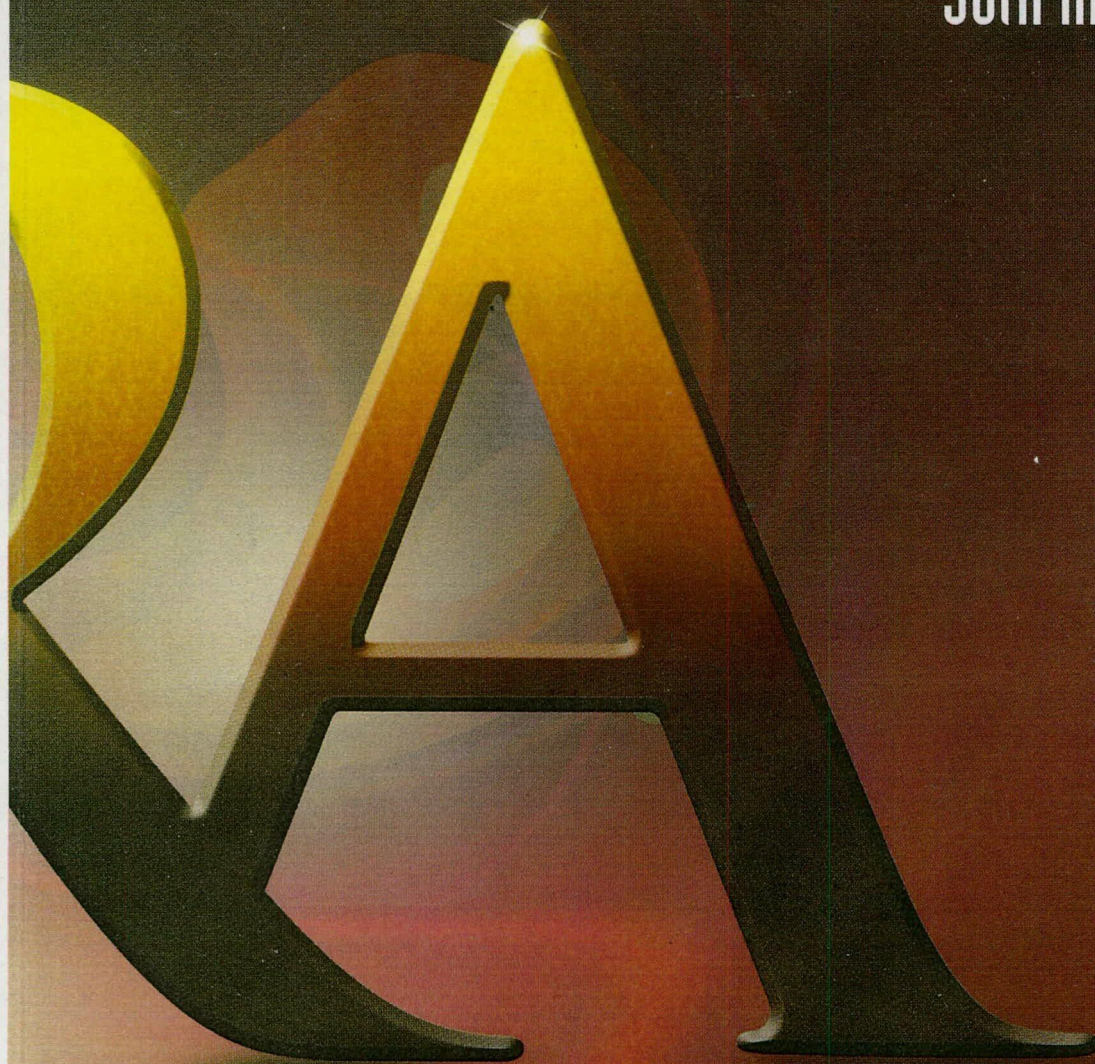


PRA The Story

50th Anniversary



1955 - 2005

PRA

The Story

Celebrating 50 years
Golden Jubilee Publication

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Psychiatric Rehabilitation Association



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FOREWORD



Psychiatric Rehabilitation Association has an illustrious history in its fifty years of service to countless people recovering from episodes of mental illness.

Throughout this period, the Association has provided expert and humanitarian care, linking strongly with mainstream services and also incorporating additional innovative strategies from international programs.

Indeed, PRA has been years ahead of so many post-acute programs in enabling individuals to become increasingly independent, rebuild self-esteem and develop important skills in self care, socialisation and employment potential.

As a professional working in the field of mental health over many years, I have been well aware of the immense value of the unique role of PRA.

The valuable contribution provided by the dedicated and skilled staff of PRA is more necessary today than ever, as the importance of early informed and skilled rehabilitation is appreciated.

I congratulate everyone involved in this important work.

A handwritten signature in cursive script, reading "Marie Bashir". The signature is written in dark ink and is underlined.

Marie R Bashir AC CVO
Governor of New South Wales

CROSSING 50



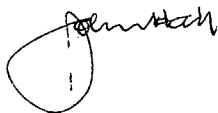
My fellow board members and I am conscious of the significant contributions made by many past board members, management, staff and supporters of PRA to enable us to celebrate the achievements of the organisation over fifty years.

The Mission of PRA is - Enhancing opportunity, satisfaction and choice for people with psychiatric disabilities to live, learn and work in the community. Everybody who works for the attainment of our mission is mindful of the tremendous difficulties that confront those with psychiatric illness in coping with the rigours and stresses of everyday life. The courage they display in dealing with their circumstances on a daily basis inspires all who assist in their rehabilitation.

PRA today is committed to a psychosocial philosophy that promotes enhanced dignity and respect for those involved in undertaking psychiatric rehabilitation. We provide employment, accommodation, and social support programs to achieve our psychosocial objectives. Funding, both from the Commonwealth and New South Wales governments, is fundamental to our capacity to deliver quality services and support. Over the past fifty years PRA has developed business activities which complement our rehabilitation programs and provide valuable work and social skills for our employees. The input from our business activities provides us with the capacity to offer wider support services than would otherwise be available.

As we enter our second half-century, we are aware that the task of supporting those with psychiatric disabilities is not getting any easier. We are challenged by the number of young people who have psychiatric disabilities and the difficulties of targeting programs to address the needs of this population. Whilst advances in treatment options for psychiatric disabilities are providing opportunity for resumption of a meaningful and purposeful life, the social pressures of life today and the impact of illicit drugs adds to the difficulties of coping with a disability and social inclusion.

Thanks to the efforts of those who have contributed to PRA's past success. My fellow board members and I, together with the management and staff of PRA, have a great foundation upon which to continue to make a most valuable contribution to the health and welfare of those who come to us for care, support and companionship.



John Hall

Chairman

14 November 2005

PREFACE

Psychiatric Rehabilitation Association (PRA) is a not-for-profit mental health Non-Government Organisation (NGO). It was founded in 1955 and its headquarters are based in Redfern, Sydney, New South Wales. PRA is one of the longest established mental health NGO's in Australia, today celebrating its 50th anniversary. Not just an association, it is Australia's largest non-government service provider for and employer of people with psychiatric disabilities. PRA has been a leader within the psychiatric rehabilitation field for many years, its humble beginnings based on a self-help philosophy supporting people in transition from hospital to community and recovery from mental illness. Since, the establishment of Australia's first psychosocial rehabilitation centre, Buckingham House in Sydney in 1975, PRA has been founded on a psychosocial philosophy, providing a range of services from supported businesses and employment to psychosocial programs including: Supported accommodation, walk-in centres and services for people with a mental illness.

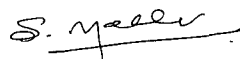
PRA – The Story is an honest account of the triumphs of many, set within the backdrop of mental health, the growing NGO sector, Government policy, legislation and inquiries, and public attitude during the last 50 years within New South Wales, Australia. Its roots began at Callan Park (The Rozelle Hospital) at the time of the NSW Cahill Government, its history straddled between the Stoller Report, commissioned in 1954 by the Menzies Government, and the latest independent report, 'Not for Service' presented to the Howard Government in 2005. There have been many corners, ups and downs to negotiate throughout the years, however despite these challenges, any one of which could have distracted PRA from its original goals, it has remained loyal and true in its mission, which is about people – enhancing opportunity, satisfaction and choice for people with psychiatric disabilities to live, learn and work in the community. In fact the Story of PRA is a great Australian story of human achievement, involving consumers, carers, volunteers, health care professionals, staff, employees, services, businesses, and partnerships with government bodies, health services, other NGO's, the business sector and many local communities within NSW.

We have endeavoured to relate this story in a factual, stimulating and interesting way, painting the picture, highlighting the themes, changes and ironies that even a brief brush stroke with history can tell us, from one period to the next, concluding with PRA today. Whether you are a member or contributor, have experienced or been touched by mental illness, and even if you haven't, this is a story to pause over. We trust you will be able to relate this to your own experience and celebrate your own triumphs with us in the golden jubilee year of a hard working, compassionate, and visionary Australian organisation. After all, the mental health of all Australians has been our business.



Jon Chesterson
Editors

1 November 2005



Sacha Maller

ACKNOWLEDGMENTS

Dedication

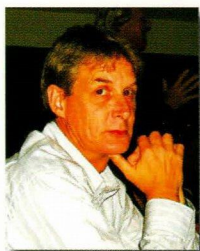
To all those who have laboured with mental illness
and to the
memory of Richard Hauser and Hephzibah Menhuin
for bringing our story to life

PRA would like to acknowledge
The Vincent Fairfax Family Foundation
for an unrestricted organisational grant in 1998

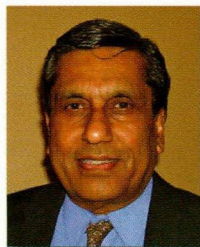
PRA – The Story has been made possible by the foundational work and manuscripts of
Sacha Maller, 1975 - Psychiatric Rehabilitation Association: The First Twenty Years,
1955-1975 – A Critical Appreciation
and
Bunty Turner, 2005 - An Acorn to a Sturdy Oak – The first 50 years of PRA,
commissioned by PRA



AUTHORS & EDITORS



Jon Chesterson is a mental health nurse working in promotion and prevention for Hunter New England Mental Health, conjoint lecturer at the University of Newcastle, foundation fellow and ex-president of the ANZCMHN, and founding member of the MHCA in 1998. He has published several articles, book chapters, contributed to the HIMH's Moving Forward CD-ROM on psychiatric rehabilitation in 2002, and reviews for several refereed nursing journals. He joined the Board of PRA in 2003, Lifeline Newcastle in 2004, and since 1998 has served as an ICN expert for the RCNA.



Sacha Maller is a social worker and Director of Services for PRA. His study 'Sheltered Existence' led to contact with Fountain House, New York and PRA's adoption of a psychosocial philosophy. Over the years he was intimately involved in developing more than 22 programs within PRA and helped organise 3 conferences with psychosocial philosophy as their theme. When people ask him why he stayed in the same agency for many years, his reply is, 'it is not the same agency'.



Bunty Turner immigrated to Australia with her family in 1978. A journalist, she has written for the Australian Women's Weekly, the Sunday Telegraph, the Australian and ITA magazine. As a freelance writer she has covered everything from show business, food to travel, but her main sphere of interest was and remains social issues.

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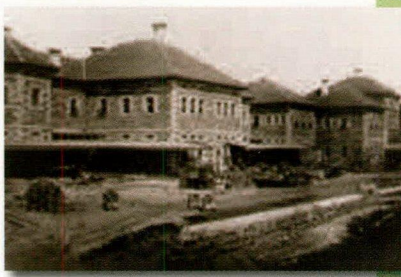


1. STEPPING INTO THE FIFTIES - INTRODUCTION

Psychiatric Rehabilitation Association (PRA) was launched at a time of great change in the area of mental health. To understand the impact of this change on the humble beginnings of PRA, we need to look back at the times. What were the mental institutions like? What was happening in mental health? What were the community attitudes of the 1950's? Who led the reforms and what made discharge from hospital possible? What action did governments take, and when?

Callan Park

The new asylum for the insane – Callan Park – was opened with much pomp and ceremony in 1884. This group of splendid sandstone buildings set in park-like river view grounds in Rozelle was considered – in 1901 – to be one of the finest institutions in the Commonwealth. But although designed to accommodate 630 patients, by 1890 this number had risen to 1078 and continued to rise. As the number of admissions escalated, the standard of care declined. Despite the inclusion of the Broughton Hall Estate into the Callan Park complex and a further six repatriation wards for victims of “shell shock” after the First World War, the overcrowding and subsequent dehumanisation of patients was a continuing problem. Exacerbated by social problems resulting from the Depression and from manpower shortages during and after World War 2, Callan Park in 1955, when PRA was launched, was by any standards a bleak, forbidding place.



Callan Park Hospital in early 1900

Taboo

In the early 1950s mental illness was taboo. In the general community, even in families, it was not discussed. People with psychiatric illnesses were called lunatics, insane or mad. Police Officers were often involved in the admissions process and possibly that is why mental illness was seen as a crime and patients who wandered out of a mental hospital were said to

Out of Sight

A bright young Sydney lawyer, Neil Kingsmill suffered from schizophrenia and was admitted to Callan Park in 1954. At that time there were wards for seriously ill patients, self-damaging, deluded, and in the throws of psychosis. There were wards for the chronically ill who were unlikely ever to be discharged. And there were wards for those who were deemed unable to function normally, but who were quite tranquil.

One of Neil's brothers, retired business man John Kingsmill, remembers that the admissions ward, where patients were assessed by the hospital's psychiatric staff, was in the oldest, most gloomy and unrelentingly grim wing of the hospital. A series of metal doors set in long corridors clanged shut and were locked and small windows were heavily barred. When his brother Neil was admitted the family members were so shocked they could hardly speak. They found it literally unbelievable that any human being could be locked up in such circumstances, not because he had committed a crime, but because he was sick. Once people were admitted they were out of sight. Discharge was not impossible, but it was a difficult, lengthy process. It seemed to the families of those with a mental illness – possibly as many as one family in four – that nobody in the larger community understood it. Nobody spoke of it. It was a great silence.

the medical profession. Progressive psychiatrists in New South Wales were influenced not only by the 'therapeutic community' movement conceived by Maxwell Jones in England, but also by the progressive thinking of Dr Eric Cunningham Dax, Head of the Mental Hygiene Authority in Victoria. It was Dr Cunningham Dax's belief that patients, whenever possible, should be treated as day patients and live outside the hospital where they could mix within the community and so help cure themselves.⁴ There was a difference of opinion between these progressive psychiatrists as to which was the most beneficial to psychiatric patients: De-Institutionalisation or newly prescribed drugs.⁵

Self-Help Support Philosophy

As far as the story of PRA was concerned, the advent of new psychiatric medications and momentum of the de-institutionalisation movement made it possible for patients and their families to consider the possibility of discharge from hospital and a 'return to life in the community'. Patients preparing for discharge needed help to regain the confidence and feeling of self worth, which had been eroded by time, often many years, in a dehumanising hospital system. They needed to relearn how to be individuals. Richard Hauser's PACC at Callan Park, founded on a self-help support philosophy, was the first step in the direction of our rehabilitation journey, leading to the establishment of PRA.



John, Mrs Kingsmill, Neil



A walled courtyard of Callan Mental Hospital

Hope for the Insane

First mass experiment in New South Wales and probably Australia with Reserpine and Chlorpromazine at the Parramatta Mental Hospital. They are two psychiatric drugs developed in the United States within the last 3 years. Dr David Morgan, Deputy Medical Superintendent at Parramatta was quoted as saying, "The results with patients, both the chronically insane and those in admission wards are spectacular and out of this world. This may be the most marvelous thing that has happened in the history of medical treatment of the mentally ill".

Sun Herald, 12 June 1955, Page 23

2. FOUNDATION OF PRA (1954-1956)

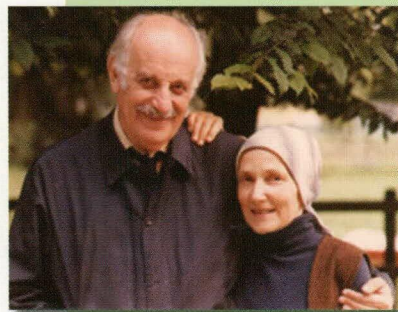
Richard Hauser was born in Vienna. He escaped the Nazi terror - he was Jewish - and while his parents and immediate family found refuge in Sydney, he joined the British Army in Palestine. After the war, Hauser was reunited with his wife, Ruth and daughter, Eva in Rome where he worked for the United Nations Refugee Association. Years later, in Sydney, Hauser together with his second wife concert pianist Hephzibah Menhuin, sister of the violinist Yehudi Menhuin, became involved in the human rights movement. Richard Hauser believed in the rights of minority groups, prisoners, struggling high school students, lonely housewives, people with mental illness, and other marginalised groups. Hephzibah Hauser shared her husband's philosophy, which was quite simple: nobody will help you unless you help yourself. In Sydney Hauser launched a market research organisation called Social Surveys, which ran self-help groups from a small suite of offices in the Scot's Church building in Sydney. Alan Hayes ran the office and while others may have played a more public role, his quiet contribution - he managed the finances - was considerable. Hauser made his position clear when he addressed a meeting, reported in the Sydney Morning Herald, to discuss the plight of psychiatric patients. He said he believed the public would be more quickly educated and accept mental illness, as it should be accepted, if mental hospitals could be more freely visited, and opened to visitors like any other hospital. In 1954 Hauser and Hephzibah convinced Dr Donald Fraser, the head of Psychiatric Services in NSW, into letting them run weekly group sessions for patients facing discharge, to be named Psychiatric After Care Club (PACC) in Callan Park Mental Hospital. It was at one such meeting that the Hauser's met John Kingsmill.

The Psychiatric After Care Club

John Kingsmill attended several PACC meetings at Callan Park in 1955, which were also attended by psychiatrists, social workers and other mental health professionals. They were in the form of a lecture given by Hauser, followed by a question and answer session. When Richard Hauser invited

Portrait of the Couple

PRA founding member, psychotherapist Dr John Parkinson recalls Hauser as a fast talker, and very confident he was right. "I understand he had begun psychoanalytical training, but found it too limiting. He didn't want to see the same patients five days a week. Yehudi Menhuin once said that the problem with his sister and her husband is they want to save the world". Dr Parkinson said the conservative Dr Fraser publicly acknowledged that Hauser had approached him twice for permission to start a social club in Callan Park, both times unsuccessfully. He said it was only when Hauser brought along his charming wife Hephzibah, and placed her directly in his line of sight, that he melted and permission was granted. "Although Hauser was charismatic and dynamic, I felt Hephzibah was unquestionably the more intelligent of the two. At club meetings, if she felt things were going badly, she would say, 'I think what Richard is trying to say is...' Hephzibah was utterly devoted, but not passive." John Kingsmill remembers Hauser as being very bright, very intelligent. "He could talk his way through doors not normally open to even the most qualified sociologist. He would not hesitate to use the highly respected

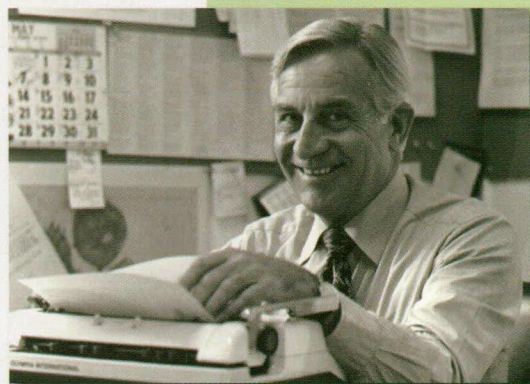


Richard & Hephzibah

John Kingsmill to take over PACC, the young man tried to boost attendance by making the club meetings more appealing. He took a gramophone so that patients and relatives could listen to music and dance, and attendance soon rose. The general running was left to Kingsmill, Lady (Violet) Braddon, a friend of Hephzibah Hauser who worked in a voluntary capacity for Social Surveys, and John Parkinson. Some staff members at Callan Park were openly hostile to outsiders, perceived to be invading their territory. They complained about the frequent locking and unlocking of doors to let patients in and out, and they questioned the credentials of those running the club. PACC volunteers were keenly aware of their responsibility and not infrequently they were left to themselves, collecting the keys and unlocking the doors and, after the meeting, escorting patients back to the wards, locking up carefully and returning the keys to the correct place.⁶ Importantly, Dr Stephen Sandes, the Deputy Medical Superintendent and Clinical Director of Callan Park, was supportive of the club, and so too was his colleague Dr William (Bill) Mackintosh. Dr Sandes later became Vice President of PRA and was an asset to the Association until his death in 1974.

Initially only close family members were allowed into the hospital grounds to attend PACC meetings. But this changed when John Kingsmill was invited to talk to radio King Eric Baume on Radio 2GB. A gifted communicator, he spoke about the need for understanding, for rehabilitation, and for a change in community attitudes. The response was so overwhelming he was invited back on a weekly basis for almost two years. John Kingsmill also gave talks to anyone and everyone, Rotary, RSL clubs and various women's groups. He constantly drew attention to the plight of psychiatric patients in well written letters which were published in newspapers. As a result, many volunteers applied to attend Wednesday evenings at Callan Park and communicate with the patients.

and high profile Menhuin name if he deemed it necessary." Psychiatrist Dr Rodney Seaborn, introduced to the Hausers' by his partner and colleague Dr Alfred Conlon, says he liked Hephzibah immediately. "She was bonkers over Hauser, I found Richard to be honest, and something of an opportunist. He had many irons in the fire. But he did get people involved. I seem to recall I was involved enough to actually come up with the name, Psychiatric After Care Club or PACC. In starting the clubs and above all, in founding PRA Richard Hauser began something that has proved to be very worthwhile, there is no doubt about that."



John Kingsmill

A Reason to Climb Out of Bed Every Morning

Dancing, communicating, developing what we now call social skills was desperately important in the building of confidence for those discharged from psychiatric hospital. It became apparent there was further need – to work, to feel useful, to have a reason to climb out of bed every morning. The problem was that when a former patient applied for a job through normal channels in the community, they were severely compromised if they mentioned their medical history. To do so was to lose any opportunity to get the job – social disadvantage – stigma of mental illness. Non-disclosure, being unable to account for lost years, living a lie or being unemployed was often enough to trigger relapse. Richard Hauser felt that while the after care club was a step in the right direction, it didn't go far enough. What was needed was a safe, secure workplace staffed by understanding and enlightened people, where ex-patients could develop both skills and confidence in preparation for open employment.

Stung into Action

In November 1955, the Psychiatric Rehabilitation Association (PRA) was formally constituted and named to encompass PACC and widen the scope and sphere of the psychiatric after care movement. The Aftercare Association NSW founded in 1907, now had a companion Non-Government Organisation (NGO) within the mental health sector, and the following year, the Mental Health Association NSW was constituted out of the Council for Mental Hygiene NSW, inaugurated in 1932. Hephzibah Hauser became Chairperson of the newly founded PRA, Richard Hauser Secretary, and John Kingsmill Deputy Chair.

A reporter for the Sydney Morning Herald wrote that PRA at Callan Park was a pre-discharge re-socialisation unit. At the launch Hauser defined the PRA goals: To promote the formation of a hostel for male ex-patients, a club, an advisory centre, and a sheltered workshop. Sacha Maller, PRA's current Director of Services and author of, 'PRA, The First 20 years 1955-1975' describes Hauser as like a gadfly who stings others into action.

A Regular Volunteer

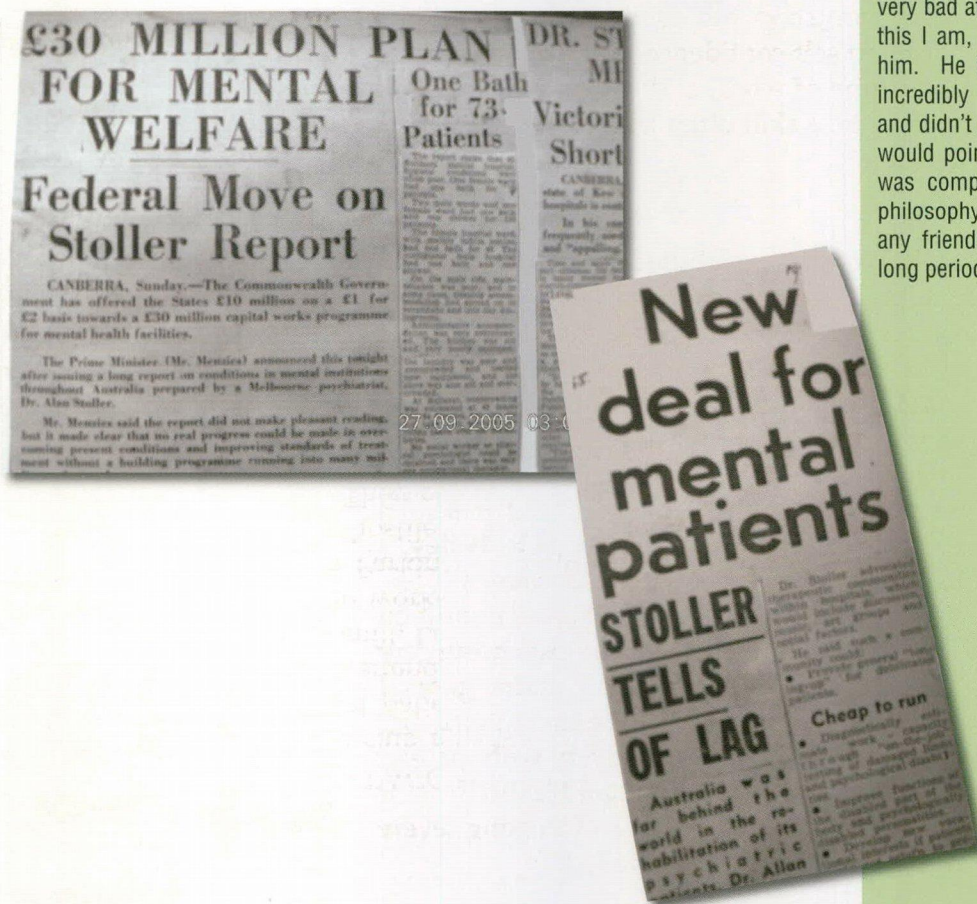
One regular volunteer was Susan McKeown (nee Mackintosh) who at age 21, and through an amateur theatre group, was invited to hear the handsome John Kingsmill speak at a meeting attended by John and Hephzibah Hauser. Introduced by volunteer and mutual friend James Davenport, she found John Kingsmill to be so articulate, impressive, and persuasive, that she and two friends became regular volunteers at PACC. "The dancing was John's area, but we also played cards and games. We had a reading group, quizzes, mock trials and square dancing. "The club, through John's considerable connections in the performing and visual arts attracted strangely interesting people. I remember, for example, the artist Jeffrey Smart gave art classes." Susan McKeown continued as a PRA volunteer for some nine years until she married.

Without Hauser there would have been no PRA. John Kingsmill was one of those stung into action. Shortly he even agreed to put his career on hold and join Social Surveys for three years on a modest salary, sharing a small office with Lady Braddon and Alan Hayes. Later, when he was a successful advertising executive, he still willingly gave an impressive amount of his spare time and energy to PRA.⁷

PRA was formally incorporated in the same year as the 1956 Olympic Games in Melbourne.

Recollection of her Father

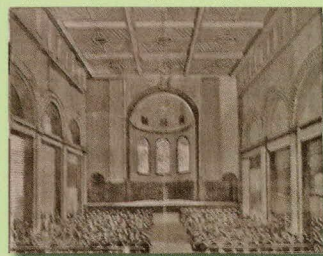
Richard Hauser's daughter Eva Cox, a prominent feminist, social critic and academic, admits she recognises something of her father in her passionate advocacy for social justice and a civil society. When PRA was launched she was working for her School Leaving Certificate and living with her mother, PRA was simply a vague noise in the background. "My father was very good at starting things, he was an activator, but very bad at maintaining them. In this I am, I hope, different from him. He had acolytes and was incredibly demanding of them, and didn't allow any argument. I would point out to him that this was completely contrary to his philosophy, and it didn't win me any friends. We didn't talk for long periods."



3. EARLY YEARS (1957-1963)

In 1957, the Citizens' TB League gave PRA access to their rehabilitation centre in Rozelle for two afternoons a week. It was used to offer supported employment. The first formal contract involved covering library books for the staff club at General Motors Holden. Two men and two women recommended by a Callan Park social worker were the first PRA trainees and a retired Royal Navy Commander and PRA volunteer, David Beaumont was honorary superintendent. Patients travelled to and from the workshop without supervision. They pasted tickets on jewellery, tested propelling pencils and attached slips of paper to sample cards to be issued by paper manufacturers. They were paid six shillings an hour. The workshop did not teach occupational skills per se, but it bolstered self-confidence, prepared people for a return to the daily routine of work, and taught them how to get along with other people, a skill often lost during long-term psychiatric hospitalisation.⁸

In April of 1957, GROW was established, also forging itself out of the self-help support philosophy and later, community mental health movement, as had PRA. Originally known as 'Recovery', a group of ex-psychiatric patients started meeting after AA meetings, and found they had more specific needs in common and that sharing, supporting each other, and learning more about mental illness, helped and put them on the road to recovery. That same year, the Cerebral Surgery and Research Unit was opened in Callan Park, headed by Dr H.R. Bailey, a supporter of PRA. Psychosurgery - pre-frontal lobotomies - were performed and Electro Convulsive Therapy (ECT) was a common treatment option. It is important to note that psychosurgery of this type is not performed today and ECT under general anaesthetic is usually the last option or as a life saving measure where rapid relief is required, and only given with patient consent or under strict authorisation of a Mental Health Review Tribunal, predominantly when all other means of treating severe depression, and sometimes psychosis, have failed.



*Recreational Hall, Callan Park
Where PRA began*

When Richard and Hephzibah Hauser returned briefly to England in 1957, the loyal Alan Hayes remained in charge of the Social Surveys Office, and John Kingsmill, volunteers and members continued the work of PRA. A club was launched in Parramatta Psychiatric Centre, and following extensive preliminary discussions this was regarded from the outset as part of routine hospital treatment and care. In October 1958 Gladesville Hospital became the third psychiatric centre in NSW to support a club.



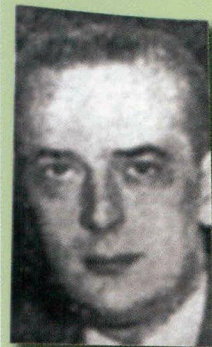
Mrs Joy Thompson

Loneliness – The City Club

PRA volunteers identified loneliness as a fundamental problem facing those discharged from psychiatric hospital. It was not always possible for former patients to travel long distances to attend a gathering in a hospital-based PRA club. This loneliness, this sense of isolation, was identified as another cause of relapse. What was needed was a PRA club that would meet regularly, but outside the hospital environment, outside the high walls: a city club, a place for people who needed regular, on-going social support within the community. In 1957 in a triumph for John Kingsmill and his team of volunteers, an enlightened and generous Sydney businessman G.W. Winn, Chairman of Winn's Department Store in Oxford Street, Sydney, offered to turn Winn's cafeteria into a centre for ex-psychiatric patients one day a week. At the inaugural meeting chaired by John Kingsmill, Professor Trethowan spoke about the exciting possibilities in the unexplored field of psychiatric rehabilitation. Importantly, he praised the work of PRA, proof if any was needed - that the medical profession was taking the Association seriously. An informal roster of psychiatrists, general practitioners, social workers and other professionals agreed to attend the club on a voluntary basis, supporting former patients. A number of those attending the club - which became known as the City Club - were migrants from Eastern Europe who through devastating life experiences, had been unable to cope, and had succumbed to mental illness. This group of former psychiatric patients captured the interest of Viva Murphy, the Immigration Department's

Message Gets Out

Adrian Powles, Chairman of PRA for 20 years from 1959 to 1980, first came across the Association in 1958 when he was 20 and a law student living in Gladesville. His mother Joyce Thompson had heard one of John Kingsmill's radio spots with Eric Baume on 2GB, and it was she who decided to start the PRA club at Gladesville Hospital. "We used to have dances, quizzes and card games," he recalls. "We'd bring food which was far better than hospital meals, so our meetings were well attended. Each club did its own fund-raising. We organised a chocolate wheel in Catherine Street, Leichhardt, our volunteers selling tickets. My mother would also take patients on outings, perhaps to Channel 9. She would give up hours of her time every week." Joyce Thompson was elected to the PRA General Executive, PRA's main governing body, including Richard Hauser, John Kingsmill and Dr John Parkinson. Adrian Powles first served on Council, which operated from 1957 to 1961 and consisted of former patients and their relatives. "We'd meet once a month in the city. When I was 21, perhaps 22, I was encouraged to join my mother on the General Executive."



Prof Trethowan

Senior Social Worker who became a staunch supporter of PRA. The City Club, was a bright, well attended, friendly place.⁹

Signs of Change

The Stoller Report (1955) inevitably led to the Mental Health Act of 1958 in New South Wales. The new legislation introduced modern terminology and declared words like "asylum", "lunatic," "mad" and "insane" no longer socially acceptable. It emphasised voluntary admission, the removal of the outdated Lunacy Court, the introduction of less cumbersome legal formalities, and the provision of welfare offices with community responsibilities.¹⁰ It was as early as 1958, psychiatrist Dr D.C. Maddison, senior lecturer at Sydney University, claimed mental illness was a more serious threat to Australians than either cancer or heart disease. He said the flow of people into misery-ridden psychiatric hospitals could be halted, only if the public were educated to recognise that mental illness can be treated and that mentally ill people can be rehabilitated. Calling for less overcrowding, more staff and smaller hospitals, he said that Australia in its emphasis on large psychiatric hospitals lagged behind the rest of the world. Overseas authorities, he said, are turning towards smaller clinics and psychiatric wards attached to general hospital.¹¹

Phenothiazine major tranquillizers such as chlorpromazine (Largactil) and thioridazine (Melleril) and tricyclic antidepressants such as amitriptyline and imipramine had become readily available in Australia by the end of the 1950's. The 1960's heralded the first significant wave of de-institutionalisation as people were discharged from large psychiatric hospitals on maintenance doses of psychiatric medication.¹² Chlorpromazine, often described as the single most important breakthrough in psychiatric treatment, had a dramatic impact on the management of psychoses such as schizophrenia. Lithium, 'discovered' by Melbourne psychiatrist John Cade in the 1940s, was having a profound impact on the treatment and management of bipolar disorder. Clozapine, the first of a new generation of atypical neuroleptic (anti-psychotic) medications was first produced in the USA in 1962, but was not to be introduced to Australia



until many years later under strict regulations to monitor for a relatively rare but very serious side effect or condition known as agranulocytosis. Until Clozapine was to become available, there would remain a significant number of people whose illness could not be effectively managed by these early medications, and be classed as 'treatment resistant'. Nevertheless, the gradual introduction of a range of psychiatric medications had a major impact on the course and outcome of many psychiatric illnesses.

PRA however has never assumed or undertaken a "medical" role, which is the responsibility of clinicians, psychiatrists and psychiatric (mental health) nurses and mental health services. Clients who attend PRA programs or are employed later in PRA business enterprises are encouraged to seek appropriate treatment for their illness within the mental health system or primary health sector.¹⁴ Nevertheless, progress in psychiatric treatment opened up new possibilities.

Acting as an informal link between hospital, former patients, and the community, PRA volunteers were in a position to quickly identify problems. In 1959 John Kingsmill, in a letter to the Sydney Morning Herald, drew attention to a particular anomaly, pointing out that a former patient who takes his prescribed drugs is more likely to survive in the outside world than the one who does not. But the Commonwealth did not include these drugs in the Pharmaceutical Benefits list, which had been introduced in 1953. As they were not affordable to a large number of former patients, the cycle of recovery, discharge, and relapse started again. Kingsmill pointed out that the cost of providing free drugs was a great deal less than the cost of re-admitting the patient back into full-time hospital care. He urged the State Government to press the Commonwealth to include the drugs in the PBA list.¹⁵

First PRA Workshop – Camperdown 1959

When it became obvious that PRA needed its own full-time workshop Richard Hauser and John Kingsmill went to visit Mr and Mrs Bedwin who ran the Civilian Maimed and Limbless Association (CMLA). Hauser greatly admired the Bedwins as both were people with quadriplegia and epitomised the possibilities of his self-help philosophy. The Bedwins escorted Hauser and Kingsmill round their workshop where they met the foreman, Jack Blackler who agreed to become PRA's workshop manager. At the Bedwin's suggestion, Sir Herbert Schlink, chairman of Royal Prince Alfred Hospital was approached about the possibility of using a vacant hospital hut for workshop premises. Kingsmill and Blackler went to see Sir Herbert who not only offered them a World War 2 fibro hut which had been built in the hospital grounds, but a piece of vacant land in Grose Street, Camperdown upon which to place it. Sir Herbert organised the transfer and



Sir Herbert Schlink

PRA had its own workshop. In 1959 Jack Blackler, severely disabled, lying almost horizontal in his wheelchair became PRA's first paid employee. A gifted speaker, he also found time to tour the State with his wife Bridget, giving talks to clubs and philanthropic groups, raising money for PRA.¹⁶

Growing Pains

The strain of regular after-hours work required of a quite small pool of volunteers became apparent in 1959, four years after the launch of PRA. While not underestimating the vital role played by voluntary workers in laying the foundations of PRA, what was required now was a manager or director to coordinate the various activities of the expanding organisation. John Kingsmill agreed to act in that capacity until a suitable permanent candidate could be found. R.J. Leishman, the second person in PRA after Blackler to receive a salary, joined PRA as administrator in February 1960. A former company secretary of retailer, 'Anthony Hordern' brought considerable business skills and experience to the Association for the next five years.¹⁷

Heffron NSW Government

1959

First PRA workshop, Grose Street, Camperdown

PRA's first paid employee

Paddington Terrace

"I had bought the terrace house in the early 50s," Dr Parkinson explained. "I decided to open it to former patients because it is not always possible for them to go home to live with family members. People, former patients react badly to emotional intrusiveness and this is often unavoidable when they are required to live with parents or a sibling." How did the local Paddington community react to his new tenants? "Local people would stop me to say: 'What nice quiet people you have there now.'"



Dr John Parkinson

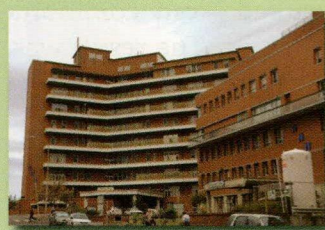


Recognising not everyone is suited to work-based rehabilitation and the inevitable pressures of routine, PRA launched, in 1961, an occupational therapy centre in Martin Place, Sydney, in a building belonging to the Family Welfare Bureau. That same year the Newcastle Branch of PRA was officially established. Although without premises, a loyal team of volunteers arranged fortnightly socials in a hall in Laman Street, a weekly tennis group, and a ladies handicraft group, which met in a shop front opposite the Royal Newcastle Hospital in Watt Street. Volunteers have always played, and still play a vital role in PRA today.

It was also in 1961 that PRA founder member, the newly graduated Dr John Parkinson made a quite radical decision for the times. He opened and ran for very many years, a large Paddington terrace as residential accommodation for former psychiatric patients. Dr Parkinson would have liked PRA to join him in what he saw as an essential endeavour, but the Association considered it too experimental, and declined. He did, however gain support from a PRA discussion group called, 'The Phoenix Club.'

1961 Royal Commission of Inquiry into Callan Park

How was it possible that the 1961 Royal Commission into Callan Park Hospital revealed similar findings to those of the 1955 Stoller report? The answer is probably that there are always those for whom change appears, wittingly or unwittingly, to be threatening. Not everyone in the mental health field was progressive and innovative, and real top to bottom reform is never an easy process. It requires funding. But it also requires an open mind and generosity of spirit. The Royal Commission into Callan Park Hospital conducted by Justice McClements reported gross overcrowding, inadequate numbers of trained staff, unsuitable accommodation, poor footwear and clothing, and low levels of professional care. A central theme in the report was that Callan Park's problems



Royal Newcastle Hospital



Betty McIntyre



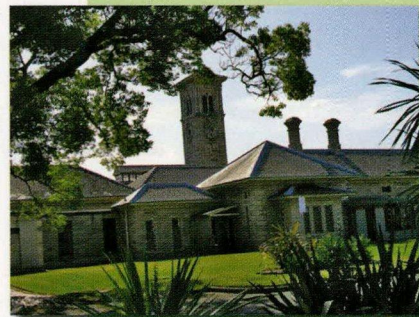
Rosemary Ramsey

Basic Human Rights for the Mentally Ill

1. The right to have his right to liberty balanced against community concerns
2. The right for the hospital to care and treat him and if possible rehabilitate him
3. The right to work

1961 Royal Commission into Callan Park

resulted from community apathy towards its less fortunate members. The result was more active State involvement in and funding of mental health facilities and the creation of a body, the Division of Establishments, to review and upgrade mental health care in New South Wales.¹⁸ Justice McClements recommended patients' rights should be threefold: The right to have his right to liberty balanced against community concerns; the right for the hospital to care and treat him and if possible rehabilitate him; and the right to work. The Commission paved the way, in the 1960s and 1970s for smaller hospitals, better training for staff, and the opening of new specialist units recognising, as never before, a wide range of mental illnesses.



Former Callan Park Hospital

Milestone Year

The invalid pension, introduced in 1944, and amended by the Menzies government in the Social Services Act (1947), meant that pensioners were entitled to free medication. A number of further changes in the early 1960s, including subsidies for people needing sheltered workshop employment, and culminating in the Disabled Pensions Accommodation Act 1963, directly benefited people living with mental illness.¹⁹ This was the year that the Royal Australian & New Zealand College of Psychiatrists became incorporated, now fully independent of the Royal College in the United Kingdom. Lifeline was established by the Rev Dr Sir Alan Walker, after receiving a telephone call from a distressed Sydney resident. Three days later, feeling lonely and depressed, the man tragically took his own life. Determined to throw a mantle of care over the city and to prevent even one more death as a result of loneliness or isolation, Sir Alan launched a Sydney-based telephone counselling service. Within its first day of operation, the centre received over 100 calls for help.

PRA made a number of decisions that would have a profound effect on the Association's future and its local leadership role in psychiatric rehabilitation. It acquired property, a terrace house and an adjoining block of land in Buckingham Street, Surry

Disabled Persons Accommodation Act 1963

Lifeline established

RANZCP (Royal Australian & New Zealand College of Psychiatrists incorporated

1962

1963

Hills. The Board had been divided as to the wisdom of this move into real estate but agreed when the modest Alan Hayes gave it the green light. In June 1963, the Buckingham Street Workshop was opened by His Excellency, Sir Eric Woodward, Governor of New South Wales. PRA's headquarters and a workshop, ideally situated close to Central Railway Station, were now together under one roof. A third workshop was opened in Parramatta by the Hon W.R. Sheahan, Minister for Health. Viva Murphy, the State's most senior social worker became the second woman to be chairperson of PRA, an appointment that emphasised the importance PRA placed on the role of health professionals in psychiatric rehabilitation.

Eight years since the foundation of PRA, 1963 would go down as a milestone in which the hard work of many during these early years, finally consolidated into a visible, progressive and forward thinking organisation – willing to take risks, demonstrate leadership – making a difference to people living with mental illness.



PRA Headquarters & Workshop, Buckingham Street Surry Hills opened by NSW Governor in 1963

4. REACHING OUT (1964-1974)

In the early 1960s all the States in Australia began to focus their attention on the community psychiatry movement, flourishing in the USA. Dr William (Bill) Barclay, on a Harkness Fellowship of the Commonwealth Fund, made a detailed study of Mental Health Services in the USA and the UK between 1964 and 1966. He described the concept of "community programs" as placing a heavy emphasis on prevention, mental health consultation, crisis treatment, and the provision of services in the community. He reported back that community programs were designed to keep the mentally ill in the community as much as possible. Psychiatric hospitals were used only when absolutely and specifically indicated.²⁰

In 1964, an outcome of the Royal Commission into Callan Park was that progressive psychiatrists – Dr David Maddison among them – became involved in the establishment of the New South Wales Institute of Psychiatry (NSWIOP) as a major provider of continuing professional education in mental health in Australia. The Institute was established by an Act of Parliament in 1964 and through its Board was directly responsible to the NSW Minister for Health. Independent of any individual university or teaching institution, it was to provide training for health care professionals, psychiatrists-in-training, consumers and non-government organisations, general practitioners and the general public. It has, from its inception, played an active role in initiating and encouraging research into all aspects of mental health. Dr Morris Sainsbury was the first director of the Institute.

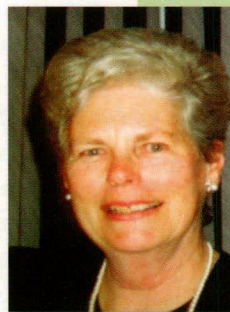
Highly symbolic was the implementation of another recommendation of the Royal Commission - the high stone walls and fences, which had come to be known as 'ha ha walls' – high on the inside straddled by a trench and low on the outside permitting a view both inside and out - around Callan Park were taken down. This 'opening-up' of psychiatric hospitals was repeated throughout New South Wales. Meanwhile, just one

My First Experience

Clio Wallace joined the PRA Board in 1973, when she was senior occupational therapist in Gladesville Hospital, which was at the forefront of rehabilitation among psychiatric hospitals in the 70's. Clio had a special interest in rehabilitation and charts the course of rehabilitation from hospital to community, here in one of two brief extracts.

My first experience of working in a Psychiatric Hospital was as a student occupational therapist in a long stay female ward at Callan Park. This was in the early 1950's. My memories are of high stone walls, locked doors, bunches of keys and counting patients, knives, scissors, just about everything. Patients' clothes came from a community pool and they had few personal possessions. There was an overall greyness and little feeling of hope of a life outside of those walls. In the mid 1960's I went to work at Gladesville Hospital, another large institution for the mentally ill. I was amazed at the changes, the high stone walls had come down. The outside world could see in. Many doors were open, patients had a lot more freedom and they had individual clothing. With the advancement of treatment and

the introduction of new medications, many patients' symptoms were reduced and they were not as persecuted by the 'demons of mental illness'.



Clio Wallace

High walls and fences of NSW metropolitan hospitals removed
Renshaw NSW Government

NSW Institute of Psychiatry established

1964

Employment (Assistance) Act 1967 paved the way for the federal government to make funds available for building and equipment. Many workshops at this time were multi-diagnostic, that is, open to a variety of different handicapped groups.²⁴ It was during 1967 that PRA began plans to extend operations into Wollongong, now covering three major cities in New South Wales.

The Outlook

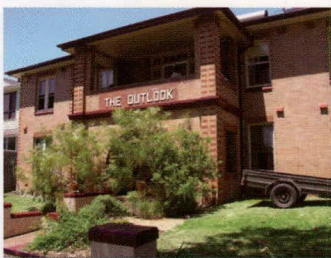
The PRA Board had always understood that residential accommodation was the province of the After Care Association, which had been established as early as 1907 to provide discharged psychiatric patients with residential care. There was, of course, Dr Parkinson's Paddington project in the early 60s, but basically PRA was involved only in workshops, activity centres and drop-in facilities. It was not until the late 1960s, when a very large number of long-term hospitalised patients were discharged into the community that PRA decided to open a residential facility. With the support of the After Care Association's Dr Sands, a staunch PRA supporter, and with the help of the Kings Cross, Austinmer and Thirroul Lions Clubs and the State Department of Public Health, PRA took over a former popular boarding house in Austinmer. The Outlook, a heritage building beautifully situated between mountains and sea at Austinmer north of Wollongong, was officially opened by the Hon A.H. Jago, Minister for Health, in November 1969. In keeping with Hauser's philosophy, The Outlook was designed to encourage former psychiatric patients to develop personal responsibility, self-sufficiency, and essential social skills. Some 15 residents were - and still are - provided with safe, secure housing, plus encouragement, understanding and care from a dedicated staff.



Fred Kong



The Outlook as a Guest House



The Outlook now

Partnership in Action

by Fred Kong, Richmond Fellowship NSW

As a supported accommodation service provider, the Richmond Fellowship of NSW (RFNSW) strives to develop good working partnerships with other support agencies to maximise resources to provide support to our service users. We believe that support for people with mental illness in the community is multi-faceted, and to achieve the best health outcome a collaborative and collegiate approach is paramount.

One such agency RFNSW has worked closely with is PRA. For a long time, the two agencies have formed effective partnerships in providing support to service users in a complimentary manner to enhance opportunities for community integration. PRA has established an excellent framework for providing meaningful daytime activities for people with high support needs to enhance their quality of life in the community.

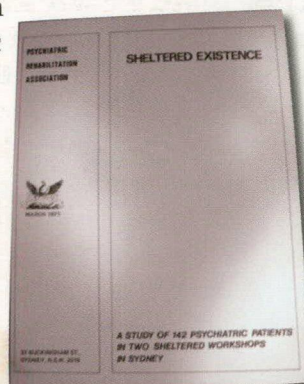
Service users from RFNSW have always been able to participate in a variety of the programs provided by PRA and staff from both organizations have worked diligently to promote a conducive environment to assist service users optimise their independence. Despite working in conditions which are often challenging, in a climate of poor resources and high demand, staff from both organizations maintain high standards of service delivery and professionalism. I consider this positive professional alliance a hallmark of the progressive advancement of psychosocial

World Congress on Rehabilitation -
for the Mentally Ill, Helsinki

Initially The Outlook also served as a holiday home for former psychiatric patients from the PRA workshops.

A Sheltered Existence

The first World Congress on Rehabilitation for the Mentally Ill was held in Helsinki in 1970. This was the year the City Club, operating out of borrowed premises at Christ Church St Lawrence, finally folded, its members dispersing to several groups including the Socratic Club and Young People's Group, under the auspices of PRA. This gradual demise of the City Club was devastating to many founding members and it was to address their concerns that the Board decided to commission a study into the social and recreational needs of discharged psychiatric patients. In March 1971 the important PRA Sheltered Existence Study was released. Not only did it document the social poverty of chronic psychiatric patients living in the community, it identified the need to see the workshop as a social centre as much as a work centre. The study pointed out that the workshops operated seven hours five days a week, compared to the City Club which was open only once a week.²⁵ The most constructive reaction to the Sheltered Existence study came from Dr Bill Barclay, by now Director of State Psychiatric Services. In a letter to PRA Director Harold Salt, dated 18 June, 1971 he wrote, that he considered a psychosocial program of the type devised by Fountain House in New York would answer many of the questions raised by the Sheltered Existence Study.



rehabilitation services developed in NSW particularly in the Non Government sector.

Dr Barclay's Response

At an after dinner discussion held at Alanbrook Hospital hosted by Dr Rodney Seaborn, Dr Barclay, State Director of Psychiatric Services expanded on the concerns raised by PRA's 1971 Sheltered Existence Study. "I consider that an important role could be played by PRA in developing a program, preferably based on a permanent centre, which would have as its aims the provision of a social experience, the supervision of vocational rehabilitation, and the placing and supervision of ex-patients in suitable accommodation. Naturally such a venue would involve your organisation in expansion and expenditure. One would hope that with the new Commonwealth attitude towards such projects, some arrangement could be entered into whereby Commonwealth finance was attracted to such a project."²⁶

Fountain House, New York

Fountain House in New York had been launched, with similar aims to PRA in 1948. Since that time it had grown to become a world renowned agency providing a wide range of services and facilities for former psychiatric patients. The PRA Board unanimously agreed that the Executive should consider starting a Fountain

House-type project as outlined in Dr Barclay's letter. Dr John Parkinson, who had started the housing project in Paddington, supported this approach. During a business visit to New York on 19 October, 1971, PRA's Executive Chairman Adrian Powles was shown round Fountain House and reported back. Powles found that space in Fountain House was largely given over to programs involving 350 members each day. These included a restaurant, snack bar, clerical division, sewing room, beauty shop, music and television room, membership office and other amenities and services you'd find in ordinary community life. What impressed Powles most was the immense pride that most people seemed to take in their work and in their membership of Fountain House. He noted that everything was designed to make the operation self-sustaining with facilities run by members for members. Here again was evidence that self-help was vital for recovery, but self-help with the essential support systems required by vulnerable former psychiatric patients. Adrian Powles' overwhelmingly positive report not only changed the direction of PRA, it paved the way for a visit from Fountain House Founder and Director, John Beard in November 1971. Under the auspices of The Australian Council for Rehabilitation of the Disabled (ACROD) and PRA, Beard conducted a workshop on his psychosocial techniques, introducing mental health professionals to the Fountain House philosophy.

At this time the young Dr Anthony Williams left Australia to visit various community health centres in the USA conducting research for his Masters Degree. He not only went to Fountain House in New York, but stayed there, looking in great detail at its return-to-work programs, and like Adrian Powles, was enormously impressed by everything he saw. In 1972, Dr Williams joined the Board of PRA. Dr Williams served on the Board for more than 20 years and is now Vice Patron of the Association.

Return from Vietnam

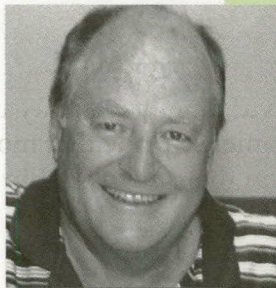
Dr Anthony Williams served as Regimental Medical Officer with the 7th Battalion in Vietnam. Fascinated by the psychological problems he had come across he decided, on his return to Australia, to specialise in psychiatry. "I think I had always wanted to know what makes people tick," he said. "I remember when I was training in a surgical ward at Royal Prince Alfred where I was a senior resident I told the sister in charge I was going to train in psychiatry and she said, 'I knew it, you spend too much time talking to patients.'" In the sixties, the Director of Mental Health, Dr Barclay, knowing that Dr Williams was still unmarried, insisted he did one year outside Sydney, promising that on his return he could have the hospital of his choice. "I spent a year in Orange before returning to Sydney and Callan Park." It was in Callan Park, the hospital where PRA was founded, that Dr Williams met founding member and active supporter Dr John Parkinson. "In my first week he invited me to dinner at a restaurant in Leichhardt. He used to foster and encourage young psychiatrists. He was a real mentor."²²



John Beard, Director of Fountain House, New York & Founder of Psychosocial movement in Sydney in 1971

The Need for Supported Accommodation

The large numbers of people being discharged from hospital created so great a demand for supported accommodation that in 1972, PRA opened the first two of five group homes in Sydney. Very carefully selected people, sometimes two, sometimes as many as five, who could support one another, lived together with help and support from PRA. This service lasted for many years, until 2003, by which time PRA had disbanded its group homes due to changes in community needs and focus. Today PRA concentrates on its two core functions: Supported businesses/employment and psychosocial services. However, homelessness and mental illness has once again become a critical social issue, and indeed always has been, except today it is clear this requires a whole of Government approach supported by a variety of strategies and options.



Adrian Powles

The Richmond Fellowship, a major provider of supported accommodation for people with a mental illness was founded in Australia the following year (1973). So too was the NSW Health Commission to bring together psychiatric hospitals and community health services and programs under the same body as public hospitals. This was an auspicious year for New South Wales, with the final completion of the Sydney Opera House, a national icon.

A Growing Organisation

PRA had outgrown its first Grose Street workshop, and moved to larger premises first in Commonwealth Street, and later Marian Street, Redfern. But the Board had to consider whether two workshops, the rented Marian Street and



PRA's first workshop in Camperdown (1958)

Completion of Sydney Opera House
NSW Health Commission established

1973

Australian community health program
Richmond Fellowship established

Sea Change

by Adrian Powles, past Chairman

For nearly half of PRA's life, Adrian Powles was on the Board of PRA - 24 years, 19 years as chairman. He is the longest serving board member and chair throughout PRA's 50 year history. He visited Fountain House, while on a business trip to New York and was convinced that PRA should change its policies. Any such sea change was not going to be easy in PRA at that time, but Adrian's passion for PRA, his progressive attitude, modesty and unassuming leadership style earned him respect from his colleagues on the Board and facilitated change. Adrian Powles, it could be said, laid the foundations of modern PRA.

My involvement with PRA commenced while I was a law student in 1958. My mother (Joyce Thompson) had formed one of the first of PRA's hospital social clubs at Gladesville Hospital. Each Tuesday night we conducted, with other volunteers, a social club at Gladesville and frequently organised excursions in which suitable patients participated. Subsequently, I was elected to the Association's General Executive. I became Chairman in 1963, at the tender age of twenty-five, and held office until 1989 when I left Australia to become my law firm's resident London Partner. I do not delude myself into thinking that this twenty-six year length of tenure was the result of inspirational leadership, or anything like it.

its own property in Buckingham Street were the best way to utilise resources. In 1974 the former Renault factory building in George Street, Redfern became available. With vast ground-floor space for supported workshop activities and spacious first floor office accommodation, it was an ideal headquarters for a growing organisation. The Board decided to close Marian Street and buy and renovate the George Street property in Redfern. PRA now owned both its city-based workshops.



Renault Factory

In line with current thinking in the developed world, a leading community psychiatrist Dr Lindsay Madew established community health services in the City, Alexandria, and Southern Sydney with State funding in the 1960's. But in the early 1970's the Whitlam Labour government initiated a wave of reforms, which made Commonwealth funding available for disadvantaged people including those with mental illness. Dr Anthony Williams was with the Eastern Suburbs admissions ward at Callan Park, which also had an outpost at Waverley, when funding came through for him to establish community health centres first in Bondi, then Maroubra and finally Randwick. PRA, in its Redfern setting, had, at last, a number of health centres to back it up.²⁷

New South Wales was regionalised into 33 Area Health Services in 1974. The same year, the Australian Congress of Mental Health Nurses was established, later in 1993 becoming the Australian and New Zealand College of Mental Health Nurses. Mental health nurses had been a vital link in the treatment, care and support of people with a mental illness for the best part of a century, which until the mid 1970's had been predominantly hospital based. As greater numbers of patients were discharged from hospital, this led to the establishment of community mental health services and the development of community psychiatric/mental health nursing, and not for at least another decade, crisis teams and extended hours services in Sydney. In the United States, the International Association of Psychosocial

As with any organization of its kind, PRA's governing body was comprised of individuals with different and competing ideological views as to the direction in which the Association should be steered. This is perfectly understandable and, indeed, healthy in an organization operating in an ever-changing social environment. My continued unopposed re-election was, I believe, the result of a perception by other executive members that, as a 'layman' in the field, I was a suitable arbiter or conciliator, detached from extreme or fundamental positions on most controversial issues. Whatever, I found it a fairly daunting task in the early years, as I was much younger than most of the executive.

The most memorable and satisfying of my initiatives as Chairman occurred almost by chance. In 1971 I went to New York on legal business and utilised the opportunity to visit Fountain House and meet its Director, John Beard. Fountain House was an organization founded in 1948 and funded entirely by private and corporate charitable contributions. It was, at inception, similar to PRA but had grown to become a world-renowned agency providing unconventional, but very effective, rehabilitation services. According to a written report I prepared following my visit, "Most of the space in the Fountain House building is used in connection with the day programs in which around 350 rehabilitees are involved each day. These programs include the provision of a restaurant, snack bar, clerical division, sewing room, beauty

Rehabilitation Services (IAPSRS) was established in 1974, an association of psychosocial rehabilitation agencies, practitioners, and interested organizations and individuals dedicated to promoting, supporting and strengthening community-oriented rehabilitation services and resources for persons with psychiatric disabilities. Later in 2004, IAPSRS became the United States Psychiatric Rehabilitation Association (USPRA).

By 1974, there were five registered supported workshops in Australia exclusively for people with mental illness – three of these were run by PRA.²⁸ Founded on a self-help support and recovery philosophy, PRA had added to its repertoire and operations, programs that addressed three fundamental needs of people recovering from mental illness: Social skills and supports through its club networks, vocational or work skills through its sheltered workshops, and supported accommodation through its hostel and group homes.

PRA had reached out into the community to support people with a mental illness during a critical period of social need. However, this was not just a watershed for PRA, for at the same time, as Australian history unfolded, we had reached the same controversial year that marked the dismissal of the Whitlam Government by the Governor General.

shop, music and television room, membership office and other amenities and services... The purpose seems to be to make the operation self-sustaining. Within the building are many facilities one would find in ordinary community life provided by the members themselves”.

What made a powerful impression was the genuine affection demonstrated by the rehabilitees towards the social workers and other support personnel. Most of the members seemed to me to be severely disturbed but they were, on the whole, contented and positive about their participation in the programs. I had neither the training nor the experience to determine whether or not this was effective rehabilitation, but I left New York (not a place to live that is particularly congenial for the mentally ill or disadvantaged) with the firm belief that these people must be doing something right. We invited John Beard to visit Australia in 1972 and he conducted a workshop on his psychosocial techniques of rehabilitation. John was not only an experienced and effective social worker but also a first rate promoter of his ideas. As a consequence, Buckingham House thereafter extended its services to embrace the Fountain House model and philosophy.

The credit for the very successful development of Buckingham House in the ensuing years belongs to our long-serving Services Director, Sacha Maller.

5. CHANGING VISION (1975-1982)

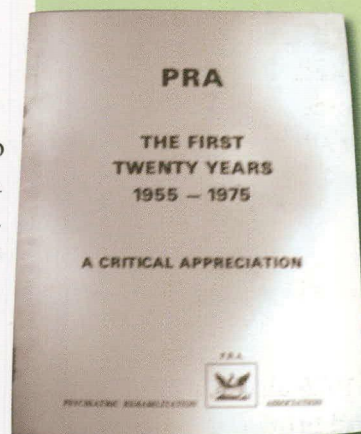
1974 was to become a watershed in the history of PRA. With the help of some funding from the NSW Health Commission, the Association had acquired two more terrace houses in Buckingham Street, Surry Hills for a Fountain House-style psychosocial rehabilitation project. Located only minutes from Sydney's Central Railway Station, this drop in centre for people with a psychiatric disability opened from 9am to 5pm on weekdays, and from 10am to 3pm on Saturdays. It was, and still is, like a 'club' members can be proud of, with large spaces for programs, quiet rooms for reading, a bistro opening to a pleasant courtyard garden, and as much involvement as possible from members. In opening *Buckingham House* PRA was recognising that workshops, which require a degree of order and self-discipline, are not for everyone. All members were required to enrol in their choice of program, exercise, discussion group, quit smoking, adult learning, story telling, creative arts, craft, relaxation, cooking and more. Programs and outings to public places of interest or entertainment were discussed and planned for the benefit of members. Buckingham House opened in 1975, on the 20th anniversary of the foundation of PRA, and this was commemorated by Sacha Maller's, 'PRA: The First Twenty Years', a definitive documented account of the founding of PRA and its formative years.



Buckingham House

Psychosocial Rehabilitation Philosophy

Buckingham House changed PRA, which had been founded to help former patients relearn social and workplace skills. PRA now adopted an holistic psychosocial rehabilitation philosophy. Researcher and psychosocial advocate Leona Bacharach has described psychosocial rehabilitation as a therapeutic approach that encourages a mentally ill person to develop his or her fullest capacities through learning and environmental supports. With the opening of Buckingham House, PRA was the first organisation to start a psychosocial rehabilitation centre in Australia, working in partnership with its clients to expand



40

Lewis NSW Government

Whitlam Government dismissed

1975

PRA first 20 years (1955-1975)

Buckingham House established – First psychosocial program in Australia

opportunities available to them. The key goals of recovery, self-help, occupational functioning and limited supported accommodation, largely client-centred, client-driven, supported by volunteers and paid staff, now encompassed three broad domains: vocational, living and social skills.

Hollywood

In 1975, the same year Buckingham House opened in Surry Hills, Milos Forman's movie, 'One Flew over the Cuckoo's Nest' starring Jack Nicholson, was released. Patients in hospital with a mental illness, once taboo, were not only filmed in the hospital-based fiction, but were the subject of comedy. It rapidly became an epic success worldwide, opening the doors on a private world, hitherto characterised by high walls, fear and madness. Some argue it led to a better understanding, acceptance and tolerance of people with mental illness, that patient comedy humanised them, illustrating their humour, compassion and vulnerability, although it also attracted a good deal of criticism, especially later. Health professionals have argued it was stigmatising, portrayed bad treatment practices, and that the comedy could be viewed as a modern day version of Victorian times, when members of the public observed and even ridiculed patients over 'ha ha' walls for entertainment on a Sunday afternoon. Perhaps it was not so much the film itself, but like the old walls of the institution, how it would, for many years to come, shape public opinion (misconceptions and stereotypes) and attitudes. What was the public, or at least the local community's perception, say of Buckingham House in 1975 and did this change over time?

Family

1975 also heralded the founding of the Association of Relatives and Friends of the Mentally Ill (ARAFMI) NSW. For many years, little attention had been paid to the needs of family and carers,

A Personal Journey

by Phil Escott, Board Director

In 1976 after several years of acute psychosis and lack of treatment I began going to Buckingham House on a regular basis. I found it a relief to get to know clients with a similar diagnosis and realise I was not alone in being plagued by voices, and was excited by the new psychosocial approach. I learnt more about schizophrenia and how to survive in the community that tended to stigmatise and belittle consumers. Ruth, one of the first coordinators, helped me enormously with her radical ideas, as did Sacha who was extremely respectful of mental health consumers. I had a period in 1979 when I was extremely unwell but after a stay in hospital I returned to Buckingham House and did not exit until 1987.



Phil Escott (1976)

Now, I am on the Board of PRA and work as a Consumer Advocate in a paid position for 36 hours per week with the Sydney South West Area Mental Health Service. I am also on the Board of the Institute of Psychiatry. I feel there is a great need for places like PRA in the community and think of Buckingham House as a 'godsend' for consumers with chronic mental illness. The holistic model of recovery is now being adopted and in a real sense Buckingham House was the first to do it, in providing respectful support for consumers. Buckingham House has survived because it fills a need in the community that has been under resourced. That need is for consumers to have support,

and given the huge, growing and unmeasured burden of care associated with de-institutionalisation; a major shift had been taking place from government authority to family and lay carers. It was also true to say that families affected by mental illness usually experienced distress around admission to hospital, breakdown of their loved one, and were frequently ignored. On discharge, they were relied on often to pick up the pieces without adequate information and support and would become a critical player in a person's recovery, often having to give up huge amounts of personal time, sometimes even their job. In fact, founders, past board directors and volunteers were family carers, so the establishment of an NGO specifically to support and advocate for the needs of carers of people with a mental illness was a very welcome development.

Remaining True

PRA has reaped great benefit from a Board consisting of health care professionals and people from industry and commerce who make their time, expertise and experience available at no charge to the Association. In the mid-70s, at a time of great change in the mental health sector and the early development of psychiatric rehabilitation, the Board had many controversial debates. A small minority believed the Association should not stray from its core business, the provision of assisted workshops, while the majority were committed to the emerging psychosocial philosophy, which PRA was well suited to implement. Amidst the many robust debates, like a mini-chamber or parliamentary assembly of argument and counter argument, Adrian Powles said that during his tenure as chairman (1969 to 1989), his role was largely to keep the peace.

Although at times divided over policy and direction, on one issue the Board was always in agreement: unlike others in the field, PRA workshops would not become multi-diagnostic, taking other handicapped groups to augment its workforce when required to fulfil a specific contract. Psychiatric workshop employees have always been considered of less "value" in workshops than other handicapped people, probably due to

dignity and opportunities both social and vocational. It helps keep consumers out of hospital and provides activity and support for consumers who may not be working at a particular phase of their recovery.

Working in a Workshop

*by Clío Wallace, Occupational Therapist, Ex Board Member
circum early 70's*

The concept of work as therapy is a very old philosophy. Psychiatric hospitals had Individual Therapy Units (ITU) took on work contracts for industry at a very small price. Patients were paid small amounts according to their productivity. Many jobs were repetitive, I remember cleaning the shanks of pearl shell buttons and packing surgical kits. I believe patients preferred working in ITU to the boredom of sitting on a ward all day. By working, they earned a little money, which improved their self-esteem and filled a void in their day.

During the late 1960's early 1970's Gladesville Hospital developed a range of training, work and behavioural programs. The community were invited into the hospital to use some of its resources and facilities. Gladesville Hospital was a recognised centre and model for psychiatric rehabilitation. These programs were advanced, sophisticated and hospital based. Patients living in the community had to return to the hospital for work or training.

poor motivation and the side effects of medication. But PRA has always taken the harder option and remained true to its name and founding inspiration.

In an important break with lingering memories of the bad old days (it should be said some were good too – that there is an inherent nature to profile our shortcomings and there is no doubt hospitalisation and treatment by its very nature triggers traumatic events and memories as well as causes them), Callan Park amalgamated with Broughton Hall in 1976 to form The Rozelle Hospital. Perhaps now with a new vision, changing treatment philosophies and improvements in practice and technology, this would open the door to a new era of enlightened care for people with mental illness. Social stigma, political inertia, planning and resources, and attitudes of some health care professionals including the process of change itself, would prove to be major challenges for the mental health system for many years to come.

Self-Help Revisited

In launching PRA, self-help advocate Richard Hauser recognised that mentally ill people need support in order to help themselves. If left without support, they may fail and feel worse because of this failure. But with support, particularly in a group of people just like them, they can start to value themselves again. Amongst such self-help groups the individual learns that he too has rights and deserves consideration, especially in relation to the social consequences of his problems. Above all else, these mutual aid groups help people avoid relapse and stay in the community. In 1977 psychiatrist Dr John Snowdon became interested in self-help groups like PRA, Richmond Fellowship and ARAFMI, whilst working mostly with patients experiencing schizophrenia at a psychiatric unit at the Prince of Wales Hospital. In a paper published in the Australian and New Zealand Journal of Psychiatry in 1980, he called for psychiatrists to be aware of local groups and to use them and learn from them. He suggested psychiatrists should work together to discuss how services outside hospital could be improved; to lobby governments and the public for funds for research; and to work together with

PRA has always been at the forefront of community-based rehabilitation for people with mental illness. Working in a workshop was a very different experience to working in a hospital ITU. People were not patients – they were workers. They did not walk up the road to work, they had to catch a bus, maybe two and find their way to work like everyone else. People worked at their level of skills and ability, and they were paid a commensurate wage. Over the years PRA has changed work programs and conditions to parallel industrial awards and practices. They have established innovative work programs, such as Buckprint Graphics and Practical Design. These businesses offer people with mental illness the opportunity to learn and develop a wider variety of skills.

PRA has always looked for ways to enhance the lives of people with mental illness. They have responded to those needs by developing new and innovative programs. They have taken a leading role in education by organising and hosting conferences and seminars in the area of psychiatric rehabilitation. I am sure that PRA of the future will continue to be innovative.

members of self-help groups. Dr Snowdon was later invited to talk at the first *National Psychiatric Rehabilitation Conference* in 1982, hosted by PRA. At this conference for the first time, a consumer and former patient with chronic schizophrenia addressed delegates. The following year Dr Snowdon joined the Board and has continued in this role for more than 22 years.

Changing Public Attitudes

Following the NSW Letts Committee report on patient care in psychiatric hospitals, the Evatt Royal Commission into Human Relationships made its findings known in 1977. It recorded that attitudes in the community towards the mentally ill had modified over the years. It said they had gone from one of rejection, to isolation and committal to institutions, to guarded acceptance of such people within community settings in which health services maintain continuous support and therapy.

Austinmer Timber Products

Time and time again in the history of PRA, staff have envisioned the need for a service, and come up with a strategy or solution to put to the Board. Austinmer Timber Products planned to offer employment options to clients at PRA's residential facility, The Outlook in Wollongong. The Board not only gave the green light but in 1978 the project successfully gained federal funding. In a small Austinmer factory, Manager Peter Sharman taught people how to work with timber, making and polishing fine tables, chairs and furniture which were sold to the public. After many years, when the funding dried up, PRA had to close down the project. Peter Sharman remains on staff with PRA, working with young people from The Outlook in many aspects of building maintenance and improvement.

Need for Education

By Dr Anthony Williams, Vice-Patron

As a psychiatrist I was particularly concerned PRA became involved in education and community development. From 1972, PRA became involved in convening conferences on psychiatric rehabilitation. In 1982, at the first national rehabilitation conference, I understand we were the first to invite one of our consumers to present a paper. Around this time PRA also went 'nationwide' in hosting conferences successfully in other capital cities around Australia. In 1980 PRA had been involved with a small number of NGO's in setting up the mental health peak body in NSW, the Mental Health Co-ordinating Council. In my latter years in psychiatry, as deputy director and then director of the NSW Institute of Psychiatry, I was very pleased to be able to cooperate with PRA in teaching ventures and particularly the placement of overseas students from developing countries for practical experience at PRA's different facilities.

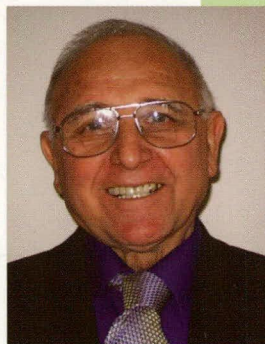


Austinmer Timber Products

Chelmsford Looms

Deep Sleep Therapy ended when, in 1979, psychiatrist Dr Brian Boettcher lodged complaints about patient deaths at Chelmsford Private Hospital with the medical authorities. It wasn't until 1988 that a Royal Commission was appointed and reported its findings and recommendations in 1990.

1980 marked the 25th anniversary of PRA. A new mental health peak body, the Mental Health Coordinating Council (MHCC) NSW was established, which all began at PRA's offices in Redfern until suitable premises were procured. The following year marked the dawn of a new PRA project, Country Living, whilst another great Sydney icon, Centrepont Tower was opened to the general public. In 1982, the NSW Department of Health was established under the Health Administration Act to simplify organisational structures and better meet changing needs in the community.



John Lizzio

Effective Voice

by John Lizzio, Kriskindl
Residential Education Centre

The Mental Health Coordinating Council (MHCC) is the mental health peak body in NSW, facilitating effective linkages between Government, non-Government and private sectors, and an independent public voice on mental health. Now, with more than 120 members, the MHCC's humble origins can be traced back to PRA – Both its 'founder' and early meetings based at PRA. John Lizzio describes General Manager of PRA, Trevor Elligett's 'Machiavellian Plot' to entice a small number of agencies working in mental health under one banner.

In 1980, the General Manager of PRA, Trevor Elligett took the initiative in calling a meeting of seven major voluntary bodies in the mental health field: The After Care Association of NSW, PRA, NSW Association for Mental Health, Life Line Sydney, Richmond Fellowship NSW, Association of Relatives and Friends of the Mentally ill, and GROW. He began with lunch - Nothing over the top, simple, ample, tasty, and giving everyone an opportunity to get to know each other - These agencies did very specialized work in the field. If mental health was to have an effective voice with government, Trevor pointed out it needed a united voice, which was achievable without loss of independence. An organization, it was agreed, could abstain from any action, if unable to reach common agreement on an issue. The MHCC established a model for other States to follow.

Promise and Tragedy

After lengthy and sometimes heated deliberation, the Board approved another residential accommodation project in 1981, PRA Country Living. This was in keeping with PRA's commitment to provide choice to a clientele with differing needs, and in recognition of the benefits to former patients of a simple country life. There were precedents set in other countries: The Geel Program in Belgium and several similar rural initiatives in the USA were operating successfully. Inspiration also came from city families urging PRA to start a country residential project, within a growing climate and awareness of the lack of appropriate programs in rural areas of New South Wales. In a splendid gesture of confidence, the Housing Commission offered PRA a choice of five properties.

MHCC established at PRA

Public opening of Sydney Centrepont Tower
International Year Disabled Persons

1979

1980

1981

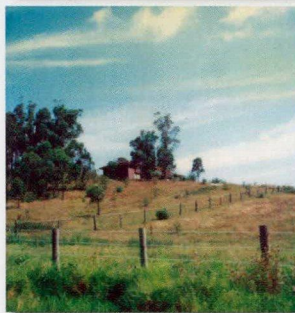
25th Anniversary at PRA

PRA Country Living

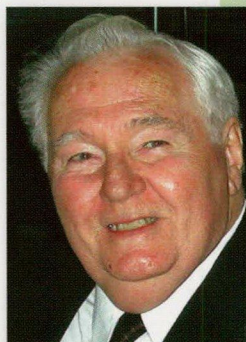
West Hoxton was a suitably serene and uplifting location. George and Peggy Coe, outstanding Managers of The Outlook, offered their services free of charge for one year; the local community was accepting and enthusiastic; and the Department of Agriculture and Hurlstone Park Agricultural School offered advice on starting a kitchen garden. The 12 to 18 month residential program for younger people would involve gardening, carpentry, communal cooking and rostered household chores. Medical treatment and clinical support would be monitored in-house through local health centres, private psychiatrists and other agencies.

Within a month of the Board's decision to go ahead, PRA Country Living opened. It had all the hallmarks of success and many visitors found Country Living had a unique soul and serenity. The fact that it had fresh open space, natural surroundings, the presence and smell of farm animals, seemed to create a healing or therapeutic environment. In a way it was a commune. A small group of people lived and worked together far away from the pressures of city life with no pub to seduce them, and far away from city drug dealers.

But those with first hand experience of de-institutionalisation knew there would be risks. Despite the huge advances in psychiatric-medical knowledge there was still no way of reliably predicting violence, assessing risk, and guarantee of prevention. Although violence was a significant and ever-present problem in psychiatric hospitals, it was often under-reported, inadequately managed, and when serious usually sensationalised and stereotyped in the press - feeding public fear, stigma and blame. A young man suffering psychosis had been independently assessed by a Psychiatrist



PRA Country Living



Trevor Elligett

National Vision

by Trevor Elligett, past General Manager

Encouraged by the gradual success and emerging cohesiveness of MHCC, PRA began to examine the federal scene and growing involvement of Government. The Federal Labor Government, as early as 1982, was moving into reform of disability services and the MHCC and PRA felt that there should be equitable coverage of the psychiatric sector. To achieve this, we needed a 'vehicle' for change, a peak body, which could unite psychiatric agencies (meeting ultimately at a national level), able to talk with Federal Government, and advance the long-term interests of the mental health sector. Change was certainly in the air, particularly in terms of de-institutionalization. Having discovered this concept, State politicians were anxious to move into the necessary changes, although at this point it was not realized that moving patients into the community would carry an economic price for Government that in time would seem to diminish the challenging nature of reforms, sought in the NSW Richmond Report. Other States looked on with interest and concern and the Federal Government, even then drafting its disability measures, held a watching brief. However, at this point there was no intention to include psychiatric disabilities within that legislation. Happily, later pressures corrected this omission.

PRA put enormous effort and considerable substance into a series of conferences conducted under the banner of NAPRASS (National

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NSW Health Department established

1982

PRA hosts first national psychiatric rehabilitation conference in Australia

and found to be an ideal candidate for the project. Some time later (1986), he tragically committed a murder at PRA Country Living. Despite tremendous understanding from a wide range of people involved in the project and distress felt by all, not least Board, Directors were deeply divided between those who felt it should continue, and those who wanted Country Living immediately closed. In fact it was another sentinel event - accidental fire at the property which forced the Board to close down the project on safety grounds, and end what had been an innovative and brave initiative. Most professionals in the field believe the five year PRA Country Living Project was a success, despite this being a particularly tragic and sad chapter for PRA.

By good luck or good management and probably a mix of both, the right people have always seemed to be with PRA at the right time: John Kingsmill, Dr John Parkinson, Dr Rodney Seaborn, Dr Bill Barclay, Dr Stephen Sandes, Viva Murphy, Adrian Powles, Dr Anthony Williams, and others including General Manager, Trevor Elligett, formerly National Director of the Australian Hospital Association. But difficulties at Board level came to a head in the early 1980s. John Kingsmill resigned in April 1982, having served more than 27 years as Chairman, Deputy Chairman, Board Member and Executive Director. His departure was a difficult time, both for him personally and for the Board collectively. But it was apparent to all concerned that his view of the direction of the organisation was in conflict with other Directors. Kingsmill, a founding and highly dedicated member was appointed Vice Patron and Life Member.

National Profile

Trevor Elligett took over from Harold Salt and was General Manager of PRA from 1979 until 1994, when he handed over to the current General Manager Phil Nadin. His brief was to turn PRA into a dynamic association and give it a higher public profile. The Board wanted the outside world to be aware of PRA, and PRA to be aware of the outside world.

Association of Psychiatric and Rehabilitation Support Services), a 'shell' body, which sought to educate the sector and government in the problems of the psychiatric rehabilitation field. With the willing help of eminent people and co-operation from mental health organizations in all states, the first NAPRASS Conference in 1982 represented a landmark not only in establishing a climate of respect and co-ordination between voluntary bodies and Government, but in giving an effective voice to this emerging constituency.

NAPRASS proved ultimately to be more than just a vehicle designed to capture and develop the aims of all mental health voluntary bodies in Australia. It continued for some years and moved into more activist areas, in due course, harnessing the knowledge and experience of some of the most eloquent advocates in the land. PRA and its associates spearheaded the project to broaden Commonwealth legislation to include people with psychiatric disabilities in its Disability Services Legislation. It may not have been possible to mount and action this vigorous campaign alone, which in fact, had its genesis in the uniting influence of NAPRASS.

Why was NAPRASS necessary? There were many competent agencies, which could have undertaken these activities. But sadly, these were virtually all State based, as was PRA, and subject to the legislation and parochialism of State Governments which were bound by constitutional bonds to certain policies and actions. The notion that mental health reform could be implemented nationally was outside the boundaries of responsibility envisaged in our

Part of Elligett's brief was to lobby State and Federal Government Departments on PRA's behalf. During his tenure together with ANAMH (Australian National Association for Mental health) and other organisations, he founded the National Association of Psychiatric Rehabilitation Agencies and Support Services (NAPRASS) which became Australian Psychiatric Disability Coalition in 1988. He had been instrumental in setting up the influential Mental Health Co-ordinating Council (MHCC) NSW, which not only survived but flourished to become a peak state body. PRA organised national conferences - the first National Psychiatric Rehabilitation Conference in 1982 and the following year, PRA arranged national seminars on Psychiatric Rehabilitation & Evaluation in Adelaide, Brisbane, Sydney, Melbourne, Canberra and Newcastle.

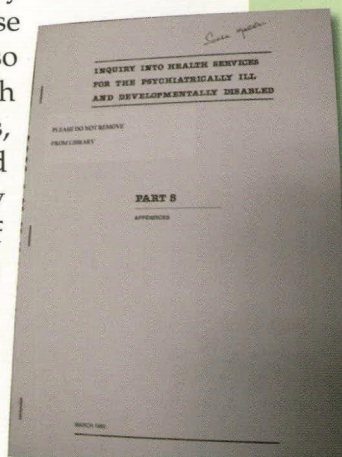
One of Elligett's greatest achievements was his role with NAPRASS members achieving the Federal Government's passing of an amendment to recognise psychiatric disabilities in the Disability Services Act 1986. For weeks, Elligett and his colleagues constantly lobbied parliamentary members until the leader of the Democrats Janine Haines, agreed to lend her support and forced the Labour Government to amend the Bill to include psychiatric disability. People with psychiatric disabilities now had the same entitlements and allowances as all other disabilities. This achievement alone made a significant difference to so many people, including those PRA pledges to help.

External development and public profile was the major thrust during these years. Closer relations with Newcastle PRA also led to the opening of two group homes in 1984, Merewether Hostel in 1986, and paved the way for a new regional psychosocial centre, eventually to become PRAonKING in 2003.

Federation in 1901. NAPRASS, in its brief and hurried development, had the framework to focus the attention of all stake-holders and government on change that could be managed at National and State level - given time, goodwill and appropriate compromise. About a decade later this would become the role of the Mental Health Council of Australia, established in 1998.

6. DECADE OF INQUIRIES (1983-1993)

Laurie Brereton, Minister of Health in NSW, commissioned the far-reaching Richmond Report of 1983: 'Inquiry into the Health Services for the Psychiatrically Ill and Developmentally Disabled.' The Inquiry accepted that hospital services would continue to be essential for the acute and long-term care of the mentally ill. But importantly, it also found that many of the services provided in the current institutions could be provided in a more acceptable, personal and continuous manner as part of a network of community services. It recommended the Government decrease the size and number of psychiatric hospitals; expand integrated networks; maintain clients in the community; separate developmental disability services from mental health services; and substantially increase funding to mental health. The report also recommended that priorities for mental health funding should include, among other services, the provision of additional community based crisis teams; adequate follow-up for mentally ill people in the community; psychiatric staff for assessment services in general hospitals; and linked networks of hostels and satellite housing. The report formalised the philosophy of de-institutionalisation. The Disability Advisory Council of Australia (DACA) was established in the same year of the NSW Richmond Report.



Richmond Report

Innovation

In 1984 PRA opened two new Group Homes in Newcastle. As a direct result of the Richmond Report, PRA was able to seek funding for innovative and much needed programs, four of which were fully established by 1985. These included the Outreach Project - supporting those 'lost' in the community; the Homemaker Service - helping people to organise their lives, keep the house clean, garden tidy and meet their obligations as

The Hospital Transition Program 1985

by Stan Alchin Ex Board Member, retired Director of Nursing, The Rozelle Hospital

The Richmond Report was interesting in the responses it drew from various sections of the community. The report, although visionary was hardly well explained by the NSW Government and consequently the general public was left confused and at times concerned by it's possible ramifications. On the other hand Non Government Organisations rightly saw it's potential and quickly began organizing themselves to develop programs to assist the assimilation of people leaving hospital. The Health Department was relying on the NGO's to provide proof that the scheme could succeed and so began funding the programs. Hospital staff were not so enthusiastic. Through

a combination of poor selling of the scheme and determined Union resistance (based on a belief that the scheme would be inadequately funded and that the care of patients would be compromised), a majority of staff felt uneasy and became distrustful of the Government's motives. It was in this climate that Sacha Maller convinced the Board of PRA that a hospital transition program was not only necessary but could work. Sacha felt that by providing a committed worker (Co-ordinator) and transport to and from hospital to PRA facilities,

NSW MH Amendment Act 1984
100th Anniversary Callan Park

1984

2 group homes in Newcastle

1985

Hospital Transition Project

Outreach Service

tenants; the Social Support Network in Newcastle - enabling people to establish new friends and social support networks through structured and semi-structured programs and activities; and the Hospital Transition Program - Coordinating efforts between hospital and community to better prepare for life after hospital, specifically making Buckingham House accessible to patients prior to discharge.

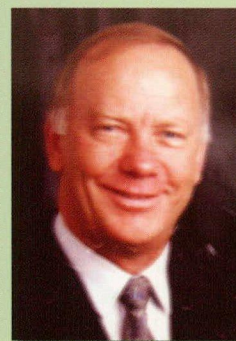
The NSW Mental Health (Amendment) Act of 1984 accommodated some, but not all of the Richmond Reforms. Some critics viewed it as overly legalistic and excessively complex. The Rozelle Hospital commemorated its 100th anniversary since the opening of Callan Park in 1884. The following years, the Home and Community Care Act of 1985 and the Disability Services Act of 1986 were passed, with amendment to include psychiatric disability.

Two new non-Government organisations emerged at this time (during 1985), both of which would later become influential advocates for people with mental illness: Schizophrenia Australia/Schizophrenia Australia Foundation from which SANE was established; and the Schizophrenia Fellowship of NSW which today is part of a national group called the Mental Illness Fellowship of Australia (MIFA). In 1986, the Australian Human Rights and Equal Opportunity Commission (HREOC) was established, and on the world stage - The World Association for Psychosocial Rehabilitation (WAPR) in Vienne, France. Area Health Boards were formed in the Sydney, Newcastle and Wollongong regions of NSW, replacing a large number of individual hospital boards.

The eighties continued to be a highly productive and innovative period for PRA - a second hostel was established in 1986 in Merewether (Newcastle) and the following year, the Outlook in Wollongong acquired satellite housing. Trevor Elligett, PRA's General Manager facilitated the founding of NAPRASS, an umbrella body of mental health agencies, in 1988. PRA also ventured out with two new businesses: *Buckprint Graphics* in 1988 and *Practical Designs* in 1989. This represented a strategy

patients could be better prepared for life after hospital. Buckingham House was chosen as the venue because it provided a warm friendly social place where people could relax and not be burdened by "must succeed" values.

The program commenced at Rozelle Hospital. It took the efforts of Sacha in the role of educator and troubleshooter and mine as motivator to convince ward staff that the scheme was a good one and would not undermine their professional and union efforts regarding Richmond. The program was highly successful, but only through the well planned and co-ordinated efforts to include staff in the planning process and the efforts of Sacha and the co-ordinator who regularly provided feedback to Charge Nurses about the patient's progress. There would be many people living successfully in the community who benefited from the PRA Hospital Transition Program.



Stan Alchin

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Home & Community Care Act/HACC 1985
Schizophrenia Fellowship NSW & SANE (SA/SAF) established
1985
Social Support Network

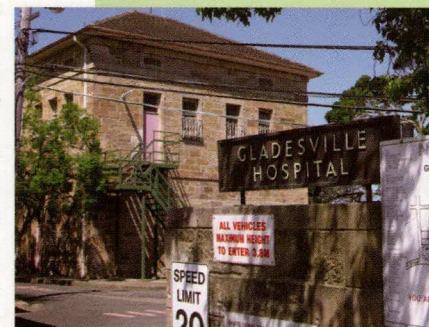
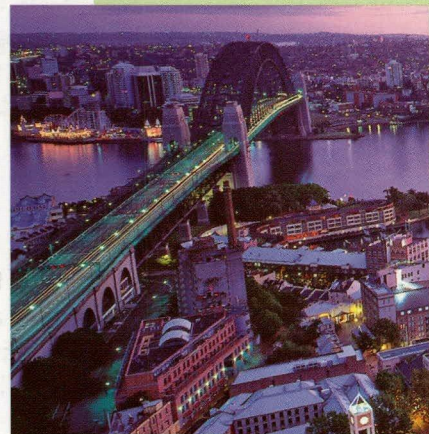
Unsworth NSW Govt - (Australia) HREOC Commission est.
WAPR established
Disability Services Act 1986
1986
Merewether Hostel established in Newcastle

of diversification of its sheltered workshop businesses and a growing emphasis on the development of sound business practices to maintain financial stability and secure its position as a major employer of people recovering from mental illness, seeking to return to part-time or full-time employment.

Australia in 1988 celebrated its bicentenary, 200 years since the First Fleet landing at Botany Bay and first settlement in Sydney Cove, and the celebrations were beamed by satellite all around the world.

Gladesville

In contrast and not widely known, in 1988, the eminent British psychiatrist Dr Douglas Bennett was invited to study rehabilitation services in NSW, particularly at Gladesville, and submit a report to the authorities. Gladesville Hospital had been designated a rehabilitation hospital for the Northern and Southern Metropolitan areas of Sydney. A respected specialist in the field of psychiatric rehabilitation, Dr Bennett pointed out that although it may be unpalatable to some staff, nowhere in the world were old-style asylums able to show a capacity to rehabilitate the majority of their patients in a modern fashion. His recommendations for Gladesville included more staff, smaller units housing 12 to 14 patients, and individual programs devised by a team consisting of different, communicating, rehabilitation disciplines. Summing up his report he said that in NSW he had visited Cumberland, Morisset, Rozelle, Gladesville, and Kenmore Hospitals as well as psychiatric units in general teaching hospitals in NSW. He found in spite of extensive grounds and desirable sites, they all showed unmistakable signs of decay. Wards were often closed, staff were sometimes demoralised, and patients were not satisfactorily rehabilitated. He suggested that bringing together the required disciplines to work together as a multi-disciplinary team (psychiatrists, mental health/psychiatric nurses, psychologists, social workers, and occupational therapists), it should be easier in NSW than in the UK, because Australian hospitals were less hierarchical.²⁹



Gladesville Hospital

The Barclay Report

The Barclay Report 1988, to the NSW Greiner Government by Dr William (Bill) Barclay supported the Richmond Reforms on community care. However, it rejected the wholesale closure of the large psychiatric hospitals.

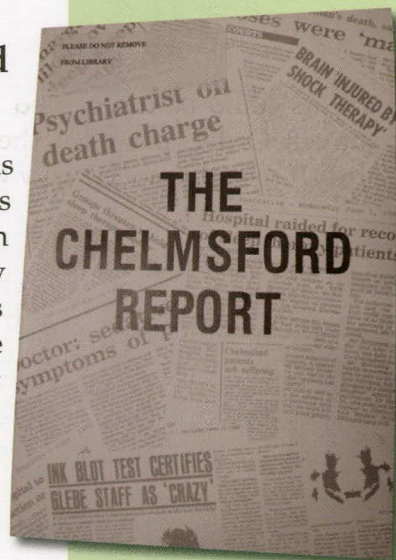
Royal Commission of Inquiry into Chelmsford

The Royal Commission into Deep Sleep Therapy (DST) was appointed in 1988 to investigate the deaths of 24 of Dr Bailey's patients at Chelmsford Private Hospital. Two years later in 1990 it released a damning report. DST was permanently banned as a therapy in Australia. Grave community concerns resulted in impressively non-defensive responses by the profession and the monitoring authorities. They set about redressing such issues with increased legal involvement and procedures which are now intertwined with public mental health services.³⁰

The public outrage at the findings of the Royal Commission in DST brought Australian psychiatry into some disrepute. At this time there were also doubts expressed about the theories of Freud and the benefits of long-term Freudian analysis, fashionable in the USA, as a therapy. According to Dr Williams who succeeded Dr Sainsbury as Director of NSW Institute, Australian psychiatry tended to follow the British, rather than the American model. He said it was fair to say that teaching for some years had followed a bio-psycho-social model.³¹

The NSW Mental Health Act 1990

The NSW Mental Health Act of 1990 was passed by the NSW Parliament in May 1990. At the time it was considered to be a high water mark in Australian Health Legislation. This was particularly because of the intense consultations with consumers, carers, health professionals and the broader community prior



to the Act, and because of the recognition it gave to the rights and liberty of people with a mental illness. Importantly, it gave due consideration to the proper definition of "mental illness." Community Audits were introduced, a major advance that meant that those who came under the Mental Health Act as involuntary patients had to be managed with the least restrictive approach to treatment and care.

Patients could be discharged from hospital on a Community Treatment Order, provided they attend a Community Health Centre. If they did not comply with the conditions of the Order, they could be re-admitted to hospital. This was of particular interest to PRA because it allowed a significant number of people to receive community treatment and care, sustained by legal orders. The 1990 Mental Health Act was one of the first pieces of legislation to include a time limited review clause. The Minister was required by parliament to review the new legislation and report to Parliament within two years. The Mental Health Act Monitoring Committee, chaired by Anne Deveson, was established to undertake this review.

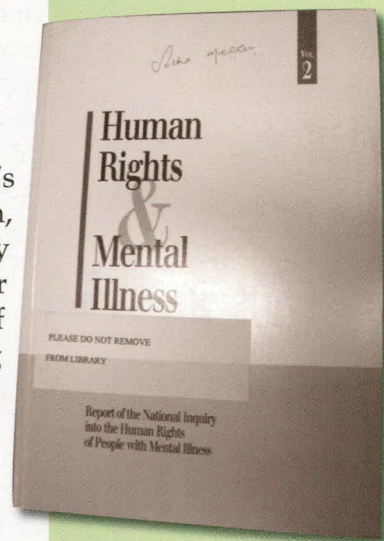
National Human Rights & Mental Illness Inquiry

Sadly, 1990 was the year of PRA founder, Richard Hauser's death. Not only had he been an advocate for mental health, firmly establishing PRA as part of the self-help philosophy movement, but he had been a major human rights activist for decades, in Europe, Middle East and Australia. At the end of his life, and in his country of adoption, a new and far reaching Inquiry, which was to examine and combine his two life long projects, had just begun.

The National (Burdekin) Inquiry into the Human Rights of People with a Mental Illness was commissioned in 1990. The 1993 Report found a pressing need to define and protect the rights of people with a mental illness. It also caused a huge media frenzy

Importance of Compassion

Professor Bennett (1918-1997) of Maudsley Hospital in the UK was an inspiring teacher. According to one former student, Dr Susan Mitchell, Consultant Psychiatrist at The Retreat in York, he taught his students the importance of compassion. "He also taught us an interest and concern for the rehabilitation team as well as the patients; and the possibility of thinking beyond the current medical model and the relationship of the individual patient to his/her own society." Professor Bennett is of interest not only because of his 1988 report, but because his views paralleled those of PRA.



In a long letter to staff on 30 September, 1991, Dr Peter Shea, Executive Director of Gladesville Hospital asked for co-operation in implementing vital changes in the development of Gladesville as a centre of excellence in the rehabilitation of the seriously mentally ill. He said Gladesville had a good future provided all staff were willing and able to embrace the rapidly changing social, political and economic environments. He promised appropriate support and training, but added a warning: "If you are not part of the solution, you are part of the problem."³²

Notable advancements occurred during the early nineties on two fronts – medication and policy. Almost 40 years after the introduction of chlorpromazine (first generation neuroleptic antipsychotics), a new generation of atypical antipsychotics were gradually introduced throughout the early 1990's. This was a major advancement in treatment options, since trials had demonstrated that atypicals had significantly less side effects, but were just as effective as high potency anti-psychotics such as haloperidol (serenace). By the late 1990's and early 21st century, atypicals became the front line option in contemporary psychiatry. Increasing use of a new range of antidepressant - Selective Serotonin Re-uptake Inhibitors (SSRI) throughout the 1980's had also widened treatment options for depression, the most prevalent (16% of adult Australians) of all mental disorders. The primary gain was that these medications were more acceptable to people with mental illness with markedly less uncomfortable, distressing and sometimes serious side effects, thus increasing consent and cooperation in taking medication.

especially those requiring long term maintenance. This would have meant greater access to and stability whilst engaged in any of PRA's programs. The combined approach of these new treatments and PRA's psychosocial rehabilitation programs had the potential to make a significant difference to people's lives, providing a rationale for inter-agency partnerships and support. In 1991 the Parramatta workshop, established 28 years earlier, was moved to Harris Park and the new EnterPRAise Project – a work crew model was established in Western Sydney 2 years later.

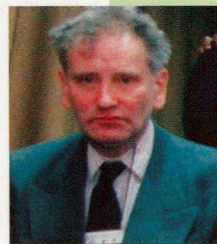
On the policy front, the Commonwealth Government introduced the National Mental Health Strategy (NMHS) - First National Mental Health Plan (1992-1997) and in the same year, the Disability Discrimination Act of 1992. The NMHS created a climate and framework for structural reform, beginning with a charter – Mental Health Statement of Rights and Responsibilities (1991). Increasing emphasis was to be placed on effectiveness and outcomes in providing services for people with mental illness with annual national mental health reports. As with the Richmond Inquiry, this would open up new avenues of funding for PRA programs and services. However, criticism many years later, would show that the single biggest failure was a fundamental lack of funding and resources for the mental health sector at both national and State level – especially NSW, to back a plan which had benchmark policy statements and directions of international repute. The Hunter Institute of Mental Health was founded in the same year.

World Stage at Sydney's Door

One year after the first National Mental Health Services Conference (TheMHS), PRA's General Manager Trevor Elligett was, in 1992, Vice President of the Oceania Region of the World Federation for Mental Health (WFMH). When PRA hosted the WFMH Mental Health on the Pacific Rim conference in Sydney, Elligett had finally (as briefed) brought PRA onto the world stage, and not least the world of mental health and psychiatric rehabilitation to Sydney's doorstep.

Tribute to Richard Hauser

by Robin Hanau and Janet Meagher



Robin Hanau

Janet Meagher had known English consumer, Robin Hanau, for a long time. However, it was only recently at the World Federation for Mental Health Congress in Cairo (Sept, 2005), that she discovered that Robin had known Richard Hauser, PRA's founder. Robin had a genuine admiration for Richard and had played a significant role in his life. Here, Robin has a few words to say about his friend.

I knew Richard well from 1981 until his death in 1990. He was a distinguished Austrian Jew who had known Sigmund Freud. He traveled the world promoting the case of peace and human rights. He lived in Pimlico (London) and ran the Institute of Human Rights & Responsibilities. Both of us were most inspired by Bertha von Suttner, the first lady to win the Nobel Prize for peace. I worked together with him in attempting to unravel and understand many social problems. Much to my regret, it was only after he died, that I became aware of his work in mental health. He was married to Hephzibah, the sister of Yehudi Menuhin (an internationally recognized musician). I propose an annual Richard Hauser Memorial Lecture in the field of Human Rights. He was in the vanguard of efforts to bring peace between Arabs and Jews. I will remember him for many years to come.

1st National Mental Health Plan HIMH established

1992

PRA hosts World Federation of Mental Health Conference

Transcultural Mental Health Centre NSW est.

NCAG & NSWCAH established

1993

EnterPRAise – model project, Warwick Farm Western Sydney

7. ENTERPRISE (1994-2005)

From its launch in 1955, PRA had recognised that work was essential to recovery. But the range of skills and competencies between clients and members was and remains varied. If tasks are too simple and repetitive, some will experience boredom and frustration, which has a significant impact on motivation, a factor common to all, but particularly implicated in mental illness. Others may find certain tasks too difficult and feel pressured and inadequate, impacting on self-esteem. In the following years, PRA endeavoured to become more innovative, by developing a range of business enterprises to offer greater choice and opportunity to suit the varied and changing employment needs of its clients and members.

In 1988, PRA had launched Buckprint Graphics, situated conveniently in one of the Association's buildings in Buckingham Street, Surry Hills for those willing and able to develop technical skills. Buckprint Graphics and Practical Designs, launched in 1989, enabled people to learn and practice skills involved in printing and design. These businesses produced a full range of commercial and design products, capable of competing with other businesses in the open market. PRA launched EnterPRAise in Warwick Farm in 1993, based on a work crew model as a bridge to self-employment. Through this initiative employees were eased back into the workforce with commercial contracts and support to undertake jobs such as gardening, maintenance and home improvement services throughout the South West of Sydney. Paid, initially as casuals, people were able to gradually transfer from disability support to competitive open employment. To accommodate the need for workshop style shifts and changing demographics from one area of Sydney to another, PRA bought premises in West Ryde in 1996 for a supported packaging workshop, later branded as Prestige Packing, winning a lucrative contract with Optus. That same year PRA launched Re-Employ, a specialist labour market employment agency in Liverpool and Prestige Binding, a small business in Harris Park to undertake contracts for wire binding and laminating, producing calendars, diaries,



Old Renault Factory

albums, technical handbooks and related products. PRA, in addition to service based programs and projects, was now developing its expertise as an employer, adopting a sound business model and practices within the open market.

The term, 'sheltered workshop' had been acceptable during the early years of PRA. Gradually, however, the term came to be considered patronising and stigmatising as the psychosocial rehabilitation philosophy started taking roots. These were increasingly competitive businesses providing a valuable service to the community and corporate sector. For a time PRA simply dropped the term, 'sheltered'. Later, in consultation with clients and employees, PRA decided to drop the "W" altogether and use, first the name, 'PRA Industries', then Prestige Packing Co, which along with Buckprint Graphics and Enterpraise are all, 'business services.' Rehabilitees became employees, and funding today is provided under supported employment programs. Did this matter? The answer was, 'yes it did' - to the people concerned, both employees and business customers, in respect of the need to re-educate the public and counter social stigma, and to remain consistent with changes in philosophy and business practices.



Prestige Binding, George St, Parramatta

Building Capacity

In 1994 the Commonwealth, as part of its reforms for the sector, introduced the Disability Support Strategy in conjunction with the Baume Review of the Disability Services Program. 1995 marked the 40th anniversary of PRA. Eastern Sydney and Southern Sydney Health Services were amalgamated, reducing the number of Metropolitan Area Health Services to ten. At the same time, eight Rural Health Services replaced the 23 District Health Services. The NMHS, National Standards for Mental Health Services was released in 1996.

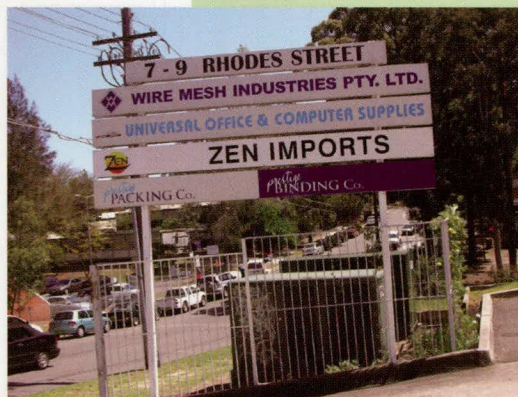
In 1996, the Royal Australian & New Zealand College of Psychiatrists commemorated its 50th anniversary. The Australian Mental Health Consumer Network was established, which in some respects continued to highlight power and resource inequities

within the sector between the self-help and growing consumer movement, professional organisations and Government public sector services. The Mental Health Consumer Network, like the NGO sector, would continue to struggle due to a lack of adequate resources, growing demand, and the need for capacity building. This latter concept was reflected at a policy level in, 'Caring for Mental Health: A Framework for Mental Health Care in NSW' (1998), which spelt out a charter for mental health care in NSW, with a growing focus on consultation, partnerships and mutual participation of consumers and carers in policy and service development. The concept of, 'building capacity' would not fully emerge until the national publication of AUSEINET's, 'Building Capacity for Mental Health – A two and Half Year Follow up Study' in 2002, however Government funding and resources would continue to remain scarce.

At national level, in 1997 three key developments occurred: Publication of the NMHS, National Survey of Mental Health and Wellbeing; launch of the Second National Mental Health Plan (1998-2002); and a Ministerial taskforce to examine the feasibility of establishing a peak national mental health sector body. The Mental Health Council of Australia (MHCA) finally came into being in 1998, with Commonwealth funding, providing national voice and advocacy, hitherto championed by individual groups and organisations such as PRA with a long history, albeit of only limited and partial success. At the same time, within NSW, the Illawarra Institute of Mental Health was established.

Culture

Throughout the mid-1990's both the mental health sector and its many cultures and approaches to the treatment, care and support of people with mental illness were experiencing enormous change. This had been partly flagged by the National Mental Health Strategy and Policy with its emphasis on promoting a shift from institutional to community care with identified priority areas for reform including greater emphasis on



Prestige Binding Co and Prestige Packing Co - both owned and operated by PRA.

mental health outcomes. The key objectives were to: promote the mental health of the Australian community and where possible; prevent the development of mental health problems and mental disorders; reduce the impact of mental disorders on individuals; families and the community; and assure the rights of people with mental illness.

Changes in practice and service delivery had also been flagged by a growing emphasis on evidence based practice, initially driven by medicine and psychology, with the introduction of new generation atypical antipsychotics and research into clinical efficacy and effectiveness of psychosocial interventions. A range of studies were challenging routine practice cultures in areas such as: cognitive and behavioural interventions; social skills training; motivational interviewing; social support networks; family intervention and support, early case identification and intervention, assertive community treatment and case management. Australia was leading the way on early psychosis with the Early Psychosis Prevention and Intervention Centre (EPPIC) in Melbourne, Victoria. The early 1990's had seen the establishment of crisis teams and extended hours services throughout Sydney, although later, in some areas, these were wound back, sometimes due to competing priorities and funding, changing ideology from crisis to prevention, and risk (often from an occupational health and safety perspective) especially with respect to home visiting after hours by individual clinicians and mental health workers.

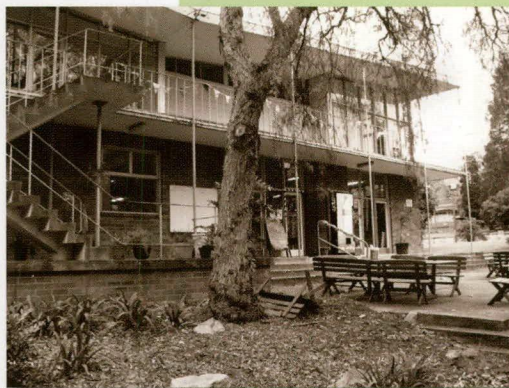
Arguably, this focus on evidence based practice and demonstrating outcomes in order to secure additional, frequently time-limited funding was unrealistic. It also raised opportunity for cost controlling and cutting as new political and economic paradigms set in – essentially, inability or incapacity to demonstrate major outcomes (often not being measured) would usually translate into loss of funding and funding opportunities. Much of the strategy was premised on project funding, which dried up a few years later. Lack of attention to recurrent funding and improving the proportion of health funding allocation to mental health, resulted in the sector barely keeping up with rising costs, salaries, technology and cost of living. By the mid-

1990's, it was clear that 1 in 5 (20%) Australians experienced mental illness, yet the mental health sector only received 6-7% of the health budget, compared to similar nations and economies that spent double this amount. In New South Wales the non-Government sector continued to receive the lowest share of the mental health budget of any State or Territory.

What also has not been adequately taken into account is that the culture of practice and service providers including mental health services, attitudes of health care professionals, training needs, adapting to new technologies and better practices did not and could not change overnight. Weighed down by social stigma, public attitudes and sensational or populist media reporting of tragedies and failings, it will take many years of persistent, sustained social and economic change and reform, to reach a 21st century contemporary ideal, where evidence based practice, mental health outcomes, delivered with care and compassion, would become routine (universal) and accessible to all people in need. In the meantime, many will continue to fall, often tragically between the gaps and this vulnerable group in our population will continue to experience social decline, disadvantage and injustice.

Lesson from the Arts

Almost symbolic – staying in touch with its roots, in 1996 PRA was invited to start a café in premises at The Rozelle Hospital. In a humble bid for the arts, PRA staff publicly displayed art works painted by members of Buckingham House on the walls, named it the Gallery Café, and offered paintings for sale. Food preparation and services were overseen by a qualified chef who supervised staff with a psychiatric disability. By all accounts the Gallery Café was a popular meeting place for patients, family, friends, out-patients and hospital staff. Once again, this created a situation where employees could gain experience needed for open employment, particularly within the hospitality and catering industry. This service survived for six years with partial funding from the hospital, but



Gallery Cafe

once again when funds dried up due to cost-cutting reforms, this resulted in closure.

In the same year the Gallery Café opened, Mark Joffe's movie, 'Cosi', filmed on location at The Rozelle Hospital, was released. With an all-star cast, headed by Barry Otto, the subject of mental illness was handled in a refreshingly sensitive, creative and humorous manner - comedy focusing on a group of hospital patients in Sydney. Louis, a young Sydney amateur theatre director, is offered a job in a Government funded program for the rehabilitation of people with a mental illness. His project is overrun by one of the patients, Roy, who wants to stage a production of Mozart's opera, *Così fan Tutte*. *Cosi* collected an AFI award for best screenplay and 2 nominations. To the movie-going public and mental health sector alike, this provided a long-awaited, new and more contemporary portrayal of mental illness than the 26 year old Hollywood classic, 'One Flew Over the Cuckoo's Nest', which continued to linger, stereotypically in the public consciousness. The film location, the fine old sandstone buildings of Callan Park, where once Richard Hauser's Psychiatric After Care Club had been founded more than 40 years earlier, had deteriorated over many years under the stewardship of public mental health services and neglected Government funding. The buildings had now been impressively rejuvenated in the shadow of their former glory under the new auspices of the Faculty of Arts, Sydney University. History had, with wisdom and irony quietly unveiled a parallel story, which only a few, who'd care to contemplate her salient lesson, would notice in passing.

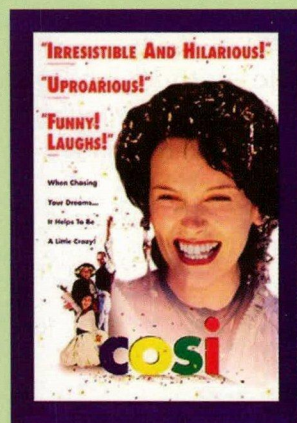
'Shine', another Australian movie, directed by Scott Hicks was also released in 1996. Based on a true Australian story, pianist virtuoso David Helfgott, born in Melbourne in 1947 (acted by Geoffrey Rush), driven by his father and teachers, breaks down as he attempts the monumental 3rd piano concerto by Rachmaninov, notoriously known as 'The Rach 3'. Years later he returns to the piano and concert hall, to popular if not critical acclaim, performing worldwide including 'The Rach 3' at the Royal Albert Hall. Collecting one Oscar for best actor, 38 awards, and 33 nominations, the film and the story is both a tragedy and triumph over mental illness, not least recognising both the genius

Cosi Fan Tutte

Roy: We're going to do "Cosi Fan Tutte", the opera.

Doug: What, Little Richard wrote an opera? Tutti Frutti the opera?

Roy: It's an opera by Mozart, you low life.

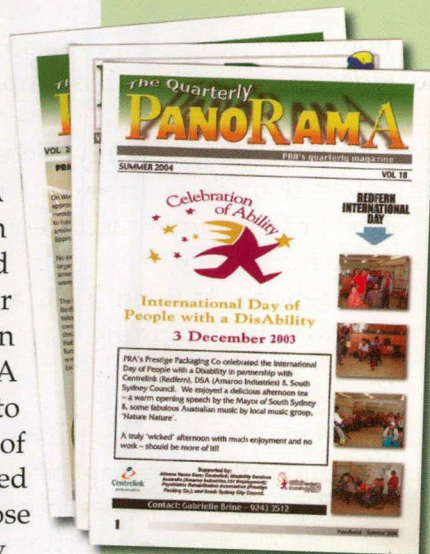


and human experience imprisoned by schizophrenia, which has no bounds. This resonates with our story, since Hephzibah Menhuin was a concert pianist, 'Cosi' toiled with Mozart, and apart from the role music has played in therapy and socially, such as the early clubs of PRA, who would deny it soothes the souls and minds of millions. Two great Australian features in one year - Cosi and Shine - to capture the public's imagination.

Life Space – Public and Personal

PRA began publishing the quarterly magazine PanoRamA in 1996. This is a warm, personal and positive publication by and for people who experience mental illness, filled with snippets of material supplied by consumers, consumer groups, and interested parties. There is poetry, information about services, issues and events, reports on past PRA activities, personnel profiles and notices of things to come. It is currently edited by Janet Meagher, Director of Development, printed by Buckprint Graphics, and distributed from headquarters to members and friends, subscribers, those who use PRA services, PRA customers and the community.

Despite clear and common interests, peoples' needs are inevitably highly complex, subtle or individual. Some can be met within a social, occupational and public context, but for others it is within the privacy of their own homes and personal life space. In tailoring individual services to this group, PRA launched the Accommodation Support Service in Sutherland and St. George in 1997. The goal was to increase the capacity and skills of people with serious and persistent mental illness to cope with day-to-day living. Funded by the South Eastern Sydney Area Health Service and run in close collaboration with Rockdale and Sutherland Mental Health Services, this service was designed to be flexible, treating each client according to his or her specific needs. Regular surveys of people using this service have revealed high levels of satisfaction.³³



Partnership and Trust

In 1998, PRA received an unrestricted organisational grant from the Vincent Fairfax Family Foundation, which was later allocated to establishing the kitchens at PRAonKING. It is rare that an organisation such as PRA is the recipient of a major private sector grant or donation such as this, which makes a huge difference to a not-for-profit organisation's financial stability, prosperity and independence. This has empowered PRA to continue its primary mission in supporting people with mental illness and psychiatric disability. Highly successful organisations and their work often flourish as a result of a major donation, not tied to a specific project and immediately budgeted and used within a short time frame. It builds confidence and trust, demonstrating the Foundation's faith in PRA and its future, and a crucial partnership in the unfolding story of PRA.

PRA's financial independence and growing confidence over the years has underpinned its capacity to venture into the community with new and innovative psychosocial programs. The Business acumen of management and certain Board members, particularly successive treasurers, who not only come from highly respected business backgrounds, but give of their time voluntarily to ensure the organisation is on track and remains fully accountable, cannot be over-stated. This has led to many sound business and financial decisions including the maintenance of a modest and intelligent investment portfolio. One of PRA's successes is founded on the mutual trust and partnership between its business and program operations and personnel, reflected in its staffing and Board directorships, and the variety of support it receives from the business community.

Post Richmond and Burdekin - New Millennium

The NSW Boarding House Reform Strategy was initiated in 1998, following public unrest and media reports on homelessness and exploitation of people with mental illness in hostels and boarding houses, particularly prevalent in Sydney. PRA launched the



Marlene Pentecost

When Marlene Pentecost first joined the PRA Executive Committee (as it was known in 1970), she was a young Occupational Therapist at Callan Park Hospital. Her role was happily interrupted by the birth of her daughter Anjela. Marlene re-joined the Board in 1989, at the time she was managing Redfern Area Mental Health Sector of Central Sydney Area Health Service. Marlene was Chair of the Program Committee for 8 years and played a crucial and active role in developing PRA policies. When she retired from the Board in 2004, Marlene became the fifth longest serving member on the Board throughout its 50 year history (16 years).

of the most appealing aspects of PRA, and to some extent, its continued success, was that it was local, central and accessible to where the need was felt – the inner city. Services, employment and psychosocial centres are close to population centres and public transport, and ease of access is very important to both clients and staff. The Board decided to stay, and allocated \$800,000 for renovation, funded entirely out of PRA's resources. This was the first major expenditure by PRA on its HQ building, apart from on-going maintenance, since it took over the Renault factory building in 1974. This resulted in increased production space, improved heavy vehicle access, and appropriate modern office and boardroom facilities at PRA's Redfern HQ premises.

The PRA Art Union, a splendid source of funding since its introduction in 1976, was, by the beginning of the new century, in decline. Ticket sales were down and the Board decided to conduct a lottery rather than an art union, putting up the prize of a motor vehicle, which PRA would buy. This proved to be successful. A small number of dedicated operators staff the phone lines and the lotteries are responsible for generating around \$100,000 a year.

PRA expanded its services considerably throughout 2001, and an indication of that growth was reflected by a 35% increase in Government funding and grants.

New Beginning

Ostara (meaning "new beginning") is a consortium of specialist services around Australia supporting people with mental health issues. Ostara was launched at Parliament House in Canberra by Senator Amanda Vanstone, then Minister of Family and Community Services, on 13 February, 2002. Each member of Ostara has extensive experience in the field. The idea is that a consortium is in a more influential position to tender for service provision contracts on a national level, while individual member

In Pursuit of Common Aims, 2001

by Nic Bolto, Director of Ostara Australia

PRA has long been recognised as a leader in providing services to people with mental health issues. Ostara Australia Limited, a national consortium of community based non-Government mental health services, has had a fruitful relationship with PRA since it became a foundation (organizational) member in 2001. I knew of PRA before that time, through services at PRA on King, Newcastle and the pioneering work at Buckingham House, and was very pleased that PRA could add its expertise and strength to what was then a new venture, linking services across the country in the shared delivery of contracts. The involvement of PRA's General Manager, Phil Nadin on the Ostara Board, and as President since 2003 has further cemented relations between our services. We are pleased to have an ongoing role in PRA's continued development. Both

organisations share an interest in the better delivery of mental health services and improving the capacity of other organisations across Australia in the pursuit of this aim.



Nick Bolto

organisations meet service requirements at a local level. PRA was a foundation member of the Ostara Consortium, which started making successful bids as soon as it became operational. One of these bids, the Commonwealth Personal Support Program (PSP), began operating on 1 July, 2002. The PSP is designed to encourage people on Commonwealth income support to maintain connections with work or community services. It bridges the gap between short-term crisis assistance and longer-term employment services. In 2003, PRA subcontracted to operate the PSP in Fairfield/Liverpool and Wollongong.

The NSW strategy 'Framework for Rehabilitation for Mental Health' was released in 2002, followed later in the year by the 'Framework for Housing and Accommodation Support for People with Mental Health Problems and Disorders' and CD-ROM, 'Moving Forward: A Focus on Recovery, Wellbeing and Rehabilitation Directions – A Resource for Health Professionals', developed by the Hunter Institute of Mental Health. The strategy outlined a framework for reform in provision of services, by establishing a philosophy, a blueprint for mental health services in NSW, and clarifying the role of service providers by highlighting two distinct fields of operations or sectors: clinical rehabilitation (clinical providers) and disability support (NGO and other community service providers). PRA argues this division is dualist and artificial, requiring more debate, even though it recognised the need for both sectors to work together in partnership. The CD-ROM was an education and training resource to support the further development of evidence based practices. The strategy was now recognising several other important evidence based approaches in relation to recovery from mental illness and maintaining wellbeing in the community: transitional and supported employment; housing and accommodation; psychosocial rehabilitation; and compensatory (social) strategies.

PRA, already a leader in the field, was well aligned and suited to this framework as a key provider. Of the 10 evidence based approaches or interventions identified, PRA was clearly offering services that were descriptive of 7 of these, not just philosophically but operationally, having envisioned and provided services in

Best Available Evidence

Rehabilitation for mental health:
Best available evidence:

- Cognitive focused interventions
- Vocational rehabilitation
- Supported employment
- Pre-vocational training
- Transitional employment
- Family intervention
- Individual goal orientated skills building
- Illness self-management
- Psychosocial rehabilitation
- Compensatory strategies

*Source: NSW Health -
Framework for Rehabilitation for
Mental Health, 2002 (Page 11)*

Essentials of Psychiatric Rehabilitation

- Hope and optimism are the two most important ingredients of psychiatric rehabilitation. PRA staff and facilities should reflect a sense of hopefulness, activity and expectation of improvement.
- Many of PRA's settings are large, yet recovery is not possible unless our services operate on a personal level.
- PRA ensures that choice (not more of the same) is available in business, residential, social and recreational services, and at all levels.

most of these areas for a considerable number of years. Perhaps, however this was another new beginning in that, for the first time, a clear and unequivocal State-wide direction for psychiatric rehabilitation had been clearly endorsed.

Following the NMHS, National Survey of Mental Health and Wellbeing in 1997, a series of national bulletins had been released: 'People Living with Psychotic Illness: An Australian Study' in 1999; supported by, 'Employment and Psychosis' and 'Disability, Homelessness and Social Relationships Among People Living with Psychosis in Australia' in 2002. These discrete Australian studies provided the epidemiological evidence for future directions, reforms and funding into the beginning of the 21st century, paving the way for the 3rd National Mental Health Plan 2003-2008. The 3rd Plan, building on the 1st and 2nd, had 4 priority areas: promoting mental health and preventing mental illness; increasing service responsiveness; strengthening quality; and fostering research, innovation and sustainability.

Enterprise Agreement

After consultation with employee representatives and a comprehensive education campaign, PRA's employees voted overwhelmingly in its supported businesses to approve the PRA 2001 and 2004 Enterprise Agreements. This links wages and working conditions to the NSW Storemen and Packers Award with employees receiving a percentage of the award wage after an assessment of their productivity and work performance. This approach helped PRA, along with many other disability employment services, face the challenge to meet what appear to be the Commonwealth's ever increasing expectations as to the wages that can be paid to people in its services.

Role of Members

As part of a 2002 review of its constitution, the Board revisited the term, 'member of PRA' and asked what was the purpose of

- Psychosocial rehabilitation emphasises and works on individual strengths.
- PRA believes consumers should get an holistic service. This is achieved by joining in partnership with other organisations or referring consumers to other appropriate services.
- Our continuity of care principle emphasises the need to offer consumer programs and opportunities to match improvement in skills and changes in need.
- Make people less dependent and more independent - This is the essential goal of psychosocial rehabilitation.

Source - PRA Strategic Plan, 2004

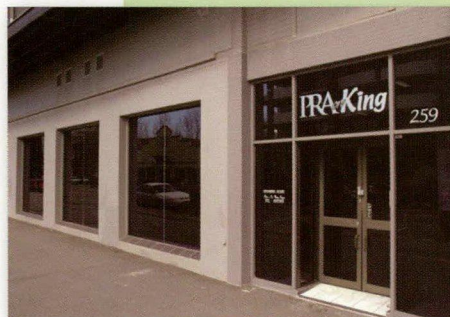
membership, and why would a person seek membership. From the early years, when members 'danced' with patients at Callan Park or organised fund-raising events and activities for PRA in the hospital or community, they had a say in the running of the fledgling organisation. What the Board wanted to know, was where members fit into the constitutional and operational structure of an efficient NGO, governed by a duly appointed and voted Board, directed and run by a highly dedicated professional executive, management team, employed staff and voluntary workers? After due consideration, it was agreed that in the new constitution members would be welcome and encouraged, but would have no constitutional rights or obligations beyond those guaranteed by the companies' law. The Board agreed that members are people who wish to express their support for what they consider to be a worthwhile enterprise. For a nominal annual subscription, they receive a subscription to PanoRamA and a copy of the Annual Report, which provide detailed information about the Association and where it is going.

PRAonKING

PRA's first psychosocial centre was Buckingham House, which opened in 1975 in Surry Hills, Sydney. The second was PRAonKING in Newcastle, which was officially opened on 5 March, 2003 by the Hon Craig Knowles, Minister for Health. This bright and comfortable purpose-built facility, just 200 metres from the Town Hall includes a bistro, library, computer stations, gymnasium, art and craft room, op shop, program rooms, and offices for service providers. There are informal and organised recreation facilities such as snooker, darts, chess and scrabble, and comprehensive semi-structured daily program for those who are interested, such as healthy living, exercise, healthy food, karaoke, discussion groups, yoga, taking charge of your life, social support, and the PRA singers. A feature of the Newcastle Support Network, which is based at PRAonKING, is the active support its programs receive from a core of member volunteers, who are regularly rostered on to assist staff. Two psychosocial services also based at PRAonKING include: the Disability Support Program, since 2001 and

'Seldom Cope' to Fame

Robert Bedford, a psychiatric nurse who has bi-polar disorder, said that when patients are discharged from hospital they are often left to their own devices and they seldom cope. Surprisingly there seems to be no system of referral to rehabilitation associations. "I felt isolated and lost until I found PRA On King by word of mouth 18 months ago." Now, in keeping with PRA's policy of employing former psychiatric patients as casuals, Robert works three days a week on everything from informal counseling to coordinating bingo, teaching relaxation, and even entertainment at parties with the amazing Dame Edna impersonation. "PRA is a Godsend. I've watched people come through the door for the first time, and I've seen the way they improve." PRA staff are aware that because they are focused on providing services, and do not, like other organisations, have someone whose job it is to promote the service, for example to GP's, many discharged patients are unaware of PRA's existence. Plans are in place to address this.



PRA on King

2003

PRA on King, Newcastle

NSW Mental Health Act Review

2004

Personal Support Program, Illawarra

IAPSRS becomes USPRA

jointly operated with Hunter New England Mental Health; and the Community Based Program, which targets former residents of boarding houses in co-operation with other local community based services.

Not for Service

On 1 January 2005, NSW Health re-structured, amalgamating metropolitan and rural areas into 13 regional health services. The NSW Mental Health Act was again under review, and engaged in extensive State-wide consultations. At the same time, a National Senate Inquiry (Select Committee) on Mental Health was in full swing. By October 2005, 527 formal written submissions had been received not including 100's of standard letter submissions. This inquiry is due to report in March 2006.

The Mental Health Council of Australia (MHCA) in association with the Brain and Mind Research Institute (BMRI), and Human Rights and Equal Opportunity Commission (HREOC), following national consultations, released the comprehensive report, 'Not for Service – Experiences of Injustice and Despair in Mental Health Care in Australia' in late 2005. Arguably, the most significant report on mental health care in Australia for over a decade, it states, "In 1992 all Australian Governments initiated the National Mental Health Strategy to correct decades of neglect and assure the rights of people with mental illness". In 1993, the Human Rights and Equal Opportunity Commission's National Inquiry into the Human Rights of People with Mental Illness ('Burdekin Report') exposed the devastating personal consequences of grossly inadequate mental health and welfare services. Despite 12 years of national effort, this report captures the persistent, distressing and daily experiences of inadequate mental health and community care. It details personal stories of people with mental illness, and their families and carers. Such stories are often excluded from other national reports".

Perhaps the tragedy we can learn from the last 50 years, echoed in the now infamous sandstone buildings of the late 19th century, is the repeated but shortening cycle of neglect under the stewardship

Tipping Point

The test of a civilized society is how well it cares for its most vulnerable citizens. The recent public debate over mental health services in Australia provides an opportunity for this country to demonstrate how truly civilized it is in caring for one of its most vulnerable and marginalized groups – those with mental illness.

The NSW Mental Health Priority Taskforce, the ministerial advisory body established earlier this year to advise on changes to the NSW mental health system, supports the call of the Mental Health Council of Australia's Not for Service report for urgent national action to improve the resourcing and quality of mental health services. The Taskforce notes that the NSW Government has increased resources significantly over the last four years. The Taskforce is working closely with the Government to implement change. The Taskforce commends NSW Premier Iemma in his statement to the NSW Legislative Assembly last Thursday, "The issue is not about who has control ... the issue is simply about better quality of services for those with mental illness and support for their carers."

Taskforce Co-chair Professor Philip Mitchell said today, "The time is ripe for the Federal and State Governments to meet at the highest levels to provide adequately resourced, integrated services to create international best practice mental health services of which Australians can be proud. This is not a time for Federal-State bickering. We must commit ourselves to action." Co-

of a long line of elected Australian Governments. After all: the 1954 Stoller Report; the 1961 Royal Inquiry into Callan Park; 1976 NSW Letts Report and 1977 Evatt Royal Commission; the decade of inquiries commencing with 1983 NSW Richmond Report - concluding with the 1993 National Burdekin Report, and today in 2005, 'Not for Service'. This indicates we can probably expect another before the end of the decade, if we do what we have always done - shelve the report, ignore its recommendations, or allow ourselves to be distracted by other public policies, issues and funding priorities.

Nevertheless, PRA throughout its history has challenged social norms and indifference, having remained true to its founding ideals. It has continued year after year to establish and provide services for people with mental illness, keeping its doors open. PRA's open door policy with minimal or no referral criteria other than mental illness (and just one exclusion of concurrent alcohol and drug use), limited only by capacity, means it has been meeting a fundamental social need within the community - those most affected, disabled or disadvantaged by mental illness. This has not just been about survival, but numerous stories of achievement and success.

Expanding to Rural Areas

Under a contract with Greater Southern Area Health, PRA started operating an Accommodation Support Program in Queanbeyan from 1 July 2005. PRA's latest enterprise in 2005, taking it into tomorrow's world, includes successful tenders for its accommodation support program under the Community Housing and Support Initiative (HASI 2 & HASI 3). This program will provide low and high level supports for people in public and private housing in many metropolitan and regional areas throughout NSW including Newcastle, Maitland, Tamworth, Griffith, Goulburn and the South coast.

chair Laraine Toms said, "We have reached the tipping point in mental health. There can be no turning back. The despair of consumers and their families can no longer be tolerated. It is time to turn what this report reveals into political will and political action. The work of the Taskforce is to drive this reform in NSW."

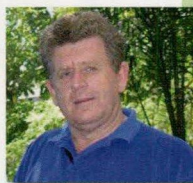
*NSW Taskforce Press Release,
Tuesday 25 October 2005*

Issues of the Day

Some of the issues of the day, reported on 31 May 1955 and flagged by the NSW Cahill Government ('Big Outlay') finds similar voice today during National Mental Health Week. A report in the Newcastle Herald (Page 54) on Monday 10 October 2005, headed, 'Strengthening mental health' reads, "I am left wondering of late how many of us give much thought or action to rising social and public health issues related to mental health. The big tickets are fuel prices, industrial relations, economy, crime and terrorism." During the month of October, the Commonwealth (Howard) Government listed two new controversial pieces of legislation for passage on and around Melbourne Cup Day: anti-terrorism and industrial relations. Petrol prices have doubled in 12 months and Commonwealth-State financial arrangements and overlapping functions, particularly with respect to health and mental health continue to attract controversy and criticism, following initial Government response to the latest, 'Not for Service' report of the MHCA, BMRI and HREOC. 5 of the 6 items listed by Premier Cahill in 1955 relate in some way to current

Passing into History

The Central Area Health Service, as part of the National Mental Health Strategy, has commenced plans to mainstream its mental health services with general acute services. Treatment of the mentally ill has changed radically since PRA was launched in Callan Park, which was later amalgamated into the Rozelle Hospital. Mental illness is now viewed as a bio-psycho-social cluster of disorders, which despite or because of their complexity, requires the same diagnostic techniques, pathology, x-ray and sophisticated electronic scanning equipment, as other diseases and medical conditions. Services for people with mental illness should no longer be separated, distinguished or disadvantaged by arbitrary provision or geographical location, based on the needs of service providers, rather these should be aligned with the needs of the population. The Rozelle Hospital will shortly close and its services will join existing mental health services at Concord Hospital. In the modern, purpose-built facilities on the Concord Peninsula, the same number of mental health beds and level of services will be maintained. PRA's life-long association with Callan Park from the 1950's, later The Rozelle Hospital, from the after care clubs to supported workshops and hospital transition programs, will shortly pass into history. However, people remain, as do the services, staff, family, mental health services and other NGO's who continue to support and care for people in the local community.



Douglas Holmes

Celebrating Half a Century

PRA has repeatedly exhibited a remarkable flexibility over the years, meeting new challenges, often identified by staff as affecting the well-being of people with a mental illness and clients of PRA's wide ranging services. It is now 30 years since the Association opened Buckingham House and became the first psychiatric rehabilitation organisation to adopt a psychosocial or holistic philosophy. Today, recovery from mental illness involves the provision of a wide range of psychosocial rehabilitation

affairs, albeit Industrial Relations was not one of these: Commonwealth-State financial arrangements, mental hospitals, petrol tax, overlapping of Commonwealth and State functions, and civil defence. The current Senate Inquiry into mental health (still to report) keeps mental health hot on the Commonwealth Government's agenda.

Shaping My Recovery

by Doug Holmes, 2005

Having had time to reflect, I realise how much my encounters with PRA during the '90's shaped my current thinking and influenced the direction my recovery has taken. My first contact with PRA was through Robyn Sanderson at a MANDA group meeting in 1993. Robyn was on the Newcastle PRA management committee at the time and encouraged me to drop into the centre at Scott Street, run by Jacki Hawley. On the surface it may have looked as though I was not making much progress. I was first diagnosed with Bipolar Affective Disorder in 1992. In May 1994, I was granted a Disability Support Pension, which allowed me to take time out from job hunting and concentrate on finding my 'Voice'. This meant taking time to heal myself from the inside out and discover what I wanted to do with the rest of my life - to make a difference. Two events I remember well were the activities we held on the Monday of Mental Health Week - a forum and a play about where we would like to see mental health services in the Hunter in 10 years time.

In 1996 Hunter Health sent 4 consumers to the TheMHS conference in Brisbane to check out what consumer participation and

services to support community living and fuller participation in society.

From the beginning, PRA has relied on many innovative people and partnerships. Volunteers, members, consumers, family, friends, staff, directors, psychiatrists, mental health/psychiatric nurses, social workers, occupational therapists, psychologists and Government officials at every level, have all helped PRA grow. It is not possible to name everyone who deserves recognition and no matter how good an organisation's archives are, there are many quiet achievers who are happy just living their lives, making the best of it, knowing there is someone to care for them and someone they care about – and that is the essence of it. PRA would not be celebrating 50 years without the sustained support it has received from the past, up to and including the present day – our many quiet achievers. From the vision of its founders and in all its enterprise, PRA today has become a living-working model and benchmark within the psychiatric rehabilitation field, a more than adequate blueprint for tomorrow's world.

involvement would mean for the Area Health Service. During the conference I discovered the wider consumer movement and sensed opportunities that would unfold over the next few years. In January 1997, I made the decision to start paid work (4 hours a week) as a Consumer Consultant with Macquarie Hospital in North Ryde. Two months later another 8 hours were added with the Richmond Fellowship and 16 hours with the Mental Health Association on the MHIRRA project. I subsequently joined the NSW Consumer Advisory Group – Mental Health Inc (NSW CAG), and in 1999 obtained a contract full time with Greater Murray Area Health Service as the area consumer coordinator. The skills I learnt from my earlier involvement in PRA certainly helped during this period. In December 2001, I was appointed Executive Officer of NSW CAG, which received a three-year funding contract with NSW Health, employing 4 staff.

Contact then, with PRA, still influences my thinking today on the steering committee which oversees the 2 year longitudinal evaluation of the recent Housing and Accommodation Support Initiative (HASI) Stage One for people with a mental illness, jointly funded by NSW Health and NSW Department of Housing. The Social Policy Research Centre of the University of New South Wales has been contracted by NSW Health to conduct the Evaluation. HASI operates as a three-way partnership in service provision involving non-Government accommodation support providers such as PRA, mental health services and housing/accommodation providers.

8. PRA TODAY TOMORROW

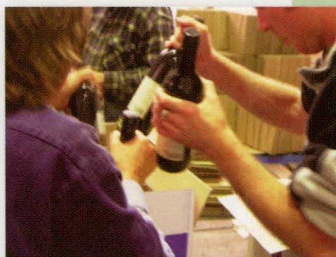
Business and Employment

The entry criteria for PRA business services is that prospective employees have a psychiatric illness; are able to work under supervision and with other employees in a business-like environment; are willing to meet the requirements of a relevant workplace agreement; and are receiving support from a health care professional. What sets PRA apart is that it is a caring employer. For PRA staff, the well-being of employees is paramount. People who are in a PRA program can choose to progress through a range of work related activities in the supported employment program, or they may remain working at a place or task that is suited to them for as long as they like. Each employee has an Individual Employment Plan, which is regularly reviewed. This gives a choice of options to help people move toward open employment. It also helps individuals achieve employment goals in a supportive and understanding environment.

PRA offers a diverse range of employment opportunities: printing and design, binding and laminating, packaging, catering and hospitality including waiting and food preparation, gardening, cleaning, home and office maintenance, and office and reception duties. It prides itself that it is large enough to be diverse, and small enough to be person-centred and caring. The programs are a broad mix of supported businesses, open employment, and an affirmative action policy which provides employment positions for people with psychiatric disorders in many of PRA's operations.

Established Business Services:

- Prestige Packing factories in Redfern since 1963, Harris Park since 1967, and West Ryde since 1996
- Buckprint Graphics since 1988 and



Partnership Based on Sound Business Practices

by Peter Brown, Buying Manager, Wine Society

The Wine Society has been in operation since 1946 and is a premier wine co-operative with over 50,000 Members. I have been dealing with Prestige Packing since 1996. In that time I have got to know the staff associated on both a professional and personal level. They are extremely competent in getting the job done, and very easy to deal with.

Prestige Packing has handled and continues to handle all of our large mixed dozens. This involves being responsible for receiving stock, packing to our specifications, storing, invoicing and dispatching. The quality of the work has always been exceptional. I would say that the accuracy of packing is 100%, while remaining very timely. Storage conditions are ideal for wine, and the security is high. We have never encountered problems of product or packaging going astray. Prestige Packing takes care of all one off projects such as organising and dispatching personalized letters and packages.

As part of the wine industry, The Wine Society has had to make operational changes to remain competitive. Prestige Packing has been able to adapt very well to these changes and has therefore alleviated any growing pains that otherwise would have occurred. It is comforting to know that you are also helping to serve a good cause.

- Prestige Binding since 1996
- EnterPRAise since 1993
- Re-Employ since 1996

Six of PRA's seven employment services are partially subsidised by the Commonwealth Government under the Disability Services Program. PRA operates Prestige Binding Co. without subsidy.

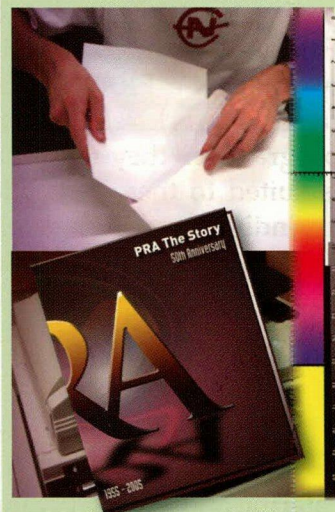
Psychosocial and Supported Accommodation Services

Continuous and sustained operations to present day since establishment, and in response to recognised needs:

- The Outlook in Wollongong since 1969 and Satellite Housing Service since 1987
- Sydney Group Home since 1972
- Buckingham House since 1975
- Newcastle Housing Program since 1984
- Accommodation Support Service in South East Sydney since 1997
- Community Based Activities in Newcastle since 2000 and PRAonKING since 2003
- Disability Support Program since 2001
- Personal Support Program (PSP) in Liverpool since 2003 and Illawarra since 2004
- Accommodation Support Program (ASP) - Housing and Support Initiative (HASI-2) in Queanbeyan, Newcastle, Maitland and Tamworth from 2005, HASI-3 (high-level support) in Queanbeyan, Goulburn and Wollongong from 2006, and HASI-4 (low-level support in private accommodation) tendered.

Printing and Binding

With a convenient shop front location in the city, we provide the full range of design, copy, print, laminating and binding services. We can produce your letterhead, business cards, corporate reports, menus, books, forms and newsletters, as well as provide plan, printing, binding and laminating, whether you have one document or thousands.



Packaging and Assembly

Prestige Packing Co. can provide a complete range of packaging and assembly services, which includes:

- Shrink Wrapping
- Skin Packing
- Heat Sealing
- Repackaging
- Filling Gluing
- Labeling
- Sorting
- Bulk Mailing

Buckingham House Today

When Buckingham House started in 1975, it marked the beginning of a new era, not only in PRA but within the mental health field. It was the first psychosocial program in Australia. The following year, the first 'Living Skills Centre', with emphasis on consumers and skills started in Sydney's North Shore. These programs shifted the emphasis from illness to person, medical to non-medical model, and treatment to rehabilitation. The Living skills centres multiplied within a short time and spread all over New South Wales. Unfortunately all of them have closed down within the last decade.

Buckingham House kept on responding to changing needs. The two terrace houses and large recreation area are proudly maintained. Three programs were funded under the Richmond Innovation Grants: The Hospital Transition Program which helps the transition of Rozelle Hospital patients to the community; The Eastern Suburb Outreach Project, reaching out to people isolated in the community; and the Homemaker Service which provides handyman services. The Community Based Activity Program was added in the year 2000. Buckingham House members and staff develop planned structured activities focusing on community integration and recovery, 2,872 members attended group sessions last year. The internet Café and computer training groups are very popular, the well patronized restaurant serves quality meals at budget prices, and the kitchen sales last year exceeded \$50,000. The work experience group is involved in cleaning, cooking, reception work and running groups and activities.

Buckingham House is a beehive of activities from Monday to Friday. On Saturdays, people who are employed or who cannot make it during week days, turn up for barbecues or use Buckingham House as a meeting place. 60% of members live in public housing on their own. Buckingham House works in partnership with many agencies such as TAFE, Sydney Community College, Community Health Centres, the Mental Health Sports Association, Caritas, Rozelle Hospital Recovery

Psychosocial Services

The first services PRA ever provided was helping people who have long-term psychiatric illness to develop their capacities to the fullest extent. Major elements of such services include focusing on a person's strengths, improving social and vocational competencies, working with environmental facets of a person's life, and imparting a sense of mastery and hope.

- Buckingham House
- Eastern Suburbs Outreach
- Hospital Transition
- Newcastle Support Network
- The Outlook
- Accommodation Support

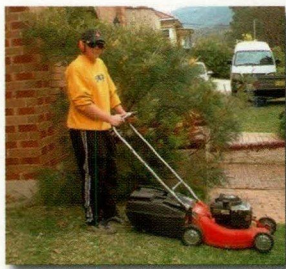
These services are based on models now regarded as cornerstones of modern psychiatric rehabilitation. In these programs, the degree and nature of interaction between members and full time staff are crucial to the quality of rehabilitation outcomes. The level of skill, commitment and professional integrity of the individual staff has a direct bearing on the response of individual members. The complexity of this approach to service is magnified by the transitional nature of service use by many members, who of course are free to engage or disengage with the service at any time.

PRA also offers accommodation services in a mix of different support levels. The Outlook, is a core house around which a range of psychosocial rehabilitation activities is programmed. Providing

Forums, and consumer groups. In cooperation with Sydney and Newcastle Universities, Buckingham House assists various students with occupational therapy and social work placements. Members positively accept the involvement of students in the program and in return students appreciate exposure to mental health settings. Buckingham House offers choice, serving different groups and different needs, reaching out to its members.

The Outlook Today

The Outlook building today looks more or less the same as it was in 1969. Although the building has been renovated inside over the years, it has always remained a warm and friendly place. Today, The Outlook is a package of services offered to consumers, based on their need, to move from hospital to community. The core house, The Outlook itself offers 24 hour care 7 days a week and the satellite houses run in conjunction with the Area Health Service offer more independent living. People move from satellite houses to independent community housing at their own pace, reinforcing the gains they make on the way. The Outlook is always there for them to meet, to have respite when they are not well, and to celebrate with others Christmas and important festivals. The program encourages them to sustain friendships formed during their stay and develop social support networks in the community - The Outlook is their safety-net.



The Outlook today

The Outlook is participating in a research project, the Collaborative Recovery Program run by the University Of Wollongong. The Outlook rehabilitation service annually manages 22 new referrals, 15 transits to and 13 exits from the satellite houses. People are linked to private psychiatrists and general practitioners from the beginning in a Shared Care arrangement to ensure consistency and continuity in treatment, care and support, reflecting community norms. The Outlook Services use both individual and group therapy to reach out

24-hour care and is recognized as a less costly but successful alternative to hospitalization for people. Outlook residents move to satellite housing and ultimately independent accommodation. PRA also provides independent group housing in various locations throughout Sydney and Newcastle. Residents are all members of the wider psychosocial rehabilitation network operated by PRA in their area.

Friends of The Outlook

'Parents and Friends of the Outlook and Satellite Homes' is a support group established 13 years ago in November 1992. Meeting monthly, this group offers support and education for parents and friends of people who suffer from a major mental illness, providing opportunity to share and discuss problems with others who understand the difficulties encountered with family members experiencing mental illness. We celebrated our 100th meeting in 2002, a re-union at which many of the original family members attended.

Parents and family members support the Outlook by continued attendance at monthly meetings and fundraising - the proceeds of which go towards purchasing much needed equipment for the Outlook residents, supporting their needs or wants. Recent purchases for example, have included a stereo system, basketball hoop and garden furniture. Members

to people and encourage healthy lifestyles. Constructive use of leisure time such as sport, entertainment, reading, picnics and holiday camps are interwoven in the program. This aims to keep residents active, creating a recovery culture where they are responsible for their own well being.

The Outlook accesses and uses many programs run by other services, including Government, non-Government and educational institutions such as TAFE. The local church helps to organise special functions at Easter and Christmas. The Friends of the Outlook is a parent and carers support group, which provides support and a watchful eye on our services, and support for each other. Bruce McAlister, President of this group in his speech to mark PRA's 50th Anniversary, said, "I would like to clone 'The Outlook' so every town has a similar program for people with mental illness." The imposing heritage listed Outlook building blends in well with the residential community of Austinmer, just as the services themselves integrate consumers within the community.

PRAonKING Today

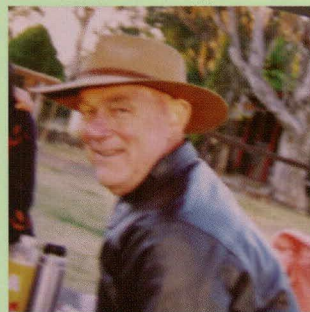
PRA Newcastle Branch was formed as early as 1961, led by Betty McIntyre and Rosemary Ramsey. It was not until 1981 that PRA provided a discrete service or program in Newcastle, when the Social Support Network was launched under the Richmond Innovation Grant Program. Though the service was modest, operated by one paid staff member, the concept of people with mental illness providing help and support to others was based on a psychosocial philosophy and recovery principles. This still forms the basis of services provided by the Support Network and PRAonKING today. Last year, an average of 8 members per day participated on the volunteer program, which equates to 1,840 occasions of service.

In 2000, PRA obtained a contract to run Community Based Activities under the Boarding House Reform Project initiated by the New South Wales Government. The following year Hunter Area Mental Health Service entrusted the Disability Support

are supportive of each other and friendships often extend beyond and between meetings.

The following illustrates how vital that support can be. A young resident from the Outlook was granted community-housing accommodation and moved out. A few weeks later his mother, who had been attending the parent support group on a regular basis, phoned the Outlook, concerned about her son who had become depressed and lost motivation. An appointment was made for them both to come and talk to staff at the Outlook and arrangements made for closer contact to attend the day program. Soon after, he began feeling much better about himself, renewing and maintaining valuable friendships with the residents. He now attends four days per week

Chairman of the support group, Bruce McAlister says, "We are a group of ordinary people, parents and friends, interested in supporting our loved ones as they work towards overcoming their difficulties with mental illness. At the same time, we as parents and friends are learning how to be better equipped to handle problems as they arise'.



Bruce McAlister

Program (DSP) to a non-Government organisation, PRA. This pilot project to provide case management services to clients living in the community was the first of its kind anywhere in New South Wales. The main focus of the project was to minimise dependence of people with psychiatric disabilities on mental health services. The DSP is structured today so as program staff spend 87% of their time providing direct and indirect support to their clients. The walk-in centre, PRAonKING has become an active place offering consumers a wide choice of activities and psycho-educational programs, developing skills required to stay well in the community and improve their quality of life. Today there are more than 13 staff and 25 volunteers. The Centre kitchen, supported by a grant from the Vincent Fairfax Family Foundation, provides tasty and healthy meals to members at budget prices.



Sir David Martin, Dr Anthony Williams & Mr Arthur White in Buckprint Graphics

PRA in Newcastle has many partners: Hunter New England Area Health Service, local Government, Department of Housing, CRS Australia, Centrelink, general practitioners, psychiatrists, private hospitals, Rotary and NGO's such as Kaiyu Enterprises, Life Without Barriers, Richmond Fellowship, ARAFMI, and New Horizons. What began solely as a social support network has successfully diversified into a range of psychosocial rehabilitation programs, serving the Newcastle community, consistent with PRA philosophy today.

View from Within

Immediate Past Chairman, Graham Harris

Graham Harris first heard of PRA a year after it was launched, in 1956. He had, on leaving school, joined the Masque Theatre, an amateur



Never Stood Still

by Dr Anthony Williams, Vice-Patron

My association with PRA dates back to the early 1970's when I joined the Board, remaining a Board member for more than 18 years, prior to the honour of being invited to be a Vice-Patron. When I first joined the Board I was a very junior psychiatrist, involved in the development of community mental health services during the explosion of funding of the Whitlam era. For us, everything was new and seemed possible. PRA was already well established and functioning! At the start, I was (and continue to be) impressed with PRA's model of working with people suffering from a mental illness to assist with their rehabilitation into the community. The PRA model of psychosocial rehabilitation is a 'shared care' one, where each rehabilitee is expected to be receiving appropriate medical and psychiatric treatment within the public or private health service. This was an innovative approach, now shared by other community services.

If one looks at PRA's development over the years, it has never 'stood still'. PRA has been fortunate in attracting a wide variety of experience on its board, staff and volunteers, together with the loyalty and support from the rehabilitees themselves. When I look back over Board meetings, planning days and functions I was involved in, the one that remains most in my mind was the visit by the NSW Governor, the late Sir David Martin, in 1989. Sir David agreed to meet all staff and rehabilitees and kindly consented to be photographed with each rehabilitee. I believe this day was memorable for all involved.

Theatre group on Sydney's North Shore. "We were invited to perform in Lane Cove Town Hall, the proceeds to benefit PRA," Harris says. "The handsome, dapper John Kingsmill rose in black pinstripe suit to thank us. He spoke wonderfully about the fledgling PRA." Years later General Manager, Trevor Elligett approached publishing executive Graham Harris at a printing industry function, "He was sounding me out, much as I sounded out John Hall, my successor. I joined the Board 11 years ago and became chairman in 1998".

Harris says, "The Board is very good, forward-thinking, provides direction and governance, while the General Manager, Phil Nadin runs a very tight ship and takes responsibility for the management of PRA, he doesn't kick things upstairs." During his tenure, the Board has consolidated the financial stability of the Association, but Harris would be happier if PRA could generate more money from its businesses. "Government support is at the will of respective governments. A new Government may double the figure or cut it altogether, so you never know from one political term to another, whether or by how much, support will be maintained." He wishes for PRA clients, integration and independence, his two "I" words. "I'm not unhappy that all supported businesses have been directed by the Government to increase salaries of employees. It is financially tough going, but it is in line with the founder's self-help philosophy. When women were granted equal pay we all thought the country would go broke." In November 2004, on the eve of 50 years since the foundation of PRA, Graham Harris handed over to John Hall, a respected businessman, who by appointment and approval at the AGM became PRA's latest and current chairman.

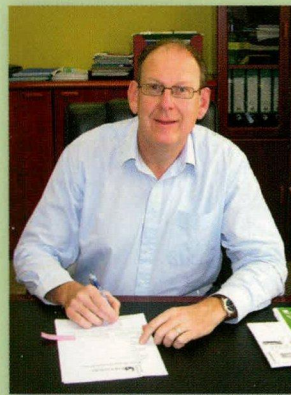
General Manager, Phil Nadin

According to Phil Nadin, General Manager of PRA for the past 11 years, his job is to set directions for staff and keep the wheels oiled. "It is the quality of the individual contact that determines the outcome. The facilities and the programs and the funding arrangements must be in place, but you have to come down to what is happening face to face. I am most proud of what happens at that level." He says PRA staff members, many quite young, are exceptional people, chosen as much for their natural qualities

Friendly Collaboration

by Fred Kong, Richmond Fellowship NSW

We at RFNSW are very proud to be working closely with PRA and look forward to continuing to do so for many years to come. It is this friendly collaboration that brings success to the comprehensive mental health system that is essential to our service users' recovery. PRA's 50th anniversary is a significant milestone in the development of mental health services in NSW and we at the Richmond Fellowship of NSW are proud to be associated with PRA.



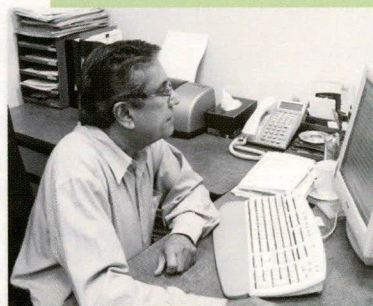
as academic qualifications, but often both. "Our senior staff members maintain a high standard that is very much a part of PRA, and they pass that message on to new people as they come in."

Nadin says financial issues are perhaps his greatest concern, "We are very cost effective and not entirely dependent on Government funding, which is good when you can get it. Our supported businesses are an important source of income but, as anyone will tell you, business can fluctuate wildly. Staffing is the next major issue because our staff work in a high pressure environment. Giving individual staff members on-going, day-to-day support is our priority in PRA." Nadin says the values of any organisation tend to start at the top with the Chairman and Board members, and filter through to every level. "Our Board charts where PRA is heading and what resources it needs to get there. Board members make sure everything is legally possible, and in keeping with our core values. That's the level they work at and they are very effective at it. They are supportive of new ideas. They are not afraid to tell management, in the nicest possible way, if they feel we're on the wrong track." PRA probably has one new Board member each year, "chosen for the expertise they bring to us". The positions are voluntary which ensures they are there for the right motives.

Phil Nadin is current President of Ostara, a consortium of specialist services around Australia supporting people with mental health issues. He has also served as Deputy Chairman of Mental Health Coordinating Council since 1999.

Director of Services, Sacha Maller

Sacha Maller, a respected social worker, has been with PRA for over 30 years. He has overall responsibility for Buckingham House; PRAonKING in Newcastle; The Outlook in Austinmer near Wollongong and its four satellite homes; Re-Employ, a specialist labour market employment agency in Liverpool; Queanbeyan Accommodation Support Program; HASI 2 and HASI 3; and Buckprint Graphics in Surry Hills. In 1975, he



magazine, The Wine Society, Optus and Woolworths. We are never without work, but planning would be easier if we had a larger regular customer base."

Vision

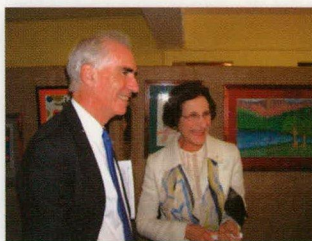
PRA is dedicated to optimising a person's capacity to lead a meaningful and purposeful life (Adopted in the winter of 2004).

Mission

Enhancing opportunity, satisfaction and choice for people with psychiatric disabilities to live, learn and work in the community.

We are committed to a *psychosocial philosophy* that promotes recovery, dignity and respect through:

- Employment
- Accommodation
- Social supports
- Psychosocial programs
- advocacy



Objectives

- To meet people's needs with quality services
- To assist people with a psychiatric disability to identify personal goals and set out in achieving them within the community
- To create opportunity
- To break down stigma

Venturing with NGO's

by Professor John Snowdon,
Vice Chair

Having been on the Board of PRA for 23 consecutive years, Professor John Snowdon is the second longest serving member throughout its 50 year history.

The importance and value of NGOs in the mental health field are undoubted. They work in parallel with services directed by Governments, but differently. Much of their funding may come from the Commonwealth or State Governments and they have to comply with certain requirements. They have their own governing councils or boards and they look for gaps that need filling.

Coming back to Australia in 1977, I encountered the 2-year-old ARAFMI, joined the Mental Health Association, and took an interest in GROW. I attended a NSW inaugural meeting of the Schizophrenia Fellowship later in 1985, by which time I had developed an even firmer opinion that health professionals, families, carers and those identified as having mental disorders, all needed to work together as teams. Later, ADARDS was established. Mutual respect and understanding, and therefore good communication, are vital. Discrimination against specific populations is unacceptable. Human rights must be respected. Disability must to be recognized and those with a disability provided or allowed opportunities for choice, participation and appropriate levels of independence.

1981 was the International Year of Disabled Persons, when people with physical disabilities asserted their needs and rights. People with psychiatric disabilities or intellectual

PRA Philosophy Today

Recovery is the ability to live well in the presence or absence of one's mental illness (Mary O'Hagan). Larry Davidson suggests recovery means different things to different people and can refer to different aspects of the same person's life. The concept of recovery and Richard Hauser's founding philosophy of self-help support underpins PRA's psychosocial (rehabilitation) philosophy today. Leona Bacharach (1992) defines psychosocial rehabilitation as, 'A therapeutic approach that encourages a mentally ill person to develop his or her fullest capacities through learning and environmental supports'. The goal of psychiatric rehabilitation is to help people with long-term mental illness become more successful and satisfied in the living, learning, and working environments of their choice (William A Anthony). PRA's philosophy is to maximize the potential of each person by individual and organizational support, so that they live a satisfied life. PRA services are based on a psychosocial (rehabilitation) philosophy – not any one model, thus drawing from a range of experiences, principles and best practice.

PRA in Tomorrow's World

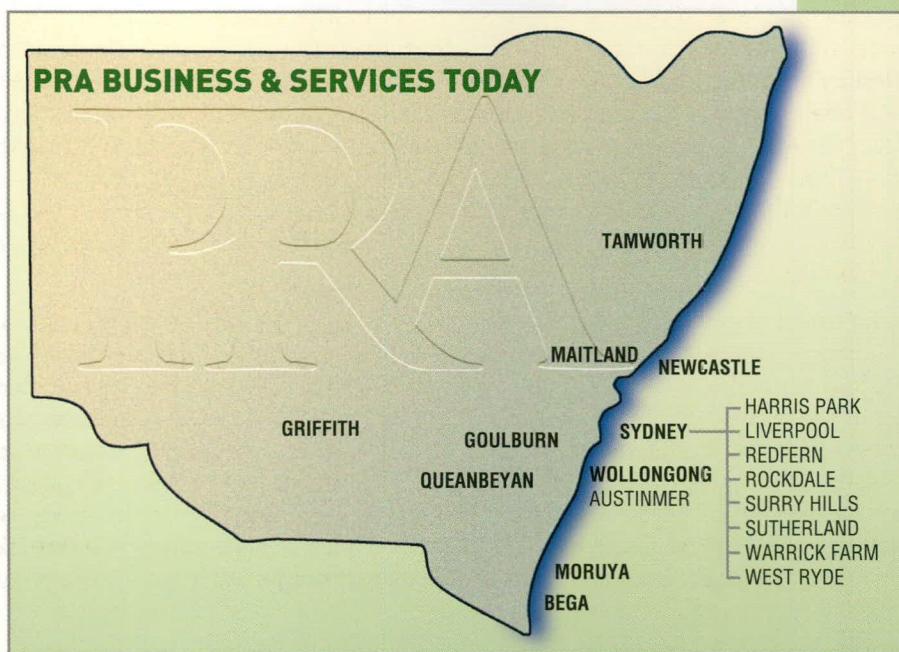
Phil Nadin, General Manager invites us to take a peek into the future with the benefit of hindsight – Where we have come from in the past 50 years and where we are today. In summarising, he has this to say.

PRA's first 50 years reflect in many ways the major developments in the mental health field over that period. Undoubtedly the organisation's future will continue to be shaped by ongoing developments in the field. When PRA started its life, it was in a psychiatric hospital. Some twenty years later, when people began to be de-institutionalised from such facilities, PRA's services in the community began to grow. Today, as governments become more accepting of the need to support people to live independently in the community, PRA's services are maturing into more individually oriented community based activities.

or cognitive disabilities were not given much attention at first, but eventually the facts concerning their different kinds of disability became apparent. PRA took the lead in NSW in voicing the need for Government recognition of discrimination against people with psychiatric disabilities. I remember the conference where these views were expressed. I joined the Board soon afterwards, believing that their psychosocial programs and lobbying could achieve what our health services often could not. We Health Department employees were constrained, but the NGOs could speak out and act.

Why did I agree to join the Board? Well, I suppose I was keen to contribute opinions and push for changes. I've been thrilled by various innovative programs that have been developed, mainly on the initiative of committed (employed) staff. Why should other mental health professionals consider involvement in PRA ventures or joining the Board? Because if they care about people, their ideas and knowledge can make a difference. I think it is important to have psychiatric and consumer expertise on the Board, but equally there need to be experts in finance, management and public relations. I strongly believe in partnerships between NGOs and health and community services. Our (health professional) presence on the Board helps make things happen, which is satisfying. Sharing that feeling of commitment is enjoyable. PRA are always on the lookout for new blood, new ideas. PRA has continuing potential, and those who come and ensure fulfillment of these possibilities will derive as much joy as I have, through being a part of it all.

Where does the future lie? We hope, as our vision suggests, that all people with mental health problems and disorders will have available to them the opportunity to lead meaningful and purposeful lives - That is more than attending a PRA service, or working in a job with support from PRA. We now know how important these services are, not just in themselves, but in helping people to move forward in their lives. For our vision to be achieved will require all the different arms of governments, health professions, the community services sector and community in general to better understand the special nature of mental illness and the effect it has on peoples' lives, and to make a commitment to improving society's response to those needs. If PRA plays a role in fostering that level of understanding, and by its example, demonstrates how people can be assisted to move towards their goals, then everyone associated with the organisation can be immensely satisfied. Only time will tell what will be the shape of PRA in the future. It's aims and philosophy seem as strong today as they have ever been, the need is enormous, and the organisation is more than willing to confront the challenge of tomorrow's world.



Epilogue

At the beginning we mentioned that the fifties heralded changes in the area of mental health, and that to understand the impact of this change on the humble beginnings of PRA, we needed to look back at the times. What were the mental institutions like? What was happening in mental health? What were the community attitudes of the 1950's? Who led the reforms and what made discharge from hospital possible? What action did governments take, and when? We have endeavored to provide some account and response to these questions, but how might we respond to the very same questions today?

History is an open book, depending on who is relating it, the records that are kept, the context, culture and prevailing themes of the times. There is no doubt, many events, issues and people that have influenced PRA, and many facts and nuances may be re-examined in a different light years later, adding new dimensions to those times we have tried to capture. This is just one moment in time, where it has been fitting to document this, to record and weave the threads that otherwise become lost, relying on oral passage from one generation of players to the next. We have been conscious of the gaps, the people we have not spoken to, can no longer speak to, and the records we can't access. We have been conscious of more that could be said, given the time and resources to do this. We have been conscious that this story has not involved rigorous historical method, in terms of theoretical construct and how information has been collected and interpreted. Given these limitations, we have to put the pen down at some point and let the reading of it speak for itself.

PRA began at Callan Park (The Rozelle Hospital, now due for closure) at the time of the NSW Cahill Government, straddled between the Stoller Report, commissioned in 1954 by the Menzies Government and the latest independent report, 'Not for Service' presented to the Howard Government in 2005.

At the time of going to press (March 2006), the Senate Select Committee tabled its first 576 page report on mental health, 'A national approach to mental health – from crisis to community'. Prime Minister, John Howard responded by announcing \$1.8 billion of new Commonwealth funding over the next five years to improve mental health services in the community across Australia. Within this package, there is to be more funding and resources for the Non-Government sector, to provide services for people with psychiatric disabilities - supported accommodation and employment initiatives. The Commonwealth is looking to the state and territory governments to substantially increase and improve the mental health services for which they are responsible, particularly hospital, emergency and crisis care, supported accommodation and prison care..

PRA began prior to the times of great change, PRA has itself changed a great deal in fifty years, and PRA opens this new chapter at an equally significant moment of reform in Australian mental health. Perhaps, once again we look on with cautious optimism, but enlightened with a history of our own and a better understanding of the context in which PRA must operate. However, PRA's mission remains not much different from its inspiring purpose and foundation, centred on a philosophy of self-help and recovery. Translated today, 'Enhancing opportunity, satisfaction and choice for people with psychiatric disabilities to live, learn and work in the community'. This tells us, we still have much to do within Australian society, to change public attitudes, to provide for those in need, to encourage self-sufficiency, recovery and self-determination, if we are to learn and neither repeat nor be indifferent to our past.

Chapter	Year	PRA	Association	Mental Health Event	At the time
Chapter 6 Decade of Inquiries (1983-1993)	1986	Merewether Hostel Newcastle	WAPR	Disability Services Act 1986 Australian HREO Commission Disability Services Program	
	1987	The Outlook Satellite Housing in Wollongong			
	1988	Buckprint Graphics NAPRASS		150 th anniversary Gladesville (Tarban Creek 1838) NSW Barclay Report	Australia Bi-centenary Greiner NSW Govt
	1989	Practical Designs	Alzheimers Australia	Royal Commission - Chelmsford	
	1990			NSW Mental Health Act 1990	
	1991	Parramatta wkshp to Harris St		CSDA Disability Reform Package 1 st TheMHS conference Introduction of atypicals	
	1992	Host WFMH Conference Amendment to Disability Services Act includes psychiatric disability	50 th anniversary OT Australia Hunter Institute Mental Health	National Mental Health Policy 1 st National Mental Health Plan Disability Discrimination Act 1992	Fahey NSW Govt
	1993	EnterPRAise Warwick Farm	NCAG & NSWCAG	National Burdekin Report	Keating Govt Native Title Act
Chapter 7 Enterprise (1994-2005)	1994			100 th anniversary Rozelle (Opening of Callan Park) Commonwealth Disability Support Strategy Baume Review – Disability Services Program	
	1995	40th anniversary of PRA	ATMHN (MMHA)	Emphasis on EBP	Carr NSW Govt
	1996	Prestige Packing West Ryde Prestige Binding ReEmploy Liverpool PanoRamA	Australian Mental Health Consumer Network 50 th anniversary RANZCP 50 th anniversary AASW	COSI (movie) Shine (movie)	Howard Govt
	1997	Accommodation Support ASP	AUSEINET	National Survey Mental Health & Wellbeing	
	1998	Vincent Fairfax Family Foundation Grant	Illawarra Institute Mental Health 50 th anniversary of WFMH Mental Health Council Aust	2 nd National Mental Health Plan NSW Framework Caring for MH NSW Boarding House Reform Strategy	2 nd term for Howard Govt

Chapter	Year	PRA	Association	Mental Health Event	At the time
Chapter 7 Enterprise (1994-2005)	1999				Troops in East Timor
	2000	Community Activities Program Newcastle BHR Project	Beyondblue	100 th anniversary Morisset Hosp. land grant Population Health Approach CSDA Disability Support Service	Sydney Olympic & Paralympic Games
	2001	Hunter DSP PRA Employment Service Unit	Ostara CRRMH		3 rd term for Howard Govt Boat refugees Mandatory Detention
	2002			NMHS Employment & Psychosis NSW Strategy MH Rehabilitation. NSW Strategy Housing/Acc Sup. Moving Forward CD psych rehab	Bali bombing
	2003	PSP Liverpool PRA on King Newcastle	ATMHN becomes MMHA	3 rd National Mental Health Plan	Troops in Iraq
	2004	PSP Illawarra	IAPSRS becomes USPRA	NSW Mental Health Act Review NSW Health Restructure – 13 Regional AHS	
	2005	HASI 2 & 3 Accommodation Support Program(Rural) Griffith, Queanbeyan, Goulburn, Maitland & Tamworth 50 th anniversary of PRA		NSW MH Priority Taskforce National Senate Inquiry on MH MHCA Not for Service Report	Iemma NSW Govt
Chapter 8 PRA Today Tomorrow	2006			Senate Report on Mental Health. 1.8 billion over 5 years to mental health announced by Howard Govt	Commonwealth Games (Melbourne)

PEOPLE PAST & PRESENT

Founders

Richard Hauser
Hephzibah Hauser (Menhuin)
John B Kingsmill
Dr John Parkinson

Patron

Her Excellency, Professor Marie Bashir AC, Governor of New South Wales, 2001-

Past

His Excellency, Sir Roden Cutler, VC KCMG KCVO CBE, Governor of NSW, 1979-1980
His Excellency Air Marshal Sir James Rowland KBE DFC AFC, Governor of NSW, 1981-1987
His Excellency, Rear Admiral Sir David Martin KCMG AO, Governor of NSW, 1988-1989
His Excellency, Rear Admiral Peter Sinclair KCMG AO, Governor of NSW, 1990-1995
His Excellency, The Honourable Gordon Samuels, AC, Governor of NSW, 1996-2000

Vice-Patrons

Dr Anthony Williams, 1997-
Justice John Purdy, 1991-
Dr William Barclay, 1981-
John B Kingsmill, 1981-
Dr Rodney Seaborn OBE AM, 1981-

Past

Hon CLD Mears CMG QC, 1982-1993
JD Rimes, 1981-1992
Hon William Wentworth, 1981-1987

Chairpersons

Hephzibah Hauser (Menhuin), 1955-1957
John B Kingsmill, 1958
WR Hogarth, 1959-1963
Viva Murphy, 1963-1967
Norman Kohler, 1967-1969
Adrian Powles, 1970-1988
Dennis Morgan, 1988-1996
John A Hall, 1996-1997
Graham Harris, 1997-2004
John A Hall, 2004-

General Managers

RJ Leishman, 1960-1966
Harold Salt, 1966-1979
Trevor Elligett, 1979-1994
Phil Nadin, 1994-

Senior Managers

Sacha Maller, 1970- (Director of Services)

Janet Meagher AM, 2000 - (Director of Employment; appointed Director of Development 2006)
James Fang 1998- (Director of Finance)
Mohammed Alkhub, 1993 - (Director of Group Business)
Terry Mudge, 2003 - (Director of Sales)

Past Board Directors

Margaret Adkin, 1969
Kenneth Smith, 1969
Kevin Ellis, 1969-1975
Marlene de Sousa, 1970
Miss KA Legh, 1970
Dr Bernice Eldred, 1970, 1972-1974
Dr Dougal McLean, 1972-1978
Dr D Ingham, 1974
Dr William Barclay, 1975-1976
Hon William Wentworth, 1976-1977
Harold Salt, 1978
Viva Murphy, 1965, 1968, 1970-1971, 1974-1980
John B Kingsmill, 1964-1982
Dr John P Parkinson, 1964-1965, 1970-1981
JD Rimes, 1975-1983
Dr Rodney Seaborn OBE AM, 1964-1979
Dr Anthony Williams, 1974, 1978-1995
BP Woodward, 1978-1979
Stuart Moon, 1980-1982
Clio Wallace, 1981-1996
Stan Alchin OAM, 1981-1987
Justice JS Purdy, 1983-1990
Dennis Morgan, 1984-1988
Cliff Dodds, 1987-1995
Adrian Powles, 1965, 1968, 1970, 1989-1992
Marlene Pentecost, 1989-2004
Grahame Cannon, 1991-1993
Graham Harris, 1994-1997
Professor Michael Hosrburg, 1994-1995
Dr William McSwiggan, 1995-2003
Janet Meagher AM, 1996-2000

Board of Directors Today

John A Hall, 1993 (Chair)
Professor John A Snowdon AM, 1982 (Deputy Chair)
Stan Brogan, 1996 (Treasurer)
Desley Casey, 2002
Jon Chesterson, 2003
Phil Escott, 2002
Pauline Green, 2004
Dr Peter McGeorge, 2005

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