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## **ORGANISATIONAL PROFILE**

### **VISION**

To be part of a society that values each individual and provides equal access to appropriate and effective health and community services for all its members.

### **MISSION**

To provide leadership and an independent representative voice on mental health issues for non-government organisations in NSW including, service providers and consumer and carer organisations.

### **UNDERLYING PRINCIPLES**

Good mental health is about the whole person; their psychological, physical, emotional and spiritual needs.

Consumer and carer input is central to the promotion of mental health and the delivery and management of services.

Communities need to provide a range of mental health services designed to meet local needs.

An across-governmental approach to mental health promotion and service delivery is required.

### **KEY PRIORITIES**

Informing, engaging, supporting and educating non-government organisations working for mental health.

Influencing public policy.

Promotion of mental health issues in the community.

The Mental Health Coordinating Council (MHCC) is the peak body for non-government organisations (NGOs) working for mental health throughout New South Wales (NSW). MHCC's membership includes NGOS, both specialist and mainstream, and other bodies interested in mental health.

As the peak body for NSW, MHCC aims to provide leadership and an independent representative voice on mental health issues for non-government organisations in NSW including, service providers and consumer and carer organisations. We facilitate effective linkages between the government, non-government and private sectors acting as the liaison body representing the views of our membership.

## **ANNUAL MEMBERSHIP OF MHCC OFFERS:**

1. Opportunity to participate at various levels of the mental health and community services sector via feedback to and representation by the MHCC secretariat (see MHCC Representation);
2. Opportunities to participate in public policy development and other MHCC initiatives including Working Groups, Reference / Steering Committees, MHCC projects and input into a variety of submissions;
3. Access to all MHCC resource services including the MHCC website, the Mental Health Rights Manual, the library and meeting rooms, advertising in FYI e-Fax;
4. Regular sector information via our newsletter, "*View From the Peak*", FYI e-Faxes and quarterly mailouts; and
5. Discounts on MHCC educational opportunities such as the MHCC Seminar Series, MHCC forums and conferences.

## **ACKNOWLEDGEMENTS**

MHCC is the peak body representing non-government mental health organisations in NSW. We gratefully acknowledge the core funding as well as some specific project grants provided by the NSW Health Department. We remain appreciative of the support of all our member organisations, through their membership fees, their unpaid contributions to our committees and projects and their ongoing commitment to mental health and all people living with a mental illness.

## CHAIRPERSON'S REPORT

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It is indeed with great pleasure that I present to the members the 2004-2005 Annual Report. As evidenced by this year's report the work at MHCC has increased significantly in all areas. This has been influenced by a number of factors, in particular the NGO Development Strategy and the sizable increase in our membership. The work that we have undertaken has been both internally and externally focussed. Internally an audit of MHCC's strategic plan was undertaken which resulted in a new innovative plan being developed that more effectively incorporated the NGO Development Strategy.

We have also relocated to Rose Cottage. I thank all the staff for their excellent project management skills, in particular the office manager Edi Condack who coordinated all refurbishment and renovations to ensure a smooth transition.

Externally, within our policy area, the volume and quality of work achieved is notable, the submissions and formal responses to State and Commonwealth policy and legislation put forward this year commenced in July 2004 with the *Human Rights and Equal Opportunity Commission and Mental Health Council of Australia –MHCC Response*, through to July 2005, the *MHCC submission to the Productivity Commission Study into pressures facing the Health Workforce on Training and Workforce Development of the NGO Sector*. This year MHCC has completed over seventeen (17) such responses and submissions on major policy issues that may affect the NGO sector, its workforce, consumers and carers. The research, policy analysis and consultation that is necessary to articulate a collaborative and informed response is an enormous task and the secretariat staff are to be congratulated on the outstanding work they have achieved.

As stated, the MHCC Board have embraced a strategic planning process that has ensured the direction of our work is focussed primarily on the NGO sector so that it can continue to provide quality programs and services that are directed toward recovery and rehabilitation models. We consider that this focus is about not only building the capacity of the sector but strengthening its voice and giving us an unmistakable identity.

The NGO Strategy has presented a variety of options for strengthening the NGO workforce; promoting partnerships and improvement to measuring outcomes and quality. It will be ultimately determined by the NGO Steering Committee which particular recommendations we prioritise, however it is my hope that MHCC takes on a continuing leadership role so that we can influence the necessary initiatives that are required to develop a highly skilled workforce. To this end we need to continue the work of the NGO Development Strategy beyond the life of the Project so that the priority areas that are developed do not become like so many time limited projects a "great document" or manual with no real life and motion.

For many years NGOs have not had an increase in resources nor has the importance of relapse prevention, psychosocial rehabilitation been a priority for Government spending. I believe that over the last few years we have seen some positive change in this thinking with the introduction of programs such as the Housing Accommodation and Support Initiative (HASI) that respond to the longer term needs of consumers, and provided by the most relevant providers - non government organisations.

MHCC is an organisation with a complex and colourfully diverse membership who if we listen to, can act as positive change agents and possibly offer the solutions to the criticism that has been largely aimed at funding providers and policy makers alike. I have had the privilege in the last two years to meet many member organisations, hear the positive stories and the various projects that make a huge difference to a person's life and their ability to recover from many of the devastating effects of living with a mental illness. These take on many forms and may be drop-in centres, support groups, prevocational programs, outreach support, farm stays, food centres, suicide prevention and support, women's services and supported housing. The list goes on.....

All are very different, but all have the commonality of supporting recovery and hope. It is my fear that whilst we are developing models of care that are integrated with our public mental health services we may lose the essence of our sector and its ability to respond passionately to the needs of its community. This is a difficult balance but one that we have done so well for so many years without acknowledgement or praise as we're all just so intent with getting on with the job. I personally would like to say "well done"; I am in awe of the NGO's ability to be creative, innovative and responsive whilst working in partnership with so many and running a business all at the same time.

I also take the opportunity to thank the 2004-2005 Board of Management for their support and direction this year and to the Executive Officer, Jenna Bateman, I must offer my sincere praise for her skills and abilities, whose quietly dynamic leadership and outstanding ability to see the big picture without losing sight of the small issues has been one of MHCC's greatest assets.

A handwritten signature in black ink, appearing to read 'Leone Crayden', is positioned above the printed name.

**Leone Crayden, Chairperson  
Mental Health Coordinating Council**

## EXECUTIVE OFFICER'S REPORT

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It's always a pleasure to distribute the Annual Report to members as it provides a snapshot of our activities over the year and provides a moment to recognize our achievements.

It's great to have moved into our new premises. The old Moodie Street Cottage served MHCC well for almost 15 years, however the space, openness and airiness of our newly renovated Rose Cottage is a big improvement. I remember when I first saw Rose Cottage I found it difficult to imagine how well it would 'come up'. Like many of the old buildings in Callan Park it had been left derelict and abandoned except for the odd training exercise by the Fire Brigade and the roosting of pigeons. Fortunately Callan Park is increasingly opening up to NGOs. There are a number already

in premises and more have been approved for occupancy in the near future. This is a mutually beneficial arrangement which sees NGOs housed and the premises maintained. For example the buildings behind Rose Cottage have been allocated to an NGO Drug and Alcohol program so we shall shortly have neighbours.

I would like to take this opportunity to thank NSW Health for funding the renovations to Rose Cottage and South West Sydney Area Health Service for their assistance with the operational aspects. The whole process went very smoothly thanks largely to Edi Condack whose combination of ability, courage and common sense has seen MHCC through many otherwise daunting challenges. Also, many thanks to Angela Deligio who assisted Edi with our relocation and has had the very substantial task of transferring the MHCC Library.

The term 'mental health' covers so much these days that containing our focus and channelling our energies to the most useful areas has been a real challenge for MHCC over 2004/05. Our growing membership reflects the increasing diversity of the sector and the increasing need there is for community based organisations to find ways to meet the needs of mental health consumers who access their services.

Bringing balance back into the NSW Mental Health System by putting services in place that focus on relapse prevention and reduce readmissions to hospital is a major strategic focus of MHCC. NSW is criticized for developing a system that is focused on acute and institutional care and underdevelopment of support in the community particularly through community based organisations. The MHCC was funded by NSW Health in August 2004 to begin to address this imbalance via the NGO Development Strategy and details of progress are provided within these pages. We are working closely with the Centre for Mental Health on a number of aspects of the Strategy. This relationship affords us added perspectives and is greatly valued. I would particularly like to thank Robyn Murray from the Centre for her contributions.

Other major projects we have embarked on also focus on building the capacity of NGOs. The first is a project funded under the Victims of Violent Crimes Grant Program which explores how NGOs can better meet the needs of women who have been sexually assaulted as children and who experience mental health problems as adults. Another is a partnership project with the Network of Alcohol and Other Drugs Network (NADA) which will pilot the development of capacity building relationships between mental health and drug and alcohol NGOs to re-orientate services to work with people with both mental health and drug and alcohol problems. This project has been funded by the Centre for Drug and Alcohol. Both projects are designed to have very practical application

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by NGOs. MHCC is strongly committed to making a difference to people's lives. I think we are all fed up with the growth of project and policy documents that are not implemented or only in a piecemeal fashion.

I would like to thank all MHCC staff for their commitment and hard work over the 2004/05 year. The MHCC secretariat are asked to conduct, participate, respond, present and develop issues too numerous to mention here but which are covered in the Annual Report. There are deadlines on submissions and projects and just about everything making for a fairly hot house environment at times. However our core team works well together and there is a respect and appreciation of each others skills and a willingness to do what is needed to get the job done. Thank you to Ann MacLochlainn, Stephanie Maraz, Corinne Henderson and Heidi Freeman for a very fruitful and enjoyable year.

Thanks also to all our members who have contributed to MHCC activities over the year. Through our forums, seminars, working and reference groups and with your input into submissions, we have managed to have contact with a great many of you and value the time you have taken to be closely involved with MHCC.

Last but not least I would like to thank MHCC Chairperson Leone Crayden and members of the MHCC Board for their support and guidance throughout 2004/05. The experience and expertise contributed by Board members is key to the ongoing development of MHCC and the sector generally.

Best Wishes

A handwritten signature in black ink, which appears to read 'Jenna Bateman', is positioned above the printed name.

**Jenna Bateman, Executive Officer  
Mental Health Co-ordinating Council**

## PEOPLE BEHIND MHCC

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### MHCC BOARD

Chair:	Leone Crayden, On Track Community Programs
Vice Chair:	Phil Nadin, PRA (Psychiatric Rehabilitation Association)
Honorary Treasurer:	Stephen Kinkead, New Horizons
Honorary Secretary:	Douglas Holmes, NSW CAG (NSW Consumer Advisory Group for Mental Health)
Ordinary Member:	Alex Rivers, Schizophrenia Fellowship
Ordinary Member:	Lawrie Hallinan, Kaiyu Enterprises Inc.
Ordinary Member:	Kylie Clark, Mountains Community Resource Network
Ordinary Member:	Tony Humphrey, Club Speranza
Ordinary Member:	Arthur Papakotsias, Neami
Ordinary Member:	Warren Holt, Triple Care Farm

### SECRETARIAT

Executive Officer:	Jenna Bateman
Policy Officers:	Corinne Henderson (p/t) Ann MacLochlainn (p/t) Stephanie Maraz (p/t)
NGO Development Officers:	Heidi Freeman Sarah Buxton Jane Fisher Greg Ford (until 11.2.05)
Office Manager:	Edi Condack (p/t)
Admin Assistant:	Angela Deligio (casual)
Information Technology:	Simon Biber (casual)

### STUDENT PLACEMENTS

#### **Andrea Watkins**

Faculty of Social Work, Sydney University.

Andrea contributed to the development of a database of training and education options for staff of non-government organisations working with people affected by mental illness and substance abuse. Andrea and Policy Officer Ann MacLochlainn presented the topic of comorbidity of mental illness and substance abuse together with the database at the Network of Alcohol and other Drug Agencies (NADA) Conference. Response to the project was very positive. The information gained in the project has been incorporated into the Workforce Development strand of the NGO Development Strategy.

## National Organisations

- Consumer Health Forum of Australia Governing Body
- Department of Health and Aged Care Suicide Prevention Strategy
- Mental Health Council of Australia (MHCA)

## State Organisations (NSW)

- ACROD Management Committee
- FONGA (Forum of Non-Government Agencies) NCOSS
- Health Care Complaints Commission (HCCC) Consumer Consultative Committee
- Institute of Psychiatry, Consumer Advocate Training Consultative Committee
- Mental Health Association (MHA), Mental Health Promotion Advisory Committee
- NCOSS Health Policy Advisory Group (HPAG)
- Office of the Protective Commissioner Disability Group Interagency Committee
- Quality Management Services (QMS) Human Service Organisation Standards Steering Committee

## State Government Departments (NSW)

- Attorney General's Department, Law Reform Commission, Flexible Service Delivery Consultative Committee.
- Community Housing Disability Consultative Committee, Office of Community Housing
- Department of Education & Training, Disabilities Community Consultative Committee
- Department of Housing – Port Jackson Housing Advisory Committee
- Department of Housing – NGO Advisory Group
- Dual Diagnosis (MISA) TAFE Training Project / Steering Committee
- NSW Community Housing Disability Consultative Committee
- NSW Mental Health Review Systems Committee
- NSW Health Mental Health Taskforce
- NSW Health Mental Health Priority Taskforce
- NSW Health, Housing and Supported Accommodation Initiative (HASI)
  - Steering Committee
  - Advisory Committee
  - Evaluation Committee
- NSW Health NGO Advisory Group
- NSW Suicide Prevention Committee
- NGO Advisory Group Accreditation Sub-committee
- Justice Health Consumer and Community Group
- NSW Health, Centre for Mental Health, NGO Partnerships Forum
- Services Industry Reference Group. (Mental Health Course Development)
- The New Joint Guarantee of Service (JGOS)

## MHCC PROJECTS 2004-2005

### NGO DEVELOPMENT STRATEGY: MENTAL HEALTH

The NGO Development Strategy: Mental Health is an initiative funded by, and run in partnership with the Centre for Mental Health. Through this Strategy we are working to build the profile and capacity of NGOs providing mental health rehabilitation and recovery services and to improve links between NGOs, Area Mental Health Services and other relevant agencies. A report entitled 'Consultation Report - NGO Development Strategy: Mental Health', documents the development of priorities for the Strategy, and is available on the MHCC website. To implement the Strategy we are concentrating on three main areas of activity, they are Workforce Development, Outcomes and Quality and Promoting Partnerships.

#### Workforce Development

Within the NGO Development Strategy: Mental Health there is a strong focus on workforce development – that is ensuring the workforce has the skills, resources and environment necessary to deliver high quality services. A research paper entitled Training and Other Workforce Development Options has been prepared and is available on the MHCC website. The paper investigates workforce development options available to the mental health NGO sector and makes recommendations about the best way to deliver effective workforce development to the sector.

Three main initiatives have been selected as initial workforce development projects for the Strategy. These are outlined below. Through these initiatives we aim to increase the accessibility and relevance of training for the mental health NGO workforce and to ensure that there is an adequate supply of skilled workers able to deliver high quality service provision in a rapidly growing sector.

A reference group, made up of representatives from the NGO mental health sector and other relevant stakeholders, will be working to ensure these initiatives address current needs. We aim to make training for the sector as accessible as possible, ensuring that it is affordable and flexible, incorporating recognition of prior learning and accommodating different work schedules, learning styles, geographic locations, and cultural diversity.

#### ***Traineeships:***

We aim to develop a traineeship for both new and existing workers aligned to the Certificate IV in Mental Health (Non-clinical). As part of this process we shall work closely with the Community Services and Health Industry Training Advisory Board and relevant stakeholders to examine, and if necessary, make changes to the National Training Package for Mental Health (Non-clinical) and the Certificate IV. As well as providing high quality, relevant on and off the job training, traineeships also offer significant financial incentives for employers of trainees, thereby enabling additional employment within the sector.

#### ***Voluntary Minimum Standard:***

We will be working to develop a voluntary minimum training qualification for community based mental health workers, based on core modules from the Certificate IV in Mental Health (Non-clinical). To ensure accessibility we are proposing three delivery styles. These are through the completion of:

- The Certificate IV in Mental Health (Non-clinical)
- The Traineeship in Mental Health (Non-clinical)
- A CD based Orientation Resource allowing the core modules to be studied either in classroom based lessons or through distance education.

#### ***Training Calendar:***

We will develop a training calendar listing relevant courses (in mental health, management and administration) for workers and volunteers from NGOs providing mental health services. The calendar will be available on the MHCC website as well as in hard copy. It will be updated regularly and will show courses run by the MHCC as well as relevant courses run by other training providers.

### **NGO Workforce Development Network:**

MHCC has established a network for those engaged on workforce development projects for the NGO sector. Attendees include representatives from the areas of Alcohol and Other Drugs, HIV AIDS, and Family and Children's Services. The Network meets once every two months and discusses new developments and opportunities for workforce development in the NGO sector. In particular the network meets to:

- Share relevant information
- Brainstorm ideas for new projects and solve problems for existing ones
- Consider forming partnerships
- Listen to relevant guest speakers

The Network is a fertile ground for creative best practice in the field of workforce development for the NGO sector.

## **Quality and Outcomes**

Work in this area of the NGO Development Strategy will build the confidence and professionalism of organisations in the sector, through promoting the use of quality review systems and evidence based practice, including the use of consumer outcome measurement or evaluation.

### **Outcome Measurement**

In recognition that there is growing interest in developing the capacity of NGOs working for mental health to evaluate consumer outcomes, MHCC will soon be holding a Strategic Discussion with members. Some of the issues we will be addressing include:

- The development of processes and skills in consumer outcome evaluation, which reflect the values of community based services providing psychosocial support,
- Consumer participation;
- Evaluating consumer outcomes as part of ongoing consumer care, reflecting consumer needs and helping services respond to consumer needs; and
- Building a culture which values evaluation.

## **Promoting Partnerships**

The Strategy will work to assist in the development of partnerships and collaborative working practices both within the NGO mental health sector and between this and other sectors. This will be done so as to facilitate the sharing of information and the development of effective referral protocols, as well as to promote the use of best practice, innovation and collaboration in planning and service delivery across the sector. We are currently investigating how best to advance this component of the Strategy and in particular we are investigating the use of local networks as vehicles to facilitate the development of effective partnerships.

## **Consultations for the NGO Development Strategy: Mental Health**

The NGO Development Strategy: Mental Health has relied heavily upon a process of on-going consultation so as to ensure that our work continues to meet the needs of NGOs working in mental health. We have undertaken a range of formal and informal consultation processes to inform the development of the Strategy. A listing of the consultations undertaken is provided below. Summaries form some of the consultations are available on the MHCC website, on the NGO Development Strategy page.

### **Consultations at the 2004 MHCC AGM**

At its 2004 AGM, MHCC held consultations on areas of concern for the NGO Development Strategy: Mental Health. There were three separate consultations held covering the topics of 'Collaboration and Partnerships', 'Identity and Setting Priorities' and 'Workforce Development – Building Strength and Quality'. Information collected from the consultations has been used to shape the work of the Strategy.

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## **Consultations in the field for the NGO Development Strategy**

NGO Development Strategy staff consulted with staff from a total of 39 organisations across NSW. These included 22 NGOs (both specialist mental health and generalist NGOs who have some clients with a mental illness), Area Health Service Directors/Deputy Directors of Mental Health from 6 Area Health Services and Area Health Service NGO Liaison Officers from 6 Area Health Services and 3 educational institutions.

## **NGO Partnerships Forum**

We also meet with Area Mental Health Directors and other relevant staff from the Centre for Mental Health and the Area Health Services at the quarterly NGO Partnerships Forum, an initiative jointly organised by the Centre for Mental Health and MHCC, where we discuss the work of the NGO Development Strategy and consider future activities for the Strategy.

## **Annual MHCC Membership Survey**

We have added questions concerning training and other workforce development to the annual MHCC Membership Survey. This has helped us to gain an understanding of the educational backgrounds of mental health NGO staff and their training needs.

## **NGO Development Strategy Steering Committee**

This committee meets every six weeks and provides direction for the development of the Strategy. The steering committee is made up of the MHCC Board of Directors which represents a diverse range of mental health NGOs across NSW and relevant staff from the Centre for Mental Health, Area Mental Health Services and NSW Health.

## **Consumer Outcome Measurement Survey**

Various member organisations with an interest in outcome measurement were consulted through an email / postal survey about their experiences of outcome measurement. They were asked about which outcome measures they preferred to use, any difficulties they experienced in using outcome measurement, what they saw as the benefits and disadvantages of outcome measurement, the role it should play for NGOs. The results of this survey helped inform further work undertaken on Outcome Measurement by the Strategy, including the Strategic Discussion on Consumer Outcome Measurement and the forthcoming Discussion Paper on Consumer Outcome Measurement in the NGO sector.

## **Informal Consultations**

In addition to the formal consultation processes listed above we have also undertaken many informal consultations with staff from a diverse array of NGOs, representative bodies and specialist organisations from areas of concern to the Strategy. These have included discussions with mental health NGO peak bodies across Australia and overseas, a range of education and training organisations and organisations representing particular population groups, such as the Aboriginal Health and Medical Research Council of NSW and the AIDS Council of NSW.

### **The National Illicit Drug Strategy NIDS MISA Project: Improving Support for Children in Families where there are Mental Illness and Substance Abuse Issues**

This partnership between The Department of Community Services (NSW) and MHCC and sponsored by the Australian Government Department of Family and Community Services aims to better equip families, carers and service providers to care for children of parents with mental illness and substance abuse issues. The project is of a 15-month duration and commenced on October 2003. The project's two major streams are: the development of a resource package and the education and training of frontline staff. The NIDS MISA Project is informed by a promotion, prevention and early intervention approach to dual diagnosis with a focus on collaboration between services, education and resource development. It is designed to:

- provide guidelines for DoCS workers to identify and appropriately refer parents experiencing co-existing mental health and substance abuse problems;
- encourage collaboration between mental health and drug and alcohol service providers promoting a holistic family inclusive approach to care;
- encourage collaboration between NGO mental health and family support services in meeting the needs of children who have a parent with a dual diagnosis;
- improve the understanding of family members and out-of-home carers on the impacts of dual diagnosis on children in their care; and
- ameliorate long term harm to children by providing family members and out of home carers with practical guidance and age appropriate resources on dual diagnosis to engage and educate the children in their care.

### **DoCS NGO Training Unit Dual Diagnosis Project**

This project entails the development of training for NGOs in dual diagnosis (MISM) with a child protection focus. Much of the work had already been completed within the DoCS NIDS MISM Project but requires gearing for SAAP services in particular although the training will be available free to all NGOs.

### **Human Service Quality Framework (HSQF)**

The HSQ Framework maps the common elements of 15 sets of standards used by the health and community sector. It specifically targets the needs of multi-funded, multi-program NGOs who are required to respond to multiple sets of standards and reporting frameworks across the state and commonwealth arenas. The HSQF has the potential to greatly streamline quality review processes for the growing number of organisations with multiple funding streams. The HSQF is the culmination of an 18 month project, which was initiated by the MHCC and funded by the Centre for Mental Health. It is a result of a collaborative partnership between the NGO sector peak bodies and service providers and the following government departments: NSW Health, Department of Ageing, Disability and Home Care (DADHC) and the Department of Community Services (DoCS). Expressions of interest have also been received from other government bodies that are required to accredit service providers against sets of standards or reporting frameworks mapped to the Framework.

The HSOQF was endorsed by the Human Services CEO Group and whilst this project has expended funds MHCC continues to promote the Framework which the Grants Admin Review requested to oversight implementation across the Human Services Agencies. Each of the Human Services Agencies; NSW Health, DoCS and DADHC have incorporated aspects of the HSQF into their quality systems but the cross agency cooperation is still being negotiated.

### **NADA /MHCC Mental Illness and Substance Use (MISU) Service Delivery Pilot**

In 2004 The Network of Alcohol & Other Drug Agencies (NADA) and the MHCC developed and ratified a Memorandum of Understanding relating to a joint working relationship around the issue of mental illness and substance use (MISU). Work has been coordinated through the MHCC MISA Working Group and a joint workforce development initiative focused on building capacity by sharing expertise between specialist mental health and specialist D&A NGOs has been developed. This project has been funded and will commence in November 2005.

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## **Mental Health Rights Manual**

The second edition of The Mental Health Rights Manual, a guide to the legal and human rights of people with a mental illness in NSW was launched by Prof Beverley Raphael at the MHCC AGM in October 2004. The aim in producing a second edition of this publication is to provide an up to date, accessible and informative manual for people with mental health problems and disorders, their carers and the general public; one that clearly describes the rights of consumers of mental health services and promotes the concept of inclusion within a human rights framework. The decision was taken to develop this edition as an on-line resource. The advantages of this approach are that in the rapidly changing information and legislative environment an online resource can be easily updated. In addition access is increased with most people able to access the internet from work or home and others having the opportunity to access the internet at local libraries, councils, neighborhood centres and internet cafes. The Law Foundation of NSW generously assisted with the funding of the second edition.

## **Parliamentary Information Strategy - [Parliamentalhealth.com](http://Parliamentalhealth.com)**

This strategy was developed into an internet resource called [Parliamentalhealth.com](http://Parliamentalhealth.com). It has been designed to engage politicians and local council members in mental health by informing them of what is going on in their constituencies regarding mental health services and how well these services are meeting need. The objective was to keep politicians informed enough to make lobbying more effective. This initiative has been a joint venture between MHCC, Aftercare and e-systems. A preliminary launch of the website was held at Parliament House to introduce politicians to the resource.

## **Victims of Violent Crime Grants Project (VOVCGP)**

In April 2005 a grant was awarded through the VOVCGP to investigate service access and equity for victim/survivors of Child Sexual Assault (CSA), highlighting women's experiences and the association between CSA, mental illness and substance abuse (MISA). The aim of the project is to make recommendations that will enhance the capacity of non-government organisations (NGOs) to provide services to adult victims/survivors of child sexual assault who have complex mental health and substance abuse issues. This is to be achieved by the development of strategies that will address unmet needs and minimise re-victimisation and re-traumatisation within the NGO sector using a continuum of safety approaches to service provision.

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## Mental Health Inquiry

### **MHCC Mental Illness and Substance Abuse (MISA) Working Group**

A working group was established to promote an understanding of MISA as an area of high priority to government, human service departments, and non-government service providers and to advocate in relation to treatment issues around co-existing mental illness and substance abuse. Working group members together with MHCC and the peak body NADA developed a joint funding proposal for the submission of a project grant application to promote and develop workforce development and 'best practice' guidelines for NGOs. The project aims were to identify successful models of service delivery and interventions demonstrating 'best practice' and cost effectiveness. The long-term aim of the project is to evaluate existing training modules, practice guidelines and referral pathways, incorporate relevant findings into practice guidelines and develop a training package kit that could be customised that measures competency and that provides the ongoing support required for a pilot program. It was envisaged that once funding was achieved that this working group become the steering group for the project.

### **MHCC Carer Working Group**

The Carers Working Group was established in 2003 to prioritise the recommendations of The Legislative Council Select Committee Inquiry into Mental Health Services in NSW. The group continued to meet on a monthly basis to respond to discussion papers that followed on from the NSW Government's response to the Select Committee Inquiry. Discussion Paper 1, was a particular focus as this dealt with Carers and Information Sharing. Whilst waiting for the draft amendments to the Mental Health Act, the Working Group continued to address outstanding issues that they felt were absent or unsatisfactorily dealt with in the Government's response and develop strategies to further the successful implementation of the most critical recommendations.

### **MHCC Forensic Working Group.**

The Forensic Working Group was also established in 2003 to review the recommendations of The Legislative Council Select Committee Inquiry into Mental Health Services in NSW. The group met on a monthly basis and respond to Discussion Paper 2 – Review of the Mental Health Act: 1990. The Group continued to meet whilst waiting for the draft amendments to the Mental Health Act and focused on numerous priority issues that MHCC would later present to the Justice Health Consumer and Community Committee, such as: forensic consumer representation, implementation of policy and greater involvement in the consultative process regarding strategy, planning and implementation at the new Long Bay Forensic Facility.

### **MHCC Housing Working Group**

The Housing Working Group was originally established in 2003 to prioritise the recommendations of The Legislative Council Select Committee Inquiry into Mental Health Services in NSW. During 2004/2005 the HWG was revitalised to address key housing issues as they arise and most recently, those related to policy implementation, advocacy for people with high support needs, government housing reforms and OH&S issues. Attendance from member organisations have included: On Track, Aftercare, New Horizons, BMiles, ICLA, Richmond Fellowship and Neami.

## MHCC SUBMISSIONS OF NOTE

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### **Amendments to the Anti-Discrimination Act 1977 (NSW)**

MHCC developed a submission which raised the need for amendments to the Anti-Discrimination Act to include vilification on the grounds of Mental Illness. The submission was forwarded to the President of the Anti-Discrimination Board of NSW and drew attention to the wording of certain advertisements relating to programs to assist victims of domestic violence which portray people with a mental illness as violent. MHCC expressed concern that people with mental illness are frequently subject to vilification and made the point that this group of people are very disadvantaged and are vulnerable to discrimination and vilification. MHCC acknowledged that people with mental illness are covered by the provisions of the Anti Discrimination Act in relation to employment, provision of goods and services, accommodation and registered clubs, however concern was expressed that people with a mental illness are not covered by anti vilification legislation. MHCC expressed the view that the legislation relating to vilification should be changed to include people with mental illness.

### **Auditor General's Report into Emergency Mental Health Services**

MHCC submitted a response to the report. MHCC made the recommendation that the Audit Office of NSW conduct an audit of non acute mental health care to complement the audit on emergency mental health services. MHCC envisaged that the audit should include non acute inpatient care, community outreach/ case management services and the delivery of rehabilitation and support via the non government sector. MHCC made the point that currently NSW is unable to demonstrate clear processes and frameworks designed to meet the needs of people with mental health problems and disorders living in the community.

### **The Allen Consulting Group Report: Shared Accommodation for People with a Disability (the Report)**

This submission followed MHCC's initial comments of 29/7/03 to The Allen Consulting Group in which we supported the need for effective legislation to replace the current Youth and Community Services Act of 1973.. MHCC recommended a regulatory and compliance structure be developed with appropriate legislation for licensed boarding houses which ensures the care, safety and quality of life for residents.

### **Commonwealth Government Senate Select Committee Mental Health Inquiry**

MHCC completed a submission in relation to the Inquiry as well as participating in an NCOSS Consultation related to the Inquiry. At the consultation MHCC promoted the need for improved community based mental health services together with improved links between community-based and mainstream services. The Inquiry also focused on the extent to which the National Mental Health Strategy, the resources committed to it and the division of responsibility for policy and funding between all levels of government had achieved its aims and objectives. Comments were sought on various modes of care for people with mental illness, in particular: prevention, early intervention, acute care, community care, crises services and respite. MHCC stressed that whilst there had been an emphasis in NSW on increasing acute beds, there was a shortage across all sectors with regard to all the other necessary aspects of care, in particular community based care. MHCC also raised concerns about barriers to access, particularly for those with a dual diagnosis of mental illness and drug and alcohol problems. MHCC also drew attention to the extent of unmet need in supported accommodation, employment support, family and social support services. These are barriers to better mental health outcomes. The issues of the over representation of people with mental illness in the criminal justice system and the inadequacy of procedures to protect their human rights were also raised.

### **Commonwealth Mental Health Inquiry**

MHCC provided a written submission to The Human Rights and Equal Opportunity Commission and The Mental Health Council of Australia in relation to the Inquiry. Among other issues, MHCC commented on the following: levels and methods of funding of mental health services particularly the inadequate level of funding for NGOs in NSW and compared the level of funding with other states and territories; workforce issues; priorities in mental health care; community participation and quality control of mental health services.

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## **Consultation Paper for the Development of the NSW Multicultural Mental Health Plan 2005-2010**

MHCC supported the promotion of a 'wholistic' plan that integrates effective and appropriate approaches to mental health care and services for people from Culturally and Linguistically Diverse Backgrounds (CALD) with a focus on promotion, prevention, early intervention, curative and maintenance strategies. Emphasising the need to build on existing capacity, questions were also raised as to how the mental health needs of the CALD population had or had not been met, measured and evaluated, and suggested that there was a necessity to have more evidence available of concrete improvements to service, equity and access that has occurred since 2003. MHCC also stated that it would have been useful to include information as to whether any environmental, economic, political, federal or state policy changes had occurred during the intervening 2 years that may have impacted negatively on the strategic directions originally outlined. Likewise, what matters such as policy amendments had led to positive outcomes.

## **DADHC's Discussion Paper on Models of Supported Accommodation for People with a Disability**

Following consultation with member organisations, MHCC prepared a submission highlighting the importance that people with a mental illness be equally included within the models provided. Other comments included: appropriate placements to suit individual needs and preferences including those with high needs and challenging behaviours; a focus on client needs and the reassessment of needs on that basis; productive partnerships between Health, Housing and NGOs; a mix of staff skills to meet the needs arising from psychiatric disability; addressing the gap between funding levels and the needs of the ageing population.

## **Health Care Complaints Act**

MHCC provided a written submission in relation to proposed amendments to the Health Care Complaints Act. In general MHCC supported the proposed amendments, which were aimed at improving the operation of the complaints handling process. MHCC also made comments in relation to some apparent inconsistencies in the proposed amendments in relation to the processes affecting different occupational groups in the health workforce.

## **Health Services Amendment Bill 2004**

MHCC provided comment on the briefing paper prepared by NCOSS to cross benchers on this Bill particularly around ensuring equity in Health Council representation and on CEO accountability to the Health Councils. Comment was also made on transparency of Area CEO performance and reporting systems.

## **Home Care Service of NSW**

MHCC submitted comments to the Auditor-General regarding the Performance Report on the Home Care Service of NSW (HCS) prepared for the Department of Ageing, Disability and Homecare (DADHC). While MHCC does welcome this Audit we expressed a general lack of clarity provided in the recommendations and highlighted concerns in a few other areas relating to the provision of services for people with a mental illness.

## **Inquiry into the Issue of Women Only Psychiatric Wards**

MHCC contributed to the submission of the Mental Health Council of Australia (MHCA) to the Equal Opportunity Commission of Victoria in relation to the issue of women only psychiatric wards. MHCC expressed serious concerns in relation to the safety and well-being of women in mixed gender psychiatric wards including the following issues: the risk of sexual harassment and sexual assault; the risk of "consensual" sexual activity which is not genuinely consensual as the person is unable to provide informed consent due to acute mental illness or the sedating effect of medication; the increased risk to the person's mental and physical health as a result of the harassment and assault, including the risk of sexually transmitted disease, pregnancy and post traumatic stress disorder.

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## **National Consultation on 'Pathways to Recovery: Preventing Relapse'**

MHCC commented on this discussion paper and welcomes the attention paid to relapse prevention as a component of the recovery process. The fact that consumers were centrally involved in the development of the framework, and are referenced throughout gave it high credibility. A wide range of responses to the document were expressed including the proven value of recovery planning; the value of its empowering and hopeful message; the need for improved communication between services, and between services, consumers, and carers; the difficulty of changing cultures, especially in the medical profession; financial implications of the framework for services; and the needs of special groups.

## **NCOSS Pre-Budget Submission 2005 on Forensic Issues**

MHCC consulted its members and the Forensic Working Group in order that they could comment on what they considered to be the key issues for Justice Health. The submission that MHCC made to NCOSS covered a number of issues including:- mental health training for corrective services officers; discharge planning and links to services following discharge, with an emphasis on transitional processes supported by case managers; access to specific mental health rehabilitation programs in the prisons, with the emphasis on mental health as opposed to clinical management; completion of Forensic Hospital at Long Bay on schedule; addressing issues of human rights issues for forensic patients; education and support for family members; extension of the role of consultation and liaison about forensic issues with mainstream mental health services.

## **NPS Rational Assessment of Drugs and Research (RADAR)**

MHCC provided submission to inform CHF on a number of consumer drug information sheets. Comments included that there was little consistency in what info has been selected for each of the medications. One will talk about 'usual' dosage whereas others refer this to the prescriber. One will provide detail on the chemical action profile and others not. Generally there was insufficient reference to studies demonstrating efficacy.

## **Productivity Commission's Study into Pressures Facing the Health Workforce**

MHCC provided a written submission outlining the training and workforce development needs NGOs working in mental health in NSW. It examined the training system currently available and identified existing needs and opportunities to strengthen training and workforce development in the sector. The submission highlighted opportunities to work strategically to position the mental health NGO sector to best meet the expected expansion and increase in demands for accountability and efficiency.

## **Response to the Review of the Mental Health Act 1990: NSW Health Discussion Paper 1: Carers & Information Sharing**

In putting this document together, MHCC consulted with the Carers Working Group, member organisations, stakeholders, consumers and carers. MHCC's response supported clarification of the processes that protect the rights of consumers to privacy and sought to address the contentious issue between reconciling the consumer's right to confidentiality and the carer's 'need to know'. MHCC was supportive of the determinations of the Act in protecting the privacy of individuals whilst at the same time allowing for limited disclosure of information to immediate family. MHCC also facilitated a response from the Carers Working Group through its Secretariat on the issues of particular concern to the group.

## **Review of the Guardianship Regulation 2000**

MHCC completed a submission in relation to the review of the Guardianship Regulation. The Guardianship Regulation (which is part of the Guardianship Act) will be automatically repealed on 1st September 2005 as a result of the operation of the Subordinate Legislation Act 1989. The Regulation covers the parts of the Guardianship Act dealing with substitute consent for medical and dental treatment and appointment of enduring guardians. The Guardianship Tribunal is not suggesting any changes and supports the remaking of the provisions of the existing regulation. The Tribunal state that they have not had any issues or complaints about the existing Regulation and are only reviewing and remaking the Regulation because of the provision in the Subordinate Legislation Act that all Regulations must be reviewed each 5 years. The Medical Superintendent and Mental Health Review Tribunal will continue to be able to provide substitute consent for people who are under the Mental Health Act and who are unable to provide their own consent for medical and dental treatment.

## **Review by the Australian Medical Council of the Education and Training of Psychiatrists provided by the Royal Australian and New Zealand College of Psychiatrists**

Submission completed by MHCC in relation to the review by the Australian Medical Council. MHCC was asked to provide input related to areas that could be improved. MHCC identified the need for improvement in the area of increased awareness of, and links with, non-government/community based mental health organisations and a more holistic view of consumers' lives and needs. MHCC acknowledged that symptom control and medication management are important and that, in general, psychiatrists are competent in these areas. However, many consumers also have needs in areas such as supported accommodation, development of employment related skills, social support and recreational activities. These are the types of programs carried out by non-government organisations. MHCC stressed the need for an increased awareness on the part of psychiatrists of the relevance and value of such programs for consumers. MHCC would like to see psychiatrists linking consumers with non-government organisations that are relevant to the consumer's needs, and for this to be regarded as an important part of treatment and rehabilitation.

## **Review of the Crimes Act (Federal)**

MHCC completed a written submission in relation to the review of the Crimes Act (Federal). MHCC raised concerns about the inappropriateness of incarceration of persons with mental illness and/or intellectual disability in the criminal justice system. MHCC also highlighted concerns about the human rights and welfare of this group of people and their access to appropriate treatment. MHCC emphasised the need for the law to adequately differentiate between mental illness and intellectual disability and to acknowledge the impact of co-morbidity. MHCC highlighted the fact that Federal offenders may be dealt with differently according to the State or Territory in which they are apprehended. MHCC recommended that the Commonwealth legislate a Federal Law embodying best practice and that States and Territories bring their own legislation into line with that law.

## **Review of the Mental Health Act 1990, Discussion Paper 2**

MHCC developed a comprehensive and detailed twenty-nine page submission for this review. MHCC's submission included information based on extensive consultation processes with member organisations, MHCC working groups and other stakeholders. Among other issues, MHCC commented on the following: The Objects Clause of the Act incorporates the spirit and general parameters of the Act and, as such, should refer to consumer participation and access to consumer advocacy; the roles, contributions and needs of carers should be included in the Objects Clause as should Consumer rights; the need for improved levels of care for people at high risk of self harm; the need for improved access to treatment for people with Personality Disorders; the use of Psychiatric Emergency Centres; the need for ongoing training and clinical supervision for staff carrying out assessments of people with mental illness; executive discretion in relation to the release of forensic patients; the role of the Mental Health Review Tribunal; and Community Orders. MHCC strongly advocated that the Act should promote best practice treatment for all people with a mental illness with an emphasis on recovery and appropriate support in the community. MHCC also facilitated the Forensic Working Group in developing a submission on issues of particular concern to the group.

## **Senate Community Affairs Committee Inquiry into Aged Care**

MHCC compiled a written submission for this Inquiry. MHCC addressed a variety of concerns including the following: The effectiveness of general practitioners in detecting and treating dementia and depression in older people; the access of older people with mental illness to services; the inadequacy of accommodation and support options for elderly people with confusion and other mental disturbance; the tendency of the ageing process to exacerbate the symptoms of mental illness due to the experience of multiple losses and increased physical problems associated with ageing; the isolation and loneliness for many in this group; the need for increased training for staff in both the mental health and aged care sectors in relation to the combined effects of mental illness and ageing; the need for more comprehensive assessment tools, improved case management services and community resources. MHCC also made the point that many people who have had to become aged care residents could continue to live in the community if adequate supports were available.

# CONSULTATION OF NOTE

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## **Australian Safety and Compensation Council**

MHCC provided advice to the National Data Team, Office of the Australian Safety and Compensation Council, Canberra, in relation to the classification of anxiety and stress related conditions.

## **Carer Forum**

ARAFMI NSW and the Centre for Mental Health undertook further consultation concerning carer services. Following the collection of responses from the Carer Services Mapping Project survey across NSW, development has begun on a strategic framework for family and carer support in NSW mental health services. Work has also commenced on an interactive, electronic database linked to ARAFMI's website that will list services and supports for families and carers around mental health issues.

## **Centre for Mental Health**

MHCC participated in a consultation at the Centre for Mental Health to inform those taking over after the resignation of Prof Beverley Raphael about MHCC's role and activities. MHCC was also asked to comment on areas of unmet need and identified inadequate treatment options and staff education related to 1) people with personality disorders and 2) people with a dual diagnosis of mental illness and a physical or intellectual disability among other concerns.

## **Commonwealth Government Senate Select Committee Mental Health Inquiry into the provision of mental health services in Australia**

MHCC participated in an NCOSS Consultation related to the Inquiry. At the consultation MHCC promoted the need for improved community based mental health services together with improved links between community based and mainstream services. MHCC also developed a written submission in relation to the Inquiry.

## **Director General – Dept Ageing Disability and Home Care (DADHC)**

MHCC attended a meeting with Brendan O'Reilly, Director General DADHC and Andrew Buchanan from the Disability Council of NSW to discuss psychiatric disability and service provision through DADHC. The issue of psychiatric disability 'falling through the gaps' between NSW Health and DADHC was discussed, leaving people with psychiatric disability unable to access support services in many areas. Outcome of the meeting was a letter from Brendan O'Reilly to NSW Health DG Robyn Kruk suggesting that it may be timely to begin work on a Memorandum of Understanding between Health and DADHC on psychiatric disability. This has since been addressed to some extent via the Human Services Interagency Plan for Mental Health.

## **Department of Education and Training/ TAFE Product Advisory Committee**

MHCC participated in this committee which reviewed materials and made recommendations in relation to courses in the areas of Mental Health, Alcohol and Other Drugs and Community Services.

## **Department of Education and Training (DET). Dual Diagnosis Mental Illness and Substance Abuse (MISA) TAFE Training Project**

MHCC participated in the Steering Committee for this project which was coordinated by Deborah Greene, Consultant to the Project. The Steering Committee reviewed draft training documents and provided input and direction to assist in the further development of resources and strategies to be used in training.

## **Facing Challenges Forum**

Eastern Suburbs Interagency invited Eastern Area Mental Health Services to address critical service delivery issues in the area.

## **Family & Carers Strategic Planning Group**

MHCC participated in a number of consultations and meetings throughout the year facilitated by the NSW Centre for Mental Health. This reference group consisted of participants from a number of government and non-government organisations. The Family and Carers' Program consists of a Carer Life Course Framework research document and numerous projects from which to construct a strategic framework for Families and Carers in Mental Health, and the development of a service model. In June 2005, the NSW Health Minister announced additional funds to be allocated to the needs of carers as outlined in the framework documents.

### **Forensic Mental Health Project**

MHCC was involved in discussions with Eileen Baldry, Senior Lecturer, School of Social Work UNSW, regarding participation by MHCC in the reference group for the research project on People with Mental Health Disorders and Cognitive Disabilities in the Criminal Justice System. Eileen will be the Chief Investigator. Funding has been applied for and the Project will hopefully commence in late 2005.

### **Health Care Complaints Commission Consumer Consultative Committee**

MHCC participated in this committee at which a wide range of matters were discussed including the role of the Patient Support Officers of the Commission who are now known as Complaints Resolution Officers; changes to the assessment process; the use of conciliation; the investigation process and criteria for prosecution.

### **Justice Health Consumer and Community Committee**

The committee is comprised of a number of government and non-government organisations representing the areas of critical health care for inmates and forensic patients. The committee includes two inmate representatives. MHCC has participated on this committee in order to advocate for the rights of people with mental health issues in correctional and forensic hospital facilities. The primary issues that MHCC focused on during the year were: the absence of consumer representation in the system for forensic patients, requests for greater involvement in the planning of the new mental health hospital at Long Bay scheduled to be opened in 2007, and improved communication with forensic patients and their families regarding tribunal hearings.

### **Office of the Protective Commissioner (OPC) Disability Groups Inter-Agency Committee**

MHCC participated in meetings of this committee. The Protective Commissioner is an independent public official who is legally appointed to protect and administer the financial affairs and property of people who are unable to make financial decisions. The function of the committee is to provide and receive information, consultancy and feedback on a range of issues of relevance to the mental health and disability sectors.

### **SANE Australia**

MHCC participated in a consultation conducted by SANE aiming to understand the major issues affecting provision of good mental health services in NSW. Areas covered included the decision to open additional non-acute inpatient beds across the state of NSW without consultation with the sector, the continued failure to fund community mental health including rehabilitation and disability support services provided by NGOs.

### **TAFE NSW**

MHCC participated in consultations with TAFE regarding the role and training needs of non clinical mental health staff including those who are working with people affected by MISA. The consultations were aimed at ensuring that the courses being developed met the needs of NGO workers and organisations. Issues such as alcohol and other drugs, rural and remote issues and community services were included.

### **VICSERV**

Meeting with EO Dave Clark to understand how MHCC and VICSERV can better work together particularly around workforce development. VICSERV would also like to see their publication on psychosocial rehabilitation go national under the auspices of MHCA and are seeking MHCC endorsement.

## **MHCC PARTICIPATION OF NOTE**

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### **Australian Domestic Clearing House. "Current Practice and Future Directions for Domestic Violence and Sexual Assault Forensic Programs in the US & Canada"**

MHCC attended a presentation given by Jo Spangaro, Manager of Child Protection and Violence Prevention, NSW Health, who had received a Churchill Fellowship to study Sexual Assault Nurse Examiner (SANE) Programs and Domestic Violence responses, including routine screenings and Emergency Department (ED) responses. The aim of the study was to observe training and policy processes in the US & Canada, which supports SANE in conducting forensic assessments for victims of SA, and observe strategies for identifying DV in health settings. The study aimed to establish what screening was done in emergency settings, what was its status in the US, and the relevance of this research evidence in a NSW context.

### **Bennelong Housing Company – Department of Housing**

MHCC has been involved in the consultation process for the establishment of the Department of Housing's new Housing Company and was a member of the Establishment Advisory Group. MHCC also participated in a number of NGO workshops to contribute towards systems for tenant selection criteria as well as suitable housing locations and configuration for people with low, medium and high category mental health issues. A workshop was also run to consult peak bodies on options for the legal structure of the Company

### **Black Dog Institute Consumer Advisory Committee**

A new group was set up to ensure consumers are consulted in the directions of the Institute particularly in relation to the development of the resource centre.

### **Caring for Carers Program Launch at NSW Parliament**

MHCC was present at the launch of the Caring for Carers Program at Parliament House in June 2005, together with the NSW Centre for Mental Health and a gathering of consumers, carers and service providers to hear the announcement of \$2.6 million additional funds allocated to the program.

### **Consumer Advocacy Course Committee**

MHCC participated in the NSW Institute of Psychiatry (NSWIOP) Consumer Advocacy Course Committee. The Committee acts in an advisory capacity, providing input into issues such as the ongoing development of the Consumer Advocacy Course, and a range of consumer training issues and needs. Committee members gave significant input into two new projects being conducted by the NSWIOP: the development of a (follow up) Consumer Advocacy Extension Course and the implementation of a research project that focused on a broadly based consumer training needs study that was sent out to consumers through the NSW Consumer Advisory Group mail-out, and the design of research to evaluate the effectiveness of the Consumer Advocacy Course.

### **Community Housing Disability Consultative Committee, Office of Community Housing**

MHCC participated in this Committee which focused on the implementation of the NSW Community Housing Disability Policy and the introduction of disability awareness training for the community housing sector. The Committee reviewed the Disability Awareness Training Manual and other possible educational strategies and resources. As the representative for Mental Health, MHCC also reviewed materials for courses in the areas of Mental Health and Alcohol and Other Drugs and provided advice and feedback.

### **Consumer Consultation Workshop. Ryde Consumer Network and NSW CAG**

MHCC attended a Consumer Consultation Workshop advertised throughout Sydney to promote broad consultation and representative participation. The purpose of the day was to review all aspects of the NSW Mental Health Act, 1990. Consumer Representation was extensive with both Government and Non-Government services, community and hospital settings identified. Mental Health Areas within Sydney represented at the workshop include: Northern Sydney, Western Sydney, Central Sydney, South-East and South-West Sydney. Two major Psychiatric Hospitals were represented with consultants and/or in-patient consumers from Cumberland and Rozelle. The Non-Government Organisations represented were: NSW CAG, Mental Health Coordinating Council (MHCC) and the Australian Mental Health Consumer Network (AMHCN) and the Mental Health Association NSW Inc. (MHA).

## **Department of Health and Ageing - Electronic Health Records**

MHCC provided input from a mental health perspective into research being conducted on consumer views of electronic health records. Issues covered included: consent, stigma and discrimination, health record accuracy and ownership of records.

## **Disability Rights Manual**

MHCC participated in discussions and planning aimed at producing a Disability Rights Manual which will cover issues that are relevant to all people with disabilities. MHCC will co-author the chapter relating to Mental Health. The book will be published by Redfern Legal Centre Publishing.

## **Disability Council**

MHCC participated in the Disability Council's round-table discussion. The focus of discussions was the past and future work of the Disability Council with an emphasis on planning for the next three years and identifying areas of common interest together with the potential for joint work in the future. MHCC proposed greater involvement with the Disability Council and increased representation of mental health issues by the Council together with greater lobbying by the Disability Council for people with mental health problems accessing services such as Home Care.

## **Education Centre Against Violence (ECAV)**

ECAV is a state-wide service administered by Western Sydney Area Health providing specialised training, consultancy and resource development to NSW Health and interagency workers who are service providers to children and adults who have experienced sexual assault, domestic violence and / or physical and emotional abuse and neglect. The organisation has a commitment to enhance the quality and accessibility of services to people whose lives have been affected by violence and promote an understanding of indigenous, cultural and community diversity. MHCC consulted ECAV on the mental health training that they provide as a bridge between mental health, drug and alcohol, other community and counselling services for adult victims of child sexual assault. It was seen as important that MHCC have the benefit of their expertise in this area for the Victims of Violent Crime Grants Project. ECAV were asked and accepted to participate on the steering committee for the project.

## **Garvan Institute of Medical Research Seminar – “ Understanding Mental Illness”**

MHCC attended a seminar during which a number of eminent psychologists and psychiatrists presented on the latest research into anxiety disorders, bipolar disorder, and schizophrenia. Other presentations included an insight into the research work being done into mental illness in children and adolescents and the effects of mental illness in a family context and an expert panel to which the floor could address any questions related to mental illness.

## **Health Policy Advice Group NCOSS**

MHCC participated in this group which largely discussed the impact of the new health area and department restructures. The impact of mental health being placed on tier 3 of the structure as opposed to tier 2 as recommended in the Mental Health Inquiry is of concern particularly re transparency and accountability of funds. The inclusion of tier 3 programs in the Executive is not yet confirmed. This would alleviate the impact of a tier 3 spot for mental health.

## **Home Medicines Review**

This review is being conducted by the Urbis Young Consultancy. MHCC provided submission via teleconference on the issues faced by people with mental illness in management of medications within the home. Comments included training of reviewers in working with people who have mental illness and interaction with case managers.

## **Housing and Accommodation Support Initiative (HASI) Phase 2 Tender Panel**

MHCC participated on the Tender Panel with consumer representation and AHS representation to assess tenders for HASI Phase 2 which was for 460 low-level disability support places providing 5 hours support per week.

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## **Institute of Psychiatry**

MHCC reviewed the Institute of Psychiatry's proposed course for workers in government and non-government agencies who provide services to people with complex, difficult, challenging behaviours due to mental health problems, in particular co-existing mental illness and substance abuse problems and Borderline Personality Disorder. MHCC welcomed the focus of the course as it addresses an area of great need and also provided input related to improving the relevance of the course to non-clinical mental health workers as well as clinical mental health workers.

## **MH CoPES Consultation Workshop**

MHCC attended a full day workshop during which the MH CoPES project coordinator gave a presentation outlining the rationale behind the project and described the research, consultation and development process. Thereafter, groups of clinicians, service providers, interested stakeholders and consumers worked together to discuss the progress of the project and comment on the development of the questionnaire on consumer perceptions and experience of community and inpatient services.

## **National Suicide Prevention Grants Program**

MHCC sits on the Advisory Group which reviews application for project grants under the NSPS. The group assesses for innovation and sustainability and is focused on community based initiatives with NSW.

## **National Suicide Prevention Strategy Workshop**

MHCC was invited to this strategic planning event for future planning of the strategy. Representatives from all states and sectors looked at areas of high need and ways to best determine allocation of resources.

## **National Young Carers Summit**

MHCC participated in this summit which was funded by the Commonwealth Government. 60 carers attended – 2 Government representatives for each state – A carer was assigned for each state.

## **NSW Parliament House Disability Forum**

MHCC participated along with a coalition of more than 60 disability and health groups, to provide support to the Physical Disability Council of NSW in their campaign to improve conditions for people with disability. The focus of this forum was to highlight the need for increased funding for the Programme of Appliances for Disabled People (PADP).

## **NGO Advisory Group – Department of Housing**

MHCC participated with peak bodies including Shelter NSW and NCOSS in this Advisory Group at which the DoH has most recently provided briefings and consultations on the implementation of the Acceptable Behaviour Agreement (ABA). This legislation may affect how people with mental illness are able to maintain public housing tenancies.

## **NGO Scoping Workshop Centre for Mental Health**

Workshop attended by several NGOs involved in carer support services with the aim of exploring how best to role out Carer programs across the state. The workshop also attempted to address broader issues of NGO role and function and funding mechanisms.

## **North Sydney Area Health Service (NSAHS) Recovery Services Implementation Group (Rehabilitation Development Group Project Officer)**

Sector Development Officers met with Lynda Duffel to discuss the AHS approach to 'recovery' in NSAHS. This was a useful start to understanding how the RDG's operate differently in different areas and how the Sector Development Project may interact with these groups. AHS have all been given \$50,000 to set-up these groups.

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### **Parliamentary Friends of People with a Mental Illness**

MHCC attended the launch of this initiative developed by a group of parliamentarians to further mental health service provision in NSW. Health Minister Morris Iemma spoke briefly to express support for the initiative which is bi-partisan. MHCC will work with this group in developing some of the focus and direction of the [parliamentalhealth.com](http://parliamentalhealth.com) website.

### **Physical Disability Council of NSW**

MHCC participated in a forum at NSW Parliament House, as part of a coalition of more than 60 disability and health groups, to provide support to the Physical Disability Council of NSW in their campaign to improve conditions for people with disability.

### **Planning for the Future Forum**

MHCC participated in this forum which was held by the Health Department. MHCC promoted the need for improved community based mental health services together with improved links between community based and mainstream services.

### **Positive Housing Outcomes Conference**

MHCC attended this conference held by Shelter NSW at which speakers highlighted the positive outcomes of public housing for tenants. This was in response to recent housing reforms which do not appear to acknowledge the value of security of tenure and of public housing assistance to people's lives.

### **Privacy NSW Workshop Training on the Health Information & Privacy Act 2002**

MHCC attended this training workshop facilitated by Privacy NSW in order that they might be better informed on the impact of amendments to the legislation regarding the Privacy Act 2002, particularly with reference to its relationship to and possible precedence over the NSW Mental Health Act, 1990. This was of concern to MHCC and the Carers Working Group with regards to their submission in response to the Government's Discussion Paper 1: Information and Confidentiality, on the review of the Act. MHCC were able to report back to its members that the Mental Health Act took precedence over the Privacy Act in matters concerning people with mental illnesses, their carers and families.

### **Public Meeting regarding Rozelle Hospital**

A public meeting was held at Balmain Town Hall during which numerous presentations were made regarding the proposal to close Rozelle Hospital. Participants at the meeting were interested stakeholders, consumers, clinical professionals and service providers. MHCC was present to answer questions about MHCC's role as the NSW peak, mental health service delivery in the NGO sector, and manned a stand offering a wide variety of information material about mental health issues and services.

## MHCC PRESENTATIONS

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### **ACROD Conference**

MHCC presented to the annual state conference of ACROD (National Industry Association for Disability Services) in April 2005. An outline was given of the work undertaken by MHCC, the nature and prevalence of mental illness in the community and the types of work undertaken by NGOs providing mental health services. Information was provided on the NGO Development Strategy: Mental Health, detailing its aims, main program areas and the type of work that would be involved in each program area. The importance of providing NGOs with the opportunities and resources they require to provide high quality professional mental health services to the community was highlighted.

### **Commonwealth Senate Community Affairs References Committee Inquiry into Aged Care**

MHCC presented at the Inquiry Hearings held in Sydney at which many concerns were raised including: inadequate service provision; the need for more comprehensive assessment tools for the elderly; the need for increased training for staff in both the mental health and aged care sectors; the need for increased community resources; the need to retain as much independence and individuality as possible for people in aged care facilities; and the living conditions and needs of boarding house residents, many of whom are elderly.

### **Presentation to Danish Delegation of Parliamentarians on Health Study Tour**

MHCC organised a presentation at Balmain Leagues Club in September for a Danish delegation of Parliamentarians on a Health Study Tour. An overview of MHCC and the NGO mental health sector was provided followed by introductory presentations given by member organisations: Schizophrenia Fellowship, Charmian Cliff Cottages & Triple Care Farm.

### **Forum of Non-Government Associations (FONGA)**

MHCC gave a presentation about the MHCC NGO Mental Health Development Strategy to the FONGA meeting at the NSW Council of Social Services (NCOSS). Members of FONGA were interested in the program and could see the value of it, in particular they were very conscious of the huge impact of people with mental health problems on non mental health services.

### **Institute of Psychiatry Consumer Advocates Course**

MHCC presented several sessions to Consumer Advocates attending the Course. Sessions covered the Mental Health System, Mental Health Policy and the Mental Health Act and other legislation relevant to consumers such as privacy, disability and tenancy. MHCC is also a member of the NSW Institute of Psychiatry (NSWIOP) Consumer Advocacy Course Committee. The Committee acts in an advisory capacity, providing input into issues such as the ongoing development of the Consumer Advocacy Course, and a range of consumer training issues and needs.

### **Life matters Radio National**

MHCC Chair was interviewed by Julie McCrossin on ABC Life Matters regarding the *Facing Challenges Forum* held in South East Sydney. The forum was organised by community based organizations in the area. Questions focused on the failure of the mental health system in NSW to deliver services to people in need and looking at overseas and interstate models.

### **Network of Alcohol and other Drugs Agencies (NADA) Conference**

MHCC gave a presentation to the NADA Conference on the education and training needs and options for NGO staff working with people affected by mental illness and substance abuse (MISA). MHCC also gave a presentation on Supporting Children in Families affected by MISA. Myree Harris, President of the St Vincent de Paul State Advisory Committee on the Care of the Mentally Ill and MHCC MISA Working Group Member, presented on service provision for people affected by MISA. Response to the papers was very positive. In addition, MHCC facilitated a discussion in relation to education and training with a view to gaining further insight into the training needs of staff working with people affected by MISA.

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## **NSW Mental Health Area Directors**

A summary of the project, *Strategy for the Development of Community Organisations Working in Mental Health* was provided to each Area Director of Mental Health. The presentation argued that the development of community-based organisations working in mental health would be best achieved by focusing on three key tasks: Promotion of partnerships; Addressing access and gaps; Workforce Development. Feedback from the Centre for Mental Health indicated the meeting with the Area Directors was successful. One question from an Area Director indicated a need for part of our work to be directed towards assisting Area Health Services in the practical mechanisms of setting up service agreements, MOUs and outcome measurements with community-based organisations.

## **Regional Reference Group, Burwood**

MHCC gave a presentation to the Regional Reference Group held at Burwood Council Chambers in May 2005. The meeting chaired by the Regional Domestic Violence Coordinator, is comprised of workers from a broad spectrum of Women's services in the Western Sector (old CSAHS) including NGO's, the GP Division, the Police, the Court, and specific Women's services such as: counselling, refugee services, sexual assault and women's health. The presentation briefly explained the role of MHCC as the peak, and spoke about people with a mental illness who have come in contact not only with health services, but have had interactions with the criminal justice system.

## **Risk Management Workshop for Attendant Carer Industry**

A presentation was given at this Risk Management Workshop addressing mental illness awareness for attendant carers and related Occupational Health and Safety (OHS) issues in a community setting.

## **SAAP Peaks**

MHCC gave a presentation to the SAAP (Supported Accommodation Assistance Program) Peaks meeting in April 2005 outlining the role and work of the NGO Development Strategy, the areas of priority for the Strategy and how the Strategy could affect the work of those involved in providing supported accommodation. Following the presentation attendees were asked to present how the Strategy could best assist the SAAP sector. We have used this information to ensure the interests of this sector are addressed by the work of the Strategy.

## **TAFE Community Service Head Teachers and Coordinators**

MHCC gave a presentation to the Head Teachers and Coordinators regarding MHCC and its activities and the needs of mental health workers for training in the area of Alcohol and Other Drugs. MHCC also had discussions with the group regarding ongoing collaboration between MHCC and TAFE in the development of education to meet the needs of non-government organisations and workers.

## **MHCC SEMINARS/FORUMS/CONSULTATIONS**

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### **“Interpersonal Effectiveness: Breaking the Negative Cycle – Dialectical Behaviour Therapy”**

Responding to a need from its members and the sector to acquire greater understanding of alternative therapeutic measures for people suffering from personality disorders, MHCC held a full day seminar on Dialectical Behaviour Therapy (DBT) at the Balmain Leagues Club in April 2005. Over 140 persons comprising a broad range of participants from both the Government and community sectors attended. The seminar was presented by two experienced and nationally respected DBT therapists and educators; Judy Campbell and Michelle Meyer from Wesley Health and Counselling Services. The program outlined was based on skills developed by Marsha Linehan PhD in the USA and adapted to the Australian context. The aim of the seminar was to promote understanding of borderline personality disorder and the associated problems from the perspective of DBT, which provides a combination of cognitive and behavioural skills together with central development of ‘Mindfulness’ skills derived from Zen Buddhist meditation techniques.

### **NSW Health Strategic Directions**

This MHCC consultation held at Petersham RSL Club was organised by MHCC and attended by Dr Richard Matthews, Prof Beverley Raphael and Eugene McGarrell from NSW Health to meet and discuss key issues with MHCC members. Details of the recent state mental health budget were outlined and strategic issues for the NSW Mental health System were discussed. Members found the consultation to be a positive approach by the Department in engaging with the sector and appreciated Dr Matthews’ practical inclusive approach in the oversight of strategic development.

### **Research Priorities in Mental Health – Ministry of Science**

A consultation was organised by MHCC and facilitated by Suzanne Pope for the Minister for Science and Medical Research to ensure non government, consumer and carer issues are represented in the development of a NSW Mental health and Neuroscience Research Strategy. As an outcome of this consultation MHCC wrote to Minister Sartor to suggest that the Ministry place greater emphasis on social research and that a reference group be set up to ensure its inclusion in the work of the Ministry. MHCC also submitted a proposal for \$6,000 to hold a research forum and develop a report which recommends research priorities in social and population health research in NSW. This proposal is being questioned as too high by the Ministry.

### **Review of the Mental Health Act 1990**

MHCC developed an extensive consultation process to facilitate members and other stakeholders in discussing and analysing the Mental Health Act and related discussion papers. Facilitated consultations were carried out as part of the AGM Day and as part of the Carers and Forensic Working Groups. During these consultations, valuable feedback and recommendations were received which were incorporated into MHCC’s written submissions.

### **State Mental Health NGO Peaks**

MHCC hosted the first of what is hoped will be regular meetings between the peak bodies in each state. All states and territories were represented. The peaks are at different stages of development and differing priorities in some instances but share a great deal in common. The MHCA Chair and CEO attended the meeting to understand how better to work with the peaks in the Council. Ausinet also attended part of the meeting to promote their role and understand how better to work with the peaks.

### **Women Violence and Criminal Justice: Surviving the Legal System**

MHCC organised a forum under the auspices of the RSVP working group to examine the experience of women who are victims of violence and the service responses they receive when they seek help. The speakers examined the experience of women who are victims of sexual and domestic violence and the responses they receive when they seek justice. Guest speakers included Dr. Caroline Taylor University of Ballarat; Dr. Melanie Heenan Centre for the Study of Sexual Assault; Tracey Stevens, Women’s Legal Resource Centre; Det. Superintendent Kim McKay, Child protection and Sex Crimes Squad. Areas covered included the latest research. A guest panel represented the barriers faced by women from different backgrounds and disabilities.

A broad range of issues were covered in the three editions of View from the Peak published during the year with some of the key topics as follows. All articles can be viewed on the MHCC website.

## **Spring 2004**

MHCC AGM and Consultation Day; The NGO Development Strategy, Housing Accommodation Support Initiative exceeds expectations; Mental Illness and Substance Abuse Project; Better Service Delivery Program; Anti-social behaviour agreement update; Fears that Senate will take away DSPs

## **Summer 2005**

Women, violence and criminal justice; Beating stigma in the community; Advocating for legal standards in boarding houses; Harsh laws for breaching OH&S standards; Exploring 'recovery'; Mental health awareness training for police; DSP – debunking the myths;

## **Autumn/Winter 2005**

Advocacy – more questions than answers; NGO Development Strategy update; DSP – eligibility bar rises; The effect of detention on mental health; MHCA meeting change and challenge; Senate takes another look at mental health crisis; Public housing reform; HASI Phase 2

## MHCC MEMBER SURVEY 2005

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Thank you to the MHCC members who found the time to fill in our 2005 Member Survey. The information you provide us with helps us find out if we are adequately serving the needs of your organisation and informs us of the direction you would prefer us to take in the future. The following is a summary of what our members had to say about MHCC services.

### **The benefits of MHCC membership**

Nearly all respondents rated the information provided to them by MHCC to be very beneficial, offering valuable information dissemination. This information included the contents of the popular *FYI Faxes* (available tenders, seminars, member job advertisements and the like), quarterly mailouts and our newsletter *View from the Peak*. Continued interest was also indicated in the Educational Seminars held each year.

Members rated well MHCC's performance in policy, advocacy, consultation and research. The need for MHCC to pursue what is achievable was also commented on, while at the same time lobbying for more organisational resources. The NGO Development Strategy was acknowledged as a positive initiative towards realising further goals and the importance of media coverage was mentioned.

### **Internet**

Nearly all respondents indicated that they were regularly visiting the MHCC website and found information to be comprehensive, and currency and navigation to be of a good or high standard. However, comment was made that there is far more useful information than is initially evident. (Members can look forward to an improved version of the MHCC website in 2006). Suggestions for further information on the website included: information or suitable links to governance and policy information, funding sources, workforce development, best practice and OH&S guidelines.

### **Education and Training**

As the NGO Development Strategy has been looking carefully at the implications of MHCC becoming a Registered Training Organisation, a number of questions were posed to gain member feedback. It was unanimously agreed that a minimum qualification for mental health and rehabilitation and disability workers would help raise the value of the sector amongst the mental health industry. Some respondents saw credibility in service provision as not very important, and concerns were raised about the challenges of distance learning.

Members rated the value of post graduate qualification in Mental Health Rehabilitation was seen as most valuable in developing a career pathway for mental health rehabilitation and disability support workers. Further comments included: a compulsory, practical component is also needed; most NGOs are too small to provide career opportunities; a post-graduate qualification would give status to the sector and develop skills; consumer education is very important; such a qualification would need to be marketed well but a good start to increasing the workforce.

## MHCC MEMBERS 2004 - 2005



Action Foundation for Mental Health Inc  
Active Employment  
Active Employment - Mount Druitt  
Active Employment - Penrith  
Active Employment - Springwood  
AFFORD (Australian Foundation for Disability)  
Aftercare  
AIDS Council of New South Wales Inc  
Alcohol & Drug Foundation of NSW  
Alcohol & Drug Foundation of NSW - Stanmore  
Anglicare  
Anxiety Disorders Alliance (ADA)  
ARAFMI - Sutherland  
ARAFMI (Newcastle)  
ARAFMI Central Coast  
ARAFMI Illawarra  
ARAFMI NSW  
ARAFMI Wingecarribee  
Auburn Cottage Inc  
B Miles Women's Housing Scheme  
Bankstown Mental Health Family & Friends Support Group  
Bankstown Women's Health Centre  
Baptist Community Services (NSW & ACT)  
Bay Ami Accommodation Inc  
Billabong Clubhouse  
Black Dog Institute  
Blackheath Area Neighbourhood Centre  
Blue Mountains Food Services  
Carers NSW  
Castle Personnel Services Inc  
CCC Armidale  
CCC Bankstown  
CCC Central Sydney  
CCC Coffs Harbour  
CCC Greater Western Area Health Service Mental Health Services  
CCC Hastings Macleay Mental Health  
CCC Inner City  
CCC Liverpool/Fairfield  
CCC Manning  
CCC Mudgee  
CCC Northern Beaches  
CCC Northern Sydney Area Mental Health  
CCC South Eastern  
CCC St George  
CCC Tamworth  
CCC Tenterfield  
CCC Tweed Valley  
Centacare  
Centacare Ageing & Disability Services  
Central Sydney Division of General Practice  
Cessnock Uni-Clinic  
Charmian Clift Cottages  
CHESS  
City Women's Hostel  
Clarence Valley Community Programs  
Club Speranza  
CO AS IT  
Compeer Illawarra  
Compeer Program  
Compeer Program - Chatswood  
Counselling & Retraining For Employment  
Creative Youth Initiatives  
Disability Advocacy Network  
Dympna House  
Exodus Foundation  
Fair GO Health Forum  
Family Drug Support  
GROW North Coast Community Centre  
GROW NSW  
Hope Unlimited Group  
Hornsby Ku-ring-gai Association Action for MH Inc.  
Hunter Joblink Inc  
Hunter New England AHS-Manning Mental Health Service  
Illawarra Mental Health Service  
Independent Community Living Association  
Interchange Respite Care (NSW) Inc  
JewishCare  
Kaiyu Enterprises Inc  
Life Without Barriers  
Lifeline Harbour to Hawkesbury Inc  
Lifeline Newcastle/Hunter  
Lifeline South Coast (NSW)  
Lifeline Sydney  
Lifeline Western Sydney  
Macarthur Disability Services  
Mental Health Association NSW Inc  
Mental Health Issues Group - St Vincent de Paul  
Mental Illness Education Aust (NSW) Inc (MIEA)  
MHARS Mental Health Accommodation  
Rehabilitation Services  
Mid Western CAG Inc  
Mind Matters Media Inc  
Moomba Accommodation Services  
Mountains Community Resource Network  
Multicultural Disability Advocacy Association of NSW (MDAA)  
National Association for Loss & Grief (NSW) Inc  
Neami Illawarra  
Neami Inc  
Neami South East Sydney  
New Horizons Enterprises  
Newtown Neighbourhood Centre - Boarding House Project  
Northern Beaches Mental Health Support Group  
Northern Sydney Health (NSH) Mental Health Consumer Network  
Northern Sydney Health Area Mental Health  
NSW Consumer Advisory Group for Mental Health (NSWCAG)  
NSW Disability Discrimination Legal Centre Inc

## MHCC MEMBERS 2004 - 2005 (cont)

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NSW Rape Crisis Centre	Soma Health Association
NSW Users & AIDS Association	Southern Community Welfare Inc
On Track Community Programs	St John of God Health Services
Open Employment	St Vincent's Mental Health Service
Parramatta Mission	Stepping Out Housing Program
Peer Support Foundation Limited	Suicide Prevention Australia Inc
Personnel Employment Albury Wodonga Inc	Sydney Counselling Centre
Physical Disability Council Of NSW	Sydney Women's Counselling Centre
Progressive Employment Personnel	The Housing Connection (NSW) Inc
Psychiatric Rehabilitation Association	The Salvation Army
Psychiatric Rehabilitation Association (PRA)	The Station Ltd
Wollongong	Transcultural Mental Health Centre
Psychiatric Rehabilitation Association	Triple Care Farm - Mission Australia
(PRA)Newcastle	Uniting Care - Supported Living
Reconnect	Uniting Care Nareen Gardens
Richmond Fellowship Of NSW (Wentworth)	Wesley Mission Homeless Persons Services (HPS)
Richmond Fellowship Of NSW(Central Sydney)	Western Riverina Community Care
Richmond Fellowship (Rural)	Western Sydney Drug & Alcohol Resource Centre
Richmond Fellowship of NSW	Inc
Richmond Fellowship of NSW (Hunter)	Westworks Inc
Schizophrenia Fellowship of NSW	Wollondilly Camden Family Support Service Inc
SELAH - Sisters of Charity Outreach	Woodville Community Services Inc

## NEW MEMBERS 2004 – 2005

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AFFORD (Australian Foundation for Disability)	Hunter New England Area Health Service –
Anglicare	Manning Mental Health Service
ARAFMI – Sutherland	NSW Disability Discrimination Legal Centre
Bankstown Women's Health Centre	SELAH – Sisters of Charity Outreach
Blackheath Area Neighbourhood Centre	St John of God
Central Sydney Division of General Practice	Sydney Women's Counselling Centre
Cessnock Uni Clinic	The Housing Connection
Compeer Program – Chatswood	Uniting Care – Supported Living
Creative Youth Initiatives – Mission Australia	Wesley Mission Homeless Persons
Exodus Foundation	Western Sydney Drug & Alcohol Resource Centre Inc
Family Drug Support	