

Impacts of Government Funding on the Mental Health Non-government Organizations in the Northern Territory, Australia

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Abstract

Objective: This study aimed to investigate the impact of government funding on the performance of mental health NGOs in the Northern Territory (NT), Australia.

Methodology: The study employed a qualitative approach to collect data in a single case study design. One NGO was selected by purposive sampling from a total of 34 in the NT. Semi-structured interviews were conducted with six executives of the NGO, and document analysis and field observations were also used for data collection. Thematic analysis was used to synthesize the results.

Results: Three themes emerged related to the government funding to the NT mental health NGOs which are negatively impacting their performance. The themes are lack of resources, uncertainty of government funding and improper performance evaluation system by the NT government.

Discussion and conclusion: The NT government funding is insufficient to meet the capital and human resources of the mental health NGOs in the NT. Uncertainty as a result of 2016 elections and introduction of National Disability Insurance Scheme (NDIS) in 2019 in the NT and improper performance evaluation system of the NT government to ascertain the funding continuity is also hampering the performance of the mental health NGOs. The findings of this study commensurate with other studies conducted in other parts of Australia.

Keywords: Funding, mental health, non-government organizations

Introduction

Non-government organizations (NGOs) are the most effective tool to deliver the community mental health services. NGOs are in better position to promote resilience in the communities to address the health issues, disability or other adverse psychosocial circumstances that may cause mental health problems to the people (Boyle, Donald, Dean, Conrad & Mutch, 2007). Boyle et al. (2007) identified five key types of activities NGOs undertake to promote mental health and wellbeing: support provision, service provision, information sharing, activities to promote wellbeing and advocacy. NGOs hold an increasingly central role in the representation and advocacy of marginalized groups of individuals and in provision of services and support to these groups which government finds difficult (Carey & Braunack-Myaer, 2009).

Health Workforce Australia (2011) estimates that there are around 800 NGOs providing mental health services in Australia. In the Northern Territory (NT) there are around 34 NGOs providing services in mental health care delivery in partnership with different NT government departments

including health, housing, education (Northern Territory Department of Health). These NGOs in Australia and NT provide wide range of services including counselling, home-based outreach, advocacy services, family and carer support, leisure and recreation, health care and fitness, vocational training and employment support, accommodation support, respite, and peer support and consumer operated services. These NGOs mainly rely on government funding for their survival in the form of state, territory and federal grants.

In Australia the provision of health services, especially the mental health services in the remote and rural areas has been a vital concern due to its geographically scattered localities, especially in the Indigenous communities and The Northern Territory (NT) being holding the highest proportion of Indigenous people is the biggest victim. According to Zhao, You, Wright, Guthridge & Lee (2013), Aboriginal and Torres Strait Islander people constituted 30% of the total NT population and the majority of the Indigenous population (70%) lived in remote and very remote areas whose access to the medical and mental health services is alarmingly limited. In the remote Australia including the NT, there are approximately 18 full-time equivalent psychiatrists per 100,000 populations including 23 (per 100,000) in major cities, compared to 7 for inner regional, 5 for outer regional, and 3 for remote and very remote areas (Perkin, 2013). The problem gets further aggregated and complicated by treatment of Indigenous people by non-Indigenous professionals by the challenges of cross-cultural communication and understanding (Nagel, 2002). In this situation, NGOs become a major tool of mental health service delivery because of their capacity to reach far furlong areas and since they are community controlled, they are in better position to operate at grass root level which government cannot, but their potential has greatly been undermined with the insufficiency and continuously declined funding which might have drastically impacted their performance. Although Australia is a world leader in articulating national goals and policies, these policy initiatives have thus far not been backed by a sufficient level of government funding in particular, community-based services (CBOs)/NGOs continue to be neglected (Pols & Oak, 2011).

Although several studies and surveys prominently highlighted the government funding problems for community mental health services and NGOs, however, focus of all these studies were metropolitan areas and no study has been conducted on mental health NGOs in the NT. Some studies indicated the health funding issues in general in the NT (Lloyd & Wise, 2010; Spooner & Dadich, 2010; Zhao et al., 2013; Rosen, Gurr, Fanning, 2010) but did not specifically target mental health sector NGOs. This study aims to track the impacts of government funding on the mental health NGOs in the NT. The research objective is “What is the impact of government funding on the performance of NGOs in the mental health sector in the NT?” Since this study is the first to chalk out the funding problems of the mental health NGOs in the NT, it may potentially give a substantial input to the NT mental health policy makers to prioritise the funding areas for better outcomes.

It is worth mentioning here that a most common terminology used for NGOs in Australia and in the NT is CMO (Community Managed Organization). The choice of the terms community managed organisation (CMO) and community services sector (shortened to community sector) follows the accepted Australian vernacular as the label for nongovernment, non-profit organisations working to deliver a range of so-called separate services or to represent the interests of a specified constituency in regard to such services (Casey & Dalton, 2006). Since the most common terminology in the international non-profit literature is NGO, therefore in the discourse of this study, the terminology NGO will be used to denote CMO.

Review of Previous Studies

In the NT, mental health NGOs have been suffering continuous decline in their funding which may significantly hamper their performance. The 2006-07 budget for the NT mental health NGOs was \$4.09 million, which declined to \$3.74 million in 2009-10, and further declined to \$3.56 in 2012-13. (Australian Institute of Health and Welfare, 2014). Besides the declining of government funding for mental health NGOs in the NT, some other studies and government surveys from other parts of Australia have also constantly highlighted the insufficient government funding issues which are critically hampering the performance of the mental health NGOs. An overview of such studies and surveys conducted in last decade will be presented in this section to unveil the exact picture of the funding dilemma in Australia.

Mental Health Australia (2014) conducted a survey in 2014 on Australian mental health NGOs about the impacts of uncertainties over funding from the Australian government. 87 NGOs participated in the survey from the whole country. The survey showed the devastating impacts on the performance of NGOs due to budget constraints and shortfalls. 40% reported that they have already experienced loss of staff, 46% reported a difficulty in attracting new staff, 81% reported a decline in staff morale, 53% reported reduction in services to clients, 85% reported loss of trust in government among staff and management, and 51% reported having no communication regarding the future of their Commonwealth funding after June 2015.

The Australian Green Mental Health (2013) conducted a survey on state's rural mental health services in South Australia in 2012-13. The results of this survey showed that only 5% of respondents thought that local services were enough to meet local needs and it was unanimously agreed that government funding for rural and regional mental health should be increased. Among the recommendations, the very first was to increase government funding to community mental health services including NGOs.

In a survey on mental health NGOs in South East Queensland, Byrne, Wilson, Burke, Gaskin & Happell (2014) interviewed mental health professional from 52 NGOs. With respect to the organisations' success at securing government funding, 54% participants expressed their concerns about future government funding. Among this, 37% were looking for ways to improve their applications and submissions because they were not happy with their success. In another comparative study of UK and Australian government funding to their NGOs, Cunningham, Baines and Charlesworth (2014) found that in Australia, state and federal government funding was insufficient to cover costs and every year NGOs opened 12-15 new programmes and closed the same number of programmes due to increasingly restrictive government competitive tendering processes.

Australian states and territory governments were found to be continuously dismantling and demobilising community services, such as, 24 hour mobile crises teams, assertive community treatment teams, supervised residential facilities and 24 hour supervised community respite care (Rosen et al., 2010). Rosen et al. (2010) in their study provided the solution that federal, state and territory governments should work together to ensure the provision of adequate funds to community mental health services.

A study conducted in Darwin, Sydney and Melbourne through six group discussions among 40 informants from the Alcohol and Other Drugs Sector (AODS) NGOs, government departments, philanthropic organizations and academic institutions, highlighted the inadequate funding problem for NGOs in the NT in view of high costs of providing services in regional and remote areas, lack of infrastructure to support services, difficulty in attracting staff in remote locations and offer

proper facilities including staff accommodation, public transport and office space, as well as other community amenities (Spooner & Dadich, 2010).

Lloyd and Wise (2010) in their qualitative study based on 35 in-depth interviews of frontline health professionals involved in health policy and service provision in the NT stated that many participants in the research expressed frustration about the complicated, inflexible, inefficient and inadequate funding arrangement which has undermined the capacity of the governments and the organizations to provide health services to Aboriginals in the NT.

An empirical study on mental health NGOs in the Metropolitan area of Brisbane through email and paper-based surveys, found that the biggest constraint, reported by 70% of respondents, which hindered the ability of NGOs to carry out effective mental health operations was financial and human resources (Boyle et al., 2007). The study revealed that 43% of participant NGOs were eager to expand their mental health operations if provided with extra funding.

In a survey of 857 NGOs in Australia carried out by Australian Council of Social Services (2007), 92% mentioned inadequate funding or insufficient resources as a major issue for their service. Although funding for the agencies had generally increased, it was still insufficient to meet demand and most agencies reported that they had to limit their services and turn people away. The majority reported that the funding requirements mandated by government contracts were a significant burden that drew resources away from service delivery.

Methodology

This qualitative study employs a single case study approach. Case studies emphasize on the study of a phenomenon within its real-world context favouring the collection of data in its natural settings compared with relying on derived data (Bromley, 1986). Moreover, the case study methodology uses data collection from different sources such as documents, archival records, interviews, direct observations, participant observations and physical artefacts (Yin, 2003). One NGO as a case study was selected from 34 operating in the mental health sector in the NT.

The NGO was selected using purposive sampling technique which is based on defining the criteria or standards by which a unit is chosen as a case (Burns, 2000). In this particular study, the standards are size, provision of core mental health services, connectedness to the community and nature of mental health services being offered. Data was collected through semi-structured interviews with 6 informants. Informants were all from the top management of the NGO including CEO, board members and the treasurer. Documents analysis and direct observations were also used which reinforces the case study's unique strength to deal with a full variety of evidence (Yin, 2003). The data was analysed using the thematic analysis technique through NVivo. Thematic analysis is a method for not only identifying, analysing and reporting patterns (themes) within a rich set of data, but also interprets various aspects of the research topic (Braun & Clarke, 2006).

Ethics

Ethical clearance for this research was obtained from Charles Darwin University, Darwin, Australia in September 2015.

Results

Lack of Resources

The most commonly occurring theme emerged during the data collection phase was lack of resources as a result of insufficient government funding. Participants expressed their concerns

about inadequate space and building to provide the services and lack of proper transport facilities to coordinate with clients. Participants also felt that their organization is understaffed which is putting extra burden on existing employees and they are underpaid. Lack of space and manpower is also affecting organization's mutual relationship with other NGOs. The organization is also struggling with its transport to carry out its operations. The organization owns only one old mini bus which is insufficient to reach out to the clients and to the community. The treasurer intimated that the funding department was requested to provide extra funds for a new bus but the request was turned down.

The organization is a drop-in organization and is operating in a very small office with mental health service activities, CEO's office, treasury office, administration desk all in one un-partitioned office which greatly affects the workplace environment. The NGO is currently looking to expand its services to offer grief and loss counselling as well and has made sufficient preparation for that. The CEO has the training and certification to provide this but lack of resources are hindering obtaining appropriate facilities.

Due to insufficient funding, the organization is understaffed and relies upon volunteers. Understaffing and underpayment creates an extra burden and discontent amongst existing staff. The CEO of the organization is highly concerned that there are extra services being provided to the patients, which are not covered in the service agreement with the government, but they are being delivered voluntarily by the organization.

The NGO partners with several other organizations for joint programs and offers drop-in facilities and programmes for mental health clients from other organizations but due to the shortage of staff, it is unable to offer supervision services to those clients, as a result, partner organizations have to send their own supervisors and carers along with their clients. This greatly affects the working environment of the organization since it already operates in a small office. It also affects the mutual relationship and partnership of the NGOs.

Uncertainty

Uncertainty of the government funding was the second most identified theme emerged during the interviews and was characterised by several factors. There was a huge concern among the participants over the delays in the government funding decisions and continuous changes in the contractual periods of agreement which affect their performance. The interviewees also felt stressful by external factors like elections, possible political change in the NT and introduction of NDIS in 2019 which adds to the uncertainty of future government funding.

The organization operates on a two year agreement with the funding government department. The contract runs from July until June of the following year. The current two year agreement finished in June 2016. The CEO noted that it was April and they had not heard anything about the continuity or extension of their agreement. Moreover the contract agreement period used to be three years until 2014 when it was changed to two year contracts which affected the longevity and certainty of the contract. Now there is a possibility of changing the two year contracts to twelve months which will further add to the uncertainty of the continuity of government funding. Further, the CEO reported that they had been informed that there will not be funding after 2019 by the current funding department, and moreover, that funding is going to be reduced next financial year. The treasurer compared the history of government funding in terms of certainty and expressed that government funding used to be guaranteed and certain but not anymore.

Government funding uncertainty is not only linked with insufficient funding but also with external changes such as changes in government. All participants expressed their deep concerns and anxieties about the future continuity and certainty of government funding after the 2016 federal and the NT elections, which they felt would affect the NGO sector. Some of the staff believed that the election could bring about the end of their organization. The ex-chairperson, currently serving as a board member, stepped down from the position recently owing to the government funding uncertainty, especially after the introduction of NDIS system, setting an ideal example of negative outcomes of government funding uncertainty

The advent and negative affect of the National Disability and Insurance Scheme (NDIS) on NGOs was the most commonly repeated fear expressed by most participants. The NDIS has received huge criticism from mental health NGOs and peak bodies. According to NDIS, only mental health patients with permanent impairment will receive individualised packages after assessment. The Mental Health Council Australia (MHCA) comments that in the case of mental health, it is difficult to assess permanent impairment and estimates that almost 489,000 Australians have serious mental health conditions and the new NDIS will only make 60,000 people eligible for individualised package leaving other 4, 29,000 aloof who are the rest receiving mental health services in communities in some form. This huge reduction in mental health patient estimates will bring significant cuts to community services funding hence directly affecting mental health NGOs.

No Proper Evaluation System

All the participants were dissatisfied from the current performance evaluation system of the government on the basis of which volume and continuation of funding is decided. Participants primarily thought that government performance evaluation system is based on quantity and not on quality, which favours large NGOs. Participants also felt that government is irrational to prefer some NGOs over others due to several factors including size, age and orientation of NGOs in terms of Indigenous and non-Indigenous.

The chairperson expressed that there is no proper system at government level to manage the funding system due to which deserving organizations lag behind in securing sufficient funding. The government system of evaluation is based on quantity and not on quality. It is just about counting the number of patients that have been served. The ex-chairman felt that the government performance evaluation system is only based on graphs and presentations and it lacked quality assessment and evidence related to ground work.

The benchmarks of quantity and numerical figures for measuring the performance of NGOs is also evident by the "Performance Measure" section of the service agreement between the NGO and the department. The measurement standards for all activities are numerical, such as, hours, number of activities, number of participants, number of occasions and costs and do not encompass any quality and value based yardsticks. The chairperson commented that performance evaluation to decide continuation of funding should be based on quality and not quantity.

One of the board members was unhappy about the criteria the funding department uses to determine the efficiency/inefficiency of the NGOs. At the end of financial year, if the NGO saves some money by efficient management and proper planning, the department views this as poor management and is likely penalise the NGO. The same leftover budget is taken back by the department and subsequent year funding is reduced equal to the leftover amount. A board member believed that the unspent money which has been saved with efficient planning should be used in forward planning for NGO because cost of services and operations go up every year.

Participants were also of the view that government prefers to fund some NGOs over others and that not all decisions for funding are rational. Large NGOs especially are in better position to receive government funding despite their inefficiency and this significantly affects the small organizations. One of the participant thought that the government tends to prefer funding aboriginal organizations and this negatively affects other deserving NGOs. Although, the NGO has significant numbers of Aboriginal clients as well, this participant believed that not being regarded as an indigenous organisation affects funding.

Discussion

The themes emerged in this study related to the negative impacts of the government funding on the NGO clearly commensurate with the findings of earlier studies in the NT which reported the shortages of resources including spaces, buildings, vehicles and transport and lack of staffing and associated facilities for staff as hurdles in the performance of NGOs (Lloyd & Wise, 2010, Spooner & Dadich, 2010, Si et al, 2008). Uncertainty of government funding as a result of political and policy changes and introduction of NDIS is another factor affecting the performance of the NGO. Demographically, the NT is a remote area and sophisticated transportation resources are required for coordination and provision of services to far flung communities. However lack of transportation resources is causing a significant hindrance for the NGO in the delivery of effective mental health services. The same dilemma has been highlighted in previous studies in the NT as well. The barriers in developing communication with communities in the NT include shortage of transportation resources (Si et al, 2008). The NT NGOs are concerned about the high costs of providing services to regional and remote areas (Spooner & Dadich, 2010). Perkins et al (2013) in their study on mental health service delivery in remote and rural Australia also concluded the same findings that travel cost in remote and rural Australia is a main hurdle in provision of mental health services.

The lack of resources is not only affecting the NGO-client relationship, but inter-organizational relationships (IORs) as well. The lack of effective communication networks and support arrangements among the NGOs is a barrier in the performance of the NGOs in the NT (Si et al, 2008). The NGO is offering different services, however, may not be able to provide some services to its clients, therefore, it partners with its counterparts to manage the provision of required services to its clients. There are only thirty four mental health NGOs operating in the NT and they partner with others to deliver the best and maximum to their clients. In this partnership strategy, relationship among NGOs is built on mutual help and support and lack of resources negatively impact this mutual help and support and ultimately the mutual relationship of NGOs.

Understaffing, as a result of insufficient government funding, has emerged as another constraint in the performance of the NGO from this study which authenticates the results of previous studies in the NT. The lack of generalist and specialist workforce shortage in remote and very remote Australia is the reason behind dismal mental health conditions (Perkins et al, 2013). NGOs are concerned about attracting staff in remote locations and providing associated benefits including accommodation, transport and office to their staff (Spooner & Dadich, 2010). As a result of understaffing, the NGO has to rely on the volunteers. Although, volunteers are the biggest strength of the NGOs and they have been an integral part of human services NGOs, yet, the dedication and performance of volunteers as compare to full time staff has always remained questionable. Availability, performance and commitment of volunteers cannot be matched with the full time staff. However due to shortage of finances, NGO cannot hire the required number of full time staff.

Understaffing has also led towards extra burden on the existing employees of the NGO which has caused huge discontentment and grievance among the employees. Employees complained that due to shortage of staff their work has been increased by manifold. They deliver lots of extra services beyond their scope and mandate but they are not paid for that. Due to extra burden employees are unable to maintain a work-life balance. This is consistent with the findings of Australian Productivity Commission Report (2010) that insufficient funding to NGOs has caused understaffing, casualization of staff, demoralization, job uncertainty and extra workload.

Besides the lack of resources as a result of insufficient funding, NGO is highly concerned about future government funding uncertainty, as conveyed by all the participants from chairperson to the treasurer. The dilemma of uncertain government funding, and its negative impacts on the NGOs, as emerged from this study, is continuously echoed in different studies and surveys in the NT and in Australia. Government funding uncertainty has directly resulted in the loss of the staff and reduction in the services to clients (Mental Health Australia, 2014, Australian Productivity Commission, 2010). As a result of uncertainty of government funding, the NGO is unable to undertake any long term planning which is necessary to develop effective and long term relationships with the communities. This may be one of the most vital reason behind the questionable performance of the NGOs not only in the NT but in whole Australia.

The continuous changes in the nature of the contract agreement is also adding up to the uncertainty factor of the government funding to the NGO. Government keeps on changing the nature of contract agreement and its clauses (Spooner & Dadich, 2010), such as, duration of the contract, which adds into the uncertainty of the continuity and durability of the contract. No NGO can operate confidently in one year contract. No long term planning to deliver wider results can be undertaken. In this scenario, NGO is bound to set very short term objectives which significantly lack the potential to deliver promising outcomes.

External elements such as political factors also emerged as a strong concern in this study which markedly enhances the uncertainty of government funding and have been repeatedly mentioned in previous studies as well. NGOs felt under constant pressure due to change in government policies, legislations and priorities (Spall & Zetlin, 2004). Political motives have influenced the resource allocation to NGOs in the NT (Spooner & Dadich, 2010). Funding decision to mental health service providers in the NT are based on political imperatives rather than moral (Lloyd & Wise, 2010). Government policies are short term, lack continuity and are with subject to change with change in the political regime. Every new government tends to introduce its own policies, objectives and strategies to achieve these objectives and mental health sector in no exception. There is a great worry and anxiety among the NGO about its future after 2016 federal and NT elections. If Liberal party gets into the power in the NT, they may revamp the whole system and bring their own policies. Again, this uncertainty has greatly made the NGO to focus on short terms objectives and avoid any long term planning.

Introduction of National Disability Insurance Scheme (NDIS) has also been seen as a threat for the NGO. Since NDIS is linked with permanent impairment of mental health patients who will be supported through individualised package, it will significantly reduce the number of patients in government definition, hence reducing the community services and funding for NGOs we well.

NT government lacks a proper system to timely evaluate a service and decide the funding continuity which triggers the uncertainty factor. However the dilemma of last-minute funding decisions is not only NT based but is Australia wide. This fact is evident from the letter written by Federal Health Minister to the Prime Minister on 23rd June 2015, signed by hundreds of mental

health NGOs, complaining that their current contracts were ending in June 2015, and till March 2015 they had not heard any decision about the continuation of their funding.

NT government performance evaluation system is mainly based on the factors like age and size of the organization and performance is a secondary factor in this decision system. This finding conforms the notion that NGOs that are large, well-established and professional attract more government funding as compare to small and medium NGOs (Spooner & Dadich, 2010). The NGO was awarded extra funding, than it actually demanded in previous financial year, in recognition of its contribution and achievement and in next contract it was intimated that its funding would be discontinued after 2019. This finding indicates that the decisions regarding continuation of funding are not based on performance but on other factors.

Although, government is a major funding source for mental health NGOs in the NT, the government performance evaluation system is a big question mark. The performance criteria is just minimal and is basic box-ticking. The performance standards and outcomes are mainly number based as outlined in the NT government service agreement. All the output measures have been quantified in to the numbers as hours, occasions of services and number of activities which means that higher the numbers a NGO presents, higher will it be ranked on performance chart. This criteria is all about graphs and high numbers and lacks any quality aspects. This criteria is just a simple rollover process which favours large NGOs which are in better position to achieve high numbers, for instance, conducting more workshops a year and arranging more activities. This evaluation system lacks quality aspect such as, feedback of clients or a ground change in the community mental health profile to evaluate the success of a program of a NGO. This may be the reasons behind the fact that despite of spending the huge money in increasing the number of mental health services in the NT, the quality and results have not increased at all (Nigel, 2010). This finding also matches with the earlier findings of several other Australia wide studies that numbers and quantity of mental health services in Australia have been increased but quality has not (Jorm, 2014, Hickie et al, 2014, Pols & Oaks, 2011).

Moreover, in the presence of such evaluation system which favours large NGOs, small NGOs really feel threatened and feel deprived of their due right. While large NGOs are known for their number and diversity of services, they are not very renowned for their good links with their clients, however, on the contrast, young and small NGOs may not be able to offer diverse services, but are recognised for their strong links with their clients, which is the base of quality service ("Small NGOs and Large NGOs", n.d., para 3 & 5). Favouring large NGOs and leaving out small ones for government funding, may be another reasons for substandard mental health quality services in the NT. Rawsthorne (2005) in his study reinforced the same concept that the Australian contractual funding system disadvantages and fully destroys the small NGOs which are rich in social capital, and favours larger ones.

The NT has highest number of Indigenous population and therefore several Indigenous NGOs are working in the NT. Although Indigenous and non-Indigenous NGOs programs are collective for all affected mental health patients, yet, the participants feel that there is a trend of favouring Indigenous organizations and the evaluation criteria is minimal for the Indigenous NGOs due to which they are in better position to attract most of the government contracts. This has not only caused a threat and deprivation among other NGOs but has affected the mutual collaboration and cooperation among Australian NGOs (Rawsthorne, 2005), which is not very healthy and beneficial for the society at all.

Conclusion

In view of this criticism on government funding in Australian based literature, this study attempts to investigate the impacts of government funding on the mental health NGOs in the NT which is a the major funding source of the NGO. It was found that government funding is insufficient to meet the demand of capital resources of the NGO including space, building and transport resources. These lack of resource significantly hinders the performance of the NGO. Uncertainty of the government funding as a result of diverse factors, like, introduction of new programs, such as National Disability Insurance Scheme (NDIS) and political change is also associated with the underperformance of the NGO. Another negatively influencing factor is inappropriate performance evaluation system and grant management system of the NT government to access the performance of NGOs and decide the funding continuity. The performance evaluation system is quantity based, under-resourced and lack vision and leadership. This system favours large NGOs, leaving out the deserving NGOs, especially the small and young ones floating. These negative impacts of government funding on the mental health NGO in the NT emerged from this study confirms the results of most of the other studies in the NT and Australia.

Strengths and Limitations of the Study

Although the findings of this study in relation to government funding impacts on mental health NGOs in the NT commensurate with several other studies in Australia, yet, it discovered several new dimensions which have not been reported in any study in the NT and which may be taken into consideration for effective and efficient delivery of mental health services in the NT. It explores the fragile and inappropriate performance evaluation system and grant management system of the NT government which is negatively impacting the small NGOs and their services and has not been reported in any prior study. It also explores the impacts of other government programs, like NDIS on the NGOs.

However this study still carries some limitations. Since this research employed single case study methodology, the results may be different in different settings depending upon the field, region, size, revenue sources and culture of the NGOs, therefore results may be generalised with caution. Moreover the research has been conducted with NGOs perspective, whereas, the major stakeholder, government's perspective is not included in this research which can potentially biased the findings towards NGOs favour.

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