

NGOs and Mental Illness

This is the story of how a small community organisation took the lead in highlighting mental illness as a social justice issue in a local community in NSW and how this has had many impacts far beyond the original group of idealists and committed carers, advocates and workers!

RAMI

- *RAMI stands for “Raising Awareness of Mental Illness” Group in the Blue Mountains*
- *RAMI began in 2000 as a coalition of neighbourhood centre workers, Carers, HACCC workers, Council and mental health team interested in better access to services for people with a mental illness*

Why did we do it?

- ◆ **Need for individuals & community to have better communication systems with WAMHS (Wentworth Area Mental Health Service) staff**
- ◆ **Need for generalist services to have better understanding of people experiencing / recovering from mental illness**
- ◆ **Need for WAHS to have better understanding of community and HACC services**

So we formed RAMI Raising Awareness of Mental Illness

RAMI tools

- Passion and personal commitment / experience / sometimes born of frustration
- Lead agency (MCRN) providing facilitation and secretariat support - minutes, agendas, reminders, e-mail list (never letting people get away)
- Applying for funding, any funding - often led to un-expected projects many of which lead to re-current projects eg ALI, Boarding House Allied Health project,
- Expecting continued commitment from key stakeholders
- Diverse & open membership - Rotary, Council, students
- Holding Educational seminars each year for worker, volunteers and committees that include panels of consumers and carers
- Inviting new WAMHS staff to speak at meetings as a way to engage them

RAMI OBJECTIVES

- ◎ **COMMUNICATION** between stakeholders
- ◎ **NETWORKING** to build trust and
knowledge of roles
- ◎ **EDUCATION** to assist access
- ◎ **LOBBYING** for better services
- ◎ **PARTNERSHIP** across consumer, carer
community and health sectors

Some Achievements 2000 to 2004

- ③ **Strong coalition of consumers, carers, community workers, Council & WAHS clinical support staff**
(but not the Directorate)
- ③ **3 education seminars for neighbourhood centre and (HACC) Home and Community Care workers, management and volunteers**
- ③ **Lobbying for In-patient Unit Katoomba**
 - **Participation on consumer & carer networks, interagency and other structures**
- ③ **Funding for new worker 2003 to 2007 through Western Sydney Area Assistance Scheme**

Some of the Difficulties

- Difference in power - small NGO / senior WAHS professionals
- Difference in approach: community development, advocacy v/s health promotion, medical model
- Lack communication & trust between parties & especially delicate and divisive relationship with WAHS Directorate

Difficulties

- Financial power - Health are often the ultimate power brokers as determinants of funding - can silence funded NGOs
- Resistance to see each other as complimentary partners
 - NGOs often have greater flexibility and can use political power, Health have greater resources
- Ultimate paradigm of NGO as advocate in strategic alliance with Health - danger of co-option eg in lobbying for WestClub

*Mental Health Support Services Systems
Planning Workshop May 1st 2003*

- To build a better sense of direction and commitment from the great range of players - consumer groups, carers, NGOs, Mental Health team, Council (small attendance by MH Teams, no Directorate staff)
 - To encourage each player to create their own mental health projects
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On-going outcomes of planning together

- Connections, relationships and networks
- Raised awareness of issues
- Raised commitment to solutions
- Working together on resources eg MH mobile display for community centres
- Network of support for (new) MHCCDW
- New MH NGO model for NSW

MCRN Mental Health

Community Cultural Development Worker

Kylie Clark

28 hours per week for four years

- Support / develop mainstream NGO projects
 - Support consumer / carer initiatives
 - Develop cultural opportunities
 - Link with WAMHS
 - Mental Health policy response / action
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Broad Aim of the Project:

- To increase capacity within NGO's and within other government bodies in responding to the needs of consumers and their families who are living with or recovering from mental illness.
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Increasing Capacity:

- NGO's have strong networks and partnerships
 - NGO's are often determined, tenacious and have a commitment to vulnerable groups
 - NGO's are able to provide systemic advocacy
 - NGO's are able to ensure mental health is on everyone's agenda
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Community Development


- What is it? Links to social change
 - Education, Training & Resourcing
Consciousness Raising - Mental Health First Aid
 - Advocacy & Empowerment - Self Advocacy & Systemic Advocacy
 - Partnerships - working together
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Cultural Development

- Why is it important to do things differently?
 - Engaging and honouring and celebrating creativity
 - Art exhibitions eg Blue Fringe Arts Festival, “Depression - See how it tastes”, Wearable Art project
 - Poetry Evenings
 - Working with children eg Angel Quilts
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Who's responsibility is Mental Health?

- NGOs are ideally place to be doing work in mental health within community and cultural development frameworks and supporting consumer and carer advocacy - to date in NSW they are not getting additional funding or resources for this.

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- Any project that can help shift the focus of treatment, support, and advocacy away from the limited but controlling hands of traditional psychiatric services often provided by Area Health Services is of immense value. In whatever capacity we are able, as NGO's if this is our framework for practice, we will begin to see true consumer and carer empowerment. As communities we will be able, and determined to ensure that mental health is on everybody's agenda – and that mental health delivery is everybody's core business. We need to strengthen our voices for more funding – the delivery of mental health services, projects and programs is collectively all our responsibility. The opportunity is enormous !
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