



VISION

Carers are respected and involved, their participation is valued, and they are supported in their role as carers.

MISSION

As the peak body in Victoria representing carers of people with a mental illness, we promote and advocate for:

- Involvement of carers in the treatment and recovery of individual consumers,
- Participation of carers in planning, delivery and evaluation of mental health services,
- Comprehensive support for carers, including information, education and training, respite, financial support, peer support,
- Improvement in mental health services.

VALUES

- Respect
- Empowerment
- Diversity
- Equity
- Partnership
- Excellence
- Innovation
- Inclusion



Introduction from the Chair

It has been another hectic year for the Carers Network. The core activity of monthly meetings has been very well supported – it is clear that members value greatly the opportunity for sharing information and supporting each other in cooperative ventures. It has been pleasing this year to welcome to the Network a considerable number of new members, both organisations and individuals, who share with us a passion for listening to carers and seeking better outcomes for them and their loved ones. They will add great strength to our efforts on behalf of mental health carers in Victoria.

I'd like to highlight the ongoing work of Network members who serve on our working groups. They have all made good progress this year – the Workforce Development, Cultural Diversity, Carer Support Needs and Family Involvement Groups and the new Borderline Personality Disorder Group. This voluntary work, as well as that of the Policy Response Group which we convene with varying membership as the need arises, makes a very significant contribution to meeting the aims of the Network.

Once again, we have been called on to bring the voice of carers to a number of enquiries, roundtables and policy developments. Topics covered this year have included the Victorian Mental Health Act, privacy and confidentiality, national carer peak body, carer needs, Centrelink services, homelessness, smoking bans in services, centralized coordination of mental health beds and state election issues. In December 2010, our submission on the inadequate attention to carer and consumer participation in the first Implementation Plan for Victoria's Mental Health Reform Strategy was well received by the Reform Council. That led to the formation of a Consumer and Carer Interests Sub-Group which provides us with an important connection to the Reform Council.

Under the expert guidance of our Executive Director Julien Leith, the Network staff members have shown what great results can be achieved by a small dedicated team. Julien leads by example, undertaking more than can be reasonably expected and with untiring effort bringing all her tasks to successful completion.

Three events arranged by the Network made a big impact:

Late in October 2010, with the Victorian Mental Illness Awareness Council (VMIAC), we took over the public space in the atrium at Federation Square. As well as being a most enjoyable day, *Lifting the Lid* – a rally highlighting the needs of mental health consumers and carers – served to urge politicians and community leaders to take mental health more seriously and to make it a high priority for the state election.

Secondly, the launch of MHECO in April 2011 was a credit to all those who have worked on this project over the years – staff at our Network and at VMIAC and the Department of

Health, carers and consumers who have contributed so much to the research and the co-design aspects of the work and workers at the mental health services (both clinical and community). It was wonderful to hear senior clinicians, full of praise for project officers and greatly appreciative of the improvements in staff attitude and in service delivery that the project has delivered.

Finally, the recent *Borderline Personality Awareness Day* conference at Darebin was a remarkable success. About 500 people crammed into the 400-person space to hear moving and informative addresses from clinicians, consumers and carers. An action plan was developed by participants – surely a great step towards improving the lot of those who struggle with this disorder.

I acknowledge the generous support of organisations that contributed as sponsors of *Lifting the Lid* and the *BPD Awareness Day*.

Financial and operational support from the Department of Health continues as the key to the success of the Network. In 2010-11, in addition to recurrent funding, grants for MHECO and the Carer Support Fund administration fee, we benefitted from a capacity building grant and funds for completing our office relocation. State government funding was also provided for carer consultant training and for a research fellowship for work on carer needs in the dual diagnosis area. It was good to see a significant increase in the funds made available for grants to carers through the Carer Support Fund. The Carers Network has administered this Fund for two years now, a challenging task carried out with great care and diligence by our staff, providing a much appreciated service for carers in need.



Board of Governance Meeting, October 2011

The Network's Board members gave great support to Network staff and to myself. My thanks to Jenny Burger, Estelle Malseed, Sue McDonough, Brendon O'Hanlon and Steve Morton for their work throughout the year and to recent appointees Margaret Burdeu, Jenny Smith and Raelene Turner. Warren Jenkins resigned from the Board when he took on the lead role in ARAFMI's national office; we thank Warren for great support over the years and wish him well in his new position. As Jenny Burger concludes her period as Deputy Chair, I thank her for sound advice and for so capably covering my periods of absence. Estelle retires from the Board this November and I thank her on behalf of Network members and staff for her immensely valuable and unassuming contributions.

Finally, I make no apologies for repeating verbatim my 2010 acknowledgement of the voluntary contribution of Network members: "I thank you all for your tireless efforts. You give of your time to share your knowledge and experience at our monthly meetings; you represent carers on a myriad of committees; you contribute to our many papers and submissions; you pursue important causes in our working groups; many of you have caring roles of your own; many of you work to support other carers; you make a difference in so many ways."

A handwritten signature in cursive script, reading "Colin Fryer".

Colin Fryer
Chair, Victorian Mental Health Carers Network Inc
November 2011



Executive Director Report

The work of VMHCN this year has continued to be focused on our chief areas of concern: carer involvement in treatment and recovery, carer participation in planning, delivery and evaluation of mental health services, comprehensive support for carers and improvements in mental health services.

We were delighted that the National Mental Health Standards includes such excellent and specific standards for carer involvement, participation and support. We applaud the efforts the Victorian Mental Health Drugs and Regions Division (MHRD) has made to inform the sector of these.

We were also very pleased to have pro bono assistance from Cheryl Kidston and Cheryl Sullivan via Great Connections. Cheryl Kidston was of great assistance in the development of our strategic plan for 2011–2013; Cheryl Sullivan provided the Board with an excellent governance training session.

Carer Involvement

Because of our continuing concern and frustration that many mental health professionals do not have the training and skills to implement the carer standards, VMHCN has developed a training unit in order to assist in remedying this situation. Training has been developed utilizing our several years of carer experience-based research, together with the expertise of carers, reference group members and consultation with various organisations including the Bouverie Centre, Melbourne University and VICSERV. We highly value lived experience in both the development and the delivery of the training material.

Training developed by the unit includes *Working with Families – Through the Carer Lens* for undergraduates and current mental health professionals, Carer Consultant Training and Carer Representative Training for carers involved in policy working groups and committees. We have been fortunate in sourcing funding from the Hunter Block Foundation and the Department of Families, Housing, Community Services and Indigenous Affairs (FaCHSIA) to support this work.

Relationships have also been pursued with the UK Meriden program and VMHCN has been active in promoting uptake of training in evidence-based family involvement programs based on the Meriden program. The aim is to increase greatly the number of people in Victoria trained to implement the Building Family Skills Together and Multiple Family Group programs currently being implemented by the Bouverie Centre.

Discussions are in process with the Bouverie Centre, Meriden UK, Ballarat Psychiatric Services, NW AMHS and MIND with a view to showcasing best-practice family involvement in order to promote implementation of such interventions.

Carer Participation

Whilst it is heartening to see the focus on carer participation expressed in the new national standards and the continued rhetoric about carer participation at all levels, we are concerned about the commitment to making carer participation real and effective as distinct from tokenistic.

As a peak body we welcome the opportunities provided for participation and are aware of the value of this participation and the interest of carers in contributing to improving the system. However, for carer participation to be real it must be adequately funded and resourced. The demands on VMHCN as a peak body are ever increasing and much greater than we can adequately respond to with our extremely limited resources. We will continue in our efforts to secure adequate recurrent funding to enable us to carry out our core functions of systemic advocacy, training and education and research in the interests of carer involvement in treatment and recovery, carer participation in planning, delivery and evaluation of mental health services, comprehensive support for carers and improvements in mental health services.

We are commencing work on developing training material to resource and support carer representatives on policy working groups and committees. To maximize the effectiveness of carer contributions to policy development and committee work, carers require training and support. Not to provide this inevitably results in tokenistic carer participation. It is disappointing that whilst carer participation has been a cornerstone of both national and state policy development there has not been real consideration of how it is to be resourced.

Mental Health Reform Council

Following representations to the Reform Council we have been advised that the Council supports the need for adequate core funding for consumer and carer peak organizations in Victoria. The Council has also expressed support for a review of the consumer and carer consultant programs with a view to reconsidering their scope, coverage, adequacy, the effectiveness of the current arrangements and the development of a more contemporary approach to effective consumer and carer participation across clinical and community based mental health services in Victoria.

We are very pleased to have been invited to participate in a Consumer and Carer sub interests group of the Reform Council and to present annually in conjunction with VMIAC to the Reform Council about our perspectives on consumer and carer strategic issues.

Research capacity

Sadly the Carer Research & Evaluation team has suffered a severe cutback even though an external evaluation reported extremely favorably on the very successful MH ECO project which had become the major focus of the VMIAC and VMHCN Consumer and Carer Research teams. As the funding was reduced by one third, with further decreases to follow, we lost two of our key researchers who required more security of tenure than we could provide. The work of the research teams is now confined to producing a MH ECO tool kit to be implemented by mental health organisations. It seems unlikely that involvement of independent researchers will be part of the new MH ECO process; this is

extremely disappointing, especially as this was viewed by the external evaluation as integral to the success and credibility of MH ECO.

On a positive, albeit ironic note, the Victorian experience-based research model has been chosen as the model to be used for the development of a national consumer experience tool and the Victorian government has been contracted to develop the consumer tool. Following extensive lobbying from VMHCN, it has been agreed to also develop a national carer experience tool. Again the Victorian model is being recommended as the most appropriate model to follow.

Staffing

The VMHCN is very fortunate to have such skilled, enthusiastic and experienced managers and staff as part of the team. Marina Cavill, in addition to her role as Manager of the Carer Research and Evaluation Unit, has been very successful in sourcing additional funding through the Hunter Block Family Trust and FaCHSIA, enabling us to establish an Education and Training Unit. Marina now oversees this new unit and fortuitously has excellent skills in developing training material. Marina has overseen and participated in the development of five modules on “*Working with Families - Through the Carer Lens*” which have now been piloted. Dr Margaret Leggatt has been invaluable as a Consultant in the development of this material.

Marina has also very ably led the Carer Research and Evaluation Unit (CREU) in close partnership with the VMIAC team. Whilst it has been a difficult time due to decreased funding and subsequent loss of team members, Marina has managed this with sensitivity and skill.

Another of Marina’s valued talents is graphic design, which has been very useful in promoting events and developing pamphlets and brochures describing our work.

We are very fortunate in having been able to retain Rosemary Callander as our Principal Researcher. Rosemary has been involved in the Consumer & Carer Experience – MH ECO project since its inception and carries the history, experience and learnings from the project. Rosemary is highly skilled in this work and provides excellent supervision and training for Karen Fraser who is working on a Carer Participation for the Prahran Mission, and also for any new researchers we are able to employ.

We were delighted to have the opportunity to be invited by the Prahran Mission to assist them in developing carer participation policies, processes and practice and have been able to employ Karen Fraser, who also works as a Carer Consultant, to undertake this project.

Laura David was seconded to work on the Dual Diagnosis research project for 12 months and Nicola Paton was appointed to take over the role of Research Worker. Laura’s research work proved very valuable with many important recommendations being made as part of the project.

Nicola Paton made a significant contribution to VMHCN including the development of material for the legal and ethical module in the “*Working With Families - Through the Carer Lens*” series and assisting with the submission to the review of the draft Mental Health Act.

Karen Fairhurst also made an excellent contribution to VMHCN through her involvement with the Peter James Eastern Health participation project, the internal evaluation of the

Carer Support Fund and her work on the MH ECO project. Her expertise in questionnaire design was greatly appreciated.

In May 2011, the funding cuts for the CREU were announced by the Department of Health Victoria and unfortunately both Nicola Paton and Karen Fairhurst left the Network. Laura David left at the end of August 2011 to have her second child. Karen, Laura and Nicola all made a valuable contribution to the activities of the broader Network as well as to the CREU. Karen and Laura worked on several CREU projects during their time of employment and were important contributors to a number of CREU publications.

Dave White, as Project Officer, continues to conduct his important and varied role very well. His efforts to build networks with carers and carer groups in both regional networks and metropolitan areas and to increase VMHCN membership have greatly strengthened the capacity of VMHCN to represent the diversity of carer interests across the state. Estelle Malseed has also provided valuable assistance in extending the membership of the VMHCN.

Dave has developed and implemented an excellent training program in response to needs expressed by Carer Consultants. The program has been evaluated very positively by the Bouverie Centre and laid a good foundation for future training to strengthen the effectiveness of Carer Consultants. Carer Consultants are positioned to play a crucial role in the mental health system and it is of prime importance that they are well supported and resourced.

Dave plays an important role in sourcing suitable carer representatives for a plethora of committees, forums and speaking engagements and coordinating policy submissions for VMHCN. The demands in this area have grown exponentially and we are keen to develop a Skills Bank whereby carer representatives can receive training, resourcing and support, which would greatly assist this area of our work.

Melissa Mantel completed her contract with VMHCN in July 2010. Christine Lane commenced employment with VMHCN as Executive Assistant in August 2011 on a short-term contract allowing time to review the position description.

Fortunately the staffing of the Carer Support Fund (CSF) has remained stable, with Robyn Wilson continuing as CSF Administrator and Finance Manager and Chhaya Mashruwala as Administrative Assistant for the CSF. Robyn has done a wonderful job of overseeing improvements to the CSF system and improving turnaround times for payments. Both Robyn and Chhaya work with fantastic commitment, dedication and efficiency. They go out of their way to respond quickly to the many requests and queries relating to financial assistance for carers. It is a great credit to them that applications continue to be processed within two to three days of receipt of completed applications.

The external evaluation of the administration of the CSF attests to the efficient administration of the Fund and the success of the project, as well as providing welcome ideas for further improvement.

We have been fortunate to have four capable work experience students over the last year.

Belinda Scott focused her work on assisting VMHCN to develop connections with aboriginal organizations so that we can be effective in supporting indigenous organizations in their efforts to improve the mental health system for indigenous people. Belinda was

very successful in progressing our involvement with indigenous organisations including VACCHO, VAS and Rumbulara (Bendigo region).

Tanya Ward assisted in the initial development of a Skills Bank project plan to train, resource and support carer representatives on policy working groups and committees. Work is now underway to develop the training material for this project.

Celeste Westendorf - 1st year Master of Social Work student at Melbourne University - and Robyn Ormerod – a 4th year Bachelor of Social Work student at RMIT - are currently undertaking field work placements at VMHCN. Celeste and Robyn were of great assistance in organising the Borderline Personality Disorder Conference and have also participated in preparing a submission on the National Carer Rights and Responsibilities Statement. Celeste is assisting in the development of the Skills Bank training material and Robyn is assisting the CALD working group.

Board changes

As VMHCN is such a small organisation it relies heavily on Board members who make an extremely valuable contribution to the governance of the organisation. It is very reassuring to know that I can call on such a bank of wisdom, expertise and experience. The generosity of Board members in contributing their time, energy and expertise is greatly appreciated.

Particular thanks to our Chair, Colin Fryer for his wisdom, calm and considered advice and commitment. A special thank you to retiring Deputy Chair Jenny Burger who provides such wonderful, cheerful, sensitive and generous support. It has been a year when this has been of special importance! Thank you also to Warren Jenkins who has retired from the Board and now represents National ARAFMI at Network meetings. Warren has provided excellent support to VMHCN during its fledging years. Thank you also to Estelle Malseed who has been very diligent as retiring Secretary, has proved a great source of contacts and is always ready to lend a hand when needed!

We have been very fortunate in being able to coopt Margaret Burdeu, Jenny Smith and Raelene Turner to the Board to fill vacancies which have arisen. Margaret, Jenny and Raelene bring excellent skills and experience to the board and have already made valuable contributions.

Working Groups

The **Workforce Development working group** has continued with major efforts being overseeing the development of the training modules “Working with Families – Through the Carer Lens” for undergraduates and mental health professionals and the Carer Consultant and Peer Workforce Training project, promoting the Bouverie Centre Beacon projects and advocating for involvement of families/carers in treatment and care planning and decision making. We are pleased to have opportunity to contribute to the state government’s discussions on workforce strategy via participation in statewide roundtables and hosting a carer roundtable. We see this as a valuable way to promote mental health professionals being skilled in family engagement and work and also to influence the development of the peer workforce. In this context we are strongly advocating a review of the Carer Consultant program with a view to strengthening and enhancing the peer workforce.

The **Cultural Diversity working group** has produced a DVD featuring Kali Paxinos which will be valuable as a teaching aide for mental health professionals, conveying the experiences encountered by CALD carers. Work has also commenced on producing a DVD for use in the general community, available in multiple language formats, that represents the experiences of family members from CALD backgrounds caring for someone with a mental illness and will provide useful information related to mental illness and services. The group also aims to create a comprehensive central database of carer support groups for the CALD Community in rural and metropolitan areas, covering both clinical and PDRS sectors. Accessibility will be explored and gaps in support groups identified.

The **Carer Needs Support group** is focusing efforts this year on housing and specifically the development of a flyer to assist carers in knowing what options are available to them and how to navigate the system. This is in response to Help-lines receiving many calls from carers who are confused and frustrated by the housing system. Housing with support packages attached remains a major unmet need for people with a mental illness.

'Lifting the Lid' Federation Square Event



The *Lifting the Lid on Mental Health* event, organised by VMHCN on 31 October 2010 in Federation Square, was a great success. We had three Gold Sponsors: EACH, MIND and WISHIN, and three Silver Sponsors: Mental Illness Fellowship, Mental Health Research Institute and NEAMI Ltd. The event and the call for sponsorship were met with much enthusiasm, with many offers of in-kind support and willingness to promote the event.

Minister Neville arranged for Brian Tee MP, state Labor member for the Eastern Metropolitan Region to represent her at this event, Mary Wooldridge, the then Shadow Minister for Mental Health and Colleen Hartland, Greens Shadow Minister for Mental Health also attended.

VMHCN patron, John McGrath strongly encouraged consumers and carers to be vocal about their needs and to make direct contact with their local politicians and ensure they are aware of mental health needs. Hildie Zonneveld-Butt gave a passionate and deeply moving talk about her experience as a carer struggling to get the mental health help needed by her son.

The *Lifting the Lid on Mental Health* petition was delivered to Minister Wooldridge at 8.30 pm on Wednesday 23 March. With support from GetUp we succeeded in obtaining a total of 7,770 signatures! The petition called on the government to:

- Increase the budget for mental health to 14% of the health budget to match the mental health burden.
- Increase funding for social housing by \$200 million over the next 4 years.
- Allocate a minimum of 20% of all new social housing to people with a mental illness and ensure flexible support is attached
- Double the funding to community-managed mental health services over the next 4 years.
- Fund statewide training of the mental health workforce to work with families and consumers.
- Fund Consumer and Carer participation as 3% of every budget allocation in the mental health area

Rod Quantock, VMHCN patron, kindly acted as MC for the event and did a masterful and highly entertaining job of ensuring we got through an action-packed program including an auction of the beautiful painting that Barry Dickins provided to promote the event. Excellent entertainment was provided by Leslie Avril, Debra Byrne, Heidi Everett, Max Gillies, Sandy Jeffs, Yung Philly and his Hip Hop dancers and the South of the River gospel choir.

Review of the new Mental Health Act

The Exposure Draft became available in October 2010. VMHCN worked hard to provide comprehensive feedback on the Act as it affected carers by the due date of 3 December 2010. Subsequently we made a supplementary submission and VMIAC/VMHCN prepared a joint letter together with a support letter from VICSERV, emphasising the need for individual advocacy for consumers and carers, which was forwarded to the Mental Health Review team. VMHCN organised carers to attend a carer roundtable workshop requested by Minister Wooldridge. Topics for discussion included privacy, confidentiality, supported decision making, advocacy, capacity to consent, treatment without consent, nominated persons, treatment plans, advance statements and the Mental Health Tribunal.

Carer Consultant Network of Victoria (CCNV)

VMHCN succeeded in obtaining some funding from MHDR to enable us to provide support to the Carer Consultant Network of Victoria (CCNV). This has enabled VMHCN to continue to provide one day per week administrative support for CCNV, to pay sitting fees and attendance costs for Carer Consultants attending meetings organised by VMHCN, to pay Carer Consultants sitting fees for time spent on project work for the CCNV and to continue with providing training for Carer Consultants and peer support workers

Quarterly liaison meetings

Meetings have continued with the Director of Operations and senior staff from the Mental Health Drugs and Regions Division of the Department of Health with some clarification of terms of reference, meeting procedures and attendance. This provides us with a good opportunity to work with the Department to improve the mental health system. A proposal is underway to work in partnership with the MHDR division on key projects.

TheMHS Conference

VMHCN received \$10,000 funding to sponsor eight carers to attend the TheMHS conference in Sydney in September 2010.

The conference provided a great opportunity for sharing ideas and strengthening the carer voice at TheMHS. It enabled us to absorb more of the conference material and generally get more value from the experience. All carer representatives expressed appreciation of the opportunity to attend. They valued the experience and the information they gained to take back to their communities and utilise in their mental health work.

The Research and Evaluation Units from VMHCN and VMIAC were involved in presenting two papers at the conference – one on the Darebin Community Mental Health Centre Project utilising MH ECO methodology, presented with Carol Harvey from the Social Research Institute at Melbourne University, and one on the Peter James Aged Care Carer Participation project. Both papers were well received.

Institute of Workforce Development

VMHCN accepted an invitation from North West Area Mental Health Service to be a partner in a consortium led by the Service and including St Vincents, Melbourne University, VICSERV and VMIAC. A proposal was subsequently prepared in response to the tender request issued by the Department of Health. It was disappointing that this project did not proceed.

Interdepartmental Liaison Committee

This committee was constituted following a report by the Victorian Attorney General and brings together senior staff from Police, Ambulance, Child Protection, Mental Health, VMIAC and VMHCN. The group is concerned primarily with appropriate training of police and ambulance and the interface between these groups and emergency mental health and health staff. A central concern of the group has been the establishment of Local Emergency Committees and ensuring consumer and carer participation on these groups. Arranging appropriate carer representation is a challenge. Carer Consultants generally do not see this as a priority and their workload is already too heavy in most cases. Sourcing appropriate representation is proving difficult at times.

Borderline Personality Disorder Conference



The BPD Conference was made possible by generous support from our major sponsor, the Mental Health Council of Australia. Spectrum Personality Disorder Service Victoria provided gold sponsorship and silver sponsors were MIND, Orygen Youth Health, the Private Mental Health Consumer Carer Network (Aust), VMIAC and VMHCN.

De Backman-Hoyle was brilliant as conference MC. Her facilitation of the 11-member panel which concluded the conference was superb. Christine Lane did a great job managing registrations and a waiting list – we had 500 people attending and over 100 requests for attendance that we could not accommodate. Disappointed people will be advised of how they can access material from the conference through our website. Marina Cavill created the art work to promote the conference utilising a dramatic painting by artist Trish Henderson. Students Robyn Ormerod and Celeste Westendorf were very helpful resources to the project.

The aim of the conference was to raise awareness of the disorder and the suffering and distress it causes, to promote accessible and appropriate BPD services and to transform the current negative culture into a positive and optimistic culture that recognises that the prognosis can be positive with access to a range of appropriate treatments.

Hon. Mark Butler Minister for Mental Health and Ageing opened the conference via a pre-recorded DVD and Auntie Joy Murphy provided a lovely welcome to country on behalf of the Wurundjeri people.

Topics included:

- How can we talk about this? - Flick Grey, consumer from 'Our Consumer Place'
- What consumers and carers tell us - Janne McMahon, Private Mental Health Consumer Carer Network (Aust) and Associate Professor Sharon Lawn.
- Family Matters - Perry Hoffman, President of the American National Education Alliance for Borderline Personality
- Early intervention and prevention - Dr Andrew Chanen
- Advances in the Treatment of Borderline Personality Disorder - Dr Josephine Beatson
- Borderline, the diagnosis of shame - Merinda Epstein, Coordinator of Our Consumer Place

Workshops were held focusing on "Where are we at and What are we moving towards?" culminating in a 9-point plan being presented to a panel addressing "Where to from here". The panel comprised Isabell Collins (VMIAC), Indigo Daya (Voices Vic), Merinda Epstein (Our Consumer Place), Robyn Humphries (NW AMHS), Julien Leith (VMHCN), Eileen McDonald (carer), Sue McLean (Albert Road Clinic), Janne McMahon (Private Mental Health Consumer & Carer Network Aust), Senator Claire Moore, Dr Sathya Rao (Spectrum) and Ruth Vine (Chief Psychiatrist). The following 9 point plan was presented to the panel from the workshops:

- Training and Skill Development (attitude change)
- More such Conferences
- National Alliance – Consumer at the centre
- Community Awareness Campaigns
- Change of Name
- Access to formalised national BPD services such as Spectrum, but with better access

- Humanistic approach - current MH system is dehumanizing and retraumatizing
- Retain the 18 sessions available under better access program
- Emphasis or focus of treatment based on emotions and feelings, not behaviours

The BPD Working Group will review the conference and formulate an action plan to carry forward the ideas generated by the conference. A report on the conference is being prepared and it is anticipated that the conference presentations will be put on the VMHCN website soon.

Developing Relationships with Indigenous Organizations:

This year we also focused on developing relationships between VMHCN, VACCHO, Victorian Aboriginal Health Service and Bendigo regional Aboriginal networks. We now have an agreement to share policy response between VMHCN and VACCHO and where possible provide endorsement.

VACCHO report that the stigma associated with mental illness is very strong in the indigenous community and frequently prevents people accessing treatment. It also causes some aboriginal people to access mainstream services rather than aboriginal-controlled ones, as they are concerned about their community knowing their situation. However, accessing the mainstream services is often unsatisfactory because of the lack of knowledge of and sensitivity to aboriginal cultural issues. Also the exclusion of friends and family in many mainstream services is not in keeping with aboriginal culture. Training in indigenous cultural competency was organised for VMHCN staff in September 2010. The Victorian Aboriginal Health Service took up a sponsorship offer for a carer to attend the 2010 TheMHS conference and the service also sponsored an additional carer to attend so that they would have company.

Prahran Mission Carer Participation and Involvement project

VMHCN is working with Prahran Mission to assist in the development of a Carer Participation Plan. The project focuses on those Prahran Mission programs which provide the most opportunity for carer participation, with a particular focus on the PHaMHs program. However, the policies, framework and practice developed will be applicable across all programs. It is envisaged that future projects may be of assistance in implementing this work in additional programs.

National Carer Peak body

The carer movement does not have a strong united voice nationally, which disadvantages carers. Therefore VMHCN has advocated within the National Mental Health Consumer Carer Forum for a scoping study to be undertaken similar to the Consumer National Peak Body scoping study. A letter was presented to Minister Butler but no action has been forthcoming as yet. VMHCN has met with Frank Quinlan, CEO of the Mental Health Council of Australia, who has agreed to convene a consultative forum of interested carer organisations to address this issue.

National Consumer Experience-of-Care Tool

VMHCN has succeeded in advocating for a national carer experience tool to be developed. Julien Leith and Rosemary Callander have participated on an expert advisory

group to prepare a brief for this project. The group has concluded that the Victorian experience-based research is the most appropriate tool to build on for this work. The project will be progressed through the National Mental Health Standing Committee.

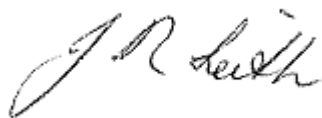
National Forum Consumer and Carer Workforce paper

VMHCN provided a response to this paper. This was followed by VMHCN contributing to the development of a competency framework for the training of consumer and carer peer workers via forums organized by the Community Services and Industry Skills Council (CSHISC). Subsequently a partnership has been formed with VMHCN, VMIAC and VICSERV aimed at positioning VMIAC and VMHCN to have a key role in the development and delivery of peer workforce training.

Review of the National Mental Health Statement of Rights and Responsibilities

The Mental Health Statement of Rights and Responsibilities was developed in 1991 to ensure that consumers, carers, advocates, service providers and the community were aware of their rights and responsibilities. A national consultation was organised to assist in revising the document so that reflects contemporary mental health care and human rights legislation. VMHCN hosted a round table of carer representatives to provide feedback on the document and prepared a submission which was forwarded through the Victorian Department of Health.

As can be seen from the above, the scope of work of VMHCN has widened considerably, with more effort directed towards national issues. This is a reflection of the current political scene and is likely to continue. However the workload, whilst exciting, does present a challenge to our very small organisation.

A handwritten signature in cursive script, appearing to read 'Julien Leith', written in black ink.

Julien Leith, Executive Director.

Carer Research and Evaluation Unit (CREU) Report



The CREU Team

Back row: *Marina Cavill, Project Manager; Laura David, Researcher; Nicola Paton, Researcher;*

Front row: *Karen Fairhurst, Researcher and Rosemary Callander, Senior Researcher.*

The unit has had a very busy year with several highlights and one notable low light – the reduction in state government funding for the research team.

MH ECO (Mental Health Experience Co-Design)

Consumer and carer experience of mental health services has been identified as a focal point of mental health system reform and improvement. MH ECO was developed to collect consumer and carer experiences, and then to use the information to improve quality of services. The previous satisfaction surveys conducted by the area mental health services had very low response rates and credibility. The consumer researchers from Victorian Mental Illness Awareness Council (VMIAAC), VMHCN's CREU and the Victorian Department of Health have been working in an innovative and collaborative partnership over the past five years to improve the quality of feedback from consumers and carers about their experiences of mental health services.

MH ECO has evolved into a flagship initiative which is likely to be used to inform the further development of a nationally consistent approach in this area. It has a rigorous research methodology with an emphasis on consumer and carer engagement and collaboration of all key stakeholders within the mental health system. This approach translates national and state mental health policies and directions into an action-oriented, practical and meaningful activity. As a result, MH ECO has the potential to play an important role in mental health system reform. MH ECO is a systemic tool, and can also be used effectively at individual mental health services. The continued development of MH ECO will lead us into new territory in which consumer and carer experiences are really central in terms of service planning, delivery, improvement and evaluation.

During 2010-2011, the team worked with the consumer researchers to develop marketing material for MH ECO, including an information brochure, website (www.mheco.org) and a DVD (which can be viewed on the MH ECO website). Several papers on the MH ECO projects and methodology have been published during the year and a number are still being considered for publication.

External Evaluation of MH ECO

The Department of Health required an external evaluation of the MH ECO Project. This was undertaken by Dr Delwyn Goodrick and Ranjit Bhagwandas in the period from December 2010 to April 2011. The consultants documented the history of the C&C Experience Pilot and MH ECO Project and collated the evidence from the ongoing assessment of achievements and lessons learnt throughout the project. Critical conditions for success were identified, as well as practices necessary for successful consumer- and carer-led administration of the C&C Experience Survey tool and successful service re-design using the MH ECO method. The findings of the evaluation were very positive. The identified benefits of services utilising MH ECO include:

MH ECO can make a positive contribution to the accreditation process.

The co-design methodology can generate outcomes that extend beyond sharing experience and implementing action plans that improve services. It can provide a way for participants to engage with the services of which they are part, potentially contributing over time to increasing levels of self determination, empowerment and confidence; outcomes that may also promote mental health and wellbeing.

It offers a structured approach that has the potential to engage consumers, carers and staff in co-designing service improvements.

It increased knowledge and confidence for consumers, carers and mental health professionals in how to work collaboratively, thereby effecting culture change.

It can strengthen the consumer and carer workforce through strong personal and professional development and capacity building which is achieved through training and involvement in the development and implementation process.

Further refinement of the methodology

In 2011 the CREU undertook two further projects to refine and adapt the MH ECO methodology. In the NW AMHS MH ECO Project, the CREU conducted focus groups with consumers, carers and staff to identify key issues for the Mobile Support Team and Continuing Care Unit. In this trial interpreters were utilised to ensure that the views from people from a CALD background were also taken into consideration. In this project the service took on the role of organising the consumers, carers and staff to participate. The researchers organised the results of the focus groups into key themes and the top three issues were co-designed by consumers, carers and staff into three action plans.

In the Forensicare Experience-Based Design Project, the managers of the carer and consumer research teams provided guidance to the Forensicare Steering Committee for a study looking at consumer and carer experiences in transitioning from the Thomas Embling Hospital to Community Mental Health services. The research teams then provided training for consumer, carers and staff to enable them to take part in the co-design process.

MH ECO Launch



On 12 April 2011, MH ECO was formally launched by Frank Quinlan - his first official duty as the new Chief Executive Officer of the Mental Health Council of Australia. The launch was also attended by representatives from a wide range of organisations in the mental health sector.

MH ECO Toolkit

The CREU is now developing an MH ECO Toolkit. The toolkit will comprise a collection of modules that will assist organisations to utilise consumer and carer experience to improve mental health services. The toolkit will come with a one-day training program for service staff who will be implementing the toolkit in their organisation.

Dual Diagnosis and Carers Research Scholarship

Laura David commenced her Mental Health and Drugs Research Fellowship on 1 July 2010. Her project explored the participation of carers of consumers with dual diagnosis in mental health service delivery. She identified what supports and hinders carer participation in dual diagnosis-focused service delivery and has been able to provide services with useful information for the purposes of service evaluation and quality improvement.

The complexity of carers' experiences has been a dominant theme. Dual diagnosis brings high levels of perceived stigma, social isolation from peers and family, significant care burden, confusion over symptoms and how best to support loved ones, high levels of financial distress (particularly through theft and due to 'bailing out' loved ones), significant psychological stress and fear for loved ones' safety. Dual diagnosis is associated with risk taking and dangerous behavior – many carers spoke of the trauma of witnessing overdoses, and of their loved ones' experiences of the criminal justice system, frequently due to drink driving.

Critically, numerous participants spoke of feeling blamed or misunderstood by services, with professionals suggesting that by 'providing too much care', carers were sheltering consumers from the ramifications of their substance use behaviors (thus maintaining continued use). Carers reported that such attitudes by staff/services were both too simplistic and disrespectful to the important role undertaken by carers, indicating that (i) services did not adequately appreciate the important role assumed by carers in keeping

their loved ones safe, (ii) professionals expected carers to take serious risks that they were not comfortable with, particularly in the absence of adequate support mechanisms (i.e. suggesting that carers ‘kick their children out’, thus making them homeless with a serious mental illness and substance abuse disorder), and (iii) they failed to provide carers with practical strategies/assistance, thus leaving them to navigate very complex situations without support or guidance.

Key carer-focused recommendations from the study include:

- Integrated support for carers at the point of initial contact, intake, referral and service entry across mental health and Alcohol and Other Drugs (AOD) services;
- Early and ongoing engagement with carers;
- Routine assessment of and response to carer support needs;
- Provision of comprehensive and integrated dual diagnosis information and assistance to support carers in developing improved communication, coping and problem solving strategies and in implementing limits and boundaries;
- Support for carer-inclusive practice in PDRS services in the context of recovery and
- funding for a range of carer and family engagement activities across mental health and AOD.

Systemic recommendations include:

- Strengthened collaboration between MH and AOD services;
- Improved access to substance use treatment and support for individuals with severe mental illness;
- Improved access to supported housing for individuals with co-occurring disorders (an immediate priority)
- The provision of psychosocial models of treatment and support.

CREU Publications

Leggatt M, & Cavill M (2010). Carers’ Experiences of the mental health system in relation to suicide. *New Paradigm: The Australian Journal on Psychosocial Rehabilitation*. Autumn Edition.

Fairhurst K & Weavell W (2011) Co-designing mental health services – providers, consumers and carers working together. *New Paradigm: The Australian Journal on Psychosocial Rehabilitation*, Autumn Edition

Callander R, Ning L, Crowley A, Childs B, Brisbane P, & Salter T (2011, August). Consumers and carers as partners in mental health research: Reflections on the experience of two project teams in Victoria Australia. *International Journal of Mental Health Nursing*.

Paton P, Callander R, Cavill M, Ning L and Goh J. Collaborative quality improvement: consumers, carers and mental health services working together in service design, submitted to *Australasian Psychiatry*.

McKenzie P, Callander R and Lei N. Engaging and consulting with services, consumers and carers: Evaluation project of mental health consumer and carer experience of care, nearly ready for submission.

CREU has revised the material on carers and made contributions to several new sections in the forthcoming revised text book: *Mental Health in Australia: A Collaborative Community Practice*.

Training and Education Unit



Dr Margaret Leggatt delivering Module 1 to Masters Social Work students at University of Melbourne



De Backman-Hoyle delivering workshop at Prahran Mission

Family Involvement Training Modules: “Working With Families - Through the Carer Lens”

With initial funding of \$40,000 from the Judith Block Bequest we were able to develop educational resources for training mental health undergraduates and existing professionals to work with families and other carers in the treatment and care of a person with mental health issues. These modules give professionals basic skills in working with families and equipping them with more effective coping strategies. The workshops cover:

1. Understanding of the impact of mental illness on families
2. Best practice communication skills
3. Helping carers to manage behaviours of concern.
4. Privacy and confidentiality issues
5. Partnering with carers towards recovery

The modules have been developed through the lens of carers’ lived experience. We have synthesised our years of research of working with carers to identify the key areas they would like mental health professionals to help them with. Representatives from Melbourne University Psychosocial Research Centre, VICSERV, the Victorian Transcultural Psychiatry Unit, Bouverie, Latrobe University Social Work and Occupational Therapy Departments and the School of Nursing at Deakin University were members of the Reference Committee for the project. Marina Cavill and Margaret Leggatt have been the main developers of the material.

The training will increase understanding of: what carers want/need from mental health professionals; how to maximise the relationship with carers, legal responsibilities, what information can and cannot be shared; tactics to deescalate difficult behaviours, especially when the family is in crisis, and supports available for carers.

In late June 2011, the Department of Families, Housing, Community Services and Indigenous Affairs (FAHCSIA) awarded CREU \$70,600 for completion of the Family Involvement Modules. This will enable us to revise the existing five modules and then develop the material into online format. We will also develop a new module on utilising carers and their lived experience and thus provide extra impetus for development of training material suitable for use by a Carers Skills Bank.

Module 1 has been delivered several times to social work, nursing and psychology students and has been very positively received. More recently Prahran Mission engaged VMHCN to deliver all five modules to its staff. This has provided a valuable opportunity to pilot and further develop all the modules.

The focus over the next year will be on how to market and roll out the training material to both undergraduate students and practicing mental health professionals.

Development of Carer Skills Bank Training Material

Funding from FaCHSIA has enabled us to commence work on the development of training material to train carers to utilise their lived experience to be effective in contributing to the development of mental health policies and services via policy working groups, reference/advisory groups and the like and to contribute to the education of undergraduates and mental health professionals.

Dr Margaret Leggatt and Marina Cavill will be the main developers of material.

Carer Consultant AND Peer Worker Training

2011 has seen the successful completion of the Carer Consultant and Carer Peer Support Worker Training Project, overseen by our Project Worker, David White. The Bouverie Centre completed an evaluation of this project and found that there were important gains in Carer Consultants' skills, knowledge and confidence in all sessions delivered.

In the final year of this project, three modules were delivered:

Systemic Advocacy Booster: This session followed on from the previous advocacy module. Highlights included the discussion of 'Wicked Problems' (e.g. problems that are very complex and are unable to be easily fixed), the development of planning templates and approaches to carer involvement and participation.

Single Session Peer Work Booster: The topics for this practically based follow-up module included an overview of previous peer and personal support skill module, theory and application of Single Session Peer Work, case studies and examples of best practice. Highlights of the training included practicing the single session work for peer workers.

Working with committees and facilitating support groups: This interactive workshop developed and enhanced participants' knowledge and skills in participating effectively in committees and facilitating carer support groups. Highlights of the module included discussions on group work problems and learning from peers.

VMHCN is working with CCNV to continue training for Carer Consultants and Carer Peer Support Workers.

Presentations and Training

Leggatt M, & Cavill M (2010, June). *Family Involvement in Mental Health Care Training for Mental Health Professionals*. Mental Health in Pre-Registration Nursing Courses, Melbourne.

Weavell W, & Callander R (2010, September). Identifying barriers to and strategies for increasing consumer and carer participation in the Eastern Heath Aged Persons Mental Health Service (Peter James Centre). Paper presented at The Mental Health Services Conference, Sydney.

Callander R, Weavell W & Blackman J (Darebin Community Mental Health Centre). (2010, September). *Consumers, Carers and Service Providers Co-Designing Mental Health Services: A New Way Forward*. Paper presented at The Mental Health Services Conference, Sydney.

Leggatt M & David L (2010, October). *The Case for Family Involvement*. Workshop given for Social Work students, University of Melbourne, Melbourne.

Fairhurst K (2010, October). *Family/carer involvement*. Presentation given at College of Medical Hypnosis, Melbourne.

Lynne V (2010, November). *Systemic Advocacy Booster*, Carer Consultant and Peer Worker training.

Bouverie Centre (2010, November) *Single Session Peer Worker Booster*, Carer Consultant and Peer Worker training, Carer Consultant and Peer Worker training.

Callander R (2011, January). *Family and carer participation in the recovery process*. Presentation to students in Mental Health Certificate IV, Swinburne University (Pahran campus), Melbourne.

Cavill M (2011, April). *The Case for Family Involvement*, lecture for Nursing students, Deakin University, Melbourne

Swan M (2011, April). Working with Committees and Facilitating Support Groups,

Callander R (2011, May). *Family/carer involvement*. Presentation given at College of Medical Hypnosis, Melbourne.

Cavill M, Leggatt M & Backman-Hoyle D. (2011, August-September) *Family Involvement: Through the Carer Lens: Training for Mental Health Professionals* (15 hours), (August – September, 2011) for staff at Pahrnan Mission

Weavell W & Callander R (2011, August). *MH ECO Training* NW Area Mental Health Service

Weavell W & Callander R (2011, September). *MH ECO Training*, Forensicare

Callander R (2011, October). *Family/carer involvement*. Presentation given at College of Medical Hypnosis, Melbourne.



Marina Cavill

Research & Education Manager



Project Work Report

Over the course of the year, I have spent considerable time on the Carer Consultant and Peer Worker Training Project. This project has now been successfully completed and is reported on under the education and training section in this report.

Carer Support Networks

We continue to build upon and develop strong grass-roots networks across Melbourne and Victoria with participation in the regional and rural networks. Over the last year I have travelled and engaged with carer groups in the Barwon, Loddon Mallee, Gippsland and Grampians region. In the next couple of months trips are scheduled for the Loddon Mallee and Grampians regions.

Representation on External Bodies

With the change of government in Victoria there has been considerable disruption to Department of Health project advisory, reference and working groups this year. As the new government came to power, they reviewed all initiatives under the previous government. As a result, all groups were suspended as the Liberal Government worked out their priorities. Despite this, VMHCN has actively sought to achieve systemic change within the mental health system. Over the last two months advisory, reference and working groups have begun meeting again.

Thank you to all the people who represented VMHCN over the past year on reference and advisory groups. Without your support this important aspect of our advocacy work would not be possible. During 2010/11 VMHCN had representation on the following groups:

- Ministerial Advisory Committee and its Subcommittees
- Mental Health Reform Council
- National Mental Health Consumer and Carer Forum
- Royal Australian and New Zealand College of Psychiatry Committee
- Mental Health Consumer and Carer National Register
- Mental Health Advice Line Stakeholder Reference Group
- Victorian Dual Diagnosis Initiative Evaluation Reference Group
- Centrelink Victoria Mental Health Working Group
- Centrelink Victoria Carers Working Group
- Demonstration Project Mental Health and Primary Carer Reference Group
- Families of Parents with a Mental Illness (FAPMI) Statewide Advisory Group

- Psychosocial Disability Rehabilitation Support Service – Department of Health Liaison
- Carer Consultant Network Victoria
- Victorian Carers Support Network
- Victorian Women and Mental Health Network
- Royal Australian College of Psychiatrists
- Carer Advocate Reference Group
- Interdepartmental Liaison Committee

Policy Submissions:

- VMHCN has made submissions in relation to the following:
- Exposure Draft Mental Health Act
- Joint submission with VMIAC on the Exposure Draft Mental Health Act
- National Mental Health Statement of Rights and Responsibilities
- Joint submission with VMIAC to the Mental Health Reform Council - Strengthening Consumer and Carer Participation and Involvement
- NMHCCF statement on Privacy, Confidentiality and Information Sharing – Consumers, Carers and Clinicians
- National Carer Strategy
- Guardianship Law Review

A handwritten signature in cursive script that reads "Dave White". The signature is written in black ink on a white background.

David White,
Project Officer



Carer Support Fund

VMHCN has completed the second year of administration of the Carer Support Fund, and I feel confident in calling it a very successful one. We have processed many applications with a very short turn-around and an external review has provided some very positive feedback.

2,800 applications were processed in the financial year ending 30 June 2012, representing 85.5% of the total budget (including rollover of unused funds from the previous year). To the end of September 2011, that level of funds utilisation has been maintained, i.e. at 30 September 2011 85% of the funds had been used. A constant steady use of the funds means carers are being looked after.

Carer Support Fund Internal Evaluation

The CREU designed and conducted surveys of users of the Carer Support Fund as part of an internal evaluation of the CSF. The purpose of the study was to review the transition to centralised administration of the CSF by VMHCN against the Project Plan prepared by the Carers Support Fund Administrator and to identify improvements that could be made. Area Mental Health Services that had overspent or underspent their allocation of funds were identified and surveyed. The recommendations from this evaluation have now been incorporated into the external review conducted by Diz McKinnon Research and Consultancy.

External Review of the administration of the Carer Support Fund

The external review of the administration of the Carer Support Fund was undertaken by Diz McKinnon, Research and Consultancy and completed in October 2011. The summary of comments on the impact of the centralization of the administration on key stakeholders is as follows:

Department of Health:

- Improved quality of information about the use of the CSF
- Increased transparency of local CSF expenditure, through analysis of expenditure reports and patterns
- More streamlined communication with a central entity, rather than with multiple services

- Greater efficiencies through increased clarity about the level of funding directed to administrative costs
- Development of consolidated information that will provide benchmark data and will inform future decision-making.

VMHCN:

- Increased the profile of the VMHCN within the mental health service sector
- Development of new IT systems, and considerable focus on technological troubleshooting
- High and demanding workload for CSF staff. Undertaking the centralised administrative role has had a substantial impact on the VMHCN, to an unanticipated degree. The necessity to engage 2 workers to fulfill the needs of the system within acceptable timeframes, and the high level of Director time dedicated to the CSF was not anticipated
- Increased understanding of carer issues and challenges, through analysing expenditure trends and patterns.

MHS:

- Development of new internal systems to support the CSF, including promoting the CSF and completing necessary paperwork
- Increased level of scrutiny on expenditure levels and patterns
- For some services, a decline in financial control and understanding about CSF expenditure.

Carer Consultants:

- Increased use of the CSF as a positive engagement tool with carers, and as a way to encourage clinicians to consider the financial needs of carers
- Increased workload in relation to administrative aspects of the CSF.

The review also provided several useful recommendations for further improvements to the service which are in process of being implemented. These include the development of a formal agreement between the Department of Health and the VMHCN, revision of reporting templates, the provision of a training template to assist users to understand the financial reports, exploring alternative technology options better suited to this work, provision of additional promotional material and a separate phone line for Carer Support Fund enquiries.

It was heartening to that most interviewees recognise that the application turnaround time is faster and responses to urgent applications are more timely, and there is a strong perception that CSF staff have demonstrated a high level of responsiveness to enquiries and issues. We still have some improvement to do on our reporting, but most of the AMHSs find it very useful. It is good to see that the majority of services perceive that the system is working well for them.

Vouchers are still proving popular as a means of provided emergency assistance to carers in need. Of the total expenditure for the year, 21% was for vouchers.

VMHCN has printed and distributed 40,000 brochures and has filled requests for more. These brochures are stamped with the AMHS details and displayed where carers will see them in order to inform more carers of the Fund.

A handwritten signature in black ink, appearing to read 'Robyn Wilson', with a long horizontal flourish extending to the right.

Robyn Wilson,
Administrator Carer Support Fund

Financial report for year ending 30 June 2011

The reports on the following page show the audited financial results – an income and expenditure statement for the period 1 July 2010 to 30 June 2011 and the balance sheet at 30 June 2011. These are for the Network's consolidated activities over the last year, i.e. they include income, expenditure and assets for the Carer Support Fund as well as for Network operations.

The results for Network operations extracted from the auditor's report show:

	\$
Income	960,763
Expenses	765,331
Surplus	195,432
Net assets 1 July 2010	210,735
Surplus (from above)	195,432
Net assets 30 June 2011	406,167

The make-up of net assets at year end is:

Available reserves	298,668
Cars + depreciation provision	46,945
Furniture & equipment depreciation	56,429
Security deposit	4,125
Total net assets	\$406,167

The surplus for the year provides a comfortable level of reserves as we head into what could be quite difficult years in financial terms. It has arisen mainly as a result of restraint applied in several areas in the latter half of the year, when the Network was made aware that funding for MHECO could not be assured for 2011-12. This uncertainty was conveyed to staff and two research officers found other positions; they were not replaced. Success in securing grants for several research projects also made a significant contribution and bank interest income was higher than anticipated in the budget.

The Network's available reserves at year-end, as above, stood at \$298,668. This was supplemented by subsequent sale of a car for \$14,000. (A replacement vehicle had been purchased just before year-end). In 2011-12, funding from the state government for MHECO has been reduced to \$129,000 from more than \$203,000 last year. Operational expenditure is budgeted at \$775,000. The budget shows an expected deficit of \$62,900 unless additional income can be obtained. The Board of the Network is of the opinion that the remaining reserves at 30 June 2012 (about \$250,000, equivalent to less than 17 weeks of expected expenditure) will then be at an acceptable level.



Colin Fryer,
Chair and Acting Treasurer

Extracts from

Victorian Mental Health Carers Network Inc

FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2011

compiled by UHY Haines Norton, Chartered Accountants.

STATEMENT OF COMPREHENSIVE INCOME

Revenue	2,737,239	
		(Revenue breakdown from Network accounts)
		DoH recurrent funding 144,314
		MHECO grant 203,454
		CSF administration fee 296,964
		Carer consultant training 50,190
		Lifting the Lid sponsors 20,159
		Research Fellowship 50,000
		DoH capacity building 50,000
		DoH relocation grant 37,000
		Interest 51,430
		Other income 57,252
		CSF allocations & discounts 1,636,749
		CSF carried forward from 2010-11 139,727
Expenses	2,272,655	
		CSF expenditure 1,507,324
		Network operations 765,331
Profit/(Loss)	464,584	

STATEMENT OF FINANCIAL POSITION AS AT 30TH JUNE, 2011

Current Assets	1,236,785	
Non-Current Assets	74,087	
Total Assets	1,310,872	
Total Liabilities	635,553	
Net Assets	675,319	
	CSF net assets	269,152
	Network operations assets	406,167

VICTORIAN MENTAL HEALTH CARERS NETWORK INC

BOARD OF GOVERNANCE REPORT

Your board members submit the financial report of the Victorian Mental Health Carers Network Inc for the financial year ended 30th June, 2011.

Board Members

The names of board members throughout the year and at the date of this report are:

Colin Fryer	Estelle Malseed
Jenni Burger	Sue McDonough
Beth Bailey (Resigned Nov 2010)	Brendon O'Hanlon (Appointed Nov 2010)
Warren Jenkins (Resigned Feb 2011)	Steve Morton (Appointed Nov 2010)
Margaret Burdew (Appointed June 2011)	

Principal Activities

The principal activities of the association during the financial year were to provide support to people with Mental illness and their families and friends, provide quality services and advocate for improved mental health services.

Operating Results

The net result of operations of the association for the financial year was a \$464,584 Profit (2010: \$84,177 Profit).

Significant Changes in State of Affairs

There were no significant changes in the state of the financial affairs of the association during the year.

After Balance Date Events

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the association, the results of those operations, or the state of affairs of the association in the subsequent financial years.

Likely Developments

No information on likely developments in the operations of the Association have been included in this report as the Board members do not consider additional information necessary to obtain a true and fair view of the position of the Association at balance date.

Signed in accordance with a resolution of the Members of the Board.


.....
Chair

Dated this 12th day of October 2011

INDEPENDENT AUDIT REPORT
TO THE MEMBERS OF
VICTORIAN MENTAL HEALTH CARERS NETWORK INC.

Independence

In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

Opinion

In our opinion:

- a. The financial report of Victorian Mental Health Carers Network Inc. is in accordance with Section 30(3A) of the Associations Incorporation Act (Vic) 1981, including:
 - (a) giving a true and fair view of the Association's financial position as at 30 June 2011 and of their performance for the year ended on that date; and
 - (b) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Associations Incorporation Act (Vic) 1981.

UHY Haines Norton

UHY Haines Norton
Chartered Accountants



R H Hutton
Partner

Melbourne

Dated this 19th day of October 2011