



# NEAMI'S FIRST 25 YEARS: A REMARKABLE JOURNEY

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IMPROVING MENTAL HEALTH AND WELLBEING  
IN LOCAL COMMUNITIES





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## 2012 NEAMI BOARD OF DIRECTORS

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## FOUNDATIONS FOR GROWTH

From its humble beginnings in suburban Melbourne, the journey of Neami's growth and development to become a leading national organisation in the mental health sector is a remarkable story. In 1987, there were just two staff working with a handful of consumers. **Now Neami's workforce stands at more than 380, supporting 2500 consumers to live well in the community.** In 2012 Neami celebrates the milestone of **25 years in operation.** It has become a vibrant national body with an operating budget of \$30m, providing services in five states across Australia from 31 service sites. Neami's First 25 Years: A Remarkable Journey highlights pivotal events in Neami's development. It also documents how Neami's success has been achieved while remaining true to its organisational values.

This account of Neami's history has relied on many sources. The most informative of these have been the observations and experiences of key people who have contributed to Neami's development. They include founding members, past and present consumer representatives, staff, Neami's executive team and key policy-makers from Victoria and interstate. Another important source has been the annual reports, dating from the first one released in 1988. Other influential reports in Neami's development have also been consulted. These include Niki Sheldon's 1987 survey of services in the north-east of metropolitan Melbourne, Michael Horn's 1991 survey of local mental health consumers' housing preferences and Allan Pinches and Jan Hatt's 2010 evaluation of consumer participation in Neami.

Neami's first 25 years span a period of major mental health reform in Australia. During this time most Australian states replaced an institution-based model with one oriented to community-based care. This brought changes to the types of services provided, how these services were organised and where they were delivered. In turn, the community-managed mental health sector in particular has grown exponentially, providing support and recovery-oriented care in the community. Key stages of Neami's development – Evolution (1987-1994), Growth in Victoria (1995-1998), Consolidation (1999-2002), National Growth (2002-2011) and Innovation (2009-2012) are therefore considered in the context of these mental health policy and service changes over the past 25 years.

## POLICY AND SERVICE ENVIRONMENT (1983-88)

Before delving into the key events of Neami's development it is worthwhile considering how the mental health policy and service environment at the time influenced the beginning of Neami. From the early 1980s to the start of the 1990s, mental health reform began to gain momentum. A number of major events during this time were significant for Neami. The first took place in 1983 in New South Wales following the release of the [Richmond Inquiry Report](#). The NSW Labor government had set up the inquiry in response to community concern about inadequate services for people leaving NSW psychiatric institutions, including the lack of suitable community housing.

The Richmond Report, named after David Richmond who led the inquiry, recommended major changes to NSW mental health services. Top priority went to community-based care, such as home treatment for acute episodes, mobile outreach, continuing care and supported housing in the community. An ambitious building program was proposed to replace institutional beds with acute inpatient units in public hospitals. Funding was made available to purchase houses in the community. It was intended that these reforms would be funded over time by progressive scaling down and then closure of the large psychiatric institutions.

The Richmond Report was a landmark in mental health reform and its recommendations influenced later blueprints for service reform across Australia. The recommendations gave top billing to community-oriented care and flagged the replacement of an institutional service system. Strong emphasis was put on training for staff to enable them to make the changes. Unfortunately, the reform agenda also attracted a negative reaction. The reforms were designed to be introduced gradually. This left the reform program vulnerable to attack by affected parties, especially those with an interest in maintaining institutions. Criticism of expanded provision of community care came from many quarters, including institutional staff, psychiatrists and family carers. Concerns were also raised by members of the public about local houses being bought to house patients who had previously been institutionalised. After a Liberal victory in the 1988 NSW state election, a new inquiry was undertaken

and the reform program was effectively abandoned. The change of government stalled the purchase of community-based housing, leading to a shortage of supported housing for former institutional patients for more than a decade.

At this time, Victoria's community-managed mental health sector was relatively under-developed. Community-based housing largely comprised group homes run by organisations such as ARAFEMI and Schizophrenia Fellowship Victoria. In addition, there were several residential rehabilitation facilities such as Trelowarren, Edith Pardy and Denham House. These were former state-run psychiatric hostels whose management had been transferred to the Richmond Fellowship Victoria. There were also a few staffed facilities which catered for longer stays, such as Richmond Fellowship's Victoria Lodge in Brunswick and the Mental Health Auxiliary's Kinkora in Hawthorn. A number of psychosocial rehabilitation day programs were already being run in the Melbourne metropolitan area. They included the Red Cross Titan Project, Outer East's Halcyon, the Boomerang Club in Moonee Ponds, Amaroo in Williamstown, the Cromwell Street Schizophrenia Fellowship's day program and Prahran Mission's Open House. At that time, community-based clinical services also ran day activities on site, such as Hawthorn Community Mental Health Clinic's art classes and cooking program, and similar programs at Koonung Community Mental Health Clinic and Clarendon Community Mental Health Clinic.

The momentum for mental health reform in Victoria began in 1985, with a revision of the existing mental health legislation. A new Mental Health Act, eventually passed in 1986, replaced the archaic 1958 Act. The significance of this new Act for Neami was that it included a section on Community Support Services, referring to community-managed mental health services. For the first time, the contribution of this sector was formally recognised in legislation, legitimising its place in the service system. In 1986, a new mental health policy document was released for consultation.

In 1986, the community-managed mental health sector achieved another key milestone: the establishment of VICSERV as the sector's peak body.



## **ANNUAL REPORT - 1989**

*When, about this time last year, I presented to you our first annual report, I must admit to some uncertainty whether there would be a second one. There was always the possibility that our community-based body, like so many others before us, would not survive. After some months of planning and preparation, we had been formally established for only just over 12 months, without any staff or office, and supported only by a willing and dedicated Committee of Management. We did have a promise of a government grant, and I am pleased to say the government has kept its promise in full. Much of the credit for this must go to the late Pauline Toner who was deeply committed to our cause, and whose sudden and tragic death has caused such grief in our community.*

*I recall that when I referred to the promise of the government grant, I also indicated that it was now our task to justify the government's faith in our ability to carry out the functions we had set out to achieve. It is now fair to ask: Have we deserved the government's faith in us, have we deserved the government grant to NEAMI? Where have we succeeded, and what still remains to be done?*

EXTRACT FROM NEAMI'S SECOND ANNUAL REPORT, AUTHORED BY J.COHEN.

This move was flagged at a psychosocial rehabilitation conference held in Melbourne in 1985 that was attended by many from the sector, including several consumers. The proposal received enthusiastic support. The Minister for Health at that time, David White, funded VICSERV as a ginger group as he needed public support for significant mental health reform, particularly the closure of Willsmere psychiatric hospital in Kew. VICSERV began a regular newsletter and also a letter writing campaign to highlight problems for people with psychiatric disability, especially the lack of community housing. Neami joined VICSERV in 1989.

The next major event was the 1988 closure of Willsmere in inner-eastern Melbourne. Built in the 19<sup>th</sup> century, it was an institution condemned as a fire hazard for many years. This was the first complete closure of a psychiatric institution in Australia. Willsmere operated acute inpatient beds for the eastern suburbs, but otherwise most of the inpatient wards were for psycho-geriatric patients. The two-year decommissioning project used a process followed in later institutional closures in the mid to late 1990s. Replacement services were developed first, and wards closed after new facilities and services were established. The emphasis was largely on care in the community, such as centre-based continuing clinical care, mobile acute assessment and treatment, and residential rehabilitation. The suite of services also included the purchase of housing, including houses serving as group homes.

*'As I remember my first experience of Neami staff was the drop-in at the clinic when they were transferring the program to Neami. The clinic drop in was full on and chaotic. I found the Neami staff to be less formal and more approachable. The contact was different, maybe because they did not have the duty of getting you to take medication and talking about remembering to take the medication.'*

## EVOLUTION – NEAMI'S EARLY YEARS AND THE BURGEONING REVOLUTION IN MENTAL HEALTH (1985-94)

Neami's origins were a mix of good fortune and excellent planning. The first key event was Dr Peter Doherty's appointment in 1985 as psychiatrist superintendent at Plenty Psychiatric Hospital. Plenty was one of three psychiatric institutions on a large campus at Bundoora, originally on the fringes of Melbourne but by then being overtaken by suburban sprawl. Like the other two psychiatric institutions on this site, Larundel and Mont Park, Plenty had a mix of acute and extended-care wards, with the latter having a number of long-term patients.

Dr Doherty had undertaken his psychiatry training in Sydney and had worked as a psychiatrist in both Sydney and Melbourne before taking up his position at Plenty Hospital. As psychiatrist superintendent, he became concerned about the lack of accommodation options for patients following discharge. This was a particular issue for those longer-term patients who were ready for discharge but would need ongoing support to live successfully in the community. Peter was familiar with the New South Wales set-up where clinical services largely took responsibility for establishing and managing supported community housing for former patients. He soon found that a different system operated in Victoria, where an application for public housing for mental health consumers had to be made by a community-managed mental health service. In the past, the Schizophrenia Fellowship had been the sponsor for submissions for group home funding in the north-east, in conjunction with Ernest Jones Clinic, the local mental health clinic in Preston. However, the fellowship was now focused on service development elsewhere. An immediate obstacle faced by Dr Doherty was therefore the lack of a community-managed mental health service in the north-east which could undertake the application process. Undeterred, Peter's next step was to assist the formation of a community organisation.

At the beginning, Peter enlisted key people to form a working group to progress the idea of a new group. He suggested that initially the group would comprise an equal number of community members and staff from the local mental health service.

John Cohen, a key local community member, took on the chair role. John was a longstanding Eltham Shire councillor and JP, with experience as a school principal. Margaret Tomkins, another key member, had worked since 1966 as a social worker at Ernest Jones Clinic in Preston. Recently she had joined a new extended care team operating from Plenty Hospital. Margaret was a strong advocate for community housing. She had been active for many years in securing housing including group homes for people with a mental illness. Two other working group members, Joan Sim and Dick Kenyon, had a family member with a mental illness.

In discussion with Peter Doherty the group decided to call the fledgling organisation the North East Alliance for the Mentally Ill (initially abbreviated to NEAMI, but later changed to Neami). Peter said this choice was very close to the acronym NAMI, which stands for the National Alliance for the Mentally Ill in the United States and it could be easily remembered.

In 1987, several events helped to accelerate Neami's evolution. First off, the Victorian Office of Psychiatric Services agreed to second a staff member part-time to survey services in the community for people with psychiatric disability in the north-east of metropolitan Melbourne. This staff member, Niki Sheldon, carried out the project from March to May, reporting in July to the working group. Her survey clearly documented the scarcity of services in the north-east. One of her recommendations was that Neami seek government funding for one full-time and one part-time staff member to set up alternative housing options.

Two other key events in 1987 led to the formation of Neami's first management committee. These were two public meetings, advertised in the local papers and held at Heidelberg Town Hall, in Melbourne's north-eastern suburbs. The purpose was to engage community support for Neami's establishment. At the time, this was an unusual way to seek public interest and support, as mental illness remained stigmatised and attempts to move longer-term patients into community-based housing had attracted negative media attention.

The first public meeting, held in May 1987, attracted about 140 people, including family carers, mental health staff from Ernest Jones Clinic in Preston and local citizens. According to those who attended, the proposal to set up Neami was enthusiastically endorsed. A follow-up meeting was held on 22 September that year. Overall, the meetings demonstrated the high level of local support for setting up Neami. Together with the findings from Niki Sheldon's report, this built a strong case for funding from the Victorian Office of Psychiatric Services.

The working group evolved into the Neami Steering Committee and Neami was launched as the first mental health community-managed organisation in Melbourne's north-eastern suburbs. John Cohen reflected "*it was fundamental to the establishment of Neami for consumers to be fully involved in all decision making processes*". The final step was completed on 27 January the following year, when Neami was formally incorporated. At that stage, the committee of management comprised 12 members in three categories: service providers, consumer/carer representatives and community representatives/interested persons. Neami's first annual general meeting was held in 1988, with a presentation by the local state member of Victorian parliament, Hon Pauline Toner MLA. Her attendance set a precedent for later Neami AGMs, which often involved local politicians or government ministers. A key feature of Neami's development from its earliest days was recognising the importance of political support.

In 1989, for the first time, Neami received state government funding for two staff positions: a full-time executive officer and a part-time administrative officer. According to Kath Howlett, who worked in the Victorian Office of Psychiatric Services, this decision was unusual as it was regionally driven, whereas most decisions were taken centrally. This showed the strong regional support for Neami's development. Staff were appointed to these positions in May, with Ann Trott as the first executive officer and Janice Waller as the part-time administrative officer. Neami was also given an office at the regional administration premises on the Mont Park campus, known as the White House. In another first, the Department of Housing directly allocated houses in Lalor and Rosanna to Neami, in addition to an existing group home in West Heidelberg.

NORTH EASTERN ALLIANCE FOR THE  
MENTALLY ILL (NEAMI) INCORPORATED

BALANCE SHEET

AS AT 30th. JUNE, 1989

Members' Funds

Balance B/F		114.60
Surplus (including \$1,948.00 balance of establishment grant C/F to 1989/90)		<u>7,748.21</u>
		<u>\$7,862.81</u>

Assets

Cash in hand	41.25	
Cash at Bank	7,692.67	
Cash at Bank (NO. 2 A/c)	2,226.82	
Office Furniture	1,319.00	
Office Equipment	<u>4,233.00</u>	15,512.74

less Liabilities

Unexpended grant refundable to OPS.		5,423.11
Rent received in advance	150.00	
Residents' funds for payment of group home expenses: -for expenses accrued	210.48	
-paid in advance	378.34	
Bonds	186.00	
Provision for vacancy costs	<u>1,302.00</u>	<u>2,226.82</u>
		<u>7,649.93</u>
		<u>\$7,862.81</u>

C.R. Kenyon, Hon. Treasurer.

AUDITOR'S REPORT to the Members of North Eastern Alliance for  
the Mentally Ill (NEAMI) Incorporated:

I have examined the records of the Association for the year ended  
30th. June, 1989 and, in my opinion, the accompanying financial  
statements which have been prepared from records of receipts and  
payments present fairly the financial position of the Association  
at 30th. June, 1989 and the results of its operations for the  
period ended on that date.

A.C.H. SIM, AASA, CPA.

9 Belair Court,  
BUNDOORA, 3083  
25th. August, 1989

Early on in Neami there were a number of staff changes – Ann Trott resigned in late 1989 and Janice Waller left early in 1990. As a result two new appointments were made: Martha Headey took on the executive officer position in February 1990 and Judy Blackmore the administrative officer role. Martha was only at Neami for a short period, resigning in December 1990 to move interstate. Her report to the Neami AGM in September made clear that she considered Neami's role should be advocacy, not the delivery of services, which could be provided by government. In her report, she called for a review of Neami's priorities. Had she stayed on, this approach could have presented a major challenge for the management committee and future directions for Neami.

During 1990, Neami signed its first funding and service agreement with the Victorian Office of Psychiatric Services. Funding had also been obtained under a Social Justice Grant from the Department of Housing and Construction for a six-month project to investigate the housing needs and preferences of mental health consumers in Melbourne's north-east. This followed a comparable consumer survey undertaken in 1990 by Liz Gallois, residential services development officer in Melbourne's inner east. By September, Neami had appointed a project officer, Michael Horn, to undertake the survey of consumer housing preferences. According to Dr Nicholas Voudouris, a clinical psychologist at Plenty Hospital and member of Neami's management committee, this was the first time consumers in the north-east had been asked about their housing preferences. The importance of consumers having a say about their housing is a principle followed by Neami to this day.

The first use of the terms “psychosocial disability” and “community-managed sector” in a formal policy document also occurred in 1990, with the release of *Rehabilitation Services for People with Psychosocial Disability in Victoria: Policy and Program Statement* by the Victorian Office of Psychiatric Services. Although the document received little attention at the time, it acknowledged the key contribution of the community-managed mental health sector. The community-managed sector was particularly active in initiating new types of psychosocial programs in the community. It also foreshadowed later changes by referring to the importance of individual program planning; focusing on strengths – not just disabilities – in assisting an individual's recovery; and in providing a mix of individual as well as group rehabilitation programs in response to an individual's needs.

Also in 1990, the landmark Burdekin Inquiry was underway, focusing on the human rights of people with a mental illness. Although his national report was not tabled until 1993, Commissioner Brian Burdekin held public hearings across Australia, from 1991 to 1992, and encouraged submissions from individuals and groups. Over that period, he made regular use of the media to publicise human rights abuses reported to the inquiry.

When launching his final report in 1993, Burdekin made clear his view on the critical role of housing for people with a mental illness: “One of the biggest problems for people with a mental illness is the absence of adequate, affordable and secure accommodation. Access to appropriate accommodation is often the most important single factor in the success or failure of those with chronic mental illness living in the community.” By the time the report was tabled, it had created a groundswell of concern, which led to the commonwealth government commitment of additional funding for national mental health reform.

Significant political events that had a direct bearing on Neami’s future opportunities continued. The first of these was the Commonwealth Better Cities program, initiated in 1991 by Brian Howe as Minister for Housing. The program was intended to provide one-off capital funding for states and territories to develop publicly owned land with good access to public transport, schools and other services for housing for low-income families. Victoria’s submission sought funding to build mental health facilities in local communities to replace the North Eastern Metropolitan Psychiatric Services (NEMPS) psychiatric institutions at Bundoora. This would then release the land at Bundoora for public housing. Victoria’s submission was successful and signed off with the Commonwealth in 1991. A total of \$52m was made available to build replacement facilities such as public hospital inpatient units, psycho-geriatric nursing homes and community care units across the metropolitan area. However, as new facilities opened, institutional beds reduced and as ward closures became imminent, the need to find supported housing for the remaining patients became pressing. By this time, Neami was well positioned to provide a local solution, which became the Community Housing Program.

The second event also occurred in 1991, when the Commonwealth signed off a new five-year Commonwealth/State Disability Agreement (CSDA) with the states and territories. The new CSDA incorporated changes to the responsibilities of the different jurisdictions and the Commonwealth allocated extra funding to make those changes. Unlike the other states, where the funding was allocated annually, the Victorian government decided to allocate its funding proportionately to the different types of disability across the five years of the agreement. This meant about 18% to 25% of the state's total funding for disability support went to Victoria's community-managed mental health sector over a five-year timeframe. This allowed for the planning and implementation of significant expansion.

Closer to home, it was a concern at the time of these significant political changes that Neami was without an executive officer, which was potentially destabilising for the still embryonic organisation. Judy Blackmore acted in the role for three months while the position was advertised. Neami did however have a strong management committee and good support from the regional chief executive officer, Chris Gibbs, and from Peter Gibbs, North East Sector manager.

Around this time, Neami had also extended its supported housing program. This now comprised six group homes, accommodating 17 consumers, with a further house to be allocated for this purpose in Eltham or Greensborough. These properties had been funded through the group housing program of the Victorian Housing Department, which spot-purchased the houses. Subsequently, Neami had also acquired some additional responsibilities following a request from Schizophrenia Fellowship Victoria (SFV) for Neami to take over sponsorship of the Feenix Club. The club was a self-help group for people with schizophrenia in the north-eastern suburbs, which had been set up by SFV some 10 years earlier. As a result of this request Neami assumed responsibility of the group, administering finances and supporting the coordinator.

In April 1991, Arthur Papakotsias was appointed as the new Neami executive officer. Although it was not clear at the time, Arthur's appointment would have great significance for the future of the organisation. Arthur brought a range of relevant

skills and experience to the position. He had a solid grasp of inpatient psychiatric care, having trained as a psychiatric nurse at Larundel Hospital's Muriel Yarrington School of Nursing and had also worked at the Austin Hospital's psychiatric ward. Importantly, Arthur was also familiar with community-based practice as a member, then acting manager, of the mental health team at the Inner South Community Health Service in St Kilda. In this role he had provided outreach support to people with a mental illness living in local rooming and boarding houses and worked alongside the Homeless Outreach Psychiatric Service. He had then taken a short-term project job at the Greek Welfare Society to survey the needs of Greek-speaking carers. Peter Gibbs had met him there and was impressed, commenting that Arthur's energy "knocked the socks off me".

John Cohen, chair of Neami's management committee, summed up his reaction: "Arthur's appointment was one of the best moves made by Neami." In his view, the real expansion of Neami took place after Arthur took on the executive officer position and would not have happened without him. Peter Gibbs, the North East Sector manager considered that Arthur was Neami's first genuine executive officer. He also observed that Arthur's background as a psychiatric nurse and the fact he spoke the same language as the clinical staff gave him credibility.

One of the first challenges Arthur faced in his new position was assuming the management of the Ernest Jones Clinic accommodation service and the day program. Margaret Tomkins, the clinic's social worker, had started the accommodation program. Margaret had a strong commitment to providing good housing options in the community for people with a mental illness. She believed privately run special accommodation houses and boarding houses were unsuitable for most consumers. She had paved the way for housing in the community for consumers, starting with group living in ordinary houses for up to four consumers.

The accommodation services also included an apartment building in the same street as the Ernest Jones Clinic in Preston. These were the Rosa Gilbert flats, named after the benefactor. Initially the building accommodated up to 18 residents (later 14), including a clinical staff member who lived in one of the flats. Margaret had then organised further applications for housing for group homes, and also arranged the rental of properties on the private market.

Neami was offered but did not accept the management of the Rosa Gilbert flats. Arthur was adamant that congregate housing was not the right option for consumers as all the flats were for people with psychiatric disability, which was not an appropriate setting. However, alternatives such as selling the property or sub-letting to another program would have breached the terms of the bequest. Richmond Fellowship Victoria was subsequently offered and accepted the management of the flats.

At this time, there were approximately 14 group homes managed by the clinic in the community. The clinic reviewed applications for housing at a weekly meeting chaired by the senior psychiatrist, organised payment of the tenants' rent and utility bills from their pensions and monitored housekeeping standards. In addition to the accommodation program, the clinic operated an on-site day centre at its Preston premises. This operated largely as a drop-in centre and a waiting area for consumers attending clinical appointments, including depot injections. All of these services were earmarked for transfer to Neami. Peter Gibbs, the sector manager, initiated the process of transferring the accommodation program and day centre. Now that Neami was up and running, he considered it was no longer necessary or appropriate for a clinical service to manage an accommodation program. In addition, Neami focused on psychosocial rehabilitation, which was not provided at the clinic's day centre. These changes were initially opposed by senior clinical staff, who raised a number of concerns, including questioning the competence of staff from a community-managed mental health service to work with people with a severe and enduring mental illness. However, over time as a concerted partnership developed between Neami and the clinic, the concerns were resolved. Conversations about the shared care of consumers led to clearly defined roles for clinical staff and Neami staff.

During this transition phase Margaret Tomkins joined the Neami management committee, further strengthening the partnership between the Ernest Jones Clinic and Neami. By September, the clinic and Neami had finalised an agreement for the transfer of responsibility for 15 group homes, accommodating 45 residents. Judy Blackmore, Neami's administrative officer, remembers visiting the clinic every second Thursday to pick up the rental payments, which the clinic had collected from the group home residents. Eventually this was changed so that tenants' rent was paid directly to the real estate agent concerned.

*'I met Arthur and Judy (receptionist) in 1992 after I had spent 2 months in Mont Park Hospital and was on the mend. Some one suggested that I might get more involved with what Neami was doing. They would have meetings about Neami so a friend of mine from Open House suggested I might have something to offer. They all seemed interested and I had a go at being a part of the Committee. All the members were welcoming and I persisted for about 6 months and then had to take a break. I stayed in contact with the temporary drop in at the clinic and made a connection with a Neami worker also named Judy'.*

Arrangements were also made for Neami to begin running the day centre activities, in the first instance on the Ernest Jones Clinic site, and later at a property in Thornbury. The transfer of houses from the clinic to Neami was completed by late September 1992.

In recognition of Margaret's dedication to Neami and in particular the vital importance of housing options for consumers, she and Neami's first president John Cohen, were made life members of Neami in mid 2000.

In 1991, the Victorian Department of Housing also changed the eligibility criteria for applying for public housing. Till then, a person with a mental illness could not apply for public housing in their own right unless they could demonstrate they had "independent living skills". Otherwise they were eligible only for shared housing such as a group home. In a radical move, the requirement for independent living skills was dropped. At the same time, inter-departmental planning led to the establishment of Victoria's Housing and Support Program. Under this program the Department of Housing allocated public housing units (spot-purchased or newly built), and the Office of Psychiatric Services funded mental health community-managed organisations to employ support workers. The latter funding came from the extra monies made available from the new Commonwealth State Disability Agreement. Other program areas, such as disability and aged care, were partners in the Housing and Support Program alongside the mental health sector.

Another important milestone was reached in September 1991 with the release of Michael Horn's landmark report on consumer housing needs and preferences in Melbourne's north-east. The survey on which the report was based was groundbreaking. It was only the second survey in Victoria to directly ask mental health consumers what housing they would prefer. A total of 278 consumers using public mental health services in the north-east of Melbourne were interviewed, including some who were inpatients in either acute (16) or extended care (21) wards.

Among the important findings of the report was the clear preference expressed by consumers for having their own home and for either living alone or having a choice about with whom they lived. This challenged the prevailing approach, which was to rely on consumers living with other consumers in the community either in group homes, or in

for-profit special accommodation services (boarding houses), if no other options were available. Consumer respondents were very clear about their housing preferences and their support needs, particularly in relation to their emotional wellbeing and everyday running of a home. The findings of the survey represented a radical departure from practice in Victoria at the time, but were in line with those of comparable findings overseas. The report also had a significant impact on key staff at Neami. For example, Arthur commented that the report was very influential in changing his views, particularly about consumers not wanting to live in congregate housing. The report was launched by Hon Peter Staples, the federal minister for aged, family and health services and member for the local seat of Jaga Jaga.

As a result of the report by Mr Horn, Neami obtained funding for a residential services development officer. Cath Harmer joined Neami in this position in early 1992. Cath came from the youth housing sector, and was a strong proponent of separating the support and tenancy functions in supported housing. This approach was gaining prominence in the mental health literature, especially from overseas advocates such as Dr Paul Carling from Vermont in the United States. However, the major focus of Cath's first six months was the transfer of the clinic's group homes to Neami and setting up new operational arrangements. Neami instituted a different approach to dealing with consumer applications for accommodation whereby existing tenants interviewed new applicants for housing and assisted new tenants to settle in.



GROUND SCULPTURE, MIXED MEDIA, ARTS ACCESS STUDIO AT LARUNDEL, 1986-1996

In 1991 Dr Doherty became director of clinical services at Eastern Metropolitan Psychiatric Services, comprising Larundel and the inner-urban east community mental health services. At this point he resigned from the Neami management committee. He was then appointed director of the whole complex after the three psychiatric institutions were amalgamated to form the North Eastern Metropolitan Psychiatric Services (NEMPS). This complex eventually closed in 1996. On reflection, Peter later commented that Neami was not originally conceived as part of a devolution strategy to facilitate deinstitutionalisation, although later its role was significant in the closure of North Eastern Metropolitan Psychiatric Services. Instead, he saw Neami's role as assisting patients in their discharge from Plenty Hospital and finding supported accommodation in the community.

The launch of the National Mental Health Strategy in 1992, followed by release of the First National Mental Health Plan for the period 1993-98, also had major implications for the newly developed Neami. The key reforms were a new emphasis on community-oriented care, the mainstreaming of mental health services within the general health system and the replacement of stand-alone psychiatric hospitals. To accelerate change, the Commonwealth made extra “reform and incentive” funds available to provide the transition and “hump” funding for starting up new services as institutions closed. Victoria successfully bid for this funding for its new clinical mobile community teams.

In 1992, Neami moved its administrative base from the Mont Park campus to a shopfront on High Street, Preston. This was a deliberate choice to locate Neami in the community and distance it from the institutional campus. In addition, community-based premises were also sought for the day program so it could move from the Ernest Jones Clinic. By 1993, Neami had relocated the day program to an ordinary house in a suburban street in Thornbury, with three funded staff including a coordinator. Those attending chose to give the new program the name Catch 23. It was launched in July 1993 by Rob Knowles, the minister for aged care and housing in the new state government.

About this time Neami secured mental health program funding for two full-time accommodation support workers and a part-time ethnic mental health worker, with a particular focus on the needs of consumers from non-English speaking backgrounds and their caregivers. One of the accommodation support worker positions was to provide disability support for the group home residents. The other was funded through the new Victorian Housing and Support Program and was linked to the allocation of new housing. The accommodation would be for eight consumers and would comprise one or two-bedroom houses purchased by the Department of Housing. The operation of the Housing and Support Program was based on the central mental health program requiring regions each year to identify how many housing units they required. Funding for support staff was allocated to local community-managed mental health organisations, based on a ratio of one staff member to 10 consumers. The first housing and support projects were funded in 1992-93 and Neami was one of the first community-managed organisations to be funded for housing and staff under the Housing and Support Program.

In October 1993, Glen Tobias joined Neami as residential services development officer following Cath Harmer's resignation. Glen brought extensive experience in the management of community-based housing, including managing properties, collecting rent and sorting out tenant disputes.

## FIRST GROWTH IN VICTORIA (1994-98)

At the 1992 state election, a new coalition government headed by Jeff Kennett was elected. This government gave high priority to mental health reform. However, it also introduced new business rules, including competitive tendering. This new practice threatened the community-managed mental health sector's collaborative approach to service development, as [services were suddenly forced to become competitors](#).

Victoria's community-managed mental health services appreciated their formal recognition in the new framework. However, the process of formal tendering was less welcome. The Kennett government held that contestability and competition would lead to more efficient and effective use of public funds. Unfortunately, competitive tendering assumed a large internal market, with many well-developed services ready to compete for new funding. This assumption did not fit the reality of Victoria's community-managed mental health sector in 1994. Instead, each of Victoria's 21 mental health geographical areas typically had one or two relatively small community-managed organisations providing services, mostly established within the previous 10 years. Furthermore, Victoria's community-managed organisations had a culture of cooperation and collaboration between services, an arrangement fostered by VICSERV as the peak body. Previously, allocating new service funding had been largely based on central and regional offices identifying service gaps then seeking submissions from local community-managed organisations.

Like other community-managed organisations Neami was affected by the introduction of competitive tendering. An urgent first requirement was to develop the capacity for producing successful tender submissions. After addressing this need, Neami was successful in securing a number of service tenders. This early experience of preparing submissions arguably put Neami in good stead for the future when tenders were advertised for services in New South Wales and South Australia.

The 1994 launch of Victoria's Framework for Service Delivery also set the stage for a wave of major mental health reform through to the next decade. The framework document was a milestone for the whole of the public mental health sector, including

community-managed organisations. In the document, the community-managed mental health sector was identified as a key part of the overall mental health service system. This affirmed the legitimacy of the sector. The framework set out the core service components for an area-based integrated mental service, with community-managed residential services and day programs included as key elements allocated for expansion as part of the reform process.

Another dramatic change that influenced Neami's operations in this period was the downsizing and closure of Victoria's stand-alone psychiatric institutions from 1994. This followed development of replacement inpatient, residential and community-based mobile treatment services, assisted by extra Commonwealth funding for the transition. Neami was directly affected by these changes. Pressure was on the Office of Psychiatric Services to meet deadlines for closing the Bundoora complex but there was a remaining group of long-term patients needing alternative accommodation. This pressure to close the North Eastern Metropolitan Psychiatric Services (NEMPS) institutional complex at Bundoora triggered Neami to establish the Community Housing Program.

Driven by the imminent closure of NEMPS, Neami's first major expansion started in 1994, with approval of submission for \$1.72m funding from the Commonwealth Community Housing Program. This was the first time that such funding had been made available for people with a psychiatric disability. As a result, Neami set up a housing and support program in the community for former institutional patients, which was one of the first successful examples of such a program in Australia. It became the forerunner of comparable programs Neami later established in other states, including the NSW Housing and Accommodation Support Initiative (HASI). These programs were instrumental in developing Neami's entrepreneurial approach in the interests of consumers.

Developing the Neami Community Housing Program was not without difficulties. For instance, occupational therapists at NEMPS assessed the remaining patients and concluded that none would be capable of living independently in the community. Following an independent assessment, however, Arthur came to

a different conclusion. He and Peter Gibbs agreed that it would be possible for Neami to provide safe, secure and affordable accommodation with support in the community for this group. They considered that people could grow with the right kind of supports specific to their needs, especially disability support from Neami and outreach clinical care.

Other components had to be secured before the proposal could be implemented. One was staff, including clinical staff to provide continuing treatment on an outreach basis after NEMPS closed, and accommodation support workers employed by Neami. Negotiations with senior management resulted in Neami being funded for an accommodation support team of about 12 staff, including a team leader. In addition, several nursing staff, mostly from the Larundel Reseda House program (a traditional half-way house located on the Larundel campus), were nominated to start a new mobile clinical team. The aim was to provide clinical care on an outreach basis to community housing program residents. This later became the North Eastern Mobile Support and Treatment Team.

Recruitment of the accommodation support workers took time. The preference was for applicants experienced in working with people with a mental illness living in the community, with a relevant qualification in the community services professions also helpful. The 10 staff recruited came from a range of backgrounds including social work, welfare, teaching, housing and psychiatric nursing. Ample time was spent on team-building, including training for staff about the Mental Health Act and duty of care responsibilities. This was particularly important because the NEMPS clinical staff were concerned that the accommodation support workers lacked clinical expertise. The NEMPS team feared that patients would not continue with their treatment plan, including medication, when they moved into community housing.

The next issue was locating a housing provider to manage the properties, as Arthur was clear that this was not Neami's role. Arthur and Glen recall how Neami approached Singleton Community Housing, which set up a Supported Housing Development Foundation specifically to buy and manage properties for the Community Housing Program. Neami had already purchased 10 or so public housing

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**News watch**

# Two agencies picked to provide service

by NATALIE TOWN

**T**WO local non-government agencies have been selected to provide community-based mental health services as part of the State Government's move towards mental health care reform.

The Bundoora Extended Care Centre (BECC) and the North Eastern Alliance for the Mentally Ill (NEAMI) will take over some of the services run at the North East Metropolitan Psychiatric Service (NEMPS) in Bundoora and services run by NEMPS staff off site.

The agencies are two of 32 hospitals (including the Austin and PANCH) and non-government agencies which have been chosen to provide community and hospital-based mental health services statewide.

Health Minister Marie Tehan, who made the announcement last week, said the hospitals and agencies had been selected after an extensive tendering process.

NEMPS redevelopment manager Allan Stewart said by 1996 100 per cent of NEMPS services would be run by hospitals and non-government agencies.

Mr Stewart said by that time the number of beds at NEMPS would have dropped from 600 to 200. By the year 2000 no services would be run out of the NEMPS campus.

BECC executive director Dr Len Gray said that as part of the changes announced last week, mental health services for the elderly run at NEMPS would be relocated to the centre in Plenty Rd, Bundoora.

Dr Gray said a new 15 bed facility would be built at the centre which would provide assessment

and treatment for older people with a mental disability.

Dr Gray said as part of the service a psycho-geriatric assessment team would also assess groups of people out in the community.

"The two services work hand in hand," Dr Gray said.

For more than 10 years the centre has already provided general health services to elderly people including medical care and rehabilitation.

Dr Gray said the advantage of re-allocating the mental health service to BECC was that the elderly could go to the one place for all their health needs.

## Services

"We'll be able to provide a full range of services in the one place," Dr Gray said.

"I believe BECC is able to provide the same quality of service for psychiatric health as for general health problems."

Also under the changes NEAMI will take over three rehabilitation services currently run by NEMPS.

NEAMI was set up in late 1987 to provide supported accommodation for people with a psychiatric disability and serviced the areas of Northcote, Preston, Whittlesea, Heidelberg, Diamond Valley and Eltham. Since then it has expanded to include a rehabilitation centre in Thornbury.

NEAMI acting executive officer Glen Tebias said the organisation would take over the ACORNS living skills centre (a psycho-social

rehabilitation service) in Heidelberg, the Industrial Therapy Program (another rehabilitation service) run on site at NEMPS and the Mont Park Day Centre which also provides a psycho-social rehabilitation service.

Mr Tebias said the Mont Park Day Centre and the Industrial Therapy Program would eventually be moved from NEMPS into the community, although a date had not yet been set.

Mr Tebias said NEAMI was "very pleased" to take over the services.

"It really consolidates our service and allows us to provide a more comprehensive service," he said.

Mr Tebias said the services would become more responsive to the needs of the community.

"The benefit of that makes the service more responsive to the needs of the service users. We don't have the huge bureaucracy of NEMPS."

"We're more responsive because we're a community based organisation so the committee of management is made up of the general members of the community and general users of the service."

"People targeted by the service are actually involved in running the service."

Talks will now be held with the hospitals and agencies to finalise funding and service agreements and to plan the orderly transfer of patients, staff and services where needed.

● **WHAT do you think?** Write to the *Diamond Valley News*, 83a Main St, Greensborough, 3088.

properties through the Housing and Support Program and over time, these were transferred to Supported Housing to manage. This was however, not the preferred approach of the state housing department.

Glen Tobias was responsible for locating and purchasing the properties and until recruitment of the accommodation support team was finalised, he also negotiated with NEMPS about which patients would be eligible for the Neami program. Neami had made clear that it would prioritise the most disabled long-term patients, but it was still difficult to finalise the patient transfer list. Some patients requested to move into community housing with friends from their ward, which added another level of complexity to the transition from hospital to community. As an initial step Glen reviewed the local communities with prospective Neami program participants by visiting areas where they might live.

Houses were spot purchased according to specific criteria: access to public transport, a viable local community, one rather than two storeys and smallish developments. Neami was also committed to the principle of decent housing for consumers. From May 1995, Glen “went shopping for houses”, helped by a former builder who worked for Supported Housing. They bought a total of 17 properties in a range of Melbourne’s north-eastern suburbs over the period 1995-96, finishing in August 1996. Seven of these properties were one-bedroom flats, seven were two-bedroom units and three were three-bedroom houses, reflecting the range of accommodation sought by consumers.

The program would comprise stable long-term housing either for individuals or shared between two or three occupants, with outreach staff providing individually tailored flexible support. This model was already being pioneered through the Housing and Support Program, but to date had not been used for former long-term institutional patients. Peter Gibbs saw use of the model for this group as a “leap of faith”, but was convinced that it had a solid basis in the capacity of people to learn to manage their own lives with encouragement and support. He noted in retrospect that this belief was justified, as the patients who moved into the community housing program thrived in their new environment with very few returning to full-time institutional care.

*‘What I liked was they accepted when I was sick... It is not nice putting up a front when you feel like crap. I never had to do that with Neami. My worker seemed to meet me where I was at. The housing part of Neami is real important; without a house you can’t really get a start on anything else... it is vital. My first house with Neami was just around the corner from their offices in the Arcade. That was so cool’.*

Following the developments in the Community Housing Program in Neami, Caz Healy was appointed to head up Neami's accommodation team. Caz had diverse experience in the mental health field, including coordinating the Mental Health Legal Centre, as well as starting the innovative Wavlink psychosocial rehabilitation program in Glen Waverley, in Melbourne's eastern suburbs. Wavlink was the first program in Victoria to use local community facilities and services as the venue for its activities, rather than a centre-based location. Early on, Caz faced a number of challenges. These included recruiting staff to the accommodation support worker positions, negotiating with NEMPS clinical staff about which patients would be part of the community housing program and then preparing these patients for the move to new homes in the community.

Caz described her experience in this program as "one of the highlights of my career". She said that Neami was a developing and progressive organisation as well as an exciting place to work. This was important because getting the Community Housing Program off the ground was in Caz's words "tough work". Clinical staff at NEMPS who were responsible for allocating patients to the different options were anxious and risk averse to patients moving into independent housing. Caz also found that the list of patients for the community housing program kept changing. After frustrating delays, the 30 patients who would be joining the Neami program were eventually decided. Caz said most of the patients were really excited and happy about the move and the choices they could make. This included the location of their housing, whether they would live alone or with friends from the ward and what furnishings they would like.

Early in the process, before the properties were bought, Neami ran a family night at its main office. The meeting was for relatives of all of the patients selected by NEMPS staff for the Community Housing Program. Glen and Caz attended to talk about the program and provide information about how it would work. Both said the meeting was tricky. Some families complained about a relative having to move and said NEMPS had promised care for life. Two families were particularly concerned. After the meeting, Neami staff worked with family members individually, spending a great deal of time and effort reassuring them about the level of ongoing support that would be provided to their relatives.

Caz said her most difficult meetings were with NEMPS clinical staff, particularly as they had appeared to have little understanding of psychosocial rehabilitation, the role of the accommodation support workers and patients' capacity to learn in a different environment. She also commented that 1995 was early days for home-based outreach and the practice model was not yet well articulated. Due to the tensions involved, a partnership agreement was negotiated between Neami and the Mobile Support Treatment Team (MSTT). This agreement was formalised before the patients moved, setting out the respective roles and relationships. As sector manager, Peter Gibbs assisted in this negotiation.

Preparing patients for the move began gradually, with the accommodation support workers starting to get to know one or two patients at a time. NEMPS staff controlled access to the patients. Caz tried to match accommodation support workers and patients where possible, for instance, in terms of gender. They would take patients on outings, including at the weekend, to get to know an area. Once the houses were bought and ready to be occupied, the patients would go with their support worker to buy furnishings, within a limited budget. The actual move took a matter of weeks, starting with an overnight stay, then two nights and so forth to build up the person's confidence.

After patients were finally settled in their new housing, the accommodation support workers visited on a regular basis, tailoring frequency to the needs of the consumer. After the move, some families raised concerns with Neami about the standard of cleanliness and their relative's heavy smoking. Neami staff worked with consumers to ensure their homes were safe and hazard free and assisted them to learn the skills to make this happen.

In 1996, Merrilee Cox, then working with the Community Enterprise Network, undertook a two-month long evaluation of the Community Housing Program. Eighteen of the 26 CHP tenants agreed to be interviewed (Of the original group of 28, one had been readmitted, and another was being supported elsewhere.) The accommodation support teams also took part in structured discussions. When invited, six tenants nominated family members for interview and three participated in the interviews.

Merrilee found a major limitation in assessing the tenants' progress was the lack of baseline data on their skills and abilities before entering the program. At that point, a Life Skills Profile had been completed for each tenant by hospital staff, but it was unclear how this had been conducted. Apart from this problem, from her interviews with tenants and staff, she concluded that "the program has been extremely successful in maintaining and supporting this group". She noted that there had been only two readmissions in the first year of the program's operation. All tenants interviewed reported the program had led to positive changes in their lives and an increased capacity to live independently.

Arthur commented that the Community Housing Program was a "standout" development for Neami. It strengthened the belief of Neami staff in the validity of their approach and confidence in people's ability to change and thrive in the community. Of the former patients and now Neami consumers, the average length of institutionalisation had been 11 years, with one or two having been hospitalised for 17 years. Arthur also noted that the program showed the importance of working from a position of optimism and confidence and of the positive influence of an environment that encouraged change, as "people flourished".

The importance of the success of the Community Housing Program for Neami's future development cannot be over-estimated. Key stakeholders in NSW and South Australia said that Neami's track record was pivotal to the success in tendering for comparable programs in their state. No other community-managed mental health organisation had shown it could undertake such large-scale service development projects which included the successful transition of people with a serious mental illness from hospital to community living. At the time, the only comparable project was Project 300 in Queensland. Project 300 staff had begun the community resettlement of inpatients from a large psychiatric institution in 1995. However, their service model was different. Unlike Neami's approach in which one community-managed mental health service organised the move and provided the support, Project 300 funded a number of disability host agencies to sub-contract provision of support. After four years, 194 patients had made the move from inpatient facilities to the community.

Over this growth period, Neami was also busy on other fronts. One was undertaking responsibility for some existing services in Melbourne's north-east. In April 1994, Neami took over management of the Acorns Living Skills Centre in Heidelberg, following a successful tender submission. The centre was relatively new, but the next two services Neami took over had been running for many years on the North Eastern Metropolitan Psychiatric Services campus. One was the Mont Park Industrial Therapy Unit. Neami assumed responsibility for the staff and participants of this unit, which had to relocate due to the imminent closure of the NEMPS complex. Three staff were transferred to Neami as Section 97 staff, a category established through the Willsmere industrial agreement to enable former institutional staff to move to community organisations with their employment rights protected. In 1995, Neami also tendered successfully for the art program run by Arts Access on the Larundel campus. This evolved into the Neami Art Studio, which opened in new premises in High Street Preston the following year.

Neami received funding for additional staff through assuming responsibility for these services. This enabled the part-time administrative officer to go full-time, and three more support workers to be employed. One of these workers focused on developing Neami's ethnic mental health program, with projects seeking to improve responses to the range of ethnic groups in the area. This led to changes in Neami's ethnic mental health program. The term "transcultural service" replaced "ethnic mental health" as new approaches were established. Neami staff paired with clinical staff from the Northern and North-Eastern mental health services to assist local ethnic communities better understand mental illness. On the artistic front, Neami's Art Studio was renamed as the Neami Splash Art Studio after consumers engaged in a naming competition. The studio strengthened links with the Koori community, including taking on four part-time Koori artists in residence, and developing a mural for the new acute inpatient unit at St Vincent's Hospital, which had designated beds for use by the state-wide Aboriginal mental health network.

Changes were afoot in other Neami programs at this time. From March 1996, Catch 23 began running more activities in community settings, rather than at the centre base in Thornbury. This direction was supported by the findings of an evaluation undertaken during the year. The evaluation showed a reduction in the number of consumers using the centre's drop-in function, with more involved in activities in the community.

## CONSOLIDATION (1997-2002)

By 1997, Neami had grown considerably both in size and scope. In just 12 months from September 1994 to September 1995, the number of staff more than tripled from nine to twenty-nine. Staff numbers continued to grow as funding increased with the expansion of services. Neami's housing program now totalled 41 properties, with 75 tenants and an additional 20 properties were anticipated, following approval through the state Housing and Support Program.

In response to this rapid expansion, Neami developed its infrastructure. Resources were invested to document internal policies and processes including human resources, information technology and financial management systems. A new data collection software package was introduced to simplify the collection of data about the use of services for reporting purposes. Work began on a quality framework. An early tangible result was a key document identifying Neami's philosophy, core values and principles, with affirmation that the primary focus was on assisting consumers on their recovery journey. In early March 1998, Neami launched its website.

From 1997, the Victorian government adopted a new focus on primary health and community services (PHACS). The new initiative aimed to ensure that the best possible use of funds was delivered to each region via the closer integration of primary health and community services. This marked an important step in Neami's development. Under government pressure to establish links with general disability services, Neami affirmed that as a specialist mental health rehabilitation service, its core alignment with local primary health providers was to ensure pathways to services for consumers. Most consumers were referred to Neami from clinical mental health services. Stronger links were therefore forged with the northern and north-eastern clinical mental health services, and several collaborative projects were established. Neami became a member of both the North and North East Primary Health and Community Services alliances. Neami also obtained funding for a two-year demonstration project, Living Options, which provided information about housing and support and referral services for people with a mental illness across four local government areas, Darebin, Banyule, Nillumbik and Whittlesea.



*PATIENTS AT LARUNDEL HOSPITAL MADE WORK ON MANY MEDIA AT ARTS ACCESS STUDIO. THIS LINOCUT IS ON A HOSPITAL BED SHEET, 1986-1996*

Another key step at this time was the redevelopment of the staff team structure. Previously, staff teams had been organised around programs such as housing support or day programs. The new team structure was to become geographically based. There were now three teams for the four areas covered by Neami – Darebin, Whittlesea and Banyule/Nillumbik. Each team was designed to be a comprehensive and integrated psychosocial disability team providing housing support, home-based outreach and psychosocial rehabilitation. Staff were expected to provide services across all three previously separate programs. Relationships between staff and consumers were the core of service delivery, rather than the program itself. As a result, by 1998, Neami no longer had separate housing support teams.

As a consumer at the time, Julie Anderson welcomed this change. Previously, if a worker became sick or left, the consumer would have to start afresh with a new staff member. The new team structure meant that even though each consumer would have a key worker, the whole team was familiar with all consumers and their individual support plans. Glen Tobias noted that the changeover from program to area teams was initially challenging, due to the different cultures and practices of the program teams. For instance, day program staff had focused on group activities, whereas outreach workers were more familiar with individual support. A two-day workshop prepared staff for the change and Neami also provided training for staff in group facilitation to establish a common skills base. Over time, the change helped recruitment because staff roles became more varied and interesting.

Alongside other changes, the new staff team structure also accelerated Neami's move away from centre-based day program activity. For instance, after the Darebin housing program and Catch 23 staff came together as one team, more activities began to be offered in the community rather than on site, with a reduction in drop-in time. This led to the closure of Catch 23 in Ethel Street in 1998, after a new site was found at 678 High Street, Thornbury. At the time not everyone was happy with this move, with consumers commenting that the change was possibly too abrupt for some. In addition, the work skills program at the Acorns Centre in Heidelberg was closed due to changes in funding guidelines and replaced with more psychosocial activities in the local community. Neami also obtained 12 months' funding in 1997 for



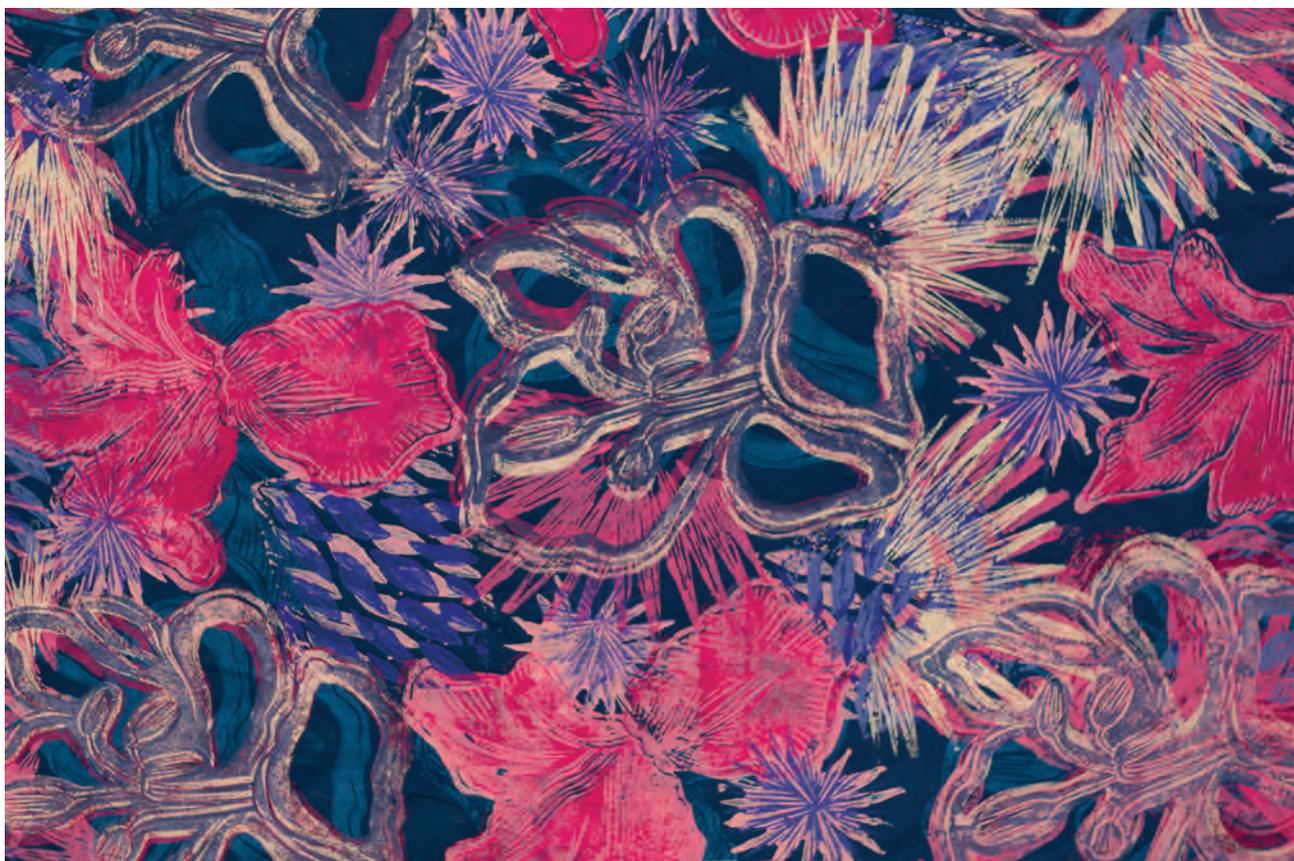
THE CHANGING LOGO'S OF NEAMI  
OVER THE YEARS

a psychosocial project in Whittlesea, an outer northern Melbourne suburb. The project was to have a focus on young people and their families, based on a service needs analysis undertaken by Belinda Robson in early 1996.

A further consolidation involved property management arrangements. Over 1998-99, Neami transferred management of its remaining properties to the Supported Housing Development Foundation. In addition, Neami continued a policy direction of replacing private rental properties with public housing for which they had nomination rights. In March 1998, Arthur and Caz Healy travelled to the United States to attend a consumer conference in Oregon and look at services in New York City. The trip was largely funded by a competitive travel grant from the Victorian mental health program. In his report to the board, Arthur noted that the trip afforded valuable insights and international contacts and also affirmed that Neami rated well against international standards.

It was during this period that NEAMI decided to reflect upon its name. A number of consumers were now looking for new housing and some wanted to rent their own place. Many reported that the name of their support agency, which included the term “mentally ill”, was proving to be an obstacle. The title North East Alliance for the Mentally Ill in a rental reference was not always well received by local real estate agents. As a result NEAMI, decided to re-badge by keeping the letters of the acronym, but dropping the full title. Thus NEAMI became Neami, which was defined as a support agency working to assist people to live well in the community.

In 2000, Julie Anderson became president of Neami’s board and, a position she held till 2011. From the early days, Neami has had a strong consumer representation on its managing body, with Allan Pinches being in the position of Vice President from 1997 to 1998. Julie had been appointed as one of the consumer members in 1998. Nonetheless, taking on the more responsible positions was challenging and like other members, Julie benefited from Neami organising training for Board members. Having someone with a lived experience as president affirmed Neami’s commitment to consumer participation and this was recognised by the wider mental health sector. Julie was instrumental in Neami reviewing its mission and the management committee adopted a refreshed mission: “Improving mental health and wellbeing in local communities”.



DETAIL OF LINOCUT ON BED SHEET. ARTS ACCESS, LARUNDEL HOSPITAL 1986-1996

Other key developments within the organisation followed. As a result of the work undertaken on Neami's quality framework, Peggy Ronnau joined Neami in 2001 in the new position of manager of quality improvement and service development. Peggy brought with her experience in community-based psychosocial programs, skills in the human resources arena and experience in change management. In the following year, Neami introduced two new practice tools for staff and consumers to use to guide their practice. The first was the Behaviour and Symptom Identification Scale 32 (BASIS 32), a well-validated consumer mental health self-rating assessment. The second was the Camberwell Assessment of Needs, a needs assessment with an established international reputation. These outcome measurement tools strengthened Neami's evidence-based approach to practice. Neami also became the first community-managed mental health service to commit to undertaking the Quality Improvement and Community Service Accreditation (QICSA) process over 2002-03. Accreditation involved a detailed review of key components of Neami's operation and followed a three-year cycle. Over this period, Neami adopted the Splash as its new logo, the image having been developed by a participant of the Neami Art Studio.

Another significant project was the review of Neami's approach to day programs, called Beyond Day Program in 2002. The focus of Neami's day programs up until then was largely centre-based activities and drop-in time. Questions were raised about the relevance of day programs for psychosocial rehabilitation, recovery and for promoting connection to community. The Beyond Day Program working group had the task of clarifying Neami's day program practice model. A key step in this process was the recognition that "day program" refers to a funded service type, not a practice model. The working group presented the improved model to the Victorian staff team and Neami management endorsed a new approach which focused on strengthening consumers' links to their local community, based on their individual recovery plans. This was summarised as "creating opportunities for consumers to improve their confidence, competence and connections with their local communities". Examples included a young person joining in a community youth music project in his local area, Neami Darebin creating a land care group with the local Collingwood Children's Farm and programs about keeping well and developing strategies to assist consumers to stay well.

Day programs were transformed into group rehabilitation programs based on need. All programs were established with clear aims, a start, a middle, an end and a review.

Also in 2002, the Bracks' state government released its mental health reform agenda for the next five years. This included piloting community-based step-up/step-down services for consumers experiencing an acute episode, later known as Prevention and Recovery Care services (PARCs) and initiating work on individually tailored services for consumers with complex needs.

*'I would describe  
Neami staff as having a  
friendly manner genuine  
interest in me and they  
were always full of hope  
about life and hopeful  
for me and hopeful for  
themselves as well'.*

## GOING NATIONAL (2002-11)

By 2002, Neami's success in resettling former institutional patients in the community was becoming better known across state boundaries. In part, this came from Neami's readiness to share their experience about their service model at both state and national events such as the annual The Mental Health Services (TheMHS) conference and the bi-annual VICSERV conference. Neami had also acquired champions in New South Wales, including Dr Alan Rosen and Dr Roger Gurr, who had visited the Community Housing Program. Both psychiatrists were influential in the national mental health sector. They gave what is often called third party endorsement to Neami's approach.

While finalising Neami's strategic plan for 2002-2004, the board and senior management made a commitment to expanding Neami's services to other states. In part this was to diversify and grow Neami as an organisation. It was also driven by a sense of mission and the opportunity to provide high-quality services interstate by concentrating on Neami's expertise as a specialist mental health rehabilitation service. Ultimately, the senior management team believed that Neami had a new and different way of engaging with mental health consumers and assisting their recovery and felt that consumers in other states could benefit from this approach.

### NEW SOUTH WALES

According to Robyn Murray, a clinician and a former senior public servant in the Mental Health and Drug & Alcohol Office of the NSW Department of Health (now called the Ministry of Health), by the early 2000s there was considerable political interest in NSW in enhancing community housing options for former patients discharged from psychiatric institutions. This followed the legacy of the Richmond Report in the mid-1980s, when implementation stalled and insufficient funding was put into community housing as institutions reduced their bed numbers. One of her team, Danielle Fisher, reviewed housing and support initiatives around Australia. After visiting Neami, Danielle suggested that Robyn also visit and acquaint herself with a range of services in Victoria including the Neami service model. This enabled her to gain a first-hand view of a different way of providing supported housing in the community that of independent living and recovery oriented support services.

In December 2001, the NSW Legislative Council had set up a Select Committee on Mental Health to inquire into mental health services in that state. One of the original terms of reference for the inquiry was to report on changes since the release of the influential Richmond Report 20 years earlier. The select committee tabled its report in December 2002 with 120 recommendations whose breadth rivalled those of the Richmond Report. Several of the recommendations were related to community-managed mental health services in the community and one specifically recommended that the number of supported accommodation places be increased by 1000 over the ensuing two years. By this time, NSW had already released its Framework for Housing Accommodation Support for People with Mental Health Problems and Disorders, led in its development by Danielle Fisher, which provided the template for the development of a fresh approach to housing and support in the mental health sector, the Housing and Accommodation Support Initiative or HASI.

The next step following the select committee report was that the NSW Director General of Health commissioned Robyn Murray's team to develop a tender for 100 accommodation and support places. This was the first centralised tender in NSW for a newly funded community-managed mental health service and the first to use a standardised, comprehensive approach. Before this model was put in place, a variety of services were managing and supporting mainly group homes as the model for people with a mental illness. Funds were either core funds from the public sector services or one-off grants to NGO's from the government. What the HASI model brought in, as it aligned with the new policy, was a three way partnership where public sector, clinical services and a community managed service would support the client and the Department Housing, as the third partner, sourced appropriate, independent and permanent dwellings.

This change in model and funding process presented a challenge to local community-managed mental health services. Area Health Services (now known as Local Health Districts) also voiced some concerns initially about the centralised decision-making but conversely, they liked the standardised approach. Previously the NSW Department of Health had not been responsible for tendering at a central state-wide level the funding of community-managed organisations to provide support. As noted above, the

model being proposed was also a clear move away from the congregate or group home model that had prevailed for many years in NSW. It was also based on a radical new partnership between the NSW Department of Health and Department of Housing. It clearly defined the latter as the manager of the stock (leasing, rental etc) not mental health services, nor community managed services. As well, for the first time in NSW, good investment was being made by the government in community services for the mentally ill – HASI packages were well funded.

The first tender was advertised in August 2002 for what became known as HASI 1. The initiative involved the tripartite partnership between clinical mental health services, community housing and accommodation support providers. HASI 1 was designed for consumers with high support needs due to serious mental illness and associated psychiatric disability and a history of frequent hospital readmissions. Julie Anderson, then Neami's president, distinctly remembers seeing the tender advertised in *The Australian* and immediately alerting Arthur. Julie then contacted Robyn Murray, who confirmed that a Victorian applicant would be considered on its merits.

HASI 1 was designed to be delivered in packages in specific geographical areas. In October, Neami was advised that it had been successful in its tender and was allocated 37 of the 100 packages in three areas, South East Sydney (St George – eight consumers), South West Sydney (Liverpool and Campbelltown – 21 consumers) and Illawarra (eight consumers). Two NSW community-managed mental health organisations also received packages: 55 went to Richmond Fellowship NSW and eight packages to New Horizons. Robyn Murray noted that Neami stood out from a number of other applicants as it had a clear philosophy about people with a mental illness not being seen as helpless and chronic but as human beings capable of growth and change. It was evident that Neami instilled hope in the way it delivered services, and was especially keen on documenting and building the evidence for the model being used. Neami's approach to service delivery broke the mould traditionally followed by some NSW community-managed mental health services over many years, which would have been considered more of a standard disability support and maintenance approach. Historically, the NSW community-managed mental health sector had been underdeveloped as clinical services had taken the lead in providing community rehabilitation services.

	1992	1993	1994	1995	1996	1997	1998
<b>Funding from grants</b>	\$83,380	\$151,143	\$418,724	\$528,973	\$1,477,203	\$1,493,700	\$1,849,300
<b>Staff numbers</b>	2.5 EFT	5.5 EFT	8.3 EFT	28.0 EFT	32.0 EFT	37.0 EFT	42 EFT
<b>Staff salaries</b>	\$74,540	\$93,070	\$282,452	\$380,300	\$888,921	\$1,057,896	\$1,357,194
<b>Number of motor vehicles</b>	2	3	3	7	11	14	20
<b>Working capital</b>	\$15,518	\$106,674	\$42,436	\$42,347	\$42,332	\$134,711	\$214,537
<b>Net assets</b>	\$59,862	\$106,674	\$128,918	\$163,754	\$264,249	\$367,103	\$579,649

DOCUMENTING THE GROWTH OF THE ORGANISATION THROUGH THE MID 90'S

	1999	2000	2001	2002	2003	2004	2005	2006
<b>Funding \$</b>	2,078,020	2,222,114	2,411,868	2,374,128	3,446,122	4,284,997	5,143,752	8,872,683
<b>No. of Consumers</b>	430	450	519	526	540	701	721	856
<b>Equity \$</b>	501,530	488,937	532,588	475,151	1,040,967	983,768	1,004,955	2,549,889
<b>Staff Training (COA expense only)</b>	14,531	18,140	16,343	15,498	17,013	18,833	20,771	64,131
<b>Employee Numbers</b>	48	53	49	49	74	73	88	137
<b>Employee FTE</b>	42.20	46.20	45.90	44.80	63.60	69.30	79.60	121.50

DOCUMENTING THE GROWTH OF THE ORGANISATION FROM 1999-2006

	2007	2008	2009	2010	2011	Budget 2012
<b>Funding \$</b>	12,566,939	14,590,964	19,502,033	22,780,823	24,130,247	28,370,128
<b>No. of Consumers</b>	1105	1287	1432	1460	1650	2461
<b>Equity \$</b>	3,680,218	4,615,435	5,245,301	7,353,816	8,501,619	9,544,380
<b>Staff Training (COA expense only)</b>	104,396	194,912	216,817	313,665	537,143	821,099
<b>Employee Numbers</b>	162	230	250	277	299	387
<b>Employee FTE</b>	150.70	202.30	217.07	243.80	257.30	343.00

DOCUMENTING THE GROWTH OF THE ORGANISATION FROM 2007-2012

NOTE: SEE APPENDIX ON PAGE 80

In the 1990s, the NSW government closed many of the living skills centres being run by clinical services on the justification that they were not doing enough in terms of rehabilitation. Unfortunately, the money saved was not always reinvested in the community-managed mental health sector for more and improved community-based rehabilitation. Instead it often went to funding more acute inpatient beds.

As president of Neami, Julie Anderson commented that Neami's submission for the HASI 1 tender followed careful consideration by the board, which was well aware of the risk involved if the submission were successful. Arthur was also conscious of the pressure of expectations after Neami won a third of the packages on offer. Robyn Murray felt she had been put on notice by concerns voiced from some local NSW community-managed mental health services. She was particularly keen that Neami succeed, as the panel had backed an organisation from another state, albeit on good evidence. Arthur noted that he was even contacted by Dr Ruth Vine, then director of Victoria's mental health program, who was supportive of Neami's submission and noted that Victoria had been a leader in developing housing and support programs.

In 2003, the new health minister Hon Morris Iemma, became an enthusiastic HASI champion. He had visited several boarding houses in Sydney and seen the terrible conditions in which people with serious mental illness were living. As a result, he became very interested in HASI, to the point of reading the tender submissions himself and taking down what residents said about the changes they had made due to HASI in his diary. Robyn noted that there was then a strong political imperative to quickly expand HASI. HASI 1 was proving itself. Neami in fact was the first to come up with the data that its residents in HASI 1 had decreased their hospitalisations by over 90% compared to the previous year before HASI. Health Minister Iemma wanted more. Robyn and her team of two project officers then tendered and secured another 900 places in just over two years. This was a time Robyn said when there was a good combination of public servants who "knew their business", there was clear evidence that a program was working and there was support from the Health department through the deputy director general, Dr Richard Matthews who was then supported by Morris Iemma.

Jenna Bateman, a long-standing CEO of the Mental Health Coordinating Council (MHCC), the peak body for the community-managed sector in NSW, noted that the HASI 1 tender was unusual as it was the first time in NSW that a contracted service had been funded to that level. She also noted that NSW community-managed organisations were a bit displeased when Neami won some of the packages. Apparently the sector in NSW had little involvement in the service design of the HASI 1 program. HASI 1 was originally tendered as a time-limited service lasting three years and was to be later re-tendered as it became evident that consumers would need long-term support. Jenna had argued for the need for the same providers to continue providing the service to ensure continuity of care as consumers became more independent.

Jenna recalled that she first became aware of Neami through a presentation Arthur gave on outcome measurement at a conference in Melbourne. She was impressed by Neami's focus on what they were doing and measuring how well they were doing it in terms of outcomes for consumers. This concept was fairly new to NSW. After that presentation, the MHCC began to develop outcome measures for the NSW sector. In addition, Jenna was struck by the way Neami set out its principles for service delivery, goals for consumer contact and by the nature of its engagement process. Her overall comment was that "Neami is an organisation with a lot of integrity". After Neami became a member of the MHCC, Jenna encouraged Arthur to join the MHCC Board to share his passion for a different service model. Ms Bateman commented that over time, Arthur was the catalyst for many NSW community-managed mental health organisations changing their approach to service delivery.

In 2003, Neami began the service development for HASI 1. Arthur and two Neami managers rented apartments in Sydney to be on site for setting up offices, establishing relationships with local services and recruiting staff. Arthur noted that a key to Neami's success in establishing its presence within NSW was to second experienced Neami staff from Victoria to undertake the initial groundwork. This allowed the staff members to draw upon their existing knowledge of Neami's policies and practices. Most importantly it also meant they were able to promote Neami's existing culture and values during this vital relationship-building phase.

*'Neami gave me quite a bit of support in the past 20 years. There were times I worked as a cleaner for some of the offices and for another couple of years I washed the cars in Thornbury. They always tried to help me with what I wanted to do, even though some times it didn't work out.'*

Arthur and the managers worked strategically to engage and inform partners by sharing information about Neami's philosophy, values and its service delivery model. During this service-development phase they regularly participated in local working groups and met with representatives from clinical and accommodation services to build support networks and foster the development of collaborative working relationships. Relationships were built at a local and organisational level to help clarify roles and responsibilities. A space was created for each party to feel heard and to develop an awareness of each organisation's model of service delivery, available resources and service capacity, the policy context in which they existed, funding obligations and various theoretical underpinnings. This process proved invaluable in producing a shared understanding of the opportunities for working collaboratively and a way of resolving issues transparently and openly. Neami was then able to work with the relevant services in define the specific roles each service was to play with consumers by building collaborative partnerships.

At the same time Neami's back office support kicked into action. There were a number of offices to set up, leases to negotiate, IT connections to organise, administrative and financial systems to be implemented and more staff to recruit. This was a period where Neami's can do attitude was critical. A small team of back office staff set up the infrastructure for new services in NSW while continuing to do their own jobs. The team worked hard, listened carefully to service staff and saw that their efforts contributed to better outcomes for consumers in NSW. As a team they developed "Neami in a Box", a guide to setting up a new office including all the associated infrastructure. The guidebook helped Neami in later expansion in SA, then in Queensland and again in Western Australia. In the space of eight years, Neami set up 25 offices with associated infrastructure.

It was initially difficult to recruit staff familiar with the service delivery approach used by Neami. Yet, through persistence, by September's Annual General Meeting 18 new staff had been employed, with six more to come. The level of staffing reflected the requirement to provide support seven days a week. Properties were purchased by NSW Housing Associations, with clinical care provided by the local mental health service. In 2005, Neami was also successful in a bid for the HASI 2 tender. This was for an additional 105 consumers across the three HASI 1 sites.

An important early decision by NSW Health was to allocate significant funding for an evaluation of the program. The NSW Social Policy Research Centre (SPRC) won this tender. A total of \$400,000 was allocated for the evaluation. This enabled the program to be evaluated over time, rather than as a one-off snapshot. The reports were also made public; a move welcomed by many. The first SPRC report, published in 2005, detailed the gains for the HASI 1 participants. This was pivotal in convincing politicians to keep funding the program. For instance, the report noted that in the 12 months before entering the program, the 100 HASI 1 consumers spent a total of 12,486 days in hospital. Twelve months later, this number had dropped to 1451 inpatient days, a reduction of 88%. Importantly, the SPRC report observed that HASI had saved almost \$7.3m on hospitalisation in one year. Robyn noted that Arthur understood the need to have sound quantitative data as soon as possible. For instance, he was quick to report on the changes for the Neami HASI 1 consumers. Arthur noted that a consumer engaged in HASI 1 receiving support from Neami had on average 161 inpatient days per year before entering the program. Fourteen months down the track this had significantly reduced to an average of 41 days. The evaluation by the Social Policy Research Centre was seen as influential as it showed Neami delivering what it had promised, in particular demonstrating good results in working with consumers with complex needs.

By 2006, Morris Iemma had been appointed NSW premier. He awarded HASI the Premier's Public Sector Gold Award in the service delivery category, chanting "HASI, HASI, HASI – Oi, Oi Oi" as he handed over the relevant certificate. Robyn Murray remembered this experience well, but saw the award as celebrating the work of many people involved in HASI, including Neami and her project officer, Danielle Fisher. She commented that, "HASI could not have been achieved without Neami". Apparently, when recently farewelling a senior NSW Health official who had strongly supported HASI's development, Morris Iemma read out the following comment from his diary by a Neami HASI consumer, "I got my life back. I wouldn't be alive if not for HASI."



'SORRY' GROUP SCULPTURE FOR THE FEDERATION PARADE, MELBOURNE/ PAINTED POLYSTYRENE, 2001

Returning briefly to national policy, from 2006 onwards a number of Commonwealth mental health initiatives provided funding for community-managed mental health services for the first time. Two of these initiatives proved to be particularly important in Neami's continuing development. The first was the Personal Helpers and Mentors program, called PHaMS for short. Through this initiative, community-managed organisations could apply for funding to employ staff to assist consumers with serious mental illness to access the services they needed. From July 2006, tenders were advertised for a total of 900 PHaMS across Australia. In the following years Neami was successful in securing a number of PHaMs funding packages in NSW, Victoria and Queensland. The second Initiative funded 7000 additional places in day programs, which assisted people with severe mental illness to develop day-to-day living skills. This became known as the D2DL program and it was this program that provided Neami the opportunity to move in to Western Australia.

In 2007, Neami secured the HASI 3B (very high support) tender for Randwick and Bondi, in addition to the HASI 4A (high support) tender for Darlinghurst and Pagewood. The implementation however took extra time because of difficulty locating suitable housing. That year Neami also established a management structure that took account of the growth in services in NSW. The position of NSW state manager was created in addition to the regional managers for northern and southern NSW and the service managers for each site.

In the early days of HASI's development, Arthur had commuted to Sydney each week, returning to Melbourne for the weekend. However, due to the substantial growth of Neami's services in NSW, in 2007 the board asked Arthur to relocate to Sydney for an initial year, later extended to two years. This was seen by many, including Jenna Bateman, as a highly strategic move. To the NSW community-managed mental health sector, it was seen as showing real focus and commitment to the NSW services and meant that Arthur was no longer seen as an outsider. He was able to spend more time engaging in local forums and in developing good relationships with government officials and the CEOs of other community-managed organisations. Even though Arthur returned to Melbourne in 2009, the impact of

the period he spent in NSW has continued, and he is regarded as a key figure in the NSW community-managed mental health sector. Douglas Holmes, a Neami board member and consumer from NSW with extensive experience as a consumer advocate including membership of the NSW Community Advisory Group (CAG), reported that he saw Arthur's ability to inspire others and ensure a commitment to Neami's values as critical to the organisation's success in NSW.

Neami's service development in NSW has continued at pace. In 2009, Neami secured Commonwealth funding to set up a Personal Helpers & Mentors Program (PHaMS) service in Ashfield, and by 2011, had won several inner-Sydney tenders in the homelessness area. The additional Sydney services included Way2 Home which provides support for individuals who are homeless and sleep rough to access housing in the inner city. A feature of the service is early morning foot patrols by staff commencing at 6am in order to engage with consumers and follow up on areas of assistance required. Way2Home is jointly funded by NSW Housing and the City of Sydney. Neami provides day-to-day support for Way2Home and St Vincent's health outreach team delivers a range of physical health care. Way2Home is a premier Neami service and in its first two years, 160 people have been housed. The most recent street count in inner-Sydney found 220 people sleeping rough, compared with almost 400 when Neami commenced Way2Home.

The most recent service addition was the Aboriginal Assertive Outreach Service (AAOS), which started in April 2011. It is a "street to home" service for Aboriginal people with a mental illness who are rough sleepers in Sydney coastal region and the metropolitan area (inner city, inner west and eastern suburbs). Neami's support team for this program includes Aboriginal workers.

## **SOUTH AUSTRALIA**

Within South Australia, the community psychiatric approach had lost ground by the late 1990s. In earlier years, there had been a Community Accommodation Supported Service (CASS) in SA, but this had largely collapsed by the early 1990s. The momentum for reform was revived by the arrival in 2000 of Dr Margaret Tobin as head of SA mental health services. However, following her tragic death in 2002,

# Supported housing crisis

By Natalie Robertson

MORE than 220 people with mental illness are in desperate need of supported housing in north-east Melbourne, with some sleeping at railway stations overnight.

Mental illness campaigner Julie Anderson said she knew of several individuals and families who slept in stations because they could not get housing.

Ms Anderson is president of Neami, a community-managed organisation that provides support for people with psychiatric disability in north-east Melbourne.

"The lack of housing is reaching crisis point and that includes the Banyule area," Ms Anderson said.

"The State Government says it's the Federal Government's responsibility to supply more funding, and the Federal Government says it has given the State Government funding for mental health."

Ms Anderson said both governments should stop passing the buck and provide more funding.

Neami is part of the Northern Residential Mental Health Services Reference Group, which recently completed a report concluding that at least 220 people with mental illness were searching for housing and support in the Banyule, Darebin, Nillumbik and Whittlesea areas.

Of those, 66 were homeless or transient and 81 were living in unstable family or home situations.

The reference group organised a march in High St, Preston, last Thursday, which was attended by hundreds of people calling for more funding for housing and support services for people with mental illness.

Ms Anderson said at least 70 two to three-bedroom and 40 one-bedroom properties should be provided by the Department of Human Services to deal with about half the demand in the north-eastern area.

Ms Anderson said secure housing was a basic need.

"When I had a breakdown due to depression, I suddenly lost my family and my home because I had to move from the country," she said.

"I had to live with my brother for a

while and that put pressure on his family.

"So I am talking from experience."

Ms Anderson said she agreed with the trend to move people with mental illnesses out of psychiatric centres and into the community, but more funding was needed.

Alan Pinches, a consumer consultant from Northern Area Mental Health Service, said housing and support was a human right.

"It's hard enough to cope when you have a mental illness, dealing with symptoms and emotional problems, trying to reclaim a place in the community, trying to maintain good relationships with family and friends and struggling to get by on a low income," Mr Pinches said.

INSIDE



State  
Election  
2002

See Pages 8 and 9.

NEAMI ADVOCATING FOR MORE SUPPORTED HOUSING. HEIDELBERG LEADER 26 NOVEMBER 2003.

reform efforts had largely stalled. In 2004, Mark Doyle from South Australia's mental health program contacted Neami to find out more about its services, particularly the Community Housing Program. Mark was a social worker by training and had worked in a mobile assertive outreach team in an Adelaide clinical mental health service.

It was around this time that South Australia was again looking at how to improve community-based services for people with serious mental illness and associated psychiatric disability. The first tender announced was for a housing and support service for four to six consumers in Port Adelaide. This was the first step in the new program of housing and support with Housing SA providing the houses. Initially, the Neami board was unsure whether to tender for this service. Despite these initial uncertainties, Neami received encouragement from SA Mental Health, which was looking to raise the standard and credibility of the SA community-managed mental health sector. Following this encouragement Neami applied for the funding.

Neami won the tender and Mark Doyle was appointed as the Neami Port Adelaide service manager, with two part-time support staff. In addition to providing the service, Mark realised that Neami was expected to be involved in the broader sector development in SA. According to Mark, the local reaction to Neami getting the tender was positive. Clinical services at Port Adelaide were optimistic and excited, as were wider sector of community-managed mental health services. As Neami developed its Port Adelaide service a range of partnerships developed which assisted the whole sector for example Neami sharing its expertise by providing training on needs assessment. There was some misunderstanding of Neami's role early on and how Neami would partner with clinical and other services in the mental health sector, but Neami's strong belief in a shared care model of support for consumers eventually created good partnerships which would produce better consumer outcomes.

At this time SA Mental Health was also interested in how to resettle longer-term patients from Glenside in the community. Past attempts to change institutionalised practices at Glenside, reduce the number of beds and discharge suitable patients,

had met with staff opposition and reform efforts had become politically controversial. Community-managed mental health services were seen as challenging partners by nursing staff at Glenside Hospital, South Australia's sole remaining psychiatric institution

At this time SA Mental Health was also interested in how to resettle longer-term patients from Glenside in the community. Past attempts to change institutionalised practices at Glenside, reduce the number of beds and discharge suitable patients, had met with staff opposition and reform efforts had become politically controversial. Community-managed mental health services were seen as challenging partners by nursing staff at Glenside Hospital, South Australia's sole remaining psychiatric institution. Learne Durrington was executive director of SA Mental Health Services in 2005. She said Neami was an attractive option to support this process due to its experience with deinstitutionalisation in Victoria, particularly in successfully assisting a group of long-term institutional patients to move into supported housing in the community.

Neami was contracted by SA Health to undertake the assessment of 130 Glenside patients who were seen by the hospital staff as having difficulty in making the transition to community living. Clinical and psychosocial rehabilitation assessments were needed; Neami was responsible for the latter. The brief was to provide an overall snapshot of the whole group and a closer assessment of a small cohort of 20-30 patients. Two groups were to be identified: those who could move tomorrow and those who would take longer. At the same time, SA Housing began looking for housing in the community.

Once the assessments were completed, SA Mental Health put out a selective tender for assisting a group of 50 Glenside patients to move into community-based housing with appropriate support. The program was called Returning Home. Learne commented that the individual care packages were funded at a high level to ensure the project worked and would adequately cater for consumers with high levels of support needs. Funding was allocated on a recurrent basis. There was pressure to start the transition process as soon as possible as Glenside had stopped admitting patients for rehabilitation due to site works. Buildings were being demolished to enable construction of new buildings for a secure rehabilitation unit, a new acute unit and 24/7 clinically staffed long-term housing.

*‘Sometimes my worker encourages me to actually do some of the things I really want to do...but I get stuck, but then sometime later I go back to it and it works. You could call it putting in the ground work. Even though I was not able to stick at first off, I could come back to it because the ground work had been done by my worker and me’.*

Learne reflected that a critical moment in the development of her relationship with Neami was when Arthur agreed to her request to attend a contentious community meeting. This meeting was regarding the proposed establishment of a community rehabilitation unit in the local area to replace the current practice of bussing people back to the Glenside campus for rehabilitation activities. As the community meeting was not related to the Returning Home program or Neami's other activities in SA, Ms Durrington emphasised that Arthur did not have to attend. Arthur however, viewed the meeting as critical because a local politician was supporting community members who objected to the development of the unit. She said that Arthur spoke with authority about what was involved and how Neami had undertaken a similar change in service delivery in Victoria, allaying the concerns of the audience. Following the meeting Learne received the minister's support and the unit went ahead.

Three community-managed mental health organisations received funding for the Returning Home program: Neami, Life without Barriers and Richmond Fellowship Victoria. For Learne, it was critical that Arthur was able to provide leadership for the development of the program. He knew about pathways and coordination of care and the importance of continuity of care. Ms Durrington noted that Arthur saw the Returning Home program as a part of a bigger change agenda that would take considerable time and effort. It was also reassuring for Learne that Neami brought a methodology and a process to the task, enabling a safe transition for consumers. It was very important that the project succeeded because of the fraught history of attempts to downsize Glenside. Neami initially chose to work in the northern and north-western Adelaide suburbs, where the community mental health services were supportive. Neami was able to head lease, using community housing or private rental. Some of the consumers in the first cohort already had a home to go to, so only support was provided; others needed housing as well as the support and a few wanted to move in with friends from the ward.

As had previously been the case in NSW, the overall implementation was slower than anticipated because it took time to find housing, engage with the patients and work with their families. Families tended to fall into two groups: those who were very supportive of the changes and those who were concerned about how they would

cope without Glenside. Neami had to spend time building family support for the program as many patients had spent years at Glenside and families were used to their relative living there. There was also resistance to the Returning Home program from some Glenside nursing staff. Previous industrial disputes had left a bitter legacy and divisions between staff. To resolve some of the tensions Learne worked with the local branch of the nursing union to gain support for the change. Ms Durrington also noted how Neami created a new culture, which was pivotal to the change process in South Australia. She commented that Neami's approach was modelled by Neami staff, who showed their commitment to Neami's principles by the way they focused on consumer-directed care, engaged with carers, managed risk in a safe way and were respectful in their approach to all parties, including prickly clinical staff.

During Neami's development in SA, some of the existing local community-managed mental health services were put off by the fact that Neami, as an outsider, had received funding which previously had not been available. This attitude was reflected by the community-managed mental health sector peak body, the South Australian Mental Health Coalition. The coalition had even initially blocked Neami's application for membership. The coalition had just recently been funded by government, but indicated it was not interested in engaging with new community-managed mental health services which were moving into the state. Learne intervened to change this as she wanted the community-managed mental health services to work together. Both Arthur and Mark put significant effort into building good relationships with the other community-managed organisations. In recognition of this work, Mark was appointed to the Board of Management of the SA Mental Health Coalition.

In addition to the Returning Home Program, Neami also obtained SA government funding in 2005 for the provision of community-based rehabilitation and recovery services for 82 people living in Murray Bridge. Part of the brief for this service was to assist consumers to find stable accommodation. In 2009, Neami successfully obtained funding through the SA Individual Psychosocial Rehabilitation Support Strategy (IPRSS). This strategy aimed to provide psychosocial rehabilitation and support for people with a clinical mental health service who were already living in the community in private or public housing. This funding also enabled Neami to expand

the services already provided in Murray Bridge. In 2011, Neami received funding through the Housing and Accommodation Support Partnership, resulting in the addition of another service site, bringing the total to five.

## **WESTERN AUSTRALIA**

As previously mentioned, Neami's move into Western Australia was the result of the 2006 COAG mental health initiatives. Neami successfully bid in 2008 for a day-to-day (D2D) living program to be set up in Armadale, a south-eastern suburb of Perth. The funding provided was less than Neami considered necessary to provide a quality service. The board therefore agreed to subsidise the service from Neami's reserves to top up the amount allocated from the federal government. This investment from the board allowed Neami to provide a high-standard service.

According to the Neami staff involved, setting up the Armadale service was a big challenge. As with Neami's previous ventures interstate, three experienced Neami staff came from South Australia and Victoria to assist in establishing the service and recruiting staff. This approach had proved to be successful in New South Wales and SA in setting up new services as it helped embed the Neami culture and also provided professional developmental opportunities for existing staff. This model also reassured funders that experienced staff would be involved right from the beginning of the service. Neami had advertised internally for expressions of interest in a secondment to help set up the WA service and about 30 staff indicated interest. Jenny Hall, Manager for Neami in South and Western Australia, commented that this level of interest in a secondment confirmed the agility of Neami as a capable organisation and an attractive employer.

Dale Davies was recruited as a community rehabilitation and support worker about six months after the program began, bringing local experience of working with homeless people with a mental illness. She commented that within a few months of starting, there was a full caseload, demonstrating the level of local need. Referrals came from local clinical services, families and consumers themselves. The local clinical services were supportive and soon invited Neami staff to contribute to clinical

*'The CRM... you know, the map and compass has given me some structure even though I do not like to do follow up paper work, with effort I seem to be able to get stuff out of my head when I have to put it down on paper. Some times I am in denial about stuff and then I saw it on paper and it helped me pin point the issues and some times it was an important issue. I then needed to put things in place to try improve parts of my life. It help make some of my goals more clear and more real'.*

reviews. Initially they found the Neami recovery focus approach to service delivery hard to fathom as they were used to a disability approach comprised largely of group activities and bus outings designed to entertain and divert.

Despite the full caseload, good working relationships with local services took a bit longer to establish. In a pattern familiar from elsewhere, the existing local community-managed mental health services were at first antagonistic to the arrival of what they considered an “out of stater”. Neami was seen as a large organisation and therefore a threat to the ongoing viability of smaller community-managed mental health services. The staff at Neami Armadale found it easier to set up joint projects with other community groups and services such as an art society and a community health service, rather than with community-managed mental health services. A range of activities was introduced, making use of local resources and attuned to individual consumers’ recovery plans. Health promotion has been a strong theme, including activities such as walking, yoga and programs on smoking reduction, psycho-education and building self-esteem. Expressive activities such as use of different media were also a key feature. Staff encouraged consumers to participate in recruitment by, for example, sitting on selection panels for direct care staff.

A new Liberal government won the WA state election in 2008. In 2009, the state mental health program invited Neami to tender for the management of a registered residential psychiatric facility. Neami declined to make a submission on the grounds that the service model was not based on current practice evidence and would be too restrictive. In addition, funding for staff was insufficient. The ramifications of refusing this invitation remained unclear, and senior staff were concerned it could have a negative impact on Neami. Later that year, Neami was contracted to undertake assessments of patients at Graylands Hospital (the major stand-alone psychiatric institution in Perth) and others living in residential services on the Graylands campus.

Of the 173 patients who were assessed by Neami, about three-quarters were regarded as suitable for community living or other less restrictive living arrangements than institutional care. Neami developed an innovative way of assessing these patients in terms of their levels of support. Patients were allocated

to bandwidths according to the level of support they required to live successfully in the community. There were four bandwidths: low, medium, high and very high. There had been an earlier proposal that Neami could undertake to move out 50 patients from Graylands, but once the assessments were completed, nothing further eventuated at that point.

Following this experience with the Graylands assessment project, Neami was encouraged when WA began moving towards new service models directed at individual client care. The WA Mental Health Commission was formed in mid 2010 and the first Australian Mental Health Commissioner, Eddie Bartnik, was appointed in WA in August 2010. One of the first tasks of the WA commission was to extricate mental health funding from the health budget. Another priority was to create its 10-year strategic policy *Mental Health 2020: Making it personal and everybody's business*. The key directions of this policy are: person-centred supports and services, connected whole-of-government and community approaches, and balanced investment in new priorities.



A.PINCHES AND J.ANDERSON ADVOCATING FOR MORE SUPPORTED HOUSING, HIGH STREET, PRESTON 2003

In August 2011 the Individualised Community Living Strategy was released for tender by the WA Mental Health Commission to provide houses and support to 100 consumers in WA. Much of this tender was based on Neami's earlier assessment work and report. Twenty places were allocated for regional areas and 80 for metropolitan areas, with a budget of \$8m for support, comprising \$6m for metropolitan areas and \$2m for regional

The tender process was in two parts. In the first stage agencies submitted to go onto a tender provider panel. The second stage involved tendering for packages. Neami won the tender for 10 individual packages. The 100 packages were distributed among 13 community-managed mental health organisation support providers and 11 community housing providers. Neami had anticipated getting 20% of the packages and had sought packages for the high need, most disabled consumers. Instead, it was allocated two from the low bandwidth and three each from the medium, high and very high bandwidths. Half were inpatients at Graylands and half lived in the community, but in unstable situations. The consumers have been able to choose where they want to live, and the geographical spread is considerable. Neami has since established a metropolitan office, which has had to cover a wide area.

Neami moved quickly to set up another office from which to operate and second staff from other states. Staff were needed immediately to assist in the service development and to help newly appointed WA staff to hit the ground running in providing individualised support to consumers. Partnership development was vital at this point and remained a high priority.

## QUEENSLAND

In 2009, Neami won contracts in the third tender round for PHaMS in Queensland. The two areas of service development were South Brisbane and North Brisbane. Of the 16 PHaMS sites in Queensland, eight went to community-managed mental health services from outside Queensland.

At the time, Jeff Cheverton was CEO of Queensland's peak body for the community-managed mental health sector, the Queensland Alliance. He was already familiar with Neami, having visited Victoria in 1992 to find out about housing and support

programs when he was working for the Queensland Disability Housing Association. Mr Cheverton had been struck then by Neami's innovative approach to housing and support, including the separation of support from tenancy management. Support was provided from an off-site location and consumers were housed in their own individual dwellings rather than congregate settings like group homes.

The board of the Queensland Alliance encouraged Jeff to talk to community-managed mental health services new to Queensland and invite them into the fold. He was impressed by how Neami approached its arrival in a new state, for example seeking to establish good relationships with existing community-managed mental health services and "being a bit humble". He believed Neami's documented practice model and focus on consumer outcomes would contribute very positively to Queensland's existing community mental health sector. Initially they were defensive, but Neami persevered with its commitment to developing positive working relationships. As a result there is now good collaboration between Neami and other community-managed mental health services.

Jeff also observed how Neami initially brought its own staff to set up the Neami services in Queensland. This contrasted with other interstate community-managed organisations, which had recruited staff from local community managed organisations, a practice that had sometimes caused ill-feeling. Jeff considered Neami's approach not only avoided poaching staff from existing community-managed organisations, but also ensured the Neami model would be followed. He also noticed that Neami was prepared to make some adjustments to fit the new setting in Queensland, which signalled it was a learning organisation. On a final note, Mr Cheverton was also impressed that Neami's president was a former service user. He thought this made a clear statement about how consumers were valued by Neami, and conveyed a strong recovery message.

From January 2011, Neami has also been funded by the Queensland government's Department of Communities for two individualised support packages.

## VICTORIAN DEVELOPMENTS

During the period of national growth in the 2000s, there was still further development within Victoria for Neami. Since its inception in 1987, Neami had established sound working relationships with the clinical adult mental health services in Melbourne's northern and north-eastern suburbs. During 2004, Neami initiated two new partnerships with a focus on consumers with a range of complex needs. The first was a partnership with the secure extended care unit at the Austin Hospital, Bunjil House. The Austin managed the north-eastern adult mental health service. The nature of the agreement was that selected inpatients at Bunjil House could access Neami programs as part of their transition back to the community. The second new partnership was with Forensicare, Victoria's forensic mental health service. A pilot project enabled Forensicare inpatients who were being prepared for community resettlement to attend Neami programs.

Other developments included the Splash art studio moving to new and larger premises, opened in 2005 by the state arts minister, Hon Mary Delahunty, and a successful application for housing through the state government Social Housing Innovations Program (SHIP). Neami was allocated three new single-bedroom units in Reservoir. In 2005, Neami also received seed funding from the Victorian government for a new service for people with complex needs, based on individual care packages.

Together with Swinburne University of Technology and Supported Housing Ltd, Neami won an Australian Research Council research grant in 2005 to evaluate Neami's Community Housing Program in Victoria, and also to compare its development and outcomes with Neami's Returning Home program in South Australia. The research was undertaken over 2006 to 2007, with two reports published in 2008. Findings from the research are reported later in this document. Also on the housing front in Victoria, Neami was allocated 15 new properties in 2006 and then obtained funding in 2007 through a state government Pathway to Housing initiative for a housing worker based at Northern Hospital Acute Psychiatric Unit.

Neami Victoria also put in tender bids for 2006 COAG Commonwealth funded mental health initiatives. In 2008, Neami won tenders for Day to Day Living (D2DL) funding for places at Neami North East, Darebin & Whittlesea. The following year, Neami was allocated PHaMS funding for two new services in the north-east. These new services would be integrated with the existing four Neami services.

By 2008, the complex care initiative was expanding, with both outreach and in-reach support being provided to consumers with complex care needs. Referrals were coming from both the secure extended care unit and Forensicare. In 2009, Neami established a memorandum of understanding with Forensicare to provide these services. Other developments over this time included funding for Neami's youth outreach service in Whittlesea and a staff reciprocal rotation initiative between Neami Darebin and Moreland Hall, a local alcohol and drug service.

Neami's collaborative project with Swinburne University and Supported Housing Ltd titled Out of the Institution resulted in the publication of two research reports in 2008 by Meg Carter. The first report, From Psychiatric Hospital to Supported Housing: The Neami Community Housing Program, Melbourne, Australia 1995-2008, followed up participants in Neami's Community Housing Program. The report highlighted that the program had been effective in enabling a cohort of people who live with significant and ongoing disability associated with mental illness to sustain tenancies and live in the community over a period of 12 years.

The second report was Case Studies in Deinstitutionalisation: Implementing Supported Housing Programs in Two Australian States. This research compared the process and outcomes of two supported housing programs that had started 10 years apart: Neami's 1995 Community Housing Program in Victoria, and the 2005 Returning Home program in South Australia, in which Neami was responsible for relocating 20 of the 50 consumers. The report noted that in both instances, the supported housing enabled a cohort of extended care patients to move from a traditional psychiatric institution to live in the community.



WITH THE DECREASE IN DROP-IN CENTRES, A TYPICAL NEAMI WORKPLACE IS A SUBURBAN OFFICE FOR OUTREACH WORKERS. NEAMI BRIAR HILL, VICTORIA.

In 2009, the Victorian government launched its new 10-year mental health policy framework: *Because Mental Health Matters*. In 2010, the state budget allocated funding for three specific adult mental health reform initiatives:

- Intensive support packages for diverting consumers from admission to secure extended care units or for enabling inpatients ready for discharge
- Twenty care coordinator positions to coordinate care for consumers with multiple needs
- Intensive home-based outreach support packages for consumers with complex needs living in the community

Neami was successful in bidding for seven intensive home-based outreach support packages and three care coordinator positions. In the same year, Neami won the tender for the northern metropolitan Prevention and Recovery Care (PARC) step-up/step-down service together with the Northern Area Mental Health Service.

2011 saw several new Neami initiatives including assuming responsibility for the Inner East Mental Health Services Association (IEMHSA) in July. IEMHSA, which had begun operating in the late 1980s, had four service sites, 30 staff and an estimated 400 consumers. However, it had struggled unsuccessfully to develop or expand its services. IEMHSA management sought discussions with Neami in 2010 about a merger. A merger working group was established and after extensive discussions the IEMHSA board decided to become part of Neami. Neami assumed the responsibility for management of the IEMHSA funding contracts and staff.

The Northern Prevention and Recovery Care (PARC) service started in early 2011, with clinical staff from the Northern Area Mental Health Services working alongside Neami staff. The PARC service comprises a 10-bed residential unit and Neami provides 24 hour onsite support. Consumers can stay for up to 28 days. Neami has also recently developed a partnership with Housing Choices Australia to provide a Victorian Supportive Housing Project in High Street, Preston. Known as Sobell, the new block of 33 apartments provides accommodation for consumers who have been homeless due to mental illness and also for people on low incomes who are eligible for social housing but do not need support.

## INNOVATION (2009-12)

In 2009, Arthur relocated to Melbourne. After the move, Neami gave high priority to staff development and service innovation, which led to a raft of new initiatives. These included:

- A new approach to staff training
- A review of the Neami policy manual
- Development of a research framework and research committee
- Evaluation of consumer participation in Neami
- Improved financial and human resource databases
- A new consumer database, using Carelink+ software

As part of the innovation phase, a new position of manager, service development was created. The Neami-wide brief was to foster research, staff learning and service development. Recognising the importance of having Neami's values and approach reflected in all services, the position was located in the national leadership team with its own department. Nich Rogers was initially appointed to the position. From the beginning the service development team has aimed to ensure the delivery of consistent service provision across Neami's service sites by supporting staff to build their knowledge and skills in providing evidence-based practices to the consumers they work with. To achieve this aim, the team facilitates training, research and evaluation and service/program development initiatives and activities.

Following Nich's departure from Neami, Merrilee Cox was appointed to the position, bringing extensive experience in training and service development from the mental health and other community-managed sectors. After the release of the Neami Research Framework, which aimed to further develop and guide Neami's research activity, a Training Framework was developed, with clear training expectations for all staff whether new or current. The service development team has experienced considerable growth since it first formed and now comprises 15 staff responsible for delivering training, undertaking research and short-term projects, and monitoring Neami's continuous improvement initiatives.

Neami first became aware of the Collaborative Recovery Model (CRM) in 2003 when a number of sites from New South Wales and South Australia were involved in a five-year multi-site Australian study as part of the Australian Integrated Mental Health Initiative (AIMhi). The study, coordinated by the University of Wollongong, was designed to evaluate the effectiveness of the CRM. Following its involvement in this study, Neami became interested in introducing the model across the whole organisation. However, widespread implementation was postponed due to the considerable growth occurring at this time.

The AIMhi study identified challenges in implementing the model. These included the importance of developing strategies to support translation of training into practice and the necessity for management support for culture change associated with implementation of CRM. In 2009 a partnership including the Illawarra Institute of Mental Health, a department within the University of Wollongong, Neami and four other non-government mental health agencies was awarded an Australian Research Council Linkage Grant. The aim of the study was to look into the factors that impact on the transfer of training into practice following the involvement of staff in the Collaborative Recovery Training Program (CRTP). Neami used the opportunity of being engaged in this study to formally adopt the CRM as its service delivery model. The research project provided the perfect foundation to guide the implementation of the model throughout the organisation. The training of all service delivery staff in the use of the CRM started in late 2009 and was finalised in April 2010. New direct service staff now undertake a three-day CRM induction, followed by booster sessions and coaching as part of regular supervision and practice development. Eleven staff are also accredited as CRM trainers to provide additional support in use of the model.

In 2009, Neami employed its first peer support workers. There are now 25 staff employed in these roles nationally. A key role for these workers in most sites is to facilitate the Flourish program. Flourish, developed by the University of Wollongong, is a personal development and recovery-based group program conducted in six sessions. Other peer support workers are employed as members of outreach teams to help engage and build relationships with consumers, such as in

the Neami NSW Way2Home service in Sydney, which works with rough sleepers. As with all Neami staff, peer support workers undertake an initial training program and have ongoing supervision on the job.

As a result of the research evidence showing the poor health status of people with a mental illness, a focus on health promotion became a new theme for consumer programs during 2009. Health promotion officers were employed in each state to raise awareness of health issues and develop workable programs. A Health Promotion Strategy was developed and health promotion site champions recruited across the organisation. The work of the health promotion team has been instrumental in getting health issues such as diabetes, poor oral health, tobacco smoking and physical activity back on the agenda for consumers.

Since Neami expanded into other states, the Neami board has added members from interstate. Two members from New South Wales, Stephen Brand and Douglas Holmes, joined in 2006 and 2007 respectively. Members from South Australia, Queensland and again NSW were also appointed to the board in 2010. They were Margaret Springgay, executive director of Mental Illness Fellowship of Australia; Robert Bland from Queensland, Professor of Social Work at the University of Queensland; and Dr Lindsay Oades from the University of Wollongong. More recently Graeme Doidge from the former Inner East Mental Health Services Association and Manager of St Vincent's Hawthorn Mental Health Clinic, and Sonia Law, Corporate Counsel for Forensicare in Melbourne, have joined the board.

In early 2010 Neami formed a research committee of Neami staff, consumers and external academics to oversee and support the organisation's research activities. The committee provides a vital function in ensuring quality and consistency of research through the coordination, monitoring and management of Neami research activities. The committee ensures safe, ethical and beneficial projects are undertaken in a manner which is respectful and considerate of participants, including consumers. The work of the committee has become a crucial component of ensuring Neami's research is of a high standard and, most importantly, respects consumers.

In May 2010, Neami achieved its third Quality Improvement and Community Service Accreditation (QICSA) accreditation and leading practice rating for the standards of incorporation and contribution to good practice, human resources and finance. Another notable event during the year was a report on consumer participation at Neami. Two consumer researchers, Allan Pinches and Jan Hatt, undertook the project, based on extensive consultation with consumers. Recommendations from the report have resulted in further work being conducted by the service development team, including a review of the existing consumer advisory group structures. Neami's consumer complaint and feedback process was also recently reviewed and updated as a result of the report by Allan and Jan. Allan's view is that Neami has been a thought leader in the sector in relation to consumer participation and he is keen that this pioneering work is continued.

Staffing and management has continued to grow to keep pace with the increased demand for services. State manager positions are now located in Victoria, New South Wales and Queensland, and a state manager in South Australia is also responsible for Western Australia. Regional manager positions are also based in Melbourne's Eastern and Northern Regions, in South Australia and in the Northern and Southern regions of NSW. A human resources manager is now based at head office. And there have been recent additions to the service development team, including a manager of research, projects and innovation and a research coordinator. Neami's human resource procedures have also developed considerably over time. Workforce recruitment and selection procedure has undergone redevelopment, with a new focus on key competencies. Information sessions are now held within the community to promote positions and to give interested applicants greater opportunity to learn about the organisation. In alignment with the principles and practices of the CRM, staff supervision at Neami has also been replaced with practice development sessions, which focus much more on coaching and staff development.

Neami has also developed a clear Sustainability Plan and from 2009 adopted a range of sustainability programs to reduce energy use, increase recycling and reorient our purchasing towards sustainable products. A Sustainable Living

Program for consumers was recently launched. This program is closely linked with health promotion activities encouraging customers to lead healthier and more sustainable lives.

In 2011, Julie Anderson stepped down as president, having been in the role for 11 years. Stephen Brand, who had been vice president, took on the President's position, and Julie became Vice President. The board developed a new set of strategic directions for 2011-14, with the mission of improving mental health and wellbeing in local communities. Four strategic directions were identified:

- Lead through service innovation
- Promote services that achieve quality recovery outcomes
- Expand services for people with complex mental health and social needs
- Develop a skilled and diverse workforce committed to recovery

*'All the people at Neami are welcoming...no matter who it is Arthur, the woman who answers the phone, other staff at Regent or any of the workers at Head Office when I go for a meeting...it is like they all have the same approach. The staff I met over the years were always honest in their feedback to me which I really value'.*

## TRIUMPHS, CHALLENGES AND LESSONS

The end of Neami's 25th year of service delivery has provided the perfect opportunity to reflect on the triumphs, challenges and lessons learnt. After a small public meeting held in Melbourne's Heidelberg Town Hall in May 1987 **no one could have predicted the astonishing development of Neami over the next quarter of a century.** From just a handful of staff, Neami is now one of the leading community-managed mental health organisations in Australia. Neami has been a pioneer in the community-managed sector and is well positioned to respond to the new directions already emerging from consolidation in the mental health sector. **Since its beginnings, Neami has grown in size and scope and it is now well established as a national body.** Initially its development was largely driven by the need to resettle former institutional patients in the community. However, Neami's services have always included consumers with a mental illness who were already living in the community.

Following the initial achievements in establishing Neami in Victoria, the organisation could easily have fallen victim to mission drift and started pursuing new service delivery options within the state to fulfil its desire for further growth. The board and Arthur however, saw this desire for growth as an opportunity to provide the same high-quality services elsewhere in Australia, which they did with great enthusiasm and commitment to the values of the organisation. Bringing staff from established services into new states to assist with this development has meant that consistency in service provision has been possible from day one. Neami's expansion across state boundaries has enabled service innovations introduced in one state to be shared with others. This expansion also forced changes within Neami including an improved management structure to support staff and consumers in service provision that have produced a stronger and more robust organisation, The continued emphasis on innovation in all aspects of service delivery, financial and human resource management, research, training and collaborative working partnerships has also contributed to the ongoing success of the organisation.

Over time, as many institutions have scaled down, Neami's vision has expanded to become *full citizenship for all people living with a mental illness in Australian society.* The recent 2011-14 strategic directions aim to ensure staff are committed to achieving this

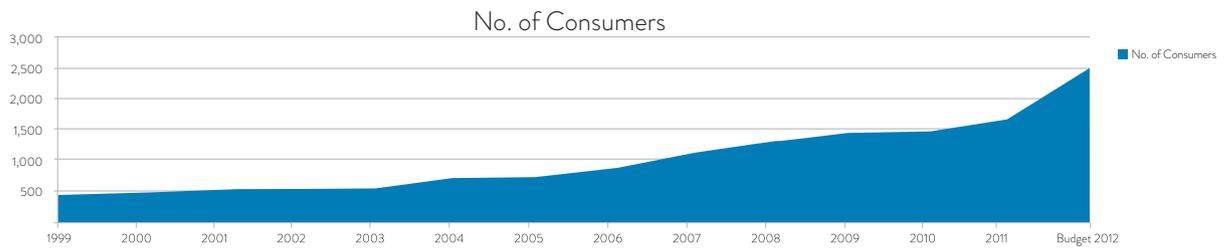
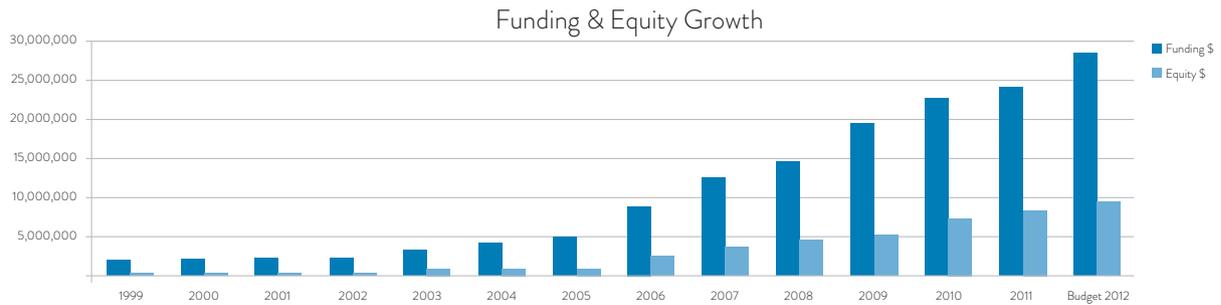
vision. Those who have been a part of Neami's journey know all too well that the success of Neami is the result of the organisation remaining committed to its operational values and hiring enthusiastic and committed staff who have been dedicated to enacting Neami's mission of *improving mental health and wellbeing in local communities*.



'ELEPHANT', PAPIER MACHE, MIXED MEDIA. ARTS ACCESS STUDIO, LARUNDEL HOSPITAL 1986-1996.

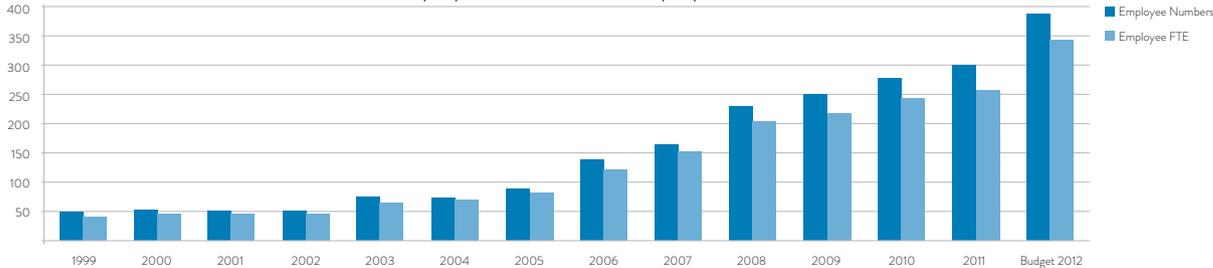
## APPENDIX

### GROWTH CHARTS

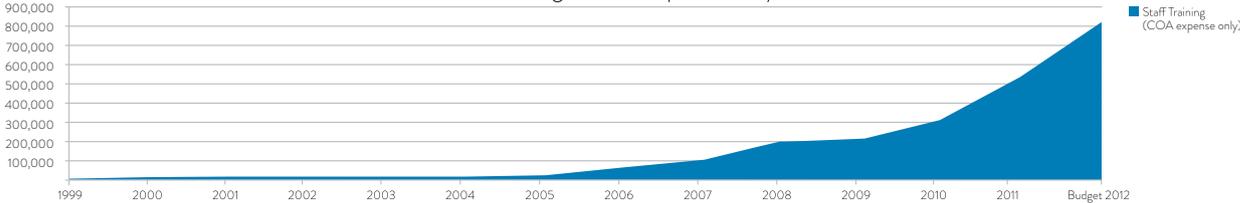




Employee Numbers & Employee FTE



Staff Training (COA expense only)





## NOTES



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