This presentation will highlight the unique difficulties and triumphs associated with the implementation of a community mental health program in a rural setting. It will identify the value of incorporating both peer support employment and consumer leadership. It will look at both qualitative and quantitative outcomes achieved by participants within the program, and the overall contribution the program is making to participants’ lives in both the New England and Central West areas of NSW.

The prevalence of mental health conditions in rural and remote Australia has been estimated as equivalent to levels in major cities. However, rural Australians face greater challenges as a result of such conditions, due to the difficulty of accessing the support needed for mental illness, and to the greater visibility and stigma that is often attached to mental health in a smaller community.

Over the past two decades there has not been any real increase in spending to ensure the availability of the range of support services, clinical and non-clinical, needed by people with a mental illness to live well in the community. As a result, many people with a mental illness struggle to find proper care. This problem is accentuated if you live in a rural area, which is likely to have fewer health professionals and a much smaller choice of health service providers.

It is within this context The Benevolent Society commenced its work in mental health, implementing the PHaMs program and developing a recovery-orientated service. The PHaMs program intrinsically values the wisdom of those with a lived experience of mental illness and distress. The employment of peer workers and involvement of consumers in shaping service developments are key components of our work.

The Australian Fourth National Mental Health Plan reflects the important shift in the field of mental health services, toward a recovery-orientated approach. Recovery is a unique and personal journey that includes a sense of hope, wellbeing and autonomy. Our work recognises and builds on people’s strengths and resilience, and capacity for self-determination.

The PHaMs service provides an opportunity for government and the non-government sector to work together to provide innovative assistance for people whose lives are affected by mental illness or distress. The aim of the PHaMs model is ‘to increase the opportunities for recovery for people whose lives are severely affected by mental illness’. This is underpinned by three secondary outcomes of increased access to appropriate support services at the right time; increased personal capacity and self-reliance; and increased community participation.

The Benevolent Society is Australia’s oldest not-for-profit organisation and has been working with vulnerable people and communities for nearly 200 years. In 2008 we were successful in
securing the Australian Government’s Personal Helpers and Mentors program (PHaMs) Armidale and in 2009 Inverell and Mudgee.