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A Strategic Approach to Developing the NGO Sector

The future of NGOs in mental health is the focus of our conference but we need to commence with some understanding of the present. What *is* the current level of contribution of NGOs to the mental health sector in NSW and *is* it growing? Well, if you lived in some other part of the world and had never been to NSW, to answer that question you might rely on the numerous policy documents that have appeared over many, many years. You could go back to 1983, for example, and read in the so called "Richmond Report", 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, in the then governments "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, most recently the 1998 "Caring For Mental Health" framework have made similar commitments.

Now if this were sounding just a bit too good to be true, our foreign enquirers might look a little further afield to the national policy picture. Sure enough, in two landmark expressions of mental health policy, The National Mental Health Policy of 1992 and the Second National Mental Health Plan of 1998, a clear commitment to development of the NGO sector is revealed.

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. Our enquirers would note that NSW was a signatory to both policies.

"Why should NGOs appear to be so significant in addressing mental health needs Down Under?" our enquirers might ask. But their question is quickly answered by reference to the 1993 report entitled "Human Rights and Mental illness", the Burdekin Enquiry, an indictment if ever there was one of the treatment 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 and his recommendations are framed accordingly.

So our friends from overseas are so impressed with what they've learned, they hop on a plane and fly to Sydney to see for themselves. Unfortunately, the only thing they'll be impressed with after they arrive will be the exchange rate – unless they're from New Zealand. You see they'll be witnessing the most undernourished mental health NGO sector in the country.

I started this little parable by asking what is the contribution of the NGO sector to the states mental health effort and I'm about to answer my own question in terms of funding levels. Some might say this is barely an adequate measure of NGO

contribution, to which I can only reply it's the best we have, at least for comparison. But yes, it ignores the contribution of unfunded services and of volunteers, both of which we suspect are significant.

In the case of unfunded services for example, we know the current review of day programs by the Department of Ageing, Disability and Home Care has already registered 21 such programs which are unfunded. In the case of volunteers, we would certainly be talking about the important work of many mental health consumers, family members and dedicated others, and again we must acknowledge that there is no measurement of that contribution.

But funding levels are obviously important as an indicator of NGO engagement, and accordingly, comparative figures are being tracked as part of the national mental health strategy. I think we're all very aware of NSW's record in this area. Pretty it ain't! After six successive reports on the National Mental Health Strategy, NSW's funding for its NGO sector is the lowest in the country.

In 1998, the most recent year for which figures are available, the NGO share of the NSW's mental health budget was a miserable 1.7%. Not only is that figure the lowest in the country, it's less than half the national average. NSW's performance in this regard was the worst of all the states and territories when the National Mental Health Plan commenced, and since then we've fallen further behind. In the six years of the strategy's reporting, the NSW figure has grown by only 48% compared to a national increase of 201%.

Putting aside some of the less praiseworthy efforts of the state's mental health administrators in years gone by to explain away the Commonwealth's figures as inaccurate, there are two points sometimes made in partial defense of what would appear to a casual observer and what we in the sector know to be, a thoroughly unsatisfactory state of affairs. Namely, that there's not enough money to address NGO requests and that more recent data would paint a better picture.

To look at NGO funding as competition to the rest of the mental health system is in my view a perversion of the National Mental Health Plan. NGOs are essential in a community-based, non-institutional, consumer focused, whole of life service model. That NGOs aren't being funded in this state to anywhere near the level envisaged by the National Mental Health Plan calls into question the very basis of our mental health policy approach.

A careful reading of the National Mental Health Strategy annual reports will demonstrate how some states, but not NSW, have progressed in achieving the structural service shift which is a core objective of the National Plan. This can be demonstrated by measuring how their mental health expenditures have shifted from institutional care to community care.

Other states take credit for funding new services, but often they haven't had to find new money to do it. I suspect one of the reasons NSW lags behind other states is there doesn't ever appear to have been a comprehensive budget-based state strategy for implementing the National Plan. In the absence of real structural shifts in the nature of service provision, new service proposals always assume new money has to be found. As a result, the state strategies we have seen have been little more than "unfunded wishlists", with their policies anchored firmly in mid-air.

To its credit, the NSW government has addressed the overall mental health funding issue with its three-year enhancement funding program. However, to those who

suggest this represented a watershed for the NGO sector, I can only say, take a closer look.

In fact, implementation of the enhancement funding program to date is a rather neat example of why NGOs continue to question the real commitment in this state to partnership. The Health Minister's announcement in April 2000 was enthusiastically received by the mental health sector, both for the amount of funding and the intended allocation, which in the words of a subsequent departmental memo was to target:

"funding for current NGO services, the development of new NGO services, including the transfer of area mental health rehabilitation and support services, and the transfer of community residential services to the NGO sector".

Now look where the new funds are to go:

Of the \$107.5m over three years,

- \$32.5m (30%) is to "maintain the spending power of the full mental health budget" – equivalent to an annual CPI supplement of 7.5%;
- \$28m (26%) is for 150 new hospital beds; and
- \$47m (44%) is for "general growth" = new services.

\$47m is just under the amount MHCC estimated during our "Fair Go" campaign that would be required over three years to make up the shortfall in the state's NGO funding level. I don't think any of us saw this coincidence. As an indication of intent, which is fortunate, because it wasn't. In fact, our best guess of the share of the first year's enhancement funding flowing to the NGO sector is about \$450,000, less than 3% of the money available for new services in the first year of the program. I should add that the figures I'm putting to you are based on information MHCC has been obliged to collect from its membership. That we have been unsuccessful in obtaining even an assurance from government that information on the enhancement funding program would be forthcoming indicates a disconcerting lack of transparency in the system. If MHCC's information is wrong, we'll gladly amend it if someone can put us in the picture – and is that really such a big ask?

This year's health estimates hearings of the Legislative Council's General Purpose Standing Committee in June give an interesting spin to what I've just presented. When asked about the low level of mental health NGO funding, a departmental officer has revealed that last year's health budget assumed an increase (they didn't say how much) in the funding level for NGOs.

But this increase wasn't realised, the funds being spent instead on staff payments. As the officer said, "we're employing more staff than we realised". The officer went on to indicate the assumption in this year's budget is an increase of 9% in funding for mental health NGOs. Now this might have come as good news to our sector, were it not shrouded in secrecy.

Well now the news is out.

At this point in my presentation, there will doubtless be many who will be relieved to learn that by now the batteries on my pocket calculator have been exhausted, so you won't hear any more about funding levels, percentages and the like. After all, we're here to talk about people and their needs.

I want to look at the objective of NGO development. You see we have this problem, don't we, where a well-established objective of the National Mental Health Plan is

really being paid lip service, and only lip service. Have we reached a stage where reverence towards the NGO sector is accepted as a tenet of political correctness, but not much else? Have we become so comfortable with talking about how wonderful a vibrant NGO sector would be that we've accepted the illusion instead of what should be the reality?

Of course it would be grossly unfair to make these suggestions without acknowledging those areas in which real changes are being made, and other area health services that are searching for such opportunities. And indeed the conference program for the next two days is full of presentations of such examples – the very organisation of this conference is itself an example, and the organisers and contributors should be congratulated.

Nevertheless, it is clear that there is no systemic approach to development of the NGO sector.

If we are to become serious about building our sector, then there are a number of challenges confronting all of us. Government, consumers and service providers - the first challenge is the need to establish worthwhile dialogue on the issue. This conference is going to be a great start, but what next? There is no forum available to us to focus on the question of how we achieve the NGO development objectives of the National Mental Health Plan.

And there is much to consider. Because as I've already suggested greater NGO involvement in mental health has the potential to change the face of the mental health service system. The National Mental Health Plan has been telling us this for years. The NGO sector is ready, willing and able to participate in such dialogue. A key task of MHCC is to identify and articulate service development priorities, and suggest means for their provision. My question is, do we really want that change in NSW? Are we ready to move away from the program paradigm – you know it's easy to fall into the trap of thinking mainly in terms of *programs* run *by* professionals *for clients*. Surely we all believe that programs and services are not and should not be an end in themselves.

An alternative is consumer focused, community-based, whole of life responses 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 know these things are achievable, because we know of examples of such mental health systems. 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.

Surely these are the characteristics of the mental health system that the National Mental Health Plan envisages; the characteristics of the plan that we want to see

implemented. And there can be no doubt that a strong NGO sector is essential to the attainment of this system.

But as I said earlier, there are challenges involved – not insurmountable, not by any means, but challenges nonetheless.

For government, there are a number of issues. A major problem here it seems to me is an organisational one. We are increasingly coming to the realisation that good mental health requires strong social policy. A basic principle of psychosocial rehabilitation is that effective management of a person's environment will improve a person's 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, can not hope to encompass the range of supports that a person with a mental health problem might require to function in the community.

Nor do such models pretend to offer this level of solution. We will only succeed in meeting the needs of people who look to us for assistance when we acknowledge the inevitability of a whole of government approach and when we commence to address the issue in this way.

We need a government body with responsibility for co-ordinating the range of policies and services the state government provides that impact on people with mental health problems. Such a body would of course be heavily reliant on consumer input. Such a body would identify gaps in service provision, would review the financial performance of government services and would be particularly vigilant against attempts to cost shift.

Other challenges for government in the mental health arena that occur to me need not be that challenging at all. Firstly, a clear and unequivocal commitment to the development of a viable NGO mental health sector, with a budget strategy over as many years as it will take (hopefully not too many) to achieve that objective. If this is asking too much then I think we are justified in concluding that government simply isn't fair dinkum.

Secondly, we seek a commitment to transparency and accountability for the use of funds earmarked for mental health programs. We ask for nothing more than the same level of accountability the government imposes on the NGO sector.

Thirdly, we need leadership and direction. It's clear that, even with the best of intentions, many area health services have struggled, so far unsuccessfully, with the challenge of expanding the role of NGOs. I congratulate the Minister and thank him for releasing the MAP Project Report today and echo his hope that it will stimulate the development of NGO services. This is much more likely to occur if specific objectives can be set, and their achievement monitored.

Of course, the development of the NGO sector is not just a task and a challenge for government, but I hope I've succeeded in establishing as a central point that if government isn't committed to this objective, and if it isn't prepared to support its commitment, then we're all probably wasting our time.

Nevertheless, there are big issues in this question for consumers and service providers too, and these possibly don't attract sufficient attention. Perhaps service providers have heard too often how the system is to accommodate them, only to see little or nothing actually change. So the feeling grows that nothing will change, or certainly not for the better. I will admit my tendency to this view, at least on occasion.

The problem here is that there are some fundamental questions we need to address, and possibly we're unable to address them when in a negative frame of mind.

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. As a matter of fact, and the MAP Project I think supports this, the sector really is the sum of its individual parts, it isn't easily described or defined. 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.

You know when funds are scarce and opportunities are so limited, it's not surprising that NGOs will be tempted to reinvent themselves in the image desired by their would-be funding agency. Is this so wrong? Let me tell you of something I heard during the recent Mental Health Services Conference in Wellington, New Zealand, where, as many of you would know, there has been a massive shift in the provision of health services, including mental health, from government to the NGO sector, including for-profit operators.

There was a perception, and I stress only a perception, the accuracy of which I had no way of testing, but a perception among at least some mental health consumers that they were no better off for the change of service provider. As one consumer expressed, "We've simply swapped one set of suits for another".

And it seemed to me that here was a rather simple test we could apply to our own services. Whether or not the comment was fair in the New Zealand context (I don't know - that is not my point), the question is, what does my organisation or what value do we add to the mental health system? The answers might cover a whole range of different issues, because we know NGOs exist for a whole range of different reasons. But collectively speaking, I'd like to think that the answer would lie in our creating and providing real choices for people and opportunities that empower them and promote recovery.

For consumers, by which I really mean the consumer movement, the challenge of the future is also great. As with the NGO sector, of which consumer organisations are also a part, the consumer movement has struggled for its very existence, financially and in its organisation. This struggle has necessarily distracted the movement from occupying its rightful place at the centre of our mental health system. This, like so many aspects of our system, has to change, as I'm sure it will, but only after the consumer movement has articulated its vision for our mental health system, and the role of NGOs in providing consumer focused responses to people's needs.

So I hope this has helped set the scene for our discussions over the next two days. The role that NGOs play in the mental health system can no longer be seen as an optional extra – it's crucial to achieving better outcomes for people with mental health problems.