



Rhonda's July Rave

The future of NGOs

The future of NGOs in mental health is the focus of this paper and I refer to the numerous policy documents that have appeared over many, many years.

ARAFMI was established before the 1983, "Richmond Report", which made a recommendation for:

"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 1994, "caring for people with mental illness" policy statement you'd read of the commitment to:

"contract non government organisations to provide a range of support services for people with mental illness".

And other documents from successive state governments, the 1998 "Caring For Mental Health" The National Mental Health Policy of 1992 and the Second National Mental Health Plan of 1998.

The national mental health policy makes numerous references to the role of NGOs in what it refers to as the new mental health service system – one designed to respond to a person's whole of life needs in community settings.

The 1993 report entitled "Human Rights and Mental illness", the Burdekin Enquiry, an indictment if ever there was one of the treatments of people with mental health problems in

our community. Burdekin goes to great lengths to demonstrate the potential of the NGO sector to address community needs.

NGOs are essential in a community-based, non-institutional, consumer focused, whole of life service model. Grass roots NGO involvement in mental health has changed the face of the mental health service system, it's cheap to run, consumer focused, community-based and has a whole of life response to people's mental health needs.

Responses in which consumers decide what works and what doesn't. Responses which present consumers with real choices, the success of which can be measured at least in part by the extent to which those choices keep people out of hospital.

We talk constantly about best practice and evidence-based practice and yet overlook the most exciting examples of such evidence. Evidence of better outcomes for people with mental health problems, involving huge reductions in levels of hospitalisation and as a result, lower costs to the community in providing health care.

Evidence of people responding better to the support they receive because it is provided to them in their own home and is tailored around their decisions as to how they want to live their lives. Rehabilitation is that effective management of a person's environment will improve recovery and offset illness.

What these principles lead us to is the further realisation that individual disciplines or models of support, be they medical models or disability models, cannot hope to encompass the range of supports that a person with a mental health problem might require to function in the community

I think a real issue for NGOs is in defining what it is we offer, and how we enhance the mental health system when we offer it.

I'm speaking here of individual NGOs rather than the sector as a whole. The sector really is the sum of its individual parts. Approaches that seek to constrict NGOs within a defined service role will either miss out on tapping the marvellous potential contribution of NGOs, with all their diversity, flexibility and creativity. Or worse still, they'll simply fail because they can't find an NGO that fits the model that somebody thought was appropriate.

In government, Labor and Liberal have favoured large charities over grass roots NGOs, providers over consumers; professionalized and incorporated entities over informal associations; funded quangos over self-help and mutual aid; and impersonal litigation-prone rules and regulations over personal and communal responsibility.

Quangos was a term that appeared in the 1970s meaning 'quasi-NGOs', that is, NGOs that are not really 'non-government' because they are fully funded by government and often were established by government. There are heaps of these around, and they often say they are independent non-government organizations, but in reality that is not quite the case - hence the word quasi-NGOs.

Our focus has always been delivering services that have the best chance of improving lives and putting people on a productive and positive path. Many of those most severely affected by mental illness, and their families and carers, are assisted to access the full range of services they need, responsive to the needs of the individual, rather than leaving people to find their own way through a system that is disconnected and hard to understand.