



**Australian Red Cross**

**Submission from  
Australian Red Cross**

to the

**Senate Select Committee on Mental  
Health**

**June 2005**

## **Introduction**

Australian Red Cross welcomes the opportunity to make a submission to the Senate Select Committee on Mental Health.

We speak particularly from our perspective of having conducted the MATES (**M**entally ill people **A**nd **T**heir **E**qual **S**upporters) and Mental Health First Aid programs for a number of years, as well as from the context of the strategic directions of Australian Red Cross. These include a commitment to providing appropriate assistance to vulnerable individuals and families who are isolated from society. Our extensive experience and expertise within Australia and internationally with other Red Cross and Red Crescent Societies helping to link family members disconnected and displaced through war, conflict or natural disaster has also informed us, as an organisation, of the deleterious effects of social dislocation.

We wish to emphasise the value of people from all walks of life being aware of mental health issues and able to stretch out a supportive hand to colleagues, family, neighbours and the wider community. This engagement of all sectors of the population is, we believe, crucial to the development of mental health literacy and a recovery orientation, which has implications far wider than just the realm of mental health specific service delivery.

## **M.A.T.E.S**

M.A.T.E.S. stands for **M**entally ill people **A**nd **T**heir **E**qual **S**upporters. It is a program unique to Australian Red Cross and currently only delivered in Tasmania. The CEO of Australian Red Cross has however initiated discussions with a view to extending the operation of the programme to other parts of Australia.

MATES is a response to the problem of social isolation amongst people with mental health problems, and helps build bridges back into community life. Participation promotes social connectedness and opens opportunities for people to develop other community linkages.

MATES recruits, trains and supports volunteers to offer ongoing friendship to people living with a diagnosed mental illness.

A cornerstone principle of the MATES Program is that relationships between volunteers and clients are as equal as possible. Volunteers participate in activities *with* clients, rather than doing things *for* them. A significant proportion of MATES volunteers have experienced mental health problems themselves and thus have a unique understanding about the stresses and dangers of social isolation and the way this can have a negative impact on a person's life.

The MATES program is motivated by the vision of the Australian Red Cross which is *To improve the lives of vulnerable people in Australia and overseas by mobilising the power of humanity*, and by the Society's key objective of *providing appropriate assistance to vulnerable individuals who are isolated from society*.

## **Background to MATES**

MATES began with a commitment from Australian Red Cross at a national level to support people with mental health problems. With some initial funding from the Commonwealth Government a pilot project was begun in Tasmania, formally launched in January 1997. MATES now receives funding from the State Mental Health Services (as part of schedule G of the Commonwealth State Health Agreement), covering about 2/3 of the costs and Australian Red Cross through its own fundraising efforts provides financial and other support from its own resources. A difficulty has been that the government funding makes no provision for indexation, despite increases in costs and improvements in service.

MATES has been operating since 1997 in Southern Tasmania, was commenced in Northern Tasmania in 2000 and extended to the North West Region in 2002. Australian Red Cross employs a statewide manager for the program and regional coordinators in the north and north-west.

The program currently has about 110 volunteers around the state offering support to approximately 150 clients. The program is always in need of more volunteers. This form of volunteer work is particularly challenging. Rigorous training and ongoing support of volunteers is of the highest importance to ensure retention, consistency and high quality service. While the work can be quite demanding it is often very rewarding.

## **Participants**

Volunteers are recruited from many sectors of the community. They range in age from early 20s to late 60s. They are workers and unemployed people, students, retirees and stay-at-home parents. A significant number of them have had personal experience of mental illness, either themselves or with close family members.

Volunteers are trained over 4 days, covering information about mental illness and recovery, treatments and self-help, stigma, mental health law and ethics, communication skills, attitudes and values.

People with a diagnosed mental illness are referred to the MATES program by mental health care professionals including state government Mental Health Service staff, private psychiatrists and general practitioners. The program stipulates that people within the program are supported by a mental health care professional who will take key responsibility for the mental health treatment of that person. We have noted however, that all too often mental health services are unable to maintain the level of support or oversight required or have been unable to respond until a person is in a crisis situation. Thus it sometimes happens that the volunteers within MATES and the staff within Australian Red Cross are carrying a much more substantial role than initially intended.

Once volunteers have been trained, participants are matched on the basis of potential shared interests. They undertake social and recreational activities, such as the everyday pleasures of taking a walk or a drive, having a cup of coffee or visiting the museum. Contacts are usually weekly for one to two hours. University of Tasmania evaluations of the program have indicated that the social contact and regular activity can be extremely powerful in supporting hope and an orientation towards recovery, and in encouraging positive outcomes in the area of social functioning.

Group activities are organised and the MATES program has a strong commitment to promoting mental health awareness in the wider community and the de-stigmatisation of mental illness through community education. MATES works in close cooperation with the Mental Health First Aid program, developed to improve the mental health literacy of the community and outlined in detail later in this submission.

### **Program Guidelines**

MATES, both volunteers and clients, make a commitment to follow the guidelines of the MATES Program, which are:

- Mates and volunteers are known by first names only.
- Volunteers do not disclose their surname or contact details. If the contact details are discovered by accident, we require that no attempt to contact or visit the volunteer is made.
- Mates and volunteers do not become involved in each others' financial, legal or medical matters.
- Mates and volunteers do not borrow or lend money between each other.
- Mates clients agree that their health care professional can be contacted if the volunteer or staff are concerned about their health and well-being.
- Volunteers are required to contact their mate if unable to attend any scheduled meeting or activity.
- Mates are required to contact the Coordinator if unable to attend any scheduled meeting or activity (who will then advise the volunteer).
- Mates and volunteers are required to maintain confidentiality in relation to personal information received about any person involved in MATES.

The requirement that MATES clients do not have direct access to the contact details of their mate, while very much debated within the program, has been instituted as a way to protect the privacy of volunteers, especially in the case of a mate becoming severely unwell.

MATES is consistent with the National Mental Health Plan. Its commitment to equal partnerships between those with mental health problems, staff and volunteers, emphasises the rights of consumers to shape the nature the program. The program's ethos is based on a recovery orientation whereby the healing power of everyday social contact can support a person's self esteem and optimism. Such an approach is equally powerful where a person's illness is longstanding and unlikely to change substantially.

Evaluations of MATES conducted by the University of Tasmania in 1998, 1999, 2000 and 2002 have confirmed that the program is fulfilling its goals. Research into serious mental illness and poverty undertaken by the Social Action Research Centre of Anglicare Tasmania which resulted in the publication "Thin Ice" (2004) found strong anecdotal evidence that MATES was, quite literally, a lifesaver.

### **Mental Health First Aid Program**

Another arm of the Australian Red Cross commitment to the mental health of the community is its support of the Mental Health First Aid program. The MHFA course was developed by the Centre for Mental Health Research at the Australian National University. The program was designed to improve the public knowledge and attitudes surrounding mental health. The course is an evidence-based program covering four areas of mental illness: depression, anxiety disorders, substance use and psychotic disorders (schizophrenia and bipolar). Crisis situations including suicidal behaviour, trauma responses, panic attacks and acute psychotic behaviour are also covered.

Australian Red Cross Tasmania is the sole provider of the MHFA training program in Tasmania. The program invites community groups, government departments, businesses and individuals to attend the training and thus be better informed about common mental health problems and appropriate responses. Attitudes that promote recognition of mental health problems and awareness and early intervention in the community in general are thereby fostered.

The MHFA project began in Tasmania in November 2002. Despite a slow start, 931 people attended the full two-day training course in the two and a half year period from 1 November 2002 to 30 April 2005 (whilst funded from the Commonwealth Department of Health and Ageing). A range of other short presentations have also been made to various groups. The number of attendees and the positive feedback received from participants has been substantial enough to strongly encourage continuation of this valuable program beyond the funded period.

Australian Red Cross is committed to the long term survival of this vital program in Tasmania, and has made a financial commitment to support its operation in the coming year. However, supplementary funding is required if it is to continue beyond the 2005/2006 financial year. If current interest is any indication some further financial support will enable MHFA in Tasmania to continue to grow with the potential to become an established, recognised form of first aid training.

### **Australian Red Cross**

Australian Red Cross nationally is currently reviewing its strategic directions for 2005-2010 and will include a focus on mental health issues, consistent with its commitment to the promotion of its fundamental principles of

humanity, impartiality, universality, neutrality, independence, unity and voluntary service.

Australian Red Cross has of course been involved in other areas of mental health, both nationally and within individual States and Territories.

On a national level as part of its response to the Bali bombing, Australian Red Cross established a network of caseworkers across the country to assist and support Australian victims and their families. In addition to provision of significant financial assistance, ARC Bali caseworkers assisted people with access to a range of mental health services and also provided a much needed support role. The sheer need for mental health support was compelling.

As well as providing direct support and access to mental health professionals, all ARC Bali Appeal assistance programs recognised the likelihood of mental health issues emerging for Bali victims. This had been the experience of American Red Cross following the events of 11 September 2001; ARC was able to learn from this experience and had program guidelines in place to facilitate immediate support. Many Bali victims reported a range of mental health issues, including depression, anxiety and post-traumatic stress.

Despite the excellent work of State and Territory government departments, the experience of Australian Red Cross was that existing mainstream and specialist public mental health services were not equipped or resourced to be able to meet this need in a timely way.

In most circumstances where access to public services was limited or not desired, ARC covered the costs of private mental health providers selected by clients themselves. It was evident that while access to services through private providers was easier and often preferred, there was a lack of appropriately trained professionals with post-traumatic stress expertise. There is little to suggest that this situation has changed significantly.

It is understood many of these issues have been addressed by Disaster Recovery Coordinators across Australia following the devastating tsunamis, including the establishment of a mental health advisory group. While a member of the Tsunami Disaster Recovery Committee at a national level, ARC has not provided direct support to Australians affected by the tsunamis and is therefore unable to comment on the adequacy of arrangements for mental health support. ARC has not provided this support as government is meeting presenting needs.

### **Recommendations**

This submission reflects on the following terms of reference:

- b. the adequacy of various modes of care for people with a mental illness, in particular, prevention, early intervention, acute care, community care, after hours crisis services and respite care
- d. the appropriate role of the private and non-government sectors

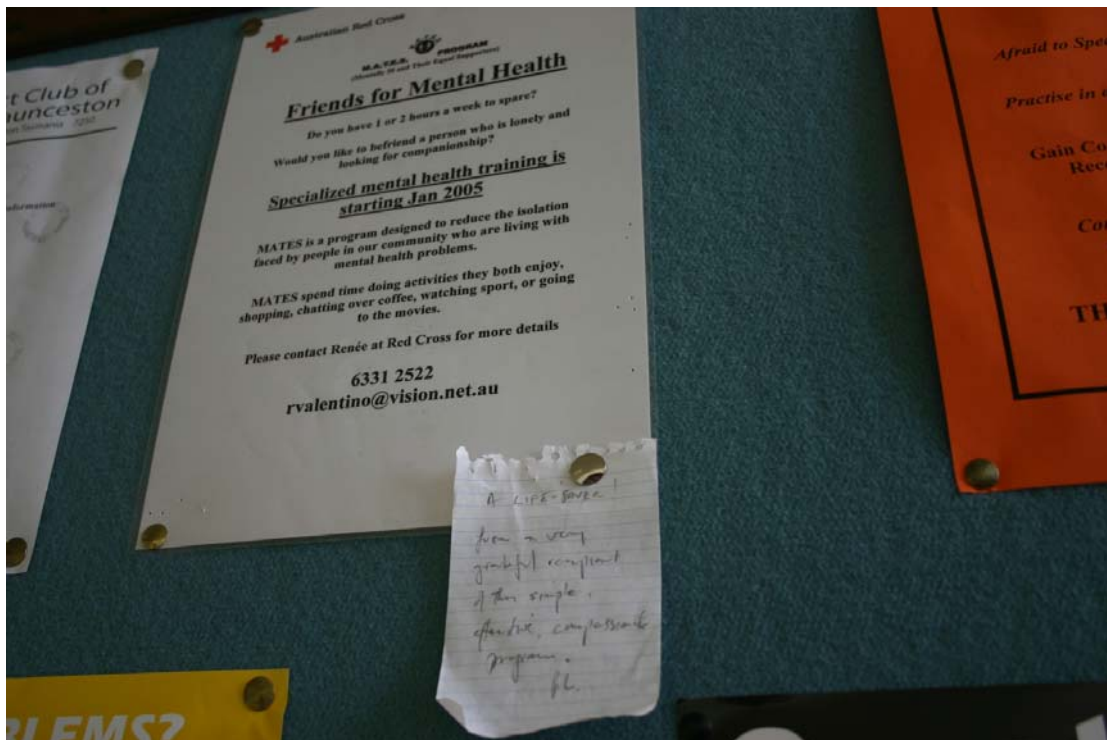
- e. the extent to which unmet need in ...social support services is a barrier to better mental health outcomes
- i. opportunities for ...promoting recovery-focussed care through consumer involvement, peer support and education of the mental health workforce, and for services to be consumer-operated.
- l. the adequacy of education in de-stigmatising mental illness and disorders
- p. the potential for new modes of delivery of mental health care

The experience of Australian Red Cross through MATES and Mental Health First Aid has been that, despite substantial developments under successive National Mental Health Plans, services are inadequate, stigma is rife and integration of services is less than satisfactory. Limited staffing within core mental health services has meant that the non-government sector is all too often having to meet needs for which it is insufficiently resourced.

However, the mental health programs conducted by Australian Red Cross in Tasmania provide a unique opportunity for people with mental health problems to take their own steps in managing their illness and towards recovery in a non-clinical but supported environment. The programs are also making small but significant steps towards improving the mental health literacy of the population as a whole.

We recommend that adequate funding be available to ensure that programs that assist people to maintain or rebuild social connections and prevent social isolation are supported. In order to be effective these services require skilled professional management and oversight, as the nature of the volunteer involvement is particularly demanding.

## Postscript



The note pinned to the MATES community notice in the Launceston Library seeking volunteers says

***“A Life saver!  
From a very grateful recipient of this simple,  
effective, compassionate program.”***



## **Appendix**

### Mission Statement and Goals of the MATES Program (1997)

Australian Red Cross is committed to assisting the vulnerable in our community.

MATES will provide a service to people with mental health problems by providing friendship through specially trained volunteers. The aim being to enable the community to be accessed by isolated clients of the service and to enhance their lives by providing “bridges” back into the community. Through this and community education to break down the barriers and stigma surrounding mental illness and to contribute to a mentally healthy society.

#### **This will be done by:**

- The provision of opportunities for clients to develop meaningful relationships
  - The provision through friendship of access to the community and to broaden horizons
  - The provision of specialised volunteer participation
  - The facilitation of dialogue between the Community, Australian Red Cross, Consumers and Service Providers
  - Demonstrating to governments and community the value of Volunteer input into the area of mental health
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