



MIFA ANNUAL REPORT 2012-2013

The MIFA Board adopted a new Strategic Plan in 2013 and this Annual Report will use the new plan to report activity.

Vision

Citizenship in Australia includes the best possible mental health and quality of life.

Mission

We work with people affected by severe & persistent mental illness, their families, friends and other networks to deliver effective, quality supports. We advocate for positive changes in all areas of social and public policy that impact on their quality of life.

Strategy 1 Advocate for a better quality of life for all people affected by severe and persistent mental illness.

Strategy 2 Influence public & professional policy and actively contribute to implementation and evaluation.

MIFA has several priorities that influence the manner in which advocacy and influence are pursued: physical health, homelessness, suicide, stigma, education, employment and carer support.

MIFA's approach to reporting on priorities has been developed to ensure that MIFA has adequately considered short and long term goals, as well as clear measures of success and adequate recognition of the work of other organisations with an interest in severe and persistent mental illness. The report in full is provided to the Board at each meeting.

PHYSICAL HEALTH

MIFA takes all opportunities to ensure that policy makers and the public are aware of the issue of physical health challenges for people living with severe mental illness.

During the recent Federal election, MIFA included statistical evidence about physical health in the 'key facts' document provided to member organisations in support of their local marginal seat campaign.

Schizophrenia Awareness Week 2013 once again included a high proportion of activities aimed at highlighting the physical health challenges of people living with a severe mental illness. Information was aimed not only at the public but as elected members as well. The Parliamentary Friends of Mental Illness breakfast in the Senate Alcove at Parliament House featured people with lived experience as key speakers.

MIFA aims to focus on activity that highlights the manner in which MIFA and its members can contribute to improvement via peer based education and support and a positive emphasis on primary care and its role in supporting people living with mental illness in a holistic approach to their lives.

HOMELESSNESS

MIFA is re-energising its activities related to homelessness. Carers are often quoted as believing that homelessness and uncertain tenancies are of great concern to them as they support the person for whom they care struggle to maintain a home.

Member organisations with experience in working with people with unstable housing, or who are homeless are our leaders in this field.

We intend to develop better relationships with specialist housing providers and our membership of key national working groups who are developing services for people living with severe and persistent mental illness such as Partners in Recovery and the National Disability Insurance Scheme has assisted us in forming alliances.

We aim to influence the national homelessness total and reduce the over-representation of people living with severe mental illness who experience homelessness each year.



SUICIDE

MIFA has successfully lobbied to become a founding member of the Suicide Prevention Coalition where we are able to advocate that the national commitment to reducing the number of deaths by suicide addresses the especial needs of people living with severe mental illness. We advocate for programs of education and support aimed at assisting people who live with suicidal ideation and severe mental illness, as well as education for those who work with and support people living with severe mental illness.

MIFA has been working toward better recognition of people with severe mental illness in the 'high risk' categories in public discourse about suicide. The Executive Director has made significant representations about the high rate of suicide amongst people with severe mental illness this year, including at the National Suicide Prevention Conference.

With our regular partner, SANE Australia and their 2013 publication 'Suicide Prevention and Recovery Guide – a resource for mental health professionals' it has been proposed to develop the concept of 'suicide preventing organisation' where the handbook will be used to develop training and support to workers in the non-government sector to better work with pro-am participants that they meet who are challenged by suicidal ideation.

STIGMA

Stigma remains an issue where MIFA has always concentrated activity. Schizophrenia Awareness Week has remained a key activity aimed at the general public where raising the myths associated with stigma are addressed.

MIFA is developing new resources in the area of stigma based on reference material from both Australia and internationally.

Our recent literature review highlighted the types of stigma – stereotype, prejudice, discrimination as well as the role of self- stigma - as the acceptance of those negative facets.

In addition we highlighted those activities that are identified in the literature as key to overcoming stigma – protest, education, contact and how each type of activity is already in use by MIFA and its members and what other actions could improve community knowledge.

EDUCATION & EMPLOYMENT

Some MIFA member organisations are highly experienced in both fields. We rely on their years of experience and the feedback of the people with lived experience to develop the right activities for advocacy and influence.

MIFA aims to use its influence at national working groups for NDIS and PiR to ensure that the educational and employment aspirations of people living with severe mental illness are not neglected.

The inaugural Long Term Unemployment conference will be held in 2014. MIFA in concert with its members has planned an abstract that will include the findings of a survey of lived experience. We aim to present perspectives on long term unemployment for people living with a mental illness and those who care about them, to ensure that activities are focussed on jobs and school are informed by lived experience.

CARER SUPPORT

The lives of people who care have always been important to MIFA, and MIFA members are highly invested in improving the lives of carers through education, support and respite.

Mi Networks has an especially strong focus on carers, and the project report later in this document will highlight some of the Mi Networks actions.

MIFA continues to support the efforts of members to ensure that education and support opportunities are made available that offer carers the opportunity not just to understand the nature of mental illness, but how best to care for themselves and other members of their families.

The role of carers continues to be highlighted in opportunities to inform the development of NDIS, as well as in the protection of existing programs and supports for people who care about or for someone living with a mental illness.

Strategy 3 Maximise the benefits of the MIFA Network to amplify benefits to people affected by severe and persistent mental illness.

MIFA and its members' executives meet fortnightly at teleconferences to ensure that the work of MIFA is inclusive and respects the position of both the large members and the smaller members and agreement to the workplan based on the new Strategic Plan occurs. The meetings offer an opportunity to share experiences, for working groups to report on activity and also offers a unique peer support network that spans the country.

A unique aspect of the MIFA collaboration is the recent agreement between members that program and support successes will be shared openly and without complex contractual arrangements, to the benefit of people affected by severe mental illness. We aim to ensure that success in one domain can be replicated in others, and that duplication of effort is diminished.

Strategy 4 Develop national projects that deliver innovation and build capacity and focus on effective outcomes for people affected by severe mental illness.

In addition to the work that is occurring in the priority areas above, MIFA and its members have identified two key areas where specific project activity must continue.

Mi Networks – MIFQ continue to manage the Mi Networks process. This year Mi Networks has been extended to our newest member, Aftercare and sites are now recognised on the Mi Networks service map.

MIFA has secured the inclusion of selected Mi Networks Information Sheets in the newly developed Healthshare application to Medical Director (used by 15,000 GPs) where a GP has direct desktop access information about selected topics. MIFA will be working with Healthshare as this new initiative is developed from its launch on 1st November 2013.

National Disability Insurance Scheme – MIFA continues its high level advocacy to support the development of NDIS and has instigated a working group to assist all member organisations to prepare for the new contracting and service environment.



Hon Rob Knowles AO
President



David Meldrum
Executive Director

