



mind View

Celebrating

40 years

1977-2017


mind[®]
Help, hope and purpose

A special
edition
celebrating
40 years
of Mind



Celebrating 40 years of help, hope and purpose

Introduction from our Board Chair

Welcome to this special edition of *Mind View* celebrating our 40th birthday. It provides a reflection of our work over these 40 years. We are proud of the achievements of the organisation, and of the contribution we have been able to make to the lives of over 400,000 Australians who sought help and assistance from Mind. Supporting our clients to live a life of their choosing has and continues to be our priority; put simply they are the heart and soul of Mind.

Our 40th birthday is an important occasion to celebrate our achievements and to acknowledge and thank the generations of clients, board members, directors, staff, volunteers, partners, families and carers, donors and funders who collectively have made Mind the organisation that it is today.

During our 40 years there have been many changes in the understanding of mental illness and in policy and practice approaches to service provision. Mind has not only evolved to reflect those changes



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Mind cares for the environment and uses environmentally-friendly inks on recycled paper.

but has been, and continues to be, a leader in delivering a recovery focused model and incorporating a person centred approach.

Some things have not changed. In particular, our founders' vision of the importance of people affected by mental illness being able to help each other in their recovery. This vision has been realised with increased sophistication through the employment of peer workers, clients' input, and the adoption of co-design and co-production. The founders of Mind started their work in 1973, concerned that people being discharged from psychiatric institutions should be supported to move back into community living. They were inspired by the work of a British woman named Elly Jansen, the founder of The Richmond Fellowship (UK), and invited her to Melbourne to share her philosophy and approach in 1973. Four years later, with a \$10,000 grant from the Brotherhood of St Laurence and \$33,000 from the Victorian Government, this dedicated group of individuals established The Richmond Fellowship of Victoria (RFV).

The Board were passionate about providing a different kind of service to people with mental ill-health, and were driven to make it a reality. For 40 years, they and their successors have grown the organisation and steered it through the good times and the bad.

As our services expanded to include new programs and locations, so too did our reach. In 2005, we moved into South Australia and two years later, we changed our name to Mind Australia.

Mind has striven to be a provider of high quality, responsive services. We have sought to lead thinking and practice in community mental health and incorporate feedback and new thinking. We've weathered storms as an organisation and haven't shied away from challenges

We've taken chances on services we thought were essential. We've chosen to invest in research and share our expertise more widely.

We've partnered with universities and academics so that we can contribute to important conversations around policy and reform – using research-based evidence and the input of those with a lived experience to advocate for the rights of people affected by mental ill-health. Lived experience was a crucial component for us from the start, and today we have people with lived experience (some of them former clients!) working in all levels of Mind to share not just expertise and knowledge, but understanding.

When we opened in 1977, we had four staff and 53 residents. Today, we provide support to over 12,000 clients per year.

Our founders could hardly have foretold four decades on we'd have worked with more than 400,000 people in Australia.

In 40 years we've grown into a respected employer of over 900 staff and a leading provider of mental health services and expertise in Australia, further expanding our reach to Queensland and Western Australia in the last few years. While our size has changed over the decades – what drives us has not.

Our story is made up of big and small moments of transformation. Our ability to respond to complexity – in people, society or policy – has grown from the generosity of those who started the organisation and others who have journeyed with us since we took our first steps. We hope to walk another 40 years, and help thousands more on their journey of recovery. There's plenty more to be done.



Julian Gardner, AM
Mind Board Chair



Hope for a better life

Mind’s early beginnings were centred on the belief that there was hope for people living with severe mental illness to live better lives – to ‘escape the asylum’ so to speak.

It may be hard for younger readers to imagine now how trapped people were, locked away from family, community and hope – viewed as ‘unfixable’ and in need of having every aspect of their lives managed for their own and everyone else’s safety.

But there was an emerging belief that mental illness did not have to mean life-long dependence on institutional care. Our organisation’s pioneers understood that people could flourish if supported on a foundation of belief in their capacity to make decisions for themselves; their ability to learn the skills for independent living; and their potential to find meaningful ways to live and contribute to society.

We opened our doors in 1977 at Edith Pardy House – a community-based residential service that was more like a home than an institution. Here residents would be supported to work on their whole selves

(not just the symptoms of their illness), learn how to manage the day-to-day tasks of independent living, and would be part of a like-minded community that encouraged them to live to their potential. The sense of community was such an important aspect of this service, with past residents welcome to drop by for an evening meal or to participate in an activity such as working in the community garden or attending a workshop.

From here our early outreach programs evolved, providing ongoing support to people who were living independently or who didn’t need to live in a managed residential service but would otherwise be quite isolated.

In 1983 we launched Amaroo, a day program in Williamstown which promoted creative and practical skills in a sociable environment and helped people find meaning in their experience of living with mental illness. One year later, we established the Electra Street Community just a few blocks away, another residential service focused on helping people build new skills in

a supportive home-like environment. Amaroo was a great resource for the residents of the Electra Street Community – a place where they could participate in some great recreation, creative and learning activities. A former resident when describing his recovery spoke about becoming “far more motivated and [starting] to feel the spark within again” after spending time at Amaroo. This remains one of our most loved services today.

A key milestone in Victoria’s history – ours as well – was the government’s decision to close state-run psychiatric institutions in the early 90s, in recognition of the rights of people with mental ill-health to live in the community, and regain a sense of ownership over their own lives.

For us, deinstitutionalisation was an unprecedented opportunity to help people improve their lives and begin a journey of recovery – and while we continue to explore new ways of making this a reality for people, the importance of this policy shift cannot be understated.



Edith Pardy was a member of the Richmond Fellowship Council from 1977 to 1982

It was not without its critics. The public debate reflected anxiety about the safety of those with mental ill-health and the broader community once the institutions were closed.

“It was something we’d hoped for but feared would never happen,” says Associate Professor Bill Healy, former Mind Board Chair and Director (1992 to 2013). The Commonwealth Government offered organisations like ours funding for rehabilitative services to support people as they transitioned into the wider community.

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“We interviewed everyone who came through our doors and asked them who they were. This was fundamentally important to us. One gentleman hadn’t been referred to by his real name for years ... for many people this was the first time they had been asked to share their story.”

– Bill Healy, former Mind Board Chair and Director (1992 to 2013)

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“We interviewed everyone who came through our doors and asked them who they were. This was fundamentally important to us. One gentleman hadn’t been referred to by his real name for years,” Bill explains. “It was a proud day when he was reunited with a family member who’d entirely lost track of him. For many people this was the first time they had been asked to share their story.”

Since those early years, Mind has grown to become a thriving organisation providing support to more than 12,000 people every year, through residential, outreach and community-based learning and activity programs across Victoria, South Australia, Queensland and Western Australia. We also provide support to thousands of family, friends and carers with advice, counselling, education and respite.

One of the most significant developments has been the emergence of hospital network

funded short-stay, sub-acute residential programs. Designed to help keep people out of acute hospital inpatient units, these services typically involve a 14-28 day stay to help stabilise people whose symptoms are escalating, or to help people transition out of hospital. People in these services (most commonly called prevention and recovery care services, or PARCs) need clinical care, but also need to focus on the other aspects of their lives in order to live safely in the community. Mind is the leading provider of person centred recovery support in these settings – a testament to our ability to work in complementary ways with clinical staff.

Mental health is still predominantly understood through a clinical paradigm, and this continues to be our challenge today... to ensure clinicians and the general public understand the importance of recovery oriented support so that people can live well in the community and reach their potential with full agency over their own lives.

The introduction of the Mind Recovery College™ in 2013 was a bold bid to cement the idea of self-agency. At the Mind Recovery College™ you are a student, not a patient or client. You might also be a teacher. The focus is on the exchange of knowledge about recovery from the perspective of those with lived experience, and the acknowledgement of their expertise as being equally important as the expertise of clinicians and other professionals.

The newly introduced National Disability Insurance Scheme (NDIS), while not without its limitations, does present new opportunities for supporting people in innovative ways that honour their rights as free citizens and respond to their needs outside of clinical treatment. We are embracing those opportunities and look forward to offering people new pathways towards a better life. ■

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“Congratulations to Mind for 40 years of psychosocial support. Mind has played an innovative leadership role in the provision of community mental health services over the past 40 years!”

– Professor Helen Herrman AO

Professor of Psychiatry, Orygen, The National Centre of Excellence in Youth Mental Health

Centre for Youth Mental Health, The University of Melbourne

Director, WHO Collaborating Centre in Mental Health Melbourne

President Elect, World Psychiatric Association

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Quality in practice: relationships, respect and recovery



Ebonyrose Lyons

When Ebonyrose Lyons gave the opening address at this year's Mind Community Conference in Victoria, she described her recovery journey in stages: "change was slow, with many ups and downs." She told a story of nearly twenty years of engagement with Mind, starting as one of our first residents in Narana, a youth residential rehabilitation service. Ebonyrose remembers arriving "just as they were doing the finishing touches and laying down the grass."

The staff appeared happy and excited about the new service and told her she could stay two years. While she didn't trust them at first, eventually, "we did lots of group work and began building trust." Ebonyrose started to feel accepted by the staff and the other residents and confident that they knew what it was like to live with mental ill-health.

“Staff remind you that you are responsible for your care going forward. They don't want to take full credit for it. And it's amazing, how they gently set boundaries.”

- Ebonyrose Lyons,
Former client

But they wouldn't accept her old behaviour, and Ebonyrose found she wanted things to change too. Feeling accepted but also accountable for her own actions was a major turning point in her recovery journey.

At the heart of this story of recovery and personal growth are two things that capture the essence of Mind's practice: respectful, compassionate relationships and solid practical advice. These two elements of our practice combine to create safe spaces where people can regain hope that things can and will be different, and that they can work on the aspects of their lives they want to change.

Of course, things do not always go to plan. For Ebonyrose, some years after she left the Narana youth residential rehabilitation service, her mental health began to deteriorate. Fortunately, she was able to reconnect with Mind through the Personal Helpers and Mentors service (PHaMs) and found someone who was "always ready to listen, encouraging and supportive." Being there for people when they need help, and sticking with them through thick and thin has been a part of Mind's approach for the 40 years of our history.

In the early 2000s we started to try and articulate this way of working. In 2012 we published our *Model of Recovery Oriented Practice*. Updated and renamed in 2016 to *Mind's approach to recovery oriented practice*, this remains our guiding framework for all our services today.

Regardless of what service people use, they will experience non-judgemental, caring and uplifting support and practical guidance from staff who according to Ebonyrose "remind you that you are responsible for your care going forward. They don't want to take credit for it. And it's amazing, how they gently set boundaries."

We are constantly evaluating our methods to ensure that we're delivering on our promise to hold the hope for our clients. Our customer research has helped us to confirm what is at the heart of what people value about Mind: the relationships between clients and staff, and the combination of care, professionalism and practical assistance we offer - regardless of what service or whereabouts. As Ebonyrose explains, what we do works: "with the support of my worker, counsellor and family, I'm living a good life and being a good parent." ■



Families and friends

Families and friends have always been a crucial part of the Mind story. We were founded by the efforts of people who wanted a better life for their loved ones affected by mental ill-health, and to this day are guided by their knowledge and experience.

In 2013, we merged with the Association of Relatives and Friends of the Emotionally and Mentally Ill (ARAFEMI). We were pleased to do this in recognition of the importance of family and carer perspectives in the development of support services, but also to ensure carers' needs continue to be addressed too. Families and friends have been under-recognised and under-supported for too long and left on the brink of burn out.

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“Being a carer is a difficult job. We can be on call 24/7 and no amount of money can cover that. But I don't do it for the money. I do it because I love my daughter. ...sometimes she just needs her mum.”

- Jo Pallant, Community Mental Health Practitioner and Carer Champion ”

Our recently commissioned report, *The economic value of informal mental health caring in Australia* (University of Queensland, March 2017) made clear the size of the load family and friends carry, the care work they

do and the significant challenges they face to get the support they need to stay engaged in their own lives. This breakthrough research was funded through the Carer Development Fund, a legacy of the merger with ARAFEMI, and is a powerful illustration of why we have committed to a focus on families and carers in our new advocacy program.

Through this fund we've also worked in partnership to develop the *Practical guide for working with carers of people with a mental illness* along with our own resources to promote family sensitive practice. Mental Health Carers Australia (MHCA) is another partner with whom we promote carer focused approaches nationally. Jenny Branton, Executive Officer at MHCA says “Mind's focus on families and carers is unique amongst the big service providers, so they were the first organisation we approached when moving to our new national membership model. Having Mind on board significantly extends the network's capabilities in research and policy analysis on issues that matter to families and carers.”

Mind has sought to be more sensitive to the needs of family and friends, and ensure their experiences of the services we provide to the people they love and care for are inclusive and positive.

Mind has established Carer Champions, a group of staff who in addition to their paid role at Mind also advocate internally for the importance of being 'carer aware' across the whole organisation and beyond. We also operate a national Carer Helpline, a volunteer led call back service offering advice, counselling, linkage and support to families and friends who are supporting someone with mental ill-health.

The helpline is staffed by people who have a lived experience of either mental ill-health or caring for someone on a recovery journey. People have told us they can “talk to them about stuff that we wouldn't even talk to our own family about.”

At Mind, we also make proactive calls to new clients' nominated carer or important other, reaching out to them to say 'welcome to the Mind community' and informing them of the support they can access in their own right.

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“Mind's focus on families and carers is unique amongst the big service providers, so they were the first organisation we approached when moving to our new national membership model.”

- Jenny Branton, Executive Officer, Mental Health Carers Australia ”

As one family member explained, “mental illness is a casserole-free condition...” because rarely do people arrive on your doorstep offering practical help. Not like they might if you had a physical illness. At Mind, we do our best to bring carers and families together, so they can share their experiences and feel less alone in their concerns. We do this through support groups, education evenings, social activities and also by hosting the online SANE forum for carers. ■

Beyond support – Mind’s innovation and research

“There’s no doubt that Mind has a long and important history of delivery of mental health services in Victoria. Its legacy would be that it’s directly assisted thousands of people, but Mind also has a legacy in two other places: innovation and its contribution to research.”

– Dr Margaret Grigg, Executive Director

Health Service Policy and Commissioning, Health and Wellbeing Division
Department of Health and Human Services.
Deputy Chief Executive of Mind 2013 – 2016

As the stories in this magazine tell, Mind has worked hard to think outside the square for the whole of its 40 year history. From the very start, our services have challenged existing thinking and practice and offered new possibilities for supporting people experiencing mental distress, ill-health or disability to lead lives of their choosing. We have been courageous in trying out new ways of doing things, and have worked in partnership with others to change things for the better.

Today, we are recognised as an important contributor to debates on how mental ill-health and psychosocial disability are understood, and how people could and should be supported. We have an established tradition of working **with** people and their families to make improvements that **they** value – working alongside them as equal partners in our research, innovation and service development activities.

For the first 30 years, our work was driven by commitment, good intentions and a resolve to make a difference. We tried things out. We sought feedback and reflected on the effectiveness of what we did. We changed things that were not working well. Then, the Mind Board made the bold move to invest in a formal research program – an Australian first in the community mental health sector at the time.

In 2011, we established a partnership with the Centre for Mental Health, Melbourne School of Population and Global Health at The University of Melbourne, and appointed a research fellow as Mind’s inaugural Director of Research.

Dr Lisa Brophy took up this position. Her commitment and hard work has seen increased investment in research in recovery oriented approaches across Australia, and research that values lived experience at a time when mental health research was clinical and medically driven. Mind is extremely proud of this achievement, because we believe that it is good for all people who are impacted by mental ill-health.

Building off the base of this partnership, Mind has been able to increase its research capacity and apply this to some significant service and system innovations.

Some of the highlights of this investment in research for innovation include the development of Australia’s first recovery college, and the current effectiveness evaluation of Victoria’s adult PARC services. The outcomes from this latter project are eagerly awaited by other states that are less advanced in progress towards deinstitutionalisation.

The Mind Equality Centre in Melbourne’s north west grew out of a perceived

“The collaborative research partnership between Mind and the University has proven to be extremely successful, and other non-government agencies like Mind have expressed interest in forging similar arrangements. Under this model, Dr Brophy is supported by a vibrant academic environment and able to lead research and evaluation work that can make a real difference ‘on the ground’ ... and have a significant impact on people with mental ill-health.”

– Professor Jane Pirkis, Centre for Mental Health,
Melbourne School of Population and Global Health

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Learn from yesterday, live for today, hope for tomorrow

Mind Recovery College™, Nunawading
Campus (Melbourne, VIC)



need by staff concerned with the rate of mental ill-health and suicide in the LGBTIQ community. Funded solely by Mind to address an area of unmet need, this specialist counselling service has attracted interest from other cities keen to offer support to their LGBTIQ residents.

Over the past five years, we've commissioned and produced three major literature reviews examining the evidence base for different aspects of how NDIS operations might work. These reports have helped the National Disability Insurance Agency (NDIA) Board develop its understanding of psychosocial disability and allowed us to influence how a national model of care might best provide for people experiencing disability associated with mental illness.

We are also committed to innovation through investment in the mental health workforce of the future. In 2014 we established a partnership with the School of Nursing and Midwifery at the University of South Australia, where we fund a teaching position for a lived experience academic. Teaching in the Bachelor of Mental Health Nursing, Dr Mark Loughhead brings a unique perspective on mental health care. He works closely with Professor Nicholas Procter to develop mental

health practitioners who, through their exposure to the lived experience of mental health services, will develop a practice founded on compassion and care for the people they help.

More recently, our research program has expanded to address questions of policy. In 2015 we commissioned the School of Public Health at the University of Queensland to undertake an estimation of the economic contribution of unpaid families and carers, and the nature of the care work that they do. This research, which gained national and international attention, has allowed us to shine a light on the important but uncounted work that informal carers contribute to the Australian economy. We are now using this work to assist and influence policy-makers,

to ensure that mental health carers are supported to continue this important work.

Looking to the future, the Mind Board has invested in a program of policy, advocacy and campaigning to achieve our strategy goal number five (influence for social change). Over the next five years, and under the leadership of Dr Sarah Pollock, Mind will pursue policy and system change in two priority areas; paid work and unpaid care for mental health family carers; and housing for people with mental ill-health.

We believe that this work will make an important contribution at a time when it is clear that focusing on the mental health system alone will not deliver better outcomes for individuals and families. ■

“Mind values, respects and prioritises consumer engagement wherever possible. Incorporating voices of lived experience in research means that consumers and carers feel heard. Our knowledge and evidence is enhanced and expanded by the *actual* lived experience of consumers.”

– Professor Nicholas Procter, University of South Australia

A few from the archives

Client artwork from Denham House – one of the first psychosocial rehabilitation programs for young people in Victoria, established 1981.



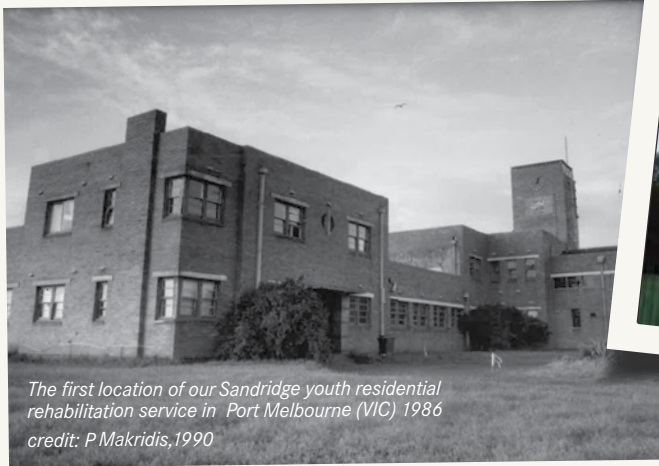
1997-98 Board Directors L-R: Back: Bill Healy, Ross Brown, Sally Ryan
Front: Wendy Hancox, David Willshire, Natalie Cronin, Allan Pinches



Trelowarren House in Armadale (Melbourne, VIC) 1980



Plotting the Sprout garden in Thornbury (Melbourne, VIC) 2002



The first location of our Sandridge youth residential rehabilitation service in Port Melbourne (VIC) 1986
credit: P Makridis, 1990



Sandridge today: Clifton Hill (Melbourne, VIC)



Electra Street Williamstown 1984



Electra Street Williamstown today

Mind Australia, formerly Richmond Fellowship of Victoria and SA

Past Directors

1974 – 1983	Douglas Clark	1990 – 2001	Sally Ryan
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1974 – 1985	Rev. Vernon Cohen	1991 – 2002	Allan Pinches
1974 – 1988	John Lewis	1991 – 2013	William Healy
1974 – 1988	Patricia Lewis	1992 – 1995	Peter Doherty
1974 – 1988	Margaret Matters	1995 – 1999	Androula Chrisanthou
1974 – 1989	John Fisher	1995 – 2004	Tobie Sacks
1974 – 1989	Elly Whitehouse-Jansen	1995 – 2007	David Willshire*
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1974 – 1991	John Grigor	1999 – 2005	Elizabeth Bailey OAM
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1983 – 1997	Alexander McPherson	2002 – 2011	William Robb
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1985 – 1989	Joyce Davies	2005 – 2011	Ruth Hayward
1988 – 1989	Carol McDonough	2006 – 2009	Judith Player
1988 – 2003	Natalie Cronin	2008 – 2011	Merinda Epstein
1989 – 1990	Michael Canty	2008 – 2013	Ruth Owens
1989 – 1991	Alec Babos	2008 – 2014	Dr Robin Collier OAM
1989 – 1992	David Willshire*	2008 – 2014	Sascha Detmold Cox
1989 – 2007	Wendy Hancox	2010 – 2013	Sally Gibson

*David Willshire served two separate terms

Present Directors

2006	Judith Earls	2012	Melissa Field
2006	Dr John Farhall	2013	Jeremy Coggin
2011	Julian Gardner AM	2013	Amanda Ford
2011	Bernard McCormick	2014	Christopher Gibbs



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