View from the peak

A quarterly publication from the Mental Health Coordinating Council October2017

Art + Science + You = Big Anxiety Festival

Its ambitious and a first. The Big Anxiety Festival is designed to make us reflect on our relationship to anxiety, both as a society and as individuals. Running from September to November, it asks a number of challenging questions: What makes us anxious? Does it have a purpose? What does it feel like? Where does it come from? How can we understand it? How can it be used to enhance our experience? How do we live with it, manage it and control it?

The festival includes 60 events, with hubs located at Customs House, Riverside Theatres Parramatta, and UNSW's Paddington campus. It is organised around the following five themes:

- **Awkward Conversations** explores the way we communicate, especially when it comes to discussing difficult subjects like suicide and anxiety
- **Lived Experiences** examines the way people experience trauma, loss, recovery and hope through the lens of creativity and vulnerability
- **Neurodiverse City** celebrates diversity of the mind and asks why differences are stigmatised
- **Power, Politics and Institutions** investigates the increasing struggle to maintain mental health in contemporary society, and the hand that institutions play in perpetuating illness
- **Mood Experiments** uncovers the way our environment can drastically influence the way we experience the world

Anxiety is oftern a reaction to fear – that feeling of nervous anticipation can be on a spectrum from heightened awareness or vigilance to absolute dread. Many of us can go through the spectrum of anxiety in just one day, others can live with a sense of dread that lasts for weeks, months or even years. The Big Anxiety Festival is about mental health, but its context is contemporary life beyond a medical lens. It asks the question: Do you have a disorder or do you live in a disorderly world?

Using state-of-the-art immersive environments, including the world's highest resolution 3D cinema, art exhibitions, theatre, performance and dance, interactive media events and moderated engagement forums, the festival gives people an opportunity to reflect on how to maintain balance in our fast-paced, hyper-connected society with its pressures, prejudices and expectations.

Through a range of technology, artistic and conversation based events, issues of suicide, psychosis and mood are explored through opening up spaces and avenues to engage with difficult and 'awkward conversations'.

The impacts of childhood experiences on the developing mind; dilemmas of duty and expectation on choice and volition; the use of humour as anxiety producing and anxiety releasing; and rethinking how mental health services are commissioned – care over coercion – not what's wrong with you but what happened to you are a few of the themes explored.

The Big Anxiety Festival has attracted many Australian and international artists, scientists, and social commentators. As a collaboration between UNSW and the Black Dog Institute, it is also underpinned by some targeted research activity. For instance, the mood experiment game 'Catch the Tiger' is designed to test how we react to changes in our environment and to our own fluctuating anxiety levels. The game is located within the National Facility for Human-Robot Interaction Research at UNSW's Paddington campus and is inspired by a traditional Chinese puzzle.

Check out the festival website to learn more about the many upcoming events. It's mostly free and definitely worth a look, or two or three!

Festival organiser Prof Katherine Boydel will be speaking at MHCCs end of year special event on the use of science and art in mental health messaging. (27 November, The Mint - email info@mhcc.org.au for more information)

In this issue

Why establish a professional body? Sector and stakeholder consultations underway

MHCC is making progress in assessing the viability of establishing a national professional body for the workforce that supports people with mental and psychosocial health needs to live well in the community. Our research has found that this workforce is one of the very few in the human service sector that does not have a professional body its workers can join .

Contemporary mental health systems now recognise the benefits of providing mental health services in a community setting. People must be able to have confidence that workers are sufficiently skilled to ensure the delivery of high quality and safe mental and psychosocial health services and supports.

In September, MHCC convened two consultations to explore the sector's perspective on how a professional body might support the workforce to mature into its next logical phase of growth. The first consultation was conducted with the Community Mental Health Australia (CMHA) Executive Leadership Group, which is comprised of the CEOs from MHCC's sister peak bodies across all states and territories. The second involved Senior Managers from 26 MHCC member organisations.

Key Questions discussed at the consultation were:

1. Why do we need to establish a professional body for mental and social health recovery workers/practitioners?
2. What role do we want the professional body to play?
3. Why would people want to join the professional body?
4. What challenges or issues should the professional body tackle on behalf of members?
5. What professions should be included in the professional body?
6. What problems might the professional body specifically help members with?
7. What would motivate people to pay for membership of the professional body?
8. What do you think the professional body should be called?

Main ideas arising from the consultations

1. The need for a professional body should be framed within mental health reforms, such as the Fifth National Mental Health Plan and the National Mental Health Service Planning Framework.
2. The professional body should ensure quality outcomes for service users.
3. A clearly defined purpose was identified as a pre-requisite for the establishment of a professional body. This could include achieving increased recognition of the workforce; certification of workers based on demonstrated capabilities; recognition of ongoing professional development; and establishment of a code of ethics for workforce practice.
4. The focus should be on redefining the national mental health capability standards to better establish recovery-oriented practice across the sector, improving outcomes for service users.
5. The body should clearly communicate the value of the workforce in terms of the skills, knowledge and attributes required to support people with lived experience and their families and carers to live well in the community.
6. There was general agreement that membership should be open to those working in the community mental health sector, rather than restricted to a particular professional discipline.
7. The NDIS has led to an increase in workforce casualisation, time limited contracts, and sole traders, all of which could impact on people's capacity to afford membership.
8. In order for the professional body to be financially viable there should be affordable price points and dual membership options with other discipline based bodies (such as nursing, psychology, occupational therapy or social work professional associations.)
9. The professional body needs to define how it will work in association with other established and emerging professional and industry bodies, taking into account different constitutions, financial situations, member profiles and needs.
10. The professional body needs to clarify whether it should be constituted in alignment with another national industry body such as CMHA or established as a fully independent entity.

The outcomes from both consultations were overwhelmingly positive. Ideas and knowledge were shared. Participants think that the concept of a professional body is worth exploring further despite the complexities involved.

With support from the NSW Mental Health Commission, MHCC has contracted eWorkbox to deliver a comprehensive feasibility study on whether a national professional body is supported by stakeholders at state and national levels. They will conduct consultations with government, peer leaders, consumers and carers and others both individually and through online surveys.

MHCC thanks to the valuable contributions provided by MHCC members at the recent CEO and Senior Managers Forum. There will be opportunities for those of you who weren't able to attend the forum to provide your views through an online survey. This will be sent out to MHCC delegates for distribution in the coming weeks .

We expect to have the feasibility study completed by November 2017 and this will determine how we continue to work on this project.

In 2016, MHCC began to research this project, leading to the publication of the following paper in December of that year:

Download the briefing paper: Regarding the establishment of a Professional Body (incorporating a certification, registration and accreditation role) for mental health and psychosocial rehabilitation and recovery workers/ practitioners working in Australia's community managed mental health sector

Tragic death leads to review of seclusion, restraint and observation

Three years ago, Ms Miriam Merten died at Lismore Base Hospital from traumatic and hypoxic brain injury after falling numerous times over a seven-hour period, including while held in a seclusion room. A coronial inquest found that two nurses failed to take appropriate action. Following the disturbing footage of the patient's last days, which appeared on TV in June 2017, public comment has been sought on restrictive practices at NSW Health gazetted mental health facilities. As a consequence, a six-panel review and parliamentary inquiry was launched by the Hon Tanya Davies, Minister for Mental Health, and headed by NSW Chief Psychiatrist Dr Murray Wright. The 'Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities' was opened for submissions on "experiences of mental health care at NSW Health facilities", and the review panel is now considering whether:

- Existing legislation, policy, clinical governance and oversight, principles and practice standards are consistent with national standards, best practice evidence and principles, as well as consumer and community expectations
- Existing mental health legislation, policy, clinical governance and oversight, principles and practices have been followed in NSW Health facilities in acute mental health units, mental health intensive care units and declared emergency departments.

The panel will make recommendations for proposed changes as well as any necessary amendments or system capacity building required to support clinical and support staff through this process.

Dr Wright will report on progress and outcomes of the review to Minister Davies and engage with the Mental Health Commission of NSW at key points through the review process. This includes numerous consultations and workshops with key stakeholders including people with a lived experience, their families or carers and organisations that support them in the community.

MHCC has made a submission to this Inquiry, emphasising that the use of seclusion and restraint practices should be reduced and ultimately eliminated in all organisations and systems supporting people with mental health conditions and alcohol and other drug issues.[1] The submission also argues that the best practice approach is to ensure that people living with mental health and co-occurring conditions have access to community-based mental health services that support them to remain well in the communities of their choice. Where it is necessary for people to be detained in mental health facilities, staff should take a trauma-informed approach to care and treatment in order to minimise the risk of trauma and re-traumatisation.

We urged Government to not see the problem of seclusion and restraint as starting at the door of the emergency department, or when a person is picked up by police. The Government must commit to building the capacity of the community-based workforce and employing people with the skills and expertise in order to minimise use of emergency departments and acute hospital care. Vital to the success of such a commitment is local level collaboration and cooperation, between community-based and public mental health services, primary health care, and the police. Funding should also be shifted from the public to the community-based mental health sector, as identified in *Living Well: A Strategic Plan for Mental Health in NSW* (Mental Health Commission NSW, 2014).

Current approaches to crisis services needlessly perpetuate a reliance on expensive, late-stage interventions (such as emergency departments) and on settings that have inherent risks of harm to people living with mental health conditions. Success should be seen as the ability of the individual to return to a stable and meaningful life in the community. The goal must be a reduction in the number of crises among people with "mental illnesses and therefore a reduced need for emergency services"[2] that may result in the use of restrictive practices. For more information read MHCC's submission.

1. SAMHSA 2017, Alternatives to Seclusion and Restraint Website, Available: www.samhsa.gov/trauma-violence/seclusion

2. SAMHSA 2009, Practice Guideline: Core elements for responding to mental health crises, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, pp.14-15. Available: https://store.samhsa.gov/shin/content//SMA09-4427/SMA09-4427.pdf

New NSW Mental Health Commissioner keen to work with community sector

In August Catherine Lourey was appointed as the second NSW Mental Health Commissioner. The following month, she attended MHCC's Board meeting, and stated she is looking forward to working closely with MHCC and the community managed mental health sector. One of her priorities is service integration, which will involve greater coordination between Local Health Districts, Primary Health Networks, and community-managed organisations.

She has extensive experience in the broad mental health sector, having served as Special Advisor and then as Deputy Commissioner at the NSW Mental Health Commission before taking on the Commissioner role. Over this time, she was responsible for the first progress report to Parliament regarding *Living Well*, the Strategic Plan for Mental Health in NSW 2014-2024.

After beginning her career working in public housing, she saw the impact that mental health conditions were having on many disadvantaged members of the community. She committed to make mental health services more person-centred while working at the Western Sydney Area Health Service and the NSW Department of Health.

Her perspective on the Commission's role is both clear and ambitious: "Armed with evidence, collective purpose and government commitment, there is no excuse for agencies and stakeholders to not be active participants and leaders in mental health reform. It is why the NSW Mental Health Commission needs to be here: to remind people that we all play a part in reducing the impacts of mental illness and supporting recovery, to foster that empathy and ambition to change, and to hold people to account when they fail to take up the challenge."

CMHDARN Seeding Grants Program

MHCC has now signed contracts with the member organisations that submitted successful applications to the Community Mental Health Drug and Alcohol Network (CMHDARN) Seeding Grants Program EOI.

The program received 17 applications. Nine were selected for funding. All applications were assessed against the following eligibility criteria:

1. Project design: The strength of the research proposal in articulating:

- a clear purpose, aims and objectives
- methodology required to undertake the project
- mechanisms for consumer involvement
- project risks and ethical considerations and how they will be addressed
- a clear evaluation framework/plan.

2. Significance: The extent to which the project links to existing research, practice and/or policy agendas.

3. Impact: The extent to which the project will generate new or relevant practice knowledge and/or improve outcomes for clients/consumers.

4. Collaboration: The extent to which the project involves collaboration with academic partners and/or other organisations.

5. Organisational capacity: The capacity of the organisation to manage the project and implement practice change.

In addition, preference was given to small-medium organisations that clearly demonstrated how the proposed project would enhance research capacity within their identified sectors.

MHCC and NADA look forward to working with these organisations over coming months to learn about successful research outcomes. The successful organisations and projects are:

1. Lyndon House - Barriers and enablers of ATSI cultural inclusion in a rural mainstream AOD service.

2. Kathleen York House - A review of evidence to inform substance use disorders (SUD) treatment services for pregnant women.

3. DAMEC - Power of Programs (PoP): Finding, adapting and implementing evidence-based CALD-client focused evaluation strategies in DAMEC's brief therapeutic and community development programs.

4. Family Drug Services - Problematic drug use and family coping: Designing a qualitative study to explore long term coping in family members adversely affected by another's drug use

5. Positive Life - Post Incarceration health needs of the gay, lesbian and trans community in Sydney - a pilot study.

6. Peer Work Matters - Exploring the experiences of people who identify as having a lived experience of mental illness and/or drug and alcohol concerns in the mental health workplace settings.

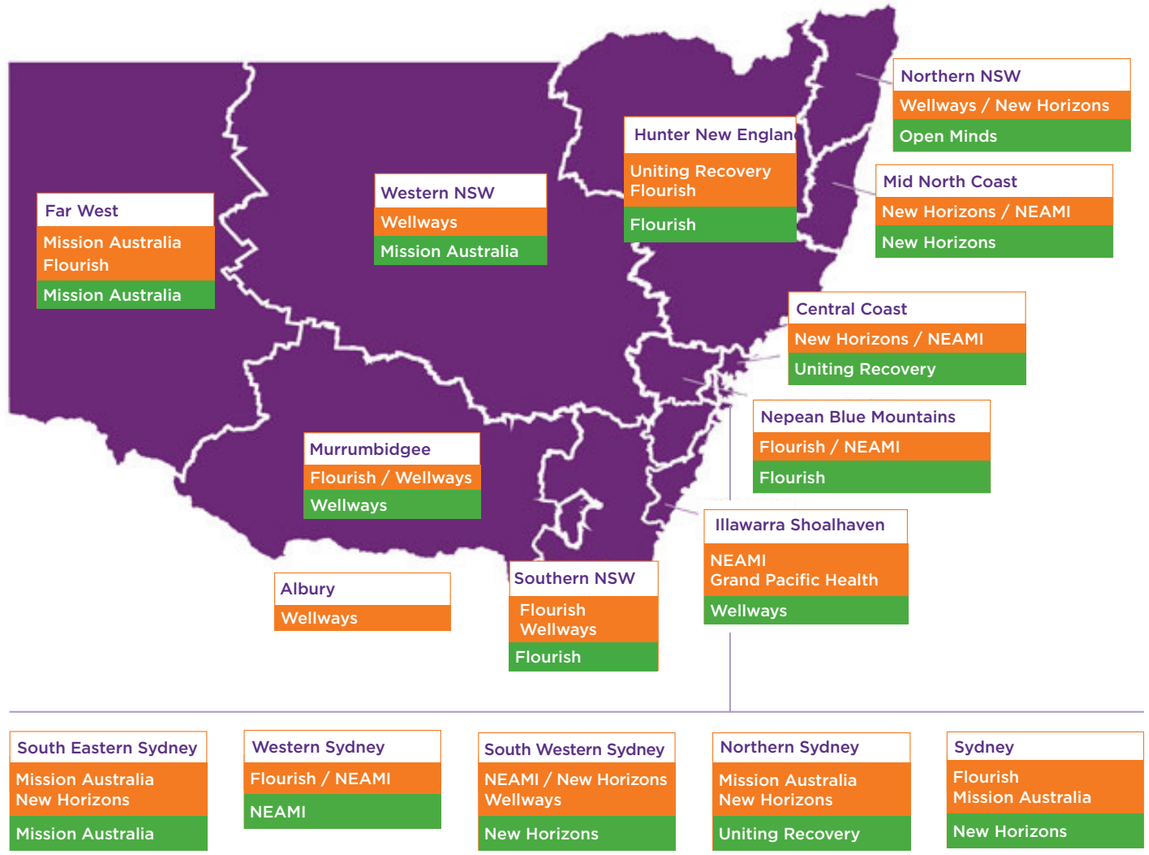
7. Flourish Australia - Consumer perceptions of health professionals.

8. Newtown Neighbourhood Centre - Many boarding house residents have a mental health diagnosis, but few are in receipt of mental health services. Why and what is the best way to reach them?

9. The Compeer Program: – Evaluation from a consumer perspective.

HASI tender process disrupts services

The recent Ministry of Health tender for the Housing and Accommodation Support Initiative (HASI) has resulted in a considerable redistribution of providers across Local Health Districts (LHDs). The re-tendering process inevitably means disruption to service users and the workforce that supports HASI clients. The redistribution following this latest tender process has been extensive, and brings into question whether the existing competitive tendering model is actually the best approach. The aim of competitive tendering is to create a robust, efficient and dynamic community sector. However, this may not be the most person-centred or evidence based approach, with widespread disruption to the relationships formed between service users and support workers, local partnerships, and established organisational infrastructure resulting from tender decisions. MHCC is currently speaking with providers to understand what quality improvements could be made to the process, with the aim of compiling a report and recommendations to government.

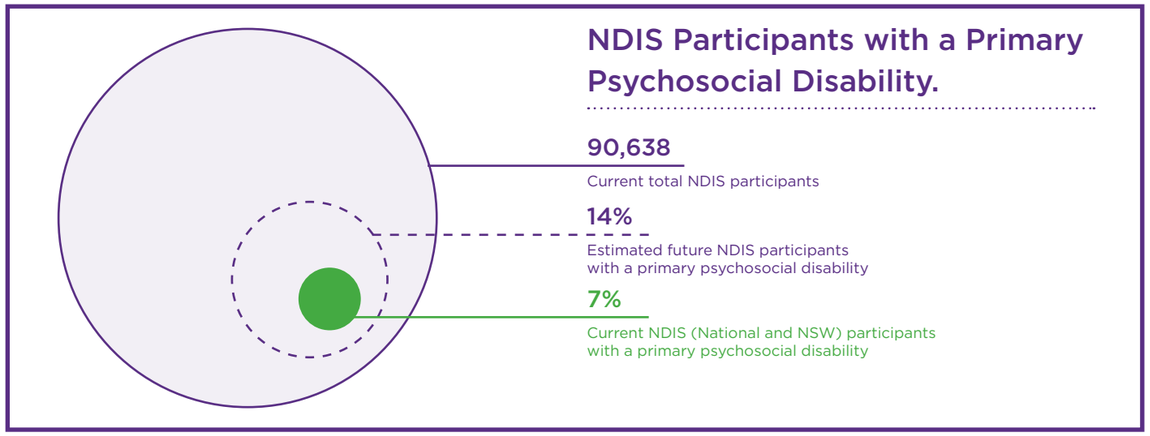


KEY

HASI / RRSP providers

CLS Providers

Sector concerns about impacts on people with mental health conditions validated



The end of June NDIA quarterly report tells us that 6,093 Australians with a primary psychosocial disability have a plan. This includes 2,862 people in NSW, or 7% of all NSW NDIS participants with plans. The Productivity Commission estimates that 13.9% of all NDIS participants will have a primary psychosocial disability, indicating that there is much work remaining to increase access rates and the quality of services delivered.

MHCC continues to see the inclusion of people with mental health conditions in the National Disability Insurance Scheme (NDIS) as a recognition of their human rights. In recent months a number of government reports have shed light on this process.

The Joint Standing Committee (JSC) on the NDIS released their report on the *Provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition*. They recommended that:

- A review of the NDIS Act be undertaken to assess the requirement that disabilities be permanent and the appropriateness of the reference to 'psychiatric condition'
- The NDIA and mental health sector develop a tool to assess the eligibility of people with psychosocial disability that focuses on their functional capacity for social and economic participation
- The NDIA monitor eligibility rates for people with psychosocial disability to understand the reasons for a higher rejection rate and to understand the scale and requirements of the people who have been found ineligible
- Commonwealth mental health program clients transitioning to the NDIS should not have to apply for the NDIS to have guaranteed continuity of supports
- Australian governments clarify and make public how they will provide services for people with a psychosocial disability who are not participants in the NDIS
- The NDIA and mental health sector create a specialised team of NDIS planners trained and experienced in working with people who have a mental health condition as their primary disability

The JSC also released an update on their inquiry into the *General issues around the implementation and performance of the NDIS*. They recommended that the NDIA:

- Provide an opportunity for participants and their supporters to view and rectify any errors in their plan before it is implemented
- Publish the results of its participants and providers pathways review and the strategies in place to achieve improved outcomes

Community Mental Health Australia has written to the Hon Christian Porter MP, Minister for Social Services, urging the Government to implement the recommendations of the JSC and to address the significant issues with the implementation of the NDIS for people with psychosocial disability.

The Productivity Commission (PC) released its *Position Paper on NDIS Costs*, coinciding with the NDIA Board's commissioning of an Independent Pricing Review. The paper states that the investment approach to the NDIS and the recovery model of mental health are both about building capacity and as a result appear well aligned. If this is true, then it is worrying that 70% of funded supports for NDIS participants living with psychosocial disability are classified as core (e.g. attendant care) rather than capacity building. The paper further notes that 81% of people with psychosocial disability who lodged an access request to the NDIS were eligible for the scheme. This figure does not recognise the challenges for people with mental health conditions who do not apply or withdraw an access request. This is often due to confusion or distress as a result of the access process.

The PC recommends specialised planning teams for some types of disability, such as psychosocial disability. While the NDIA have introduced mental health assessment roles, they are not involved in planning. The PC states that a complementary approach would involve using expertise from within industry (which in this case could mean the community-managed mental health sector) and getting service providers more involved in the planning process. MHCC has since learned from the NDIA that Local Area Coordination organisations are able to subcontract NDIS assessment and planning activities.

The PC will present its final report and recommendations to government in October.

Navigating the NDIS: A Free MHCC Professional Development Course

SUPPORTED BY THE MINISTER FOR MENTAL HEALTH, THE HON TANYA DAVIES MP.

What participants have said about this course:

"I now have the knowledge and skills to support the client in navigating the NDIS and to support them to achieve their goals."

"...knowledgeable facilitator with relevant real life examples. Lots of practical tips and knowledge to take away and use."

Are you a service provider, a person living with a mental health condition, or their family or carer with questions about the NDIS? Are you unsure about how it will affect people accessing mental health services? With the NDIS being rolled-out state-wide, now is a great time to learn more about how it may affect you. This course will help you maximise the potential of the NDIS to support people to live the life they want.

With funding generously provided by the NSW Health Ministry, MHCC is now offering fully-funded places for Navigating the NDIS: A NSW Mental Health Perspective courses being rolled out across NSW. People attending this training walk away with the essential knowledge and skills needed to access, plan, and innovate within the NDIS. MHCC has structured the course around real life examples that will help you understand the potential for positive change in people's lives.

With the NDIS still evolving, there remains some uncertainty about how people's experiences of living with mental health conditions fit into the framework of disability. With this in mind, significant time is devoted to discussion and exploring your questions.

Through attending this course you will learn how to:

- Navigate the NDIS, including eligibility, access, planning, coordination and review for people living with mental health conditions
- Engage consumers, carers and providers in the new opportunities available to them
- Gather evidence of disability or impairment to assist people with their access requests
- Stay focused on a person's hopes and dreams for their life (ie, goals and aspirations) regardless of their NDIS funding situation
- Use your improved knowledge and skills to drive innovation and get the best results possible.

This interactive one-day session was developed through MHCC's unique insight into the workings of the NDIS as a result of our ongoing research into the implications of the NDIS, our intensive engagement during the NDIS launch in the Hunter, our many consultations with service providers and NDIS participants and our learning as a result of creating the reimagine.today on-line NDIS navigation resource.

The delivery of the course is allowing MHCC to hear directly from frontline workers, team leaders, people living with mental health conditions and psychosocial disabilities, and other interested people about their direct experiences of the NDIS. This information is proving very useful in MHCC's continuing policy and advocacy work regarding the NDIS and mental health.

We are especially interested to learn of the experiences of people in regional, rural and remote NSW. We ask that you help spread the word through your networks about the free NDIS and mental health training opportunity.

You can also request an in-house training specially tailored for your organisation. If you would like to know more contact askus@mhcc.org.au

Upcoming dates

Registrations are now open for the following locations.

Bourke - 6 November 2017
Dubbo - 8 November 2017
Katoomba - 14 November
Wagga Wagga - 21 November 2017 - LIMITED PLACES
Griffith - 23 November 2017
Broken Hill - 28 November 2017
Lismore - 5 December 2017 - LIMITED PLACES
Armidale - 12 December 2017

www.reimagine.today

Supporting people living with mental health conditions to navigate the NDIS.

United Nations calls for rights-based approach to mental health care

Thanks to recent developments at the United Nations (UN), human rights and social justice are being recognised as important concepts in supporting people living with mental health conditions. This involves a shift in the power dynamics in mental health service provision. These services will need to move from offering treatment to promoting wellbeing and social inclusion. Service providers will increasingly be asked to support people to live the lives that they choose.

The *Report of the United Nations Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health* begins,

> **"Despite clear evidence that there can be no health without mental health, nowhere in the world does mental health enjoy parity with physical health in national policies and budgets or in medical education and practice."**

The Special Report lays out an agenda for what it labels the 'right to health', which includes mental health. Among its major themes are:

- A move away from a predominantly biomedical, psychiatry-driven model of mental health
- Psychosocial support to be available in primary care and community settings
- Consumer participation in all aspects of service planning, implementation and evaluation
- Reductions in coercion and involuntary treatments
- Strengthening prevention and health promotion approaches

The Special Report also notes that:

"A growing research base has produced evidence that the status quo preoccupied with biomedical interventions including psychotropic medications and non-consensual measures is no longer defensible in the context of improving mental health."

In a related 2017 Mental Health and Human Rights report, the UN recommends a number of policy shifts to support the human rights of people living with mental health conditions. These changes include improving the quality of mental health services and ceasing involuntary treatment and institutionalisation. The UN also advocates broader changes to the legal and policy environment in order to facilitate human rights.

These reports build on two earlier developments. The 2006 UN Convention of the Rights of Persons with Disabilities (UNCRPD) extended these rights from people living with psychosocial disabilities to all people living with mental health conditions. The resolution expresses concern that people with mental health conditions or using mental health services may be subject to "discrimination, stigma, prejudice, violence, social exclusion and segregation, unlawful or arbitrary institutionalisation, over-medicalisation, and treatment practices that fail to respect their autonomy, will, and preferences". It warns that these practices could constitute violations of human rights. This was followed in 2016 UN by the Human Rights Council Resolution on Mental Health and Human Rights, which called on countries to act according to a human rights perspective on mental health care.

What can we do?

MHCC member organisations can play an important role by ensuring that people living with mental health conditions or psychosocial disability are empowered to assert their human rights. Together we can demonstrate that a human rights-based approach to mental health is possible and can bring huge benefits to society. MHCC looks forward to continuing to work with members and people affected by mental health conditions in order to showcase the great work that is being done in our community.

View from the peak

NDIS transition creates challenges for mental health CMOs

A recent consultation has drawn attention to the gaps created by the shift of Commonwealth psychosocial support services to the NDIS. The research project is being conducted Nicola Hancock, University of Sydney Faculty of Health Sciences and CMHA. The session brought together representatives from 15 of MHCC's member organisations. Topics included: what would happen to NDIS applicants who were assessed as ineligible for the scheme; the experience of those who were accepted; the reasons why some people do not apply; and how the community mental health sector is affected.

The consultation attendees provided feedback on behalf of their organisations and the people they support. There was a mix of particpants from the Hunter trial site, with more experience of the scheme, and those from Greater Sydney, who were at an earlier stage in transition. The level of interest in the consultation is a clear indication that sector organisations have substantial feedback to give regarding the NDIS. Participants saw this research project as a positive opportunity to develop and propose policy solutions to address the gaps they have identified in the NDIS. The sector's knowledge and resilience is clearly evident, providing an excellent basis for the next stage of the project.

There was a particular focus on issues regarding access, applying and provision of plans under the NDIS. Attendees spoke about a tension between their focus on a strengths-based recovery-orientation and the NDIS' deficit-focused terminology. The disparity between the two perspectives was said to be causing barriers to access, particularly as participants may be deemed 'too well' to be eligible for the NDIS. This problem is exacerbated by planners and assessors demonstrating a lack of knowledge and understanding of psychosocial disability.

There was also concern around the shift to a 'fee for service,' profit-driven model, the declining quality and casualisation of the workforce, lack of training and supervision, and poor quality safeguarding in a post-NDIS environment. Attendees suggested that these developments were creating a less collaborative environment within the sector.

The consultation session was part of the first stage of the research project, with additional sessions to be held in other capital cities as well as teleconferences for regional and rural areas. After an initial report is written, the second stage of the project will ask participants involved in the initial consultation sessions to review the report and propose policy solutions to address the identified gaps. These solutions will be collected and participants will be asked to rank them in order of priority using an online voting system. This process will result in a set of recommendations for national policy reform. MHCC will continue to provide updates on this project as it develops.

Some of the difficulties people with psychosocial disabilities faced in the NDIS included:

- Difficulty accessing support when applying
- Long hotline wait times
- Problems acquiring supporting documents from GPs or psychiatrists due to financial barriers or waitlists
- Inconsistencies between plans for individuals with similar needs
- Plans not aligning to needs
- Plans not reflecting best practice interventions such as supported employment

PHNs take integrated approach to mental health and suicide prevention

phn CENTRAL AND EASTERN SYDNEY
An Australian Government Initiative

By Mariam Faraj
General Manager,
Clinical Services

Since 1 July 2016 PHNs have been funded to implement a regional approach to mental health and suicide prevention. They have approached this by developing evidence-based plans and mapping services to identify gaps. This work has fed into improved efficiencies and better integration in the commissioning of mental health services and supports. Through this process PHNs have been working to address six key priority areas:

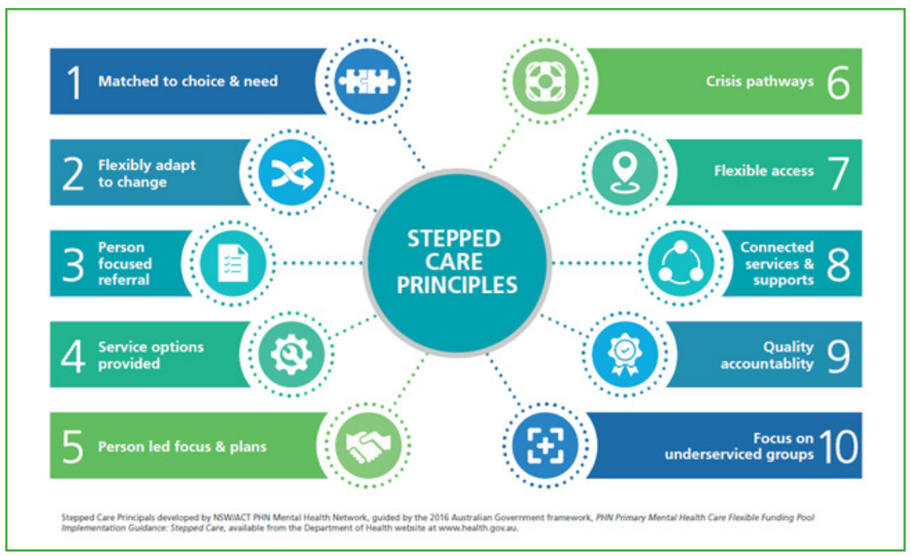
1. **Low Intensity** - improved targeting of psychological interventions by commissioning low intensity mental health services
2. **Child and Youth** - supporting region-specific, cross-sector approaches to early intervention for children and young people living with, or at risk of, mental health conditions
3. **Psychological Therapies** - addressing gaps in the provision of psychological therapies for people in rural and remote areas and other under-serviced and/or hard to reach populations
4. **Severe Mental Illness** - commissioning primary mental health care services for people experiencing severe mental health concerns and being supported in primary care
5. **Suicide Prevention** - encouraging and promoting a regional approach to suicide prevention and commissioning services to address gaps
6. **Aboriginal and Torres Strait Islander Mental Health Services** – enhancing Aboriginal and Torres Strait Islander mental health services at a local level and improving integration with other related services

PHNs have developed evidence-based mental health and suicide prevention plans that incorporate these objectives. These plans are based on regional consultation on the mental health and service needs of local communities, including participation from consumers, carers, practitioners, service providers and community members.

Primary mental health care moving to a Stepped Care approach

Stepped Care is an evidence-based approach that provides a person with the right type of intervention according to their needs and preferences. A Stepped Care Approach understands that an individual's needs sit on a continuum from more to less intensive interventions. These range from mental health promotion, early intervention and prevention, through to multiagency coordinated care. In a Stepped Care approach, a person does not need to start at the least intensive intervention to progress to the next 'step'. Rather, a person enters the system and accesses a service that is appropriate to their current situation.

To incorporate this into service commissioning, the NSW PHNs developed a set of Stepped Care principles to provide clarity and direction for applying this approach to mental health services. These principles are:



Stepped Care Principals developed by NSWIACT PHN Mental Health Network, guided by the 2016 Australian Government framework, *PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance: Stepped Care*, available from the Department of Health website at www.health.gov.au.

PHNs have commissioned mental health services that span the continuum of care. Contracted organisations are required to apply a Stepped Care approach to ensure the right service is provided at the right time.

For information on your local PHN's mental health and suicide prevention needs assessments, work plans and commissioned services visit their website:

- **Central and Eastern Sydney PHN** www.cesphn.org.au/health-services/mentalhealth
- **Hunter New England and Central Coast PHN** www.hneccphn.com.au/programs/mental-health
- **Murrumbidgee PHN** www.mphn.org.au/programs/mental-health
- **Nepean Blue Mountains PHN** www.nbmphn.com.au/Community/Programs-Services/Mental-Health.aspx
- **North Coast PHN** http://ncphn.org.au/key-documents/
- **Northern Sydney PHN** http://sydneynorthhealthnetwork.org.au/mentalhealthtriage/
- **South Eastern NSW PHN** www.coordinare.org.au/health-initiatives/mental-health/
- **South Western Sydney PHN** www.swsphn.com.au/mentalhealth
- **Western NSW PHN** www.wnswphn.org.au/services/mental-health
- **Western Sydney PHN** www.wentwest.com.au/index.php/phn/programs/mental-health

Navigating the NDIS just got easier

In July we launched reimagine.today, the new National Disability Insurance Scheme (NDIS) online resource for people living with mental health conditions, their families, carers and support workers. This resource incorporates insights gained from extensive consultation with consumers and carers. It is also the product of much hard work by the MHCC and National Disability Insurance Agency teams that worked together on the project.

The resource provides a step-by-step guide to accessing NDIS support for people living with psychosocial disabilities and their carers. It explains the access process, NDIS language, support plans, as well as alternatives for those who are not accepted by the Scheme. It can be used to facilitate conversation with families, carers, and support workers.

A number of users have reached out to tell us about their experiences using the resource. The feedback has been positive, with many people sharing reimagine.today with others:

> **What a tremendously important and well targeted resource! A massive congratulations to each person who made this possible for people in Australia living with mental health conditions - I will certainly be sharing it far and wide.**

A carer who used the resource was already imagining how the NDIS would affect her life:

"Having the NDIS support will be a great help to me as each month, when she [the person she supports] goes into hospital for 72 hours, I have to clean her flat... I will cross my fingers that she does get support as we have been without social support for 15 years."

Support workers are finding reimagine to be valuable tool as they work with people during the NDIS transition. One worker said:

"I found this website easy to follow, clear and concise. It helps make it easy for me to explain NDIS processes to the families and carers I work with. The workbook is well set out and very helpful too. Thank you "

reimagine.today is also helping to reassure people who are yet to see the NDIS roll out in their area:

"Thank you so much for this wonderful resource on NDIS. I am from Victoria. As a potential participant and current user of community mental health services, I was feeling overwhelmed by the NDIS process and your page has helped immensely. The NDIS hasn't rolled out in my area yet."

Even though the resource has been launched, we will continue working to ensure that it meets the needs of its users. We have received some useful constructive feedback that we are using to make improvements.

After finding out that italicised writing can be hard to read for those with learning difficulties, we removed this formatting. Another comment concerned the type of language, suggesting that we make it more person-centred. This meant a shift from looking at how people fit into the NDIS, to how the NDIS can provide people with support. We have also made changes to the menus to help people get the information that they are looking for more easily.

You can help us keep making reimagine.today even better! If you're a reimagine.today user, we'd love to hear what you have to say. Contact reimagine@mhcc.org.au with your thoughts!

reimagine
MENTAL HEALTH, MY RECOVERY AND THE NDIS

FND Hope

FND Hope Australia President, Dr Katherine Gill, attending The 3rd International Conference on Functional (Psychogenic) Neurological Disorders in Edinburgh - September 2017.

People living with Functional Neurological Disorder (FND) experience a range of neurological symptoms. These can include paralysis, involuntary movements, seizures, gait disorder, balance problems, weakness and fatigue, chronic pain, and sensory problems. The symptoms are caused by issues with how the nervous system sends and/or receives signals from the body, rather than by any sort of damage. Recent studies of brain activity indicate dysfunction in brain areas controlling planning and initiation of movement and self-agency[1]. Functional symptoms are similar to those of a stroke, Parkinson's, Multiple Sclerosis or Epilepsy. These symptoms have been found to cause increased distress by a range of quality of life and mental health measures[2].

Research into the prevalence of FND in Australia is limited, but international studies can provide a useful indication. One study found that approximately one in three visits to a neurologist is associated with FND, with the costs of functional neurological symptoms in England as high as £18 billion[4].

Historically, the onset of FND was associated with emotional stress and trauma, yet many patients report that symptoms begin following physical injury, illness or surgery. It is classified as a mental health condition in the DSM, but falls in the gap between neurology and psychiatry, with neither discipline taking full responsibility for treatment of the condition[2]. This situation impacts a person's recovery.

FND is highly stigmatised and poorly understood by both health professionals and the wider community. Symptoms have a significant impact on wellbeing and function. Despite being one of the most common disorders in neurological practice, there is no identifiable pathophysiological cause[2] and few empirically-supported treatments [3]. Little research has been conducted into FND[2] and many people are left without care or support, struggling to attain a diagnosis and to access appropriate services.

FND Hope is an international non-profit organisation that aims to raise awareness, support people, and advance research into the condition. In 2017 FND Hope Australia Inc. was established to work toward these aims in Australia.

FND Hope has teamed up with the Genetic Alliance to create the world's first scientific registry for functional

neurological disorders. The purpose of the FND Scientific Registry is to create a platform for people with FND to engage with medical research into the condition and its clinical care, causes, diagnosis, and treatment. This kind of consumer participation is vital to successful research. Using this platform to engage consumers, service providers and researchers should help to accelerate clinical research, increase understanding of the condition and support the development of more effective treatments. By aggregating consumers and their health information in a centralised platform, researchers will be able to find more suitable study participants, enhancing the validity of their findings. More information about the Registry can be found at fndhope.org

Information about FND for consumers, carers and medical professionals can be found at www.fndhope.org. Face-to-face and online peer support groups are also available. For further information contact kate@fndhope.org

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Peak body demands action to stop NDIS leaving Aboriginal people behind

The NSW peak body for Aboriginal children and families is advocating for urgent action to stop Aboriginal and Torres Strait Islander people "being left behind" by the National Disability Insurance Scheme (NDIS).

Following the recent milestone of engaging 100,000 participants in the scheme, AbSec has raised concerns that only 5% of that number were Aboriginal and Torres Strait Islander people, despite being 70% more likely to experience disability than the general population.

They claim the figures were even more pronounced for Aboriginal and Torres Strait Islander children aged 14 and younger, who are more than twice as likely to have a disability as other children.

The organisation is now calling for long-term funding for Aboriginal community-controlled organisations, to equip them to provide disability services to their local communities.

AbSec Senior Project Officer for sector capacity, Mick Scarcella, told Pro Bono News there were a number of reasons Aboriginal people were not engaging with the scheme, which needed to be addressed.

"In Aboriginal communities, 'people who are different' are looked after by family with the minimum of fuss, they do not see them as disabled," Scarcella said.

> **"...low engagement comes to trust issues of government agencies and injustices of the past."**

"For example, little Johnny in a wheelchair wants to play at the beach, the local kids being family and friends will pick him up in his wheelchair and throw him into the water with the wheelchair so they can all play together. They see him as Little Johnny in the wheelchair, not Johnny with a disability.

"The other reasons for the low engagement comes to trust issues of government agencies and injustices of the past.

"Access to services is an issue as well. Many Aboriginal people have never accessed disability services because there is none in their local area."

Scarcella, who said the figures quoted erred "on the conservative side" due to undiagnosed cases and lack of engagement, said it was important Aboriginal people had Aboriginal-run services to turn to.

"It has proven repeatedly that self-determination works in the Aboriginal Community," he said.

"Aboriginal people need to be listened to and become part of the solution and not be told what their problem is and how to fix it, by people who have no idea of the significant cultural differences and family dynamics Aboriginal people have.

"Establishing a system that enables people to recruit family members needs more discussion as well. The way family members rally around a person with disability and focus on their positives instead of believing they are a burden to society is something mainstream Australia can learn from us."

He said while a commitment to tailored Aboriginal services already existed in the NDIA's Aboriginal and Torres Strait Islander Engagement Strategy, the reality on the ground showed "little reflection" to the strategy.

"All of these reports are being generated and are coming back showing all of this information we already knew but very little is being done to reflect the report findings and address the recommendations," he said.

"We need transparency and accountability for measurable outcomes not token promises and feel good gestures."

AbSec Project Support Officer, Brian Edwards, who is an NDIS participant himself having lost his eyesight after developing a brain tumour at just 18 years of age, said it was "not acceptable" that those who needed the NDIS most were "benefiting from it the least".

"Aboriginal people experience disability differently to other Australians," Edwards said.

"There's no word meaning 'disability' in our languages – it's not a widely recognised concept in our culture. So there's a bit of a communication barrier from the start."

He said lifting the number of Aboriginal and Torres Strait Islander people accessing the NDIS was "absolutely vital" to closing the gap in health and wellbeing.

"The NDIS is being billed as a revolution in social services – but its impact can't be truly revolutionary unless all of us are on-board," he said.

PRO AUSTRALIA Bono

This article was written by Wendy Williams, Journalist, ProBono Australia and was originally posted 5 September 2017.

Assessing recovery-oriented service provision in a public mental health service

MHCC's Recovery-Oriented Service Self-Assessment Toolkit (ROSSAT) consultancies provide an opportunity for organisations to provide a more person-centred service for the people they support. Recently we conducted our first consultancy for a public mental health service, Queensland Health's Metro North Mental Health Service (MNMHS).

The MNMHS employs about 1140 full-time equivalent staff and serves a population of 900,000 people with an annual budget of $180m. It provides services for people of all ages through a range of specialist services including consultation liaison, forensic, addiction and eating disorders as well as a community mental health service that includes an inner city homelessness team.

The consultancy took place in late June across the MNMHS' three delivery areas:

- Royal Brisbane and Women's Hospital (Valley, Herston and Rosemount Somerset Villas Community Care Units/CCUs)
- Redcliffe and Caboolture Hospitals (Caboolture, Kilcoy and Redcliffe CCUs).
- The Prince Charles Hospital (Chermside, Nundah, Pine Rivers and Strathpine CCUs)

While ROSSAT consultancies assess a service's recovery orientation, the MNMHS had the following specific objectives:

- Identify the current workforce and organisational experience, skills, knowledge and attitudes regarding recovery-oriented service provision through observation and discussion
- Review relevant policies and documentation to assess current level of recovery orientation and practice, determine any gaps in policies, and consider the need for new policies or workforce development
- Provide recommendations for improvement in recovery-oriented service provision

Following the assessment, MHCC found a number of positive examples of recovery orientation, including:

- Their appointment of a senior executive-level consumer worker position (the Director of Recovery)
- The transparent and public posting of Consumer/Client Feedback Management Reporting within programs
- The development of the *Prospectus – Mental Health Recovery and Clinical Programs: July – December, 2017* publication that details the recovery-focused courses and programs being provided by government, community managed and primary healthcare organisations within their service area
- The establishment and growth of the Consumer and Carer Team and the Resource Team, both of which are championing recovery-oriented service provision
- Consumer engagement being the first of MNMHS' six key strategic directions
- The introduction of the Safewards initiative
- The introduction of the Collaborative Assessment and Planning Framework
- The development of the Recovery Champions Awards
- Their engaging and informative website

As a general comment MHCC welcomed the compassion, empathy and hope employees demonstrated for the people they work with; acknowledging the dignity of each person and their unique situation.

MHCC's findings and recommendations were presented as an Assessment Report to assist the MNMHS Strategic Recovery Committee, and its three regional Working Groups, to inform development of their Recovery Action Plan. The Assessment Report included 46 recommended actions across nine broad areas that the MNMHS could prioritise in order to improve service quality.

MHCC thanks Lisa Jones, Director of Recovery, for the invitation to undertake the ROSSAT Consultancy at MNMHS. We commend MNMHS for their commitment to strengthening consumer and carer participation and engagement within the service and enhancing recovery-oriented service provision.

Would you organisation like to learn more about MHCC's ROSSAT Consultancy?

You can learn more here www.mhcc.org.au or send an email to: **ROSSAT@mhcc.org.au**

Book review: The Girl in the Mirror

"Mental illness directly or indirectly effects everyone, and yet it makes the sufferer feel completely alone. I am speaking out, to tell my story, in hopes that others may find the courage to heal. I have been to hell and back, but I am strong enough now to speak up and to tear down the walls caused by stigma. Everyone deserves some happiness and understanding, which I hope you will find within this book."

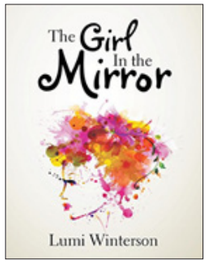
This autobiography is a beautifully written narrative that describes an inspirational journey which clearly promotes the need for a trauma-informed, recovery-oriented approach to mental health. At its heart is the re-emergence of hope when it seems that all hope had disappeared.

From the perspective of a person treated as having a "severe treatment-resistant mental illness" for two decades, the author engages the reader in an insightful and exceptional first-hand account of the lived experience of mental health and recovery. The story within these pages describes Lumi's journey of strength, persistence and courage against all the odds, and her eventual encounter with an Open Dialogue approach in the private sector, which led her towards recovery.

The author's narrates her struggle to comprehend what was happening to her as she deals with the harsh interactions and the judgemental attitudes of the mental health staff she met in the public hospital system. She described her past traumas and how throughout her experience she persevered to hold onto to her hopes and dreams for a better future.

I recommend this book as essential reading for those in recovery from their own mental health condition, as well as their families and carers. Lumi's story conveys a determined faith in the human spirit described through eloquent self-reflection. Her journey and the many hardships she experienced clearly demonstrates that one can recover from pain, trauma and hopelessness to achieve one's dreams. Lumi's story demonstrates to others that they too can hope for and believe in a better future.

This is a story about Recovery - Recovery that is unique and individual - It is Lumi's journey and hers alone. It is a story about achieving personal goals, working at one's own pace and celebrating achievements along the way.



Being

Review by David Peters
Operations Manager
at Being.

NSW Official Visitors Program puts values into practice

Official Visitors Program

NSW Official Visitors Program launched its "refreshed purpose to keep the humanity in mental health care and to ensure that mental health and treatment is always provided in a humane and dignified way"

Putting values into practice

For 175 years, the Official Visitors Program (OVP) has been contributing to improving the conditions, care and treatment of people in psychiatric hospitals. Over this time these services have changed their approach significantly. While hospitals still generally work within a medical model; the influence of a trauma-informed sector has significantly permeated public services.

The OVP has spent 18 months exploring how its values, vision and purpose can continue to represent the lived experience of consumers, their families and carers. This guarantees that these voices remain at the centre of the OVP's work.

In August, the OVP launched its "refreshed purpose" and vision for the future at its Annual Conference in Sydney. This was based on three pillars: to care, collaborate, and communicate. Program Manager Michelle Everett stated that it was important that the organisation's practice was based on its "values in action". MHCC is supporting OVP practice improvement through OVP access to MHCC's three online interactive mental health recovery training modules, the Capacit-e suite.

Rethinking mental health services

The OVP Annual Conference provided an opportunity for significant discussion of new models for mental health services. In 'Keeping the Humanity in Mental Health Care,' panellists Michael Evans, Beth Kotze, Marcie de Baets and Damien Eggleton described how they had made improvements in a variety of settings. These ranged from changes to physical environments and staff appearance to improved training and staff retention. De-escalation strategies were also highlighted as critical to the safety of staff and service users.

Another interesting example was presented by Dr Kevin-Ann Huckshorn, who spoke about how an acute forensic state facility in the US was able to reduce restrictive practices to a minimum by utilising a trauma-informed practice approach. Jae Radican, the NSW Mental Health Peer Workforce Coordinator, addressed the involvement of peer workers in the co-design of NSW mental health services. Several speakers, including headspace's Daniel Angus and Reachout's Jono Nicholas, reflected on how to become more open to radical changes to the way services are provided. These presentations provided a useful complement to the many new possibilities presented at the conference.

MHCC ACTIVITIES – AT A GLANCE

MHCC facilitated and/or presented at the following events

- Australian Housing Conference 2017, Brisbane, 1-2 June 2017
- TheMHS Conference, 29 August-1 September 2017 (co-hosted by MHCC, Sydney Local Health District and the Partners in Recovery Inner West Sydney)
  - Roundtable event on establishing a Museum of the Mind
  - Working Towards Integrated and Coordinated Health and Social Care: National Disability Insurance Scheme (NDIS) and Mental Health Reform Opportunities Symposium
  - Trauma-Informed Care & Practice: Organisational Change and Implementation
  - A further presentation was an individual paper: Supported Decision-Making. Supporting choice and control: skills for mental health workers

Key Submissions & publications

- NSW Health Inquiry - Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities
- NSW Law Reform Commission - Review of the Guardianship Act 1987 (NSW): QP 4 - Safeguards and procedures, QP 5 - Medical and dental treatment and restrictive practices, and QP 6 - Remaining issues
- NSW Health Review of the Mental Health Tribunal in Respect of Forensic Patients: Discussion Paper

Community Mental Health Australia (CMHA) is the alliance of the eight state and territory mental health peak bodies of which MHCC is a member. The following are recent activities in which MHCC has worked with the alliance.

- National NDIS Mental Health Conference, 16-17 November 2017.
- CMHA submission to *National Disability Insurance Scheme Amendments (Quality and Safeguards Commission and Other Measure) Bill* 2017
- CMHA position statement on the NDIS and Psychosocial Disability
- CMHA submission on the Productivity Commission NDIS Costs Inquiry
- CMHA submission on the Productivity Commission Inquiry into Competition, Contestability and User Choice in Human Services: Identifying Sectors for Reform - Draft Report

Key Projects

- A Professional body for the mental health and psychosocial support workforce: Feasibility study project
- Agency for Clinical Innovation (ACI) Trauma-Informed Care and Practice (TICP)
- Capacit-e Online Learning Resources
- CMHDARN: Community Mental Health Drug and Alcohol Research Network (in partnership with NADA and the NSW Mental Health Commission)
- Supported Decision-Making, Supporting Choice and Control: Skills for Mental Health Workers
- Establishment of CMO MH/AoD Ethics Committee (in partnership NADA)
- MHCC & NSW Official Visitors Program project proposal: Mental Health Branch: Monitoring and Safeguards Mechanisms in NSW
- Reimagine (NDIS psychosocial online resource)
- Newparadigm, CMHA's Australian Journal of Psychosocial Rehabilitation
- NSW Mental Health Rights Manual ongoing updates
- Partnerships for Health (P4H) - Ministry of Health Mental Health Program Approach
- Peer Work Training (NSW Scholarship Program)
- Development of a Community Sector Mental Health Professional Association - Project feasibility and plan
- Recovery-Oriented Disability Support and Rehabilitation consultation process
- Recovery-Oriented Service Self-assessment Toolkit (ROSSAT) Consultancy Project
- Collaboration between MHCC and South Eastern Sydney Recovery College
- Wentwest Recovery College – One Door RTO support
- Supported Decision-Making: Choice, Control and Recovery (partnership with the Public Guardian)
- Trauma-Informed Care and Practice Organisational Toolkit (TICPOT), packages and freely available Scaling Tool
- Workforce Development and Learning Needs Analysis (MHCC Workforce Development Advisory)

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