



MENTAL ILLNESS  
FELLOWSHIP  
of Australia Inc

# ANNUAL REPORT

## 2016-2017





## OUR VISION

Australians have the best possible mental health and quality of life.

## OUR MISSION

Our core strength is in amplifying the voice of people affected by severe mental illness, their families, and friends. We advocate for positive changes in all areas of social and public policy that impact on the quality of life of people affected, as well as families and friends. We create collaborative projects and communities of practice which support each other to be financially viable and deliver effective, quality supports.

We acknowledge our sponsors:



## SUCCEEDING THROUGH CHANGE



MIFA underwent some major changes this financial year, with the retirement of National CEO David Meldrum, and Policy Manager, Susan Golley. David and Susan both made a massive contribution in their seven years as a duo at MIFA, driving transformative change and positioning MIFA as an integral resource to policy makers. David has stayed in touch with MIFA and also sits on the Board of Psychosis Australia Trust, to which MIFA lends secretarial support. Although David has decided to leave full-time employment, he says he hopes to make useful contributions in the area of mental health 'for many years yet'.

Tony Stevenson, who was previously CEO at Mental Illness Fellowship of Queensland, was appointed to the role of National CEO through a national recruitment process. Tony Stevenson has worked in the community sector for over 35 years, holding CEO level positions with some of Australia's most well respected not-for-profit organisations, as well as executive roles in the Commonwealth and State governments.



As part of this significant period of change for MIFA, the MIFA office moved from Adelaide to Brisbane. MIFA would like to thank Skylight (formerly Mental Illness Fellowship of South Australia) for their unwavering support of MIFA and their work to enable the transition to Queensland.

In February 2017, Tony appointed Rohani Mitchell as Strategy and Policy Advisor.

## NEW NAMES, SAME VALUES

Several of MIFA's members underwent re-branding this financial year. Our work remains grounded in the historical roots of the organisation, but the new names and symbols allow for new growth and inspiration.

Schizophrenia Fellowship of New South Wales adopted the name One Door Mental Health. The bright imagery retains the SFNSW flower, with a refreshed design, and draws on the idea that "through One Door" people find an inclusive community, innovative services and advocacy support.



The Mental Illness Fellowship of South Australia rebranded to become Skylight, with the motto "See Mental Health Differently". The Skylight imagery is designed to inspire us to look up and out, and to create our own source of light and positivity.

Another major innovation from the MIFA membership was the merger of the Mental Illness Fellowship of North Queensland and SOLAS, to become **selectability**. The name emphasises the ability of service users, and focuses on the choice and control to select services as needed from the range of innovative and quality supports, services and education offered by **selectability**.



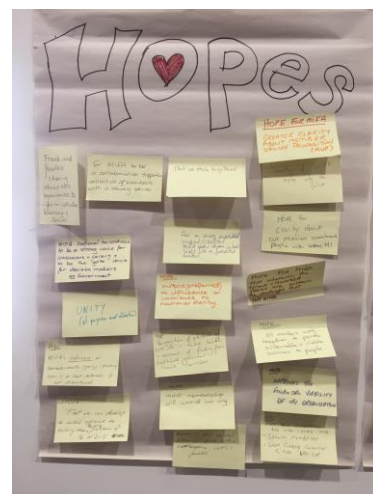
During the year, Mental Health Carers Tasmania, Aftercare and Mental Illness Fellowship of Queensland withdrew their membership of MIFA.



## PLANNING FOR SUCCESS

MIFA took the opportunity arising from a period of change to reflect on our past successes and plan for the future. The process was commenced with a survey of MIFA members in early 2017, to invite member comment on the benefits of different MIFA activities, the opportunities and risks of collaboration and changes in membership, and the future vision for MIFA. The feedback was then presented and discussed at the April Biannual MIFA Conference, and then re-distilled into a focus on four major directions to take forward:

1. Supporting the sustainability of MIFA members
2. Managing collaboration within a competitive environment
3. Our shared advocacy focus
4. Clarity about MIFA's goals and objectives



Over the next several months, these issues were then used to develop the MIFA Strategic Plan 2017-19, with four Goals.

**Goal One: Advocacy.** The needs and experiences of those with a lived experience of mental health issues and their carers are reflected in national mental health policy, commissioning of services, and broader social structures and attitudes.

**Goal Two: Collaboration.** MIFA members work collaboratively and rely on solid structures that support sharing.

**Goal Three: Sustainability of MIFA members.** MIFA member organisations are sustainable, viable, and provide highest quality service to people with mental health issues and their carers.

**Goal Four: Viability of MIFA.** MIFA remains viable and visible.

The MIFA Interim Operational Plan 2017 included a range of activities across these areas, with inputs from MIFA Central, the MIFA Collective, specific member in-kind support, and contracted consultants.



To govern these activities, the Interim Operational Plan established three Governance Groups:

- **Sustainability**, to drive shared projects that support member sustainability;
- **Advocacy**, to drive collective policy, strategy and communications efforts across the network; and
- **Collaboration**, to discuss and establish structures, policies and frameworks for collective working, and scope opportunities for additional shared projects.

## BUILDING MEMBER SUSTAINABILITY

One of the core strengths of the MIFA Network is the gains in knowledge and efficiencies through information sharing, mutual support, resource sharing and collaborative projects.

One such project has been the **NDIS Working Group**, strongly supported by Mental Illness Fellowship of Western Australia (MIFWA). This



Working Group started off the financial year by convening a meeting of 18 key representatives from MIFA members in Adelaide, with expenses paid by MIFA.

MIFWA CEO Monique Williamson gave a workshop on their experiences as a trial site for the NDIS, providing MIFA members in commencing or future NDIS areas with invaluable advice around business modelling, viability and managing risks; pricing and hidden costs; marketing and service promotion; models of service provision and workforce structuring; and investing in information and communication technology.



The NDIS Working Group also established an NDIS Community of Practice to continue information sharing and expanding on our collective learnings. The NDIS Community of Practice created an online presence in Yammer, and convened regular teleconferences in which key issues were discussed.

Based on the success of the NDIS Community of Practice, several MIFA members requested that the connections between MIFA member staff be expanded to include staff who work in financial and information and communication technology areas of their organisation. These future

Communities of Practice are likely to spread the benefits of the MIFA networks collective learnings across all areas of MIFA organisations.

MIFA has also invested in several collaborative projects across the MIFA network, pooling resources to acquire support and knowledge, and progress our collective goals. MIFA contracted Phil Amos Consulting in October 2015 to drive MIFA's national **Business Development project**. Through this project, Phil Amos Consulting continued to provide valued support to MIFA members throughout 2016-17. The project scoped and supported national tender bids, and provided tender advice to MIFA members. Phil Amos Consulting also provided advice to the MIFA network around Primary Health Network (PHN) funding and commissioning across mental health and suicide prevention streams.

He also supported MIFA members in developing, or partnering to adopt service models to successfully tender for a range of PHNs initiatives.



There remains ongoing concern that Primary Health Networks are required to retain a clinical focus, and furthermore are not recognising the true cost of service delivery in their offers. These issues continue to be raised by MIFA in the advocacy space.

# sane

MIFA has continued its strong partnership with Sane Australia. MIFA and Sane have continued to work together on developing the **Suicide Prevention Audit Tool**. The tool has been developed since 2012 to assess organisational capacity to respond to suicidality and improve practices in suicide prevention. The tool features eight areas

of practice against which organisations evaluate their practice, and has been trialed and evaluated by the MIFA member network, who overwhelmingly found the tool useful in directing improvements in quality and practice not found in pre-existing quality tracking systems. The tool is now in its final stages, and work will begin soon on packaging the tool for distribution, including the possible development of digital dissemination platforms and training packages for service providers.



MIFA also continues to support the MIFA network's collaborative project **MINetworks**, the national information, support and referral service which comprises one single national telephone number, a website locator and information sheets. MIFA members, in partnership with MINetworks partners around Australia, provide national local coverage which includes telephone information, support and referral, and 'front doors' which provide welcoming spaces where the public can approach and receive information about services available in their area.

## ADVOCATING FOR CHANGE

MIFA has continued to build and strengthen our collective advocacy impact. MIFA submitted almost 20,000 words to formal inquiries, and was invited to give expert evidence to the Joint Standing Committee on Mental Health. We also participated in over 25 consultations, roundtables and workshops in 2016-17, using these opportunities to advocate for the interests of MIFA members and the people we serve. These consultations covered important policy developments including the Fifth National Mental Health and Suicide Prevention Plan, the National Strategy for Suicide Prevention, Primary Health Networks, and a range of issues in the NDIS including transition issues, pricing, and reference packages. MIFA was also involved in a number of other events and strategic meetings to strengthen relationships with Parliamentarians, Commissioners, departmental staff and policy-makers, community partners and corporate partners.

## Parliamentary Friends of Mental Illness

MIFA, in partnership with Sane Australia, hosted the Parliamentary Friends of Mental Illness breakfasts in November 2016 and March 2017. These events were well attended by between 35 and 40 Parliamentarians, staffers and community partners. Speakers, many of whom had lived experience, presented on a range of topics, including the importance of peer support through the Sane Forums, and mental health in the workplace. In 2016, we thanked the time and commitment of departing co-convenors Amanda Rishworth MP, and Ken Wyatt MP, and welcomed the new co-convenors, Cathy O'Toole MP and Andrew Wallace MP. MIFA is privileged to have excellent relationships with both convenors, who provide bipartisan support for people with mental illness.





DO WHAT YOU CAN DO

### Raising awareness

MIFA also advocated to reduce the stigma of those with mental illness through media campaigns during Mental Health Week, Schizophrenia Awareness Week (SAW), and National Close the Gap Day. SAW campaigning drew on key messaging “Do What You Can Do”, which encourages each person to

consider how they can work to reduce stigma, and celebrates the significant contributions and abilities of consumers and carers. MIFA also worked on connecting with a broader population through establishing and strengthening our social media presence across three platforms: Twitter, Facebook and LinkedIn.

### PSYCHOSIS AUSTRALIA TRUST

MIFA continues to provide secretarial support for Psychosis Australia Trust. The Trust brings together researchers and community partners to share learnings and coordinate research directions. The Trust is in the process of organizing for the biennial Australian Psychosis Conference (APC) which will be held in Sydney in September 2018.



### We need to better plan and co-ordinate mental health services

Regional, place-based planning by Primary Health Networks represents an opportunity for truly integrated service planning and delivery.

### We need to address the gap

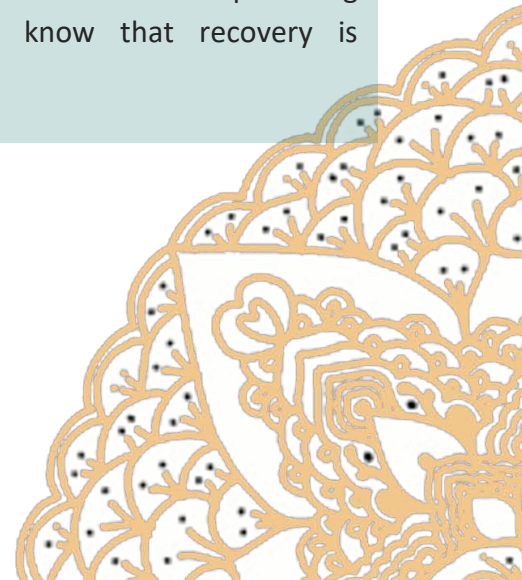
Who will support those outside the NDIS? Over 225,000 people with psychosocial disability are not eligible for the NDIS, yet governments are de-funding community-based mental health services.

### We need a recovery-oriented, mental health-responsive NDIS

We need to get the pricing right; we need planning that meets people’s needs, and we need to address the systemic barriers for people with mental illness - such as the requirement that their condition be ‘permanent’.

### We need to break the shame and tackle stigma

Stigma is an ongoing barrier to full citizenship and participation. It is also a barrier to help-seeking and help-giving. We know that recovery is possible.





*"succeeding together"*

