

Mental Health Coordinating Council

“Meet Up” Members Forum 26 May 2016: Report

MHCC held the first of its ‘Meet Up’ Forums initiated to provide an opportunity for Members to informally gather to discuss sector issues and direct MHCC as to their priorities in the changing environment. We intend to hold these ‘Meet Up’ Forums every two months. A group of 26 people from MHCC member organisations and MHCC staff attended the 3 hour event which was generously hosted by RichmondPRA at their Sydney Olympic Park Function Centre.

MHCC CEO, Jenna Bateman, opened the forum by making some observations about the complex reform environment by which the community mental health sector is currently impacted. Most of the forum was dedicated to identifying and discussing issues of concern and interest arising from the parallel reform agendas being experienced by Members present. Jenna encouraged Members to familiarise themselves with the MHCC Member Consultation Briefing Note that was distributed with the forum invitation [‘Community Managed Mental Health Sector Development Plan/Strategy’](#), May 2016. The briefing paper outlines to government the case for further investment in the mental health CMO sector, benchmarking recent levels of investment in infrastructure against FACS funded services. The paper also makes recommendations for investment in the sector against deliverables in Living Well, the NSW Mental Health Strategic Plan (2014 – 2024).

Jenna also addressed the announcement made the previous day regarding NSW Ministry of Health (MoH) plans for the Housing and Accommodation Support Initiative (HASI) to further limit the number of providers within each LHD. MHCC has long advocated for a range of CMOs to enable consumer choice and to create a dynamic and innovative service delivery environment. Members agreed MHCC should advocate strongly on this issue and supported a decision for Members to be given opportunity to co-sign a letter drafted by MHCC requesting the MoH reconsider their position.

Since the ‘Meet Up’ MHCC has received a response to the MoH letter which indicates willingness to revise the proposed direction and to contract more than one HASI provider per LHD. MHCC thanks all the organisations who provided permission for their logos to be included on the letter.

Also as part of the opening session, Senior Policy Advisor, Tina Smith, distributed a [‘mud map’](#) which visually describes current understanding of program transitions across Commonwealth and NSW funded programs including future reforms through Primary Health Networks (PHNs) and the National Disability Insurance Scheme (NDIS). Tina spoke briefly about the progress of NDIS implementation and the number of new entrants into the NDIS program between 2016/19. She indicated there will likely be limited opportunities for new entrants in 2016/17 and encouraged organisations entering the NDIS environment to support people with the highest levels of psychosocial disability to access the NDIS in the first instance.

Senior Policy Advisor, Corinne Henderson, then gave an overview of some of the challenges and opportunities that may affect consumer outcomes as a consequence of the establishment of PHNs, and their role as commissioners of services to meet population health needs. Corinne asked whether as a sector we are doing enough in the research, data gathering and outcomes space; whilst strongly advocating recovery oriented and trauma-

informed practice, have we as a sector sufficiently demonstrated measurable outcomes from these approaches.

Other issues discussed in the opening session included: the changing sector profile with an apparent shift towards larger and national organisations and implications for local and specialised providers and the people accessing and involved with these organisations; the flexibility of the workforce and regulation/ accreditation/certification issues and finally the work MHCC is doing with both the MoH and Community Mental Health Australia towards achieving a cohesive approach to insure minimal risk to clients, workers and organisations during program transitions.

Following these 'setting the scene' opening remarks forum participants were asked to think about these and any other reform issues of concern to them and to identify their overall feelings in response to the current reform environment by self-selecting into one of four possible groups:

1. Hopeful/optimistic
2. Challenged/resilient
3. Anxious/uncertain
4. Undervalued/despondent.

Interestingly participants divided themselves into 3 groups of very similar size with only one person placing themselves in the 'undervalued/despondent group.

The groups were asked to discuss amongst themselves the key sector issues arising for them within their chosen group and to identify two key concerns for feedback and discussion with the full meeting.

From this process a selection of three issues were identified for large group discussion: investing in resources; transition planning; and, large organisations. The discussion of transition planning resulted in a fourth issue being identified – service coordination. These four priority issues that participants' identified provide MHCC with a better understanding of Member priorities and will help inform our advocacy work and allocation of our policy resource. Key outcomes from discussion of the priority areas is summarised below.

1. **Investing in resources** - we must not lose sight of the fact that the NSW community managed mental health sector should attract a greater percentage of the mental health budget and advocacy to increase the percentage funding invested in the sector should increase.
2. **Service coordination** – this priority was identified in the emerging context of the NDIS and PHN reform and program transitions. A diversity of perspectives and practices across CMOs, the MoH, the NDIS, and the Commonwealth Partners in Recovery initiative will require discussion towards greater shared understandings and collaborative approaches. It is important for MHCC to continue to promote the profile of the CMO sector in terms of recognising service coordination as a discrete skill set within recovery oriented practice.
3. **Transition Planning** - MHCC will continue to negotiate Commonwealth and State reform directions to advocate for development of transition/procurement plan/s. This will include keeping consumers and their families/carers at the centre of service co-design and delivery. These plan/s require a commitment to sector capacity building, and workforce development.

4. **Large organisations** – we need to question whether increasingly large organisations will create a healthy ‘market’ in which consumers and carers can exercise choice and self-determination. Smaller organisations may offer more flexibility, local knowledge and a sense of belonging while large providers bring valuable research, IT capacity and economies of scale. MHCC advocacy will continue for service innovations including consumer operated services and programs.

Through ‘Meet Up’s MHCC is seeking the opportunity to discuss sector issues with Members and to hear Member views, concerns and ideas. Discussions and feedback received will inform MHCC’s current work and will also feed in to MHCCs strategic planning process for 2016/2020.

If you are interested in hosting a ‘Meet Up’ Forum please contact MHCC at info@mhcc.com.au