



**MIFWA**  
mental illness  
fellowship of WA

**ANNUAL REPORT** 2014–2015



**Mental Illness Fellowship of WA**

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# President's Report

This year is the 25<sup>th</sup> anniversary of the incorporation of the Schizophrenia Fellowship of WA, now the Mental Illness Fellowship of Western Australia, (MIFWA), and we have throughout the year taken many opportunities to reflect on the original vision that the founding families had for the then fledgling organization.

In the 1980s there were limited community choices for people with severe or persistent mental illness—the founding families had spent years of frustrating time and effort in trying to get services for their children with schizophrenia. They were faced with nothing that they as parents wanted for their children—so they set about looking, reading and researching what was possible and was being done in other parts of the world.

We need to remind ourselves that this was all in the days before the easy access to information that is now possible via the Internet.

They spoke to people in other states and became part of a fledgling 'Schizophrenia Fellowship of Australia'—now Mental Illness Fellowship of Australia. Searching, reading, questioning and travelling to the eastern states led them to the Clubhouse model of service. They wanted a safe, secure, accepting service for their family members—their vision was to get a better deal for people affected by mental illness—this 'clubhouse model' seemed to them to be an answer to providing that 'better deal'.

The Clubhouse model provided a way of working along side people with mental illness to realize their wishes—not what others thought their wishes should be. They decided that what they wanted was a Clubhouse in Western Australia—next tasks were funds and staff—and in 1993 they finally saw the realization of that vision.

The current Board tries to honour that vision by providing the overarching role of deciding on the directions for the organization that are in turn articulated in the Strategic Plan and then put into action by the CEO and her staff.

This year through consultations with members, clients, staff and Board members a revised Strategic Directions for MIFWA have been developed. In November this will be launched at an event to celebrate the 25-year anniversary. Our vision is that of 'a good life for individuals affected by mental health issues'—we have not strayed too far from that vision of 25 years ago.

As part of the Strategic Directions development the Board spent time reviewing our name the Mental Illness Fellowship of Western Australia—we asked ourselves was it still the right name.

The Board considered what MIFWA's main purpose is, how it wants to position itself in relation to others within the sector, and how it wants to appear to clients and other stakeholders.

We decided that staying with the name allows us to build on our existing reputation, as well as providing an opportunity to represent and advocate for those who identify with the 'illness' language and contribute to shaping the debate in this area. We also decided that rather than moving away from 'illness' we would hold the language and challenge the stigma associated with this. We are proud of our name.

The Board as well as deciding on policy direction and then guiding the organization has roles that include monitoring the ongoing performance of MIFWA and ensuring effective governance and risk management particularly given the increasing diversification of service provision.

### **Governance & Strategic Management Achievements**

- › As noted earlier the finalization of the Strategic Directions for the next 2–3 years has been a major achievement.
- › The Board ensured that all legislative, contractual and regulatory compliance and reporting obligations were met.
- › An Audit and Risk Committee, under the leadership the Treasurer, has been set up to cover in its broadest sense risks associated with both financial and practical matters.
- › A Profile, Presence and Influence Subcommittee was set up with the broad aims to increase our profile and influence, to develop our reputation as a leading mental health organisation, to build and engage with our membership and to influence government and community attitudes and acceptance of people with mental health issues.
- › A review of the performance of the CEO was carried out early in 2015.
- › Financially:
  - › Internal financial management processes have been reviewed.
  - › Board reports are being streamlined.
  - › Revaluation of property is taking place.
  - › All contracts were renewed, although some service contracts are 'time limited', and ones that we will put additional energy into to ensure continuation beyond June 2016.
- › Nationally we continue to be active participants of the Mental Illness Fellowship of Australia.

### **Plans for the coming year**

As indicated we will be launching the Strategic Directions and will continue to celebrate the work of the Fellowship to date.

The Board recently commenced a review of our performance—what are we doing well, where do we need to do better and what are the skill gaps on the Board?

We will be reviewing the Constitution having identified areas for amendment but also being aware of the new Incorporations Act that will be taking effect in the near future.

## People

Appreciation must be expressed to the people who use our services and to the families who trust us to provide supportive and individualized services.

Long serving Board member Denise Bayliss has announced her intention to step down at the 2015 AGM. She has been a Board member since 2005 taking on the responsibilities over that time of Treasurer, Vice President and President. She has witnessed a maturing organization in terms of service delivery, financial stability, strengthening its people, improvements in governance and continuation of a respected place in the sector. We thank her for her dedication and service.

To all Board members and sub-committee members I extend my gratitude and thanks for your continuing dedication and professionalism.

Lastly but by no means least—thank you to Monique, the leadership team and staff at MIFWA, who continue to drive the outstanding success of the business.

## Looking to the future

We have no idea about what lies ahead—some unexpected events may surprise us—both in a good way or an unexpectedly negative way—but what we can always do is remember why we are here and try to work to ensure that we work for ‘a good life for individuals affected by mental health issues’—the path set over 25 years ago is one we can still travel on.

**Ann White**  
**President**

# Report from the CEO

It has been a significant year for the Mental Illness Fellowship of Western Australia (MIFWA), with 2014/15 being our 25 years anniversary from our incorporation. Developing our next strategic plan was a great opportunity for us to reflect on what we have achieved and to listen to our founders and supporters about where we need to build our capacity into the future. The resulting strategic plan paints a vision of 'a good life for individuals affected by mental health issues'.

As always, our focus has been on people and their experiences. We still find many people, and their families, bewildered by their diagnosis and symptoms and this makes our peer based information and education strategies important. Stigma and low expectations still prevail for people grappling with a diagnosis of mental illness. Strengthening and enlightening communities through the inclusion of people with mental illness remains a fundamental part of our ethos. Many people who experience mental illness, struggle to get a fair go at employment, stable housing and adequate basic preventative health care. The smoking rates amongst people with serious and persistent mental illness remains at 70 percent which further complicates people's health and wellbeing. MIFWA continues its determination to change these statistics. We are proud of the results we have seen through our peer led health and wellbeing programs (Meerkat Mob) and 1-1 peer based health coaching. We thank the Mental Health Commission for its continued investment in these valuable peer led programs.

Lorikeet Centre remains a central theme of the work of MIFWA. It remains a place for people, who otherwise feel isolated and disconnected, to come together and contribute alongside peers. Members are valued patrons of the local community garden and the fresh produce is used for lunches at the centre. There is something very valuable about getting your hands dirty and working the earth to see fresh vegetables grow. Members of Lorikeet celebrate many achievements over the year, they encourage one another to pursue new interests, to explore learning and employment and to contribute to community.

Many members are active members of their churches and other community groups.

Throughout 2014/15, the broader community mental health sector has continued to face challenges as a tight fiscal environment prevails across both Commonwealth and State Governments. It has been a difficult funding environment, driven by a more conservative government with decreased revenue streams and increased demand across a number of social issues. In a reshuffle of priorities the Department of Social Services ceased

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MIFWA is a community mental health provider. We have a strong peer based workforce of great people with lived experience of mental illness. We work with a variety of people with different diagnoses and experiences however people with severe and persistent mental illness remain at the core of our focus.

*Monique Williamson,  
CEO MIFWA*

funding to the family support program. This was a major hit for the West Australian community and MIFWA, as we have seen this program evolve and target a real need in keeping extremely vulnerable families together and functioning. It is one of those programs that we know the benefits ripple through people's lives for years to come. We have been able to maintain a scaled back version of the program and we hope future governments reprioritise support to families where one parent has a significant mental illness.

Despite unpredictability within the economy and government funding, we have remained focused on providing the best possible service and solutions to people. We have worked hard with our leadership team and staff to build efficiencies within our programs so we have some capacity to be responsive to those people in greatest need. We have many examples over the year where we have been able to respond quickly for people and this remains an important part of our approach.

Overall we have experienced growth in funding and this has resulted from an unwavering commitment to improving the outcomes experienced by people with a mental illness and their families. We are not perfect and we work in ways that challenge ourselves to reflect and listen so we can continue to improve and grow.

This year we invested even more in our people, training our staff in leadership, suicide prevention, values based training and mental health first aid programs.

Consistent with our overarching strategy, we also established and resourced new areas of work under the National Disability Insurance Scheme where people who are eligible receive a plan and individualised support. This has been an area of growth that we expect to increase over the next few years.

At MIFWA, we strive to offer services in a way that people and families value the most. We try to ascertain what is most important to each person and to deliver this outcome. We try to take a personalised approach and this works for us. At times we make mistakes, but we are always willing to reflect on these and find ways to address what let us down to improve our practice.

After more than two decades on our Board, we said farewell to Glen Stitfold this year. With Glen retiring from our Board, our connections to our foundations are frailer however we remain centred on individuals with a mental illness and their families and we try each day to remember and live the values of our founding families.

Our Board, managers and staff make a major contribution to our continued success. I sincerely thank our funders, our people and families, our donors and our team who continue to support our mission. We look forward to another fruitful and successful year with our supporters.

**Monique Williamson**  
**Chief Executive Officer**



## WHAT WE DO!

# Support for individuals with a mental illness

### Lorikeet Centre

The Lorikeet Centre is based in Cambridge Street, Leederville. It has a community centre feel and was originally based on a 'clubhouse' model. It remains a core foundation of the work of MIFWA. Lorikeet averages between 30 and 40 people attending each day. Most purchase a nutritional lunch prepared by other members and participate in a variety of activities that aim to promote recovery and healthy living. The centre provides a welcoming place for members. Members are people from all over Perth who experience a mental illness and most attend as it provides a non-judgmental environment, social and practical support.

We have 742 members on our membership list, but as we have not heard from 97 of them for over 2 years we have put their membership on hold until they re-contact us. Over the year we have had approximately 180 members attend the centre to whom we provide support and 120 members come to the Centre on a regular basis.

Over the previous twelve months, July 2014 to June 2015, we had 125 new members join the Lorikeet Centre, making a total of 645 members. Members came in 5,728 times during the year. We send 106 of our bi monthly newsletter and calendar to staff of mental health hospitals and agencies.

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The Lorikeet Centre is a supportive, encouraging, friendly, caring, warm and optimistic centre that, through its staff, acts as a lifeline to those who experience mental health problems.

#### LORIKEET MEMBER

garden group at the local community garden, and one of our members, also an avid gardener, has taken ownership and enjoys the role of encouraging members to join in the group. He gives potential members and new members a tour of the garden. The vegetables grown are used in our kitchen for fresh nutritious meals.

We are very excited to have received a Lotterywest grant of \$132,000 to refurbish the Centre. The funds will be used to upgrade the kitchen stoves, fridges, freezers, benches and appliances, painting of the centre, replacing the air conditioning, new gym equipment, defibrillator, and a camera for rear parking a twelve seater van.

We have introduced new projects with members supervising the projects. By taking on roles of responsibility it is helping people in their own recovery and adds meaning in their lives. We have a



During Schizophrenia Awareness Week we had our annual Open Your Mind poetry book published with a grant from Connect Groups. On this day 60 people came to read out their poems, collect their prizes, and be presented with a book and enjoy lunch cooked by the members. People with lived experiences spoke of their life and their road to recovery.

During Homeless Prevention Week we hosted My Lorikeet Kitchen Rules. Fourteen soups were made by members.

We served 4,371 hot nutritious meals for lunch during the year, this is an average of 26 on the days that meals were cooked. The meals were prepared and cooked by members with vegetables grown from our own community garden and donations from 2nd Byte. The meals are \$4.00 which includes dessert.



It's very helpful, thank you for giving me somewhere to go and a reason to get out of bed.

**LORIKEET MEMBER**

This year we introduced Art Therapy at Lorikeet. Two qualified art therapists volunteer their time, one day each week, getting members involved in art therapy. People explore their creativity in their own way at their own pace, in a positive and inclusive space.

We have a weekly walking group who exercise around Lake Monger every week. We introduced music and singing lessons, originally through a volunteer and then supported by one of our talented staff members.

The Lorikeet Centre could not operate as successfully as it does without our volunteer members. A few years ago the staff used to do all the preparation and cooking of meals. This has changed so that the members do 90 percent of the cooking. Staff are more involved with providing support for the members.

The Lorikeet Centre has four dedicated staff. The small team work hard to offer encouragement and support in a sometimes busy environment. Staff work on a strength based model with both staff and members, encouraging people to share their skills and knowledge with each other. Staff are passionate, committed and understanding that each member is working toward their recovery but along a continuum which may range from attendance (when previously isolated) to full involvement in the Centre.

The Lorikeet Centre is undergoing Mental Health Commission Quality Management process. We look forward to receiving the feedback which will provide ways we can improve our service and we will implement any recommendations to benefit members.

**Table 1: Members Survey 2015**

Members Ratings of their Lorikeet Experience	Poor	Fair	Good	Very Good
Overall	0	4	18	20
Meals	0	3	22	11
Staff	0	1	17	22
Outings	0	5	16	14

**Table 2: Members Survey 2015**

To what extent has Lorikeet supported you to:	Not at all	A Little	A Lot
Meet new people	0	5	27
Gain Friendships	1	11	21
Learn New Things	0	10	19
Stay Well	0	11	19
More Confidence	0	9	20



## Family and Parent Peer Support

The Family Support Program has worked 1:1 on an ongoing basis with fifteen new families, which include 61 individuals. In total we have worked with 41 families on an ongoing 1:1 basis within the program in 2015, which consists of 163 individuals. We have worked with around a further ten families on a regular basis through the Aboriginal Respite days held on a monthly basis. Parent Peer Support Program have worked with 89 people in total (55 new people) between ongoing 1:1 support and group work.

This year achievements include continuation in the provision of quality supports through a period of ongoing uncertainty in regards to funding. Department of Social Services made a decision to no longer fund family support program as they focus on investing in other priorities. This is an extremely frustrating decision as we have seen the benefits of the program over many years and have clear evidence of the outcomes and benefits. MIFWA has negotiated with Mental Health Commission to keep some capacity to offer family support. This creates an additional pressure of managing the high demand for the service. We will continue to explore alternative funding for this critical and effective program. We have continued partnership with

Uniting Care West to deliver the monthly Aboriginal Respite Program, working with a group of families to offer advice and foster peer support to manage their experiences of mental illness.

We have two staff trained in the co facilitation of the BabyFAST program in partnership with Clan Midland. Two BabyFAST programs have been offered over the year. Two of our Parent Peer Workers developed a 'Self-Empowerment and Self Esteem workshop at the request of Brockman House. This was delivered successfully and we have been invited back to deliver a second two

part workshop later. MIFWA peer workers provided training to Department of Child Protection and Family Support on 'Parental Mental Illness'.

Our Family Support and Parent Peer teams attended an 'Outcomes Workshop' and subsequently designed and commenced the use of a new outcome measurement tool across both programs. The tool seeks feedback from participants about their progress, the outcomes they have achieved and their view of how we have worked with them in their recovery.

Our Family Support and Parent Peer Support team are all dedicated and caring individuals who are passionate about providing quality support which meets the needs of the people we work with and will serve to improve their day to day experience of wellbeing and family life. Our team work very hard to assist families



Without the Family Support Programme, I don't know where I or my family would be now! I have the courage to keep going bit by bit, and be there for my daughter! Thanks MIFWA!

**FAMILY SUPPORT  
PROGRAM PARTICIPANT**

and individuals to explore their needs and set meaningful goals with them as individuals and as family members. Team members are keen to continue their learning from the people we work with and take great care to develop positive, trusting relationships in which to work. They have a great understanding of how to engage with individuals and families to work through issues, encourage, empower and hold people accountable in their journey whilst showing courage in holding some of the more difficult discussions which really allow for honest movement forward. Our team is thoughtful, reflective and have an excellent understanding of the issues families and individuals living with mental illness face and deliver support in a truly respectful, accountable and inclusive way.

Over the year the team has learned the great value of pulling together as a team and being there to offer support, listening and encouragement on a higher level than usual due to the ongoing issues around funding for both programs. We have learnt to trust each other even more and have faith in processes and decisions out of our control. We have learnt that our programs are valued by MIFWA through the support offered by the Board and CEO. It has also helped us learn to look at options for development more creatively and that whilst change can be a difficult process, it can also bring invaluable learning.

Through the process of preparing for the Quality Audit for MIFWA programs, it has enabled us to recognise that it is a good opportunity to review and update the processes and practices for FSP and PPSP as well to make sure we have all the evidence in place around the National Mental Health Standards.



With the changes in funding and staff, it is also a good time to look at the model of how these program currently operate. We are taking the opportunity to plan and implement some changes in the structure of these programs in order to maximise the benefit and efficiency of the support offered for people who access the services and also staff who work within them. Over the next year we will also be focussing on improving our measurement of outcomes for people who access our support. We have made progress over the last year in the development of a new tool, which we feel will capture meaningful information to enable us to make improvements and show positive outcomes to our stakeholders including funders.

### Physical Health – Meerkat Mob

MIFWA's physical health program is branded 'Meerkat Mob'. The program includes a suite of educational programs based on participation of two to three hours per week over a six to eight week period. These educational programs are supported by 1–1 peer based Flinders Program for Chronic Condition Management. The educational program is about informing, empowering and supporting people to determine achievable strategies to improve their wellbeing. It is based on the principles of recovery and a comfortable supportive environment is created to maximise participation. It works, we are seeing many positive changes for participants!

This year we worked with 162 people through a variety of health and wellbeing initiatives. The program is designed for people with severe and enduring mental illness. Many participants overcome many barriers just to attend the program, their attendance in itself is a positive outcome. Overwhelmingly positive feedback is received from participants and changes in behaviour are reported.

The suite of education programs include:

- › **Physical Health** covering healthy eating, exercise, stress management, socialisation and recreation.
- › **Smoking cessation** supporting people to reduce and/or cease smoking.
- › **Healthy and simple cooking** on a budget.

“

I just want to sing the praises of the family support program—the support, information, education and assistance of this invaluable program has provided a solid and essential foundation for my family through some incredibly difficult times. The regular contact of my support worker has been like a rescue boat on a stormy sea—I don't know where I would be without this vital organisation and their inclusive family programme—thank you!”

*FAMILY SUPPORT PROGRAM PARTICIPANT*

People with mental illness experience many barriers to participating in actively improving their health. This program is based on peer support and practical strategies to change thinking, attitude and behaviour.

The MIFWA Flinders Program offers individual support by qualified peer workers based on the Flinders Program for Chronic Condition Management. It is for people with mental health challenges who wish to address their health and lifestyle issues. The program is goal oriented, supportive, it builds on the participant's strengths, capabilities and is recovery focused. The Flinders Program for Chronic Condition Management involves an initial three hour interview including goal setting with a peer trained facilitator. This is followed by ongoing meetings and phone support at least each month, to evaluate and realign or set new goals.

The Meerkat team are very dedicated and committed to helping and supporting the people that we work alongside. The team are empathetic and are constantly finding different ways in which we might be able to further empower our participants. Qualities of the team include the genuine caring and understanding nature they have and holding the hope for people in their recovery.

Over the next year we will continue to strive to improve our facilitating skills and to better engage with participants.

### **Young people with first episode of psychosis – Early Intervention Recovery Program (EIRP)**

Thirty two people received support from the EIRP in 2015, this includes nine new participants. Despite a reconfiguration of services at the Joondalup Clinic, and the resulting loss of the Joondalup First Episode Psychosis Team, with whom EIRP had a close working relationship, the EIRP has continued to receive steady referrals from a range of services including Graylands Hospital, Swan Community Mental Health Unit, and Sir Charles Gairdner Hospital.

This year we developed a 'Boot Camp' group for participants, which has had consistent attendance since it first started in March 2015, and has encouraged participants to engage in physical exercise and socialise with others. We have also continued to run a successful gaming group, which has provided support to a number of participants over the year and an opportunity to meet people with a similar experience in a safe and welcoming environment.

We have reviewed and updated all of the participant handouts and assessments, to ensure all paperwork used is valuable, relevant, and meaningful for participants. The EIRP is working towards building new partnerships within the mental health sector. Angie (Program Manager) and Kate (Team Leader) have had several meetings with staff from headspace, and have begun attending monthly Early Psychosis Group Meetings.

Our EIRP staff members are hard-working, passionate and pro-active individuals who are supportive of each other and the participants they support. EIRP staff come from a range of different backgrounds in education and personal experience, bringing a variety of valuable skills and knowledge to the team. All staff are motivated to continue making positive improvements to the program and display initiative and creativity in order to achieve this.



Especially good has been the opportunity to talk with someone who is knowledgeable but also gets where I am at and my experiences.

**PARENT PEER PARTICIPANT**

Staff have attended a wide range of training courses this year to develop their skills in areas such as cultural competency, emotional resilience, and supporting participants with alcohol and drug use concerns. With changes in staff, the team has also developed their knowledge of each team members skills and abilities, and how we can all work together effectively to support participants towards their recovery.

Following the Mental Health Commission Quality Evaluation being undertaken this year, the EIRP will continue to make improvements based on feedback from this evaluation process. The EIRP will also strive to build more partnerships with other organisations in the community, and to develop awareness among mental health organisations and the wider community of the support available through MIFWA, and the EIRP.

## MI Recovery

MI Recovery is a 10 session group work program designed and led by people with a lived experience of mental illness. In the 2014/15 financial year year 65 people completed MI Recovery in the Wheatbelt and wider Perth area. MI Recovery is part of the Well Ways suite of programs. MI Recovery gives participants support to recognise personal strengths, find new ways to manage mental illness and plan for the future; information and strategies to deal with stigma, recognise triggers and early warning signs; knowledge of legal and social rights; helpful communication skills; a chance to reflect on what you want to achieve in life, share and learn from other's experiences and develop an ongoing support network.

We partner with Pathways Southwest in Bunbury, BOICO in Esperance and LAMP in Busselton to provide MI Recovery. MIFWA provides MI Recovery in Perth and the Wheatbelt. This year we have built our capacity in the Wheatbelt region with three trained facilitators in Toodyay and Quairading who are able to run programs throughout the area.

MI Recovery is a powerful program with participants gaining feelings of empowerment and hope.

Our MI Recovery team values and qualities include having empathy, respect for others, being kind, being able to walk quietly alongside people and they hold hope





for people every day. Our team is also dedicated and very committed to reducing stigma at every opportunity.

Over the next year we will focus on building our knowledge around suicide prevention and learning more about the NDIS. We will strive to offer more programs in the rural areas that are so necessary.

We have our limits, the lived experience that make us strong workers has its flipside, and thankfully our team supports us in this too.

### **Individualised Services**

This has been a big area of growth for MIFWA. Individualised services is where a person with a mental illness has an individual package of funding (for example through Mental Health Commission Individual Community Living Strategy, or National Disability Insurance Scheme (NDIS)). In 2014/15 financial year MIFWA supported twenty people with individualised funding packages. We expect this to triple in the next financial year with the growth of the NDIS.

#### ***Individual Community Living Service***

Individualised Community Living Services (ICLS) is a rewarding area of support as we see people achieve their goals and overcome challenges that sometimes appear insurmountable. People also experience setbacks and working alongside them to rebuild their goals and recovery is a privilege. Our ICLS staff tend to be highly regarded by the people they support. We are grateful that the staff always pull together when things are tough and are a good support for each other. When required they step up and adapt to the challenges of the day.

This year our ICLS team have learnt things don't always go as planned, we have to remain flexible to deliver this program, have a good sound understanding of the

people and their situations. Over the past year many of our team have had to rethink their ways of work and reflect on things that may have gone wrong, working on ways to improve our practice for the benefit of the program and for ourselves as individuals.

MIFWA partners with two organisation in order to provide the ICLS services effectively across the state. In the metro area we share office space and our Manager with Aftercare. This has allowed us to deliver more efficient and tailored approaches. In Esperance we subcontract ICLS services for five individuals through the local community mental health organisation BOICO.

## A story about having a home

The ICLS was started to offer people who had been long term institutionalised, a life outside of hospital (or hostel) with a home and support in the community. It was commenced with a positive expectation that, with the right support, people with mental illness could have a home to call their own and a lifestyle like other citizens.

Below is a brief reflection from one fellow who after a couple of years transition is now living his life in a home he can call his own.

### ***HOW IS LIFE DIFFERENT NOW TO THIS TIME LAST YEAR?***

I am at home full time, this time last year I was still an in voluntary patient at Graylands. I am now a voluntary member of the community. I felt I was being kept at Graylands and had no control over what was happening. My support team and I have worked very closely together to get me discharged and I have now been in my home for over four months.

### ***WHAT DOES MOVING FROM HOSPITAL TO YOUR NEW HOME MEAN TO YOU?***

It means everything to me, it means peace of mind and being able to relax, I am able now to live my life well and how I want to. I love my house and look after it the best I can. MIFWA support workers help me to keep it looking nice. I don't believe in god, but I thank god every day because I have my own place and can enjoy my life now.

### ***WHAT HAVE YOU LEARNT ABOUT YOURSELF OVER THE PAST SIX MONTHS?***

I have learnt that I need to take my medications to stay well. I don't need anyone to survive, but I am very grateful to the MIFWA ICLs for their help and support. I am a very independent person and I am my own person.

## **National Disability Insurance Scheme (NDIS) and Disability Services Commission Individualised Funding**

MIFWA was successful on attaining qualification to be a panel provider for individualised services through the Disability Service Commission (DSC) including through the My Way trial. MIFWA registered with National Disability Insurance Agency (NDIA). We are working with five people who have individualised funding in the 2014/15 financial year and this is expected to grow quickly. It has involved responding to individuals and their families and working with them to make plans work. Finding the right support to match each person in a relatively short period of time has been quite an achievement. A number of new support staff have been employed to work with individuals. The new team have been instrumental in delivering quality supports to each person they work with. The support staff will now be supported by a dedicated team of coordinators who will work closely to coordinate with both the support workers, individuals and families. This will strengthen individualised services even further and provide a solid structure that can be developed as the numbers of

individuals receiving support from MIFWA increase. Staff have adapted well to an evolving environment and continually strive to work in creative ways that are suited to each individual. They are flexible and willing to go the extra mile for each person they work with.

We have learned how to work together as a team very quickly. We have also learnt the importance of going at the individuals' own pace and letting them take the lead in how they want their supports to work for them.



Strong feeling of peer support in friendly, non – judgemental environment. Enjoyed session and feel positive about implementing some ACTIONS TOWARDS RECOVERY! Thank you MI Recovery group.

**MI RECOVERY PARTICIPANTS**

Over the next year we will introduce a new structure, we are all hopeful that we can build on the foundations of this and move from strength to strength, delivering quality supports to individuals.

### **Partners in Recovery**

Partners in Recovery (PIR) aims to better support people with severe and persistent mental illness who have complex unmet needs by getting multiple sectors, services and supports to work in a more collaborative, coordinated, and integrated way. PIR promotes collective ownership and encourages innovative solutions to ensure effective and timely access to the services and supports required by people with severe and persistent mental illness with complex needs to sustain optimal health and wellbeing.

MIFWA employs three Partners in Recovery Support Facilitators who have worked with 112 people in the north metro area of Perth. Our staff have extensive experience in providing support services to people with a mental illness, and this has been

beneficial in being able to support the highly complex needs of clients within this program. The qualities that have contributed to the ongoing success of this program is the mental health experience each facilitator brings to the role. Understanding the complexities and needs of participants, based on prior experience has been essential in being able to identify supports not addressed, and by linking clients to a range of supports and services through already established networks. All three facilitators have received positive feedback from a number of participants and stakeholders which again highlights their ability to understand the complexities people experience and has resulted in ongoing success rates for participants in this program.

This year the PIR team have learnt that working in collaboration with each other as a team, supporting each other and reflecting, has provided useful insight when facing difficulties around reaching outcomes with participants. Being able to depend on each other's unique experience and strengths has helped to build a cohesive and high performing team.

The next year has some challenges for the PIR team, beyond June 2016 the program's funding is in jeopardy. The programs priority will be to ensure that they are providing quality support to individuals, but also working to link people within a strict timeframe in order to continue to work with new participants that are waiting for support. Facilitators will also work with participants to ensure that they are transitioned to other supports within the sector before the program comes to a close.



# Outcomes

## PHYSICAL HEALTH PROGRAM

MIFWA, along with our peer organisations that make up the Mental Illness Fellowship of Australia, has been working hard over recent years to improve the health outcomes for people with a persistent and enduring illness.



### IMPROVEMENT IN HEALTH AND WELLBEING

No change 2%  
Moderate 51%  
Great 47%



### INCREASE IN PHYSICAL ACTIVITY

No 36%  
Yes 64%



### IMPROVED NUTRITION

No 18%  
Yes 82%

## Program Value

'I am eating better. I have lost 25kg. I am in a better frame of mind, not isolating myself in my bedroom—today I've been out of the house for 7 hours... I have managed to break an addiction to Coca Cola, haven't had a fizzy drink for 6 months. I eat fruit now and vegetables and salad. Walking more and I don't need the gopher anymore.'



100%

VERY HELPFUL 84%

HELPFUL 16%

NO VALUE 0%

0%

## WHAT WE DO!

# Support to families and carers

Our carers program provides families and carers with information and support to strengthen their capacity to understand the experience of mental illness and to strengthen, through peer support, their role in supporting their loved ones recovery.

MIFWA provides Carer Support Services across the metropolitan area of Perth and in the Southwest and Wheatbelt through subcontract arrangements with three local community mental health organisations. We thank Pathways Southwest in Bunbury, LAMP in Busselton and BOICO in Esperance for our ongoing partnership to bring peer based Well Ways program to the rural WA.

In 2014/15 financial year we have worked 425 carers across WA including 65 new people.

Achievements this year includes having a Carer Peer Worker based in Graylands and Joondalup Clinic. This has seen significant improvements for families impacted by hospitalisation and gaining support at a difficult time in their caring journey.

We also provided a whole of family respite weekend which focussed on facilitating improved relationships and validation for all members of families impacted by mental illness.

In 2014 we hosted an Unconditional Love Program for couples, where one person is experiencing mental health issues and the other is in the support role; assisting couples to deepen their relationships and understand the complexities that each other experiences.

Well Ways is the name we give to a range of peer education programs designed to support people with a mental illness and their families and friends. Well Ways programs are at the heart of our carer support. Well Ways programs are led by peers – either people with their own lived experience of mental illness or family members/carers of someone with a mental illness. These facilitators are paid, trained and supported by MIFWA. This type of education offers participants the unique opportunity to benefit from the wisdom and experience of the facilitator and others in their group.

The success of the Well Ways programs is based on the powerful combination of providing up-to-date knowledge on mental health, recovery, treatment, support options, legal and service systems, stigma and rights within a peer learning environment of shared expertise. All Well Ways programs are evidence based and

have been shown to significantly improve the lives of people with a mental illness and their families/friends.

The suite of Well Ways programs includes:

- › **WELL WAYS MI RECOVERY** A ten session program for people with a lived experience of mental illness.
- › **WELL WAYS BUILDING A FUTURE** A twelve session program for family members, friends and carers of a person with a mental illness
- › **WELL WAYS DUO** A ten session program for family members, friends and carers of a person with a dual diagnosis (mental illness and drug/alcohol issues)
- › **WELL WAYS SNAPSHOT** A two session introductory program for family members, friends and carers of a person with a mental illness, including a short presentation from someone with a lived experience of mental illness.

Manager of MIFWA Carer Program Samantha Scott describes the success of the program being underpinned by the staff team. 'We endure, persevere and remain committed to the care of others despite the challenges.'

The MIFWA Carer Support team have learnt that others now see how powerful the carers lived experience is and that families and carers are incredibly strong and robust. In the next year the Carer Support team will continue to build and maintain meaningful relationships with the 400 plus families and carers connected to the program. They will continue to increase the capacity of carer peer workers and carer peer facilitators which is the essence of our approach.



## WHAT WE DO!

# Promotion, information and professional development

Raising awareness and promoting better understanding and acceptance of mental illness is a critical part of our work at MIFWA. Too many people with mental illness still face rejection and social isolation due to stigma and misinformation.

An important part of our work is promoting information and taking calls from people seeking information and help. This year we have had 610 information calls from consumers, carers, schools, WA Police and other mental health providers; and 46 people walked into our Midland office seeking information and assistance. We received 127 emails for support from consumers, carers and other organisations.

The people who have called and/or walked into our office have ranged from people seeking support for anxiety and depression to people who have more severe mental health problems.

This year we have promoted mental illness awareness and MIFWA services to WA Police metro and rural; Fire and Emergency Services Australia; Dept. of Defence; WA schools; GPs; Hostels; WA Hospitals and Police & Citizens Youth Centres (PCYC).

We have promoted our services at four expos this financial year, two National Disability Insurance Agency expos, Disability Services Commission Expo and the Mental Health Services Conference (TheMHS).

MIFWA has provided Mental Health Awareness training at PCYC, Perth Home Care Services, Mercycare, Polytechnic West TAFE, Kent Street Flexible Learning, Regional Home Care Services, Nulsen Haven, Tactical Response Team and BP Luxury Care

MIFWA hosted Schizophrenia Awareness Week 2015 – 1 in 100 people experience schizophrenia in their lifetime. It is treatable. Many people's recovery is stifled by the rejection of others associated with misunderstanding and stigma about schizophrenia. In May MIFWA hosted a series of events and undertook media interviews to raise awareness about schizophrenia and to encourage people experiencing symptoms to seek help. The week's activities included:

- › Official Launch with Mental Health Commissioner Tim Marney cutting the cake to symbolise the launch of the week.
- › Suicide and Bereavement workshop in Northam for workers supporting people with mental illness. Presented by SANE Australia.
- › Lorikeet Centre Open Day and Poetry Competition



- › Tapping Workshop, a combination of acupressure and modern psychology, to improve your wellbeing for carers.
- › Workshop on 'How to be emotionally resilient and thrive!' By Rachel Green

## Our Partners and Projects

### *Mental Illness Fellowship of Australia*

MIFWA is a proud member of the Mental Illness Fellowship of Australia (MIFA). We have been a part of MIFA since our inception, 25 years ago. MIFA provides a network of similar organisations, mostly with connections to our origins as Schizophrenia Fellowship, who share best practice and service development opportunities. MIFA also provides a critical pathway to national policy analysis and advocacy.

MIFA has partnered with SANE Australia to undertake an innovative project aimed at tackling the unacceptable suicide rates in Australia. SANE Australia and the Mental Illness Fellowship of Australia (MIFA) are acutely aware that hundreds of Australians with severe and persistent mental illness take their own lives every year. Although not everyone with mental illness will experience suicidal thoughts and behaviours, they are strongly associated. The Suicide Prevention Audit Tool (Audit Tool) offers Community Mental Health Organisations a comprehensive framework from which to consider the organisations' suicide prevention practices. The Audit Tool utilises evidence-based strategies to develop an Organisational Development Plan so that consumers, carers and staff are supported around the issue of suicide. The aim is to improve how community mental health services support people who are experiencing suicidal thoughts and behaviours, to both prevent suicide.

MIFA members have committed to work together to optimise our learnings from across Australia. We are working together to build on our expertise and commitment



to people with serious mental illness to ensure optimum outcomes for those eligible for the NDIS. MIFA, through David Meldrum (Executive Director) continues to be at the forefront of national policy issues. This is critical and invaluable particularly in the current economic environment.

### ***WAAMH Outcomes Project***

MIFWA has experienced organisational growth in recent years. We have built up service models and approaches based on anecdotal evidence and what we know instinctively. We have a substantial peer workforce and programs that span families/ carers, information and promotion and direct supports and services for people affected by mental illness. The WAAMH grants, to assist Community Managed Mental Health Organisations to build their capacity to deliver person centred, outcomes focused services and supports, provided MIFWA the opportunity to address the need to effectively assess, measure and report on outcomes for our services. Our Board and leadership team know that this is essential so that we can identify what is working in our programs as well as where we can improve. This project contributed to MIFWA's vision for a better life for people affected by mental illness, and our mission, to provide fellowship, understanding and support; to promote understanding of issues relating to mental illness in the community; and to contribute to innovation and reform in mental health service delivery.

This project enabled MIFWA the capacity to understand and analyse our service approaches through program logic methodology, and increase our ability and effectiveness in understanding, evaluating and improving service practice. This results in MIFWA being able to achieve the maximum benefit for every program.

### ***Perth Central and East Metro Medicare Local (PCEMML)—Let's Talk Project***

MIFWA, in partnership with NEAMI and RUAH, secured a grant from PCEMML to build collaboration and improve outcomes for children where a parent has a mental illness. The project includes delivering 'Let's Talk' training to mental health practitioners across Perth Central and East localities and identifying organisation champions to progress the work internally in organisations. We have co facilitated training opportunities and a 'Champion' training of this invaluable framework. The project is a collaboration between public, private and community mental health providers. 'Let's talk about children' (Let's Talk) is a brief, evidence-based method that trains professionals to have a structured discussion with parents who experience mental illness about parenting and their child's needs. It aims to make this conversation a routine part of the alliance between parents and professionals where they can explore the wellbeing and development of children and how their parent's mental illness is understood by them.

## **Partners**

MIFWA would like to thank all the organisations and individuals we partner with to optimise outcomes for people with mental illness. We know we can't be everything to everyone and we know that at times people's situations can be complex, this is why we strive to partner with others to make sure people benefit.

Thanks to:

- › Pharmacy 777 for your ongoing commitment to improving the outcomes for people with a mental illness in our community.
- › Aftercare, BOICO, Pathways Southwest, LAMP, Valued Lives.
- › Ocean Reef Sea Sports Club for the Children's Christmas Party for families where parent experiences a mental illness.
- › WAAMH and WANADA
- › COMWHA
- › Public and private mental health clinics and hospitals
- › RUAH, Rise, Bizlink, Workpower, Mooro Drive Medical Centre, St Bartholomew's House, Southern Cross Care, Food Sensations.
- › HBF Ambulance, Volunteering WA, Mental Health Law Centre, Black Dog Institute, Welfare Rights and Advocacy Service, Asthma Foundation and Diabetes WA.
- › ConnectGroups
- › Act Belong Commit



# Our MIFWA Team

## **Board**



Ann White *President*



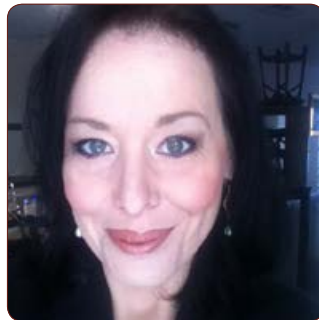
Denise Bayliss *Vice President*



Ruth Webber *Vice President*



Nick Hopkin *Treasurer*



Kirri Campbell



Robyn Fitall



Vivien Hannaford



Kellie McCrum



Glenn Pickett

## **Life Members**

Dr Hugh Cook

Mrs Jan Davis

Mrs Allison Fillery

Mr Daniel Fillery

Dr Maria Harries

Mr Lloyd Marsh

Mr Glen Stitfold

Mrs Kath Ursich

Mr Keith Wilson

## **Members**

Thank you to all our members for your support and ongoing commitment to our mission.

## **People**

We worked intensively alongside several hundred people this year and supported over a thousand people through briefer support and information and many more through partnering with other organisations.

## **Staff**

Michael Allen, Doleres Beros, Bev Bolton, Cecilia Bovey, Virginia Box, Denise Catalano, Matthew Charlton, Lester D'Silva, Debbie Dalton, Minh Dang, Paul Davis, Kay De'Brett, Jemma Deering, Kim Eaton, Davina Edwards, Margaret Emmelhainz, Robyn Farrell, Leanne Fawcett, Angela Gallagher, Margaret Gardiner, Larissa Geach, Heather Gunnell, Barbara Hales, Joanne Ham, Ernest Hansen, Hayley Harris, Danielle Harry, Gaye Hodgson, Sara Horvat, Kwong Ho Hung, Janelle Kapsalos, Sharon Karas, Ivan Kellehear, Rebecca Kiriakidis, Zac Kiriakidis, Andrea Ledbury, Avril Maclennan, Debra McCann, Marnee McGinniss, Chane Van Der Merwe, Rosemary Mills, Bradley Morris, Alison Nesbit, Karla Osorio-Saca, Nicole Papageorgiou, Cheryl Pilkington, Danielle Puren, Sharon Puren, Whareaurere Rayner, Emma Reeves, Henry Robson, Ulrike Schoen, Samantha Scott, Dale Sigley, Hilary Sherlock, Cheryl Te Moana, Aksana Shigrov, Anna Skora, Ann Stanton, Thomas Sylvester, Joanna Tarnicki, Jadzia Teasdale, Claudia Vega Gallardo, Joyce Vidot, Helen Vlasis, Ashleigh Walker, Kate Wallace, Xin Wang, Susan Weston, Meghann Wiens, Monique Williamson, Caroline Wood, Alicia Yeats, Trudy Young, Lee Yoresh.

## **Volunteers**

Owen Bandera, Matti Caruth, Daniel Ciraulo, Cathy Cunliffe, Jan Davis, Cara Duncan, Martha George, Vivian Hannaford, Danielle Harry, Catherine Moloney, Liam Murphy, Louise Mustard, Kelly Sciaresa, Shumirai Sibanda, Doran Smith, Samantha Thomson, Mary Tyler, Michael Williams.

## **Our Foundations**

Thank you to all our founding families and supporter. Those who had the vision and worked hard to create this wonderful organisation Mental Illness Fellowship of WA (formerly Schizophrenia Fellowship of WA).

## **Donors**

Thank you to our many donors. Donations make a big difference to our work. It means we can be responsive to people at critical times without worrying whether a person fits into the criteria for funded services.

## **Funders**

Thank you to Mental Health Commission, Department of Social Services, National Disability Insurance Agency, Disability Service Commission, Medicare Locals (North Metro & Perth Central East Metro), Lotterywest and Western Australian Association for Mental Health.



## **BOB HETHERINGTON**

was a gentleman, passionate about equal rights for a broad range of people. A Board member and long time President of the Schizophrenia Fellowship of WA, now MIFWA, he was committed to ensuring that families and individuals affected by mental illness were supported to enable them to have the best life possible.

A forward thinker he helped bring the Clubhouse model to WA with the establishment of the Lorikeet Clubhouse. He knew the value of 'having the numbers' and was a strong promoter in establishing a peak body for the WA Mental Health community sector, Western Australian Association for Mental Health, and at a national level developing the alliance that is Mental Illness Fellowship of Australia.

We valued Bob, his friendship, his passion, his commitments and his efforts, and we extend our sympathy to his family.

## **SAMANTHA JANE THOMSON (SAM)**

was a program participant, volunteer and much valued member of the MIFWA team. Sam originally joined us as a participant in our individualised services through the NDIS trial site and wow what an individual she was. Sam would walk through the front doors and all I would hear from people at MIFWA is 'Hi Sam, how's things today or how are you today' and Sam would reply 'good thanks'. Sam had her own desk with her own folder full of tasks. I remember when Sam first saw her desk and her blue folder full of work, she beamed with pride and I saw the biggest smile on her face.

Whenever staff think and talk about Sam it is always with affection and laughter as Sam not only kept us on our toes with her quirky sense of humour but also with her determination to complete her volunteer tasks that were set out for her. Sam would follow instructions to a tee and was quite meticulous in making sure any changes to her tasks were approved by myself before she accepted the changes and this work ethic was admired by staff at MIFWA because not only was Sam confident enough to ask the question but she was also knowledgeable on what resources needed to go in each requested pack.

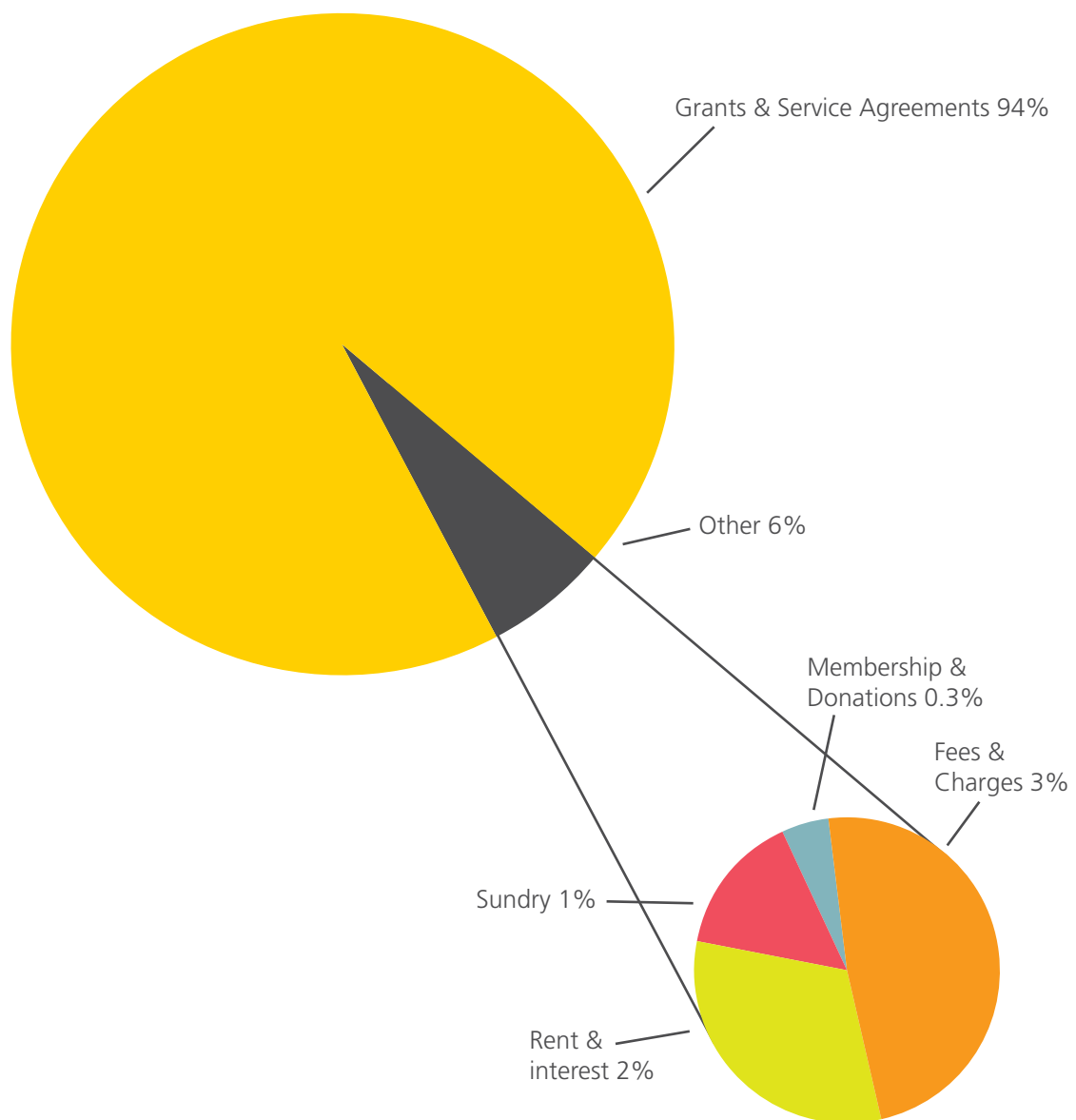
Sam was a dedicated volunteer and instrumental in promoting our MI Networks information and referral service to every police station from the top to the bottom of WA, all DFES offices, schools, hospitals and PCYCs around WA. Some of the tasks Sam completed were making up information packs for people who may be experiencing mental health problems, completing large mail outs which provided services about our carer programs, our individualised services and our Lorikeet Centre. Sam mostly enjoyed stamping the envelopes with the postage paid stamp and the return address stamp and giving me a movie review on the latest movie she either wanted to see or did manage to see.

Sadly Sam passed away on 31<sup>st</sup> August 2015. We don't get to see her face around the office anymore but we will always remember Sam as an amazing volunteer who loved to be part of our team.

# Financial Summary

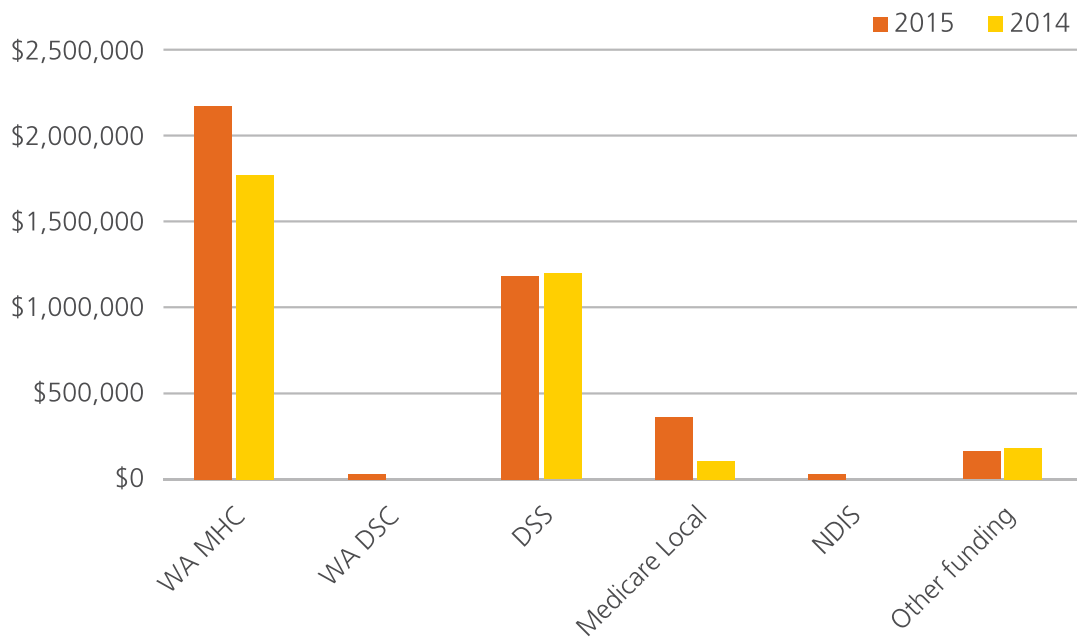
MIFWA receives most of its funding from service agreements and grants with the majority from the Western Australian state government Mental Health Commission. Operating revenue in 2014-15 was \$4.2 million, an increase of 20% from 2013-14. The operating surplus this year of \$183,563 was 4.4% of operating revenue.

## INCOME SOURCES

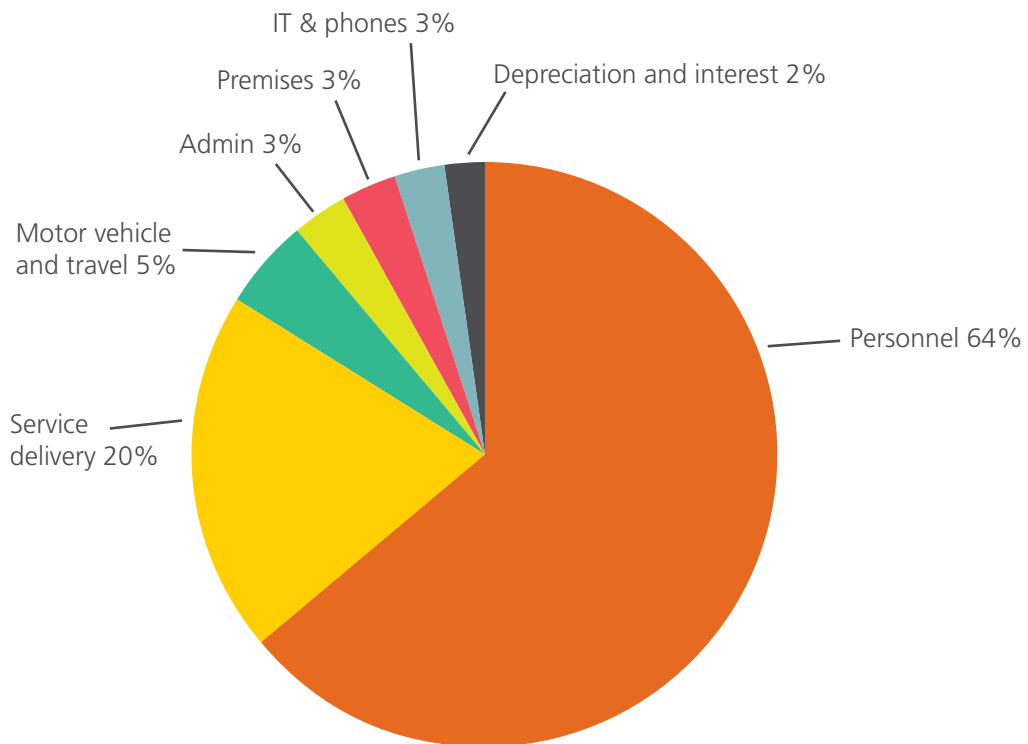




## GRANTS & SERVICE AGREEMENTS



## SPENDING



## Financial Position

	<b>2015</b>	<b>2014</b>
	<b>\$</b>	<b>\$</b>
Property, plant and equipment	3,123,885	3,090,676
Cash and cash equivalents	692,697	534,875
Trade receivables	111,288	24,753
Other assets	92,253	25,079
<b>Total assets</b>	<b>4,020,123</b>	<b>3,675,384</b>
Trade and other payables	353,532	371,211
Employee benefits	210,365	207,063
Borrowings	229,555	41,617
Other liabilities	164,683	112,318
<b>Total liabilities</b>	<b>958,134</b>	<b>732,208</b>
<b>Net Assets</b>	<b>3,061,989</b>	<b>2,943,175</b>

### Significant changes from previous years\*:

- › Land and buildings have been independently valued to fair value and represent a total of \$2.8 million in 2015.
- › A non-interest bearing mortgage from the state of Western Australia has been adjusted to recognise the present value of the effective interest. The present value at 30 June 2015 is \$27,783 with the face value of \$410,000 being due in 2052.

This summarised financial information is only a summary and is intended to provide an overview of the financial statements and to highlight matters of significance. This information is not intended to replace or modify the content of the audited Financial Statements.

Please refer to our website [www.mifwa.org.au](http://www.mifwa.org.au) for the complete audited financial statements.

\* Comparative 2014 balances have been stated to reflect these changes.



**Mental Illness Fellowship of WA**

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**Email** [info@mifwa.org.au](mailto:info@mifwa.org.au)

**Office hours** Mon–Fri, 9am–5pm

**Lorikeet Centre**

104 Cambridge Street, West Leederville  
P.O. Box 1006, West Leederville WA 6901

**Telephone** (08) 9237 8951

**Facsimile** (08) 9381 9495

**Email** [lorikeet@mifwa.org.au](mailto:lorikeet@mifwa.org.au)

**Office hours** Tues–Fri, 9:00am–4:30pm

**Individualised Support for  
Community Living**

83C Main Street, Osborne Park WA 6017

**Telephone** (08) 9340 5000

**Facsimile** (08) 9340 5099

**Wheatbelt Office**

Regional Home Care Services

149 Fitzgerald Street, Northam WA 6401

**Office hours** Mon–Fri 8:30am–4:30pm

Or call **1800 985 944**

9:00am–5:00pm weekdays

**[www.mifwa.org.au](http://www.mifwa.org.au)**

