

# Mental Health Carers Arafmi Australia Annual Report



*'Individually diverse, collectively unique, nationally united'*



# Contents

About Us	4
Supporting a central role for carers and families	6
President's Report	9
Executive Officer's Report	10
The Year in Review	11
Governance	12
Financial Statement	13
Our Members	14



# About Us

The Mental Health Carers ARAFMI Australia comprises ARAFMI member organisations across Australia.

MHCAA member agencies are the leading mental health carer support agencies across Australia. MHCAA services provide specialist mental health support to families, carers and their friends. Support includes: linking people to other carers who can offer face to face peer support, education services with other carers, and advocacy services which assist individuals to identify and find solutions to their challenges.

## Our Vision

People with a mental illness, and their families and carers, will be understood, respected and provided with a level of treatment and support which provides them with the opportunity to be included in their community.

## Our Mission

The Mental Health Carers Arafmi Australia's mission is to represent at national level the interests of ARAFMI groups throughout Australia and the needs and concerns of their constituency – families and others voluntarily caring for people with mental illness.



# Supporting a central role for carers and families

Excerpt from Mental Health Council of Australia's 'Perspectives: Mental Health & Wellbeing in Australia' by Jane Henty

In this article, the term carer refers to people who provide unpaid, practical and emotional support to a person with mental health issues, such as relatives, partners, friends or neighbours. A carer may or may not live with the person they support and they do have to be identified by the individual with mental health issues to be their carer (Clements: 1996).

The Mental Health Council of Australia's 2012 Mental Health Carers Report: Recognition and Respect was an insight into the lives of some of the most dedicated yet vulnerable members of our community, namely mental health carers. Carers provide help, understanding, guidance, support and a financial safety net for people with a mental illness. This can take its toll financially, emotionally and physically. As a carer in the report says, 'The support services provide all the contact details to the consumer, but who can the carer call when they are worried and afraid? The concern that when your child goes away they may not come back, or nights when you lay awake with worry that they might not be alive the next morning.'

It is critical that we listen to, and document, the views and experiences of carers.

## A Shift in Emphasis

Asylums have been closed for 30 years. Subsequently the emphasis of mental healthcare has shifted to home-based and community care, with families and carers taking increased responsibility in caring roles, often with minimal support from communities or services. This can lead to carers feeling (and being) swamped in a pattern of day-to-day survival, with little hope for the future.

Supporting someone with a mental illness has a negative impact on the health and wellbeing of carers. In 2007, carers were found to have the lowest wellbeing of any large group recorded by the Australian Unity Wellbeing Index (Cummins and Hughes: 2007). The National Mental Health Carer and Consumer Forum in 2011 linked poor carer wellbeing to: the episodic nature of mental illness; the behaviours that can be associated with mental illness; the lack of community recovery-based services and supports for people with mental illness; and lack of appropriate accommodation for people with a mental illness.



Advocates have therefore been calling for improved community support for family members caring for their loved ones with a mental illness. It is crucial that carers receive knowledge and moral and peer support. A carer has emphasised the importance of carer support: 'Mental illness was completely new to me and I had to learn as much as I could whilst (sic) dealing with my sick son. Education and support was provided at a time of despair and bewilderment.' (ARAFEMI: 2007).

However, there is still inadequate support for carers.

Sharing my professional journey illustrates some of the typical barriers and shifts across the sector.

#### My Experience

Commencing as a graduate psychiatric nurse in 2005 in a Melbourne hospital, I completed four rotations in the acute psychiatric wards, which was a comprehensive crash course in psychiatric nursing. The psychiatric wards were always full. There were always patient admissions, patient discharges and forms to fill out.

Families entered and left the wards at the periphery of our vision. As a nurse, the focus was on a timetable of medications, meals and risk assessments, which would be

periodically interrupted by difficult situations, such as a patient absconding or creating a disturbance.

As a nurse, I was sympathetic and concerned for families' needs.

However, timetables and processes sometimes got in the way. I think back to how a mother looked at me in concern when I told her she could take her son on leave from the ward. Possibly her concern related to the nature of the illness, treatment had not been explained to her, or she was worried that something may happen while he was in her care. However,

*I generally heard similar comments from families:*

*How can this have happened, could I have prevented it, what can I do?*

she could not say anything in front of her son and I did not intervene. His leave papers were signed by the head psychiatrist, so he left. A more family inclusive approach to the leave arrangements would have supported the mother in her caring role. At the time, the ward culture and work expectations made family inclusion challenging.

Part of the barrier that is often cited within workplaces is whether carer and family involvement in consumers' care and treatment is core business. Since the introduction of the National Standards for Mental Health Services in 1996, it is required to involve consumers and carers in mental health treatment. This imperative has



arisen from clear evidence that families, carers and friends are the largest providers of care for people living with mental illness in Australia and that inclusion in care and treatment leads to greater health outcomes for consumers (Falloon: 1998). However, families have often continued to be marginalised and excluded from participating in their loved ones' care (Lakeman: 2008, 203-11). This is concerning given that 'fifty to ninety per cent of the chronically mentally ill live with their relatives following acute psychiatric treatment' (Lauber et al: 2003, 285-289).

After a couple of years of nursing I turned my attention to mental health community rehabilitation and recovery. I wanted to work in the community where recovery from mental illness was the focus of care. I started working for ARAFEMI Victoria as an outreach worker. In this program, families were more central to the consumer's care. I entered into families' private lives, learnt about their hopes and fears, and heard their

*'The support services provide all the contact details to the consumer, but who can the carer call when they are worried and afraid? The concern that when your child goes away they may not come back, or nights when you lay awake with worry that they might not be alive the next*

stories of coming to terms with their loved one having a mental illness. I generally heard similar comments from families: how can this have happened, could I have prevented it, what can I do?

Physical and emotional exhaustion, chronic stress, depression and grief are not unusual among family members. Social isolation and low

self-esteem, economic losses, decreased life opportunities, and difficulties accessing effective treatment and support services add to the pressures that carers and families face. The lack of support and information about

the illness, management and services compounds these feelings of powerlessness and frustration.

#### National Representation

A deepening respect and commitment for families and carers has led to my role as Executive Officer of Mental Health Carers Arafmi Australia. This organisation represents at national level the interests of the needs and concerns of its members and constituency –



families and others voluntarily caring for people with mental illness

Attending a Carers Conference held in Perth in 2012, I heard the ABC sports presenter and broadcaster, Karen Tighe, share her story about being a carer. She had cared for her husband, Glenn Mitchell, also a sports broadcaster, during his depressive illness. The pain, stress, anxiety and stigma she described brought the audience to tears. I began to really understand how isolating and painful being a carer can be and that often carers are crying out for help, with no-one listening.

We can decide as a country that we are going to ignore the needs of carers such as Karen, and continue to focus on diverting most government revenue into acute psychiatric beds. The majority of national mental health expenditure in 2010-11 went to public hospital services for admitted consumers, at \$1.8 billion, followed by community mental healthcare services at \$1.6 billion (AIHW: 2012).

Or we can choose to lead the world in mental health treatment and support by:

- Connecting and empowering families and the community to be involved in psychiatric services and care.
- Reaching out to other sectors, such as housing and education.
- Improving access to carer services and information for carers and family members.
- Integrating services.

And most importantly, we need to give carers hope. We can do this by using personal experience through peer support, and building carers' skills through information, education and support. A focus on empowerment, hope and self-determination is central to recovery from mental illness for both consumers and carers. The choice is with the policy makers, the government, individual services and the community.

So Australia, what are we going to do?

# Presidents Report

As I look back over the past twelve months I wonder where the time has gone and what MHCAA has been able to achieve.

As Jane has stated in her Report we have responded to many issues and sat on various committees. When I say “we” I really mean Jane and a lot of this work would not have been possible without having her on board as Executive Officer and based in Melbourne.

It is difficult to measure our success or otherwise but anecdotal reports indicate the Arafmi now has a nationally recognised role, not that this has led to adequate funding, but Jane has been able to glean a little here and there. I wish to acknowledge the financial support from members, especially additional amounts over and above membership fees.

At our annual meeting I believe we need to consider how we should measure our outcomes. This would be valuable when submitting funding applications. Accountability is often mentioned when advocating with governments but we are equally accountable to our members and the hundreds of carers they represent.

One of the main issues we need to confront yet again at the annual meeting is the financial viability of the organisations especially as we contemplate possible future directions and activities. It would be a great disappointment if we lose what we have gained even though it is not possible to quantify it.

I thank Jane for her dedication and efficiency and also Arafemi Victoria for the practical support we have been given without which we would not have been able to operate in the way we have.

There is no doubt that the organisation has an essential role to play in advocating for improved outcomes [that word again] for mental health carers.

I have continued to represent MHCAA on the NMHCCF where consumer and carer mental health issues are dealt with. For up to date information on this please see the website [www.nmhccf.org.au](http://www.nmhccf.org.au)



*Tony Fowke  
President*



# Executive Officer's Report

From small grassroots organisations that commenced 35 years ago, Arafmi has grown into a national body with a united voice for mental health carers.

My role as Executive Officer came about over a year ago after the retirement of Warren Jenkins, the previous Executive Director of MHCAA. Warren has never really retired though, and is continuing to be a valued member of both the Arafmi Victoria and MHCAA boards.

The past year has seen the consolidation of activities and organisational processes which will guide our organisation into the future. This in turn has, I believe, led to a stronger organisation better suited to meet the needs of our member organisations. Activities have included the implementation of our communications strategy, commencement of a number of projects and the rebranding of our organisation.

In addition, we have been asked to sit on a range of national committees and forums. These opportunities have allowed us to have input into the development of mental health policy and programs at a National level. For more information on our yearly activities please see the next page of the Annual Report.

I would like to take this opportunity to thank my committee and the CEOs of all my member organisations for all their hard work and commitment over the past year. In particular our President, Tony Fowke, has been a tireless supporter of our organisation and spent countless hours helping me advocate for carers.

In the coming year we will have a strong focus on the growth and development of our organisation. I look forward to moving forward into the next year of MHCAA.

Thank you for your support this year.



*Jane Henty*  
*Executive Officer*



# The Year in Review

## Partnerships

This year has seen a focus on strengthening our professional networks. MHCAA ensures the carer voice is heard through collaborative partnerships with member organisations and strategic partnerships with national mental health bodies. This includes partnering with organisations such as Mental Illness Fellowship Australia and AMHOCN. Relationships have also been strengthened with other peaks and organisations such as VMHCN, MHCA, MIFA and the Private Mental Health Consumer Carer Network. Through these partnerships MHCAA has been able to deliver high quality mental health advocacy nationally.

## Advocacy

Having the carers' voice heard has also occurred through participation in advisory groups, boards and committees such as the National Carer Strategy Implementation Reference Group led by FAHCSIA and the National Consumer and Carer Forum.

In total, seven submissions were produced in the 2012-13 financial year:

- Senate Community Affairs Legislation Committee Inquiry into the NDIS Bill 2012
- NDIS Rules Submission (2)
- Election Statement
- Developing a framework for pharmacists as partners in the mental health care team
- National Primary Health Care Strategic Directions Framework
- Response to Consultation Paper: NDIS Eligibility and reasonable and necessary support

Projects and other highlights of the year have included:

1. Authoring the Chapter on 'Supporting a central role for carers and families' in the Mental Health Council of Australia's 'Perspectives' publication.
2. Collaborating in a project to collect personal stories for the Mental Health Report Card.
3. Delivering training to our members in partnership with AMHOCN on the Strengths and Difficulties questionnaire.
4. Rolling out our communication strategy including weekly member updates, e-newsletter, rebranding, and new-look website.

# Governance



**Tony Fowke, President**

Tony has been a mental health carer advocate for some thirty years having experienced mental illness within his family. In 2003 Tony was appointed as a member in the General Division of the Order of Australia for service as an advocate for the advancement of mental health services in Australia.



**Warren Jenkins**

Mr Jenkins was the previous Executive Officer of MHCAA and Executive Director of Arafemi Victoria. He has spent over 25 years in the management of mental health and disability services. Mr Jenkins has been a mental health carer for 18 years. He currently is a board member of Arafemi Victoria.



**Jean Platts, Treasurer**

Jean is Treasurer of MHCAA. She has been a Board member of Arafmi Queensland since 1999 and held positions of Treasurer and Vice President. She is the Qld Carer representative on the National Mental Health Consumer & Carer Forum and has held the positions of Deputy Co Chair and Ordinary Executive member since the Forum inception in 2002.



**Kate Shipway**

Kate is President of Mental Health Carers Tasmania. Kate has been involved as a mental health carer and advocate for over 10 years. She represented Tasmania on the National Mental Health Consumer and Carers Forum from 2005-2009 and represented ARAFMI Tasmania on the Mental Health Council of Tasmania from 2003-2011.



**Kristine Havron**

Kristine Havron is the President of Arafmi NSW and a member of Mental Health Carers Arafmi Australia. She has been a mental health carer for 13 years.



**Bronwyn Russell**

Bronwyn has degrees in Psychology and Biology, and a Graduate Diploma in Management. She is presently the Director of Engineers Australia Northern Division, President of Mental Illness Fellowship NT and an ordinary member of MHCAA.

# Financial Statement

**Mental Health Carers Arafmi Aust Inc**  
**Profit & Loss [Budget Analysis]**  
 July 2012 through June 2013

	Selected Period	Budgeted	\$ Difference
<b>Income</b>			
Bal Surplus June 12	\$0.00	\$41,391.00	(\$41,391.00)
Grant Income	\$0.00	\$5,000.00	(\$5,000.00)
Members workshop Fees	\$1,070.00	\$1,000.00	\$70.00
Membership Fees	\$27,170.73	\$5,000.00	\$22,170.73
Nat Project Funds	\$0.00	\$22,500.00	(\$22,500.00)
Bank Interest	\$763.24	\$1,000.00	(\$236.76)
<b>Total Income</b>	<b>\$29,003.97</b>	<b>\$75,891.00</b>	<b>(\$46,887.03)</b>
<b>Expenses</b>			
Bank Charges	\$65.60	\$0.00	\$65.60
Transaction Fees	\$10.00	\$0.00	\$10.00
Conference	\$199.00	\$0.00	\$199.00
Membership Fees	\$475.00	\$0.00	\$475.00
Catering	\$16.90	\$0.00	\$16.90
Training	\$126.50	\$0.00	\$126.50
Face to Face Meetings	\$0.00	\$5,000.00	(\$5,000.00)
Telephone	\$170.12	\$0.00	\$170.12
Cab Charges	\$842.87	\$0.00	\$842.87
Car expenses	\$116.68	\$0.00	\$116.68
Parking	\$284.76	\$0.00	\$284.76
Consultancies	\$0.00	\$2,080.00	(\$2,080.00)
Travel & Accomodation	\$3,017.32	\$12,480.00	(\$9,462.68)
Meals	\$67.63	\$0.00	\$67.63
Employment Expenses			
Telephone Allowance	\$0.00	\$312.00	(\$312.00)
Administration Cost	\$264.50	\$1,498.00	(\$1,233.50)
Superannuation	\$3,507.26	\$4,320.00	(\$812.74)
Wages & Salaries	\$37,789.94	\$48,000.00	(\$10,210.06)
Annual Leave	\$906.52	\$0.00	\$906.52
Workers' Com Insurance	\$222.85	\$0.00	\$222.85
Teleconference cost	\$103.67	\$1,000.00	(\$896.33)
Other Employer Expenses	\$51.00	\$0.00	\$51.00
<b>Total Expenses</b>	<b>\$48,238.12</b>	<b>\$74,690.00</b>	<b>(\$26,451.88)</b>
<b>surplus/(deficit)</b>	<b>(\$19,234.15)</b>	<b>\$1,201.00</b>	<b>(\$20,435.15)</b>

**Mental Health Carers Arafmi Aust Inc**  
**Balance Sheet**  
 As of June 2013

**Assets**

<b>Current Assets</b>	
Cash On Hand	
Bendigo Bank 136197381	\$52,060.75
<b>Total Cash On Hand</b>	<b>\$52,060.75</b>
Trade Debtors	\$15,896.40
<b>Total Current Assets</b>	<b>\$67,957.15</b>
<b>Total Assets</b>	<b>\$67,957.15</b>

**Liabilities**

<b>Current Liabilities</b>	
Memberships Income 13/14	\$46,800.00
<b>Total Current Liabilities</b>	<b>\$46,800.00</b>
<b>Total Liabilities</b>	<b>\$46,800.00</b>

**Net Assets** **\$21,157.15**

**Equity**

Retained Earnings	\$40,391.30
Current Year Earnings	(\$19,234.15)
<b>Total Equity</b>	<b>\$21,157.15</b>

# Our Members

Our members are long-standing providers of mental health services. MHCAA would like to sincerely thank our members for their tireless support and commitment 2012 - 2013. In particular we would like to that the individual CEO's of our member organisations that have provided countless hours towards executing our annual plan.

Frances Sanders  
Executive Director  
ARAFEMI Victoria Inc.



Mental Health Carers (Tas) Inc  
Executive Officer  
Mental Health Carers Tasmania



Jonathan Harms  
Chief Executive Officer  
Mental Health Carers ARAFMI NSW Inc



Lorraine Davies  
Executive Officer  
Mental Illness Fellowship of Australia NT



Mike Seward  
Executive Director  
Mental Health Carers Arafmi (WA) Inc



Marj Bloor  
Executive Officer  
Mental Health Carers Arafmi Queensland Inc.



*"Our membership to MHCAA is vital in providing an avenue for national spotlight and voice for carers. The ability to reach out to carers across Australia, through respective MHCAA members, is an invaluable resource for us in our work as well as to ensure carers stay on the table in high level discourse about mental health. Hosting the National body provides a tangible and very real contribution to carers." - Frances Sanders, CEO, Arafemi Vic*

