



**Mental Illness Fellowship of SA Inc  
ANNUAL REPORT  
2006-2007**

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## Vision

Our vision is that every person with mental illness is able to make a valued contribution to society, without stigma or discrimination, due to an increased understanding and awareness of mental illness in the community and the availability of appropriate services as required.

## Mission

Our mission is to provide education, support, rehabilitation and recovery-based programs in a safe, quality environment to assist people with mental illness and their natural support network living in South Australia to enjoy the best possible quality of life.

## Values

### ***Commitment***

Commitment means that we are dedicated to working towards our vision and achieving our mission. We encourage members, volunteers and staff to commit to these values and ensure they are incorporated into the delivery of services and the culture of the organisation.

### ***Respect***

Respect means that the lived experience of people affected by mental illness is recognised and valued and informs the way our services are designed and delivered.

### ***Quality***

Quality means that all services are of a high standard and people with mental illness can participate in a safe, welcoming environment. We pursue excellence and seek to constantly evaluate the effectiveness and efficiency of our organisation.

### ***Acceptance***

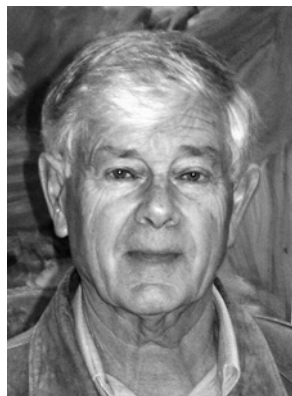
Acceptance means that we include and accept people regardless of their abilities and capacity. We are a non-judgemental organisation and seek to break down the barriers of stigma and discrimination for people with mental illness through education and systems advocacy.

## Board of Management 2006 — 2007

*Mental Illness Fellowship of SA Inc incorporating Mood Disorders Association SA Inc*



**David Meldrum**  
**President**



**Robert Burke**  
**Vice President**



**Neville Rice**  
**Treasurer**



**Chris Bock**



**Marion Croser**



**Brian Gardiner**



**Katrina Kalaburnis**  
*From October 2006*



**Eddy Lynch**



**Reg Potter**



**Dr Eli Rafalowicz**



**Margaret Springgay**  
*Until October 2006*

**Public Officer**  
David Meldrum

**Hon Medical Advisors**  
Dr Harry Hustig and Dr Jo Lammersma

**Minute Secretary**  
Brigid Downing

**Hon Legal Advisor**  
Suzanne Farrelly

**Auditor**  
Grant Thornton



## MIFSA Staff

### **Executive Director**

Natasha Miliotis

### **Programs & Operations Manager**

Monique van der Neut

### **Finance Manager**

Michael Becker

### **Finance Officer**

Liz McCarthy

### **Administration Officer / MIFSA News Editor**

Pam Kelly

### **Administration Officer**

Carol Fuller (until 31/1/2007)

Lynne Forrest (from 19/3/2007)

### **Education Program**

Jeff Vuglar (until 14/2/2007)

Andrew Kelly

Sophie Angell (from 2/4/2007)

### **Peer Worker Program Coordinator**

Maggie Mars (until 28/2/2007)

Deiniol Griffith (from 3/1/2007)

Belinda Brown (from 25/6/2007)

Liza Carless (from 20/6/2007)

### **Psychosocial Groups Program Coordinators**

Jane Dodding

Diane McBain (until 14/12/2006)

### **Psychosocial Groups Program Facilitators**

Rosalee Trumble (10/1/2007-11/4/2007)

Ben Swift (from 8/5/2007)

### **Psychosocial Groups Program Project officer and Co-Facilitator**

Anna Byas (from 1/5/2007)

### **Psychosocial Groups Program Co-Facilitators**

Bernadette Maywald

Sean Haynes

Yvonne Turner

### **Well Ways Program Coordinator**

Maureen Lewis

### **Keswick Activity Centre Coordinator**

Jenny Pessios (until 30/4/2007)

Carol Weston (from 22/1/2007)

### **Keswick Activity Officers**

Sean Haynes (until 9/11/2006)

Anastasia Michalopoulos (3/8/2006-14/2/2007)

Katrina Kalaburnis (until 28/3/2007)

Mel Webb (from 1/2/2007)

Dave Tapley (from 28/6/2007)

### **Panangga Activity Centre Coordinators**

Yvonne Turner

Prue Millingen

Paul Knight-Stacey (from 4/9/2006)

### **Hospital Outreach Worker**

Brian Gardiner (until 25/7/2006)

Katrina Kalaburnis (until 25/7/2006)

### **Accommodation Support Officers**

Chris Knightly

Chris Davidson

Mike Tarawa (until 28/3/2007)

Jane Hopton (until 28/3/2007)

Scott Stewart (from 27/3/2007)

### **Sunflower Shop Coordinator**

Aaron Powell (until 4/12/2006)

Elsje Stolk (from 5/12/2006)

### **Sunflower Shop Van Drivers**

Mark Weston (31/10/2006-20/6/2007)

Paul Horan (from 3/11/2006.)

Daniel Johnson (from 31/10/2006)

Lynton Brown (from 17/7/2007)

### **Sessional staff:**

<b>Computer Training</b>	Anton Keijzer
<b>Massage</b>	Bohdan Bierzynski
<b>Foot Reflexology</b>	Ray Shepherd
<b>Art</b>	Laura Michalenko (Keswick)
	Miles Wheaton (Panangga)
<b>Creative Writing</b>	Maria Vouis (Panangga)

### **MHRC Administration Officer**

Carol Weston (until 19/1/2007)

June Bradley-Sperryn (from 22/1/2007)

Susan Wilkes (from 15/2/2007)

### **MHRC IT Officer**

Aaron Powell (from 5/12/2006)

## President's Report



This has been another year of rapid change and growth for MIFSA. That might sound (as my daughter might put it) 'a bit lame', but these really are amazing times for us. It seems that every month there is a new funding opportunity and almost every week a new staff member. More importantly, as these resources allow us to reach out to new people in need, we are also seeing a steady growth in our membership base of consumers and carers.

The members are what makes MIFSA unique. There are some wonderful programs and people in the public mental health services, and in a growing number of non-government organizations. Our special quality is that virtually all our resources are directed to the areas that our members tell us they need covered. Sometimes the consultation process takes a little longer, but your Board is very clear that we will not stray from the mandate given to us by the members. As the late and much missed Trevor Parry put it; 'Nothing about us without us.'

Natasha's report will give more detail on our increased funding. We have continued to seek resources across the spectrum of needs, including day programs, personal support, carer education, respite, and support for country people. We have been successful in our bids with most of these, and it seems very likely there is more to come. These are all aimed at better services for our members, and in fact for all South Australians affected by mental illness.

The Board is fare-welling two members, Katrina Kaliburnis and Bob Burke. Bob is one of the true statesmen amongst those who have worked for a better deal for people affected by mental illness over many years, a polite, charming man who has been resolute and forceful when it counted. I could not have asked for a better deputy. Katrina brought compassion, common sense, humour and a crystal clear voice of 'the lived experience' to our meetings. We will miss them both greatly.

As I reflect on the achievements of the staff team, led by Natasha, Monique and Michael, as I look at the brilliant web-site with its new look, and I sense for myself the positive culture in MIFSA, I can only echo the feelings of all of your Board members: it is an absolute pleasure and an honour to be working for you, our members.

**David Meldrum**  
**President**

## Executive Director's Report



**The last 12 months have brought both consolidation as well as growth. We have developed new programs, updated our organisational look with a new MIFSA logo, welcomed many new staff and delivered quality programs to thousands of people with mental illness as well as family members and carers.**

What a year! Following the merger of the Mood Disorders Association and the Mental Illness Fellowship of South Australia the 2006 Annual General Meeting was a particularly important one. From a corporate governance perspective MIFSA made the transition from an interim Board to a full, formally constituted Board of Management.

Following the merger, and as a part of a culture of continuous quality improvement, every inch of the “new MIFSA” was reviewed and revised. Quality improvements occurred in a broad range of areas:

- “ *Leadership and Management*: highlights in this area include review of our Vision, Mission and organisational values, Risk Management system, Business Planning and corporate governance policies and processes.
- “ *People, Partnerships and Communication*: further development of our HR policies and procedures, with improvements in the areas of recruitment, employment contracts, orientation, staff appraisals and organisational partnerships.
- “ *Service Provision*: revision of all MIFSA policies and procedures, review of service and consumer outcomes, an improved Service Agreement, program development and increased use of service plans for members across program areas.

The multitude of service improvements culminated in MIFSA achieving successful validation against the Service Excellence Framework. The Service Excellence Framework sets out standards of good practice in management, operations and service delivery in the human services sector. The Standards aim to cover all the elements that make up a strong and sustainable organisation.

Our Service Excellence Report by the validator outlined particular strengths in the following areas: active involvement of Members at organisational level, a culture of inclusiveness of staff in planning and management, good communication structures, focus on individual consumer needs, strong volunteer network, effective use of partnering and networking to further strategic objectives and active involvement in the sector through the support of related and aspiring organisations.

Whilst existing MIFSA programs implemented a range of improvements and continued to deliver impressive outcomes, MIFSA also tendered for new programs. In the 2006-07 financial year MIFSA was funded to provide a number of innovative programs: the Back Into It Group (BIIG) and Panangga Getabouts. Both programs work with socially isolated people to assist and support them to connect with their local communities.

An increase in available funding for mental health programs at a Commonwealth level also kept the Management Team busy with a number of applications for various initiatives. In June 2007 we received the welcome news that the Commonwealth Department of Health and Ageing had chosen to fund MIFSA to deliver a program called “Support for Day to Day Living in the Community”. The funding is for two sites in southern and western metropolitan Adelaide and allows MIFSA to expand and increase programs delivered by Panangga and Keswick Activity Centres.

After the close of the financial year MIFSA received further exciting news about additional Commonwealth funding—this time for a country service to be based in Port Lincoln and for two Personal Helpers and Mentors programs in western and outer southern metropolitan Adelaide. With funding proposals still pending I look forward to sharing the details of new and expanding programs with members throughout the year and to report to you all at MIFSA’s Annual General Meeting in 2008.

On a personal note, it has been an absolute pleasure to work alongside such a fantastic and growing staff team. We have achieved a happy and fun work-space which is reflected in great outcomes for members and service users. As always none of this would be possible without the contribution of all the dedicated MIFSA volunteers and our supportive Board of Management. Thank you to each and every one of you.

**Natasha Miliotis**  
**Executive Director**

## Advocating for people with psychiatric disabilities

During the year, staff and Board members continued their involvement in a range of advisory and consultative meetings. These activities contribute to the advocacy aims of MIFSA. Involvement includes but is not limited to:

### **Carers SA**

*Natasha Miliotis*

Carers Support Strategy 10

- “ Wider Planning Group
- “ Partnership Group
- “ Reference Group

### **Courts Administration Authority**

Community Reference Group

*Natasha Miliotis*

### **Mental Health Coalition of SA**

*Natasha Miliotis*

- “ Industry Development Project
- “ Mental Health Week Advisory Group 2006
- “ Mental Health Week Advisory Group 2007

### **Mental Health Coalition State Peak Body**

*David Meldrum and Robert Burke*

### **Mental Illness Fellowships of Australia**

*David Meldrum and Natasha Miliotis*

### **Social Inclusion Unit**

Reference Group

*Natasha Miliotis*

### **South Australian Children of Parents with Mental Illness Partnership**

*Natasha Miliotis*

SA-COPMI Partnership Reference Group

### **Supported Residential Facilities Ministerial Advisory Committee**

*Maxie Ashton*

## Partnerships

The Mental Illness Fellowship delivers a range of programs in collaboration with other organisations. For example, partnerships exist between:

- “ MIFSA Peer Worker Program and Baptist Community Service in the delivery of Peer Worker Training
- “ MIFSA Psychosocial Groups Program and North East Division of GPs in the delivery of group programs
- “ MIFSA Psychosocial Groups Program and Eastern Mental Health Service in the delivery of the BIIG Program
- “ MIFSA’s Panangga Activity Centre and Fleurieu Health Service in the delivery of South Coast Exchange Program

MIFSA auspices the funds for the Mental Health Resource Centre (MHRC) and is co-located in the MHRC with Roofs SA Housing Association, whilst also providing an auspicing service to other groups.

In addition to a range of working partnerships, MIFSA also formalised a number of collaborations via development of Memorandums of Understanding and Partnership Agreements with the following organisations:

- “ Central Northern Adelaide Health Service (CNAHS) in the delivery of Well Ways Carer Education Program to Carers in the CNAHS region
- “ Clubhouse SA to create a formal partnership to establish and operate a Network of Recovery Focussed/ Training Centres in South Australia
- “ COMIC (Children of Mentally Ill Consumers) in terms of formalising MIFSA’s auspicing relationship with COMIC with the aim of providing infrastructure support in the group’s developmental stages
- “ Centacare to develop an effective working relationship to enable consumer perspective within Centacare program development, recovery orientated practice and Centacare’s representation within the Mental Health sector

## Volunteers Program

*"MIFSA Volunteers are a champion team and a team of champions. Without Volunteers MIFSA would not deliver its impressive range and breadth of programs"*

Natasha Miliotis

MIFSA Volunteers are involved in the full range of education, support, information and rehabilitation and recovery-based programs in the organisation. Research shows that volunteers are happier and live longer than those who do not volunteer—MIFSA also knows that we would not reach more than 35,000 people each year without the time, dedication and passion of our team of fantastic Volunteers.

Each year approximately 50% of South Australians give their time volunteering, making South Australians the most generous of all Australians. Volunteering promotes a caring culture and contributes significantly to the community. This is certainly true at MIFSA where Volunteers enrich programs with their wide range of skills and experiences in maintaining and expanding services to people with a mental illness, their families and the general community. MIFSA is greatly dependent on its Volunteers for the services it provides, in fact more than 140 volunteers give MIFSA approximately 20,000 hours each year!

Volunteers are actively involved in all programs at MIFSA. Volunteer roles include:

- All positions on the Board of Management
- Community educators who deliver education to the community
- Sunflower Shop volunteers in our three opportunity Shops who maintain the day to day running of the shops which raise revenue to supplement grant funding and expand service provision
- Activity Centres volunteers who participate in the accredited food service, delivering program activities, providing support, companionship and encouragement to consumers and carers
- Librarians who maintain the MIFSA library and its resources
- Support Group leaders who facilitate the regionally based support groups
- Administration and office support volunteers who develop, produce and collate information kits of various types and assist with general office duties
- *MIFSA News* team who prepare newsletters for posting
- Fundraising volunteers who assist through Badge Day collections and social functions
- Volunteers who participate in Advisory Groups to provide systems advocacy.

At MIFSA we strive to ensure that volunteers understand their role and have a high level of satisfaction with their involvement, that paid staff understand their responsibilities and are able to manage volunteer programs effectively and that the services provided by volunteers are valued by the members and by the organisation.

Progress towards these aims in the past year has included further development of volunteers policies and related procedures, delivery of training specifically aimed at MIFSA volunteers, an ever-present "Volunteers section" in the *MIFSA News* and design of MIFSA Volunteer badges, polo-shirts and caps. Each year MIFSA also celebrates with a Volunteers Function to celebrate the work of volunteers and acknowledge their hard work and contributions. The Volunteers Function in November 2006 was held at the Fullarton Community Centre. The large room was decorated in a blue and white theme; complete with white tablecloths, blue and white fresh floral centre pieces, blue and white napkins, crockery and a magical sprinkle of blue stars on each table. Volunteers, some choosing to attend with their partners, were very impressed with the setting, many drawing breath as they entered the function room. VIP Guest speaker for the night was Mr Michael O'Brien MP, Member for Napier who attended at short notice, returning immediately to Parliament following delivery of his speech and presentation of certificates to MIFSA volunteers. Many volunteers also commented that they appreciated the table service and attention of MIFSA staff. Of course we are now looking forward to the Volunteers Function just around the corner for 2007!

Once again, thank you, thank you to all MIFSA Volunteers; your dedication and generous giving of time and talents, is most appreciated.

## Supporting Consumers

### Memorandum of Understanding between MIFSA and Clubhouse SA

In June 2007 the Boards of Management of the Mental Illness Fellowship of South Australia and Clubhouse SA announced the commencement of a formal partnership between our two organisations in regards to the provision of a high quality and accountable Network of Recovery Focussed/Training Centres for people with a mental illness in South Australia.

This initiative is a bold and innovative step not only for our organisations, but for member based mental health services in South Australia. It is a way forward for consistent and co-operative consumer focussed service provision.

The network, as described in our Memorandum of Understanding will initially bolster the available services and resources of three existing centres: Diamond House, Keswick Activity Centre and Panangga Activity Centre as well as providing a solid foundation for the provision of further centres throughout South Australia.

Clubhouse SA and the Mental Illness Fellowship of South Australia have enjoyed a long and rewarding association and are excited by this new collaborative relationship. Formalising the partnership will increase the consistency of programs offered, improve access to programs that are focused on assisting individuals to achieve their desired outcomes and ensure a high level of consumer and community input at the local level.

As Network Partners MIFSA and Clubhouse SA will share and exchange current services and service models such as Psychosocial Group Programs (therapeutic, goal focussed, skill-based group programs) and the Transitional Employment Program, thereby providing more comprehensive and flexible programs at the three centres currently operated by MIFSA and Clubhouse SA.

The purpose of the Memorandum of Understanding (MOU) between MIFSA and Clubhouse SA is to create a formal partnership to establish and operate a Network of Recovery Focussed/Training Centres in South Australia. The network will initially bolster the available services and resources of the three existing centres: Diamond House, Keswick Activity Centre and Panangga Activity Centre as well as providing a solid foundation for the provision of further centres throughout South Australia.

The MOU will formalise a partnership which will increase the consistency of programs offered, improve access to programs that are focused on assisting individuals to achieve their desired outcomes and ensure a high level of consumer and community input at the local level. This Memorandum of Understanding enables the Network Partners to share and exchange current services and service models such as Psychosocial Group Programs (therapeutic, goal focussed, skill-based group programs) and the Transitional Employment Program, thereby providing more comprehensive and flexible programs at the three centres currently operated by MIFSA and Clubhouse SA.

## Supporting Consumers

### KESWICK ACTIVITY CENTRE

*"When you first get diagnosed it should be part of the script to come to MIFSA"*

A.T.

The Activity Centre is a community based service run by staff and volunteers in consultation with members. The Centre promotes wellbeing in a supportive environment by offering opportunities for individuals to progress their recovery journey and prevent relapse by improving ability to manage their illness. This occurs by providing a place where people can build skills, develop friendships, be accepted and connect with the community.

The Centre provides a flexible and supportive environment in which members can meet and socialise. Members may choose to participate in a program of structured activities or meet with people and make use of a range of facilities. Popularity of the Centre has grown with a steady increase of 36% in the number of participants accessing social and recreational programs over the last financial year.

As part of a member driven organisation, Activity Centre members have also been active in shaping and helping deliver the program. Members have made changes to the dinner Menu; keeping some of the old favourites and adding a sprinkling of new recipes. You're welcome to come in on Tuesdays and Thursdays to join us and try out our new meals.

A small focus group of members also worked on several initiatives, which include:

- " A draft copy of a policy on Members Rights and Responsibilities in the Activity Centre
- " A Member Advancement Plan (MAP) — for members who choose to use it — a short term, achievable, goal setting plan to 'MAP' out their road to recovery with small achievable steps
- " Changes to our existing Membership Form to include a voluntary section, to gather information that will assist MIFSA lobby for expanded services and increased funding.

MIFSA's accredited "Foodsafe" Food Service which is run predominately by volunteers provided 6,119 nutritional, low cost meals to members, with lunches served five days a week and evening meals twice weekly. Once again we have maintained our accredited Kitchen status by passing the City of West Torrens Council audit with a near perfect score. All of our volunteers and staff who work in the kitchen are trained in the "FoodSafe Food Handler Training Program". We would like to thank our many volunteers who without their dedication and support we would not be able to provide any of our services in quite the same way.

The Tobacco and Mental Illness Project conducted another quit smoking program at the Centre. The program was run regularly throughout the year. It supported participants to make significant changes to their smoking habits. Healthy snacks and nicotine replacement therapy were made available as part of the course. Thank you to Maxie Ashton, Sue Bertossa, Mark Weston and Cheryl Mulconray for continuing to support and encourage members in facing the difficult task of quit smoking.

Members and volunteers continued to raise funds for the Activity Centre. They were busy with can recycling, sausage sizzles, raffles, selling recipe books to name a few of the ongoing initiatives. Congratulations to members, volunteers and staff who continued to support this venture. Balance as of 30 June 2007 is \$3,200.40.

In March 2007 the Commonwealth Department of Health and Ageing sought applications from organisations to deliver "Support for Day to Day Living in the Community" (D2DL) Programs. Funding is allocated to non government organisations with proven experience in delivering drop-in centres and centre-based programs for people with severe and persistent mental illness. We received news from the Commonwealth Department of Health and Ageing that MIFSA was successful in its application to deliver D2DL programs in both western and southern metropolitan Adelaide. This welcome news has allowed us to begin expanding day programs in both Keswick and Panangga Activity Centres. The D2DL initiative is part of a 5 year plan and Departmental guidelines state that "it is anticipated that further funding will be made available".

*(Continued on page 12)*

## Supporting Consumers

### KESWICK ACTIVITY CENTRE *continued*

*(Continued from page 11)*

The new funding will allow us to offer greatly increased services. Health self-management groups and social and recreational options can all be funded, as well as programs which link people to community resources. "Participants will be supported in learning new skills and relearning old skills, developing social networks, joining in community activities, and improving communication skills, personal expression and independent living skills (eg cooking, budgeting, shopping)." Sounds good to us!

**Carol Weston**  
**Coordinator, Keswick Activity Centre**

### PANANGGA ACTIVITY CENTRE

*"I come here to meet  
new people that  
share a similar  
experience."*

Well what a hectic and busy year it has been at Panangga, full of growth, expansion change and excitement.

Firstly our Activity Centre continues to grow and expand not just in members, but literally. With the welcoming new Day to Day Living funding we have occupied the building next door and broken through the walls to bring the building back to its original glory, doubling our size, which was well over due as we were bursting at the seams. This has given us many tasks and challenges, from painting and tiling to decorating and shopping along with coordinating various tradesmen, along with the some what smooth operation of the activities and regular goings on at Panangga.

Staffing changes have also been rampant this year, starting with the recruitment of Paul Knight-Stacey, with the Getabouts Program which we secured funding for in the beginning of the year. The program identifies small groups of people and supports them in accessing and attending existing community groups within the area. This program is coming up to a close as its year ends, but many people have benefited. Some of the groups that people were introduced too were, craft, swimming, 10 pin bowling, gym, coffee shop, bushwalking and many are still going. Sadly though we will farewell Paul at the end of September and we wish him all the best in his future endeavors.

The resignation of one of our well loved coordinators Prue Millingen was also a very big change to tackle especially for many of our members whom had grown to love and warm to her very special ways. Prue Certainly made a difference to many peoples lives and we hope to hear from her, as she travels out into the Australian outback on a real adventure in her motor home. Her humor and friendly manner will be sadly missed by everyone. With the new Day to Day living funding brings an increase in staff and we welcome Mattea Malcom as our Team Leader, along with the return of Bernadette Maywald as the coordinator along side Yvonne Turner. Bernadette has been working with the Psychosocial Groups Program for the 2 past years, she will be an asset to the Panangga Team. We also now have been able to employ 2 part time activity officers and welcome Andy Inksta and Christina Rasera to our growing team.

Our Program has been running along smoothly, and some of the activities we have enjoyed during the year have been, computing, quiz days, outing, bushwalking, coffee shop visits, video, foot reflexology, massage, art, relationships Australia courses and our Wednesday forums have also continued with guest speakers from diabetes Australia, southern ACIS Drug and Alcohol Services, Sunshine House, Trevor Parry Recovery Centre, as well as having a psychiatrist, and a dietician and Naturopath come and give talks.

*(Continued on page 13)*

## Supporting Consumers

### PANANGGA ACTIVITY CENTRE *continued*

*(Continued from page 12)*

Our membership is growing and everyone seems to find Panangga a warm, friendly place to come for friendship, respite and recovery. Some of the members have made the following comments:

***"I come here to meet new people that share a similar experience."***

***"Panangga is a very homely environment."***

***"A great Place to come."***

***"A homely community."***

Our wonderful band of volunteers have been very supportive throughout the year and we are very grateful for all of their efforts. Recently one of our volunteers commented that "as a volunteer I have been encouraged and supported to have the confidence to get out of the house and interact with other people in a very welcoming and homely environment, which helps me cope with my illness.

As you can see this year has been very hectic and some what challenging. We look forward to the benefits that the extra staff and new extended premises will bring along with the exciting new programs, that we will now be able to develop and deliver.

***Prue Millingen & Yvonne Turner***  
***Panangga Coordinators***

### PSYCHOSOCIAL GROUPS PROGRAM

This program is funded under Mental Health Strategy 8: Group Based Rehabilitation. It provides group programs for adults aged between 18 to 65 with severe mental illness across metropolitan Adelaide.

The psychosocial groups are time limited, goal focused and support the principles of rehabilitation and recovery. These principles understand that there is hope after a diagnosis of mental illness, that many people live meaningful lives, with some remaining symptom free, whilst others adapt to recurring symptoms. The groups focus on supporting people to develop and/or maintain a key role in managing their own recovery, building strengths and achieving the best possible quality of life.

Initial and ongoing consultation with consumers and service providers assists to direct the aims and topics of groups offered. Groups are generally held in community centres across metropolitan Adelaide and forensic services, for 2 hours per week (with a break), for 6-10 weeks depending on the group topic. The number of participants are limited to 8 with two facilitators. Groups offered to date include: "MindBodyLife", "Collaborative Therapy", "Psychosis?" and "All in For Mental Health" (in collaboration with the Adelaide North East Division of General Practice), "Dealing with Depression", "Managing Moods: both highs and lows", "Refresher program for psychosis", "Comfortable Communication" and "Holiday Program" for families (in collaboration with CNAHS Eastern Community Mental Health Service, COMIC and Carer Support & Respite Centre).

Funding became available in July 2005. To the end of June 2007, we have received 424 referrals and conducted 327 therapeutic group sessions for 352 individuals. For the purpose of evaluating the effectiveness of the program, group participants have been asked to complete a World Health Organisation Quality of Life – Brief version (WHOQoL-BREF) questionnaire at the first group session (pre) and again at the completion of the group (post). An analysis of the pre and post WHOQoL-BREF questionnaires from the 2007 groups to date (eg. Psychosis group, Dealing with Depression group) has found statistically significant improvements in both the Psychological Health and Social Relationships domains. There is also a trend toward improvement in the participants' perceptions of their environment. This finding is encouraging given that the group programs are specifically developed to deliver psychological interventions to assist participants improve self-management of psychological and social issues.

*(Continued on page 14)*

## Supporting Consumers

### PSYCHOSOCIAL GROUPS PROGRAM

*(Continued from page 13)*

Feed back from participants is also positive with the majority of them reporting being satisfied or very satisfied with the group they attended and stating they would recommend the group program to others. Most participants also reported that they learnt new skills and strategies to manage their mental illness. Below are some comments from participants about what they found helpful in the group.

*... freedom to speak when I needed to ... I felt listened to and encouraged to bring aspects into the open ...*

***"It was interactive, not lecture based which I loved. I also liked that I felt I was not alone with my symptoms and enjoyed hearing other people's recovery stories."***

***"Freedom to speak when I needed to - felt listened to and encouraged to bring aspects into the open. Group size was good."***

***"Group interaction and input from facilitators and group members. Relaxation techniques - Activity planning."***

***"The acceptance of group members. Their positive responses and their sharing of their problems, experiences, learning skills. The leaders' understanding and acceptance. The way they interpret my statements and feedback. Their reinforcement making me feel ok and worthwhile. Their empathy."***

***"Identifying warning signs. Crisis planning plus a list of positive things to do. Also feeling a part of life instead of apart from life."***

***"One participant who has been very active in the mental health area for many years stated that she had never been to a group like it before, that it was brilliant and very helpful. "***

Obviously we are very pleased to receive this feedback and are inspired to continue to deliver our current programs and to explore other possible group topics, material and formats. For example, we are currently developing and producing a relaxation CD for participants, sourcing additional resources for our groups and delivering a "hearing voices" group. Overall the program is progressing well with positive outcomes as well as exciting initiatives planned for the coming year.

**Jane Dodding  
Team Leader, Psychosocial Groups Program**

### PEER WORKER PROGRAM

The Peer Worker Program is now in its second of three years of one-off funding from the Department of Health.

The concept and structures have remained mostly unchanged with updating and refreshing of materials and processes on an as needs basis. Changes have been spurred mostly by increased knowledge in the sector regarding the roles of Peer Workers and employers alike.

*I loved meeting so many lovely people and it makes me so happy knowing that I have Peer Support*

E.R.

Increases in staffing during the middle of this period has given the program more momentum and ability to offer greater services to consumers and to develop further from the program's existing and strong foundations.

Word of mouth from course participants and growing partnerships with organisations who are promoting the program has ensured that interest in the Peer Worker training continues to grow. Increasing numbers of people are registering their interest in attending the Introduction to Peer Work course and the Peer Network. In the Past year 271 people have registered their interest with 81 applications being received and 47 people completing the course, bringing the total of "graduates" to 71. In addition, a further 21 are currently in the process of completing the course, with 76%, or 54 people of the 71 who completed the courses, having secured some form of employment.

*(Continued on page 15)*

## Supporting Consumers

### PEER WORKER PROGRAM *continued*

*(Continued from page 14)*

Several training sessions were run for specific purposes in addition to the standard Peer Worker training. These included two indigenous-specific Peer Worker trainings for the employment of indigenous Peer Workers within the CNAHS team and training for people at Diamond Clubhouse to up-skill and compliment the training and supports they provide for Peers within their organisation. These courses add a further 34 applications and 17 people who completed the training, again with several more in the process of completing at time of this report.

The Peer Workforce has been updated and is now called the Peer Network. It has two main components. The Peer Workforce, which keeps people up to date on upcoming employment opportunities, training options, forums and links with a variety of organisations. The second component takes the form of Peer Meetings, where people who have completed the course or are otherwise working in the Peer area are invited to attend monthly meetings. The structure of the meetings was set up by those attending, to provide everyone with a chance to talk about how they are going, ask questions, bounce ideas around and problem solve issues. People volunteer to take minutes, chair the meetings, create a newsletter, deliver presentations about relevant organisations and organise guest speakers to deliver talks that are also open to MIFSA members and other interested people.

The Peer Worker Program continues to grow and is receiving a lot of positive feedback from participants, employers and those that come into contact with Peer Workers in various areas. *A letter from a recent participant stated, "I loved meeting so many lovely people and it makes me so happy knowing that I have Peer Support"*.

We are continuing to offer support and opportunities and are trying to raise awareness about the positive effects that Peer Support has on individuals, organisations and within the community. More often than not the effectiveness of Peer Support speaks for itself and anyone that has come into contact with a Peer Worker speaks highly of their skills, dedication and resolve. MIFSA and the Peer Worker Program feel that it is essential to maintain this exciting momentum and positive direction regarding Peer Work so that it becomes entrenched in the very concept of recovery.

**Deiniol Griffith**  
**Coordinator, Peer Worker Program**

## Accommodation Support Program

The Accommodation Support Program is able to support a number of the tenants of ROOFS Housing Association, to maintain independent living skills, establish social networks and ensure each individual reaches their full potential. Roofs Housing tenants who are part of the program are receiving support in the form of regular home visits, and are assisted and encouraged to maintain their homes and recognise their level of independence.

This support service provides assistance with maintaining daily living skills eg cooking, cleaning, shopping, food preparation, budgeting, bill paying savings plan etc. Assistance and transport to appointments is also provided. An important component of support is to explore social activities and opportunities. The wellbeing and mental health of individuals is continuously monitored, and contact with Key Workers regarding any changes followed up.

## Supporting Consumers and Carers

### *Support Groups for Consumers:*

#### **HILLS MENTAL HEALTH SUPPORT GROUP**

For people who experience depression and mood disorders; meetings are held weekly at Mt Barker and Districts Health Services, Wellington Road, Mt Barker (adj hospital rear entrance). Group concluded meeting, November 2006.

#### **MURRAY BRIDGE**

Meetings are held every Monday afternoon, 1:30pm—3pm, at Murray Bridge Community House, 18 Beatty Terrace Murray Bridge. Group concluded meeting, March 2007

#### **SUPPORT WORKS:**

For people who have depression or bipolar disorders and who wish to meet and interact with other people who are in similar circumstances.

### *Support Groups for Carers:*

#### **MARION SUPPORT GROUP (Southern Metro Region)**

Meetings are held bi-monthly (*February April, June, August, October & December*) as social get-togethers over a meal at the Warradale Hotel.

#### **MOOD DISORDERS CARERS**

offers help and support to those in the role of caring for people with bi-polar affective disorder and depression.

#### **TEA TREE GULLY SUPPORT GROUP (Northern Metro Region)**

Meetings are held monthly at Woodleigh House, Hatherleigh Ave, Modbury

Thanks to Group Leaders: Narelle Gordon, Peter Gurner, Marcia Johnson-Timm, Michael Perry and Laurel Warneke for their dedication and hours of volunteer time they give to MIFSA in conducting meetings, organising speakers, planning activities and responding to the many calls from carers and consumers.

## Membership

MIFSA is a member of the national organisation Mental Illness Fellowship of Australia, which is the largest member based organisation working in mental health in Australia representing consumers, carers and community members.

Having achieved successful validation against the Service Excellence Framework MIFSA was particularly pleased to read the comments by the external validator about our member focus and welcoming atmosphere. The validator noted:

*"the organisation is clearly very Member focussed, with considerable energy expended in involving Members in planning, decision making and in service delivery. This has created a very welcoming and non judgemental culture fostering ongoing involvement in the many services offered."*

Locally, MIFSA attracts support from a wide range of people and organisations. Many hold formal membership and are entitled to participate in governance, provide input into program delivery and also to receive information via the *MIFSA News* newsletter. At the end of the financial year, paid up memberships of the newly merged organisation of the Mental Illness Fellowship of SA totalled 1435.

## Supporting Carers

### WELL WAYS

MIFSA has an effective partnership with Central Northern Adelaide Health Service (CNAHS) in the provision of the Well Ways Carer Education Program. CNAHS recruited Carer Consultants to work in acute settings in the public mental health system and worked in partnership with MIFSA to ensure that all Carer Consultants attended a Well Ways Program and were then considered for selection by MIFSA as possible facilitators, subject to the usual training and qualification process. A Memorandum of Understanding between MIFSA and CNAHS was then drafted and the partnership formalised. The CNAHS - MIFSA Partnership:

*"I have been a very depressed carer for many years and had no hope; the support and knowledge from Well Ways was invaluable and has changed my outlook on life."*

- " facilitates better service pathways for Carers
- " increases uptake of the Well Ways Program
- " ensures immediate and direct contact with Carers at the acute end of services
- " reduces the need for Carers to re-tell their story
- " increases opportunity to reach more Carers earlier in their caring journey
- " offers increased opportunity for effective early intervention for Carers
- " provides opportunity to embed the Well Ways program in SA as a highly valued program by many organisations including the public Mental Health system

During the 2006-2007 financial year eleven year long Well Ways Programs were delivered with the initial eight weeks of sessions (development phase) offering intensive learning and sharing for Carers, family and friends of persons with a mental illness.

These programs included one at the Enfield Health Service for Carer Consultants, and others at the Community Centres of Hillcrest (1), Semaphore Park (2) and Enfield (1), the Baptist Hall at Modbury North (2), Woodcroft-Morphett Vale Neighbourhood Centre (1) and the Mental Health Resource Centre at Keswick (3).

The consolidation phase brings together each program group (above) to the Mental Health Resource Centre on a quarterly basis over the following twelve months after the completion of the development phase. The four sessions form part of the follow-up support for Carers, family and friends who attend the programs. These quarterly programs have had up to thirty plus participants who both love to socialise and continue to build on skills and knowledge already gained. These sessions are great for the participants and for the facilitators who have come to know many as friends.

This year two more Carers trained to become qualified Facilitators of the program, bringing the total of fully trained and accredited Carer Facilitators to nine including the Coordinator. Training of more Carers to become Well Ways Facilitators will occur later in the year with refresher training for the existing facilitators. All this allows MIFSA to deliver more Well Ways Programs in the future as funding is made available. Comments from Carers/participants -

***"The course has been informative and very well presented. Given me greater insight into mental illness and knowledge/information to implement and try different approaches. Given strategies to address situations/needs of person with an illness and needs of family. Both presenters were articulate, informative, empathetic beautiful people."***

***"Very helpful, good information, very encouraging for me as I had not had help from mental health system. I now feel more able to find the help I need – good stuff. "***

***"The program went very well, and I felt relaxed, connected, understood, human and normal. Able to laugh as well as cry!"***

***"The ability to relate to the people by the facilitators is extremely important and no Psychiatrist could achieve the same result."***

Already the waiting list of interested participants for 2008 is growing. As more people are talking about Well Ways and its benefits, the program is being sought out by more people who want that Well Ways feeling of more knowledge and confidence to go on with less stress and to generally get their lives back to a place they feel happy or more content. MIFSA does not have to sell the program, it sells itself thanks to those carers, friends and family who have completed the program. The Well Ways Program is the best evaluated program for those supporting a person with a mental illness and will only be stalled by lack of funding in the future.

**Maureen Lewis  
Coordinator, Well Ways Program**

## Education Program

### METROPOLITAN EDUCATION

Over the last 12 months the Metropolitan Education Program has been faced with many changes and challenges. The decision by my former work colleague Jeff to leave MIFSA and move to country Victoria left our program looking for a new Country SA Education Coordinator as I moved over to fill the vacant position left in Metropolitan. I am happy to report that although this was a challenging time for the Education Program we have still continued to grow from strength to strength with the appointment of Sophie Angell MIFSA's new Country SA Education Coordinator. Sophie has breathed new life into the program and provided a fresh new vision to develop MIFSA's Education Program even further.

*Thanks for your  
engaging presentation,  
expertise and  
professionalism...*

*The talks on  
depression, bipolar and  
self esteem were great  
— please pass on our  
thanks to the  
Community Educators  
for their excellent  
work, it was much  
appreciated*

The Metropolitan Education Program has delivered presentations to a variety of different organisations, community groups, schools and workplaces throughout Adelaide and its suburbs over the past 12 months. These include the Australian Taxation Office, Flinders University, Uniting Care Wesley, the Pilgrim Church, St. Dominic's Priory College, Gepps Cross Girls High School, Ross Smith High School, Red Cross Inner City Support, Mission Australia, the Essence of Hope Support Group, Eating Disorders Association of SA, Consumer and Carer support groups, the Carer Respite Centre, Lifelinks SRF Support, the Salvation Army Noarlunga Branch, Careers Systems Employment Agency, SA Police, SA Ambulance, Medical Students from Adelaide University, Panorama TAFE SA, Port Adelaide TAFE SA and Salisbury TAFE SA. Education sessions were held for the general public at Port Adelaide Library and the City of Playford Council Chambers. Topics covered Depression and Bipolar Affective Disorder with Management Strategies, Schizophrenia and Anxiety with sessions presented via educational material and the "personal journey" of Community Educators. Focus seminars open to the general public were also held at Glenside Hospital. Topics were "Understanding Bipolar Disorder, Holistic Approach" presented by Dr. Jo Lammersma and "Understanding the Mental Health System" presented by Dr. Leslie Stephen.

The Education Program has continued to encourage and utilize new Community Educators including 13 graduates who completed the Education Program Training in November 2006. This has provided the Education Program with a wealth of knowledge and personal lived accounts of living well with a mental illness. Our Community Educators continue to provide hope, inspiration and the human face of people who live on a daily basis with mental illness. After many sessions participants have taken time out to speak with the Community Educator as well as with myself, this has provided people with an opportunity to share their own stories, ask questions and obtain valuable support and information. I am also delighted to say that many organisations and groups have sent cards, faxes and emails of thanks to those who presented the sessions.

A highlight for the Metropolitan Education Program was providing 6 educational sessions to both the Waymouth Street and Rundle Mall Australian Taxation Offices. The sessions provided were as follows: Depression, Bipolar Affective Disorder, Schizophrenia and Psychosis, Stress, Anxiety and Relaxation, Emotional Well Being and Understanding Anger using REBT (Rational Emotive Behavioural Therapy). These sessions were well attended and promoted some lively discussion about mental illness and the importance of looking after ones own mental health. They have expressed an interest to continue this valuable resource and information for their staff members.

The Metropolitan Education Program also had the opportunity to speak with a group of SA Police Cadets and 1<sup>st</sup> Year Medical students from Adelaide University. This has always been an important role of the Education Program to help inform and even open the eyes of these fresh young minds; to help break down the stigma and misunderstanding that unfortunately still lives and breathes in our communities.

*(Continued on page 19)*

## Education Program

*(Continued from page 18)*

We have also received requests from a number of groups, schools and organisations to provide follow up sessions following presentations which were well received. These include The Pilgrim Uniting Church (Staff and Volunteers), Mission Australia (Staff and Trainees), and the Ross Smith High School (Year 10 Students), Flinders University (Nursing Graduates) and TAFE SA Salisbury campus (Community Health and Services Students).

I have also had the pleasure of providing an interview for both ABC Stateline and Mount Gambier's channel 9 news services. I will also be providing media articles/ interviews for the Mental Health Coalition of SA through out "Mental Health Week". It is always humbling to be asked to speak about Mental Illness, share my story and hopefully encourage others to speak out and seek help.

In closing the Metropolitan Education Program has spoken to approximately 2,500 people this year not counting Expo's and information days. We have reached many people from a range of diverse and dynamic workplaces, organisations, schools and tertiary education facilities. So let's hold on tight and enjoy the ride and hope that many more people can learn more about Mental Illness and the importance of early intervention, support and breaking down the barrier of stigma and ignorance.

**Andrew Kelly**  
**Metropolitan Education Coordinator**

### COUNTRY EDUCATION PROGRAM

The Country Education Program conducted education sessions in the following areas: Barossa, Bordertown, Broken Hill, Goolwa, Kadina, Mannum, Victor Harbor, Wallaroo and Glenside Hospital Rural & Remote Ward from June 2006 to July 2007. We held a total of 26 sessions for approximately 720 participants. A great effort considering the staff changes that occurred, which resulted in the Country Education Program being put on hold briefly, until the Country Education Coordinator position was filled in April 2007.

Funding and resources have been allocated to develop and improve current and new education materials designed to meet the specific needs of Country SA. In particular, attention was given to the impact of the drought. The Country Education Program has been working closely with Government and Non Government Organisations to ensure more resources and materials.

*Overall, it was a resounding success, and has certainly generated some discussion and awareness amongst staff.*

MIFSA held several sessions for the Glenside Hospital Rural & Remote Ward in 2006. Following the success and positive feedback of these sessions, MIFSA was approached by the Occupational Therapist at the Glenside R & R Ward to hold another 6 sessions in 2007. These are still continuing and the lived experience of Mental Illness provided by Community Educators is a welcomed addition to these Education Sessions.

The trip to Victor Harbor in May '07 gave us the opportunity to network with a variety of organizations. This enabled us to share ideas and resources as well as inform them of MIFSA's programs and services. We were very quickly contacted by Carers Association of SA, South Coast Region, who in turn also organised two sessions at the local school for both students and parents. A few weeks later, we were contacted by another organization, Community Living Option Inc., who were not only keen for Education Sessions to be run in Victor Harbor but also showed interest in coming to Adelaide for additional training.

We have travelled to Mannum for the Murray - Mallee Consumer Advisory Group (CAG) first birthday for the Mental Health Activity and Learning Centre (MHAL). The centre held an open day with many activities. MIFSA had an information stall with display boards, posters and valuable handouts.

*(Continued on page 20)*

## Education Program

*(Continued from page 19)*

Educational sessions were provided to carers, consumers, health care service providers, high school students, teachers and the general public. The ages of those attending the sessions ranged from young adults to the elderly. One-to-one support sessions took place with those attending, as the opportunity arose, to provide specific and relevant assistance according to their needs. One-to-one support sessions occurred during session breaks or after the sessions were completed and at times were followed up with long distance telephone support calls.

The Country Education Program conducted by MIFSA over the past financial year has been extremely successful, with requests from all over Country SA for more of the same.

The evaluations received rated the sessions to be very useful and worthwhile, with feedback that the educational information included in the supplied packs was informative and useful. Verbal comments highlighted the value of hearing the personal journeys and strategies presented by Community Educators throughout the sessions.

The need to continually redevelop education sessions, material and resources will keep the Country Education Program and its Community Educators very busy. Reconnecting and engaging new networks is also an integral and vital part of the Country Education Program as this provides the opportunity to present education, raise awareness and reduce barriers in relation to Mental Illness and the importance of understanding, education, support and the need to look after ones own Mental Health and the prospect of recovery.

***“Overall, it was a resounding success, and has certainly generated some discussion and awareness amongst staff. Thank you very much...”***

***“The feedback from staff has been overwhelmingly positive...”***

***“Are you likely to be coming back at all?”***

***Sophie Angell  
Country Education Coordinator***

*Just a quick email to thank you very much for the wonderful fact sheets you have available on your website. I found them very informative, well written, and encouraging - thank you!*

*email from interstate carers!*

## Fundraising

*Thank you to our many donors and supporters!*

Fundraising continues to be an ongoing challenge for MIFSA, but the benefit of significant levels of independently raised income far outweighs the costs and risks.

The Sunflower Shops remain our major ongoing activity, although we did make some important decisions this year. It became evident that our plan to operate two viable shops in the northern suburbs was not materialising. As a result, in March 2007 the Salisbury North shop was closed after 12 months trading, and the Ridgehaven shop was closed after operating for over 10 years. There were however plans by the local community at Ridgehaven to continue the shop as an opportunity shop to support local issues.

By concentrating our resources on the three remaining shops at Goodwood, Seacombe Gardens and Christie Downs, we achieved improved returns for our efforts, and enjoyed good trading again this year. We congratulate our many volunteers for their ongoing commitment and dedication to making the shops operate successfully.

Our Coordinator Aaron Powell was transferred to the role of IT Officer at Mental Health Resource Centre in December 2006, and Elsje Stolk took up the position Sunflower Shops Coordinator. Elsje has injected new energy and enthusiasm into the shops, and has contributed her past experience and skills in clothing retailing to excellent effect.

Thank you too, to our many donors and supporters for your recycled clothing and household goods. Please keep them coming!

The Sunflower Badge Day was held in June this year, and raised \$1,422 in gross donations. While this amount is lower than last year, it is a reasonable result given the reduced availability of collectors and number of collecting points. This trend could be reversed, but for an increased effort on our part. While the event carries low costs and comparatively low risk, its viability is dependent upon the quantity of suitable collectors.

The initiative to collect recycled bread tags has broadened even further, with more collection networks springing up! Schools, hospital canteens and local networks of friends are all saving their tags and donating them to us. The response from the broader community has been most encouraging. Another 230 kg was sold this year, and we advertised in industry magazines & journals, resulting in several new customers. A special thank you to Ray Shepherd for relentlessly continuing the task of weighing and sorting the tags into saleable quantities and storage.

We continued our involvement in the Australian Central Credit Union Community Lottery, but unfortunately our tickets were not amongst the winners. The lottery increased its ticket price from \$1 to \$2 this year, but still provides good returns from a fundraising perspective. Thank you to all members for your ongoing support.

**Michael Becker**  
**Finance Manager**

## Treasurer's Report

I am pleased to present this report on the accounts of the Mental Illness Fellowship of SA.

The Mental Illness Fellowship of SA commenced the financial year in a sound financial position, following the successful merger of Mood Disorders Association (SA) and the existing Mental Illness fellowship of SA.

The Board is pleased to report an operating surplus for the financial year of \$26,977, and an accumulated surplus of \$152,955 at 30 June 2007. This represents the results for the first full year of operation of the new MIFSA.

The surplus is about half that of the previous year, and reflects the growing difficulty with our recurrent funding, coupled with rising costs. That MIFSA achieved a surplus is due in no small way to the sustained effort of staff, volunteers and members, coupled with the prudent financial management of our available cash resources. The Board sincerely thanks everyone who played their part in achieving this satisfactory result.

Whilst a full summary of the accounts and financial position may be found later in the Annual Report, it is worthwhile to highlight some figures:-

Income from Government & Other Grants:-	\$926,806
Income from Fund-Raising activities:-	\$131,163
Net surplus from Fund-Raising activities:-	\$22,826

Recurrent funding of programs continues to be a concern. The Board, therefore, continues to be vigilant in ensuring MIFSA offers affordable services within cost constraints. It is the Board's objective to secure (and indeed enhance) the financial viability of MIFSA.

On a much brighter note, we advise that the non-government sector continues to receive positive endorsement from both Commonwealth and State Governments for our current and future service provision. MIFSA has prepared funding submissions to both tiers of government. Even though the funding submissions are for two or three year time frames, we believe that, through both the performance and delivery of new programs, MIFSA's strategic future is much more assured.

In May 2007, MIFSA was successful in securing significant funding for two Day-to-Day Living programs (in the outer southern and western metropolitan areas) from the Commonwealth Department of Health & Ageing (DoHA). This will lead to significant enhancement of our existing services, and allow MIFSA to reach more people in need.

The Sunflower Shops continued as our main source of fundraising revenue, although the decision was taken in February to close our two northern shops at Ridgehaven and Salisbury North. It became evident that our staff and volunteer resources were being spread too thinly, and hence decided to concentrate our efforts on our three southern shops. We congratulate our many volunteers for their ongoing commitment and dedication to making all shops operate successfully, and creating an invaluable source of independent income. Thank you too, to our many donors and supporters for your recycled clothing and household goods. Please keep them coming!

Other successful fundraising sources included the Sunflower Badge Day, the sale of recycled bread tags and ongoing participation in the Australian Central Credit Union Community Lottery.

The Mental Illness Fellowship Building Foundation has recorded another year of sound investment income and healthy capital growth, due mainly to the appreciation of its portfolio of Australian shares. All investments yielded good returns again this year.

Finally the Board wishes to convey its sincere thanks to the membership for your ongoing loyalty and financial support, as we seek to address the issues ahead.

**Neville Rice**  
**Treasurer**

**MENTAL ILLNESS FELLOWSHIP OF SOUTH AUSTRALIA INCORPORATED**

**BOARD OF MANAGEMENT STATEMENT TO THE MEMBERS**

The Board of Management has determined that the Mental Illness Fellowship of South Australia Incorporated is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Board of Management the financial report as set out hereafter :

- Presents fairly the financial position of Mental Illness Fellowship of South Australia Incorporated as at 30 June 2007 and its performance for the year ended on that date.
- At the date of this statement, there are reasonable grounds to believe that Mental Illness Fellowship of South Australia Incorporated 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 Management and is signed on behalf of the Board of Management by :



D Meldrum  
PRESIDENT



R S Burke  
VICE PRESIDENT

Dated at Adelaide this 5<sup>th</sup> day of October 2007

## MENTAL ILLNESS FELLOWSHIP OF SA INC

### INCOME STATEMENT FOR THE YEAR ENDED 30 JUNE 2007

	Notes	2007 \$	2006 \$
<b>Income</b>			
Membership subscriptions & donations		33,912	32,500
Public donations		8,986	5,737
Sunflower Shop sales		125,082	140,331
Merchandise & other sales		75,156	66,690
Fundraising events		6,222	20,703
Government & other grants		926,806	702,204
Interest		66,796	60,846
<b>Total Income</b>		<b><u>\$1,242,960</u></b>	<b><u>\$1,029,011</u></b>
<b>Expenditure</b>			
Centres	- Keswick	109,422	95,494
	- Panangga	93,984	85,525
	- Panangga Getabouts	13,223	0
Education	- Promotion	56,197	54,593
	- Awareness Week	385	12,713
	- Rural & Remote Areas Program	38,631	37,147
Support	- Housing	55,641	40,775
	- Carer	4,907	3,051
	- Membership	7,647	0
	- COMIC Project	722	433
	- Southern Fleurieu Project	0	1,548
New Projects	- Psychosocial Groups Program	217,993	150,995
	- Peer Worker Program	95,541	49,389
	- Well Ways Program	71,606	24,187
	- Recovery Orientated Training Program	71,065	22,339
	- BIIG Program	10,396	0
	- MHCII Program	5,403	1,577
Fundraising	- Sunflower Shops	105,806	115,986
	- Event expenses	2,531	198
Other	- Operating & administration expenses of the former Mood Disorders Association	0	125,391
Administration expenses (* includes MDA component in 2007)		254,883*	155,860
<b>Total Expenditure</b>		<b><u>\$1,215,983</u></b>	<b><u>\$977,201</u></b>
<b>Net Surplus / (Deficit)</b>		<b><u>\$26,977</u></b>	<b><u>\$51,810</u></b>

The accompanying notes form part of these financial statements

# MENTAL ILLNESS FELLOWSHIP OF SA INC

## BALANCE SHEET AS AT 30 JUNE 2007

	<u>30.6.07</u>	<u>30.6.2006</u>
<b><u>Fixed Assets</u></b>		
Office Furniture/equipment at cost	17,908	47,680
Less provision for depreciation	<u>9,603</u>	<u>33,508</u>
	8,305	14,172
Computer Equipment - at cost	44,459	47,917
Less provision for depreciation	<u>23,623</u>	<u>35,548</u>
	20,836	12,369
Motor Vehicles	41,328	41,328
Less provision for depreciation	<u>36,874</u>	<u>34,965</u>
	4,454	6,363
Total Fixed Assets	<u>33,595</u>	<u>32,904</u>
<b><u>Current Assets</u></b>		
Cash on Hand		
- Keswick	350	330
- Panangga	<u>500</u>	<u>350</u>
	850	680
Cash at Bank (Note 2)	<u>1,191,231</u>	<u>1,397,332</u>
Stock		
- Publications & Tapes	<u>1,174</u>	<u>1,206</u>
Interest Receivable	10,445	16,804
Sundry Debtors	17,520	30,304
Prepayments	<u>845</u>	<u>521</u>
	28,810	47,629
Total Current Assets	<u>1,222,065</u>	<u>1,446,847</u>
Total Assets	<u>1,255,660</u>	<u>1,479,751</u>
<b><u>Current Liabilities</u></b>		
Sundry Creditors	45,623	64,244
Grants Received in Advance	1,002,114	1,227,987
Prov for Long Service Leave	19,121	30,673
Prov for Annual Leave	<u>35,847</u>	<u>30,869</u>
Total Current Liabilities	<u>1,102,705</u>	<u>1,353,773</u>
<b>Net Assets</b>	<u><b>\$152,955</b></u>	<u><b>\$125,978</b></u>
Represented by :		
<b><u>Accumulated Reserves</u></b>		
Prior Years	125,978	74,168
Surplus/(Deficit) This Year	<u>26,977</u>	<u>51,810</u>
Total Accumulated Reserves	<u><b>\$152,955</b></u>	<u><b>\$125,978</b></u>

The accompanying notes form part of these financial statements

## MENTAL ILLNESS FELLOWSHIP OF SOUTH AUSTRALIA

### CASH FLOW STATEMENT FOR THE YEAR ENDED 30 JUNE 2007

	<u>Y/E 30.6.2007</u>	<u>Y/E 30.6.2006</u>
Cash flows from operating activities		
Receipts from members	6,475	7,112
Operating grant receipts	926,806	702,204
Donations received	15,255	13,737
Receipts from sales and fundraising	227,627	242,893
Payments to suppliers and employees	(1,422,782)	(1,094,333)
Interest received	56,352	44,042
Net cash provided by operating activities (see Note 3b)	<u>(\$190,267)</u>	<u>(\$84,345)</u>
Cash flows from investing activities		
Fixed asset purchases	(15,664)	(6,110)
Net cash used by investing activities	(15,664)	(6,110)
Net increase/(decrease) in cash held	(205,931)	(90,455)
Cash at beginning of financial year	1,398,012	1,488,467
Cash at end of financial year	<u>\$1,192,081</u>	<u>\$1,398,012</u>

This statement should be read in conjunction with the accompanying notes.

**MENTAL ILLNESS FELLOWSHIP OF SOUTH AUSTRALIA INC**  
**Notes to and forming part of the accounts**  
**for the year ended June 30, 2007**

**Note 1: Statement of Accounting Policies**

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act 1985 South Australia. The Board of Management has determined that the Fellowship is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act 1985 South Australia and the following Australian Accounting Standards :

AASB 112	Income Taxes
AASB 1031	Materiality
AASB 110	Events after the Balance Sheet Date
AASB 117	Leases

No other applicable Accounting Standards, Australian Accounting Interpretations or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing values of money or, except where specifically stated, current valuations of non-current assets.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

**a) Inventories**

Inventories consist of publications and goods for resale and are measured at the lower of cost or net realisable value.

**b) Fixed Assets**

The depreciable amount of all fixed assets are depreciated over their useful lives commencing from the time the asset is held ready for use. Rates used are as follows :

Office furniture & equipment	20%
Computer equipment	35%
Motor vehicles	30%

Building improvements are fully depreciated.

**c) Employee Entitlements**

Provision is made for the Fellowship's liability for employee entitlements for long service leave and annual leave arising from services rendered by employees to balance date.

**d) Cash**

For the purpose of the Statement of Cash Flows, cash includes cash on hand, at banks and on deposit.

**e) Going Concern**

The accounts have been prepared on a going concern basis. The current revenue flows and the cost and range of service delivery are subject to review by the Board of Management. As part of this review, the Board needs to have regard for the issue of economic dependency as set out in Notes 6 to these financial statements.

## MENTAL ILLNESS FELLOWSHIP OF SOUTH AUSTRALIA

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2007

	2007	2006
	\$	\$
<b>Note 2 - Cash at bank</b>		
ANZ V2 Plus - General A/c	124,055	141,725
ANZ V2 Plus - Fundraising A/c	4,576	4,350
ANZ V2 Plus - Panangga A/c	10,221	9,718
ANZ - General A/c	230,165	36,599
ANZ - Fundraising A/c	12,940	7,488
ANZ - Panangga A/c	797	811
ANZ - COMIC A/c	42	808
Holdings of non-recurrent funds		
ANZ - Term Deposit #1 A/c	158,400	150,000
ANZ - Term Deposit #2 A/c	133,049	200,000
ANZ V2 Plus - #4 A/c	66,986	245,833
Esanda #1 A/c	0	100,000
Esanda #2 A/c	150,000	200,000
ING Mortgage Trust A/c	300,000	300,000
	<u>\$1,191,231</u>	<u>\$1,397,332</u>

### **Note 3 - Cash Flow Information**

#### **a) Reconciliation of Cash**

Cash on hand	850	680
Cash at bank	1,191,231	1,397,332
	<u>\$1,192,081</u>	<u>\$1,398,012</u>

#### **b) Reconciliation of net cash provided by operating activities to operating surplus**

Operating surplus	26,977	51,810
Non-cashflows in operating surplus:		
Depreciation	14,973	4,196
Changes in assets and liabilities		
Decrease/(Increase) in receivables	19,143	(23,356)
Decrease in stock	32	243
(Increase)/Decrease in prepayments	(324)	386
(Decrease) in creditors	(18,621)	(91,922)
(Decrease) in grants received in advance	(225,873)	(36,031)
Increase/(Decrease) in provisions	(6,574)	10,329
<b>Net cash provided by operating activities</b>	<u><b>(\$190,267)</b></u>	<u><b>(\$84,345)</b></u>

## MENTAL ILLNESS FELLOWSHIP OF SOUTH AUSTRALIA INC

### Notes to and forming part of the accounts for the year ended June 30, 2007

#### **Note 4: Financial Instruments**

##### **a) Interest Rate Risk**

The fellowship's exposure to interest rate risk, which is the risk that a financial instrument's value will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on those financial assets and financial liabilities, is as follows:

	Weighted Average		Amount	
	Effective Interest		2007	2006
	2007	2006		
<b>Financial Assets</b>	%	%	\$	\$
ANZ V2 Plus Project Account	5.2	4.75	66,986	245,833
ANZ V2 Plus General Account	5.2	4.75	136,476	105,443
ANZ V2 Plus Fundraising Account	5.2	4.75	4,576	4,350
ANZ Term Deposit Account	6.15	5.60	158,400	150,000
ANZ Term Deposit Account	6.25	5.40	133,048	200,000
ESANDA Account	-	5.50	0	100,000
ESANDA Account	6.45	5.65	150,000	200,000
ING Mortgage Fund Account	5.9	5.43	300,000	300,000

##### **b) Credit Risk**

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount, as disclosed in the balance sheet and notes to the financial statements.

The Fellowship does not have any material credit risk exposure to any single debtor or group of debtors under financial instruments entered into by the Fellowship.

##### **c) Net Fair Values**

The aggregate net fair values are the carrying amounts of financial assets and financial liabilities disclosed in the balance sheet and in the notes to and forming part of the accounts.

## MENTAL ILLNESS FELLOWSHIP OF SOUTH AUSTRALIA INC

### Notes to and forming part of the accounts for the year ended June 30, 2007

#### **Note 5: Related Party Transactions**

The names of the persons who were members of the Board of Management of Mental Illness Fellowship of South Australia Incorporated at any time during the year ended 30 June 2007 are:-

David Meldrum  
Robert Burke  
Neville Rice  
Chris Bock  
Marion Croser  
Brian Gardiner  
Eddy Lynch  
Katrina Kalaburnis (from Oct 06)  
Reg Potter (to Oct 06)  
Dr Eli Rafalowicz  
Margaret Springgay (to Oct 06)

During the financial year, no members of the Board of the Fellowship received either directly or indirectly as a member of a firm or body corporate the following payments as a result of transactions with the Fellowship in the ordinary course of business and in accordance with normal commercial terms and conditions.

#### **Note 6: Economic Dependency**

The Mental Illness Fellowship of South Australia Incorporated receives the majority of its income from the South Australian Department of Health through grant funding agreements. The nature and extent of the grants make the Mental Illness Fellowship of South Australia Incorporated economically dependent upon the South Australian Department of Health in order to continue to provide its current services.

#### **Note 7: Operating Lease Commitments**

Being for rents of office and shops

	2007	2006
Payable – minimum lease payments		
- not later than 12 months	50,256	34,654
- between 12 months and 5 years	30,368	17,612
- greater than 5 years	Nil	Nil

**INDEPENDENT AUDITOR'S REPORT  
TO MEMBERS OF MENTAL ILLNESS FELLOWSHIP OF SOUTH AUSTRALIA INC.****Report on the financial report**

We have audited the accompanying financial report, being a special purpose financial report, comprising the balance sheet as at 30 June 2007, and the income statement, cash flow statement for the year then ended, a summary of significant accounting policies, other explanatory notes and the Board of Management's Statement for Mental Illness Fellowship of South Australia Inc., for the year ended 30 June 2007.

**The Board of Management's responsibility for the financial report**

The Board of Management of Mental Illness Fellowship of South Australia Inc. are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the requirements of the Association Incorporation Act 1985 and are appropriate to meet the needs of the members. The Board of Management's responsibility also includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error, selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

**Auditor's responsibility**

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, and described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards which 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 entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstance, 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 Management, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the Board of Management's financial reporting requirements under the Association Incorporation Act 1985. We disclaim any assumption of responsibility for any reliance on this audit report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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

**Independence**

In conducting our audit, we have complied with the independence requirements of the Accounting Professional and Ethical Standards Board.

**Auditor's opinion**

In our opinion, the financial report presents fairly, in all material respects, the financial position of Mental Illness Fellowship of South Australia Inc. as of 30 June 2007 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

**GRANT THORNTON**  
**South Australian Partnership**  
Chartered Accountants



**P S PATERSON**  
Partner

Signed at *Weyville* this *5* day of *October* 2007

**MENTAL ILLNESS FELLOWSHIP OF SOUTH AUSTRALIA  
– BUILDING FOUNDATION**

**STATEMENT BY TRUSTEES**

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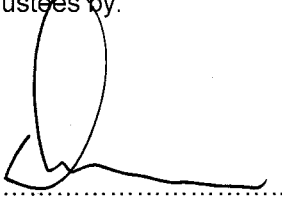
The Trustees have determined that the Foundation is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Trustees of Mental Illness Fellowship of South Australia – Building Foundation the financial report:-

(a) Presents fairly the financial position of Mental Illness Fellowship of South Australia – Building Foundation as at 30 June 2007 and its performance for the year ended on that date.

(b) At the date of this statement there are reasonable grounds to believe that the Foundation will be able to pay its debts as and when they fall due.

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



**D Meldrum**



**R S Burke**

Dated at Adelaide this *5<sup>th</sup>* day of October 2007

**MENTAL ILLNESS FELLOWSHIP OF SOUTH AUSTRALIA INCORPORATED  
- BUILDING FOUNDATION**

**INCOME STATEMENT  
FOR THE YEAR ENDED 30 JUNE 2007**

	Note	2007 \$	2006 \$
<b>INCOME</b>			
Interest received		2,815	2,568
Dividends received		10,526	9,535
		<u>13,341</u>	<u>12,103</u>
<b>EXPENDITURE</b>			
Audit fees		250	250
Bank fees		0	0
		<u>250</u>	<u>250</u>
<b>SURPLUS FROM ORDINARY ACTIVITIES</b>		13,091	11,853
<b>OTHER INCOME</b>			
Unrealised capital gains		28,321	31,995
<b>NET SURPLUS FROM ORDINARY ACTIVITIES</b>		41,412	43,848
Accumulated funds at the beginning of the year		242,964	199,116
<b>TOTAL CHANGES IN EQUITY</b>		<u>284,376</u>	<u>242,964</u>

The accompanying notes form part of these financial statements

**MENTAL ILLNESS FELLOWSHIP OF SOUTH AUSTRALIA INCORPORATED  
- BUILDING FOUNDATION**

**BALANCE SHEET  
AS AT 30 JUNE 2007**

	Note	2007 \$	2006 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents		3,391	4,636
Financial Assets	2	279,562	237,241
Trade and other receivables		1,423	1,087
<b>TOTAL CURRENT ASSETS</b>		<u>284,376</u>	<u>242,964</u>
<b>NON-CURRENT ASSETS</b>			
Fixed Assets	3	<u>0</u>	<u>0</u>
<b>TOTAL NON-CURRENT ASSETS</b>		<u>0</u>	<u>0</u>
<b>TOTAL ASSETS</b>		<u>284,376</u>	<u>242,964</u>
<b>CURRENT LIABILITIES</b>			
Trade and other payables		<u>0</u>	<u>0</u>
<b>TOTAL CURRENT LIABILITIES</b>		<u>0</u>	<u>0</u>
<b>TOTAL LIABILITIES</b>		<u>0</u>	<u>0</u>
<b>NET ASSETS</b>		<u>284,376</u>	<u>242,964</u>
<b>TOTAL EQUITY</b>		<u>284,376</u>	<u>242,964</u>

The accompanying notes form part of these financial statements

**MENTAL ILLNESS FELLOWSHIP OF SOUTH AUSTRALIA INCORPORATED  
- BUILDING FOUNDATION**

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2007**

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**NOTE 1 - STATEMENT OF ACCOUNTING POLICIES**

This financial report is a special purpose financial report in order to satisfy the financial reporting requirements of the Trust Deed. The Trustees have determined that the Foundation is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Associations Incorporations Act (SA) 1985 and the following Australian Accounting Standards:

AASB 1031 Materiality

AASB 110 Events after Balance Sheet Date

No other Australian Accounting Standards, Australian Accounting Interpretations and other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The financial report has been prepared on an accruals basis and is based on historical costs and do not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following specific accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

**(a) Fixed Assets**

Leasehold improvements are depreciated over the period of the lease of the property at 25% per annum.

**(b) Financial Instruments**

**Recognition**

Financial instruments are initially measured at cost on trade date, which includes transaction costs, when the related contractual rights or obligations exist. Subsequent to initial recognition these instruments are measured as set out below.

**Available-for-sale financial assets**

Available-for-sale financial assets are reflected at fair value. Unrealised gains and losses arising from changes in fair value are taken directly to equity.

	2007	2006
	\$	\$
<b>NOTE 2 - Financial Assets</b>		
Convertible notes	5,070	6,744
Mortgage fund	25,000	25,000
Cash Management & term deposit funds	36,605	28,033
Ordinary shares	118,342	96,268
Property trust units	84,470	71,481
Share fund deposit	10,075	9,715
	<u>279,562</u>	<u>237,241</u>

**NOTE 3 - FIXED ASSETS**

Leasehold improvements at cost	2,785	2,785
(Less) accumulated depreciation	<u>(2,785)</u>	<u>(2,785)</u>
	<u>0</u>	<u>0</u>

**MENTAL ILLNESS FELLOWSHIP OF SOUTH AUSTRALIA INCORPORATED  
- BUILDING FOUNDATION**

**NOTES TO THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 30 JUNE 2007**

---

**NOTE 4 - FINANCIAL INSTRUMENTS**

**(a) Interest Rate Risk**

The Foundation's exposure to interest rate risk, which is the risk that a financial instrument's value will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on those financial assets and financial liabilities, is as follows:

	Weighted Average Effective Interest		Floating Interest Rate	
	2007 %	2006 %	2007 \$	2006 \$
<b>Financial Assets</b>				
Cash	-	-	3,391	4,636
Convertible notes	9.84	10.17	5,070	6,744
Mortgage fund	5.81	5.99	25,000	25,000
Cash Management & term deposit funds	5.20	4.75	36,605	28,033
Ordinary shares	3.04	3.08	118,342	96,268
Property trust units	5.86	6.71	84,470	71,481
Share fund deposit	0.55	0.05	10,075	9,715

**(b) Credit Risk**

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount, as disclosed in the balance sheet and notes to the financial statements.

The Foundation does not have any material credit risk exposure to any single debtor or group of debtors under financial instruments entered into by the Foundation.

**(c) Net Fair Values**

The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the balance sheet and in the notes to and forming part of the accounts.

**INDEPENDENT AUDITOR'S REPORT  
TO MEMBERS OF MENTAL ILLNESS FELLOWSHIP OF SOUTH AUSTRALIA INC. –  
BUILDING FOUNDATION**

**Report on the financial report**

We have audited the accompanying financial report, being a special purpose financial report of Mental Illness Fellowship of South Australia, which comprises the balance sheet as at 30 June 2007, and the income statement for the year then ended, a summary of significant accounting policies, other explanatory notes and the Statement By Trustees for Mental Illness Fellowship of South Australia Inc. – Building Foundation, for the year ended 30 June 2007.

**The Trustees responsibility for the financial report**

The Trustees of Mental Illness Fellowship of South Australia Inc. – Building Foundation are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements which form part of the financial report, are appropriate to meet the requirements of the Trust Deed and are appropriate to meet the needs of the members. The Trustees responsibility also includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error, selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

**Auditor's responsibility**

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, and described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing 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 entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstance, 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 trustees, as well as evaluating the overall presentation of the financial report.

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The financial report has been prepared for distribution to members for the purpose of fulfilling the Trustees financial reporting requirements under the Trust Deed. We disclaim any assumption of responsibility for any reliance on this audit report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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

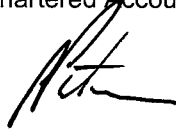
**Independence**

In conducting our audit, we have complied with the independence requirements of the Accounting Professional and Ethical Standards Board.

**Auditor's opinion**

In our opinion, the financial report presents fairly, in all material respects, the financial position of Mental Illness Fellowship of South Australia Inc. – Building Foundation as of 30 June 2007 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements.

**GRANT THORNTON**  
**South Australian Partnership**  
Chartered Accountants



**P S PATERSON**  
Partner

Signed at *Whyalla* this *5* day of *October* 2007