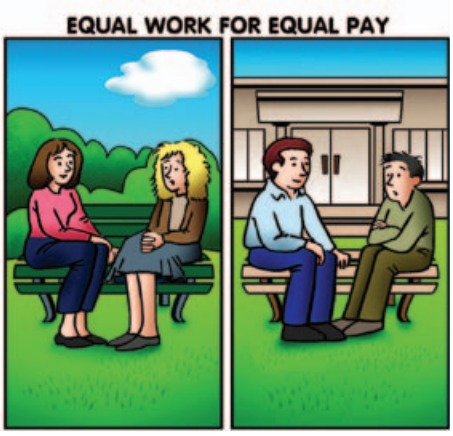
View from the peak

A quarterly publication from the Mental Health Coordinating Council Summer 2012

Pay equity – an important step to recognition and respect for community sector workers

On 1 February, Prime Minister Julia Gillard announced the decision to bridge the gap between community and public sector pay rates for comparable work roles. The announcement was met with much fanfare after protracted lobbying from the Australian Services Union (ASU) and other state and national peak and service bodies.



Allan Burke 2012

The gender-based undervaluing of the work performed in the community sector has been recognised for decades, but it was not until introduction of the Fair Work Act 2009 that the issue could no longer be ignored. Prior to the Fair Work Act all 16 cases put before the courts for pay equity for the community sector failed.

In light of the proposed National Health Reform agenda the impact of community sector pay equity for mental health service delivery becomes important on a couple of fronts. Firstly, there is the issue of mental health practice and the establishment of 'knowledge and skill sets' for identified work roles. As knowledge of what constitutes effective evidence based practice develops the whole issue of identifying 'knowledge and skill sets' for the various mental health work roles across the service system is being determined. Within the community sector, training qualifications have been set against a range of competencies or skills. The similarities and differences between these 'skill sets' and those within the generic nursing and allied health degree qualifications needs to be better understood. This is currently an important focus of national workforce bodies such as the National Industry Skills Council. The key point being that, where there is pay equity and an understanding of 'knowledge and skill sets' across work roles, there is increased opportunity for collaboration and a more efficient application of human resources across the service system.

Secondly, is the impact equal pay will have on the recognition and respect workers from different sectors will have (over time) for each other. There has long been a devaluing of the work performed by community sector workers by many of their public system counterparts. This has been based on the assumption that community sector workers perform less skilled or 'important' work and are less qualified to support mental health consumers and carers recovering from the effects of mental illness. Aside from research findings indicating 70% of community workers in the mental health sector are tertiary trained, consumer and carer feedback suggests that it is the relationship built up between workers/clinicians and service users that makes the real difference to the experience of treatment and support and has the greatest impact on outcomes. This aspect of service delivery has long been undervalued and dismissed as 'tea and sympathy' and 'women's work'. With the pay equity decision, this aspect of service delivery is finally getting the recognition it deserves as a vital part of person-centred assessment, planning and treatment processes.

Commencing December 2012, full implementation of the new pay equity arrangements will be spread over 8 years. Community sector workers will receive between 22% and 45% increases depending on their award level. It is important to note however that whilst the Federal Labor Government has committed to funding $2 billion in increases (including industry support for those community sector organisations not funded by government grants) the states are yet to confirm how they will manage the transition and meet their financial contribution to the scheme. NCOSS, MHCC and other industry peak bodies will be liaising with the NSW Government to ensure services are not reduced to meet the costs of the new Award.

Jenna Bateman, Chief Executive Officer

In this issue

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MHCC Activities – at a glance

Projects:

- Data Management Strategy
- Australian Institute of Health and Welfare (AIHW) National Minimum Data Set Project (for CMHA)
- Community Mental Health Sector Benchmarking
- National Disability Insurance Scheme (NDIS)
- Trauma Informed Care & Practice
- Injury Management Project
- Supervision Practices in Mental Health Community Managed Organisations in NSW
- Physical Health Forum Summary Report and Funding Proposal
- Mental Health and Drug and Alcohol Research Network
- Medicare Locals Partnership Development
- MHCC Policy Resource
- Recovery Oriented Service Self-Assessment Toolkit (ROSSAT)

Submissions:

- Law Reform Commission review of the *Crimes (Sentencing Procedures) Act 1999*
- Standing Committee on Law & Justice – Inquiry into the consolidation of Tribunals in NSW
- Community Mental Health Australia (CMHA) funding submission
- National Mental Health Roadmap

MHCC facilitated a range of events and presented at the following conferences, forums and other occasions:

- Parliamentary Briefing, MHCC supporting ASCA Forget me knot
- NADA Trauma Informed Care Forum
- National Mental Health Information Strategy Subcommittee (MHISS) for CMHA
- Weave Arts Centre (i.e. formerly SSYS) 'Cultivations' exhibition
- Canterbury Council "Emerging Community Leaders" (i.e. CALD)
- CS&HISC Environmental Scan (E-Scan) Industry Forum on 'Client Focused Service Reform, Collaboration and the Future Workforce'
- Social Enterprise and Mental Health Conference

MHCC notable representations in advisory, reference groups, working groups and committes:

- NCOSS Health Policy Advice Group (HPAG)
- MHCC Physical Health Reference Group
- Health Care Complaints Commission Consumer Consultative Committee
- Justice Health MH Sub Committee
- Mental Health Professionals Network
- Justice Health Consumer and Community Group (CCG)
- Trauma Informed Care and Practice Advisory Working Group
- Housing NSW NGO Reference Group
- NSW Homelessness Community Alliance
- NSW Ombudsmen Inquiry Long-stay Mental Health Inpatients
- Roundtable on National Mental Health Commission Brain and Mind Institute
- NSW Mental Health Commission Taskforce
- Corrections NSW Women's Advisory
- NSW Disability Council
- National Disability Services (NDS)

MHCC attended notable events including:

- Westmead Psychotherapy Program for Complex Traumatic Disorders.
- ECAV and NSW Health – A celebration of survival for Women Survivors of Child Sexual Assault and launch of the Sharing the Un-sharable
- Australian Centre for Disability
- Sydney Health Policy Network lecture, University of Sydney with Gregor Henderson – Advisor in Mental Health & Wellbeing, Scotland
- Mind over Money: Reforming national Mental Health Funding and its implications for mental health
- Aboriginal HASI Launch
- Launch of Law and Justice Foundation NSW *Mental Health Review Tribunal: An analysis of clients, matters and determinations*

Publications

- Bateman, J. and Smith, T. (2011). *Taking Our Place: Community Managed Mental Health Services in Australia*. MHCC contributed this article to a special edition of the International Journal of Mental Health, 40(2), 55-71

MHCC Annual General Meeting 2010-2011

THE 2010-2011 MHCC Annual General Meeting (AGM) was held in the serene grounds of Sancta Sophia College in Camperdown on 8 December 2011. The members that attended this year's AGM were fortunate to hear Mr Colman O'Driscoll, Chief of Staff to the Hon. Kevin Humphries MP, Minister for Mental Health, speak on the structure and organisation of the existing mental health service system in NSW and the potential impact of Mental Health Commissions at both the state and national levels.

Mr O'Driscoll spoke about the consultation process the NSW Mental Health Commission (MHC) taskforce undertook to enable them to advise government on key directions and the legislative framework for the MHC. The consultation process involved 2500 people over a six month period. Mr O'Driscoll articulated the need for the MHC to sit separately to the Ministry for Health to ensure an avenue for community feedback and to undertake a monitoring role in relation to system reform.

One of the early tasks the Commission which is scheduled to commence operation in July 2012 will be development of a strategic plan for mental health reform in NSW. It was heartening to hear Mr O'Driscoll confirm that one of the commissioners must have a lived experience of mental illness. In relation to the community managed organisations specifically, Mr O'Driscoll emphasised the need for organisations to develop strong partnerships between each other and across the service system.

Attendees at the AGM were invited by Mr O'Driscoll to ask questions which resulted in some open, frank and valuable discussions.

Main picture: Colman O'Driscoll spoke on behalf of the Hon. Kevin Humphries MP, Minister for Mental Health (inset)

MHCC members of staff provided updates on some of the key pieces of work from the 2010-2011 year which are described in the annual report.

Jenna Bateman, MHCC CEO, presented on the National Disability Insurance Scheme (NDIS) an emerging issue which is likely to impact on community organisations in the near future. MHCC has written a paper on this subject which is accessible on the MHCC website.

Following the updates MHCC Chairperson Karen Burns, presented the chairs report in which she spoke about the exciting and dynamic period that the sector is currently experiencing.

New board for 2011-2012

Karen Burns – Chair (Uniting Care Mental Health), Leone Crayden – Vice Chair (On Track Community Programs), Phil Nadin – Treasurer (PRA), John Malone – Secretary (MAPS Aftercare), Sylvia Grant (Neami) , Judi Higgin (New Horizons), Dr Cathy Kezelman (ASCA), Peri O'Shea (NSW CAG), Pam Rutledge (Richmond Fellowship NSW), Sue Sacker (Schizophrenia fellowship NSW)

Get involved in your Medicare Local

THE COMMONWEALTH Government has created 62 primary health care organisations called Medicare Locals to drive reform in primary health care. There is currently a national Campaign seeking ideas and innovations from local organisations, consumers and carers. This Campaign provides an opportunity to have your voice heard around mental health issues in your community.

There are many ways you may become involved in the National Campaign for Consumer-Centred Health Care.

- Join up (there is no cost!!) www.partnerships.org.au/HealthCampaign.htm#HOW_TO_BECOME_INVOLVED
- Invite a speaker from the Campaign to visit your group or organisation
- Express your interest in acting as a Coordinator in your Medicare Local
- Participate in developing reform innovations in your area

Medicare Locals will be independent legal entities having strong links to their local communities with the aim of better meeting local health care needs. Each Medicare Local will have its own region, with a brief to be responsive to local primary health care needs and to authorise and fund innovative projects within each area to integrate health care in the consumer interest.

The last Medicare Local will be established by July 2012.

For more information about the campaign visit:
www.yourhealth.gov.au
www.partnerships.org.au/HealthCampaign.htm

SOCIAL ENTERPRISES and social entrepreneurship are often associated with third world development but the principles that underpin the approach align well to mental health recovery principles such as uniqueness of the individual, choice, dignity and self-determination. For this reason there are an increasing number of social enterprises being initiated by enterprising individuals and organisations within the community mental health sector.

The evidence is well-established for employment as an important component of social inclusion, and the associated mental health benefits that come with this. However there isn't a one size fits all model to finding and maintaining employment as different approaches suit different people. Social enterprises are one of the employment options that should be available to people with lived experience of mental illness.

Social enterprises can be seen as a combination of not-for-profit and for-profit ethos. Cheryl Kernot, Director of Social Business at The Centre for Social Impact, describes three main aspects of social enterprises:

1. Their activities are designed to be in the public benefit, focused on creating social value
2. They are innovative and designed to meet a market demand
3. They are performance driven, competitive and accountable

Social Enterprises have existed for over a century in the Western world, however it was the Italian de-institutionalisation reforms coming out of Trieste in the 70s and 80s where large-scale cooperatives and communal businesses first showed promise as a systemic strategy to improving the lives of people with mental illness. Social Enterprise cooperatives broadened the nature of consumer work programs from that of 'therapeutic' time-consumption into genuine attempts to re-integrate consumers into meaningful positions of responsibility and self-autonomy. Trieste initiatives such as Hotel Tritone and the Le Mat chain continue to be regarded as innovative models of social entrepreneurship, and good examples of social businesses and social enterprise partnerships have appeared around the world. These include:

- Grameen Bank, the original micro-financier in Bangladesh.
- Financing and resource centres such as Social Firms Australia (SoFA), OurCommunity (Australia) and Social Enterprise Finance Australia (SEFA).
- Mental Health related social enterprises include Mission Australia's training restaurant Charcoal Lane and PRA's broad range of social businesses EnterPRAISE and Renewable Recyclers.

Governments have been working to foster the growth of social enterprise in Australia for some time, for example, DEEWR have released a small number of social enterprise seeding grants over the last few years. A particularly notable initiative is that of Parramatta City Council's (PCC) social enterprise building program, which commenced in January 2012. PCC provides a range of support services to potential and established social enterprises, and is offering grants of up to $25,000 to start-up and grow social enterprises located in the Parramatta local government area (see box).

Caroline Crosse (SoFA) (right) gets into the thick of it during group discussions.

From left: Vivienne Miller, Dayna Parker, Jenna Bateman

MHCC recently co-hosted the 2011 **Social Enterprise and Mental Health Conference** on the grounds of Callan Park in Rozelle. The program ran for two days, encompassing many inspiring and educational presentations by speakers including Ted Smeaton (Inspiring Communities), Joanne McNeil (PCC), Caroline Crosse (SoFA), Geoff Craig (Cornucopia), Vivienne Miller (TheMHS/TAMHSS), Jordan Purcell-Ashburner (Inspiring Communities), Amanda Buckland (PLACE project), and Shakthi Sivanathan (CuriousWorks).

The conference was well attended by a cross-section of mental health stakeholders, including Governor Marie Bashir who attended the second day. MHCC CEO Jenna Bateman also took a bus-load of delegates around the ex-Rozelle Hospital, relating her experiences of working on the grounds and detailing the area's long history and significance to mental health service development in Australia. As an outcome to the conference MHCC has established a social enterprise committee assigned with looking into opportunities for development of innovative social enterprises and strengthening current networks of social entrepreneurs around NSW.

INTERNATIONAL EXPERIENCE OF SOCIAL ENTERPRISES

Supporting people with lived experience of mental illness

FRANCO BASAGLIA, founder of *Psichiatria Democratica* (the "Democratic Psychiatry" movement) in the 70s and widely considered the pioneer of the modern concept of mental health, was among the first to identify that most of the stereotypical manifestations of 'madness' were actually the result of institutionalisation.

Basaglia's revolutionary work in Trieste and Italy's long history of supporting communal business structures led to the introduction of Social Enterprise cooperatives in the early 1980s. Trading 'work-therapy' for real, meaningful occupation, people coming from mental health services were seen as, "workers with jobs, salaries and rights inserted into a social/working context".[1] These cooperatives offered equal rights for all employees, vocational training, independence and the opportunity to build and maintain relationships.

Common challenges of the workplace such as decision making, accepting risk, responsibility and conflict, when experienced in a supportive work environment, enabled consumers to develop coping mechanisms for the transition into living and working in the wider community.

Abandoned Hospital, WA – © Mark Russo 2010

1 *Is Rehabilitation a Social Enterprise?* –Rotelli, F., Mezzina, R., De Leonardis, O., Goergen. R., & Evaristo, P.

Ed. Roberto Mezzina, discussed in the frame of: "Initiative of support to people disabled by mental illness", World Health Organisation - Division of Mental Health – Geneva

Trieste today: Hotel Tritone and Le Mat

HOTEL TRITONE in Trieste has been operating as a successful social enterprise since 1991, with nearly half of its staff having lived experience or mental illness.

The Le Mat chain, itself a cooperative of individuals who have been marginalised by mental illness, disability, drug or alcohol dependency as well as mental health service providers, have introduced social cooperatives to the tourism and hospitality industries across Europe by copying and expanding on some of Hotel Tritone's key successes.

Restart and Fourth Sector – UK

In 2006-2007, SDC began work on Restart for Recovery, an Edinburgh based employability project aiming to promote the recovery of people with mental health problems by supporting them into the workplace. Restart is operated by Fourth Sector, a leading social enterprise organisation in the UK, supporting people with mental health issues into the workforce through its portfolio of social firms. Restart helps people at risk of long-term unemployment and isolation to reengage with the labour market bridging the gap between employment and health services in the community.

Businesses such as St Judes Commercial Laundry Service are able to compete for large commercial contracts due to strong pre-placement and after-care support, work experience and ongoing training. Cognitive Behavioural Therapy (CBT) and Occupational Therapy are available to help consumers develop coping strategies in the workplace.

One in Four and Social Spider – UK

In 2006, Social Spider, a social enterprise design and communications agency in the UK was awarded funding to produce a pilot issue of *One In Four* magazine written by and for consumers. After achieving an initial readership of 40,000, a reader survey showed 90% of participants wanted to see *One In Four* live on.

With permission – Mark Brown, Development Director Social Spider CIC/ Editor *One in Four* magazine

With some additional funding and the development of trade partnerships, *One in Four* is now a regular quarterly magazine, selling subscriptions, advertising space and running journalism courses. Social Spider also runs seminars to raise awareness of mental health issues and training for organisations to encourage the "development of mental health positive workplaces." (www.socialspider.com)

The Social Enterprise Alliance (SEA) – USA/Canada

SEA is a member driven organisation which enables networking, partnerships and helps in sourcing capital and marketing opportunities for social enterprises, or Affirmative Businesses as they are known in the USA and Canada. They connect businesses and organisations such as Roberts Enterprise Development Fund (REDF), and Buckelew Programs who for over 40 years have assisted people with mental illness to find employment.

Buckelew Programs runs a number of social enterprises including Blue Skies Coffees & Teas; providing vocational training, support and help to build the transferable skills that staff need to reconnect with the employment market.

They also foster "soft skills" like punctuality and team work to ensure everyone is committed to maintaining a positive work environment. Buckelew Programs also provides support to consumers, families and carers through their Family Resource Centre and tools like the DBS Wellness Tracker and the Strength Of Us online community, enabling individuals to develop coping mechanisms and relationships, and recognise triggers in day-to-day life.

SOCIAL ENTERPRISE KEEPS GOOD COUNCIL

Community Capacity Building Officer Joanne McNeill discusses the Parramatta City Council social enterprise program.

Parramatta City Council (PCC) has had a social enterprise capacity building program in place since January 2007. The Program supports local social enterprise practitioners to grow their enterprises which will, in turn, have positive social impacts for the Parramatta area. It also seeks to support the establishment of a social enterprise sector nationally and regionally. The establishment phase of the program was completed at the end of 2011, and the focus for the next phase is currently being developed.

The core elements of the program, during the establishment phase, have included:

- One-on-one advice and support to local social enterprises
- A seed funding grant pool
- Establishment of a Social Enterprise Pro Bono Legal Panel
- Access to a brokered business mentoring program – through a partnership with The Westpac Group
- Assisting to navigate Council's processes – eg. purchasing and procurement, leasing and licensing, and development applications
- Development of an info-share network around a range of related topic areas
- Advice and assistance to other entities interested in supporting social enterprise development (government, corporate and community sector)
- Contributing to promotion of social procurement policy and practice in the public sector
- Incubating the establishment of Social Enterprises Sydney (SES)
- Providing input to forums, conferences, publications, research and advocacy projects that advance understanding of the social enterprise model

Phase two of the Program will be restructured to include:

- Grants of up to $2,500 to contribute to business and/or strategic planning activities that will move the social enterprise towards start-up.
- Grants of up to $25,000 to assist with social enterprises locating in the Parramatta local government area, or to contribute to a significant growth activity of a local social enterprise.

What resources are most important to the long term success of a social enterprise?

It is critical that attention is given to developing the business model at the outset. This requires time and resources being committed to business planning, and particularly to market research. Fostering the relationships that will generate the trading income is critical – without these there is no social enterprise. In addition to start-up capital, which is needed to get things going, access to bridging and growth capital will have an impact on the social enterprise's longer term sustainability.

What are the biggest challenges?

A big challenge that social enterprises face is identifying and developing a trading model that will facilitate sustainability over time. Sustainability in a social enterprise context might not necessarily mean perpetual growth or even generating a substantial profit. A financial model that focuses on generating enough turnover to break-even and to establish an appropriate operating reserve – whilst also achieving their stated social, environmental and/or cultural purpose.

The need to maintain a balance between the commercial and social aspects of the enterprise is what makes a social enterprise different from a regular business, and also different from a non-profit organisation.

It is legitimate for social enterprises to have mixed income streams that may include grant funding. However, if the grant funding is propping up the business model, it is unlikely that the enterprise will be sustainable in the longer term. Allocating non-trading income to the social aspects of the operating costs and concentrating on generating enough trading income to cover all the commercial operating costs can assist with ensuring the business model is viable.

What more can local governments do to support social enterprise?

There are a number of practical ways that local government can encourage growth and sustainability of social enterprises including;

- Assistance with navigating internal processes (eg. procurement and development applications)
- Inclusion of social and environmental value criteria and evaluation processes in procurement tenders and contracts, and in purchasing agreements
- Splitting tenders and contracts to enable smaller suppliers (including social enterprises) to bid
- Leveraging supply chains and partnership arrangements to develop markets for social enterprises, including brokering relationships between large suppliers and social enterprises to facilitate the establishment of potential sub-contracting arrangements
- Providing access to free or subsidised space, especially during incubation periods (in the longer term this may include asset transfer scenarios)
- Coordinating: the development of local social enterprise networks and peer-to-peer learning opportunities

Real world social enterprise models include:

- WorkVentures' Tech Repairs and Connect IT – www.workventures.com.au
- Fair Repairs – www.fairrepairs.org.au
- STREAT – www.streat.com.au
- Break Out Design Print Web – www.breakout.net.au
- Eaglehawk Recycle Shop – www.feo.net.au/recycle-shop
- Nundah Community Enterprise Cooperative – www.ncec.com.au
- Mars Hill Café – www.marshillcafe.com.au

Joanne McNeill is Community Capacity Building Officer Social Enterprise at Parramatta City Council.

www.parracity.nsw.gov.au/work/economic_development/social_enterprise/social_enterprise_resources

Examples of Australian Social Enterprise

Nundah Community Enterprise Cooperative (NCEC), QLD was established as a social enterprise in 1999 providing meaningful employment to people with a intellectual disability or mental illness through their two businesses; NCEC Parks and Property Maintenance and The Espresso Train Café and Catering Company. Initially NCEC Parks encountered problems establishing a competitive business due to restrictions in the tendering process with Brisbane City Council (BCC). BCC demonstrated a commitment to utilising and promoting social enterprise services by introducing a social procurement policy, expanding their preferred supplier list to include social enterprises. NCEC Parks now maintains more than 20 city parks, with more than 95% of their income coming from trade.

Mars Hill Café, Parramatta began trading in 2001 when social enterprise was still a relatively unfamiliar concept in Australia. Mars Hill encountered resistance when approaching funding bodies, real estate agents and other suppliers with a not for profit café-gallery-performance space business model and a mixture of paid and volunteer staff. Far from being discouraged by difficulty in attracting funding, Mars Hill's practices have been strengthened by the focus on generating income and creating a sustainable business from the very beginning. In 2009, Mars Hill was awarded a Commonwealth Jobs Fund grant enabling them to create new core positions within the business such as a Head Barista; formalising training programs to achieve accreditation as a Registered Training Organisation and build employment and revenue generating opportunities.

STREAT, Melbourne aims to address youth homelessness with a combined social support, training and employment approach. They operate street food carts around Federation Square and Melbourne Central using a model designed to be replicated in different areas allowing workers to participate in all aspects of running an efficient business. The concept was inspired by a similar social enterprise in Vietnam, KOTO, where the established street food culture was a natural platform for this sort of endeavour. STREAT has since partnered with other social enterprises such as the AFL Ladder Program; also focused on youth homelessness and the associated issues, Abbotsford Convent Bakery and Melbourne City Mission (MCM) to build capacity and increased access to social support and training programs.

Centre for Health Research in Criminal Justice:

Justice Health presents an *Evaluation of the smoke-free policy in the Forensic Hospital: Patient and staff perspectives*

In December 2011, the Centre for Health Research in Criminal Justice presented an overview of the evaluation of the smoke-free policy in the Forensic Hospital. The study reviews policy and investigates staff and consumer experience of what it is like to live in a totally smoke free environment and consumer intentions when discharged. Key findings describe patients' smoking status and the withdrawal experience; the impact of the smoke-free policy on staff smoking and staff and patient attitudes to the policy which was fully implemented in 2008.

The evaluation was of 106 patients, mainly males. Amongst the 222 staff, 50% completed the survey. 12% of the staff smoke which is lower than the general population; 30% had quit prior to working in the hospital; 45% had never smoked. Engagement with staff who identified as smokers was limited, and researchers were unsure why staff were not very interested in participating. On one hand some patients feel self-esteem for having kicked the habit whilst others feel that smoking is a human rights issue and that it is unfair for them to be punished in this way. Smokers reported that they need more stress relief especially when on 12 hour shifts, and whilst staff have access to NRT some do not want to quit and need longer breaks, as they have to leave the site to smoke. Non-smoking staff have issues around smokers' leave times.

Some patients reported that whilst they were very concerned prior to moving into the new environment, that it becomes easier. However a few are really not coping, with one female patient very distressed and miserable. Nevertheless some patients feel much healthier. Overall 85% of staff reported a positive effect on patients and 75% expressed a positive effect on own health. 90% said they prefer to work in a non-smoking environment. However some smokers do not think there is a positive effect on health.

Whilst a perception exists that patients are more difficult to manage, this is not supported by the evidence and there was a high degree of staff empathy around the difficulties of giving up smoking for patients.

Many staff said that there were difficulties in managing smoking before, doling out cigarettes and matches, which caused safety and theft issues, but conversely that 'dissatisfaction is catching'. 80% of patients were smoking on admission and 55% had tried multiple times to quit. Patients said it was really hard, many were angry about their rights but nevertheless wanted to give up and said it was easier when no one smokes. 67% expressed their intentions not to smoke after discharge; 58% remained non-smokers six months plus post discharge. Overall patients reported improved health and that the environment supports cessation with the potential to cease smoking long-term.

Overall staff supported a smoke free environment, saying that patient care was easier, reporting improved health outcomes and a good impact on staff.

Staff recognise the need to support consistency, address weight issues and identify helping strategies such as Cognitive Behavioural Therapy (CBT) and other therapeutic interventions such as group support, exercise, and art activities. It is evident that patients' discomfort can impact the atmosphere particularly when they feel that behavioural issues due to withdrawal are seen as an exacerbation of their mental illness which sometimes leads to increased medication. Researchers acknowledged the need to improve data gathering at admission and longitudinal studies.

CHECK OUT mhcc.org.au

- **GPs and Medicare Locals –** this section provides helpful information about the role of Medicare Locals & Divisions of General Practice, including service directories, and Memorandums of Understanding between medicare locals and community mh organisations.
- **Working Safe Toolkit** – organisations are encouraged to adapt this toolkit to their specific requirements using the included check sheets, a home visiting guide and sample policies and assessments.
- **Mental Health Rights Manual 2011** – the manual is an invaluable readily accessible resource, bringing together vital information crucial to anyone having to navigate the mental health system, enabling them to become acquainted with their rights, the legal and service system, and access support and guidance. The manual and poster can be downloaded in full on the website.
- **Physical Health** – The link between physical and mental health has been well established, both nationally and internationally, with many studies confirming the need to provide holistic care for people with mental health issues. This collection of resources includes information on: The Physical Health Forum Summary Report, health websites, research articles and papers, current initiatives and a sample Health Policy for CMOs.

Australian Centre for Disability Law (ACDL) study and report:

Protecting the integrity of women and girls with disability: 'restrictive practices' – towards a reform agenda

FIONA GIVEN, from the ACDL (formally the Disability Discrimination Legal Centre, DDLC) has undertaken a research study: Protecting the integrity of women and girls with disability: 'restrictive practices' - towards a reform agenda, investigating the lived experience of women with disabilities who have histories of being subject to restrictive practices. In November 2011, MHCC attended a focus group to inform the project which looks at restrictive practice through a human rights lens and is working towards policy and law reform to eliminate and reduce the use of restrictive practices.

Participants discussed their own experiences and others provided rich material on the coercive, abusive and exploitative practices their clients had experienced. Dr Sally Robinson, Griffith University described her PhD thesis: *Emotional Abuse of Women with Intellectual Disability*. Participants described the inadequacy of complaints mechanisms; abusive and punitive practices (such as having one's involuntary movements restrained) by paid carers; and problems relating to over-caring parents/carers who prevented a disabled person from maximising their capacities and exercising autonomy. This was strongly articulated in stories about financial control; preventing the development of intimate relationships and social engagement and chronic sexual and emotional abuse and neglect dating back to childhood. The group described the challenging behaviours that trauma survivors may express in extreme responses to staff behaviours, and triggers which often lead to stigmatising practices and diagnoses of, for example, a personality disorder and/or mental illness. Other issues that emerged were gender sensitivity, custody of children, sexuality, cultural issues and social inclusion.

MHCC described the work they and partner organisations ASCA, ECAV and PMHCCN have been progressing through the Trauma Informed Care and Practice (TICP) Project and Advisory Working Group to advocate for a cultural shift across all human services. Clearly evident is the necessity of promotion of community, carer and family awareness of the impacts of trauma, the development of TICP cultures and services across the disability sector, and the training of disability workers who need to be better educated about what constitutes coercion and grooming for sexual and financial abuse.

MHCC looks forward to the release of the research findings and working more closely with the disability sector in 2012.

A Ten Year Roadmap for Mental Health Reform

THE GOVERNMENT is investing $2.2 billion over five years in its National Mental Health Reform package to deliver on its commitment to make mental health a national priority. This package includes $1.5 billion over five years in new initiatives in the 2011-12 Budget. These measures build on $624 million in investments recently made by the Government, including funding for suicide prevention, expanding services such as headspace for young people, and more mental health nurses.

The government invited interested stakeholders to respond to a survey on the draft reform paper released on 12 January 2012. MHCC also responded to this request with a submission paper to the Minister highlighting the gaps in the reform paper. MHCC prefaced its comments with concerns that the further development of the National Mental Health Roadmap should be the responsibility of the newly established National Mental Health Commission given its primary role in national mental health reform.

MHCC raised nine items of concern, but of particular importance they emphasised three issues: the lack of focus on services for adult survivors of childhood trauma with complex needs and the cultural shift necessary across all human service sectors to take into account the possible causes of the presenting problem; the transfer of responsibility of ageing consumers with long term mental illness whose complex needs are currently poorly met by the aged care system with complex presentations frequently addressed with medication and management solutions rather than holistic and recovery orientated care. MHCC also raised the issue of the physical health needs of people living with a mental illness. Due to poor health care, people with mental illness are more likely to develop chronic diseases at a younger age, develop complex health needs and co-morbidity due to untreated conditions; and face barriers in accessing services and die 15-25 years earlier than others in the population.

For more information view the submission on our website at www.mhcc.org.au/policy/submissions

Peaks developing partnerships

MHCC IS PROUD to announce the establishment of a learning and development partnership with the Mental Health Coalition of South Australia (MHCSA). This exciting initiative was formalised in late 2011 with MHCSA as they commenced training the Certificate IV in Mental Health to the community mental health sector in SA under the auspice of MHCC in its capacity as Registered Training Organisation (RTO).

While MHCSA has benefited greatly from being able to deliver the most current training in recovery orientated practice to SA workers MHCC has also benefited greatly from working collaboratively to ensure SA workers have access to the most current knowledge and practice to support consumers.

In November MHCC visited MHCSA to review their operations. MHCC conducted an audit to identify any areas for improvement, and also highlight good practices, as required by our registration as a Registered Training Organisation (RTO).

We look forward to progressing our training partnership with MHCSA into the future.

MHCSA Staff – from left: Tracey Davis, Christine Inkster, Fiona Gilmore and Paul Creedon

MHCSA Projects

During MHCC's visit, MHCSA staff shared examples of their work during Mental Health Month, including initiatives around workforce development and the relationship developed with Flinders University for a training needs analysis of the sector.

EMBRACING DIFFERENTNESS

Another interesting project is the "Mindshare" website – a compilation of artwork, stories, and other creative media submitted by consumers, carers, sector workers and friends (see mindshare.org.au)

"I am still deep in the process of recovering 'me' and I still struggle a lot but making art each day infuses me with energy and gives me a quality of life I didn't have ten years ago. I think everyone needs meaning and purpose and people suffering mental illness are no different. Having something I love doing, something that builds confidence and sustains me through difficult times has helped me find some of the self I lost after I became ill. I have some light in my head now instead of constant darkness, which brings me so much relief."

Michelle Hosking

Image: A Different Deer © Michelle Hosking 2011

MHCC and BRC – working together

Specialised recruitment for the Social Housing and Community Welfare sector

MHCC and BRC Recruitment are pleased to announce the renewal of their preferential recruitment agreement offering all MHCC members discounted recruitment rates. We hope that members will take advantage of this offer and kick start their recruitment campaign for 2012!

Who are BRC Recruitment and what do they do?

BRC are a specialist recruitment agency with over 12 years experience in the Social Housing and Community Welfare sector and have developed a reputation of providing quality, cost effective, professional and personalised staffing solutions across NSW and Victoria. They offer permanent, contract and temporary employment solutions.

To celebrate the renewal and continued partnership with MHCC, BRC Recruitment are offering an additional 1% discount on their preferential 2012 rates offered to ALL MHCC members on positions registered before 31 March 2012.

Some of the positions BRC recruit for are:

CEO and Senior Management roles
Policy & Strategy roles
Programme Managers
Care Coordinators
Homelessness and Outreach Workers
Support Workers
Casual Support Workers
Psychologists
Mental Health Clinicians

Did you also know that BRC have a dedicated team to supply casual relief staff?

Due to the continued growth in the sector we have found more and more of our clients asking for casual relief staff, contact Michelle on 02 8245 1408 to find out more.

If you would like to discuss your recruitment strategy for 2012 please call one of their helpful and experienced Consultants on 02 8245 1400.

THE NSW MENTAL HEALTH REVIEW TRIBUNAL: AN ANALYSIS OF CLIENTS, MATTERS AND DETERMINATIONS

IN FEBRUARY 2012, NSW Law & Justice Foundation Chair, The Hon. Paul Stein QC AM launched an important report on the role and operation of the NSW Mental Health Review Tribunal (MHRT).

The *NSW Mental Health Review Tribunal: An analysis of clients, matters and determinations* (Cain, M, Karras, M, Beed, T & Carney, T 2011) follows on from the larger ARC linkage Project examining mental health review tribunals in Australia: *Australian mental health tribunals: space for fairness, protection & treatment?* (Carney, Tait, Perry, Vernon & Beaupert with Beed, Cain, Coumarelos & Chappell 2011).

During the course of this research project it became evident that a more extensive examination of the work of the NSW MHRT would be of real value, providing a more in-depth understanding of the legal and access to justice needs of disadvantaged people with mental illness. The aim of this research study was to "provide a comprehensive description and analysis of the characteristics of a sample of mental health clients and mental health matters that came before the NSW MHRT for determination between 2003 and 2007 under the previous NSW Mental Health Act 1990."

The study allowed an "examination of the distinguishing characteristics of those mental health patients coming into contact with the MHRT for the first time and their related event histories. It also provided insights into a range of issues central to therapeutic jurisprudence and the legally-regulated side of mental health service delivery."

The Executive Summary notes that "not every individual in the general population who has a mental health issue comes to the attention of the mental health system, let alone the MHRT. Thus, any identified differences in the demographic characteristics of Tribunal clients are likely to reflect the fact that the MHRT deals with mental health issues at the higher end of the scale of seriousness and urgency.

Conversely, clients with matters heard by the Tribunal represent a very small proportion of the population seeking mental health care." To read the report in full visit the L & J F website: www.lawfoundation.net.au/ljf/app/&id=B19EA6014B5BEC5ECA2579570083852A

Reference: Cain, M, Karras,M, Beed, T & Carney,T 2011. *NSW Mental Health Review Tribunal: An analysis of clients, matters and determinations.*

Professional Development Series

IN 2012, MHCC Learning and Development will present a custom built series of workshops. Experts in their field will be selected to deliver stand–alone workshops for mental health workers in the community sector.

A Recovery Approach to Risk is a two day workshop exploring the origins of risk thinking in contemporary society and mental health services, as well as the origins of recovery. The recovery approach amplifies the voice and personal meaning of people with lived experience.

Recovery requires us to take a much broader view of risk – one that is concerned with the subjective experience and life chances of people with lived experience and those close to them. The workshop uses interactive exercises where people consider risk situations in their own work and see role plays of these situations enacted in a traditional and a recovery oriented way.

Tools for Supporting Recovery is a two day workshop providing tools for practitioners to offer people using their services. These tools are informed by knowledge of people's experience of distress and recovery.

At the most fundamental level practitioners can invite people to reframe their life stories which may have been interrupted by trauma, stigma, loss and service failures – using the template of the hero's journey.

In day two other recovery tools will be presented, which are designed to make it easier for people to manage their minds, enhance their relationships, maximise their income, seek work and housing, get the most out of services and deal with life crises. These tools have been developed in a peer support and education context and practitioners will be given tips on how to offer the tools to people in an empowering way.

Recovery Approach to Risk and Tools for Supporting Recovery facilitator – Mary O'Hagan

Mary O'Hagan used mental health services in New Zealand for eight years as a young woman. Ever since, she has worked to make a difference to the way society and services respond to people with major mental distress.

Mary was the first chair of the World Network of Users and Survivors of Psychiatry and an advisor to the United Nations and World Health Organization. At one time a Mental Health Commissioner for New Zealand, Mary is now an international speaker, consultant and writer, using her unique expertise in recovery, wellbeing and discrimination.

Working with Voices is suitable for frontline mental health staff and will equip participants with a tool kit for working with voice-hearers.

Using MP3 technology (supplied), experience the world of a psychiatric disability through a simulated experience of hearing voices that are distressing. The objective of the workshop is to gain a better understanding of the challenges that people with a psychiatric disability face, identify the difference between voices that are distressing and other voices, and to develop coping strategies.

Workshop facilitator – Arana Pearson

Arana Pearson is director and principal trainer for Keepwell Ltd in Australia and New Zealand, an organisation that specialises in delivering experiential learning and recovery-based training to the mental health sector.

Arana is an educator, musician and writer who became involved in the mental health service sector some years after his own experience of using mental health services. He was the first chairman for the national consumer advisory group in the New Zealand project to counter stigma and discrimination associated with mental illness (Like Minds Like Mine).

Motivational Interviewing utilises an interpersonal style designed to assist clients to explore and resolve ambivalence, and to increase motivation for change. The workshop explores the principles and practices of person-centred counselling to encourage the person to move through the stages of change and make personal choices along the way.

The aim of the workshop is to provide an overview of the theory and practice of motivational interviewing with a particular focus on its application within the mental health and substance use context.

Workshop facilitator – Alison Bell

Alison Bell has a background in Nursing and Psychology, and has worked in the alcohol and other drugs (AOD) field since 1987. Alison has been involved in the development of motivational interviewing since 1989. Alison has published several papers on the application of motivational interviewing in broader health and welfare settings, and works as a consultant to a number of organisations including MHCC, Department of Education and Training, Department of Corrective Services, NSW Institute of Psychiatry, Juvenile Justice, Community Services, and the Centre for Community Welfare Training.

For dates and other workshop information visit the Professional Development Series page at www.mhcc.org.au

Mental Health Connect

Mental health recovery and recovery-oriented practice training for community workers

MENTAL HEALTH CONNECT is an innovative two-day course in recovery oriented practice for community workers such as those working in housing, disability, aged care, youth, employment services and family support services, who support people with mental health problems on an ongoing basis.

In 2011, MHCC completed a review of the program incorporating participant, organisation, and trainer feedback, conducting a recovery and recovery oriented practice literature review encapsulating both Australian and international texts. The new Mental Health Connect program materials and training were piloted in late 2011 and will be launched in early 2012.

Mental Health Connect differs from other mental health training in that:

- Workshops are facilitated by qualified, experienced trainers who have lived experience of mental illness thereby embodying "nothing about us, without us"
- Uniquely developed to meet the needs of community workers
- Based on recovery principles and recovery oriented practice
- Designed to promote both mental health literacy and skills

Mental Health Connect provides training in:

- Recovery and recovery oriented practice
- The experience of mental distress from a range of perspectives, including trauma
- Tools and resources for supporting recovery and physical, social, spiritual and emotional health
- Duty of care, dignity of risk and positive risk-taking
- Mental health policy and legislation
- Navigating the mental health system in NSW
- Worker self-care

In 2011, 345 workers participated in 19 Mental Health Connect courses in Sydney, regional NSW and the ACT.

Mental Health Connect will soon make the move to regional NSW – following the Leadership In Action course into Lismore. MHCC co-hosted Meet Your Neighbour sessions to network and introduce the new Mental Health Connect format to local organisations in the Lismore and the Northern Rivers area (Feb 7th On Track, Tweed Heads and Feb 8th Northern Rivers Social Development Council, Lismore)

What people are saying about Mental Health Connect..

"The Mental Health Connect course is an excellent way for staff to gain different ideas and perspectives about mental illness and how to work with people with a mental illness. The staff said it gave them further insight in to the often complicated lives of the people we support. Four months later and the staff still say it was an excellent course and are using the knowledge they learnt to shape the way they work with and talk about mental illness. It has also helped encourage a staff member to think about continuing their studies and [to] apply for the Cert IV in Mental Health."

Kate Purcell, Senior Worker, Samaritans Foundation

"The two trainer model is a must; great materials, great stories, and a very professional team."

Course participant

[Since undertaking the course] "We have involved clients more in the running of activities. Clients now regularly facilitate workshops at our women's group"

Course Participant

MHCC believes all community workers in regional areas, where organisations may need to offer a more diverse range of services than in metropolitan areas to meet the needs of consumers, would benefit from the specialised training offered in the Mental Health Connect workshops.

Courses are scheduled on the MHCC Learning and Development calendar and customised training is available for organisations.

For more information contact MHCC/LD on 02 9555 8388 ext 106 or by email at training@mhcc.org.au

BREATHE EASY

HAS YOUR organisation attempted to make changes around smoking? How well was the change process managed? Organisational change can be fraught with many challenges and obstacles and often met with some resistance, because sticking to "the devil you know", can appear to be easier.

One issue that organisations in the community sector are more commonly changing is how they address smoking. Over the last four years MHCC has worked closely with a number of organisations to address smoking through various projects and training opportunities.

Staff attitudes and poor communication are often the most common obstacles to making changes, so clear and quality communication is important to get people 'on board'; to explain why change is needed, how it will occur, what to expect, how staff and consumers will be affected and how they can help.

Organisations that have provided clear communication and allowed for open questioning and consultation have been the most successful, making long term sustainable changes to address smoking.

From all of these experiences five key ingredients for successful change around the issue of smoking can be offered:

1. Leadership – from management and key stakeholders.
2. Quality communication – clear and consistent.
3. Education – teach skills to support consumers and staff to reduce smoking.
4. Policy development – update smoking policies that are clear and current.
5. Support and resources – provide support to consumers and staff to address smoking and commitment of resources.

MHCC has three pathway options to assist organisations:

1. Free 1 Day training in Smoking Cessation until June 2012 funded by the Cancer Council NSW;
2. 2 Day Breathe Easy accredited at Cert IV level training; or
3. Training and Organisational Change Package where MHCC can work with your organisation over a 6 month period or more.

For more information visit the MHCC website or contact Carla Cowles carla@mhcc.org.au or m: 0404 899 231. Carla will be presenting "Smoking Cessation for Community Mental Health" as part of the Professional Development Series. For more information contact rebecca@mhcc.org.au

IS HEALTH AN INDIVIDUAL OR SOCIETAL RESPONSIBILITY?

IN THE 1990s, a list of "top 10 tips for health" was compiled. Some Public Health professionals in the UK thought that although the list was well intended, it assumed that health was solely an individual responsibility... So they came up with an "alternative top 10 tips" list. Both of these lists are below. The second list is intended to be ironic, but it conveys what "social determinants" means really clearly.

Top 10 tips for health

(Donaldson 1999)

- Don't smoke. If you can, stop. If you can't, cut down.
- Follow a balanced diet with plenty of fruit and vegetables
- Keep physically active
- Manage stress by, for example, talking things through and making time to relax
- If you drink alcohol, do so in moderation
- Cover up in the sun, and protect children from sunburn
- Practice safer sex
- Take up cancer screening opportunities
- Be safe on the roads: follow the Highway Code
- Learn the First Aid ABC – airways, breathing, circulation.

Alternative top 10 tips for health

(Gordon 1999)

- Don't be poor. If you can, stop. If you can't, try not to be poor for long
- Don't have poor parents
- Own a car
- Don't work in a stressful, low-paid manual job
- Don't live in damp, low-quality housing
- Be able to afford to go on a foreign holiday and sunbathe
- Practise not losing your job and don't become unemployed
- Take up all benefits you are entitled to, if you are unemployed, retired or sick or disabled
- Don't live next to a busy major road or near a polluting factory
- Learn how to fill in the complex housing benefit/ asylum application forms before you become homeless and destitute.

Meet Psychiatric Rehabilitation Australia (PRA)

VFP SAT DOWN with Divisional Manager for Inclusion, Janet Meagher, to talk about the work PRA is doing to support mental health consumers and carers.

Recently PRA announced its merger with Richmond Fellowship (now Richmond PRA). Ms Meagher believes this will be a very natural and complimentary partnership. Richmond Fellowship and PRA offer in many respects a different suite of community based services which when combined will form an extensive and comprehensive service network across NSW. For example, PRA has employment and social enterprise options and Richmond Fellowship operates Aboriginal support services.

The Richmond/PRA merger is currently in a transition phase and many in the sector are interested to watch how the partnership develops over time. However this member spotlight is focussed particularly on PRA as this edition of View From the Peak is focussed on developments in the field of social enterprise, in which PRA is a leader.

PRA assists people who have long term lived experience, are considered chronically mentally ill or who have previously been unable to find community services that address their individual needs. PRA offers a range of pre-employment and supported employment programs as well as structured activities, training and community support.

When PRA began operations in 1955, the transition from hospital to home was often difficult and disheartening and at times began whilst still in a state of acute crises. Responsibility for the success or failure of recovery was placed squarely on the shoulders of the consumer, with failure seen to result from not following rigid treatment plans over which they had no control. Ms Meagher believes that, although much has changed since PRAs inception, there are still many gaps in community mental health services for chronically unwell people.

By using the word rehabilitation, PRA recognises that "recovery belongs to the consumer, not the service provider". PRA's approach is structured around the three R's which can be revisited or reordered in a way that best suits a persons' own experience and recovery process.

Respond to the needs of a consumer in crisis

Restore dignity, humanity and a sense of self

Reintegrate to live a fulfilling life amongst carers, friends and colleagues

PRA offers a "smorgasbord" of recovery oriented programs, from which consumers can make a considered choice about what they find works. Programs are

"recovery belongs to the consumer, not the service provider."

tailored by using the Camberwell Assessment of Needs and a health needs survey (Back on Track Health Program), undertaken by the consumer, enabling self-monitoring and offering a sense of empowerment.

Programs and services include:

- **PreEmploy Institute** – Provides specialist support staff (Vocational Support, Job Coach, Peer Support Worker, Personal Mentor) to consumers wishing to re-join the job market. PreEmploy also provides short term paid employment, allowing workers to use and build on their skills and undertake training.
- **Disability Employment and Affirmative Action programs** – A strong peer worker focus (over 25% of PRA's staff have lived experience) and an adaptable approach in the workplace helps build consumers' confidence in PRAs services and programs. PRA does not place emphasis on workplace disclosure, believing instead that an employment environment offering support and trust provides a safe space for individuals to express themselves as they feel comfortable.
- **Platform 10** – A social enterprise conference venue providing training and work experience in the hospitality industry. On completing traineeships with recognised qualifications, graduates are encouraged to return as mentors for new students which gives them a greater sense of responsibility and achievement.
- **EnterPRAise Work Crew program** – A maintenance, cleaning and gardening service provides practical work experience for students undertaking Cert IV in Horticulture. EnterPRAise has achieved a remarkable 100% success rate of course completion with many participants going on to further study.
- **PRA Mosaic** is a transitional recovery program operating in Caboolture, QLD, providing up to 12 months support for consumers moving into community based accommodation.

For more information on PRA or to receive their quarterly newsletter PanoRamA, please visit www.pra.org.au or email: warren.h@pra.org.au

PRA
mental health recovery
living, learning, working in the community

APPLICATIONS FOR THE POSITIVE LIVING IN AGED CARE PROJECT AWARDS 2012 ARE NOW OPEN

MHCC PARTICIPATED in the judging of last years' **Positive Living in Aged Care (PLAC) Awards**. The PLAC Awards project aims to recognise residential aged care providers in NSW who are implementing strategies to promote a positive approach to the prevention and management of mental health conditions.

All Commonwealth funded residential aged care facilities (RACFs) in NSW are encouraged to apply. **Applications close 29 June 2012.**

Awards

Six awards will be given across the three categories with a total of $45,000 in prize money. Applications are judged by a panel of industry experts and the awards will be presented on 3 September 2012 at Luna Park, Sydney.

Who can apply

The PLAC Awards are open to all New South Wales RACFs receiving Commonwealth funding, that are currently operating the initiative at the time of application.

How to apply

Download the application form and information below for details on submission requirements.
Go to www.agedservices.asn.au/products-services/residential-care/positive-living-in-aged-care

The project developed through the NSW Older People's Mental Health Working Group is funded by NSW Health and managed by the aged care peak body organisations, Aged and Community Services Association of NSW & ACT and Aged Care Association Australia – NSW.

For further enquiries please contact Diane Herr, Mental Health Promotion, Project Officer, on (02) 8754 0400 or 0408 885 893 or email plac@agedservices.asn.au.

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mhcc
mental health coordinating council

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