

Janet Meagher AM  
Psychiatric Rehabilitation Association (PRA)

## **Recovery and Rehabilitation for NGOs In A Changing World**

### **Aims of Presentation:**

- 1) This presentation aims to illustrate the changing world of the NGO;
  - 2) In looking at ever-changing expectations we intend to open up ways of adaptation for NGOs to better prepare for a different future; and
  - 3) How do we adapt ourselves for genuine consumer participation in our organisations.
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Today's NGO has experienced paradigm shifts in structure, funding and service delivery over the past two decades. Obligations to funders, boards, clients, the community and governments are forever being juggled. What is happening can lead to "unintended consequences" and many have experienced this.

There are many pre-conceived notions about NGOs that we should address. In much the same way as there are distortions, generalisations and assumptions about consumers of your services, the same applies to those who offer services and support, or work with them, the NGO.

The mental health NGO activities in the sector are commonly subjected to sweeping generalisations and jocular inferences about their status, their role and their professionalism. It is incredibly damaging and often so subtle that little can be done to defend the status of the NGO in that predicament. In all of this your public image is misunderstood, tainted and distorted and above all isn't respected or treated with empathy by governments or funders.

In this, people assume much about what an NGO does and about what experience, qualifications and qualities they may, or may not possess. Your public image is misunderstood, tainted and distorted. I fear that it isn't respected by governments and funders, except when we can do them a favour.

However, there are many tales and anecdotal stories about wonderful NGOs who go above and beyond the requirements of their role. These stories, and those stories which you each could add, showcase the humanity and outstanding acts of professionalism which deserve to be part of the lore of the NGO sector. But these tales remain untold and most of us in the sector are not likely to tell them as it's all a little embarrassing, and we don't like to "blow our own trumpets", it's just not Australian. Let's think again about this, I urge you to quit the humility, in theological studies, humility means truth, tell the truth about what we do, tell it loud and clear, tell the good-news stories.

Make your public face one of fulfilment and pride in your professional role. Conduct PR campaigns, tell your stories, be proud of your heroes, revitalise your enthusiasm, enhance your image. The humanity of your profession has been ignored. Your humanity has become irrelevant to the Health planners. Health and humanity have to become improbable partners.

### **Keeping "up-to-date"**

*"In the last three decades, there have been at least three major shifts in society's view about what constitutes an appropriate response to disability. Consequently*

*many contemporary organisations struggle to achieve coherence between their goals, their structures and their day to day activities.”*

Speech, Shaddock, Tony, “Preparing for the Future”, ACROD CEOs Seminar, May 2001.

If there have been three major shifts in response to disability in the past three decades, there have been more shifts than that in response to changing thinking in the psychiatric services arena. Many people have been left behind, the changes have been overwhelming for some and their role has been undermined or overlooked in the new strategic direction of the changes. Let's have an overview.

The sixties were relatively simple. It was a period of institutional care. Thorough training was available “on the job”, and people like me were locked up and had little or no say in how things were run. The charge nurse was “god”, and god was in his heaven (ward) and all was right with the world. Why did change come and spoil all this?

The seventies was the decade of “flower-power and love, love, love”, it was also the decade of deinstitutionalisation. A time of great transition and many challenges.

After the seventies we thought it would get easier, but it didn't.

The eighties became the decade of hospital and community-care. It was the time when quality of services first became an issue and we are still grappling with it two decades on.

In the nineties we began to grapple with big quality of life issues: housing, rehabilitation and employment. There was a much more responsive client group who were rights aware. We began talking of integration, independence and human rights.

Now, on the cusp of the new decade, we see aspects of what may be developing to be the trend of the noughties (2000-2009). I predict that it is the decade of short-term intervention and individual programs, crisis management and mismanagement, and the eternal effort to become a “model” service everywhere we look. Clients who do not conform will be marginalised, those with personality disorder or dual disability will continue to be on the fringe. There will be less effort put into hospital-based services and the downgrading of crisis intervention services. Equity and quality will be harder to find. Pressures on NGOs professionals will be great.

Historically we are seeing a depletion of the “humanity” of your work. You have become “factors” in the mathematical game played by policy makers and political planners, they see “factors being taken into account” and “rationalism” as their purpose. We are at odds with all that as we have a humane purpose. Health and humanity may be an improbable partnership.

Perhaps we are fed up with the never-ending “reform” bandwagon, where all the effort goes in and changes happen only to have a new and “better” reform always just about to be implemented! We sometimes get cynical of reform and reformers and after a few years begin to ask which “reforms” are genuinely for the better?

To adequately face the future we need to look at ourselves and our services, indeed many services and their managements are in need of a “makeover”. In need of rehabilitation to renovate and revitalise their management and have effort put into recovering their vision and purpose, to make their role meaningful and their services more dynamic.

I see a great need to review and reinvigorate your professional status and develop a pride and confidence that has been whittled away by overwork, eternal burnout and economic rationalism. On top of all that, NGO work is not monetarily rewarding.

You need respect. Your role involves a high degree of professionalism, is dealing with those who are at the lowest point in their lives, emotionally, spiritually, and often financially.

It takes incredible tenacity, humanity, sensitivity, and skill to deal with the diversity of human trauma. Rarely do you see the positive, long-term outcomes of your interventions, in that sense, there is little personal reward. We have to find ways to maintain positive rewards and feedback on your professional inputs.

*"I view one's working experience as an important basis for the development of attitudes"*

Victor Finkelstein, "Attitudes and Disabled People: Issues for discussion", World Rehabilitation Fund, New York, 1980 (pp.7).

Look again at your roles, clarify your position. Come back to the core values, cut away all the ephemera that clouds your role and what do you see?

If we have endured the paradigm shifts in our sector and have continued to thrive then we have a survivalist mentality and changes to come will strengthen us. We are chronically underfunded for the work we undertake, but we do what we do well. We will still be here long after the ministers and bureaucrats that "rule our fate" have moved on. The services we offer will still be needed. People with mental health problems will still need the supports we offer, we, and they will still be around long after the reforms "peter out". Funding will always be tight, ideally not so mean as it is at present, but definitely tight. In the meantime, we need to be adaptable and flexible enough to meet requirements and challenges, reforms and innovations and grow through, and because of, these processes.

My fantasy is for the words of the Second National Mental Health Plan to become reality...

*"There is a need to formally entrench partnership arrangements at both the system and service levels, through policies, procedures, protocols and funding...however, important partnerships will include:...non-government agencies both generic and specialist."*

Second National Mental Health Plan, Canberra, 1998.

Being a realist, though, I look back to the heady delight of the authors of the thirtieth World Health Assembly of 1977 when they resolved

*"that the main social targets of governments and the World Health Organisation in the coming decades should be 'the attainment by all citizens...by the year 2000 of a level of health that will permit them to lead a socially and economically productive life'."*

"A summary of the report of the consultancy on a National Mental Health Services Policy", Eisen P., Wolfenden K., 1988 (pp.7).

They Failed.  
We can't afford to fail.