

1. Additional Description

Arthur has had a long and accomplished career in the mental health sector. He has driven innovation and change in the sector by setting an example of continuous improvement, quality, and evidence in the provision of mental health services through his role as CEO of Neami National. As a part of his career-long commitment to providing quality and safe mental health services, Arthur has championed the important role that consumers of mental health services play in informing the design and implementation of these services. Arthur's most significant individual/professional contribution to the mental health field has been to promulgate and build confidence in the non-government sectors' capability to progress deinstitutionalisation and support individuals with mental illness to live meaningful and contributing lives in the community. Arthur has held a vision for the community sector as a provider of supports that are complementary to the clinical mental health sector, but equally essential in supporting people with mental illness and disadvantage to pursue their dreams and live meaningful and contributing lives.

Early in his career, Arthur worked as a psychiatric nurse at the Austin Hospital before moving into the community sector and working at St Kilda Community Health Centre and at the Australian Greek Welfare Society. This combined experience of working in both hospital and community settings later enabled Arthur to implement an innovative housing model in response to deinstitutionalisation in Victoria. Arthur's long career at Neami began with opportunities to work on the deinstitutionalisation process and he was a significant force in enabling people to move from a hospital setting into a place that they could call home. Arthur's views on providing services in this area were very much centred on being able to bring people into an environment where they could live in the community, and provide them with an opportunity to learn in that environment. In this way, Arthur saw individual choice as a key component in providing quality services. As a result of Arthur's leadership in this area, Neami became one of the first organisations in Australia to deliver transitional housing (with further development and adaptation this is now called the Housing First Model), a model which was quickly adopted by other states in Australia.

From his early foundations working with consumers on the professional practitioner level, Arthur was clear about the importance of quality services and outcomes which built sustainability for individuals and confidence in the mental health system. This was a positive step and created what we take for granted now, a viable and reliable system of mental health support that is based in the community. Arthur's belief and demonstrated success on the ground fostered confidence in the NGO sector to do this work safely and to a high quality. His determination to show the quality and outcomes of services delivered at Neami fostered confidence beyond the community sector: people with mental illness and their families and natural supports experienced the impact of community provided support; government and funders

came to understand the worth of a complementary community mental health support system; and the clinical sector came to value a sector that addressed people's broad range of needs beyond symptoms and medications. He contributed to the paradigmatic shifts in thinking of that era that enabled system revisioning, driving change within and beyond the community sector with his thought leadership, passion and vision.

Arthur's determination to deliver high quality mental health services is demonstrated by his leadership in building an organisation made up of staff who believe in consumers' abilities to live full and rich lives. He strongly believes that the thinking and behaviour of staff impacts on consumer outcomes. This attention to culture is evident throughout the structures and practices of the organisation. For example, support and supervision approaches for staff at Neami parallels the way we work with consumers; they focus on exploration of strengths and values, goal setting and coaching to support growth and development. This simple and consistent approach means that all staff feel valued and know they are contributing to the vision and mission of the organisation; all staff are developing their own wellbeing in the workplace. A commitment to culture is also manifest through a mindset of generosity and sector contribution, values-based recruitment, a commitment to ongoing professional development and continuous learning for all staff (supported by a service-wide learning and development team), staff wellbeing programs, open and transparent two-way communication processes with staff, and leadership that models belief, vision, and a singular commitment to great outcomes for consumers, staff and the communities we work within. This culture is so important to Arthur that when Neami expanded into New South Wales he relocated there for a number of years to ensure this culture was embedded throughout the organisation. Arthur is proud to have built a culture of 'walking beside the consumer' in Neami staff.

2. Criteria 1: Evidence of a significant contribution to the field of mental health on a local, state or national level.

Arthur has made a significant contribution to the field of mental health on a national level by:

1. Demonstrating the value of community sector services in delivering good outcomes for people living with a mental illness
2. Demonstrating how combined models of care can prevent and reduce hospital admissions and improve consumer experience of care
3. Knowledge generation and sharing in the mental health sector

1. Demonstrating the value of community sector services in delivering good outcomes for people living with a mental illness

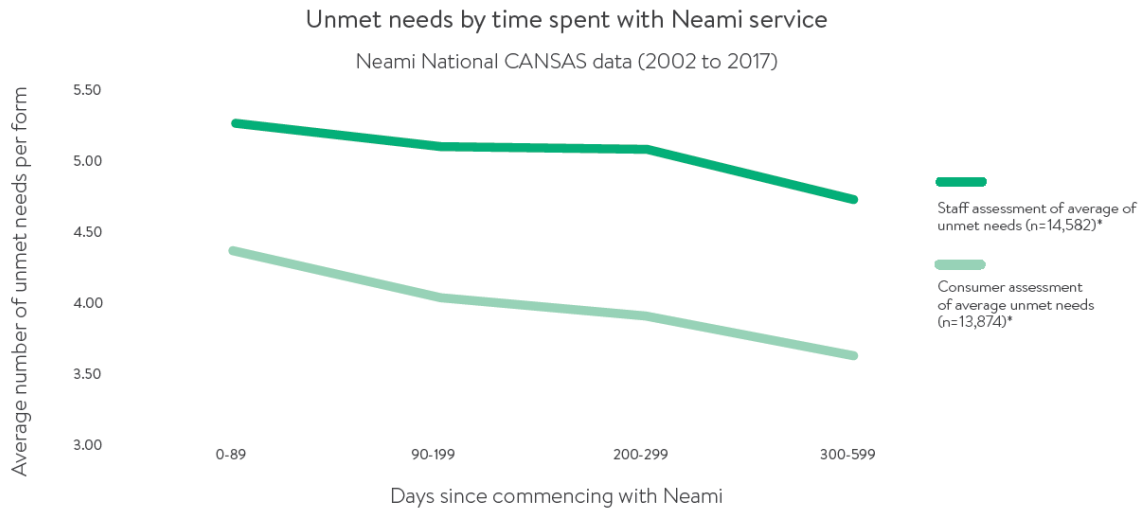
Early in his career, Arthur's strong personal advocacy with clinical services during the Victorian deinstitutionalisation from 1994 to 1997, where he persisted in arguing that the most disabled inpatients be given a chance to live in the community with

appropriate supports, demonstrated a strong commitment to providing quality mental health services for consumers. During this time clinical services took a very conservative approach, and Arthur's leadership in this area resulted in better outcomes for people exiting hospital and transitioning to the community. Arthur was a pioneer in a process that was revolutionary and disruptive at a time when the old model of health care was not community based.

In 2015, Arthur established a large number of new community mental health services when he led a major expansion following the Victorian recommissioning of mental health services. This resulted in Neami acquiring 34% of the total Victorian non-government health services funding and led to the setup of many new services including youth residential rehabilitation services and metro region wide centralised Intake Assessment service.

Recently, with continuity of service to clients as a priority, Arthur has guided Neami through the many challenges of transitioning a significant portion of Neami services over to National Disability Insurance Scheme (NDIS) service provision. This included the acquisition of the main community mental health provider in the Barwon NDIS trial site. This acquisition ensured continuity of care to 270 NDIS consumers. Arthur has led broader advocacy around the provision of NDIS services by instigating submissions regarding the NDIS to the Federal Joint Standing Committee and the Productivity Commission, as well as a presentation to the public hearing of the Senate Committee on the NDIS.

Arthur's focus on quality and evidence-based community services is demonstrated by Neami's ongoing evaluation of services and programs. Neami led the implementation of outcome measurement in non-government mental health services. From 2011, the Camberwell Assessment of Need Short Appraisal Schedule (CANSAS), and the Basis 32 were implemented into all programs. Neami now has the largest ongoing NGO database of mental health consumers in Australia. CANSAS data indicates that Neami services consistently show a reduction in the unmet needs of consumers over time (see below).



Arthur states that one of his proudest moments was witnessing the drastic change in a group of young people that Neami was supporting in NSW through the Housing and Accommodation Support Initiative (HASI). At a social event in 2003, Arthur noticed that this group of young people were physically unwell, struggling with weight gain, experiencing very low energy and dealing with many other unwanted effects of taking high doses of medication. A year later, at another social event, he noticed a complete transformation in this group of young people. After a year of receiving services he noted that they were healthy, cheeky and energised. Many of the young people in this group were also reconnecting with family, getting jobs and starting to study. The success of this program also saw a reduction in the number of hospital inpatient stays and improved quality of life. Because of this success HASI has been a continuing program in Neami services.

2. Demonstrating how combined models of care can prevent and reduce hospital admissions and improve consumer experience of care

Arthur has played a significant role in the development of a combined model of care in the form of Step-up Step-down services. These services provide residential accommodation supported by 24 hour staffing that includes both clinical staff and recovery-focused non-clinical supports. The successes of these services have demonstrated the benefits of combining clinical supports with rehabilitation/recovery supports, shifting a culture that these types of services require a wholly clinical service approach. The result has been a cost-effective service model that delivers high consumer satisfaction and reduces the life disruption, trauma and cost of hospital admissions.

A recent evaluation of the Neami’s Joondalup Mental Health Step-up Step-down Service (JMHSS) demonstrated the benefits of this service model for consumers in reducing psychological distress, increasing self-efficacy, reducing impairment of everyday activities, and reducing the number and duration of hospital visits.

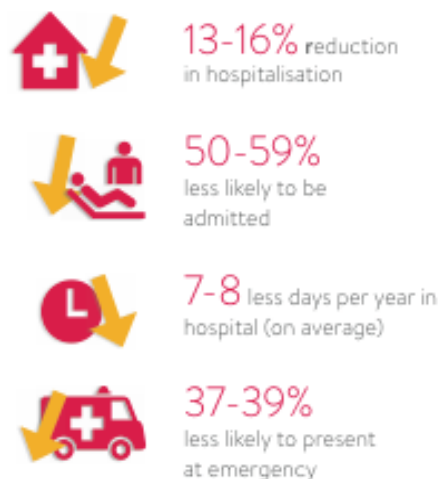
1. Personal improvements between entry and exit*



*as measured by the K10, GSES and WSAS (n = 382).

** Look back and follow up health data obtained from the Western Australian Data Linkage Branch for people (n = 267) who accessed the JMHS service between May 2013 and Dec 2014 and a matched cohort of people (n = 267) (who did not receive Neami service) to optimize the findings' rigour.

2. Hospital usage changes after spending time at JMHS**



3. Knowledge generation and sharing in the mental health sector

Arthur strongly supports and drives research and evaluation activities at Neami as a way of growing understanding and evidence base around mental health, recovery and mental health service delivery. Consumers, families, staff and other stakeholders are encouraged to generate areas for investigation, and action research approaches aim to see learnings gained from research and evaluation rapidly implemented in service delivery settings. Arthur believes in freely sharing knowledge and learnings widely with people with mental illness, communities, and the mental health sector and policy makers. This knowledge is shared via:

- The Neami website. Website publications can be found here: http://www.neaminational.org.au/about-us/mental-health-resources?field_resource_file_groups_tid=176&field_resource_file_types_tid=All
- Neami social media pages including Facebook, LinkedIn and Twitter
- Presentations at conferences in the health, mental health and business sectors
- Publications in peer reviewed journals and other industry publications

Arthur takes an outward looking approach and continually seeks to understand best practice by engaging in conferences and building relationships with international experts such as Mike Slade, Professor of Mental Health Recovery and Social Inclusion, School of Health Sciences, University of Nottingham. Arthur's focus and support of knowledge generation and sharing is also demonstrated by the many partnerships that he fosters with other research institutions including: the University

of Wollongong; the University of Melbourne; Deakin University; the Telethon Kids Institute; the University of Western Australia; Orygen; Swinburne University; the University of Canberra; the University of New South Wales; Launch Housing; La Trobe University; the Don Dunstan Foundation; Sydney University; Monash University, MIND and Cancer Council NSW.

Criteria 2: Evidence of innovation or a high standard of service.

Arthur's long career in the mental health sector has seen him constantly innovate as a way of continually improving services and outcomes for consumers, adapting to rapid organisational growth and navigating significant changes in the mental health sector. Some of the ways that Arthur has demonstrated innovation in the field are:

1. Innovation in housing services design and service provision
2. Advocating and supporting consumer participation
3. Cultivating diverse and inclusive services and workplaces
4. Continuous improvement in providing a high standard of service through assessment tools, outcome measures and practice frameworks.

1. Innovation in housing services design and service provision

In 1994, Arthur led the establishment of one of the first successful examples of housing and support programs in the community following deinstitutionalisation in Victoria. This model has come to be known in recent times as the Housing First Model. This success led other states to follow suit and set up similar programs using this model. Neami's housing and support model recognises the foundational aspects of a Housing First approach combined with a community development approach. In the early 2000s, Arthur supported the initiative that went beyond drop-in and day programs and focussed on supporting clients to more fully participate in their communities of choice.

In 2010, Arthur instigated a bid to win several inner-Sydney tenders in the homelessness sector with a Housing First and assertive street patrol integrated with post-crisis community based support. As a result, the Way2Home program was established and has supported over 399 people into housing to date.

2. Advocating and supporting consumer participation

Arthur has a strong commitment to consumer participation and to acknowledging the many voices within Neami and the communities in which he works. He is committed to building the capacity of consumers to participate within Neami and in the broader mental health sector. As the sector has undergone wholesale change, Arthur has made a dedicated effort to build the capacity of staff and consumers in co-design, and to support consumer leadership. While this is intended to improve service quality, there is also a strong desire to lead the sector and strive toward a greater, collective impact so consumers have more choice and control in their overall lives.

Arthur continues to learn and innovate in this space as consumer participation at Neami evolves. Some of the ways that this commitment is demonstrated are:

- Arthur steered the development of a peer workforce, which saw rapid growth in 2013 and 2014. He instigated important structural changes in the organisation, such as the development of the Neami Peer Work Framework, to embed the peer workforce as an integral part of services. Arthur has been able to demonstrate the value of employing staff that can draw on their lived experience of mental health issues and recovery in assisting consumers to gain their own sense of confidence and hope about their journey of recovery.
- Arthur led the development of a consumer participation strategy, which has continually developed over time and aligned with best practice and evidence. His ability to listen to the consumer voice and to reflect on organisational practices resulted in a move away from the traditional Consumer Advisory Groups (CAGs) to a more sophisticated model of consumer participation. This move occurred when, reflecting on their limited scope within the organisation, the CAG produced a report that shared their concerns and suggestions to increase the number of opportunities and expand the areas where participation could take place. This led to the development of the Consumer Participation Framework, which outlined the potential breadth and depth of consumer engagement, naming consultative and collaborative approaches that could be taken internally and externally.
- Arthur chairs the Neami Research and Evaluation Committee in partnership with a Consumer Co-Chair, and is led by the expertise of other members on the Committee including consumer members, consumer researchers and external academics.
- Arthur works closely with the Neami Board of Directors which includes a number of members who have a lived experience of mental illness (of note, Julie Anderson, a member with lived experience, was the Neami Board Chair for a 10 year period). The Board is responsible for ensuring that Neami is appropriately managed to the benefit of all stakeholders.
- Arthur supports consumers to participate at all levels of the organisation. Neami offers a training and capacity building course, Launching Pad, which focuses on building skills to effectively engage in opportunities with Neami and the broader community. To date, a total of 314 consumers have taken part in 2,817 hours of paid participation totalling \$112,661 of paid work.

3. Cultivating diverse and inclusive services and workplaces

Arthur is committed to cultivating diverse and inclusive services and workplaces and is proud of Neami's organisational statement on diversity:

“Neami National/Me Well is committed to cultivating inclusive environments for staff, consumers and carers. We celebrate, value and include people of all backgrounds, genders, sexualities, cultures, bodies and abilities.”

Arthur is a strong supporter of gender equality as CEO of Neami. In 2017, Neami's Workplace Gender Equity Report showed that:

- 68% of all executive-level and general manager staff are female
- 64% of all senior managers were female
- 77% of all other managers were female.

Arthur has also led the organisation to continually support, employ and build the capacity of peer workers. In 2013, Neami saw rapid growth of its peer workforce which has been maintained over the past 4 years. At the end of 2017, Neami had a total of 48 peer workers employed in the organisation.

Recently, Arthur has championed other changes in the organisation in order to continually improve organisational acknowledgment and support for diversity including:

- Pledging organisational support for marriage equality
- Progressed the development of a Reconciliation Action Plan (due for completion in 2018).

4. Continuous improvement in providing a high standard of service through assessment tools, outcome measures and practice frameworks

In his time as CEO of Neami, Arthur has continually driven improvements in the quality of services and outcomes for consumers. This has required the organisation to constantly evaluate its services through the use of assessment tools and outcome measures. At a time when measuring and demonstrating outcomes in the community health sector was not required or routinely practiced, Arthur led the way by embedding this practice in the organisation. In the 1990s, Neami partnered with Tom Trauer and Mike Slade (2004, 2008)¹ in a project aimed at more systematically understanding consumer needs. Arthur was instrumental in supporting and enabling this new approach, which led to consistent use of the Camberwell Assessment of Need Short Appraisal Schedule (CANSAS) and the Behaviour and Symptom Assessment Scale (BASIS 32) within Neami.

As the organisation came to more systematically understand the needs of consumers, service delivery evolved to address the greatest areas of consumer need. One of these unmet needs was physical health, and Arthur supported the organisation to focus on health promotion as an important component of the services

¹ Trauer, T., Tobias, G. & Slade, M. (2008) Development and Evaluation of a Patient-rated Version Of the Camberwell Assessment of Need Short Appraisal Schedule (CANSAS-P). *Community mental health journal*. 44. 113-24.

Trauer, T. & Tobias, G. (2004) The Camberwell Assessment of Need and Behaviour and Symptom Identification Scale as Routine Outcome Measures in a Psychiatric Disability Rehabilitation and Support Service. *Community mental health journal*. 40. 211-21.

that Neami provided. The result was a national health promotion strategy and the employment of Health Promotion Officers nationally. The health promotion program at Neami has been innovative in developing programs that address the gaps in health care needs for consumers including peer health coaching, oral health training and education, diabetes prevention programs, and smoking cessation programs. Neami developed and trialled Australia's first physical health needs identification tool designed specifically for a community mental health setting, the Neami Health Prompt, along with an Auslan video version of the resource. The Health Prompt is now available to others to use, in the mental health sector and more widely. Arthur's leadership in physical health has been recognised with his recent inclusion on the national Equally Well Implementation Committee.

With this diversification of service approach and divergent consumer populations, Neami is supporting the need to review and refresh/diversify our approach to outcome measurement and seeking to involve consumers in choice and development of how we measure success. This approach has been supported by the resourcing of the Neami Research and Evaluation team to enable this.

Bringing learning back to Neami and sharing it with the sector prompted Arthur to seek out and partner with Australian leaders in recovery oriented practice and research. He wanted to do more than just build expertise in the field. He wanted to partner to build a continuous loop of ongoing learning and developing expertise that combined lived experience perspectives, staff perspectives and academic expertise. This led to a fruitful partnership being established with University of Wollongong and authors of Collaborative Recovery Model (CRM)^{2 3}.

Arthur's observation that consumers responded well to recovery-oriented practice led him to introduce the CRM as Neami's model of practice. Neami adopted the CRM as a whole of organisation practice framework in 2009. As a practice model the CRM has a defined set of attitudes, knowledge and skills for practitioners to allow and utilise in their work practice. To support practitioner implementation fidelity, Arthur has worked to embed the vital components of the model within the culture, structure and practices of the organisation. Over time Neami has worked to understand and strengthen the CRM model in practice, culminating in us recently purchasing the intellectual property in the model so we can continue to develop it. Evaluation of the CRM found that consumers found CRM activities valuable to their recovery, with 97% rating the use of the CRM component processes as being important or very important to assisting their recovery. Recently, Arthur instigated the establishment of

² Oades, L., Deane, F., Crowe, T., Gordon Lambert, W., Kavanagh, D., & Lloyd, C. (2005). Collaborative recovery: an integrativemodel for working with individuals who experience chronic and recurring mental illness. *Australasian Psychiatry*, 13(3), 279-284.

³ Oades, L., Deane, F., & Crowe, T. (2017). Collaborative Recovery Model: From mental health recovery to wellbeing, In (Eds.). . . 99-110. In M. Slade, L. Oades, & A. Jarden (Eds.), *Wellbeing, Recovery and Mental Health* (pp. 99-110): Cambridge University Press.

the Centre for Recovery Oriented Practice (CROP) in order to open up a range of models, tools and practice to the wider mental health and community services sectors. CROP now operates as a fee-for-service training provider for clinical and community services offering a range of training, practice development programs and consultancy services involving coaching, change facilitation (for organisations and individuals) recovery-oriented practice, wellbeing, and screening and assessment tools.

3. Conclusion

Arthur has dedicated himself to improving the lives of people living with a mental illness. He has advocated for the rights of mental health consumers to receive quality services and to improve their health, live independently and pursue a life based on their own strengths, values and goals. His leadership has upheld a vision for the community health sector's essential role in supporting people with a mental illness to live meaningful and contributing lives.

As CEO of Neami, Arthur has worked to build a strong organisational culture of seeing and harnessing the strengths of people living with a mental illness; not just as people deserving of care but as people with capacities that add value to communities. This culture has been an essential part of the strength in Neami's ability to provide support to people with mental illness and disadvantage to live meaningful lives.

Arthur has driven innovation and change in the sector by engaging in continuous improvement, evaluation and by generating and sharing new knowledge in the field. His dedication to continually evaluating and improving services has resulted in better outcomes for consumers of mental health services.

4. Referees

1. Frank Quinlan

CEO

Mental Health Australia (MHA)

Phone: (02) 6285 3100

Email: Frank.Quinlan@mhaustralia.org

(To set up a telephone chat or meeting please contact Felicity Wilkins on (02) 6188 6706 or at Felicity.Wilkins@mhaustralia.org.)

2. Prof Ruth Vine

Executive Director

North Western Mental Health (NWMH)

Phone: (03) 9342 8765

Email: ruth.vine@mh.org.au

5. Appendix of support material

Publications:

Carter, M. (2008) *From psychiatric hospital to supported housing: The Neami Community Housing Program, Melbourne, Victoria, 1995-2008* Policy Paper, Institute for Social Research, Swinburne University of Technology, Melbourne

Cox, M. (1996) *An Evaluation of the Neami Community Housing Program*, Community Enterprise Network, Melbourne.

Fossey, E., Cuff, R., Ennals, P., Grey, F., Lloyd, C., McKenzie, P., ... Zimmermann, A. (2012). Supporting Recovery and Living Well. In G. M., J. Farhall, E. Fossey, M. Grigg, F. McDermott & B. Singh (Ed.), *Mental Health in Australia: Collaborative Community Edition* (3rd ed., pp. 502–528). Australia: Oxford University Press.

Ronnau, P., Papakotsias, A., Tobias, G. (2008) "Not for" sector in community mental health care defines itself and strives for quality. *Australian Journal of Primary Health* **14**, 68-72.

Articles for Parity:

1. Abstract: Homelessness and mental illness have been tangled up in the public imagination for a long time now with much myth and misunderstanding obscuring the true nature of their relationship.

Papakotsias, Arthur. Arthur Papakotsias [online]. *Parity*, Vol. 27, No. 1, Feb 2014: 58-59.

2. Abstract: It's been approximately 8 years since deinstitutionalisation was rolled out across Victoria. With the passing of this time and the subsequent development of a new mental health service system comes the opportunity to reflect on the progress made.

Papakotsias, Arthur. Arthur Papakotsias [online]. *Parity*, Vol. 16, No. 3, Apr 2003: 20.

Media articles/news clippings/radio:

Cairns' \$10 million mental health facility welcomes first residents -

<http://www.cairnspost.com.au/lifestyle/cairns-10-million-mental-health-facility-welcomes-first-residents/news-story/639fdce96e11641b987615ba852715b5>

Radio National Breakfast download: Success tackling homelessness in

Sydney-<http://www.abc.net.au/radionational/programs/breakfast/success-tackling-homelessness-in-sydney/4845198>

UOW mental health model continues uptake across Australia and overseas-

<https://media.uow.edu.au/news/UOW092145.html>

Peer health coaching program addresses mental illness-

<https://ajp.com.au/news/peer-health-coaching-program-addresses-mental-illness/>

Neami continues its advocacy around mental health and the NDIS -

<http://www.neaminational.org.au/about-us/news-events/consumer-representative-and-neami-ceo-present-parliamentary-committee-ndis>

Cairn's Community Care Unit launch - <http://neaminational.org.au/about-us/news-events/opening-mental-illness>

Neami announces support for marriage equality -

<http://neaminational.org.au/about-us/news-events/neami-supports-marriage-equality>

Neami merge with June O'Connor centre - <http://neaminational.org.au/about-us/news-events/media-release-june-oconnor-joins-neami>

Launch of Peer Health Coaching - <http://neaminational.org.au/about-us/news-events/close-gap-life-expectancy-australians-mental-illness>

2014 Far West LHD Health Innovation Award for Neami's Far West Mental Health Recovery Centre - <http://neaminational.org.au/about-us/news-events/recovery-centre-wins-trophy>

Neami National has been nominated as the new consortium lead for the Central Adelaide and Hills Partners in Recovery (CAHPIR) Program -

<http://neaminational.org.au/about-us/news-events/neami-national-oversee-south-australian-partners-recovery-program>

Photographs:



Arthur at the Cairns Community Care Unit opening



Arthur and Consumer Co-Chair Dave presenting at the public hearing of the Joint Standing Committee on the National Disability Insurance Scheme (NDIS)



Arthur and Dave Peters – Neami appoints new consumer co-chair of research and evaluation committee (2017)



Neami's 25th anniversary celebration (2012)

6. CV of nominated person for the award

Arthur Papakotsias CV

Education

Higher School Certificate, Pakenham High School, 1979

Prospective Nurse, Larundel Hospital, 1982-1983

Trainee Nurse, Larundel Hospital, 1983-1986

Graduate Diploma of Business (Health Services Management), RMIT, 1997

Strategic Perspectives for Non-Profit Management, Harvard Business School, July 2011

Authentic Leadership, Harvard Business School, February 2014

Leading Change and Organisational Renewal, Harvard Business School, April 2016

Employment

Registered Nurse, Larundel Hospital, 1986-1987

Registered Nurse and Deputy Charge Nurse, Austin Hospital, 1988-1989

Community Nurse, St Kilda Community Health Centre, 1989-1990

Project Officer, Australian Greek Welfare Society, 1990-1991

Executive Officer, Neami National, 1991-1994

Chief Executive Officer, Neami National, 1994-present

Neami organisational milestones and focus

2003-2009: Neami expands and becomes a national organisation. The Neami model and approach is disseminated nationally as the organisation grows.

2010: Neami invests in a Learning and Development team of skilled staff to undertake evaluation and outcome measurement. The Collaborative Recovery Model (CRM) is embedded as a model of practice in Neami.

2010-2011: Neami develops a clear model of peer support and focusses on embedding a peer workforce nationally.

2014: Neami introduces a number of innovative, evidence-based programs including ASSIST (Alcohol, Smoking and Substance Involvement Screening Test) training, Let's Talk, the Optimal Health Program (OHP) and mindfulness practice. Neami broadens the breath of services provided to include prevention, early intervention and homelessness services.

2010-2018: Neami identifies physical health as an unmet need for consumers and resources health promotion projects within the organisation. Health Promotion Officers are employed in each state and a national health promotion strategy is developed.

Sector contributions

2010-2014: On The Line

2011: Recovery Framework Victoria

2018-present: Contributor to the Equally Well implementation, an initiative to improve the quality of life for people living with a mental illness by providing equal access to health care.

2017: Participation in a round table with Minister Hunt on areas of greatest priority in mental health.

Committee and board memberships

VICSERV board member, 1997-2007

Mental Health Coordinating Council (MHCC) board member, 2004-2007

Chair of Housing Choices Australia, 2014-present

Chair of Finance, Audit and Risk Management Committee at Mental Health Australia, 2011-present