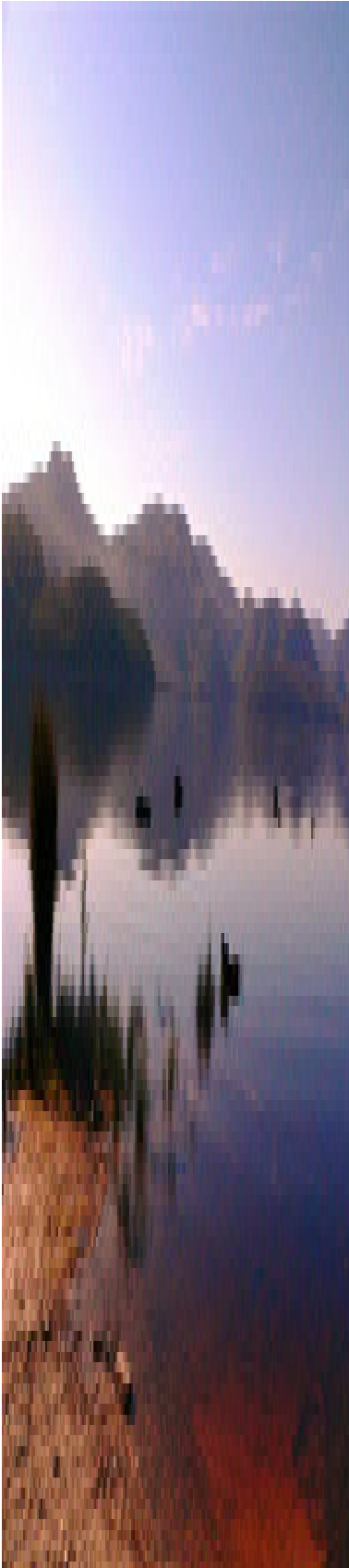


ARAFEMI  
Annual Report 2010

**Living our Vision**

# Contents

---



3. About ARAFEMI

5. Presidents Report

7. Executive Directors Report

9. Achievements' in brief

10. Program Reports

12 Snapshots

15. Our Board, Volunteers and Staff

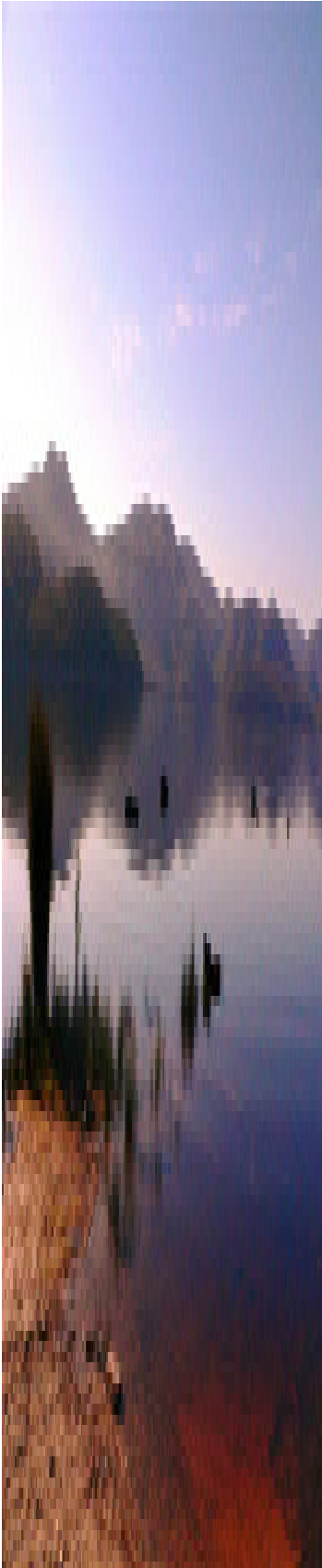
13. Financial Reports

“..it (respite) has helped me to  
pause and think more about caring  
for myself and not feeling guilty  
for taking time out”

Carer Evaluation 2009

# Who is ARAFEMI?

---



ARAFEMI is a non-profit community based organisation, which works from a recovery perspective. ARAFEMI is a Statewide leader in Family Carer support and offers a broad range of innovative consumer services.

ARAFEMI supports a holistic approach to mental illness, where the active symptoms of illness are only one part of the difficulties encountered by people experiencing mental health problems and their families. Understanding and support from family and friends, community awareness, lessening of stigma, access to secure affordable housing, supportive assistance at a time exacerbation of symp-

Our vision is for a society where people affected by mental illness are understood, respected, valued and have opportunities for support, which can lead to recovery.

## **Guiding Principles**

We will deliver services that are high quality, professional and innovative.

We are committed to an approach that focuses on strengths rather than weaknesses and utilises advocacy as a core principle.

We encourage active consumer and carer participation at all levels.

We value relationships, connectedness, and collaboration.



# Values

---

## **COMPASSION:**

- We will treat others as we wish to be treated
- We behave in an open, responsive, caring manner
- We will work with all as individuals- not just the illness
- We will listen empathetically to all
- We make decisions with consumers and carers best interests in mind
- We are generous and giving
- We show tolerance, acceptance, empathy and flexibility

## **INTEGRITY:**

- We hold ourselves to account for how we behave
- We behave consistently with what we say
- We adhere to professional, ethical and legislative codes of conduct
- We maintain and adhere to high standards with clear roles and expectations
- We allow open, honest effective communication

## **RESPECT:**

- We respect individual, group and cultural differences
- We will not bully, deride or demean others
- We listen, show tolerance, will be polite and allow difference
- We will be supportive, responsive, sensitive & mindful of where people are at.
- We will be equitable in interactions with others

## **SOCIAL JUSTICE:**

- We will fight for the rights of the mentally ill and their families
- We will advocate for and promote people with a mental illness and their families
- We will fight stigma through ongoing education and training
- We will foster hope and opportunity
- We will foster empowerment towards recovery
- We will authorise decision making by individual carers and consumers
- We will be inclusive and comprehensive in the way we work

# President's Report– Andrew Concannon

## **Milestones and new Directions!!**

It's again a pleasure to be able to convey some of the highlights of the last year at ARAFEMI.

Firstly ARAFEMI celebrated its 30<sup>th</sup> Anniversary, and we were delighted to have Georgia Shields, the first President of ARAFEMI, and John Martin among the guests at our celebration in October 2009.

The report this year focuses on how ARAFEMI Victoria has strengthened its ability to fulfil its mission and this has been partly done through a decision by the Board to invest in several new positions which have been instrumental in promoting our mission. This has meant using our reserves to meet the demands of this additional expenditure.

The appointment of Michelle Swann as Carer Advocate just over 9 months ago has been an outstanding success. This new role was in response to large number of carer requests to assist with individual advocacy matters around the care and treatment of their loved one. Michelle describes the success of this new program later in this report.

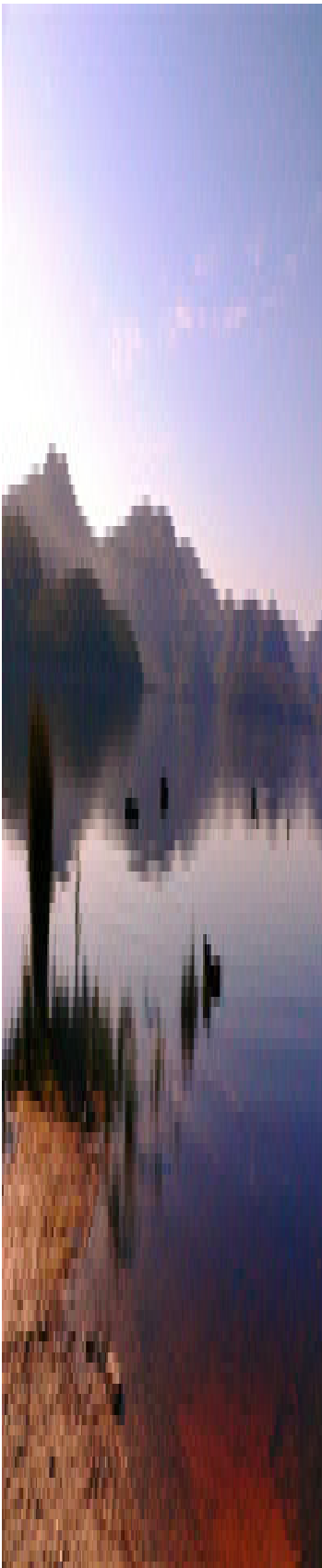
The organisation has recently undergone Accreditation with the Quality Improvement Community Services Accreditation. It was pleasing to get recognition during this process about the outstanding standard of service delivery and consumer involvement at ARAFEMI.

ARAFEMI has also been successful in gaining funding for a Personal Helpers & Mentors program in the Greater Dandenong area, and as a result we have established an office in the South East.

One significant achievement over the last year has been the awarding of a grant to ARAFEMI by the William Buckland Foundation to develop a Centre of Excellence for Peer Support in conjunction with the other mental health agencies who provide specialist peer support in mental health. These include The Anxiety Recovery Centre, The Compassionate Friends, Eating Disorders Foundation, GROW, PaNDA. This will allow these organizations to work with ARAFEMI to further develop the skills and expertise which can be promoted throughout a changing community mental health sector.

“ARAFEMI Victoria has strengthened its ability to fulfill its mission”

*Promoting and improving the well being of people affected by mental illness*



# President's Report–

---

## cont.

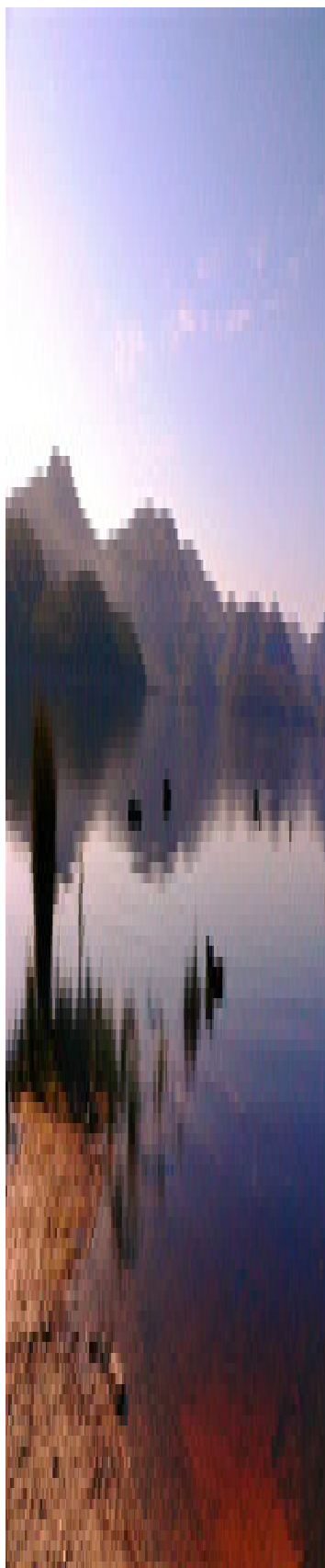
Also welcome news is the renewed commitment by the new Federal Government that will hopefully lead to increased growth in mental health funding across Australia.

Finally, it is regret that we are farewelling Warren Jenkins as the Executive Director of ARAFEMI. Warren provided leadership and compassion over the past five years. The Board acknowledges the positive way in which he has led ARAFEMI to its strong position today. He has decided to step back from full time work and will be seeking a greater balance between family and work life in the coming years.

The ARAFEMI Victoria Board is pleased to announce that Frances Sanders has been chosen as the new Executive Director and will commence in this role in September 2010.

Andrew Concannon

President



# Executive Director's

---

## Report Warren Jenkins

The past year has been a busy one at ARAFEMI. As this annual report was written, I have reflected upon what goals have been met, and the highlights as we have all strived together to reach our mission.

This year has raised a number of feelings associated with my decision to resign from ARAFEMI at the end of September 2010. I have been with ARAFEMI a little over 5 years, and it has been an amazing journey.

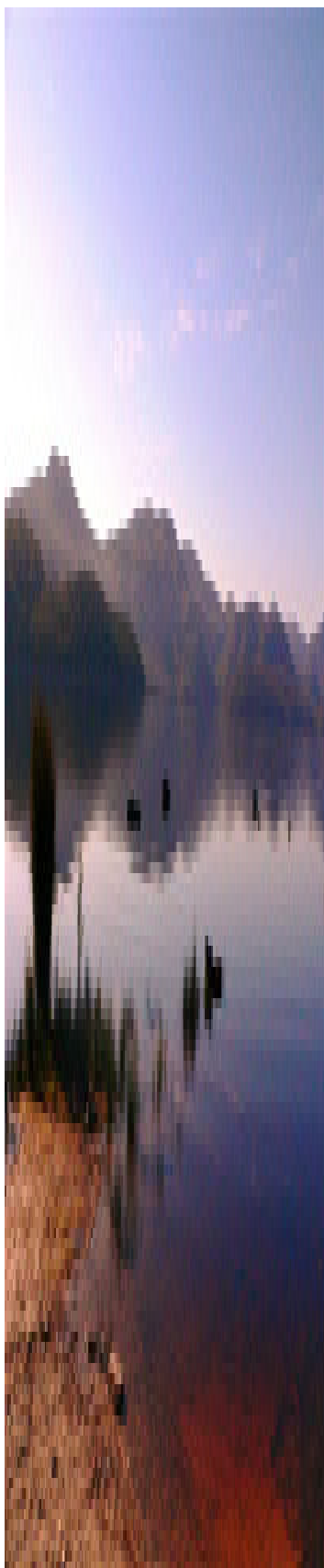
Over the last five years ARAFEMI's budget has grown fourfold to encompass a broader range of services for consumers, carers and families. Our last strategic plan focused on the development of partnerships, strengthening a learning and development culture for best practice and strengthening ARAFEMI's business platform to ensure it can deliver services where they are needed.

The last year in particular has been about responding to the groundswell of public policy and opinion, wanting better and more accessible mental health services. ARAFEMI has a strong platform for growth and the basis for a long term sustainable operation. Collectively our staff, our board, our volunteers and our service users have the energy, passion and vision to ensure that ARAFEMI's next steps focus on meeting some major matters of concern to all Australians, including better housing support, and services which consumers and carers can access when they need them. This has involved developing a policy of 'no wrong door' approach and targeting of our services.

The 2010 Year has proved an excellent starting point to achieve these goals. Some of the highlights over the past year include:

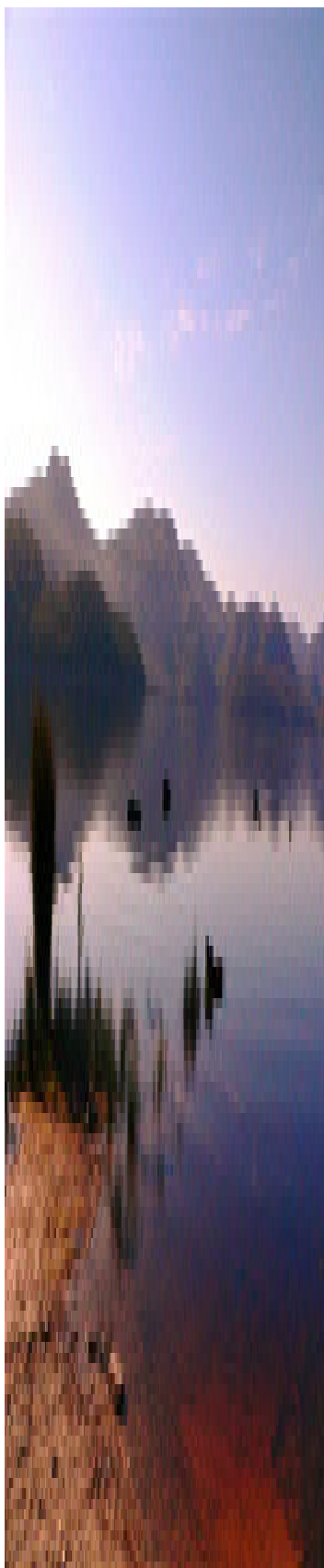
Our celebrations of ARAFEMI's 30th year of service was a joyous occasion. It was a pivotal moment where we could say 'look at what so many people have achieved'. Those pioneers of ARAFEMI believed that the world could be a better place for people with a mental illness and their families— and this mission is still very much alive. This event drew together people from across our history as well as those who will be taking the organisation to the next step. It is interesting, as well as sad, that many of the struggles are the same now as they were then. Fortunately, the fire in the belly factor is as great now. ARAFEMI is well positioned to meet the next milestones and continue to challenge adversity, celebrate diversity and support recovery.

The last year also saw the implementation of the Caring Together project in the North. This project aims to support carers at times when need is most acute, early in their caring journey. The project, based at Northern Hospital and ADEC, is good testimony to partnerships and is the result of the collaborative efforts of clinical and PDRSS services in the Northern region. We look forward to sharing the results of the pilot period and are proud of a program that delivers support where it is needed.



# Executive Director

---



Another key initiative for carers was launched at the ARAFEMI 30th celebrations. Following on from feedback from carers in our statewide consultation in 2007, ARAFEMI has funded a Victorian Carer Advocate position to provide individual case work advocacy for carers. Supported by an expert reference group drawing from lead agencies and services for mental health and carers, this project really targets the needs of carers to have someone to 'walk alongside them'. The project commenced service delivery in January 2010, and since this time has supported carers with a range of complex issues. This new role has been positively received by mental health services and carers—it brings a real voice to the table of collaborative caring. I encourage you to read the program report to get a feel for this vital work.

2010 also brought two major grants and two new offices for ARAFEMI. Our Northern office is now sited in Rosanna and continues to deliver outreach support to those people most at risk. In addition, our beautiful new office houses two carer support workers who deliver one to one peer support and group support across the Northern region. I look forward to seeing ARAFEMI North grow its work and provide support to those people most in need whilst modeling a collaborative carer and consumer approach to services.

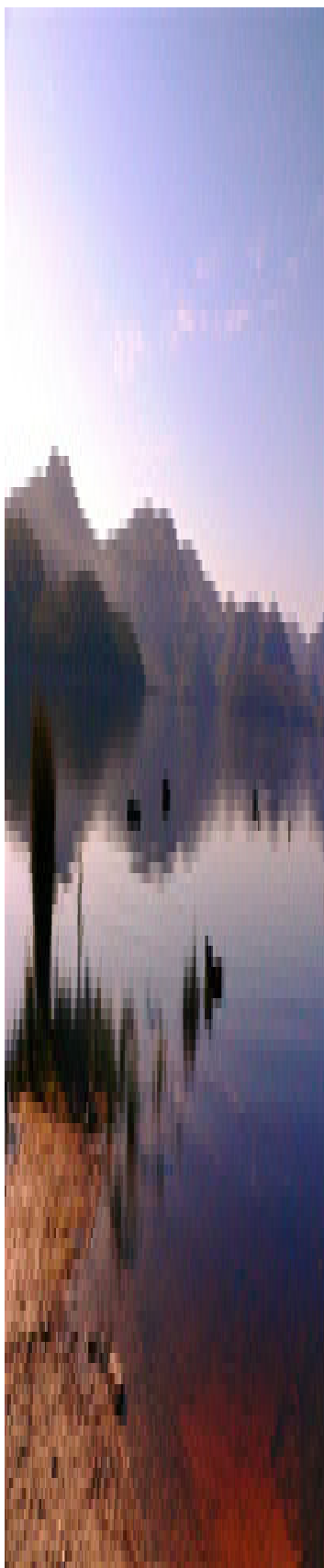
ARAFEMI also has a brand new office in the South! Our new Dandenong office is a result of funding from the Federal Government to deliver the Personal Helpers and Mentors Program. It provides a dedicated team to support people who are homeless and have a mental illness / dual diagnosis via intensive and peer support. Our new office also has designated facilities for carers and we look forward to sharing news as this program develops.

ARAFEMI as a grassroots peer support service, has dedicated its life time to sharing the expertise of carers and consumers in empowering and informing their own recovery journey. It is with great pleasure that ARAFEMI has received a development grant from the ANZ Trust William Buckland Foundation to develop a Centre of Excellence in Peer Support. I will watch these important developments, albeit from 'a distance'.

Warren Jenkins  
Executive Director

# 2010 Achievements—Snapshot

---



## **Victorian Carer Advocate**

Implementation of a one to one case work advocacy support program—offering real support to carers and services in Victoria.

## **PHaMs (Personal Helpers and Mentors program)**

Expanding on our strategic goal of providing greater housing support to people affected by mental illness, our new Southern PHaMs program is dedicated to working with people with a mental illness and experiencing homelessness.

## **Caring Together Northern**

This program offers one on one carer peer support when and where carers need it most. Operating from the in-patient unit at the Northern Hospital and ADEC—this program also showcases how services can work collaboratively to support carers.

## **Centre of Excellence in Peers Support**

With the support and assistance of funding from the ANZ Trust William Buckland Foundation, this project seeks to develop a central information sharing hub, resource centre and showcase for peer support in mental health.

## **Celebrating 30 years**

Together with founding members, supporters and friends of ARAFEMI this was a joyous celebration of grassroots and collective achievement. The event tied together past, present and our future goals for improving the lives of people affected by mental illness.

*2010 also welcomed COPES First Birthday, expansion of Carer Services, new Transition Support for PARC consumers and a brand new Northern office.*

# Our Programs

---

## FAMILY SUPPORT PROGRAM

### — SPOTLIGHT ON CARER ADVOCACY

*"It is such a comfort to know that there's someone 'out there' with a good general knowledge of the psychiatric field with the skills to point one in the right direction when things get stuck ..."*

One of the recommendations made in ARAFEMI Victoria's 2007 carer consultation project was the need for a Carer Advocate to provide individualised face-to-face and telephone support to carers to assist them with complex advocacy issues: an advocate that could advise them or walk with them when needed. Frances Sanders, in her role as Service Development Manager went on to develop the Carer Advocate position at ARAFEMI.

It is now nine months since the pilot phase of the ARAFEMI Carer Advocacy Program was first implemented and I embarked on the role of Carer Advocate. With my background in social work and legal studies I felt reasonably well equipped to tackle such a role. The last year has been a very rewarding experience for me and I have met and forged some wonderful relationships with carers, consumers and mental health clinicians. The program has been particularly well received by carers; however, we have also received very positive feedback from area mental health services with regard to the types of interventions provided to carers. These have ranged from assistance to carers to improve their strategies to self-advocate through to providing a physical presence at meetings between carers and mental health clinicians together with other authority figures.

The program provides a free state-wide casework advocacy service to carers across all areas of mental health and includes both the public and private system. The role is service-neutral, in that ARAFEMI is not attached to any particular public or private mental health service, and provides an objective perspective with few opportunities for conflict of interest.

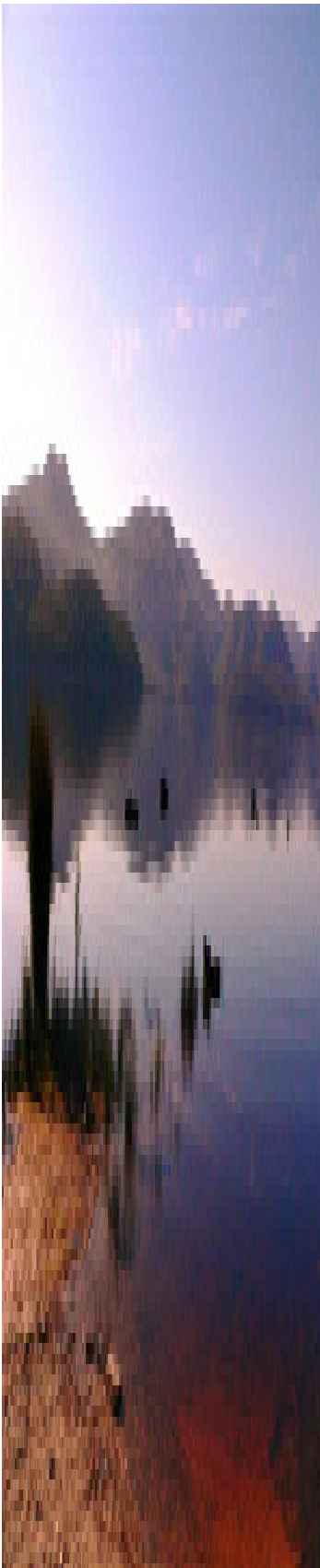
The model of casework advocacy adopted includes a conflict resolution and strengths approach which is underpinned by a human rights/social justice framework. A large component of the role is the provision of supportive counselling to carers. The role also includes a secondary consultation service to mental health professionals who wish to better support carers and/or improve their relationships with carers. As part of the role, I have also provided carer advocacy skills training (CAST) to carer groups and training around carer needs and supports to groups of mental health professionals.

*"[The Carer Advocate's] approach was a great comfort to me, especially when life became very overwhelming at times ... I felt better equipped and empowered ..."*

We are currently embarking on a more formal evaluation process, the results of which we can then present to government to encourage them to support this initiative and to make recommendations as a result of the work done over the past twelve months. We are hoping to extend the program to provide more face-to-face support for rural carers and to one day build a team of advocates who can provide more substantial and co-ordinated support to carers and their families.

*"The carer advocate operated in an organised confidential and understanding way. The advocate acknowledged differences of view point and validated both ... The service was beneficial in providing mediation between the clinical service and the carer. I believe the care benefitted from having an advocate to oversee the mediation.*

*It was a great result."*





# Our Programs

---

## Outreach Services

ARAFEMI's outreach services provide mental health support and accommodation to over 100 people and their families across the Northern, Eastern and Southern regions of Melbourne. Our outreach programs offer a variety of different supports including home based, intensive support packages, homelessness and Personal Helpers & Mentors (PHaMs)

The outreach team is multi disciplinary, with backgrounds in Psychology, Social Work, Nursing and Homelessness. We specialize in promoting best mental health, recovery and complex support. Our unique model of outreach works with both consumers and families, recognizing that family dynamics and support are integral to recovery for both. We are continuing to develop our skills and competence around Dual Diagnosis and are currently mapping the extent and needs of our clients to see how we can be more effective. A recent in-house survey revealed that amongst 51 service users, 15 did not use any substances; however 36 used one or more different substances—the main one being tobacco. In addition, in our intensive homelessness services 65% of our service users are youth—with multiple needs.

This means we are also working across complex health care needs, across age groups as well as stabilizing housing and social connections.

### **Northern Office**

In May this year, we moved our northern office into new premises at Rosanna. This offered a great opportunity to expand our base in the north to include two Family Support workers. The brand new offices are well located near public transport, have a modern open plan design and include access to conference and meeting space. Both our home based and homelessness outreach services continue to work with an increasing number of multiple and complex needs. Both services have operated at full capacity for the last year and at one stage we housed 4 homeless people in week.

Building on our previous success in delivering the IRCCS program (Heading Home), in partnership with Northern Area Mental Health Service, this year we began providing a new packaged model of care. The SECU (secure & extended care) diversional package aims to provide an individually tailored support to people to live independently in the community who may otherwise have to reside in the Secure Extended Care unit attached to the Austin Hospital.

This type of support reflects recent developments outlined in the "Because Mental Health Matters" paper with a focus on prevention, early intervention and individualized programming. As John Mendoza on 4 Corners 9/8/10 commented:

“ People with severe mental illness actually need a package of care, not a scattering of services which they bump into in a sense or are lucky enough to win the lottery and have entry into. That's not the scenario we need for the future.”

- John Mendoza

# Our Programs

---

## PHaMs

PHaMs (**Personal Helpers and Mentors**) provides support to people who may, or may not, have a formal diagnosis of mental illness and are homeless or at risk on homelessness living in the greater Dandenong region. This is a new program for ARAFEMI but fits well with our existing outreach services

Program development has got off to a very positive start, and the new team continues to remain very excited and enthusiastic about the program, the organization and working with a diverse and interesting client group.

The PHaMs team currently consists of a team leader, senior outreach worker, outreach support, and a peer support worker. A further worker and peer worker will be recruited as caseloads increase. In addition, it is anticipated that a carer support worker will join our team to continue ARAFEMI's reputation for high quality support to families.

The new office, centrally located in the main street of Dandenong, offers lots of natural light and open space, with meeting space available to run support groups and carer education.

The team have met with a number of local stakeholders and service providers, including MIND, ERMHA, Cornerstone (a place where volunteers provide meals to those in need), Y-Stop (Youth Services), The Southern Region Migrant Resource Centre, The Southern Region Homelessness Network Forums, and many more. We will continue to visit places such as local Police, Secondary Schools, Housing Dept, Language Schools, Emergency Departments, Detention Centre's, Youth Centre's, to name a few, to ensure we reach out to those people who may miss out on more traditional mental health services.

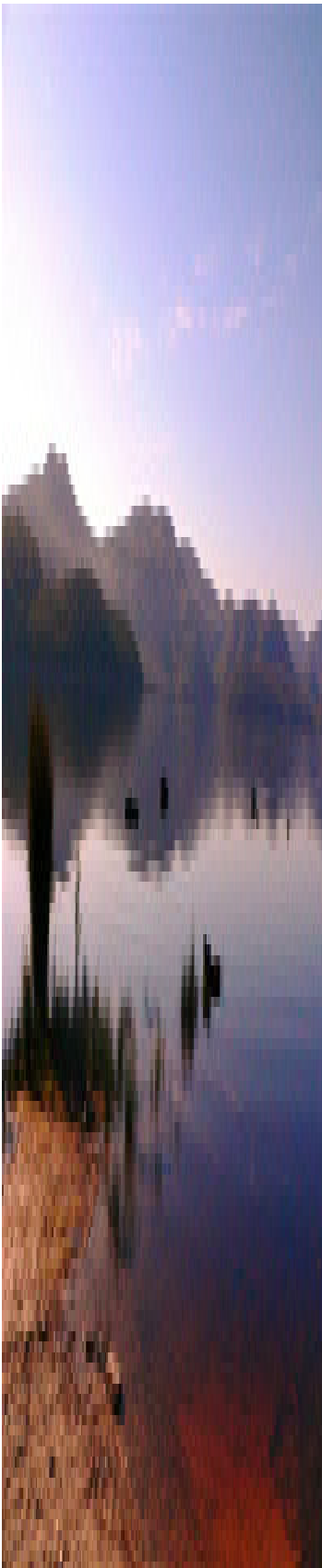
In its first month the program has received 8 new referrals and 4 of those are now receiving regular outreach support. The example below highlights the complexity and diversity of referrals:

### Johns\* Story (\*personal details changed)

John is a 50 year old African male, who arrived in Australia 3 years ago due to persecution in his home country. Johns' wife was murdered during the political upheaval in Southern Sudan whilst he was in detention in Australia and he has a 13 year old son still living in Sudan.

John is currently living in a Rooming House with 6 others. He must vacate the property by early December, 2010. He was assaulted earlier this year resulting in a brain hemorrhage and loss of consciousness. Since the assault, John struggles with significant short term memory loss but is extremely keen to work and would like to live alone. According to John's counselor, he has symptoms associated with complex PTSD and regularly experiences suicidal thoughts.

John participates in regular volunteer work at local churches and soup kitchens.



# Our Programs

## LINWOOD PARC

The Linwood Prevention and Recovery Care (PARC) service celebrates its 5th year of operation and continues to provide a warm therapeutic and homelike environment to support recovery for consumers and their families.

Maintaining a high number of referrals and usage of both its overnight and day programs, Linwood is proud to maintain its focus on access with **80% of referrals being for early intervention to prevent a hospitalization.**

Staff from ARAFEMI and Eastern Health continue to focus their energy on promoting recovery. Our program provides support for people with a broad range of mental health issues including people with additional complex care needs (drug and alcohol, physical health, dual disability). Recent evaluation based on our consumer data over the past 5 years shows a strong and ongoing value of the restorative qualities of Linwood PARC and how physical environment, and tailored support and activities can restore health.

In January we welcomed Martine Moor to Linwood, replacing Kristen Stanner as Manager. Martine and the team have been exploring how we can add value to our key work, better support families and carers and also develop a new transition worker role to work with consumers and carers to plan a smooth transition home. At five years old, Linwood has been in a great position, to look back over its learnings and support new PARCS to as they develop throughout Victoria. We acknowledge the partnership with Eastern Health and the shared commitment and vision that make this program a success.

## RESPIRE

Our Flexible Respite Options Program continues to deliver responsive and tangible support to families and consumers across the Eastern, Northern and Southern regions of Melbourne.

Banyan House has had a 95% utilization rate this year, providing a very practical means for consumers or carers to have a break away. Feedback continues to focus on the restful ambience of the house and the flexibility of the program. Respite puts the consumer and carer into the expert seat and asks “what is it that will work for you as a unique person or family”. Our house has been home to consumers, carers and whole families—who are experts in what respite may mean for them.

The majority of our referrals continue to be home based outreach support. This varies from supporting someone to get on with really practical things if their carer is away to weekly support and linkage to recreation and community activities that will provide an enduring respite for the carer and their loved one. Many of the people we work with are experiencing multiple barriers to gaining support including complex care needs, family issues, dual diagnosis, ageing and frail carers and family violence.

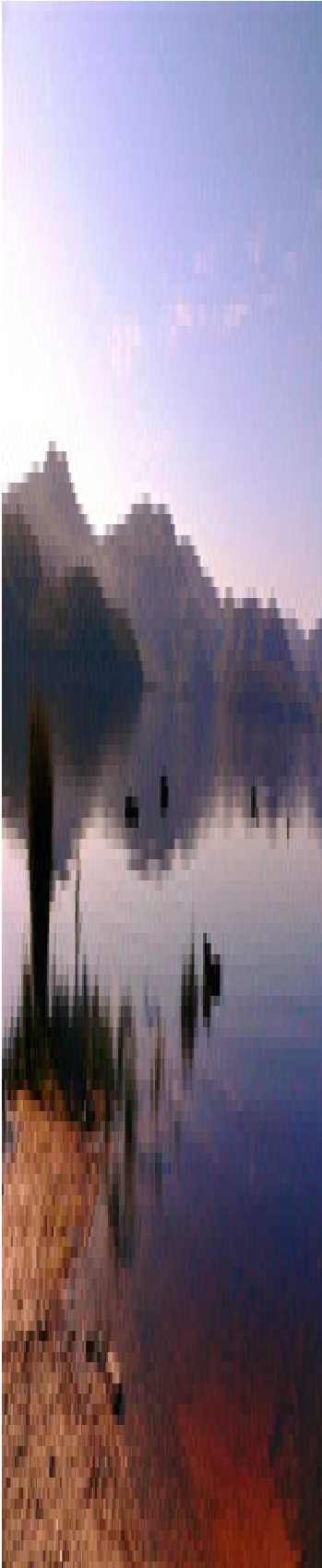
“it is a great way of facilitating my husband to re-connect socially in a non threatening and individualised way” (Carer Evaluation Respite Outreach , 2009)

In addition the recreation, education and break away camps allow us to work together with other ARAFEMI mental health programs to develop new means of providing support to carers, consumers and families in a flexible and timely manner.

“what is it that will work for you as a unique person or family?”.

# ARAFEMI Board

---



**Andrew Concannon (President)** and his wife are carers of a daughter who suffers from mental illness. He is Sales Director of his own company Unitex, Granular Marble Pty Ltd and Chairman of its Board of Directors. He joined the Board in 2006.

**Anne Holland (Vice President)** brings significant clinical and management experience to the board. Ann was previously a FaPMI Co-ordinator and Women's Mental Health Consultant at Eastern Health, Adult Mental Health Services and has many years experience in mental health.

**Shirley Mill (Secretary)** has caring experience, and has been a Board member since 1996, after retiring from her paid occupation in teaching and librarianship. She has acted in various capacities, e.g. attending conferences, contributing to the newsletter, and serving as a carer representative on publishing committees and carer forums. She is ARAFEMI Victoria's delegate for Mental Health Carers (ARAFMI) National Council.

**Johann Kelaart (Treasurer)** is a qualified Certified Practising Accountant with extensive experience in the not-for-profit and health sectors. Johann brings significant financial management and business acumen skills to the Board, which he has been Treasurer since 2009. He is currently National Manager of Finance & Administration for a division of a large Catholic hospital.

**Rachael Starbuck** works in Senior Occupational Therapist and management roles with St Vincent's Mental Health Service where she is currently based at Clarendon Clinic. Rachael has worked in mental health for a number of years, including the UK, and has a Masters In Occupational Therapy. Her service management and direct client experience means that Rachael brings a valuable mix of experience and skills to the ARAFEMI Board, where she has been a member since 2006.

**Kay Gross** was elected to the board as a consumer representative in 2007. Kay has been involved in consumer advocacy at ARAFEMI for a number of years through the Consumer Reference Group, which is an important part of ARAFEMI's consultative structure. Kay also works closely with James Kelso who is our Consumer Consultant, to ensure the consumer viewpoint is represented and clearly articulated at board level. Kay has been a community health nurse

# ARAFEMI Board

---

for many years and also a community visitor within the mental health system.

**Rosemary Martin** has prior experience as an Executive Officer, strategic planner, speech writer and project manager. She brings with her a wealth of knowledge, including the ability to research areas of strategic development from a consumer perspective. Rosemary is also a member of the Consumer and Carer Subcommittee.

**Jenny Robertson** is a carer representative and has many years of experience working with ARAFEMI. She has a background in science education and has had employment in a medical practice, in which her husband is a GP. She is a member of the Carer and Consumer Sub Committee. She was involved in the implementation of the CAST (Carers Advocacy Skills Training).

## ARAFEMI Volunteers

Thank you to the following people who made our work possible in the past year:

Adele Camilleri

Anne Munro

Courtney Wurth

Geraldine Richards

Jacqueline Maling

Jennifer Duniam

Joanne Baker

Jodie Clark

Judith Sykes

Kalina Rossa

Karen Fairhust

Kshirja Aryan

Maria Lambrou

Natalie Pinto

Neha Verma

Patricia Pereira

Paulina Mech

Rebecca Flavel

Reena Iyer

Rita Brown

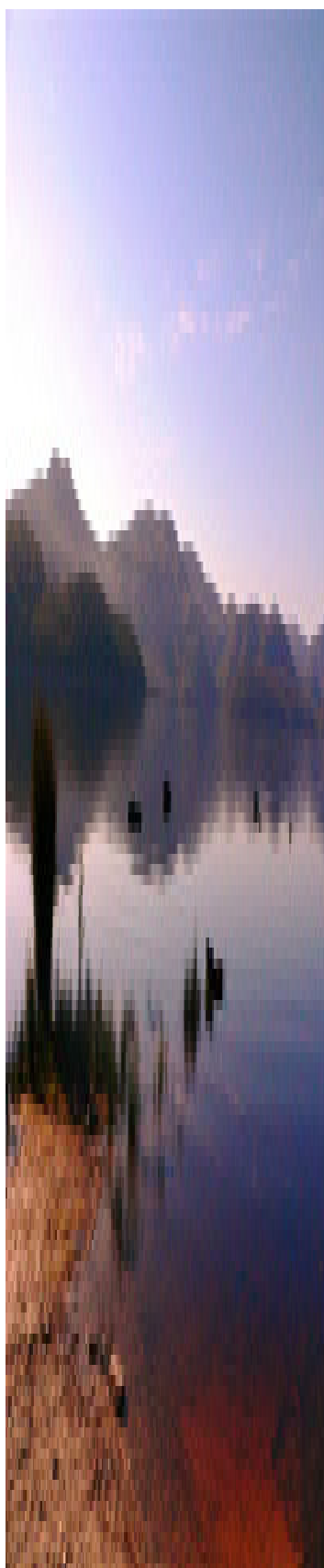
Roshini Varghese

Sara Oliver

Sharon Bloomer

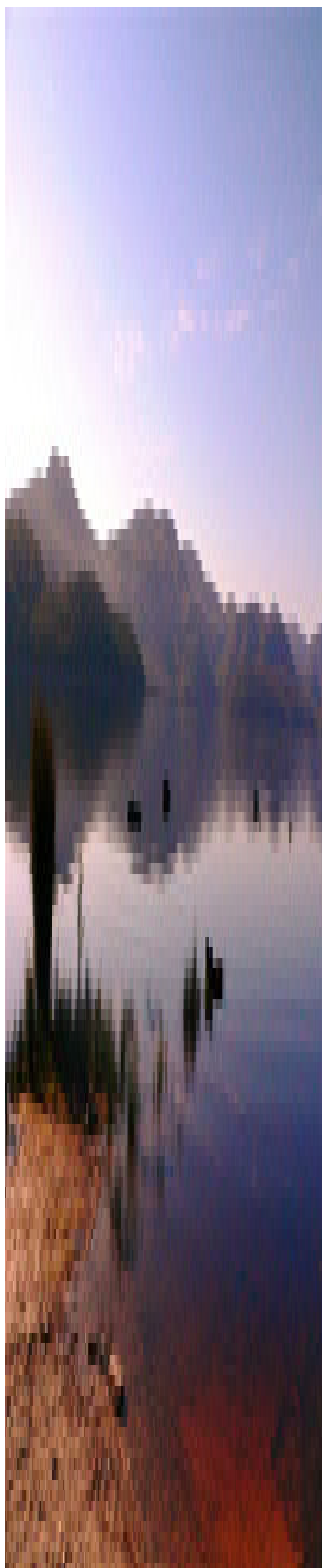
Stacey Black

Tara Boyd



# OUR STAFF

---



## **Outreach services**

Hugo Steinbergs Manager Outreach Support

James Kelso Consumer Consultant

### **Eastern Team**

Benny Sebastian Outreach Worker

Louise Neumann Outreach Worker

Robyn Keleher Outreach Worker

Danielle Hose Outreach Worker

Scotty Maxwell Dual Diagnosis Worker

### **Northern Team**

Sally Corrigan Team Leader

Shane Elseley Intensive Outreach Worker

Renae Burdeau Intensive Outreach Worker

John Hewitt Intensive Outreach Worker

Gillian Scaduto Caring Together Project Worker

Elisabeth Wiesser Northern Support Group Convenor

### **Southern Team**

Debra Sariman Team Leader (PHaMs)

Jake Anderson Outreach Worker

Danielle Flink Senior Outreach Worker

Jacki Hart Peer Support Worker

## **Family Services & Respite**

Helen Kane Manager

Neha Verma Volunteer Coordinator

Katherine Berman Volunteer Coordinator

Anna Crowley Carer Counsellor

Marilyn McFarland Carer Counsellor

Michelle Swan Victorian Carer Advocate

Susan Preece Education Officer

Julie Henderson COPES worker

Sarah Pearce Respite Team Leader

Justin Carden Respite Worker

Christine Dodson Respite Worker

Lisa Tomasevski Respite Worker

Janet Street Respite Team Leader

Donna Picton Respite Worker

## **Operations**

Warren Jenkins Executive Director

Jane Henty HR & Communications

Sarah Rosenberg HR & Communications

Frances Sanders Service Development Manager

Bhavna Joshi Finance Officer

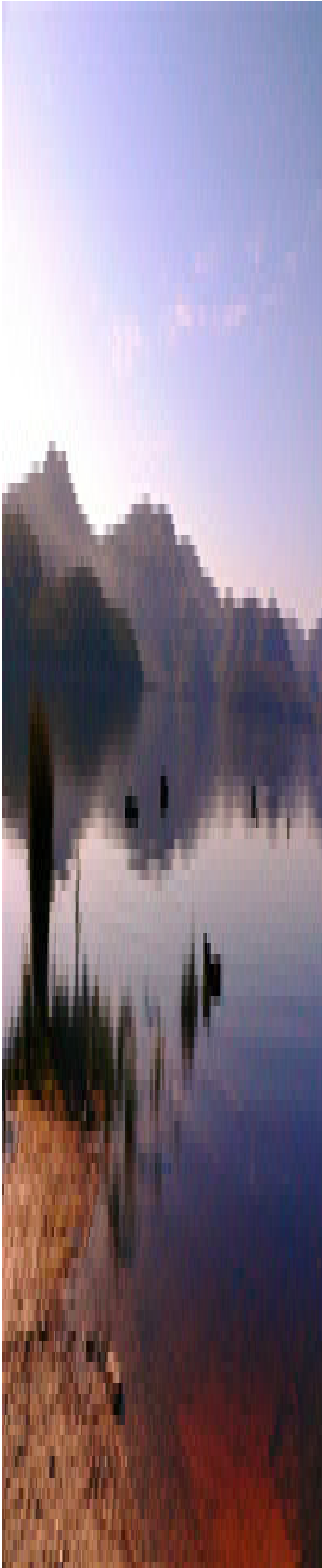
Denis Stafford Finance Assistant

Arna Meldrum Knight and Jenny De Boer Reception / Admin

Patrick O'Brien Cleaner

# 2010 OUR STAFF

---



## **LINWOOD PARC**

Kristen Stanner Manager  
Martine Moore Manager  
Tom Fowle Lead Psychosocial Re-  
habilitation Worker  
George Josephs  
Olivia Roberts  
Annie Robinson  
Katherine Munyanyiwa  
Arni Goshi  
Kristen Rogers  
Peter Macdonald  
Rachel Baker Alex Baxter  
Stephen Buttigieg  
Psychosocial Rehabilitation  
Worker(s)

## **CASUALS**

Rebecca Flavel  
Vince Jones  
Mim Markovic  
Anne Marie Tasios  
Jack Difford  
Grant Ferguson  
Denise Smith

## **Students**

Nikol Berankova  
Natasha Zosko

# Finance

---



*Promoting and improving the well being of people affected by mental illness*

# Finance

---



*Promoting and improving the well being of people affected by mental illness*

# Finance

---



*Promoting and improving the well being of people affected by mental illness*