



INTRODUCTION FROM THE CHAIR

The 2008-9 year has been an exciting time for the Victorian Mental Health Carers Network. With the formalities of incorporation and tax concessions behind us, we were ready to focus on our core activities – making a difference for carers in this state’s mental health sector.

As a precursor to the detailed reports that follow, I would like to highlight the Network’s key achievements:

- With VMIAC, completing the Consumer & Carer Experience pilot project and beginning work on its extension through the “MH ECO” methodology;
- Preparing to administer the state government’s Carer Support Fund;
- Building contacts with and support for rural carer groups;
- Through our Working Groups, focusing the expertise of Network members and supporters on cultural diversity, workforce development, carers’ support needs and media and promotion;
- Bringing the voice of mental health carers to more than 20 committees, reference groups, advisory panels, review boards and networks;
- Planning and commencing the first external training for Carer Consultants;
- Signing a Memorandum of Understanding with the Carer Consultants Network Victoria;
- Providing a monthly venue for the invaluable exchange of information and ideas among Network members;
- Launching the new Dual Diagnosis Help Tip, available in 16 languages;
- Promoting, supporting and coordinating the contribution of carers to the state government’s review of mental health strategy and of the Mental Health Act;
- Preparing submissions to several other state and federal government enquiries.

As has always been the case since the Network was formed, the voluntary contribution of Network members has been an essential part of our success. Those who participate so co-operatively at our monthly meetings, those who work in the Policy Response Group and Working Groups, those who represent the Network on external committees, those who serve on the Committee of Management, those who have been involved in staff interviews – my thanks to you all.

The contribution of the Carers Network has been recognised by the Minister for Mental Health and by staff in the Mental Health and Drugs Division (they were in DHS, now it is DoH). In addition to providing our recurrent funding, the Division supported projects undertaken by the Carer Research and Evaluation Unit (CREU), made a grant towards office equipment and supported the development of the Carer Consultants training program. That has allowed us to cope with projects and developments that were not anticipated in the year’s plan and to finish the financial year with cash reserves close to budget.

In January, we moved into a larger office space. The Network is grateful to ARAFEMI for hosting the Network in the ARAFEMI offices over past years, and to ARAFEMI CEO Warren Jenkins for identifying the opportunity for us to move and for playing a big part in making the move a success.

ARAFEMI has also supported the Network by sharing accounting and personnel services, an arrangement that continues to provide value for both organisations.

We were very pleased that Rod Quantock and John McGrath accepted invitations to be inaugural Patrons of the Network and that they were both able to support us at our “mega-launch” in May. Our thanks are due also to DLA Phillips Fox who provided the venue for that occasion and continue to provide *pro bono* legal advice to the Network. We also benefited this year from the expertise of Sam Butcher, courtesy of Leadership Victoria, who advised on and led a review of governance issues.

I want to make particular note of the work of the Committee of Management and the support that committee members provided to Network staff and to me during the year. My thanks to Jenny Burger, Marg Leggatt, Warren Jenkins, Ben Ilsley and Michelle Swann, also to Estelle Malseed who stepped in when Michelle was on extended leave and to Beth Bailey who joined when Marg took on a consultancy role for the CREU.



Finally, I acknowledge the wonderful staff team that has achieved so much this year under the exceptional leadership of Executive Officer Julien Leith. Julien’s dedication, breadth of expertise, calmness and empathy have taken the Network forward in many directions and seen it through some difficult times. Rosemary Callander has provided essential continuity for the CREU and led the Unit for most of the year. We farewelled Sandra Genovesi and Piers Gooding and thanked them for their contributions; we valued the work of Leanne Renfree and student Ningrum Hadiningsih who were with us for a few months; we were fortunate to recruit and welcome David White, Karen Fairhurst, Amoreena Connell, Marina Cavill, Robyn Wilson and Laura David.

The list of staff is a reflection of the rapid development of the Carers Network - three years ago there was just one part-time staff member. I look forward with confidence to the years ahead, knowing the skills and commitment of our staff and the enthusiasm of our members.

A handwritten signature in black ink, which appears to read "Colin Fryer".

Colin Fryer,
Chair, Victorian Mental Health Carers Network Inc
November 2009



Executive Officer Report

“The Mega Launch”

This year marks several milestones for the Victorian Mental Health Carers Network Inc. (VMHCN). Our ‘Mega Launch’ on 19th May 2009 celebrated our move into a separate office space next door to ARAFEMI in Hawthorn; the translation of the Dual Diagnosis Help Tip into 16 languages; and the public release of *Families as Partners in Mental Health Care* – a book we envisage being a great resource for mental health professionals.

We were very pleased to have Minister Lisa Neville launch these important initiatives; highlight the importance of lived experience and the value of carers’ contribution to the mental health system. It was exciting also to call upon our newly appointed patrons, John McGrath and Rod Quantock, to assist with the occasion. Rod Quantock ensured the occasion was a real celebration and John McGrath’s contribution provided a valuable historical perspective to the occasion.

Colin Fryer as chair described the key focus of the VMHCN as:

- Carer Involvement;
- Carer Participation;
- Support for Carers.

Accommodation

Our relocation was symbolic of our separation from ARAFEMI who, as our auspice, has provided generous support to the organisation on its journey to become an independent incorporation with charitable and deductible gift recipient status. The VMHCN now has its own Funding and Service Agreement with the Department of Health, independent administrative and banking arrangements, its own IT system and server and separate phone system. We are pleased to be able to subcontract bookkeeping and human resource services from ARAFEMI and continue to work closely with ARAFEMI on many issues of concern to carers.

We then expanded our operations by taking on the administration of the Carer Support Fund, the Carer Consultant Training Project and a diversity of Carer Research and Evaluation projects. Accordingly, our staffing and subsequently our accommodation needs have grown to the extent where we are in urgent need of additional office space.

Dual Diagnosis Help Tip

The development of this Help Tip was an excellent collaborative exercise with SUMITT, the Bouverie Centre, the Victorian Multicultural Commission, the Victorian Translation Service, the Victorian Transcultural Psychiatry Unit (VTPU) and Action On Disability within Ethnic communities (ADEC). The VMHCN coordinated the project, disseminated the Help Tip and displayed it on our web site.

Families as Partners in Mental Health Care: A Guidebook for Implementing Family

We were very pleased to have Professor Allan Fels introduce this book which we hope will be widely used by mental health professionals. It supports one of the key concerns of the VMHCN – involvement of carers in treatment and care planning and decision-making. We are proud to note the VMHCN secretary, Dr Margaret Leggatt, is one of the authors of the book.

Governance

The VMHCN is in a transition phase, as historically members of the VMHCN undertook both governance, operational and policy work as there was very little staff capacity. The Committee of Management acted as an 'Executive' of the VMHCN members. With an increased number of employed staff, the roles of the Committee of Management, VMHCN members and staff have been reviewed and clarified, in accord with the Rules of Association and usual governance procedure. The review process was assisted by pro bono training for the VMHCN provided by Sam Butcher through Leadership Victoria.

We are fortunate in having a stable, highly skilled, dedicated and committed staff who are all passionate about their work and the value and importance of carers in the mental health system. Historically the CREU team has operated separately from the 'Operations' team. Also, due to the uncertainties of project funding for the CREU we have had a high staff turnover. We have now been able to employ the manager of the CREU on an 18 month contract so that is contributing to a greater sense of security in the CREU team. The focus now is to build the team and maximize use of the talents, experience and enthusiasm of team members.

As a result of a successful funding submission to the Department of Human Services and the Quality Section of the Mental Health and Drugs Division to implement a Carer Consultant training project, we have been able to extend the Project Officer position to 4 days p.w. and have employed Dave White to develop the training program in consultation with the Carer Consultant Network Victoria and the workforce development working group of the VMHCN.

Systemic Advocacy

As the peak body for carers of people affected by mental illness, systemic advocacy is a key area of work for the VMHCN. We value our opportunities to meet with Minister Neville and were able to resource her earlier this year with the evidence base for involvement of families and other carers in treatment and care together with information about current initiatives successfully implementing such projects. Regular bimonthly meetings have been implemented with the Director of Operations, Mental Health and Drugs.

Mental Health Reform Strategy *Because mental health matters*

The VMHCN engaged vigorously in contributing towards the development of this strategy and it is pleasing to observe that we were successful in having many of our recommendations included in the final document. Most significantly, carer participation has been embedded throughout the final document rather than being largely confined to one section as in the green paper. The challenge now is for the policy to be put into operation and we will be vigilant and active in advocating and encouraging carer participation and involvement throughout the system.

Mental Health Reform Council

We are delighted that Margaret Leggatt, member of the VMHCN Committee of Management, has been nominated to attend this council. As a powerful advocate for carers, the value of lived experience and education of the mental health force to work with families, we are confident of the contribution Margaret Leggatt will make to this council.

Reform of the Mental Health Act

Consultation on the legislative reform has continued via a carer forum and an additional written response. For further details please refer to our website.

National issues

Reform of the mental health system at a national level is an important process that all states should contribute towards. The VMHCN participated in a consultation conducted by the Department of Human Services about the National Policy and Plan. Concerns were expressed by VMHCN representatives that the National Policy and Plan lacked a structured framework, governance processes and accountability provisions. The VMHCN would like to see an alignment of state and national policies, processes and quality frameworks and collaboration between state and federal policy makers and stakeholders. An example of lack of satisfactory collaboration in policy and service development is found in the Commonwealth and State Carer Support and Respite programs.

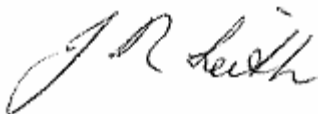
Carer Support & Respite Programs

The Synergies Forum in April 2009 clearly demonstrated the problems associated with lack of communication and collaboration between these two levels of government. Forum participants expressed confusion about the roles and services available and concern about fragmentation, duplication and overlap of roles, competition between service providers, service gaps and inequitable access to services particularly in rural areas and for CALD and indigenous carers.

The lack of a national peak body for carers was highlighted through participation at the THEMHS summer conference in Sydney and participation on the National Mental Health Carer and Consumer Forum. There is a lack of clarity as to which organisations have the role of advocating for carers of people with a mental illness in some states. The consumer movement formerly had a national peak body, which was disbanded. The National Advisory Council on Mental Health, established by Minister Nicola Roxon, has instigated a scoping project to explore the establishment of a national peak body for consumers. The VMHCN believes a similar scoping survey is needed to explore the establishment of a national body for carers. We have advised the consultant conducting the consumer scoping project of this view and suggested consideration of whether the one national peak body could represent both consumers and carers. The Private Mental Health Consumer Carer Network (Australia) represents both carers and consumers in the private system and this joint arrangement is reported to work very strongly and well. The need for a national peak body for carers is also being advocated for through the VMHCN representation on the National Mental Health Carer & Consumer Forum.

Policy Development

The VMHCN contributes to policy development through representation on various policy working groups, preparation of policy responses and working groups. Current working groups are focused on Carer Support Needs, Cultural Diversity, Workforce Development and Policy Response Development. This work also informs our systemic advocacy work. For details of the focus of each of the working groups, please refer to our website.



Julien Leith
Executive Officer

Carer Research and Evaluation Unit (CREU) Report



Marina Cavill
Project Manager



Rosemary Callander
Senior Researcher



Karen Fairhurst
Researcher



Laura David
Researcher

The CREU has entered an exciting new phase where we are working with the new Mental Health Experience-based Co-design (MH ECO) methodology, utilising the lived experiences of carers and consumers to help re-design the mental health services in Victoria. This innovative methodology involves carers and consumers in developing and implementing the research, thus logically extending the work developed for the C&C Experience Pilot project. We have developed a sound and productive working partnership with the Consumer Research and Evaluation Unit at VMIAC. The initiative clearly demonstrates the value and importance of consumers and carers and mental health services working together. We would like to acknowledge the guidance and support provided by the Department of Health in initiating and guiding this work and in creating and developing the carer and consumer research teams.

Anna Crowley was seconded to the Department of Health in August 2008 and for the remainder of the year Rosemary Callander acted as Project Manager of the CREU. Marg Leggatt provided management support in May and June 2009.

The unit has undertaken a range of projects during the year. These are summarised below.

C&C Experience Initiative

Over the past three years, the Mental Health and Drugs Division of the Department of Health has worked in partnership with the Victorian Mental Illness Awareness Council (VMIAC) and the Carers Network and eight public mental health services and four psychiatric rehabilitation support services to develop and pilot a future approach to State-wide consumer and carer 'surveys' in mental health. This project was called the *Consumer and Carer Experience of Care and Support (C&C Experience)*. The project enhanced consumer and carer participation at the pilot mental health services by providing a systematic, appropriate and effective mechanism for seeking consumer and carer perspectives of service delivery.

The pilot project was implemented by the consumer and carer project teams during 2008. Consumers and carers were involved in the development of the methodology, in preparing for and conducting the interviews and facilitating focus groups. Wallis Consulting administered the questionnaire using computer assisted telephone interviews (CATI) and statistically validated the results. This provided the quantitative data for the pilot. The research teams also incorporated individual interviews and focus groups with consumers and carers to provide qualitative data. Engagement with service staff occurred from an early stage to maximise collaboration.

Mechanisms for feeding back the results were planned for best relevance to service staff and participants, and to ensure integration into service quality monitoring and improvement systems.

In late 2008 the team was involved in developing executive summaries of the C&C Experience for each of the 12 Pilot Sites. These summaries along with the final report were delivered to the pilot services in November 2008.

Doutta Galla

The Mental Health and Complex Needs Program of the Doutta Galla Community Health Service (Doutta Galla) was one of the pilot mental health services in the C&C Experience Pilot. In November 2008, the consumer and carer research teams presented the overall findings from the project. As part of the commitment to the aims of the pilot project, Doutta Galla agreed to provide a quality improvement plan in response to the pilot findings that would effectively engage consumer and carer input. Doutta Galla volunteered to become the first mental health service to work in collaboration with the consumer and carer project teams to test out the newly developed *Mental Health Experience-based Co-Design (MH ECO)* methodology.

A staff focus group was held in April to discuss the outcomes of the survey and key issues for redesign from a staff point of view. By May the first meeting of the Collaboration Group was held and three topics to be redesigned selected by the members of the group, which included representatives from management, staff, consumers, carers, and the carer and consumer research teams. Three issues were selected for re-design and each was assigned to a co-design group comprised of representatives of the key stakeholders. These groups then presented their recommendations to the Collaboration Group for implementation. The process undertaken was favourably experienced and received by all participants. This first trial of the MH ECO approach is indicating that the methodology is practical, efficient, inclusive of all stakeholders and should lead to significant improvements to the experience of consumers and their carers at the mental health services.

Darebin

In 2009, in conjunction with the Department of Health, it was decided to test the application of the combined C&C Experience and MH ECO methodology at a Community Mental Health Centre and to test the sustainability of the approach. It was also an opportunity to trial the consumer and carer research teams running the CATI methodology themselves.

We worked with Darebin Community Mental Health Centre (Darebin CMHC) to facilitate the participation of consumers, carers and staff in the redesign of key aspects of care identified in the collection of consumer and carer experiences. We organised the systematic collection and analysis of consumer and carers experiences (i.e. the C&C Experience) and then used the MH ECO methodology to respond to information about consumer, carer and staff experience to contribute to service planning and continuous quality improvement. Three topics were selected for re-design.

To date the experience has been a very positive one for all stakeholders. Initially staff had to be recruited to work on the project; by the time we reached the MH ECO phase, staff were volunteering to take part.

External evaluation of the C&C Project

Department of Health will put out a Request for Quote for evaluation of the C&C Initiative and MH ECO. Consultants should be appointed by late November 2009. A decision will then be made on the continued roll out/funding of the C&C/MH ECO methodology.

Mental Health Complaints Review Project

In 2008 a sub-committee of the Ministerial Advisory Committee (MAC) to the Victorian Minister for Mental Health was established under the leadership of Jeff Chapman, Department of Health, to advise on best practice complaints management and make recommendations on how complaints management processes in the Victorian mental health sector might be improved. CREU designed and led the carer research. As part of the review Key Informant Interviews were conducted and the Carers Network was one of the organisations interviewed. Subsequently we were commissioned by the Department of Health to conduct focus groups across ten sites to ascertain carer experiences of the complaints process with the service. The results were then analysed and presented as a report to the Department. This information formed part of the advice to the Ministerial Advisory Committee on specific actions required to address identified weaknesses and to align complaints resolution with current best practice.

Eastern Aged Persons Mental Health (EAPMHS)

This project, based at the Peter James Centre in Burwood, aims to review opportunities and barriers for participation of consumers and carers at EAPMHS. The research teams are working collaboratively with staff, consumers and carers to establish mechanisms to promote greater participation for consumers and carers at individual and service levels. We are aiming to ensure that the participation processes being established are sustainable in the long term.

Suicide Guidelines Project

Development and Implementation of Clinical Practice Guidelines for the Assessment and Management of People at Risk of Suicide

Early in 2009, DoH approached the CREU to facilitate focus groups on suicide issues. The project was managed by Marg Leggatt, who recruited external researchers for the study. Two focus groups (one metropolitan and one in a regional area) discussed risk factors, the quality of care received and follow up. Recommendations were made for development of clinical practice guidelines for the assessment and management of people at risk of suicide.

Privacy and Confidentiality Issues Paper

The National Mental Health Consumer and Carer Forum (NMHCCF) identified privacy and confidentiality as a matter of great concern for mental health consumers and carers. The VMHCN, VMIAC and Dr Carol Harvey (representing the clinician's point of view) were successful in winning the project commissioned by the NMHCCF to write an issues paper to examine the difficulties surrounding this topic in the Australian mental health system and identify examples of best practice and some potential solutions and ways forward. To this end a literature review and interviews with key stakeholders (consumers, carers and clinicians) were conducted.

Our report pointed out that difficulties arise between consumers, carers and clinicians when they have different opinions and understandings regarding the information about a consumer's wellbeing that can, or should, be shared with carers. Research participants asserted that there is the need for a balance between the consumer's rights to privacy, and the carer's need for information in order to provide sufficient support which can be crucial to the ongoing wellbeing of both consumer and carer. Further, in a situation where a consumer has not consented to information sharing with their carer, or does not have the capacity to decide, clinicians must make a complex and difficult judgment about what information needs to be shared. The resulting confusion may lead to a failure to appropriately share information.

Publications/ Presentations re C&C/MH ECO

Poster Presentation at the TheMHS Conference 2009 (Lei Ning presented on behalf of both CREUs).

Rosemary Callander and Marina Cavill have been invited to give a presentation on the *Experiences of Families/Carers with the Mental Health Service* at the Mental Health Social Workers Conference on 10 November 2009.

Consumers and Carers as Partners in Mental Health Research. Rosemary Callander is finalising this paper and is planning to submit it to a suitable journal.

Posters have been developed for C&C Experience (the 12 pilot sites), the Dousta Galla Project and the Darebin Project.

A joint CREUs/DoH Publication Group has been set up to decide on and develop papers/posters for publication. Peter McKenzie, the Carer Academic (Latrobe University) is also part of the group.

A handwritten signature in cursive script that reads "Marina Cavill". The signature is written in dark ink and is underlined with a single horizontal stroke.

Marina Cavill
Project Manager



Project Work Report

David White commenced as the new Project Worker in April 2009, replacing Sandra Genovesi. David's background is in community development and he has just completed a Master of Public Advocacy and Action at Victoria University.

Carer Consultant Training

Early in the year, VMHCN succeeded in obtaining funding over two years to develop a training program for Carer Consultants. To ensure that the needs of Carer Consultants would be met, a survey of all Carer Consultants was conducted, meetings were held with the CCNV and additional CCNV representation was included in our Workforce Development Working Group, which is overseeing the project in collaboration with partners CCNV; ADEC; ARAFEMI and VicServ.

The first module, on Systemic Advocacy, will be facilitated by Vanessa Lynne in September 2009. Other modules will include Training and Presentation Skills, Peer Support Skills, Working with Clinicians and Other Mental Health Professionals and Working with CALD Families and Carers.

Carer Support Networks

Work has continued to strengthen connections with the metropolitan regional networks. The Project Worker attends meetings of these groups on a regular basis. In late June 2009, the Western Metro Region Mental Health and Family Services Network held its inaugural meeting.

We have begun to develop communication strategies with regional and rural carers in Victoria and connections are building across the state. Attendance at rural conferences has been a successful way of building these relationships. Dave White attended a forum in Bendigo for carers in late June which was useful in identifying rural carer issues.

Representation on external bodies

The VMHCN is active in policy development through its representatives on many advisory and reference groups listed. An important part of the Project Officer role is to identify, resource and support our representatives. During 2008/9, VMHCN was represented in the following groups:

- Adult Residential Rehabilitation Services Project Advisory Group
- Improving Access to Primary Health Care Services for people with serious mental illness
- Families of Parents with a Mental Illness (FAPMI) State wide Advisory Group
- National Mental Health Carer and Consumer Register
- Ministerial Advisory Committee on Mental Health(MAC)
- Quatro Victoria Outcome Measurement Project
- Review of Secure Extended Care Units Services
- Victorian Dual Diagnosis Initiative Reference Group
- National Mental Health Carer and Consumer Forum
- Centrelink Mental Health Working Group
- Management of Suicide Risk

- PDRSS – DoH Liaison
- PARC Reference Group
- Carer Consultant Network Victoria
- MAC Carer and Consumer Sub Committee
- Royal Australian College of Psychiatrists
- TRIAGE project: Adult, Aged and CAMHS
- Victorian Carers Support Network
- Womens Mental Health Network
- Womens Mental Health Network
- Centrelink Carers Working Group

A handwritten signature in cursive script that reads "Dave White". The signature is written in a dark ink on a light-colored background.

David White
Project Officer



Carer Support Fund

The Department of Human Services conducted a review of the Carer Support Fund and concluded that there was inequitable access to the fund throughout Victoria and that there was a lack of transparency in the administration of the fund. Whilst the fund was being administered excellently in some areas, there were areas where the fund was not being utilised fully for the support of carers and in some instances funds were being diverted to other purposes. The Department of Human Services decided to centralise the administration of the service and approached the VMHCN with the request that we administer the fund.

Following consideration by the Committee of Management, consultations with the VMHCN membership and discussions with the Department, it was decided to accede to the request to administer the Carer Support Fund, our aim being to provide a more equitable and transparent service to carers across Victoria.

A transition phase was established with a Steering Committee chaired by DHS to oversee the change and Leanne Renfree was contracted on a short term basis to establish the project. The Department undertook to develop a web-based application system. By 30 June 2009, Guidelines for use of the fund had been agreed and the application system had been through its first pilot phase.

Applications for support from the Fund will be directed to VMHCN after 1 July 2009. The Steering Committee will be replaced by an Advisory Group. A Quality Improvement and Suggestion system will be established. Area Mental Health Services will receive quarterly reports on their expenditure. The Advisory Group will receive these reports and also reports on turnaround time, applications that do not meet the guidelines and positive and negative feedback.

A handwritten signature in black ink, appearing to read 'Robyn Wilson', written in a cursive style.

Robyn Wilson
Administrator Carer Support Fund

Financial report for year ending 30 June 2009

The attached reports show the audited financial results for the Network's activities over the last year – a Profit & Loss Statement for the period 1 July 2008 to 30 June 2009 and the Balance Sheet at 30 June 2009.

In simplified terms, the consolidated results show:

	\$
Income	351,496
Expenses	360,946
Surplus/deficit	-9,450
Net assets at 1 July 2008	136,008
Surplus/deficit (from above)	-9,450
Net assets at 30 June 2009	126,558

The make-up of net assets at year end is:

Cash	73,653
Car + depreciation provision	22,496
Furniture & equipment + depreciation	30,409
Total	126,558

Separating out the C&C/MH ECO project, the funds remaining for that activity at year-end were \$32,273. This has been used as agreed with DoH to cover part of the costs (in 2008-9 and in 2009-10) associated with setting up the systems required for the Network to take over administration of the Carer Support Fund.

For general Network operations, excluding exceptional items (grant for office equipment, grant for and costs of setting up Carer Support Fund), the comparison of results with the budget for 2008-2009 is as follows:

	Actual \$	Budget \$
DHS recurrent funding	101,447	101,545
Project funding	8,714	
Interest	6,794	4,000
Total Income	116,955	105,545
Expenses	158,616	154,557
Surplus/ deficit	-41,661	-49,012

The cash reserves at year-end, as above, are \$73,653. Setting aside \$3,000 to cover costs incurred but not yet paid and \$20,000 for completion of the set-up of the Carer Support Fund in 2009-10, the effective reserves are \$50,653. The budgeted year-end reserves were \$45,989.

Victorian Mental Health Carers Network

Consolidated Profit & Loss Statement July 2008 through June 2009

Account Name	Year to date
Income	
DHS Grants - Operations	\$138,629.53
DHS Grants - Survey	\$195,028.04
Interest Income	\$6,794.35
Other Income	\$8,714.24
Carer Participant Reimb	\$2,330.00
Total Income	\$351,496.16
Expenses	
Salaries	\$93,498.02
Salary -Executive Officer	\$60,897.37
Salary - Project Officer	\$54,692.71
Salary - Admin Support	\$13,803.41
Superannuation	\$18,653.95
Workcover	\$4,664.36
Survey Support Fee	(\$6,000.00)
Staff Entitlements	\$2,842.16
Management Fee	\$21,000.00
Staff Recruitment	\$6,868.06
Staff Training/ Conferences	\$6,286.68
Staff Supervision	\$590.90
Network Travel Expenses	\$5,797.84
Postage	\$106.96
Computer Supplies & software	\$604.29
Rent & Occupancy Costs	\$2,933.34
Meeting Exp	\$1,967.42
Staff Costs	\$683.29
building insurance	\$1,015.74
Staff Amenities	\$148.33

Brokerage Fund	\$20,564.20
Network M/V Expenses	\$60.89
Furniture & Equipment	\$439.00
Fuel & Oil	\$2,553.80
M/V Depreciation	\$4,245.00
M/V Rego & Insurance	\$349.09
M/V Repairs	\$875.73
Print & Stationery	\$4,491.78
Promotions	\$500.00
Cleaning	\$860.30
Network Telephone	\$6,248.81
Electricity & Gas	\$568.50
Office Equipment depreciation	\$2,398.00
Network Volunteer Expenses	\$80.00
Consultants	\$5,598.00
Rent - 280 Auburn Rd	\$8,799.96
Transcribing Services	\$622.50
Program Expenses	\$1,155.76
Support for working groups	\$400.00
Carer Reimbursement	\$760.00
Complaints Proj- Carer Reimb	\$1,740.00
Set up new operations	\$6,579.90
total expenses	\$360,946.05
Net Profit (Loss)	(\$9,449.89)

Victorian Mental Health Carers Network

Balance Sheet as at 30th June 2009

Assets	
Current Assets	
Network/ Carer Accounts	
Carers/ Network Account	\$157,533.21
V2 Acct 9084-02317	\$101,773.72
Petty Cash Float- Network	\$300.00
Total Current Assets	\$259,606.93
Network Motor Vehicle	\$22,495.91
Accumulated Depreciation	(\$9,808.00)
Network Furniture & Equipment	\$30,409.20
Accumulated Depreciation	(\$6,992.00)
Total Fixed Assets	\$36,105.11
TOTAL ASSETS	\$295,712.04
Liabilities	
Income in Advance	\$150,000.00
Provn Annual Leave - Network	\$10,082.95
Prov Sick Leave - Network	\$9,070.89
TOTAL LIABILITIES	\$169,153.84
Net Assets	\$126,558.20
Equity	
Retained Earnings	\$136,008.09
Current Year Surplus/Deficit	(\$9,449.89)
Total Equity	\$126,558.20



Warren Jenkins

Treasurer