

Auseinet Forum - Putting It All Together: A National Forum on Promotion, Prevention and Early Intervention for Mental Health, Adelaide, Australia, September 2002

Presentation - Partnerships Stream

Putting it all together: Yes it is possible

Mark McMahon, NSW Consumer Advisory Group

Abstract

“Putting it all together” is a great, if not provocative, theme because the opposite is what tends to happen. Our environment is one where State and Federal authorities don’t or can’t co-ordinate mental health activities, so it is hardly surprising that the rest of us do much the same. NSW CAG covered this at length in its 2002 submission to the NSW Upper House Enquiry on Mental Health Services (MHS). Yet partnerships can overcome this problem. NSW CAG itself is an alliance not just of consumers but of consumers (60%) and carers (40%). This has worked very well and continues to deepen.

Development has been due to identifying that many of the diverse mental health services and related organisations are not actually competing with each other at all – they’re complementary, probably because the needs of those recovering from mental illness are so extensive and there are so few people and resources involved. Strategic partnerships and joint ventures tend to provide more choices and get outcomes.

Discussion of putting it all together should not suggest that there is a huge “all” to put together. Rather in some areas, like the national level, activity appears to be shrinking or non-existent, eg, absence of a national psychosocial rehabilitation program. Lack of uniformity and ambiguity in the language used also contributes to this lack of co-ordination, but dialogue has gone a long way to producing clarity. We all now know that “Children of mentally ill parents” refers to offspring up to whatever age, not just persons under age 18!!

This paper is very unscientific because it comprises mostly stories. Yet it is about observation: namely, the point that has to be crossed before you can get to deduction: the outcome from applying reason. It is a movement through stories about people and their organising abilities, service end-users and those who represent their interests. The pathway starts with a lack of partnerships, and hence the need for them.

The Crossroads Metaphor

Imagine me as a rather unnoticeable, impoverished, 40-something vagabond, sitting at a crossroads somewhere in the south of 15th century Spain. Along comes a busy group of travellers, armoured knights with royal blue banners. As they pass by, in their best aristocratic Spanish they keep saying, “It’s their job to do something about cognitive behavioural therapy (CBT)!!” A second group passes by, going in a different direction. They are ecclesiastics, dressed in scarlets and crimsons. In their best canonical Spanish they are heard to mutter “It’s their job to do something about cognitive behavioural therapy!!” A third group passes from the direction of Moorish Granada, dressed in the finery of Moslem Sheiks. They cry aloud, in their Arab-accented Spanish, “It’s their job to do something about cognitive behavioural therapy!!” None stop at the crossroads to ask if the vagabond is doing anything about CBT. The groups of travellers never meet. Their only connection is the vagabond observer and the crossroads, and there is certainly no way anyone could mistake this crossroads for any form of partnership.

Progress forward 600 years to the Commonwealth of Australia, where not much has changed. For the three groups of travellers, we could now talk of the Federal Government, State Governments and the Non-Government (NGO) sector, to pick just three out of many groups. I suggest that the best-known example of such a crossroads is the Commonwealth-State Disability Agreement. Under this, to put it crudely, all the mental illness bed-management activities are run and funded by State mental health services, while all the activities, which are aimed at keeping people out of mental illness beds, are Federally run and funded. Since we are talking of a crossroads and not a partnership, it logically follows, and is in fact the case, that neither knows where their activities stop and the others start, because it's 'their' job to be doing something about.....

That's the macro picture. Let's look at the micro picture for a minute. On one side I recall a meeting of the Employment Sub-Committee of the NSW Mental Health Co-ordinating Council in February this year. We were discussing the NSW Parliament's Mental Health Enquiry, and just as a straw poll I asked the 10 or so psych-disability rehabilitation/employment NGO services present to what extent they had a need to or in fact did have communications with the NSW Centre for Mental Health (the controller of MHS policy). Not a one! The reason was simple; they are funded from Canberra and report back within the guidelines prescribed by the Department of Family and Community Services (FaCS). Yes a mental health area outside of the Department of Health & Ageing!!

On the other side, still at micro level, there is a tale, probably apocryphal, that a well-esteemed head of a State mental health System, took a quick trip to Canberra in December last year to get informed about a new FaCS general disability program, 90% of whose intended recipients were expected to be recovering from mental illness. Why? Well, coming from a State MHS and by definition therefore not being a service provider to FaCS, she was not on the mailing list! Yes, a mental health clinician excluded from a mental health matter by a non-health government department! Such is what a lack of partnerships can do, and unfortunately it is the end-users, the people trying to recover from mental illness and those who care for them, who fall into such gaps. Our environment is one where State and Federal authorities don't or can't co-ordinate mental health activities, so it is hardly surprising that the rest of us do much the same.

Yet there are many strong initiatives which show this does not have to be.

NSW Consumer Advisory Group

The organisation through which I came to be here today is NSW Consumer Advisory Group, Incorporated. It is unique in Australia (and much of the world) as a peak body which is a partnership of consumers (60%) and carers (40%). Now before anyone waves a crucifix in my face for speaking what may be heresy where they come from, please bear in mind that this is probably the most active, best-funded peak consumer-run body in Australia. It is also incorporated (not a Ministerial Advisory) and so independent of the MHS. Maybe it works because someone has said let's get past the obvious differences and build on the similarities. I think so. In fact, much of what I have said earlier about the Commonwealth-State Disability Agreement is drawn from the CAG submission to NSW Mental Health Parliamentary Enquiry.

Northern Sydney Area Mental Health Service

I come from the Northern Sydney Area Mental Health district, which is the best resourced of the 17 NSW districts. As a person with serious mental illness I attend an NGO day program called Pioneer Clubhouse. This is a "Fountain House model" psych-social rehabilitation day program, which is a community-based, professedly non-clinical environment. Here consumers are called members, a common term conveying equality. Its goal is to work with what people can do, not what's wrong with them, all the way up to gaining open employment. I'll just point out here that clubhouses are very useful to my paper because they receive both Federal and State funding, and hence experience the CSDA gap problem first hand. Remember, this is not just an intellectual point: it is people with needs who fall into these gaps

The terms of the Funding & Performance Agreement between Pioneer Clubhouse and Northern Sydney Area MHS state that Pioneer Clubhouse is a "full partner". An NGO a full partner in a MHS! Yet it is a professedly non-clinical unit? Could it be that non-clinical activities can actually achieve clinical goals, like reducing mental illness bed usage???? This could only come from stopping at our crossroads and seeing who else is doing.....

From the process of negotiating this partnership came a very significant realisation about just who makes up a local mentally ill population. Besides three senior psychiatrists, Pioneer members, staff and management, and the Schizophrenia Fellowship NSW were also present. A senior psychiatrist asked to what degree there was “slippage” between the population who used local acute and long term care, and the population of Pioneer Clubhouse. Clearly, he was thinking of a small percentage. The answer he got was 60%, meaning 60% of people who choose to come to Pioneer are 'unknown' to the MHS! Use of private hospitals and private psychiatrists can explain part of this, but overall it does mean that there is a significant part of the local population who find mental illness affects their ability to function to such a degree that they need the clubhouse program. Since no one lightly signs up to something called a mental illness rehabilitation program, this is certainly a group where the promotion, prevention and early intervention activities of Auseinet are needed!

Last year Laurie Curtis, a well-known international psychiatric disability and rehabilitation expert, reviewed the wildly varying rehabilitation programs across the five sub-areas of Northern Sydney Area Mental Health and produced a 138-page report. She pointed out, among other things, that this chaotic diversity was not unexpected when there was no common definition of rehabilitation for mental health in the first place. But, she did emphatically point out that 60 long-term care beds in Macquarie Hospital were anything but rehabilitation!!! Yes, lack of agreed language use in mental health communication is one of the barriers to partnership.

Northern Area Psychiatric Employment Committee

Another instance of partnership in my local area is the Northern Area Psychiatric Employment Committee (NAPEC). This arose from dealing with a common barrier to mental health partnerships, namely, the ethos taught at senior health administrator school that every service is in fact in competition with each other, or should be, to get the best health dollar value. If there was enough money put into mental health this ethos might one day be true. We found, to the contrary that the employment programs of Pioneer Clubhouse, Mission Australia, CRS, the local work co-op and the Choose-Get-Keep model services, STEPS and PEP, in fact had different markets of mental health consumers, and these interchanged over time. All this was combined with a good relationship with the local Centrelink Disability Officer to produce NAPEC.

Ostara Australia

In 1999, Pioneer and 4 other psychiatric specific employment programs in NSW were members of the Job Network. However, when contracts were awarded for Job Network II no psychiatric specific employment service in NSW got a contract. This was very noticeable for those that the Federal Government had itself rated highly. The reason turned out to be a rather cynical one – the Department of Employment wanted the economies of scale that come from dealing with a few large agencies, rather than many small ones. These economies were of course macroeconomic outcomes, totally unrelated to the quality of outcome for the end-user, the mental health consumer. To cut this saga short, I can now happily report that 16 psychiatric disability employment agencies partnered up in February this year to form Ostara Australia – the national psychiatric disability employment consortium - to act as a large service provider like Mission Australia, Wesley-Uniting, and the Salvos. [See website: <http://www.ostara.org.au>].

In July this year Ostara member agencies were awarded Personal Support Program (PSP) contracts in 27 of Australia's FaCS admin districts, becoming the largest specialist provider. The PSP is significant because it is probably the most mental health-friendly program FaCS has yet produced. It is aimed at multiple barriers to achieving quality of life. An obvious set of barriers is mental illness and substance abuse.

[See <http://www.together.gov.au/programmesAndServices/personalSupportProgramme/default.asp>].

NSW Support Groups Consortium

As I speak this very ambitious project is still being developed, so what I have to say is a very few words from the 71 page “6th Draft Funding Proposal”.

In short 6 major NGO's namely, ARAFMI NSW, Carers NSW, Mental Health Assoc. of NSW, NSW CAG, Schizophrenia Fellowship NSW and Transcultural Mental Health, have embarked on a joint project to develop new approaches and innovative strategies towards achieving the best possible outcomes in mutual support for consumers and carers. The project originated from the knowledge that a number of organisations are working to provide support

groups, with some duplication, very little coordination and very limited resources to trial innovative approaches. It also has been developed in recognition of the high level of need among mental health consumers, their carers and families for access to a range of mutual support mechanisms that meet their needs (page 4 draft).

The key innovation in this project is the proposal to form a consortium and develop the project as a partnership between the six partner agencies, with consumer and carer involvement in all areas. The six organisations are committed to working together in a consortium for the first time on this joint venture, with the hope and intention that it will be a model for other new partnership initiatives in the future. The consortium approach will also provide a framework and structure that can be used as the basis for future cooperative ventures (page 5 draft). So here's a partnership developed to give rise to future partnerships!

To give you some idea of the complexity that can only have been developed by focussing every positive aspect of developing a partnership, the project actually consists of 4 different partnership mixes called "elements". These occur where one of the partners take an auspice role, like NSW CAG for the first element "Research" and the third element "Raising Awareness". The most obvious difference between the partners is that some have run support groups for many years, and others have provided mutual support through other means entirely. So within the project the best each can provide is tied together for mutual benefit.

National Developments

People who get to the stage of using mental health services and/or rehabilitation programs nearly all have to deal with one other organisation as well. This is Centrelink, the shopfront gateway to disability and social services. Without some assured income, concessions for basic services and logistical assistance with getting out of the hole of mental illness, a human cannot get enough bodily needs met to improve their mental health.

People with longer-term mental illness experience often receive a special benefit called the Disability Support Pension. This provides a 'safety blanket' or 'security net' sufficient for them to get back on their feet over a number of years, without having to queue up at Centrelink every two weeks. Unfortunately, it became a focus of Federal Budget cuts in May 2002 and is now very difficult to get in practical terms. In addition, many reforms in the way disabilities are assessed and improvement planned will take place mostly at the Centrelink counter-top level. So to get the best out of your promotion, prevention and early intervention (PPEI) activities a good partnership with Centrelink can improve your consumer and carer situations and improve Centrelink's throughput. Centrelink isn't well placed to build relationships with their clients and intended reforms will see several of their usual functions outsourced. Being able to contact your local Centrelink Disability Officer or Occupational Psychologist directly (no more 13x-xxx) can almost be worth its weight in gold!

Epilogue

The challenge of making partnerships that work is to look for the commonalities, the similarities rather than the differences, the gaps between respective service provisions, the needs of people rather than just program specifications. Seeing past the technical language barrier to recognise goals in common, rather than being stuck on different ways of stating the same goals is a centre of meditation not to be underestimated!

Of course, by Auseinet Five, say in a few years time, I hope we are all so comfortable with our various partnering roles, that we can move on to something even better: at that time I imagine the Forum program will no longer have sessions on 'Partnerships', they will be called 'Communities' instead.