

## Partners in Recovery

DETAILS of the long awaited *Partners in Recovery* (PIR) initiative have finally been announced through release of a PIR briefing paper and Australia wide information sessions. PIR is worth \$549.8m over five years and will establish PIR organisations in each of the 61 Medicare Local areas across the country. PIRs will employ support facilitators whose role it is to bring some coherence to what is currently a pretty fragmented service system. The target population for PIR is an estimated 24,000 people who have severe, complex and persistent problems associated with their mental health. Many of these people will have 'fallen through the gaps' between service silos or shun services because of previous negative or unhelpful experiences.

In the run-up to the release of PIR program details, there has been considerable disquiet about perceived duplication of the function of PIR support facilitators with existing care coordination roles such as public MH case managers, HASI workers and PHaMs workers. There has been concern that another service coordination role would add to the service maze a person was confronted with rather than streamline the experience for service users. The term *Partners in Recovery* is one that could potentially be applied to a range of providers and has had people asking the question, "Can you have too many partners in recovery?"

However recent clarification on the aims of PIR has provided some hope that PIR will add a cross sector capacity to the service system that current coordination roles within specific programs struggle to develop and maintain. It has the potential to do this where many other initiatives have come up short because it has deliberately kept the service modelling scant allowing people in the different regions to put forward their concept for how to improve service integration specific to existing structures and programs at the local level.

The effect of this approach will be to ensure those tendering for PIR have done considerable multi-agency partnership building, service mapping and population analysis prior to the tender submission. The process of completing the tender for PIR will need to demonstrate the lead agency has the capacity to bring together the right groups, individuals and organisations and sectors; the ability to garner support and commitment to streamline the consumer experience at the local level and an ability to balance focus on individuals and their specific recovery as against the focus on system level service integration.

PIR is innovative and exciting - there's no doubt the initiative is a gamble - it will either be an unmitigated disaster that alienates existing providers if not well managed or just the thing that's needed for a group of people largely failed by the system to date. There is much conjecture that recently established Medicare Locals will take on the lead agency role within applying consortia. Acknowledgement of the opportunities for shared learning across programs and sectors in PIR will be important to the tender assessors in these applications. Hopefully applications from consortia where a community managed organisation takes the lead agency role will also get up. This will



Allan Burke 2012

enrich the learnings from the PIR evaluation giving opportunity to compare and contrast approaches and priorities from different sectors.

Good Luck to all who intend to tender for this exciting new initiative.

**Jenna Bateman, Chief Executive Officer**

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## MHCC Activities – at a glance

### Projects:

- Physical Health
- Aged Care
- Community Mental Health Drug and Alcohol Research Network (CMHDARN)
- Infrastructure Grants Program
- Social Enterprise
- MHCC Policy Resource
- Service Coordination Strategy
- CAG/MHCC 'Recovery Resource'
- Mental Health Rights Manual
- Trauma Informed Care & Practice
- Supervision practices in MH community managed organisations: literature review, consultation report, recommendations and tools for implementation
- No Wrong Door Mental Health Drug & Alcohol Change Management Project
- Sector Benchmarking
- National Outcome Measurement and Minimum Data Set
- Community Mental Health Australia – Promotions Paper
- National Directions in Mental Health Workforce Development

### Submissions:

- Inclusion in NCOSS's Pre Budget Submission 2013-14
- Transfer of Care from Mental Health In-Patient Services
- Workforce Competencies: Providing continuity of care and supporting self-direction – An Education and Training Skills Needs Analysis
- In response to Living Life My Way: Putting people with a disability at the centre of decision making about their supports in NSW
- Improving 'Open Disclosure' processes following a suicide whilst in care/post discharge and moving to a more effective, accountable, collaborative model of care for people at risk of suicide

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

- Central Coast ARAFMI Dual Diagnosis Symposium 04/07/12
- Illawarra Mental Health Service – ROSSAT 31/06/12

- NSW Health Creating Synergy 2012 Drug & Alcohol Conference 27 & 28/06/12
- VICSERV Conference 25/06/12
- Queensland Alliance Altering States 07/06/12
- National Recovery Practice Framework 6/08/12
- MHCC CEO Forum 28/05/12

### MHCC notable representations in advisory, reference groups, working groups and committees:

- Boarding House Support Initiative (BoHSI) Tender Evaluation Panel
- Sector Benchmarking Project Reference Group
- NSW Homelessness Community Alliance
- NSW Health Budget Briefing for mental health stakeholders
- Housing and Mental Health Interagency Implementation Committee meeting (NSW Health/Housing NSW)
- National Outcome Measurement Project planning meeting
- Housing NSW consultation on changes to the Private Rental Subsidy Scheme
- AIHW consultation of NSW Health on National MDS
- Housing NSW NGO Partners Reference Group
- Dubbo Rehabilitation and Recovery Centre Tender Evaluation Panel – EOI selection
- Velim. Improving Clinical Decision Making Project
- Hoarding and Squalor Taskforce
- Health Complaints Commission HCCC
- Health Policy Advisor Group HPAG
- NGO Grants Program Advisory Committee meeting
- Youth Health Coalition

### MHCC attended notable events including:

- Benchmarking workshop
- NGO Research Forum
- Person Centred Approaches, Living Life My Way, Ageing, Home Care and Disability
- National E-Health Transition Authority Vendor Partnership Forum
- National Recovery Forum
- FaCS Specialised Homelessness Service Reform Consultation and Launch
- Older Person's Mental Health Forum
- NDIS Transition Project Workshop

# Taking Our Place: Community Mental Health Australia



COMMUNITY Mental Health Australia (CMHA) has been established as the national peak body to provide leadership and direction in promoting the benefits of community managed mental health and psychosocial rehabilitation and recovery support services across Australia. An important milestone has been reached by the CMHA alliance with it now being an incorporated association.

CMHA was established in 2007 in recognition of the shared activities, challenges and potential to effect change of the eight state and territory community sector mental health peak bodies, and to provide a unified voice for over 800 community managed, non-government organisations who work with millions of people affected by mental illness across the nation.

Incorporated association status provides CMHA with additional opportunities to pursue its goals and strategic directions.

The primary goals of CMHA are to:

- Build a viable and sustainable community managed mental health sector, and to
- Promote the value and outcomes delivered by community managed mental health services based on a philosophy of recovery and social inclusion.

The five-year journey to establish CMHA as an incorporated association brought together the various concerns and priorities of eight separately constituted organisations, all of whom are funded by and work alongside numerous departments of state, territory and federal governments who have diverse perspectives on the appropriate role and function of the community mental health sector.

Community managed mental health services – delivered in partnership with people affected by mental illness; and public, private and primary health care services – play a critical role in ensuring the economic, social and emotional health and wellbeing of all Australians. Increased funding for community managed mental health services has led to more recovery oriented services, with an increased focus on psychosocial rehabilitation and support service provision. In stating this, we acknowledge the diversity of our sector and that many community organisations also deliver ‘talking therapies’ (e.g. CBT, motivational interviewing) or may provide ‘treatment’ services (e.g., diagnostic and cognitive-behavioural functional assessments

of people’s needs, including suggestions for medications).

Unfortunately, National Health and Hospital Reform is yet to fully consider the contribution and situation of the community managed mental health sector. For this reason, an increased understanding of who the sector is, the services it provides, the staff and volunteers that provide them, and the developing evidence base for the efficiency and effectiveness of community managed mental health services is critical. CMHA has been established to undertake a national leadership role in this regard.

To achieve this, funding opportunities are now being pursued to progress a coordinated national sector research and development strategy to address:

- data collection and outcome monitoring
- workforce development and learning
- quality improvement
- coordinated and integrated service delivery.

The release of the *Taking Our Place: Community Mental Health Australia – Working Together to Improve Mental Health in the Community* publication is an action to promote the value and contributions of community managed mental health services. The document is available at: [mhcc.org.au/projects-and-research/cmha-projects.aspx](http://mhcc.org.au/projects-and-research/cmha-projects.aspx). We hope that you will use this foundational document in helping others to better understand the important services provided by the community managed mental health sector to support people in their journey of recovery from mental illness.

The state and territory community sector mental health peaks that constitute CMHA are:

- Mental Health Community Coalition (ACT)
- Mental Health Coordinating Council (NSW)
- Mental Health Council of Tasmania
- Mental Health Coalition of South Australia
- Northern Territory Mental Health Coalition
- Psychiatric Disability Support Services of Victoria/VICSERV
- Queensland Alliance for Mental Health
- Western Australia Association for Mental Health.

## 2012 Members Survey

FILLING IN SURVEYS is not one of the most thrilling activities in life, which is why MHCC is very grateful for our members who took their time to complete the 2012 member survey in May. Approximately 50 responses were received – a response rate of 25.1% of our membership.

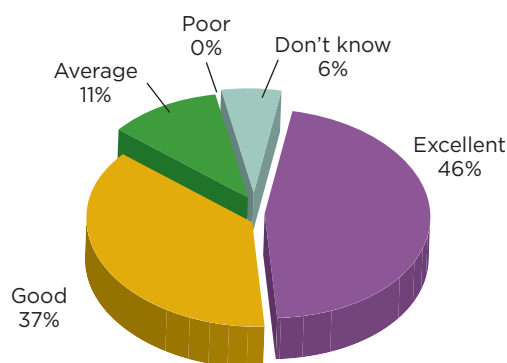
The survey was conducted anonymously, but respondents were given the opportunity to provide their details for a prize draw for cinema tickets. Of the respondents who took this opportunity, the services and locations of these respondents indicated that a good cross section of our membership had responded, including good regional representation.

This article highlights some key themes from the survey results, along with actions that we have or will be taking to address suggestions for improvement. Some quotes from respondents are also included.

### MHCC's performance

When asked how people would rate the performance of MHCC in various areas, we received particularly good feedback in terms of how we keep members informed, our FYI e-newsletter, and learning/workforce development (67%, 59% and 55% respectively rated these areas as 'excellent'). **Figure 1** shows that 83% of respondents felt that MHCC's overall performance is 'excellent' or 'good'.

**Figure 1: Overall performance of MHCC**



**'The Learning and Development unit has significantly expanded and is very impressive.'**

### Usefulness of projects

In terms of how useful members think our projects have been, there was very positive feedback about the Trauma Informed Care initiatives, Mental Health Rights Manual, and our work in developing a peer workforce (79%, 79% and 72%, respectively rated these three areas as 'very' or 'quite' useful.)

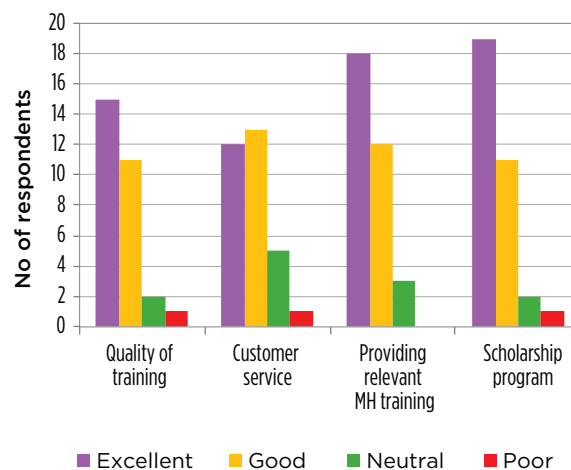
This question highlighted projects with less awareness amongst our membership, such as the Data Management Strategy, and the Community Mental Health Drug & Alcohol Research Network. Projects such as these have the close involvement of some of our membership, and once the projects are more mature, we will be publicising them further, to increase awareness in these areas.

### Learning & Development

Of the qualifications and courses offered by MHCC L&D, the ones that members stated they would most likely enrol staff in the next 12 months were the Certificate IV in Mental Health, Mental Health Connect and the Advanced Diploma in Community Sector Management (59%, 47% and 43% respectively stated that they would 'definitely' or 'maybe' enrol staff).

In relation to the performance of MHCC LD, the highest rated areas were scholarships, providing relevant training, quality of training and customer services. **Figure 2** presents some statistics from this question.

**Figure 2: Learning and development quality indicators**



## Areas for improvement

Members were asked to suggest improvements that MHCC might make.

**Table 1** presents some of these suggestions, along with actions that MHCC has or will take.

**'The MHCC is fantastic in the work that it does to update the field about important developments in mental health. Very valuable – big thank you!'**

**Table 1: suggestions for improvement and MHCC actions**

Feedback	MHCC actions
I feel bombarded by the amount of training info/courses... Segment your database list and find out who is likely to want training on what – and then tailor your communications	We are in the process of implementing a relationship management system which will enable us to better target emails to membership.
More L&D activities for middle and senior managers	We will continue to provide the Advanced Diploma of CS Management (LIA), and our Professional Development seminars will contain valuable content for managers.
Continue with more self-promotion to the broader community sector, and public	MHCC are engaged in multiple projects 'outside' of the mental health CMO sector, including our partnership with NADA, the physical health project, aged care, work with justice organisations, and work promoting the CMO sector to Medicare Locals. Details of these can be found in the Projects section of our website.
(Improve) processing of membership	Membership renewal has now been aligned to a regular annual renewal time for all our members. The MHCC Board is currently considering additional member benefits and reciprocal membership.

## Comparison with past results

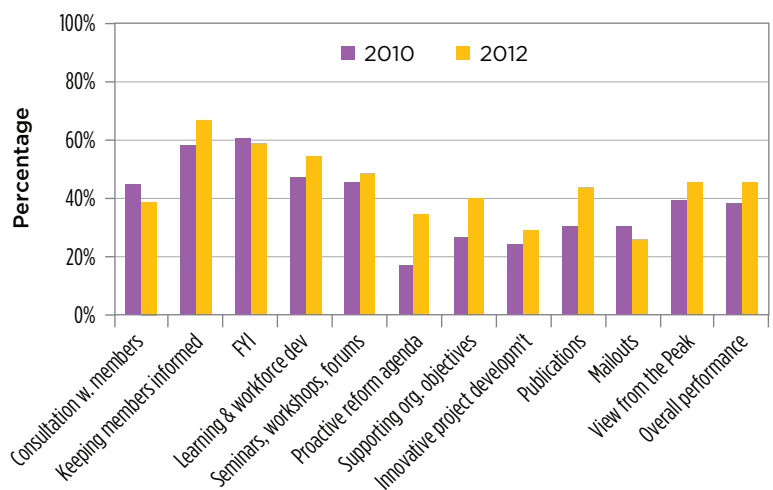
The members survey was last conducted in 2010 (in 2011, our main membership surveying efforts were around the new strategic plan).

**Figure 3** presents a comparison with 2010 results, particularly the number of respondents who thought that various aspects of MHCC's performance were 'excellent'. It is great to see an improvement in nearly all of the areas, particularly the doubling in the proportion of people who rated our 'proactive reform agenda' as excellent.

**'A very pro-active peak body thank you for all your support.'**

Thank you to all of our members who completed the survey. MHCC will continue to review our performance to see where we are on track, and where we need to concentrate our efforts in the future.

**Figure 3: Percentage of respondents who thought aspects of MHCC performance was 'excellent' – 2010 and 2012**



## Partnership Forum: supporting pathways between services

MHCC and the Network of Alcohol and other Drug Agencies (NADA) further cemented their collaboration with the 2nd Partnerships Forum on 9 May. Over 100 participants attended from across sectors including representatives from Local Health Districts and Medicare Locals.

The primary aim of this second Forum was to develop and explore the partnerships and linkages required to ensure effective and sustainable pathways between services to meet the needs of individuals, families and communities affected by co-existing mental health and drug and alcohol issues.

The two key discussion topics were:

### Challenges and opportunities for effective partnerships in the current and emerging environment

A range of ideas and insights into building partnerships including: maintaining the focus on consumers and ensuring consumer participation; developing a shared language between organisations and sectors given the diversity of partnership arrangements; recognising and proactively dealing with the inherent tensions given the different ideologies and branding that each agency brings to partnership; exploring new joined-up service models as well as models that allow small NGOs to retain their specialist and niche role.

### Practical and innovative approaches to establishing and sustaining effective partnerships

Panel members presented on a range of innovative approaches to establishing effective

partnerships. Topics included: the benefits and impacts for each partner; agreed strategies the partnership will undertake; developing best practices for efficient and effective work; building staff and sector competencies.

An afternoon workshop was held to build practical skills in negotiating and formalising partnerships.

### THE 7 STAGES OF PARTNERSHIP DEVELOPMENT

MHCC has gathered together some resources to assist you to work through partnership development, from initial concept development right through to formulating agreements and proposal writing.

The resource comprises the following:

- Creating and communicating a shared vision
- Building an evidence base to support your vision
- Determining stakeholder readiness
- Establishing partnership dynamics
- Creating a blueprint for your venture
- Governance planning
- Agreement writing

For more detailed information on outcomes of the day and more partnership information visit: [www.mhcc.org.au/sector-development/promoting-partnerships.aspx](http://www.mhcc.org.au/sector-development/promoting-partnerships.aspx)

## Improving approaches to person-centered service coordination practice

IT HAS become evident that while there is increasing discussion around service coordination at the systems and service levels, there has been little consideration for the practice level requirements to provide effective coordination. In addition, there has been little discussion around how care can be coordinated in a recovery-oriented fashion that promotes and maximises consumer self-direction.

MHCC's *NSW Service Coordination Strategy* is being progressed in response to recommendations arising from the 2010 *Sector Mapping Project*, with an aim to improve service access and continuity of care. It is expected that the *Strategy* will also contribute to implementation and evaluation of the impending 'Partners in Recovery' initiative and National Disability Insurance Scheme (NDIS), and inform

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the 'shared care/service coordination' activities area of National Mental Health Workforce Development Strategy and Plan.

MHCC recently facilitated consultations with consumers, carers and service providers titled *Workforce Competencies: Providing Continuity of Care and Supporting Self-direction* to identify the workforce competencies (including knowledge, skills and attitudes) required by service providers to ensure effective care coordination. Additional targeted interviews are being conducted throughout July/August 2012 with key informants. The rich qualitative data collected is currently undergoing thematic analysis, and will enable MHCC to provide evidence and recommendations about training and education. The final report on this activity will analyse existing training and how competencies identified as being crucial to effective care coordination can be strengthened or included within qualifications. It will also provide recommendations for next steps for the *Service Coordination Strategy*.

Underlying these skills is the importance of service provider attitudes, including respect for consumers as equals and the experts in their own

**The final report on this activity will analyse existing training and how competencies identified as being crucial to effective care coordination can be strengthened or included within qualifications.**

care, and for other service providers in different services, sectors and disciplines. Preliminary analysis suggests that recovery orientated, respectful, flexible, non-judgmental and collaborative attitudes in particular are deemed to be of great importance to achieving effective care coordination.

Following this, MHCC aims to convene a Project Reference Group to assist in the progression of a *NSW Service Coordination Strategy* including investigation of service and system level components. MHCC also aims to commence service coordination trials in NSW.

For more information about the *Service Coordination Strategy* Project please visit our website or contact Tina Smith, Senior Policy Officer, at [tina@mhcc.org.au](mailto:tina@mhcc.org.au).

## Community Mental Health Drug and Alcohol Research Network

THE AIM of the Community Mental Health Drug and Alcohol Research Network (CMHDARN) is to build the capacity of non-government mental health and drug & alcohol services to engage in research and develop more strategic and long term relationships with researchers.

There has been plenty of action happening in the last few months, as well as plans for the future. Here are some highlights:

### **The Research Seeding Grants program update**

Considerable interest was shown in the Research Seeding Grants program. Twenty three applications were received and 15 were successful. Details of those successful applicants are on the website. An assessment panel met for a day and considered each Expression of Interest (EOI) in accordance with the guidelines and the EOI's proposed methodology and outcomes. We are excited at the range of projects which will be undertaken through this grants program.

### **Reflective Practice forum: Stigma and Discrimination Towards People with Drug and Alcohol & Mental Health Issues**

The first CMHDARN Reflective Practice forum webinar occurred on 1 August. These forums are an opportunity to hear presenters talk about their recent research and ask questions directly of the researchers. We hope that the use of webinar technology will provide greater access to our members located in rural and regional areas, thus bridging the great distances that separate the NSW workforce. This first webinar featured Ms Annie Madden from Australian Injecting and Illicit Drug Users League and Mr Frank Quinlan from the Mental Health Council of Australia, and was facilitated by Dr Katherine Mills, Senior Lecturer and National Health and Medical Research Centre Research Fellow, NDARC, UNSW. If you missed the webinar, it can be viewed here: [https://amp.redbackconferencing.com.au/Recordings/Webinar/MHCC\\_01\\_AUG.wmv](https://amp.redbackconferencing.com.au/Recordings/Webinar/MHCC_01_AUG.wmv)

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### Website

A contract has been signed for the development of the CMHDARN website, and it is currently under construction. The domain name **www.cmhdaresearchnetwork.com.au** has been reserved. The website will be research focussed, bringing you relevant information, resources, news and links, as well as keeping you updated on CMHDARN activities.

### Mentoring

An online survey of people involved in the CMHDARN regarding their interest in mentoring has closed and results are currently being assessed.

### E-newsletter

The first edition of the newsletter has been drafted,

with a template developed. It has a working title of CMHDARN Yarn. It will be distributed soon.

### Events - The consumer's voice in research

On 16 August the Research Forum: Consumer Representation and Participation in Research, was held at Ariel Function Centre in Ultimo. Participants were invited to participate in a workshop facilitated by Dr Meg Smith around *Putting the consumer voice into research proposals*. Other sessions included *Valuing lived experience* and *Examples of consumer representation in research*.

For information on any aspect of the CMHDA Research Network, contact:

Deb Tipper, Project Officer, Research Network  
deb@mhcc.org.au

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## Infrastructure Grants Program

THE NSW Health funded Infrastructure Grants Program (IGP) has recently been completed. The IGP was commenced in 2006-07 and has seen 64 organisations benefit from receiving funding for the implementation of 117 different projects. The original purpose of the funding from health was to assist community managed organisations throughout NSW to improve their infrastructure to assist them in progress towards being quality accredited organisations.

The IGP has been a fantastic project that MHCC has been privileged to oversight in partnership with NSW Health. It has been far reaching throughout NSW and has had a positive impact on the sector as a whole. Across the various streams of the IGP close to \$4.4 million of funding has been injected into the sector.

Three different streams of IGP funding have been administered by MHCC:

- **General funding** - three different rounds saw 42 different organisations develop infrastructure to assist progressing towards accreditation status. The projects ranged from office renovations and equipment purchases such as IT or transportation through to policy development and entering into accreditation agreements.
- **No NGO left behind** - two different stages saw 20 different organisations previously unfunded through IGP progress towards accreditation. Unlike the general rounds the No NGO left behind funding was specifically

targeted at small to medium organisations with stage 2 focusing on Aboriginal Medical Services; Social and Emotional Well-being programs; Consumer and Carer groups.

- **Smoking Reduction** - one round saw 12 different organisations work towards enabling their staff and clients to decrease the amount they smoke with an ultimate goal towards eventually quitting. The funding enabled organisations to provide nicotine replacement therapy where appropriate in conjunction with training and programs such as breathe easy. All 12 organisations have been able to report a reduction in the number of cigarettes smoked by participants with a number having ceased smoking all together.

In addition to the funding grants MHCC has developed the following resources:

- **Sector Mapping** - This project developed a current picture of the community managed mental health sector in NSW, including strengths and gaps, to assist in future infrastructure and service delivery planning. The public report was distributed in late 2010 and is available on the MHCC website.
- **Routine Consumer Outcome Monitoring (RCOM)** - Activities in the RCOM project built on the needs of the sector identified during the NGO Development Strategy project that was completed in September 2007. In that process it was identified that NGOs needed a process to identify, collect, record, analyse and evaluate



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the input of consumers into how services were delivered and the outcomes for consumers.

- Data Management Strategy** – The Phase 1 Report contains a comprehensive data set and a sector developed minimum data set plus a review of sector appropriate data systems. The report was distributed in late 2010 and is available on the MHCC website.

To date no additional IGP funding has been announced however MHCC is always working to identify funding streams to assist our members to provide the best possible services. Stay tuned to our website and FYI for upcoming opportunities.

The following table shows the broad range of organisations that have been able to benefit from the IGP.

Adults Surviving Child Abuse (ASCA)	Good Grief Ltd	New Horizons Enterprises Limited – Byron/Tweed
Aftercare	GROW NSW	Newtown Neighbourhood Centre
Albury Wodonga Aboriginal Health Services	Helping Hands, a Service of Schizophrenia fellowship NSW Inc.	Northern Women's Health Centre
Alcohol and Drug Foundation NSW	Hepatitis C Council of NSW	NSW Consumer Advisory Group (Mental Health)
Anglicare – Urban Arts Base	Hunter Woman's Centre	On Track Community Programs
ARAFMI NSW	Independent Community Living Association	Peer Support Foundation
ARAFMI Hunter	Jewish Care	Pioneer Clubhouse (Schizophrenia Fellowship of NSW)
ARC	Kaiyu Enterprises	PRA
Australian Red Cross	Ku-ring-gai Youth development Service Inc	ROAM Communities
Australian Red Cross NSW Western Region	Lifeline Hunter and Newcastle	Rosebank Child Sexual Abuse Service
B. Miles Women's Housing Scheme	Lifeline Northern Beaches	Schizophrenia Fellowship NSW
Bathurst Mental Health Carers Support Group Inc	Lifeline Northern Rivers	SIDS and Kids NSW
Billabong Clubhouse	Lifeline Sydney/ Sutherland	Stepping Out Housing Program
Blue Mountains Food Service	Lismore & District Women's Health Centre Inc	Sutherland Community Service Inc.
Catholic Healthcare	Macedonian Australian Welfare Association of Sydney Inc (MAWA)	Sydney Women's Counselling Centre
Centacare New England North West	Mayumarri Trust	Ted Noffs Foundation
City Women's Hostel	Mental Health Association	The Richmond Fellowship NSW
Coffs Harbour Employment Support Services Inc	Mountains Community Resource Network	The Shack Youth Services Inc
Community Lifestyle Support	National Association for Loss and Grief (NSW) Inc. Centre for Loss and Grief – Bellingen/ Nambucca	The Station
Community Programs Inc	National Association for Loss and Grief (NSW) Inc. Centre for Loss and Grief – Dubbo	Waminda South Coast Women's Health and Welfare Aboriginal Corporation
Consumer Activity Network (Mental Health)	Neami	Uniting Care Mental Health
Dympna House	New Horizons Enterprises Limited – Sydney/Central Coast	WAYS Youth Service
Galambila Aboriginal Health Service Inc	New Horizons Enterprises Limited	Youth Off The Streets

# JewishCare

The following is an interview with Claire Gil-Munoz, Mental Health Program Manager, and John Hunt, Case Worker.

**JewishCare runs a number of fantastic programs to benefit all members of the community, and has recently formed the mental health foundation. How do the foundation and the mental health program work?**

JewishCare was established in 1936 and currently supports 4,000 people each year. It helps the elderly, people with disabilities and mental health issues as well as members of the community who are vulnerable or in crisis.

JewishCare's mental health program received a major boost in 2005 when a generous member of the community made a donation which enabled the program to employ another two case workers and a social worker. This allowed a much more comprehensive range of psycho social programs to be offered. It also significantly boosted the profile of the program.

**JewishCare's mission is 'Support and strengthen the resilience and independence of community members in need'.**

The growing awareness in the community about the importance of mental health issues lead to the establishment of the JewishCare Mental Health Foundation in 2012. The Foundation is able to accept donations and

bequests to support the Mental Health program which currently employs five staff members (pictured) and is supported by a further 10 volunteers.

**How do people access the mental health program?**

FirstCall JewishCare 1300 133 660 or firstcall@jewishcare.com.au is the central point of intake and information for all JewishCare, including the Mental Health program. An important initiative has been the recent establishment of a weekly stall each Friday in the Bondi Junction mall which provides a unique opportunity for people to access the staff of the Mental Health program or gather information in a non-confrontational community based setting. The stall also provides a regular meeting place for current service users. The Mental Health program has close working relationships with public and private hospitals psychiatrists in private practice as well as The Black Dog Institute.



**L to R: John Hunt, Suzi Hershco, Nina Gendell, Dr Ilan Buchman and Claire Gil-Munoz**

**What challenges are there in running the Mental Health Foundation, and how do JewishCare staff and volunteers address them?**

Raising awareness within the community about the importance of mental health and the value of supporting the newly established Foundation will be an ongoing challenge. However JewishCare has a long history of being able to attract funds for vital community programs so we are confident that the Mental Health program will attract sufficient funds to support itself. The Foundation directors are respected community leaders who will ensure that all funds collected are securely invested thereby assuring that JewishCare will be able to appropriately address the mental health needs of the community into the future.

**What is next for JewishCare?**

Our great new premises, Fischl House in Newland Street Woollahra has just opened. It has brought all our staff (160 in total including field staff and 90 office based staff) under the one roof for the first time in the organisation's history.

This purpose-built centre in the very heart of the community will improve the efficiency and effectiveness of all JewishCare's programs as well as helping to increase awareness regarding the wide range of services offered. Importantly, the Centre's proximity to public transport and car parking will also make it easier for consumers and carers to access our services.

To find out more about JewishCare visit [www.jewishcare.com.au](http://www.jewishcare.com.au), Facebook and Twitter.

## IMPLEMENTING SUPERVISION PRACTICES IN MENTAL HEALTH COMMUNITY MANAGED ORGANISATIONS IN NSW

### Recommendations and tools for implementing 'practice' supervision

IT IS widely accepted that all professionals working in the mental health field, whether clinicians or not, experienced or just starting out, will benefit from regular practice supervision. Supervision is a tool with which CMOs can build capacity, promote best practice, maintain staff-wellbeing, enhance staff professionalism, build staff cohesion and share experience across the sector. It is perhaps the most important element in the development of a competent practitioner. The supervisory relationship should be a complex blend of professional, educational and therapeutic aspects. It is within the context of supervision that professionals develop a sense of professional identity and examine their own beliefs and attitudes regarding clients and the work they undertake.

MHCC have launched a resource which sets out to provide recommendations for the development of effective supervision programs and policy across the community managed mental health sector. Through the literature review the resource explores different understandings and definitions of supervision; examines histories and theories of supervision, outlines practice models and reports on the findings from the study conducted by MHCC into current supervision practices within the mental health community managed sector in NSW. Suggested readings and case studies direct those with a deeper interest to access information which can further assist them in developing policy and practice. MHCC seeks to provide the reader with a guide to the main issues in supervision, and to provoke discussion on the appropriate application of supervision in NSW CMOs.

We have also explored ways in which CMOs are currently using supervision, examined potential benefits and costs, and identified some of the barriers to its effective use, making suggestions for organisations to consider when developing a supervision model appropriate to a particular program type, or when reviewing an existing model in place.

The structure of this paper comprises the following discreet aspects:

- A literature review: providing research evidence internationally and in Australia across a number of community/ allied health sectors as to experience and evidence based

practice in both public/ CMO / private settings over many decades.

- Scoping current practices identified through fifteen consultations with six MHCC member organisations investigating the challenges and opportunities that organisations, their managers and supervisors are experiencing.
- A report analysing the themes that arose from the consultations.
- Suggested supervision strategies for CMOs to utilise that take into account the differing service context and worker roles and responsibilities.

The issue of supervision is one that has clearly emerged as a critical issue in sector workforce development and the creation of best practice in community managed workplace culture. The Supervision Project arose out of response to an evident gap in the knowledge base surrounding supervision practices in CMOs across the community mental health and human services sectors in NSW. MHCC hope that this resource goes at least some of the way in filling the gap in knowledge around supervisory practices, and provides a useful springboard not only to practical implementation but also to further studies and research in the field.

Implementing Supervision Practices in Mental Health Community Managed Organisations in NSW; including the literature review, consultation report, recommendations, templates and checklists, is available at:

[www.mhcc.org.au/projects-and-research/supervision-practices-in-the-mental-health-community-managed-organisations-in-nsw.aspx](http://www.mhcc.org.au/projects-and-research/supervision-practices-in-the-mental-health-community-managed-organisations-in-nsw.aspx)



**'Supervision is perhaps the most important element in the development of a competent practitioner'.**



## ASCA's work poised to revolutionise outcomes for trauma survivors

WORK by Adults Surviving Child Abuse (ASCA) promises to revolutionise outcomes for consumers with the lived experience of "Complex trauma". (e.g. child abuse, neglect and family and community violence).

ASCA's soon to be released *Practice Guidelines for Treatment of Complex Trauma and Trauma Informed Care and Service Delivery* present the collective wisdom of the last two decades of national and international research in the trauma field. ASCA is now using this evidence base in its training programs to inform practice.

Large numbers of trauma survivors seek mental health services; many experience long-term cumulative effects. Yet, in current services, the needs of these consumers are often not identified, acknowledged or appropriately addressed.

The Guidelines establish a framework for responding to trauma and set the standards in two domains:

**Clinical** – reflecting growing insights into the role of trauma in mental health issues and new possibilities for recovery.

**Organisational** – outlining trauma informed principles of practice for services with which people with trauma histories come into contact.

The second domain supports the Trauma Informed Care and Practice work of MHCC and its partners, including ASCA. In asking the question: "What happened to you?" Trauma informed services work to minimise the risk of re-traumatisation and promote a person-centred holistic approach to recovery.

For more information on ASCA's training packages visit [www.asca.org.au](http://www.asca.org.au), or



## New Moves healthy lifestyle program



THE *New Moves* healthy lifestyle program offered by the Schizophrenia Fellowship is helping consumers improve their physical health, mental well-being, and over-all quality of life (Gill, 2012).

*New Moves* specifically targets the physical health and recovery needs of people with a mental illness. *New Moves* is practical and educational. *New Moves* participants set personal physical health and/or recovery goals, and work with *New Moves* trainers to achieve these goals over the 16 week program.

Each week *New Moves* engages participants in group exercise activities that are fun and target cardiovascular fitness, strength and muscular endurance. A variety of discussion topics addressing physical health, healthy eating, exercise, motivation and recovery provide education, and encourage self-reflection. Participants learn skills to prepare quick, affordable and healthy meals. Social interaction at meal-time is especially important for consumers who are socially isolated.

Data collected throughout the program indicates the benefits to the participant's physical health and overall well-being; participants had improved cardio-vascular fitness; flexibility and muscular endurance. Many participants lost weight on the program and/or reduced their waist circumference. Quality of Life (QOL) personal wellness and lifestyle questionnaires showed improvements to the participant's mental, psychological and emotional health and overall quality of life.

Please contact Dr Katherine Gill on 02 9879 2600 or [kate.gill@sfnsw.org.au](mailto:kate.gill@sfnsw.org.au) for further information.

**'... it removes the burden of us having to advocate and facilitate opportunities in environments that are overwhelming and expensive for the consumer ... Anything that improves the well being of the consumer, impacts on our well being'.**

## Addressing isolation through friendship

### What is Compeer?

Compeer, a special work of St Vincent de Paul, is an award-winning mental health friendship program which matches people living with a mental illness in a one-to-one friendship with a caring volunteer. Volunteers and 'friends' (clients) meet up regularly to engage in social activities of their choosing.

The word 'compeer' means companion and equal. A Compeer friendship addresses the stigma, social isolation and loneliness associated with mental illness by providing social support.

**"My world had fallen apart and I felt deserted. My Compeer volunteer was a sudden light in a seemingly endless dark tunnel. These days I am so much better and she is a huge part of that."**

**Compeer Friend**

Compeer is a compliment to traditional therapy. Health professionals apply to Compeer on behalf of their clients. Compeer recruits, screens, trains, and matches volunteers, and also provides ongoing support.



### What difference does friendship make?

A 2008 Boston University study showed that those involved in Compeer had significant improvements in social support and a trend towards improved subjective wellbeing. Of those who experienced improved social support, there were significant improvements in subjective wellbeing and reductions in psychiatric symptoms.

A 2010 Australian Compeer Inc. Survey showed that as a result of participating in Compeer 94% of friends (clients) reported a positive impact on their life, and 83% of health professionals reported that the friend was more outgoing, less lonely and less isolated.

For more information about Compeer's programs and locations visit [www.compeer.org.au](http://www.compeer.org.au)

## Young ARAFMI program

YOUNG ARAFMI program provides age appropriate education and counselling to children as well as educating mental health professionals. This assists in identifying children who may be at risk in some way or who need additional support.

Consistent information may help alleviate the confusion children often face when parents become ill or enter treatment. Time is spent advocating for young carers so that if necessary social, emotional and practical support is available. The worker liaises with schools and teachers making them aware of the pressures the young people may be experiencing so that the consistency which school provides in their life is maintained, even though there may be difficulties at home.

The Kids Connecting group is an important activity within the program. The group has been running for over 7 years and meets during school terms every Wednesday from 3:30pm to 5:30pm at the Bateau Bay office of Central Coast ARAFMI. The group provides a safe supportive environment for children to have some time away from the situation at home and enjoy a variety

of activities and programs including music, craft, games and excursions.

The needs of a child in a family with a member experiencing a mental illness are complex and varied. Life can be really tough. The effects of this may play out in many aspects of the child's life. Certainly emotionally, but not always so obvious physically, financially, socially, academically and developmentally as children often prematurely take on more adult responsibilities within the family.

For more information on ARAFMI programs visit [www.ccarafmi.org.au](http://www.ccarafmi.org.au)



### SPOTLIGHT ON THE SECTOR - IT'S ALL ABOUT YOU

MHCC members are invited to celebrate the programs and services that have help change the lives of consumers in the community.

Send your submissions for the next issue of **View from the Peak** to [lenny@mhcc.org.au](mailto:lenny@mhcc.org.au) (max 250 words)

## Health Consumers NSW

The independent peak health consumer organisation providing the voice of health consumers in NSW

HEALTH Consumers NSW (HCNSW) is funded by the NSW Ministry of Health and operates as a state wide voice for health consumers in NSW helping to shape the health system by representing and involving consumers in health policy and program development. It aims to increase effective consumer participation across the health system, advocate for improved equity and access and better outcomes for health consumers.

The organisation is looking to work closely with all health sectors including public, private, allied health, non-government and community health.

As an independent member-based organisation with members from across the community and health sector, voting members are health consumer organisations representative of a wide range of disease groups. Led by Betty Johnson AO, the Management Committee formed in September 2011 is made up of health consumers nominated by the voting organisations, ensuring that the consumer perspective is truly represented.

Through its diverse membership HCNSW can ensure the consumer perspective is heard and included by government, policy makers and other health stakeholders - balancing the view of health care professionals, service providers and

industry, and effectively assisting government to develop and implement its patient-centred policies. It aims to do this by linking and networking organisations and consumers together to share information, ideas and experience.

HCNSW is working to develop the capacity of health consumer representatives to participate in policy development by supporting consumers with training designed by experienced health consumer representatives. It is also building a network of trained and informed representatives who can be nominated to participate in key committees across the state. Stakeholders across the broad health spectrum may request an HCNSW nominated consumer representative to participate on committees via the website. HCNSW has also been developing a number of networks aimed at reflecting the broad issue areas identified by members and by the government.

HCNSW provides information through newsletters, responds to government inquiries with submissions, and present regularly at seminars and conferences. Membership is free.

To join the organisation or read more about their activities please access the website at: [www.hcnsw.org.au](http://www.hcnsw.org.au) or make contact via email: [secretariat@hcnsw.org.au](mailto:secretariat@hcnsw.org.au)



### WELCOME NEW MEMBERS

By working together, building partnerships and promoting services available to consumers, MHCC and its members strengthen the capacity of the Community Mental Health sector.

The following organisations have become MHCC members:

- Lou's Place
- Oakdene House Foundation
- Care Connect Ltd
- OCTEC Limited
- Interrelate Family Centres
- Make a Difference
- Jewish House Limited
- CatalystBreakthru
- Rosemount Good Shepherd Youth & Family Services
- Ageing, Disability and Homecare

Become a member today. Visit [www.mhcc.org.au](http://www.mhcc.org.au) or email: [info@mhcc.org.au](mailto:info@mhcc.org.au)



## Organisational change project to address smoking

MHCC is once again embarking on a new partnership with Cancer Council NSW. The organisational change project to address smoking builds on a range of previous work carried out around the issue of smoking. In 2008 the *Breathe Easy* pilot project between MHCC and CCNSW looked at what organisations could do to reduce the harm caused by smoking tobacco. The major lessons learnt from that project were that addressing smoking is not impossible, but a suite of strategies are required that includes providing support for consumers, training staff, and enhancing workplace policies and practices around smoking.

Since the *Breathe Easy* pilot project, CCNSW has funded MHCC to:

- develop the 2 day *Breathe Easy* training course in smoking care
- deliver free 1 day training in smoking care to organisations in NSW the past financial year.

A number of organisations took up the opportunity to receive training in Wagga Wagga, Queanbeyan, Sydney, Maitland, Port Macquarie, Coffs Harbour and Lismore and 100 workers participated in the training.

CCNSW is now funding MHCC to develop and roll out an organisational change model to address smoking. The model involves working with two organisations for six months each providing them with training in smoking care, auditing policies and practices, guidance and assistance with communication strategies and policy development, and guidance on providing group support for consumers and carers who want to address their smoking. CCNSW has an interest in evaluating the effectiveness of the model because it is hoped that it will be applicable for the broader community services sector as part of its ongoing *Tackling Tobacco* project.

Adopting an organisational change strategy has become more common to address smoking and has been used in the mental health sector in the US and UK. This strategy has been used for many years in the UK to make changes within the National Health Service (NHS) around health promotion issues, and it is emerging as an approach to addressing smoking in mental health that is enormously useful to make longstanding and sustainable changes by working with consumers and carers, staff, policy makers and whole organisations.

Two MHCC member organisations will be involved as pilot organisations for the new project – Schizophrenia Fellowship NSW is the first organisation and second is yet to be announced. MHCC and CCNSW will work with each organisation over a period of six months and the final evaluation will be conducted by next year.

For more information about the project contact Project Coordinator, Carla Cowles at [carla@mhcc.org.au](mailto:carla@mhcc.org.au) or 0404 899 231.

### MHCC – WALKING FOR MENTAL HEALTH

ON 6 July, several MHCC staff got up very early to join Sarah McFarlane-Eagle, founder of *Walking Feat*, for a walk across the Sydney Harbour Bridge to help raise awareness of the impact of mental health illness.

Sarah, who is committed to raising awareness around mental health issues after the tragic death of her brother Ben during a psychotic episode, has undertaken an epic 1700 km journey walking from Armidale to Melbourne, delivering talks to community and school groups along the way. It was a journey that she and Ben had planned to make together.

The annual event is aimed at encouraging people to speak openly without shame about mental health issues and to empower all members of our community to take steps toward changing attitudes.

For more information or to get involved visit [www.walkingfeat.com](http://www.walkingfeat.com)



L to R: Lorna Downes, Tracy Noelle, Sarah McFarlane-Eagle, Nick Roberts and Carrie Stone

## Board Member Profile: Deborah Banks



DEBORAH Banks has been the Executive Manager of Lou's Place since June 2009. Over the past 20 years, Deborah has developed a wealth of experience in management and project implementation through her general management and operations management roles in a variety of industries including music, film and television production, fashion and most recently, employment law. Deborah has been an active member of the Sydney Women's Homeless Alliance for the

last two and a half years, an alliance of service managers established to assist cross-agency sector collaboration and to create a better opportunity for positive outcomes for homeless women of Sydney. Deborah is a Justice of the Peace of NSW and is completing a Bachelor of Applied Social Science (Counselling).

Lou's Place is a women's day-time drop-in centre that offers a wide range of services, facilities and inspiration to women, promoting their autonomy, dignity, growth and self-worth through acceptance and respect. Their grass roots approach relies on a small professional staff supported by over fifty volunteers.

Approximately 70% of the women who access Lou's Place are homeless upon presentation, the majority experience mental health issues and many have dual diagnosis. After meeting a woman's basic needs with food, showers, clothing, laundry and crisis referrals, Lou's Place supports a woman's recovery through

collaborative case work and advocacy. Women have access to a pro bono solicitor, GP and chiropractor on site and they have a referral source of medical specialists. Lou's Place introduced the New Directions: Skills for Life program in 2010, a weekly schedule of Creative Expression activities, Practical Living Skills sessions and Personal Development groups. The Personal Development groups are now co-facilitated by Melanie Joyce (Lou's Place Dual Diagnosis Case Manager) and Liane Davison (St Vincents Health Network Mental Health Clinician).

For more information on Lou's Place visit [lousplace.com.au](http://lousplace.com.au)

**'The Personal Development group benefits consumers affected by dual diagnoses as it is strongly consumer-centred with strong consumer participation with a self-help orientation. A strong therapeutic alliance is developed as consumers identify psycho-education subjects they are interested in which form the basis of the program. The program provides hope to both peers and staff for those faced with challenges in the context of the disruption in people's personal and social life and as personal stories of recovery are shared this is particularly beneficial, inspiring and encouraging positive changes'.**

Liane Davison, Mental Health Clinician,  
St Vincent's Health Network

### MEET OUR TRAINERS - JENYFER LOCKE

MHCC Learning & Development's experienced trainers really make the difference when it comes to building your workforce.

Jenyfer is a graduate of Deakin University and has worked in the alcohol, tobacco and other drugs (AOD) and mental health sector for over 20 years in Victoria, NSW and the USA. She has worked on a range of health promotion research projects and has developed training and policy for the health and community sector. She has been a project coordinator, trainer and assessor with MHCC and also facilitates workshops for Adults Surviving Child Abuse (ASCA).

She is currently working as a senior project officer at the Hunter Institute of Mental Health

with the *Mindframe* National Media Project team, and works with a number of sectors on ensuring responsible and accurate portrayals of mental illness and suicide in the Australian mass media.



She has a Grad. Dip. in Social Science, Diploma of Community Services - Mental Health & AOD, Cert. IV TAA, is a registered nurse and is in the process of studying her Master of Social Change and Development at the University of Newcastle. Jenyfer delivers MHCC LD's Diploma of Community Services.



## Aboriginal Careers Initiative update

MHCC has now completed the selection process of organisations participating in the first round of the Aboriginal Careers in Mental Health Initiative. MHCC received 12 Expressions of Interest, ten of which met the selection criteria.

MHCC, in conjunction with State Training Services – Australian Education Union (STS AEU), conducted 29 capacity site visits to assess organisations' ability to effectively host and support Aboriginal trainees. Thirty-four trainee placements have been offered in this round and negotiations with the host organisations are ongoing to effectively fill the 50 placements on offer through the initiative.

On the 27 July 2012 MHCC and STS AEU conducted an induction workshop for host organisations. This workshop covered the roles and responsibilities of services under the program. At the induction each service was given the Draft Service Agreement and the opportunity to provide feedback before signing the agreement.

MHCC has been successful in their application for funding from the Department of Education, Employment and Workplace Relations (DEEWR) for the Indigenous Employment Program (IEP).

This will assist organisations that have applied to host trainees to access funding and support services including:

STS Aboriginal Employment Unit	MHCC
Literacy/Language/Numeracy Assessment	Service Agreement
Supervisor Workshop	Block Training and Training Plans
Cultural Education	Wage Incentive payments
Mentoring	Monthly monitoring
Organisational Capacity support	Evaluation
New Careers for Aboriginal People Officer contact (NCAP)	Work preparation payments
Recruitment Advice	Away from base payments
	Wraparound support for trainee

We are now looking forward to preparing for the block release training for Aboriginal trainees commencing October/November 2012 and the development of culturally appropriate training materials including Cert. IV in Mental Health.

## COMMUNITY INTEREST IN HEALTH COMPLAINTS MATTERS AND MECHANISMS

RECENTLY MHCC collected data relating to interest in information concerning health complaints matters that occurred during the 13 months since the Mental Health Rights Manual (MHRM) was launched. Over the pages which include information about the Health Care Complaints Commission (HCCC) the data showed 8679 hits, an average of 667 hits a month.

To provide further access to information for consumers and carers, the HCCC have provided a link from their website to the MHRM, and we will be able to monitor specific growth in access since we can identify the website from which enquiries emanate.

The HCCC is now formally under the Health portfolio. The HCCC received a large budget increase for 2012-2013 of approximately 10%, showing that the NSW Minister is very supportive of the Commission's work.

The Commission report that additional funding will particularly assist them to manage the

high case load of its staff and to become more customer focused by engaging new assessment and resolution officers.

MHCC urges members to inform consumers and carers of the resources to important mental health human rights matters available through the MHRM at: [mhrm.mhcc.org.au/home/](http://mhrm.mhcc.org.au/home/) and the information on the HCCC website in 20 languages assisting consumers to make complaints available at: [www.hccc.nsw.gov.au](http://www.hccc.nsw.gov.au).

The HCCC has also a simplified, illustrated fact sheet 'Not happy with the doctor?' that is accessible at [www.hccc.nsw.gov.au/Information/Information-For-Health-Consumers/Simple-factsheet---Not-happy-with-your-doctor-/default.aspx](http://www.hccc.nsw.gov.au/Information/Information-For-Health-Consumers/Simple-factsheet---Not-happy-with-your-doctor-/default.aspx) as well as a fact sheet on Complaints about 'Mental Health Care that can be accessed at [www.hccc.nsw.gov.au/Information/Information-For-Health-Consumers/Complaints-about-mental-health-care/default.aspx](http://www.hccc.nsw.gov.au/Information/Information-For-Health-Consumers/Complaints-about-mental-health-care/default.aspx)

## Innovation in the West

THE NSW community managed sector and the NSW Government can rightly be proud of their successes with HASI and other accommodation-based support services. However there has been less success in developing transitional services that provide intensive clinical services alongside recovery-oriented psychosocial rehabilitation in a residential setting.

Health departments in states such as Victoria, South Australia, and ACT have responded to this issue over the last decade by partnering with community sector organisations to establish *step up/step down* facilities.

A step-up service is designed to support a person before they become so unwell that a psychiatric crisis results potentially requiring hospitalisation.

A step-down service is designed to support a person who has already become seriously mentally ill; has entered hospital and is ready to leave but needs more intensive care than they could receive at home. Both types of service are completely voluntary.

Australian best-practice in sub-acute mental health service delivery most notably includes the Victorian Prevention and Recovery Care (PARC) services which have been operating for more than nine years and are essentially a partnership

between government provided clinical mental health services and CMOs.

Western NSW Local Health District (LHD) decided to push the boundaries of their conditional sub-acute funding and have successfully begun work on the Dubbo Rehabilitation and Recovery Centre. This 10 bed *step-up/step-down* facility will be governed through a partnership between the LHD and a contracted Community Managed Organisation (CMO). Though the site must be situated on the hospital grounds, the centre is located away from the rest of the hospital on a hillside with district views over Dubbo. (pictured)

The contracted CMO will provide day-to-day operation and management of the centre with funding for 24 hour recovery-based rehabilitation services for people experiencing mental illness, using a combination of recovery workers and qualified allied-health staff. The LHD will provide medical and nursing 'in-reach' during the day.

CMOs reaching the end-stage of tendering have been invited to help design the final contract and were given financial compensation for the time and expertise they provided. MHCC was invited at an early stage to help design the partnership approach to this service and we have been impressed by the Dubbo team's ongoing collaborative process.



**Western NSW Local Health District decided to push the boundaries of their conditional sub-acute funding and have successfully begun work on the Dubbo Rehabilitation and Recovery Centre.**

The Dubbo Rehab & Recovery Centre will be operational in 2013

## Meet Your Neighbour hits the road

*Meet Your Neighbour* hit the road in winter to meet with members and service providers with an interest in promoting mental health in regional NSW.



First we headed over the bridge where Lane Cove Council graciously hosted MYN. Workers from HACC funded services networked with a variety of other services interested in mental health in aim of partnering and working closer together to assist older people experiencing mental distress. Through this event ACON have teamed up with Lane Cove Council to provide GLBT-friendly service provider training – What a great outcome!

In Port Macquarie, we were warmly invited to the Men's Shed where attendees were given a tour. Men's Shed provides a place where men can go to socialise, feel productive and work out any issues they may be experiencing in a supportive environment. A large percentage of attendees were interested in ageing and mental health and connections for training on dementia were made with Alzheimer's Australia.

In Tamworth, MYN was hosted by Billabong Clubhouse. It was heart-warming to hear from consumers about their recovery journeys and the support and assistance they have received from Billabong and other organisations, such as RichmondPRA. This event not only offered a great opportunity to re-connect and network but also to remind us of why we work within this sector and the difference it allows us to make in peoples' lives.

Last, but not least, MHCC facilitated dual MYN events with the Western Area Local Health Districts in Orange and Dubbo to get everyone discussing recovery oriented service provision and to aid in service collaboration between the LHD, the new Medicare Local and Community Managed Organisations. It's exciting to see communities come together to learn more about recovery and how they can be proactive in working together to improve the lives of mental health consumers.

As you can see, MYN is a great vehicle for bringing together consumers, carers and local service providers. It's also a great way to partner with other organisations in offering training, referral pathways and service provision.



MHCC Partnership Development staff Tracy Noelle and Stephanie Maraz



### COMING UP:

- Blue Mountains – **Looking for Host** – November
- Griffith – **Looking for Host** – November
- Newcastle – ACON December – date to be decided.

MHCC is looking for member organisations interested in hosting *Meet Your Neighbour* events.

Contact us at: [tracy@mhcc.org.au](mailto:tracy@mhcc.org.au) today!

## MHCC is holding the following events and consultations:

### Regional Forums

Sessions include:

- A chance to meet John Feneley, the recently appointed NSW Mental Health Commissioner. He will discuss future directions of the Mental Health Commissions and the potential he sees for change and innovation
- NGO funding and performance
- National Disability Insurance Scheme update
- MHCC Psychological Injury project - A 'how to' for preventing and managing psychological injury in the workplace
- Perspectives on mental illness

The second half of the day offers attendees the chance to participate in an interactive ROSSAT workshop on implementing recovery oriented service practices in your organisation.

### Regional forum locations:

Lismore - Wednesday 12 September  
Lismore Workers Club, 231/235 Keen Street

Parramatta - Tuesday 18 September  
Mecure, 106 Hassall Street Parramatta

Newcastle - Thursday 20 September  
Customs House, 1 Bond Street, Newcastle

Wagga Wagga - Tuesday 25 September  
Murrumbidgee Turf Club, Slocum Street

### Other events

Mental Health and Children of Prisoners  
25 October 2012

Mental Health and Older Persons  
2 November 2012

MHCC AGM  
7 December 2012

Keep checking our website and weekly e-newsletter FYI for details on upcoming events, or email: [info@mhcc.org.au](mailto:info@mhcc.org.au)

## MHCC STAFF AND CONTACT DETAILS

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View from the Peak is published four times a year. Your contributions are welcome but there is no guarantee of publication or return of originals. Please forward your copy to the editor using the main contact details above.

MHCC is funded by NSW Health.

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