

OUR VISION

All South Australians affected by mental illness are receiving the support they need to live well in the community.

OUR MISSION

To influence the development, range and responsiveness of services to support people affected by mental illness by:

- Working to reduce stigma and increase an understanding of mental illness and its prevention
- Representing and working with the community mental health service sector (non-government) to support people affected by mental illness
- Promoting and building the role of the community mental health service sector (non-government).

VALUE STATEMENT

We believe in the inherent value and dignity of each individual and the right to self-determination, citizenship and social justice.

Membership Fees Individual Members

	Fee (inc GST)	
Full Fee	\$44	<input type="checkbox"/>
Concession/Student	\$11	<input type="checkbox"/>

Payment Options

Payment can be made by cash, cheque or EFT to: BSB: 633-000 A/C 159 310 655, Bendigo Bank or ask for an invoice.

The Objectives of the Mental Health Coalition of South Australia are to:

- 1. Reduce prejudice against people with mental illness**
 - by facilitating strategies to raise community awareness and reduce stigma
- 2. Influence local, State and Commonwealth legislation, policy, process and activities which have an impact in the area of mental health.**
 - policy development
 - planning and
 - service development including legislative reform
- 3. Influence the development of adequate and appropriate services, structures and responses in the area of psychosocial disability.**
- 4. Enhance the effectiveness and quality of psychosocial disability support services by:**
 - assisting member organisations to improve Capacity;
 - promoting the use of evidence-based practice and outcome based measures;
 - coordinating and facilitating education and research;
 - Encouraging networking and partnerships across the sector between:
 - Members and relevant parties.
 - Members and any relevant community structure.
 - Mental health services and the broader community services.
- 5. Generally to do all such acts, matters and things to enter into and to make such agreements as are incidental or conducive to the attainment of any of the objectives of the Coalition.**



APPLICATION

**For Individual Membership of
the Mental Health Coalition
of South Australia Inc.**

The Mental Health Coalition of SA is the peak body for mental health in South Australia.

Phone: 08 8212 8873
Web: www.mhcsa.org.au
ABN: 94 442 874 412

Benefits of Individual Membership

- Supporting the MHCSA to provide a strong voice for the community managed Mental Health services sector
- Receiving regular electronic updates and information
- Participation in workshops and forums
- Networking opportunities
- Membership discounts for specified MHCSA events and training.

Essential Criteria for Individual Membership

- Applicant has a demonstrated interest in mental health
- Subscribes to the objectives of the MHCSA
- Agrees to abide by the MHCSA's Code of Conduct
- Applications must be accompanied by contact details for a current member of the MHCSA who can confirm applicant's interest in mental health and act as a nominator
- Membership will not be granted to an individual who, in the opinion of the Board, may injure or prejudice the character or interests of the MHCSA or bring it into disrepute.

Application Assessment Process

Applications are assessed against the essential criteria. Membership is granted if approved by a two thirds majority of the Board. Applicants are advised of the outcome in writing; feedback will be provided on request.

Applicant Details

Name:
 Address:

 Postcode:
 Phone: Fax:
 Email:

Contact Details for Nominator

(A current member of the MHCSA)

Name:
 Organisation:
 Phone: Fax:
 Email:

Pledge

I:
 (Full Name)

agree to be bound by the rules of the Constitution of the Mental Health Coalition of South Australia Inc., endorse its objectives, as set out overleaf, and agree to work cooperatively to achieve these objectives.

I agree that I will not act in a way that may injure or prejudice the character or interests of the MHCSA or bring it into disrepute.

I have read and agree to abide by the Code of Conduct for Members. (Available on Website)

Signature: Date:

Please provide brief information demonstrating your interest in mental health and/or involvement in any activities consistent with the objectives of the MHCSA. (Continue on a separate sheet and/or attach further information as necessary.)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

- Optional:**
- I have a lived experience
- I am a lived experience worker

Note: