

Rough Patch Counselling Demographic:

An analysis of the value of counselling on a micro and macro scale within the Australian context.

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Abstract:

Being a young person in Australia, this writer has been given the opportunity to grow in a community which is aware of mental health and the affects of this on the individual. Mental health supporting agencies and organisations are well intertwined within the daily functions of society and the stigma associated with mental health is easing in a lot of systems. Young people are encouraged to express emotion in a magnitude of ways and often on platforms which have not been traditionally accessible for older generations. Such platforms include 24/7 mental health support services as well as the adoption of social media platforms to provide an online community support network for individuals with similar experience.

The presence of mental health within society may have be slowly accepted into daily functions however the cost of accessing mental health agencies and organisations is one in which acts as a deterrent for many individuals when seeking help for their vulnerabilities. This is a factor which will be discussed further within this research paper.

Although not the focal point of this research paper, the discussion of the impact of the COVID-19 pandemic will be included. This is due to the manner in which it has drastically affected the services provided at Rough Patch Counselling however has also affected the mental health of individuals during this time.

Using published research sources and other secondary and grey material such as literature, media materials and websites will enable an understanding of the context of mental health as well as to analyse the manner in which mental health is presented within society. This will aid to analyse the value of counselling from individuals as well as political figures.

Specifically, and importantly, this writer will insightfully consider the nature of the value of counselling. This process will allow for the recognition of both reflexivity and subjectivity and brings in the researchers' positionality as a tool in the research process. This will not only enhance the ethical integrity of the process but will also enhance the analysis and interpretation of findings and discussion.

Introduction:

Mental health and access to counselling in Australia is an aspect of society which has been adopted in daily living in the 21st century. The normalisation of mental health concerns encourages individuals to remove the stigma which has been engrained into the persecution of individuals who experience mental health concerns as well as access support services for such. This normalisation developed through the historical context of mental health and counselling within Australia, a point in which will be discussed in detail further within this research paper. Additionally, the ease of access to support services for mental health concerns has aided in the reduced stigma of accessing such services. The utilisation of mental health support services initially featured a stronger support in the medical field, being that of hospital services for the individuals, however through time, community-based support services overtook the medical support and became the normalised support service for individuals. 24/7 support services such as LifeLine, BeyondBlue, Kids Helpline and Mensline have

reflected increasing rates of engagement, an aspect which will be discussed within this section.

However, the current climate of mental health in Australia has been drastically affected by the COVID-19 pandemic and lockdown.

The COVID-19 lockdown and restrictions has had a profound impact on societies, not just limited to within Australia, however in an international context. The impact of COVID-19 can be felt on a micro and macro level within communities, affecting small businesses due to lack of incoming profit on a micro level as well as major economic and political conflicts on a macro level. The complications intertwined with the COVID-19 pandemic are diverse and multifaceted, and as previously mentioned, affect all individuals in a variety of different manners.

Additionally to affecting the context in which societies operate, the COVID-19 pandemic has affected individuals in several ways as well. The reduction in work due to the several lockdowns across Sydney has affected the employment rates. In a study by the Australian Bureau of Statistics (ABS), it is estimated that the employment to population ratio in Australia dropped to 62.9% ("Labour Force, Australia, July 2021", 2021). Additionally to this, the ABS estimated that monthly hours worked decreased by 3 million hours within Australia ("Labour Force, Australia, July 2021", 2021).

Due to the decrease in employment rates, reliance on government benefits has increased substantially. In the same ABS study, it was conveyed that there are a few main assistance payments distributed by Centrelink ("Labour Force, Australia, July 2021", 2021). These being the COVID-19 Disaster Relief Payment and JobSeeker payments to individuals, and the JobSaver and JobKeeper for businesses ("Labour Force, Australia, July 2021", 2021). Collectively, it is estimated that these payments have resulted in a payout of \$219 million in the month of July 2021 alone (The Guardian, 2021).

In a report released by the Parliament of Australia, the COVID-19 Disaster Relief payment has three different rates, dependent on working hours lost (Parliament of Australia, 2021). This payment has been received by 680 000 individuals, with approximately \$827 million being paid since 1st July 2021 (Parliament of Australia, 2021).

The decrease in employment and hours associated with a working environment have drastically affected individuals mental health. Factors such as a loss of identity caused by the changes in employment may contribute to the increase in individuals accessing mental health services. In a report published by the Australian Institute of Health and Welfare, it was found that between the first lockdown in March 2020 to April 2021, 15 million medicare subsidised mental health services were claimed (Australian Government, 2021).

In the month preceding to April 25th 2021, it was found that contact with tele-counselling services such as Beyond Blue, Kids Helpline and Lifeline had drastic increases of individuals contacting their services (Australian Government, 2021). Lifeline reported that within the month preceding April 25th 2021, received 82 000 calls being a 18.4% increase since the same time frame of 2019 (Australian Government, 2021). Subsequently, KidsHelpline reported 26 000 contacts and Beyond Blue reported 22 000 contacts (Australian Institute of Health and Welfare, 2021). Additionally to conveying the reported contacts, Beyond Blue has emphasised that the contacts have increased 30.7% since the same time frame in 2019 (Australian Government, 2021).

In 2020, the number of deaths by suicide, both confirmed and suspected, was reported to be 897 (Australian Government, 2021). This does not depict a significant increase in death by suicide between 2019 and 2020, with the reported deaths in 2019 being 937 (NSW Health, 2021).

The COVID-19 pandemic and lockdowns have had a drastic affect on mental health in a variety of manners. The current climate of the lockdown has the capacity to produce feelings of stress and anger however it has been conveyed that longer lasting mental health concerns such as depression, anxiety, PTSD and substance abuse are increasingly common (Biddle et al., 2020). Although not a focus of this report, it is important to convey that the lockdown and current COVID-19 climate has resulted in an increase in family domestic violence (FDV) rates. This is due to the limited capacity for reporting as survivors are not accessing public forums as freely such as work spaces (Usher et al., 2020).

It is imperative to state the context of the affect of COVID-19 on mental health in Australia as it creates a firm understanding of the need for organisations such as Rough Patch Counselling during the COVID-19 pandemic. The data previously stated within this report also depicts the strain that mental health services are under from the COVID-19 pandemic, and the increased need for support during this time.

Rough Patch Counselling is a non-profit counselling agency, located in Sydney. Rough Patch Counselling is an affiliate organisation of the Canadian counselling agency 'Hard Feelings'. Rough Patch Counselling is a young organisation, with its formation being in August 2020. This particular context placed the organisations formation towards the conclusion of the first COVID-19 pandemic lockdown that New South Wales experienced. Currently, Rough Patch Counselling has 8 counsellors who deliver their counselling services on site at Rough Patch.

Due to the formation of Rough Patch Counselling being during the COVID-19 lockdown in August 2020, it has been an opinion expressed by the Founder, Amber Rules that Rough Patch Counselling did not feature a COVID-19 contingency plan as to how to operate in lockdown orders, as it was founded within those circumstances. As mentioned, Rough Patch Counselling is a non-profit social enterprise which implements the sliding scale payment method for its clients. Rough Patch

Counselling has four payment options; \$60, \$70, \$80 and \$90 (Rules, 2021). The sliding scale method takes into account social factors which may affect an individual's ability to afford counselling services at market value. These factors include income and employment as well as access to government payments and benefits to support family living expenses.

Rough Patch Counselling utilises the sliding scale method as a way of providing affordable mental health support services to those who may not be able to afford similar services at market rate. To cover the gap of the subsidised payment, Rough Patch Counselling features a mental health book shop, located on site. During the COVID-19 pandemic and lockdown, Rough Patch Counselling has utilised the resources within this book shop as a means of expressing and conveying to the clients and potential outreach via social media of the importance of maintaining self care during this period of time.

This bookshop was established as a means of contributing to the payments received by Rough Patch Counselling due to the reduced fee counselling. Additionally, Rough Patch Counselling conveys that the bookshop and resources found within can offer individuals counselling services and aid without the access to a counsellor. This has been reiterated within the short videos posted on Instagram and Facebook. Furthermore, the social media posts from Rough Patch Counselling endorse the resources found within the bookshop and offer the capacity to shop online for these products.

Data found within the survey distributed within this placement conveys that the shopfront and bookshop were a factor in which influenced clients to access the resources found at Rough Patch Counselling. This data represents that out of the 25 responses given by past and current clients, 6 of these individuals engaged in services because of the shopfront and bookshop (Blumer, 2021).

Historical Context:

The acceptance of mental health within the Australian context has been a complicated historical timeline to establish. While as mental health and its affect on the individual and society is accepted and reducing the stigmatisation associated with such, the treatment of those affected by mental health in Australia is reflective of a dark relationship. Australias relationship with mental health and mental illness was developed and formed within a custodial framework. A custodial framework aims at providing detention or imprisonment for acts of depravity, meaning that the individuals who were experiencing mental health and mental illness were imprisoned as a means of reducing the risk to society (Vrklevski, Eljiz & Greenfield, 2017).

Australias relationship with mental health has been complex and built off the model utilised in Britain. In 1247, the first recorded public asylum was established in England, being the Bethlem Royal hospital (Vrklevski, Eljiz & Greenfield, 2017). The aim of these asylum was to provide care for those suffering from mental illness whilst also isolating individuals who seemed to pose a risk for society (Vrklevski, Eljiz & Greenfield, 2017). Although in theory, asylums were established as good meaning institutions, it is conveyed that the asylums held their patients in inhumane conditions, being subject to degrading treatment such as being chained to a post in their own excrement (Bostock, 1968).

The introduction to mental health in Australia was founded on the first fleet in 1788. The first colonisers handled their individuals with mental health and mental illnesses by simply separating them from the other individuals. This is a similar approach to that of the custodial framework previously mentioned. Although those individuals with mental health and mental illness were separated, often those imprisoned due to mental illness concerns were imprinted with criminals. In 1811, a mental asylum was

formed in Castle Hill to attempt to separate the criminals from the mentally ill (Vrklevski, Eljiz & Greenfield, 2017).

Australia's first large institution was established in 1838, being Tarban Creek Lunatic Asylum. The asylum was initially established to house 60 individuals, however by 1844 there were approximately 148 individuals. The asylum was subject to multiple enquiries about deaths of the individuals there, with many patients being sexually assaulted by caretakers and attacked by other patients (Vrklevski, Eljiz & Greenfield, 2017). The asylum was later known as the Gladesville Hospital, and from this, within the 1800s, 12 more asylums were established (Vrklevski, Eljiz & Greenfield, 2017).

In 1843, the 'Lunacy Act' was introduced in Victoria. This was the first legislative acknowledgement of the presence of mental illness in Australia and outlined the need for treatment for mental illness as well as encouraging the government's responsibility of care for these individuals (Vrklevski, Eljiz & Greenfield, 2017). As previously mentioned, these asylums were often environments of immense torture of the individuals located there and such, in 1852, a government enquiry into the treatment and deaths of these individuals consequentially led to the superintendents being replaced with doctors (Vrklevski, Eljiz & Greenfield, 2017).

In 1951, the discovery of Chlorpromazine was made by French scientists, attempting to find a cure for malaria (Vrklevski, Eljiz & Greenfield, 2017). Chlorpromazine is used for the treatment of Schizophrenia and became the first drug used for mental illnesses after attaining its FDA approval in 1954 (Vrklevski, Eljiz & Greenfield, 2017).

Between the time period of 1950 and 1970, there were advancements in the drug use as treatments for mental illness following the second world war (Vrklevski, Eljiz & Greenfield, 2017). Although this medical breakthrough was used as a means of supporting the patients with their mental illnesses, it also provided a means for

patients to be able to leave the asylums and hospitals, an ability which was not achievable before (Vrklevski, Eljiz & Greenfield, 2017).

Enquiries into treatment in asylums were undertaken in 1980, analysing the manner in which individuals were treated and the manner in which this will affect the individual (Vrklevski, Eljiz & Greenfield, 2017). Furthermore, in the 1990s, assessments of the relationship between the number of mentally ill individuals who were reported to be homeless or dying and the societal impacts of such. For example, the enquiry addressed such factors as sociological, economic, epidemiological and justice related (Vrklevski, Eljiz & Greenfield, 2017).

In 1992, the National Mental Health Strategy was introduced which created a direction and framework to ensure the support individuals affected by mental health concerns. The National Mental Health Strategy was initially implemented as a 5 year plan (Department of Health, 2001). The National Mental Health Strategy analysed community based and hospital based treatment plans for individuals with mental health concerns and monitored the growth of such. It was reflected that between the period of 1992 and 2007, the employment rate of individuals working in the mental health sector rose 51% (Department of Health, 2009). This is reflective of the increased understanding of the relationship between society and mental health. In a 2021 study conducted by the Australian Institute of Health and Welfare, it was found that psychiatrists represent 3.5% of the employed medical practitioners (Australian Institute of Health and Welfare, 2021). The number of registered psychologists in Australia was represented as 28,412 and 24,111 mental health nurses (Australian Institute of Health and Welfare, 2021).

Additionally, the findings of the National Mental Health Strategy found that individuals with mental health concerns who were accessing support services rose 10% within the time period of 1992 and 2007, from 12% to 22% (Department of Health, 2009).

Addressing the historical context of mental health and mental illness in Australia is important in terms of understanding the manner in which it is steadily becoming de-stigmatised in society. Although it has been stated what policy changes happened to ensure that the treatment of individuals with mental health and mental illnesses were cared for, the discourse around mental health in Australia is a large part of the context. The use of such words such as ‘lunacy’ and ‘asylum’ in relation to individuals with mental health concerns is associated with a negative connotation, and decreases the legitimate nature of the concern. The term ‘lunacy’ was replaced with ‘insane’ in the 19th century, however both were replaced with the term ‘mental illness’ in 1947 (Vrklevski, Eljiz & Greenfield, 2017). The manner in which discourse is associated with mental health in Australia will be discussed in further detail within the theoretical perspectives in this research paper.

It is important to note that there has been an introductory framework, called the ‘Power Threat Meaning Framework’. This framework has been developed by the British Psychological Society as a means of creating a framework which differs from the traditional psychiatric model for diagnosis (The British Psychological Society, 2018). The framework aims at identifying the manner in which why individuals experience emotions such as distress, confusion, fear, despair and troubling or ‘risky’ behaviour (The British Psychological Society, 2018). This framework aims at working from the outside to identify the feeling first, then the manner in which individuals digest these emotions and feelings (The British Psychological Society, 2018).

It has been conveyed within this framework that there are three main elements; power, threat and meaning (The British Psychological Society, 2018). The framework suggests that these three elements can be explored through questions which unpack the individuals experience with these feelings. Power is depicted within a controlling aspect. The framework aims at posing the question; what was happened to you? As a means of unpacking the manner in which power operates within an individuals life (The British Psychological Society, 2018).

Furthermore, the framework unpacks these emotions through posing the question of; how did it affect you? This question is stated as a means of establishing what elements of threats did the experience pose (The British Psychological Society, 2018). The framework aims at distinguishing how these experiences affected and provided meaning to the individual. Finally, the framework poses the question to the individual which asks what the individual had to do to survive, or simply used as a method of distinguishing what threat response the individual was exhibiting (The British Psychological Society, 2018).

This framework is important to discuss as it is providing a new method of diagnosing individuals, separate from the psychiatric model. Additionally to this, the framework suggests the need for a change in discourse when referring to the individual. The framework suggests moving from the term 'mental illness' to 'mental distress' (The British Psychological Society, 2018).

The framework conveys the complexity associated with the terms being interchangeable. The main factor being the association with the term 'distress' may not adequately convey the affect that the mental health concern is having on the individual (The British Psychological Society, 2018). Additionally, the experience of distress may not be experienced by an individual of whom is labelled to be experiencing such, however to the observer may deem their behaviour as distressing (The British Psychological Society, 2018).

This framework is important to discuss as it provides context for new studies and research which are emerging in the mental health service sector.

Current context for service at Rough Patch Counselling:

Before reviewing the research that was undertaken at Rough Patch, this writer wanted to position the research against a backdrop of how communities and societies value counselling.

The research at Rough Patch explored how individuals view and value counselling however first, this writer wanted to take a macro perspective to understand social and political perspectives of the value and place of counselling within the Australian contemporary society.

In order to explore the current attitudes towards counselling and the value of counselling, this writer enquired into the following areas; understanding the moneys made available by local, state and federal governments, analysed local business awards, reviewed grants and moneys made available. Clearly this list is not exhaustive, however given the scope of this paper, these are the areas chosen to be looked at.

The areas mentioned above provide a practical and contextual view on the manner in which the value of counselling on a macro scale is mirrored. However, for this research paper, the projection of counselling in media will not be discussed as this does not provide a macro scale view. The analysis of media portrayal of counselling would be entangled with opinion from the writer as well as the media corporation of which is producing such articles. Therefore, the decision to focus on the economic support of local government and available moneys will be utilised as it provides an objective perspective on the macro scale value of counselling.

The governments support of small business includes access to grants as well as advice for small business of which are forming. During the period of formation for Rough Patch Counselling in August 2020, no access to funding or grants was utilised

to form this business. The founder, Amber Rules, funded the formation of Rough Patch Counselling in a self sufficient manner.

Within the initial research period prior to the distribution of the surveys to the counsellors and clients, this writer engaged with the concept of the financial support available for small business from the government. The grants and funding available is widespread, often encouraging entrepreneurs with financial gain. During this research period, 6 grants were explored as a potential means for accessing further funding. These grants differ from the other in terms of potential funding amount accessed, as well as factors such as eligibility. For example, some of the grants provided by local government groups did not provide financial gain, however offered support in organising and implementing community days or events for certain individuals and groups. These grants were not considered for Rough Patch Counselling however as Rough Patch Counselling did not have the capacity at the time to host specific events.

As previously mentioned, the 5 grants which were researched for eligibility included; Small Grants program, Australia post Community Grant, 'Stronger Together' NSW grant, NSW Mental Health Month small grant, and the COVID-19 business grant. These grants all varied in a magnitude of ways, being that the factors which affect the eligibility for these grants can differ. Some grants relied on Rough Patch Counselling providing special support services to a minority groups, while as others only required the organisation be an active support service provider. As well as this, not all grants included financial gain. In the research to explore Rough Patch Counsellings eligibility for obtaining grants, it was reflected that there were opportunities for support however these opportunities provided organisational and administrative aid for organising community events for a cause.

The Small Grants Program grants up to \$750 to a business, agency or organisation of which would others not have access to specific grants due to a magnitude of factors such as size and nature of organisation ("Small Grants Program", 2021). The Small

Grants Program would provide up to \$750 in financial aid to an organisation which was committed to the LGBTQIA+ community ("Small Grants Program", 2021).

The 2021 Australia Post Community Grants Program provided up to \$10 000 to a community-led, local project which was seen to be connecting individuals and communities to mental health support services ("2021 Australia Post Community Grant Program", 2021). Although Rough Patch Counselling is not seen as a 'community-led' project, the influence that Rough Patch Counselling has had on the local communities aided in the eligibility for this grant.

The 'Stronger Together' grant in NSW aims at providing support for agencies and services which are seen to be supporting multiculturalism in Australia. As will be discussed in the 'Client Demographic Survey' section within this research paper, Rough Patch Counselling features a diverse range of cultural identities of whom access to services provided. Due to this, Rough Patch Counselling was eligible for this grant. The 'Stronger Together' grant has two subsections; Stronger Together Project Grants and the Festivals and Events Grants ("Stronger Together Grants", 2021). The Stronger Together Project Grants provides between \$20 000 to \$40 000 for 12 month projects which are proven to be implemented as a means of creating a lasting positive impact on the lives of multicultural individuals ("Stronger Together Grants", 2021). The Festivals and Events grants provide between \$5 000 and \$10 000 for the organisational and execution of festivals and events aimed towards multicultural individuals ("Stronger Together Grants", 2021).

The NSW Mental Health Month small grant is a grant provided by the organisation 'Way Ahead'. This grant aims at providing support to services to further engage with individuals during mental health month in October 2021. The NSW Mental Health Month small grant offers 5 subsection grants in areas such as; general grants, LGBTQIA+ grant, Youth grant, Aboriginal and Torres Strait Islander grant as well as culturally and linguistically diverse grant ("Mental Health Month small grants", 2021). Through the research this writer conducted, Rough Patch Counselling would

be eligible for any of the above mentioned subsection grants through the manner in which Rough Patch Counselling offers support services for each group. It must be conveyed that the grants are not financial support in the traditional sense, however the aim is to provide support to organisations who are engaging in community groups and events to support the above mentioned groups.

The final grant which was researched was the 2021 COVID-19 Business Grant. The 2021 COVID-19 Business Grant provides a one-off payment to businesses of either \$7 500, \$10 500 or \$15 000 ("2021 COVID-19 Business Grant", 2021). These grants are provided on the assessment of the reduction of access to the business as a direct consequence of the COVID-19 pandemic and lockdown. This includes business of which have had to shut down as a consequence of the pandemic, as well as being affected in other ways such as reduced demand. The manner in which Service NSW is able to differentiate between the three payments is through having each payment matched accordingly with a reduction in demand. The payment of \$7 500 is reflective of a decline in 30% or more, the payment of \$10 500 is reflective of a decline of 50% or more and finally, the payment of \$15 000 is reflective of a decline of 70% or more ("2021 COVID-19 Business Grant", 2021). It has been conveyed by Rough Patch Counselling founder, Amber Rules that during this period, Rough Patch Counselling has experienced a 50% decrease in demand since the 26th June 2021.

Rough Patch Counselling is eligible for this grant through the reduction in thoroughfare outside the site, thus reducing the amount of contact that the community is having with Rough Patch Counselling. This is reflective of the results of the 'Client Demographic Survey' and will be discussed within this research paper. However it was previously conveyed by the counsellors during a reflective meeting that each were at capacity of the amount of clients they wish to bring unto themselves.

To gain access to sites which advertise non-government grants, Rough Patch Counselling was required to pay a subscription fee to view available grants. Due to the size of Rough Patch Counselling, as well as the treatment model which was

implemented at Rough Patch Counselling, the eligibility was reduced for the access to these grants.

Although the non-government grants proved to hold little support for Rough Patch Counselling, access to local awards and commendations was considered as a means of promoting Rough Patch Counselling within the community, whilst obtaining support from other businesses and local government groups. During this research period, Rough Patch Counselling was entered into the 2021 Local Business Awards for the area of the Inner West. Rough Patch Counselling was entered into the 'health improvement' category. Rough Patch Counselling utilised this opportunity and encouraged counsellors and clients to cast an online vote to aid in Rough Patch Counselling winning this category. At the time of producing this research paper, Rough Patch Counselling is a finalist in this category.

As previously mentioned, Rough Patch Counselling obtaining a win in the local business awards would aid in the recognition and support of the services offered at Rough Patch Counselling. As well as this, to obtain a win within this category would equip Rough Patch Counselling with an element of support in terms of accessing further funding. This is achieved through Rough Patch Counselling being able to produce third-party evidence of the impact the support services have had on the community in a positive manner.

As previously mentioned, during the formation of Rough Patch Counselling, there were no grants which were accessed as a means of supporting this new business. The entire cost of this was covered by founder, Amber Rules. However, Rough Patch Counselling was able to access community support as a start up. Rough Patch Counselling was able to utilise donated time from a variety of sources as a means of renovating the space rented for Rough Patch Counselling. As well as this, other sources donated labour and materials as a means of creating the specific environment adopted by Rough Patch Counselling.

Through Rough Patch Counsellings adopted reduced-fee sliding scale model, access to fundings and grants is imperative as it provides increased economical support for the services provided. Due to Rough Patch Counselling being a young organisation, the potential for future funding is greatly increased due to the contact the organisation has already had with local government and large scale funding programs. With Rough Patch Counselling continuing to support individuals with mental health concerns, the opportunity for funding and access to grants will be greatly increased with increase experience in the delivery of services.

Relevant theoretical perspectives:

Intersectionality

Intersectionality is the concept that an individual's social standing, e.g. race, gender, class, sexuality and ability are intertwined with their social standing and privilege (Smooth, 2013). Intersectionality also alludes that the position in which one's social standing may intersect on a micro level, thus causing a macro level representation of privilege and oppression. This macro level representation is seen in the development of such theories as racism and sexism (Smooth, 2013).

Maidment and Egan (2016) express the use of intersectionality as being vital for critical social work and the use of narrative therapy to enable individuals to obtain power over their life and story.

Trauma-informed Approach & Practice

Trauma-informed framework understands the many impacts of trauma, emphasises safety and assists individuals experiencing mental health concerns build a sense of safety and control. Trauma-informed practice incorporates the previously mentioned strength-based approach and is based around 5 key principles being; safety, trustworthiness, choice, collaboration and empowerment (Kezelman, 2020). Trauma-informed practice serves as a means to avoid re-traumatising the individual as well as minimising any pre-existing bias or blame which may be present within the situation in regards to the manner in which the individual handled this (Kezelman, 2020).

Adopting this approach results in a commitment from practitioners and whole organisations to first and foremost understand the traumatic lived experiences of survivors and to consciously and mindfully maintain awareness of the intense trauma they have endured and internalised. All support or services provided need to sensitively manage this and further, ensure no further trauma occurs.

An example of avoiding re-traumatisation of an individual would be the recording and manufacturing of any primary recounts of experiences. This is to ensure not only does the individual not become re-traumatised, however is not made to feel their accounts are invalid (Chenoweth & McAuliffe, 2015). It is imperative to an individual who works with individuals of which may have pre-existing trauma, that the worker is properly trained in all areas relating to trauma-informed care due to the personal nature of this (Gill, 2018).

Feminist theory

Utilising feminist theory to analyse the affects of mental health in society is complex as it presents as a multifaceted issue. Feminist theory suggests that women and men should have the same level

Accessing mental health support services has traditionally been viewed as ‘women’s business’ and has held its own degree of prejudice, being that the only individuals to access mental health support services were initially middle class, white women. The complication of this is that it minimises the experience of these individuals accessing support services through the way in which it labels these individuals as ‘broken’ or subjected to ‘female hysteria’. This is a concept which is widely accepted, as mental health is affiliated with feelings, thus making it women’s business. In the 1970s, psychologist Inge Broveman suggested that the characteristics of a healthy female psyche feature increased emotional and excitement (University of Pittsburgh, 2018). This implies that the normal mental characteristics of women are viewed as symptoms of mental illness (University of Pittsburgh, 2018).

This is a toxic concept to unpack as it minimises the experience of both men and women who are experiencing mental health concerns. It is conveyed that there is a strong relationship between gender and psychology, which conveys that the symptoms of mental health experienced by an individual can minimise the gender identity of the individual (University of Pittsburgh, 2018). An example of this would be a man accessing mental health support services may be seen as less masculine as he is accessing a service traditionally portrayed for women. Consequentially, this can feed into the toxic stigma of men and mental health as it is portrayed in popular media that a man accessing support services is weak and incapable of fixing what is perceived to be broken.

For example, the stigma which is associated with mental health is attached to the discourse used around mental health support services. Those who access such services are often seen as ‘broken’, and unable to fix themselves. This projected view can lead to a lack of self worth.

Post modernism:

The postmodern approach is a further development of radical and critical approach. Post-structural and postmodern perspectives invigorate feminist theory and praxis (Hesse-Biber, 2012). Postmodernism underpins narrative work and is essential for management, rehabilitation and therapy (Voola et al., 2017). This approach allows for the externalisation of the social and behavioural issues individuals face. (Hesse-Biber, 2012).

The postmodern movement has had a dramatic influence on social work practice and theory (Laird, 1995). Postmodernism allows and invites practitioners to think about our societies and the way in which we create and understand knowledge and importantly, challenge these. The so-called 'universal truths' can be challenged and entirely broken down and further, the power, influence and meaning of language is also closely examined when a post modern perspective is adopted.

Critical and Radical Social Work

Critical social work aims at being progressive in nature and is built upon the framework of radical social work which entirely aims at challenging the oppressive norms present within society. Radical social work was formulated as a means of understanding the complexities that exist within society where oppression is present, rather than aiding to resolute the issues of those experiencing oppression (Webb, 2019). Both radical and critical social work aid in practicing with social work clients as critical social work provides a basis through which social workers can adopt differing practices and philosophies to aid clients while radical social work aims at challenging the oppressive norms, values and beliefs.

A thorough understanding of the theories able to be applied in relation to social workers working closely with individuals experiencing mental health concerns equip the individual with a comprehensive understanding of the theoretical support available for these workers. These theories outlined above enable and support practitioners to develop more empowering, liberating and supportive practices which in turn provide a more informed approach to the personal circumstance of the client. Such approaches as critical and radical social work have underpinned the theoretical development within the social work field. Additionally, the use of strengths-based practice and anti-oppressive practice are implemented as a reliable means to aid a client in personal circumstances.

Strengths-based Theory and Practice

The successful implementation of strengths-based practice usually requires the client to hold a degree of self-determination (Scerra, 2012). The implementation of anti-oppressive practice and strength-based practice requires the social worker to adopt a critical social work practice framework to remove any personal biases which may be present within their work and also challenge and question the status quo. Critical social work is implemented as a means of critiquing, and attempting to understand a multi layered and complex society whilst transforming the individuals perspective on this society (Webb, 2019). Further, critical social work is layered with critical reflection which seeks to identify any personal bias or limitations present which may have developed through the individual's experience.

Anti-oppressive Theory and Practice

Where possible, the authors have purposefully employed the term 'mental health concerns' as opposed to 'mental illness'. The use of the term 'mental health concerns' is aligned with the theoretical perspective of anti-oppressive practice. Anti-oppressive practice within a social work context is person-centred (Parrott, 2014). This approach aims to counter oppression experienced by individuals in general social arenas such as race, class, disability status and gender (Parrott, 2014). Anti-oppressive practice is

heavily intertwined with the use of discourse in referring to an individual's circumstance. In reference to mental health, as previously discussed in relation to feminist theory, the discourse around the individual experiencing mental health concerns accessing support services can often cause feelings of inadequacy and low self worth.

To challenge this discourse would be to act in an anti-oppressive manner towards both a client experiencing mental health concerns and to society at large. Adopting this perspective provides a powerful and inexorable commitment to speak up for those oppressed and ensure our way of working is constantly challenging and addressing the very focus of how the oppression develops and is maintained.

Anti-oppressive practice is easily related to the implementation of strengths-based practice. Strengths-based practice incorporates assessment onto the individuals environment and recognises the impact of contextual arenas which affect the individual's circumstance (Scerra, 2012). Additionally, the use of strength-based practice also recognises the resilience of an individual and places a highlight on the strengths of this individual through their abilities and achievements, rather than any negative personas the individual may identify with (Scerra, 2012).

Client Demographic Survey:

During this writers placement at Rough Patch Counselling, the Client Demographic Survey was used as a means of accessing the clients perspective on the services delivered by Rough Patch Counselling. The survey was distributed on the 4th June 2021 and the results for this research paper were collated on the 27th August 2021. During this time period, 25 responses were received and this was a diverse collation of current and past clients.

The survey was distributed by the counsellors at Rough Patch Counselling to their current and past client mailing list. The survey was conveyed to be non- compulsory however the clients were allowed insight into the manner in which this data would be utilised. This was a consideration for the ethical considerations of this research paper as the clients hold the right to understand the manner in which their data was to be collected and utilised.

In addition to this, it was conveyed to the clients that the survey was anonymous, meaning that this writer and other viewers of the data had no capacity to differentiate the data of the survey to know the author of the answers. This was another factor in relation to ethical considerations that this writer had to consider. The factor of anonymity within the data collected had to be reviewed once the data was collected as there were multiple engagements which included personal information which could allow an individual to differentiate the answers to conclude an author. The resolution to this dilemma was to utilise the answers in a quantitative manner, engaging in similar answers to provide a percentage reflection of data.

The process in which the survey was formed was a complex one. The aim of the survey was difficult to specify as there were a range of objectives that Rough Patch Counselling wished to achieve. Upon conversations and supervision sessions with both founder, Amber Rules and ACAP ALP Emma Sinclair, it became evident that the survey needed to reflect a value of Rough Patch Counselling within a societal context, thus the analysis of the value of counselling in a micro and macro level. This research reflected on the attitudes of both the counsellors and clients at Rough Patch Counselling and equipped this writer with a basis of understanding of the clientele which access the services at Rough Patch Counselling.

Initially, the Client Demographic Survey was going to be utilised to demonstrate the specific nature of the clients at Rough Patch Counselling. An additional survey was to be distributed to the counsellors at Rough Patch Counselling as a means of proving

the counsellors with an anonymous forum to express their experience working at Rough Patch Counselling.

This initial plan was not forwarded due to the ethical complications associated with collecting data from the counsellors for that means. As well, within conversations, this writer had concluded that to utilise both surveys to provide multi-layered data on the experience of Rough Patch Counselling could provide insight into the value of counselling from both client and counsellor.

The Counsellor Experience Survey

The counsellor experience survey was distributed on the 13th July and has had 10 responses to such. It was conveyed that one responses was submitted twice, affecting the data displayed, resulting in 9 unique answers. This survey was distributed to the counsellors on a non-compulsory basis. This allowed the counsellors to decide whether they wanted to participate in the data collection.

The survey was important for this research paper as it provided insight into the counsellor experience at Rough Patch Counselling, not limited to the operational manner, however the aim of this survey was also to provide a platform for the counsellors to reflect on the sliding scale method utilised by Rough Patch Counselling.

Additionally to this, as Rough Patch Counselling is a young agency, being formed in August 2020, the reflection of the experience of counsellors will equip the founder and board with the capacity to make adjustments. This is built on the feedback of the counsellors.

There were 10 questions within this survey, with the main function of the survey to ascertain the overall experience working at Rough Patch Counselling. This included requiring the counsellors to reflect on the recruitment process and initial understanding of the values of Rough Patch Counselling. There was a question which featured the reflection of the impact of the COVID-19 pandemic and lockdown, encouraging the counsellors to reflect on the impact of this on their clients.

An ethical dilemma which was faced in relation to the counsellor experience survey was the collection of past counsellors feedback which was negative. Although it is common knowledge that within research, the inclusion of negative results creates a multifaceted and deeper understanding of the topic, the feedback within this survey was not able to be utilised as it provided little evidence to support the issue. Simply, the individual who had provided the feedback did not provide information as to why they felt so strongly against Rough Patch Counselling, and when provided with an opportunity at the end of the survey to expand on their experience working with the organisation, they declined the offer.

In conversations with founder, Amber Rules, it was emphasised that although negative data provides a spectrum of knowledge about a focal point, the use of the data for Rough Patch Counselling's personal gain is limited. The counsellor survey is an ongoing survey which will be able to be accessed by counsellor post this research paper. This was a decision which was used as a means of providing Rough Patch Counselling with a means of consistently gathering feedback on the experience of their counsellors. As the negative feedback did not utilise constructive criticism, it is difficult to utilise this data to better the experience for counsellors at Rough Patch Counselling in the future.

Findings of the Client Demographic Survey

The Client Demographic Survey consisted of 13 questions, ranging from simple demographic questions such as age, gender identity and cultural identity to more reflective questions which encouraged the clients to engage with their own personal conceptions of the value of counselling.

The survey questions were utilised as a means of engaging with the clients ability to self reflect on their experience of counselling and the reasons as to why they decided to access support services at Rough Patch Counselling. As depicted in figure 1 below, the clients are posed with a question which places a quantifiable method on an otherwise qualitative question. This method was chosen as a means of assessing data in a simplistic manner.

For example, to pose the same question to the clients as a means of establishing whether the personal circumstances for the client have improved since seeking support services at Rough Patch, there would be a diverse range of responses. This is a factor which represents the complexity of ascertaining the value of counselling.

Since accessing counselling at Rough Patch, has there been an improvement in the areas you sought counselling for?

25 responses

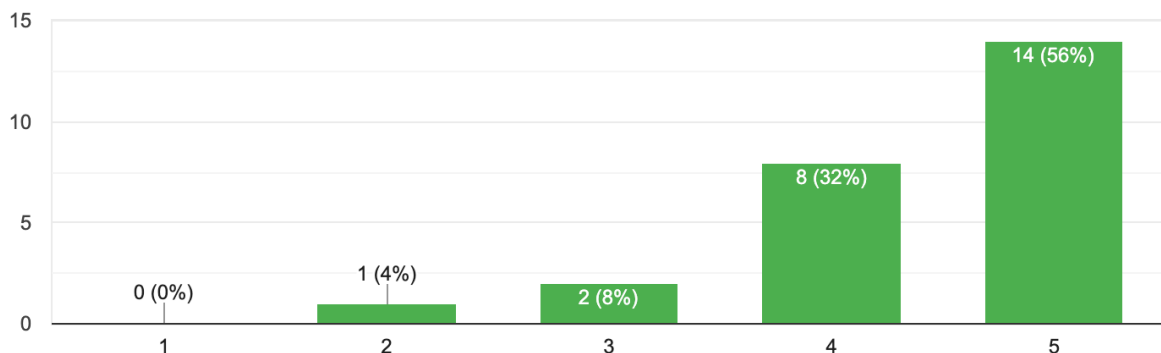


Figure 1. Client Demographic Survey

Although there are respondents who reflected the improvement was simply a 2 out 5, this does not specifically mean there is little value to counselling in their opinion. The value of counselling may be found in other areas for this individual such as the ability to explore their personal reasoning for accessing support services. This theory is supported with figure 2, which posed the simple question around the relationship between Rough Patch Counselling and the value for money.

This questions strength is found within its broad nature. The question is overly simplified, which was characteristically chosen as it allowed the clients to reflect on their own beliefs as to what constituted good value for money.

In your opinion, is the cost of counselling at Rough Patch good value for money?

25 responses

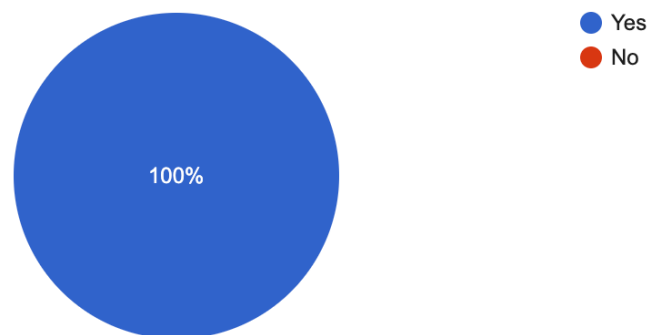


Figure 2. Client Demographic Survey

The concept of what makes counselling good value is inherently individual in nature. Simply, what one individual perceives as good value may be different from another perception of such.

One factor which is highlighted in the context of Rough Patch Counselling is the cost of counselling at market value. Due to Rough Patch Counselling utilising the sliding scale payment method, an uneducated judgement would reflect that all the clients who access this service could not afford counselling at market rate.

This is an example of subconscious bias present within practice. Although this writer was not acting out of malice or ill-manner towards any individual, the judgment was made towards the clientele at Rough Patch Counselling due to their engagement with a sliding scale payment method. This was an ethical dilemma which this writer overcame through methods of analysing data from the surveys as well as comparing the market rate of counselling services. This is an example of the writer practicing in a critical social work manner.

An interesting finding conveyed within the data of the Client Demographic Survey is found in the findings of figure 3. In figure 3, the clients are posed with the question which explores the economical value of counselling.

Although unsurprisingly, the majority of respondents answered they could not afford market rate counselling, the point of interest lay on the 2 respondents who expressed they would be able to afford counselling at market rate. This is an example of the value of counselling in relation to the economics associated with such. It can be analysed through the lens that these respondents access counselling services as they

do not place a high value on counselling, thus not wishing to spend a market rate amount on the services.

Can you afford counselling at market rate (\$120-\$250 per hour) ?

25 responses

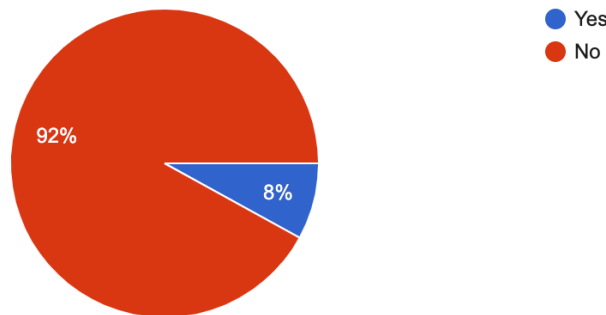


Figure 3. Client Demographic Survey

However, in the question that followed, clients were asked to explore their reasoning for choosing Rough Patch Counselling. Of the 25 responses in total for the survey, only 18 responses were received for this question. There was a mixed method for collecting data on this question. This writer provided 7 pre-written responses as well as an option for the client to provide their own answer. This writer is unable to depict the findings of this question within a figure due to the personal information shared by a respondent.

The 7 pre-written responses of this question were centred around the different values of Rough Patch Counselling and included such factors as the quality of the counsellor, sliding scale, the philosophy of Rough Patch Counselling as well as proximity. The findings of this question were close in percentage, with the sliding scale, quality of counsellor and proximity being the top three responses chosen.

Using this information, it is reflective of the values that the clients of Rough Patch Counselling have, and the manner in which the judgement is made as to whether Rough Patch Counselling is good value for money.

Interestingly, although the proximity to Rough Patch Counselling is conveyed as one of the top three reasons as to why clients chose to access support services at Rough Patch Counselling, as depicted in figure 4, it is seen that the travel times for clients are still widely dispersed.

Roughly, how long does it take for you to travel to Rough Patch Counselling?

25 responses

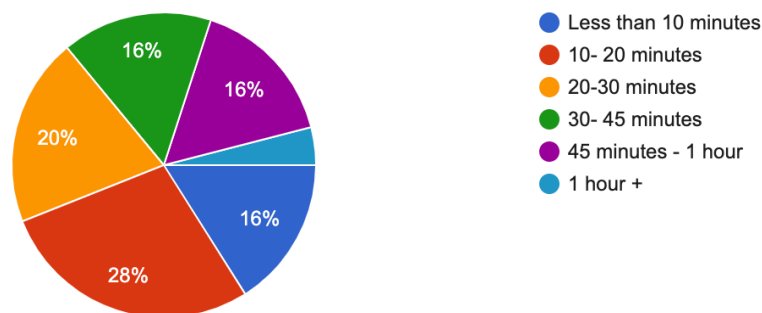


Figure 4. Client Demographic Survey

Within the initial research period before writing and distributing the survey, this writer engaged in researching the surrounding areas of Leichardt for the available counselling options. As well as this, the writer was able to identify similar agencies which provided sliding scale or reduced-fee payment options for counselling and support services. 10 agencies were compared with Rough Patch Counselling in terms

of the market rate cost, their sliding scale cost as well as any key differences to Rough Patch Counselling.

Of these 10 agencies found, 8 of the agencies were located within a 5 km radius to Rough Patch Counselling. While as the data collected in this research showed the proximity of these agencies to Rough Patch Counselling, there is large differences between costs of accessing these agencies. This is also considering the sliding scale reduced payment.

This research supports the idea that the clients at Rough Patch Counselling are able to justify the length of travel from their residence to the site of Rough Patch Counselling as they perceive the services of a high value.

Discussion:

The writing, distribution and analysis of the survey results brought on challenges for this writer in both an ethical and personal manner. It was previously mentioned that this writer was made aware of a personal judgement which was held around the perception of individuals who access sliding scale or reduced-fee counselling support services. As previously stated, this was an aspect which was not involved with an element of conscious bias, however it was made aware in the analysis of this data.

This is a factor which was present in multiple areas of the research paper itself. An example of this can be seen within the analysis of the cultural identity of the clients to the personal circumstances which prompted the individual to access support services through Rough Patch Counselling. In conversations with founder, Amber Rules, this writer was equipped with the skills of identifying preconceived bias in analysing data. Simply, this writer made a presumption based off the data regarding the cultural

identity of the clients at Rough Patch Counselling and the circumstances which led to the client accessing support services at Rough Patch Counselling. The data reflected within the Client Demographic Survey conveyed that of the 25 respondents, none of which expressed that the personal circumstances for accessing the services at Rough Patch Counselling were connected to cultural or racial discrimination issues.

Additionally to this, reflecting on this writer's experience with mental health concerns and accessing counselling services added an element of complexity to analysing the data and researching the context of this paper. This writer was able to reflect on the own stigma they had faced in accepting their journey with mental health and support services.

Incorporating this personal exploration into this process enabled a deeper appreciation and connection to the content and issue. "Reflexivity" can be understood as an awareness of the influence the researcher has on the people or issue being explored, while at the same time acknowledging how the research experience and process is affecting the researcher (Gilgun, 2008). A reflexive engagement with the process promotes an ongoing opportunity for insight between the researcher's subjective responses and dynamic experience of the process itself. This process demanded this writer engage with and confront a significant social issue that the writer had experienced and lived with to varying degrees.

There is an abundance of research that warns against researcher reflexivity as it can easily result in researchers leaning into a challenging and fraught process of self analysis, disclosure, emotional distraction and messy subjectivity.

There is also a school of thought that asserts that researchers are not able to simply 'purify' a research process by examining themselves and their process endlessly yet in the context of this process, there were benefits of reflexivity. These included a richness and connection to the issue, a clarity and personal sharing which ultimately provided a deeper understanding of the very issue and its impact and in turn, the

learning and development around this issue felt far more profound and personal than simply conducting an examination through a purely intellectual and cerebral process.

Conclusion:

This research paper explored the concept of the value of counselling and the way in which it varies between individuals. Through the data collected within the Client Demographic Survey as well as within reviews of the secondary sources and literature available, the value of counselling services has been conveyed. It has been expressed that the ideology of placing value on anything is an individualistic notion, meaning that the individual's person experience and circumstances can alter the manner in which the individual expresses what they deem and valued and important. Furthermore, the discussion of the stigma surrounding mental health and accessing support services has highlighted the toxicity of the discourse.

This is a complex and multifactorial phenomena which raises a myriad of questions and concerns; as a society, are we stunting the progression of deconstructing toxic masculinity in terms of mental health? How can we change the mentality which so closely associates gender with psychology?

Although this paper is not aimed at discussing accessing mental health support services through a feminist lens, it is a key issue in unpacking the stigma associated with mental health concerns and accessing mental health support services.

There are however a few certainties; as a community and society, deconstructing the association between gender and psychology will be a monumental step towards reducing the stigma of accessing mental health support services. To remove the stigma may encourage individuals who place a smaller value on counselling, though who may benefit greatly from the service, to access support services, free from preconceived bias and judgement.

The work of mental health support services such as Rough Patch Counselling are able to provide individuals with a myriad of resources to reflect the individuals value of counselling. This may include engaging in counselling services, following social media posts which emphasise and educate around the skills of self-care, or accessing resources from the mental health book shop located on site at Rough Patch Counselling to care for their mental health in a private manner.

References:

2021 Australia Post Community Grant Program. Supporting Communities. (2021). Retrieved from <https://auspost.com.au/about-us/supporting-communities/local-support/community-grants-program>.

2021 COVID-19 Business Grant. (2021). Retrieved from <https://www.service.nsw.gov.au/transaction/2021-covid-19-business-grant>.

Australian Government. (2021). *Mental health impact of COVID-19.* Australian Institute of Health and Welfare. Retrieved from <https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/mental-health-impact-of-covid-19#references>

- Australian Institute of Health and Welfare. (2021). *Mental health services in Australia*. Australian Government.
- Berle, D., Starcevic, V., Milicevic, D., Hannan, A., Dale, E., Brakoulias, V., & Viswasam, K. (2014). Do Patients Prefer Face-to-Face or Internet-Based Therapy?. *Psychotherapy And Psychosomatics*, 84(1), 61-62. <https://doi.org/10.1159/000367944>
- Biddle, N., Edwards, B., Gray, M., & Sollis, K. (2020). *Tracking outcomes during the COVID-19 pandemic (November 2020) – Counting the costs of the COVID-recession* (pp. 4-14). Canberra: ANU Centre for Social Research and Methods.
- Blumer, L. (2021). Client Demographic at Rough Patch Counselling [Untitled Placement Report]. Australian College of Applied Psychology.
- Bostock, J 1968, *The Dawn of Australian Psychiatry: An Account of the Measures Taken for the Care of Mental Invalids from the Time of the First Fleet, 1788, to the Year 1850, Including a Survey of the Overseas Background and the Case Notes of Dr. F. Campbell*, Australian Medical Association.
- Carey, T., Mansell, W., & Tai, S. (2015). Putting clients in charge Client-led appointment scheduling. In *Principles-Based Counselling and Psychotherapy* (1st ed.). Routledge.
- Chenoweth, L., & McAuliffe, D. (2015). *The road to social work and human service practice* (4th ed.). South Melbourne, Australia: Cambridge University Press.
- Department of Health. (2001). *National Mental Health Strategy*. Canberra: Australian Government.
- Department of Health. (2009). *Progress of mental health system reform in Australia*. Canberra: Australian Government.

Hesse-Biber, S. (2012). Chapter 1: Feminist research: Exploring, interrogating, and transforming the interconnections of epistemology, methodology, and method. In *Handbook of feminist research: Theory and praxis*. Thousand Oaks: SAGE Publications.

Kezelman, C. (2014). Trauma informed practice. Retrieved from Mental Health Australia website: <https://mhaustralia.org/general/trauma-informed-practice>

Labour Force, Australia, July 2021. (2021). Retrieved from <https://www.abs.gov.au/statistics/labour/employment-and-unemployment/labour-force-australia/latest-release>

Laing, L., & Humphries, C. (2013) *Social work and domestic violence, developing critical and reflective practice*. London: Sage.

Mental Health Month small grants. Mental Health Month. (2021). Retrieved from <http://mentalhealthmonth.wayahead.org.au/information-and-categories/apply-for-small-grant/>.

NSW Health. (2021). *NSW Suicide Monitoring System*. Sydney: NSW Health.

Parkinson JP. (1981) The Castle Hill lunatic asylum (1811-1826) and the origins of eclectic pragmatism in Australian psychiatry. *Aust N Z J Psychiatry*.(4):319-22. doi: 10.3109/00048678109159454.

Parliament of Australia. (2021). *Australian Government COVID-19 disaster payments: a quick guide*. Canberra: APH.

Rosen, A. (2006). Australia's national mental health strategy in historical perspective: beyond the frontier. *INT Psychiatry*, 3(4), 19-21.

Rules, A. (2021). *How It Works*. Roughpatchcounselling.com. Retrieved from <https://www.roughpatchcounselling.com/howitworks>.

Small Grants Program. Pride Foundation Australia. (2021). Retrieved from <https://pridefoundation.org.au/small-grants/>.

Stronger Together Grants. Multicultural NSW. (2021). Retrieved from <https://multicultural.nsw.gov.au/stronger-together-grants/>.

Smooth W.G. (2013) Intersectionality from theoretical framework to policy intervention. In: Wilson A.R. (eds.) *Situating intersectionality: The politics of intersectionality*. New York: Palgrave Macmillan.

The British Psychological Society. (2018). *The Power Threat Meaning Framework* (pp. 12-19). Leicester: The British Psychological Society.

The Guardian. (2021). Half a million NSW workers granted Covid payments, but many remain ineligible. Retrieved from <https://www.theguardian.com/australia-news/2021/jul/23/half-a-million-nsw-workers-granted-covid-payments-but-many-remain-ineligible>

University of Pittsburgh. (2018). *A Feminist View on Mental Illness*. Pittsburgh: UPMC Division of Adolescent and Young Adult Medicine.

Usher, K., Bhullar, N., Durkin, J., Gyamfi, N., & Jackson, D. (2020). Family violence and COVID-19: Increased vulnerability and reduced options for support. *International Journal Of Mental Health Nursing*, 29(4), 549-552. <https://doi.org/10.1111/inm.12735>

Villadelrey, B. (2021). Rough Patch Client Demographics. [Untitled Placement Report]. Australian College of Applied Psychology.

Vrklevski, L., Eljiz, K., & Greenfield, D. (2017). The Evolution and Devolution of Mental Health Services in Australia. *Inquiries Journal*, 9(10), 2-21.