

Mental Health Carers

ARAFMI NSW Inc.



ANNUAL REPORT 2011-2012

Contents



In memory of:

Margaret Frances LUKES OAM

Founder of ARAFMI

24.12.1915 - 29.06.2011

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Woolloomooloo NSW 2011

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ABOUT: Mental Health Carers ARAFMI NSW Inc.

Mental Health Carers ARAFMI NSW Inc.:

Vision

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.

Mission

Mental Health Cares ARAFMI NSW ('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.

Aims & Objectives

1. 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. 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. 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. Endeavour to inform mental health professionals and the community of the challenges faced by families and carers of people living with mental illness.
6. Encourage mental health professionals and the community to respect the knowledge and rights of families, carers and those for whom they care.
7. Encourage mental health professionals to include families and carers in the planning of their loved ones' treatment and care.
8. 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.
9. 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.
10. 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.
11. Provide opportunities for community participation and social interaction for families and carers that have become socially isolated.
12. As 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.

ABOUT US

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

ARAFMI NSW has operated for 36 years and has three branches currently providing local services and support to carers in the **Illawarra, Hunter and Central Coast** areas. ARAFMI NSW is also exploring the possible creation of a Branch in the ACT with a group of local carers.

Peak Body Role

ARAFMI NSW is also the peak body for mental health carers in NSW, undertaking consultation and systemic advocacy on behalf of carers to the NSW Ministry of Health, the state and federal governments and other relevant parties in the development and implementation of mental health related policy.

ARAFMI NSW discharges its Peak Body role by:

- Identifying mental health carer issues on a local, state and national level,
- Participating in forums, committee processes and consultative processes to advocate on behalf of mental health carers recognition and respect in the delivery of mental health care,
- Informing carers about current issues and changes in mental health,
- Consulting carers about proposed changes or policies and providing their feedback to government, health services and other relevant stakeholders and promoting the participation of carers in consultations,
- Policy work, lobbying and systematic advocacy on behalf of carers, family members and friends of people who experience a mental illness,
- Networking and liaising with other organisations especially in the mental health and carers sector, locally, state and nationally to encourage carer engagement with consultative processes.

What Direct Carer Support Services ARAFMI NSW Provides:

ARAFMI NSW provides a range of support, education and advocacy services for families, relatives and friends of people with mental illness.

Currently these include:

- A variety of holistic services through its three **Regional Branches** including:
 - Young ARAFMI
 - Family Support
 - Mediation (mindfulness)
 - Individual advocacy
 - Carer counseling
 - education and training
 - building community awareness, and combatting stigma.
- In addition support for carers in their caring role can be provided outside these regions regardless of location, or physical isolation through state-wide help line, and our website and e-newsletter.
- The 'Information and Support Line' is operational Monday to Friday 9am—5 pm and can help provide information resources for family members, friends, carers and consumers.
- A network of support groups throughout NSW both delivered directly through three regional offices and several rural volunteer groups; and through GroupsNet project in collaboration with Mental Health Association NSW.



**ARAFMI Staff and Volunteers at Community Event
February 2012**

MENTAL HEALTH CARERS ARAFMI NSW INC'S

Chief Executive Officer's Report

The 2011-2012 financial year has proved to be another challenging and rewarding one for Mental Health Carers ARAFMI NSW Inc. ('ARAFMI NSW').

This year has been a tumultuous one with the momentum for reform in the mental health sector gaining critical impetus at both the state and national level.

Most importantly 2011-2012 saw the NSW State government establish by legislation the New South Wales Mental Health Commission, the only one underpinned by its own Act of Parliament in Australia.

The NSW Government did this with a view to driving the comprehensive reform of mental health services throughout the state; informed by the lived experience of consumers of mental health services and their families, carers and other loved ones.

ARAFMI NSW strongly supported the concept of the state Mental Health Commission. ARAFMI undertook its own supplementary consultations focused on carers to help identify key objectives for the Mental Health Commission once established, delivering a report to the NSW Minister for Mental Health, the Hon. Kevin Humphreys MLA. (ARAFMI found that engagement with carers and consumers was the highest priority for most stakeholders).

At the national level too, the Commonwealth has moved to establish its own National Mental Health Commission to deliver (among other things) a National Report Card on mental health services and to assist with the implementation of a 10 Year Road Map to help coordinate mental health reform at the national level.

As a result of these activities and the ongoing planning and reform processes of NSW Health (in which ARAFMI is often asked to participate or assist with carer participation) ARAFMI NSW staff and carer volunteers participated in over 170 different meetings, committees, forums and other processes in 2011-2012. Retiring CEO Keiran Booth in particular provided a carer's perspective for a large proportion of these processes.

Internally ARAFMI NSW has continued to enhance its capacity to facilitate carer feedback through the development of resources such as the database of carers volunteers and will continue to develop the structures, mechanisms and partnerships to enhance its capacity to support these processes. It has also expanded its use of volunteers and student placements to both expand its policy capacity and to help support education and training in the sector.

ARAFMI NSW has also undertaken a number of planning and research activities to help it identify strategies and structures which will allow it to expand these contacts with carers and to better fulfill the consultation and advocacy elements of its role as a peak body .

These planning activities (which themselves included participation by interested carers) will inform the ongoing review of existing policy frameworks and practices as ARAFMI NSW moves to implement a comprehensive organizational policy review and upgrade its quality management processes to conform to international organizational standards (ISO 9000-2008).

This work builds on an internal policy review undertaken this year which compared and identified the best practice policies across ARAFMI NSW Branches and will result in a single comprehensive set of policies being agreed and implemented.

These changes when implemented over the coming year will allow ARAFMI NSW to both efficiently support the work of the new NSW Mental Health Commissioner, John Feneley as he develops a strategic Plan for Mental Health over the next few years; and provide a sound basis for the expansion of the Regional Branches service delivery capacities.

Apart from increased engagement across the sector and greater collaboration with partner organisations, (like the joint e-newsletter started with the Mental Health Association of NSW this year), the engagement with the new Commission and its planning processes will be the top priority (after internal reform) for ARAFMI NSW for the coming year.

MENTAL HEALTH CARERS ARAFMI NSW INC

NEW CEO Profile:

Jonathan Harms

Jonathan Harms originally trained as a lawyer in Western Australia, which has proved to be excellent preparation for an advocate. However he has also had a long career in policy and stakeholder management with emphasis on medico-legal and mental health issues.

Jonathan has worked as a policy analyst for both for State and Federal Government Ministers, as well as Australia's largest workers compensation and CTP insurance provider, (IAG) Insurance Australia Group; and the NSW Ministry of Health.

Jonathan brings a wealth of experience in medico-legal policy development and stakeholder consultation to the role, as well as a strong knowledge of Mental Health Carers ARAFMI NSW Inc. and the NSW and Australian federal health and mental health sectors, in addition to his own past experience as a carer.



Jonathan Harms
MHC ARAFMI NSW CEO

Keiran Booth Retires as ARAFMI NSW CEO



Keiran Booth, retiring CEO and
Gerard Newham, ARAFMI Information Support
Line Coordinator

Keiran Booth retired from the position of Chief Executive Officer of ARAFMI NSW Inc. in September 2012.

Keiran was a former President of ARAFMI and had served in a number of capacities in both the State office and in the Central Coast Branch and a carer himself.

Keiran was a passionate and tireless advocate for carers who was widely recognised and known throughout the sector.

ARAFMI NSW Inc. thanks Keiran for his contribution in all his roles over the years and wishes him well for the future.

MENTAL HEALTH CARERS ARAFMI NSW INC'S

President's Report

What an exciting year we have had in the Mental Health area! And what great promise the new NSW Mental Health Commissioner, **John Feneley** offers. I have attended numerous forums of late at which John has spoken, and I feel he is compassionate to the needs of mental health carers of NSW and that the commission is undertaking community consultations in the interest of improving the health and circumstances of the mentally ill.

Within the organisation, we are witnessing quite a few changes. Our former CEO, Keiran Booth, stepped down due to health reasons half way through the year and Jonathan Harms has done an excellent job of stepping into the role until a permanent appointment has been made. We welcome new members of staff as well as thank employees across all our branches for their consistent efforts in supporting the needs and improving lives of Carers in their regions.

Some of the highlights for me this year have been:- The Social Enterprise Forum at Callan Park which provided great information and focused on the opportunities for organisations to conduct Mental Health Enterprises on the site. I can see how this is an area we should be actively exploring as a way to provide work opportunities as well as to assist our organisation to become less reliant on dwindling funding. Callan Park is ideally situated to become an innovative hub of Mental Health services and enterprises.

Both Anne Stedman and I attended consultations with MHCC on the development of ROSSAT- Recovery Oriented Service Self Assessment Tool, and quite recently the regional launch of the tool. As a constantly evolving tool, we can see how it



Kristine Havron, President MHC ARAFMI NSW Inc.

would be of great benefit for services and employees to monitor and improve their service delivery in this positive approach to the lives of people affected by Mental Illness.

As I say, an exciting year and I look forward to ARAFMI continuing to grow and work together as an integrated body in the future, to explore the many innovative opportunities that are opening up to us.

We will also be focusing on consolidating our position as Peak Body to advocate for the needs of Mental Health Cares across NSW.

Lastly, I thank all board and committee members for their support and voluntary work for ARAFMI. Also a special thank you for the extraordinary work of the volunteers in our NSW office.

KRISTINE HAVRON OCTOBER 2012



2010-2012 Board MHC ARAFMI NSW Inc.

MENTAL HEALTH CARERS ARAFMI NSW INC'S

Treasurer Report

This year ARAFMI NSW has once again delivered far greater value for carers and taxpayers than the grant funding provided for it by the NSW State Government, (vital though this generous support is to our ongoing operations as a peak body).

While ARAFMI received \$329,300.00 in NGO Grant funding from NSW Health for it's 2011-12 financial year, it undertook expenditure in that period of \$532,070.00. This does not include the 100s of hours of work provided by our volunteers and student placements.

This expenditure in excess of grant and other funding was readily covered by the substantial 'surplus' I reported last financial year, but was not sustainable in the longer term however.

The Board and the retiring CEO reviewed expenditure in the latter half for the financial year, identifying a number of economies which have helped to reduce expenditure and place the association on a sustainable financial basis. Further economies have been implemented by the incoming CEO Jonathan Harms.

Additional internal controls and policies have also been instigated to ensure timely, transparent reporting and to improve Board oversight of financial management.

The over-grant spending on Peak activities resulting in the expenditure of surplus funds from pervious years also caused ARAFMI to review the basis for the calculation of surpluses held as 'Grants unexpended' or 'Reserve funds' going back to 2005 with the assistance of its auditors.

Subsequently a clarification of all these issues was provided the satisfaction of myself, the Board and NSW Health; and policies agreed to govern such matters to going forward.

In summary, I report that in spite of some challenges, the ARAFMI Management and Board have taken all necessary steps to ensure that the association is solvent and still in a sound and sustainable financial

The organisation still has funds in reserve to help supplement this year's grant, however more funding resources will be required if ARAFMI is to continue to expand its role in future.

The Hunter and Illawarra Regional Branches continue to work within their budgets and to break even; whilst the Central Coast branch has a very healthy surplus. The information supplied to me indicates that all the Regional Branches are solvent.

ROBERT HUNTER CPA OCTOBER 2012



Robert Hunter Treasurer

ARAFMI NSW Board, Students and Volunteers

NSW Board of Management

President:

- Kristine Havron

Vice President:

- Colin Levy

Treasurer:

- Robert (Bob) Hunter

Secretary:

- Anne Stedman

Committee Members

- David Allen
- Reg Lacey,
- Carol Woolley
- Maryanne Housham

Chief Executive Officer

- Jonathan Harms

Staff

- Sunny Hemraj
- Gerard Newham
- Snow Li
- Michelle Beards
- Zoie Morgan

Student Placements

- Arlene Johnson
- Nikki Day
- ChiomaUnaeze
- Victoria Kent
- Peter Heggie
- Gail Fletcher
- Mary Ann Perlas Gallardo
- Meaghan Hildebrand
- Andrew Costa
- Jaclyn Renn
- Jared Wood
- Sarah Kennedy



**Nikki and Arlene at a
Carers Day Event**

Volunteers 2011-2012

- Alec Dunn
- Ali Kahn
- Ana Petrusevski
- Anna Bethmont
- Austin Hui
- Beau McHenry
- Bi Yun Huang
- Biao Qian
- Bronwyn Maddison
- Chris Beards
- Chris Dunstan
- Edward Mooney
- Elizabeth Taylor
- Eric Priestley
- Gordon Wing-Lun
- Helan Zhuang
- Janis Mcdonald
- Joanne Sutton
- John Bear
- Kim Brancheau
- Kuhu Barua
- Laura Hutch
- Malia Corry
- Marina Dassos
- Mary Ann Perlas Zhou
- Melody Sgro
- Muhsim Karim
- Nanette Williamsen
- Ray Moss
- Ritu Aggarwal
- Shweta Ramahni
- Shivani Bharawaj
- Simon Sarfaty

NSW Regional Branch Committees

ARAFMI Central Coast Management Committee

Patron

- Lord Gosford

Committee of Management

- **President** Karen O'Neill
- **Treasurer** Christine Marsh
- **Secretary** Maree Richards

Committee Members

- Helen Wotherspoon
- Helen Rodney
- Conette Wheatley
- Sandra Swannell
- Trish Griffin

Mental Health Carers ARAFMI Volunteers

Bingo

- Sue Sheather
- Judy Hardey
- Sheree Williams
- Charmaine Wicks

Recreation Program

- Tony Farrington
- Donna Stratford

Central Coast Staff

- **Regional Manager:** Rhonda Wilson
- **Family Support Coordinator:** Maria Blackburn
- **Family & Carer Worker:** Linda Weedon
- **Child & Adolescent Worker:** Marion Galbraith
- **Administration Assistant:** Donna Heward
- **Recreation Officer:** Jenny Ryan

ARAFMI Hunter Management Committee

President:

- Robert (Bob) Hunter

Treasurer

- David Farley

Secretary:

- Julie Castle

Committee Members

- Jack Kelly
- Bryan Abery
- Shirley Finney
- Janet Mundie

Regional Manager

- Joanne Sinclair

Family Counsellor

- Coralie Reeve

HUNTER VOLUNTEERS :

Kay, Helen, Brenda, June, Elaine, Barbara, Coral, Pat, Janet, Jim, Shirley, Bryan, David



Hunter staff and volunteers with the Minister for Mental Health, Hon. Kevin Humphreys MLA.

MENTAL HEALTH CARERS ARAFMI NSW INC'S

ARAFMI Illawarra Management

Committee

Patron: Mr. Alex Darling

President:

- Carol Woolley

Vice President:

- Col Levy

Treasurer

- Peter Hutten / Jason Nunes

Secretary:

- Melissa Wrightson

Committee Members

- Taina Levy
- Alice Scott
- Sandra Lacey

Regional Manager

- Kelley Knick-Parish

Consumer Representative & Volunteer

- Paul Dalmazzo

SESAHS Representative Christine Kulyk

Volunteer Family Support Worker Anne Coughlan

Volunteer Office Administration Lorraine Huisman

Accountant James Holland

(A.J. Bartlett Cachia Accountants)

Student Placements

Ann Coughlan, Bronte Rossiter, Natalie Ottni

Volunteers

Belinda Chalker, Taina Levy, Victoria Pena

Strategic Goals 2011–2012

The ARAFMI Board in the last year has reviewed the Peak Body status within the organisational values, vision and strategic planning.

The Board implemented directional changes which included a re-structure of the management team in September 2012.

The Board has endorsed the incoming management 2012 Strategy – Peak Body to build a greater awareness of ARAFMI via a combination of ongoing projects and the inclusion of social media platforms.

- To promote the Peak Body role by identifying mental health carer issues on a local, state and national level
- Increase ARAFMI presence in the representation to other mental health organisations locally, state and nationally
- Increase awareness of ARAFMI by increasing media presence via social media platforms
- Review, align and update strategies to meet requirements of Mental Health 10 Standards 2010 in the ARAFMI service delivery
- Increase awareness of the Information Support Line (promotional information, and social media)
- Increase the opportunity to gain new student placement and volunteers; and also retain past volunteers to assist within the service delivery
- Accommodate the increase in volunteers and student placement participation with increased in-house training and development to enhance their role within our service
- Review the current Quality Management System and internal policy structures.

Programs for 2011—2012

- Peak Body Consultation and Advocacy
- Carer Consultations Volunteers Register
- Carer Education and Training
- Information and Support Line
- Carer Support Worker Forum
- Mind Reader E-Newsletter
- Older Persons Mental Health Forum
- CALD Carer Scoping Project

Peak Body Consultation and Advocacy

- After conducting a range consultations including face to face information sessions followed by the administration of a paper survey; on-line surveys, focus group discussions, ARAFMI drafted an informative report entitled, "Mental Health Commission Surveys of Stakeholder Priorities for Action & Preferences for Engagement". This was provided to the Minister for Mental Health, the Mental Health Task Force and the new Mental Health Commission and advised of carer priorities for the Commission's work.
- Facilitated consultations with other bodies on issues relevant to carers such as the Mental Health Coordinating Council (packages of care) and the NSW Ombudsman (supported accommodation).
- Actively participated in the development of the National Mental Health Standards: Standard 10 – Delivery of Care
- ARAFMI attended at over 154 forums, advocacy sessions or other meetings representing carers experience, views and needs to a variety of organisations or services.
- ARAFMI also recruited carer volunteers and students and undertook a number of planning exercises to better explore the Peak Role and ways to enhance carer engagement and involvement in ARAFMI and in the policy and advocacy it undertakes.

- Projects based on these investigations will be rolled out in the next financial year, and include the investigation of a Carer Support Worker Forum and Peak Advisory Committee.
- Advocated for better recognition of mental health carers needs and costs they sustain in their caring role
- Advocated on behalf of Carer Inclusion in Care Planning and appropriate disclosure of information necessary to allow the carer to perform their role
- Advocacy in support of Carers NSW push for the Carer Recognition Act to give legal force to the recognition of carer needs including to access information, support, employment and appropriate leave entitlements
- Ensured policies being developed or reviewed appropriately recognized Carer rights and interests, for example NSW Health Policy Directives reviewed by the state-wide NSW Clinical Advisory Council
- Provided carer perspectives to the Taskforce developing the framework for the new Mental Health Commission
- Delivered education sessions about the new Commission as well as consulting with stakeholders about their preferred priorities for its tasks
- Attended, assisted stakeholders to attend and provided experienced staff input into many statewide service delivery improvement exercises, both in mental health specific and related areas, (e.g. the NSW Ombudsman's review into boarding houses and the Senate's inquiry into Insurance Issues for mental health consumers).
- Delivered comment and sought feedback on policies, guidelines standards and tools for a wide range of mental health, NGO and service delivery processes, consultations and forums.



Parramatta Festival 2012

Programs from 2011—2012

Carer Consultation Volunteers

Register Objectives 2011 – 2012

- Continue development of the Carer Consultation Volunteers Register
- Identify carers, consumers and other relevant stakeholders to participate in various consultations
- Support the objectives of the Mental Health Commission
- Record experience of service by carers interacting with NSW Health for future feedback on improvements

Outcomes

- A 100% increase in participation since commencement of program.
- Number of Carer Consultants registered in 2011-2012 (360)
- Increase participation in the ARAFMI consultations and surveys

Carer Education and Training

- The two (2) day Mental Health First Aid training program was provided, (sixteen (16) sessions) were delivered to a total of 162 participants, including 147 from the community, including non-government organisations and state government authorities, and 20 volunteers and 12 student placements and 2 staff from the Consumer Advisory Group (our partner organisation CAG) were trained free of charge.
- In addition Support Group Facilitator Training was delivered to 12 participants, (7 volunteers and 5 student placements).

- The ARAFMI Borderline Personality Disorder Training course was reviewed and delivered to 18 carers and was also delivered after review at two ARAFMI Branches (Hunter and Illawarra).



ARAFMI Staff , Carers and volunteers at Mental Health First Aid Training Session

Information and Support Line

The Information and Support Line is a significant part of our NGO model in supporting Mental Health carers and their issues.

ARAFMI's Information and Support Line is an invaluable service for any person seeking assistance with accessing Mental Health Services or other supports needed for people living with mental illness or their carers

In addition to developing a greater awareness of the Information Line via social media platforms, ARAFMI has also started to engage directly with clients through these media, providing advice and information through it's website and social media platforms. The significant growth in these kinds of interactions has more than made up for any decline in calls to the information line itself.

The role of our volunteers and student placements along with the Information and Support Line Coordinator are the first point of call that incoming calls from new and current carers of the service talk too.

Programs from 2011—2012

Information and Support Line Outcomes

- ARAFMI has improved its capacity to refer callers to the Information and Support line to appropriate services by reviewing information and increasing Information Line operator's awareness of resources in the sector available to meet a wide range of carer and consumer needs (as carers often call seeking assistance for the person they care for)
- 2011 - 2012 Referrals to organisations: **81.48%**
- 2010 - 2011 Referrals to organisations: **63.60%**
- 2009 - 2010 Referrals to organisations: **48.10%**
- During Mental Health Month in 2011 ARAFMI undertook a radio advertising campaign to raise awareness of the organisation and the fact that there is specific assistance available to carers of the mentally ill. This ran for one month (October) and was focused on the metropolitan area (2UE).
- Results for the Information and Support Line Survey in 2011 have been analysed and used to inform ARAFMI of client preferences for the future directions of this service.
- Feedback from consumers and carers has indicated a preference for an extension in hours of operation from 9.00 am – 5.00 pm to 9.00 am – 9.00 pm Monday to Friday and extending services on Saturdays
- Issues raised by callers (carers and consumers they care for) and in particular their unmet need for services (both clinical and other support) are used to help inform ARAFMI of the needs it should be advocating for service to meet.
- Working closely with referral agencies in determining ways to improve the take up of service offered to members of the mental health community.
- Recording Information and Support Line calls rates, website hits, on-line forum, direct email information requests.

Phone Calls – consistent with years 2009, 2010, 2011 and to June 2012 averaging 1600 per year.

- Phone call rate 830 (2012)
- Website hits 26,000 (2012)
- On-line forum discussions 80,000 (2012)

Carers Support Workers Project

Objectives 2011 – 2012

- Preliminary investigation and surveys into the feasibility of this project were undertaken in 2011—2012.
- This investigation identified key objectives :
 - To examine the possibility of developing a forum to bring together carer support workers from across the state of NSW to allow them to exchange ideas, best practice strategies and to discuss the supports they require in their roles.
 - To help facilitate consultation and engagement with carers by increasing the levels of access to current carers through carer support workers.
 - To enhance the capacity of the Information and Support Line to refer people to the closest and most effective local carer support worker.
- To facilitate this program in 2011-2012 ARAFMI conducted a survey of carer support workers employed by both NSW Health and the providers of the NSW Health Family and Carer Mental Health Program.
- Subsequently, ARAFMI NSW has sought to engage providers of the Family and Carer Mental Health program and Carers NSW in this project.
- This project will continue to be developed in collaboration with these other partners through the Family and Carer Mental Health program steering committee.

Programs from 2011—2012

Older Persons Mental Health Forum Objectives 2011 – 2012

Initiated by Older Persons Mental Health Working Group at NSW Health, this forum was conducted by NSW Consumer Advisory Group (CAG) and ARAFMI to explore ways of engaging consumers and carers of mental health and aged care services.

Key objectives of this Forum were to:

- Establish contact with older persons and their carers
- To collaborate and further develop relationships with the above mentioned Older Person Groups that support older persons and their carers
- Identify barriers in liaison with above mentioned Older Person Groups for further advocacy
- Develop strategies to overcome barriers
- Review ARAFMI Older Persons strategies to ensure they complement the work of the OPMHWG and the MHC

Older Persons Mental Health Forum Outcomes

- Older Persons Mental Health Forum 13 June 2012 forum
- Engagement of organisations and service providers catering to aged care and support of the elderly for further consultations projects to support the work of the Older Persons Mental Health Working Group (OPMHWG) and the Mental Health Commission (MHC)

To identify barriers to Older persons and there carers ability to access and participate in consultations around the services they use.

Participants included:

- Council on the Aging
- Mental Health Carers ARAFMI
- NSW Consumer Advisory Group
- Psychogeriatric Nurses Association Australia Inc
- Older Persons' Mental Health Policy Unit

- Older Person's Mental Health Working Group
- Specialist Mental Health Services for Older People Program
- Elderly Suicide Prevention Network
- Project Officer, Carers NSW
- Aboriginal Older Persons Mental Health Working Group; Culturally and Linguistically Diverse Older Persons Mental Health Working Group
- Mental Health Coordinating Council
- Lark Ellen Aged Care

ARAFMI is collaborating in a further Forum on this subject with the Mental Health Coordinating Council, CAG, the OPMHWG and others to continue this important work in 2012-13.



Older People's Mental Health Forum

An ageing population brings new challenges and opportunities.
New approaches are needed, including the development of new partnerships.

You are invited to a forum to discuss these approaches and partnerships in carer & consumer engagement. The forum will also consider how older consumers can participate in quality improvement. We will be talking about examples of successful engagement and "what works well" so please be prepared to share your stories.

Date: 13th June 2012
Time: 10am—2pm including light lunch
Contact: Sage Telford
RSVP: stelford@nswcag.org.au by 30 May 2012

Location: Suite 501, Level 5
80 William Street, East Sydney

Organisers are aware that organisations at the forum may not be familiar with each other and therefore a portion of the forum will include introductions of all the organisations in attendance

This forum is being convened by NSW Consumer Advisory Group—Mental Health Inc. (NSW CAG) and Mental Health Carers ARAFMI NSW and is supported by the Ministry of Health's Mental Health and Drug & Alcohol Office Older People's Mental Health Working Group

Logos: NSW Health, ARAFMI, NSW CAG

Flyer Promoting Forum

Programs from 2011—2012

CALD Carer Scoping Research Project Objectives 2011 – 2012

Examination to barriers of engagement with CALD

Conduct and Implement research and development
PILOT program targeting CALD groups focus Indian Chinese

Address the following

- Mental health literacy
- Cultural: breaking down stigma for greater understanding of mental health issues and available assistance
- Engage CALD Indian Chinese participants to improve mental health literacy

CALD Carer Scoping Project Outcomes

- Further funding applications to promote additional CALD engagement with other multi-cultural groups
- Extended the program to include the preparation of promotional materials for approval by management
- Referral groups actively encouraging CALD programs



Mind Body Spirit Expo 2011

Mind Reader E-Newsletter Objectives 2011 – 2012

Mind Reader e-newsletter launched June 2011

Joint e-newsletter with Mental Health Association and ARAFMI NSW Inc

To promote joint projects between MHA and ARAFMI NSW Inc

To promote ARAFMI including consultations and advocacy

To engage carers, mental health professionals and the general community

Articles are focused mental health carer issues

Mind Reader Key Performance Criteria / Indicators

Articles are produced by (supervised) volunteers, student placements and industry specialists

On line surveys – topical mental health and carer issues

Articles meet the needs of consumers and carers

Mind Reader Outcomes

- Positive and constructive feedback from recipients of the newsletter
- Nearly 3,490 recipients of the newsletter
- Increasing membership by 100 members per month and increasing

the mind reader Newsletter

Programs from 2011—2012

Brochures / Written Materials

Objectives 2011 – 2012

Review all brochures and pamphlets to ensure currency and relevance

All funded publications include the acknowledge the Department funding with 'Funded by NSW Health'

Translate materials into languages

- Spanish
- Chinese (Mandarin)
- Indian (Hindi Urdu)

Brochures / Written Materials Key Performance Criteria / Indicators

- Complete translations and have them checked and approved by CEO
- Promoting materials translated to associated mental health organisations

Brochures / Written Materials Outcomes

- Increase language section
- The draft translation is approved and circulated
- Spanish (draft form)
- Chinese (draft form)



MHC ARAFMI NSW Pamphlets

Website & Social Media

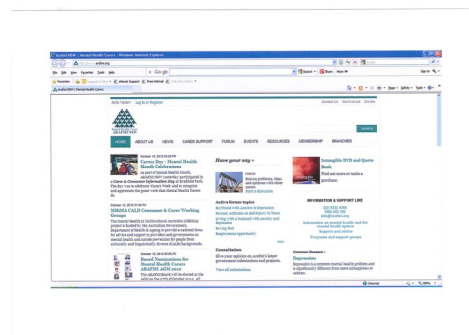
Objectives 2011 – 2012

Promote the awareness of the website and ARAFMI NSW

Provide accurate and relevant information to carers and consumers

Promote ARAFMI activities

- Consultations
- Advocacy
- Promote open discussions on the 'Forum'
- To identify carer and consumer issues



ARAFMI Website: www.arafmi.org

Website Outcomes

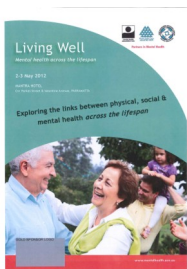
- Increased 'hits' on website
- Increased awareness of ARAFMI in a younger demographic
- Facilitation of discussion and reduction of social isolation of carers

Programs from 2011—2012

Living Well: mental health across the lifespan

The Living Well conference, held on 3 May at the Mantra Hotel in Parramatta, was a partnership project between the Partners in Mental Health (Consumer Advisory Group and the Mental Health Association NSW) which was officially launched by the NSW Minister for Mental Health, the Hon Kevin Humphries MP.

It was a single-day forum with the emphasis on consumer and carer participation. Sebastian Rosenberg was MC for the event and over 100 people attended. Central Coast ARAFMI staff Linda Weedon presented one of the workshops. The evaluation of the conference showed how much carers and consumers valued the opportunity to share experiences and discuss services and treatments that are beneficial and cost effective.



Other ARAFMI NSW Inc. Activities in 2011-2012:

Reviews of the services offered by various branches have identified opportunities to increase the services in each Branch by utilising existing capacities to take services successful in one Branch and rolling them out to others.

This review of services has been able to readily identify the best practices available to ARAFMI in meeting varying and different needs in the regions served as opposed to the metropolitan and city locations.

ARAFMI has formalised the development of specific resources including brochures and information pamphlets, fact sheets, and some training for carers.

Further standardisation is a major ongoing project for the organisation. An intranet has been set up across ARAFMI which will further facilitate the sharing of resources and record keeping and training has been delivered to staff and volunteers in its use.

Resources for carers, (informational and educational), are routinely made available to carers at either reduced cost or completely free of charge and are a valuable source of information for them

Other Services:

Since the appointment as a Peak Body for Mental Health Carers in NSW, the organisations engagement in the Mental Health and community sector has increased dramatically.

ARAFMI has overwhelmingly been approached by NSW Health committees and non-government organisations to provide representations for carers or carer stakeholders to participate directly.

In related development, ARAFMI has also experienced an increased call to provide submissions to government service providers and to participate in NGO projects and both present on mental health issues and assist with providing stakeholders for discussions at universities and colleges.

The impact on the increase of demand for ARAFMI services has resulted in ARAFMI creating a systematic recruitment process to attract suitably skilled volunteers and student placements who are currently undertaking related studies in mental health or community services.

ARAFMI has identified a range of skill sets and sought students and volunteers who have these to assist with its policy and advocacy work.

Student placements have current training and additional support from their educational institutions, being mentor programs and supervision programs of suitably qualified and experienced professionals which make them a valuable supplement.

However, properly supporting student learning objectives and volunteers in their project work also consumes staff time and other resources, which has placed some natural restrictions upon ARAFMI's capacity to expand its capabilities using these valuable contributions.

This has also placed additional pressure on ARAFMI to provide ongoing training and development for both the increased number of volunteers and student placements, and paid staff whom support and manage them.

Annual Reports — Central Coast 2012 Report

2012 CENTRAL COAST BRANCH REPORT

2011-2012 saw Mental Health Carers ARAFMI Central Coast Committee and staff put together ideas and plans to refocus on what needs to happen to strengthen our resolve and fill gaps in specialist service provision to family and carers.

FAMILY SUPPORT

Family support is our core business and we continue to work alongside carers to provide a range of support services for those who care for, and care about people experiencing mental health problems.

COMMUNITY EDUCATION

Another strong focus of our organisation in 2011/2012 included; presenting papers at conferences, attending and chairing committee meetings, facilitating education sessions, distributing information and promoting innovative initiatives.

ACTIVITIES

Open days, Walk of Pride and involvement in a number of community seminars and events continue to highlight aims and objectives of ARAFMI

PROFESSIONAL DEVELOPMENT

ARAFMI Central Coast branch has developed a number of workshops for mental health workers and service providers.



Young ARAFMI Centre Central Coast

YAKKALLA

(Social and recreational program)

Yakkalla Recreation program is a community Partnership between Mental Health Carers ARAFMI/Central Coast Local Health District and is funded by ADHC to support Mental Health Recovery. Yakkalla aims to *empower* consumers to not just be passive recipients, but to be *active* and *involved* co-contributors in the delivery of the service, how it looks and the programs provided.

YOUNG ARAFMI

(Child & adolescent support)

The high need for services for the children in our target group has lead to referrals to our service during the past twelve months.

For further information about ARAFMI Central Coast please go to our website
<http://www.ccarafmi.org.au/>

Contact numbers

Central Coast	(02) 4369 4233
Kincumber	(02) 4369 4233
Bateau Bay	(02) 4334 3666

Office Hours

Mental Health Carers Central Coast's main office at Kincumber is open 9am - 4.30pm Monday to Thursday. 9am - 1pm on Fridays.



Rhonda Wilson, Regional Manager, Central Coast ARAFMI

Annual Reports — Illawarra 2012 Report

2012 ILLAWARRA BRANCH REPORT

All of ARAFMI Illawarra goals and objectives were met in the 2011 – 2012 periods. The main areas of our service delivery were;

- Information & support for carers
- Promote coping skills in carers and families.

Partnerships

Information and support that were given to carers through our service were in areas of

- One-on-one support
- Telephone support
- Mental health and carer resources
- Carer support groups and activities
- Referrals to other relevant services

We are very fortunate to have a great volunteer base within our service to that assist in different areas of support. Mainly being phone support for carers. Having trained and competent volunteers that have knowledge on carer issues, illnesses and local services assist our carers over the phone and within the office environment with information for either themselves or their loved ones and can refer to appropriate services if needed.

Trained and competent volunteers, with knowledge of local mental health services, consumer and carer issues enables us to provide appropriate information or referrals to carers either in person or by phone.

We hold a broad range of resources in the office and these have recently been updated by a volunteer and a *community services student* who recently completed her placement with us. As well as ARAFMI's own resources we carry fact sheets and information of other Mental Health Service Providers.

The broad range of carer resources include:

- Fact sheets on Mental Illness
- Coping skills for carers
- Respite services available
- Legal information
- Information for young carers
- Information for consumers

Contact details

For further information about ARAFMI

Illawarra please go to our website

<http://www.arafmi.org/illawarra-branch>

1 Atchison St, Wollongong, NSW 2500

Tel: (02) 4254 1699

Fax: (02) 4254 1696

Email: arafmi_i@bigpond.net.au



Kelly Knick-Parish, Regional Manager
ARAFMI Illawarra

Annual Reports - HUNTER 2012 Report

Hunter has had a very productive 2011-2012. With strong partnerships, new workshops, new fact sheets for the Navigator Guide and Mental Health Month events eg; 'Walk of Pride' and the Candle-light Vigil which are increasing in numbers every year and a great success.

I have attended various meetings with Hunter New England Health keeping our partnership strong, attending the Family and Carer Reference Group meetings and the Community Advisory group meetings monthly. Interacting with service providers and Hunter New England staff is very important as it is team work that truly makes a huge difference.

Mental Health Carers ARAFMI Hunter are involved in psychiatry training days at the Mater Mental Health Unit, this year our Ground Rounds presentation was on Personality Disorders families and carers, it was received very well as we took carers along to share their stories. This is invaluable work as it informs clinical staff on the needs of families and carers.

Our Partnership with Samaritans Headspace is going strong. I sit on the Executive Committee and Coralie our family counsellor supports families at Maitland fortnightly, and as I am sure you are all aware a second Headspace is to open its doors in Newcastle early next year, which is great for the youth in the Hunter region. We offered workshops on Borderline and Boundaries to Headspace family members throughout the year and due to great success many staff working in the disability field have asked us to facilitate workshops at their service centres. One was offered to Legal Aid staff last November with 22 in attendance it was received very well with great feedback.

The Navigator guide is our partnership with Hunter New England Health which began back in 2002. The guide was first produced for families and carers to help them navigate their way through the system offering practical help and service location availability. The new fact sheets for the last 12 months are

these fact sheets can be located and provided electronically on the Hunter New England website and the ARAFMI Hunter website.

The Mental Health Month 'Walk of Pride' in 2011 was a great success, we had a variety of excellent speakers and great support from the community. The Minister for Mental Health Kevin Humphries made contact and asked if he could come along and speak to the local community, it was great to see so many come out and support this exciting community event! We are so excited to see so many community members and services taking action and making it their responsibility to challenge Stigma.

Coralie Reeve our Family Counsellor has been doing a fantastic job counselling and facilitating programs and workshops for carers. This process allows carers and family members to address personal issues and to connect with others working through similar experiences, thankyou so much Coralie for your expertise in this area and your commitment to families.

I would like to thank all four staff and volunteers for your continued support, referrals and acknowledgement of the work we do here. It is a true gift of spirit to see the many carers find happiness and a sense of worth, here's hoping for an excellent 2012-2013



Joanne Sinclair
Regional Manager
Hunter Branch

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N.70 653 824 650

**FINANCIAL REPORT
FOR THE YEAR ENDED
30 JUNE 2012**

**Liability limited by a scheme approved under
Professional Standards Legislation**

**MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N.70 653 824 650**

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MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N.70 653 824 650

COMMITTEE'S REPORT

Your committee members submit the financial report of the Mental Health Carers ARAFMI NSW Inc. for the financial year ended 30 June 2012.

Committee Members

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

Kristine Havron (President)
Robert Hunter (Treasurer)
Colin Levy
Ann Steadman
Reg Lacey
Maryann Housham
David Allen
Carol Wooley

Principal Activities

The principal activities of the association 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.

Significant Changes

No significant change in the nature of these activities occurred during the year.

Operating Result

The loss after providing for income tax amounted to \$186,051.

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

Committee Member: Kristine Havron
Kristine Havron (President)

Committee Member: Robert Hunter
~~Robert Hunter (Treasurer)~~ ANNE STEDMAN (SECRETARY)

Dated: 15.10.2012

MENTAL HEALTH CARERS ARAFMI NSW INC.

A.B.N.70 653 824 650

**INCOME & EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2012**

	Note	2012 \$	2011 \$
INCOME			
Donations Received		20,075	20,000
Grants Received		329,300	735,119
Non Government Funding		1,400	70
Membership Fees		523	3,705
Conference/Consultancy Fees		-	22,048
		<u>351,298</u>	<u>780,942</u>
OTHER INCOME			
Interest Received		10,549	17,672
Other Revenue		18,754	6,747
Loss on Sale of Non-current Assets		<u>(34,582)</u>	<u>(636)</u>
		<u>(5,279)</u>	<u>23,783</u>
		<u>346,019</u>	<u>804,725</u>
EXPENDITURE			
Auditor's Remuneration		6,760	6,952
Advertising		145	-
Bank Charges		1,127	1,364
Bookkeeping Fees		2,520	29,068
Central Coast allocation		-	62,822
Cleaning		-	407
Computer Consumables		905	8,306
Conference Expenses		4,953	40,868
Consultancy Fees		1,349	447
Depreciation		7,729	20,006
Education & Training		3,503	4,113
Electricity & Gas		-	2,568
Events & Workshops		1,255	3,760
Filing Fees		106	109
Fringe Benefits		1,639	2,675
Holiday Pay		3,408	(43,190)
Insurance		11,152	18,245
Internet Expenses		6,941	-
Leasing Charges		4,931	2,093
Motor Vehicle Expenses		1,498	-
Postage		1,404	3,119
Printing & Stationery		15,318	17,168
Program Resources		7,098	3,824
Service Promotion		6,845	-
Rent		-	3,264
Repairs & Maintenance		689	3,859
Salaries & Wages		321,781	287,864

The accompanying notes form part of these financial statements.

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N.70 653 824 650

INCOME & EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2012

	Note	2012 \$	2011 \$
Staff Recruitment		1,389	5,276
Staff Training & Welfare		6,845	7,731
Storage Fees		4,820	9,888
Subscriptions		2,957	5,038
Superannuation Contributions		28,404	23,896
Telephone		13,827	22,168
Travelling Expenses		58,422	38,993
Web Hosting		2,350	-
		<u>532,070</u>	<u>592,701</u>
Surplus/(deficit) before income tax		<u>(186,051)</u>	<u>212,024</u>
Surplus/(deficit) for the year		(186,051)	212,024
Retained surplus at the beginning of the financial year		286,254	68,497
Transfer From Reserves		<u>(5,470)</u>	<u>(5,733)</u>
Retained surplus at the end of the financial year		<u>105,673</u>	<u>286,254</u>

The accompanying notes form part of these financial statements.

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N.70 653 824 650

ASSETS & LIABILITIES STATEMENT
AS AT 30 JUNE 2012

	Note	2012 \$	2011 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	2	116,885	256,286
Accounts receivable and other debtors	3	16,567	7,358
Prepayments		-	2,835
TOTAL CURRENT ASSETS		133,452	266,479
NON-CURRENT ASSETS			
Property, plant and equipment	4	27,462	69,773
TOTAL NON-CURRENT ASSETS		27,462	69,773
TOTAL ASSETS		160,914	336,252
LIABILITIES			
CURRENT LIABILITIES			
Sundry Creditors		-	6,963
Amounts Withheld		14,463	2,761
Superannuation Payable		8,005	5,439
Provision for Holiday Pay & Sick Leave		13,500	10,092
Accrued Charges		5,000	5,000
TOTAL CURRENT LIABILITIES		40,968	30,255
TOTAL LIABILITIES		40,968	30,255
NET ASSETS		119,946	305,997
MEMBERS' FUNDS			
Reserves	5	14,273	19,743
Retained surplus	6	105,673	286,254
TOTAL MEMBERS' FUNDS		119,946	305,997

The accompanying notes form part of these financial statements.

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N.70 653 824 650

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2012

1 Statement of Significant 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 NSW. The committee has determined that the association is not a reporting entity.

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

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

Property

Freehold land and buildings are shown at their fair value (being the amount for which an asset could be exchanged between knowledgeable willing parties in an arm's length transaction), based on periodic, but at least triennial, valuations by external independent valuers, less subsequent depreciation.

Property, Plant and Equipment (PPE)

Leasehold improvements and office equipment are carried at cost less, where applicable, any accumulated depreciation.

The depreciable amount of all PPE is depreciated over the useful lives of the assets 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.

Depreciation

The depreciation method and useful life used for items of property, plant and equipment (excluding freehold land) reflects the pattern in which their future economic benefits are expected to be consumed by the association. Depreciation commences from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements. The depreciation method and useful life of assets is reviewed annually to ensure they are still appropriate.

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N.70 653 824 650

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2012

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 by recognising an asset and a liability at the lower of the amounts equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

Leased assets are depreciated over their estimated useful lives where it is likely that the association will obtain ownership of the asset or over the lease term.

Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are recognised 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.

Impairment of Assets

At the end of each reporting period, the association 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.

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 income and expenditure statement.

Employee Benefits

Provision is made for the association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits have been measured at the amounts expected to be paid when the liability is settled.

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N.70 653 824 650

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2012

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.

Revenue and Other Income

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 using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

Revenue recognition relating to the provision of services is determined with reference to the stage of completion of the transaction at the end of the reporting period and where outcome of the contract can be estimated reliably. Stage of completion is determined with reference to the services performed to date as a percentage of total anticipated services to be performed. Where the outcome cannot be estimated reliably, revenue is recognised only to the extent that related expenditure is recoverable.

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).

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.

**MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N.70 653 824 650**

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2012**

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 (ATO).

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the balance sheet.

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N.70 653 824 650

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2012

	2012 \$	2011 \$
2 Cash and Cash Equivalents		
Cash on Hand	1,709	854
ING Business	86,539	221,598
Bendigo Bank	20,803	20,623
Bendigo Bank - Operating Account	1,491	9,330
Bendigo Bank NR	1,264	1,774
National Australia Bank	5,079	2,107
	<u>116,885</u>	<u>256,286</u>
3 Accounts Receivable and Other Debtors		
Current		
GST Payable	6,175	4,574
Sundry Debtors	-	2,784
FBT Receivable	10,392	-
	<u>16,567</u>	<u>7,358</u>
4 Property, Plant and Equipment		
Land and Buildings		
Leasehold - Property Improvements	-	16,099
Less: Accumulated Depreciation	-	(1,183)
	-	<u>14,916</u>
Total Land and Buildings	-	<u>14,916</u>
Motor Vehicles	45,103	45,103
Less: Accumulated Depreciation	(23,423)	(18,420)
	<u>21,680</u>	<u>26,683</u>
Office Furniture & Equipment	30,141	82,157
Less: Accumulated Depreciation	(24,359)	(53,983)
	<u>5,782</u>	<u>28,174</u>
Total Plant and Equipment	<u>27,462</u>	<u>54,857</u>
Total Property, Plant and Equipment	<u>27,462</u>	<u>69,773</u>

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N.70 653 824 650

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2012

	2012 \$	2011 \$
5 Reserves		
General Reserve		
Opening Balance for the year	19,743	25,476
Transfer from (to) Retained Surplus	(5,470)	(5,733)
	<u>14,273</u>	<u>19,743</u>
6 Retained Surplus		
Retained surplus at the beginning of the financial year	286,254	68,497
Surplus/(deficit) attributable to the association	(186,051)	212,024
Transfer From Reserves	5,470	5,733
Retained surplus at the end of the financial year	<u>105,673</u>	<u>286,254</u>

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N.70 653 824 650

STATEMENT BY MEMBERS OF THE COMMITTEE

The committee has 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.

In the opinion of the committee the financial statements as set out on pages 1 to 11:

1. Presents a true and fair view of the financial position of Mental Health Carers ARAFMI NSW Inc. as at 30 June 2012 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that Mental Health Carers ARAFMI NSW Inc. will be able to pay its debts as and when they fall due.

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

President: Kristine Havron
Kristine Havron (President)

Treasurer: ~~Robert Hunter~~ ANNE STEDMAN (SECRETARY)
~~Robert Hunter (Treasurer)~~

Dated: 15. 10. 2012

**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N.70 653 824 650**

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of Mental Health Carers ARAFMI NSW Inc. (the association), which comprises the committee's report, the Assets and Liabilities Statement as at 30 June 2012, the Income and Expenditure Statement profit for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information and the statement by members of the committee.

Committee's Responsibility for the Financial Report

The committee of Mental Health Carers ARAFMI NSW Inc. is responsible for the preparation of the financial report, and has determined that the basis of preparation described in Note 1 is appropriate to meet the requirements of the Associations Incorporation Act NSW 2009 and is appropriate to meet the needs of the members. The committee's responsibility also includes such internal control as the committee determines is necessary to enable the preparation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditors' 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, as 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 auditors' 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 auditors consider 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 circumstances, 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 committee, as well as evaluating the overall presentation of the financial report.

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

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Professional Standards Legislation.

**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N.70 653 824 650**


Auditors' Opinion

In our opinion, the financial report of Mental Health Carers ARAFMI NSW Inc. presents fairly, in all material respects the financial position of Mental Health Carers ARAFMI NSW Inc. as at 30 June 2012 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and the Associations Incorporation Act NSW 2009.

Basis of Accounting and Restriction on Distribution

Without modifying our opinion, we draw attention to Note 1 of the financial report, which describes the basis of accounting. The financial report has been prepared to assist the association to meet the requirements of the Associations Incorporation Act NSW 2009. As a result, the financial report may not be suitable for another purpose.

Name of Firm: GOSS & CLARKE
Chartered Accountants

Name of Partner: 
Ronald George Goss

Address: Level 6, 10 Spring Street, Sydney, NSW, 2001.

Dated: 25 October 2012

MENTAL HEALTH CARERS ARAFMI NSW INC.
A.B.N 70 653 824 650

CERTIFICATE BY MEMBERS OF THE COMMITTEE

I, Kristine Havron of 18 Kinsey Crescent, Chittaway Bay, NSW, 2261, certify that:

- (a) I attended the annual general meeting of the association.
- (b) The financial statements for the year ended 30 June 2012 were submitted to the members of the association at its annual general meeting.

Committee Member:

Kristine Havron
Kristine Havron (President)

Dated:

27/10/2012

Mental Health Carers ARAFMI NSW Inc

2011 - 2012



Carers, staff and volunteers at Mental Health First Aid Training 2011



'Walk of pride' at Hunter Branch 2011



Article from Broken Hill Newspaper Reporting Keiran Booth's visit and lecture 2011



Carers Week Poster 2011

www.arafmi.org

Mental Health Carers ARAFMI NSW Inc

2011 - 2012



Volunteering Expo 2011



Planning Day 2011



Wellbeing festival 2011



Walk of pride 2011

www.arafmi.or