13 May 2005

Committee Secretary
Senate Select Committee
on Mental Health
Department of the Senate
Parliament House
CANBERRA ACT 2600
AUSTRALIA

Dear Secretary

Expression of Interest to Participate in the Senate Select Committee Inquiry on Mental Health

Richmond Fellowship Queensland (RFQ) was a pioneer of community based mental health rehabilitation services in this country. It has developed its reputation as a leading provider of recovery-oriented rehabilitation services with a commitment to evidence-based practice. RFQ is a valued partner and research site with the University of Wollongong and University of Queensland in the Australian Integrated Mental Health Initiative (AIMhi), a project of the National Health and Medical Research Council.

There has been little opportunity in the past to demonstrate the clinical efficacy of our work or that of the non-government sector generally. Such an opportunity emerged with the Queensland Government's mental health institutional reform program known as Project 300 and rolled out in 1996/1997. This was independently evaluated by the Queensland University of Technology where patients/clients participating in the project were assessed on a number of measures of clinical and general functioning prior to leaving the psychiatric institution, at six months, eighteen months and three years.

The project involved the provision of public housing, treatment through a public community mental health (clinical case management) service and psychiatric disability support through a number of non-government service providers. The data after three years showed that across all the measures the average for all RFQ clients showed significantly better outcomes than the average outcomes for all other (non-RFQ) clients.

This data needs to be further analysed but I suggest the following contributory factors to this outcome –

- RFQ is a non-government provider and has a psycho-social rehabilitation model of practice within a recovery orientation (not a 'maintenance' clinical case management or disability support approach).

- RFQ and its staff have a strong ethos and values system that is given substance in the working alliance with people.

One measure partly highlights or suggest these factors. RFQ staff were assessed in the AIMhi Research Project on the RAQ-7 scale, pre- and post- training. This instrument measures the extent to which staff believe recovery is possible and individual but recognising it can be difficult. It therefore assesses their faith in or hope for their clients' recovery and whether such hope is 'grounded' in the reality of peoples' lives. The literature suggests these elements are important in facilitating peoples' recovery.

RFQ staff rated exceptionally high on the pre-training score and close to the maximum rating. This score compares with the mean rating of mental professionals on this instrument in a study reported in the literature. The mean rating of mental health professionals in this study was considerably lower than the mean rating of RFQ staff. It will be interesting whether the AIMhi research will show similar results for staff in the public mental health service research sites.

However, in spite of the outcomes achieved with people and after thirty years of service, RFQ remains relatively small and its operations localised to Brisbane with a small program in a regional centre west of Brisbane. The need for its services is only partly demonstrated by the organisation's residential rehabilitation program located in a suburb of Brisbane. The program is not promoted or advertised in any way but has an up to two year waiting list. Young adults are referred from across the state and occasionally, northern New South Wales. There is no other program of its kind in Queensland.

From a human perspective: an eighteen year old young lady was referred early in 2004 after a number of years intensive treatment in the adolescent and adult public psychiatric system including frequent and long hospitalisations. The young lady engaged in serious self-destructive and self-harming behaviours. Her family did not believe she had a future and saw the RFQ program as the last hope for her. She came to us with almost daily self-harming behaviours and within three months the behaviours were all but eliminated and she has subsequently moved on to independent living.

Queensland Health provides funding for this program and which totals only seven percent of the organisation's revenue. RFQ has been put on notice that the program no longer fits the 'service type' for future funding. The funding received is a little more than a third of the cost of a hospital bed. The case above would more than compensate for this.

The experience of non-government service providers in Queensland is one of operating in a policy environment where the focus and solution is on the public

system. It has been cruelly suggested that the implementation of the National Mental Health Plan in Queensland (if not Australia) can be characterised as the constant shifting of the deck chairs on the titanic of the public mental health system. There has also been a preoccupation in Queensland on funding public clinical case management at the expense of rehabilitation programs.

It is also an environment where the stigma of mental illness is most often seen in the health bureaucracies themselves and reflected in the low priority given to mental health policy and funding. One implication of this low priority is that important policy decisions are often in reality made at lower levels of the bureaucracy.

It is also a policy environment in Queensland which is 'muddled' due to 'psychiatric disability' being administered by the 'disability' department, Disability Services Queensland (DSQ). The department clearly states it does not fund 'rehabilitation'. Quite clearly, if we were to comply with the policy prescriptions of DSQ, our largest funder, we would not be achieving the outcomes for people that we do.

I have enclosed papers and submissions I have authored to provide some sense of the constant battle a serious mental health NGO provider has in this State to deliver needed services to people with the best possible results.

As President of the Queensland Alliance, I have also enclosed a couple of Newsletters containing my 'President's message' as a contribution to my perspective, especially concerning the Committee's term of reference in relation to the potential role of the non-government sector. This sector has been grossly under-utilised in Queensland and Australia, although Victoria has progressed much further than some other states.

Workforce issues are a critical problem in our sector and this is contributed to by what we can pay staff in relation to our funding and how we can employ staff (casual, part-time with individual funded programs). Due to the market place in which we operate, post-employment training is a very important factor in delivering the outcomes we do. However, RFQ relies on the sector peak body in Victoria to deliver quality training for its staff.

Perhaps I can dramatise our policy and funding environment in this way: a person has to come from Cairns to Brisbane to receive a 'live-in' psycho-social rehabilitation service and our staff in Brisbane receive training from a Melbourne organisation. There is clearly an under investment in the non-government sector and insufficient acknowledgement of its innovation, achievement and potential.

The sector is an unsung hero in relation to the needs of the mentally ill providing many examples of best practice. I want to advocate to the Senate Committee that much attention and consideration be given to the potential role of the non-government sector in meeting peoples' mental health needs. The role should not be seen as at the margins of service delivery or as a handmaiden to public treatment services. There is no reason to limit our thinking about the role the sector can play. The experience in New Zealand might be considered where over thirty percent of the National mental health budget is allocated to the non-government sector and where the sector delivers both 'clinical' and 'support' functions.

Late last year, the Director-General of Queensland Health invited me to speak to his Senior Executive Forum and Retreat and to provide feedback on their performance as a 'partner'. I appreciated this opportunity and the intent or commitment underlying the invitation. Our sector peak body has developed a partnership with Queensland Health as an attempt to address our concerns and I ask that my comments in this letter be received in that context. I have attached the biography to introduce me at the forum to enable the Committee appreciate my background and interest.

However, the Committee does need to consider how a range of rehabilitation and other services are funded and provided in this country and what responsibility the Federal government has in this regard. Unfortunately, at a State level, these services can get lost in the competition for resources with the high cost hospital system.

I apologise that this expression of interest has been written hastily at the 'eleventh' hour and in the middle of other competing demands with perhaps a 'flow of consciousness' flavour to it. I would therefore welcome any further opportunity to contribute to the Committee's inquiry and which perhaps could be more deliberative.

Yours sincerely

Kingsley Bedwell
Chief Executive Officer