

## **Staff Composition for Community Mental Health Service Provision**

Ruah supports staff diversity but our experience of 15 years leads us to be strong advocates of professional service delivery as the priority modus operandi in community based psychosocial and recovery support service provision. If an agency has solid professional knowledge; skills and behaviours with service principles and strategies that ensure grassroots person-centred services this enables high level of positive outcomes.

Ruah is a strong supporting of Peer Support programs and roles on teams. Where programs have the resources to have mentors in specific areas such linking and relating to Indigenous and CALD people this is a key plus for effective work. Mentors in areas such as Recreation and Community Linking; Nutrition and Cooking (all these areas have bodies of expert knowledge) offer added value – however this needs to be held by professional ethos and processes

People living with mental illness in the community require and deserve professional skilled supportive work tailored to their situation and needs.

## **Funding Levels for the Non-Government Sector**

In National and State mental health policy reform direction there is continual reference to expanded role for the non-government sector. However, the contract funding levels and wage structure are not building capacity and critical mass in different program areas or ensuring all core services are offered across the metropolitan area and that rural and remote populations service needs are taken adequately into account.

It does not make sense to policy direction of a community based mental health system without giving more serious attention to the non-government sector infrastructure for mental health. Making one of the priorities adequate resources for a vibrant non-governments sector will result in providing a 'very human face' and positive connections for the community to the mental health system, plus resources commitment to the non-gov sector usually results multi-benefits and greater and enduring gain for the dollar spend.

## **Inadequate and Inferior Salary Levels**

Award structures used in the community services sector(s) have continually been and certainly are currently inferior to those used in comparative government positions. Compare the Social & Community Services Award to the Hospital & Salaried Officers' Award here in WA for instance, an appropriate comparison given the level of hospital recruiting from the NGO sector. This historical situation has deteriorated

over the years in spite of the State Government's indexation policy with respect to funding of NGOs, in fact because of State Government's indexation which has been at an average of 3.3%, well below the 4.5% and 4.0% increases in government employees' salaries over the same period. Now the Commonwealth is playing increasing role in contracting non-government mental health services what is its commitment going to be.

### **Commonwealth (Fahcsia) Personal Helpers and Mentor Program**

This is the first program that had the serious intention of adding community based infrastructure across good part of the country. Round 3 was to be largest round – January 2008 was to be the date...then March 08 and it is now May and now sign of the tendering process.

### **Centres of Excellence or Promotion Units in Mental Health Psychosocial Rehabilitation and Recovery**

To achieve the full goals of community mental health rehabilitation and recovery serious support is required for social health and social inclusion paradigms within the mental health system and beyond.

Centres of Excellence in Mental Health Psychosocial Rehabilitation and Recovery need to supported to provide the following benefits:-

- Act as a source of international evidence-based best practice;
- Partner in, carry out &/or draw on local research;
- Provide service program model development;
- Promote workforce development in both the public and non-government sectors;
- Support the non-government mental health sector in carrying out their community role.

Here in WA we are currently working to form a sector inclusive Psychosocial Rehabilitation and Recovery Association to built practice and commitment to this essential domain for mental health work

### **Access to Education; Training and Work Opportunities**

The top end of rehabilitation and recovery support is to seriously address the barriers to opportunities for people living with mental illness – and the key areas are education; training and work opportunities – and there are now sufficient good practice in Australian and overseas to draw on to endure wide-spread and embedded programs and pathways.

**Sheryl Carmody, Executive Manager Ruah Mental Health**