

2014 ANNUAL REPORT



Mental Health Carers
ARAFMI NSW

MENTAL HEALTH CARERS
ARAFMI NSW INC.

Mental Health Carers ARAFMI NSW Inc.

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Who we are

The Mental Health Carers ARAFMI NSW Inc. ('Arafmi') is a non-government organisation that provides advocacy and support for families, relatives and friends of people who experience mental illness, living in NSW.

What we do

ARAFMI provides support and advocacy for families and friends of people living with a mental illness or disorder. If you have just discovered that a family member or friend has a mental illness or disorder you may be feeling shocked, confused and afraid. There is a solution to these feelings of despair if you know that to expect or how best to help the person you care for.

ARAFMI reaches out with friendship and understanding to all whose lives are touched by a mental health problem. Our aim is to maintain and improve existing levels of support and crisis resolution by connecting to all families and friends of people with a mental illness to support services and information including:

- Carers in rural NSW
- Carers of Aboriginal and Torres Strait Islander descent
- Carers from non-English speaking backgrounds
- Young people, especially siblings and children of people living with a mental illness.

Our History

Arafmi was formed in Sydney in 1975 by Margaret Lukes, (1915 – 2011) a social worker with the NSW Mental Health Association, as the 'Association of Relatives and Friends of the Mentally Ill'. The first support group was made up of concerned relatives and friends who identified the need for a service that would specifically support carers of people with experience of mental illness.

It was based on the principles of self-help and mutual support to build on the strengths of families, and improve their quality of life by improving their capacity to cope and giving them hope.

Branches soon grew in a number of regional areas in NSW: Central Coast, Hunter, Illawarra and are currently providing local services and support to carers. A series of support groups were established by member volunteers across NSW. The movement quickly spread to the other States and the Northern Territory, and ARAFMI became the primary provider of support to families and friends of people with a mental illness in Australia.

Across its membership and its history – including the present time – volunteers have been a vital part of the organisation. There have been many dedicated members whose work to lessen the impact of mental illness has stood out, and who have sustained ARAFMI's vision.

In January 2009 Arafmi was appointed by the NSW Minister for Health as the 'Peak Body' in NSW representing the families and carers of people living with a mental illness.

As such we have been given the responsibility to undertake the following activities on behalf of carers:

- Conduct regular consultative work across the state to obtain representatives views, experiences and issues of mental health carers.
- Increase the level of advice about the directions of NSW Health, the NSW Government and the Australian Government on mental health issues.
- Increase the level of carer advice and input to NSW Health mental health policy directions and on planning and service delivery issues.
- Increase the level of comprehensive, balanced, systemic advocacy on behalf of mental health carers in the delivery of mental health services in NSW

Our Mission Statement

ARAFMI NSW is a community organisation of families' carers and friends of people living with a mental illness which encourages an active membership from among all of the diverse communities of NSW, which is informed by their experiences and provides support, education and advocacy in order to help them effectively fulfill their caring role.

Our Vision Statement

Our vision is for a community that understands and responds to the impact of mental illness on families and carers and the many people who are living with a mental illness.

Aims & Objectives

1. ARAFMI NSW will be a voice for families and carers of people with a mental illness in order to encourage government to acknowledge and incorporate families and carers into mental health policy
2. To assist in family and carer focused research and application of its findings for the benefit of families and carers of people living with a mental illness
3. ARAFMI NSW recognises and respects the dedication that all families, carers and friends have for those for whom they care; and will support them in their efforts that those for whom they care shall receive proper support and care from mental health services.
4. ARAFMI NSW values the experience and knowledge of families and carers and will ensure their full participation in the planning and evaluation of ARAFMI NSW's services.
5. ARAFMI NSW will endeavour to:
 - Inform mental health professionals and the community of the challenges faced by families and carers of people living with mental illness;
 - Encourage mental health professionals and the community to respect the knowledge and rights of families, carers and those for whom they care;
 - Encourage mental health professionals to include families and carers in the planning of their loved ones' treatment and care.

A New Responsibility

6. ARAFMI NSW will endeavour to lessen the stigma and isolation suffered by people with mental illness, their families and friends by taking every opportunity to educate and inform the community.
7. ARAFMI NSW will collaborate with mental health professionals and community services that provide support to families, carers and friends of people living with a mental illness and will refer people to these services and organisations as needed and appropriate.
8. ARAFMI NSW will provide opportunities for families and carers of people living with a mental illness to discuss their situation and benefit from the mutual support of others in similar circumstances in order to help families and carers understand that they are not alone.
9. ARAFMI NSW will provide opportunities for community participation and social interaction for families and carers that have become socially isolated.
10. ARAFMI NSW is conscious of the diversity of families and carers in the community and aims to help them in their caring role regardless of culture, language, gender, age, or whether or not they choose to become members of ARAFMI NSW; while appropriately respecting cultural differences and special needs.

ARAFMI Strategic Plan 2014 Review

This process in May 2014 allowed the Board, staff and Peak Advisory Committee (PAC) members to consider the role of the Peak Body for mental health carers in the mental health system in the context of reviewing the progress against the Strategic Plan and that Plan's ongoing relevance.

Importantly this year ARAFMI stakeholders considered the revision of the Mission, Vision, Aims and Objects and considered the inclusion of a 'Values' statement in the Constitution, (which was duly agreed).

Providing further support to carers oriented organisations in the mental health sector and diversification of funding sources were also identified as key objectives. Revised Vision, Mission, Aims and Objects and Values Statement has subsequently agreed, as have the other drafting changes to the Constitution.



Khmer Carer Consultation Cabramatta



**CEO Jonathan Harms addressing the
BPD Awareness Day Conference**

This year has been a successful one for Mental Health Carers ARAFMI NSW Inc (ARAFMI), as we have built on our work, clarifying our mission, enhancing our capacity to deliver systemic advocacy and sector development for the carers of people with lived experience of mental illness in New South Wales.

Sometimes we can struggle to understand the difference that we make, or what the real 'product' of a systemic advocacy body is supposed to be. We do a lot of talking to people with people and for people, but the product of all that discussion can sometimes seem minimal and unimportant. However, the impact of these conversations can reshape a policy guideline here or improve a process there; and so improve the experience of a carer being supported by a mental health service and the outcome for their loved one.

This is done effectively by carers telling personal stories and giving those personal insights which can strike a chord in so many who might suddenly recognise some person or role in their own lives. ARAFMI has assisted many carers to tell their stories in many different ways this year. From the Our National Voice website in collaboration with ARAFMI Australia through to the on-line Carer Forum linked to our own new website through participation with SANE Australia Lived Experience Forum Project.

ARAFMI hosted the "3rd National Borderline Personality Disorder Awareness Day", the first "NSW Carer Support Worker Forum", convened "ARAFMI Peak Advisory Committee", made submissions, including letters, feedback, comments, to the Mental Health Act Review Expert Reference Group, the Mental Health Commission Strategic Planning Process, the Older Persons Mental Health Working Group, the Child and Adolescent Mental Health Working Group, the Clinical Advisory Council or listened to carer experiences at one of sixteen (16) consultations with carers held by ARAFMI in most Local Health Districts around NSW in financial year 2013-2014.

This all helped raise the profile of ARAFMI and mental health carer issues and contributed to their recognition in the sector. We can be confident that with the energy and talent of our ARAFMI carers, staff, volunteers and students we are achieving recognition of the needs of carers in mental health and helping to get their role and value better recognised and respected by the health system.

I would like to thank everyone who has contributed to this success, including our Board headed by President Kristine Havron. But most of all I would like to thank the mental health carers of New South Wales for the difference they make to the lives of the people they care for, often to their own cost. There can be no doubt about the importance of the difference you make to the lives of so many; and that's what makes the work of ARAFMI so important.

We can only redouble our efforts to ensure that the feelings of the people who care for within our community are known and respected.

Jonathan Harms
CEO
Mental Health Carers ARAFMI NSW Inc



Kristine Havron President

This year held many challenges for Non-Government Organisations.

The threat of continued funding for many organisations was not secure. So it is with much pleasure I bring you the news that with Jonathans continued support we have been successful with funding for the next three years.

Yet this is still nowhere near the amount of money we need for a better outcome in Mental Health for Carers.

You may be familiar with the old saying, 'money talks', well in spite of our small budget we have been speaking up and this year more than ever Mental Health Carers Arafmi NSW has been voicing the needs of Carers. It is to this end we have seen the launch of "Our National Voice" in partnership with Mental Health Carers Australia.

I would encourage you to jump on line and have your say and together we will voice our 'carers talk' and change the way our Nation perceives Mental Health and those that live with it. This then will change our lives as carers and our lived experiences will bring on a change in the system towards a better future for the carers to come.

This is the reason we keep advocating and being the voice for those that are too burdened in their spirit to fight on for change. I have seen the shift in the Government and Non-Government sectors towards ARAFMI and it is All good we are known now as the voice for Mental Health Carers more now than ever before.

Growth doesn't come without it own challengers so for staff and the volunteers of our organisation and on behalf of the Board and myself I would like to give a big thank you to all of you.

**Kristine Havron
President
Mental Health Carers ARAFMI NSW Inc**



Kristine Havron addressing ARAFMI Meeting

Contribution to the National Mental Health Commission's Report Card

In 2013 Mental Health Carers Arafmi Australia collected personal stories for the National Mental Health Commission's Annual Report Card. The following is a personal story from the Secretary of Mental Health Carers Arafmi Australia, Kristine (pictured left).

Kristine, New South Wales - Supporting a Brother

My brother was a son, a husband, a father, a grandfather, and a pastor. This story is about how his life ended tragically after many, many years of service providers passing the buck and not assisting him for both his mental illness and his alcohol use.

There were numerous occasions when he was admitted to hospital with physical injuries. Each time he was admitted we tried to get help for his mental health as well, but he was discharged on his word.

He presented with the smell of alcohol on his clothes and was labelled a 'drunk'.

One day he attended court to answer a drink driving charge. He was drunk. The judge said he did not know what to do with him and decided to send him to prison. After prison he went to rehab to treat his alcohol abuse.

He passed out at the Rehab Centre and by the time the ambulance arrived he had recovered consciousness. The rehab would not allow him back if he was put on medication for his mental health.

When he arrived at the hospital the staff assessed him and asked him if he was a threat to himself.

He said 'no' so they waited for a doctor.

He wanted to call his wife, using their phone because he had not brought any money with him from rehab, but they refused.

My brother had issues with alcohol his whole life and because of this he was denied services which could have helped him with his mental illness. He took his own life while at the hospital because he couldn't get the help he needed.

I believe service providers need to treat mental illness, physical health and drug and alcohol use together.

Not separately.

2013 /14 MHC ARAFMI Team (Staff, Volunteers and Student Placements)

- Ahmed El Hassan
- Alex Freeman
- Alexander Smith
- Alice Street
- Amanda Mullen
- Amelia Martinez
- Angela Trancida
- Angelique Parras
- Ann Stedman
- Anne Lim
- Anthea Stylianakis
- Audra O'Grady
- Bi Yun Huang
- Caroline Tamer
- Catherine Cahn
- Cosme Moya Garcia
- Curtis Edwards
- David Peters
- Elizabeth Espinosa
- Gail Fletcher
- Gareth Thomas
- Haleh Abedy
- Isabel Agostino
- Jamal Hamid
- James Fox
- Jessica Jandizo
- John Bear

- John Fyffe
- Jonathan Harms
- Kristina Kurumlyan
- Kym Hunter
- Lynda Walton
- Lynette Anderson
- Mario Paola
- Marleynda Mariko
- Martin Searle
- Melody Sgro
- Michael Broadhurst
- Michele Bahari
- Nadia Campbell
- Nidhi Arora
- Nikki Day
- Pamela Maddocks
- Peter Heggie
- Ray Moss
- Ross Davey
- Ruth Davey
- Salvador Datu
- Shane Rushby
- Siew Leong
- Stephen Blood
- Sue Gates
- Theodore Mastaloudis
- Ye Rang



ARAFMI Staff



2013 Christmas Party

Regional ARAFMI's (Formerly Branches)

Hunter, Illawarra and Central Coast

In October 2012 ARAFMI's Branches received correspondence about the outcome on the Grant Management Improvement Program which meant that they had to consider their futures as services delivery organisations for their local community. The ARAFMI Peak facilitated a number of planning days with the Branches determined a course of action:

- To recruit local carer activists to the local Committees,
- Undertake Strategic Planning with the new Committees
- Incorporate the Branches as independent Associations (so they can find local partners in service delivery to seek further funding under the GMIP process),
- Review the administrative and employment machinery of the Branch with local managers; before seeking partnership for ongoing program funding through the LHD or other sources.

Central Coast ARAFMI had already separately re-incorporated itself in 2013, so the Peak funded a consultant to work with Hunter and Illawarra to help recruit activist Committees and facilitated the initial Branch Planning Days which took place in 14 June for Illawarra and 19 June for Hunter 2014. All three Branches are now incorporated under independent Committees and the Peak looks forward to working with them in the future.

Programs and Projects for 2013 - 2014

ARAFMI is involved in a range of programs and projects advocating for NSW mental health carer's on issues of concern. This last year has seen ARAFMI re-focus our energies to meet the demands of such a mixed and varied range of commitments. All projects and programs were reviewed to ensure they meet the vision, mission and value statements of ARAFMI. We have been very fortunate to have been able to recruit staff and increase the work place capability of ARAFMI to support student placements and volunteers to meet our current and future commitments to the carers of NSW.

- ARAFMI Helpline
- Collaboration with Partners in Mental Health
- MHC ARAFMI Strategic Plan and Business Planning
- MHC ARAFMI Branch Committee Recruitment, Strategic and Business Planning
- Mental Health Commission collaboration including Consultations for Strategic Plan
- Peak Advisory Committee
- Carer Support Worker Forum
- CALD Consultation Program
- Delivery of Mental Health First Aid and other Training and Information Presentations
- Development and Pilots of Carer Advocacy Training
- GLBTI Champions Project
- Mental Health Association Advocacy Committee
- MHCC NDIS Forums
- Carer Representation support with Partners In Recovery
- National Advocacy in partnership with Arafmi Australia
- Participation in management of Arafmi Australia
- Participation in Mental Health Drug and Alcohol Committees (see below).

ARAFMI NSW Helpline

The last financial year has been both an exciting and demanding one for ARAFMI's HELPLINE, and the year ahead will be equally challenging. We have, however, a strong and dedicated team who have passion for the work they do, and are keen to see the benefits of the improvements that have been developed come to fruition.

Our findings have shown that

- 92% was assessed and received the relevant referral, with almost
- 70% of these callers receiving a second referral. The (
- 85% were resolved in less than 20 minutes and did not require a follow up call.
- 60% of all callers identifying as either middle aged
- 72% of all callers were female, that are immediate family members of the person they are caring for
- 51% advised they were either the parent or partner of the consumer.
- 41% were seeking support services for themselves in assist them in their caring role
- 25,000 reaches (the number of "people reached" on ARAFMI's Facebook page)
- Our findings have also shown an emerging trend that many callers are seeking non-clinical support for themselves
- 100% of all callers were successfully referred to a service that met their needs.

The implementation of the new HELPLINE training program that all staff, volunteers and students undertake has demonstrated Helpline operators are becoming increasingly able to resolve queries in an effective and timely manner.

ARAFMI NSW HELPLINE 1800 655 198 - Free Call or (02) 9332 0700

SANE Australia / ARAFMI On-Line Carer Forum

ARAFMI has also recently partnered with SANE Australia in providing an online forum for carers which is linked to ARAFMI's website. This Forum is available through a link on the ARAFMI Website and can be found at: <http://arafminsw.saneforums.org/>

This Forum provides a virtual support network to carers through the internet, allowing them to discuss their issues with other carers so as to facilitate 'peer to peer' support across Australia.

The Forums are moderated daily between 5pm and 10pm and ARAFMI supports moderation 1 day per week through our Helpline Coordinator, David Peters, who underwent training with SANE in Victoria to enable him to undertake these duties. There are currently 194 visitors to the forum that come directly via ARAFMI's website and the total views that have been received since its inception are 2553.



Carers Week Stall

ARAFMI Peak Advisory Committee

ARAFMI NSW Peak Advisory Committee (PAC) has been established to help voice the needs of mental health carers in NSW. The PAC was recruited from among carer activists with a wealth of experience and insight into the issues of mental health carers issues.

The primary aim of this committee is to provide the link between carers and the ARAFMI Board, management and staff to:

- Provide advice of carer experience and views to help inform ARAFMI's feedback to the sector and the Mental Health Commission on mental health and carer issues
- To identify projects, activities and advocacy issues for ARAFMI; and,
- Facilitate the regular exchange of carer views on topics about which ARAFMI is asked for comment.



PAC Members Kerrin O'Halloran, Peter Heggie and Bi Yun Huang at Volunteer Appreciation Day at the Mental Health Commission in Gladesville

The PAC has experimented with sub committees to address specific topical subjects and with regular guest speakers before meetings.

PAC members now number 35, including younger and older carers and carers from CALD and indigenous backgrounds.

The PAC has met regularly from July 2013 to June 2014 and elected Eileen MacDonald as its first Chair. PAC Members also receive a regular weekly email providing updates about events, development and opportunities for carer engagement within the sector, as well as minutes and other PAC documents.

The PAC has furnished much valuable input which has been incorporated into various submissions and policy documents that ARAFMI has assisted with through various standing Committees of special Project Committees convened by the Mental Health Drug and Alcohol Office of the Ministry of Health (e.g. the 'Advanced Care Planning' guidelines project and the 'Physical Care of Mental Health Consumers Policy Directive Review').

In addition to advising ARAFMI on consultation strategies and advocacy issues the PAC Members participated in the Strategic Planning day to review ARAFMI's Vision, Mission Aims and Objects and Values Statement.

The Terms of Reference of the PAC are being reviewed annually to help refocus attention on the specific standing Committees in particular ARAFMI provides carer input into and to also help identify ways ARAFMI can support carers to undertake practical support for their local services and to be activists in their own local communities.

ARAFMI NSW Peak Activity Report

ARAFMI attends as many relevant mental health activities as possible representing carers. ARAFMI Team members report to management on the discussions, decisions and deliberations of the activity they participate in. The ARAFMI Peak Activity Report is a summary of these.

MHDAO and Other Mental Health Committees - Representing Mental Health Carers

ARAFMI Team members attend a variety of forums, consultations, events lectures each week. Some participate in committees and a host of other related activities. Management encourages Team members to engage in as many aspects of the mental health sector as possible. This approach ensures ARAFMI represents mental health carer's voice across the sector.

ARAFMI continues to participate in the;

- Clinical Advisory Council for NSW, facilitated by the Chief Psychiatrist Assoc.
- Prof John Allan, Older Person's Mental Health Working Group Chaired by Dr Don McKay,
- The Child and Adolescent Mental Health Working Group chaired by Dr Beth Kotze as well as more specific special purpose or project Committees/ working groups like the,
- Clinical Service Standards Reference Group,
- The Expert Reference Group on the Review of the Mental Health Act (see below) and the various planning exercises undertaken by the Mental Health Commission.
- This is all in addition to ARAFMI's own schedule of consultations and events, as well as the on-going work of the Helpline and the Regional Branches. In all these forums ARAFMI seeks to ensure that the views and needs of carers of people living with mental illness are appropriately addressed.
- Family and Carer Mental Health Program Steering Committee
- ARAFMI NSW Carer Support Worker Forum
- ARAFMI NSW Policy Review and Advocacy 2013 - 2014
- ARAFMI has undertaken a range of policy projects including an analysis of the role of the National Disability Insurance Scheme and the role of the carer within it, making submissions to the National Disability Authority
- Disability Insurance Scheme in helping people with serious psychiatric disabilities and has made a number of submissions to the NDIS concerning the supports available to carers and their role in a self-directed funding scheme.
- Mental Health Act Review Expert Reference Group
- NSW Mental Health Commission Strategic Planning (for the agency)
- Carer consultations and advocacy for the development of the NSW Mental Health Commission's Strategic Plan for Mental Health

ARAFMI Stakeholder Consultations for the Mental Health Commission's Strategic Plan for Mental Health in 2013-2014



Carer Consultations 2014

Statewide Consultations leading to 'Broke Systems: Breaking People' Report

ARAFMI conducted 14 consultations between July to December 2013 across NSW, aimed at mental health carers, along with some of the consumers of mental health services that they care for, and some carer support workers and other clinicians and workers in the sector to better understand carer needs and objectives for the Strategic Plan for mental Health being developed by the NSW Mental Health Commission.

The consultations were conducted with the task of identifying the following objectives:

1. What is the mental health carer's experience of the mental health system and what would they like to see changed?
2. What does the future mental health system need to look like?
3. What needs to change in order to start to achieve the ideal system?

Consulations were held in the following locations:

No	Location	Attendee	Date
1	Canterbury (CALD)	12	15 July 2013
2	Bradfield Park	32	13 August 2013
3	Parramatta (Carer Support Worker Forum)	77	12 September 2013
4	Broken Hill (Regional / MH Commission)	75	26 September 2013
5	Kempsey (ATSI / MH Commission)	15	30 September 2013
6	Kogarah	8	7 November 2013
7	Wollongong	25	14 November 2013
8	Ingleburn	43	20 November 2013
9	Bateau Bay (Central Coast)	11	21 November 2013
10	Cabramatta (CALD)	28	22 November 2013
11	Hamilton (Newcastle)	18	26 November 2013
12	Blacktown	16	28 November 2013
13	Katoomba	17	29 November 2013
14	Kagaroo Valley	7	29 November 2013
	Total Attendees	384	

Programs and Projects for 2013 - 2014

The previous findings of the Mental Health Commission reported in, '**Living Well in our Community; Towards a Strategic Plan for Mental Health in NSW**', concerning the problems experienced by carers and consumers with the NSW mental health system were resoundingly endorsed. Carers and all other stakeholders overwhelmingly confirmed that services for people living with mental illness are 'under resourced and fractured'. This confirms the finding of the National Mental Health Commission, that '6.5% of the current health spend is on mental health, while the burden of disease suggests this should be closer to 14%'. In layman's terms this means our mental health systems is only half the size it needs to be. Australia is a very low taxing nation by international standards and NSW has the social services to prove it.

This lack of resources impacts upon every aspect of service delivery, so the mental health system is stretched and stressed at all times, inspiring the title of this report, 'Broke Systems, Breaking People'.

The system is not 'broken' entirely; but it is definitely 'broke' in the sense of too few resources being massively stretched to try to do far too much for far too many people. The failure to provide adequate resources has massive impacts upon real people for both the people who don't get adequate support their families and carers whose lives are completely disrupted by their loved one's illness and the absence of effective services to help take care of them.

These 'broke systems' therefore wind up 'breaking people'. They do this either by failing to prevent someone's mental health condition from deteriorating until they are acutely ill; or because of the impact the illness and lack of support for the consumer has on their family and carer's own mental health, through anxiety, depression and even Post Traumatic Stress Disorder (depending upon what they have to witness happening to their loved one).

ARAFMI's Report, after setting out these issues in Objective 1, Objective 2 gives an overview of a system which might start to address these concerns. This involves a number of ideas and strategies which were discussed at the consultations with carers, consumers and community members who attended and which briefly addresses the impacts that the draft Strategic Plan would need to have even on community attitudes to help to flesh out the objective the Strategic Plan would achieve.

Finally in Objective 3, the Report sets out 45 recommendations that would start to see the health and other related human service areas of State, Commonwealth and even local government converge on a much more humane and pro-active in the delivery of services.

This Report and these findings have been provided to the Mental Health Commission and it is expected that the Strategic plan for Mental Health will seek to address these problems in a much more holistic fashion than has been possible to date.



Chinese Carer Consultation Parramatta

First ARAFMI NSW Mental Health Carer Support Worker Forum 2013

ARAFMI convened its first Mental Health Carer Support Worker Forum in NSW on 12 September 2013. The Mental Health Commission and other stakeholders had expressed strong support for a Forum for mental health Carers Support Workers, which would be analogous to the long established Consumer Worker Forum.

The objectives identified for this Forum in the approach made to the Commission (after preliminary discussions with the Mental Health Coordinating Council and a teleconference for potential participants) were:-

The objectives for Carer Support Workers Forum discussions agreed at the teleconference were:

1. To examine the similarities and differences between existing Carer Peer Worker and or professional Carer Support Worker positions across NSW (and Australia).
2. To assess the role and importance of Carer Peer Workers and professional Carer Support Workers in both:
 - a. Supporting carers and in promoting the 'recovery' of carers
 - b. Supporting people living with mental illness
3. To determine the support needs of mental health carers and what 'recovery' looks like for carers
4. To analyse the support needs of Carer Peer and Carer Support Workers
5. To identify the implications of new consumer directed schemes such as
 - a. Partners in Recovery
 - b. The National Disability Insurance Scheme
6. To recognise the need and role for an ongoing Carer Support Workers Forum.

The NSW Mental Health Commission generously agreed to provide some additional one-off funding for a pilot Forum to be convened. The Mental Health Association also provided generous support for the excellent venue at the Mantra Hotel in Parramatta. Various stakeholders including carer oriented community organisations and other mental health carer focused peer groups and individuals were invited to participate in the Forum.

The inaugural Carer Support Worker Forum was held on 12 September 2013 and attracted around 80 participants ranging from Carer Support Workers, carers, consumers and clinicians to this event at the Parramatta Mantra Hotel.

The speakers included the Mental Health Commissioner of NSW, the CEO of ARAFMI Victoria (and leading peer support expert), Frances Sanders; as well as the CEOs of the Consumer Advisory Group NSW, Peri O'Shea, and of Carers NSW, Elena Katrakis. Other speakers included Toni Garretty, (South Eastern Sydney LHD Family and Carer Program Liaison Officer, Peter Kennedy, Aftercare, Family and Carer MH Program, Linda Weedon, Central Coast ARAFMI and Simone Montgomery, Mental Health Coordinating Council.



Carer Support Workers Conference

Programs and Projects for 2013 - 2014

Following the speakers presentations, a “café style” consultation involving all participant which asked about the issues facing carer support workers and the skills needed for this work (and the role of ‘lived experience’).

Discussions at the Forum confirmed the value of lived experience and that such experience often resulted in people possessing the communication skills and attitudes that suit them very well for supporting other carers and the recovery journey of consumers.

Participants and workers expressed their need of professional development pathways and further training in areas like:

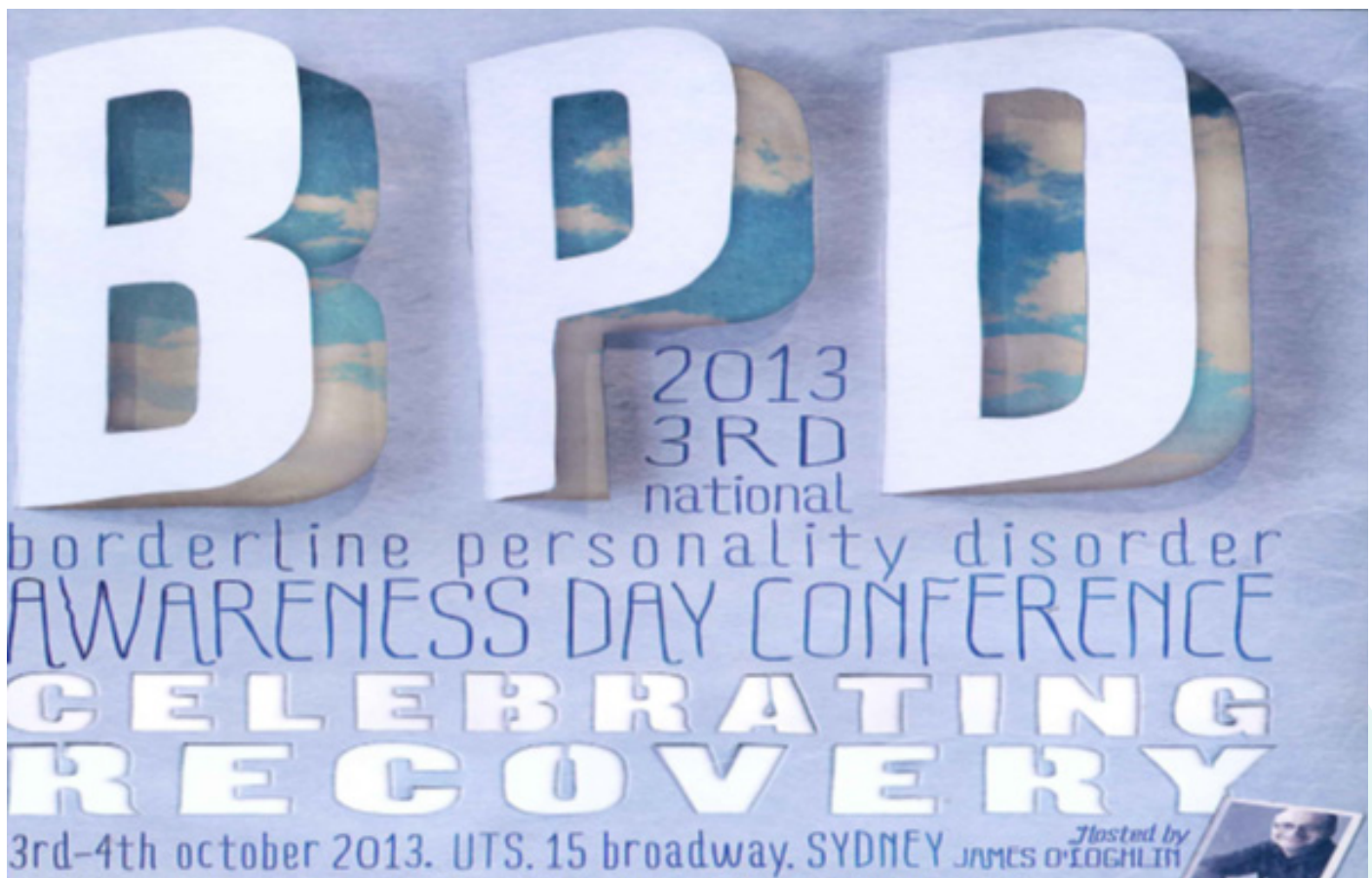
- communication skills
- advocacy skills
- resources available to support and refer carers and their families,
- counselling skills
- case management
- networking skills
- boundaries
- ethics
- self-care amongst others

Since the Forum ARAFMI has maintained active contact with all participants by a regular weekly email. This email group has continued to grow since the Forum. This has helped to facilitate the ongoing conversation about the carer support worker role and participation of carers and peer support workers in consultation and other reform processes.

This group has also been the basis for recruiting carers and carer support workers for participation in reform processes by ARAFMI, and will be engaged in the development and conduct of future Forums.



National BPD Awareness Day Conference 2013



The Third National Borderline Personality Disorder Awareness Day Conference, generously sponsored by 'Healthscope', was held on the 3rd and 4th of October 2013.

This Conference was convened in collaboration with the Mental Health Association of NSW, and with the crucial support of Project Air (Prof. Brin Grenyer) and the Hunter New England Health Centre for Psychotherapy (Assoc. Prof. Chris Willcox) and the support of the Mental Health Commission of NSW, Assoc. Prof John Allan (Chief Psychiatrist NSW), Dr Sathya Rao of 'Spectrum' (Victoria) among others.

Carers and consumers shared their stories and lived experiences including: Janelle Abbott, Renae Bennett, Eileen McDonald, Annemarie Bickerton, Toni Garretty, Rachel Bailey, Maxine Fennel, Lauralye Packer, Gaby Den Hollander and Jenny Learmont (AM) . In addition the important new National Borderline Personality Disorder Foundation was launched at the conclusion of the Conference on day two by National Mental Health Commissioner (and carer) Prof. Alan Fels.

Three highly successful workshops were held on the 3rd of October; one targeted at Carers (based on the work of Project Air, 'Staying Connected when Emotions Run High' and facilitated by Toni Garretty and Annemarie Bickerton); one for Consumers on 'Emotional Wisdom' facilitated by Maxine Fennel, Layralye Packer and Gaby Den Hollander; and one for clinicians 'A Dialectical Behaviour Therapy Sampler' delivered by Assoc. Prof Chris Willcox. The workshops were attended by nearly 140 participants and were enthusiastically received by attendees.

The Conference itself was held in the Guthrie Theatre at UTS on the 4th of October and hosted by popular ABC personality James O'Loughlin and attended by 144 people. After a video welcome from the NSW Minister for Mental Health, Hon. Kevin Humphries (MLA), the event opened with a 'Welcome to Country' by Ms Donna Ingram of the Metropolitan Land Council.

Programs and Projects for 2013 - 2014

The NSW Mental Health Commissioner John Feneley gave the opening address noting that mental health services in the past had been too often unwilling to engage with people with personality disorders, (PD). However, NSW Health had taken strides in addressing the problem and the successes to date, with highly successful programmes like Project Air and the Centre for Psychotherapy in Hunter, equipping clinicians with the therapeutic psychological techniques to give consumers the skills to address the obstacles to wellbeing and recovery.

The honorary 'Consumer Chair' Janelle Abbott gave a powerful speech outlining her experiences as someone living with BPD. Janelle suggested people with BPD should be renamed 'Highly Sensitive Souls' (HSS). Janelle's extraordinary courage in sharing her feelings to help others understand BPD and the help that help is available was greatly appreciated by the whole Conference and she received a standing ovation.

The honorary Carer Chairs Renae Bennet (Janelle's sister) spoke and outlined another perspective of Janelle's personal history. ARAFMI Board Member Jenny Learmont, also a carer for BPD emphasised the importance of further enhancing public mental health services capacity to provide the appropriate treatment for people living with BPD, until all who need it can access appropriate treatment.

Assoc. Prof. John Allen, the Chief Psychiatrist for NSW outlined how when he had been advised that the support and treatment available for Personality Disorders were among the most serious problems and prevalent problems which were often not being appropriately addressed by the current services and how Project Air had been set up as a result.

Dr Sathya Rao, from Spectrum in Victoria, described how the Victorian mental health system had started to address this issue some years ago. Memorably, he said, "My job satisfaction has never been higher than when working in this area, with BPD, because we actually help most people achieve a durable recovery, and that is not something mental health services can always achieve."

Prof Brin Grenyer, the Clinical Director of Project Air then talked about this program and how Dr Rao's advice had been pivotal in helping them to get the model right. Importantly Prof Grenyer stated, "People with BPD are wonderful, sensitive people, and helping them is enormously rewarding and worthwhile."

Ms Eileen McDonald gave a carer perspective and noted how important it is to support carers of people with BPD in achieving recovery, with the caveat, "Use us, but do not abuse us".

Ms Rachel Bailey discussed the mental health outcomes for carers of people living with BPD.

Assoc. Prof Chris Willcox then gave the perspective of consumers who had gone through the Dialectical Behaviour Therapy (DBT), one of the many psychological therapies recommended and proved as effective in treating BPD. However, Prof. Willcox also said that, "After 20 years of research there is now no doubt that BPD can be effectively treated by a range of psychological therapies and that they all work about as well as each other, meaning people can chose the methods that work best for them."

Julien McDonald, CEO of the new National BPD Foundation gave a talk about the role of the new Foundation after lunch, before James O'Loughlin read a prepared speech on the vision for the new Foundation. Professor Alan Fels, National Mental Health Commissioner then launched the Foundation with a wide ranging talk on the role of mental health reform in delivering better care and support and improved physical and mental health outcomes.



ARAFMI has developed a range of Training Programs to enhance the skills and knowledge for carers, staff, volunteers and student placements.

Programs are conducted throughout the year

- Mental Health First Aid Training
- Advocacy Training Program (1 & 2 day program)
- Safetalk Suicide Prevention
- HELPLINE Training

ARAFMI has designed, developed and delivered a Systemic Advocacy Training Program to carers and professionals across New South Wales in 2013-2014.

ARAFMI has continued to deliver Mental Health First Aid, Safetalk Suicide Prevention Training and training for its Helpline Operators.

Jaakko Seikkula PhD is Professor of Psychotherapy at the University of Jyväskylä; Satu Beverley, Carer and Retired Psychologist, and Markku Sutela MA is the Chief Psychologist at Keropudas Hospital in Western Lapland



Prof. Alan Fels, National Commissioner



BPD Conference 103

Open Dialogue Training

ARAFMI hosted the 5 day Open Dialogue Training with Professor Siekkula and Chief Psychologist Sutela In the Board Room at its premises with the Partners in Mental Health in Woolloomooloo in February 2014. This training was attended by 14 psychiatrists, psychologists as well as carers and other health workers from around New South Wales, Australia and even international guests from New Zealand.

The Open Dialogue is a psychological approach to the treatment of psychosis with an emphasis on the psychological approach to the person experiencing psychosis, engaging the whole social support circle of that person in an open discussion about how best to address the problems their experience; especially their family and carers.

This approach has achieved outstanding results in decreasing disability and improving employment outcomes for people with experience in Finland and ARAFMI will be seeking to promote this and other innovative, and not-exclusively-pharmacological approaches to psychosis to psychosis going forward.



Prof. Siekkula, Satu Beverley and Psych. Sutela

FINANCIAL REPORT

Mental Health Carers ARAFMI NSW Inc.
A.B.N. 70 653 824 650
FOR THE YEAR ENDED 30 JUNE 2014

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23	Income & Expenditure Statement
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11	Auditors' Report

Your committee members present their report on the association for the year ended 30 June 2014.

Committee Members

The names of the committee member in office at the date of this report are:

KRISTINE HAVRON (President)
GORDON WING-LUN (Treasurer)
ROBERT HUNTER
ANN STEADMAN (Vice-President)
TESS DELLAGIACOMA (Secretary)
JENNY LEARMONT
CAROL WOOLEY

Principal Activities

The principal activities of the company during the financial year were to provide support and advocacy for families with mental illness or disorder. ARAFMI reaches out with friendship and understanding to all those lives that are touched by mental illness. Our aim is to maintain and improve existing levels of support and crisis resolution to all relatives and friends of people with a mental illness.

There were no significant changes in the nature of the associations principal activities during the financial year.

Operating Results

The loss of the association for the financial year amounted to \$28,363

Indemnifying Officers or Auditor

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the association.

Signed in accordance with a resolution of the Members of the Committee:

Committee Member 
KRISTINE HAVRON (President)

Committee Member 
GORDON WING-LUN (Treasurer)

Dated this 15th day of October 2014

INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 30th June 2014

	2014 (\$)	2013 (\$)
Income		
Conference Reimbursement	23,489	-
Donation Received	26,148	20,070
Grant Income	393,826	339,600
Interest Received	2,752	4,200
Membership	587	599
Other Revenue	8,749	4,081
Wage Subsidy Funding	-	6,255
Total Income	455,551	374,805
Expenses		
Accountancy & Bookkeeping	12,173	8,689
Auditors Remuneration - Fees	5,577	7,547
Bank Charges & Interest	513	620
Computer Consumables	-	1,702
Consultants	5,946	-
Conference & Catering	17,344	4,290
Depreciation	3,167	3,958
Entertainment & Donations	1,906	150
Events & Workshops	1,954	403
Filing Fees	513	51
Fines	-	220
Holiday Pay Entitlements	6,680	(5,579)
Insurance & Workers Comp	9,462	9,999
Loss on Sale of Asset	-	3,101
Motor Vehicle Expenses	-	2,369
Postage	1,123	1,641
Printing, Stationary & Copier	22,334	16,087
Programs, Resources & Training	2,940	1,682
Rent	-	4,052
Repairs & Maintenance	-	440
Service Promotion	1,310	1,401
Sponsorship	6,000	-
Staff Other	1,000	-
Staff Training	5,571	836
Staff Recruitment	-	323
Storage & Removal	-	1,249
Subscriptions & Membership	8,018	2,903
Superannuation	28,444	23,657
Telephone & Internet	7,113	9,733
Travel & Accommodation	16,495	6,812
Web Hosting	155	1,850
Wages & Fringe Benefits	318,176	291,637
Total Expenses	483,914	401,823
Operating Loss	28,363	27,018

The accompanying
notes form part
of these financial
statements

INCOME AND EXPENDITURE STATEMENT

FOR THE YEAR ENDED 30th June 2014

Mental Health Carers
ARAFMI NSW Inc.
A.B.N. 70 653 824 650

	2013 (\$)	2014 (\$)
Retained profits at July 1	92,414	105,637
Transfers From Reserves General Reserve Transfer In/(Out)	<u>193</u>	<u>13,759</u>
PROFIT AVAILABLE FOR APPROPRIATION	<u>64,244</u>	<u>92,414</u>
RETAINED PROFITS	<u>64,244</u>	<u>92,414</u>

The accompanying notes form part of
these financial statements

Balance Sheet

As at 30 June 2014

	Note	2014 (\$)	2013 (\$)
Current Assets			
Cash Assets	4	88,145	97,090
Other	6	255,919	14,440
Total Current Assets		<u>114,064</u>	<u>111,530</u>
Non-Current Assets			
Property, Plant and Equipment	5	6,314	4,039
Total Non-Current Assets		<u>6,314</u>	<u>4,039</u>
Total Assets		<u>120,378</u>	<u>115,69</u>
Current Liabilities			
Trade and Other Payables	7	41,212	14,720
Provisions	8	14,601	7,921
Total Current Liabilities		<u>55,813</u>	<u>22,641</u>
Total Liabilities		<u>55,813</u>	<u>22,641</u>
Net Assets		<u>64,565</u>	<u>92,928</u>
Equity			
Reserves	9	321	514
Retained Profits	10	64,244	92,414
Total Equity		<u>64,565</u>	<u>92,928</u>

The accompanying notes form part of
these financial statements

NOTE 1 - STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements are special purpose financial statements prepared in order to satisfy the financial reporting requirements of the NSW Associations Incorporation Act 2009. The committee have determined that the association is not a reporting entity.

The financial report has been prepared on an accruals basis and is based on historical costs and does not take into account changing money values or, except where stated, current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

The following is a summary of the material accounting policies adopted by the association in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

Impairment of Assets

At the end of each reporting period, the committee assesses whether there is any indication that an asset may be impaired. The assessment will consider both external and internal sources of information. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of that asset, being the higher of the asset's fair value less costs to sell and its value-in-use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is immediately recognised in profit or loss statement.

Accounts Receivable and Other Receivables

Accounts receivable are recognised initially at the transaction price (i.e. cost) and are subsequently measured at cost less provision for impairment. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

At the end of each reporting period, the carrying amount of accounts receivable and other receivables are reviewed to determine whether there is any objective evidence that the amounts are not recoverable. If so, an impairment loss is recognised immediately in profit and loss statement.

Property, Plant and Equipment

Each class of property, plant and equipment are carried at cost or fair value less, where applicable, any accumulated depreciation.

Property

Freehold land and buildings are measured on the fair value basis, being the amount for which an asset could be exchanged between knowledgeable willing parties in an arm's length transaction. It is the policy of the association to have an independent valuation every three years.

The revaluation of freehold land and buildings has not taken account of the potential capital gains tax on assets acquired after the introduction of capital gains tax.

Plant and Equipment

Plant and equipment are measured on the cost basis.

The carrying amount of plant and equipment is reviewed annually by the committee to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets employment and subsequent disposal. The expected net cash flows have not been discounted to their present values in determining recoverable amounts.

Depreciation

The depreciable amount of Plant and Equipment and Motor Vehicles are depreciated on a diminishing value method over their useful lives to the association commencing from the time the asset is held ready for use.

Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

Leases

Leases of fixed assets where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the association are classified as finance leases. Finance leases are capitalised, recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values. Leased assets are depreciated on a straight line basis over their estimated useful lives where it is likely that the association will obtain ownership of the asset or over the term of the lease. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

Lease incentives under operating leases are recognised as a liability and amortised over the life of the lease term.

Employee Benefits

Provision is made for the association's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits together with benefits arising from wages and salaries and annual leave, have been measured at the amounts expected to be paid when the liability is settled plus related on-costs.

Contributions are made by the association to employee superannuation funds and are charged as expenses when incurred.

Accounts Payable and Other Payables

Accounts payable and other payables represent the liabilities at the end of the reporting period for goods and services received by the association that remain unpaid.

Accounts payable are recognised at their transaction price. Accounts payable are obligations on the basis of normal credit terms.

Revenue and Other Income

Revenue from the sale of goods is recognised upon the delivery of goods to customers.

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. For this purpose, deferred consideration is not discounted to present values when recognising revenue.

Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

Grant and donation income is recognised when the entity obtains control over the funds, which is generally at the time of receipt.

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

Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the assets or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST. The net amount of GST recoverable from, or payable to the ATO, is included with other receivables or payables in the balance sheet.

Provisions

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

Cash and Cash Equivalents

Cash and Cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the balance sheet.

2014 (\$) 2013 (\$)

NOTE 2 - REVENUE

Revenue from Continuing Operations

Interest	2,752	4,200
Grants Received	393,826	339,600
Other	50,224	26,924

Total Revenue

446,802 370,724

Interest From:

Other Persons	2,752	4,200
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NOTE 3 - ITEMS INCLUDED IN PROFIT

Expenses

Depreciation Non Current Assets	3,167	3,958
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Remuneration of Auditor

Audit or Review	5,577	7,547
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Net Loss on Disposal of Property, Plant and Equipment	-	3,101
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NOTE 4 - CASH ASSETS

Cash in Hand	110	95
Cash at Bank	88,035	96,995
	88,145	97,090

NOTE 5 - PROPERTY PLANT AND EQUIPMENT

Plant & Equipment - at Cost	355,583	30,142
Less Prov'n for Depreciation	29,269	26,103
	6,314	4,039
	6,314	4,039

Notes to the Financial Statements
For the year ended 30 June 2014

Mental Health Carers
ARAFMI NSW Inc.
A.B.N. 70 653 824 650

2014 (\$) 2013 (\$)

NOTE 6 - OTHER ASSETS

Current

GST on Acquisitions	-	6,441
Payroll Clearing Account	1,727	-
Prepayments	24,192	7,999
	<u>25,919</u>	<u>14,440</u>

NOTE 7 - TRADE AND OTHER PAYABLES

Current

Other Creditors	13,295	10,025
Accrued Expenses	21,105	4,695
Fringe Benefits Payable	1,126	-
GST on Supplies	5,686	-
	<u>41,212</u>	<u>14,720</u>

NOTE 8 - PROVISIONS

Current

Provision for Employee Leave	14,601	7,921
Aggregate Employee Benefit Liability	14,601	7,921

NOTE 9 - RESERVES

General Reserve	321	514
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Movements during the year

General Reserve

Opening Balance	514	14,273
General Reserve	(193)	(13,759)

Closing Balance

321	514
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NOTE 10 - STATEMENT OF CHANGES IN
EQUITY as at 30 June 2014

Opening Retained Profits (Accumulated Losses)	92,414	105,673
Net Profit/(Loss)	(28,363)	(27,018)
Transfer to Reserves		
General Reserve Transfer In/(Out)	193	13,759

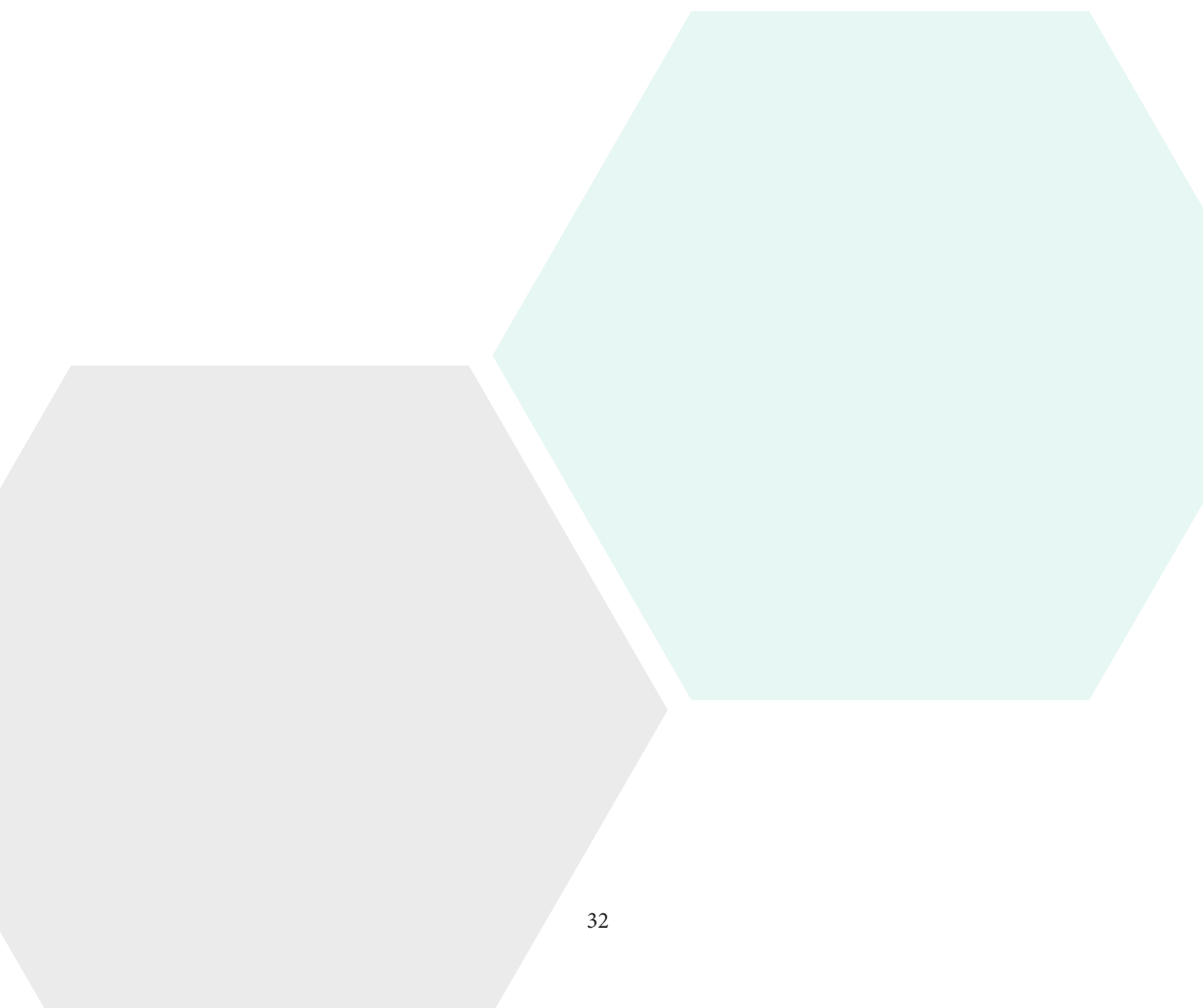
Close Retained Profits (Accumulated Losses)
at the end of the financial year

64,244	92,414
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Note 11 - Association Details

The registered office of the company is: Mental Health Carers ARAFMI NSW Inc. SUITE 501
80 WILLIAM STREET EAST SYDNEY 2011

The principal activities of the company were MENTAL HEALTH.



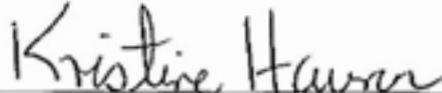
The committee have determined that the association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

The Committee of the association declare that:


1. The financial statements and notes, as set out on pages 1 to 9:
 - a. Comply with Accounting Standards as detailed in Note 1 to the financial statements and the Associations Incorporations Act 2009; and
 - b. Give a true and fair view of the association's financial position as at 30 June 2014 and of its performance for the year ended on that date.
2. In the committee's opinion there are reasonable grounds to believe that the association will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Members of the Committee and is signed for and on behalf of the committee by:

Committee Member


KRISTINE HAVRON (President)

Committee Member


GORDON WING-LUN (Treasurer)

Dated this 15th day of October 2014