
SHARING — THE — JOURNEY

CATE PATTISON



THE STORY OF THE RICHMOND FELLOWSHIP
OF WESTERN AUSTRALIA, NOW RICHMOND WELLBEING

1975-2015



Sharing the Journey

The story of the Richmond Fellowship,
now Richmond Wellbeing,
in Western Australia.

1975 - 2015

■

CATE PATTISON

First published in 2015 by
Richmond Wellbeing
29 Manning Road, Cannington,
Western Australia, 6107

This book is copyright. Apart from any fair dealing for the purpose
of private study, research, criticism or review, as permitted under
the Copyright Act 1968, no part may be reproduced by any process
without written permission. Enquiries should be made to the publisher.

Copyright © Richmond Wellbeing

Pattison, Cate, author.

Sharing the Journey : The Story of the Richmond Fellowship of Western
Australia, now Richmond Wellbeing, 1975-2015 / by Cate Pattison.

9780994428905 (paperback)

Includes bibliographical references and index.

Subject suggestions:
Richmond Wellbeing
Mental Health Services - Western Australia - History

Produced by Flametree Creative, Perth
Designed by Flametree Creative, Perth

While the author has exercised every care to present accurate data
throughout the content of this book, no responsibility is implied or
accepted for any inaccuracies which may occur through verbatim
reproduction of quotations, either verbal or written, of contributions
to this publication. Every effort has been made to obtain permission
to publish copyright material; if for any reason a request has not
been received, the copyright holder should contact the publisher.

“ **The issue for mental health is that
it is complex. It really overlaps
with well-being. Everyone has
their own mental health.”**

Dr Nathan Gibson

“ **Schizophrenia is a medical term
... it’s not anything to do with the
symptoms that the person, mind
and body have to deal with.”**

Keith Wilson

“ **I suppose most of all, it’s a
belief in the possibilities of the
people Richmond Wellbeing
serve. That it’s not ‘looking after
poor unfortunates’. It’s actually
giving people an opportunity to
grow and develop and become
the people they can be.”**

Dr Rachel Perkins OBE



Foreword

THE BIRTH AND UPBRINGING OF THE RICHMOND FELLOWSHIP IN WESTERN AUSTRALIA.

I use the word upbringing instead of development, as I know how much time, thought, hard labour and soul searching has gone into the development, maintenance, problem-solving and safe guarding of the mission in Western Australia.

In the 1950s in the UK and somewhat later in the USA and Australia, governments woke up to the fact that some mental hospital patients responded positively to more humane treatment and new medications, and that the tradition of ‘warehousing’ was attracting public scrutiny and, at times, public attack. However, the only new (and rarely used) solution from the voluntary/ private sector in Australia was to place patients in boarding houses, which in themselves were often dispiriting. In the UK, the government approach was to create multiple mini-institutions, staffed by hospital nurses, so that the basic necessities could be provided whilst continuing to exercise supervision and control, and whilst preserving the status quo with regard to authoritarian attitudes.

However, in a few hospitals in the UK - especially the Henderson and the Cassel, the ideas put forward by the psychoanalyst W.R. Bion and others were beginning to be put to the test. For example, the occupants of a mental health

ward were enabled to meet, so share information about themselves and discuss the hospital regime and, at times, to assume responsibility for some aspects of their common life. The response of staff was then required to be on a similar egalitarian basis, placing value on each person and contribution, and changing ward practices as far as was considered sensible and acceptable to the overall regime.

The emergence of this innovative thinking and practice chimed in with my own experience. For a period of two years I had worked at the Amsterdam Paedologisch Institute with a group of adolescent boys, on the basis of maximum democracy with shared planning and responsibilities – a regime which produced very positive results for the boys in terms of maturation, happiness, self-confidence and aspirations to be considered trustworthy and responsible. Subsequently, whilst studying for a B.D. in the UK, I had been following the debates on the Mental Health Bill in the Houses of Parliament, and decided that the only way of convincing the powers that be was to set up a pilot scheme in the wider community. Such a project would need to deploy the principles of democracy and of respect for each person, whatever their presenting problems.

Thus in 1959 Lancaster Lodge in Richmond, Surrey, became the first establishment to pioneer a therapeutic community outside the mental hospital. Within a year of its launch – such was the reception from the public and the Psychiatric profession at the time – the local government offered a grant for a second unit and, within a few years, the Richmond Fellowship was training staff, setting up similar communities in many parts of the UK, and receiving invitations to establish its work and trademark in other countries. The outcome was a tour providing lectures to the American Schools of Psychiatry, and the establishment of a number of projects in the USA and invitations from Australia, New Zealand and other countries to establish the RF in their state or country.

In 1973 a round-the-world tour was arranged for my whole family: my husband George, our two children Natasha and Anna Marie, and myself. We started work visiting the East Coast homes we had established in the USA, then went to the West Coast to undertake a short appeals campaign. Having taken a long overdue week’s holiday in Honolulu and Fiji, we travelled to New Zealand to start laying the seeds for the RF projects in Australasia. From a hectic few days’ work in the North and South Islands, Brisbane, NSW, Melbourne, travelling en route through Adelaide, (where my husband’s grandfather had established the Bank of Adelaide), we finally arrived in Perth.

On arrival, we found that the person responsible for arranging our Australian time-table had omitted the send the details of our arrival to our host, the Anglican Archbishop; hence, we were exiled to a small unwelcoming hotel, a few hundred yards away. The following morning we went to pay our compliments to the Archbishop. On approaching him, our three year old daughter, pointing to his protruding stomach, exclaimed, “My my – you have a tummy”, and on entering the rather neat and impersonal drawing room said, “you can’t have many friends!” We left his Grace not long after, assured (despite our outspoken

daughter) of the support needed for the establishment of a Richmond Fellowship Charity.

From that point onwards the warmth of Perth and its people enveloped us. Invaluable hospitality and support was received, especially from Bill and Jan Couche who, some 25 years later, renewed their hospitality for our second daughter, being her a ‘home away from home’ and enabled her (despite her low confidence) to explore Australia, and meet with my old friend Elisabeth Tow in Sydney, and Shirley Smith and others in Perth. Amongst those who gave us invaluable advice and support was John Casson; generous, supportive and loyal – the kind of person you never forget. Then there was David Shearer and later George Smith, who did a lot for the cause, but forbade me to bring a bottle of wine to his home! These are some of the many individuals – too many to mention – who gave encouragement and contributed to the thinking and resource-spotting, enabling firm foundations for the RF work to be laid.

Of course there was – as usual – a frantic amount to achieve in a very limited period. Obtaining firm undertakings of support from representatives of the various key institutions (Government, the University, the Council of Churches, the Superintendent of the mental hospital and the press). Not to mention individuals with the interest and ability to help in the realisation of the mission, and from whom Board members might be recruited, possessing that essential combination of insight, good sense, genuine passion, vigour and loyalty. The ability to contribute funds or to raise them would not constitute an impediment!

In contrast to a number of other embryo Affiliates, the Perth Committee took the ‘bull by the horns’ and, displaying commitment and the ability to grasp the concepts of the Therapeutic Community, they utilised their creativity and wisdom to establish within a few years a specifically impressive healing ‘asylum’. Sally Sinclair, who had trained and worked in the

UKRF, and Michael Rowdon who was selected to train in the UK for work in Perth were (I believe) the first practitioners – and it was Michael who nearly killed me in 1977 by setting up a 24/7 schedule of TV and professional engagements!

Many people say that the acceptance in many countries of the Richmond Fellowship's is a miracle, and suggest that I should be very satisfied. I do not quite agree. It is clear that the Governments and the public and the 'inmates' especially, were in need of solutions to the morally unacceptable hospital treatment of the mentally ill. Of all times, the 1960s and 1970s were THE time for widespread acceptance of the Therapeutic Community concept, with all the principles and practice involved – particularly those of equality and respect.

At present new developing countries are asking for help in building mental health services from scratch – but who will now give that help, and produce the funds and the energy? We in the UK have barely the funds to survive and I am too old to take on new projects. How about Perth adopting a project – for example Bangladesh?

What else can I say about Perth? From its history, and with Joe as CEO, one can deduce that RF – now Richmond Wellbeing, will flourish. The Board has obviously nourished its staff

whilst expecting full commitment. In general, my experience has been that I must not put a foot wrong – yet in Perth, I found I was able to make mistakes, to admit hardship and stress, and to acknowledge the suffering that goes with the negative projections so often directed at those in leadership roles. No Board should ignore the need to support the 'high trees which catch much wind' (Dutch proverb).

Thousands of individuals in WA who had given up hope have been enabled, through the work of the RF, to return to a purposeful and fulfilling life. Many, many people have been saved from despair and suicide, and have been liberated from the shackles of mental and emotional distress. So I ask you now: continue to cultivate the values which have guided you, and give hope to more people – maybe including those in a new country. And above all, allow me to use this opportunity to convey to the Board, staff, residents and friends of Richmond Fellowship WA, now Richmond Wellbeing, a heartfelt THANK YOU!

Elly Jansen, 2015.

■



Acknowledgements

■

This project has been made possible with the valued support of Lotterywest.

Sincere thanks to all those who dug deep into their memories to recapture the story of Richmond Wellbeing: Ron Coleman and Karen Taylor, Dr Rachel Perkins OBE, Gregor Henderson, Dr Geoff Gallop AC, Eddie Bartnik, Dr Nathan Gibson, Dr Gordon Shymko, Keith Wilson, Dr Geoff Smith, Dr Maria Harries, Archbishop-Emeritus Barry Hickey, Jan Stewart, Jacquie Thomson, Sheryl Carmody, Shauna Gaebler, Brian Wooller, Tony Fowke, John Casson AM, Eric Baines, Diana Warnock AM, David Shearer, Denise Bayliss, Charlene Fernandez, Warwick Smith, Peter Lammass, Shirley and Chris Smith, Chris Coopes, Carol Reid, Lyn Willox, Trish Ryans-Taylor, Lyn Mahboub, Marlene Janson and Donna Murray.

Acknowledgement must also be made here to the large number of people who have served on the Management Committee and Boards over the last forty years, many with a personal or family experience of mental illness. In particular, Lyn Willox, who joined the Board in 2001 as a carer representative and took over as Chair from 2006-2012, provided valued support to management through times of intense change and growth.

Cate Pattison, 2015

■

In order to avoid producing a doorstep however, I've not included the myriad of notes that could have been made about the committed and passionate members (listed in Appendix Two) who have given their time and expertise to steer the organisation so wisely.

My work was greatly assisted by the previous interviews and meticulous research carried out by Carol Reid, Cindy Gorton and Lyn Willox. Carol's early draft detailed invaluable primary research, and Cindy's interviews captured many unique memories. Dr Philippa Martyr's unpublished yet exhaustive analysis of early mental health services in Western Australia was also a rich and insightful source. Bringing the text to life with creative images has been possible due to the work of talented photographer Yuhki Murayama, and thanks also to Kim Ould and others for their pedantic proofreading.

I must also thank my family, friends and new colleagues in the world of mental health services, who have showed faith in my ability to write a book on a topic about which I had little prior knowledge. It has been my own fascinating and enlightening journey.



**Government of Western Australia
Mental Health Commission**

**STATEMENT FROM THE COMMISSIONER MENTAL HEALTH ON THE 40TH ANNIVERSARY OF
RICHMOND FELLOWSHIP OF WESTERN AUSTRALIA**

This year marks the 40th year the Richmond Fellowship of Western Australia Inc (RFA) has been providing valued support services to people with mental illness in Western Australia. In that time RFA has grown into one of the largest non government organisations in the mental health sector in the State, with more than 200 staff and almost \$15 million in operating income in 2013/14.

When RFA was established in 1975, mental health services in Western Australia were, from a clinical perspective, almost entirely hospital based. Since then the level of community-based service support has grown considerably.

The State Government's draft Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015 2025 (the Plan) is continuing the momentum towards consumers and their families having access to personalised, modern and high quality services that are close to their homes.

RFA has been a major player in providing mental health recovery support in communities, and in offering extensive educational programs that focus mental health recovery on a 'whole-of-life' perspective, encompassing everyday living such as housing, employment, family and other relationships. Mental health recovery is now recognised as a deeply personal journey to rebuild one's life, and realise goals and dreams. It is a journey of regaining control over one's life.

Agencies like RFA have played a key role in the move towards more community-based and personalised mental health support services. RFA's valuable contribution has been recognised through a strong level of State Government funding, over many years, which currently amounts to around \$10 million per annum.

On behalf of all the staff at the Mental Health Commission, I congratulate the Board and staff of RFA on achieving this 40th anniversary and on the dedication, energy and initiative you have shown over many years to develop your agency into a major provider of community-based support services for people with mental illness in Western Australia.

Timothy Marney
COMMISSIONER

4 June 2015



Minister for Mental Health; Disability Services; Child Protection

Our ref: 43-17385

Mr Joe Calleja
Chief Executive Officer
Richmond Wellbeing
29 Manning Road
CANNINGTON WA 6107

Dear Joe

Congratulations to Richmond Wellbeing on achieving 40 years of invaluable community-based service for people with mental illness in Western Australia.

I recall when I worked as an occupational therapist in the 1970s with mental health patients at Royal Perth Hospital, I knew with confidence that if I could get my patients into a Richmond Wellbeing support service they would have the very best chance of recovery and return to independent living within the community.

Richmond Wellbeing's focus on helping people with mental health issues to get back on track and return to the community as quickly and effectively as possible is one which has helped thousands of Western Australians to return to, or create, a meaningful and productive life.

Richmond's leadership on recovery, hearing voices, consumer and carer co-production and community-based support for people who had previously been institutionalised has significantly influenced the sector-wide culture of mental health in WA, and the direction of service development and investment.

A lot may have changed in 40 years, however the one constant is that Richmond Wellbeing has remained at the forefront of mental health reform and as a result is one of the most respected and successful mental health service providers in our State.

Helen Morton
Minister for Mental Health

24 AUG 2015



Contents



Introducing the Richmond Fellowship..... 12

Chapter 1 Previously... 16

Chapter 2 The Get Go (1973-1975) 30

Chapter 3 Early Days (1976-1980) 40

Chapter 4 Getting On With The Job (1980-1990)..... 48

Chapter 5 Staying Alive (1990-2005) 60

Chapter 6 Breaking Boundaries (2005-2015)..... 78

Appendix One 110

Forty Years of Growth

Appendix Two..... 114

Board Members by Year

Index 117

Bibliography..... 119

Endnotes 120



Introducing the Richmond Fellowship of Western Australia, now Richmond Wellbeing.

Richmond Wellbeing has been providing mental health accommodation and services to Western Australians for forty years (until 2015 under the name The Richmond Fellowship of Western Australia, or, RFWA, as referred to in this publication). From small beginnings, the organisation has grown from being a single home for young women recovering from mental illness, to a sector-leading diverse mental health services organisation. But the story of RFWA goes back further than 1975 Perth. Elly Jansen was one of nine children who grew up during WWII, in Holland very near the German border. As a 19 year-old university student she was working with adolescent boys experiencing problems, and organically developed her own 'therapeutic' method in an attempt to manage the unruly bunch. Commencing

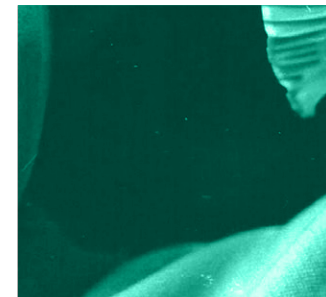
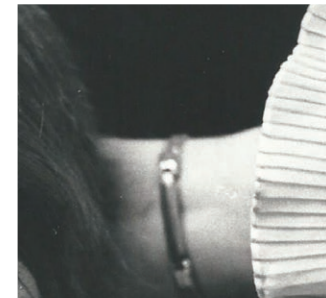
theology studies, Elly was forced to question her true beliefs and motivations, and decided that her energy was best directed in seeking to influence those outside the Church to care and befriend those most vulnerable on the margins of society, with a vision for a therapeutic community as a place of healing.

Elly came to England from Amsterdam and used her limited funds to rent a large house in Richmond, Surrey, outer-London. She contacted a local mental hospital and invited patients who were ready to be discharged to share her house. Elly balanced her academic theories with practical solutions to contribute to the development of an emerging approach to mental health – a therapeutic community.

Initially introduced at the end of WWII by psychiatrist Thomas Main to benefit



Elly Jansen, 1960s.



returned servicemen, the concept of a therapeutic community to aid the recovery of mental illness focussed for the first time on the benefits of relationships in recovery, with both staff and other patients, rather than a dependence on medical intervention.¹ The approach had gathered popularity during the 1950s in the UK, and was further developed as a technique by Maxwell Jones, the director of social rehabilitation at the Belmont Hospital in Surrey.² A mecca for those interested in new ideas around social psychiatry, his unit sparked a new wave of treatment for those recovering from mental illness – both in and out of hospital. By the early 1970s the Association of Therapeutic Communities had been formed, of which the Richmond Fellowship were a notable early member.³ A therapeutic community involves all the community – patients,

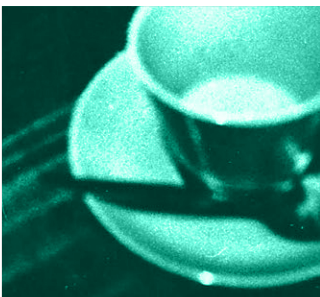
carers, neighbours, doctors, hospitals, churches, relatives. The community works together to understand mental illness and the process of recovery. Elly developed her own program for the Richmond Fellowship, still driving the principles of the organisation today, where participants learn to explore and examine their feelings in an open and honest manner.

Now with an extensive network in the UK, the Richmond Fellowship model also operates in many other parts of the world including Australia, New Zealand, the United States, Canada, Malta, Hong Kong, India, Nepal, Sri Lanka, France, and Scotland.

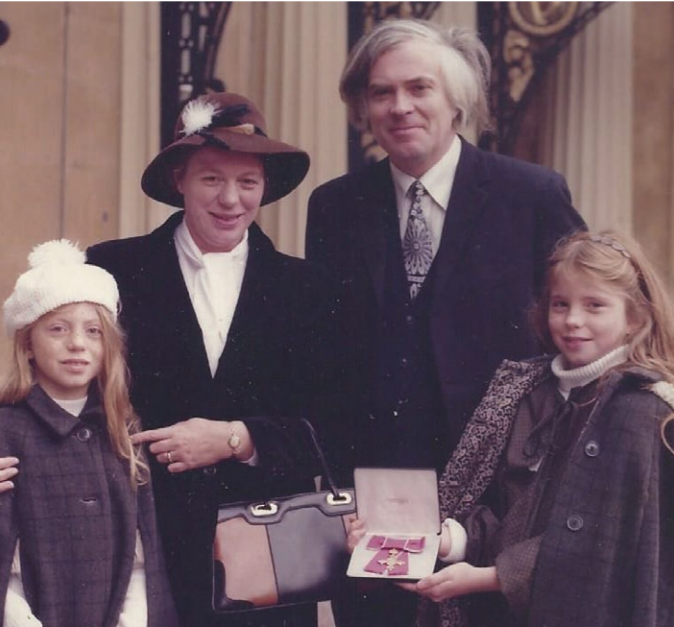
Residents find new ways of establishing formal and informal networks with families, relatives, neighbours, employers and organisations. They are also involved

in the decision-making process of the house in which they live – meals, rosters for household chores, paint colours, garden layout, interviewing and selecting new residents. The central challenge of the Richmond Fellowship therapeutic community is to live together as a family, which involves acceptance and interaction – acceptance of self as well as others. More than a boarding house or hostel providing only food and shelter, the house is part of the community. Residents are qualified for selection by determining that they need residential care, are motivated to health, and prepared to participate in group and community activity.

Richmond Fellowship now has a global vision to work towards a society that values everyone with mental health problems. It is driven by a belief that recovery is a journey, and is different for each person. Achieving the best possible quality of life for each individual lies at the heart of the recovery journey. Long time RFWA Board member and Chair Lyn Willox reflects how the underlying principle of ‘self-determination’ – with users taking a degree of responsibility for their recovery – has come to underpin therapeutic philosophy in action at the Richmond Fellowship in Western Australia.⁴



In November 2014 RFWA’s current CEO Joe Calleja visited Elly Jansen in London. This was his first meeting with Elly and he describes her as being an inspirational person. He asked if she would agree to having a short video made in which she could outline her vision which drove the formation of Richmond Fellowship. She agreed to this and with the help of Gregor Henderson, international mental health consultant from Scotland, the video initiated by RFWA has been made and will be used by Richmond Fellowships throughout the world. Coincidentally Gregor’s father was a prominent psychiatrist with whom Elly had collaborated in the early years of Richmond Fellowship, sharing a stage at some important events of that time.



Elly celebrates the award of her OBE with her young family in 1980.



“

They (RFWA) have never stopped learning. They have never stopped growing. They have a vision, and they’re very clear what they are working towards. They live and breathe recovery and hope.”

■
Gregor Henderson⁵

Previously...

The history of mental health services in Western Australia (WA) prior to RFWA's establishment in 1975 makes interesting reading. The current 'biopsychosocial' model of mental health care that has developed over the last fifty years aims to take the best of medical and social approaches to support people with mental illness.

But it was not always thus.

When European settlers moored on WA's sandy shores, the challenges of climate, landscape and hardship were unfathomable. "People of European stock were seen as vulnerable to 'bush madness', 'moral insanity' (and) 'sunstroke'." It wasn't until labour shortages and the shipping of a wave of subsequent British convicts to WA around 1850 that the need for mental health accommodation became apparent. This was the age of custodialism; when the care of people with mental illness was considered to be the controlling of social disorder bought about by the 'problem of lunacy'.

By 1866 the Fremantle Asylum was completed, built by convict labour from limestone in Dutch Colonial style, and soon operating under the *English Lunacy Act* of 1871. Many patients stayed for 20 to 40 years or until they died. Treatment consisted of little more than pragmatic restraint, which was the norm worldwide until sedative drugs were developed.

As the 19th century was drawing to a close, a colonial social conscience was beginning to emerge that challenged long-held beliefs about mental illness, largely rooted in religion. A shift from 'custodial management' to 'curative treatment' began to take place. Even in those times, "lip service was paid to the theory that occupation and an attempt at 'resocialisation' could somehow affect a cure for mental disorder."

It wasn't for another twenty five years, until 1901, that anyone with specialist psychiatric knowledge took the reins at Fremantle. Dr Sydney Montgomery arrived from England in April of that year to take up his position of Superintending Medical Officer of Asylums. As Western Australia entered the Australian Federation, Montgomery oversaw an early period of reform in mental health, firstly responding to the overcrowded and dilapidated Fremantle Asylum.

THE AGE OF INSTITUTION

It was under Montgomery's watch at the turn of the century that treatment and accommodation for those experiencing mental illness in Western Australia began to take shape. The West Australian *Lunacy Act 1903* superseded the existing English Act, reflecting advances in attitude and a shift to a medical, rather than legal model for managing insanity. Montgomery established the first training course in

mental health nursing with the initial group of trainees receiving their Certificate of Proficiency in Mental Nursing in 1905.

Claremont Hospital for the Insane opened in 1910 and accommodated an initial 700 patients, with building extensions soon after making room for 200 more. Royal Perth Hospital (RPH) treated patients in its Mental Ward from



Claremont Hospital for the Insane, 1920s. **SLWA.**

1908, where they could avoid the stigma of 'insanity' that came with admittance to Claremont. Heathcote Hospital replaced the receiving ward at RPH in 1929, and treated those with lesser conditions until 1994. Whilst valid criticism has long been directed at the institutional system, it is worth noting that in one sense it also served to protect the mentally ill patient, over a period when public intolerance, fear and anger towards affected people was the norm.¹⁰

The future of a patient at Claremont during these decades was bleak. With a ratio of just a few physicians to nearly two thousand patients, gaining release, let alone rehabilitative support was a slow, if ever likely process. From 1930 onwards, deaths in the Hospital began to outnumber discharges, the rate of which drifted to as low as 2%. Claremont's authorities simply kept admitting patients and asked every year for larger buildings.¹¹

Patients continued to be admitted with little hope of recovery, and by 1955 mental hospital populations were at their peak worldwide. The *Mental Treatment Act* 1927 made it impossible for patients

to be moved from one facility (such as Claremont to Heathcote) without the consent of relatives and a swathe of other administrative parties.¹² Of course, in these years those with intellectual disabilities, addiction issues and mental health illnesses were often grouped together, with little consideration for their individual needs. Children and adults were also routinely hospitalised in the same institution.

Following on from a psychiatric nurses' strike and subsequent new pay and conditions award in 1948, public interest in life at the relatively closed world of Claremont was being aroused. In 1950, *Sunday Times* journalist Laurence Turner faked his employment at Claremont and famously outed the institution as a place of (sometimes) violent treatment and general degradation.¹³ A Royal Commission ensued and medical staff bore the brunt of criticism for poor training, records management and maltreatment. Ultimately it uncovered an urgent need for better resourcing, and drew unprecedented public focus on life inside a mental hospital.¹⁴

DECANTING

Sure enough, things were soon to change. The era of deinstitutionalisation was about to begin. A national study was commissioned by the Federal Minister for Health Dr Earle Page in 1955, and the subsequent ‘Stoller Report’, authored by Dr Alan Stoller (once a senior medical officer at Claremont) reported massive overcrowding nationwide, also highlighting dire conditions at Claremont. In particular, the report drew attention to the urgent need for out-patient services. The report gave way to Federal investment of \$10m in State-run mental health in Australia, with a focus on outpatient services.¹⁵ Psychiatry was finally to begin its progression away from the confines of hospital walls.

The Inspector General of Mental Health Services, Dr Digby Moynagh (1958-1967) began the process of patient management outside hospital.¹⁶ In 1956 the first outpatient clinic in Perth, Havelock Clinic, opened in West Perth, and supported by the emergence of antidepressants and antipsychotic drugs, the mental health care model began to change. Complementary professionals such as psychologists, occupational therapists and social workers became part of the recovery process (although social work was not offered as a university course in WA until 1964). Trailblazer Moynagh strongly believed that the path to rehabilitation lay in putting the community in touch with mentally ill patients who were until then isolated and hidden from the public eye.

In 1959 the Graylands Day Hospital opened on the grounds of Claremont Hospital, to treat people with acute illness, yet not requiring admission. The name ‘Graylands’ was chosen to distance the facility from the stigma associated with the now infamous Claremont Hospital. Ironically Graylands is now the asylum-associated name. All treatments were available to day patients (apart from narcosis treatment which was popular at the time) and nursing staff were trained to develop a therapeutic relationship with patients.¹⁷ Moynagh defended the new approach to his critics by pointing out that the reason Claremont was so full was that many inpatients had actually recovered from their illness, but were unable to live in the community as they had been stripped of their basic living skills. Until then the only process in place for patients being discharged was one of ‘trial leave’ in the patient’s home.

Questions were beginning to be asked. Was this really the best approach? Ruby Hutchison, chair of the Mental Health Committee of the Western Australian branch of the Australian Labour Party, was one person voicing concerns in the early 1960s. ‘Red Ruby’ was the first female Member of the Legislative Council of Western Australia, and the State’s fourth female parliamentarian (1954-1971), following the footsteps of Edith Cowan, May Holman and Florence Cardell-Oliver. She was also busy starting the first Australian Consumers’ Association and subsequent *Choice* magazine, at the time.

During her term in 1961, Ruby travelled overseas at her own expense to benchmark services and systems elsewhere. Mental health was on the British national agenda at the time, with Minister for Health Enoch Powell’s famous ‘water towers and chimneys’ speech delivered at a Conservative party conference, slamming the horrors of the asylum, calling for their demolition, and setting the first movement towards community care in the UK into motion. In the United States psychiatrist and academic Thomas Szasz had released his seminal paper on mental illness, suggesting it was merely a ‘convenient myth’ and radically questioned the agency of psychiatry.¹⁸ On Ruby’s return she lobbied heavily for a distinction to be made between the mentally ill and the intellectually disabled, who required different treatment. She deplored the fact that so many children and elderly patients were detained in hospitals, and that they had no other options. In particular Ruby argued that WA needed to develop systems for patients to be treated as outpatients.¹⁹

Western Australia in the early 1960s saw the new *Mental Health Act* 1962 written to replace the *Lunacy Act* 1903. Specialist hostels began to open, such as the Belmont and Kentucky hostels in Rivervale, and Pyrtan in Guildford. The historic and long-running Whitby Falls site in Mundijong, set up as an ancillary institution in 1897, was degazetted to function as a hostel in 1972, before finally closing in 2006.²⁰ Green place in Mosman Park, which had been serving as an annex to Claremont for female psychiatric patients also continued to operate as a hostel, managed by Mental Health Services until 1979.



Ruby Hutchison in 1960.
National Archives of Australia.



Green Place,
Mosman Park.
**Grove
Library.**

In 1967 the Charter for Mental Health Services was prepared by the directors of the State Mental Health Services, and endorsed by State and Commonwealth ministers.²¹ For the first time a distinction was made between the mentally ill and intellectually disabled at a policy level. The charter also decreed that patients should not be discriminated against (in the same way that those with a physical disability could not), or be deprived of a pension, however it was many years later

in 1980 that pensions were finally granted to patients in mental hospitals.

Although there had been a Medical School at the University of Western Australia since 1957, it wasn't until 1964 that psychiatry was taught in the State. The Department of Psychiatry and Behavioural Science was established with Ian Oswald appointed to the Chair, and set up in a 'fibro' on the grounds of Sir Charles Gairdner Hospital.²²

L I F E A F T E R D I S C H A R G E

The seeds of change had been sowed during Moynagh's time, and by the time Arch Ellis began his term as Director of Mental Health Services in Western Australia in 1963, the vision for an alternative to the hospital environment was becoming a reality. Digby Moynagh had worked hard to change the underlying philosophies around mental illness treatment in Western Australia.

By the late 1960s the need for rehabilitation support had been recognised, and services were progressing at Claremont. In 1966, two new blocks were opened, specifically designed to trial a new type of inpatient care. Claremont Hospital medical officer Dr Trevor Adams (1966-1968) was in charge of the new A and B Blocks, where a 'therapeutic community' was established (now known as Shaw and Shenton Houses). This new model involved regular ward meetings run by both patients and staff, and patients were able to propose changes and vote on ward management. Adams worked hard to encourage nursing staff to see their relationships with him and with the patients as a shared responsibility of care.²³

The Shenton Park Day Hospital which had replaced the Graylands Day Hospital in 1965 took on the role of prevention, education and training, and began to try to address ways to combat social stigma. In 1970 a Housecraft Training Centre 'McDonald House' was opened to teach living skills and domestic rehabilitation, built with a grant from the Lotteries Commission, though the charitable work of the Mental Health Association.²⁴

Dr Harry Blackmore took over as Psychiatrist Superintendent at Claremont in 1967 and oversaw the discharge of hundreds of patients. John Casson remembers first-hand the significant impact of Dr Blackmore in driving the development of alternative hostel accommodation for patients being discharged from Graylands. Blackmore spoke publicly against mental health stigma, apparent from the public discrimination aired when patients were noticed being admitted to a rest home in Mount Lawley.

It was not to be the last time that the good people of Mt Lawley were to make their concerns known about accommodating people with mental illness in their community.

Deinstitutionalisation was reshaping the whole environment for the mentally ill, and it was not happening without its challenges. Early hostels that emerged to take discharged patients were not registered; little more than basic boarding houses. Community care nurses would visit at three-weekly intervals to administer medication by injection, but there was limited follow-up care. Side

effects from this early generation of anti-psychotic medications were also particularly unpleasant; pacing, drooling and oculogyric crisis that caused a patient's eyes to roll backwards.²⁵ Jan Stewart was a social worker in Perth at the time and recalls there being minimal auditing of the quality of the care given in hostels, and at times unsuitable and cramped conditions. Occupational therapy was rarely offered and there was no attempt to help people back into the workforce. Residents would pay 85% of their income to the manager of the hostel, retaining just a few dollars for personal items.²⁶

■

We had, at one stage, hundreds of hostel beds. Most of them were run by private organisations and were what we called, ‘board and care’ type hostels. People went into one of those hostels and were generally there for life. Some were really well-run while others were not of such a high standard. There were then lots of people in long stay wards. In 1957 for example, there were close to 2,000 people in mental hospitals in WA; most in Graylands, but some of course in Heathcote. From the early 1960s on, many of them were ‘decanted’ from the hospitals and put into board and care type hostels; basically because they needed support and no longer needed psychiatric care.”

■

Dr Geoff Smith²⁷

Some operators were willing to confess they did not have the training or expertise to handle the residents they were being asked to admit – but the pressure was on to find beds, and people had to go somewhere.²⁸

A move to community-based care brought with it a whole new challenge for practitioners regarding non-compliance around medication. Consumers also began to question traditional medical-based approaches to mental illness, as side effects to drugs could be perceived as worse than primary symptoms. The social, cultural and economic environment was also changing, with rising recreational drug use, family breakdown and industrial unrest impacting on social and psychological instability.

■

B O A R D O F V I S I T O R S

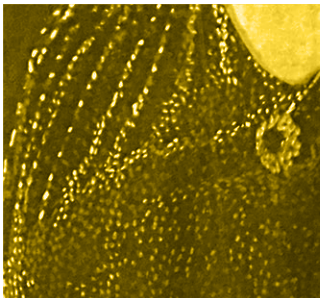
■

For patients at Claremont, a desire for discharge was likely to be aided by an appeal to the Board of Visitors. The Visitors provide a link between the institution and the outside world. A Board of Visitors was first established in Perth in the 1870s and consisted of community representatives who would inspect hospital facilities (often unannounced) and report back to a Board of Inquiry, as a form of external audit. “Legislators understood that staff can become institutionalised just as quickly as patients and can learn to overlook serious problem which have become part of their everyday work”.²⁹ The relatively small population of Perth however would have meant that the group would undoubtedly have connections with those in positions of power, making issues difficult to raise and objectivity questionable. “They attended the same functions, joined the same Masonic lodges, played cricket together and appeared before the same parliamentary inquiries.”³⁰

In the early 1950s the Board of Visitors was interviewing close to 100 patients a month, most of whom were seeking discharge. Community attention had begun to focus on Claremont in the 1960s (especially after the *Sunday Times* article scandal) and charitable groups had started organising outings for patients, albeit often ill-prepared for the realities of managing institutionalised people.³¹ Providing a conduit between hospitals and ‘outside’ life required understanding and experience.



THE JOURNEY OF AFTER- CARE



Susan Casson, courtesy
John Casson.

One of the first women to become involved in the world of mental health care in Western Australia was Susan Casson, a social reformer with the (then) Australian Labour Federation in 1912. Susan helped to form, amongst other leading social and political groups, a reshaped Board of Visitors for Claremont in 1915.³² The State Government had grudgingly agreed at that time to ensure at least one woman sat on this audit group, and to reinstate the Board's power of discharge. But the Inspector General at the time, J.T. Anderson, was unwilling to release 'unrecovered' patients, and it was difficult to discharge those who had no accommodation, employment or other support.

Susan Casson formed the Mental After-Care Association, which gave discharged patients financial support, paying their board and lodging and helping them to find work, with funds raised by donation. It's believed that the organisation was the first of its kind to benefit psychiatric patients in Australia. Susan was convinced that the greatest good she could enact lay outside the environment of the Lunacy Department and its institutions. During the Depression years donations dried up, but Susan worked tirelessly to find ways to support those discharged from Claremont. She had enlisted the support of a community service group, the Ugly Men's Voluntary Workers' Association, who provided charitable welfare support to many Perth causes - between their establishment year of 1917, until the inception of the Lotteries Commission in 1933.³³

Indeed the Mental After-Care Association was amongst the first group of recipients to receive grants in the inaugural distribution by the Lotteries Commission (getting more than the Scouts).

In 1935 the Association managed to purchase a property (with assistance from the Lotteries Commission)³⁴ in Woodville Street, North Perth, to provide

accommodation for those discharged from hospital with an uncertain future. Local residents protested vigorously to the Perth City Council, stirred by rousing stigmatising articles published by the *Sunday Times*.

The publicity did little to promote therapeutic after-care.

Perth Has Too Many Mental "Rest Homes" of Wrong Kind

The Sunday Times, June 11, 1939, p.3

... Governmentally-conducted institutions such as Claremont Asylum and Heathcote serve their purpose and serve it admirably; but there are a number of back ally "rest" homes in and around the suburbs of this city which shelter unfortunate mental defectives under, in many instances, distinctly unfavourable conditions. ... Obviously these places must flourish. Has not the "Medical Journal of Australia" recently declared it to be no exaggeration that more than half the hospital beds in any civilised country are occupied by patients suffering from Mental and nervous diseases? ... In many instances the word "rest home" is a flagrant misnomer and in several of these institutions there are serious abusers. ... They are subject neither to the jurisdiction nor the supervision of the governmental medical authorities.



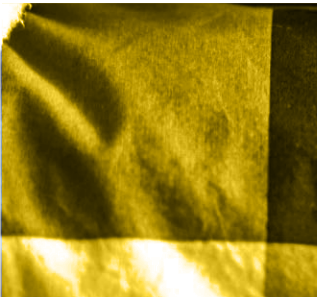
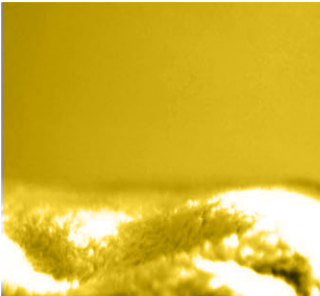
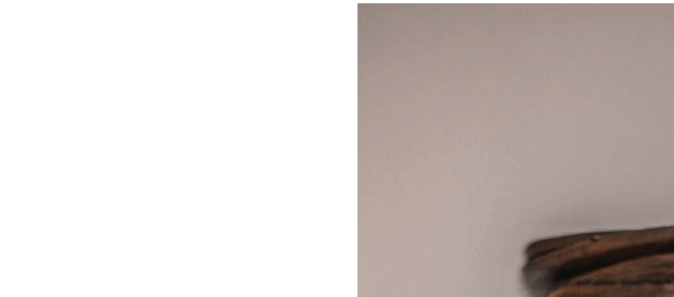
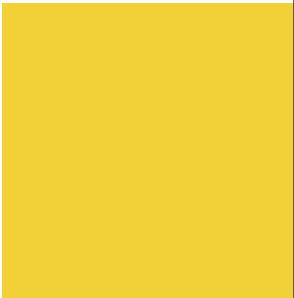
Casson House, Woodville
Street, North Perth.
Courtesy John Casson

Initial funds raised by the organisation were used to provide Christmas presents for patients, an annual sports day and river trip. The river trip, begun in 1925, continues to this day to provide an annual outing for patients at Graylands Hospital and residents of Casson Homes.

Susan Casson continued to develop and expand her specialist hostel, handing over administration to her daughter Mrs Matilda Gard in 1945. Later additions and the purchase of an adjoining property, again with the assistance of the Lotteries Commission, enabled the organisation to provide accommodation for approximately 50 residents, and by the 1960s they were accommodating over 100 people.

After Matilda's death in 1971, the running of the homes passed to her nephew, John Casson. With welfare and compassion in his blood, John also went on to become one of the pioneering members of RFWA, a few years later.³⁵ The Mental Health After-care Association officially became Casson Homes Inc. in 1986, and has gained the valued respect of those in the sector as a leading provider of quality and progressive high-care mental health accommodation and services.³⁶

■



02

The Get Go (1973-1975)

The early 1970s were an intense time of social change and revolution in Australia. Long-held social and cultural beliefs were rapidly being challenged and reformed. The White Australia policy was scrapped, troops were withdrawn from Vietnam, women were making progress in their quest for equal pay, the pill was allowed to be prescribed for non-married women, university education became free, and in 1976, the *Aboriginal Land Rights (Northern Territory) Act* was enacted. Globally the world was shifting gears too; a little company called Microsoft had started talking about taking computers to the masses in the United States, and the

French were developing nuclear power in the Pacific. An oil crisis in the Middle East made Western Countries think for the first time about their dependence on fossil fuels. The price of petrol skyrocketed, inflation and unemployment was on the up, and the Australian current account slid into deficit in 1974. The union movement had found its feet, spawning wage races and unprecedented rights for workers. People became mobilised and many consumer groups were formed over this time, protesting and demonstrating against social and environmental injustices and for the right to self-determination. It was a turbulent time.



After 23 years of coalition rule, Australians elected the Labor Party led by Gough Whitlam to power in 1972. The country had its first experience of universal health care with the introduction of the Medibank scheme in 1974, when psychiatric services were made widely accessible through the introduction of direct billing and rebates.

As part of its wide-ranging social and welfare reforms, the government was encouraging change in the world of mental health by increasing support for community based facilities rather than funding the existing institutional care (buildings) approach for health and mental services. The *State Grants (Mental Health Institutions) Act* 1964 was repealed in 1973 and in its place a system of 'matched grants' for community mental health clinics was introduced.³⁷ This ideological shift, coupled with the gradual growth of the consumer movement led to steady, if slow, reform. Much of this reform focused on the rights of the mentally ill and their families

and emphasized integration and justice.³⁸ As well as sounding good, community care was also thought to be a cheaper option than funding large institutions at the time, however over the years it has become apparent that cost-saving is not a push driver for quality community care. The Whitlam government did what they could, until its infamous downfall in 1975.

That year also marked the year that the United Nations General Assembly proclaimed the *Declaration of the Rights of Disabled Persons*, which included social, civic and political rights for people with disabilities.³⁹ Building on the principles of the 1948 *Universal Declaration of Human Rights*, it bought the concepts of human rights and the experiences of people with physical or mental disadvantage together on the global stage.

Anti-psychotic and other psychiatric medications had become widely available by this time, and were also instrumental in gaining sector and public support for the shift to community-based accommodation and services.

“

The history of medication probably parallels the changes to some extent (with) how people could move out of hospital. Originally a lot of them would never have got out of hospital if you didn't have these medications.”

Shirley Smith⁴⁰

On 3 September 1972, Claremont Hospital was closed and divided into two separate hospitals: Swanbourne Hospital, encompassing the original 1904 buildings, which cared for psychogeriatric patients and adults with developmental disabilities, and Graylands Hospital for acute psychiatric patients.⁴¹ By the early 1980s Swanbourne Hospital then also closed; deinstitutionalisation was running its course.

As the sixties rolled into the seventies, the concept of recovery was starting to gather interest in Perth. Emeritus Archbishop Barry Hickey tells the story of the Catholic Priest Con Keogh who had undergone a year of treatment in a mental hospital in Sydney, and got the Richmond Fellowship off the ground in NSW in the late 1960s.⁴² Con came West and gave some talks to people in Perth, including the social work student Barry, who had his first experience working in mental

health at the Selby Clinic, and became heavily influential in the Catholic Church's early social welfare work at the time. He recounts the story of a woman in a group at the Selby Centre who wept when she found out the undercover social work student was actually a Catholic priest, "because finally there's somebody in our church who cares about people like us".⁴³

Indeed church and welfare groups were forerunners in providing non-acute mental health services in WA, and a number ran groups for people in recovery from mental illness. Church of Christ Pastor George Smith had helped set up the Christian Welfare Centre (CWC) in the basement of the new church building at 146 Beaufort Street in Northbridge in 1960. CWC was a mini 'crisis centre' and brought together all that the welfare-driven George believed in.

“The agency had the potential to develop a generic unit capable of servicing not only material needs (food, clothing, accommodation and furniture), but also emotional, psychological and relationship need. In addition there was potential for the church to experiment with programmes to meet specific needs. There were many gaps in the welfare system and little was being done to fill them. I was convinced that such projects, once established, should not remain under the flag of the organisation.”

George Smith⁴⁴

George's enthusiasm to get the Richmond Fellowship established was one such project. The winds of change were blowing. The importance of mental health awareness and attention was gaining attention as the consumer movement developed. Non-government providers were developing the future of community services.

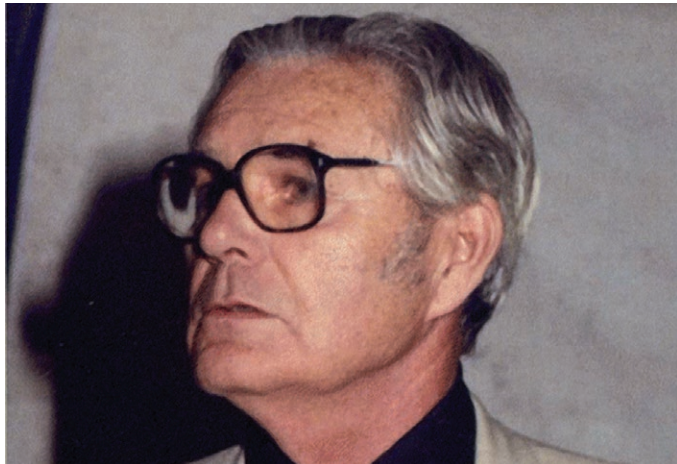
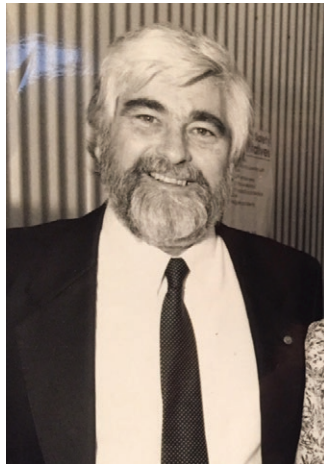
Not far away in North Perth, John Casson, the grandson of founder Susan Casson of Casson Homes was also keen to discover new approaches. John had been to the UK in 1973 to research best practice in mental health after-care and had visited the Richmond Fellowship.

A NEW CONCEPT IN MENTAL HEALTH AFTER-CARE COMES TO PERTH

It was June 1973 when George Smith picked up the phone in his busy CWC office one day to Ray Vincent from Archbishop Sambell's Anglican Church office. Archbishop Sambell was Australia's first Australian born Anglican prelate. He broadened chaplaincy services within the Church, and in 1974 established the Anglican Health and Welfare Services Board. Projects initiated under his direction included a recycling operation, housing for single-parent families, an Asian Community Centre, and a marriage and family counselling service.⁴⁵

Ray had been asked by Archbishop Sambell to look after a visitor from England, Elly Jansen. John Casson had just spent time with Elly in England and offered to host her visit when Archbishop Sambell thought he wasn't going to be around (but with a change of plans due to a pilot strike, ended up in Perth at the

time too). Struggling for ideas to entertain Elly, Ray thought she and George might have some common ground and arranged a lunch date. George warmed to Elly and instantly saw how the Richmond Fellowship's principles connected with those of the Christian Welfare Centre. He immediately set about gathering support for the idea to get it off the ground in Perth, and on 8th February 1974 an inaugural meeting was held at the Christian Welfare Centre, attended by George, John Casson, Ray Vincent, and Keith Dowding. Edna Buckley from Richmond Fellowship Victoria was also present. Father Barry Hickey had also come on board and was keen to take his newfound interest in mental health recovery forward. Not long after he attended an ACOSS conference in Tasmania, and came back bubbling with enthusiasm and stories of a new Richmond Fellowship house that had just opened in Sydney.⁴⁶



TOP LEFT: John Casson

TOP RIGHT: Richard Ellison

BOTTOM LEFT: Archbishop (then Father) Barry Hickey, 1970s

CENTER BOTTOM: Noreen Paust

BOTTOM RIGHT: George Smith

The combined forces of this dynamic group of multi-Christian faiths were just what it took to get Perth's newest concept in community mental health off the ground. George Smith was happy to offer use of the CWC offices in Beaufort Street as a temporary home for the fledgling organisation to meet and use as a registered address. They decided that the group most in need was a cohort of unmarried 25-30 year old women, on which the Fellowship should focus.

George Smith and John Casson took up the project with zeal, and called on the expertise of the then Director of Mental Health Services in Western Australia, A.E. (Arch) Ellis. During his tenure (1963 – 1977) Ellis set up a number of new out-patient clinics as well as the Community Psychiatric Division to supervise the registered psychiatric hostels, and the Community Development Centre.⁴⁷ Ellis bought with him Dr Richard Ellison, his community psychiatrist and Noreen Paust, the Officer in Charge of the Community Psychiatric Division. Ellis insisted that both Richard and Noreen were involved in the early steering committee for the Richmond Fellowship WA. Richard Ellison stepped in to take the Chair. The conviction required to make it happen and credentials needed to give the project gravitas were coming together. Rev David Woodruff, Rev. R. Pool and Mr J. Dawes were also involved.

But it was going to take work, and of course, money. Serendipitously, around this time George Smith received a phone call from Joe Quigley, a liaison officer at Royal Perth Hospital's alcohol clinic. Joe had been contacted by Ruth Downer, an elderly woman who wished to bequeath money to support a home for female alcoholics. Joe called in George and together they pitched up at Ruth's

Peppermint Grove home (afternoon tea was served in the garden) and managed to convince her to redirect her donation to a fledgling project supporting people requiring mental health accommodation and care. They must have charmed her, as Ruth readily agreed and immediately wrote a cheque for \$5,000 as an initial donation, with a further \$15,000 promised, although tied up at that point in property assets.

Curiously, just streets away from Ruth's house and at the same time, a Scottish woman working as a girls' school boarding house mistress wrote to the Richmond Fellowship in the UK desperate to know if the charity was planning to set up in Western Australia.⁴⁸ With a grown son battling life on his own and no suitable accommodation available, she had noticed a woman's magazine article profiling Richmond Fellowship and kept it for solace. The letter eventually found its way to the committee in Perth – the need for such a service was certainly being felt.

With money immediately available, the steering committee felt it could go ahead and look for a property to purchase. A Commonwealth Grant of \$71,250 had been secured from the Hospitals and Health Services Commission in Canberra (Community Health Programme), in a final flourish of Gough Whitlam's welfare-driven pen. The committee agreed that residents would pay rent, which started off at \$36 per week.

In line with Richmond Fellowship principles to rehabilitate residents back into the community, it was important to look for a property in an established residential area, with easy access to transport, shops and facilities. A few possible properties were considered in suburbs such as Dianella, Cottesloe and

Mt Lawley. Cottesloe, with its healthy ocean air, housed a number of institutions such as various orphanages, aged care homes, specialist hospitals and The School of the Blind, but Cottesloe Council put a stop to an option there due to 'planning restrictions'. In March 1975 a believed suitable house was sourced in Elstree Street Mount Lawley and an offer presented. Zoned 'single residential', the committee hit its first hurdle when it

submitted an application to the City of Stirling to open a half-way house at the address.

Once the application reached Council and became public knowledge, a swathe of opposition ensued. Opponents lobbied Councillors and local residents alike. Noreen Paust was reportedly offered a cheque for \$200 to stop the project.

“The locals formed pressure groups. One worked on councillors, another on each household in the community and another focussed on me, apparently because I was spearheading the project. For days on end I received a phone call on the hour, every hour, at my office and my home. It reached the stage when I would look at my watch and comment, “Five minutes to go. Who is it going to be this time?”

George Smith⁴⁹

Even though there had been some great national media exposure for the Richmond Fellowship prior to this time, local press articles quickly emerged to spread news of the 'worrying' possibility at one opening in respectable Mount Lawley.

A public meeting was convened at Alexander Park Hall on Friday 13th June 1975, with Richard Ellison and George Smith well prepared to convert the sceptics. Hecklers apparently created such a din that no words from Richard

or George were heard, with clenched fists punching the air as objections were shouted. "When one critic yelled out 'We don't want our suburb degraded' Dr Ellison said 'Degraded no; Enhanced, yes'."⁵⁰ The general sentiment was that this could be the 'thin edge of the wedge'. A climate of ignorance and fear dominated the atmosphere and Councillor Stone proceeded to keep his ward residents happy, refusing the application to develop a Richmond Fellowship house in Mt Lawley.



Please Quote Ref: LAE:TZ1/L
Your Ref:

23rd June, 1975.

Mr. George Smith,
Christian Welfare Centre,
142-146 Beaufort Street,
PERTH. 6000.

Dear Sir,

ZONING - LAWLEY. ESTABLISHMENT OF HALF-WAY HOUSE
H.N.1, ELSTREE AVENUE, LAWLEY.


At a meeting of Council held on 17th June, 1975, further consideration was given to your application for approval to conduct a Richmond Fellowship Half-Way House in Elstree Avenue, Mount Lawley.

Following representation by yourself and Mrs. N. Paust at Council's Works, Parks and Reserves and Health Committee meeting held on 27th May, 1975, investigations were carried out by this Authority with regard to the attitude of residents in the area involved and the legal implications of the restrictive covenants on the land concerned.

These investigations have resulted in the receipt of a considerable number of objections from residents in the area. In the majority of instances, these objections made reference to the covenants on the property restricting the use of the land to private residential purposes and also raised personal reasons of the householders for not desiring this establishment in their locality.

Although Council granted conditional approval of your application on 3rd June, one of the conditions was to have been that the agreement of surrounding residents would be sought. I must now advise that having regard to the many objections received, Council, on 17th June, rescinded the earlier decision, and resolved that your application be refused.

Yours faithfully,


L.A. EASTON,
TOWN CLERK.



Not easily defeated, the steering committee pressed on with their quest. By chance Noreen Paust spotted an advertisement for a large home at 9 Teague Street, Victoria Park, which happened to be owned by a widow living next door who had no objection to the proposal from the Richmond Fellowship. Victoria Park, although well established and in places 'leafy', was already home to a number of hostels and advancing cultural and religious diversity. Changes in the zoning laws in the 1960s were allowing for higher density dwellings in certain circumstances, such as aged care homes and some public housing dwellings.⁵¹ Many who spent time at Ruth Downer House have reflected on the charm of the house, a "beautiful old home, sitting just on the top of the rise ... if you look out the big windows at the back you can see right across the river and city, it was a magnificent position".⁵² Not being designed for purpose however, the home provided mainly shared bedrooms, which was eventually a contributing reason for the house being sold 25 years later. Former WA Premier Geoff Gallop, once a long term Victoria Park resident, reflects upon the suburb as a place inner-city in nature and diverse in character, when compared to archetypal suburbs where that which is different, is not always well received.⁵³

Having learnt from the Mount Lawley experience, the steering committee did not opt for a public meeting, and instead John Casson used his personal contacts with

numerous Perth City Councillors (as the Council incorporated the suburb of Victoria Park at that time) to garner support. The matter was debated before a full meeting of the Council with only one person allowed to present the case from each side. The opposition arguments were emotional and spoke of devaluing property, danger to families and noise pollution. George Smith presented the Richmond Fellowship case, stressing the potential of the project and requesting permission to at least try the project for a period of time. To the credit of the Council, permission was given for a one year trial with an option to extend. The Commonwealth Grant had been promised and Ruth Downer was approached for the \$15,000 balance required. Unfortunately Ruth was unable to free the funds at this time, and a hasty application was made to the Lotteries Commission to request the shortfall. To the relief of all concerned the application was successful and a grant of \$24,000 was gratefully received.

The building was purchased for \$67,000 on 20th October 1975 and Ruth Downer House became the Richmond Fellowship's first home in Western Australia. So began the deep and rewarding relationship that RFWA was to forge with the Lotteries Commission, now Lotterywest, over the next forty years.

With limited money left in the kitty, work began on 9 Teague Street to adapt it for use. The electrical system needed rewiring and a very large billiard room required dividing to make two extra bedrooms. Noreen and Richard played the last game

of billiards on the table before it was removed. Two voluntary workers lured by George from the Christian Welfare Centre combined their skills to do the work without charge. Both men had suffered breakdowns and were in the process of rebuilding their lives in the community.

On the 12th September 1975 the Richmond Fellowship of Western Australia was incorporated thanks to the work of a steering committee member, solicitor David Shearer. The first World Conference of the Richmond Fellowship was also held in that year. George Smith attended the conference as a representative from WA, and whilst there negotiated for a

Chapter 2 / The Get Go (1973-1975)

trained staff member to be seconded to Perth to establish the model. Sally Sinclair from the Richmond Fellowship in the UK arrived in November to become the first caretaker and lived at Ruth Downer House with the residents, who moved in on 1st March 1976. The Richmond Fellowship of Western Australia had begun.

In order to get the house ready for the first residents, furniture, electrical items, manchester and kitchenware were purchased. Being the seventies, the list included a crock-pot, twin-tub washing machine and Black and White Thorn television.



"FILE NOTE: FIRST DAYS AT DOWNER HOUSE"

■ The community meets every Monday night for a group with the main emphasis on discussing living together and the problems related to this. The group has elected a president who holds this position for four weeks. In this role they are responsible for seeing that the practical aspects of the community are seen to. This includes organising housework rosters and shopping lists. Both these are done at a morning meeting which is held every week day following house work, which all residents not at work should attend. The president is also responsible for contacting the Director, or standing in for the Director, if there is a

crisis. The president is also responsible for ensuring people are up in the morning and lights are off at night. Any part of their job can be delegated.

All residents have an hour with the Director every week to discuss problems they feel cannot be discussed in the group. Usually these are problems not related to living in the community. The day to day structure in the house is: 9-11 housework, 11-12 meeting, 7pm dinner together. Everyone takes turns in preparing dinner and clearing up. Breakfast and lunch are self-service with responsibility left to the residents to ensure that necessary foods are provided.

CHAPTER

03

Early Days (1976-1980)

The late 1970s were memorable years in the 'State of Excitement'.

1979 marked 150 years of European settlement in Western Australia, and Sandgropers, led by the Court Liberal government, celebrated their sesquicentenary WAY '79 with gusto.⁵⁴

Perth hosted Miss Universe that year (Miss Venezuela took the crown) and welcomed Prince Charles in a State visit. But the times were a' changing. When Indigenous activist Ken Colbung was invited to perform the didgeridoo at New Year's Eve celebrations with Rolf Harris and Fat Cat, he handed an eviction notice to Sir Wallace Kyle, the then Governor of Western Australia. The event kicked off a sequence of



“

People talk about volunteerism now, but in those days it really was the only way. Either it was the parents, or friends, or families of the disabled or mentally ill. A lot of them naturally looked to the church and other organisations that were stronger than they are now. ... But governments then of course thought that this was the responsibility of volunteers, and not government. And some governments still think like that, they still can't understand why they can't be just run by volunteers, and take up all this money.”

Keith Wilson⁵⁷

public events that began to raise awareness of Aboriginal dispossession and associated human rights deprivation. Just a few days later Federal Commissioner for Community Relations, Al Grassby, was very publicly confronted by 50 Indigenous demonstrators demanding his attention.

But the Court government and commentators of the day, in the words of historian Geoffrey Bolton, saw progress in terms of mineral development rather than social justice, and were a long way from prioritising the needs of the marginalised.⁵⁵ Officially WAY 1979 remained nothing more than an innocent celebration of community, through the lens of a sanitised version of the past.

RFWA was up and running in 1976, but not without its teething problems, and no doubt a few tantrums.⁵⁶ In July Dr Richard Ellison resigned as Chair of the Management Committee and Solicitor David Shearer stepped in to take his place. Noreen Paust also resigned, and by August Manager Sally Sinclair who had come from England had moved on. Jack Brown stepped in to do the role on weekends, and married couple Ted and Ethel Mason took up the weekly live-in role. It is incredible to reflect that most of the work was carried out on a volunteer basis in these days. Such was the passion for the vision.



Ruth Downer House, early days.

“The model is essentially based upon a concept of community, rather than upon medical therapy: this means imparting a sense of community within the house, between the life of the house and the rest of the community and involving residents in extramural activities within the normal resources provided by the surrounding neighbourhood.”

■
Michael Rowdon ⁵⁹



Michael Rowden greets the 'Fairsky' at Fremantle Port, 1967. National Archives of Australia.

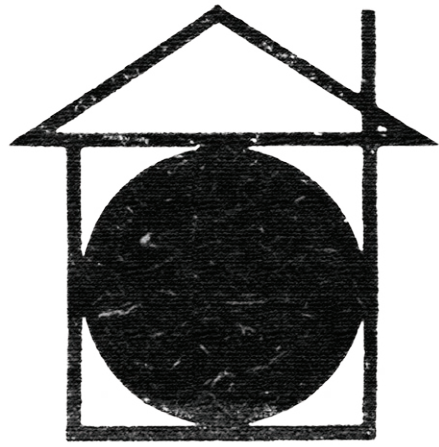
■

When Jack Brown left suddenly, board members David Shearer and Ray Vincent offered their services to live in on weekends. The committee members were 'flying by the seat of their pants', when they held their first AGM on 16th September 1976. Without ongoing funding secured and income limited to rent and the odd donation, the quest was challenging, especially as the therapeutic model required one staff member for every five residents.

Ever the pragmatist, George Smith was getting on with business and arranged the purchase of a Combi Van (1800) to provide resident transport. George battled to argue charitable status with the Road Traffic Authority, and for the granting of a concessional licence.

Doing their best, the committee conceded that there was a need for some committed leadership and management if the venture was to survive. Negotiations began with Michael Rowdon, an English Anglican priest who, with a desire to work in mental illness, had returned to England the year before to train with the Richmond Fellowship in the UK. Michael had originally been brought out in 1966 to Perth from the East End of London by the Anglican Church to help with their work in settling new migrants.⁵⁸

Like most of the other Church-based representatives who were instrumental in getting RFWA off the ground in Perth, Michael was a bit of a maverick who was keen to develop the church's welfare work in areas like 'youth inreach' (taking



services to the streets). Keith Wilson recalls Michael had a vibrant personality, and with his hip 70s clothes stood out amongst the other clergy. Michael had made contact with George and shared his mutual belief in the Richmond Fellowship vision. Michael also confessed how he had been pushed to challenge his temptation to 'fix people'.

Michael, with the support of the committee, delicately moved the reluctant Ted and Ethel on, and took up his role as supervisor. He chose not to live in at Ruth Downer House in order to maintain objectivity (plus there was no separate bathroom for staff; it really was a communal arrangement). Instead he set about trying to recruit staff with relevant backgrounds in fields such as social work, occupational therapy and nursing. Michael's experience was still pretty scant however, and he was very much learning on the job in relation to the often potentially

dangerous scenarios that unfolded at Ruth Downer. The management committee had many an opportunity to worry about the general chaos that ensued as the organisation was finding its feet.

The day-to-day reality for staff was about inspiring residents to take responsibility for themselves and others. This started with getting up in the morning, working as one of a team and making a commitment to recovery – sometimes a massive challenge in itself. Although the initial reaction from neighbours was one of suspicion, after being invited in for social events and to come and talk to the staff at any time, many soon warmed to this new community facility, with one coming in to teach pottery to residents in the garage.

Richmond Fellowship was different because it was aimed at younger people and it was a therapeutic community. In other (private) hostels the money was usually minded for people, all the meals were provided, medication was stored and given out. With Richmond Fellowship the whole idea was that they would learn living skills so they could manage, and have meetings with peers, that sort of thing. It was a totally different operation.”

Chris Coopes⁶⁰

Word was getting out about RFWA, and referrals began arriving from forward-thinking social workers and psychiatrists, who were desperately trying to find quality placement as the tide of deinstitutionalisation continued. Religious groups were also interested, but fundamentally held faith that a trust in Jesus Christ was the true path to recovery. It was time for RFWA to distance itself from faith-based groups and focus on its core beliefs of self-help.

Scepticism also came from some in the psychiatric community, who could perceive the therapeutic method as amateurish. But not all felt this way, and although psychiatrists would continue to maintain patient responsibility and overall management, the therapeutic model was gradually gaining interest. Some practitioners also contributed with training and support for RFWA's staff.

Still without ongoing funding, the financial situation was pretty dire. With only two full-time staff by 1977, the committee members frequently stepped in to work on a voluntary basis. RFWA was operating on the smell of an oily rag, however somehow managed to accommodate 41 people over the course of twelve months, in two houses.

In 1977 Elly Jansen returned to Perth to see her work in action in Western Australia and attend a mental health conference. In the same year a community education programme, 'Breakdown or Breakthrough' had been developed by Michael and Pam Dolley from the Association of Relatives and Friends of the Mentally Ill (ARAFMI) which had formed the year before. So began the start of the highly popular 'Breakthrough' lectures that ran as a joint project between ARAFMI and RFWA for many years.⁶¹ In a sense they were the precursor to the rich training programme that RFWA operate today.



A LINEAR PERSPECTIVE - GROUP HOMES

Right from the beginning, residents were never officially ‘discharged’, but rather encouraged to move on and find the next level of help they needed. For many this was to move to a group home, where support was reduced but still available. RFWA tested the model by renting a house at 9 Hillview Street Mount Lawley, as their first group home.

In 1977 Ruth Downer passed away and the remainder of her bequest, \$15,000, became available. Another \$17,000 had been promised by the Lotteries Commission and a \$25,000 bank loan secured, when 13 Teague Street, a few doors down from Ruth Downer House came on the market and was purchased for \$51,500. The house, built in 1900 was named “Hillview” and residents moved in during July 1978. With people only allowed to spend 12 months at Ruth Downer, this nearby group home provided the perfect transitional ‘stepping stone’ option. There were six beds on site, and a stay was generally capped at two years.



ABOVE: Main entrance, Hillview

RIGHT: Ruth Downer’s memorial, Karrakatta

“

It’s more than just treating someone with medication and then just sending them out the door, or passed off to a hostel. It was about going through the process of putting people in a high-dependency living space, and then actually moving them through various types of accommodation until they were out into the community.”

■
Trish Ryans-Taylor⁶²

1977 was probably the lowest point for RFWA, and Director Michael Rowdon was still struggling to get a solid grip on day-to-day operations. With income still limited to rents received, donations and one-off grants, it’s a miracle the organisation was still operating at all.

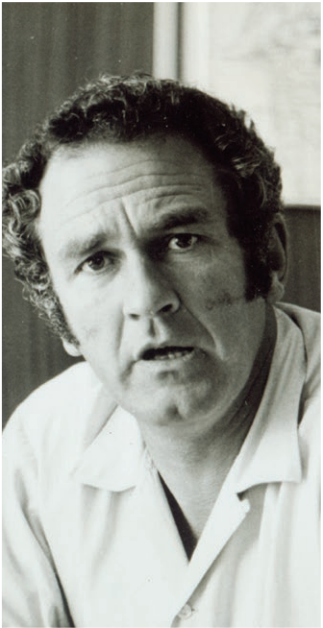
Up until 1978 operating income was dependant on rent of around \$17,000, supplemented by a bank loan. Finally by 1978 salary subsidies were secured from the Commonwealth DSS and State Mental Health Services; a combined amount of \$11,140 in 1978 rising to \$17,500 in 1979.⁶³

After five years of hard work, both George Smith and David Shearer decided late in 1978 that it was time to move on and develop other pursuits, which left John Casson as the only member of the original steering committee. This volunteer group had achieved an enormous amount since their first meetings back in 1973.

Ray Vincent from the Anglican Church was asked by the management committee to conduct a consultant-style investigation into how things were going, and in 1979 reported back on a range of shortcomings around record keeping, job descriptions, training, liability, and a sense of general uncertainty about committee vs. management responsibility. Sheer hard work and a commitment to the cause were keeping the show on the road.

But there was definitely room for improvement.

■
Michael Rowdon, Courtesy Anglican Diocese of Perth



CHAPTER 04 Getting on with the job (1980-1990)

The 1980s was a decade of adverse publicity for mental health care in Australia. A series of public inquiries that centred on human rights abuses and inadequate levels of care. In 1986 the new Australian Human Rights Commission was established by an Act of Federal Parliament. Now mental illness was the official concern of more than just the medical fraternity. It wasn't until 1991 however that the true notion of human rights being part of mental health care became fully acknowledged – both at international level when the United Nations passed a General Assembly

Resolution to respect the basic rights of people with mental illness,⁶⁴ and Federally when Australian health ministers signed the Mental Health Statement of Rights and Responsibilities.⁶⁵ “International instruments incorporated in Federal law stipulate that individuals affected by mental illness are entitled, without discrimination, to the same human rights as everybody else.”⁶⁶

Thus ensued a period of slow and steady reform in the provision of care for the mentally ill. A new dominant ideology of community care, in preference to institution-based care, was gaining ground.



The 1980s were a period of great growth in the NFP sector. It was indeed the era of the whole change in philosophy in the management of disability and mental health: that people should not be kept in institutions, that they were entitled to the same opportunities as anyone else. So there was this groundswell in the growth of NFP organisations.”

Jan Stewart.⁶⁷

Unfortunately the assumption that less institutional beds meant lower costs was wrong.⁶⁸ The cracks started to show as the decade progressed, and demands from professional and consumer groups for better coordination and investment began to be heard. Provider and community groups (ARAFMI, and the Western Australian Association for Mental Health established in 1960) were shaping the landscape of care in WA. The ‘consumer movement’ had emerged, and the voices of many minority and marginalised groups – gay and lesbian, disabled, indigenous, migrants, were demanding attention. Support organisations began to include user and carer representatives on their boards and committees, as a matter of course.⁶⁹

1981 was also the United Nation's International Year of Disabled Persons. The event worked to create a global shift in personal and social consciousness of disability, from understanding it in terms of individual pathology (the medical model) to one based in human rights and lifting the barriers created by society.⁷⁰ For Barry Hickey it was a milestone event that he believes was a gear-changer for community services. Although celebrated by the community services sector, some criticism was voiced from the social work fraternity at the time regarding the invisibility of psycho-social disability.⁷¹ But was mental illness a disability?



22, FRIARY COURT,
ST. JAMES'S PALACE,
LONDON, SW1A 1BQ

23rd October, 1980.

Dear Mr Rowden

Princess Alexandra has asked me to thank you for your kindness in taking her round Ruth Downer House and Hillview House during her visit to the Richmond Fellowship in Perth and for giving her the opportunity to meet the residents and members of staff.

The Princess and Mr. Ogilvy were struck by the lovely atmosphere in these houses - full of warmth and caring - and they were so encouraged to find that this wonderful work is being carried out in Western Australia with such enthusiasm.

In saying how much they enjoyed the afternoon, Princess Alexandra and her husband send their very best wishes to you and Mrs. Rowden and to the residents and staff.

It was lovely to see you again at Government House and I would like to add my own thanks for a visit that flew by all too quickly.

Yours Sincerely
Mary Fikalan Howard

Lady in Waiting

The Rev. J. M. H. Rowden.



■
Michael with Princess Alexandra.

■
Letter from Princess Alexandra.

Chapter 4 / Getting on with the job (1980-1990)

By the 1980s Casson Homes and RFWA were the leading not-for-profit providers of mental health residential care in Perth. Many support facilities such as sheltered workshops had been closed around this time,⁷² and opportunities for those in hostel accommodation were often scant. The Breakthrough training, now an annual event jointly run by ARAFMI and RFWA was extremely well attended, providing much needed information on a range of mental health topics for consumers, carers and parents desperate for guidance.

In October 1980 Michael Rowdon and Richard Ellison welcomed HRH Princess Alexandra, Richmond Fellowship UK's patron to an afternoon tea reception at Ruth Downer House. The residents in Victoria Park had the experience of a visit from royalty, and Michael clearly thoroughly enjoyed entertaining the Princess and her entourage.

In September 1981 Elly Jansen returned for a two day trip to Perth to visit RFWA houses, and deliver a public seminar entitled "Reconstruction of life after breakdown - through therapeutic community houses" at the Community Development Centre in Shenton Park. The following year George Smith decided that after twenty years at the Christian Welfare Centre he was ready for a new challenge, and having become acutely aware of the disadvantages faced by rural West Australians, started the Mobile Counselling Service from a converted Bedford van, with his new wife Willi.

In a letter to the property owner of the house between Ruth Downer House and Hillview, enquiring if a sale might be of interest, Michael referred to the RFWA as a 'charitable institution' in 1980. Today's classification 'non-government organisation' was still a long way off. Nevertheless, records from the day show that recurring funding from the DSS and Mental Health Services, which when combined with rents and other sundry sources, was providing a total annual income of \$125,229 by 1983. With expenditure of \$119,811 that year, supporting around 27 residents in three facilities, RFWA was now in a more secure and confident position to consider expanding.⁷³

MORE THAN HOUSES

- In 1981, with the assistance of the Department of Community Welfare, RFWA had started its Independent Living Program to assist people with finding the money for a bond, or letting fee, to move into their own place. This was the beginning of the organisation's non-accommodation-based services, which have developed significantly over the years. Once residents have spent time in a group home, for many on their journey to recovery the time then comes when a desire and ability to live alone arrives.

DELTA'S DAWN: SPECIALIST SUPPORT FOR YOUNG PEOPLE

- At an ARAFMI meeting in 1980 discussion turned to providing accommodation for young people (18-35) suffering from schizophrenia and likely needing accommodation support for some time.⁷⁴ Dr Bill Hearn of the Queen Elizabeth Medical Centre's psychiatric team was a keen supporter of the organisation, and came up with the concept and name - Designed Environment for Long Term Accommodation, or DELTA - as a possible solution. The group called on John Casson who had established credibility, to take the idea and turn it into a reality through RFWA. The ARAFMI steering committee set to work to raise funds and find a suitable property. A house had come on to the market in Bassendean, with many large rooms and a wide veranda. A short walk from a railway station, corner shop and service station, 4 Mann Way was ideal for prospective residents. It also had a swimming pool – luxury.
As an interesting aside, the house had impressive provenance, being the family home of Mary (May) Holman who in 1925 was elected to the seat of Forrest, and the first woman in the Labor Party in Australia to be elected to Parliament. She retained the seat through four elections. May fought for many reforms: equal citizenship rights for women, equal pay for men and women, child endowment, raising the school leaving age to 16 and for improvements in the training and working conditions for female domestic servants. Sadly she died in a car accident on the day of her re-election in 1939.⁷⁵ A 16 story office block built by the Public Works Department in 1967 at 32 St George's Terrace, as well as a small playground in Mann Way, bear her name and memory.



RFWA negotiated a trial period of six months with the Bassendean Town Council, after which time if no complaints ensued, DELTA's future would be secure. The Lotteries Commission came to the party yet again, and wrote a cheque for \$98,000, to cover the property purchase and cost of basic furnishings. ARAFMI asked RFWA to 'adopt' DELTA, whilst providing their own volunteers to cover the supervisor role at weekends and with general fundraising. Julie Norbury was appointed supervisor and the house swiftly filled to capacity with 10 residents. ARAFMI and RFWA were incredibly proud of their work – creating a home that was the first of its kind in Australia.

DELTA was up and running, but it was not without its challenges. Director Michael Rowdon faced vehement objection from the local community, yet poured oil on the waters of discontent, with some success. Michael was well respected for his work with residents and their families, but was notoriously woeful at managing the finances, and frequently overspent his monthly budget, to the chagrin of the management committee. John Casson recalls berating Michael for running up too many bills at one meeting, just before Michael made a request for money to buy eight new bean bags (essential items in any 1980s lounge room).

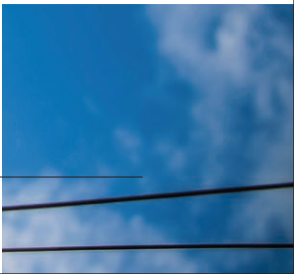
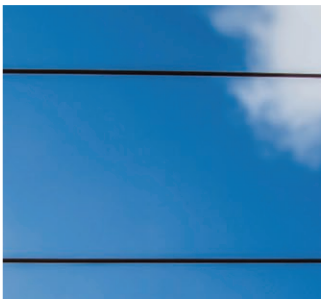
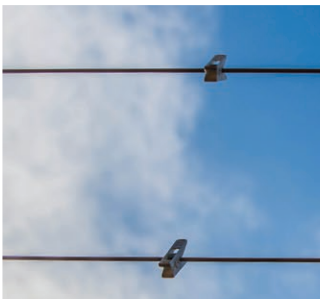
- Shirley Smith, a social worker with many years' experience at ARAFMI and an ex-RFWA Board member was appointed Director in 1984, upon Michael Rowdon's retirement.⁷⁶ Michael was then able to focus on his new clergy role as Coordinating Chaplain at Rottnest Island which he had taken on in 1982; a post he was to hold until 2006.⁷⁷ By this time RFWA had three houses up and running; Ruth Downer House was still staffed 24 hours a day, also supporting nearby group home

Hillview. DELTA also required full time staff supervision. Commonwealth funding requirements and the *Hospitals and Health Service Act 1927* both demanded 24 hour staffing for all licensed hostels. Shirley gives credit to the staff who worked for the organisation at the time, who took on 8, or sometimes 12, hour shifts, including nights, for minimum wages. If a staff member called in sick, Shirley and husband Chris would often provide cover. In 1985 another house was added in North Perth, owned and jointly operated by Casson Homes, however the arrangement ceased a few years later.

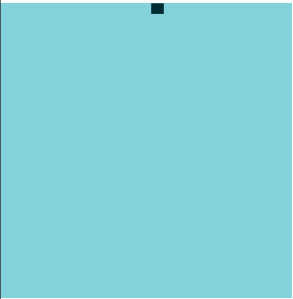
Ten years in, and the day-to-day running of a therapeutic community environment still produced some delicate management challenges. The self-determination model requires residents to take responsibility for their own cooking, cleaning and laundry, with support. Shirley remembers the Board of Visitors coming through to be greeted with dirty dishes stacked in sinks and piles of laundry. Such was the struggle with a commitment to the therapeutic residential model, which

aims to create an environment similar to that faced by those living independently. Shirley and staff worked hard with many residents, particularly those younger people at DELTA who had come from families where parents battling with a challenging child had been unable to teach them the basics of domestic care. The road to independence can be winding, and the destination different for all. Whilst people are encouraged to graduate to living alone, for many the peer support provided in a group home can be invaluable in a recovery journey.⁷⁸ The interpersonal dynamics in any house are often testing, and group and therapeutic homes are no exception.

Places at a RFWA house have always been at a premium, and many Directors reflect on the pain of turning potential residents away in an effort to maintain harmony, or just being unable to find a spare bed. In a traditional hostel environment the consideration of relationships are a luxury rarely afforded, and time taken to teach everyday living skills an indulgence.



FREMANTLE



It is 1987 and Fremantle Hospital is looking for support for its long-term patients with residual psychiatric disabilities. With a Commonwealth Grant of \$150,000 burning a hole in the hospital's pocket, it turned to RFWA who had by now established themselves as experts in the field, offering a philosophy that was gaining interest. With a funding deadline to meet, the group had to move quickly, and when two adjoining properties, 56 and 58 Glyde Street ('Jansen' and 'Kingston') in East Fremantle became available they were quickly purchased for \$99k and \$112k respectively, without having gained relevant approvals. The inevitable complications ensued, and many months were spent in negotiation with the Council and local residents. Community prejudice against anyone with mental illness was still very much alive and well; in Fremantle coming in the form of vicious poison-pen letters put in the homes' letterboxes.

The Director and a small team (assistant Joan Hancy, fundraiser Phyllis Rothbury, and a part-time accountant) were working from a 'sleepout' at Hillview at the time, doing their best with limited resources in place. Valued assistance came from the Lotteries Commission which included money for a minibus for Fremantle, and help with sorting out fencing.

Another significant contribution from the Commission was the grant to purchase a property at 108 Shepperton Road in 1987 that backed onto Ruth Downer House and provided low level support for residents who were ready to take the next step in independence, as a licensed lodging house. This was part of the Independent Living Program which had started earlier in 1981 with the assistance of the Department of Community Welfare, to assist people with finding the money for a bond or letting fee to move into their own place. Another similar facility, referred to at the time as a 'three quarter home' was also rented in 1985 and set up in Nedlands, for a period around this time.⁷⁹

In 1989 Shirley Smith passed the Directorship to Warwick Smith (no relation), who had been working previously as a coordinator at Ruth Downer House. Shirley was acknowledged for her work by being awarded a life membership of the organisation. By now there were three different sites to manage: Victoria Park, Bassendean and Fremantle, with a staff of 16 full-time workers.⁸⁰ In an attempt to create a normal living experience, the organisation somehow managed to provide an annual holiday for residents. Warwick recalls trips to Rottnest, Kalbarri and Margaret River.



“There was one trip down south where they were camping in the local camping ground. Doing what everyone else was doing. It was a powerful message for them - they were just part of the community and they just fitted right in. It embodied the message of doing the sort of every day, ordinary things like other people. Many of them hadn’t done or had experiences like this before in their lives.”

Warwick Smith⁸¹

Staffing and funding were still perpetual problems for Directors over the 1980s. Therapeutic homes such as Ruth Downer House, DELTA and East Fremantle were staffed 24 hours a day, with a coordinator on duty from 8.30-4.30 on weekdays. Assistant coordinators often worked a 16 hour shift, and weekend shifts ran for a full 24 hours – 9am to 9am.⁸² Maria Harries recalls having a student whilst lecturing in social work at UWA during this period who was also employed independently as an assistant coordinator at Fremantle.⁸³ Working alone at night, he frequently encountered violent and traumatising

episodes. With no award in place until later in the 1990s, the work was poorly paid and staff could lack the training and backup support required to deal with challenging situations. In a sector that was still slowly coming through the deinstitutionalisation process, Directors carried a lot of responsibility for driving forward the therapeutic model into the staff psyche. Lynette Clayton, a highly regarded psycho-dynamic psychologist (or the ‘therapist’s therapist’) would come to RFWA to help train staff on a monthly basis in Warwick Smith’s time, providing valuable guidance.



Unfortunately, the funding model in place at the time was by now failing to support the level of service that many residents required. During this period the Commonwealth Department of Community Services and Health (via the *Disability Services Act*) provided a subsidy of 50% of staff costs, with Department of Health Funding at \$1.50 per head per day coming through the Community Psychiatric Division. Other income had to come from residents' rent and fundraising.

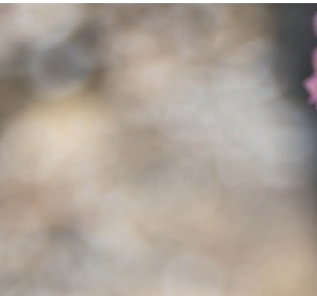
The Lotteries Commission had also helped along the way, funding the new administrative office extension in 1986,

and the purchase of the Shepperton Road group home. The Commission was at this time going through significant growth in its business due to the installation of Lotto machines and advent of computers. The Lottery Commission's Board were also starting to get letters from a whole range of newly established community groups with whom they had no previous knowledge. They had just appointed Jan Stewart to undertake grant application assessments and later to set up a formalised grants application process. Most community groups worth their salt quickly became accustomed to the processes required to seek grants.⁸⁴

■

ROLLCALL, 1987

Ruth Downer House, Victoria Park	15 beds	Staffed	Maximum 1 year
Hillview, Victoria Park	7 beds	Unstaffed	Maximum 2 years
DELTA, Bassendean	11 beds	Staffed	No time limit
Jansen, East Fremantle	4 beds	Staffed	Maximum 3 years
Kingston, East Fremantle	4 beds	Staffed	Maximum 3 years
Shepperton Road	5 beds	Unstaffed	No time limit
A further property at North Perth was also being partly operated by RFWA at this time, on behalf of Casson Homes.			



CHAPTER 05

Staying Alive (1990-2005)

The 1990s were a time of significant reform for mental health in Australia, more so than ever before. Criticisms were directed towards the inadequate resourcing of mental health services in relation to the rest of the health field. The inadequate number of practitioners to meet need was becoming increasingly apparent.

In 1992 all Australian governments agreed to adopt a Mental Health Policy, which combined with the recently formed Statement of Rights and Responsibilities, and a commitment to five-year Mental Health Plans, formed the Mental Health Strategy.⁸⁵

Mental health had made it on to the national agenda. Now the move had 'teeth', and all the states and territories were signed up to comply. At the core of this first plan was the emphasis on community-based care and decreased reliance on psychiatric hospitals.

Arrangements between Commonwealth and state governments to provide for mental health services are complex and shifting. Although traditionally the states were providers of health services, over the last fifty years the Commonwealth has been incrementally assisting the states more and more with the financial responsibility of mental health care provision.



Invisible disability brochure cover, seeking public support.

BURDEKIN REPORT

■

In 1993 the Australian Human Rights and Equal Opportunity Commission released their report, *Human Rights and Mental Illness: Report of the National Inquiry into the Human Rights of People with Mental Illness*, which commonly became known as ‘The Burdekin Report’, named after the then Human Rights Commissioner, Brian Burdekin.⁸⁶ The report, coming in at just under 1000 pages, had been three years in the production and highlighted a raft of woeful inadequacies in mental health care in Australia at that time. It concluded that people affected by mental illness suffered from widespread systemic discrimination and were consistently denied the rights and services to which they were entitled. Of note, the report also made reference to the Richmond Fellowship in Victoria, heralded as a rare receiver of consumer satisfaction.

In his letter to the Attorney General that accompanied the submission of the report, Burdekin wrote: “Given the numerous and serious breaches of human rights which are identified, we respectfully request that the Government give urgent consideration to the report and to the recommendations we have made.” The Keating Labor government of the day had no choice but to commit to a solid plan of reform which could live up to the promises of the Mental Health Strategy produced the year before.

By 1995 in Western Australia, the Court Liberal Government had initiated a review and reform of WA mental health care, in line with the National Mental Health Strategy. A state *Disability Services Act* was enacted in 1993, and the *Mental Health Act* revised in 1996. A Mental Health Division was also created within the Health Department, to enact significant changes in line with the larger national agenda. Over \$40m of additional state funds were targeted over a three year period to expand community based services, and a greater transparency of where and how money was being spent was put in place.⁸⁷ Although the moves were lauded by the sector and community, the shift did set about a new set of challenges for carers, with many beginning to present to organisations such as ARAFMI with increasingly complex issues and levels of stress.⁸⁸

Nationally, between 1993 and 2002 there had been a significant increase in spending on mental health of 65%, up to \$3.1bn (Australian Government \$1.21bn, states and territories \$1.98bn and private health insurers \$148m).⁸⁹ So the story goes... however on the ground, at the frontline of mental health service provision, funding was still definitely considered lacking, intermittent, and bureaucratic to secure.

An increasing public awareness was developing in the 1990s at a national level too - both as a result of the Burdekin Report, and the National Mental Health Strategy. The increased spotlight of the media, who were at the time graphically describing the consequences of inadequately funded and organised services,⁹⁰ made it a difficult issue to ignore.

The second National Mental Health Plan in 1997 built on the first, and put a focus on expanding work in mental illness prevention. Along came ‘Beyond Blue’ in October 2000, in line with the World Health Organization’s projections of an increasing global burden caused by depression. The aim of Beyond Blue was to move the focus on depression away from being just

a mental health service issue, towards one that is understood, acknowledged and addressed by the wider community. Depression is predicted to be the leading cause of burden of disease by 2030, ahead of heart disease.⁹¹ Subsequent initiatives such as Headspace and Sane have followed suit.

In 2001 the Commonwealth Department of Health launched the Better Outcomes in Mental Health Care programme in recognition of the important role of general practitioners in managing mental health problems and to enable team arrangements for referral of patients to allied health services. Now everybody could access mental health help easily and privately, with just a visit to the GP.



The consumer movement that had gathered strength in the 1980s, was evolving too. For the first time structures were being put in place to make sure the voices of service users and their carers were being heard. Many organisations began to commit to including representatives from these groups on their boards and committees, as a matter of course. The strenuous efforts of state and national community groups (such as ARAFMI, Western Australian Association for Mental Health, Mental Illness Fellowship of Western Australia, then the Mental Illness Fellowship) had been the backbone of slow and steady reform across the entire sector, focussing minds on rights, justice and integration.⁹²

Warwick Smith left RFWA in 1990 and was replaced for a short term by Jack Mansveld. It wasn't an easy role to fill; one observer commented that the organisation appeared to 'eat its CEOs' in those days.

1990 was also the year that John Casson decided it was time for him to bow out and resigned from the Board after fifteen years of honorary involvement. He was subsequently awarded life membership in recognition for his significant contribution. A new building was erected on the grounds of the Bassendean facility that year, providing four new bedrooms and a staff office. Two new group homes, in Anzac Terrace Bassendean and 2 Teague Street in Victoria Park also came on line.

In 1991 Peter Lammas hesitantly took on the role of Director of RFWA.⁹³ Although without a professional mental health background, he quickly connected with the issues faced by residents and found deep empathy with many, particularly families and carers. Peter reflects that this was a time of new levels of accountability; from funding bodies, and also from within the organisation. Processes were put in place to establish goals and objectives



for residents, who would develop their own personal recovery strategy. The staff worked hard at this time to cement the principles of the Richmond Fellowship's approach; taking responsibility for actions, and not using illness as a 'crutch'.

Managing medication brought its many challenges, with drugs of the day still inducing debilitating side-effects that have since been lessened somewhat.

Whilst always obliged to work within the medical model and in partnership with psychiatric professionals, Directors such as Peter strove to support clients in a holistic manner, using a humanistic approach to help pick up and rebuild the pieces of life after a mental health crisis. The contribution of peer support within the shared environment is for many also an integral part of this personalised relationship-driven approach.

“If you look at some of the therapeutic community’s principles, it operated within the recovery framework, even though it wasn’t named ‘recovery’ – it was using normalisation principles – about getting people back into friendships, jobs and living meaningful lives. Richmond Fellowship was a very progressive organisation.”

Warwick Smith⁹⁴

As the Board of Management transitioned into being a Board of Directors, carer and consumer representation became an important component of the membership. Starting with James Kennedy in 1996, other consumers including Jeremy Williams, Erica McLaughlan, Susan Gane, Digby Munro and Dr Matthew Carter have continued to make valuable contributions to the management and direction of RFWA.⁹⁵

By the early 90s industrial relations had started to heat up, and the working conditions for staff (mainly non-qualified in those days) were beginning to be addressed. Staff had to share a bathroom with clients, which came into question. Being in old houses with very large rooms, many residents also had to share bedrooms, which in time became unacceptable for a funded NGO service provider. Without access to capital to improve facilities, it was their cross to bear.

Peter Lammas recalls that at this time, many who worked for RFWA did so in an

almost quasi-volunteer capacity. Although legitimate volunteers contributed heavily in the early days, this had been gradually phased out. Being pre-award, pay rates were minimal and many staff, driven by a conviction for the concept, worked well beyond expectation. Inevitable clashes with the unions ensued; it was difficult to reconcile the worthy mindset of staff with the 'on paper' extremely poor working conditions. Management faced a constant conundrum: trying to raise staff calibre to meet service expectation, yet not having enough money to pay degree-qualified workers.

In the early 1990s funding shifted from a Federal responsibility to State management that bought inevitable recalibration and adjustments. By 1994 the WA Disability Services Commission and Health Department had control of RFWA's funding supply, which had previously come directly, in the greatest part, from the Commonwealth Department of Health, Housing and Community Services.

“Funding has always been a problem, but you can’t let that get to you. Whilst you could whinge all day about the funding you just had to get on with the job and just had to manage with what you had. ... If you have kids in need people will flock and if you have animals in need people will flock to the cause, but if you have people with a mental illness - no sympathy.”

Peter Lammas



It was around this time when the organisation chose to lose the label 'half-way house'. Reducing the impact of stigmatisation, which labels help to create, has been a constant objective for the Richmond Fellowship.

Peter Lammas moved on, and the search for a new Director, or CEO as the role then became, began in earnest. Not an easy job to fill, long-standing Board member Noreen Paust became caretaker for six months until the right candidate could be found.

VISION

1993
1994

To provide services to people with mental illness which allows for self-enhancement of their lives, being able to live independently, characterised by self-determination and mutual support.



Denise Bayliss eventually took over as Director in 1995, with the position being renamed CEO in 1996. Denise had come from the Activ Foundation and with experience in research, development and operations, oversaw the practical management of RFWA's residences, responding with confidence to the shifting needs of the organisation. Denise and office manager Charlene Fernandez, with the support of a part-time accountant, were the sole management staff, operating out of the office at the rear of Hillview. Charlene had been around since Peter Lammas' day and took on responsibility for a vast range of administrative tasks in her time at RFWA, which lasted until 2006. By 1998 staff were organised into teams (Victoria Park, Bassendean and East Fremantle) who each managed a therapeutic community, shared/transitional accommodation, and supported independent living in their area.



Elly Jansen made her last visit to Perth in April 1996, spending time at all the homes, and attending a cocktail party hosted by the residents at Hillview. David Shearer offered Elly lodging at his place on one of her visits, which turned out to be one of his grandchildren' bunk beds (she quietly mentioned to some her back

was sore for days). Elly wrote back to the team at Hillview commenting on her disappointment at the level of cleanliness in the house on this visit and making suggestions for ways to improve the problem. Her missive was not met with great welcome, but if anyone was qualified to pass such comment, it was Elly.

DUAL DIAGNOSIS

Trish Ryans-Taylor had joined RFWA in November 1996, firstly in operations support and then moving to the role of financial controller in 1997. She also began the first of a number of projects that aimed to support the complex needs of people who had an intellectual disability, as well as a diagnosed mental illness (dual diagnosis). Nova Vita (New Life) was created as a home in 1998 for two young men who both received \$60k a year from the Disability Services Commission, which enabled a joint venture with Homeswest to be set up. The funds enabled the employment of three staff and Lotterywest provided money for furnishing. A house in Lockridge was supplied and named 'Pepperwood'. The first task for new staff was to paint the house (however the work probably didn't appear in their job descriptions).⁹⁶ Whilst the programme was very successful for one resident, it did not work out for others. The home later relocated to Subiaco, when a purpose-designed pair of townhouses was built to provide staff accommodation and a home for life for two men, who made significant gains in their recovery during their time with the service.



Residents' artwork on display at Subiaco.

“ Despite having a mild intellectual disability as well as some mental health issues, Ian worked really hard to improve his life since he came to RFWA. In the three years since his arrival, he established a new social network and learned to come together with people. He is now part of a social circle and has proven to be a very social and independent person who is heavily involved in the community.

Having spent a few months in the Subiaco Residential Units, his achievements were celebrated this year with a party to mark the milestone and all Ian has achieved.

Ian invited his friends and key people who have been supporting him, including staff from Crossroads Uniting Care West and one of his

friends from Men's Shed. He couldn't hide his joy! As Ian was busy getting used to his new environment in Subiaco Residential Units, he wanted to get involved in more competitive work than the volunteer position he maintained. He always dreamed of working in a coffee shop, and when a volunteer position came up at the Uniting Care West Crossroads "Warehouse Café", he completed the required training and filled the role. Ian is proof that anything is possible and can now spend his days having a great time, while making a positive contribution to the community.

”

Ian, Subiaco, 2012/13

INDUSTRIAL CHANGES

- Stretching the budget was way of life, and by the time Denise Bayliss came on board the strain had inevitably taken its toll on staff spirits. Although management were always keen to provide workers with the best possible wages and conditions, it was always a struggle. Denise set about negotiating a new bespoke pay award with the Australian Services Union (SACS sector) for RFWA staff, however when talks broke down, Denise and Trish Ryans-Taylor commenced work on an enterprise bargaining agreement to try and set standards in place in 2006.
- Eventually the new ‘Richmond Fellowship Award’ was finalised with the union which curiously closely mirrored the agreement Denise and Trish had been working on earlier. Nevertheless, the net result was a vastly improved set of conditions for staff, which were now formally recognised for their qualifications, time of service and willingness to do shift work. The award for staff also gave RFWA, in theory, greater leverage to negotiate for improved funding, to meet the now regulated pay and conditions.
-

VISION

1997
2000

Accommodation and support for people with mental illness – re-building lives.

GIVE ME A BREAK - RESPITE

- By the late 1990s, respite care available for families and carers of adults and children suffering with mental illness was being recognised as a vastly under-met demand.

Denise Bayliss negotiated with Homeswest to access a property in Westminster where care could be provided, but residents would still be expected to participate as part of a household community. The service is still in operation today, providing crisis care with 24 hour support for residents who can stay for up to three months. Nathan Gibson was working as a psychiatrist at Graylands in the early 2000s and remembers how difficult it was for inpatient services to access non-government agencies at the time.



“Westminster wasn’t just a ‘go to’ place for us, ... it was something of a lifesaver for the patients themselves, because otherwise they would just have struggled to get out of hospital, as there were very few places that could engage some people. They were very flexible.”

■
Dr Nathan Gibson⁹⁷

The other pressing need was short-term care for young people in crisis. A building project in St James was commissioned with Homeswest, getting crucial design input by RFWA just in time. Unfortunately the service did not last, as the high needs of residents were simply beyond the level of staffing

that could be provided. In order to be accepted children had to be referred directly from the Bentley Adolescent Unit, so were sometimes admitted to the Unit purely as a formality to gain access to the service, often commencing self-harm behaviour as inpatients.

“ Staff are very supportive and I felt much better in myself all around. I now feel healthy enough that I feel no problem looking for a job, a house and whatever I need. When my stay ended, I was able to secure accommodation and live independently. I have been off medication for my anxiety and depression ever since. ”

Andrew, Westminster Resident, 2008/09

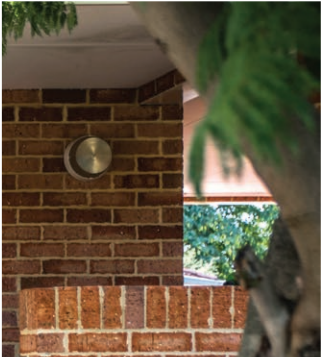
DELTA’S SUNSET

■



Things were not going so well at DELTA in Bassendean. Expectations from ARAFMI were that the home would be able to provide permanent accommodation for its residents giving parents peace of mind, however this went against the objectives of the Richmond Fellowship, and resulted in inevitable management difficulty. With large rooms, the old home was tricky to operate for the purpose, and another difficult decision was eventually made to demolish it and rebuild purpose-designed facilities on the site, alongside the new house next door at number 6. As a building with historical significance, the proposal was met with resistance from the family of May Holman, however the decision was eventually supported by the Council and permission granted to demolish the old homestead at number 4 Mann Way.

The Fellowship entered into a Housing Joint Venture Agreement with the Homeswest in 1998 that met the costs of building the three new residences, and took a 63% share in the venture.⁹⁸ Denise managed to get her own purpose-planned designs for the three homes accommodating 12 long-term residents through Homeswest’s design team, to her delight and their grumbling. The new houses were opened in 2000 by the then Health Minister, John Day MLA.



By 1998 Ruth Downer House had also become unviable. As an old building with wooden stairs and dated design, it was deemed a fire hazard and the Licensing Standards and Review Unit at WA Health advised that it must be staffed 24 hours a day, which was just too costly. Although still operating as a therapeutic environment, staff members were only onsite during the day, and on call at all other times. By this time the Award was in place for staff, finally enjoying the rights of annual wage increases, shift penalties and other benefits. Management battled for a time to meet this 24-hour staffing demand, but it was simply impossible to fulfil with the existing resource levels.

Times were tough, and money for extras such as outings and entertainment had

virtually dried up. However as ever, timely grants from Lotterywest kept the basics in place.⁹⁹ Jan Stewart remembers visiting Teague Street at this time and finding the atmosphere kind and supportive, but although kept as well as possible, the property to be very run down. Lotterywest did their best to provide funds to help with new furniture and anything else where needed. Jan strongly believes that a poor environment sends a message that its inhabitants are not worthy. The house was also often broken into, with valued items such as the stereo system vanishing. With true resilience staff kept spirits high with Karaoke nights and parties.

■

“ Since I came to Richmond Fellowship in 2000 I have found that my life has improved. I go to work at Westcare Industries and I go to Grow and I get out a lot on weekends. I go on outings with staff at Westcare and I go out on my own to movies and the internet café. I have a really good time at Richmond Fellowship, I take my medication and have fun. Supported accommodation is good as we have staff 24 hours a day and having that support is good as we can talk to staff anytime we want to if the need arises, and we get help with shopping and chores. ”

Phillip, 2005/06

An internal strategic review and restructure in 2000 attempted to address the ongoing funding shortfalls and operational problems. After much lobbying the Department of Mental Health commissioned an external funding review, and an extra \$50,000 was added to the annual subsidy. It also recommended an increase in fees paid by residents, which saw a number leaving and empty beds, for the first time ever. Denise Bayliss was instructed to drop the luxury of a daily newspaper delivery for staff and residents.

VISION
2001
2003

To provide accommodation, rehabilitation and support to assist in the recovery of people living with mental illness.



A public relations executive joined RFWA for a while, and attempted to boost the coffers with fundraising events such as quiz nights at Victoria Park and Mount Lawley Bowling Clubs, along with other raffles, dinners and sponsorship. RFWA ‘stress balls’ were even sold through Home Building Society. Fundraising involved

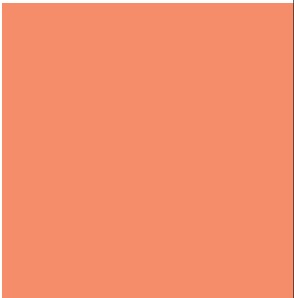
a lot of work, sadly often resulting in a fairly token return. Denise’s father Bob and husband-to-be Andrew took care of maintenance for a minimal amount, or often no pay. When staff were sick or left at short notice, it was still not unusual for Board members to step in and fill a gap.

“ I remember going to one of the houses to help out when they were short staffed... What a privilege... The people were all also dedicated and passionate. Sometimes it was frustrating of course, but what organisation isn’t? ”

Carol Reid¹⁰⁰

In late 1998 the difficult decision had been made to sell the much loved but unworkable Ruth Downer House, and capitalise on the high value of the property to free up capital for future developments. Residents and staff were moved a few doors down to Hillview, taking over the old group home facility. The property was auctioned, and a large parcel of land acquired the next year in Queens Park. Following a subdivision

process, a quantity was sold to other parties, and on the retained land, three purpose-designed houses were built - administration, male and female houses - in a joint venture with Homeswest. Queens Park was finally opened in 2003 by Governor John Sanderson, providing a home for residents for around a year or sometimes two, with staff on board from nine to five, Monday to Friday.





With some money in the bank, and Hillview also up for sale in 2003, it was time to find a new office. A facility at 1/1159 Albany Highway was purchased and for the first time the RFWA management and administration had its own building. By this time around 80 people were being supported by the organisation – those in accommodation and others in group homes and on their journey back into the community. In January 2003 the Richmond Foundation was established, to encourage fundraising and philanthropy.

Accountability was now the name of the game, and the need to report and

deliver became a large part of staff and management's daily work. Terms like 'productivity', 'service delivery', and 'competencies' began to appear in reports and correspondence. Years of submitting forms to the Department of Social Services' Licensing Accreditation Support Unit on a weekly basis for meagre bed subsidies was one administrative task too many, and Denise negotiated a block funding arrangement – to then hear that other hostels still getting weekly subsidy had been awarded a higher rate. After ten tough years CEO Denise Bayliss decided it was time for her chapter at RFWA to draw to a close. But who would want to take on the job?

■



06



Breaking Boundaries (2005-2015)

State expenditure on specialist mental health services in Western Australia has increased over the last twenty years to now be at the highest rate in the country. In the early 1990s per capita spend on mental health was \$72 both nationally and in WA. By 2003 WA was averaging \$119 per capita, compared with \$100 nationally.¹⁰¹ In 2005 the WA Gallop Labor Government allocated an additional

\$173m to mental health to implement its Mental Health Strategy 2004-07, with mental health then accounting for 9% of the total health budget.¹⁰² By 2007 new major Federal programmes aimed at supporting people to live independently in their own homes where possible, were also coming online. Mental health was now clearly on the public agenda.

2005
2012

To be at the forefront in providing innovative and person-centered environments for recovery.

Today, Western Australia's spend is \$243.32 per capita on mental health. Added to this is the additional national spend of \$112.48 on mental health-related services, and \$37.95 on PBS/RPBS per capita.¹⁰³ WA also has the highest level of FTE staff employed in mental health care services in Australia, at 126.1 per 100,000 of the population. Interestingly, WA also has the lowest proportion of 'involuntary' mental health care in the country, and one

of the lowest rates of seclusion in acute hospitals.

In Western Australia the Mental Health Commission was created in 2010, and Eddie Bartnik appointed as the first Mental Health Commissioner. The Commission quickly set about producing a strategic vision for mental health and published a reform blueprint; *Mental Health 2020: Making it Personal and Everybody's Business*, in 2011.

“

Establishing the Mental Health Commission was important in terms of naming issues, transparency about budget, dedicating building of the non-government sector and of community support infrastructure. So really, it was a period of very substantial development of capability of the non-government sector. If you look at all the previous mental health documents, they were all about 'patients' and 'illness' and 'services', with a bit of community stuff thrown in at the end. Whereas, our whole paradigm threw it around the other way: people, family and communities, and around a 'big partnership' out in the whole community. It's a very big shift.”

Eddie Bartnik¹⁰⁴

“

I am really pleased that people are now talking freely about depression, because it's only now that I can talk about it... Only one of my employers over the past 20 years knew that I suffered from depression. He was a friend, but I would never tell any other employer that I had it.”

■
Diana Warnock AM¹⁰⁷

Four years later, Eddie finished his term and handed over the role to the current Commissioner Tim Marney, who brought with him his own lived experience of mental health challenges. A new *Mental Health Act 2014* was then passed by WA Parliament in October that year; updating on the provision of treatment, care and support of people who have a mental illness, and providing for the protection of their rights. A major report from the National Mental Health Commission was also published at this time that highlighted a raft of structural shortcomings, despite the Commonwealth budget allocation of \$10 bn on mental health.¹⁰⁵ There are still numerous failings for the 3.6 million Australians sourcing mental health services in Australia, where the estimated direct and indirect costs of mental ill-health total around \$40 bn. Amongst other reforms, a focus on recovery-based community support is now considered crucial.

2005-2015 has also been a decade of shift in mental health awareness in

the community at large. Building on the launch of Beyond Blue in 2000, other awareness-raising campaigns, and the Better Outcomes scheme in 2001, gains have certainly been made in tackling the stigma and embarrassment associated with mental illness. The relatively recent self-disclosure of many well-known people who have suffered from mental illness has helped awareness-raising enormously. Psychiatrist Patrick McGorry's achievement as Australian of the Year in 2010 for his services to youth and mental health delivered praise and attention to the field.

Peter Lammas, Director from 1990-1995, compares today with his time, when educated and 'stable' people were rarely likely to be identified as suffering from mental health challenges.¹⁰⁶ Many of Peter's clients came from economically and educationally challenged backgrounds, and often struggled with the skills required to gain insight into their illness and situation.



“

Stigma is still an issue, even though (it is) now recognized as such and talked about in the community. It's one thing to understand it 'in theory', but another to incorporate learning of this sort in attitudes and day-to-day practices. However, it is a step forward to have the issue 'on the agenda' if not 'in the mind and heart' of us all.”

■
Dr Geoff Gallop AC¹⁰⁹



“

People find it very difficult to understand what the support needs are, because it seems that people should be able to take responsibility for their own lives, and why can't they? A lot of people in public life still think that way. It has changed in recent years, but there is still a vestige of that, and is because of the strong stigma that still pertains.”

■
Keith Wilson¹⁰⁸



Joe Calleja

Bill Bennett, an experienced programme manager at RFWA acted up as CEO from March to July 2005, until the right person to lead the organisation into its next phase could be found. Joe Calleja came from a background in social justice and was just the man for the job.

Joe was a social worker by profession and came to his new role at RFWA from a senior executive government position, having also previously worked for Anglicare in the non-government sector. He had a long history of involvement with bodies such as the Australian Association of Social Workers, the Australian College of Social Work, the National Marriage and Family Council, the Institute of Public Administration of WA and had also been on the Board of the WA Council of Social Services (WACOSS).

Week one in the job and Joe was immediately challenged to confront his understanding of mental illness by Ron Coleman and Karen Taylor, international thought leaders in recovery and hearing voices, who had been invited to Perth by Bill Bennett.

“I had not worked in mental health before, however I had always worked in jobs that interfaced with mental health such as in child protection, family relationships, disability services, justice and so on. At the end of that (first) week I decided to enter into an agreement with Ron and Karen to bring them back to run further programs to challenge thinking in the sector. We have continued this relationship over the past ten years.”

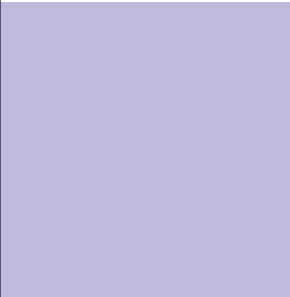
■

Joe Calleja

Upon starting as CEO Joe was initially struck by how ‘downtrodden’ the sector seemed, and how the human rights of consumers and family members were barely being acknowledged. A succession of deficit budgets that predecessor Denise Bayliss had valiantly managed, had been inflicted by years of underfunding. The organisation was not in great shape.

Joe Calleja stressed to the RFWA Board that to survive they must lift their profile and diversify their offering. The Board accepted two recommendations: that RFWA engage in providing education and training programs, and that it introduce the Hearing Voices Network into Australia. These two actions enabled RFWA to take a leadership role in the field, develop a profile beyond the sector and generate an income stream which created new opportunities and options for people with

a lived experience and their families. The education role was initiated by having Tony Morrison MBE (1953-2010) from the UK come to Perth to run Emotional Intelligence and Leadership and Supervision training for the broader NGO sector under the auspices of RFWA. 2006 to 2008 was another time of intense growth and change in mental health, and at RFWA particularly. As funding for programmes gradually came online, Joe was able to lead RFWA to a new plane, expanding the service offering to consumers beyond therapeutic community-accommodation, and making a significant impact on the wider mental health sector through the promotion of progressive approaches to recovery. In keeping with the previous CEO’s involvement, Joe was elected to the Board of the WA Association of Mental Health and eventually became President.



“ I think it’s the direction of change that has been important, and again I think this will be important to RF continuing their growth, in the sense that I would see the direction of travel is against communal living and towards supporting people in their own homes. I think RF has seen that direction of travel. I think they’ve really moved with it. Looking not only at how they develop those outreach services, but also how they change and refigure some of their accommodation services to be much more ‘this is your place’.”

Dr Rachel Perkins, OBE¹¹⁰

“ I moved into the Richmond Fellowship in November 2005 shortly after being discharged from Bentley Hospital. Before moving into the Richmond Fellowship my accommodation was unstable and because of this I found it difficult to pursue my career interest in hospitality. While living at the Richmond Fellowship I have received support and was encouraged to partake in a Certificate 2 hospitality course. While studying the Richmond Fellowship provided me with suitable accommodation with the support I needed to complete my course. I successfully completed Certificate 2 in June. Through my chef’s recommendation I did one and a half weeks work assisting chefs doing cooking demonstrations at garden week. Currently I am seeking an apprenticeship to become a chef. I would like to thank the Richmond Fellowship staff for all their help and support.”

James, 2005/06



By this time Joe had convinced the Board to RFWA engaging in education and training as a strategy, sponsoring the Hearing Voices Network in Australia, and adopting a new strategic plan and new logo (removing the house from the existing logo and only having the letters RF in the title with the new Recovery First tag line). In 2006 the organisation’s branding, brochures and annual report-style were redesigned, signalling the new era ahead. ‘People can and do recover’ from mental illness became the driving principle communicated to the sector and business community.

Recognition for the hard work soon paid off, with RFWA awarded as winner of two categories in the Western Australian Mental Health Good Outcomes Awards in 2007.

When the new mentor and carer support services were launched in 2007/08, RFWA were successful in winning a number of tenders that signalled a major growth spurt for the organisation, after such a long period of being locked into funding limitations. It also coincided with a decision to move from their owned premises in Albany Highway Bentley to larger leased premises at 32 Burton St Cannington, facilitating operation of the PHaMS and Carer Respite programs. The new space also allowed for the training programmes that were now being offered too.

Diversification and growth required more muscle in-house, and new roles in corporate services were created to develop governance and administrative processes. Further expansion of the executive team and staff took place in 2010 with the opening of Ngulla Mia, and again with the Partners in Recovery tender win in 2012.



AKSANA’S STORY – A STUDENT PLACEMENT

My journey with Richmond Fellowship WA began in 2011 when I was a student seeking a practical placement for a mental health certificate I was studying. After the first week at Queens Park, I felt at home. Senior staff members as well as our inspirational residents, made me feel welcome and introduced me to the reality of mental health. Spending time with staff members and residents by hearing about their experiences inspired me to take on more study. I am currently in my third

year of a Psychology degree, of which my current manager encouraged and inspired me to take on. Being able to develop relationships and support people with skills that we often take for granted, has left me leaving work grateful that I have the opportunity to hear the stories from our residents. Being with our residents puts life into perspective for me. It fills me with hope for myself and our residents and the potential they hold for the rest of their recovery journey.

Aksana

“Joe’s got this superb team around him, all of whom think it’s entirely possible to change the universe. And it’s that very much a ‘can do, let’s try it’ attitude. I’m certain that’s why it’s grown so much. The diversity of services now is huge.”

Dr Rachel Perkins OBE¹¹¹



The home of the RFWA, 2008-2015.

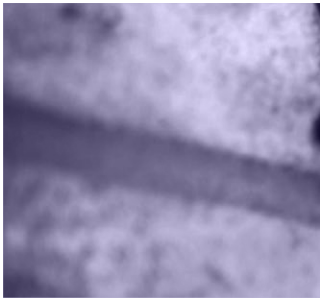
But it wasn’t all plain sailing. Some tough decisions were made in Joe’s first years, such as disposing of the final property in Victoria Park, which really saw the end of the RFWA’s identity in this area where it had started its life. Finally in 2014 the community at East Fremantle and group home in Hilton were also closed. Therapeutic communities do however remain integral to RFWA’s offering, with residential places at Bassendean, Kelmscott, Queens Park and the South West still in high demand.

In the last ten years, Joe Calleja has been a loud and insistent voice for mental health recovery and the RFWA within the sector. Participating in the work of a myriad of State and Commonwealth bodies, making enquiry submissions, getting new independent consumer groups off the ground, breaking ground in thought leadership – the gains achieved by RFWA, both externally and internally, have been systemic.

“

If you look at what Elly Jansen set up, the essence was there, she was like Joe. She looked at what was happening and thought ‘this is ridiculous’. The concept of recovery was about people getting their lives back. That was always front and centre for Elly. ... Joe was really a change agent. The thing I love about Joe most is that he’s a stubborn git, and when he decides things are going to change, he’s single minded.”

■
Ron Coleman¹¹²



C o M H W A

■

Joe's first busy year also included the inception of Consumers of Mental Health of Western Australia Inc (CoMHWA). As a solid manifestation of the consumer movement, the group was formed to be led by consumers, for consumers, to advocate for mental health concerns and provide peer support networks. Limping along on

intermittent grants, CoMHWA finally locked in funding from the Mental Health Commission in 2012. Today, CoMHWA and RFWA work collaboratively to give a voice and provide support to all consumers of mental health services.

“

When I came to the Richmond Fellowship I was smoking pot every day. I did this to escape from reality. I soon realised it was making things much worse.

When I started to slowly come off pot I felt so much better. I felt more motivation & happiness in my life. I now know Recovery is possible because I am on my journey to success. Recovery to me is a mixture

of things. It is having good health and more self-control. It is a time to overcome fears and set goals for the future.

The Richmond Fellowship has given me that extra support and confidence I needed. I now know I can have A BETTER LIFE! My Recovery process has been a lot of hard work but it is so worth it.

”

.....
Brad, 2006/07

■

HEARING VOICES

It was Professor Mark Rapley's teaching about the Hearing Voices Approach that inspired the pioneers of the Hearing Voices Network Australia (HVNA) at RFWA. The hearing voices approach seeks to enable acceptance and recovery for people who hear voices (and other perceptions) and their families via support for self-help groups, education and awareness. The experience is given validity, and the belief that a personal taking of control can be achieved. Antipsychotic medication is often the front-line treatment offered for voices by traditionalists, and is likely to be recommended (or legally enforced) with the aim of eliminating voices. Even whilst on the newer atypical antipsychotic drug treatments, around half of people with a diagnosis of schizophrenia still hear voices and also experience severe, disabling side/direct effects. This combination of problems produced a dilemma for both voice hearers and service providers.

Mark (1962-2012) taught critical psychology at Murdoch University and pointedly challenged his students to think deeply about the assumptions and values embedded in the biomedical model (an approach he coined 'ethnomethodological'). He inspired many to work toward overcoming oppressive institutional discourses and highlight where power was being used over vulnerable populations. It was one of Mark's students RFWA worker, Rob Rowe, who encouraged acting CEO Bill Bennet

(another of Mark's former students) to bring Ron Coleman and Karen Taylor to Perth in 2005. Ron's challenge to those attending his workshops was to start a Hearing Voices Network in Australia. This 'call to arms' was taken up by graduating students Jen Stacey and Lyn Mahboub, both of whom approached the RFWA within days of Ron's workshops and volunteered to work toward creating a Hearing Voices Network.¹¹³



Joe Calleja launched the Hearing Voices Network Australia in October 2005 just months after his arrival at RFWA, at the same event as the Thirtieth Anniversary celebrations, at which Premier Geoff Gallop spoke.

Shauna Gaebler of CoMHWA reflects how the emergence of the hearing voices approach was a major cultural shift within the clinical world at the time, one which is often led by people who may have trained up to forty years ago, when common practice and concepts were very different.¹¹⁴

In the ten years after she first knocked on the door of RFWA, consumer Lyn Mahboub has successfully led the programme as its Director to become a leader in the sector at a national level,

closely supported by fellow consumer Marlene Janssen as the first Coordinator. Many others such as Amanda Waegeli were also significant in the HVNA's development.

“

Probably a turning point for me would be the 2006 grant to explore the development of the Hearing Voices Network; that struck me as really significant as it was a very tangible expression of taking a leading-edge approach on wellbeing in our community – and on influencing community attitudes and finding space for people with mental illness. My observation has been as seeing them shift from a very solid service provider, to a change agent in WA around awareness raising and support, and different ways of supporting people who have mental illness. ... Joe has been an expensive, and good customer!”

Jacquie Thomson¹¹⁵

As at many times in RFWA's history, Lotterywest were instrumental in getting the initiative off the ground. A first grant of \$387,000 in 2006 was then followed up with another for \$211,000 in 2010, when RFWA partnered with Job Services Australia to improve the likelihood of employment for people following their first episode of psychosis, with the program 'Pathways to Wellness'. Lotterywest are not in the business of providing ongoing

funding, so when the initial grant to set up the Hearing Voices Network up expired in 2007 RFWA incorporated the operational costs of running the network and have continued to support it since. Still very much in support of the Hearing Voices movement however, Lotterywest came to the party once more funding the Voices@Work program in 2012, particularly focussed on helping people to cope with their voices in a working environment.

ADVOCACY AND TRAINING

RFWA have consistently placed a heavy value on achieving systemic change to improve responses to people with mental health issues. Between 2005 and 2015 RFWA have enabled a swathe of recovery thought leaders to visit Perth and share their work to the broader sector, including clinical practitioners. “One of the particular things that Joe used as a strategy which was more characteristic of RF than any other agency, was he bought the international voice to Perth, and was very supportive of consumer empowerment”, reflects Sheryl Carmody.¹¹⁶ Visiting speakers include Dr Rachel Perkins OBE, Tony Morrison MBE (1953-2010), Rachel Waddington, Dr Rufus May, Professor Marius Romme and Dr Sandra Escher, Ron Coleman and Karen Taylor.

Commencing in October 2007, RFWA’s Recovery Training and Education program has grown and evolved to become a major tool in its objective to advocate for complimentary approaches to mental illness recovery in Western Australia. In November 2008 RFWA hosted the international INTERVOICE

meeting in Perth, the first time it had been held outside Europe, and twinned it with Richmond Fellowship’s ‘Recovery from Psychosis’ conference. Also with Lotterywest support, the event really consolidated RFWA’s leadership in the space.

A further \$248,000 was awarded by Lotterywest to facilitate the Richmond Fellowship Asia Pacific Conference on Mental Health in Perth in 2012, supporting costs for 200 delegates. The Myer Foundation have also been a generous supporter in the early days, helping take the Network beyond WA interstate to collaborate with organisations such as the Prahran Mission.

RFWA has continued its advocacy for consumers and families across many issues, particularly in relation to the *Criminal Law (Mentally Impaired Accused) Act 1996* (CLMIA Act). Many of the 700 local, national and international delegates at a 2012 Richmond Fellowship Conference in Perth were so concerned to learn of the legislation that they agreed to pass a resolution to forward to the Premier calling for specific amendments to the



Act, including limiting a Custody Order of no more than the term of imprisonment to which the person would have been sentenced, and giving judges better options when a person stands trial. It argued that if the government was indeed serious about human rights and improving the lives of people with mental ill-health, then it must urgently review the Act, in consultation with key stakeholders. The

shortage of specialist facilities for the appropriate care of people who were subject to Custody Orders, other than prison, was also exposed. The Chair of RFWA then wrote to the Premier following the Forum. RFWA has since been working with Mental Health Matters2 and the WA Association for Mental Health (WAAMH) to seek to have the Act amended.



PEER SUPPORT

A quiet, but important revolution in mental health therapy was going on behind the scenes around the millennium, regarding the value of peer support. Giving people with a lived experienced of mental illness recognition for their contribution to helping others and shaping services was emerging as something to value. Twelve Practice Standards for the mental health workforce

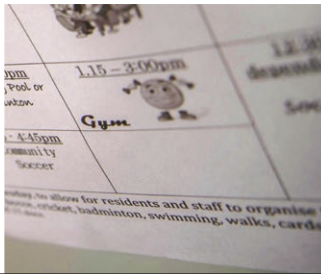
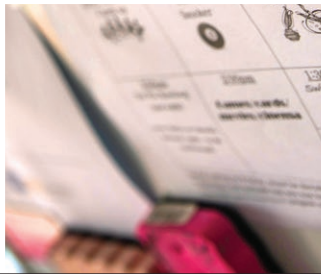
were first published by the Department of Health in 2002, and number two on the list was around valuing consumer and carer participation. Sustaining these values from the outset, RFWA has a well-established Consumer and Family Reference Group, and formalised the appointment of a member with lived experience and also carer representative to the Board.

Never opposing psychiatry, self-help and peer support were always presented as a complement to traditional approaches. For some years from 2005 RFWA could be viewed as being ‘anti-psychiatry and medication’ even though this wasn’t the case, but had arisen due

to the stronger consumer-led approach to service delivery that had been adopted. This perception was eventually dealt with by putting a Medication Statement on the website which drew heavily from the sentiments of the Royal College of Psychiatrists in Britain.

“Richmond Fellowship have been very intentional about the importance of peer support and lived experience, and I think they’ve done that in a very deep and meaningful way. ... They haven’t been a service provider providing traditional services, they have been looking at the edge of best practice and trying to grow capability and do things differently, in a way that is informed by people with lived experience – as genuine partners. ... There would not be many organisations that could hold themselves up and say they had been authentic to those core beliefs.”

Eddie Bartnik¹¹⁷



“Generally speaking, mental health has become a sector where there is a lot of participation between policy makers and practitioners, families and carers. It’s a pretty ‘alive’ sector. You wouldn’t find that in homelessness or child protection. Mental health and disability are quite unique at that level, because the voice of the consumer of the service is much stronger.”

Sheryl Carmody¹¹⁸

REACHING OUT

From 2007 RFWA began their diversification strategy with the commencement of outreach service provision. Supporting more than 270 people to live independently through a range of programmes is now an integral role of the organisation, fuelled by both state and Commonwealth funding. Personal relationships between individuals and specially trained staff are formed through different arrangements that provide bespoke levels of assistance such as the *Individualised Community Living Strategy* (ICLS), *Personal Helpers and Mentors Service* (PHaMS), and *Recovery Outreach Service* (ROS) and *Partners in Recovery* (PIR). Introduced Australia-wide in 2007, PHaMs) is an outreach service Federally

funded by the (then) Department of Families Housing, Community Services and Indigenous Affairs (FaHCSIA), now the Department of Social Services. Aimed at reducing social isolation, PHaMs provides one-on-one assistance – with peer support, recovery planning, life skills and putting consumers in touch with the right services. The introduction of PHaMs was a significant move in the direction of person-centered mental health care, and the first step in a more individualised approach to community-based support. Around 1,500 people are now supported via PHaMs in Western Australia.¹¹⁹ RFWA began operating PHaMS in the Bentley and Swan service regions in January 2008 and now delivers the service to more than 120 people.



Since 2013 the Federally funded *Partners in Recovery* (PIR) has been offered by RFWA in the Bentley/Armadale area, helping people with multiple needs that often fall through the gaps in services, to coordinate the myriad of programmes on offer. The WA Mental Health



Commission fund the additional ICLS and ROS services, which support hundreds of people via RFWA. Through this range of offerings, RFWA has greatly expanded its reach into the West Australian community, beyond its traditional in-house accommodation services.



“ My Recovery didn’t really start until I moved into Richmond Fellowship about a month ago. Before that I was drinking excessively. I had just lost my job and had moved into a lodge above a pub away from my family. Since I moved into Richmond Fellowship, I have stopped drinking excessively and I have also started going to TAFE. More importantly, I have started to learn more about myself and why I do the things I do. I am a creature of habit and breaking my detrimental habits has not been

Theodore, 2008/09

easy. I still drink, but I no longer drink until I pass out. I still spend too much money but I always have money for food and rent. I am not working but I am studying and looking for work. So personally I am pleased with my Recovery process. My Recovery began at Richmond Fellowship due to the help, understanding and support of the workers and other tenants and I am extremely grateful for their help.

”

CARER RESPITE

- Launched Federally by FaHCSIA in 2008, now DSS, was the carer programme *Mental Health Respite: Carer Support*, offered through in-home or out-of-home respite and social and recreational activities. Linking to PHaMs, the programme aims to give the cared-for person a quality experience while the carer, often an elderly parent, can take some much needed respite. RFWA started offering carer respite in 2008, and commenced the service with a series of camps in Margaret River. For many participants, being assisted to get through a week living in a foreign environment, away from routine and familiarity, provided an enormous breakthrough.

THE UNSUNG HEROES - A CARER’S STORY

- Mental Health Carers can become isolated, their loved one(s) can often become their priority. In what often starts off as an honourable and selfless act, their constant focus on their loved one, often leaves them feeling overwhelmed, unable to put themselves first and therefore they can neglect their own wellbeing. Historically that has often been encouraged by the lack of help available to families and the push to change the dynamic with our loved ones and become their ‘carers’.
- However, behind the façade of ‘carer’ is also an individual with a life and life challenges. Mary’s life was never a walk in the park, growing up in home with a violent father, she ran away at the age of 15. By the age of 17 she experienced the biggest loss of her life. Underage and unwed, she gave away her first born and her mother cut all ties with her. She lost her son and her family all at once.
- With continued challenges, and after having to adopt out her second child, a daughter, Mary’s resilience and determination culminated with a number of actions to get her life back on track. Before long she had reached her goal to become a registered nurse

at the Royal Perth Hospital. She was 24. Soon after she got married and had three children.

33 years on, she finds herself still having a front row seat in her son’s life as she works hard to keep an eye on his affairs, encourages him to stay active and look after his own wellbeing, and most of all follows up to get him appropriate mental health support. This is, at times, very hard due to the frequent lack of professional mental health assistance. Over the 33 years of caring she has found herself incrementally letting go of her own personal plans. She has wrestled with hard decisions such as putting aside reconnecting with her two eldest children; worrying that this might add stress to her other two children, as she felt that the emotional strains they were facing were challenging enough. In her experience, not unlike many family and carers, the mental health system was not supportive, so working became impossible. However her resilience and determination to keep her mind active was ever present and she enrolled in a university. Steadfastly she progressed, and after

10 years she graduated with a Social Work degree.

As she gets older, her hope for her son to live a contributing life is strong, although she does worry that her years of supporting him has made him dependant; she worries that he will not cope once she is gone. This worry is also accompanied by a burning desire to live her own fulfilling life and pay more attention to her other two children and grandchildren. However simultaneously that thought terrifies her and she comes full circle, feels guilty and questions herself. This cycle for family members/carers is not at all uncommon – all too often it is very hard to even think about how to return the focus to oneself when it has been on doing for loved ones for so long.

This is where Richmond Wellbeing comes in. As for all carers, the support workers are walking alongside Mary to assist her in owning her emotions and to find the courage to accept that she is entitled to living a fulfilling life and can learn to ‘let go’. And at the same time supporting her son to



live his own life and take up the mantle of being in his own driving seat.

Mary praises Sophie, her recovery worker, for giving her emotional support and acknowledges the practical assistance she receives from the breakaway activities, held by Richmond Wellbeing’s Carer Respite Program.

Although still hesitant, she sees the spark of dreams alive in her son and believes that soon, she will be able to go back to shift work as a recovery worker so as to trust her son to grow in his own way and become more independent and contribute to society in whatever ways this feels right for him.

.....
***Mary’s real name was changed to protect her privacy and the privacy of her son.**

■

C S R U

-
- **I**n 2007 RFWA won a tender for the new Community Supported Residential Unit (CSRU) programme, aimed at giving a life back to people currently residing as mental health inpatients or at risk of homelessness, maybe due to the risk of ageing parental care. RFWA opened its first site in Busselton, followed by Bunbury in 2008. Residents were not only supported within their accommodation, but also actively engaged in outside recovery-orientated programs provided by local groups. As always, the ability to work closely with the regional mental health care services was crucial for success.

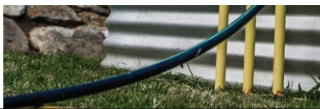


COMMUNITY OPTIONS,
KELMSCOTT 2008

■ One of the (five) Key recommendations in the Mental Health Strategy 2004-2007, ‘increasing supported accommodation’, to reduce demand on acute hospital beds, resulted in the *Community Options* initiative. Proposed facilities would provide high-level support for 30 individuals with long-term needs who may otherwise have possibly faced a life at institutions like Graylands. Suitable organisations were invited to bid for the service, resulting in RFWA taking on the running of one such facility in Kelmscott. Department of Housing and Homeswest built the residence, consisting of two separate purpose-built houses, and the buildings were opened in June 2008 by the Minister for Health, the then Hon Jim McGinty MLA. Today RFWA provides therapeutic support 24 hours a day for 8 residents in Kelmscott, some with dual diagnosis of mental illness and an intellectual disability, and supported by the local Armadale Mental Health Service.

“**Richmond Fellowship were one of the first to engage at the tougher end of mental health. ... (they) won the first tender for Community Options in Kelmscott, so that was really a defining time I think in the negotiations between inpatient and community services. ... They’ve put themselves at the hard end.**”

■
Dr Nathan Gibson¹²⁰



“ I was a resident in Graylands Murchison for over nine years and my story is one of success and personal growth.

Since moving into Richmond Fellowship’s Kelmscott site, I have been able to get back into the community. I learnt how to use public transport as a young man living in South Perth and I have tailored this skill to the Kelmscott/ Armadale area.

Today I find my own way to the shops, local library and GP clinic. I also book my own way to appointments, which I would never have thought of doing back in Murchison.

Another important achievement has been learning how to live with the other residents here at Kelmscott. I have learnt, and am continually learning, the positives and negatives of every resident and how to communicate with them.

Whilst living at Graylands I noticed people using the internet, however, I was unsure of how to use it myself. Now I have just purchased a brand new laptop computer and will be getting wireless internet. I am extremely proud of my newfound computer skills and

enjoy using the net—especially emailing politicians as this makes my voice heard.

I was raised in the Australian wheat belt and picked up the art of gardening at a young age, but my gardening skills have improved during this last year as I have been completing a Cert 1 in Horticulture at South West TAFE. Socially, I attend a badminton group once a week and, while enjoying the fitness aspect of the sport, I have really enjoyed getting to know my fellow group mates. I regularly attend church and have attended a few parties hosted by my fellow parishioners.

My current direction in life is to get a job! I believe the skills I have learnt while living in Kelmscott will get me there and I have been using a job service provider to help me find employment. I am very pleased with my progress along my recovery journey and I am still progressing each day. I would like to thank RFWA for the opportunity to achieve my personal goals and for providing an environment that has allowed me to improve my self-awareness.

I will endeavour to continue this process.

”

Ben, 2009/10

■



VISION
2013

A world that is accepting of the human experience of mental distress.

NGULLA MIA



In 2010 the stable of services at RFWA expanded again, to now include the operation of a large facility to meet the needs of people with mental illness in Perth who were at risk of homelessness. Developed by the Mental Health Commission and Department of Housing, RFWA successfully won the tender to operate the service once the build was complete, providing mixed gender supported accommodation in collaboration with the Perth Inner City Mental Health Service. Again, Lotterywest provided funds for the fit out.

VISION
2014

A world where people are supported to recover, live well and have a meaningful and contributing life.



PaRK

■

In the tradition of providing a 'transitional' service, after the closure of group homes in Bassendean and Hilton, RFWA looked to continue it's offering to people at the final stage of their journey back to the community. Partnering with the team at Peel, Rockingham and Kwinana Mental Health Services (PaRK) in 2014, ten individuals have moved into five two and three bedroom apartments, while each actively engage in their journey supported by a recovery and support worker.

■



A NEW ERA



■ The last four decades have witnessed extraordinary changes in the mental health arena, and with that in mind, an extensive review of the RFWA name and the brand was conducted. A review revealed that Richmond Fellowship’s name has become outdated, and often erroneously assumed to have a church-based connection.

An audit by brand agency, Rare Creative, included research into the current brand, internal and external

stakeholder consultation, focus groups, and surveys. A survey into potential names and tagline revealed two equally preferred names. Both names were put forward to the Commissioner of Consumer Affairs and ‘Richmond Wellbeing’ (RW) was accepted. ‘Sharing the Journey’ received the highest level of preference and was unanimously chosen as the tagline. Consultations with internal and external stakeholders showed that keeping ‘Richmond’ in the new name to be positive, being a tribute to the history and roots of the organisation.

■

“Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”

■

World Health Organisation (2015)¹²¹

CHALLENGES FOR THE FUTURE?

■ The mental health non-government organisation sector has grown significantly over recent years, particularly in other Australian states, and now also in Western Australia. With this devolution of services comes responsibility and expectation that groups such as Richmond Wellbeing will be required to

meet with confidence, in order to retain their competitive edge. The governance and strategic direction of NGOs by their increasingly professional, yet still volunteer board members remains a quiet and massive contribution to the public support of people with mental illness.

“

On the matter of funding for mental health services, it would seem to me governments would not be able to supply the services that the NFP sector provide as they would require massive departments to do so. In that respect I feel the NFP sector therefore provides a significant service for the government. Recognising that they might put up the majority of the funding, it is actually the NFP sector that delivers the product with these NFP organisations being governed, in the main, by unpaid and voluntary board members. It’s a hidden productivity cost to Australia and it is partnerships like this that make countries go around. The funding is there, and as the Board our role is to make sure that those services get to the people that really need them in the most cost effective and efficient manner. RW must have been really good at providing those services over the last forty years to have obtained the respect that they now have across the mental health sector. It is pleasing to be part of that process.”

■

Eric Baines, Chair (2015)¹²²

Since inception, support from the Lotteries Commission, later Lotterywest, has been integral to the RFWA’s survival and growth, to the tune of more than \$8.5m over the course of its life – including \$4m for a new head office.¹²³ Being a regular recipient in the rigorous Lotterywest grants award process is in itself an expression of credibility. Through many different governments, Lotterywest has supported community groups in WA for over 85 years, with a current grants budget of \$271m.¹²⁴ Even when its governing Act was reviewed under the Dowding Labor Government in 1989, politicians of the day voted to keep Lotterywest independent, and not just roll its revenue into the community services budget.

Looking forward, competition for grants from Lotterywest is bound to increase, as more NGO service providers move into the mental health space. Likewise, the scope of mental health organisations is also widening, with an increased recognition of conditions such as post-traumatic stress disorder, addictions, and the special needs of youth. Community recipients of Lotterywest funding in Western Australia are the envy of those in other states, where reduced state governance of betting and lotteries does not reap the same public revenue. Unfortunately any future threat to this secure public grip on ownership of the sector is not something that can be ruled out.

“ We gave them \$4m for the new corporate offices and I think that’s probably another milestone within the last 40 years ... The organisation is at a stage where it needs that sort of presence in the community and to be able to support it in that way is an absolute joy, and it’s terrific that we can.”

■

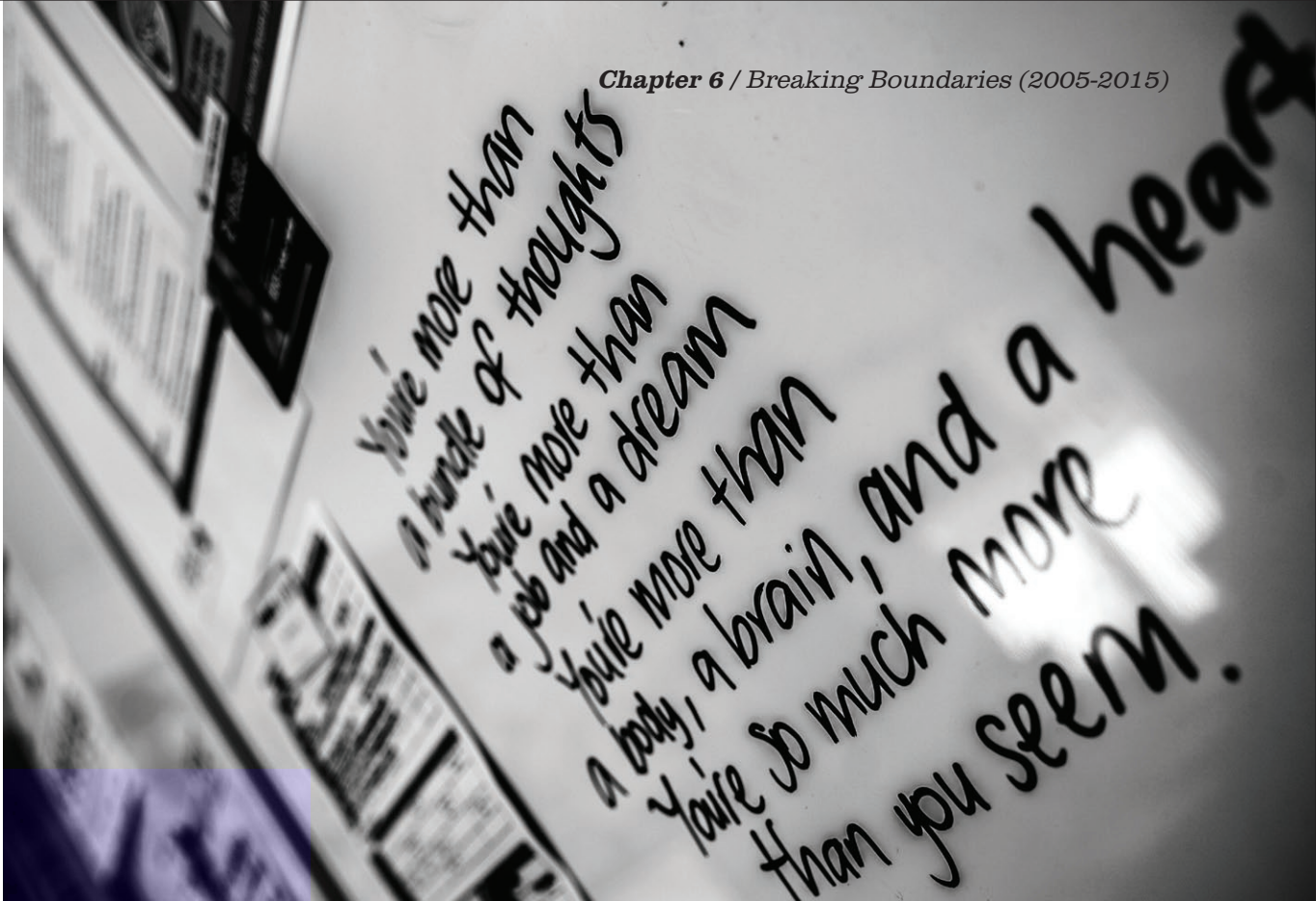
Jacquie Thomson¹²⁵



Likewise, more competition for funding will also take place at a government-level as more service providers come online. RW under Joe Calleja’s guidance is at the forefront of operating in the tender-based model, and whilst they will have to continue to prove their worth to win contracts, their style of operation, strong governance and philosophy is now thought by many to be a benchmark in the sector.¹²⁶ On the other hand, delivering service outcomes, in line with a contract, may challenge RW’s ability to continue in its advocacy role, which is so integral to its charter and philosophy.

Naturally there will be many more challenges. Navigating the shift to personal funding budgets will require a new set of skills – for individuals and service organisations alike. Some in the field suggest that only those providers with enough scale and strength to withstand future competition from the private sector will survive. With a move to individualised funding via the National Disability Insurance Scheme, the ability of specialist organisations to continue to provide sector and broader community education might also be compromised.

The acquisition of a mental health services organisation in the South West, The Schizophrenia Fellowship of Albany and Districts Inc in 2015 heralds the start of potential further expansion into regional Western Australia. Becoming a larger organisation, as Richmond Wellbeing has now grown to be, will also test its ability to remain truly connected with the needs and sentiments of service users and staff alike. With growth comes the need for bigger offices, more staff and greater governance. Responding to shifting ideals around accommodation services for recovery also requires flexibility and a willingness to adapt services.



Mental health ‘after-care’ in Western Australia has certainly come a long way from its benevolent beginnings with a one hundred pound grant to Susan Casson from the Lotteries Commission in 1933. In the words of the current Mental Health Commissioner Tim Marney: “It is time we transformed our mental health, alcohol and other drug system to provide treatment, care and support closer to where people live and in the community wherever possible.”¹²⁷ Perfectly positioned, RW, now Richmond Wellbeing, are set to use the wealth of insight and experience gained over the last forty years, to help deliver exactly that vision in Western Australia.

■

Richmond Wellbeing's new Central Office Opening Ceremony.

August 2015



Appendix One

Forty Years of Growth

1973	Elly Jansen first visits Perth, and meets with Christian and welfare representatives.	1979	Recurring Commonwealth and State funding now in place from DSS and Mental Health Services
1974	The first ever Richmond Fellowship WA steering committee meeting is held in February. Introduction of Medibank scheme paves the way for greater public access to psychiatric services. Deinstitutionalisation and a shift to community-based mental health services is supported by the Whitlam Labor government.	1980	Richmond Fellowship's UK Patron, HRH Princess Alexandra visits Ruth Downer House.
1975	First funding received from Commonwealth Government, The Lottery Commission and donor Ruth Downer. Richmond Fellowship Western Australia is incorporated on the 12 th September 1975.	1981	Together with the Department of Community Welfare, RFWA commence the Independent Living Programme. ARAFMI and RFWA partner to open DELTA (Designed Environment for Long Term Accommodation) at 4 Mann Way in Bassendean.
1976	In March the first residents join the therapeutic community at Ruth Downer House, 9 Teague Street, Victoria Park.	1984	Shirley Smith takes over the Directorship.
1977	Anglican Priest Michael Rowdon takes over as Director, and holds the position for eight years. Elly Jansen returns to see how her philosophy is unfolding in Perth.	1986	Lotterywest supports a new administration building to be built at the rear of 'Hillview' in Victoria Park.
1978	Ruth Downer passes away and the remaining funds from her pledge are received. 13 Teague Street ('Hillview') is purchased as the first transitional group home. Richmond Fellowship and ARAFMI begin to run their annual popular 'Breakthrough' community information talks, providing freely available information and support around mental illness.	1987	Fremantle Hospital and RFWA partner to purchase and operate a new therapeutic community in East Fremantle. 56 and 58 Glyde Street are purchased, named 'Jansen' and 'Kingston'. A second group home is also purchased on Shepperton Road in Victoria Park.
		1989	Shirley hands the baton to Warwick Smith, who is promoted from being the coordinator at Ruth Downer House.
		1990	Jack Mansveld briefly takes the Directorship. After fifteen years of honorary service, John Casson resigns from the Board. The prospect of pay awards for staff are first examined. A new building is opened on the Bassendean site, built alongside the original old house.

1991	A new Director, Peter Lammas is appointed. Two more group homes, in Anzac Terrace and at 2 Teague Street Victoria Park, are opened.	2000	With assistance from Homeswest, three new purpose-built homes are built on the Mann Way site at Bassendean. RFWA invests in its first separate office facility, in Bentley. Beyond Blue is launched Nationally.
1992	Australian governments agree to a shared mental health policy, strategy, and the production of regular five year mental health plans. Mental health is now firmly on the national agenda.	2001	The Commonwealth Government launch the Better Outcomes programme, aimed at making front-line early mental health counselling accessible to all.
1993	The Burdekin Report is released, highlighting chronic shortfalls in human rights provision within mental health services in Australia. The <i>Disability Services Act (1993)</i> is passed in Western Australia.	2002	Third national mental health plan.
1995	Denise Bayliss becomes Director, or CEO, as the head role is now named.	2003	The old group home at 13 Teague Street Victoria Park is sold. The Richmond Foundation is established, encouraging philanthropy and fundraising revenue, in the face of ongoing funding challenges. A joint venture with Homeswest sees three new buildings opened in Queens Park – for medium-term residents.
1996	Elly Jansen makes her last visit to Perth, on her way to the Richmond Fellowship's Asia Pacific forum in Victoria. Inaugural life memberships are presented to John Casson, Shirley Smith and Noreen Paust. Western Australian Court Government creates a separate Mental Health Division within the Health Department. The <i>Mental Health Act (1996)</i> is passed by WA Parliament.	2005	After ten years at the helm Denise Bayliss steps down and Joe Calleja is appointed CEO. RFWA celebrates its 30 th Anniversary. Ron Coleman and Karen Taylor first visit Perth at the invitation of RFWA, sharing progressive ideas around mental illness with a series of workshops on recovery and voice-hearing. In October RFWA launches the Hearing Voices Network Australia, a member of INTERVOICE, with the support of Lotterywest. RFWA support the establishment of a new advocacy group, Consumers of Mental Health WA (CoMHWa), which eventually receives ongoing funding in 2012.
1997	The second National Mental Health Plan is released.	2006	COAG commit to significant increases in funding to mental health. RFWA receive significant Lotterywest and other grants funding including the Myer Foundation, to assist with the development of the Hearing Voices Network in Western Australia. The last property Victoria Park is sold.
1998	Ruth Downer House becomes unviable due to building codes and staffing shortfalls. The property is sold and land purchased in Queens Park, where three purpose-designed homes are later built. A partnership with the Department of Community Services establishes specialist accommodation for individuals with a 'dual diagnoses' of intellectual disability and mental illness.		
1999	Respite services for youth and adults are established in Westminster and St James, however the youth service was to close a few years later due to insufficient funding.		

2007 RFWA is the winner of two categories in the Western Australian Mental Health Good Outcomes Awards. Community Supported Residential Units (CSRU) opens in Busselton, followed soonafter in Bunbury. RFWA Administration moves to new leased premises in Burton Street, Cannington. Supported Independent Living (SIL) programme continues to grow.

2008 RFWA opens the first 'Community Options' facility on behalf of the Health Department in Kelmscott, providing long-term accommodation with 24 hour support for people previously in residence at Graylands Hospital. RFWA hosts the international conference of INTERVOICE in Perth, 'Recovery from Psychosis'. It's the first time the conference had been held outside Europe and is supported by a Lotterywest grant. Personal Helpers and Mentors Program (PHaMs) introduced Australia-wide in 2007 is offered by RFWA in the Bentley and Swan regions. A Carer Respite Program is launched, Residential Outreach Services (previously SIL) developed, and recovery training and education programmes are extended.

2009 Lotterywest project funding for The Hearing Voices Network ceases, however the highly successful initiative continues to be supported by RFWA.

2010 On behalf of the Department of Housing, RFWA opens Ngulla Mia ('Our Place') in East Perth, accommodating 32 people with mental illness at risk of homelessness. The WA Mental Health Commission is established to replace the Mental Health Division, responsible for operating all mental health services in WA, and

appointing Eddie Bartnik as the first Mental Health Commissioner.

2011 RFWA is awarded a tender to provide Individualised Community Living Strategies (ICLS) by the Mental Health Commission. HVNA receives direct funding from the Mental Health Commission. Voices@Work program is piloted, with Lotterywest support. *Mental Health 2020: making it personal and everybody's business* is published.

2012 The Richmond Fellowship Asia Pacific Conference on Mental Health is held in Perth with the support of Lotterywest, attracting over 700 international delegates. Partners in Recovery (PIR) program launched by the Commonwealth Government. RFWA is the only non-Medicare Local organisation to be awarded the lead agency control in WA, in the Bentley Armadale region. PIR provides coordinated support and flexible funding to people with severe and complex needs. National Mental Health Commission is established.

2013 RFWA continues to develop its international speaker programme, bringing to Perth world renowned specialists such as Dr Rachel Perkins OBE, Rachel Waddington, Dr Rufus May, Professor Marius Romme and Dr Sandra Escher. Ron Coleman and Karen Taylor are now regular visitors to Perth, at RF's invitation.

2014 Medium-term residential accommodation in East Fremantle and the group home in Hilton are closed. Community Options long-term accommodation opens in the South West, located in Bunbury and Busselton. In partnership with PaRK Mental Health Services, (Peel, Rockingham

and Kwinana) a service commences in June providing two-person shared accommodation options, assisted by recovery and support workers. Joe Calleja meets Elly Jansen in Richmond, London, and she agrees to the production of a short film to capture the organisation's vision, which inspired the formation of the Richmond Fellowship. The *Mental Health Act 2014* is passed by WA Parliament on 17th October, replacing the 1996 Act.

2015 WA Mental Health Commission release The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 for consultation. RFWA celebrates its 40th Anniversary, and opens a new head office and training centre in Cannington, made possible by the valued support of Lotterywest. Richmond Fellowship Western Australia changes its name to Richmond Wellbeing. RW merges with The Schizophrenia Fellowship of Albany and Districts Inc, July.



New office facilities in Cannington.



Appendix Two

Board Members by Year

2015 Eric Baines (Chair), Monica Holmes, Peter Carden, Dr Catherine Pattenden, Shirley Lancaster, Gehann Perera, Ann Deck, Vicki Taylor, Joydeep Chaundrey, Paul O’Farrel, Alison Vaughan, Gayle Craft, Merv Pegler.

2014 Eric Baines (Chair), Monica Holmes, Dr Catherine Pattenden, Michael Cahill, Shirley Lancaster, Dr Mathew Carter, Gehann Perera, Anne Deck, Peter Carden.

2013 Eric Baines (Chair), Monica Holmes, Dr Catherine Pattenden, Michael Cahill, Shirley Lancaster, Dr Matthew Carter, Gehann Perera, Anne Deck, Peter Carden.

2012 Michael Cahill (Chair), Peter Carden, Gehann Perera, Dr Catherine Pattenden, Eric Baines, Monica Holmes, Shirley Lancaster, Dr Matthew Carter, Anne Deck.

2011 Michael Cahill (Chair), Dr Matthew Carter, Gehann Perera, Shirley Lancaster, David Shearer, Eric Atkins, Anne Deck, Eric Baines, Lyn Willox, Peter Carden.

2010 Lyn Willox (Chair), Michael Cahill, Shirley Lancaster, Eric Atkins, David Shearer, Digby Munro, Joe Calleja, Eric Baines, Peter Carden.

2009 Lyn Willox (Chair), Colin Cleaver, Peter Carden, Digby Munro, David Shearer, Shirley Lancaster, Eric Atkins, Michael Cahill. Patrons: John Casson, Diana Warnock, Dr Geoff Gallop AC. *Dr Richard Ellison passed away this year.*

2008 Lyn Willox (Chair), David Shearer, Colin Cleaver, Paul Gurry, Digby Munro, Peter Carden, Eric Atkins, Shirley Lancaster, Chris Kennington. Patrons: Dr Richard Ellison, John Casson, Diana Warnock.

2007 Lyn Willox (Chair), David Shearer, Colin Cleaver, Paul Gurry, Digby Munro, Peter Carden, Eric Atkins, Shirley Lancaster, Chris

Kennington. Patrons: Dr Richard Ellison, John Casson, Diana Warnock.

2006 Trish Ryans-Taylor (Chair), Lyn Willox, David Shearer, Colin Cleaver, Paul Gurry, Digby Munro, Peter Carden, Eric Atkins, Shirley Lancaster. Patrons: Dr Richard Ellison, John Casson, Diana Warnock.

2005 Trish Ryans-Taylor (Chair), Lyn Willox, Colin Cleaver, Peter Carden, Paul Gurry, Digby Munro, David Shearer, Eric Atkins, Joe Calleja.

2004 Trish Ryans-Taylor (Chair), Lyn Willox, Colin Cleaver, Peter Carden, Paul Gurry, Digby Munro, David Shearer, Eric Atkins.

2003 Lester James (Chair), Lyn Willox, Colin Cleaver, Paul Gurry, Erica McLaughlan, David Shearer, Gail White.

2002 Lester James (Chair), Lyn Willox, Jill Austin, Yvonne Burns, Colin Cleaver, Lyn Isaacs, Erica McLaughlan, David Shearer, Gail White.

2001 Carol Reid & Lester James (Chairs), Colin Cleaver, Jill Austin, Lynn Isaacs, Erica McLaughlan, David Shearer, Gail White, Lyn Willox.

2000 Carol Reid (Chair), Colin Cleaver, Ian Simms, Joy Emmeluth, Patricia Brown, Susan Gane, Skip Groman, Kathleen Lewis, Kerris Myers, Erica McLaughlan, David Shearer, Anita Wilson.

1999 Eric Atkins (Chair), Carol Reid, Trish Ryans-Taylor, Colin Cleaver, Joy Emmeluth, Susan Gane, Skip Groman, Kerris Myers, Erica McLaughlan, Jan Roberts, David Shearer, Anita Witton.

1998 Bruce Bartlett & Eric Atkins (Chairs), Lynn Isaacs, Howard Beeton, Skip Groman, Kerris Myers, Jan Roberts, Joy Emmeluth, David Shearer, Susan Gane, Erica McLaughlan.

1997 Bruce Bartlett (Chair), Eric Atkins, Lynn Isaacs, Howard Beeton, Skip Groman, Kerris Myers, Jan Roberts, Jeremy Williams, Joy Emmeluth, David Shearer

1996 Bruce Bartlett (Chair), Lynn Isaacs, Eric Atkins, Howard Beeton, Skip Groman, James Kennedy, Trina MacAdam, Kerris Myers, Jan Roberts.

1995 Jeff Holt & Bruce Bartlett (Chairs), Eric Atkins, Trina MacAdam, Noreen Paust, Jan Roberts, Shirley Smith, Skip Groman.

1994 Margaret Lynn & Jeff Holt (Chairs), Eric Atkins, Trina MacAdam, Noreen Paust, Julia Moore, Jan Roberts, Shirley Smith, Lois MacKenzie.

1993 Jeff Holt (Chair), Eric Atkins, Julia Moore, Bob Ledwij, Noreen Paust, Pam Tulloch, Lois MacKenzie, Charles Picchetti, Shirley Smith, Margaret Lynn.

1992 Jeff Holt (Chair), Charles Picchetti, Phil Hammond, Bob Ledwij, Noreen Paust, Pam Tulloch, Lois Mackenzie, Anna Monsello, Shirley Smith

1991 Pam Tulloch & Jeff Holt (Chairs), Charles Picchetti, Phil Hammond, Bob Ledwij, Tony McAlinden, Lois MacKenzie, Anna Monsello, Noreen Paust, Shirley Smith. Patrons: Dr Richard Ellison, John Casson.

1990 P. Tulloch (Chair), S. Metcalf, A. Monsello, P. Hammond, L. Mackenzie, S. Smith, W. Smith, J. Spencer, J. Holt, J. Casson. J. Mansveld, N. Paust, C. Picchetti.

1989 P. Tulloch (Chair), J. Holt, T. McAlinden, J. Spencer, L. Smith, P. Hammond, A. Monsello, S. Metcalf, S. Smith, J. Casson, W. Hearn

1988 L. Smith (Chair), A Monsello, T. McAlinden, L. MacKenzie, P. Hammond, P. Tulloch, S. Smith, W. Hearn, J. Casson.

1987 L. Smith (Chair), P. Tulloch, S. Smith, P. Hammond, J. Casson, S. Metcalf., A. Monsello, T. McAlinden, W. Hearn.





- 1986** L. Smith (Chair), P. Tulloch, S. Smith, V. Johansen, J. Casson, H. McMahon, S. Metcalf, L. Mackenzie, D. McAllister.
- 1985** L. Smith (Chair), S. Smith, V. Johansen, J. Casson, S. Metcalf, P. Tulloch, J. Colwill, P. Hammond, P. Rothery, L. McKenzie, D. Hughes.
- 1984** D. Hughes (Chair), P. Rothery, B. MacDonald, B. Quayle, S. Smith, P. Tulloch, L. MacKenzie, P. Hansen, D. McAllister, J. Casson.
- 1983** D. Hughes (Chair), M. Rowdon , P. Rothery, B. MacDonald, B. Quayle, S. Smith, P. Tulloch, L. MacKenzie, L. Smith, J. Casson, P. Hansen, D. McAllister.

The Steering Committee/Management Committee became a 'Board' in 1983.

- 1982** D. Hughes & J. Casson (Chairs), P. Morris, M. Rowdon, B. MacDonald, L. Smith, W. Couche, B. Quayle, S. Smith, P. Hanson.
- 1981** John Casson & B. Couche (Chairs), J. Dearle, B. MacDonald, D. Shearer, L. Smith, J. McKechnie, P. Morris, M. Rowdon
- 1980** Bill Couche, John Dearle (Chairs), J. Casson, B. MacFarlane, A Petterson, J. McKechnie, B. MacDonald, M. Rowdon.
- 1979** B. Couche (Chair), E. Chase, J. Casson, P. Morris, B. MacFarlane, M. Rowdon , R. Vincent, J. McKechnie.
- 1978** D. Shearer & G Smith (Chairs), J. Casson, J. McKechnie, M. Rowdon , E. Chase, R. Vincent, R. Rowdon, B. MacFarlane, P. Morris, D. Davis.
- 1977** D. Shearer (Chair), B. MacFarlane, R. Vincent, M. Rowdon, G. Smith, D. Davis, H. Blackmore, E. Chase, G. Simms, J. Casson, B. Couche, E. Mason.
- 1976** R. Vincent & R. Ellison (Chairs), J. Casson, B. MacFarlane, D. Shearer, G. Smith, S. Sinclair, N. Paust, R. Poole, M. Pentz,
- 1975** (Mangement Committee) R. Ellison & D. Shearer (Chairs), G. Smith, J. Casson, R. Vincent, B. MacFarlane, N. Paust, S. Sinclair, R. Poole, M. Pentz. *Incorporated 12th September 1975.*
- 1974** (Steering Committee) R. Vincent, G. Smith, B. Hickey, K. Dowding, E. Buckley, Rev Woodruff, R. Ellison.

INDEX

A

- Adams, Dr Trevor, 23
Anglican Health and Welfare Services Board, 33
ARAFMI, 45, 52, 53
Australian Services Union, 70

B

- Baines, Eric, 105
Bartnik, Eddie, 79, 94
Bassendean, 52, 72
Bayliss, Denise, 67, 76
Bennet, Bill, 90
Bentley Office, 76
Better Outcomes in Mental Health Care, 63
Beyond Blue, 63, 80
Blackmore, Dr Harry, 23
Board of Visitors, 25, 54
Breakdown or Breakthrough, 45
Burdekin Report, 62

C

- Calleja, Joe, 82, 87
carer respite, 97
Casson Homes, 33, 51, 54
Casson, John, 23, 33, 38, 47, 52, 64
Casson, Susan, 26
Charter for the Mental Health Services, 22
Christian Welfare Centre, 32, 51
Claremont Hospital, 17, 19, 20, 23, 32
Coleman, Ron, 88
CoMHW, 89, 90

- Community Supported Residential Unit programme, 99
Community Welfare, Department of, 55
consumer movement, 49
consumer representation, 66
Coopes, Chris, 45
Court Liberal Government, 62
Criminal Law (Mentally Impaired Accused) Act 1996, 92
custodialism, 17

D

- Declaration of the Rights of Disabled Persons, 31
deinstitutionalisation, 20, 24
DELTA, 52, 54, 72
Department of Psychiatry and Behavioural Science, 22
Disability Services Act, 58, 62
Dowding Labor Government, 105
Downer, Ruth, 35, 38, 46
dual diagnosis, 68

E

- East Fremantle Houses, 55
Ellis, Dr Arch, 23, 35
Ellison, Dr Richard, 35, 36

F

- Fernandez, Charlene, 67
Fremantle Asylum, 17
Fremantle Hospital, 55

G

- Gaebler, Shauna, 90
Gallop, Dr Geoff, 38, 81
Gallop Labor Government, 78
Gard, Matilda, 28
Gibson, Dr Nathan, 3, 70, 71
Graylands Day Hospital, 20, 23
group homes, 46, 64

H

- Harries, Dr Maria, 57
Havelock Clinic, 20
Hearing Voices Network Australia, 90
Hearn, Dr Bill, 52
Heathcote Hospital, 19
Henderson, Gregor, 15
Hickey, Archbishop Barry, 32, 33
Hillview, 46, 54, 67
Holman, May, 52, 72
Homeswest, 68, 70, 72, 75, 100
hostels, 21, 23, 24, 51
Human Rights Commission, 48
Hutchison, Ruby, 21

I

- Independent Living Program, 52, 55
Individualised Community Living Strategy (ICLS), 95
industrial relations, 66
International Year of Disabled Persons, 49
INTERVOICE, 92

J

Jansen, Elly, 12, 45, 51, 68
Job Services Australia, 91

K

Keating Labor government, 62
Ken Colbung, 40

L

Lammas, Peter, 64, 66, 80
Lotterywest, 26, 28, 38, 46, 53,
55, 58, 68, 73, 91, 92, 102
Lunacy Act of 1903, 21

M

Mahboub, Lyn, 90, 91
Mansveld, Jack, 64
Marney, Tim, 80, 107
Mcdonald House, 23
McGorry, Patrick AO, 80
Mental After-Care Association,
26
Mental Health Act 1996, 62
Mental Health Act 2014, 80
Mental Health Commission, 79,
102
Mental Health Good Outcomes
Awards, 85
Mental Health Strategy, 61
Montgomery, Dr Sydney, 17
Moynagh, Dr Digby, 20, 23
Myer Foundation, 92

N

National Disability Insurance
Scheme, 106

O

outreach, 95

P

Paust, Noreen, 35, 36, 38, 67
Peel, Rockingham and Kwinana
Mental Health Services, 103
peer support, 93
Perkins, Dr Rachel, 3, 84, 86
Personal Helpers and Mentors
Service (PHaMS), 95
Perth Inner City Mental Health
Service, 102
Princess Alexandra, HRH, 51

Q

Queens Park, 75
Quigley, Joe, 35

R

Rapley, Professor Mark, 90
Recovery Outreach Service
(ROS), 95
Reid, Carol, 75
Rowden, Michael, 43, 53
Royal Perth Hospital, 17
Ruth Downer House, 53, 73, 75
Ryans-Taylor, Trish, 47, 68

S

Sambell, Archbishop Geoffrey,
33
Schizophrenia Fellowship of
Albany and Districts Inc, 106
Shaw and Shenton House, 23
Shearer, David, 39, 43, 47, 68
Shenton Park Day Hospital, 23
Sinclair, Sally, 39, 41
Smith, Dr Geoff, 24
Smith, George, 32, 36, 39, 43,
47, 51
Smith, Shirley, 31, 53
Smith, Warwick, 55, 56, 65

State Grants Mental Health
Institutions Act 1964, 31
Stewart, Jan, 24, 49, 58, 73
Stoller Report, 20
Sunday Times, 19
Swanborne Hospital, 32
Szasz, Thomas, 21

T

Thomson, Jacquie, 91, 106

U

United Nations, 48
Universal Declaration of Human
Rights , 31

V

Vincent, Ray, 33
Voices@Work, 91

W

WA Mental Health Act (1962), 21
Warnock, Diana, 80
WAY '79, 40
West Australian Lunacy Act of
1903, 17
Western Australian Association
for Mental Health, 49
Whitby Falls, 21
Whitlam, Gough, 31, 35
Willox, Lyn, 14
Wilson, Keith, 3, 41, 44, 81
World Health Organisation, 104

Bibliography

Australian Bureau of Statistics, *Year Book Australia No. 60, 1974*. Aust. Bureau of Statistics, 1974.

Australian Institute of Health and Welfare, *Mental Health services - in brief*, 2014. Canberra: AIHW.

Bolton, GC, 'WAY 1979: WHOSE CELEBRATION?', *Celebrations in Western Australian History: Studies in Western Australian History*, vol. 10, 1989.

Clark, David H, 'The therapeutic community', *The British Journal of Psychiatry*, 1977.

Ellis, Archie Samuel, *Eloquent Testimony: The Story of the Mental Health Services in Western Australia, 1830-1975*, Nedlands, WA: University of Western Australia Press; Beaverton, Or., USA: International Specialized Book Services, 1984.

Garton, Stephen, 'Asylum histories: reconsidering Australia's lunatic past', *Madness in Australia: Histories, Heritage and the Asylum*, 2003, pp. 11-22.

Harries, Maria and Smith, Geoff, *Trends in Mental Health Policy Development and Implementation in Australia*, in Community Care - New Partnerships and Perspectives, edited, ACOSS Congress Paper, 1994.

Jansen, Elly, *The therapeutic community: Outside the hospital*, Taylor & Francis, 1980.

Jones, Maxwell, 'The concept of a therapeutic community', *American Journal of Psychiatry*, vol. 112, no. 8, 1956, pp. 647-650.

Martyr, Phillipa, *Us That Live Here: a history of Claremont, Swanbourne and Graylands Hospitals*, edited, Perth, Western Australia, NMHS MH, State of Western Australia, 2013.

Rosen, A, 'The Australian experience of deinstitutionalization: interaction of Australian culture with the development and reform of its mental health services', *Acta Psychiatrica Scandinavica*, vol. 113, no. s429, 2006, pp. 81-89.

Skerritt, Paul, Arch Ellis, Frank Prendergast, Colin Harrold, Harry Blackmore, and Bill Derham, 'Psychiatry in Western Australia since Federation: an eloquent testimony', *Australasian Psychiatry*, vol. 9, no. 3, 2001, pp. 226-228.

Supski, Sian Danielle, *A Proper Foundation: A History of the Lotteries Commission of Western Australia 1932-2008*, Black Swan Press, 2009.

Szasz, Thomas S, 'The myth of mental illness', *American Psychologist*, vol. 15, no. 2, 1960, p. 113.

Virtue, Roger, 'Lunacy and social reform in Western Australia, 1886-1903', *Studies in Western Australian History* vol. 1, 1977, pp. 29-65.

Endnotes

1 See Clark, David H, 'The therapeutic community', *The British Journal of Psychiatry*, 1977 for an overview of the development of the thereapeutic community appraoch,

2 Jones, Maxwell, 'The concept of a therapeutic community', *American Journal of Psychiatry*, vol. 112, no. 8, 1956, pp. 647-650

3 Clark, 1977.

4 L. Willox, 2014.

5 Gregor Henderson, 'Richmond Wellbeing'. DVD recording, Richmond Fellowship, 2015.

6 A. Rosen, 'The Australian experience of deinstitutionalization: interaction of Australian culture with the development and reform of its mental health services. *Acta Psychiatrica Scandinavica*, vol. 113(s429), 2006, p.82.

7 S. Garton, 'Asylum Histories: reconsidering Australia's lunatic past', *Madness in Australia: Histories, Heritage and the Asylum*, 2003, pp. 11-22.

8 A.S. Ellis, *Eloquent Testimony: The Story of the Mental Health Services in Western Australia 1830-1975*, Nedlands, WA, University of Western Australia Press, 1983.

9 Virtue, 1977.

10 M. Harries and G. Smith (1994) note this consideration, and refer to the work of Kathleen Jones, 'The Mirage of Reform', *New Society*, October, pp 10-12.

11 P. Martyr, 'Historical attempts at community mental health services – housing/ accommodation, after care' Extracted from *Us That Live Here: a history of Claremont, Swanbourne and Graylands Hospitals*. P.1. Kindly provided in draft form by Philippa Martyr, NMHS MH, State of Western Australia, 2013.

12 P. Martyr, 2013.

13 'Sunday Times Reporter Works For 5 Weeks As Attendant At The Hospital For The Insane And Here Describes'. (1950, February 12). *Sunday Times* (Perth, WA : 1902 - 1954), p. 5. Retrieved June 10, 2015, from <http://nla.gov.au/nla.news-article59503735>

14 A. Ellis, 1983.

15 A. Ellis, 1983.

16 P. Martyr, 2013.

17 Martyr, 2013.

18 T. Szasz, 'The myth of mental illness', *American Psychologist*, vol. 15, no. 2, 1960, p.113

19 A. Ellis, 1983.

20 P. Martyr, Notes on MHS Hostels and the Whitby Falls Connection. Unpublished paper, NMHS MH, 2013.

21 A. Ellis, 1983, 142.

22 See *Overview of the History of the School of Psychiatry and Clinical Neurosciences by Professor Hans Stampfer*, retrieved 9th April 2015, <http://www.psychiatry.uwa.edu.au/home/history>

23 'Shaw House – a brief History', Government of Western Australia Department of Health, North Metropolitan Health Service, Mental Health. Prepared by Dr Philippa Martyr, Clinical Research Centre.

24 A. Ellis, 1983, p.147.

25 Interview with Jan Stewart by Cate Pattison, conducted 24th February, 2015, Doubleview.

26 J. Stewart, 2015.

27 Interview with Geoff Smith, Medical Director, WA Centre for Medical Health Research by Cate Pattison, conducted 23rd March 2015, Graylands.

28 'Mentally Ill live in hell', *Daily News*, 19 May 1987 (final edition), p.30, cited by Martyr 2013.

29 P. Martyr, 2013, 1.

30 P. Martyr, 2013, 1.

31 P. Martyr, 2013

32 P. Martyr 2013 describes in length the work of Susan Casson and her significant contribution to mental health aftercare in Western Australia.

33 R. Farrell , *A history of the Ugly Men's Voluntary Worker's*. Honours thesis, Murdoch University. 1993.

34 'Perth has too many rest homes of the Wrong Kind' (1939, June 11). *Sunday Times* (Perth, WA : 1902 - 1954), p. 6. Retrieved April 8, 2015, from <http://nla.gov.au/nla.news-page4445832>.

35 From Carol Reid's preliminary research, 2013.

36 Casson Homes history courtesy John Casson.

37 M. Harries & G. Smith. 'Community Care – New Partnerships and Perspectives. Trends in Mental Health Policy Development and Implementation in Australia'. ACOSS Congress Paper, 27 October 1994.

38 M. Harries and G. Smith, 1994, p.3.

39 According to the declaration, The term "disabled person" means any person unable to ensure by himself or herself, wholly or partly, the necessities of a normal individual and/or social life, as a result of deficiency, either congenital or not, in his or her physical or mental capabilities. <http://www.ohchr.org/EN/ProfessionalInterest/Pages/RightsOfDisabledPersons.aspx>

40 Shirley Smith, 2014.

41 State Records Office of Western Australia. http://aeon.sro.wa.gov.au/Investigator/Details/Agency_Detail.asp?Id=543, accessed 6th May 2015.

42 Interview with Emeritus Archbishop Hickey by Cindy Gorton, 12th August 2014, Mt Lawley.

43 Hickey, 2014.

44 G. Smith, *Possibilities. From Dream to Destination*, Margaret River, 1990, p.25.

45 C. Holden, 'Sambell, Geoffrey Tremayne (1914–1980)', *Australian Dictionary of Biography*, National Centre of Biography, Australian National University, <http://adb.anu.edu.au/biography/sambell-geoffrey-tremayne-11606/text20723>, published first in hard copy 2002, accessed online 2 April 2015.

46 File correspondence to George Smith from Barry Hickey, 29th May 1974.

47 Arch Ellis went on to become the President of the RANZCP in 1975. See Royal College of Australian and New Zealand Psychiatrists, <https://www.ranzcp.org/About-us/About-the-College/Our-history/Presidents-of-the-College/Arch-Ellis.aspx> Accessed 2 April 2015.

48 File letter, 16th September 1974.

49 G. Smith, 1990, p.62.

50 G. Smith, 1990, p.63.

51 S. Thompson, *Beyond Matta Gerup: a history of Victoria Park*. (2012),Town of Victoria Park and University of Western Australia, Centre for WA History, 2012, p.169.

52 S. Smith, 2014.

53 Dr Geoff Gallop AC, correspondence with Cate Pattison, 27th February 2015.

54 G.C. Bolton, 'WAY 1979: Whose Celebration?', *Celebrations in Western Australian History: Studies in Western Australian History*, 10, 1989.

55 G. Bolton, 1989, p.17.

56 Content in this chapter is largely derived from the work carried out by Carol Reid in 2013, based on interviews with ex-directors and archival research.

57 Interview with Keith Wilson by Cate Pattison, conducted, 24th April, 2015, Cannington.

58 Destination Australia: Sharing our Post-War Migrant Stories. National Archives of Australia. Accessed online 5th July 2015. <https://www.desinationaustralia.gov.au/site/records.php?task=detail&id=18436>.

59 Six monthly report to DSS from RFWA, November 1977.

60 Interview with Chris Coopes (Coordinator of Community Accommodations Support Programme, 1988-97) by Cindy Gorton, conducted 2nd July 2014, DCP Offices.

61 S. Smith, 2014. Shirley reflected on time as Director of Richmond Fellowship and also ARAFMI, including training.

62 Interview with Trish Ryans-Taylor by Cindy Gorton, conducted 21st November 2014, teleconference.

63 Richmond Fellowship Financial Statements, 1978, 1979, file.

64 United Nations Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care (1991). Adopted by General Assembly Resolution 46/119 of 17 December 1991

65 Submission to the Senate Select Committee on Mental Health. Overview of Mental Health Policy and Reform 1990-2005. Western Australian Department of Health, Division of Mental Health.

66 C. Sidoti, Human Rights Commission 1995-2000. *Mental Health for all: What's the Vision?* National Conference on Mental Health Services, Policy and Law Reform into the Twenty First Century, 13-14 February 1997, Newcastle. <https://www.humanrights.gov.au/news/speeches/mental-health-all-whats-vision> Accessed 6th May 2015.

67 J. Stewart, 2015.

68 M. Harries and G. Smith, 1994.

69 Although this might now be the case across the board, there is still often a pervading sense to some in the sector that the stories of those who have personally lived or supported those living with mental illness are largely 'anecdotal' when it comes to gathering data, which can be an impediment to pushing forward studies and research to support new ways of analysing mental health. As suggested by Keith Wilson, 2015, in discussion around initiating research within the Meeting For Minds project, <http://www.meetingforminds.com.au/>

70 Discussed by advocacy group People with Disability Australia, founded in the same year. <http://www.pwd.org.au/about-us/our-history.html>. Accessed 1st April 2015.

71 M. Epstein, 'The Consumer Movement in Australia, A Memoir of an Old Campaigner'. Our Consumer Place, 2013. Available online at: www.ourcommunity.com.au/files/.../HistoryOfConsumerMovement.pdf, accessed 1st April 2015.

72 Interview with John Casson by Cate Pattison, conducted 28th April, 2015, North Perth.

73 Richmond Fellowship of WA Inc, Annual Report and Financial Statements, April 1984.

74 Content for this chapter partially derived from Carol Reid's preparatory research (2013). Carol cites Chapter 23 of the ARAFMI history written by Anne White (nee Roberts).

75 Australian Dictionary of Biography, <http://adb.anu.edu.au/biography/holman-mary-alice-may-6711> . Mary Holman is featured in Karakatta's Historical Walk Trail (2). <http://www.mcb.wa.gov.au/OurCemeteries/Karrakatta/HistoricalWalkTrails/KarrakattaHistoricalWalkTrailTwo.aspx>

76 S. Smith, 2014, contributed historical information and reflection in this section.

77 Rottnest Island Chapel information booklet, 2015.

78 S. Smith, 2014, reflects on the benefits of group housing.

79 The Richmond Fellowship Newsletter, November 1985.

80 Warwick Smith interviewed by Cindy Gorton, conducted on 13th February 2014, Graylands.

81 W. Smith, 2014

82 W. Smith, 2014.

83 Interview with Maria Harries by Cate Pattison, conducted on 5th March 2015, University of Western Australia.

84 Interview with Jan Stewart, conducted by Cate Pattison, 24th February 2015, Doubleview. Also see S. Supski, 2009.

85 Australian Health Ministers. National mental health policy. Canberra: Australian Government Publishing Service, 1992. Available at <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-policy>. Accessed 7th May 2015.

86 Human Rights and Equal Opportunity Commission. "Human rights and mental illness: report of the national inquiry into the human rights of people with mental illness." *Burdekin Report* (1993)

87 Government of Western Australia, 2005.

88 Notes in the paper 'ARAFMI's Foundation' provided by Tony Fowkes, interviewed by Cate Pattison, conducted 19th May 2015, Karrinyup.

89 National Mental Health Report 2005. Government Spending on Mental Health. Canberra: Australian Government Department of Health and Ageing. Accessed 7th May 2015. <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pq-mental-pubs.htm>

90 Harries and Smith 1994 mention Chelmsford Hospital in NSW for its 'deepsleep' Royal Commission, and Ward 10 in Townsville Queensland, as examples.

91 Beyond Blue. <http://www.beyondblue.org.au/about-us/who-we-are-and-what-we-do/our-history>

92 Harries and Smith, 1994.

93 Interview with Peter Lammas by Cindy Gorton, conducted 13th February 2014, Burswood.

94 W. Smith, 2014.

95 Information on consumer representation at RFWA provided by Lyn Willox, interviewed by Cindy Gorton, conducted 23rd January 2014, Mount Lawley.

96 Richmond Fellowship of Western Australian Inc. Annual Report, 1997-1998. P.13.

97 Interview with Dr Nathan Gibson, Chief Psychiatrist, by Cate Pattison, conducted 10th March 2015, East Perth.

98 Richmond Fellowship of Western Australia Inc. Annual Report, 1998-1999. Financial Statements, p.5.

99 J. Stewart, 2015.

100 Interview with Carol Reid by Cindy Gorton ,conducted on 20th December 2014, Bunbury.

101 Submission to the Senate Select Committee on Mental Health: Overview of mental Health Policy and Reform 1990-2005. Western Australian Department of Health, Division of Mental Health. Accessed online 22 May 2015, http://www.aph.gov.au/~media/wopapub/senate/committee/mentalhealth_ctte/submissions/sub376_pdf.ashx

102 Hon Dr. Geoff Gallup MLA, Premier of Western Australia. '30th Anniversary of the Richmond Fellowship'. Speech delivered at Victoria Park Bowling Club, 14th October, 2005.

103 Australian Institute of Health and Welfare 2014. Mental health services – in brief 2014. Cat. No. HSE 154. Canberra: AIHW.

104 Interview with Eddie Bartnik by Cate Pattison, conducted on 29th June 2015, Midland.

105 National Mental Health Commission, 2014: the National Review of Mental Health Programmes and Services. Sydney: NMHC.

106 P. Lammas, 2014.

- 107 Interview with Diana Warnock by Cindy
Gorton, conducted on 31st July 2014, Perth.
- 108 K. Wilson, 2015.
- 109 G. Gallop, 2015.
- 110 Interview with Dr Rachel Perkins, OBE, by
Cate Pattison, conducted on 6th May 2015,
RFAWA.
- 111 R. Perkins, 2015.
- 112 Interview with Ron Coleman and Karen
Taylor by Cate Pattison, conducted on 15th
April 2015, Nedlands.
- 113 History of HVNA kindly provided by Lyn
Mahboub.
- 114 Interview with Shauna Gaebler, Executive
Director, CoMHWA, by Cate Pattison,
conducted 31st March 2015, West Perth.
- 115 Interview with Jacquie Thomson, by Cate
Pattison, conducted 27th March 2015,
Osborne Park.
- 116 S. Carmody, 13th July 2015.
- 117 E. Bartnik, 2015.
- 118 Interview with Sheryl Carmody by Cate
Pattison, conducted 13th July 2015, West
Perth
- 119 AIHW, 2014.
- 120 N. Gibson, 10th March, 2015.
- 121 World Health Organisation. [http://www.who.
int/topics/mental_health/en/](http://www.who.int/topics/mental_health/en/) Accessed 21st
July 2015.
- 122 Interview with Eric Baines by Cate Pattison,
conducted 17th July 2015, Cannington.
- 123 Interview with Jan Stewart by Cindy Gorton,
conducted 20th February 2014, Osborne
Park.
- 124 For a comprehensive history of Lotterywest,
See S. Supski, 2009.
- 125 J. Thompson, 2015.
- 126 N. Gibson, 2015.
- 127 T. Marney, Mental Health Commissioner,
'The Western Australian Mental Health,
Alcohol and Other Drug Services Plan 2015-
2025 (Summary), 2015, p.3.



Sharing the Journey tells the story of the Richmond Fellowship, now Richmond Wellbeing, in Western Australia from 1975 to 2015. Focussing on recovery within a therapeutic environment, the Richmond Fellowship have walked alongside people experiencing mental distress in Perth for forty years. In the last decade, it has also become a progressive thought leader and advocate for consumer-centered mental health recovery. This history is told against the backdrop of developments in social sentiment and public policies around mental health over this time.



ISBN 978-0-9944289-0-5



9 780994 428905 >