12 May 2005

The Committee Secretary
Senate Select Committee on Mental Health
Department of the Senate
Parliament House
Canberra ACT 2600

Dear Sir/Madam

The Richmond Fellowship of New South Wales wishes to make written submissions to the Senate Select Committee on Mental Health.

The Richmond Fellowship of New South Wales is a non-government, non-religious, not-for-profit organisation that offers support and care for people with mental illness and psychiatric disabilities.

The attached submission addresses only those terms of reference seen as relevant to this organisation:

- d. the appropriate role of the private and non-government sectors;
- e. the extent to which unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcomes;
 - 1. the adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers;
- m. the proficiency and accountability of agencies, such as housing, employment, law enforcement and general health services, in dealing appropriately with people affected by mental illness;

The Richmond Fellowship of New South Wales is also prepared to appear before the inquiry to elaborate on this submission or to provide additional information as required.

Yours sincerely

Fred Kong Chief Executive Officer

Submission to the Inquiry by the Senate Select Committee on Mental Health

The Richmond Fellowship of NSW (RFNSW) is a non-government, non-religious, not-for-profit organisation that offers support and care for people with mental illness and psychiatric disabilities.

RFNSW is part of an international affiliation of Richmond Fellowship organisations, each of which is a separate legal entity. The Fellowship originated in Richmond, London in 1959 when Ms Elly Jansen opened a half-way house for people who had been discharged from psychiatric hospitals.

RFNSW was established in 1973, with Commonwealth funding (in the beginning), to establish two half-way houses in the Central Sydney Area Health Service. It was incorporated in 1978 as a company limited by guarantee. RFNSW is registered to fundraise for charity purposes. RFNSW's head office is located in Homebush, with service centres across NSW in Central and Western Sydney, the Hunter/Newcastle area, Tamworth, Wagga Wagga and Broken Hill.

RFNSW is one of the six Richmond Fellowship Organizations established in Australia providing Psychosocial Rehabilitation support services to people with mental illness. RFNSW is also part of the Richmond Fellowship Asia Pacific Forum, which forms alliances with the other Richmond Fellowships in the Asia Pacific region.

RFNSW values and supports the fundamental human rights of people with mental illness. The purpose of the organisation is "to promote recovery for people with mental illness by providing community based rehabilitation within a supported accommodation framework". This purpose and philosophy translates to supporting people to live in different models of accommodation with varying levels of assistance based on individual need. RFNSW recognizes that a person's well-being is paramount to living a healthy, productive and fulfilling life as a valued member of the community.

The Richmond Fellowship submission to this inquiry concentrates on only four of the terms of reference.

- The appropriate role of the private and non-government sectors (d)
- The extent to which unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcomes (e)

- The adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers (I)
- The proficiency and accountability of agencies, such as housing, employment, law enforcement and general health services, in dealing appropriately with people affected by mental illness (m)

The appropriate role of the private and non-government sectors (d)

The World Bank defines NGOs as "private organisations that pursue activities to relieve suffering, promote the interests of the poor, protect the environment, provide basic social services, or undertake community development". In wider usage, the term NGO can be applied to any non-profit organisation, which is independent from government. NGOs are typically value-based organisations, which depend, in whole or in part, on charitable donations. Although the NGO sector has become increasingly professionalised over the last two decades, principles of altruism remain a defining characteristic.

Representatives of independent non-government organizations (NGOs) are increasingly active in policy making at all levels of government. NGOs have become increasingly influential within the broader community and are often consulted by governments but some decision-makers in the mental health sector still do not see these organisations as appropriate service providers. NGOs are often outspoken advocates in this sector and can have a significant impact within the community. This influence is not always recognized or appreciated by the public mental health sector and the views of NGOs are not always respected.

Some of the advantages of operating in the NGO sector include:

- Strong grassroots links, including broader choices and options for consumers;
- Individualised ethos and philosophies of each NGO highlights these choices;
- Community development expertise;
- The ability to innovate and adapt;
- NGOs are complementary to government services and can value-add to the provision of services to consumers;
- Long-term commitment to disadvantaged groups;
- The ability to operate with more flexibility; and
- Cost-effectiveness and accountability.

These advantages allow NGOs to operate in a flexible and innovative climate that can quickly respond and react to community demands. NGOs are not constrained by many of the restrictive practices that can inhibit growth in the public mental health sector.

The most commonly perceived weaknesses of the sector include:

- Limited financial and management expertise;
- Lack of infrastructure;
- Limited access to "trained" staff; and
- Funding insecurity.

RFNSW would dispute these perceptions and maintain that as the mental health NGO sector expands it is demonstrating high levels of professionalism and expertise in all areas of service delivery. The issue of staffing is difficult throughout the sector but in most of the NGO sector there is not a strong necessity to rely on clinically trained staff although there is a growing trend towards developing more innovatively trained staff.

However RFNSW agrees that funding is often insecure as there is an inequity of funding to NGOs across the mental health sector. NGOS rely strongly on government funding (which is often historical and inadequate and is always time-limited) as well as private and corporate donations. It is very difficult to attract donor funding to mental health NGOs so there is an almost complete reliance on government funding.

NGO perspectives on policy issues are solicited in a number of ways. Regular consultations have often provided opportunities for NGOs and departmental staff to discuss policy and operational issues. Recently there has been much discussion on issues of partnerships between governments and NGOs and how these can be improved in practice, to maximize impact on service delivery for people with mental illness.

Increasingly, efforts are being made to draw on NGO knowledge and experience in flexible methods of service delivery and development of innovative programs. However it is imperative that many of the funding limitations are closely examined. As already noted historical funding is often inadequate but more importantly some of the funding constraints are outdated and inefficient. It is essential that funding agreements be revised to allow the sector to build organisational capacity in order to become more efficient while still remaining innovative and flexible.

In these times much is made of the issue of partnerships and RFNSW appreciates all of its partners, including government, but there are major concerns that these partnerships are not always evenly balanced. NGOs are required to carry the financial burden required to manage any risk but there is no reciprocal arrangement from the funding bodies, e.g. in the current climate of public liability, workers' compensation issues etc. the NGO carries all of the risk with no responsibility on funding bodies.

Another area of concern for RFNSW is the lack of development and expansion of the NGO sector in rural areas. Public mental health services are already extremely limited across rural and regional Australia but there is often a lack of understanding in these areas about the roles and responsibilities of NGOs so it becomes even more difficult to both expand the sector and to develop partnerships in these rural areas.

Recommendations:

- The NGO sector in mental health is supported and encouraged to grow in a climate of mutual respect and professionalism.
- The levels of funding are examined so that historical funds and conditions can be put into the perspective that is appropriate in 2005.
- That the partnerships continue to develop but in a more equitable and accountable manner.
- That the regional and rural NGO sector be supported and encouraged to appropriately expand in close partnership with the public sector.
- That staff within the public mental health sector be educated about the role of NGOs and that a climate of encouragement and support is fostered.

The extent to which unmet need in supported accommodation, employment, family and social support services, is a barrier to better mental health outcomes (e)

As RFNSW is primarily a service provider in the supported accommodation area, this will be the major area of comment.

People with mental illness (and their families) have the same needs and desires as all other members of the Australian community and it is the responsibility of government to ensure that this is possible. All citizens need somewhere safe and secure to live; they need ongoing employment or other appropriate and meaningful daily activity; and they need a level of family and social support that will allow full participation in Australian society. People with mental illness have these same needs and desires but they are not always available.

RFNSW would strongly state that the current level of service in supported accommodation, employment, family and social support services is inadequate. All of these services are best provided in the NGO sector leaving the public sector free to concentrate on the delivery of appropriate clinical services. However none of these services should be provided in isolation but rather in partnership models that reflect the true needs of the community and enable service delivery to continue with a strong community focus.

As stated earlier funding levels for supported accommodation are often inadequate and do not reflect the true cost of service delivery. However other issues for service providers is the lack of flexibility in proposed accommodation models and the inability to provide diminishing levels of support as clients' needs change. Many funding bodies are limited in their view of supported accommodation and tend to favour stereotypical styles with historical and overly structured funding

Other areas of concern in providing an accommodation service are ones that often cause distress to all businesses and are those around OH&S, issues of human resources and the area of risk management. As a responsible service provider RFNSW and other NGOs are supportive of all relevant legislation and are cognisant of all of the ramifications of providing a safe environment for staff and residents, and of operating in an arena that has minimized risk as much as possible. However in the modern business world in which the service operates the costs associated with OH&S, human resource issues and the managing of risk can become crippling and over many years the NGO sector in mental health has been unable to gain any financial relief or assistance from the funding bodies.

Risks to any business, including NGOs, can be summarised as anything that could cause loss or liability, whether that is to a person, organisation or property. It is never acceptable to attempt to hide from or deny a potential risk. RFNSW clearly identifies potential risks and as soon as practicable a workable improvement strategy will be put in place. But again all risk is borne by the organisation, which is then castigated by the funders for being cautious.

All community organisations and NGOs are expected to provide a sophisticated and professional service in a modern business environment but the is little assistance from funding barriers and so these proper business practices become barriers to appropriate service delivery.

Despite constraints and barriers RFNSW is committed to providing a supported accommodation service within an atmosphere of recovery and with underlying message of "hope".

RFNSW is also committed to growing this area of service provision within the mental health sector where suitable accommodation is so necessary but still in short supply.

Recommendations:

- Appropriate supported accommodation services are to be encouraged to grow and improve across Australia, particularly within regional and rural areas.
- Supply of supported accommodation, employment, family and social support service should correspond with real needs of the mental health sector given the shift in treatment from large hospital to community focus.
- It is essential that services in mental health be delivered with a positive flavour in an atmosphere of hope and recovery.
- Funding levels for community-based services should reflect the true cost of service delivery cost.
- Consideration must be given to sharing the burden that can be incurred as organisations struggle to comply with the costs associated with OH&S legislation and risk management demands.

The adequacy of education in de-stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers (I)

There is general complacency in providing resources to adequately support service providers, carers, families and friends in the sector. There is a general feeling that this is due to the fact that there is no strong public awareness of or commitment to mental health issues.

As a society, we are bombarded with negative images of people with mental illnesses. The media and entertainment industries overwhelmingly present people with mental illnesses as dangerous, violent and unpredictable individuals. These inaccurate and unfair portrayals shape the public's perception of people with mental illness as people to be feared and avoided. Consequently families of people with mental illness and organisations providing services within this sector can also be stigmatised. This can then result in it being difficult to access funds, particularly from philanthropic boards and foundations.

This stigma can also have tragic consequences. Many people with mental health problems fail to seek treatment because of the shame associated with their illness. And most will experience some form of discrimination, whether in the workplace, health insurance or social settings.

RFNSW believes it is imperative to send the message that mental illnesses are real, common and treatable. Many people mistakenly believe that mental illnesses are permanent and untreatable. With access to appropriate treatment, the vast majority of people with mental illness see significant improvement in their disorders and lead stable, productive lives.

It is essential to begin dialogue with employers and trade unions about mental health and emphasise the encouragement of employees to seek appropriate help. The creation of safe working environments in which staff members are encouraged to talk about stress, workloads, family commitments and other issues.

Much is made about stigma in the media but stigma is apparent across all areas of society including within government. This is particularly evident by the inadequate levels of funding for mental health across Australia. The figures are very clear. One in five Australians will have some mental health problem in their lifetime but the funding levels are still under 10% of the health budgets in all states and territories and at Commonwealth level. The commitment is simply not present and until there is public outcry and demand it will not be there.

Education programs around mental health are scarce and scattered with little or no consistency. RFNSW contends that strong government intervention is needed in an on-going and positive framework.

Recommendations:

- The public needs to be educated about mental illnesses, stress and wellness, as well as the signs and symptoms of mental health disorders.
- There is a need for continuity in community education around mental health issues.
- There needs to be more media education and positive profiling of the mental health sector and people with mental illness.
- It is essential to raise the media profile of mental health to increase public understanding and support.

- Community and government links need to be strengthened around mental health issues.
- There is a need to strongly address specific issues in rural areas re stigma and the "hidden" population of people with mental illness.

The proficiency and accountability of agencies, such as housing, employment, law enforcement and general health services, in dealing appropriately with people affected by mental illness (m)

RFNSW recognises the value of a broader input into mental health service delivery that encompasses other agencies from within government as well as from the non-government and/or private sector. It is essential that people with mental illness are perceived in an "holistic" manner that takes into account issues of housing, general health, employment etc. Mental health services put many demands of "accountability" on these agencies while refraining from being accountable themselves.

In order that people with mental illness are provided with services to which they, and all Australian citizens, are entitled involved agencies need to work in an atmosphere of cooperation with no discrimination – i.e. a totally stigma free environment.

All Australians should receive services that are accountable and proficient staff should deliver these services. People with mental illness are part of the general citizenry and as such have these same entitlements. Often it is rural and regional Australia that is leaders in interagency co-operation as these areas try to deal with an overall lack of services for people with mental illness.

The recent trend to mainstream mental health has resulted in a shift of the responsibility for mental health to as many other agencies as possible. In this process the policy makers have tried to force their standards and demands onto all other agencies with little commitment from the mental health sector itself to provide transparent and accountable services. There is a need to agree on issues of accountability while ensuring that this applies across the spectrum, including public mental health services.

There is a need to examine the linkages of all of the other agencies with the mental health sector and to ensure that these linkages and partnerships are quotable and balanced. Mental health services have a long history of trend setting and forward thinking which appears to have been lost in recent years.

Recommendations:

- Ensure that the mental health system becomes more streamlined and effective.
- That rural areas are recognised for their commitment to cooperation and community development while trying to address the almost total unavailability of services in these areas.
- Provide an atmosphere of interagency co-operation that recognises regional diversity.
- The sector needs to become less reactive to crisis and to put more effort into improving linkages and partnerships, particularly with NGOs.
- Mental health services need to take back leadership of this sector.