

**OPENING STATEMENT TO THE INQUIRY INTO MENTAL HEALTH
SERVICES IN AUSTRALIA**

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Introduction

Richmond Fellowship of WA Inc is a provider of recovery oriented training, accommodation, community support services and carer respite services for people living with a mental illness. We were established in 1975 in WA, however the first Richmond Fellowship was established in Richmond, London, in 1959. We are part of Richmond Fellowship Australia which is a network of organisations across Australia.

RFWA is committed to increasing the profile of and attention to mental health issues and is therefore actively involved in peak organisations such as the WA Association for Mental Health (WAAMH) of which I am President and the WA Council of Social Services (WACOSS) of which I am a Board member.

I have provided a package of information for the Inquiry about Richmond Fellowship WA and other issues covered in this statement.

We believe that people can and do recover from mental illness. People must have the hope of recovery and service providers, carers and others must communicate and support that hope. Recovery is a process unique to the individual and it is our role as a service provider to help our consumers identify their pathway to recovery. Our Annual Report includes the recovery stories of some of our residents.

Recovery does not mean cure but it does mean being able to live a more meaningful life. A very good summary of contemporary literature on recovery can be found in **"A common purpose. Recovery in future mental health**

services.” This is the joint position paper of three key UK organisations including the British College of Psychiatrists. They include a piece of research which indicates that people recover from mental illness at a higher rate than from physical illnesses. I have included a copy of the paper in your package. I have also included information about our approach to recovery and our community education strategy to the business sector in Perth.

There are many challenges facing consumers, carers and the service providers. Among the greatest challenges facing consumers in Australia are:

- The need to strengthen the **voice of the consumer** because their voice will inform services on what needs to be provided and developed, and will result in increased access to services being achieved if we truly listen to the voice of the consumer;
- The need to provide **employment opportunities** to consumers but to do so in a way that is supported at the individual level, through policy reform and agency support; and
- The importance of supporting consumers to **live independently** in the community through contemporary approaches in providing **accommodation**.

Consumer Voice

Consumers in Western Australia do not have a strong independent voice which is supported or nurtured by government. There are excellent consumer projects provided by the WA government but, at the end of the day, they are tied to government processes and subject to the normal constraints of government. These inevitably prevent consumers from speaking on matters that might be contrary to government policy or ministerial direction to the public sector.

Richmond Fellowship believes that the **WA Mental Illness Awareness Council (WAMIAC)** should be funded to provide the independent voice for consumers in WA. Presently WAMIAC is supported by a number of groups,

including RFWA, but it has no recurrent funding to enable it to truly speak out on behalf of consumers in this state.

RFWA is a recovery focussed organisation which has its services based on a **consumer led approach** based on learning from Europe and the USA. We have had the majority of our staff trained in a Five Day Recovery Training program run by Ron Coleman and Karen Taylor from Scotland whose Working to Recovery program has international recognition. I have included two DVDs in the package. One contains talks given by Ron Coleman , previously mentioned mental health consultant and trainer, and also a talk given by Dr Dorothy Rowe, an Australian Clinical Psychologist, who is an international expert on depression. They challenge many of the accepted beliefs which underpin responses to mental illness. While RFWA does not necessarily endorse all comments made, we believe that the mental health system must be more open to different perspectives on how to support people living with a mental illness.

I have included a second DVD by Tony Morrison on “Emotions in the Workplace” because it is important for employers to understand the impact the workplace has on an employees well being. Mr Morrison is an international expert on leadership.

RFWA supports the voice of consumers by employing **Consumer Consultants, Recovery Trainers, Recovery Mentors and Peer Support Workers**; and also by having an active policy of employing people who have a lived experience of mental illness as Recovery Workers and Recovery Support Workers.

We have also established the **Hearing Voices Network Australia**, which is an overarching network that supports Hearing Voices Groups which are being established in WA and other states. Hearing Voices Groups are self help groups which provide support for voice hearers and which reduce their isolation and the distressing experience of hearing voices. RFWA actively promoted the development of these groups since October 2005 and is

receiving time limited project support funding from Lotterywest to establish a network of groups in WA. We are currently seeking recurrent funding. Information on the Hearing Voices Groups is provided in the package.

Employment

Having access to employment is fundamental to a person's well being. People living with a mental illness have particular support needs which are not currently recognised in the Commonwealth Government's **Welfare to Work policy**. However, the new government is beginning to make changes which recognise the special needs of people living with a mental illness. RFWA has been an active contributor in seeking to change the commonwealth government Welfare to Work policy through our involvement in WAAMH and the Centrelink Consultative Committee on Mental Health in WA. Earlier this morning, the WA Association of Mental Health (WAAMH) will have tabled a copy of its recent submission to Minister Brendon O'Connor concerning changes that the WAAMH believe are essential to the Welfare to Work policy. RFWA clearly endorses the approach taken by WAAMH and asks that this Inquiry considers the content of that submission.

We wish to **commend the Centrelink staff in WA** for their commitment to truly trying to understand the unique needs of people living with a mental illness and in seeking to mitigate the negative effects of the Welfare to Work policy on this group. The Centrelink Consultative Committee on Mental Health in WA is the only one of its kind in Australia and it models the collaboration and partnership required that can help achieve an improved focus on the needs of people who live with a mental illness.

RFWA also made a separate submission to Minister Brendon O'Connor asking that more attention be paid to the **employment of peer support workers** and in supporting community mental health agencies in their employment strategy. A copy of that submission is also enclosed.

RFWA also supports the increasing interest in social enterprises as a way forward which involves partnerships between the not for profit agencies and

business as a central strategy in the alleviation of, unemployment, poverty and homelessness. This strategy is outlined in a book by Nic Frances “**The end of charity: Time for Social Enterprise**” Allen & Unwin 2008. His model can provide many opportunities for employment for people living with a mental illness.

RFWA has developed a template for recruitment which encourages people with a lived experience of mental illness to apply for employment with our organisation. This is included in your package. Alastair Miller, the Program Manager for the two **Personal Helpers and Mentor programs** we run in WA, is available to comment further on these services and our commitment to peer support employment strategies.

Accommodation

We believe that the accommodation strategy currently employed by the state government provides an important start to solving the accommodation problem in WA. However, we believe there needs to be **more emphasis on individualised accommodation** rather than large clusters of housing. Providing individualised approaches works well in other states such as the HASI program in NSW and reduces the reliance on large cluster type accommodation which is unduly emphasised in WA.

Irrespective of the size or approach to accommodation, there needs to be the recognition that if it is to have **recovery focus this will be more expensive**. While it is true that some people (stereotypically the homeless) may not appear to be interested in any active approach towards recovery, there should not be an abandonment of providing supportive services which leave open the possibility of real improvement in a person's living circumstances. There is a growing amount of international literature which shows that even the most “chronic” can recover from mental illness, so our accommodation strategy should be built on hope, not maintenance and defeat.

Accommodation services should also be supported by more intensive involvement of the public health system staff as this is likely to reduce the risk of readmission.

The mental health issues in the homeless population are well recognised. A whole of government approach, inclusive of the not for profit sector, is required to address this intractable problem. The WA Health system is currently confronted with multiple presentations of the homeless to tertiary Emergency Departments and long stay homeless patients in tertiary hospitals staying for years and months awaiting the few facilities able to accommodate them. Despite the knowledge that the link between homelessness and mental health is strong, these patients are rarely counted by mental health as they do not currently have an acute mental illness. A whole of government approach which is inclusive of state Health, Mental Health, Disability Services Commission, Housing and Works and others interfacing with Commonwealth Health and Ageing, is imperative.

Social Inclusion

Commonwealth and State governments are placing increasing emphasis on social inclusion strategies in the development of new social policy platforms. We strongly support a social inclusion approach and we argue that this should be properly resourced at all levels. For example, it is difficult to argue for a social inclusion strategy for mental health which does not include a commitment to strengthening the voice of the consumer or ensuring that the community mental health agencies are adequately funded.

Other Important Issues

There are many other very important issues that the Inquiry will have heard about in its Hearings. We support early intervention strategies and more robust community education strategies. For example, we are currently exploring how we can help young voice hearers come to terms with their distressing and confusing experiences of hearing voices.

We also support the increase of services for young people whose parents have a mental illness – COPMI.

RFWA is also aware that more emphasis is being placed by state and commonwealth governments on providing services in the community by using not for profit organisations. This is an important trend which creates many positive opportunities for consumers and non government agencies to improve mental health services in Australia. One drawback that needs to be considered is the funding formula used by state and commonwealth governments which is creating enormous pressures for community agencies. This is the reliance on the Social and Community Services Award (SACS) in determining funding levels for services tendered. This means that NGO staff are falling further and further behind staff in both government and the private sector in their salary and conditions. This critical issue is more fully outlined in a paper I presented to the WACOSS Conference 1 May 2008, which is included in the package.

Conclusion

RFWA believes that the mental health sector in WA is at the crossroads. We hope the future includes recognition that the voice of the consumer needs to be strengthened and that additional resources need to be put into an employment and housing strategy. We believe that whatever services are funded, they should be funded sufficiently to provide recovery oriented services, which provide quality services and allow for staff to be appropriately remunerated.

We need an holistic approach to responding to mental illness. This means responding to the needs of the individual whose recovery journey is unique. To effectively respond to the needs of the individual, there must be a whole of government response to mental illness which includes a collaborative relationship with the not for profit sector. However, underpinning all responses should be the voice of the consumer, whose lived experience acts as a guide for the future.