



*The history of*  
**Richmond Fellowship  
of NSW**  
**and the people  
who made it happen**

COVER IMAGE

PETER BARTOK

FOUNDER OF RICHMOND FELLOWSHIP  
OF NEW SOUTH WALES

THE HISTORY OF RICHMOND FELLOWSHIP OF  
NSW AND THE PEOPLE WHO MADE IT HAPPEN

MATT WATSON AND ELLA LEGG

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1970

PUBLICITY  
AND  
FUNDING



1977

STRUGGLE  
STREET

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## Foreword

Richmond Fellowship of New South Wales (RFNSW) was founded in Sydney in 1970, drawing on the experience and guidance of Richmond Fellowship in the United Kingdom, to provide community based support for people with a mental health issue. From the outset it was based on values of respect, dignity, independence and hope.

The beginnings were humble and difficult, to say the least. Mental health was an awkward subject and widely misunderstood if not ignored by so many in society. If you had a lived experience chances were you struggled through alone. Unemployment and soul-destroying institutional care and homelessness were the outcomes for many. RFNSW stepped up to provide another model of care and support, but gaining understanding and funding for something so untried and untested was hard.

RFNSW grew to be a respected person-centred mental health and wellbeing service provider working with more than 700 people across New South Wales, and leading and innovating in many areas.

In 2012 RFNSW joined with another mental health organisation – Psychiatric Rehabilitation Australia (PRA) – with shared values and a commitment to enhance the rights of people with a mental health issue and take mental health service delivery in Australia to yet another level.

The story of RFNSW is extraordinary. This is the story of not so much RFNSW the organisation, but the people who made it happen.

**DR ANDY CAMPBELL, FORMER RFNSW CHAIRMAN**

*July 2015*

## Acknowledgements

The evolution of Richmond Fellowship of NSW (RFNSW) is such an unlikely story. From its inception, there was always a will and a vision, but also an ever-present uncertainty and a looming spectre of failure. The people behind this avant-garde organisation may have had broad destinations in mind, but getting to them was another story. As such there were many wrong turns, many incidents of ending up lost, many moments when the whole exercise felt somewhere between futile and hopeless.

Such could be said about trying to capture the history of RFNSW in writing. The ramshackle nature of the organisation – particularly in the early years – meant that historical documentation was often a low priority, making the work of capturing the story some 45 years after inception particularly challenging.

Full acknowledgement must go to the people who so generously gave their time to help make this account possible. Memory power pulled so many of the pieces together. The stories and the recollections mean so much. Not all the information holes were plugged, but without the co-operation of those who were there this book would never have been possible.

## Dedication

This book, of course, is dedicated to the people with a lived experience of a mental health issue. RFNSW was always about them.

### *About The Authors*

#### **MATT WATSON**

Matt is a former radio and television journalist and political adviser. At the time of writing he was Managing Director of Repute Communications and Associates, a consultancy specialising in media management, crisis management and general communications strategy. Matt commenced handling media relations and other external communications for RFNSW in 2008 and continues assisting RichmondPRA.

#### **ELLA LEGG**

Ella is a seasoned communications professional who has spent more than 20 years in journalism, corporate communications and editing.

At time of writing she was Proprietor of Ella Smith Communications, a copywriting and editing consultancy.

# In The Beginning

## Best-ever season for Bartex despite fire

A FIRE raged through his factory at the height of the production period, the average clothing manufacturer would have had his hair cut — and given up all hope for the season — at keeping in the sector against his competitors.

Mr. Peter Bartok is a manufacturer and a fire did sweep through his Sydney swimwear factory at the height of this season's production period. But that is where any similarity between Mr. Bartok and the average manufacturer ends.

Though the recent fire destroyed a vast quantity of valuable stocks at his Bartok's Swimsuit Coy. factory in the suburb of Petersham — and though much of his machinery was so severely damaged to put it temporarily out of action — Mr. Bartok is convinced that this will be his "best-ever" season in the sales of Bartex swimwear.

His staff really rallied when the fire havoc presented production and delivery problems.

"They were wonderful," he said. "They all worked like Trojans, and with their help we were able to overcome the problems of destruction and delay caused by the fire."

"Quite frankly, I think the customers were amazed at how we did it. They were all very sympathetic about the fire, and would have been understanding — though disappointed — if we hadn't been able to maintain all the deliveries.

"It was just wonderful that we could do it. We were frankly a little amazed ourselves at what we did."

This time it's a **MINI WALK-IN** on 7th March

of only 8 miles from Balmain to Putney and 7 miles back to help in the rehabilitation of psychiatric patients

THE RICHMOND FELLOWSHIP OF N.S.W. NEEDS YOUR HELP TO ESTABLISH A HALF-WAY HOUSE

Women Cash 71+46  
CONTACT :

Balmain Rotaract

NICK HASTERMAN 65-278  
MARG HEGGREN 65-616

Balmain Rotary

GEO. FUREY 65-268  
BOB SMITH 65-182

Richmond Fellowship PETER BARTOK 65-492

## Peter Bartok

Founder of Richmond Fellowship of New South Wales



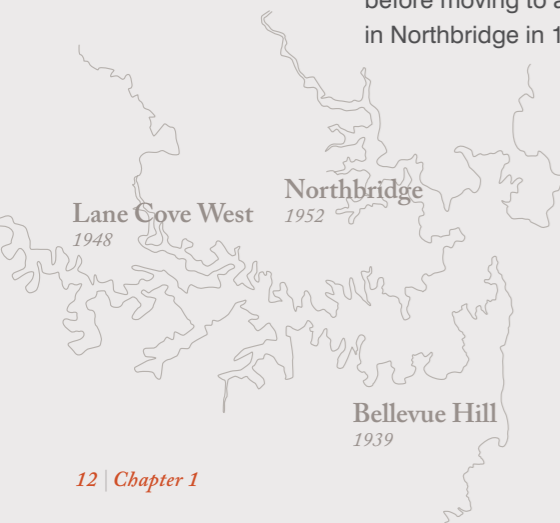
“Life has been an interesting experience: my advice is to make the most of it.”

A note left by Peter Bartok in an envelope marked "to be opened after my death".

## The Bartok family

Born on 1 December 1910 in Budapest, Peter Bartok was the youngest of three children. His grandfather founded a bank and his father was a business owner. On 11 January 1938, at 27, Peter married Agnes Sas, 25. Peter's family name, Bergsman, had been changed to Bartok to avoid anti-Semitic problems.

Seeking a better life, Peter and Agnes journeyed from Hungary to Australia in November 1939 following the outbreak of World War Two. Upon arrival they were classed as 'enemy aliens' and required to report fortnightly to Rose Bay Police Station. Agnes and Peter's first permanent Australian address was in Bellevue Hill, Sydney. They purchased their first property nine years later in leafy Lane Cove West in 1948 before moving to a larger home in Northbridge in 1952.



## Enterprising workers

Agnes, a former corset maker, soon found work at the Rubtex clothing factory in Camperdown. Peter was employed as a door-to-door salesman before establishing an importing business on Sydney's busy Hunter Street. In 1952 Peter established Bartex Swimsuit Company in Petersham, which also manufactured baby blankets and jodhpurs for the winter season.

In 1962 Peter and a friend, George Kux (later 'Cooks'), established Rowe St Records in Sydney's fashionable Rowe Street (now the site of the MLC Centre). Rowe St Records was ahead of its time with customers enjoying in-store listening booths and borrowing records overnight. The success of this venture led Peter and George to later open The Music Lover in Canberra.

During the 1960s, while the Rowe St record shop was flourishing, Peter studied real estate and branched into a property career establishing JS Crown Real Estate in Campsie. Although he oversaw the running of the record business he didn't actually work in the shop, which made his real estate pursuits possible.

## Mental health problems in the family

Peter and Agnes Bartok had two children: Michael (born 4 January 1945) and Geoffrey (born 19 September 1948). Mental health issues would have profound impacts on the family.

For reasons that were never clear, Peter attempted to take his own life by asphyxiation in 1957 when his eldest son Michael was 12. Michael believes pressures of running the swimsuit business may have been a factor. Peter spent six weeks in a Paddington-based private hospital and underwent psychotherapy for some years.

A psychiatrist at the time advised that he shouldn't leave hospital until he had a job and that he shouldn't return home because it wasn't a happy place. Michael was referred to the "Bokhara" private hotel at Cremorne Point where he stayed for five months. He secured a trainee sales rep job, but, lacking confidence, he was sacked after five months. With no money to pay rent he returned home. In ensuing years Michael worked hard to overcome his mental health problems, citing physical exercise as a being a key. He married twice and had two children.

In 1963, during his intermediate year at Sydney Grammar High School, Geoffrey Bartok was diagnosed with severe schizophrenia (at about age 14). While Michael was working, driving a car, socialising with friends and getting on with life, Geoffrey seemed to be in ongoing trouble. A once high-achieving student, he was increasingly absent from school, which affected his results. He obtained his Intermediate Certificate but was unable to finish his senior years at Sydney Grammar. He finished his schooling at Wolaroi College (now Kinross Wolaroi School) at Orange.

Agnes was of the view that the pressure for academic excellence at Sydney Grammar may have contributed to Geoffrey's mental health problems. Michael recalls his mother lamenting "once someone in the family has a mental illness it's a life sentence for every other family member".

**Peter BARTOK**  
1 December 1910

**Agnes SAS**  
25 January 1913

**Michael BARTOK**  
4 January 1945

**Geoffrey BARTOK**  
19 September 1948

Michael had only been at North Sydney Technical High School for a short time when his father attempted suicide. Walking into the kitchen at home and finding his father on the floor (and the oven and stove gas outlets on) had terrible effects on Michael. He developed anxiety. Significant personality changes followed. Michael eventually required psychiatric treatment, including LSD administration at the age of 20. At 22 he spent seven months in Sydney's Royal Prince Alfred Hospital as a voluntary patient.

## Looking for help

Geoffrey's schizophrenia left Peter and Agnes bewildered and shattered. They were confused about where to turn for help. Options were limited. No-one had ready answers. It became despondently evident that support and recovery solutions for people like Geoffrey were sparse.

Geoffrey was admitted to Chelmsford Hospital at Beecroft where Dr Harry Bailey was starting his revolutionary deep-sleep and shock treatment therapy, although it's unclear how much of this therapy Geoffrey may have encountered. Agnes thought the hospital and its ways were most suitable at the time, although Michael believes his mother may have been somewhat desperate. The treatment seemed to offer hope in a landscape bereft of options and opportunities. Many others however saw it as being controversial. The therapy would go down as one of the most infamous if not darkest chapters in Australian mental health history.

Agnes ended up taking Geoffrey to England for treatment in the mid 1960s. While correspondence shows that at various times Agnes and

Geoffrey were taken in by friends in the UK, it's understood they may also have received help from Richmond Fellowship UK.

What seems clear is Richmond Fellowship UK at least caught Agnes's attention. The Richmond Fellowship UK model, established in 1959, was created in response to English "de-institutionalisation" which resulted in people with severe mental health issues being discharged from hospitals, usually with nowhere else to go. Richmond Fellowship UK typically provided houses for student-aged people struggling with alcoholism, schizophrenia and other mental health problems.

Geoffrey spent about a year in the UK before returning to Australia where he lived with his family in Northbridge up to 1985. Then, at the urging of his mother who wanted more social interaction opportunities for her son, under supervised supported accommodation run by the NSW Department of Health. At the time of writing Geoffrey was 66 years old and living in an aged care facility run by Wesley Mission.

## "A startling new experiment" 1970-1978: The foundation years

Inspired by the work of Richmond Fellowship UK and lamenting the lack of local services and supports for his son Geoffrey, Peter Bartok got busy preparing for the set-up of a Richmond Fellowship in Sydney. He would spend some five years doing this – undertaking research, drawing in supporters, raising funds, liaising with psychiatrists and finally having the charity registered.

This was personal. Having seen and felt mental illness in his own family and having struggled so hard to find help, Peter was determined to create a charity that would cater for the needs of and provide community-level rehabilitative support for people with a lived experience of a mental health issue.

The organisation, Peter intended from the outset, would also help people in psychiatric hospitals transition to community life through supported housing accommodation operating as "therapeutic communities". At the time patients were usually referred to "halfway houses" (an Australian version of "de-institutionalisation"). While there was a role for institutional and hospital care, there was a void when it came to ensuring people could live stable and independent lives in the community once leaving hospitals and facilities. It was clear to Peter that if community support wasn't available, people living with mental health issues might never re-integrate or recover and they would experience ongoing costly, isolating, stigmatising and soul-destroying cycles and plights through hospitals and institutions. The impacts would be felt not just by those living with mental illness but their families and loved ones.

Peter saw that the concept of a "therapeutic community" should go further than "halfway houses". He recognised the importance of using a shared living environment as a core part of the recovery process. It should be an opportunity for people to engage in open and constructive relationships and dialogue to build insight and resilience as recovery journey foundations. Further, support from trained and supportive staff would never be far away.

*De-institutionalisation, the process of moving people out of psychiatric wards to be cared for in the community, began in the 1960s.*



## Earnest beginnings

Using personal networks, Peter worked hard to spread word of the endeavour and attracted interest from a handful of followers.

The new organisation would be called Richmond Fellowship of New South Wales (RFNSW). The inaugural RFNSW meeting was held on 18 May 1970 in room 5B on the second floor of Rowe St Records' offices at 164 Pitt St, Sydney. A management committee made up of psychiatrists, university staff, social workers and clergymen was formed.

### INAUGURAL MANAGEMENT COMMITTEE

President *Dr Lindsay Maderw*

Treasurer *Leslie Wolf*

Secretary *Peter Bartok*

Vice Presidents *Chaplain Dr Colin McKay, Reverend R Meyer, Dr B Peterson and Dr Maurice Sainsbury*

A Constitution was drafted and submitted to the Chief Secretary's Department.

RFNSW was registered on 11 September 1970.

There were 27 members, including office bearers.

The management committee was supported by several sub-committees including Houses Administration and Finance and Publicity. A chartered accountant, Michael Green, and solicitor Ivo d'Apice (of Makinson & d'Apice Solicitors) provided pro-bono services.

## Publicity and funding

The vision might have been well intentioned but the stark reality was that nothing would be possible without money, and attracting funds for such an unknown Australian social foray would always be difficult. Government decision makers were hardly inclined to tip taxpayer dollars into a venture that had face-value appeal but no track record. Attracting private support would be just as trying.

So the chase for dollars in the foundation years saw many fundraising events, publicity drives and research initiatives. Peter Bartok was supported by a broad mix of people helping him towards a fundraising goal of \$100,000 – a significant and ambitious sum for the day. The funds were primarily intended for securing suitable properties to be used as halfway houses. Early promotional brochures show that raised funds were also deemed for expert training for a nucleus of RFNSW staff who would then train additional staff.

Energies were also channelled into doorknock appeals, walkathons, presentations, raffles and distributing some 6,000 pamphlets. Whatever it took to get word out and bring dollars in. One doorknock appeal in July 1970 netted the Fellowship \$1,000.



*Peter Bartok worked towards an ambitious fundraising goal of \$100,000 to help secure suitable properties to be used as halfway houses.*

A walkathon held by Rotaract Balmain on 8 March 1971 raised \$1,600 and achieved invaluable local media coverage. Those who donated \$50 or more were promised a plaque featuring their name mounted in the hall of the first halfway house – wherever the house might be. It was a thrilling breakthrough when two-time Archibald Prize winning artist Judy Cassab got wind of the activity and donated artwork as a raffle prize. By 1971 Peter had garnered support from approximately 300 people: office bearers, members, donors and volunteers.

One newspaper described Peter Bartok's initiative as "a startling new experiment in rehabilitating the 11,000 people under pensionable age who are released from psychiatric hospitals in New South Wales each year".

Eager to mirror the Richmond Fellowship UK model in Australia, Peter was in close contact with UK founder and director, Elly Jansen, a one-time theological student who commenced her social vision by renting two houses for accommodation and support purposes. Notably, her desire was for an organisation without religious or denominational foundations, a tradition that would extend to Australia. Elly would visit Australia many times in ensuing years to provide advice and lend support.

Similar models were also proving successful in the US, such as Fountain House, an organisation built on the principle that people with mental health issues are capable of helping each other to live, work and contribute in the community.



*Elly Jansen would visit Australia many times to provide advice and support to RFNSW.*

The US experiences were being watched closely and would be another guide for what RFNSW was endeavouring to achieve in Sydney. Peter, however, was specific in wanting the first RFNSW house to cater for the rehabilitation needs of "young people in their late teens and early twenties".

According to a 1970 brochure "The Fellowship works on high moral standards; it is non-denominational. Patients, staff, members, etc may belong to any religion."

# Objections to mental home

Several hundred people have signed petitions objecting to the proposed establishment of a "halfway house" for mental patients in the North Rocks area.

11264/136  
PLEASE QUOTE FILE NO.  
RJ:JEB P5251/65  
IN YOUR REPLY



Council Chambers  
CASTLE HILL,  
N.S.W.

14th February, 1973.

# Development and Pioneering

Dr. L. Madew, M.B.B.S.,  
D.P.M., M.A.N.Z.C.P.,  
President,  
Richmond Fellowship of N.S.W.,  
164 Pitt Street,  
2nd Floor, 5B,  
SYDNEY, 2000.

Dear Dr. Madew,

Proposal to establish a Psychiatric  
Halfway-House at No. 65 North Rocks  
Road, North Rocks.

I refer to previous correspondence concerning your application for planning permission to establish a psychiatric halfway-house at the above site and wish to advise that after careful consideration, Council has resolved that the application be **refused** on the grounds that the site is inadequate.

Dr Lindsay Madew was instrumental in the formative period. A psychiatrist leading community mental health services in the central and inner west Sydney areas, his drive extended to ensuring that RFNSW attracted interest from local and metropolitan media. A Channel 7 interview was one of many early highlights. Publications such as *The Sydney Morning Herald*, *The Australian* and *Rotary Down Under* magazine further promoted the fledgling RFNSW and garnered much needed community support. It seemed that the exhaustive mental health and lobbying initiatives of Peter Bartok and Dr Madew weren't in vain. The efforts were gradually being noticed.

“When somebody leaves hospital, it is not desirable for them to go back to their old way of life. Also they may have lost their family, or their family may not want to be involved any more. But for them to go to a boarding house is not the answer. We want them to live in a therapeutic community where they can help each other and work on the problems of living with other people. At a halfway house, they can take up the threads of a new life – their old life has usually collapsed around them.”

Peter Bartok, Newspaper article, 1970

# Coming Back to the Community

by P. J. Bartok  
Hon. Secretary,  
Richmond Fellowship of N.S.W.

A new and adventurous project has been undertaken by a group of psychiatrists, university people, social workers and clergymen, who have recently formed the Richmond Fellowship of N.S.W.

This Fellowship is organised on the pattern of the English Richmond Fellowship which was established 10 years ago and is now running about twenty Halfway Houses. Recently a number of Richmond Fellowship Halfway Houses have been established in the U.S.A. too.

Halfway Houses are transition homes for people who have been discharged from psychiatric hospitals but are not yet ready to return home and for the many people who have no family to help them in their recovery.

The Halfway Houses are not guest-houses where the guests lead their individual lives. The people in the Richmond Fellowship homes constitute a close knit family where all are concerned about each other. It is a therapeutic community.

In England the Halfway Houses are specialised, each house catering for special needs. There is a house for student-aged patients, one for alcoholics, one for schizophrenics and so on. The newly-established Fellowship in N.S.W. plans to set up first a Halfway House for young people in their late teens and early twenties, for the rehabilitation of young people is the most pressing need and it is a nationwide problem.

The Richmond Fellowship has now been registered in N.S.W. as a non-profitmaking, non-denominational charity. Patients, staff and members etc., may belong to any religious denomination, race or class; there is no discrimination whatever. The Fellowship's aim is now to raise \$100,000 in order to buy suitable premises, equip them and then invite expert staff from England. When the

Fellowship is established in New South Wales, extension to other States is planned.

If your Rotary Club would like to have a guest speaker on this topic or is interested in more information, do not hesitate to contact The Secretary,

Richmond Fellowship of N.S.W., 164 Pitt Street, 2nd floor 5b. (Phones: 61-4192, 61-2501).

Our aim is to see that the wonderful work being done in our psychiatric hospitals has a fair chance of obtaining permanent results.

**“The Halfway Houses are not guest-houses [sic] where the guests lead their individual lives. The people in the Richmond Fellowship homes constitute a close-knit family where all are concerned about each other. It is a therapeutic community.”**

*Rotary Down Under magazine, August 1970*

## Facilities of the day

Peter was persistent in spreading the word about RFNSW's ambitions to organisations including The Church of England Youth Group in Rockdale, Balmain Rotaract Club, Rockdale and North Sydney Rotary Clubs and The Ryde Municipality Committee (Tarban Project). He also addressed a youth group run by Reverend Ted Noffs in the Wayside Chapel with Elizabeth Tow, a senior and highly respected social worker at Broughton Hall (a young people's psychiatric services facility).

Elizabeth had previously lived and worked in several Richmond Fellowship halfway houses in the UK and US and in 1972 would attend Richmond Fellowship training in London.

In the early 1970s services for people with severe mental health issues were almost totally provided in the large psychiatric hospitals including Gladesville, Callan Park, Parramatta, Morisset, Bloomfield and North Ryde. Each of these large institutions had voluntary arms or Auxiliaries which raised funds to provide services and facilities for the patients, as the residents were called. The Gladesville Auxiliary would be critical to the later evolution of RFNSW.

The concept of community mental health support certainly wasn't prominent, although there were some notable mental health NGOs in operation including Aftercare and Psychiatric Rehabilitation Australia (PRA). Such bodies typically raised funds to help ensure that people with mental health issues had basic living needs. It's interesting to note that PRA formed in 1959 as a community-based vocational support offshoot of Callan Park, the same year that Richmond Fellowship UK formed. History would throw up more synergies, with PRA and RFNSW merging some 40 years later to become one of Australia's foremost community-based services provider for people with mental health issues.

Gladesville Hospital and its auxiliary began to develop a range of rehabilitation facilities to help meet the multi-dimensional needs of people with mental health issues. Broughton Hall, which later amalgamated with Callan Park to form Rozelle Hospital, began to establish programs especially designed for young adults with mental health problems. Both hospitals would also be pivotal to the fledgling RFNSW as time progressed, as the needs of those with mental health issues became more apparent and as professional and social attitudes shifted.

The reality remained: there was a growing international and local recognition that people had a civil right to a life outside of institutions, that long-term institutionalisation was a travesty. But what was the alternative? Where these people should go to receive support – and who should provide it – was nebulous and largely unanswered. They were labelled as unstable and vulnerable people who wouldn't cope in the community. It didn't make sense that many were all too often cycling through hospitals and boarding houses, with their conditions unchanged, if not worsened. All too often their situation seemed circuitous and hopeless.

Yet it would be a bold step for anyone to challenge the status quo of systemic mental health treatment and agitate for mass reform, let alone pull it off in practice. There were many stigmas and sensitivities to tiptoe around. Mental illness was an awkward matter, something usually best

dealt with behind the secure doors of institutions – out of sight, out of mind. Was there a better way or doing things?

It seemed that some in government thought so.

Peter Bartok and the management committee spent early 1971 liaising with the NSW Department of Public Health and the Federal Department of Social Services, providing information about the aims and intended methods of RFNSW. In an exciting development the NSW Government wrote back proclaiming its support for the innovative mental health initiatives: “Conditions are causing the Department some concern and your organisation aims for establishing Halfway-Houses are quite timely and do have the support of the Department...”

SOURCE *Richmond Fellowship of NSW Report, January 1971*

There were positive signals from Canberra too. In late 1970 RFNSW received welcome news from the Federal Government that the organisation was entitled to a ‘two-to-one’ capital grant under the Sheltered Workshops Act. This money would go towards purchasing what was then described as the charity's first ‘halfway house’ or ‘psychiatric after-care centre’.

After so much hard work there was a sense that the organisation was ready for its first significant strides – having an actual premise where it could put the model to work. The stars that would see the extraordinary progression of RFNSW were yet to align, but they were on the move.

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“Conditions are causing the Department some concern and your organisation aims for establishing Halfway-Houses are quite timely and do have the support of the Department...”

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SOURCE *Richmond Fellowship of NSW Report, January 1971*

# PSYCHIATRIC PLAN DRAWS OPPOSITION

## Struggle Street

### Money's too tight to mention

RFNSW's bank balance in July 1971 was just \$6,000 – way off the target of \$100,000, but better than zero. By early 1972 this figure had nearly doubled to \$10,500. Negotiations were underway with government departments to secure a further \$21,000 in funding.

The whatever-it-takes mentality to draw in cash continued. On 14 November 1971 an Outdoor Musicale attended by 300 people was held at a Mosman property offered by entrepreneur and philanthropist Thomas Wenkart. The Hoffman String Quartet entertained guests and the event raised \$1,000. A half-page appeal in *The Financial Review* on 15 November generated \$1,300. Corporate donations were sourced from John Fairfax Ltd, Incorporated Records, Brambles International, Bank of NSW, The Henry Trust and several others.

RFNSW's second year (1972) saw more activities focused on publicity, fundraising, seeking suitable sites for a first property, communicating with government departments, finding suitable staff and general planning initiatives. Many wheels were in motion even though the organisation wasn't actually operating.



Elizabeth Tow, a senior and highly respected social worker who lived and worked in Richmond Fellowship houses in the UK and US, helped raise awareness about RFNSW.

Thus we are entitled to the "two to one" capital grant towards the purchase of the first Halfway-House. We are here quoting from one of the above letters: "...conditions are causing the Department some concern and your organisation aims for establishing Halfway-Houses are quite timely and do have the support of the Department..."

After careful consideration of all circumstances, it was decided to postpone for the time being the visit of Miss E. Jansen.

In July the Doorknock Appeal was held and about \$1,000 was raised. Considering the fact that we are not a well known charity yet, and considering furthermore our lack of experience with doorknock appeals, we think the result is satisfactory and we might repeat the appeal next year, organised on a wider scale.

Mr. Bartok introduced the idea of the Fellowship to the C of E Youth Group in Rockdale. He furthermore accepted invitation from the Balmain Rotaract Club for their annual change over dinner, where he was presented with a cheque for the proceeds of the Walkathon.

Mr. Bartok, accepting the invitation of Revd. Ted Knoffs addressed a group of young people in Wayside Chapel together with Mrs. E. Tow (social worker with Richmond Fellowship experience gained in England).

Having now received the eligibility for the "two to one" capital grant subsidy and having approximately \$6,000 in the bank, we can now look forward with more justifiable optimism to the future. Various plans like the establishing of the first Halfway-House and the organising of the Staff Training Centre, which last year looked like distant hopes, - are now much nearer to reality. We believe that many of our generous donors made their donations last year with the (then justified) feeling that they were supporting an organisation which was in its infancy and the future of which was doubtful. This now is no longer the case and we sincerely hope that you will support us again this year.

And again, if you have any enquiries, complaints, suggestions etc., please don't hesitate to get in touch with us.

Please be good enough to keep in mind that we will publish lovely Christmas cards, designed by a continental artist and hope you will support us with your orders. (20¢ each, in dozen lots @ \$2.40). Also please keep Sunday afternoon, the 21st November free. We will organise an open air concert on this date and will inform you about the details later on.

We wish to express our thanks herewith to all the people who helped us financially or with voluntary work etc.

Yours sincerely,

P. J. BARTOK Hon. Secretary

The management committee remained unchanged, except for the addition of Michael Green as auditor. There were now 25 members and approximately 400 'Friends'. A view was that the management committee should be expanded to extend the organisation's reach into more corners of the community, or, in other words, embolden the crusade for cash.

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**“Please be good enough to keep in mind that we will publish lovely Christmas cards, designed by a continental artist and hope you will support us with your orders.”**

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*Notes from a letter to RFNSW 'Friends', January 1971*

SOURCE Richmond Fellowship of NSW. Report, January 1971

In accordance with the need for other regular and reliable sources of income, RFNSW also ramped up support from philanthropic trusts.

Peter Bartok and Lindsay Madew continued to spread the word at public talks. At a WEA class in Canberra led by psychologist Mr Hindshaw, Peter and Agnes approached Bishop Warren and the Bishop became a supporter. Windscreen transfers were sold to boost profiling and local media interest continued.

When it came to money there were too many ups and downs to track. The players of the day took what they could get. In an off-shoot outcome

Peter Bartok negotiated for an area of the Northbridge Plaza carpark to be fenced off and used as a bottle-recycling site, with assistance from Willoughby Council. The site generated about \$80 per month and the only outlay required was installing a new fence. It was meagre income but money nonetheless, which meant plenty when every cent counted. In late 1973 there was a significant setback when the Department of Public Health withdrew a promised \$10,000 subsidy. The reason? A lack of funds. A telegram was sent to the Premier seeking an explanation. It wouldn't be the first or last time that public money was dangled and yanked.

Such trials and tribulations would almost pale into insignificance once the seismic political, social and fiscal shifts of the early 1970s unfolded and forever changed the face of Australian society. The election of the Whitlam Labor Government in 1972 proved to be an historic game-changer that would boost the fortunes of not just RFNSW but NGOs across the land. The new socially-conscious political agenda came with new rivers of money to assist the disadvantaged. And all of a sudden that money was flowing to NGOs willing and able to make a difference. No-one could have predicted that such generous financial support would continue under the conservative Fraser government once the Whitlam government had been dismissed in 1975.

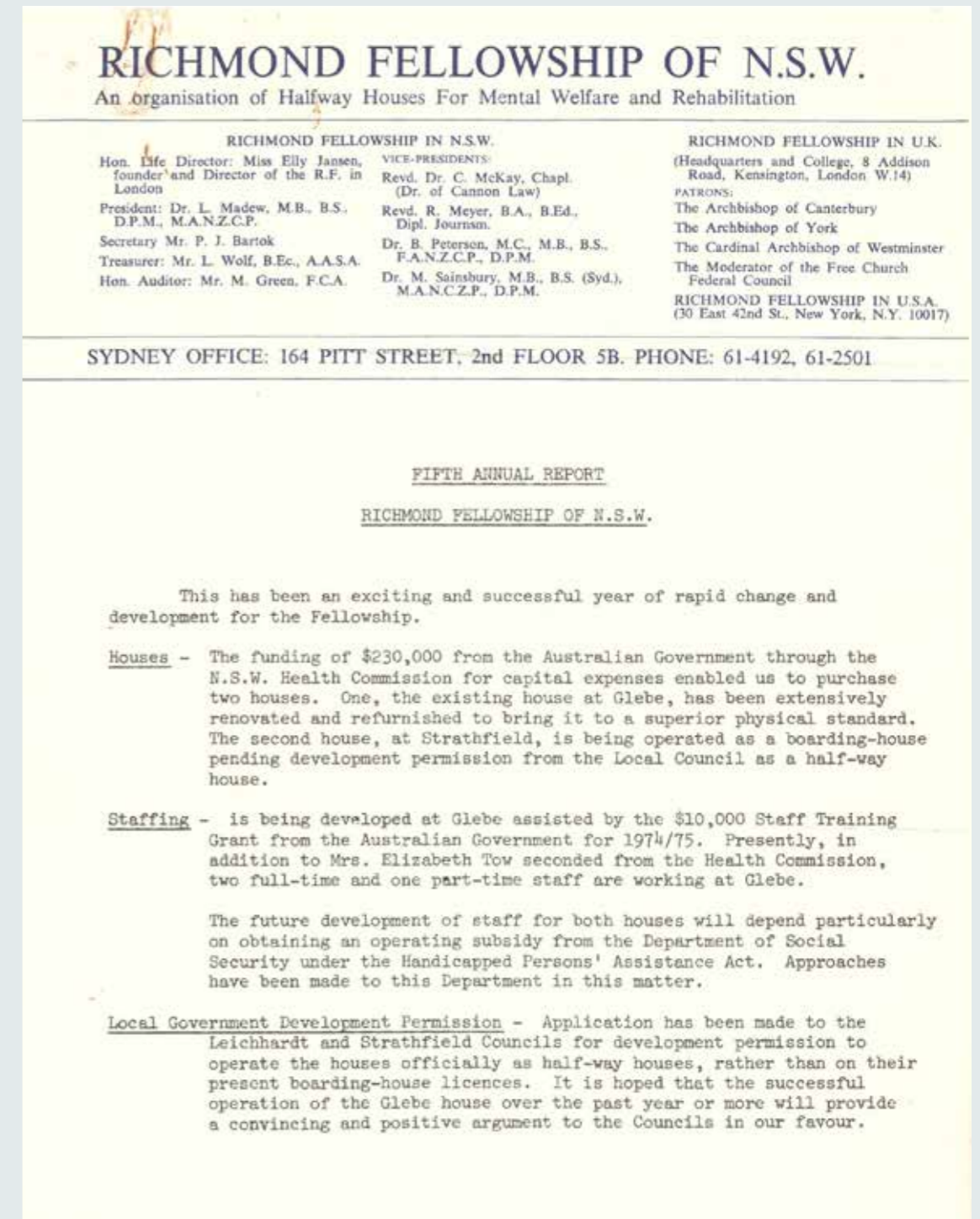
## Fear and loathing

“Many people didn’t care if you were a criminal or mentally ill back then. The stigma was all the same. Few lawyers had much knowledge about people living with mental health issues. There weren’t even procedures in the courts to assist with recognising mental illness. The Fellowship became a respected referral agency. There was almost nothing else for psych patients and drug addicts. In effect the Fellowship was the poor man’s Northside Clinic.”

*Greg James, Former Chairman and lawyer (2015)*

The search for suitable properties gathered momentum. Several properties were inspected. Criteria included proximity to employment and transport, potential for future expansion and a favourable room arrangement to encourage a harmonious ‘community spirit’.

Peter quickly recognised that obtaining council approvals could pose major challenges. In 1972 he told Friends of the Fellowship that “to obtain such a license is not very easy because most Council’s are afraid of the word “psychiatric” and are very reluctant to grant a license. Whatever the case, to find a suitable home is a very difficult, time consuming task, requiring a great deal of circumspection”.



*A \$230,000 funding grant and a \$10,000 staff training grant helped make 1974-75 an exciting period for RFNSW.*

Management Committee - The first major changes in the Committee since the establishment of the N.S.W. Fellowship occurred during 1975 with the retirement of Mr. Peter Bartok. He has moved out of the Committee to become Honorary Life Director of the N.S.W. Fellowship. Dr. Madew has vacated the Presidency to become Secretary. Mr. Tom Dunne has replaced Mr. Leslie Wolf as Treasurer. Rev. C. McKay, Vice-President, is acting as Chairman in absence of a new President. The Hon. Justice McClemens has been approached to become the new President. Drs. D. McLean and J. Allen have become Vice-Presidents with the retirement of Drs. Petersen and Sainsbury and Rev. R. Meyer. Miss M. Gutzner, Mr. N. Warren, Dr. H. Smartt and Mrs. Gerofi have joined Miss K. Legh, Mr. J. Shand and Mr. A. Barton on the Committee.

With the increasing activity of the Fellowship, Committee members have formed four sub-committees to facilitate our work. We are fortunate in having such involved and capable committee members.

Mr. Brian Stewart - has been appointed as Media and Public Relations Officer for the Fellowship on an Australian Government Grant to work closely with the Committee, particularly in administration and fund-raising. It is very heartening to have his assistance.

Trustees - With the retirement from the Committee of Mr. L. Wolf, Dr. J. Allen has replaced him as a Trustee.

Fund-raising - has been slower during this financial year but we hope, with the arrival of Mr. Stewart, that this will increase in the coming financial year.

The Bottle Site - continues as a successful enterprise and a steady source of income.

The Bequest of land at Batehaven from the estate of Mrs. Stark has been settled and the title is now vested in the Fellowship.

Incorporation of the Fellowship - Mr. Ivor D'Apice, Honorary Solicitor to the Fellowship, is preparing papers of incorporation for the N.S.W. Fellowship.

Australian Fellowship - Negotiations are under way with the Victorian and Queensland Fellowship to open an Australian Fellowship. It is hoped to accomplish this during 1975.

International Fellowship - An agreement to associate our N.S.W. Fellowship with the English and American groups will be negotiated following the formation of the Australian Fellowship.

#### Future Developments

The Committee considers that the priorities developed over the past year should be continued. Accordingly, it is suggested that we aim to develop the Glebe house as an Adolescent House and the Strathfield house as an Adult and Family House.

#### Future Developments (Cont.)

Further, we will attempt to make each house self-supporting on residents' fees and Government subsidies. This would allow us to use money raised publically for new developments of the existing or new houses.

We anticipate some difficulty in making the Adolescents' House self-sufficient due to the high staff/resident ratio. This may require revision in the light of our financial situation during 1975-76.

We aim to associate our houses more closely with their local communities to make it more possible for them to play their part in community care.

Our appreciation and gratitude to our solicitor, Mr. Ivor D'Apice; Auditors, Howard Fleece and Associates for their considerable professional assistance. Thanks to Mesdames Bartok, Gerofi and Kaldor for their administrative support.

I should like to pay special tribute to Mr. Peter Bartok, our N.S.W. founder and "godfather". The present healthy state of the Fellowship is entirely due to his tireless efforts and his attention to detail will be sadly missed. However, in his position of Honorary Life Director he will be free to assist the Fellowship in its future growth. We wish him good health and happiness.

Dr. L. Madew  
Hon. Secretary



In late 1972 RFNSW paid a deposit "to prove (its) intentions" and applied to Baulkham Hills Council for its first halfway house at 65 North Rocks Rd, North Rocks. This was intended to house up to 18 'psychiatric rehabilitees' and 'inmates' (as described by the *Advertiser* newspaper). However in December 1972, after receiving 53 written objections and just a single letter of support from a local resident, the Council rejected the application on the basis that "the site was inadequate".

## PSYCHIATRIC PLAN DRAWS OPPOSITION

Baulkham Hills Shire Council has received a number of objections from local residents to a proposed psychiatric half-way house at North Rocks.

The council called for submissions on the proposal in a local newspaper on November 30.

Time limit for objections was 4 p.m. Wednesday.

"I don't know exactly how many objections we've had but there are several," Shire Clerk Mr David Mercer said yesterday.

"In a case like this we would normally speak to the development applicants in committee, then report to council.

"But I don't think there will be any decision before next year."

The Richmond Fellowship of NSW applied to use a house in North Rocks Road as a psychiatric half-way house.

It would accommodate 18 people needing rehabilitation but who ex-

hibit normal social behaviour.

A professional panel would select the patients and a director and assistant would live with them.

One objector to the proposal, Mrs F. Corbett, lives opposite the house.

"I agree with half-way houses, but in an ordinary residential area 20 people in a house is too many," Mrs Corbett said.

Mrs Corbett, a part-time psychiatric nurse, said she was not concerned for her daughter, 12, or son, 17.

Mr Mercer said the house was very big.

He said accommodation plans would not breach any residential code.

"I've spoken to the doctor and matron and think it is an excellent proposal," Mr Mercer said.

The Sun 3th December 1972.

Baulkham Hills Shire Council received objections to RFNSW's proposed halfway house at North Rocks.

TELEPHONE:  
634-2200 (7 LINES)  
EXTENSIONS TO  
ALL DEPARTMENTS

ALL COMMUNICATIONS  
TO BE ADDRESSED TO  
THE SHIRE CLERK,  
P.O. BOX 75,  
CASTLE HILL, 2184



11264/136

PLEASE QUOTE FILE NO.

RJ: JEB P5251/65

IN YOUR REPLY

Council Chambers  
CASTLE HILL,  
N.S.W.

26th February, 1973.

Dr. L. Madew, M.B.B.S.,  
D.P.M., M.A.N.Z.C.P.,  
President,  
Richmond Fellowship of N.S.W.,  
164 Pitt Street,  
2nd Floor, 5B,  
SYDNEY. 2000.

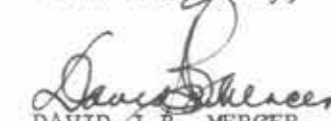
Dear Dr. Madew,

Proposal to establish a Psychiatric  
Halfway-House at No. 65 North Rocks  
Road, North Rocks.

I refer to previous correspondence concerning your application for planning permission to establish a psychiatric halfway-house at the above site and wish to advise that after careful consideration, Council has resolved that the application be refused on the grounds that the site is inadequate.

You are further advised that Council will be prepared to discuss its reasons and to give advice in respect of any other residential site which you may consider.

Yours faithfully,

  
DAVID J.B. MERCER  
SHIRE CLERK

RFNSW's proposal to establish a halfway house at 65 North Rocks Rd, North Rocks was rejected on the grounds that the site was inadequate.

Locals feared the proximity of the halfway house to their own homes and raised parking limitations as another big problem. Additional concerns included 'invasion of privacy of the residential area' and a negative effect on land values. It was evident that the community wasn't bending over backwards to lay out welcome mats for homes where people with mental health issues could recover. A noble idea maybe, but just not near us, thanks. As a result up to 20 people that RFNSW had lined up for the first halfway house were informed that things were on hold.

Another suitable house was located in mid-1973, this time in Western Sydney at 5 Howe St, Westmead. The asking price was \$45,000.

RFNSW made a development consent application through Holroyd Municipal Council and paid a deposit. But another application, another rejection. Holroyd Council and local residents had the same "concerns around property values" jitters.

Meetings with residents were heated. Quoted in a suburban newspaper, Dr Lindsay Madew told how a local woman at a protest meeting opined "They will try to rape me in my bedroom". Other homeowners were quoted as saying they were "frightened their children would be molested". Following these challenges, Dr Madew intensified Government lobbying activity, taking RFNSW plans to political figures including Federal Minister for Health, Douglas Everingham.

## The Council of the Municipality of Holroyd

All communications to be  
addressed to the  
Town Clerk

Tel. 657-0441 Ext. 23.  
(Mr. Cole, )  
IN REPLY PLEASE QUOTE  
NO. G73 60 9351.

The Vice President,  
Richmond Fellowship of N.S.W.,  
Room 5B, 2nd Floor,  
164 Pitt Street,  
S Y D N E Y. 2000.

Council Chambers  
Merrylands 2160

18th July, 1973.

Dear Sir,

Proposed Psychiatric Half-Way House at 5, Howe Street, Westmead.

I refer to your application of 9th April, 1973, and subsequent correspondence seeking consent to establish a Psychiatric Half-Way House on the above site and advise that when this matter was considered by Council, at its meeting held on 10/7/73, it resolved that your application be refused on the following grounds:-

- 1.- The character of proposed development would conflict with the character of adjoining development in the locality.
- 2.- The site is not of sufficient size to enable it to be isolated from adjoining occupations by the planting of suitable landscaped screens.
- 3.- The amenity of the neighbourhood could be adversely affected by the intrusion of the development, the cumulative affect of which would not be in the public's interest.
- 4.- The large number of objections received from local residents residing in the area.

Yours faithfully,

*I. R. Wilson*

(I. R. Wilson)  
TOWN CLERK *[Signature]*

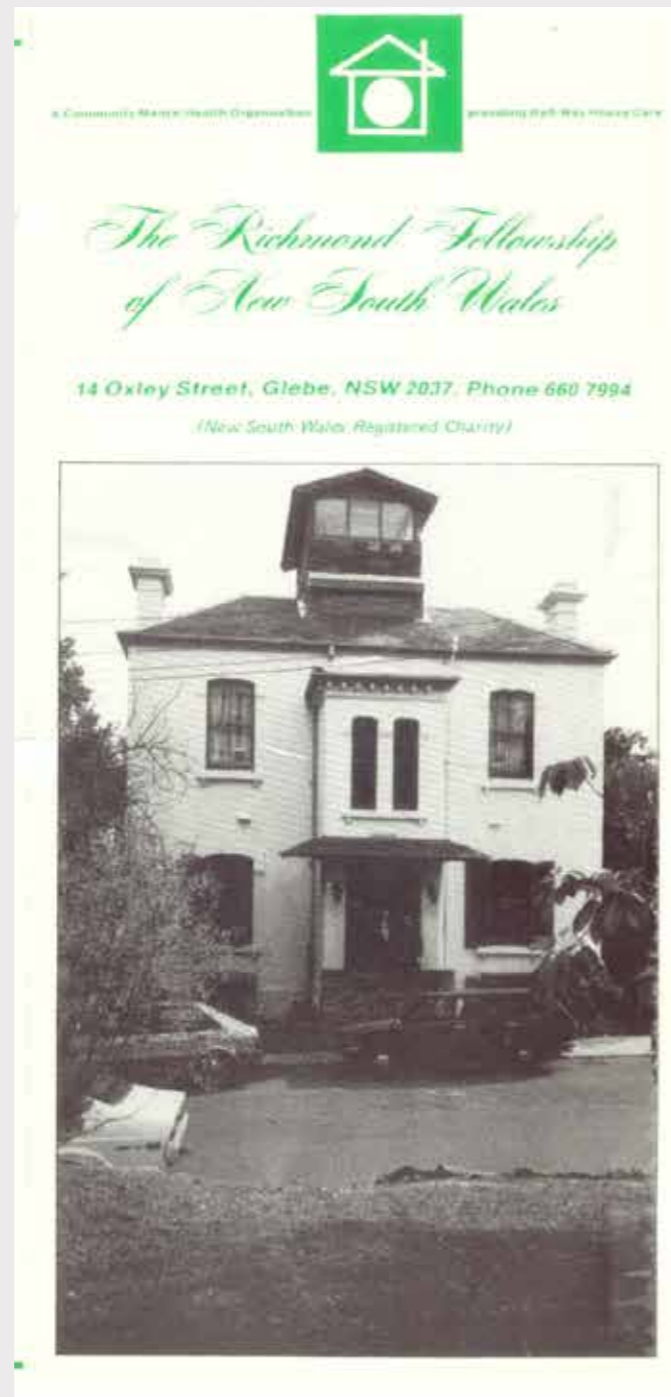
KG:VW

*RFNSW's proposal for a halfway house at 5 Howe St Westmead was rejected by Holroyd Council. The community wasn't laying out welcome mats for homes for people with mental health issues.*

## The first houses

The Whitlam Government's largesse hit home in early 1974. Nearly four years since registration, RFNSW received a financial shot in the arm that would catapult it from being a conceptual body to something practical. At a time when funds were dribbling in from doorknock appeals and the like, a Federal subsidy of \$230,000 administered through the NSW Health Commission felt almost surreal. All of a sudden RFNSW had the required financial muscle to get to the pointy end of service delivery. This new money was to be put towards the capital costs of establishing "two halfway houses in the Central Sydney area for people with a psychiatric disability based on the concept of self-help for around 12 young people."

The funds enabled the purchase of 89 Redmyre St, Strathfield ('Strathfield House') and 14 Oxley St Glebe ('Glebe House' – later renamed 'Blackwattle House'). RFNSW later sought permission from Leichhardt and Strathfield Councils to operate the properties as halfway houses instead of boarding houses.



Funds from a \$230,000 Federal subsidy went towards the purchase of Strathfield House and Glebe House (pictured).

## Glebe House: The Fellowship flagship

Glebe House was a large, tall and solid three-storey sandstone and concrete residence nestled into a sloping waterfront lot at Glebe Point foreshore, amidst factories and lighterage operations. A one-time Captain's cottage with beautiful water views, it came complete with a rare title deed extending down to the low tide mark. There was only one residential house next door – a student halfway house. For all intents and purposes Glebe House seemed ideal. A bonus was limited immediate neighbours, which would, hopefully, mean few concerns or complaints.

Beyond the centralised front door was a network of rooms with pressed-metal ceiling patterns, layered cornicing and generous skirting boards. A narrow cedar stairwell from the main ground floor took you down a level or up a level. The stairs and railings had a habit of creaking, as if suggesting they might give at any time. At the top floor an even steeper and narrower set of steps ascended to an attic area (where a crew from ABC's *Chequerboard* program would live for six weeks while shooting a documentary on RFNSW). Above the attic was a quad-shaped and glass enclosed "Widow's Walk" viewing area.

The rule of the day was that staff and residents shouldn't venture up to this part of the house, but so appealing was the outlook the rule was often broken.

The limitations of Glebe House, however, were numerous. Two and sometimes three people occupied the bedrooms (12 residents in total) which were adequately sized but far from spacious for the numbers expected to fit in. Men and women were segregated. Privacy measures within each bedroom included partitioning personal space off with wardrobes. The kitchen on the lower level was poky which made it hard for 12 residents and staff to get in and out let alone congregate and interact. Overall the house – especially the kitchen and bathrooms – had a lethargic, grotty and unhygienic look and feel. Many parts were without natural light, creating a sometimes dark if not gloomy feel. The downstairs cork floor was in urgent need of replacing (which staff saw to with their own hands some five years later). The walls and ceilings were flaky. Many of the balcony railings and decorative wrought iron fixtures were broken. The house might have had good structural bones but cosmetically it was abysmal. Then there was Glebe as a suburb, so far from the gentrified, trendy inner-city niche it is today.

It was known as a rough neighbourhood. Residents were usually battlers doing it tough. It wasn't the kind of place you'd take a random stroll through alone late at night.

As per the RFNSW vision – and with cosmetics to one side – Glebe House provided a supportive and therapeutic living environment for young adults seeking to re-enter the community after emotional and/or psychiatric stress and breakdown, usually after a period of psychiatric rehabilitation. Residents and staff participated in the management and operation of the community, contributing to a psychologically and physically safe learning place where recovery could occur without pressure or judgment. There was a reassuring culture within the walls, a sense of safety and security. Residents felt they belonged somewhere. It was a refuge where residents could learn from and support each other on terms conducive to individual recovery. If you were having a bad day you weren't cajoled from bed and marshalled about – keeping in mind that getting out of bed can feel like an insurmountable challenge for people living with some of the worst mental health issues. If you felt inclined to do

something – cook, sew, go shopping, find a job – you were encouraged and supported. There was a paper account journal that residents could fill in if they felt inclined – one of many little things that meant a lot.

An important initiative was weekly consensus-based house meetings and breakout groups to discuss each resident's "contract" (i.e. the residents' individual goals while living in the house). Each resident presented their contract to the house and, without judgement or pressure, residents discussed how they could help others reach their goals. Everyone leaned on and learned off everyone.

*Therapeutic community:  
A treatment facility in which  
the community itself, through  
self-help and mutual support,  
is the principal means for  
promoting personal change.*



*The first national gathering of state Fellowships (November 1977). Pictured, third from left, is Elly Jansen, and her husband George Whitehouse (second from right) with state representatives.*

Glebe House had a full complement of 12 residents by mid-1974. Described as 'invalid pensioners', they each paid \$20 per week. Senior social worker and director Elizabeth Tow was seconded from Broughton Hall to oversee management of the house and was assisted by several student volunteers, including Rob Ramjan, who was studying for a degree in Social Studies (both Elizabeth and Rob would go on to have long and distinguished involvement with the Fellowship, including as Directors). Nan Leigh, a senior social worker from Callan Park, was also pivotal in providing advice and progressing the Glebe House culture. Other early Directors and figures of Glebe House were Jenny Cook, a Social Worker from Callan Park and Kerry Moore, a dedicated Occupational Therapist and social worker. Nick Papadopoulos, Linda Barrs, Deborah Bonham,

Debbie Burke, Sue Taylor, Thor Blomfield, Kate Flannery, David Brennan and Ingeborg Mayers played important roles as time progressed.

The workload was exhausting. Usually swapping alternate shifts in the early months, Elizabeth and Rob provided 24 hour coverage, seven days a week. As fate would have it Elizabeth started work at the house with a badly broken leg, which made getting around the rooms and levels extremely difficult. She persevered for weeks without a day off. This was typical of the approach taken by so many staff and volunteers during the fledgling days of RFNSW: you didn't wait for an influx of money or staff or OH&S approvals to get things done – you just quietly and selflessly did things. As Rob Ramjan recalls, "A typical day went well past 1am. Elizabeth Tow would often stay overnight at Glebe House. A standard week was 100 hours or more – never nine to five."

The overnight cover was of enormous benefit to residents trying to find their feet and would remain in place at the house for at least a decade. Two full-time staff and one part-timer were eventually hired. A \$10,000 Staff Training Grant from the Australian government for 1974/75 was a welcome boost. As future staffing developments were largely dependent on operating subsidies from the Department of Social Security under the Handicapped Persons' Assistance Act, RFNSW made applications accordingly.

Staff showed residents how to cook, wash, shop, enrol at TAFE, apply for jobs where possible and stay on top of medication requirements. Visits to community events such as concerts, fetes and local footy matches were common, as were short-stay breaks out of Sydney. The notion of peer support became more prominent, enabling residents to lean on and learn from each other.

It was timely that Richmond Fellowship UK founder and director Elly Jansen should visit Australia in October 1974 (one of many visits to Sydney) to help set up Glebe House. She attended many meetings, met with VIPs, kept the media informed and liaised with people in the field of psychiatry. It was a watershed time not only for RFNSW but for how people in Australia struggling with mental health issues should receive care and support.

A competition amongst residents would see Glebe House officially renamed "Blackwattle House" in August 1984.

### GLEBE HOUSE CAPITAL COSTS, 1974

Items capitalised: at 30 June 1974		Establishment costs – not capitalised	
<i>Hoist</i>	\$67	<i>Moving expenses</i>	\$100
<i>Washing machines</i>	\$281	<i>Renovation of premises</i>	\$402
<i>Fire extinguishers</i>	\$146	<i>Telephone installation</i>	\$162
<i>Electric heater</i>	\$30	<i>Contribution:</i>	
<i>Kitchen utensils, cutlery</i>		<i>cost of Elly Jansen visit</i>	\$862
<i>£ crockery</i>	\$70		
<i>Bedding &amp; linen</i>	\$819		
<i>Filing cabinet</i>	\$2		

In addition to Glebe House, RFNSW progressed the small network of external (or 'satellite') inner-city houses in the mid 1970s as started by the Gladesville Auxiliary. Secured under cheap leases mainly in the Glebe and Annandale areas, the houses were made available to residents who needed occasional outreach support as opposed to full-time support. The modus operandi was that staff from Glebe House would drop in to the external houses on a casual basis to lend a hand. If it appeared that the residents had become self-sufficient the lease would be signed over to them. Such residents could always call on RFNSW staff to come back if things got out of hand. Many such houses came and went during this time.

Continuing to recognise merit in what RFNSW was doing, Central Sydney Area Health Service would eventually offer more houses where RFNSW could provide supported accommodation services.

But having so many dispersed properties under the fold created practical headaches. How should staff get to and from so many houses? By public transport? In private or leased cars? What financial burdens would this travel create for the already fickle bottom line? Bringing more houses under the umbrella was a step in the right direction in terms of growth and service provision, but as was becoming the norm every step forward was hindered by growing pains.

## An ‘adolescent’ house and a ‘family’ house

It was agreed to develop Glebe House as an adolescent residence and Strathfield House as an ‘adult and family’ residence. Both were to be self-supporting, kept afloat with resident fees and government subsidies. It was hoped that monies raised externally would go towards improvements or even additional houses. However, records showed that RFNSW saw little likelihood of Glebe House becoming self-sustaining in a hurry, largely because of the high staff-to-resident ratio and upkeep costs. It was hoped Social Security would fund half of staff salaries but resident fees weren’t likely to make up the remaining half. Either more money had to be found or the offering had to be stripped back.

The NSW Health Commission provided \$9,000 per year for the position of Glebe House Director, held at the time by Elizabeth Tow. Curiously, written correspondence from Commonwealth Community Health shows that \$18,000 was promised. The Department subsequently attributed the shortfall to a clerical error.

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**“It is therefore felt by the committee that, although we have every reason to be grateful to the Australian Government, and the NSW Health Commission for their generous funding, these apparent errors... have severely compromised the Fellowship’s ability to fund present staff.”**

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*1975/76 Annual Report*

Further negotiations with the Department of Social Security were undertaken with funding requested under the Handicapped Persons Assistance Act. The Department indicated it was willing to consider RFNSW’s proposal, provided that the organisation obtained local government approval for the establishment of each house and prove itself to be financially viable. As those at the helm of RFNSW knew only too well, meeting such criteria was extremely difficult.

RFNSW had lengthy discussions with Leichhardt Council about changing the Glebe House boarding house license to a halfway house license. The concern was that unless the property secured this approval it would be unlikely to receive any funding from Social Security.

Meanwhile, in a bitter blow, Strathfield Council refused developmental permission for Strathfield House and refused to entertain any prospects for the future. After seeking legal advice to appeal the council’s decision it was determined that RFNSW would be unlikely to win. The Strathfield House endeavour would prove to be futile almost from the moment of purchase. Local residents just wouldn’t have a bar of the intended use and had no reservations about making their hostility known. The opposition was overwhelming, to the point where RFNSW was unable to get even one resident into the house. The decision was made to sell Strathfield House (which had been acquired by the Federal Government for \$120,000). The house was auctioned at a loss in the 1977-78 financial year for \$97,071 and the money used to shore up Glebe House and buy another property – Nangare House at Wahroonga – in late 1979/early 1980.

With so many costly repair and maintenance matters adding to the financial pressures there was also much discussion about selling Glebe House to buy a larger and more cost-effective inner city property.

But there’d be no letting go of the flagship house just yet. The thought of selling more properties created ripples of consternation. It was never a given that the proceeds could be used to purchase other properties or go towards other requirements. The looming fear was that the government would eye off the new-found pools of money and either place its hand out or sever hard-fought funding streams. Sometimes it felt safer to struggle ahead without drawing too much attention.

As time passed word of what was happening and being achieved at Glebe House spread far and wide. Firstly across New South Wales and Australia, then the world. Glebe House became a hub for NGO, health and government figures from countries including the UK, the US and Lebanon wanting to familiarise themselves with the unique environment and programs offered. Psychology and social work students from local universities completed placements at the house as part of community health projects. Staff exchanged experiences with Long Bay Jail Special Care Unit staff and prisoners. Rob Ramjan recalls the Swedish Minister for Health and his staff showing up one day: “What impressed them was that they couldn’t tell who were staff and who were residents.”

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**“...our really tangible achievement has been in the successful establishment and operation of the Glebe House, where so much innovation, experimentation and real human work has occurred.”**

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*Secretary Dr Lindsay Madew, Sixth Annual Report, July 1976*

## Glebe House Reflections

### *It was a good time...*

“We had to drag people out of bed... literally, as residents had a lot of medication onboard – including Modecate, an injectable anti-psychotic. We worked closely with Glebe Community Health to get residents’ medications reduced. It was a good time – a time of low unemployment. Many residents had jobs. Staff often helped residents with their CVs and helped them practice for job interviews. Residents were responsible for buying food, planning their own meals and budgets, ensuring rent was paid on time. There were lots of visitors to the House – family members and prospective residents.”

**ROB RAMJAN, WHO WORKED  
AT GLEBE HOUSE IN THE 1970S**

“The place leaked. Often when it rained water came in. I ended up getting up on the roof with a glue gun and doing what I could to fix the problems. That’s just how we all did things then. If something needed doing you just rolled up your sleeves and did it.”

**DR ANDY CAMPBELL ON  
MAINTAINING GLEBE HOUSE**

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“The buildings may have been a bit dilapidated, but what I remember most was the warm, caring atmosphere and the concern shown by all of the staff.”

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**CLIO WALLACE**

SOURCE Board of management meeting February 27, 1985  
At 38 Hercules Street Chatswood

### *A journey of recovery: “Richmond Fellowship changed my life...”*

“The original Richmond Fellowship house in Glebe was my home for a year at the beginning of the 1980s. It was both the hardest year of my life and the most influential, as I struggled to come to terms with my mental illness.

The counselling from staff and shared experiences of other residents helped me begin a journey of recovery that gave me hope and vision, which continues to influence my life today.”

**SIMON CHAMP, RESPECTED MENTAL  
HEALTH ACTIVIST AND EDUCATOR**

“I loved going to Glebe House. It was an idyllic property – with water frontage and a private beach. The property was a blessing at the time and a curse at the end!”

“The approach to treatment at Glebe House was a breath of fresh air... almost the opposite of the institutions. Residents made their own decisions and staff were there to facilitate. Committee meetings were held to determine how the household was managed. They looked after themselves and decided how to deal with disruptive residents. I was very impressed, seeing the contrast between the old way of doing things and how things were done at Glebe House.”

**FORMER RFNSW CEO FRED KONG,  
ON GLEBE HOUSE**

## 1975-76: Changing of the guard

The first big changes to the Committee since establishment in 1975 occurred when Peter Bartok retired to become an Honorary Life Director. Peter passed away in a Sydney nursing home at Lane Cove in April 1991, aged 80. Several other Committee members also retired, including Dr Peterson, Dr Sainsbury and Reverend Meyer. The new committee was:

President *Justice McClemens*

Acting Chairman *Rev. Colin McKay*

Secretary *Lindsay Madew*

Treasurer *Tom Dunne*

Vice Presidents *Mrs D McLean*  
and *J Allenhave*

New committee members were Margaret Gutzner, Neil Warren, J Smart and Mrs Gerofi. They joined Keith Lush, John Shand and Andrew Barton (previously 'Bartok' – Peter Bartok's cousin). In 1975/76, the role of Acting President was held by Reverend Colin McKay. Keith Lush took over the role of Treasurer from Tom Dunne in 1976. Four sub-committees were also added to the Fellowship's structure.

Publicity for RFNSW took a leap forward in the mid-1970s with the appointment of a Media and Public Relations Officer, Brian Stewart.

On a Government grant, Brian was assigned to work with the charity's committees with a focus on fundraising and administration. The achievements were many, including an ABC documentary. Despite these efforts, funding for the role of Media Relations Officer would not be renewed for the 1976/77 financial year.

Meanwhile, discussions with the Victorian and Queensland Richmond Fellowships took place in early 1975 resulting in the formation of a national Richmond Fellowship body in the early 1980s – Richmond Fellowship of Australia. ACT Chief Magistrate Ron Cahill was appointed Chairman and Rob Ramjan was Treasurer.

Having a national umbrella group might have been a best-intentions endeavour that sounded and felt empowering but the reality was something else. Each participant (except perhaps for Richmond Fellowship of Victoria) was struggling financially and there were little funds to pump into an umbrella group. As such, the national body achieved little.



Chapter 4

CHAIRPERSON:

HON. TREASURER:

COUNCILLORS:

# Survival

CONSUMER ADVOCATE:

Government legislation demands progressive increases in the quality of support and supervision. However for most people with mental disability the promise of social rights legislation is a mirage as the increased costs of such ideal services are not fully funded. Allocated funds from the State do not keep up with the real costs of providing services and at the



Dr Andrew Campbell, Chairperson

Consequently, people with disabilities due to mental disabilities are caught between a rock and a hard place supported houses being increasingly more difficult to find. A crisis

Board resisted In order to maintain service and subsidising the Service's hou

The Board is is to ensure consequent economic more effective has set up



The Administration Team: L - R Fred Kong, Chief Executive Officer, Elisabeth Barry, Program Coordinator, Kerry Glover, Assistant, Carmen Holley, Assistant.



Psychiatric nurse Fred Kong was a familiar face at Glebe House. Fred would later become CEO of RFNSW.

A familiar face at Glebe House in the early 1980s was a psychiatric nurse from the Gladesville Auxiliary who, in the role of Welfare Officer, was responsible for the follow-up care of discharged patients. He knew the mental health landscape well as a regular visitor to Glebe House, boarding houses and nursing homes, helping residents adjust to community life. His name was Fred Kong.

Steered towards psychiatric nursing following the suicide of a mentally unwell Sydney University student friend, Fred gradually became disillusioned with psychiatric care in hospital settings. Like many professional colleagues he saw the institutional care approach as being necessary in some instances

but restrictive and futile in too many others. Tipping patients from hospitals and into boarding houses and onto the streets with limited or no assistance or rehabilitative frameworks seemed incredulous. What RFNSW was trying to do was on the same page as what the Gladesville Auxiliary was espousing – providing supported care for people living with mental illness away from hospitals and institutions. Fred saw Glebe House as a trophy example that client self-determination could work, that residents could break from costly and damaging institutions and integrate with the community, make personal choices, learn from mistakes and come as close as possible to living meaningful and independent lives.

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**“It was quite common for psychiatric patients from Gladesville Hospital to say they’d rather live in parks than suffer the impersonal and intrusive rigours of a mental hospital.”**

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*Fred Kong, former RFNSW CEO*

Fred explained at the time of writing: “In some respects we were encouraging homelessness. It was just as sad to see patients go nowhere living at boarding houses. I spent a lot of time taking patients from hospitals to boarding houses and I always felt bad about it, as if I was offloading them knowing that they’d be no better off. We’re not just talking about people with mental health issues... we were also dealing with people with developmental delays. We were helping people who had trouble getting out of bed and getting dressed, let alone talking about their feelings. There were so many different people with different issues and needs. They often didn’t need medical or nurse supervision or the aimlessness of a boarding house. They just needed day-to-day support. It was so refreshing to see an organisation with the same values as the Gladesville Auxiliary, a body that wanted individual options and outcomes for people with mental illness. This bold mission was to empower people with mental illness to help themselves, as opposed to restricting them.

This was about providing tailor-made support for individuals in the community, not one-size-fits all care under a hospital program. The Fellowship was revolutionary, a ray of sunshine... and it developed a following.”

That’s not to say that everyone favoured de-institutionalisation, the drift towards community support – or the “movement” as it became known in professional circles. Health sector traditionalists didn’t care much for the outlandish approach. Who did these visionaries think they were, trumpeting something so off-beat and myopic? This would lure mentally unwell people from perfectly good hospitals to the streets, take what stability and help they had away, wouldn’t it?

Lines were gradually drawn. Antipathy and hostility set in. Sector workers gravitated to two separate camps – those in favour or the status quo and those backing the community-based movement.

Unions representing doctors and nurses made their views quite clear: back off.

This looked and smelt like an assault on the job security of those in the psychiatric sector. And if that was the case, well, it would be war.

Strike action followed, to the point where short-term volunteers were required to keep some psychiatric wards functioning. No-one predicted how nasty things would get. RFNSW supporters had their tyres slashed. At the Bloomfield psychiatric facility in Orange in central western NSW the water tank was poisoned in protest over the looming shift to community care. The Gladesville Hospital office window of Fred Kong was pierced by bullets, leaving Fred and many other supporters shaken and in fear of their safety.

Being part of the movement didn’t just require tenacity and determination – it required a whole lot of courage too.

Oddly enough this consternation would be the catalyst ultimately securing RFNSW’s long-term future. The chain of events were unforeseen and ironic to say the least.

Rather than go to war with health sector unions and other naysayers, the Gladesville Auxiliary made the bold decision to pass its operational reins – including all satellite houses and annual funding of approximately \$500,000 – to RFNSW. It was a difficult decision for the Auxiliary given all it had achieved, but survival was foremost in mind.

“There was fidgeting and fudging,” Fred Kong explained. “We gave the unions ongoing assurances that there’d be no impact on traditional health sector jobs but at the same time we were repositioning in case they and other opponents came in for the kill. Put simply, we gave control of everything we were doing to the Richmond

Fellowship. The little fish swallowed the big fish. It was that much harder for opponents to target the Auxiliary and kill us off once we’d given control away. We were at arm’s length from attack and the vision of care was protected under the wing of an external organisation that we respected and trusted. So to save ourselves, we had to give ourselves away. It was just how things unfolded at the time. It was so strange because most people didn’t have a clue that we’d handed everything over to an organisation that was pretty much nothing, an organisation that had no money and was hardly on its feet”.

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**“It was the end of the Gladesville Auxiliary but an historic moment for the care and support of people with mental illness in Australia.”**

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*Fred Kong, former RFNSW CEO*

## *Informal and home-like...*

Following the amalgamations, RFNSW extended its services to a broader age group and other levels of psychiatric care. Now RFNSW could excel at providing support and accommodation for two tiers of consumers: high functioning young people plus high-dependency patients requiring around-the-clock care.

Marrying the cultures of two very unique organisations with distinct levels of care and support would not be without challenges. Some RFNSW staff saw it as a time when the organisations 'family' culture was irreversibly changed. Others saw the expansion into high-care services as essential for long-term survival.

For a short period Fred Kong was appointed RFNSW Residential Co-ordinator and in September 1988 he was appointed CEO. The operations of a far smaller auxiliary, Rozelle Auxiliary, were also merged with RFNSW. Two members of the Gladesville Auxiliary Board joined the RFNSW Board of Directors: Senior Gladesville Hospital Occupational Therapist Clio Wallace and Frank Simpson, the father of a Gladesville Hospital patient.

These were significant and radical changes. Although there was ongoing debate about the new way of doing things, the non-government model continued to thrive, especially with the added resources and expertise which came with the merger. And most importantly, RFNSW continued to demonstrate that the model was working for the people it sought to support.

"The hallmark of the Richmond Fellowship model, as many visitors to the core houses have seen and been impressed by, is their informality, home-like nature and easy-blending into the community... Richmond Fellowship offers inherent stability; non-institutionalised care led by a Board, public visibility awareness/maintenance of funds, more scope for residents to form outside relationships support and network, teaching and in-service training opportunities, room for respite functions assuming 90% occupancy, provides a direct transition from long stay ward experience, employment opportunities for staff; experienced management of long term clients. If it's not implemented the bulk of the patients will STILL be discharged to 30 bed unsupervised hostels – it is not in the interests of boarding house proprietors to encourage independence/small group living".

### **RICHMOND FELLOWSHIP SUBMISSION FOR A 20-BED MEDIUM STAY THERAPEUTIC RESIDENTIAL UNIT**

*26th June 1985*



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**“We were like a plane.  
We had to keep flying  
forward to stay in the air.”**

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*Dr Andy Campbell was another regular at Glebe House. Andy would become a major figure in RFNSW's history.*

Dr Andrew 'Andy' Campbell became another regular at Glebe House. His interest in RFNSW was piqued through community psychiatry, mainly around the Glebe area. He worked as a clinical consultant to Glebe House residents while working with the Glebe Community Health Centre. Aligned with the Fellowship's vision, Andy saw that people with severe mental health problems could learn to adapt in a community setting providing that stable accommodation and social networks including access to and support from family and friends were in place. He was also a big believer in taking time to find the strengths of individuals with mental health issues, to find what they were good at as part of a personalised recovery journey. Andy would go on to become another major figure in the history of RFNSW, joining and remaining on the Board for 30 years, many of those as Chairman. His formal involvement started rather unexpectedly when he attended a Glebe House Christmas party: "The next thing I knew I was recruited," he explained at the time of writing.

Although RFNSW was making significant forward steps during the late 1970s and early 1980s, the organisation remained shaky. Things were done on the run. Staff members were overworked. There was still a major lack of funds.

## *The argument for de-institutionalisation...*

“A major argument underlying de-institutionalisation was that mentally ill people were being cut off from normal services and lifestyles, which in turn led to problems. They were often denied access to general hospitals, general practitioners, banks and management of their own money, public and private housing, employment, education, sports and hobbies etc. and prevented through isolation from developing normal relationships with either each other or people other than their carers. They even had no say in their own treatment. Living inside these institutions led to a condition known as ‘institutionalisation’ – itself a negative response to being cut off from the community.”

**ANTHONY YORK, CONSENSUS ON CO-OPERATION, OPTIONS NEWSLETTER**

*April 1995*

As Andy recalls, “We were like a plane. We had to keep flying forward to stay in the air. And we nearly crashed many times. It was always about survival, fighting for funding and hoping for money to come through in a timely manner. We had to take a lot of risks.”

Promised government money continued to drip in late, making it extremely hard to budget and function with certainty. Bank balances ran frighteningly low. Staff, Board members and volunteers were pseudo-tradesmen, doing what they could to manage upkeep of the houses – painting the walls, unblocking pipes and fiddling in the fuse box. Having houses was one thing. Having reliable income to keep them running was another.

Mind you it wasn’t just cash-poor RFNSW that was struggling. Many other smaller NGOs and start-up operators with similar aspirations and financial woes simply couldn’t hang on. Some were taken over

by RFNSW. Picking up struggling organisations was a saviour of sorts, given that RFNSW acquired the funding attached to them, as meagre as it sometimes was. This might have created a perception of RFNSW being dominant, but the reality was it was never far from collapse.

Sometimes little lifelines arrived in the most unexpected manner. A source wishing to remain anonymous at the time of writing told how:

“There was a meeting at Blackwattle House and Greg James (prominent Sydney lawyer and early RFNSW Chairman) had to leave to attend to other commitments – he was incredibly busy with his legal career. We’d been discussing the dire state of the Fellowship’s finances just before Greg departed. After a while we realised he’d left something on his chair. When we went over we saw it was a cheque made out to the Fellowship for a significant amount. There was no fuss. Greg never said a word about it.”

## Keeping up appearances

Glebe House did its best to keep up appearances and enjoyed goodwill from the community. The place ran discreetly, which is exactly what RFNSW was striving for. The gardens – including an appealing pond – were improved and maintained by residents. In the mid 1980s a survey of neighbours was undertaken to gauge views and perceptions of the house and its function. The results were good, with some 100 positive sentiments recorded. It was actually the raucous parties at the student halfway house next door that raised the ire of the community.

But it took time for the standard at Glebe House to catch up at other houses. It was sometimes said you could pick RFNSW houses based on the peeling paint and weeds. And what impression was this creating for neighbours and government funding bodies? Such sloppiness wasn’t the best showcasing strategy for an organisation wanting to integrate people with unique issues into neighbourhoods and achieve acceptance. There was only so much overworked staff and volunteers could do to keep on top of things. Maintenance contractors would have been great if only there were money trees in each backyard.

The answer, as at Glebe House, was to get residents involved with basic maintenance such as mowing, gardening, painting and cleaning. This, after all, was part of the philosophy that giving residents something to do and creating a sense of contribution was a positive thing. It was better than languishing around and watching television. It’s a standard thing today for many NGOs to create work opportunities (namely paid opportunities) for people with mental health issues, given the obvious personal, social and economic benefits. But the truth was that getting RFNSW residents busy with chores about the house was a big piece of the survival jigsaw, something done on the run and out of necessity.

## Consumer perspectives

The odds were stacked against Paula Hanlon when she was a young woman. Wrestling with Dissociative Identity Disorder, alcohol abuse and suicidal thoughts, she was kicked out of home at 22 and cycled through hospitals and different private residences. Holding down a job was all but impossible. Misdiagnosed with schizophrenia, manic depression and borderline personality disorder, Paula was at one stage taking eight different medications (24 tablets per day). She underwent 38 ECT treatments in an 18 month period, leaving her with headaches and memory loss. At one point the medications left her so woozy she fell over when getting out of bed and hit her head and broke her leg. Another physical impact from the medications was Paula ballooning from size eight to size 26 over a four year period.

Paula's life changed immeasurably when she was referred to Blackwattle House (renamed from Glebe House in 1984) in 1987, and later another RFNSW House at St Johns Road, Glebe.

"The (Blackwattle House) staff weren't like hospital staff," Paula explained at the time of writing. "They'd sit down with us and laugh with us. It was such a happy place with such a wonderful atmosphere... a place where we felt secure, where

there was a feeling of hope. It was like being at a friend's place for lunch. I absolutely loved the place."

Day-to-day activities and chores, as simple and mundane as they may have seemed, proved to be critical for residents like Paula. The days had structure, which in turn created senses of meaning and purpose.

"It was good getting in a routine and looking after the house. We all had duties assigned and if you didn't do your job it was talked about at the house meeting – I always wanted to avoid being pulled up. I'd clean the bathroom and when I was finished I had a feeling of achievement. At one stage I was asked to clean the oven and I had no idea how to do it. I had to ask for help. I was told what I needed to buy and how I should approach the job. When it was done I was so proud of how it looked. I thought 'I did that'. Those simple tasks were monumental in me feeling better as a person. There's an assumption that when people are at a certain age they have certain skills and knowledge, but when you have mental health and drug and alcohol problems it's not always like that. You often don't know what to do and you're too embarrassed to ask for help. When I was at the house it was probably the first time that I started asking people for help on how to do things."



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**"I was pretty hopeless, and hopelessness is a big part of suicidal thinking. It all makes sense now but back then it was like being in a mix-master, chopped up and swirled around. I didn't think I would reach 20, let alone 30."**

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*Paula Hanlon's life changed immeasurably when she was referred to Blackwattle House (formerly Glebe House).*

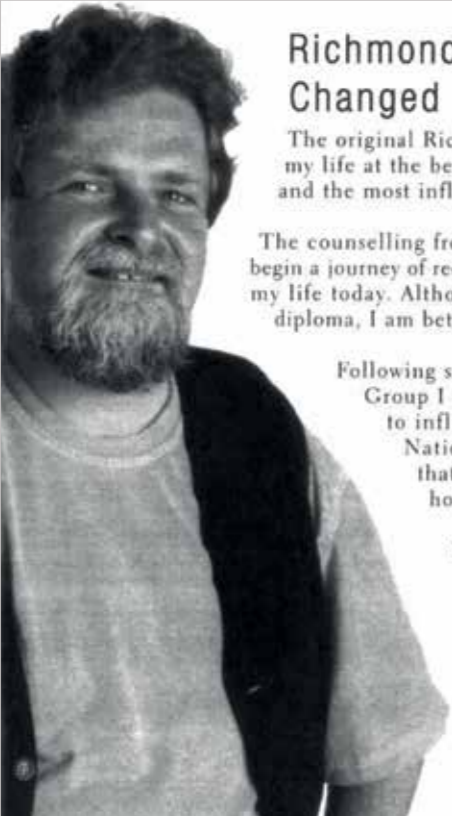
And not just help with routine things. Blackwattle House residents were trained on how to perform first aid and CPR, a fortuitous thing as it would come to pass when a fellow resident collapsed one evening. Paula called an ambulance and performed CPR. Although through her medicated haze she doesn't entirely recall the incident, the on-call nurse at the time has frequently reminded Paula that her intervention was in all probability life-saving.

Paula's time at Blackwattle House would mark her first period of sobriety since abusing alcohol. She didn't drink once during her 15 month stay. She credits the senses of stability, security and confidence that went with living at Blackwattle House for making this possible. Although Paula would face on-again-off-again battles with alcohol and her mental health issues,

she credits Blackwattle House as being her first big taste of refuge and hope.

"I was pretty hopeless, and hopelessness is a big part of suicidal thinking. It all makes sense now but back then it was like being in a mix-master, chopped up and swirled around. I didn't think I would reach 20, let alone 30."

At the time of writing Paula was turning 50 and celebrating 23 years since consuming alcohol. She is Consumer Services Manager at Ryde Community Mental Health Service and has sat on the Boards of North Sydney Local Health District and RFNSW. For 15 years she has travelled Australia as a Surveyor for the Australian Council on Health Care standards, reviewing mental and general health services. She has a Masters degree in psychology.



**Richmond Fellowship  
Changed My Life...**

The original Richmond Fellowship house in Glebe was my home for a year of my life at the beginning of the eighties. It was both the hardest year of my life and the most influential as I struggled to come to terms with my mental illness.

The counselling from staff and shared experiences of other residents helped me begin a journey of recovery that gave me hope and vision, which continues to influence my life today. Although I have become an artist with a degree and post-graduate diploma, I am better known for my work as a mental health activist and educator.

Following several years as a member of the National Community Advisory Group I currently sit on the Mental Health Council of Australia trying to influence the development of policies on mental health at the National level. I find myself often drawing on the hopeful vision that was first shown to me while living in a Richmond Fellowship house nearly twenty years ago.

Now a new generation of people are facing the same challenges of mental illness and psychiatric disabilities. Whenever I visit the Fellowship I often wonder how far the caring support that residents receive will carry them in their future lives.

Yes, quite literally the Fellowship changed my life!

*Simon*  
Simon Champ

*The door of Glebe House was opened to Simon Champ in the early 1980s. Simon would go on to live in some RFNSW satellite houses. By 1985 he had stepped up as one of Australia's first and foremost mental health consumer advocates.*

In the early 1980s, Simon Champ was a Rozelle Hospital patient. In his mid 30s and struggling with serious mental health issues, he'd lived at several locations around Australia. Life was unsettled and difficult. Simon recalls a social worker at Rozelle Hospital suggesting that he 'try out' for Glebe House – a new supported-accommodation residence for people with severe mental health problems.

"It wasn't as simple as filling in forms and getting in," Simon explains. "I had to meet the residents and staff at the house over dinner and participate in an interview.

It was pretty intimidating in a way. What was absolutely unique was that the house residents got to vote on whether I should be accepted and their votes were equal to the votes of the workers."

It was decided that the door should be opened for Simon, once a place was available.

"I didn't really know what to expect. I just knew I had to do something because I'd lost everything in a sense and ended up there (Glebe House). The dynamics were strange sometimes. On Monday nights we'd have

meetings and everyone could comment on everyone else's behaviour. You could say what you thought. It was a really strange kind of democracy. It surprised me sometimes that they'd take on residents who I thought were too hard when the place wasn't at its strongest. I shared a room with two other guys. One was into orthomolecular cures (nutritional supplementation). He'd take all these supplements then rush to the window and vomit outside, which was unsettling. Sometimes workers slept overnight if there was a period of tension through the house. But there was always a gradual process happening, a process of being en route to recovery. Sometimes when you thought things were in bad shape they'd take on a person who was particularly tough and in a funny way it would bring out the best in others there."

Simon recalls organised outings – and lots of them. Walks up to Glebe Community Centre to visit case managers and have medications reviewed. Visits to the shops to buy food. Every two or three months workers would take residents to a restaurant for dinner. Sometimes it was a trip to the beach.

"They were everyday activities to bond us and normalise our lives. Some of us stuck close together because we didn't have friends and having each other helped us to keep going. It was about socialising and getting involved with regular activity. It could be intimidating for some residents to go to a restaurant if they'd never been to one before. We were being given a taste of normal life."

Simon particularly recalls group visits to the Toxeth Hotel, a short stroll from Glebe House.

"We'd turn up and because we had mental health issues no-one would ever challenge us or give us problems. I always felt as if we were publicly 'coming out' as people with mental health issues

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**“The ripple effect of that house and what it's done for people (over the years) is extraordinary, but it wasn't always perfect.”**

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(at the Toxeth Hotel). We were saying 'this is who we are'. We were accepted overall, which was a big thing. There was safety in numbers. If one of us freaked out there'd be others there to handle the situation."

Simon has mixed recollections about the effectiveness of Glebe House. "There were some things going on that weren't so useful. Sometimes you had older residents teaching younger residents bad habits. A lot of workers were young and influenced by new-age philosophies and training. In some ways things didn't work that well but in so many other ways things did work. I met a lot of people and learnt many things off them. I could get involved with people's hopes and dreams and try to understand where we were all going. That would never have happened if I'd never been to Glebe House. Inevitably though there were some people who just couldn't be accommodated because they were too sick or culturally different, or just too much of an unknown quantity."

Simon would go on to live in some RFNSW satellite houses. By 1985 he had stepped up as one of Australia's first and foremost mental health consumer advocates. He went on to be a Director at RFNSW and Sane Australia, in between pursuing his passion for art.

## MILESTONES IN MENTAL HEALTH

*The Home and Community Care Act was passed*

*The Disability Services Act was passed (with amendment to include psychiatric disability)*

*Schizophrenia Fellowship of NSW was established (now part of the Mental Illness Fellowship of Australia, or MIFA)*

*The Australian Human Rights and Equal Opportunity Commission, HREOC, was formed*

*Mental Health Coordinating Council formed*

*The World Association for Psychosocial Rehabilitation, WAPR, was formed*

## Goodbye boarding houses

Boarding houses had existed in inner-city Sydney over many years as a low-cost option for people living with minimal incomes but took off in the 1960s when de-institutionalisation slowly saw people with mental health issues shifted from hospitals to live in the community. Between 1962 and 1965, following the Royal Commission into Callan Park, some 5,000 patients with mental health issues were discharged from hospitals and facilities. Many ex-prisoners also gravitated to such houses. In some cases entrepreneurs chasing handsome profits had a penchant for the places although on the whole most boarding houses achieved modest returns.

The houses were usually grand old places with multiple rooms but little or no support and vibes of melancholia between the walls. Residents had a roof over their heads but little else. Their pension money went to the landlord who had almost total discretion on how it was spent. There was little recourse for residents if food or hygiene standards were lax. What the landlord did and said went – you could go back to jail, hospital or the streets if you weren't happy. Given that so many residents were from fractured families where drug, physical and sexual abuse was often part of daily life, living with relatives wasn't always an option. And tough if the landlord decided to sell –

## RFNSW strived to make a point-of-difference, to show how life-changing comprehensive living support could be to mentally unwell residents.

you could be homeless with little or no notice. Medical staff would come and go, dispensing medications but not always considering the social and long-term needs of residents. With the arrival of Medicare some unscrupulous doctors saw a chance to charge excessively. You often found residents packed into small rooms – hardly an environment to embark on a mental health recovery journey. After-hours support was usually non-existent. And, typically, residents weren't engaged in meaningful activities. Instead they often whiled away the hours, days and weeks away watching TV, wandering the halls and streets, drinking and taking drugs, living with no guidance, purpose or direction.

There was an obvious void between hospital care and boarding houses, a gap that needed to be filled. RFNSW strived to make a point-of-difference, to show how life-changing comprehensive living support could be to mentally unwell residents. It was entirely possible to arm residents with the skills they needed to live independently. RFNSW paved the way in proving that people with mental health issues could re-integrate with the community through supported accommodation.

In this context, government rules gradually changed. Stricter boarding house licence rules were enforced. Patients with mental health issues couldn't be discharged from hospital and referred to boarding houses unless demonstrable support and recovery packages were available. Before too long conventional boarding houses and their landlords were on notice – all the more so with the release of the ground-breaking Richmond Report in 1983 which was damning of the boarding house structure.

Many boarding houses remained, but many closed. And so many more doors for NGOs such as RFNSW opened.

## 1983 The Richmond Report

*In 1983 NSW Minister for Health, Laurie Brereton, commissioned an inquiry under the chairmanship of David Richmond into health services for people with mental health issues and for people with a developmental disability, known as The Richmond Report.*

*This was to be one of the most consequential developments in the history of mental health in Australia.*

The inquiry accepted that hospital services would continue to be essential for acute and long-term care of people with mental health problems. It also found that many services provided by institutions could be offered in a more acceptable, personal and continuous manner as part of a network of co-ordinated community services.

The Richmond Report recommended that the Government:

- decrease the size and number of specialised psychiatric hospitals;
- expand integrated networks, including services in acute hospitals;
- maintain clients in the community, with housing and community-based support;
- separate disability services from mental health services; and
- substantially increase funding to mental health.

It also recommended that priorities for mental health funding should include the provision of additional community-based crisis teams, adequate follow-up for people with mental health issues in the community, psychiatric staff for assessment services in general hospitals and linked networks of hostels and satellite housing.

RFNSW would play a key role as the inquiry unfolded with an inquiry team visiting Glebe House in 1982 to meet with staff, volunteers and residents. In a fortunate coincidence, Elly Jansen was visiting Australia and the team had the opportunity

to meet her. The Executive Officer to the Inquiry was Pamela Rutledge, then working as a Senior Manager in NSW Health. Twenty seven years later Pamela would be appointed RFNSW CEO.

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### **The Richmond Report concluded that people with mental health issues would be better served by living in the community.**

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The Richmond Report concluded that people with mental health issues would be better served by living in the community and that alternative services should be provided in the community as patients moved away from institutions. It underlined an urgent need to progressively move away from institutional care and transfer resources from institutions to the provision of community-based treatments and long-term services. These recommendations were based on international evidence, including experiences in other countries such as Italy and evidence from Richmond Fellowship UK and RFNSW.

The Richmond Report would be perhaps the single most important catalyst for RFNSW's growth trajectory. The organisation knew what it wanted to do. Now, with the Richmond Report, it had a political, social and moral passport to ask for funding and progress the vision.



# Funding, Frugality and Friends

## Mental care upset by bottle shutdown



**CLOSURE of a bottle collection site by Willoughby Council has cut off funds that cover the care of a mental patient by Richmond Fellowship of NSW.**

Founder and director of the Fellowship, Mr Peter Bartok of Northbridge, said the bottle collection raised \$1000 a year.

This covered the cost of looking after one mental patient. It was vitally needed, he said.

Mr Bartok said the fellowship received little Government assistance, but it cared for 12 people in a

halfway home at Glebe. Another, for 18 people, has opened at Turrumulla.

Council closed the bottle site at the rear of Northbridge Plaza shopping centre after repeated complaints of rubbish being dumped with the bottles.

Mr Bartok claims local residents used the site for dumping newspapers and garbage despite warnings and notices.

He also blamed local merchants who often neglected the site and did pick up bottles for only two weeks.

Mr Bartok hopes to reach an agreement with the council which the fellowship will pay council to keep the site clean.

The fellowship was a registered council a shop by name, he said.

A Richmond Fellowship spokesman said the council had a right to clean up the site and that the council are not liable to society.

## Bridge aids quest

## The 1980s

With an unlikely 10-year birthday under its belt the early 1980s saw a resolution to keep striving ahead, but with a very different approach. There had to be a focus on shoring up funding channels and being smarter with limited funds. Doing more with less. Things were still grim financially. Balancing the books remained a grinding and capricious affair. It was a different decade but the same story: income just wasn't keeping up with costs. The short-term – let alone the long-term existence of the organisation – couldn't be assumed.

In 1980 the Board lamented a net operational deficit of \$28,031.00, backed up by a loss of \$12,001.00 in 1981. In 1986 donations went south and a far-from-promising operating surplus of just \$366 was recorded. Delayed Health Commission subsidies worth \$3,000 forced an appeal for an emergency grant and an urgent meeting was sought with New South Wales Minister for Health, Barrie Unsworth. A September 1986 crisis meeting heard that without an additional \$6,000 in social security funding RFNSW was heading towards a \$10,500 deficit. The Board considered restructuring to contract to the Health Commission to care

for individual patients. It also considered increasing Blackwattle House residents' rent from three-fifths to two-thirds of their income. There was also a shift to relying more heavily on casual workers.

Some endeavours just couldn't take a trick. Willoughby Council closed RFNSW's bottle-recycling site at Northbridge in 1979. The site had been a source of approximately \$1,000 in annual revenue, but had fallen into neglect due to local dumping. In a climate where every cent counted, Founder Peter Bartok described the amount as being equal to 'the cost of looking after one mental patient'.

SOURCE *The North Shore Times*, 4 July 1979

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**It was a different decade but the same story: income just wasn't keeping up with costs. The short-term – let alone the long-term existence of the organisation – couldn't be assumed.**

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The Northbridge bottle recycling site, which had been the source of approximately \$1,000 in annual RFNSW revenue, was closed by Willoughby Council in mid 1979.

RFNSW wrote to the New South Wales and Federal Governments pleading for funds. Some grant applications proved more fruitful than others. In 1985/86 there was an application for \$70,000 to fund a coffee shop/restaurant based on the American 'Crepe Escape' restaurant project. Located near Glebe House, the venture was intended to mimic the atmosphere of the popular Badde Manors café in Glebe and provide a destination where residents could learn catering and hospitality skills. Unfortunately the landlord, the Church of England, soon had other ideas for the leasing arrangements and after some 12 months the venture folded. Other submissions included funds for an 8-seater minibus,

an 'Awareness House' and almost \$30,000 for a co-ordinator at Glebe House.

Takeovers were also touted. An offer from The Order of St Lazarus was considered but rejected.

By late 1986 it looked as though the organisation's financial fortunes might turn a corner. There was a burst of small grants including \$5,000 from the New South Wales Minister for Health, Peter Anderson. Sponsorships totalling \$4,300 stemmed from Valder, Elmslie, Jardine, Fleming Limited, GJ Coles, Rothmans of Pall Mall, Pepsico, John Fairfax, The Reserve Bank, Grace Bros and the Handicraft Association in Gordon. By September of that year there was \$17,000 in the bank.

## Friends and influential figures

As Medical Superintendent at Rozelle Hospital (appointed in 1980), Dr Andy Campbell set about sounding out influential figures who could bring expertise and muscle to RFNSW's Board. Naturally there were selection criteria and anyone approached had to believe in the organisation's agenda.

Psychiatric Nurse Andy Robertson was one such find and went above and beyond to get things done. A director of rehab for mental health in central Sydney, he played a vital role in helping Gladesville Auxiliary secure houses for mental illness support and recovery. It wasn't uncommon for Auxiliary and RFNSW staff and volunteers to scour nearby suburbs for houses and cart furniture into them and do whatever else was required to make them livable. As it turned out the New South Wales Government decided to close acute and long-stay beds at Gladesville, transferring the beds to Macquarie Hospital and outpatient services to the Ryde Community Health Centre. When the Auxiliary was taken over by RFNSW, RFNSW ran the houses. Was it a possible conflict for government-employed hospital staff

to go off searching for real estate to advance the agenda of an external organisation? Absolutely. Not that anyone seemed too worried at the time. Properties had to be found one way or the other. Those involved would defend to the hilt the social, moral and economic merits of what they were doing if required.

Professor Marie Bashir, who would later become the first female Governor of NSW, was another strong advocate. A child Psychiatrist and later Director of Central Sydney Area Health Service, she knew exactly what RFNSW was trying to achieve and backed the organisation wherever possible. She was a voice of authority and reason and a trusted ear. If there was an opportunity to persuade government decision makers that supported NGO accommodation was a good thing for people with lived experiences of mental illness the Professor usually took it.

Similarly, prominent Sydney lawyer (and RFNSW Chairman from 1982) Greg James was known to lean on influential people in legal and corporate circles to muster support.

## THE AFTERCARE ASSOCIATION OF NSW AND NANGARE HOUSE

In 1980 RFNSW extended its services beyond Sydney's metropolitan and inner west for the first time when it entered into a joint venture agreement with The Aftercare Association of NSW (in conjunction with Hornsby Ku-ring-gai Area Health Service) to establish a therapeutic community for young adults at Nangare House, located at 118 Fox Valley Road, Wahroonga. RFNSW's financial commitment to the joint venture was significant. The total acquisition cost was \$138,080, made possible with proceeds from the sale of Strathfield House (held in trust by the Health Commission of NSW).

A multidisciplinary team providing counselling, student supervision and group work managed the therapeutic community at Nangare House. The team also assisted with administration and maintenance and forged relationships with the area's mental health service.

Financial outlays towards Nangare House were a constant challenge, forcing RFNSW to review the joint venture agreement amid cash flow pressures four years later in 1984. RFNSW's financial contributions reached \$9,563 in 1987 and \$6,609 in 1988. It was evident that Nangare House was becoming too cumbersome. The venture was poorly co-ordinated and fragmented and suffered under complex decision making. In October 1989 the agreement with Aftercare was mutually terminated. According to a Council report for the 1988/89 financial year gross proceeds from the sale were \$200,000 and capital profit on the sale of the half joint venture was \$120,459, funds that were sorely needed to stabilise RFNSW and assist with other endeavours.

## CONSUMERS STEP UP

In 1985 the Board formally reviewed the need for consumer representation within RFNSW. It was proposed that residents wishing to become RFNSW members could join for an annual fee of \$2, which would provide active participation and voting rights.

In early 1986 former Blackwattle House resident Simon Champ became the first resident employed in an advocacy role at Glebe House. He worked six hours per week. At the same time Blackwattle House Director Nick Papadopoulos made a passionate plea to appoint a resident to the Board. In a letter to the Board, Nick said:

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**“In the current climate of the Richmond program, and the recent review of Social Securities Handicapped Persons Services, the issue of consumer participation is at the fore... Historically, the Fellowship, through its philosophy and work with residents, and recently, through employing Simon Champ, to work one evening a week at Blackwattle, we have not only embodied this principle but also been frontrunners in its dissemination.”**

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## Evidence of success

By 1985 RFNSW was receiving referrals from 5th Schedule hospitals Gladesville, Rozelle and Macquarie and 2nd Schedule hospitals Prince Henry, St John of God, Hornsby, Newcastle and Concord. Community agencies were the largest referral source. Among them were Glebe Community Care Centre and Bowral Community Care Centre. Other clients were referred by The Smith Family, Richmond Fellowship Canberra, Rivendell Adolescent Unit, the probation and parole office, private doctors and patients and their families.

Although RFNSW was seen as a leader in the still fledgling sector, efforts to promulgate the model were only moderately successful. It was an ongoing challenge seeking broad government consensus that what RFNSW was doing was worthy of broad replication and big-time funding. There was plenty of anecdotal evidence showing that this style of community-based support was a winner, but knock-out evidence was yet to be captured and conveyed.

As such the mid-1980s saw the organisation invest in researching, qualifying and quantifying the benefits of its services with the assistance of external auditors. For the first time RFNSW built a compelling case underpinned by facts and data. The New South Wales Government was presented with informed evidence showing the economic and social benefits of post-hospital and institution community support as offered by RFNSW.

This was to be a silver bullet breakthrough.

In the words of Dr Andy Campbell: “We totaled up the cost savings of community care against hospital care and then factored in the social advantages and reductions in readmissions. The answer was chalk and cheese. We had the argument well documented and it was hard to refute. That gave people in government more comfort that they were doing the right thing when it came to allocating funds for NGO-run accommodation.”

This went some way to reinforcing that NGOs were credible and ‘can-do’ new players on the mental health scene. The boarding house experiment had failed and something was needed to fill the gap. Supported-care accommodation under NGO structures were looking more viable and credible. And RFNSW was foremost when it came to advocating the merits and delivering results.

It was useful that RFNSW was a member of the Mental Health Coordinating Council (MHCC) of NSW, established in 1980 to facilitate links between the government and private sector and to provide an independent public voice on mental health. Here was a forum where RFNSW could advocate and progress its vision along with other members including the Aftercare Association of NSW, Psychiatric Rehabilitation Australia, the NSW Association for Mental Health, Lifeline Sydney, the Association of Relatives and Friends of the Mentally Ill and GROW.

## Richmond Fellowship of Australia – take two (and three)

By the mid-1980s there was yet another push for RFNSW and operators under the same “Richmond Fellowship” name in other states to combine under a national banner. In late 1984 the Victorian and ACT Fellowships banded to form Richmond Fellowship of Australia. ALP Senator Susan Ryan provided \$28,000 for the establishment of a secretariat. Three years later, in 1987, a renamed “Australian Association of Richmond Fellowships” was proposed, as was a constitution, however, the Fellowships were to remain state-based until Richmond Fellowship of Australia formed in 2011. As recorded at the NSW Board meeting on 24 July 1985, there were reservations about moving too quickly down a national path because “all states were reported to have expressed fear of cost and loss of independence”.

## Satellite housing

The concept of satellite housing was enhanced and formalised in April 1985 under the RFNSW Satellite Housing Program (also known as the Group Home Accommodation Program). The idea was still to supplement halfway housing and ease demand pressures on existing houses, but in a more expansive and comprehensive manner in the wake of the 1983 Richmond Report.

With properties now being acquired from the NSW Housing Commission and the private sector, the program was tailored to meet the needs of Blackwattle House residents ready to move into rented accommodation in the community, but still needing limited ‘drop-in’ support. It was also for patients discharged from psychiatric hospitals – mainly Gladesville and Rozelle – as a means to stop people with mental health issues cycling through hospitals and homelessness. Criteria for entry to the program specified that individuals should be capable of living in the community with supervision and support and have no major drug, alcohol or psychosis problems. They should also be independent regarding medication, able to complete a transitional program and be compatible with other residents.

Funding of \$44,000 from the NSW Department of Health under the Richmond Implementation Program was approved for the first phase of the project, with \$22,000 allocated to annual operating costs and a further \$22,000 as establishment capital. The grant came with a range of conditions, such as the mandatory formation of a RFNSW Management Committee that included at least two clients (with advocates where necessary), one staff member and an annual program review. \$22,000 went towards the appointment of an accommodation worker with responsibility for negotiating leases at suitable premises. The applicant was to be “a professionally trained and experienced person... such a person may come from the disciplines of social work, psychiatric nursing, psychology or occupational therapy.” This position was filled by Kate Flannery, a RFNSW housing and accommodation social worker who transferred into the demanding role. When Kate resigned in February 1987 she commented on the “isolated and very responsible nature” of her position and suggested that the stresses involved would be reduced if two part-time workers were employed or if funding were secured for another worker.

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**The mission of providing stable accommodation was, at times, an utterly frustrating game of swings and roundabouts functioning at the whim of politicians and bureaucrats.**

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By July 1986 three satellite homes had opened (in Summer Hill, Five Dock and Balmain) and 11 people were living in RFNSW's supported accommodation service. A fourth home at St Johns Road Glebe (transferred from Gladesville Auxiliary) had been purchased by the New South Wales Housing Department and its leasing was imminent. By November 1987 seven satellite homes had been established and four were operating with 24 people involved. These included Karabiner Cottage at Drummoyne (which provided accommodation for eight chronic and dependent clients from Gladesville Hospital) and the "Kythira Project" (also in Drummoyne and also GAL-established) consisting of two large adjacent cottages where up to 16 patients from Gladesville Hospital could receive support. In August 1985 the Department of Health gave in-principle approval for the development of a new

20-bed halfway house that catered towards 'a more chronic population' than either Blackwattle House or Nangare. The first residents would be transferred from Rozelle Hospital's long-stay wards. This was known as Comox House in Balmain, a three-level former nurses' quarters for Balmain Hospital that had been unoccupied for five years.

In 1987 NSW Minister for Transport Laurie Brereton announced plans to abandon several planned freeways, with the subsequent sale of Department of Main Roads properties. This meant that two Group Homes had to be sold, forcing RFNSW to seek other properties. The mission of providing stable accommodation was, at times, an utterly frustrating game of swings and roundabouts functioning at the whim of politicians and bureaucrats.

On the upside, in November 1988 the Central Sydney Area Health Service was sufficiently satisfied of the results being achieved under the Satellite Housing Program and transferred three homes to the Fellowship (Karabiner, Kythira and Five Dock). Marion House at Leichhardt – a six-bed facility established by the Rozelle Hospital Auxiliary – was also transferred to RFNSW.



*Forest Lodge  
(core house)*



*Marion House  
(halfway house)*



*Church St  
(outreach house)*

## Charmian Clift Cottages

In 1985 support services for women and their dependent children took a leap forward with the opening of Charmian Clift Cottages (named after the famed Australian writer). This was a highly specialised and complex service run by an independent community group, enabling women with severe mental health issues or facing homelessness to recover in a safe and secure environment with their children by their side.

Nestled in a suburban street in Doonside in Sydney's west, this statewide residential program offered personalised programs helping mentally unwell women with social skills, enhancing their potential and quality of life and giving them the skills required to return to their local community. The cottages also provided educational opportunities, lifestyle coaching and parenting skills.

The philosophy behind the initiative was that women could avoid the soul-destroying isolation that often goes with mental health treatment in hospitals and not only prosper from recovery in a community setting, but also keep the family unit intact along the way.

Each cottage was named after a woman with a commitment to and passion for social justice. They included:

**Betty Harding**, awarded an Order of Australia medal for her dedication to the needs of disadvantaged women and children

**Nawal El Saadawi**, who wrote on her experiences as a psychiatrist in Qanatir Women's Prison in Cairo

**Pansy Hickey**, a renowned Aboriginal woman who was an active force behind the needs of Aboriginal women and children, families and their community and a coordinator of Cawarra Women's Refuge in Penrith

**Carole Deagan**, a feminist and childcare advocate.

With the small operator running into operational difficulties, the cottages would close in 2007 but re-open later that year under RFNSW. The program, operating at the time of writing from a cluster of villas in suburban Blacktown, has gone on to receive national acclaim.



Donna Maki plays with her son, Ishmael, 2, at Charmian Clift Cottages in Blacktown, Sydney, yesterday

### Sanctuary 'absolutely saved me and my boy'

LANAI VASEK

DONNA Maki believes her two-year-old son, Ishmael, would have been taken away and placed in a foster home if it wasn't for the care she received in a supported housing program.

Ms Maki, who fled domestic violence in New Zealand and relocated to Australia in October, was diagnosed in 2007 with severe depression and post-traumatic stress disorder.

She and Ishmael spent close to four months this year in an intensive supported housing program for mentally ill mothers in Blacktown, in Sydney's west.

Charmian Clift Cottages is the only supported housing of its kind that allows mentally ill mothers to remain primary carers of their children while being treated for their illness.

Over the past two years, almost 150 referrals have been made to the service, which offers

six families intensive support in villa-style accommodation.

"That program absolutely saved my life," Ms Maki, 40, said. "There were always people to have a chat, and I was taught skills not only to manage my mental illness but also on how to be a better parent."

Mental-health advocates have called on the government to invest in supported housing schemes as a way to improve long-term outcomes for those who are critically unwell.

Australian of the Year and mental health expert Patrick McGorry said the issue must be "front and centre" of any mental-health reform.

Almost a million Australian children and adolescents live with a mentally ill parent, and are at increased risk of poverty, housing problems and isolation.

If you are depressed or finding it hard to cope, help is available at Lifeline on 13 11 14.

In 1985 support services for women and their dependent children took a leap forward with the opening of Charmian Clift Cottages. This was a highly specialised and complex service run by an independent community group, enabling women with severe mental health issues or facing homelessness to recover in a safe and secure environment with their children by their side.

Donna Maki believes her two-year old son, Ishmael, would have been taken away and placed in a foster home if it wasn't for the care she received in a housing support program.

**"That program absolutely saved my life... There were always people to have a chat, and I was taught skills not only to manage my mental illness but also how to be a better parent."**

*Charmian Clift Cottages enabled women with severe mental health issues or facing homelessness to recover in a safe, secure environment with their children by their side.*

# Crisis, Consolidation and Innovation

The late 1980s and early 1990s saw unprecedented soul searching and changes when it came to financial management and asset and service consolidation. It was hard to believe, 20 years on, that money – or a lack of it – was still such a problem. With every two steps forward in terms of growth there was a step and a half back when it came to finances. It seemed part of the folklore that funding never arrived as anticipated. That's just how it was. Expect the worst, hope for the best. The bottom line was still in peril, the situation significantly worsened by big increases in award wages for staff.

Under the watch of Chairman Greg James quality standards were taken to another level. More stringent dollar-costing measures under better articulated business plans were activated. Defined needs were lined up against costs. Expenditure was managed more professionally. With three-year government funding streams up for grabs under competitive tendering arrangements there was now a far greater need for justification-based cases when pursuing contracts.

When Fred Kong took up the CEO role in September 1988, it was not without reservation.

The shift meant leaving a secure public health system job with a likely upward career trajectory. The NGO job had many unknowns and few supports that go with working in a large bureaucracy. To an outsider RFNSW was essentially a fledgling NGO with passionate and committed staff, volunteers and Board members but an unmapped vision.

The 'to do' list was somewhere between daunting and overwhelming.

The first task was to settle into a new office. After loading a desk, chair and a filing cabinet or two from his old workplace at Gladesville Hospital onto a trailer – perish the thought that such basics would be provided or that there'd be staff on hand to help – Fred headed to a small room at Balmain Community Health Centre above the Westpac Bank on Darling Street. Courtesy of negotiations by Dr Andy Campbell, this had become RFNSW's office (there was no room at Blackwattle House for administrative functions). Fred recalls the centre staff being highly supportive and willing RFNSW to make progress. He credits such co-operation at such an uncertain time as being a milestone in the organisation's history.

Fred reviewed the books and found that RFNSW had just \$7,000 to its name – nowhere near enough to finance services.

“I was mortified,” Fred explained at the time of writing.

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## “I rang Treasurer Keith Lush and said ‘do you realise there’s only seven thousand dollars in the bank? We’re in big ‘trouble’.”

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“But Keith was adamant that all would be OK, replying jocularly, “That’s why we got you, Fred, to sort these things out.” I sat alone in that office for a long time asking, *What have I done? Why am I here?* I’d taken a professional leap into the unknown and as much as I wanted things to work everything just felt so hopeless. The strange thing was I was in charge of this almost broke organisation while sitting on top of a bank. I jokingly wondered if going downstairs and robbing the bank might be an answer.”

Funding problems, as Fred would learn over the weeks, months and years, would be an ongoing bane. Community-based support for those living with mental health issues had some currency following the Richmond Report, but meaningful dollars weren’t exactly streaming in.

In a political sense tipping adequate money into community support sounded simple in theory: cut back on hospital mental health

services and re-channel funding to community support services. If only government funding arrangements were so simple in practice. The reality was that capital funding for health services was in one bucket and ‘new’ funding for community support was in another. Convincing Treasury to transfer dollars from one bucket to the other was next to impossible. Treasury didn’t exactly have a penchant for letting go of capital funding easily – what wasn’t spent went back into the bigger public purse, thanks very much.

Making things harder was the emergence of other like-minded NGO service providers equally hungry for government funding, a situation that created competitive pressures. This was a double-edged sword. Competition was a healthy thing that lifted standards and validated the kinds of services being offered, but it was also a risk and a threat. If RFNSW couldn’t fix its financial and operational fault-lines and prop its foundations there were others willing to step in. Judicious, strategic and informed decisions had to be made about how, when and if RFNSW should pursue competitive opportunities. Quite often the Board refrained from chasing tenders if there was a sense that winning would result in services and standards being compromised. Service and support integrity and an ability to tick all the delivery boxes had to come first. Some tender opportunities were lost to competitors and – as painful as it sometimes seemed given the dollars up for grabs – others were let go altogether. It was unnerving at times.

RFNSW carried one of the biggest pioneering flags, yet here it was spending more time looking over its shoulder.

Fred Kong cut to the chase in the 1992 Chief Executive Officer’s Report, commenting that RFNSW was facing a “major financial crisis”. It was a given that getting much further would require shrewd and hard-nosed business decisions. Consolidation and refinement was in order. Compromise and sacrifice. Cost efficiencies and bang-for-buck had to be front and centre. If the bottom line didn’t improve quickly there’d be nothing – not even the modest little office with second-hand furniture above the bank in Balmain.

Of course RFNSW had the Gladesville Auxiliary’s annual government-funded budget of about \$500,000 under its belt, but this wouldn’t dig the organisation out of a hole in a hurry. You couldn’t just press a few buttons and tap into the money supply and enjoy financial security. Recklessly raiding the Auxiliary’s funds could jeopardise service delivery, cause reputation chaos and prompt the funds to be withdrawn. There was also the risk of bitterness from Auxiliary loyalists who, understandably, may have taken exception to their funding jar being smashed open.

Although the Auxiliary and RFNSW were aligned in terms of the broader community support picture, their day-to-day offerings were quite different. Whilst RFNSW was big on being there to support its clients and steer them to a better life,

the Auxiliary was more hands-on, going all out in showing clients how to perform everyday practical tasks such as cooking, washing and managing money. As Fred recalls, some from RFNSW saw the Auxiliary’s approach as being perhaps over the top, while some from the Auxiliary saw RFNSW’s approach as lacking. Middle ground was needed, and finding it was far from easy.

“There were two cultures and with both came sensitivities and opinions that had to be managed,” Fred explained. “Richmond Fellowship staff would say ‘we don’t cook for residents’ and Auxiliary staff would say ‘if you don’t cook for them they’ll starve.’ It was always going to take some time to get the sides to work smoothly together.”

Being in financial dire straits had some benefits. It went a long way to quelling post-merger ‘us and them’ gripes. Staff were under no illusion that the organisation was at the precipice. When the profit and loss sheets were shown around most got the message that there were bigger things to worry about. There was simply no time for disunity, demarcation and territory squabbles.

*“Full credit must go to Fred for integrating the staff and philosophies of the two organisations – not an easy task!”*

*Clio Wallace*



## Goodbye Glebe (Blackwattle) House

The consolidation phase of the late 1980s and early 1990s had far-reaching impacts. The Board took ongoing looks at selling the beloved Glebe House (renamed Blackwattle House in 1984). Some saw this as unthinkable sacrilege, a strike to the operational heart and a culling of the most tangible, successful and sentimental showpiece of RFNSW. But with so many maintenance issues and space limitations given the growth in demand for services – and, occasionally, unexpected vacancy issues – the house continued to be an untenable drain on finances and service capability. In this new era of business acumen, keeping it didn't make sense. The consensus was it had served its time, and it was time to move on.

The house was sold in 1992, freeing up cash for diversification. A youth hostel at Ross Street Glebe – later named Forest Lodge – was purchased in July of that year, becoming RFNSW's headquarters and largest group home. The Ross Street house could accommodate more consumers and more high-support services. It was in better condition and had living and administrative quarters for staff.

It would better suit the expanding RFNSW offerings, including services for people with developmental disabilities.

To best meet the needs of all residents and consumers a whole lot of shuffling was required. Marion House residents shifted to Forest Lodge, while Blackwattle House residents relocated to Marion House (just up the road from Forest Lodge).

The administration office above Westpac Bank in Balmain was vacated and all administrative functions migrated to Forest Lodge. 1995 saw RFNSW acquire two more houses from the Central Sydney Area Health Service to be integrated into the existing supported accommodation program. One of these, in Balmain, became a core house for the Young People's Program while the other house located in Leichhardt (in addition to Marion House) became part of RFNSW's Halfway House program.

Even at a cursory glance it was easy to see that RFNSW had come a long way. By 1995 it was offering 61 beds under three general accommodation programs: Core Houses, Halfway Houses and Outreach Houses.

### CORE HOUSES (21 BEDS)

*Forest Lodge, Glebe*

*Wrights Road, Drummoyne*

*Ewell Street, Balmain*

### HALFWAY HOUSE (16 BEDS)

*Marion House, Glebe*

*Karabiner Cottage, Drummoyne*

*James Street, Leichhardt*

### OUTREACH BEDS (24 BEDS)

*Cardigan Street, Glebe*

*Atkins Avenue, Five Dock*

*Styles Street, Leichhardt*

*Ramsay Road, Haberfield*

*Illawarra Road, Marrickville*

### APPENDIX 16 - RESIDENT CONTRACT

This is a contract between ..... of .....address and the Staff of the Richmond Fellowship.

I understand and accept that the Satellite Housing rules are as follows:

1. No illegal drugs on the premises
2. No abuse of drugs or alcohol on the premises.
3. No physical or verbal abuse of fellow residents or visitors.
4. Sharing household tasks eg: paying bills, cleaning.
5. Have a case manager and maintain regular contact.
6. To respect the differences of other people in the program without discrimination.
7. To attend weekly house meetings.

I undertake to be responsible for:

1. Paying my rent of \$..... per fortnight in advance on a regular basis.
2. Being present at weekly house meetings or making other arrangements with the Staff in advance.

I undertake to have joint responsibility of:

1. Cleaning the house.
2. Maintaining the garden and small maintenance tasks around the house.

.....  
Client's name Date

.....  
Worker's name Date

RFNSW's Resident Contract in 1995.

## 1992 The Wallace Report

*A key weapon in the consolidation and sustainability arsenal was the Wallace Report, commissioned by the Board and overseen by Director Clio Wallace in 1992.*

This was a no-nonsense examination of RFNSW from the ground up – finances, standards of services, strengths and weaknesses and overall effectiveness. It resulted in invaluable parameters on how to shore up the organisation’s long-term future, how to trim fat and spend more wisely, how to implement better staffing arrangements and reporting structures. Because RFNSW was foremost in the field there weren’t tomes of case studies and precedents on what to do and how. Much had to be figured out from within.

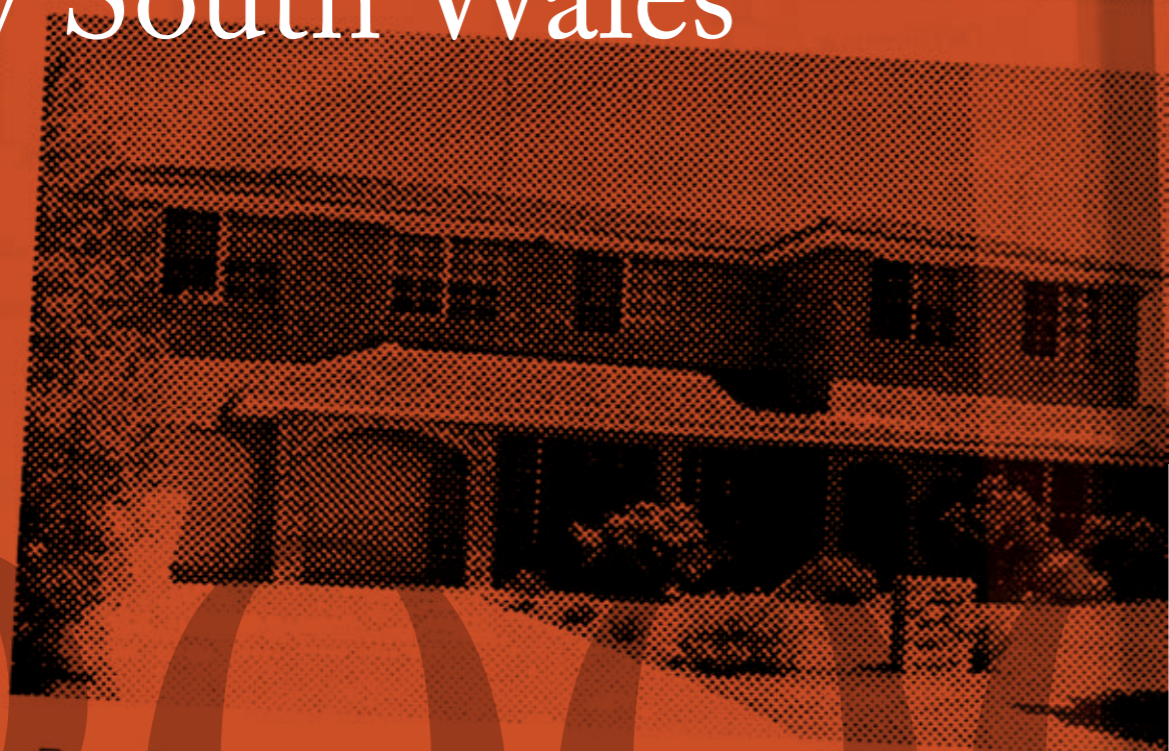
As Clio explained at the time of writing: “I’d been seconded by the Department of Health to undertake a review of how NGOs were interacting with government organisations. There were a lot of organisations chasing money and the task was to look at how offerings could be strengthened and duplication minimised. Once that was done the Richmond Fellowship (of NSW) asked me to do an internal review. I was tasked with making recommendations on how things could be done better into the future.”

If the CEO’s report a year later is anything to go by the Wallace Report had an enormous impact: “The Fellowship has enjoyed a positive and successful year with the restructuring and changes from the previous year bearing fruit. We experienced a year of progress, stability and definite sense of direction. Financially, major improvements have been

accomplished to enable us to operate in a viable and sustainable manner without any compromise in the standard of service.”

In the late 1990s there’d be more sunshine, with the NSW Department of Ageing, Disability and Home Care asking RFNSW to deliver comprehensive services under the Boarding House Relocation Program. This was backed by a \$66 million funding package to reform licensed boarding houses. It resulted in many things, including more rigorous government-enforced standards. It saw more boarding houses close, although many survived and were still operating at the time of writing. It was also a boon for providers such as RFNSW who were asked to take the baton and deliver even more supported accommodation options for people with psychiatric problems. Every now and then big lifelines were thrown, and RFNSW grabbed this one with both hands.

# Western Sydney and New South Wales



*Brumby House at Emu Heights, the Core House of the Wentworth Programme.*

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“The Richmond Fellowship has functioned for many years like an oasis in the desert for people experiencing incapacitating mental disorders. However the desert sands are steadily encroaching. Government legislation demands progressive increases in the quality of support and supervision. However for most people with mental disability such social rights legislation is a mirage as the increased costs of such ideal services are not fully funded.”

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*Dr Andy Campbell,  
Chairman's Annual Report,  
1997/1998*

As it had since the earliest days, RFNSW maintained an agenda of expanding to survive. The fear remained that inertia could – and probably would – mean collapse. The consolidation tidy-up had driven the wolves from the front door but their ominous howls could still be heard from a distance. Yes, there were bigger services and contracts now, but that wouldn't assure a better bottom line. Money had to keep up with services. Things had to continue running tightly. Those at the helm were feeling more confident, but far from comfortable.

The question by the mid-1990s was if there was to be expansion beyond the inner Sydney roots, where would it occur?

Eyes shifted to Western Sydney. The notion of expanding there felt as ambitious and risky as anything the organisation had done. Western Sydney was so distinctly different from Inner Sydney – geographically, socially and economically. Going there would require new staff and familiarisation with new neighbourhoods and social issues. There'd be new government agency decision makers to deal with and new relationships. In many respects it would be like starting all over again. Not everyone was convinced that “going west” was the right path.

Sure, there could be opportunities and scope for exponential expansion if things panned out the right way, but some saw it as unnecessarily experimental, an intrepid if not reckless stride from the ingrained RFNSW ethos of ‘therapeutic community’. Also, wouldn’t it just be a contract-clutching exercise as opposed to offering support to clients?

In 1997 a bid was made to provide rehabilitative housing services to the Wentworth Area Mental Health Service. The risks weighed heavily on the Board, although there was little time for angst to flourish. As fate would have it there was little competition. RFNSW’s track record and reputation was sound. The bid was successful. The Western Sydney experiment was on.

RFNSW opened two new houses in Emu Heights in the Penrith district – one a core house and one a halfway house – as bases to support 10 people under the Supported Accommodation Program for Young People. A year later the program’s future was cemented with ongoing government funding. Many other Western Sydney ventures would follow.

As anticipated there’d be no easy adjustments to operating in Western Sydney. New South Wales Health decision makers saw a need for different offerings compared to inner-Sydney, often with a focus on services revolving around crisis care. Given the broad geographical spread of houses and hospitals across the western suburbs the rationale was that more support services would need to go to the people as opposed to people going to hospitals then onto NGO support. The approach was more about preventative outreach and support, getting to people in trouble early to reduce the likelihood of hospital admission. It would take time adjusting to working under multiple government-run area health services spread over such vast tracts of the Sydney basin. Learning to adapt under a trial-and-error approach was required to suit the expectations, needs and demands of different localities. But trial-and-error was RFNSW’s forté. It had written the inner-city chapters on optimal community support for people with mental health issues and here it was now writing the Western Sydney chapters. Once again, RFNSW was flying through unfamiliar airspace – but still flying, and higher.

## The new millennium and New South Wales

The early years of the new millennium were good for RFNSW. Through prudent fiscal management and strategic decision making the organisation was in a far better budgetary position, not just for the short term but for the foreseeable future. Advertising and branding ventures supplied by charitable providers at heavily discounted rates advanced a unique and respected corporate identity that helped with profile raising and triggered an influx of public donations.

As Fred Kong reported to the Board in 2001:

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**“I am proud to say that we have come through this growth period with flying colours. It is a resounding tribute to the strength of the organisation that it has adapted to these changes with relative equanimity.”**

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It was a period when the organisation soared. In 2001 RFNSW had more than 120 employees – a staggering jump from only 20 or so just a few years prior. That meant more professional and intellectual experience and rigour, more ideas on how things could be done better. The waves of challenges, responsibilities and opportunities were bigger but more manageable.

RFNSW had sealed its reputation not only as a foremost and secure NGO but an influential agenda-setter. It had history, experience and credible leaders who knew the sector from every angle and weren’t afraid to make cases to government decision makers.

The founding participants who scribbled and typed out visions twenty years earlier marveled as RFNSW launched its very own website in 2001. With so many staff and a corporate reputation to protect there was a stronger onus to embrace other modern-day things such as indemnity, human resources and occupational health and safety strategies, quality assurance and corporate governance.

A Finance and Audit Sub-Committee chaired by Board member and corporate accountant David Sharland was established to stay across much of this.

RFNSW placed its stake in the ground as a 'state' NGO when it expanded to the Hunter in 2000, securing funding from the Hunter Area Mental Health Service for the provision of services in the Newcastle area. Delivery began in February. Few could have predicted the success that would follow. The first requirement was to provide accommodation for 16 people under the Boarding House Relocation Program. Before long RFNSW had taken over service provision of low/medium support for 36 people, an arrangement formerly managed by Hunter Mental Health. From March 2000 to April 2001 the area grew from four accommodation units to 31, requiring the establishment of 15 homes and the recruiting of 32 full-time-equivalent staff. By September 2001 RFNSW was providing services to 73 residents across a range of accommodation models.

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**“In less than 18 months, the Richmond Fellowship has become the largest provider of supported accommodation for people with mental illness in the Hunter area.”**

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*2001 Fellowship Annual Report*

## *A Story About HASI*

(HOUSING AND ACCOMMODATION  
SUPPORT INITIATIVE)

*“During the first HASI process in Newcastle we were allocated a complex of villas. The Richmond Fellowship Area Manager said to me, ‘I want to take you to visit one of the houses to meet a client. You’ll be very pleased to see this.’*

I went to the client’s villa and saw all this new HASI-funded furniture still wrapped in plastic. The woman living there had a psychiatric and developmental disability and just wanted an assurance that no-one would come and take the furniture away from her. She didn’t believe that it was for her. And so I assured her. I said “It’s yours. Take good care of it”.

I was so touched and moved that this woman wanted such as simple assurance. It really hit home that people valued what we were doing. Such a simple thing meant so much to that lady. The sad reality was that consumers were often seen as second-rate citizens”.

*Recounted by Fred Kong in February 2015*

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## RFNSW's status as a strong and reputable service provider snowballed, resulting in more big contracts.

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In 2003 – with the Carr Labor Government in election mode and investing unprecedented dollars in mental health – the first Housing and Support Initiative (HASI) tender funded by the NSW Centre for Mental Health was secured. This meant funding for 100 supported accommodation places in Sydney and rural New South Wales – namely Western Sydney, the New England, the Greater Murray and the Far West. RFNSW secured 55 of the places, with NEAMI and New Horizons sharing the balance. Thus continued RFNSW's evolution across the state, deep into rural New South Wales including hubs such as Tamworth, Bourke, Broken Hill and Wagga Wagga.

At the time Fred Kong described the change as “daunting”, citing factors such as distance and dealing with faraway communities the organisation was unfamiliar with. Rolling up to a new country town or city and fitting in was no easy feat. In an isolated and socially-challenged place such as Bourke, for example, extraordinary efforts had to be made to ease into the community – particularly the local Aboriginal community. You'd be quickly shunned if you imposed

services and expectations on locals, told them a thing or two about what was required. It was essential to listen carefully, to consult, to have the community give ideas on what was required then tailor the offering.

The HASI breakthrough highlighted and cemented confidence in RFNSW, taking its reputation as a can-do and outcome-focused organisation the government could trust to another level. Morale was on a high. As Fred noted in the annual report at the time, the HASI success “would have to be the most rewarding sentiment that I have experienced personally in my long career with the Fellowship”.

A downside of the geographical expansion was managers such as Fred being unable to maintain a hands-on approach. The days of visiting the small cluster of inner city houses and interacting with residents on a first-name basis were coming to an end. Fred credits many of his staff – particularly his Deputy Kris Sargeant – as being instrumental in sharing the burden of travelling from location to location and keeping a senior management hand in the mix. This was important in terms of instilling stability and confidence in not only staff and clients but government bureaucrats who required ongoing briefings, lobbying and assurances that things were working.

But while RFNSW did extremely well in the first HASI tender round, in the next round two years later RFNSW was largely unsuccessful. A good lesson in organisational humility!

# The Final Years and Future

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“The Fellowship was a trailblazer. We had the best of times and the worst of times. It was wonderful and frustrating. There was so much to be done in terms of trying to give people happy lives outside of hospitals and jails. Every bit of effort was worth it.”

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*Former Chairman,  
Greg James, 2015*

The westward gravitation wasn't confined to accommodation and services. In 2004 all administrative functions were shifted to a business park on Underwood Road at Homebush in Western Sydney to take advantage of modern space separate from supported accommodation services, in a more

centralised area and at a competitive rental rate. This was the head office location for the following eight years.

The Forest Lodge headquarters at Glebe was sold, realising a considerable profit that was channeled into a Fellowship Fund dedicated to mental health innovation, research and training projects.

## Aboriginal assistance

2006 saw RFNSW commit to providing services to Aboriginal members in communities across the state and partnering with the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs to deliver Personal Helpers and Mentors (PHaMs) programs in Bourke and Parkes. In addition a tender was secured to provide the HASI 5A pilot program in the Sydney metropolitan area to assist Aboriginal people with complex mental health issues.

By 2010 about one in 10 people receiving support from the Fellowship identified as being Aboriginal.

## Innovation and partnerships

Another highlight from this time was a partnership with the Sydney West Area Health Service to conduct a demonstration “Youth HASI” program called the Young People’s Outreach Program (Y-POP) which aimed to help young people with mental health issues and who were often experiencing difficulty with school, family and friends. A first of its kind in NSW, the program worked with young people in their homes and in the community rather than office settings. With support from the RFNSW Board and then from Labor and Coalition State Governments, the program continued and was independently evaluated with outstanding results. The value of early intervention was highlighted by the Mental Health Commission’s Strategic Plan in 2014 and the NSW Baird Coalition Government announced a tender process for a progressive statewide expansion in 2015.

## Farewell Fred

*“We were a major player that shaped the landscape. We set the scene and standard. We were very brave. There were times when I thought what the hell are we doing? Will this work?”*

*We mustn’t forget where we came from. It was a very humble beginning. There was a lot of hard work and sacrifice from individuals who were committed to mental health reform and making life better for people who have mental illness.*

*It was a period and era of reform, and the Richmond Fellowship of NSW was at the forefront.”*

*Former CEO Fred Kong*

In perhaps one of the most significant milestones since the formation of RFNSW, 2009 saw CEO Fred Kong announce his retirement after 23 years of service. After such a long and remarkable period of leadership tenure, and at a time of significant growth and change for the Board and the organisation, the CEO, respected by so many, decided the time had come to say farewell. At his retirement dinner, Fred received the first RFNSW Medallion and Life Membership.

At this time the organisation had more than 500 clients, 270 residential places and 250 staff across 20 New South Wales locations and annual income of nearly fifteen million dollars – a far cry from one central house, a single lonely office and \$7,000 in the bank.



## A new era



*Pamela Rutledge became CEO of RFNSW in September 2009. Twenty seven years earlier, in 1983, Pamela was the Executive Officer to the inquiry into health services for people with mental health issues and for people with a developmental disability, known as the Richmond Inquiry.*

Pamela Rutledge commenced as CEO in September 2009. With a social work and social policy background, experience in delivery and management of mental health services and having held senior roles in health, housing and other government agencies (as well as her role in the Richmond Inquiry), Pamela hit the ground running with the support of key long term staff including Aidan Conway, Janet Ford, Mike Smallsman and Julie Fraser. Her appointment was one of the last big-ticket items overseen by Dr Andy Campbell as Chairman. Satisfied that the long-term future of the organisation would be secure under Pamela's leadership, Dr Campbell resigned as Chairman in 2010 although he remained as Director until RFNSW's next big step into a merger and beyond. Fellow Director and not-for profit governance and management specialist Bruce Alcorn who had been on the RFNSW Board for six years was subsequently elected Chairman.

Pamela had her work cut out. A priority was working with the Board to complete a new Strategic Plan to map directions for further growth and diversification. Yes, the organisation had a solid reputation and track record but these plusses had to be maintained and strengthened. As a result, careful management was needed. There'd be no resting on laurels.

With such a strong background in management and government Pamela knew that ongoing hard evidence was required to demonstrate the social returns of community-based support for people with a lived experience, and to assure the health system and funders that workable plans were in place. You could never have too much evidence. One of Pam's priorities was commencing a formal evaluation of programs, ahead of lifting the internal evaluation capacity of RFNSW.

An external media and communications professional was engaged to assist with ensuring that the organisation was seen, heard and understood in the best possible light amongst external stakeholders – particularly in Ministerial and

media circles. There followed unprecedented exposure for multiple RFNSW initiatives across major metropolitan newspapers, broadcast media and regional media outlets.

The new Strategic Plan was finalised in January 2010, setting the direction for a continued focus on provision of quality services consistent with the long-standing RFNSW values of hope, respect and dignity, and at the same time seeking to grow and diversify to address unmet need.

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**Pamela had her work cut out. A priority was working with the Board to complete a new Strategic Plan to map directions for further growth and diversification.**

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*RFNSW took a further step in advocacy around the issue of cannabis and mental illness in 2011 with a social survey on attitudes to cannabis use. In May that year, RFNSW held a major symposium at Sydney Masonic Centre that looked at cannabis and its effects on mental health.*

January 2010 also saw the Board endorse an evaluation framework and the first annual evaluation plan. Building on the Young People's Program and the Young People's Outreach Program evaluation work carried out by the University of Western Sydney, an external reviewer was engaged to evaluate the Penrith HASI Program and the Women and Children's Program run from Blacktown. In late 2010 Pamela established the Evaluation, Research and Service Development team to lead and support evaluation and research work, build the evidence base and provide data for continuous improvement.

Following the release of the Women and Children's program evaluation findings (which highlighted positive outcomes), the national ABC 7.30 program ran a lengthy feature on the initiative on the night of the Federal budget in May 2011.

This evaluation would later be used in the design of a future model of support for women with a mental health issue and a dependent child, funded jointly by the Commonwealth and State Government.

In 2011 RFNSW took a further step in advocacy around the issue of cannabis and mental illness. Based on research evidence, RFNSW's work with young people in Western Sydney and Dr Campbell's broad clinical experience, RFNSW undertook a social survey on attitudes towards cannabis use and in May organised a major Sydney symposium looking at cannabis and its effects on mental health. The event was moderated by Quentin Dempster and shown on the ABC's 7:30 program.

## Together we're better

With competition for not-for-profit dollars intensifying and debate about reform in the mental health sector intensifying, RFNSW and other similar organisations were considering the best way to ensure a future for specialist mental health services with a strong value-base and a commitment to recovery.

RFNSW and PRA (Psychiatric Rehabilitation Australia) had much in common and had worked together at various points. The two CEOs – Pamela Rutledge and Phil Nadin – had also known and respected each other for a long time. PRA was a specialist mental health NGO with an impeccable 60-year history providing similar services to RFNSW but with a greater emphasis on employment opportunities for people with mental health issues,

including a leadership role in the development of social enterprises and in programs to enable people to reconnect and make friends. RFNSW provided more specialised programs to people with complex mental health issues, including women and children and young people.

With strongly aligned values and cultures, both organisations saw merit in a merger. If successful it would create one of Australia's more significant NGOs in the mental health sector. Better services could be provided and the long-term futures of both organisations could be secured. And the new body would have the financial capacity to leverage growth for services and initiatives to address unmet need into the future.



Wednesday 6th June 2012

## MEDIA RELEASE

### MEMBERS OF RICHMOND FELLOWSHIP OF NSW (RFNSW) AND PSYCHIATRIC REHABILITATION AUSTRALIA (PRA) RESOLVE TO MERGE AS 'RICHMONDPRA'

The path has been cleared for the merger of two of Australia's foremost NGOs providing community-based, recovery focused services for people with a mental health problem.

Members of the Richmond Fellowship of New South Wales (RFNSW) and Psychiatric Rehabilitation Australia (PRA) have voted in favour of a 'marriage of equals' merger, enabling the creation of 'RichmondPRA'.

Scheduled to be formed on July 1, RichmondPRA will offer a broad range of services from accommodation support to vocational and employment services, and community businesses, with approximately 500 staff available across sixty locations.

The RFNSW has provided non-clinical accommodation and rehabilitation support services for nearly 40 years, whilst PRA has been active particularly in employment and the establishment of community businesses across New South Wales - and more recently at Caboolture and Hervey Bay in Queensland - for nearly 60 years.

The lead up to the creation of RichmondPRA has involved extensive due diligence and consultations with stakeholders including consumers/clients, staff, members, partners and funders.

The RFNSW and PRA Boards voted in favour of the merger in April, and each Board has nominated five Directors to the new Board, which was also endorsed by the members on 31 May. The new Board will be chaired by John Hall, who is current Chair of PRA.

RFNSW CEO Pam Rutledge - who will be CEO of the new organisation - said the merger would enable two organisations with strong track records and synergies to join forces, with a strong consumer and recovery focus and a commitment to social justice and social inclusion.

*Members of Richmond Fellowship of NSW (RFNSW) and Psychiatric Rehabilitation Australia (PRA) resolved to merge as RichmondPRA.*



*The launch of RichmondPRA was held in December 2012 at NSW Parliament House.  
Pictured: NSW Minister for Mental Health, The Hon. Kevin Humphries, Pamela Rutledge and Chairman John Hall.*

By December 2011 the RFNSW and PRA Boards were able to announce that planning had commenced regarding a merger. Six months was allocated for due diligence and consultations. Described as a “marriage of equals”, the merger was formalised on 1 July 2012. The new organisation would be called RichmondPRA, working under the apt slogan “Together we’re better”. John Hall was appointed Chairman and Pamela Rutledge CEO.

*By the time of the merger, RFNSW had grown to an annual turnover of \$24 million and 350 staff.*

## *RFNSW Staff*

### **10+ Years of Service at Time of Merger**

*BALLARDIE Neil*

*TONG Yip Kun*

*HOLLEY Carmen*

*DOYLE Richard*

*HOWE Louise*

*REDMAN Anne*

*GILLARD Amanda*

*MD HANIF Ghulam*

*FOLAMI Taiwon*

*SUN Julie*

*CLARK Kelly*

*JOHNSON Renae*

*GRZELAK Fiona*

*CLIFF Mark*

*STANSFIELD Debbie*

*KELLY Anthony*

*EGITTO Antonella*

*WANG David*

# Reflecting

“There were a lot of joyful times. They were one of the first (organisations) to try and integrate consumers into mental health recovery programs at a time when things were so limited. It’s expanded so much now. The complexity of what they’re doing and the quality of what they’re doing is so good now.”

*Simon Champ, mental health advocate and former Glebe House resident*

How could RFNSW founders and early consumers have imagined that, 40 years after forming, political figures from the Prime Minister down would be at odds not over whether mental health initiatives should be backed, but over how much money should be dedicated for the problem? That mental health, once a stigma-ridden and misunderstood phenomenon dealt with behind institution doors would rise to the top of the national agenda? That expert commentators, celebrities and everyday people who have struggled with mental health issues would ‘come out’ and talk so freely about the insidious nature of being mentally unwell, and what can be done to address it?

How could those early and persevering RFNSW figures who scraped dollars and cents together to progress a bold vision have envisaged that Australia would one day have Mental Health Commissions backed by multi-million dollar budgets and dedicated political Ministers?

More inwardly, how could they have foreseen that RFNSW would be a foremost Australian NGO leading the way in mental health community based assistance and rehabilitation, backed by 350 staff and with more than 700 clients across 24 locations and a turnover of \$24 million?

And how could they know that the experiences, successes and influence of the organisation would have such a bearing on how mental health is viewed and dealt with in society today?

It had been an unlikely odyssey of trial and error. An intrepid, tremulous and exciting trek over unmapped terrain, a quest for success and survival against seemingly impossible odds. There were the highest of highs and lowest of lows. Sure-footed advancements were matched if not outnumbered by slips and falls and ever-present threats of oblivion.

Yet somehow, after 42 years, after starting with next to nothing, RFNSW placed its stake and earned its place as a pioneer and leader of the Australian mental health sector.

This is a testimony and tribute to the foresight and tenacity of the figures behind the story, those who pursued the vision. Progress, so often selfless and with sacrifice, was underpinned by a will and commitment to make a difference for people living with psychosocial disabilities, to give them hope when society shunned them, to help them lead meaningful lives in the community.

*This book celebrates the triumphs of the many individuals who made it happen.*

## *Glebe House*

### A trip down memory lane

In early 2015 a note was left in the letter box of 'Glebe House' asking the current owners if they'd mind some RFNSW 'old timers' gathering for a photo shoot by the front door, for use in this book. Reply contact was swift, and the answer was so much more than 'yes'. A warm invitation was extended for the group to come inside and reminisce. The owners were as keen to know about RFNSW's involvement with the house as the participants were to take a trip down memory lane. This all happened on 25 May 2015. The following images were captured by photographer Neil Fenelon.

To John and Jenny Sergeant – thank you so much for your hospitality and for making this possible.



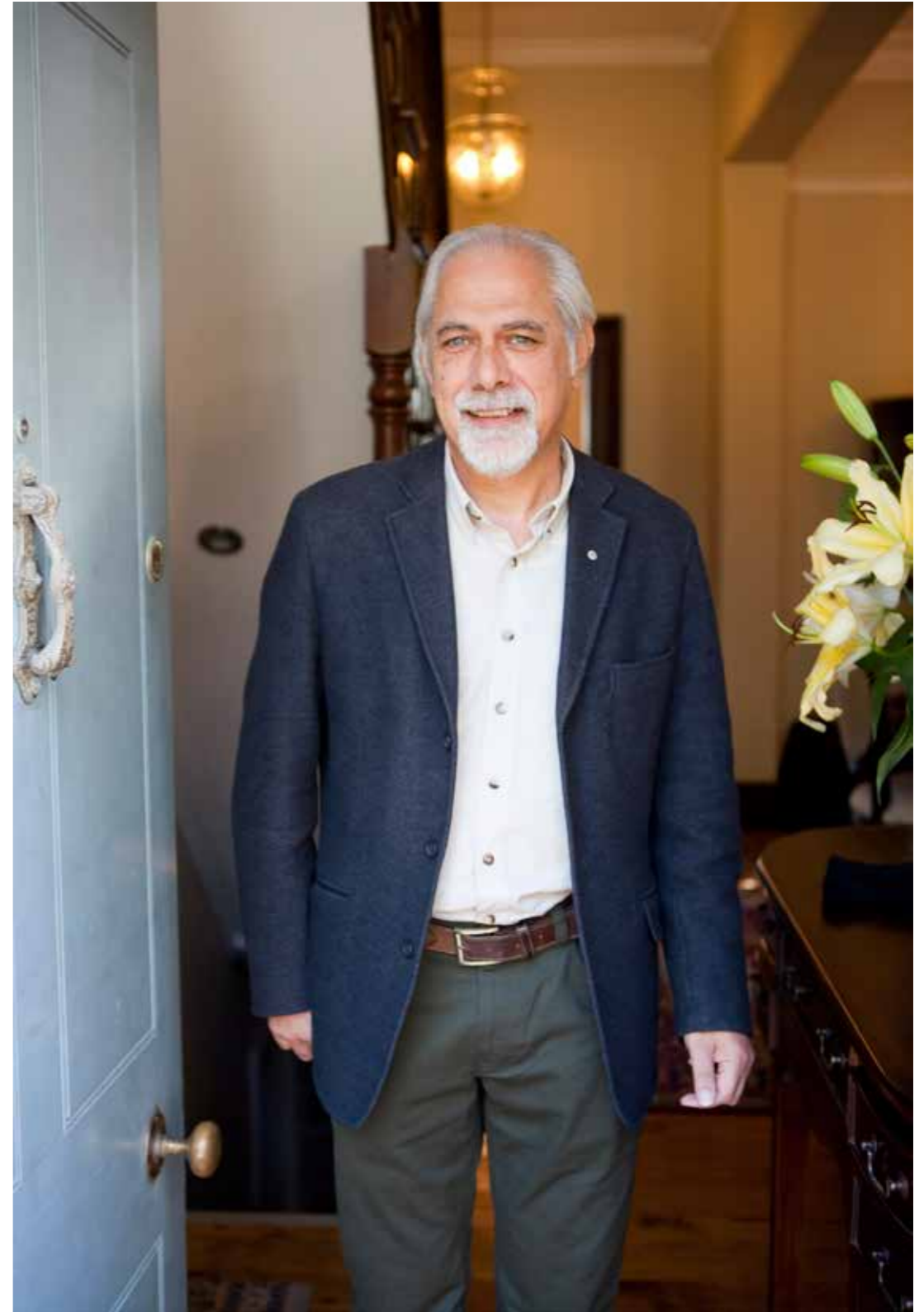
*Paula Hanlon, Michael Bartok, Pamela Rutledge, Dr Andy Campbell, Greg James, Rob Ramjan, Fred Kong and Simon Champ.*



*Former RFNSW CEO  
Fred Kong with  
Dr Andy Campbell on the  
rear balcony of Glebe House,  
overlooking Blackwattle Bay.*



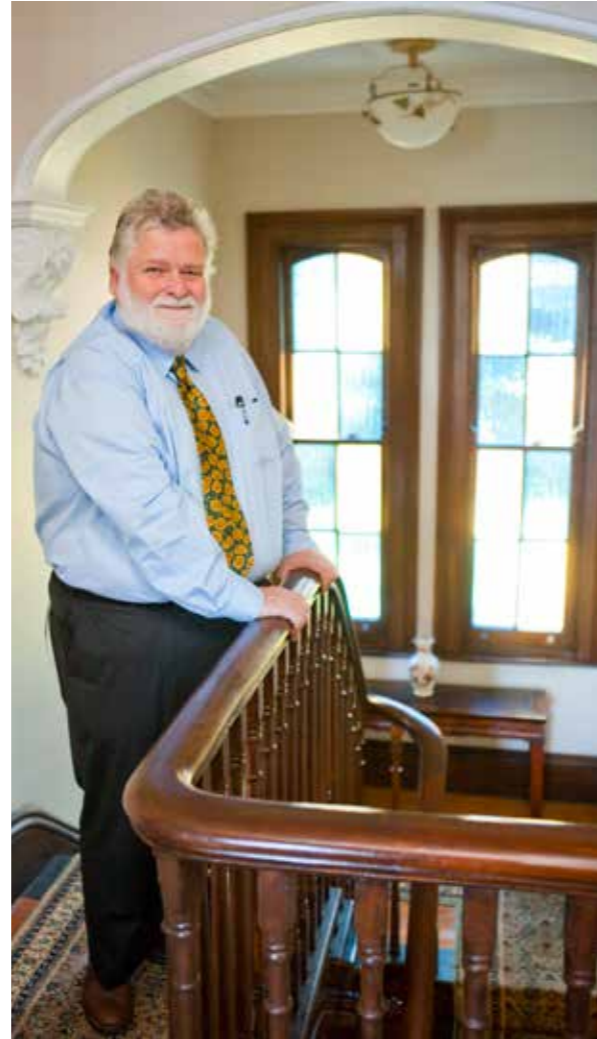
*Former Glebe House residents,  
Simon Champ (right) and  
Paula Hanlon (left) at the  
base of the attic stairs.*



*Rob Ramjan had a long and distinguished involvement with RFNSW.*



*Former RFNSW Chairman and lawyer, Greg James.*



*Simon Champ.*



*A view of the rear section of Glebe House.*



# 1959

## 1959

**PRA FORMED.**

## 1962-1965

Following the Royal Commission into Callan Park, some 5,000 people are discharged from hospitals and facilities.

## Mid 1960s

Agnes Bartok seeks medical help for Geoffrey Bartok in the UK. Agnes and Geoffrey Bartok are believed to have received assistance and support from Richmond Fellowship UK.

## 1970s

Gladesville Hospital and its auxiliary begin to develop a range of rehabilitation facilities to meet the multi-dimensional needs of people with mental health issues. Broughton Hall begins to establish programs for young adults with mental health issues.

# 1970

18 May

**RICHMOND FELLOWSHIP OF NEW SOUTH WALES (RFNSW) HOLDS ITS INAUGURAL MEETING.**

## 11 September 1970

**RFNSW IS REGISTERED WITH 27 MEMBERS INCLUDING OFFICE BEARERS.**

RFNSW founder Peter Bartok sets an ambitious goal of raising \$100,000 to secure suitable properties to be used as halfway houses.

## 1970

RFNSW attracts local and metropolitan media attention. Dr Lindsay Madew appears on Channel 7 and receives coverage in *The Sydney Morning Herald*, *The Australian* and *Rotary Down Under*.

Broughton Hall social worker Elizabeth Tow works closely with Peter Bartok to spread the word about RFNSW's ambitions to community organisations.

## Late 1970

The Federal Government confirms RFNSW is entitled to a two-to-one capital grant under the Sheltered Workshops Act with funds to go towards purchasing RFNSW's first 'halfway house'.

## 1972

Whitlam Government funding boosts the fortunes of RFNSW and NGOs across Australia.

## 1972

A bottle collection site, established with help from Willoughby Council, becomes a source of steady income for RFNSW, generating approximately \$80 per month.

## Early 1971

Peter Bartok and RFNSW's management committee liaise with the NSW Department of Public Health and the Federal Department of Social Services.

## July 1971

RFNSW's bank balance reaches \$6,000.

## Early 1972

**RFNSW'S BANK BALANCE REACHES \$10,500. THE ORGANISATION HAS 25 MEMBERS AND APPROXIMATELY 400 'FRIENDS'.**

## Late 1972

RFNSW applies to Baulkham Hills Council for its first halfway house at 65 North Rocks Rd, North Rocks to house up to 18 'psychiatric rehabilitates' and 'inmates'.

## December 1972

Baulkham Hills Council rejects RFNSW's application for a halfway house at North Rocks on the basis that the site was inadequate. 53 written objections, and one letter of support, are received.

## Mid 1973

RFNSW makes a development consent application for a halfway house at 5 Howe St Westmead to Holroyd Council. Holroyd Council rejects the application, citing 'concerns around property values'.

# 1970s

## Early 1974

RFNSW is granted a Federal subsidy of \$230,000, administered through the NSW Health Commission. Monies are put towards establishing 'two halfway houses in the Central Sydney area for people with a psychiatric disability based on the concept of self-help for around 12 young people'. Two properties are purchased: 89 Redmyre St, Strathfield ('Strathfield House') and 14 Oxley St Glebe ('Glebe House', later renamed 'Blackwattle House'). Permissions are later sought from Leichardt and Strathfield Councils to operate the properties as halfway houses instead of on boarding house licenses.

## October 1974

Richmond Fellowship UK founder Elly Jansen visits Australia, helping to set up Glebe House, meet with VIPs, inform the media and liaise with people in the psychiatry field to help raise awareness and lobby for Australians struggling with mental health issues.

## Late 1973

**THE DEPARTMENT OF PUBLIC HEALTH WITHDRAWS A PROMISED \$10,000 SUBSIDY, CITING A LACK OF FUNDS.**

## Mid 1974

**GLEBE HOUSE HAS A FULL COMPLIMENT OF 12 RESIDENTS, PAYING \$20 PER WEEK.**

## Early 1975

RFNSW is assigned a \$10,000 staff training grant from the Australian government.

## 1975

Strathfield Council refuses development permission for Strathfield House (89 Redmyre St Strathfield) based on zoning reasons.

## 1975

**RFNSW FOUNDER PETER BARTOK RETIRES TO BECOME AN HONORARY LIFE DIRECTOR.**

## 1977

Strathfield House at 89 Redmyre Rd Strathfield is auctioned at a loss.

## 1979

Willoughby Council closes RFNSW's bottle recycling site. RFNSW loses a valuable source of revenue (approximately \$1,000 annually).

## Mid 1970s

RFNSW progresses with a small network of external (satellite) inner city houses as started by the Gladesville Auxiliary.

A Media and Public Relations Officer, Brian Stewart, is appointed to RFNSW on a Government grant. Without funding in the following financial year, the role is not renewed.

**RICHMOND FELLOWSHIP OF AUSTRALIA IS FORMED.**

## 1970s

The de-institutionalisation 'movement' results in sector upheaval and tensions, including strike action.

The Gladesville Auxiliary passes operational control and funding to RFNSW. This enables RFNSW to extend its services to two tiers of consumers: high functioning young people plus high-dependency patients requiring round-the-clock care.

# 80S

## 1980

RFNSW records a net operational deficit of \$28,031. This is backed up by a loss of \$12,000 in 1981.

RFNSW extends its services beyond metropolitan and inner west Sydney, entering a joint venture agreement with The Aftercare Association of NSW in conjunction with Hornsby Ku-ring-gai Area Health Service. The joint venture establishes a therapeutic community for young adults at Nangare House, at 118 Fox Valley Rd Wahroonga.

*August*  
**1984**

A renaming competition among Glebe House residents sees Glebe House renamed Blackwattle House.

*Late*  
**1984**

The Victorian and ACT Fellowships form The Richmond Fellowship of Australia. Three years later an Australian Association of Richmond Fellowships is proposed.

## 1983

**FINDINGS OF THE RICHMOND INQUIRY ARE ANNOUNCED. MANY BOARDING HOUSES DISAPPEAR.**

*March*  
**1983**

The Richmond Report is released. It concludes that people with mental health issues would be better served by living in the community and that alternative services should be provided in the community.

## 1984

RFNSW reviews its joint venture with Nangare House amid cashflow pressures.

## 1985

RFNSW Board reviews the need for consumer representation, proposing residents wishing to become RFNSW members can join for an annual \$2 fee, which would provide active participation and voting rights.

**CHAIRPERSON:**

**HON. TREASURER:**

**COUNCILLORS:**

*April*  
**1985**

The concept of satellite housing is enhanced and formalised under the RFNSW Satellite Housing Program. \$44,000 in funding from the NSW Department of Health under the Richmond Implementation Program is approved for the first phase of the project.

*July*  
**1986**

Three satellite houses are opened (in Summer Hill, Five Dock and Balmain). By November 1987, seven satellite homes are established.

*Early*  
**1986**

**FORMER BLACKWATTLE HOUSE RESIDENT SIMON CHAMP BECOMES THE FIRST RESIDENT EMPLOYED IN AN ADVOCACY ROLE AT GLEBE HOUSE.**

*September*  
**1986**

A crisis meeting is held. The Board of RFNSW considers restructuring to contract to the Health Commission to care for individual patients as well as increasing Blackwattle House residents' rent from three-fifths to two-thirds of their income.



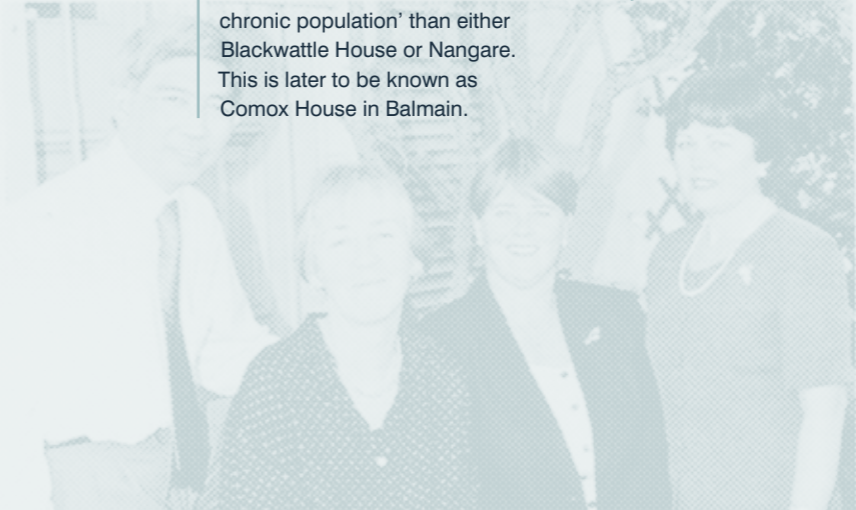
*Dr Andrew Campbell, Chairperson*

*August*  
**1985**

The Department of Health gives in-principle approval for the development of a 20-bed halfway house that caters towards 'a more chronic population' than either Blackwattle House or Nangare. This is later to be known as Comox House in Balmain.

## 1985/86

RFNSW applies for a grant to fund a coffee shop/restaurant where residents could learn catering and hospitality skills. Within 12 months the venture folds.



*The Administration Team:  
L - R Fred Kong, Chief Executive Officer, Elisabeth Barry, Public Relations Coordinator, Kerry Glover, Finance Assistant, Carmen Holley, Secretary*

September  
1986

**RFNSW'S FORTUNES  
TURN AROUND WITH  
\$17,000 IN THE BANK.**

1987

The NSW Government sells several Department of Main Roads properties and two Group Homes are sold, forcing RFNSW to seek other properties.

A renamed Australian Association of Richmond Fellowships is proposed.

February  
1987

**AFTER MORE THAN  
17 YEARS OF SERVICE,  
ELIZABETH TOW  
RETIRES FROM RFNSW.**

September  
1988

**FRED KONG IS APPOINTED  
CEO OF RFNSW.**

November  
1988

The Central Sydney Area Health Service transfers three homes to the Fellowship (Karabiner, Kythira and Five Dock). Marion House at Leichardt, established by the Rozelle Hospital Auxiliary, is also transferred.

October  
1989

RFNSW and The Aftercare Association of NSW mutually terminate its joint venture agreement.

April  
1991

**PETER BARTOK PASSES  
AWAY AT AGE 80.**

1992

RFNSW faces yet another financial crisis. Blackwattle House is sold freeing up cash for diversification. A youth hostel in Ross St Glebe, named Forest Lodge, is purchased in July 1992. This becomes RFNSW's headquarters and the largest group home.

**THE RFNSW WALLACE  
REPORT HELPS SECURE  
RFNSW'S LONG-TERM  
FUTURE. THE REPORT  
IS OVERSEEN BY DIRECTOR,  
CLIO WALLACE.**

Late  
1990s

The NSW Department of Ageing, Disability and Home Care asks RFNSW to deliver comprehensive services under the Boarding House Relocation Program. This is backed by a \$66 million funding package to reform licensed boarding houses.

1997

RFNSW makes a successful bid to provide rehabilitative housing services to the Wentworth Area Mental Health Service. RFNSW opens two houses in Emu Heights including a core house and a halfway house as bases to support 10 people under the Supported Accommodation Program for Young People.

1990s

# 2000s

## 2003

The first Housing and Support Initiative (HASI) tender funded by the NSW Centre for Mental Health is secured. This results in funding for 100 supported accommodation places in Sydney and rural NSW. Of these 100 places, RFNSW secures 55.

## 2006

RFNSW commits to providing services to Aboriginal members in communities across the state and partnering with the Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs to deliver Personal Helpers and Mentors (PHaMs) programs in Bourke and Parkes. A tender is secured to provide the HASI 5A pilot program in the Sydney metropolitan area to assist Aboriginal people with complex mental health issues.

## 2007

Charmian Clift Cottages close, following the small operator experiencing operational difficulties. The cottages reopen soon after at Blacktown under RFNSW.

## 2000

**RFNSW SECURES FUNDING FROM THE HUNTER AREA MENTAL HEALTH SERVICE FOR THE PROVISION OF SERVICES IN THE NEWCASTLE AREA.**

## 2001

RFNSW employs more than 120 employees, a significant jump from only 20 or so a few years earlier. RFNSW's website is launched.

## 2004

RFNSW's administrative functions are shifted to a business park on Underwood Rd, Homebush. It is home to RFNSW for 8 years. The organisation's Forest Lodge headquarters are sold and profits channeled into a Fellowship Fund dedicated to mental health innovation, research and training projects.

## July 2009

RFNSW partners with the Sydney West Area Health Service to conduct a demonstration 'Youth HASI' program called the Young People's Outreach Program (Y-POP). This inaugural program works with young people in their homes and in the community.

## 2009

**CEO FRED KONG RETIRES.**

## September 2009

**PAMELA RUTLEDGE COMMENCES AS CEO.**

*Late*

## 2010

An Evaluation, Research and Service Development team is appointed to lead and support RFNSW's evaluation and research work, building the evidence base and data for continuous improvement.

*January*

## 2010

A new Strategic Plan is finalised. An evaluation framework and RFNSW's first annual evaluation plan is endorsed by the Board.

*December*

## 2011

The Boards of RFNSW and PRA announce planning has commenced regarding a merger.

## 2011

RFNSW takes a major step in advocacy around the issue of cannabis and mental illness, undertaking a social survey on attitudes towards cannabis use and later holds a symposium that addresses cannabis and its effects on mental health.

*1 July*

# 2012

**THE RFNSW/PRA MERGER IS FORMALISED. THE NEW ORGANISATION, RICHMONDPRA, IS FORMED, WORKING UNDER THE SLOGAN, 'TOGETHER WE'RE BETTER'.**



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The Richmond Report concluded that people with mental health issues would be better served by living in the community.

# 1970

FUNDING,  
FRUGALITY  
AND FRIENDS

Mental care up  
by bo  
shutd



CLOSURE of a bottle collection site by Willoughby Council has cut off funds that cover the care of mental patient by Richmond Fellowship of NSW.  
Founder and director of the Fellowship, Mr Peter Bartok of Northbridge, said the bottle collection raised \$1000 a year.  
This covered the cost of looking after one mental patient. It was vital, he said.  
Mr Bartok said the fellowship received little Government assistance, but cared for 32 people in

# 1983

SURVIVAL



# 1988

CRISIS,  
CONSOLIDATION  
AND INNOVATION



*Paula Hanlon, Michael Bartok, Pamela Rutledge, Dr Andy Campbell, Greg James, Rob Ramjan, Fred Kong and Simon Champ.*