

the mental health  
coordinating council

# 30 YEARS working for mental health



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# the early days

It's now thirty years on from the monthly 'get togethers' of a handful of dedicated mental health advocates who saw the overwhelming need to turn a disparate group of poorly funded community organisations into a sector that promoted human rights, the social model of disability and understood the importance of terms such as 'citizenship' for people with lived experience of mental illness.

The early 1980s were dynamic times that consolidated ideas and directions in mental health and in disability that had been forming in the previous two decades. Importantly, the first International Year of Disabled Persons occurred in 1981. This promoted self-determination and self-representation by people with disabilities and advocated a move from institutional settings to community based services and community participation; people with mental health conditions were fully recognised under these United Nations directions.

In a similar vein (although less strong on concepts of self-determination) the 1983 Richmond Report espoused the closure of the fifth schedule psychiatric institutions and a move to mainstream hospitals and community based support services and community living for people with mental health conditions.

The need for creation of a body to progress and develop the community mental health sector in NSW in response to the Richmond Report must have been very apparent in 1983. However, it wasn't until 1985 that MHCC was funded \$30,000 for a part time Project Co-ordinator to support its implementation. Formal Incorporation as the 'Mental Health Coordinating Council Inc' occurred in 1986. Although often seen as 'a mouthful' the name was chosen by the organisations founders to represent the importance of involving not only service providers but consumers and carers and educators in a coordinated effort to get people the support needed to live well in the community.

Over its history MHCC has been at the forefront of advocacy around the rights of the individual to a decent place to live in the community, a job,

education, social inclusion, social connections and timely access to treatment and support when needed. Mental health consumer activists have had profound effects on MHCC perspectives and activities over the years. Similarly, carer advocates have influenced MHCC Board members and staff through strong articulation of their experiences in a system that over time has been remarkably dismissive of families and carers by narrow 'diagnose and treat' focused mental health services.

In 1995 MHCC produced the Mental Health Rights Manual. This was a ground breaking publication at the time and hugely important to consumers and carers not only for the guidance and information it provided but in that it promoted the very concept of rights in a system where the voices of consumers and carers were only just beginning to gain some standing. In fact the first consumer workers in Australia had been employed in 1993 at Rozelle Hospital with consumer advocate Helen Bloom employed to coordinate a team of six consumer workers. The Mental Health Rights Manual is now in its third edition and has developed into a comprehensive and well used online resource.

In this brief history of MHCC we have tried to capture the milestone documents and resources produced by MHCC over the last 30 years and to mark those key events and decisions that brought the sector together around policy influence, practice change, service coordination and advocacy for a 'fair go' in terms of funding for community services. These activities occurred against a background of state and national policy directions and we have also tried to capture that activity; to paint the very complex environment MHCC has had to navigate to prioritise where its energies and resources are best placed.

For the first two decades MHCC's mission was focused on consumer and carer rights, access to better hospital care, more community services and the need for consumers to have 'a voice'. 'Nothing about us without us' has been a very effective rallying call for consumer participation and MHCC has adhered

YEAR

YEAR

## NOTE TO READERS:

Timeline entries and profiles have been colour coded for easy reference. The orange band and headings denote key *external* events, publications and people, while MHCC events, publications and people are in purple.

closely to it over the years. Moving into MHCC's third decade the importance of the consumer voice did not diminish but there was a shift in activity within the organisation towards building strong quality community organisations able to demonstrate positive consumer outcomes in addition to advocating for consumer participation. MHCC became much more an industry body for its membership providing sector development services and resources and engaging with state and national governments to lobby for specific programs and infrastructure for the sector. The 2004-07 \$1.2M NSW government funding commitment for the NGO Development Strategy was very influential in this regard, setting directions around workforce qualifications and practice, service quality and outcome measurement and cross sector partnership development. It was through this strategy that MHCC took the decision to become a Registered Training Organisation able to support the sector move towards state-of-the-art professional development opportunities and assist it to create career pathways through qualification attainment. The NGO Development Strategy was also instrumental in securing a \$5.5M government investment in organisational infrastructure, data collection and research grants to support establishment of a stronger evidence base for community mental health sector activity.

Running alongside this activity MHCC was also gaining a reputation for providing considered commentary on government policy through submission writing and exploring emerging issues through position papers. Invitations to represent the sector on a broad range of advisory groups were increasingly sought reflecting the growing profile of the community mental health sector during this period.

Community organisations have driven important mental health reforms because they are responsive to their constituents and able to move quickly to adopt new ways of doing things. Adoption of recovery orientated practice is a good example, including a focus on the functional strengths of individuals rather than psychiatric diagnosis. Despite government acknowledgement of the skills and advantages of community sector approaches (particularly through programs such as HASI) a strategy articulating the role and function of the sector in the broad mental health service system has not been forthcoming despite the efforts of MHCC over many years. Inward

looking public mental health services have, on the whole, framed community organisations as providing complementary but nonessential services and withdrawn to hospital centric models without dedicating sufficient funds to community mental health.

Through publications such as MHCA's 'Out of Hospital Out of Mind', which gave graphic accounts of the lack of support available to people with mental health conditions once outside the hospital gates, the commonwealth developed CoAG's National Action Plan for Mental Health 2006-11. This Action Plan provided \$800m nationally for community based programs that state governments were failing to prioritise. This was a huge commitment and despite criticism from some quarters about the 'parachuting in' of multiple services from the commonwealth without reference to state programs, consumers and carers at last had greater choice and opportunity to access community support services. Organisational development to support the new commonwealth programs became an even higher priority for MHCC in this period of rapid sector growth which saw many community sector organisations move into the mental health space.

Now in 2013 government directions have changed again. The "big society" agenda which promotes small government and market forces applied to community services, will encourage fewer and larger providers/consortia; the rhetoric is that 'entrepreneurial' rather than 'grass roots' approaches will likely prosper. This new world that introduction of the National Disability Insurance Scheme may further encourage is not far off. As organisations scramble for position in the shifting sands of the current times MHCC's role and mission will be to anticipate member needs, and to influence government policy and priorities towards incorporation of the central community sector tenets MHCC has long held to: autonomy and independence, self-determination, responsiveness and flexibility, participatory governance, and the valuing of local knowledge and experience. These principles have guided MHCC's advocacy for thirty years and I hope will continue to do so for the next thirty, despite the machinations of different governments.



**Jenna Bateman**  
Chief Executive Officer  
(2000 - present)



*The walls of MHCC are decorated with a collection of consumer artworks. We support the relationship between recovery and art and demonstrate this by purchasing paintings directly from artists with lived experience.*



*“There is a general vision or feeling that I try to convey [with my painting]. It is a world where things are right and true, a world of knowledge and understanding and truth, of sound philosophy. Home is a word that describes this ideal. I have not found it in the real world for now, only in painting. The forms are homes that I have built with my own hands and imagination.”*

Bernard Vartuli

“Homes” 2010 - acrylic on paper  
Reproduced with permission  
[www.weaveartcentre.org.au](http://www.weaveartcentre.org.au)



*“This artwork was produced after five weeks as an inpatient. [Wanting to have] some form of activity to take part in was a sentiment shared by many people I was with at the time, and most people in similar circumstances.”*

Nate Rosija

“My Life Needs Verbs” 2010 - acrylic on paper  
Speak Out Dual Diagnosis Team art workshops  
Reproduced with permission  
[www.weaveartcentre.org.au](http://www.weaveartcentre.org.au)

# our mission

The Mission of MHCC has changed over the years. The entries below indicate the years when sometimes subtle but important changes in focus and language occurred.

**1988**

*To act as a central advisory consultative and co-operative and co-ordinating body and/or establish a center for associations having as their object or one of their objects, the promotion of the welfare and rehabilitation of psychiatrically ill people*

**1989**

*To act as a central advisory, consultative and co-operative and co-ordinating body for non-government organisations having as their object or one of their objects, the promotion of the welfare and rehabilitation of people with a mental illness or psychiatric disability*

**1998**

*To provide leadership and an independent public voice on mental health issues, facilitate intersectoral linkages and operate as an information clearinghouse for mental health service providers, consumers and carers within New South Wales*

**2001**

*To provide leadership and an independent representative voice on mental-health issues for non-government organisations in NSW including service providers and consumer and carer organisations*

**2005**

*To provide leadership and representation on mental health issues and to improve the mental health of the community by promoting and developing non-government organisations in NSW to provide strong quality services*

**2012**

*To build the capacity and ability of community organisations to support people on their recovery journeys*

## A PICTURE SPEAKS A THOUSAND WORDS

As anyone who has been involved in designing a logo will tell you, the process of deciding your visual identity, what it could mean to others, what it means to you, can be very difficult indeed.

MHCC's look, along with the work it does and the forces that shape it, has changed over time.

### The Atom

Adapted in 1989, simple, hand drawn ellipses representing community mental health organisations and other agencies encircling the nucleus of MHCC. At the time many organisations in the community managed mental health sector were working more or less in isolation and struggling to be heard by government and the wider community. The object of establishing MHCC as a peak body was to draw these groups together, harnessing their strength, knowledge and experience to strengthen the sector as a whole.

### The Wave

Designed in 2000 to represent the mental health community sector as an integral part of the larger mental health service system. The sector is represented as a wave building in strength, size and capacity whilst recognising the importance of the sector's interrelatedness with the public mental health services, represented by the larger purple area. At the time of this design the sector was struggling to be recognised and respected particularly with reference to the public system.

### The Birds

Designed in 2010 to represent the concepts of 'being with', 'walking beside', 'supporting'. The birds represent hope and movement. One supports the other as they fly/journey together. The image works in two ways. Firstly it represents MHCC member services supporting consumers, families and carers on their recovery journeys and secondly, it represents MHCC's support of its members as they strive to improve outcomes for people accessing their services.

Mental Health  
Co-ordinating  
Council  
Inc.



Mental Health  
Coordinating Council





# 1983-1992

## THE RICHMOND REPORT 1983

The Richmond Report, released in 1983, heralded a time of change and great hope for many in the mental health sector; both for consumers and their supporters. It had a significant influence on the people behind the establishment of MHCC.

In essence, the Richmond Inquiry (and the report which followed) into the NSW psychiatric system recommended the closure and/or downsizing of some large psychiatric institutions and the transfer of funds into community facilities for people with mental illness and intellectual disability.

Specifically the report recommended :

*“the establishment of a specific purpose fund for the expansion of non-government services in priority areas of the state... of which a specific allocation should be earmarked to encourage development of innovative services to meet special needs.”*

In what is now seen as a failed policy commitment by the Wran government, the promised funding for community mental health services was not delivered as recommended, despite continued closure of the large psychiatric institutions. Some community programs were funded but there was little increase in funding to replace the treatment and support services lost through the closure of the large institutions.

In fact, only relatively few people were discharged from long stay wards to the community following the Richmond Report. The number of people residing in psychiatric hospitals in NSW in 1982 was approximately 3,000 with 1600 recommended for discharge. Between 1984 and 1987, as few as 208 people were discharged to supported housing in the community. However, funds were redirected to establish psychiatric units attached to public hospitals and people were increasingly encouraged to seek treatment though the mainstream public health system.

## THE BARCLAY REPORT 1988

In 1988, Dr. William Barclay chaired the Ministerial Implementation Committee on Mental Health and Developmental Disability, which produced a report to the Minister for Health known as the Barclay Report. The report advocated a balance between community and hospital care. It recommended that there was a place for hospitals in terms of the care of severely disabled people who were 'difficult to manage patients' who may also experience frequent acute episodes of mental illness; and to provide respite for their relatives.

Dr. Barclay, reflecting widespread disappointment in the emerging community mental health sector, commented that the programs established under the Richmond Report through the funding of new services to provide adequate community based support and to facilitate reduction in the size of the existing institutions had seen the erosion of psychiatric hospitals before the development of appropriate community services. Poor funding directed to community based services and continuing development of hospital based

1981

The International Year of Disabled Persons

1983

NSW Richmond Report into health services for people who have psychiatric illness or developmental disability recommends deinstitutionalisation and community based services but implementation of this direction largely failed to occur

1982-3

Representatives from Aftercare, ARAFMI, Grow, NSW Mental Health Association, the PALA Society and Richmond Fellowship of NSW began meeting over lunch on a monthly basis. A more formal coalition was formed in 1983 between these organisations and the Psychiatric Rehabilitation Association (PRA)

1985

First paid employee of MHCC is recruited and an office is established at Cumberland Hospital

1985-6

First funding to MHCC received through a \$30,000 NSW Health grant



services throughout this period - and even today - challenges this position.

Four years later NSW Health issued 'Leading the Way: A Framework for NSW Mental Health Services 1991-2001'

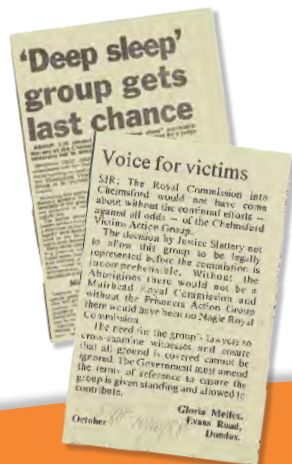
## POST CHELMSFORD NSW MENTAL HEALTH ACT 1990

The 1958 Mental Health Act contained no definition of mental illness and gave power to doctors to define and treat mental illness as they saw fit.

Between 1963 and 1979, doctors in Chelmsford Private Hospital in north west Sydney were performing a type of psychiatric treatment known as Deep Sleep Therapy, as well as Electroconvulsive Therapy, in order to treat conditions such as schizophrenia, depression, PMS, anorexia, alcoholism, drug addiction and even obesity.

These treatments and their consequences branded Chelmsford Hospital as one of the most notorious mental health hospitals of the century. Twenty-four patients died at Chelmsford Private Hospital during the 1960s and 1970s.

The NSW 1990 Mental Health Act was introduced to deal with some of the excesses highlighted by Chelmsford.



Reporting on the Chelmsford Royal Commission - Daily Telegraph and Sydney Morning Herald 1988

Under the Act, a person could be admitted to hospital either as a voluntary or involuntary patient. The Act upheld that there are still some conditions where a person is not in a frame of mind to make informed decisions and this may put them in 'at risk' situations. Thus, the Mental Health Act allowed the hospital detention of people that were determined to be mentally ill and/or disordered for assessment and/or treatment.

1986

Commonwealth Disability Services Act (1986) introduces the terms 'consumer' and 'client' and is designed to support people with psychosocial disability to integrate back into the community

1986

MHCC lobbies Senator Don Grimes to have psychiatric disability included in the Commonwealth Disability Services Act

1986

The newly incorporated MHCC begins consulting with consumers and carers about the major deficits in service provision

## THE FIRST NATIONAL MENTAL HEALTH STRATEGY AND THE NATIONAL COMMUNITY ADVISORY GROUP ON MENTAL HEALTH

The First National Mental Health Strategy was endorsed in April 1992. It was a five-year framework with a new vision for people with mental illness to start playing vital roles in the mental health sector as peer supporters, mental health workforce educators, consultants, advocates and other paid roles in service delivery; as well as consumer evaluators, decision makers, service auditors, researchers, orators and visionaries.

*"In 1992-1993 only 29% of state mental health resources were directed towards community-based care - less than 2% of resources were allocated to non-governmental programmes aimed at providing support for people with a psychiatric disability in the community."*<sup>1</sup>

The Strategy aimed to deliver a national approach to mental health policy and service delivery, strengthen the reform of mental health services and provide a mechanism to address agreed priority issues. It included a Statement of Rights and Responsibilities, a National Mental Health Policy and identified Commonwealth funding under the Medicare agreement.

An important aspect of the 'First Strategy' from a consumer perspective was the appointment of an influential committee of consumers and carers that became known as the National Community Advisory Group in mental health or NCAG. It reported straight to the Australian Government Minister for Health and had its own secretariat. NCAG's greatest achievement was the official recognition that people with mental illness and carers were significantly important players in mental health reform.

The formation of NCAG was strongly supported by MHCC, the advisory group office was located at the MHCC premises of the time and comprised a number of consumers and carers including Simon Champ and Merinda Epstein.

The group published an important, peer acknowledged and highly referenced report titled 'Let's Talk about Action: Redressing human rights abuses, discrimination and inequity in the community's response to the plight of people with a mental illness or a psychiatric disability'.

1

Whiteford, H, Buckingham, B, Mandersheid, R (2002) *Australia's National Mental Health Strategy*, British Journal of Psychiatry, 186: 210-215

**TREVOR ELLIGETT** is widely acknowledged as the 'founding father' of the Mental Health Coordinating Council.

In 1982, following the International Year of Disabled Persons, and as Executive Officer of the Psychiatric Rehabilitation Association (PRA), Trevor organized a networking lunch involving the leaders of the Aftercare Association, ARAFMI, GROW, the NSW MHA, the PALA Society and the Richmond Fellowship of NSW.

In 1983, the group agreed to an informal structure that was named the Mental Health Coordinating Council, and so MHCC was born! They began to meet regularly as a luncheon club with the PRA facilitating and hosting the meetings.

One of the first major tasks the group undertook was to run a statewide phone telethon for consumers, where people with mental health issues could call in and talk about what they thought about the mental health services they had received and how they had been treated. The response was overwhelming and highlighted the general lack of community resources. This information underpinned the first of many advocacy campaigns to government.

During the first few years, Trevor and the group identified the need for a national focus and as a result he travelled and campaigned extensively in other states in a bid to establish a national peak body but without success.

In 1985, MHCC was formally recognised as the peak body for mental health in NSW when the Richmond Report was partially adopted by parliament thus providing a clear focus and some funding for the group. This funding of \$30,000 allowed MHCC to employ its first staff member, Lea Samuels, as a part-time Project Officer in late 1985 at the rate of \$14.50 per hour.

In 1986, MHCC became an incorporated body and Trevor continued his critical involvement as a Board Member from 1988 to 1992.

**JOY SAID**, as CEO of Aftercare, was one of the original luncheon club members and worked diligently with the others to achieve MHCC's incorporation as an Association. Joy had a long and profound influence on MHCC and the community managed mental health sector's development. She became the inaugural MHCC Board Chair in 1988 and was either Chair or a Board Member in at least ten of the years between 1988 and 2006. Now retired she was a dedicated and compassionate advocate.



Joy Said and Trevor Elligett

Joy was heavily involved in the 'consumer telethon' and remembers the high levels of frustration and distress about how people were being treated; the lack of access to services and feelings of overwhelming fear and stigma. Joy recently reflected, *"it was a kind of counseling, we just listened"*. This was the first real opportunity for people with mental illness in NSW to speak out and be heard.

While Joy's achievements were many and significant over her long involvement, her strong and continued advocacy for the accommodation needs of the mentally ill was particularly significant. Joy was appointed on a priority review committee by the Department of Housing where she

advocated for access to priority housing and eventually succeeded while also ensuring a better understanding of mental health issues by the Department.

During Joy's early involvement with MHCC, issues that involved improving hospital conditions were advocated. These issues included getting people out of pyjamas and into street clothes while in hospital and advocating for sexual assault counselling for people in hospital. Also advocated was designated rooms where people in hospital could have sex with their partners - this one was lost.

1988

*Barclay Report* published advocating for a balance between community and hospital services

1988-90

Royal Commission into Deep Sleep Therapy established to investigate mental health services in NSW following 24 patient deaths and long term trauma resulting from sedation treatments in the 60s and 70s

1990

*NSW Mental Health Act* (1990) introduced - allowing for voluntary and involuntary treatment of 'people assessed as 'mentally ill' or 'mentally disordered'

1988

MHCC appointed as a principal member of the NSW Department of Health Education Committee

1988

MHCC-NCOSS project on housing for people with psychosocial disability

First Annual Report is presented to the MHCC membership and funders

1990

Mental Health Week seminar provided by MHCC and advocates for community based services to better address people's needs

1990

MHCC/Christine Flynn presents at the World Federation for Mental Health Conference in Auckland

## LEA SAMUELS

Lea's involvement with MHCC was short but symbolically significant because she was the first member of staff. Lea was employed in November 1985 as a part-time Project Officer thanks to funding from the Department of Health.

The advertised job identified two primary responsibilities. Firstly, *"to assist the Council in its liaison work with the implementation of the Richmond scheme"* and, secondly, *"to assist the non-government organisations represented on the various Psychiatric Advisory Councils."*

At the time of her appointment with MHCC, Lea was employed as a psychiatric nurse by the Western Sydney Area Health Service and took a year's unpaid leave in order to take up her role. She later went on to become a Senior Policy Analyst with the Mental Health Branch of the NSW Department of Health.

Lea worked closely with Joy Said following the *Richmond Report*, to successfully ensure the housing and support needs of people released from institutional care were met.

The legacy of these early pioneers can be seen today in the professionalism of MHCC and the community managed mental health sector; and in programs such as the hugely successful Housing and Accommodation Support Initiative (HASI) and even in the establishment of a national peak body - initially the Australian Psychiatric Disability Coalition (1992-95) and now Community Mental Health Australia (2006-present) which Trevor Elligett envisaged back in the early 1980s as a necessary direction for the development of the sector.

## INTERNAL MEMO

...the Mental Health Co-ordinating Council which consists of a number of non-Government organisations in the mental health field, has recently received a grant of \$30,000 to employ a Project/Liason Officer to represent the non-Government sector in New South Wales. This is quite a breakthrough for our group and we look forward to a positive year ahead.

Joy Said.



Lea Samuels was the successful applicant for MHCC's first paid position of Project Coordinator.



Above: MHCC humbly celebrates its first decade working for mental health

Right: Joy Said and Director of Mental Health Services, Noel Wilton



*"[In 1981] I began working in mental health and was horrified at the situation. At that stage there was no suggestion that people with mental illness could or would want to speak for themselves."*

Joy Said

1991

The Human Rights and Equal Opportunity Commission announced a *National Inquiry into the Human Rights of People with a Mental Illness*

1991

Chelmsford Royal Commission findings published

1991

MHCC moves to the Rozelle Psychiatric Hospital site at Callan Park

1991

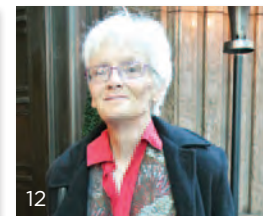
First 'FYI e-fax' newsletters distributed to a mailing list of 600 recipients



For 30 years, MHCC's activities have been supported by dedicated and hard working staff, trainers, reference groups and Board members. Here are just some of the many faces behind the first two decades of MHCC.



1. Barbara McGarrity, Tony Ovadia, Fred Kong, Dr Andy Campbell, Lea Samuels, and Janet Meagher among attendees at the 1994 AGM. 2. Liz Barry (left) and Peter Scharker. 3. Lawrie Hallinan, Phil Nadin, Gillian Church, and Trevor Elligett (in foreground) at the 2002 AGM. 4. Rob Ramjan, Phil Nadin, Anne Newman, Barbara McGarity, Gillian Church, Joy Said, Tony Humphrey, Leonie Manns, Stephen Kinkead and other stakeholders involved in the development of the NSW Mental Health Rights Manual (1st Ed). 5. Bill Davies. 6. Tony Humphrey. 7. The Hon. John Hatzistergos - NSW Minister for Health, Jenna Bateman and Leonie Crayden at the opening of the MHCC office at Rose Cottage in 2005. 8. Elena Katrakis, Leonie Manns and Julie Millard. 9. Jenni Marin, Ian Bond, Edi Condack and Rachael Merton draw the Members Survey prize winner, Parramatta Mission, in 2007. 10. Jonine Penrose-Wall. 11. John Snowdon. 12. Gwen Scotman.



1992

National Mental Health Plan announced which included: a Statement of Rights and Responsibilities; a National Mental Health Policy; and, Commonwealth funding under the Medicare Agreement

1992

Dr Meg Smith, an academic and person with lived experience of mental illness, is appointed as Chair of MHCC and remains involved today

1992

State Mental Health Service 10 Year Plan announced

1992

National Community Advisory Group on Mental Health is established and comprised of consumers and carers. It is supported by MHCC through provision of an office and secretariat support

## THE AUSTRALIAN PSYCHIATRIC DISABILITY COALITION INC

Having grown out of an informal coalition of organisations across Australia, the Australian Psychiatric Disability Coalition Inc. (APDC) was established in 1992 to provide a representative voice for the community mental health sector.

It became known as the 'psychiatric disability' coalition in part to reflect the sector's concern to champion non-illness based models of care and service delivery, and to position the sector in relationship to existing Commonwealth funding programs as a provider of disability support and what were then – and still are – often described as 'non-clinical' mental health services.

Three years non-recurrent funding was provided that allowed the employment of David Plant as its first Executive Officer and sole employee.

This organisation strongly and unequivocally challenged many well established 'norms' in mental health service delivery and priorities in the newly established national reform process. These norms excluded community sector workers from being understood as part of the mental health workforce; included the notion that 'voluntary' organisations were incapable of professional service provision; used 'clinical' language as the lexicon of choice; and isolated mental health responses from whole of government and whole of community understandings.

The organisation was a strong supporter of the mental health consumer movement and, with the National Community Advisory Group, jointly conducted a follow up study to the Human Rights Inquiry of 1992 aimed at identifying consumer and carer priorities in mental health reform. APDC paid a price for forthright challenges to the status quo when its funding was withdrawn after three years, in the context of a government seeking to establish a new national mental health peak. This body comprised, in its initial formulation, of a coalition consisting primarily of mental health professional groups, and excluding consumer, carer and community sector input.

Later changes in this initial approach led to the welcome development of the Mental Health Council of Australia (MHCA) which specifically allowed (under its constitution) membership of MHCC and the other state based community mental health peaks.

## COMMUNITY CONSULTATIVE COMMITTEES (CCCS)

In 1993, MHCC was provided 12 month's funding from the Center for Mental Health to establish local level committees in each of the Area Health Services (AHSs) comprised of consumers, carers and community members. The concept behind the CCC's was to build collaborative relationships with the mental health services, allow a forum for consumers and carers to feedback on service effectiveness and to monitor the implementation of national and state mental health policies and plans. June 1994 saw the printing of guidelines for the Operation of NSW Mental Health Community Consultative Committees.

*"This program is central to MHCC's operations. It allows member groups to be actively involved in their local Area or Regional Health Service planning process and encourages a closer working involvement between non-government and government services. It also allows the Council to monitor the implementation of the National and State Mental Health Policies and Plans."*

CCC's operated with various success and in various guises over the next decade but faltered due to lack of clear support from AHSs and government funding to support their ongoing development.

1992

Council of Australian Governments (COAG) established

1992

NGOs receive just 0.7% of the state mental health budget

1992

Disability Discrimination Act amended to include mental illness

1992

MHCC receives a Law and Justice Foundation grant of \$25k to develop a NSW Mental Health Rights Manual

## MHCC MEMBERSHIP

1986 - 8 members  
1990 - 23 members  
1992 - 28 members

All with a specialist focus on mental health



# 1993-2002

## THE BURDEKIN REPORT 1993

Ten years after the Richmond Report, the Federal Human Rights Commissioner, Brian Burdekin, drew international attention to the continued poor conditions that existed for people who experience mental illness with many still without access to basic mental health treatment and support. This was a stark reminder that ten years on not a lot had changed and set the scene for another decade of increased advocacy for MHCC in a not altogether receptive government environment.

The report identified insufficient funding of community care and a lack of trained staff; and the Government's inefficient planning around, and implementation of, mental health reform. The report concluded that there was still a high level of unacceptable discrimination and stigma associated with mental illness and psychiatric disability. It also identified the issue of forensic clients and the need to discriminate between mental illness and criminal behaviour.

Burdekin went to great lengths to demonstrate the potential of the community sector to address mental health needs, and also the sector's poorly developed and underfunded state saying

*"The inadequacy of existing community mental health services to treat, care for, and support people with mental illness living in the community is disgraceful.... There has been virtually no systematic retraining of psychiatric hospital staff to work with people in a non-institutional setting in the community."*

## NSW LEGISLATIVE INQUIRY INTO MENTAL HEALTH SERVICES

This inquiry was the first inquiry into mental health services in NSW by a NSW parliament since 1877, despite 40 other non-parliamentary inquiries having occurred! The committee received and considered 229 submissions and made 120 related recommendations in their final report.

The committee found that there were many people "*slipping through the gaps in the system*" especially people with co-existing mental health and substance use problems. One of the concerns expressed at the inquiry was that the policies developed by the NSW Centre for Mental Health were not being implemented.

Recommendations included that "the Minister for Health ensure additional resources are made available for community crisis teams and the adequate case management of people with a mental illness in the community" and that a strategy be developed to instigate a programme of "assertive case management for sustainable long-term management of people with a mental illness in the community."

Recommendations were also made for consumers who are homeless, from culturally and linguistically diverse backgrounds and for consumers who also have an intellectual disability. Non-government community managed organisations were also mentioned and the committee made specific recommendations to strengthen these organisations' service delivery for people with a mental illness.

1993

The Burdekin Report drew international attention to the poor conditions that exist for people with mental health conditions in Australia

1993

First Consumer Workers employed in Australia at Rozelle Hospital NSW

1995

Annual funding for mental health services in NSW (\$47 p/p) lags behind Victoria at \$67 p/p and the national average of \$55 p/p

1994

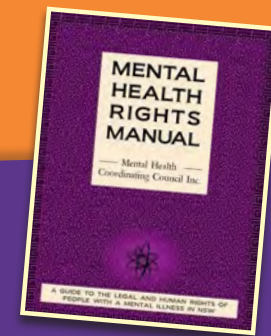
Leonie Manns appointed first Executive Officer to identify as having lived experience of mental illness and recovery

1994

Community Consultative Committee (CCC) Guidelines developed

1995

First edition of MHCC's *NSW Mental Health Rights Manual* published





## MHCC HITS THE STREETS FOR MENTAL HEALTH WEEK



Lucy Cole Edelstein (centre), with Gillian Church (far left).

*“We hand made the signs, which fell apart all too easily. George Street was closed for us—at St Stephens Cathedral we held a non-denominational service to a full house. The procession was led by a solitary bagpiper and Mr Bones, a consumer member of the Schizophrenia Fellowship who held the world record for playing the bones non-stop.”*

Rob Ramjan - on MHCC's participation in the colourful procession for Mental Health Week 1992



1996

Media spotlight on mental illness following Port Arthur massacre

1996

Keeping our members informed - first edition of *View From the Peak* published (left) and VFP today

1996

First MHCC Member Survey conducted

## THE PARRAMATTA RALLY 'A FAIR GO FOR CONSUMERS'

In 1998, after six successive reports on progress for the National Mental Health Strategy, NSWs funding for community managed mental health services remained the lowest in the country at just 1.7% of the State health budget and at less than half the national average. With general agreement that community organisations are an essential part of a community based, non-institutional, consumer focused whole of life service model – the level of funding was clearly unacceptable.



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As a result, in February 1999 MHCC organised a rally at Parramatta Town Hall to raise awareness of the funding gap for community mental health NGO's in NSW. Speakers included the Minister for Health, Dr Refshauge; Shadow Minister, Jillian Skinner; consumer activists Janet Meagher and Simon Champ; and Phil Nadin of MHCC. More than 200 people attended the rally. The 'Fair Go' campaign was significant as it signalled an increasing MHCC focus on securing funding enhancements for community mental health services and improving outcomes for people affected by mental illness.

*“In 2000, the sector was in crisis. The NSW government did not want to know about mental health, it just wanted to build more hospitals. The Parramatta Rally 'A Fair Go' campaign was a critical time for the consumer movement. Mental health is now a community issue and is being talked about constantly but this was not always so!”*

Phil Nadin



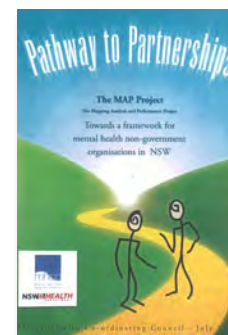
## THE FIRST SECTOR MAPPING REPORT 2000

In late 1998, MHCC received a grant of \$100,000 from NSW Health to conduct a community sector mental health service benchmarking project. Scoping was completed in May 1999 and in June the Mapping Analysis and Performance (MAP) Project Research Project Officer, Jenna Bateman, commenced employment working exclusively on the project.

In 2000, MHCC published a report called "Pathway to Partnerships" (right) on the Sector Mapping Project. The purpose of the MAP Project was to document for the first time:

- The distribution of specialist mental health NGOs in NSW
- The main types of services provided
- Consumer mix and consumer profile
- Met and unmet needs from a consumer perspective and
- Key planning and funding issues for specialist mental health NGOs

*Left: MHCC has facilitated numerous CEO forums, conferences and regional events, informing and consulting with members and stakeholders.*



It was clearly a very important first step to developing an understanding of the capability and capacity of the community managed mental health sector in NSW.

Another mapping activity was repeated by MHCC 10 years later to determine the changes that had occurred within the sector and in the availability of services.

In April 2000, the NSW Council of Social Service of NSW (NCOSS) congratulated NSW Health Minister, Craig Knowles (below left), on his announcement of a \$107.5 million increase in spending on mental health services over three years.



*"NSW has lagged well behind the national per capita spending average on mental health for several years... This substantial package of expanded services and innovations helps to reduce this state's shameful record... the Minister has pointed out that non-government organisations should receive additional funds as part of this package."*

Gary Moore - then NCOS Director

1998

NSW Health releases *Caring for Mental Health: A framework for mental health care in NSW*

1999

The NSW Boarding House Reform Strategy provides funding for the transition of large numbers of people with mental illness into appropriately resourced community care and funding enhancements to the community sector

2000

\$107.5M NSW Mental Health Enhancement funding package announced, providing for 150 new acute beds and 700 additional public mental health service staff over 3 years, with a particular focus on rural and regional areas of NSW

1999

'Fair Go' campaign rally at Parramatta Town Hall

1999

MHCC's campaign against the exemption of the NSW *Mental Health Act (1990)* from the federal *Disability Discrimination Act (1992)* fails



**PHIL NADIN  
(MHCC BOARD 1996-2012)**

Unlike many in the sector, Phil (top) came to the mental health sector as a management professional. He joined PRA because it was in need of his commercial, management and government relations skills. He joined the MHCC Board in 1997 as the CEO of PRA and served with immense passion over the course of more than a decade through to 2012.

Phil was closely involved in the Parramatta Town Hall 'Fair Go' rally and is revered within MHCC for his 2001 address to the inaugural MHCC Conference. Phil's paper was titled 'A Strategic Approach to Developing the NGO Sector' and talked pointedly to the issue of the lack of funding provided to support people with mental health conditions to live in the community in NSW. The paper was presented to the then NSW Mental Health Director, Professor Beverley Raphael, on the stage following her Official Opening of the conference.

Phil believes the fundamental turning point for community mental health services was the direct involvement of John Howard in COAG in 2006/7 and the support of NSW Premier Morris Iemma at the State level. In his view, these were the first politicians who actually 'got it'.

Phil sat on the MHCC Board from 1996 -2012 taking on the Vice Chair and Treasurer roles at different periods. Phil is a 'considered radical' at heart and provided inspiration and courage to MHCC during his time on the Board.



**FRED KONG  
(MHCC BOARD 1994-97)**

Fred (bottom) started in the sector as a psychiatric nurse in the late sixties and witnessed first hand the hard-core institutional setting.

*"[It was] a shocking and confronting time where people were herded into sheds in standard sized pajamas."*

Fred began work with community sector mental health services in the period immediately after the Richmond Report inquiry and was closely involved with MHCC during its formative period. While on the MHCC Board between 1994 and 1997, he worked particularly closely with Leonie Manns in the crusade for consumer involvement and rights.

*"We started putting consumers first, the 'patient' [had] never had a say before!"*

Fred Kong retired from the Richmond Fellowship of NSW in 2009 after spending 23 years as CEO. Fred is remembered in the sector as a strong and determined advocate for people with mental health conditions.

2000

NSW Health publishes *Promotion, Prevention and Early Intervention for Mental Health*

2000

NSW Health commences the Mental Health Implementation Group - chaired by Marie Bashir - whose aim is to involve the community sector and other interest groups in planning and policy implementation

2000

MHCC publishes first *Sector Mapping Report* arising from the Mapping, Analysis and Performance Project

2001

MHCC Quarterly Seminar Series launched 29 March. Topics were on e-health records (Consumer Health Forum) and ensuring the survival of small NGOs = Voice for S.O.N.G, (Small Organisations Non-Government) NSW NGO Conference

2001

NGOs, Mental Health and the Community: Focusing on the Future - September 24-25. Partnership between MHCC, SWSAHS and Centre for Mental Health. The event promoted the diversity of mental health initiatives in the non-government sector





*In 1991, MHCC moved from a stifling single room at Cumberland Hospital in Parramatta to the grounds of the Rozelle Hospital in Callan Park. Over the next 22 years MHCC occupied several buildings at the historic site.*



## MORE RECENT ADDITIONS TO THE MHCC FAMILY

*Left: MHCC staff retreat 2009. Nick Roberts, Erika Hewitt, Joanne Timbs, Simone Montgomery, Jacqui Moreno-Ovidi, Anna-Marie Yip, Trevor Hobday, Jenna Bateman, Edi Condack, Rod West, Corinne Henderson, Tina Smith and Cary Lee.*

*Below: MHCC Learning & Development team; Simone Montgomery, Stephanie Webster, Maria Walsh, Nick Roberts, Jacqui Moreno-Ovidi, Joanne Timbs, Trevor Hobday, and Jen Locke with Jenna Bateman (2010)*

*Bottom Left: Edi Condack, Stephanie Maraz, Heidi Freeman, Debbie Greene and Angela Deligio at the Count Me In Conference in 2007.*

*Below Right: Trainers Gill Bonser and John Bamborough (seated front) and MHCC LD Manager Simone Montgomery (far left) with the 2011 graduates of the Advanced Diploma - Leadership in Action (Aboriginal Managers).*



2002

NSW Legislative Inquiry Into Mental Health Services  
(Dr Brian Pezutti - Chair)

2002

Dr Pezutti recommends MHCC coordinate the process for implementing the 120 recommendations in the Mental Health Inquiry Final Report

2002

MHCC Chair, Joy Said delivers keynote address at Parliamentary Forum on conclusion of the NSW Legislative Inquiry Into Mental Health Services

## LEONIE MANNS EXECUTIVE OFFICER (1994 - 1998)

Being diagnosed with Bipolar Disorder later in life led Leonie (top) to a passion for advocating in the sector and in particular for consumer participation. From that point Leonie made a strong commitment to work in the mental health sector, to make a difference, improve services and make life better for people with mental illness.

Her appointment as EO at MHCC was a defining moment for the mental health sector and an indication of the increasing voice and influence that consumers would have over the next two decades.

During her time as CEO, MHCC made a significant contribution to the development of the community managed mental health sector, increasing consumer participation and creating a broader awareness of mental health and substance use issues across the human services sector and in government more generally. Of particular significance was the formation of the Women and Mental Health (WAM) Group.

In a recent interview Leonie reflected fondly about the great people she worked with at MHCC, singling out Joy Said, Trevor Elligett, Fred Kong and Stephen Kinkead as being ...

*“Innovative, ground-breaking and critical to the success of the organisation.”*

...as was Leonie herself.



## STEPHEN KINKEAD (MHCC CHAIR 1995-97)

Stephen (bottom) was the CEO of New Horizons, one of the leading community organisations that delivered high standard mental health services in the Sydney metropolitan area for nearly three decades. He worked alongside organisations such as the Aftercare Association, the Richmond Fellowship of NSW and PRA to shape the landscape of mental health services in the community sector leading to the advancements of today.

*“Stephen Kinkead was the quiet voice of reason. I had a lot of respect for him, he was just fantastic and very highly principled.”*

Lucy Cole-Edelstein - MHCC Executive Officer (1992/93)

Stephen was the driving force of the organisation taking it to a high level of excellence. He gained a high degree of respect from his peers and his colleagues and was a staunch supporter of the consumer movement. A hard working executive, he was ever so humble and carried his role to the highest degree of integrity.

Stephen was active in the formation of MHCC and influential in delivering a strong voice to government for improvement and advancement to community mental health services in NSW.

Stephen took a number of executive positions on the MHCC Board between 1990 and 2008 including Chair, Secretary and Treasurer. He served tirelessly and selflessly and was a major contributor to the governance of MHCC.

2002

Housing And Accommodation Support Initiative (HASI) commences. Professor Beverley Raphael consults the sector on strategies for allocation of \$5m earmarked for supported accommodation (118 beds to be in operation by March 2003), Writer's Centre, Rozelle Hospital

2002

Frameworks for Housing and Rehabilitation Support and Rehabilitation for Mental Health published as part of the NSW Government Action Plan for Health

## MHCC MEMBERSHIP

1993 - 31 members  
1996 - 40 members  
2000 - 51 members  
2002 - 132 members

2002

MHCC *Homelessness and Mental Health Position Paper* published - an investigation of national and international approaches to services for homeless people who experience mental illness. It includes the analysis of risk factors and a summary of existing good practice

2002

MHCC *OH&S Position Paper* published - demonstrating the costs of compliance with the OHSA by NGOs are so prohibitive they impact the level of service that NGO's currently provide



# 2003-now

## MHCC 'DAY OF PARTICIPATION AND ACTION'

The Chair of the Select Committee, Dr Brian Pezzutti (pictured below with MHCC Chair, Joy Said) identified MHCC as the organisation best placed to promote the 120 recommendations made in the Legislative Inquiry into Mental Health Services report. On May 30th 2003, MHCC organized a 'Day of Participation and Action' to draw together advocates from across NSW to prioritise the recommendations and begin the formation of networks and action plans designed to drive the successful implementation of the most critical recommendations.

The level of interest was high with approximately 180 people representing a diverse range of interests attending the event. Participants included representatives from public sector agencies, Area Health Services, peak body representatives, consumers, carers, non-government service-providers, police and members of the health professions.

MHCC committed to facilitating a process of ongoing engagement between interested members of each topic area to further the work commenced on the day. This process was linked to the MHCC internet forum as a way of involving and informing as many people as possible.

Action groups on the key areas of Housing and Homelessness, Carers, Forensic Issues and Dual Diagnosis continued well into the following year.



2003

*Third National Mental Health Strategy* launched: A whole-of-government approach to bringing together a range of sectors to improve outcomes in mental health service provision

2003

Australian Youth Foundation publishes data on Youth Mental Health; 15% of young people experience mental illness. The youth suicide rate triples over last 25 years

2003

*Out of Hospital Out of Mind Report* published (MHCA)

2003

MHCC launches the second edition of the *NSW Mental Health Rights Manual* online

2003

MHCC's *Mental Health and the Criminal Justice System Position Paper* launched by Dr Brian Pezzutti and Prof David Greenberg. Human Services Quality Framework Project

2003

*Human Services Quality Framework* - MHCC and QMS developed this framework to address the increasingly complex process of quality review experienced by NGOs who receive multiple sources of funding

## COAG 2006

In July 2006, COAG endorsed the National Action Plan on Mental Health which provided a strategic framework that emphasised the need for coordination and collaboration between government, private and non-government providers in order to deliver a more seamless and connected care system, so that people with mental illness would be able to participate in the community. The practical result of this commitment was a doubling of funding for community mental health delivered via three national departments - Health, Education, and Family and Community Services.

This revolution in funding was largely driven by the efforts of then Prime Minister John Howard and at state level by the then Premier Morris Iemma. Long standing NSW parliamentarian, mental health advocate and MHCC supporter Brian Pezzutti says:

*"Howard recognised that every family was affected by mental illness."*

This initiative resulted in the gradual establishment and enhancement of the first national community sector mental health programs:

- Day to Day Living
- Personal Helpers and Mentors
- Mental Health Respite and Carer Support
- Family Mental Health Support Services.



## DAVID MCGRATH

David was the Director of Mental Health and Drug and Alcohol Programs at NSW Health between 2005 - 2013. He once said in relation to the community mental health sector that his mission *“is to organise the mental health sector, develop governance and structure and foster relationships between the sector and government.”*

In this context, one of the first things he did was to bring MHCC into the policy development process and to elevate the peak body role, with a focus on strengthening the relationship with MHCC. His view was that a peak body needed to be focused on the big issues not just act as advocate and lobbyist. He made the comment that *“Jenna [Bateman] picked up on that and did the right things to be a central resource for building up core and fundamental structures in the sector.”*

*“[MHCC] took on a centralist role in structure and skills development in the NGO sector including the management of the Infrastructure Grants Program, Research Grant Program, workforce development (Learning and Development), and the development of taxonomies and funding structures.”*

In David's view, Morris Iemma as Health Minister (2003 -05) and during his Premiership (2005-08) was a key driver of reform. David commented:

*“Iemma had a personal interest and was very helpful for mental health policy...he listened to the ideas of the community sector about what could be done in the face of the usual response to requests for more beds.”*

## NSW 'A NEW DIRECTION FOR MENTAL HEALTH'

In 2006, the NSW state government of Morris Iemma put in place a five-year plan to provide earlier and better access to a greater range of services than had ever been provided by mental health services in NSW.

This new plan was significant in that for the first time it aimed to balance hospital focused care with community care. It was finally recognized that strong community mental health services are critical to delivering effective mental health services for people of all ages, including their families and carers.

A \$939 million program over the five years was announced including: community rehabilitation services (\$41.5 million); 24 hour community outreach services to respond to emergencies (\$51.4 million); new youth mental health services (\$28.6 million); expanded services for older people with age related mental illness (\$37.3 million); a 24 hour state-wide access line to be staffed by mental health professionals (\$26.3 million); a traineeship program for additional Aboriginal mental health workers (\$6.6 million); new mental health and substance use services to better integrate drug and alcohol and mental health services (\$17.6 million); community forensic services (\$6.5 million); supported accommodation services (\$49.7 million); and support for families and carers (\$13.5 million).

This initiative resulted in the establishment and enhancement of the first statewide community sector mental health programs:

- Housing and Accommodation Support Initiative (HASI)
- Resource and Recovery Services Program
- Family and Carer Support Program

2004

NSW State funding for mental health increases to \$241M

2005

NSW Aboriginal Mental Health and Well Being Policy 2006-2010 launched

2004

MHCC establishes Working Groups to inform the *Mental Health Act* Inquiry consultation process

2004

MHCC and the Network of Alcohol and Other Drug Agencies (NADA) establish the Mental Illness and Substance Abuse (MISA) working group

2004

MHCC conference, 'Turning the Tide', held in Wollongong in March in partnership with Illawarra Area Health Service and the Centre for Mental Health focused on NGO growth, partnerships and collaboration

2005

*Dual Diagnosis Support Kit (above)* developed in partnership with the Department of Community Services



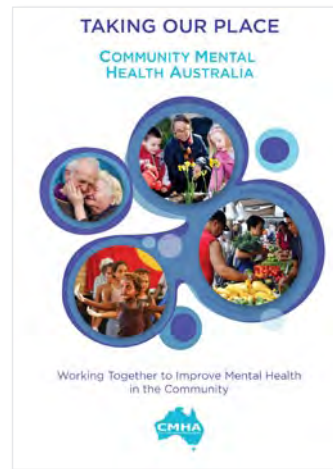
## THE NGO DEVELOPMENT STRATEGY 2004-2007

In early 2002, MHCC put a proposal to government to provide funds to assist community organisations to build stronger, better quality and more accessible services. The then Minister for Health, Craig Knowles MP, announced a grant of \$1.2m (over 3 years) at the 2002 MHCC AGM for what was later named the NGO Development Strategy 2004-2007.

Through this Strategy, MHCC worked to build the profile and capacity of NGOs providing mental health rehabilitation and recovery services. The Strategy concentrated on three main areas of activity: Workforce Development; Outcomes and Quality; and Promoting Partnerships.

The decision to identify the Certificate IV in Mental Health Work as the minimum training qualification for the sector, and for MHCC to become an RTO able to provide Certificate and Diploma level qualifications that reflected current best practice, was a major outcome of the strategy. Educating and encouraging the sector in the application of outcome measurement tools was another major contribution arising from the strategy.

Funding of the NGO Development Strategy provided the sector with confidence that the value of the sector was recognised and supported by government and could play an important and growing role in reducing hospital admissions by supporting people in their own communities.



## COMMUNITY MENTAL HEALTH AUSTRALIA

2008 saw the establishment of Community Mental Health Australia (CMHA), an industry alliance of the state community sector peak mental health organisations. This was an important outcome resulting from ongoing deliberations. The establishment of a national peak organisation was envisaged and was being actively negotiated in the very earliest days (1983-84) of the existence of MHCC by 'founding father' Mr Trevor Elligett.

The main objectives of CMHA are to establish a valued national profile for the mental health sector in terms of the social inclusion agenda and of industry development in workforce, quality and evidence based practice.

MHCC has been a major contributor to CMHA's undertaking many national projects contracted to CMHA such as: the establishment of a National Minimum Data Set for mental health NGOs; a suite of recommended outcome measures for the mental health NGO sector; and development of training materials for the national Peer Worker qualification.

MHCC also represents CMHA on national standing committees and working groups such as the Safety and Quality Partnership Standing Committee and the former National Mental Health Workforce Advisory Committee.

*Left: Taking Our Place: Community Mental Health Australia - Working together to improve mental health in the community (2012)*

2006

COAG - provides funding through three national departments - Health, Education and FACSIA

2006

NSW Minister for Mental Health, Morris Iemma announces a five year plan for improving service provision. For the first time there is a balance between hospital and community-based care

2006

Release of *Pathways of Recovery: Preventing Further Episodes of Mental Illness* (Rickwood). Department of Health and Ageing Canberra

2005

MHCC releases *Building Effective Non-Government Services in NSW* and presents this reform agenda to Minister Hatzistagos at 2005 AGM

2006

*Reframing Responses Project Stage 1* published



2006

MHCC Learning & Development becomes an accredited RTO

2006

MHCC accredited through Quality Management Services (QMS)

## FORMATION OF MHCC LEARNING AND DEVELOPMENT

MHCC Learning and Development (LD) was established in 2006 and became a Registered Training Organisation (RTO) in 2007. The decision to become an RTO was both an unusual and a bold step for a peak body but one the Board supported due to the lack of options for mental health related vocational and education training (VET) through bodies such as TAFE. The decision was indicative of MHCC's broadening strategic capability resulting from the NGO Development Strategy.

MHCC LD has developed an industry endorsed reputation for providing flexible, innovative and high quality workforce solutions. Some outstanding achievements of MHCC LD include the development of the Leadership in Action program for managers within the community sector, the employment of consumer and carer trainers to run the highly commended Mental Health Connect training, lobbying for higher level nationally recognised mental health qualifications and the Aboriginal Careers in Mental Health program. MHCC LD has also implemented cutting edge online learning initiatives, such as Virtual Classrooms, meeting the need of learners in regional and remote areas.

To date over 6,000 people have attended MHCC LD professional development courses. 1269 people have attained full qualifications at Certificate through to Advanced Diploma level.

*"MHCC LD provides a high level of rigor in developing and reviewing training - ensuring that training is of a high quality and currency to the sector. I believe this has supported the sector to apply a strong recovery orientation to the services that are provided."*

Simone Montgomery - MHCC Learning and Development Manager

## TRAUMA INFORMED CARE AND PRACTICE (TICP) CONFERENCE

This important conference held in June 2011 was part of a broader initiative towards creating a national agenda for trauma informed care. MHCC partnered with Adults Surviving Child Abuse, the Education Centre against Violence and the Private Mental Health Consumer Carer Network of Australia to pursue this goal.

The group identified the need to address the failure of mental health and community services to provide appropriate trauma-informed services to those impacted by interpersonal trauma who present with complex and diverse health and social needs. The group's vision was to increase awareness and knowledge and drive important policy and systematic change. Ultimately the aim was, and still is, to create an environment more supportive, comprehensively integrated, empowering and therapeutic for the many consumers who are trauma survivors.



*Tony Aumuller, the Hon. Kevin Humphries - Minister for Mental Health, Jenna Bateman and Simone Montgomery launch the Aboriginal Careers in Mental Health Initiative in February 2012.*



*Dr Cathy Kezelman, Jenna Bateman and Corinne Henderson receive the Silver Award in the Special Achievement category for Trauma-Informed Care and Practice from Professor Allan Fels at the Mental Health Services Conference.*

2007

NSW Community Mental Health Strategy announced, describing the model for community mental health services to be developed and delivered by 2012

2007

Australia ratifies the United Nations Convention on the Rights of Persons with Disabilities

2007

Community Mental Health Australia (CMHA), the state peaks alliance is established

2006

MHCC commences administration of the Infrastructure Grants Program - \$4M to enable mental health NGOs in NSW to progress towards accreditation under national service quality standards

2007



*Social Inclusion Paper published*

2007

MHCC and NADA establish the Mental Health and Drug and Alcohol Collaboration Group

2007

MHCC held Count-Me-In: Innovative community based approaches to better mental health conference



## THE NSW COMMUNITY MANAGED MENTAL HEALTH SECTOR MAPPING REPORT 2010

Ten years on from the initial MAP Project of 2000 (pg 14), MHCC researched and delivered a second comprehensive Sector Mapping Report.

There were striking differences. Perhaps most stark is that in the 2000 report there is no reference to the philosophy or practice of recovery oriented service provision. While considered innovative at the time (it included research into the consumer experience of community organisations through the application of standardised outcome measures), it is clear that the focus was consumer satisfaction with services rather than consumer participation, and self-directed recovery concepts we would expect today.

Another significant difference was a marked change in the scope of services mapped. In 2000, 53% of all services mapped were in the self-help / support category compared to 16% in 2010, while only 16% were providing employment or accommodation in 2000 compared with 47% in 2010.

The inclusion in the 2010 Report of the new mental health community programs funded under COAG and NSW initiatives demonstrated a high level of diversity in the sector and finally began to give the catchphrase 'mental health is everybody's business' some real meaning.



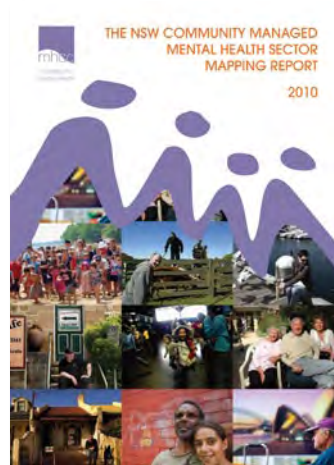
## JENNA BATEMAN (MHCC CHIEF EXECUTIVE OFFICER)

Jenna Bateman (top), MHCC's CEO of the past 13 years, commenced this role in January 2000. Prior to this she had worked for public mental health services in nursing and in management roles. She was initially employed at MHCC to undertake the Mapping, Analysis and Performance (MAP) Project. This was a positive initiative towards the future planning and resourcing of the sector. Subsequent sector mapping and benchmarking projects have since been completed between 2010/13.

Jenna has been MHCC CEO in a decade of substantial growth and development for the sector. She has provided leadership to the community managed mental health sector in NSW, successfully securing funding for, and implementing, major sector development and capacity building projects.

Through ensuring a strong profile for MHCC in mental health inquiries, policy submissions, seminars, publications and participation on advisory groups, MHCC has gained a reputation as a respected and progressive organisation. Jenna has advocated strongly for the role of community organisations in building social capital and for consumer and carer participation as fundamental to reform. She sees MHCC's work on social inclusion, recovery oriented and trauma informed practice, building research capacity and MHCC leadership in the learning and workforce development area as key achievements.

Jenna attributes much of MHCC's success to the excellent staff MHCC has attracted over the years.



*"It's important to employ people with a passion for mental health and to then work to their strengths and interests to achieve the organisations aims."*

2008

Rozelle Psychiatric Hospital at Callan Park closes

2008

Dramatic MHCC membership increase of 30% due to broadening focus on different service types and organisations – "Mental health is everybody's business"

*Mental Health Recovery: Philosophy into Practice - Workforce Development Guide* published (right)



2008

NSW Mental Health (Criminal Procedures) Act (1990) renamed (Forensic Provisions) as a result of MHCC advocacy to minimise stigma

2008

Breathe Easy Smoking Reduction Project commences

Meet Your Neighbour program commences to encourage networking and partnerships at the local level

2008

MHCC and NADA commence administration of the NGO Mental Health, Drug and Alcohol Research Grants Fund - \$3M to establish a research and evidence base for community sector mental health services and programs

**LEONE CRAYDEN  
(CHAIR 2004-10, BOARD 1999 - PRESENT)**

Leone (top) has been a long serving member of the MHCC Board with seven very fruitful years as Chair between 2004 and 2010.

She is the CEO of On Track Community Programs which operates in the regional north of NSW. A carer herself, she has been a strong advocate for the lived experience of consumers and carers to be recognised across the governance and operations of community organisations. Leone has supported MHCC to make some important decisions such as the decision that MHCC become an RTO to address the training vacuum that has existed for community sector mental health workers. MHCC's advocacy for the importance of social inclusion for people with mental health problems occurred during Leone's time as MHCC Chair, and she supported the active broadening of MHCC's membership to include community organisations that provided services to people with mental health conditions but were not specialist mental health providers. MHCC's membership increased substantially as a result of this renewed promotion on mental health as

*“everybody's business.”*

Leone sees the mining industry as an indicator of this progress, recently commenting that:

*“even the mining industry is acknowledging mental health with initiatives to address workplace bullying!”*



**DOUGLAS HOLMES  
(MHCC BOARD 2002 - 2006)**

Doug (bottom) was diagnosed with a mental illness in 1992 and since then he has been a passionate and active crusader for the rights of mental health consumers. His first involvement with MHCC was in 1996 working with CEO Leonie Manns (a fellow consumer) as the Chair of a Consumer Consultative Committee. In 2000, he became Executive Officer for the NSW Consumer Advisory Group and soon after joined the MHCC Board.

Doug recently reflected on the 2000 MAP Project as a turning point for the community sector, recalling with some amusement the use of a physical map with pins dotted all over the place for collating, analysing and mapping the data. This was quite a contrast to the computer database approach taken just ten years later for the second Sector Mapping Project.

In Doug's view, Morris Iemma's support for mental health services in NSW was a critical ingredient to recent significant progress in the sector, although he's clearly of the view that there is much still to do.

*“Consumers are still not happy with the state; services are still delivered ‘to’ not ‘with’ consumers.  
We're still just tolerated.”*

2010

*Carers Recognition Act (2010)* passed. The Act does not give carers legal rights, but creates obligations on public service and human services agencies to improve recognition, inclusion and support

2010

WA announces it is establishing a Mental Health Commission

2010

Professor Pat McGorry is named Australia of the Year

2008

Routine Consumer Outcome Monitoring Project commences

2009-10

Outside In: Community Responses to Complex and Diverse Needs Conference and,

Outside In: Research into Practice Conference and Research Showcase (facilitated jointly with NADA)

2010

Building Capacity in Community Mental Health Family Support and Carer Respite Project

No Wrong Door: Mental Health Drug & Alcohol Change Management Project - MHCC and NADA partnership



2010

*Second Sector Mapping Report* published

*Reframing Responses Stage 2* published (left)

## BRADLEY FOXLEWIN (NSW MENTAL HEALTH DEPUTY COMMISSIONER AND MHCC TRAINER)

Bradley (top) is a person with lived experience of mental health problems spanning several decades. He describes his contact with the mental health system over that period as one of *“unfairness and treatment as a second class citizen”*. Bradley was appointed as a Deputy Commissioner at the newly established NSW Mental Health Commission in 2012; his lived experience and considered reflections on his experience of mental health services are key attributes he brings to this role.

Bradley credits the positive direction his life has taken not to an integrated network of support services and holistic care and support, but is rather to circumstance and self-belief. He recounts chancing upon an ad for a part-time trainer for the MHCC Mental Health Connect program, applied and was accepted in 2007. He has been a trainer at MHCC ever since...

*“recovering and growing through the opportunity for ongoing meaningful work.”*

Bradley is, unsurprisingly, a huge advocate for the contribution MHCC Learning and Development has made to skills development in the sector, including the more recent MHCC consumer initiatives including traumainformed care and practice and the Indigenous traineeship initiative, Aboriginal Careers in Mental Health.



## JANET MEAGHER (CONSUMER AND ACTIVIST)

Janet Meagher AM (bottom), is a consumer and activist. She has recently resigned a position she held for many years as Divisional Manager (Inclusion), RichmondPRA and is currently one of the National Mental Health Commissioners.

She is also a former (Honorary) Secretary of the World Federation for Mental Health and was the inaugural Consumer Chairperson of the National Consumer and Carer Forum.

A teacher and librarian by profession, Janet has been a mental health consumer activist and advocate for almost 30 years. Having lived with schizophrenia since the early 1970's Janet would like to see an inclusionary world for people living with mental health problems and disorders. She has worked tirelessly and passionately to improve and effect change in the status and recognition of mental health consumers, their rights, legislation, policies and education.

Janet has been involved throughout most of MHCC's history in one way or another and her perspectives and vision for people with mental health conditions have often been a guiding light to MHCC Board and staff members.

*“People with mental health problems want the same things as everyone else. A home, a decent education, good clinical treatment, a job or something meaningful to do, family, friends and healthy relationships, justice and rights.”*

Australian National Mental Health Commission website

2010

MHCC Care Coordination Literature Review and Discussion Paper released

MHCC becomes accredited through ACHS

2010

Community Mental Health Drug and Alcohol Research Network (CMHDARN) is established by MHCC and NADA

2010

Online NSW Mental Health Rights Manual 3rd Edition launched

CMO Data Management Strategy Business Plan put to government

2011

Trauma Informed Care and Practice (TICP) Conference and establishment of the TICP Network



**KAREN BURNS**  
(BOARD 2006-13, CHAIR 2010 - PRESENT)

Karen, CEO of Uniting Care Mental Health, came to MHCC at a time when funding started growing rapidly and as a result has been with MHCC through a period of significant development and opportunity. One of her specific interests is organisational and professional development in the NGO sector and she has supported MHCC to drive innovation and reform in these areas. Karen has high praise for the work of MHCC. She makes the observation,

*“There is always a sense that MHCC will have looked into [an] issue and have the answer.”*

And that *“Consumer and carer participation has had real meaning and is an active part of the fabric of MHCC.”*

Karen is a strong advocate for community organisations to provide the spectrum of mental health treatment and support services and to employ people from across university and vocationally trained workforces.

Karen was recently appointed as Chair of the NSW Mental Health Commission Advisory Group and sees the establishment of the Commission as providing real hope that the government is committed to mental health reform in NSW.



**JOHN FENELEY**  
(NSW MENTAL HEALTH COMMISSIONER)

John (bottom) was appointed as the NSW Mental Health Commissioner in 2012 and views MHCC as being a critical connection to the community mental health sector.

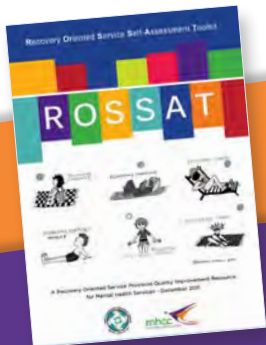
*“[MHCC has been] vital in supporting the myriad NGO’s in the sector, a body of advice and advocacy with a sophisticated capacity to provide support to the community sector - which is going to be critical in this time of change to a new [funding] environment.”*



The Commission continues to work very closely with MHCC on current sector issues not the least of which is the rollout of the National Disability Insurance Scheme. He says MHCC *“has been enormously supportive of the work of the Commission.”*

Recently, MHCC invited the Commission to be part of its Regional Forums which provided it a great opportunity to meet with MHCC member organisations, and consumers and carers.

*“[I have] great appreciation for the opportunities MHCC provides to the Commission for community engagement.”*



2011

The *Recovery Oriented Service Self-Assessment Toolkit* (ROSSAT) published

MHCC annual series of Regional Forums introduced

2011

Review of the *NSW Mental Health Act (2007)* commences

2011

The National Productivity Commission's *Disability Care and Support Inquiry Report* released

2011

MHCC held Unraveling Physical Health Issues Associated With Mental Illness Forum

*International Journal of Mental Health* - SUMMER 2011/VOL. 40, NO. 2 Taking Our Place - Community Managed Mental Health Services in Australia (Bateman and Smith) published

2011

MHCC hosts the National Mental Health Peer Workforce Forum

MHCC releases *Call to Action Position Paper* on the eve of the state election

2011

MHCC Position Paper *Self Directed Funding and the Community Managed Mental Health Sector: Opportunities and Challenges* released

## HOW MUCH HAVE THINGS REALLY CHANGED?

*"I am not a bed. Do not refer to me as a bed."*

Janet Meagher - Consumer Advocate and Activist

*"The early days were appalling. Carers or parents were seen as 'part of the problem' – [but now] I was listened to, engaged with and involved. Without having to insist upon it. It made the most incredible difference."*

Cate Steere - Carer Advocate and Mental Health Connect trainer



In 2012, MHCC published the *Recovery Oriented Language Guide*, a testament to how language and attitudes have changed and are evolving.

Development of the Language Guide was informed by a number of sources including: current literature on recovery oriented practice; conversations with people working in the mental health sector; and, most importantly, the voices of people with lived experience of mental illness and recovery.

The Guide has since found its way into the staff induction packages and policy manuals of many organisations in the mental health and human services sectors.

## THE CHANGING FACE OF MHCC MEMBERSHIP

MHCC membership has gradually increased from eight at incorporation in 1986, to 164 ordinary and branch members in 2013. There have been two particular periods where the membership substantially increased.

Between 2000 and 2002, MHCC membership increased from 51 to 132. This is likely a result of contact made by MHCC with organisations while undertaking the first Sector Mapping Project and MHCC's increasingly effective advocacy voice. The NSW Boarding House Reform Strategy also attracted many new providers into the sector.

The second period of strong growth commenced in 2006/07. The COAG National Action Plan for Mental Health 2006-2011 included unprecedented action to develop community sector mental health programs addressing housing, employment/education, social inclusion and family/carers support, and attracted new organisations into the sector.

Now in 2013 selection of Medicare Locals as key organisations in the delivery of 'Partners in Recovery' and the inclusion of psychosocial disability in the National Disability Insurance Scheme will likely see further increases/changes in MHCC membership.

From an historical perspective we see MHCC member organisations that would not now be so familiar to many of us. Two of particular note are the PALA Society and SOMA Health Association of Australia Ltd. Both these organisations were strong participants in MHCC advocating alternative approaches to traditional psychiatry. PALA took a humanistic approach arguing against 'dispassionate observation' by psychiatrists and over-reliance on medications. SOMA (still a member today) advocates psychiatry take a more orthomolecular approach. Both organisations struggled to attract ongoing funding; interestingly their approaches align well with current recovery-orientated practice and the much greater attention now paid to the interconnectedness between mental and physical health.

2012

Medicare Locals Network established

2012

NSW Mental Health Commission established to monitor, review and improve the NSW mental health system. The Commission appoints identified consumer Deputy Commissioners

2012

\$2.6M in funding announced for families and carers of people with lived experience of mental illness under the NSW Mental Health Carers Program

2012

MHCC Learning & Development launch of Aboriginal Careers in Mental Health Initiative (ACIMH)

2012

Community Mental Health Drug and Alcohol Research Network (CMHDARN) Research Seeding Grants Project commences

# the next decade

The launch of the National Disability Insurance Scheme in 2013, the establishment of Medicare Locals in 2012 and the replacement of the NSW Ministry of Health NGO Grant Program from 2014 with competitive tenders will all create challenges and opportunities for the not-for-profit sector in the coming decade.

The government is clear it will be encouraging private-for-profit providers into the sector; that it wants to see fewer providers; more prescribed service models based on government priorities; and more value adding from business approaches to service delivery. In NSW, there is an articulated policy to restrict the number of contracts tendered through the mental health program. This approach is designed to reduce the administrative burden of managing relationships with multiple providers and to build the capacity of favoured providers to increase their economies of scale and, therefore, the thinking goes, program effectiveness and efficiency.

Smart and targeted partnerships and amalgamations between NGOs (community organisations, Medicare Locals and for-profit providers) underpinning consortia tender bids that demonstrate capacity, flexibility and value adding will likely be well received in the emerging environment.

This process is already beginning amongst the more entrepreneurial providers within geographic regions and has been actively prescribed by government under the Partners in Recovery program. Many community sector organisations will struggle to remain viable where they don't heed these government policy directions unless they can demonstrate they fulfil a niche market and this applies equally to peak bodies like MHCC.

The upside of this picture is that there should be exciting opportunities for community organisations to expand into new markets as government gains

confidence that it can effectively outsource public services to the non-government sector. The largely artificial silos that currently exist between government/non-government services, clinical/non-clinical work roles and university/vocational training have seriously restricted the most effective allocation of mental health resources over the last 30 years in MHCC's experience. The newly established NSW Mental Health Commission will hopefully be an effective presence able to challenge these and other outmoded systems and practice issues.

2013 is a very difficult point from which to predict the future for MHCC and its current membership. One thing that is clear however is that the voices of consumers and carers in moving the system more one way or another cannot be underestimated. NSW needs a strong and vocal consumer movement and community organisations are well placed to provide a platform for this activity. Community organisations are not just about providing good support services; they exist to provide consumers, family members, carers and members of the community with a way to participate in areas that affect their lives; to come together with like-minded people and advocate on their own behalf. MHCC's current vision statement is:

*People with lived experience are the drivers of positive change in all mental health services and mental health reforms.*

This fundamental learning of the last 30 years must be evident in the midst of the changing community program contracts and arrangements if there is to be hope that services will meet the needs of people with mental health conditions and their families and carers. MHCC has an important leadership role to ensure proposed competitive business approaches do not limit choices and reduce workforce capacity but rather 'value add' to the lives of people with mental health conditions.

2012

NSW Boarding House Act (2012) passed

Partners in Recovery Initiative announced

2012

Implementing Practice Supervision in Mental Health Community Managed Organisations in NSW published



2012

CMHA Incorporated

Taking Our Place: CMHA - Working Together To Improve Mental Health In The Community published

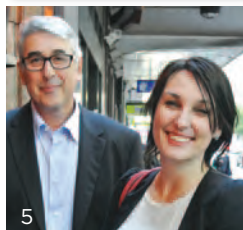
2012

National Mental Health Commission releases their first annual report; A Contributing Life: the 2012 National Report Card

ICAC Report: Funding NGO Delivery of Human Services published







1. Fay Jackson, Lorna Downes and Tully Rosen. 2. Judi Higgin and Jenna Bateman with the lollipop cake. 3. The anniversary party gets underway at Slide Bar on November 12th 2013. 4. Tony Humphrey. 5. Arthur Papakotsias and Emma McTaggart. 6. Edi Condack and John Malone. 7. Rob Stirling, Susan Gamola and Deb Tipper. 8. Mardi Diles and Janelle Ghazi. 9. The 2013 Board singing a rousing rendition of 'Happy Birthday' to MHCC - Leone Crayden, Kathy Kezelman, Deborah Banks, Sue Sacker, Pam Rutledge, Karen Burns, Peri O'Shea and Judi Higgin. 10. Lynda Hennessey and Peri O'Shea. 11. Simone Montgomery, Erika Hewitt and Chris Keyes. 12. Carrie Stone and Lenny Pelling. 13. Lucy Corrigan, Tina Smith, Corinne Henderson and Debbie Greene. 14. Chris Kam, Nicole Cother, Stephanie Maraz, Colleen Mosch, Lucy Corrigan, Jacqui Moreno-Ovidi and Rainbow Yuen.

2013

ASCA's Practice Guidelines for the Treatment of Complex Trauma and Trauma-Informed Care and Service Delivery launched

2013

National Recovery Framework published

2013

The National Disability Insurance Scheme legislation is passed by the Senate and House of Representatives signalling the launch of DisabilityCare Australia

2013

Broad consultations around development of NSW MH Strategic Plan - NSW MH Commission

2013

MHCC Board approves membership of Medicare Locals

2013

Professional Entry Practice Placements in the Community Managed Mental Health Sector Project

2013

Trauma-Informed Care and Practice Strategic Directions Position Paper published

## MHCC MEMBERSHIP

2003 - 134 members  
2005 - 166 members  
2008 - 250 members  
2013 - 185 members, reflecting the ever changing shape of the sector

## **MHCC CHAIR**

Joy Said - Aftercare (1987-89, 1990-91, 1997-2003)  
Tony Carson - Smith Family (1989-90)  
Meg Smith - DMDA (1991-93)  
Yvonne Shipp - Community Consultative Committees (CCC) (1993-95)  
Stephen Kinhead - New Horizons (1995-97)  
Leone Craydon - On Track Community Programs (2003-10)  
Karen Burns - UnitingCare (2010-present)

## **EXECUTIVE OFFICER/CHIEF EXECUTIVE OFFICER**

Rob Ramjan (Coordinator then Program & Development Director 1987-1990)  
Emad Nimri (1990-1992)  
Lucy Cole-Edelstein (1992-93)  
Leonie Manns (1993-97)  
Felicity Reynolds (1997-99)  
Jenna Bateman (1999-present)

## **MHCC BOARD MEMBERS**

Alex Rivers - Schizophrenia Fellowship (2003-06)  
Anna Saminsky - NSW CAG (2005-08)  
Arthur Papakotsias - Neami (2004-09)  
Barbara McGarity (1987-95)  
Barry Lewis (1998-90)  
Bill Davies (1994-99)  
Bruce Griffiths (1998-99)  
Coral Greig (1995-96)  
Deb Banks - Lou's Place (2012-present)  
Dorothy Bundin (1998-99)  
Douglas Holmes - NSW CAG (2002-06)  
Dr Albert Lacey (1998-90)  
Dr Cathy Kezelman - ASCA (2008-present)  
Dr Meg Smith - DMDA (1990-96)  
Elizabeth Ingram - CCC Port Macquarie Hospital (2002-03)

Fred Kong - Richmond Fellowship of NSW (1994-97)  
Gary Banks - Sydney Counselling Service (2002-03)  
George Dibley - CCC Inner City (2003-04)  
Graeme Pearson (1992-93)  
Jacqui Conner (2000-01)  
Jan Delahunty (1996-99)  
Jean Sulima (1992-94)  
John Malone - Aftercare (2007-present)  
Joy Said - Aftercare (1987-92, 1996-03, 2005-07)  
Jude Ball (2001-02)  
Judi Higgin - New Horizons Enterprise (2008-present)  
Karen Burns - UnitingCare Mental Health (2005-present)  
Karen Oakley - NSW CAG (2009-10)  
Kelly Anne Deanne (2000-01)  
Kris Sargent - Richmond Fellowship of NSW (2006-08)  
Kylie Clark - Mountains Community Resource Network (2004-05)  
Lawrie Hallinan - Kaiyu Enterprises (2004-05)  
Leone Crayden - On Track Community Programs (1996-present)  
Nic Bolto (1998-99)  
Pam Branch - Westworks (2003-04)  
Pam Rutledge - Richmond Fellowship of NSW/ RichmondPRA (2008-present)  
Peri O'Shea - NSW CAG (2010-present)  
Phil Nadin - PRA (1996-2012)  
Richard O'Farrell (1998-99)  
Robert Lawson (1993-94)  
Sheila Deaves - CCC Coffs Harbour (2004-04)  
Steven Kinhead - New Horizons (1990-2008)  
Sue Cripps (1999-2000)  
Sue Sacker - Schizophrenia Fellowship (2006-present)  
Sylvia Grant - Neami National (2009-present)  
Tony Carson - Smith Family (1989-90)  
Tony Humphrey - Club Speranza (2002-05)  
Trevor Elligett - Psychiatric Rehabilitation Association (1988-92)  
Warren Holt - Triple Care Farm (2002-08)  
Yvonne Shipp - Community Consultative Committees (1990-97)



This is a selection of social and political cartoons created by Allan Burke for MHCC's quarterly newsletter, *View From the Peak*. For many years, Allan's work has beautifully encapsulated the concerns of the sector and MHCC's advocacy.

