopoulos Anna
Angrove Karen
Aston Kate
Arena Andrew
Armata George
Arthur Callin
Assan Ben
Baldock Andrew
Batagari Ravindra
Bevan Anne
Bezina Andrea
Blazevic Amelia
Blazevic Suzana
Bome Aeghahn
Booth Marion
Bradley Kieran
Bradley Lam
Brandan Janice
Brooks Indalphy
Brown Diane
Brown Freya
Burton Lorna
Burrows Margaret
Callender Lynn
Callipari Elena
Cameron Wade
Campbell Megan
Campbell Perry
Cantale Thea
Carling Iris
Carter Beverley
Cattanach Nannette
Celia Simone
Chelewddgen Margaret
Cheffleth Jo
Clarence Jess
Clay Lornana
Clay Geoff
Coffin Ava
Cole Benjamin
Collay Peter
Collins James
Colyer Pauline
Comberford Jennifer
Cooper Sultan Zoe
Cotter Anne
Craneburgh Andrea
Craven Rachael
Cruden Tony
Crichton Barbara
Draplely Madeleine
Cruise Amber
Cullen Paul
Culum Jennifer Sophie
Dangod Susan
Darby Margaret
Davies Amanda - Jane
Davison Jeanette
Dean Mary
Deereon Denise
Di Rago Pat
Dinou Sarah
Dixon Lee
Douglas John
Dougall Bernadette
Draja Gabriele
Drebe Darrel
Drum Jannette
Drum Elisa
Dyson Greg
Ebsynta Una
Evans Judith
Fairbank Mitchell
Fargus Richard
Farruto Joe
Finnrich Ollie
Fitzgerald Sandra
Furlahin Simon
Flarone Magpie
Flewitt Marco
Foldor Jaray
Fredin Julian
Friston John
Fuj Misa
Galagher Jordan
Galagher Michelle
Garril Michelle
Garvalin Joso
Gatley Selena
Gavroy Liz
George Nancy
George Steve
Gill David
Gisuardminish Sharon
Gooding Chris
Goss Dominic
Goulth Matthew
Grissol Hayten
Grissol Kay
Groves Steven
Grunnorna Gonna
Guilbotti Dina
Haas Indra
Halton Chris
Hannah Rina
Hansom Dorothy
Harling Bev
Hauser Naomi
Hawley Amanda
Hayes Joan
Heaps Simone
Helyard Janet
Holyoke Kim
Horvath Gna
Hoskins Merrin
House Kirsty
Hoswell Davina
Hutchins Myre
Huxham Frances
Inglis Margaret
Ioannidis Lina
Isacce Baby
James Laurence
Jefferi Pohan
Jenkins Natali
Jenison Lyn
Johnstone Lorraine
Jones Rodyn
Kallonas Andie
Karlsson Marcus
Katsebas Nektaros
Keating Bernadette
Keukleawa Shalinda
Keltoi Kevin
Kendrick Kayre
Kerr Brenda
King Jennifer
Kro흐sis George
Knowles Rob
Konstantopoulos Nick
Kramblas Theo
Kratz Virginia
Kryettle Westhorpe
Lane Rosemary
Lang Heath
Leione Krishna
Leileian Ruth
Lewishon Penny
Lupps Irvine
Liaong Chun
Lin Yi-Hsun
Lindlar Linda
Liston Barbara
Little Mark
Long Louise
Lucik Andrew
Lynn Alison
Lynn Lyons
Lynn Robert
Lynn Vivienne
Macdonald Karen
Magoloul Louis
Mai Annie
Mannoon Garet
Mailead Estelle
Marsh Nova
Marsciano Josie
Martin Cathy
Martlyn Nicole
Macerasinas Iris
Maul Philip
Maualna Alfa
Maccarty John
Mcdougal Frances
McCullagh Catherine
McGregor Sally
Montosh Pamela
Mckernam Vicki
Mckinnon Judy
McLean Richard
Mcnamara Clay
Mcnamara Pat
Menahen Julie
Meneghetti Linda
Mignog Ray
Miller Loren
Mille-Roch Louise
Monsberg Helen
Monahan Nina
Montana Peter
Montgomery Paul
Moore Emeline
Moore Helen
Moran Tim
Mules Phylis
Nguyen Henry
Nguyen Mi
Nguyen Tom-Quach
Nguyen Van-Ho
Nkison Tim
Ning Lei
Nixie Susan
Obrion Patrick
Obrich Heather
O’Connor Terri
O’Saumoni Matt
O’Haloran Suzi
O’Meara Andy
O’ Neil Mark
Osborne Mona
Osgili Angela
Osgili Deanna
Osgili Stephanie
Panetta Rita
Parkes Helen
Paterson Dan
Peikin Natalie
Fenway Denise
PATCH Lisa
Petitl Juli
Peyton Peter
Phillips Jenny
Phung Anna
Piccoli Lucy
Pietro Eiper
Permarin Antonetta
Porinash Nampana
Pose Janet
Poage Jacinta
Powell Jamie
Price Elaine
Price Les
Ralph Kate
Randell Desire
Ravliey Maris
Real Mario
Redinking Seamus
Red Carol
Reid Gail
Richards June
Rigoni Nadia
Rey Kare
Rininau Rolli
Robertson Brea
Robinson Sharon
Rohley Cathy
Ross Steven
Rumpous Vicky
Ryan Rebecca
Ryding Lisa
Ryrie Clare
Salakowski Marie
Salim Janice
Sapi Bondi
Sashurka Christine
Schmidt Martin
Schwiger Robby
Scollo Frank
Sebastian Rebecca
Shafe Nathan
Shane June
Sherlock Kim
Shivavasis
Simon Peter
Singh Nikita
Slepke Michelle
Smarak Tara
Smillie Allison
Smith Beth
Smith Margaret
Smith Miriam
Smutters Wilma
Small Trinad
Song Amanda
Sourdries Maria
Spatler Sam
Stewart Gaye
Stone June
Stubbs Beth
Stuyan-Broone Marcus
Suivan Bree
Suivan David
Susbay Michelle
Tarasenko Peter
Taylor Janine
Thirket Kim
Thompson Emma
Tockner Shirley
Tiley Pearl
Ting Rhodie
Todhika Kate
Thiroid Robin
Tomarchio Sam
Trhaah Catherine
Trhaah Chris
Trhaah Mark
Trhaah More
Trhaah Stephen
Trebickcock Maria
Tumer Purdita
Ulfenbrook Janlee
Umawahono Nathalie
Vandeneedden Yvonne
Voutham Jimmy
Walker Jacqui
Wallace Susan
Walrus Ralph
Watson Anita
Waye Carley
Weaven Shane
Westermon John
Weston Doug
Whitlam Laura
White Trish
Wilcock Andrew
Williams Amy
Wilmict Catherine
Windmiller Rose
Wood Alex
Wong Gloria
Wood John
Wood Kate
Woodland Les
Woods Meredith
Wong Danny
Young Valerie
Yunich Dianne
Zhuo Yue (Viva)
Compliments and Complaints

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

Environmental Sustainability

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

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

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

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

The Mental Health Community Award was presented to Isabell Collins for her advocacy for the human rights of people with mental illness and John Edgley for his longstanding support for the Open Mind Fiesta which he has supported through volunteering his time and the generous in-kind donation of his truck that is used as the stage on the day.

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

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

The directors have pleasure in submitting their report for the year ended 30 June 2010 made in accordance with a resolution of the directors.

Directors

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

<table>
<thead>
<tr>
<th>Name of Director</th>
<th>Date Appointed</th>
<th>Board of Directors’ Meetings</th>
<th>Board Committee Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Hon Robert Knowles</td>
<td>20/09/2000</td>
<td>5 of 6</td>
<td></td>
</tr>
<tr>
<td>Ms Lyn Allison</td>
<td>08/09/2008</td>
<td>5 of 6</td>
<td></td>
</tr>
<tr>
<td>Mr Darrel Drieberg</td>
<td>20/09/2000</td>
<td>6 of 6</td>
<td></td>
</tr>
<tr>
<td>Ms Jennifer King</td>
<td>17/12/2007</td>
<td>5 of 6</td>
<td></td>
</tr>
<tr>
<td>Mr Paul Montgomery</td>
<td>21/10/2005</td>
<td>6 of 6</td>
<td></td>
</tr>
<tr>
<td>Ms Elaine Price</td>
<td>20/01/2003</td>
<td>6 of 6</td>
<td></td>
</tr>
<tr>
<td>Ms Louise Milne-Roch</td>
<td>22/06/2009</td>
<td>5 of 6</td>
<td>4 of 5</td>
</tr>
<tr>
<td>Mrs Diane Brown</td>
<td>10/10/2008</td>
<td>3 of 6</td>
<td>6 of 6</td>
</tr>
<tr>
<td>Mr Julian Freidin</td>
<td>10/10/2008</td>
<td>3 of 6</td>
<td></td>
</tr>
<tr>
<td>Mr Theophanis Krambias</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mr Lei Ning</td>
<td>25/09/2006</td>
<td>6 of 6</td>
<td>5 of 6</td>
</tr>
<tr>
<td>Mr Nathan Shafir</td>
<td>24/01/2005</td>
<td>1 of 1</td>
<td>6 of 6</td>
</tr>
</tbody>
</table>

Changes in directors’ details are set out in the”Directors’ Meeting” section.

No director has an interest in any contract or proposed contract with the Company declared since the last Directors’ Report.

Directors’ Meetings

During the financial year ended 30 June 2010, six meetings of the Company’s directors were held in respect of which, each director of the Company attended the following number (see table):

Operating Result

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

Review of Operations

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

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

State of Affairs

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

Likely Developments

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

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

Directors’ Benefits

Since the end of the previous financial year no director of the Company has received or become entitled to receive a benefit.
Directors’ Report continued

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

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

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

On behalf of the board

THE HON ROBERT KNOWLES - DIRECTOR

PAUL MONTGOMERY - DIRECTOR

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

Directors’ Declaration
The Directors of the company declare that:

1. the financial statements and notes, as set out on pages 6 to 20:
   a) comply with Australian Accounting Standards and the Corporations Law; and
   b) give a true and fair view of the financial position as at 30 June 2010 and performance for the year ended on that date of the company;

2. in the Directors’ opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

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

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

Auditor’s Independence Declaration
To Mental Illness Fellowship Victoria,

As lead auditor for the audit of Mental Illness Fellowship Victoria for the year ended 30 June 2010, I declare that, to the best of my knowledge and belief, there have been:

(i) No contraventions of the independence requirements of the Corporations Act in relation to the audit, and

(ii) No contraventions of any applicable code of professional conduct in relation to the audit.

DAVID J. OSBORNE, FCPA
Certified Practising Accountant
Registered Company Auditor No 10244
ACN 093 357 165

Dated this 5th day of October 2010.
## Income Statement

### INCOME FROM CONTINUING OPERATIONS

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Contract Services Income</strong></td>
<td>2</td>
<td>14,811,305</td>
</tr>
<tr>
<td><strong>Fundraising</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charitable Contributions</td>
<td></td>
<td>565,724</td>
</tr>
<tr>
<td>Other Fundraising</td>
<td></td>
<td>786,142</td>
</tr>
<tr>
<td><strong>Other Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income from Investments</td>
<td></td>
<td>388,862</td>
</tr>
<tr>
<td>Profit on Sale of Assets</td>
<td></td>
<td>345,602</td>
</tr>
<tr>
<td>Membership Income</td>
<td></td>
<td>15,591</td>
</tr>
<tr>
<td>Other Revenue &amp; Recoveries</td>
<td></td>
<td>251,276</td>
</tr>
<tr>
<td><strong>TOTAL REVENUE</strong></td>
<td></td>
<td>17,164,502</td>
</tr>
</tbody>
</table>

### EXPENSES

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Salaries &amp; Related Costs</strong></td>
<td>3</td>
<td>11,533,470</td>
</tr>
<tr>
<td>Consultancies</td>
<td></td>
<td>158,106</td>
</tr>
<tr>
<td>Audit Fees</td>
<td></td>
<td>16,560</td>
</tr>
<tr>
<td>Bank Fees</td>
<td></td>
<td>29,221</td>
</tr>
<tr>
<td>Depreciation</td>
<td></td>
<td>771,208</td>
</tr>
<tr>
<td>Interest Expense</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>IT Network Costs</td>
<td></td>
<td>245,932</td>
</tr>
<tr>
<td>Occupancy Costs</td>
<td></td>
<td>456,133</td>
</tr>
<tr>
<td>Office Costs</td>
<td></td>
<td>615,058</td>
</tr>
<tr>
<td>Participant Support</td>
<td></td>
<td>1,046,119</td>
</tr>
<tr>
<td>Program Setup Costs</td>
<td></td>
<td>130,098</td>
</tr>
<tr>
<td>Additional Funding to MIFA</td>
<td></td>
<td>60,000</td>
</tr>
<tr>
<td>Light &amp; Power</td>
<td></td>
<td>126,394</td>
</tr>
<tr>
<td>Motor Vehicle Expenses</td>
<td></td>
<td>381,158</td>
</tr>
<tr>
<td>Property and Equipment Maintenance</td>
<td></td>
<td>412,057</td>
</tr>
<tr>
<td>Fundraising Expenses</td>
<td></td>
<td>495,116</td>
</tr>
<tr>
<td>Volunteer Costs</td>
<td></td>
<td>9,871</td>
</tr>
<tr>
<td>Other Expenses</td>
<td></td>
<td>31,357</td>
</tr>
<tr>
<td>Loss on Sale of Fixed Assets</td>
<td></td>
<td>6,064</td>
</tr>
<tr>
<td>Loss on Sale of Investments</td>
<td></td>
<td>54,934</td>
</tr>
<tr>
<td><strong>TOTAL EXPENSES</strong></td>
<td></td>
<td>16,578,876</td>
</tr>
</tbody>
</table>

### PROFIT/ (LOSS) BEFORE CAPITAL ITEMS

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>585,626</td>
<td>(249,392)</td>
</tr>
</tbody>
</table>

### NET PROFIT/ (LOSS) FROM CONTINUING OPERATIONS

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>487,664</td>
<td>(199,152)</td>
</tr>
</tbody>
</table>

The accompanying notes form an integral part of these financial statements.
Statement of Comprehensive Income

<table>
<thead>
<tr>
<th>NOTE</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>NET PROFIT/ (LOSS) FROM CONTINUING OPERATIONS</td>
<td>487,664</td>
<td>(199,152)</td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Revaluations on Available For Sale Investments</td>
<td>299,067</td>
<td>(423,340)</td>
</tr>
<tr>
<td>TOTAL COMPREHENSIVE INCOME</td>
<td>786,731</td>
<td>(622,492)</td>
</tr>
</tbody>
</table>

Balance Sheet

CURRENT ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at Bank, on Deposit and on Hand</td>
<td>6,191,826</td>
<td>5,055,398</td>
</tr>
<tr>
<td>Receivables</td>
<td>529,715</td>
<td>354,500</td>
</tr>
<tr>
<td>Prepayments</td>
<td>75,154</td>
<td>122,881</td>
</tr>
<tr>
<td>TOTAL CURRENT ASSETS</td>
<td>6,796,695</td>
<td>5,532,779</td>
</tr>
</tbody>
</table>

NON-CURRENT ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investments available for sale</td>
<td>1,840,757</td>
<td>1,936,106</td>
</tr>
<tr>
<td>Property, Plant &amp; Equipment</td>
<td>7,678,864</td>
<td>8,440,635</td>
</tr>
<tr>
<td>TOTAL NON-CURRENT ASSETS</td>
<td>9,519,621</td>
<td>10,376,741</td>
</tr>
<tr>
<td>TOTAL ASSETS</td>
<td>16,316,316</td>
<td>15,909,520</td>
</tr>
</tbody>
</table>

CURRENT LIABILITIES

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creditors &amp; Accruals</td>
<td>1,008,098</td>
<td>1,061,422</td>
</tr>
<tr>
<td>Resident Bonds</td>
<td>300</td>
<td>300</td>
</tr>
<tr>
<td>Provisions</td>
<td>604,085</td>
<td>537,736</td>
</tr>
<tr>
<td>Funds Held for Future Periods</td>
<td>2,562,628</td>
<td>2,968,507</td>
</tr>
<tr>
<td>TOTAL CURRENT LIABILITIES</td>
<td>4,175,111</td>
<td>4,567,965</td>
</tr>
</tbody>
</table>

NON-CURRENT LIABILITIES

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provisions</td>
<td>288,016</td>
<td>275,097</td>
</tr>
<tr>
<td>TOTAL NON-CURRENT LIABILITIES</td>
<td>288,016</td>
<td>275,097</td>
</tr>
<tr>
<td>TOTAL LIABILITIES</td>
<td>4,463,127</td>
<td>4,843,062</td>
</tr>
</tbody>
</table>

NET ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11,853,189</td>
<td>11,066,458</td>
</tr>
</tbody>
</table>

Represented By:

EQUITY

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reserves</td>
<td>7,695,967</td>
<td>8,572,272</td>
</tr>
<tr>
<td>Retained Earnings</td>
<td>4,157,222</td>
<td>2,494,186</td>
</tr>
<tr>
<td>TOTAL EQUITY</td>
<td>11,853,189</td>
<td>11,066,458</td>
</tr>
</tbody>
</table>

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

#### Retained Earnings

<table>
<thead>
<tr>
<th>Description</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accumulated Surplus at the beginning of the year</td>
<td>2,494,186</td>
<td>2,196,929</td>
</tr>
<tr>
<td><strong>ADD</strong> Net Profit for Year</td>
<td>487,664</td>
<td>(199,152)</td>
</tr>
<tr>
<td><strong>ADD/ LESS</strong> Transfer to New Projects Reserve</td>
<td>301,911</td>
<td>-</td>
</tr>
<tr>
<td>Transfer to Property Maintenance Reserve</td>
<td>(26,028)</td>
<td>(29,016)</td>
</tr>
<tr>
<td>Transfer to Asset Replacement Reserve</td>
<td>(76,877)</td>
<td>150,601</td>
</tr>
<tr>
<td>Transfer to Asset Trust Reserve 13</td>
<td>969,044</td>
<td>223,756</td>
</tr>
<tr>
<td>Transfer to Development Fund Reserve</td>
<td>7,322</td>
<td>151,068</td>
</tr>
<tr>
<td><strong>Net Amount of Transfers</strong></td>
<td>1,175,372</td>
<td>496,409</td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Retained Earnings at the end of the year</strong></td>
<td>4,157,222</td>
<td>2,494,186</td>
</tr>
</tbody>
</table>

#### Reserves

<table>
<thead>
<tr>
<th>Description</th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at the beginning of the year</td>
<td>8,572,272</td>
<td>9,492,021</td>
</tr>
<tr>
<td><strong>Net transfers (to)/from Retained Earnings</strong></td>
<td>(1,175,372)</td>
<td>(496,409)</td>
</tr>
<tr>
<td>Other Comprehensive Income</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Reserves balance at the end of the year</strong></td>
<td>7,695,967</td>
<td>8,572,272</td>
</tr>
</tbody>
</table>

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

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

The accompanying notes form an integral part of these financial statements

**NOTE 1: Statement of Accounting Policies**

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

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

**Basis of Preparation**

*Reporting Basis and Conventions*

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

**Accounting Policies**

*a) New Accounting Policies*

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

*b) Property, Plant and Equipment*

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

will be received from the assets employment and subsequent disposal. The expected net cash flows have not been discounted to their present values in determining recoverable amounts. The carrying values of plant and equipment are also reviewed for impairment when events or changes in circumstances indicate the carrying value may not be recoverable. If any impairment exists, the assets are written down to their recoverable amount and the loss recognised in the income statement.

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

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

c) Employee Entitlements

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

d) Taxation

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

e) Financial Instruments

Available for Sale Financial Assets

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

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

f) Cash

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

g) Funds Held for Future Periods

Mental Illness Fellowship Victoria receives funding from various agencies to run its programs. Where grants are required to be spent on specific programs in order to meet agreed outcomes as contracted with the funding agency, the organisation initially records the monies received as a liability. This is due to a present obligation existing at that time to spend the monies in accordance with the funding agreement. Income is subsequently recognised in the periods that the funds are actually spent. If the contract has been completed and unexpended funds are present, the funds will be moved to the Development Fund Reserve through income when the Fellowship is satisfied that the funds will not be required to be repaid. As disclosed in the balance sheet, unspent funds totalling $2,562,628 are showing as a liability at 30 June 2010 ($2,968,507 at 30 June 2009). All other donations and untied grants are recorded as income when monies are received. See Note 1 h) for additional detail.

h) Voluntary Change in Accounting Policy

Nature and reason for the change:

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

Comparative and current year adjustments:

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

In the current 2009-10 year, the effect of the change of accounting policy is a decrease in Operating Surplus by a decrease in income and a corresponding increase in the liability account Funds Held for Future Periods, by an amount of $7,322.
NOTE 2: CONTRACT SERVICES INCOME

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Grants</td>
<td>11,193,132</td>
<td>11,214,969</td>
</tr>
<tr>
<td>Funding &amp; Grants</td>
<td>408,365</td>
<td>451,730</td>
</tr>
<tr>
<td>Fees from other</td>
<td>2,878,000</td>
<td>1,558,066</td>
</tr>
<tr>
<td>Agencies</td>
<td>331,808</td>
<td>384,944</td>
</tr>
<tr>
<td></td>
<td><strong>14,811,305</strong></td>
<td><strong>12,706,249</strong></td>
</tr>
</tbody>
</table>

NOTE 3: SALARIES AND RELATED COSTS

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

Number of Staff 30th June (EFT) 191.58 163.89

NOTE 4: CAPITAL FUNDING AND DONATIONS

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

NOTE 5: RECEIVABLES - CURRENT

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Receivables</td>
<td>483,679</td>
<td>335,672</td>
</tr>
<tr>
<td>Deposits and Bonds</td>
<td>26,255</td>
<td>18,828</td>
</tr>
<tr>
<td>Issued</td>
<td>19,781</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td><strong>529,715</strong></td>
<td><strong>354,500</strong></td>
</tr>
</tbody>
</table>

NOTE 6: INVESTMENTS – AVAILABLE FOR SALE

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Investments</td>
<td>1,840,757</td>
<td>1,936,106</td>
</tr>
</tbody>
</table>

NOTE 7: PROPERTY, PLANT & EQUIPMENT

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buildings and Land</td>
<td>7,047,149</td>
<td>7,704,848</td>
</tr>
<tr>
<td>Less Accumulated</td>
<td>(1,746,587)</td>
<td>(1,648,220)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>5,300,562</td>
<td>6,056,628</td>
</tr>
<tr>
<td>Motor Vehicles</td>
<td>2,775,635</td>
<td>2,606,724</td>
</tr>
<tr>
<td>Less Accumulated</td>
<td>(1,424,625)</td>
<td>(1,243,211)</td>
</tr>
<tr>
<td>Depreciation</td>
<td>1,351,010</td>
<td>1,363,513</td>
</tr>
<tr>
<td>Office Furniture</td>
<td>1,335,453</td>
<td>1,241,266</td>
</tr>
<tr>
<td>and Equipment</td>
<td>(711,382)</td>
<td>(517,358)</td>
</tr>
<tr>
<td>Less Accumulated</td>
<td>624,071</td>
<td>723,908</td>
</tr>
<tr>
<td>Depreciation</td>
<td>780,000</td>
<td>422,850</td>
</tr>
<tr>
<td>Computers</td>
<td>(375,779)</td>
<td>(266,478)</td>
</tr>
<tr>
<td>Less Accumulated</td>
<td>403,221</td>
<td>156,372</td>
</tr>
<tr>
<td>Depreciation</td>
<td>-</td>
<td>140,214</td>
</tr>
<tr>
<td>Total Written Down</td>
<td>7,678,864</td>
<td>8,440,635</td>
</tr>
</tbody>
</table>
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS CONTINUED

NOTE 8: CREDITORS & ACCRUALS

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade Creditors</td>
<td>616,166</td>
<td>532,796</td>
</tr>
<tr>
<td>Accruals</td>
<td>391,932</td>
<td>528,626</td>
</tr>
<tr>
<td></td>
<td><strong>1,008,098</strong></td>
<td><strong>1,061,422</strong></td>
</tr>
</tbody>
</table>

NOTE 9: PROVISIONS

Current Liabilities

| Provision for Annual Leave | 572,048 | 507,096 |
| Provision for Long Service Leave | 32,037 | 30,640 |
|                              | **604,085** | **537,736** |

Non-Current Liability

| Provision for Long Service Leave | 288,016 | 275,097 |
|                                  | **7,678,864** | **8,572,272** |

NOTE 10: FUNDS HELD FOR FUTURE PERIODS

| Expected to be Utilised within 12 months | 2,562,628 | 2,968,507 |
| Total Funds Held for Future Periods     | **2,562,628** | **2,968,507** |

NOTE 11: RESERVES

| Available for Sale Investment Revaluation Reserve | 12 | (642,688) | (941,755) |
| Capital Campaign Reserve                      |    | 536,295   | 536,295   |
| Capital Reserve                               |    | 300,000   | 300,000   |
| Development Fund Reserve                      |    | 1,773,844 | 1,781,166 |
| New Projects Reserve                          |    | 762,057   | 1,063,968 |
| Property Maintenance Reserve                  |    | 217,102   | 191,074   |
| Asset Replacement Reserve                     |    | 437,314   | 360,437   |
| Asset Trust Reserve                           | 13 | 4,312,043 | 5,281,087 |
|                                              |    | **7,695,967** | **8,572,272** |

NOTE 12: AVAILABLE FOR SALE INVESTMENT REVALUATION RESERVE

| Opening Balance                               | (941,755) | (518,415) |
| Increase/(Decrease) in Fair Value of Investments | 299,067   | (423,340) |
| Closing Balance                               | (642,688) | (941,755) |
NOTE 13: ASSET TRUST RESERVE
In 1998-99 the Mental Illness Fellowship Victoria established an Asset Trust Reserve. The purpose of the reserve is to separately account for capital funding received in the past to finance the purchase of assets used by the organisation’s programs. These assets are required to be used in accordance with the objectives of each program and can potentially be redirected by changes in government policy. As a result, the organisation has no discretionary control regarding their utilisation.

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

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Balance</td>
<td>5,281,087</td>
<td>5,504,843</td>
</tr>
<tr>
<td>Add/(Less) Transfers (to)/from Retained Surplus</td>
<td>(969,044)</td>
<td>(223,756)</td>
</tr>
<tr>
<td>Closing Balance</td>
<td>4,312,043</td>
<td>5,281,087</td>
</tr>
</tbody>
</table>

NOTE 14: CAPITAL COMMITMENTS
As at 30 June 2010 no capital commitments were existing, nor were there any that existed for the comparative previous year.

NOTE 15: RELATED PARTY RELATIONSHIPS
There were no related party relationships or transactions for this year, nor the comparative previous year.

NOTE 16: KEY MANAGEMENT PERSONNEL
The key management personnel compensation included in the salaries and related costs expenses is as follows:

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-Term Benefits</td>
<td>389,896</td>
<td>496,781</td>
</tr>
<tr>
<td>Other Long-Term Benefits</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Post-Employment Benefits</td>
<td>122,662</td>
<td>121,384</td>
</tr>
<tr>
<td>Termination Benefits</td>
<td>1,603</td>
<td>121,190</td>
</tr>
<tr>
<td>Share-Based Benefits</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>514,161</td>
<td>739,355</td>
</tr>
</tbody>
</table>

Number of Key Personnel (EFT) 4.3 5.31

NOTE 17: FINANCIAL INSTRUMENTS

FINANCIAL RISK MANAGEMENT POLICIES
The Company’s financial instruments consist mainly of deposits with banks, accounts receivable and payable.

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

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

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

The Company does not have any derivative instruments at 30 June 2010.
Credit Risk
The Company does not have any material credit risk exposure to any single debtor or group of debtors under financial instruments entered into by the Company.

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

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

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

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

Liquidity Risk
Liquidity risk arises from the possibility that the company might encounter difficulty in settling its debts or otherwise meeting its obligations in relation to financial liabilities. The company does not have any material liquidity risk exposure to any single creditor or group of creditors under financial instruments entered into by the Company.

The Company manages liquidity risk by maintaining a reputable profile and through having minimal credit risk relating to financial assets.
NOTE 18: CASH FLOW INFORMATION

(a) Reconciliation of Cash

<table>
<thead>
<tr>
<th></th>
<th>2010 $</th>
<th>2009 $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash at Bank, on Deposit and on Hand</td>
<td>6,191,826</td>
<td>5,055,398</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Profit/ (Loss) after Income Tax</td>
<td>487,664</td>
<td>(199,152)</td>
</tr>
<tr>
<td>Adjustments for Non-Cash Items:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>972,475</td>
<td>851,263</td>
</tr>
<tr>
<td>Profit on Sale of Property, Plant &amp; Equipment</td>
<td>(339,538)</td>
<td>(45,153)</td>
</tr>
<tr>
<td>Profit on Sale of Investments</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Realised Loss on Sale of Investments</td>
<td>54,934</td>
<td>89,443</td>
</tr>
<tr>
<td>Transfer of Development Funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changes in Assets and Liabilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Increase)/Decrease in Receivables</td>
<td>(175,215)</td>
<td>867,532</td>
</tr>
<tr>
<td>(Increase)/Decrease in Prepayments and Other Assets</td>
<td>47,727</td>
<td>(70,837)</td>
</tr>
<tr>
<td>Increase/(Decrease) in Creditors &amp; Accruals</td>
<td>(53,324)</td>
<td>104,306</td>
</tr>
<tr>
<td>Increase/(Decrease) in Employee Provisions</td>
<td>79,268</td>
<td>166,646</td>
</tr>
<tr>
<td>Increase/(Decrease) in Funds for Future Use</td>
<td>(405,879)</td>
<td>662,413</td>
</tr>
<tr>
<td>Cash Flows from Operations</td>
<td>668,112</td>
<td>2,426,461</td>
</tr>
</tbody>
</table>

NOTE 19: EVENTS AFTER THE BALANCE SHEET DATE

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

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

NOTE 20: CAPITAL AND LEASING COMMITMENTS

a. Finance Lease Commitments

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
</tr>
</tbody>
</table>

b. Operating Lease Commitments

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-cancellable operating leases contracted for but not capitalised in the financial statements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not longer than one year</td>
<td>186,083</td>
<td>199,247</td>
</tr>
<tr>
<td>Longer than one year and not longer than five years</td>
<td>385,028</td>
<td>177,598</td>
</tr>
<tr>
<td>Longer than five years</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
Independent Audit Report to the Members of Mental Illness Fellowship Victoria


I have audited the accompanying financial report of Mental Illness Fellowship Victoria which comprises the balance sheet as at 30 June 2010 and the statement of comprehensive income, statement changes in equity and cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the directors’ declaration.

Directors’ Responsibility for the Financial Report

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

Auditor’s Responsibility

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

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

Independence

In conducting my audit, I have complied with the independence requirements of the Corporations Act 2001. I confirm that the independence declaration required by the Corporations Act 2001, provided to the directors of Mental Illness Fellowship Victoria on 11 October 2010, would be in the same terms if provided to the directors as at the date of this auditor’s report.

Auditor’s Opinion

In my opinion:

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

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

Date: 13th October 2010
require on-going support to find and in generic community settings groups either in a designated centre of activities that support people Day programs:

- accommodation in the community with serious mental illness,
- care and rehabilitation for people III, for people with mental illness
- training course offered by MI
- Certificate in General Education abilities
- a comprehensive picture of the instrument used in MI Fellowship
- Camberwell Assessment
- culture is not the dominant language
diverse’ – refers to groups whose
- programs to gauge participants' a self-report measure

### Glossary

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Dual diagnosis: where a person experiences both mental illness and a substance misuse condition.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early intervention: (1) the practice of timing treatment or rehabilitation to occur early in an illness to modify the course of the illness and prevent deterioration; (2) the practice of orienting interventions towards younger people so as to prevent illness from occurring, or to address illness in its early stages</td>
</tr>
<tr>
<td>FaHCSIA: Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs</td>
</tr>
<tr>
<td>Headspace: headspace provides mental and health wellbeing support, information and services to young people and their families across Australia</td>
</tr>
<tr>
<td>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</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>MIFA: Mental Illness Fellowship of Australia Inc</td>
</tr>
<tr>
<td>Occupational health and safety (OHS): refers to the legislation, policies, procedures and activities that aim to protect the health, safety and welfare of all people at the workplace</td>
</tr>
<tr>
<td>Opening Doors: An intensive residential rehabilitation program for people with serious mental illness.</td>
</tr>
<tr>
<td><strong>Organisational capacity:</strong> the sum total of knowledge, capabilities, skills, values and attitudes that are held and practised by the people of the organisation, combined with its physical and financial resources and the goodwill and influence that it exerts externally</td>
</tr>
<tr>
<td><strong>Participant:</strong> a person who is a client of MI Fellowship programs and services</td>
</tr>
<tr>
<td><strong>Peer:</strong> 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</td>
</tr>
<tr>
<td><strong>Performance Development and Review (PDR):</strong> the system for staff supervision, goal setting, performance monitoring and development applied within MI Fellowship</td>
</tr>
<tr>
<td><strong>PhaMS:</strong> Personal Helpers and Mentors Service – a program that offers flexible, individual support to people with mental illness living in the community</td>
</tr>
<tr>
<td><strong>Prevention and Recovery Care (PARC):</strong> a transitional treatment and rehabilitation service available to people in the ACT with mental illness who are becoming unwell and may require admission to acute care; and those who have been in acute care and are preparing to return home</td>
</tr>
<tr>
<td><strong>Psychiatric disability rehabilitation and support:</strong> that group of rehabilitation services directed to people with mental illness living in the community; includes day programs, home-based outreach, and residential rehabilitation services</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

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We all need support
We all need family
Mental Illness Fellowship Victoria for people with mental illness, their families and friends

5 in 5 can help www.mifellowship.org

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

helpline

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

PO box 359
clifton hill victoria 3068

t > 03 8486 4200  
f > 03 8486 4265

e > enquiries@mifellowship.org

w > www.mifellowship.org

BARWON
51 Fyans Street, South Geelong

t 03 5229 8827

HUME
71B Wyndham Street, Shepparton

t 03 5831 3699

SOUTHERN AND GIPPSLAND
34 Birdwood Street, Frankston

t 03 9783 1008

EAST NORTH WEST
8/602 Whitehorse Road, Mitcham

t 03 9874 5310

AUSTRALIAN CAPITAL TERRITORY
3/6 Montford Crescent, Lyneham

t 02 6230 0087

FAIRFIELD PLACE
276 Heidelberg Road, Fairfield

t 03 8486 4200

OP SHOPS
602-604 High Street, Kew

t 03 9817 5599

454 High Street, Northcote

t 03 9482 6688

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