



MIFWA
mental illness
fellowship of WA



2014 ANNUAL REPORT





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Our Vision

A better life for people
affected by mental illness



Our Values

Integrity
Accountability
Inclusion and acceptance
Empowerment
Collaboration

Presidents Report

Denise Bayliss

In January this year we farewelled our long standing CEO, Sandra Vidot who provided direction, wisdom and leadership to Mental Illness Fellowship of WA (MIFWA) over the past seven years. She made a real difference through her contribution and led the organisation through a phase of significant growth. We are pleased to have recruited our new CEO, Monique Williamson who has had a smooth transition into the organisation.

We are operating in a tight fiscal environment. Governments, both state and commonwealth, are trying to make savings. MIFWA always faces more demand for our services than we can deliver. We know it can be a small amount of support that makes a big difference and we want to offer more services. We are ever grateful for the contribution of our sponsors and supporters as it allows us to continue to meet some of this demand. Our Board is mindful that our programs need to be effective and efficient to optimise the best use of public money. Over the past 12 months MIFWA has continued to progress and address its strategic objectives.

Board of Management 2014

Denise Bayliss (President)

Ann White (Treasurer)

Dr Gavin Marsh (Vice President)
(resigned April 2014)

Lisa Dobrin (Vice President)
(resigned April 2014)

Rutherford Webber
(Vice President from April 2014)

Roy Dickman
(Vice President from April 2014)

Glen Stitfold

Vivien Hannaford

Glenn Pickett

Kirri Campbell (from June 2014)

Key achievements this year include:

- Targeted recovery support to over 2000 people experiencing challenges with their mental health across Western Australia;
- Information, support and awareness raising to several thousand more people;
- Busting the myths about smoking and improving the physical health and wellbeing of people with mental illness through peer based developmental strategies;
- Transition of a new CEO to the MIFWA leadership team;
- A growing focus on improving our practice and measuring outcomes.

Our Board and stakeholders are proud of the genuineness of our approach, the quality and flexible recovery oriented support that we provide. We are pleased that the feedback we are receiving is affirming of the effectiveness of our services and resources. We are willing to reflect on our progress and look for new ways to achieve development when we are stuck. Sound governance and risk management are important roles of the Board in its management of a growing organisation. We have worked closely with MIFWA leadership team to end the year with a surplus to rebuild our cash reserves after our investment in office accommodation in Midland.

MIFWA continues to value and contribute to the Mental Illness Fellowship of Australia (MIFA). This strategic alliance gives us a voice at a national level and valuable support from similar organisations in every State and Territory of Australia. In April we hosted the MIFA Board and Executive meetings in Perth.

We wish to acknowledge and thank our Board Members who give generously of their time, skills and experience.

And finally, all MIFWA achievements in the past year have been attributable to our great staff and volunteers; our donors; our members and people who choose us for support, their families and carers, and their willingness to allow us into their lives to support them in their recovery journeys.

Chief Executive Officer Report

Monique Williamson

It is a privilege to have been appointed the CEO of MIFWA in January 2014. It is a delightful organisation with many strong attributes including a wealth of committed supporters. Our vision 'a better life for people affected by mental illness' is being realised each day in the lives of many West Australians. The 2014 financial year has been a period of significant achievement and positive outcomes for MIFWA and its stakeholders, notwithstanding an interesting funding and policy environment.

Our achievements

It has been humbling to see the impact of our work. There are many stories scattered through this report. Some of the people we support have, after many years living on the street or in hospital, through our efforts have found a house and importantly a 'home'. Often just a little bit of support, by trusted people, makes a big difference. It has been fulfilling to see people after periods of unemployment experience meaningful work, even just a small amount of work has a profound impact on people's recovery. We have been able to provide timely, relevant information that provides relief for those bewildered by not understanding their experience.

We have stood by our resolve to influence the unacceptable poor health indicators experienced by people with challenges to their mental health. The statistics are clear and it is not good enough for a civil society to have a group of citizens at such disadvantage. Public health campaigns over the past decade have significantly reduced the smoking rates in much of the general population. However the rates remain extremely high for people with mental illness. We have started a campaign and a commitment to impact on these rates. This year we developed the Busting the Myths brochure a partnership with Australian Council on Smoking and Health (ACOSH). This humble little brochure symbolises a small step in a much bigger commitment and campaign to address the statistics and improve outcomes for people with mental illness. We continue to provide one to one and group programs to support behaviour change and we are seeing positive results.



Monique Williamson

Our foundations

I have learnt much about resilience, acceptance and the power of fellowship in my short six months at MIFWA. These qualities are evident in our founders, a small group of families wanting better lives and opportunities for their family member diagnosed with schizophrenia. There have been many changes in knowledge since the inaugural meeting of our founding members, new medications, new treatments and some reduction in stigma and discrimination. However their wisdom about 'what works'- providing a supportive environment, engaging people to contribute and regular fellowship - remain sound as pathways to recovery. The voice of our founding members resonates strongly in our vision, culture and mission.

Our people

Our people are deeply committed to the MIFWA vision and purpose, in essence helping people and communities to prosper and grow. The success of MIFWA over many years is a result of its people and their affinity with the vision of our founders to facilitate 'better lives'. Creating a

workforce that reflects the attitudes and needs of the communities in which we operate is a priority for us. I continue to be impressed by the compassion and willingness shown by our people to work in ways that achieve optimal outcomes, to be reflective in their practice and to strive for better outcomes. There are many examples of where our people go above and beyond to support recovery of those most in need.

Our resolve to adapt

This year has seen changes occurring across our economy, across government policy priorities and across our communities. Faced with increasing financial pressure, governments are challenged with decreasing resources and increasing need. Government has less to invest and increasing pressure to be targeted and effective. A national review of mental health system is due to be presented to parliament in November 2014.

It is a time of uncertainty with governments grappling with competing policy priorities and limited resources. The strength of mission based organisations like MIFWA is our adaptability to ride the waves of changes to government priorities. Our Board is analysing the risks and opportunities in our current environment and providing a direction that pursues opportunities and focuses our efforts on making a meaningful difference.

The National Disability Insurance Scheme and its focus on individualised services is a very good strategic fit for us, building on our learnings in our current personalised service areas. Given the strength we have built in our organisation and the proven momentum across all of our programs, together with the introduction of the National Disability Insurance Scheme pilot and commitment by government to increase the investment in community mental health services, MIFWA remains well positioned to continue to meet the needs of the West Australian community.

Our supporters and alliances

Finally I would like to thank our team including our staff, members, volunteers and committed supporters for their ongoing contribution – together we strive every day to make a positive difference. Thank you especially to our Board of Management and our Leadership team for the guidance and support you have provided. We

value our continuing strong partnerships with our funders and other community organisations which are critical to our efforts to impact on community need. Our sponsors and donors remain a central part of our capacity to make a meaningful difference. We have a steady stream of donors that allow us to continue to focus on emerging needs and address areas of community need that would otherwise be overlooked. We have a growing team of dedicated volunteers, who are a critical part of the MIFWA team. Thank you all!

OUR HIGHLIGHTS 2014

60 STAFF ACROSS 10 PROGRAMS

DIRECTLY IMPACTING ON APPROXIMATELY
2000 WEST AUSTRALIANS
IN *Metropolitan PERTH* & **4 REGIONAL AREAS**

Our members
PREPARED AND SHARED



NUTRITIOUS MEALS
at our
COMMUNITY CENTRE

UP TO **50 PEOPLE** UTILISED AROUND **1000 hours** of PROFESSIONALLY INSTRUCTED **GYM SESSIONS** to positively shift the PHYSICAL WELLBEING of **MEMBERS**



 **250 CALLS** to our AFTER HOUR TEAM
and several **LATE NIGHT VISITS** ☽★ to SUPPORT PEOPLE IN OUR INDIVIDUALISED COMMUNITY SUPPORT **PROGRAM**

60 PEOPLE PARTICIPATED IN **HEALTH & WELLBEING COACHING** and/or **GROUP WORK**

BUSTING *the* MYTH

BROCHURE on SMOKING & MENTAL ILLNESS

A PARTNERSHIP WITH
AUSTRALIAN COUNCIL *on SMOKING and HEALTH (ACOSH)*

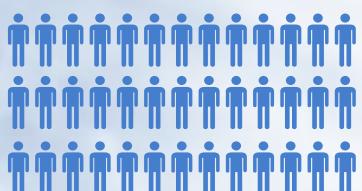


A WEBSITE & RESOURCES
TO IMPROVE THE
MENTAL HEALTH
and wellbeing of the
FIFO COMMUNITY 



POETRY BOOK AND
ANNUAL PUBLICATION
INCLUDED POETRY
FROM MIFWA
MEMBERS OF
OUR LORIKEET
COMMUNITY CENTRE
PREVIOUS YEAR.

MORE STATISTICS

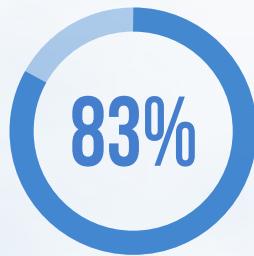


39 young people
received intensive
support in 2013/14

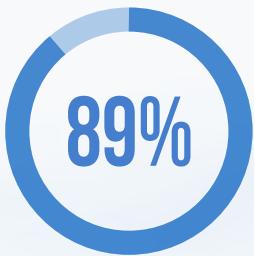
24 years is the
average age
of individuals
supported



of people when they
exited the program were
working, studying or
volunteering



of individuals are
volunteering, actively
looking for work, working
or studying



of individuals are actively
engaging in the community
where this may have been
challenging previously

THEME 1

TAILORED RECOVERY SUPPORT FOR INDIVIDUALS

Lorikeet Centre Ernie Hansen

The Lorikeet Centre is a community centre for adults experiencing mental health issues. The Centre is based on recovery and providing opportunities for members to participate in a range of activities including working on computers, gym classes, arts, hosting guest presentations, cooking and working in the kitchen and a variety of recreational activities.

In the past 12 months the membership has increased by 130, bringing the total number of members to 600. To date 64% of members are male, 30% are aged between 45-54, 25% are aged between 55-64 years, and 23% are aged between 35-44 years of age.

Lorikeet centre runs on the contribution of members supported by a small team of dedicated staff. The small team of staff have a combination of qualities that make the centre work. Members are supported, as required, and work together with staff to support one another and the mission of recovery and fellowship. Of the 600 members of Lorikeet approximately 300 attended the centre in 2014 financial year. Each day an average of 35 people enjoy the lunch and companionship that the centre provides. There are many unpaid contributions from members that keep the centre functioning. Many members go above and beyond in their commitment to making sure the centre runs smoothly, that lunch is prepared and served each day and that the little things are attended to. These people know who they are and we are continually grateful for their support and contribution.

Some highlights from this year include:

Physical Exercise: Department of Sports and Recreation provided a grant to employ a

qualified gym instructor to assist members with becoming more physically active. Members work out with the qualified instructor Laura in our fully equipped gymnasium as well as aqua aerobics at Beatty Park aquatic centre. The growth in popularity and participation of members in this exercise program is a fantastic outcome.

Promoting healthy eating: Food Sensations an initiative funded by Health Way regularly attended the Centre to provide information on how to cook nutritional meals on a budget.

Gardening: The Lorikeet Centre were granted a plot of land by the Cambridge Town Council in its community garden, where members plant vegetables. One day a week members tend to the vegetables alongside other gardeners from the local neighbourhood. All vegetables grown are then used in the centre's kitchen to prepare nutritious, filling lunches for members.

Creativity and Art: The Lorikeet Centre has an artist, Liam, to hold art lessons for members. More members have joined the art group since this program started and some are showing that they have a great talent for painting.

Computing and Information Technology: Local TAFE students have been attending the centre and providing one on one computing classes to members. This has included basic computer skills such as typing letters, updating resumes, learning how to send emails and how to navigate the internet to search for support and jobs.

Contribution - volunteering work and ongoing learning. Many members build their confidence, skills and learnings to pursue further interests and work opportunities. Some attend further education, join community interest groups, pursue roles in volunteering and pursue paid employment. We actively promote volunteering and work opportunities

In their own words



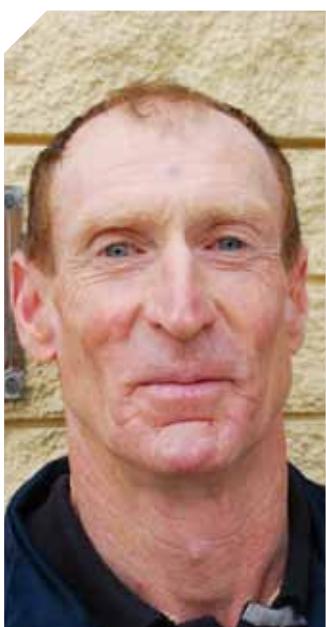
HERMANNA GANZ LORIKEET MEMBER

1. **How did you become involved with MIFWA?** I have been attending the centre for 20 years. I didn't have anywhere to go. I was just window shopping all the time. There had to be more to life than just window shopping. My father had passed away and I was lonely.
2. **How has MIFWA helped you on your recovery journey?** I'm a bit more confident. I can talk to any of the staff about my problems.
3. **What makes MIFWA different from other services you may have used in the past?** Used to go to 'a different centre' – that place was really dark, boring and dingy and nothing to do there. Not vibrant like the Lorikeet Centre. We have a TV room and I help in the kitchen. More of a clubhouse. The atmosphere is a lot better.
4. **Can you think of one or two words that best describe MIFWA?** Brilliant. Welcoming. Safe.



STEVE WISE LORIKEET MEMBER

1. **How did you become involved with MIFWA?** Referred by the GP. Needed somewhere to go and socialise. My type of place and I wanted to become a member. I have been a member for 9 months now.
2. **How has MIFWA helped you on your recovery journey?** Where do I start to tell the truth (laughs)? In every way possible Lorikeet has helped me. The staff are outrageous and wonderful. Love them all. If it wasn't for Lorikeet I wouldn't be here. Helped me out in more ways than I wish to care for.
3. **What makes MIFWA different from other services you may have used in the past?** I can approach any member of staff and joke with them, and get serious when needed. I feel I can be myself at Lorikeet. Lorikeet is not good, it's damn good!
4. **Can you think of one or two words that best describe MIFWA?** Totally unreal. They mean the world to me... even Ernie (laughs)! If it wasn't for the staff and Ernie being here, we wouldn't even be a member. So, thank you all even if it's MIFWA and Lorikeet for everything.



ALAN GREEN LORIKEET MEMBER

1. **How did you become involved with MIFWA?** I was introduced to the Lorikeet centre through a friend. I joined in 2003, but stopped attending until I received a free lunch voucher back in 2007 and have been attending ever since.
2. **How has MIFWA helped you on your recovery journey?** Enormously helped. I paid \$10.00 to become a member at Lorikeet and was reintroduced to all these different activities. I now play tennis after reaching out to join a club thanks to my time at Lorikeet. I have worked with the Early Intervention Recovery Program a little while back when I was asked to attend a sailing course. I also use the personal trainer too.
3. **What makes MIFWA different from other services you may have used in the past?** Longevity. It has a huge membership. Very active centre, lots of people come through the door. Regular activities and I have the opportunity to cook lunch and attend outings.
4. **Can you think of one or two words that best describe MIFWA?** Opportunity. Support. Companionship. Outings – camps. Change.

Early Intervention Recovery Program & Partners in Recovery Program - Robyn Fitall

The Early Intervention Recovery Program (EIRP) provides support to young people aged 18-35 years who have experienced an episode of psychosis. The EIRP is distinctive from other types of mental health services. It works with a specific age group, at a specific point in time, centred on the person's individual needs. These needs may include areas of employment, education, personal development, relationships and community development. Our individualised, recovery focused approach to working with young people directly enhances the quality of life of the participants of the program.

Some highlights from this year include:

Improving Driving Skills: With sponsorship from the RAC we held a Driver Enhancement Program during November 2013. During our time working with young people we have found that individuals have little confidence when returning to driving after an episode of psychosis.

Physical health and wellbeing: We understand the importance of physical health and the positive impact it can have on mental health. With student Liz Kent, we ran a 10 week Healthy Lifestyle Program. A large proportion of the focus of the program was on fitness with a walking/running group established. The objective of the recreation and lifestyle group was to focus on group activities and to increase socialisation opportunities. The program for the walking/running group was based on the couch to 5km training schedule (www.coolrunning.com). Over the 10 week program we saw the fitness levels of all participants (including staff) increase. We started with a walk and built up to a jog. By the end of the 10 week program participants were able to jog the full 5 kilometres of Lake Monger and also joined in a soccer competition support by Reclink at the end of the program.

We Hear WA www.wehearwa.com.au:

MIFWA in collaboration with Richmond Fellowship of WA's - Hearing Voices Network WA created the We HEAR WA website. We HEAR WA provides a platform where young voice hearers, families and friends of those who hear voices can; access resources and information; connect with others anonymously via forum-style discussion boards and live messenger chat-style from the comfort of their own home breaking down considerable access barriers. We HEAR WA is an online peer-support and information space and has 3 key aims for young voice hearers:

1. Connection – to have people in my life who can listen, understand and relate to my situation, so I don't feel so isolated and alone.
2. Understanding – To explore an understanding about voice hearing and share experiences for coping.
3. Recovery – to accept my experience, and to live my life as I choose.

We were fortunate to attend the World Hearing Voices in Melbourne in November 2013 where we shared our site with those at the conference. We received positive feedback on the site and are well on our way to 100 users signed up!!

Jody's Story

When Jody, a young woman, first joined the EIRP program two years ago, she was experiencing high levels of anxiety and reduced confidence after going through her first episode of psychosis. Subsequently, she did not feel confident engaging in many occupations including work and sporting activities, taking on responsibilities, or committing to engaging in many activities throughout the day, due to the fear she may experience anxiety while in the community. Jody also found it difficult to leave the house and often experienced boredom during the day. During Jody's participation with the EIRP program, her main focus was on her anxiety, as she did not feel capable of doing anything else until she no longer experienced any anxiety.

With the encouragement and support of staff from EIRP over a two year period, Jody gradually began to engage in a variety of activities, build her confidence and develop her skills and tools for managing and reducing her experience of anxiety. This progress began by first attending the EIRP walking group and participating in badminton once a week. Through these groups Jody began to slowly build her confidence in her skills and abilities and also develop her confidence in social environments within a mental health setting. Jody also worked with her support worker to increase her knowledge regarding anxiety and develop a range of tools for coping with anxiety including Cognitive Behaviour Therapy, mindfulness and meditation. This enhanced her ability to leave the house and engage in occupations even when experiencing some level of anxiety. It was at this point that Jody felt comfortable to sit down with her support worker and set goals around returning to work and studies, improving her health and fitness, and further reducing her anxiety.

Over time Jody's experience of anxiety gradually began to reduce, and after a year

with the EIRP program, she felt ready to explore options for volunteer work, something she had been hoping to engage in, however had previously found too overwhelming to consider. Jody explored the type of volunteer work she would like to engage in with her support worker. After a short time Jody gained volunteer work one day a week, which she continued for a year. Engaging in this work was Jody's first stepping stone towards developing a weekly routine and returning to paid employment and studies. Jody also faced and completed other challenges and goals during this period such as planning and completing an independent interstate trip. Although Jody experienced some level of anxiety regarding this trip she discussed and explored these concerns and fears with her support worker and developed strategies for managing these concerns.

Many individuals experience setbacks in their life when working towards goals and making life changes. This occurred also for Jody who returned to hospital for a short stay after coming off her medication and experiencing a reoccurrence of some symptoms of psychosis. Following this setback, Jody made a rapid recovery. She remained positive and hopeful for the future and was highly motivated to continue working towards her goals.

After two years with the EIRP program, Jody has experienced many achievements. She is now more confident, outgoing and is beginning to focus on and make plans for her future rather than focusing only on the present and her feelings of anxiety. Jody is currently studying two days a week and is also completing an on-line course. Although she still experiences some anxiety, she is able to manage this and continue to engage in daily tasks and activities. Jody is also starting to consider return to work options, something which she was not sure she would achieve before, and she is also taking up other activities within the community including yoga.

In their own words

- Early Intervention Recovery program participant and now Employee of MIFWA

The following interview was conducted with Michael Allen. Michael was a participant of the EIRP Program but before long it was discovered he had great talent in all things IT. Michael is now employed by MIFWA as a Website Administrator for the We Hear Website and for MIFWA's very own website. Michael is a real asset to MIFWA and his expertise and willingness to learn has been invaluable.

1. How did you become to be involved with MIFWA?

I came to be involved with MIFWA after being a consumer of government services for my schizophrenia for a few years. I had recovered to the point that I wanted to get out of the house and develop a mentally healthy lifestyle so my case manager at my local clinic referred me to MIFWA's Early Intervention Recovery Program.

2. How has MIFWA helped you on your recovery journey?

MIFWA has helped me tremendously in my recovery from schizophrenia, depression and anxiety. As a participant in the EIRP, I was encouraged to get out of the house, meet people, participate in activities and develop a healthy weekly routine. It was scary at first but as I committed and continued participating it got to the point where leaving the house seemed natural and I didn't seem to need the services anymore. Just before leaving as a participant, I gained employment with MIFWA as the Website Administrator for the EIRP's We HEAR WA Program; it's the best thing I have done since developing my illness at 19! Since then I have also been discharged from government services and manage my illness by myself with the occasional check-up from my local GP.



Michael Allen

3. What makes MIFWA different from other services you may have used in the past?

Before my participation with MIFWA my treatment was purely clinical. I would see a psychiatrist once every two weeks and see a psychologist once a week. Outside of that, if I had any trouble I would have to call a number or go to hospital. Having peer support was an excellent addition to my clinical treatment as it gave me that additional motivation and support outside of clinical hours and gave me something to do once or twice a week apart from just going to a clinic. It felt more like I was chatting to a friend than a doctor; often my peer support worker and I would talk about anything and everything. The activities I participated in such as soccer, badminton, the gaming group and the gym gave me confidence in myself, put my mind and body through its paces again and gave me something to think about and look forward to every week all while getting better! I've never tried any other NGO's but I doubt you'd get this level of service and satisfaction elsewhere!

4. Can you think of one or two words that best describe MIFWA?

Dedicated, Supportive

Partners in Recovery

In partnership with Perth North Medicare Local, MIFWA are now delivering the Department of Health's Partners in Recovery initiative in the northern metropolitan region of Perth. Partners in Recovery (PIR) aims to support people with severe, persistent mental illness with unmet needs, their carers and families through enabling multiple sectors, services and supports to work together for their wellbeing.

MIFWA host two Support Facilitators to deliver Partners in Recovery. We work alongside individuals who experience ongoing mental health problems that significantly impact on their lives. Our support facilitators will walk with individuals and their families through a positive path to ensure that they are not alone on the road to recovery.

Our support facilitators help individuals to:

- Make plans about working towards improving health and wellness;
- Find the right places to get help;
- Make sure that different services meet their needs;
- Find solutions to practical problems – like housing and health needs

Since commencement in January 2014, PIR has seen 187 referrals received right across the Perth north metropolitan region. MIFWA is both a member of the consortium overseeing program implementation along with twelve key agencies, in addition to both carer and consumer consultants, as well as a host agency. We would like to take this opportunity to extend our thanks to Aoife and PIR team at Perth North Medicare Local for their support over the past 6 months and we look forward to exciting times ahead for mental health.



working together for your wellbeing

Family Support Program Angie Gallagher

The Family Support Program aims to assist families impacted by mental illness in the development of resilience, personal and family wellbeing, positive progress in recovery and encouragement/ support to participate in their local community.

We work from a 'whole of family' perspective and our supports are client focused, ensuring that we work alongside the family and assist them to identify their needs, goals and hopes for the future. The Family Support Program works with families by building a trusting, respectful relationship allowing time to listen and work through issues identified in a logical and solution focused way.

Our work is recovery focused with the emphasis on the family identifying their own needs, strengths and barriers. It is important that these are identified by the family themselves and an opportunity provided to build on their existing coping skills, as this encourages more successful and meaningful outcomes in the long term. Our role is to encourage and support participants to identify specific personal and family goals on which to work. We do not direct family participants around what choices to make, but rather engage in discussion around what the options might be and encourage the participant to choose the option which will best benefit them and their family.

Over the past year, we have received 35 referrals, supported 54 families on an ongoing one to one basis and a further 12 families through our involvement with the Aboriginal respite service managed by Uniting Care West.

Feedback from Participants

"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 support program has helped me to become aware of assistance, educational workshops/courses/crisis contacts within my local and wider community - that I never would have found otherwise. 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!"

"The best thing about having a Family Support Worker is having someone to really talk to about anything."

"MIFWA have given me the support and understanding that I have needed to get well. My worker offers different perspectives and ideas to help me look at my issues another way. The referrals have been a good source of information. My worker is someone I respect and models an attitude, skills and strategies that gives me hope"

"Since working with the Family Support Programme I have a better handle on my son's ADHD diagnosis. I have learned some ways to help deal with his difficult behaviour and not just lose it, I realise that it is not his fault and it's hard for him and hard for me too".

"My Family Support Worker has helped me to recognise when I am becoming unwell and I now know what options I have and what action I should take. I think I now accept and understand my own mental illness and how it effects my kids better than I did before".

"The best thing about having a Family Support Worker is having someone to really talk to about anything, who I can trust and I know doesn't judge me, then we work together on ways to make things better".

"The MIFWA Family Support Programme has brought me, and my family, invaluable support in a time when I needed it most. The regular visits from my Family Support Worker and her support, encouragement, and knowledge of community services and opportunities has most definitely helped me to reach the point in my recovery that I stand at now."

"Myself and my family have really benefitted from my time with my family support worker. We have increased our resilience, and totally improved our family communication skills. Thanks MIFWA"

"The Family Support Programme has enabled massive changes for every single member of the family in different ways. It is holistic, extremely supportive and has provided links for each family member"

Staff Feedback

"As a family support worker my job allows me the opportunity to bring hope where there is sometimes little. My intention is to support, inspire and challenge the families I have supported to think about things differently so that they can believe in themselves and move towards their goals more confidently."

"The program benefits people because we don't judge or assume we know everything. We meet them where they are right now, and are genuinely interested in the journey that has got them thus far. Working with their strengths, experience and skills, we hope to improve family cohesion and connection. The things families have told me that have been the motivator for change in their lives includes being really listened to, honesty, the genuine empathy, linking them to their community, being encouraging, and modelling positive behaviour. I have learnt that as a worker how important it is that we take care of ourselves, working on our own personal and professional development. Lastly it has been a privilege working with families and I really admire the courage they take to let someone in to help."

"I can honestly say that my role as Family Support Worker has been the most rewarding role I have ever had the privilege of doing. It is the ability to work with a family in a holistic manner that gives a sense of achievement. Families are the most important thing in the world and to see a family going through a tough time is hard. To work with a family in need of guidance and support and see the positive outcomes that eventuate for them is amazing. To see them rise above the difficulties they face and become empowered enough to function more effectively is the best outcome they could strive for. To lift them up and believe that they can is my job. My work is my passion and the desire to help people in need comes from the heart. I believe that if I work from the heart, share my enthusiasm and shine a little light on my clients, they too will want to work on shining in their own achievement. Everyone's a winner."



Margaret Gardiner

MIFWA and the workplace – from an employee's perspective

Thank you to Margaret Gardiner, who has been a long time employee of 6 years at MIFWA, for answering these questions. Margaret is a dedicated and valued employee of MIFWA and the Family Support Program.

1. What is your role at MIFWA, and how long have you been here?

Family Support Worker – 6 years.

2. What makes MIFWA a great place to work?

The staff get on really well and are supportive. Always providing learning opportunities and training. Keep staff well informed of any changes. The clients or families we work with are interesting.

3. What do you think MIFWA does well in regards to service and support?

Managers have an open door policy and are supportive in developing career path/further study. They employ people from varied backgrounds. Policies and procedures are put in place to support the workers and the clients. MIFWA offers a diverse range of services for different client and cohort groups.

4. Can you think of one or two words that best describe MIFWA?

Inclusivity. Tenacity. Great work ethic.

Parent Peer Support Program - Angie Gallagher

The Parent Peer Support Program continues to be funded by The Mental Health Commission of WA to offer support to individuals who are experiencing a mental illness whilst also being in a parenting role. This support is delivered through the development of respectful, trusting relationships, providing information and education, developing participant driven goals, offering hope and the development of positive coping strategies in the aim of assisting participants to build resilience both personally and as a family.

Another focus of our support is providing opportunities and assistance for individuals to access support in a group setting, promoting the value of reconnecting with the local community. Group activities are an invaluable aspect of the program as this offers the opportunity to meet with other peers, form alternative support networks, share experiences and self-care strategies. We have developed and maintained wonderful partnerships with Uniting Care West and Clan Midland in order to come together and offer some excellent group activities.

Over the past year we have provided support through one to one and group activities for a total of 98 participants and look forward to offering continued support over the coming year thanks to a further years' funding by the Mental Health Commission of WA.

Feedback from Parent Peer Support Workers

"I really value my work as a peer support worker - I enjoy hearing, and feel very privileged to share in, people's stories. Sometimes I do wonder 'what do people get out of it though?' I remember asking one of my clients (a mum in her early twenties), 'what do you need from me?' Without stopping to think, she told me that I kept her focussed and accountable - in that moment I saw that she valued being heard, encouraged and understood by another adult. That's precious."

"I also see a quiet strength in the people I work with, that they're often unaware of - they inspire me. It's great to be part of the journey as they realise their strengths for themselves."

"I love meeting and getting to know all the people we work with in the PPSP, and helping them to find ways to live the life they want. I've had people tell me how good it is to have someone as a sounding board; to share thoughts and ideas with; and to just listen without judgement. And as parents with mental health issues, they are often very hard on themselves, so sometimes they just need a bit of reassurance that they're actually not doing a bad job and that most parents have the same doubts and concerns."

"My peer worker has children so her insight has been invaluable."

Feedback from Participants

"I think the PPSP has taught me about developing my resilience through increasing my self-worth brought about by meeting and achieving my goals"

"Most definitely has brought my strengths in some ways back so I feel only positive impact with my Son and I- we talk better- he is more understanding"

"I've learnt to be more aware and to be ok with having a bad patch which has helped me work towards realising what is happening or what I can do if something happens"

"I now look at ways to stay content and happy instead of holding on to the gloom for as long a period as I have been doing. There is hope"

"My peer worker has children so her insight has been invaluable. It's been great to share my experiences about my Son and hearing they are a normal part of being a parent"

"I see light at the end of the tunnel now! I have hope and trust things will get better. It has helped me be ok with my illness instead of hiding it as I currently do with another agency"

In their own words – Parent Peer Support Participant to Employee of MIFWA

This following interview was conducted with Dawn Bovey. Dawn originally came to MIFWA as a participant in the Parent Peer Support Program. Dawn then decided to volunteer her time assisting with admin duties which helped her with her confidence and skills and from there she applied for and was successful in being employed as a Reception Admin Officer in a job share role.

Dawn holds an important position as she is seen as the 'face' of MIFWA being the first person people see and talk with when they visit or call the head office. Dawn is a valued employee of MIFWA who brings a lot of love and laughs to the Central Office.

- 1. How did you become involved with MIFWA?** I was referred to MIFWA from MIDLAS at a very dark time of my life. I had no one to turn to and I needed advice and reassurance that my life was worth living. MIFWA gave me that small ray of hope that I needed.
- 2. How has MIFWA helped you on your recovery journey?** MIFWA from the first day that I met them has given me my life back. They also encouraged me to ask for help that I needed without feeling as though I am a burden on society. This in turn gave me my dignity back. With my dignity I became more confident. With my confidence I felt ready to give back to society so I volunteered for MIFWA. This then led to a full time position within this amazing organisation.
- 3. What makes MIFWA different from other services you may have used in the past?** MIFWA is different because the people do actually care. This is shown by the way that you are treated and spoken to. You are not a number but a person with feelings.
- 4. Can you think of one or two words that best describe MIFWA?** Absolutely Amazing!!



Dawn Bovey

Physical health and wellbeing - Meerkat Mob - Joyce Vidot

The MIFWA physical health program is called Meerkat Mob, a peer based health program engaging and supporting people affected by mental illness to take charge of their health. It is about informing and empowering people to determine achievable strategies to improve their wellbeing. It is based on the recovery model and a supportive environment. It works. We are seeing many positive changes in people! Many participants overcome barriers just to attend the program, their attendance in itself is a positive outcome. Overwhelmingly positive feedback is received from participants and importantly changes in behaviour are reported.

Meerkat Mob also offers individual support based on the Flinders Program for Chronic Condition Management to people that live with mental illness in the Perth metropolitan area who wish to address their health and lifestyle issues. Both approaches are goal oriented and supportive, build on the participant's strengths and capabilities and are recovery focused.

- 22 People completed one of the three group programs in 13/14

At the eight week evaluation:

- 100% of participants reported that participating in Meerkat Mob was a positive experience.
- 95% of participants reported that as a result of participating they had changed their thinking and have a positive approach to their health and wellbeing. 45% had experienced great improvement with 50% experiencing moderate improvement. Only one person experienced no change.

Weekly phone support is invaluable for participants and people find strength when they receive a weekly call asking how they are. Once people have joined a group there is even an opportunity to become a volunteer within future groups with a possible outcome of employment as a Peer Worker.

Moving forward we are developing an oral health group. This will be a shorter 3 -4 week program (once a week for 2 hours). We want to share information around oral hygiene, medication, nutrition, bad habits and the affects these have on the mouth, gum and teeth. Another future

goal is to run a 6 week healthy cooking class. This will include how to budget, read labels and make nutritious healthy meals. We have a waiting list of people wanting to join.

A word from one of our volunteers;

Hello all,

At first let me introduce myself, my name is Uli and I have been volunteering with the Meerkat Mob since the end of January. We are a supportive physical health program for people who have experienced mental illness. But it is not just about physical health it is also about how to stay mentally healthy on your way to recovery. We speak about community involvement, stress reduction and tapping, neuroplasticity, bad habits, nutrition, health checks and of course physical exercise and motivation. We have some great guest speakers with very interesting themes to talk about and it is always a very fun environment, where everyone gets involved and shares their stories if they want to.

In order for everyone to understand the impact of the program I interviewed Peter, one of our participants, at the end of the course.

"I have never heard of the Meerkat Mob before, but I am happy I did." Peter finished his 8 weeks course with the Meerkat Mob on the 21st of March. "My overall wellbeing has been helped by attending these meetings with the Meerkat Mob." Before he started the course, he was desperate, confused and his self-esteem was shattered in pieces. He found it hard to find work, which led him to a total loss of self-esteem. "This (Meerkat Mob) Folder of mine is going to live by my computer. When I have pain or any stress or confusion, I dive into this folder and read (...) and cope with these stresses."

"The amount of information I have gathered is fantastic."

"I don't look up to the negatives anymore." Peter told me that with the self-esteem he gained during the course he started busking in the city. A totally new thing for him. "I live alone which is hard but I am about to make myself available for the community. My busking on Sundays is just that. It is good fun, it has nothing to do with money. It would be nice to have more money but I rather have the community involvement."

Individualised Community Living Strategy (ICLS) - Sharon Puren

The Individualised Community Living Strategy supports people in their home and community. It aims to provide people with a home and support to achieve their goals. MIFWA is supporting seven people through the program. Each person's support is tailored and relates to their individual needs and aspirations.

Currently the program has four full time and two part time staff. The program is now in its 3rd year and continues to assist individuals with their recovery. The program uses a person centred approach, by identifying individual needs, and supporting people to live independently in the community. It has been great to be a part of people's new life. Some had spent significant periods in hospital and with a little bit of practical support have been able to build their home and lifestyle.

Over the past year the people supported through ICLS have had many successes that include

- Achieving a goal to obtain a drivers licence
- Gaining employment
- Completing courses in parenting and health and well being
- Attending programs to better their health
- Going on holidays
- Growing vegetables and herbs and cooking

For many of the individuals remaining well and staying out of hospital is by far their biggest achievement. Being able to maintain their home and continue to have the feeling of security also sits high on peoples reflections.

We look forward to continuing to support Individuals and their families and to provide a service that is flexible and individualised. MIFWA and Aftercare continue to work in partnership to deliver the Individualised Community Living Strategy (ICLS).

Some inspiring words from the people we support-

"Five stars for my support workers from ICLs. I feel blessed to have them and to get along with them. They keep my stresses at bay."

"I know a lot of my problems in life have been out of my control and beyond the scope of my parents' understanding so it has been a godsend to have a caring team like ICLS to support my life. Thank you heaps. After 2007 I really struggled to want to live anymore and kind of got myself into more sticky situations because there was no one to turn to."

"Five stars for my support workers from ICLS. I feel blessed to have them and to get along with them. They keep my stresses at bay."

"I'm extremely grateful with all the supports I receive from ICLS and have connected well with all the support workers that assist me. I feel safe knowing I have supportive people around to help me."

"The support I get from ICLS is very valuable to me. My support workers push me in a good way to do activities I normally would feel unmotivated to do on my own. My support workers also keep me company and are good to talk to when I am feeling down or upset."

"I'm extremely grateful with the supports provided for me. I'm happy with the constant motivation my support workers give me. I really enjoy my time with my support workers and always enjoy seeing them. I have built good rapport with all of my workers."



Lester D'Silva

MIFWA and the workplace – from an employee's perspective

Thank you Lester D'Silva who works in our ICLS program for providing your perspective on working for MIFWA by answering the following questions on what it is like working for MIFWA.

- 1. What is your role at MIFWA, and how long have you worked here?** Mental Health Support Worker – Independent Community Living Strategy Program (ICLS) I have been in the role with MIFWA for 18 months
- 2. What makes MIFWA a great place to work?** MIFWA is an exciting and dynamic organisation to work for – the culture within the organisation is friendly, fun and collaborative with a positive vision for growth and development moving forward. Within the ICLS program, my colleagues, senior staff and management are supportive and nurturing thus making for a healthy working team environment, which in turn results in a successful program.
- 3. What do you think MIFWA does well in regards to service and support?** The services offered at MIFWA are client driven, supportive and person centred. Taking a holistic approach to provide the best possible support in achieving an outcome specific to the individuals needs in an efficient and timely manner.
- 4. Can you think of one or two words that best describe MIFWA?** Community inclusion and client driven.

THEME 2

FAMILIES AND CARERS SUPPORTING ONE ANOTHER

Carer & Well Ways Service - Samantha Scott

Walking alongside families

We know families are impacted by the mental health issues experienced by their loved ones. These impacts can be felt emotionally, physically, financially and socially. Implicit in this is the impact of stigma and trying to negotiate the community and mental health systems.

MIFWA aims to support families on their journey to pursue a better life for themselves and their family members. That support can be about validating the emotional impact, explaining causes and treatment within a holistic framework, exploring coping strategy and communication skills. Improved communication skills and coping strategies are provided through personal development such as Non Violent Communications and Resilience Workshop.

The other component of our work focuses on assisting family carers to regain their own sense of purpose and identify their strengths and goals. They find their own strength alongside and sometimes in spite of their loved ones journey.

Well Ways

The program consists of informal workshops involving group discussions, videos and practical demonstrations, facilitated by peer carers. Well Ways Facilitator. The program includes information on mental health services available to carers and their family members. Practical insight into behaviours associated with mental illness and strategies to respond effectively. Also covered are practical frameworks to improve communication and problem solving skills. This financial year MIFWA delivered Well Ways, 'building a future' in Midland, July 2013, in Clarkson, in July 2013 and in Kelmscott, April

2014. Well Ways 'duo' was delivered in Midland, in June 2014

Well Ways reaches regional WA through our partnerships with Bay of Isle Community Outreach, Lamp Inc. and Pathways Southwest, covering the Southwest and the Goldfields.

MIFWA also co-locates with Regional Home Care Service in Northam, with Davina Edwards taking up the role as Wheatbelt Coordinator. MIFWA recognises and is grateful for Sue Weston's dedication to family carers in the Wheatbelt over the last three and half years and wishes her well as she leaves this role.

Carer Peers at Work

Well Ways family education utilises the expertise of family carers to deliver the programs, this style of delivery breaks down the barriers by having information presented by those that can empathise. Carer peer workers also share their story when MIFWA and Grow present to Police Recruits in Joondalup.

Robyn Farrell, Carer Peer Worker is based in Joondalup and Graylands Hospitals to support families connected to these clinical services. This is a great achievement for families, to now have peer workers in key roles in these clinical settings. Grow for Carers is also run by carers for carers by MIFWA in partnership with Grow. They are held in Kinsley and Midland fortnightly.

MI Recovery

Well Ways MI Recovery is a peer-led education program that fosters recovery and reduces the negative impacts of mental illness. As part of the Well Ways suite, it complements the carer programs that also use peer facilitation.

In 2013-2014, MI Recovery programs were run in Rockingham, Midland, Bunbury, Esperance and Collie. The first ever MI Recovery was run in Northam in the Wheatbelt.

A total of 25 participants have completed the

program, of which 11 have gone on to become MI Recovery facilitators, and 9 have become Snapshot facilitators.

Over the past twelve months, MI Fellowship Victoria has provided a Train the Facilitator workshops for prospective facilitators and 1 Refresher Training Course. Currently, there are 11 trained Facilitators able to deliver MI Recovery in WA.

Comments from participants in MI Recovery that highlight some of the outcomes of the program:

"I can see the light in the tunnel"

"Inspiration for new tools of recovery and understanding of feelings and empathy for others"

"I love listening to the group and feeling that we are all the same"

"Feelings of camaraderie. Not alone. Tools to progress positively in my recovery. Hope."

Achievements:

For the first time, a Building a Future program was run concurrently with MI Recovery in Collie. Some of the participants in MI Recovery in Collie had carers who undertook the Building a Future program. Anecdotally, the feedback from the two groups has been that both persons gained much understanding and acceptance of their loved ones, over and above the general positive outcomes from the group. Some feedback from the Collie group:

"I'm not alone!!!"

"I'm more mentally sound than I thought."

"An idea about what to aim for to keep in recovery."

One of our MI Recovery facilitators (Margaret) has also started facilitating an Obsessive Compulsive Disorder (OCD) Group, which MIFWA has partnered with ConnectGroups to run. This demonstrates her growth as a facilitator, and in contributing greatly to stigma reduction in the community. MI Recovery facilitators have also been involved in facilitating the "Introduction to a Peer Work" course, in conjunction with RISE.

Alicia, another MI Recovery and Snapshot

facilitator, has delivered her lived experience story to both Building a Future groups, and a Snapshot group run exclusively for a multicultural women's group using interpreters for a number of languages.

Evidence-Based - La Trobe University Evaluation

Ongoing research from La Trobe University continues to highlight that there are significant outcomes for participants, from commencement of the program through to the post-contact period. These quantitative findings show major improvements in empowerment, illness management, stigma reduction and health status. "Hierarchical regressions indicated that empowerment significantly contributed as a predictor of change in illness management: (Porter, 2012). This supports Corrigan's (2006) claim that empowerment is an important factor in motivating a person to undertake recovery activities.

Themes and key phrases that came through the qualitative evaluation:

"I've been unwell for many years and for the first time I don't feel ashamed of my illness. I don't feel that I'm less of a person".

"Facilitators were more compassionate and empathetic towards us, because they could relate to what we're all going through".

"So the bad stuff that happened doesn't have to be a factor of who you are now."

"MI Recovery gave me the courage and confidence to accept it and do something about it, where before I would have stayed at home, on my own, dealing with it like 'poor me'".

Well Ways Snapshot with Ishar

The concept of providing Ishar Carers Group with education sessions was developed from Commonwealth Respite and Carelink Centre, Independent Living Centre North Metro, and Lauren Ziemanns' knowledge of peer education programs provided through MIFWA; and Ishar Carer Coordinator Elizabeth Colangelo, identifying a need within the current carers' attending Ishar for specific education on mental illness and their caring role.

Traditionally Well Ways Snapshot has been provided through MIFWA (Metro and Wheatbelt) to carers in two sessions, primarily in a respite weekend and occasionally over two days e.g. Thursday and Friday separate from a respite weekend. MIFWA have been providing Well Ways Snapshot since 2010.

Due to the requirement of the existing Ishar carers group, who met on certain days and times, Well Ways Snapshot was to coincide with these pre-existing arrangements. Some of the carers were aged, with transport and respite issues.

The group required three interpreters - Vietnamese, Farsi and Chinese and as well as varying degrees of language barriers. There was a need for an education program that could be relevant with regard to content, logistics and time.

Twenty five carers attend the group regularly, normally a Well Ways group would not operate with more than 12 carers. This is to allow all those participating to share their experiences and to assist the adult learning process and to remain within the allocated time frames required for the content. As this was a pilot, MIFWA decided to accommodate the needs of the group.

It is hoped that future groups will be provided in partnership with Ishar as the MIFWA facilitator, staff and carers all found this to be a very rewarding experience.



Multicultural Women's
Health Centre

In their own words - A carer story

Light at the End of the Tunnel - A Carers Story

I just wanted to express my gratitude for the support I've received from MIFWA.

Since my son's first psychotic episode in 2012 and following a severe car accident when he lost his leg in 2013 my son had become even more depressed and isolated. Suffering Post Traumatic Stress he struggled to socialise. Leaving the house to attend appointments or go shopping was almost impossible. Friends dropped away as family adjusted and compensated as a once vibrant young man became a shell of his former self.

In May this year I received a Tecwyn Jones grant and was able to buy my son a computer. What seemed to me to be small compensation has turned out to have improved our quality of life beyond anything I could have imagined.

My son within two weeks of getting the computer has connected with other young men his age in our area who play the same computer games and started to interact and converse. A couple of weeks later he asked me to drop him with the computer at his new friends house for a LAN party and played computer games with these lovely young men all weekend. His world began to open up again. Two weeks ago for the first time in two years he came clothes shopping with me. We negotiated and managed the anxiety as he discussed going back to study or work next year.

Then last week he went out for the first time without the computer. He is dressing smarter, considering goals, smiling and teasing his siblings again. He has new friends, is not sleeping all day and walks the dog.

What may seem like an inconsequential act has lightened and brightened life for my family. Thank you MIFWA, Robyn and Trudy (Carer Services).

A Carers journey...

My partner and daughter both have severe depression and the journey prior to diagnosis and accessing support services such as MIFWA was lonely and extreme.

It was through both access to my daughters therapist and a counsellor referred by our family GP that I was given MIFWA's number.

Shortly after contacting MIFWA I met up with a Carer Support Officer, she was reassuring, encouraging and kind.

I was reassured immediately that by accessing MIFWA, my journey was now not going to be so lonely.

My association then began and my whole world has changed for the better, all because of the people and experiences I have had with MIFWA.

In just 12 months I have had the opportunity to have respite at weekend retreats in idyllic locations. During these retreats not only have I had the opportunity to have time away from my role as a carer but I have met other carers who have inspired me and given me strength to go forward in my journey.

I have also done a course with MIFWA called Well Ways which has given me an understanding in mental health, illnesses and caring strategies that have only made me a better carer therefore benefiting myself and those I love and care for. As a carer every day is a new day and every situation in my caring role is a new challenge.

My message to other carers –

Take some time out. Have something to do for yourself. A hobby, an interest of some kind that focuses on something else other than the person you are caring for. Take time to breathe, time to gain the strength to go on. Enjoy the good times, feel and take pleasure in the sun, when it comes out.

That is what it's like to be a Carer with the support of MIFWA.

Kelly Sciaresa - Volunteer Carer Services/Well Ways In her own words...

I am Kelly Sciaresa, aged 22, and I've worked full time and then went back to study, to have the experience of what responsibilities are like after education. Whilst at ECU I decided to go on exchange to America for 5 months, and it was the most amazing opportunity I've ever had. Probably the one unique thing about me is, I have a love (or obsession) for tattoos!

Currently studying Psychology and Addiction studies at Edith Cowan University, a friend of mine was volunteering at MIFWA at the beginning of the year who told me about the organisation. I just had to know more about the wonderful programs they run and what they do for people. I managed to replace my friend when she left. Not only do I get to work with amazing people, the opportunity to be able to study and learn firsthand on what I aim to achieve out of Psychology is just incredible.

Working with so many different people in various areas of mental health at MIFWA, I continue to learn and experience how the many programs are developed and designed, more knowledge and understanding of different mental illnesses and how history continues to place stigma on people who have no control over who they are. I enjoy studying and volunteering as I can relate it to my own university degree, I thrive on experience more than just an education and MIFWA has given me that opportunity.

MIFWA has become such a huge part of my life this year, I couldn't imagine not going in to help out where I can. I struggle with my own mental health and MIFWA instantly takes my fears away, the people are truly amazing at what they do and I know how much they affect others' lives in the best possible ways.

THEME 3

RELEVANT AND TIMELY INFORMATION

Timely and relevant information can ease the mind of those impacted by mental illness. MIFWA's Information Officer Andrea Ledbury's role is to make sure the information we give you and the services we refer you to, are relevant and up to date. If we don't have a particular program or support service you are looking for then we will refer you to an organisation who does. We don't leave anyone without options.

MIFWA receives about 900 requests for information each year either by email or telephone contact. It's great to see that we are also having people come into our office and search for information.

Some of the information requests are from people experiencing mental illness and one in particular was a man who was currently homeless and living in his car. He has family living interstate, however he was not in regular contact with them. His family got in contact with one of our MIFA organisations and asked them for assistance. As we are part of the Mi Networks alliance we work with each other to find a favourable outcome for each person. We were asked if we could get in contact with the man and try to get him some support. We called him and let him know who we are and how we would like to help him. That very day one of our staff members went to his car, picked him up, organised a shelter to foster his 10 week old puppy and helped him to get to the services he needed. He was able to get back on medication, receive a regular Centrelink payment and contact with his family. He has also recently agreed to live with his family over east and his family were able to have his puppy transported also. This man is one of many who MIFWA have had the pleasure of sharing the recovery journey.

Other people who call our information line are:

- parents of newly diagnosed young people ask where to go from here
- adult children wanting assistance with a parent who has become unwell



Andrea Ledbury

- adults who have had a mental illness for most of their lives and want support with recovery.
- people who have been admitted to hospital and are afraid of what will happen next
- parents whose adult child has been involuntarily admitted to hospital and want to know how they can get help
- people who have Alcohol and/or Other Drug (AOD) problems along with a mental illness and need help
- some callers are hearing voices or experiencing other symptoms and are afraid to leave their homes
- professionals such as psychologists, social workers, mental health nurses etc. call and ask for assistance in finding a program for their client.
- and many more...



Andrea Ledbury & Caroline Wood

When we listen to someone, we understand and acknowledge the courage it sometimes takes to ask for help, especially if it is not within their culture to acknowledge mental illness or when there has been rejections from family and friends because of the diagnosis. We believe in focusing on what the person needs and individualising a service for them which sometimes means we need to refer them to another organisation with a more suitable program which would help the person to reach his/her goals. MIFWA is a member of Mi Networks. As a Mi Networks champion we have made a promise to always;

- Welcome you and listen to you
- Provide compassionate and tailored support
- Provide information and support which best meets your needs
- Connect you with other service providers in your community if MIFWA is unable to offer you the service you need
- Connect you with other Mi Networks programs that can benefit you

If you need any assistance or just want some information give Andrea a call on 1800 985 944.

THEME 4

INFLUENCING COMMUNITY - BUSTING MYTHS AND FOCUSsing ON SOCIAL INCLUSION

Many people who experience a diagnosis of mental illness are misunderstood and get labelled and rejected by people because of the unhelpful myths that exist in our community. Recovery is dramatically accelerated by supportive friends and family, opportunities to work and participate in ordinary community life. MIFWA is committed to influencing positive social change, promoting social inclusion and busting the myths that exist about mental illness. MIFWA undertakes a variety of strategies through media and public awareness raising to reduce the stigma associated with mental illness.

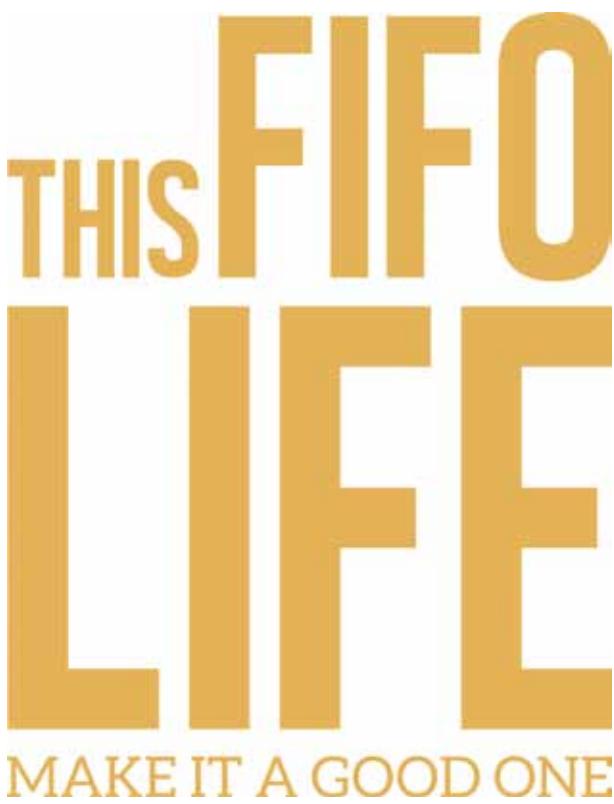
Schizophrenia Awareness Week

Schizophrenia Awareness Week 2014 is an important week in May for members of Mental Illness Fellowship Australia. Our message is simple 'Recovery from Schizophrenia IS possible'. Schizophrenia is sadly one of Australia's last big non discussable illness and affects nearly one million Australians. Schizophrenia Awareness Week aims to raise awareness to local communities, highlighting their importance in supporting recovery. Recovery relies on; treatment, support from family and friends and a welcoming community!

MIFWA hosted a number of events during the week including a workshop for the mental health sector, a lunch presentation partnering with Engineers Australia featuring Greg Ralls and Heath Black, a launch at Northbridge Piazza, a poetry book launch and workshops for families and carers. Short films and information videos about MIFWA screened at the Northbridge Piazza Screen throughout the week.

Greg Ralls, an engineer and author, shares his memoir of an ordinary Australian whose been diagnosed with paranoid schizophrenia in his book 'Unravel-To Unwell and Back'. Greg was one of the guest speakers for Schizophrenia

Awareness Week and he donated proceeds from his book to MIFWA.



This FIFO Life

The Mental Health Commission (WA) funded MIFWA to explore and improve the mental health of Fly in Fly Out (FIFO) workers and their families. The FIFO LIFE project has been developed by mental health professionals, Julie Loveny and Sue Crock. This FIFO Life celebrates FIFO workers and their families. People's stories and experiences are at the heart of This FIFO Life and highlight the strengths and resilience of the FIFO community. The project team spent time on mine sites with workers and



Julie Loveny, Sue Crock and Monique Williamson at the launch of 'This Fifo Life'

gathered some amazing stories and strategies. The website and resources are about sharing knowledge, tips and ideas to support mental health and wellbeing. Life isn't always smooth and easy and FIFO is no different. On This FIFO Life website you can find blogs with links to articles, videos, websites and talks about lots of topics to help people stay mentally healthy. MIFWA is proud to be part of such an important project for the West Australian community.

Pharmacy 777

MIFWA continues to partner with Pharmacy 777. MIFWA provides Pharmacy 777 with information and support related to mental illness and our services. Pharmacy 777 have developed a documented and systemised approach to supporting people with mental illness. It involves the key professional services that pharmacists provide including counselling about the medication being taken and including complimentary medicine. Pharmacy 777 identified MIFWA as an organisation that has a lot of knowledge and resources that can complement and support its efforts to provide the best support to people with mental illness.

MIFWA STAFF

MIFWA Staff

- Chief Executive Officer
Monique Williamson
- Human Resources & Operations Officer
Rebecca Kiriakidis
- Finance Manager
Max Wang
- Payroll Officer
Nid McIntosh
- Executive Assistant
Alison Nesbit/Emma Reeves
- Information Officer
Andrea Ledbury/Minh Dang
- Reception Admin Officers
Dawn Bovey & Joanne Ham

Family Support & Parent Peer Support Program

- Manager
Angie Gallagher
- Family Support Workers
Margaret Gardiner
Gaye Hodgson
Chez Pilkington
- Parent Peer Support Workers
Barbara Hales
Lara Geach
Jemma Deering

Well Ways & Carers Program

- Manager
Samantha Scott
- Support Officers
Trudy Young
Caroline Wood
- Carer Peer Worker
Robyn Farrell
- MI Recovery Coordinator
Sharon Karas
- DUO Project Officer
Kim Eaton
- Wheatbelt Coordinator
Davina Edwards

Early Intervention Recovery Program Partners in Recovery Program

- Manager
Robyn Fitall
- Facilitator
Kate Wallace
- Peer Facilitator

Tom Sylvester

- Website Administrator
Michael Allen
- Support Facilitator (PIR)
Jerry Hung
Meghann Weins
Anna Skora

Meerkat Mob

- Manager
Joyce Vidot
- Peer Support Worker
Dolly Beres
- Peer Support Worker
Debbie Dalton

Lorikeet Centre

- Coordinator
Ernie Hansen
- Senior Facilitator
Denise Catalano
- Facilitator
Claudia Vega-Gallardo
Sara Horvat (Casual)
Kellsie McKenna (Casual)
Ulrike Schoen (Casual)

Individualised Support for Community Living (ICLS) (*In partnership with Aftercare*)

- Manager
Sharon Puren
- Support Worker
Karla Osorio
Lester D'Silva
Dale Sigley (Casual)
Jodie Reeves (Aftercare)
Kent Abbott (Aftercare)

MIFWA Volunteers

- Jan Davies
- Martha George
- Kellie McCrum
- Ian Myles
- Emma Harrison
- Vicky Foscolos
- Laura Hopkins
- Liam Murphy
- Uli Schoen
- Kelly Sciaresa
- Michael Williams
- Carly Ormstrom

GENERAL PURPOSE FINANCIAL REPORT

FOR THE YEAR ENDED 30 JUNE 2014

Mental Illness Fellowship of WA Inc

ABN: 14 969 141 636

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Auditors Independence Declaration

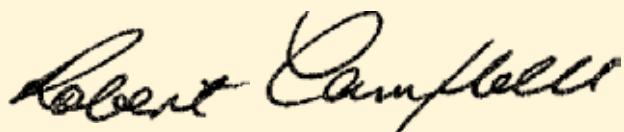
For the Year Ended 30 June 2014

Mental Illness Fellowship of WA Inc

ABN: 14 969 141 636

Auditor's independence declaration to the Board of Directors of Mental Illness Fellowship of WA Inc

In relation to our audit of the financial report of Mental Illness Fellowship of WA Inc for the year ended 30 June 2014, to the best of my knowledge and belief, there have been no contraventions of the auditor independence requirements of the Australian professional accounting bodies.



Robert John Campbell CPA

Registered Company Auditor No. 334773 A

Australian Audit Group Pty Ltd

Level 2, 459 Hay Street, PERTH, WA

Date: 10th October 2014

To the members of Mental Illness Fellowship of WA Inc

We have audited the accompanying financial report of Mental Illness Fellowship of WA Inc, which comprises the statement of financial position as at 30 June 2014, the statement of profit or loss and other comprehensive income, the statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the certification by members of the Board of Directors on the annual statements giving a true and fair view of the financial position of the association.

The Responsibility of the Board of Directors for the Financial Report

The Board of Directors of the association is responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Reduced Disclosure Requirements, the Associations Incorporation WA Act 1987 and the ACNC Act 2012 and for such internal control as the committee determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

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

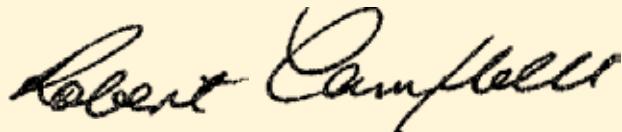
An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error.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

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

Opinion

In our opinion, the financial report of Mental Illness Fellowship of WA Inc has been prepared in accordance with the reporting requirements of Associations Incorporation WA Act 1987 and Division 60 of the ACNC Act 2012, including:

- i. giving a true and fair view of the association's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
- ii. complying with Australian Accounting Standards - Reduced Disclosure Requirements.



Robert John Campbell CPA

Registered Company Auditor No. 334773
Australian Audit Group Pty Ltd
Level 2, 459 Hay Street, PERTH, WA
Date: 10th October 2014

Corporate Governance Statement

For the Year Ended 30 June 2014

Mental Illness Fellowship of WA Inc

ABN: 14 969 141 636

Mental Illness Fellowship of WA Inc acts as a first point of call for people with mental illness, their carers, family and friends in providing information and support. MIFWA is committed to promoting an understanding of issues relating to mental illness in the community leading to better mental health.

Mental Illness Fellowship of WA Inc is governed by a Board of Directors ('the board') which comprise: comprising of no fewer than 6 Board Members and no more than 10 elected members (including office bearers) plus the Chief Executive Officer as an ex-officio members.

The board governs Mental Illness Fellowship of WA Inc in accordance with its constitution, which was varied in 2009, and its board policies which were reissued in 2010. The Board sets its direction, gives leadership, governs itself, works effectively and consistently, ensures that its fiduciary responsibilities are met and holds its Chief Executive Officer accountable for operational matters.

Board Members are elected at the AGM for a term of 3 years. Retiring Board Members are eligible to re nominate for a term. Office Bearers (President, Vice President and Treasurer) are elected at the first Board Meeting after the AGM.

The Tecwyn Jones Sub Committee meets every April to decide the grant recipients.

The board of Mental Illness Fellowship of WA Inc is:

NAME	POSITION	TERM/S OF OFFICE	DETAILS
Denise Bayliss	President	2005-2008 2008-2011 2011-2014	Elected Treasurer in 2007 Elected as Vice President 2009 Elected as Treasurer 2010 Re-election at AGM 2011 Elected as President at AGM 2012 Re-elected as President at AGM 2013
Roy Dickman	Vice- President	2012-2015	Elected Vice President April 2013
Ruth Webber	Vice- President	2010-2013 2012-2015	Elected Vice President April 2013
Ann White	Treasurer	2011-2014 2013-2016	Elected as Treasurer 2012 Re-Elected at AGM 2013
Hugh Cook	Vice President	2005-2008 2008-2011 2011-2014	Elected President 2008 Elected Vice President AGM 2012 Resigned November 2013
Lisa Dobrin	Vice President	2012-2015	Elected Vice President at AGM 2013 Resigned April 2014
Gavin Marsh	Vice President	2012-2015	Elected Vice President at AGM 2013 Resigned April 2014
Glen Stitfold	Ordinary Member	2006-2007 2007-2010 2011-2014	
Vivien Hannaford	Ordinary Member	2008-2011 2011-2014	
Glenn Pickett	Ordinary Member	2010-2012 2012-2015	Continuing
Kirri Campbell	Co-Opted	Co-Opted	Co-Opted June 2014

Mental Illness Fellowship of WA Inc's Chief Executive Officer is Monique Williamson. Mrs Williamson attends Board meetings and sits on all the Committees.

The CEO's Executive Assistant is responsible for keeping records of all Board meetings and Committee meetings are kept and maintained including the register of sealed documents.

The Board's Key responsibilities include:

Exercising the authority given to it by its Constitution; Ensuring compliance with relevant legislation; Maintaining governance and holding its Chief Executive Officer accountable for operational matters; Being accountable for Mental Illness Fellowship of WA Inc's overall performance; Ensuring that Mental Illness Fellowship of WA Inc is solvent and able to meet its financial obligations as and when they become due; Being responsible for Board development, succession planning, and its own performance and processes; Setting Mental Illness Fellowship of WA Inc's strategic direction and progressing an annual work plan and agenda consistent with that direction; Exercising due diligence, fiduciary responsibility and ensuring that risk is identified and managed appropriately; and Being responsible for affixing the Common Seal according to its Constitution.

Mental Illness Fellowship of WA Inc's financial statements are audited by the Australian Audit Group Pty Ltd.

A General Meeting is held annually to present the annual financial statements to the Members.

Board of Directors' Report

For the Year Ended 30 June 2014

Mental Illness Fellowship of WA Inc
ABN: 14 969 141 636

The Board of Directors presents the report on Mental Illness Fellowship of WA Inc for the financial year ended 30 June 2014.

The Board of Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

The net surplus of Mental Illness Fellowship of WA Inc for the financial year ended 30 June 2014 amounted to \$205,435.

A review of the operations of the association during the financial year and the results of those operations are as follows: The principal activity of the association during the financial year was the provision of support services to those affected by mental illness in Western Australia.

During the period, Mental Illness Fellowship of WA Inc applied the accounting policies described in note 1 to these financial statements.



Denise Bayliss
President Date
8th October 2014

Statement by the Board of Directors

For the Year Ended 30 June 2014

Mental Illness Fellowship of WA Inc
ABN: 14 969 141 636

In the opinion of the Board of Directors of Mental Illness Fellowship of WA Inc:

The financial report presents a true and fair view of the financial position of Mental Illness Fellowship of WA Inc as at 30 June 2014, and its performance for the year ended on that date, in accordance with the accounting policies described in note 1 to these financial statements.

The operations of Mental Illness Fellowship of WA Inc have been carried out in accordance with its constitution.

At the date of this statement, there are reasonable grounds to believe that Mental Illness Fellowship of WA Inc will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Board of Directors and is signed for and on behalf of the Board of Directors by:



Denise Bayliss
President Date
8th October 2014

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2014

Mental Illness Fellowship of WA Inc

ABN: 14 969 141 636

	Notes	2014	2013
		\$	\$
Fees and charges	2	141,398	138,012
Service contracts	3	3,255,890	2,879,255
Investment income	4	16,490	53,393
Other	5	69,686	6,693
Total revenue from operating activities		3,483,464	3,077,353
Employment		(2,118,182)	(1,955,143)
Operational expenses	6	(376,581)	(293,958)
Administration	7	(275,996)	(178,059)
Programs	8	(400,542)	(387,832)
Motor vehicle and travel expenses		(135,727)	(159,662)
Depreciation		(79,559)	(63,382)
Total expenses from operating activities		(3,386,587)	(3,038,036)
Surplus from operating activities		96,877	39,317
Gain on disposal of property		-	270,307
Loan forgiven - Lottery West		-	220,000
Capital grants		265,372	13,260
Minor equipment expenditure		(156,814)	-
Total surplus		205,435	542,884

The accompanying notes form part of these financial statements.
 This report should be read in conjunction with the attached audit report.

Statement of Financial Position

As at 30 June 2014

Mental Illness Fellowship of WA Inc

ABN: 14 969 141 636

	Notes	2014 \$	2013 \$
Current assets			
Cash and cash equivalents	9	534,875	372,046
Receivables	10	48,158	125,682
Total current assets		<u>583,033</u>	<u>497,728</u>
Non-current assets			
Property, plant and equipment	11	2,308,650	2,300,431
Total non-current assets		<u>2,308,650</u>	<u>2,300,431</u>
Total assets		<u>2,891,683</u>	<u>2,798,159</u>
Current liabilities			
Payables	12	481,854	368,087
Borrowings		-	36,000
Current provisions	13	177,616	128,191
Total current liabilities		<u>659,470</u>	<u>532,278</u>
Non-current liabilities			
Borrowings	14	425,691	673,044
Non-current Provisions		<u>29,449</u>	<u>21,199</u>
Total non-current liabilities		<u>455,140</u>	<u>694,243</u>
Total liabilities		<u>1,114,610</u>	<u>1,226,521</u>
Net assets		<u>1,777,073</u>	<u>1,571,639</u>
Equity			
Retained earnings		1,520,932	1,315,498
Reserve	15	256,141	256,141
Total equity		<u>1,777,073</u>	<u>1,571,639</u>

The accompanying notes form part of these financial statements.

This report should be read in conjunction with the attached audit report.

Statement of Cash Flows

For the Year Ended 30 June 2014

Mental Illness Fellowship of WA Inc
ABN: 14 969 141 636

	Notes	2014	2013
		\$	\$
Cash flows from operating activities			
Receipts from operations		3,457,265	3,502,630
Payments to suppliers and employees		(3,048,355)	(3,116,217)
Net cash generated by operating activities	16	<u>408,910</u>	<u>386,413</u>
Cash flows from investing activities			
Acquisition of property, plant and equipment		(87,777)	(1,635,344)
Acquisition of investments		-	801
Proceeds from disposal of property, plant and equipment		-	281,975
Interest received		16,490	53,393
Receipts from capital grants		265,372	52,230
Payments for capital grants expenditure		(156,814)	(13,260)
Net cash generated by (used in) investing activities		<u>37,271</u>	<u>(1,260,205)</u>
Cash flows from financing activities			
Repayments of borrowings		(283,353)	79,144
Net cash generated by (used in) financing activities		<u>(283,353)</u>	<u>79,144</u>
Net increase/(decrease) in cash and cash equivalents			
		<u>162,828</u>	<u>(715,504)</u>
Cash and cash equivalents at the beginning of the financial year		372,046	1,087,550
Cash and cash equivalents at the end of the financial year		<u>534,875</u>	<u>372,046</u>

The accompanying notes form part of these financial statements.
This report should be read in conjunction with the attached audit report.

Statement of Changes in Equity

For the Year Ended 30 June 2014

Mental Illness Fellowship of WA Inc

ABN: 14 969 141 636

	Retained earnings	Bequest reserve	Building reserve revaluation	Total
	\$	\$	\$	\$
Balance at 1 July 2012	772,613	256,141	493,026	1,521,780
Total income for the 2013 year	542,884	-	-	542,884
Transfer from reserves on property disposal	-	-	(493,026)	(493,026)
Balance at 1 July 2012	1,315,498	256,141	-	1,571,639
Total income for the 2013 year	205,435	-	-	205,435
Balance at 1 July 2012	1,520,932	256,141	-	1,777,073

The accompanying notes form part of these financial statements.
This report should be read in conjunction with the attached audit report.

Notes to the Financial Statements

For the Year Ended 30 June 2014

Mental Illness Fellowship of WA Inc

ABN: 14 969 141 636

1. Summary of significant accounting policies

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards (including Australian Accounting Interpretations), the Associations Incorporation Act (WA) 1987 and Australian Charities and Not for Profits Commission Act 2012.

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

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

a. Income Tax

The Association is exempt from income tax under the provisions of Section 50-5 of the Income Tax Assessment Act 1997.

b. Property, Plant and Equipment (PPE)

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

Plant and equipment

Plant and equipment are measured on the cost basis less depreciation and impairment losses.

The carrying amount of plant and equipment is reviewed annually by directors 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 that will be received from the assets' employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

The cost of fixed assets constructed within the association includes the cost of materials, direct labour, borrowing costs and an appropriate proportion of fixed and variable overheads.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the association and the cost of the item can be measured reliably.

All other repairs and maintenance are charged to the statement of comprehensive income during the financial period in which they are incurred.

Depreciation

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

The assets' residual values and useful lives are reviewed and adjusted, if appropriate, at the end of each reporting period.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the statement of comprehensive income. When revalued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained earnings.

c. Impairment of Assets

At the end of each reporting period, the entity reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is recognised in the income and expenditure statement.

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

d. Provisions

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

e. Cash and Cash Equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with banks, and other short-term highly liquid investments with original maturities of three months or less.

f. Revenue and Other Income

Grant revenue is recognised in the statement of comprehensive income when the entity obtains control of the grant and it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

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

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

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

Donations and bequests are recognised as revenue when received.

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

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

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

g. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

h. Comparative Figures

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

When an entity applies an accounting policy retrospectively, makes a retrospective restatement or reclassifies items in its financial statements, a statement of financial position as at the beginning of the earliest comparative period must be disclosed.

i. Trade and Other Payables

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

New and Amended Accounting Policies Adopted by the Association

j. Employee Benefits

The association adopted AASB 119: Employee Benefits (September 2011) and AASB 2011-10: Amendments to Australian Accounting Standards arising from AASB 119 (September 2011) from the mandatory application date of 1 January 2013. The association has applied these Standards retrospectively in accordance with AASB 108 and the transitional provisions in AASB 119 (September 2011).

For the purpose of measurement, AASB 119 (September 2011) defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related services. In accordance with AASB 119 (September 2011), provisions for short-term employee benefits are measured at the (undiscounted) amounts expected to be paid to employees when the obligation is settled. Provisions that do not meet the criteria for classification as short-term employee benefits (ie other long-term employee benefits) are measured at the present value of the expected future payments to be made to employees. Previously, the association had separated provisions for benefits with similar characteristics, such as annual leave and sick leave, into short- and long-term portions, and applied the relevant measurement approach under AASB 119 to the respective portions.

As the association expected that all of its employees would use all their annual leave entitlements earned during a reporting period within 12 months after the end of the reporting period, adoption of AASB 119 (September 2011) did not have a material impact on the amounts recognised in respect of the association's employee provisions. Note also that adoption of AASB 119 (September 2011) did not impact the classification of leave entitlements between current and non-current liabilities in the association's financial statements.

AASB 119 (September 2011) also introduced changes to the recognition and measurement requirements applicable to termination benefits and defined benefit plans. The association did not have any of these types of obligations in the current or previous reporting period, therefore these changes did not impact the association's financial statements.

k. Fair Value Measurement

The association has applied AASB 13: Fair Value Measurement, and the relevant consequential amendments arising from the related Amending Standards, prospectively from the mandatory application date of 1 January 2013 in accordance with AASB 108 and the specific transitional requirements in AASB 13.

No material adjustments to the carrying amounts of any of the association's assets or liabilities were required as a consequence of applying AASB 13. Nevertheless, AASB 13 requires enhanced disclosures for both assets and liabilities measured at fair value and other recurring fair value measurements disclosed in the association's financial statements. These enhanced disclosures are provided in Note 24.

The association doesn't need to apply the AASB 13 disclosure requirements to comparative information provided for periods before initial application of AASB 13 (that is, periods beginning before 1 January 2013). However, as some of the disclosures now required under AASB 13 were previously required under other Australian Accounting Standards, such as AASB 7: Financial Instruments: Disclosures, the association has included this previously provided information as comparatives in the current reporting period.

Notes to the Financial Statements

For the Year Ended 30 June 2014

Mental Illness Fellowship of WA Inc

ABN: 14 969 141 636

	2014 \$	2013 \$
2 Fees and charges		
Catering	13,902	10,275
Fees and charges	84,672	67,989
Leasing equipment	-	29,200
Membership	1,205	1,473
Rent	38,737	29,075
Sundry	2,882	-
	141,398	138,012
3 Service contracts		
MHC funding	1,770,237	1,750,357
FAHCSIA funding	1,196,822	1,015,253
Other funding	288,831	113,645
	3,255,890	2,879,255
4 Investment income		
Interest	16,490	53,393
	16,490	53,393
5 Other		
Donations	7,770	7,216
Fundraising	4,782	-
GST refund	56,916	-
Sundry	218	(523)
	69,686	6,693
6 Operational expenses		
Bequest	12,547	6,155
Catering	29,033	23,426
Consultancy	74,679	34,065
Electricity and gas	44,155	17,982
Photocopying and printing	39,046	27,931
Setup cost	5,663	13,981
Repairs	70,424	16,619
Rent	43,324	82,507
Other	57,710	71,292
	376,581	293,958

	2014 \$	2013 \$
7 Administration		
Accountancy and audit	21,850	19,284
Computer	43,006	22,944
Insurance	30,428	29,136
Stationery and printing	10,713	11,446
Subscriptions and memberships	28,722	23,619
Telephone	57,313	39,069
Other	83,964	32,562
	275,996	178,059
8 Programs		
Service delivery	56,130	71,586
Regional Partnership	344,412	316,246
	400,542	387,832
9 Cash and cash equivalents		
Cash at bank	34,223	38,191
Term deposits	499,802	333,005
Cash on hand	850	850
	534,875	372,046
10 Receivables		
Trade receivables	40,219	118,712
Prepayments	7,319	4,246
Deposits - bonds	620	2,724
	48,158	125,682
11 Property, plant and equipment		
Plant and equipment	293,440	211,936
Less depreciation - plant and equipment	(212,040)	(170,796)
Motor vehicles	241,293	241,293
Less depreciation - motor vehicles	(126,766)	(88,452)
Land and buildings	2,112,723	2,106,450
	2,308,650	2,300,431
12 Payables		
Creditors	39,945	32,800
Employee benefits	78,844	58,021
Unspent grants	193,794	217,664
Other payables	169,271	59,602
	481,854	368,087

	2014 \$	2013 \$
13 Current provisions		
Employee leave provision	157,512	110,100
Redundancy provision	20,104	18,091
	177,616	128,191
14 Borrowings		
Interest bearing	15,791	263,144
Non-interest bearing	409,900	409,900
	425,691	673,044
15 Reserve		
Bequest reserve	256,141	256,141
	256,141	256,141
16 Reconciliation to Cash Flows from Operations		
Net surplus for the period	205,435	542,884
Non-operating cash flows in net profit (loss)		
Depreciation and amortisation	79,559	63,382
Interest received	(16,490)	(53,393)
Capital grant	(265,372)	(52,230)
Capital grant expenditure	156,814	13,260
Change in Assets and Liabilities		
(Increase)/decrease in receivables	77,523	(77,134)
Increase/(decrease) in payables	113,767	(100,900)
Increase/(decrease) in provisions	57,675	50,544
	408,910	386,413
17 Auditor's Remuneration		
In the course of the year ending 30 June 2014, the Auditor received the following remuneration		
	2014 \$	2013 \$
Audit Fees	12,000	11,000
	12,000	11,000
18 Segment information		
Mental Illness Fellowship of WA Inc operates predominantly in one business and geographic segment, being in providing of support services to those suffering mental illness in Western Australia.		

19 Reconciliation of cash

Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows:

	2014	2013
	\$	\$
Cash at bank	35,073	39,041
Term deposits	499,802	333,005
	534,875	372,046

20 Trade and Other Receivables

Credit risk

The association has no significant concentration of credit risk with respect to any single counterparty or group of counterparties.

The balances of receivables that remain within initial terms (as detailed in the table) are considered to be of high credit quality.

Trade and Other Receivables

	Total	Past Due and Impaired	Past Due but Not Impaired (Days Overdue)				Within Initial Trade Terms	
			< 30	31-60	61-90	> 90		
	\$	\$	\$	\$	\$	\$	\$	
2014	40,219	-	36,374	-	-	-	3,845	
Trade receivables							40,219	
Other debtors	-	-	-	-	-	-	-	
Other receivables	-	-	-	-	-	-	-	
Total	40,219	-	36,374	-	-	3,845	40,219	
2013	118,712	-	18,902	-	70,341	29,469	118,712	
Trade receivables								
Other debtors	-	-	-	-	-	-	-	
Other receivables	-	-	-	-	-	-	-	
Total	118,712	-	18,902	-	70,341	29,469	118,712	

The association does not hold any financial assets whose terms have been renegotiated, but which would otherwise be past due or impaired.

Collateral held as security

No collateral is held as security for any of the trade and other receivable balances.

21 Property, plant and equipment

	Land and buildings	Motor vehicles	Plant and equipment	Total
Balance at 1 July 2012	1,378,194	52,394	72,881	1,503,469
Additions	1,503,257	132,088	-	1,635,345
Disposals	(775,000)	-	-	(775,000)
Depreciation expense	-	(31,641)	(31,741)	(63,382)
Balance at 30 June 2013	2,106,450	152,841	41,140	2,300,431
Additions	6,273	-	81,504	87,777
Disposals	-	-	-	-
Depreciation expense	-	(38,314)	(41,244)	(79,558)
Carrying amount at 30 June 2014	2,112,723	114,527	81,400	2,308,650

22 Property, plant and equipment

Bequest reserve

The bequest reserve represent the amount of money bequeathed by Tecwyn to MIFWA in 2004.

23 Related party transactions

2014

2013

Key Management Personnel

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the association, directly or indirectly, including its committee members, is considered key management personnel.

Key management personnel compensation:

Previous CEO	102,325	111,803
Current CEO	51,313	-
	153,638	111,803

24 Financial risk management

The association's financial instruments consist mainly of deposits with banks, receivables and payables, and lease liabilities.

The totals for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

Financial assets	2014	2013
Cash and cash equivalents	534,875	372,046
Accounts receivable and other debtors	40,219	118,712
	575,094	490,758
Financial liabilities		
Accounts payable and other payables	481,854	368,087
Borrowings	-	36,000
	481,854	404,087

Financial Risk Management Policies

The association's Treasurer is responsible for, among other issues, monitoring and managing financial risk exposures of the association. The Treasurer monitors the association's transactions and reviews the effectiveness of controls relating to credit risk, liquidity risk and market risk. Discussions on monitoring and managing financial risk exposures are held bi-monthly and minuted by the committee of management.

The Treasurer's overall risk management strategy seeks to ensure that the association meets its financial targets, while minimising potential adverse effects of cash flow shortfalls.

Specific Financial Risk Exposures and Management

The main risks the association is exposed to through its financial instruments are interest rate risk, liquidity risk, credit risk and other price risk. There have been no substantive changes in the types of risks the association is exposed to, how these risks arise, or the committee's objectives, policies and processes for managing or measuring the risks from the previous period.

Credit risk

Exposure to credit risk relating to financial assets arises from the potential non-performance by counterparties of contract obligations that could lead to a financial loss to the association.

Credit risk is managed through maintaining procedures (such as the utilisation of systems for the approval, granting and removal of credit limits, regular monitoring of exposure against such limits and monitoring of the financial stability of significant customers and counterparties) ensuring, to the extent possible, that members and counterparties to transactions are of sound credit worthiness. Risk is also minimised through investing surplus funds in financial institutions that maintain a high credit rating or in entities that the committee has otherwise assessed as being financially sound.

Credit risk exposures

The maximum exposure to credit risk by class of recognised financial assets at the end of the reporting period is equivalent to the carrying amount and classification of those financial assets (net of any provisions) as presented in the statement of financial position.

There is no collateral held by the association securing trade and other receivables.

Accounts receivable and other debtors that are neither past due nor impaired are considered to be of high credit quality. Aggregates of such amounts are detailed at Note 10.

Fair value estimation

The fair values of financial assets and financial liabilities are presented in the following table and can be compared to their carrying amounts as presented in the statement of financial position. Fair value is the amount at which an asset could be exchanged, or a liability settled, between knowledgeable, willing parties in an arm's length transaction.

Fair value may be based on information that is estimated or subject to judgment, where changes in assumptions may have a material impact on the amounts estimated. Areas of judgment and the assumptions have been detailed below. Where possible, valuation information used to calculate fair value is extracted from the market, with more reliable information available from markets that are actively traded. In this regard, fair values for listed securities are obtained from quoted market bid prices.

Financial assets	2014		2013	
	Carrying amount \$	Fair value \$	Carrying amount \$	Fair value \$
Cash and cash equivalents				
Accounts receivable and other debtors	534,875 40,219	534,875 40,219	372,046 118,712	372,046 118,712
	575,094	575,094	490,758	490,758
Financial liabilities				
Accounts payable and other payables	481,854	481,854	368,087	368,087
Borrowings	-	-	36,000	36,000
	481,854	481,854	404,087	404,087

