

Where are we up to with P4H?



Recently there has been some positive movement in the mental health space under the Ministry of Health's Partnerships for Health (P4H) agenda which has the fundamental aim of developing an agreed approach for commissioning community mental health services in the Community Managed Mental Health Sector.

NSW Mental Health Director Karin Lines has contracted an external consultancy group and convened a Mental Health P4H Commissioning Steering Group with representation from across the service system to oversee what appears to be a more coherent and staged approach to what has been a lengthy and shifting process.

- **Stage I** will stabilise purchasing in the Community Managed Mental Health Sector by entering into longer term funding arrangements following a risk assessment being undertaken.
- **Stage II** will facilitate development of an agreed strategy for commissioning services in the Community Managed Mental Health sector that will better link to the NSW Mental Health Reform, accelerate the needed change and best utilise the resources available.

Ongoing establishment of the NDIS and the PHNs has the potential to impact the P4H agenda in terms of timing and decisions around service models and target populations. However, the NSW government has been clear that it intends to enhance investment in robust mental health rehabilitation and support services through the community managed sector. MHCC has been advocating at state and national levels for recognition that the pricing structures within the NDIS as they currently stand will not support the higher skill sets required to effectively work with people who have mental health and complex coexisting conditions; that disability support provided through the NDIS is a complementary enhancement to existing state services but cannot replace them. NSW has taken the position that the state has a responsibility to fund comprehensive mental health rehabilitation programs such as HASI and the new Community Living Supports. This is in contrast to a number of other states and territories where investment in similar programs has either stalled or been reduced. (See page 2 for an update on CMO programs from the NSW Mental Health Branch).

MHCC has a seat on the newly established Partnerships for Health Mental Health Commissioning Steering Group. The expanded membership including the NSW Mental Health Commission, data expertise and PHN representation indicates an intention to more fully acknowledge and integrate the contributions of the CMO sector in improving outcomes for people with mental health conditions in NSW.

For those needing a quick reminder about the origins and journey of P4H... it began in 2009 as a response to the November 2008 Mini-Budget which called for a reduction in NSW Health NGO funding. This set the Department on a path to reform how NSW Health worked with its NGO partners and the original savings impetus was replaced with a strengthening and collaboration agenda between Health and its funded NGOs. In 2009 the Grants Management Improvement Program (GMIP) was established to explore approaches to NGO quality, cost, transparency, contestability, flexibility and innovation. In 2012 a GMIP Taskforce of NGO sector reps was set up and invited to make recommendations to government on how to obtain better outcomes from its NGO providers. The government's response to these recommendations now forms Partnerships for Health.



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In this issue

Where are we with P4H?	1
NSW Health Supported Living Programs	2
Integrated MH for the mid-north coast	2
Cognitive Functioning and Recovery	3
NDIS Update	4
MHCC @ TheMHS 2016	6
Member Profile: NALAG Centre for Loss and Grief	8
Developing a shared understanding of practice	9
Evaluation informing practice	10
Effectiveness of consumer led services	11
Sector News	12
New sector voices working MHCC	14
MHCC to collaborate with recovery college	15
MHCC Activities - at a glance	16

Update - NSW Health Supported Living Programs

The Ministry of Health currently funds community managed organisations to deliver a range of non-clinical community based psychosocial supports for people with mental illness. In general, these aim to build independence in daily life and promote individual recovery.

Community supports include care coordination, assistance with daily living activities, and supporting compliance with medication and clinical care requirements. Currently, the continuum of needs is addressed by provision of a range of packages from low to very intensive. The delivery of these supports commenced in NSW in 2003 with the introduction of the Housing and Accommodation Support Initiative (HASI). Over the years, a suite of service provision has evolved as new services have been introduced to increase the people supported or target key clients. In December 2014, the Hon Mike Baird MP, Premier, announced an increase in mental health investment to deliver on

a number of key reform directions. This investment includes an enhancement to HASI type supports, Community Living Supports, which has been contracted to seven community managed organisations across the State: Flourish Australia, Mission Australia, NEAMI, New Horizons, Open Minds, Wellways (formerly Mental Illness Fellowship) and Uniting Recovery. This follows a tender process in early 2016.

Subject to approvals, it is intended that HASI will be retendered in late 2016, combined with the Resource and Recovery Support Program (RRSP). Successful respondents will be required to transition RRSP clients to other supports over time and redirect these resources to clients with higher support needs.

The various program streams of HASI ('general' HASI, Aboriginal HASI and HASI in the Home) will be consolidated into a single program stream. Benchmarks for

the number of Aboriginal clients and a requirement for culturally appropriate service delivery will replace the separate Aboriginal HASI program and promote continued and potentially greater access to HASI for Aboriginal people.

An objective of the tender will be to introduce operational changes to HASI that better aligns the model of support and program structure with contemporary mental health strategic directions reflected in Community Living Supports, including the introduction of flexible, integrated care that better responds to an individual's changing needs over time to promote recovery from mental health. It is anticipated that the tender process will commence with the release of an exposure draft of the tender documents in mid to late October. This is intended to elicit questions and points of clarification from potential respondents before the full tender opens in November 2016.

Beyond the rhetoric - IMHPact MNC

An Integrated mental health pact for the mid north coast

Coming together is a beginning;
keeping together is progress;
working together is success.

Henry Ford

IMHPact is a collaborative of around 15 mental health providers operating on the mid-north coast of NSW. Its membership comprises the LHD, PHN, FaCS, consumer and carer representation and a range of CMO providers across housing, mental health and disability. Its aim is to see mid-north coast skills and resources better work to improve the lives of people with mental health conditions.

The vision of IMHPact involves developing shared approaches to quality improvement and IT solutions, training and skills development, proactive and co-operative responses to funding opportunities, co-location of services as part of extended community care, planning in primary health care, non-hospital alternatives and pathways, development of the peer workforce and stigma reduction across the region.

Of particular interest, as a parallel and linked activity, is the MNCLHD's review of the model of care in its community mental health services with key outcomes

being to address cross sector duplication and service gaps, improve responsiveness and access for consumers and enhance their experience of care. Formerly, most of the community mental health resources in the LHD were allocated to case management-type services that were limited to consumers who were accepted through a complex referral and engagement process. With notional limits on numbers, this reduced access once the services were "full". Many of these consumers already had good supports, such as family and carers, CMOs or GPs in the community. On review, it was found that some service users no longer required engagement with clinical services very often.

All engaged consumers were clinically reviewed and the caseloads were reduced to free up many of the LHD clinicians to provide a rapid response model in line with expressed needs from families, GPs and community providers. The new model replaces the old Acute Care Service (ACS) and Extended Care Service (ECS) with a better-resourced Rapid Response Service (RRS) and a smaller Integrated Treatment Service (ITS).

The ITS involves ongoing management and monitoring of high-need consumers such as those on Community Treatment

“ Of particular interest, as a parallel and linked activity, is the MNCLHD's review of the model of care in its community mental health services...”

Orders under the Mental Health Act, as well as providing specialist treatment and interventions such as clinical psychology and structured group programs. The RRS is designed to respond to need in the community without the need for highly restricting referral processes. This greater capacity to respond to calls from families and partner services in the community, including CMOs and GPs, is expected to prevent exacerbation of illness and hospitalisation through joint care planning and management. This will not be a crisis response service as it is hoped that in many cases crises can be prevented.

The new model is currently in implementation phase, which is expected to be complete by the end of the year.



Cognitive Functioning and Recovery

Supporting people with mental health conditions who experience cognitive difficulties

In 2015 Marathon Health, Primary Health Network funded MHCC to explore an identified knowledge and skills gap for workers supporting people experiencing cognitive difficulties. MHCC collaborated with Sydney University, Faculty Health Sciences and OT Masters students, to investigate how mental health workers could more effectively support and improve outcomes for these clients. The report and recommendations *Cognitive functioning: supporting people with mental health conditions and cognitive impairment* describes the process which set out to identify key studies and findings to answer this question.

Cognition refers to the mental capabilities and thinking skills that allow a person to perceive, acquire, understand and respond to information from their environment. The literature identified cognitive impairment as a key feature of some mental health conditions, and a primary symptom of schizophrenia and affective disorders. Research also shows that cognitive difficulties often persist on remission of the psychotic symptoms present in schizophrenia and bipolar disorder; and upon remission of low moods in depression. Cognitive impairments also affect functional performance in both acute and remission periods of mental illness. In bipolar disorder, decreased performance in executive functioning are often found, and problems with memory frequently correlate with episodes of illness. Impairments in verbal learning and memory are also found to affect people with bipolar disorder, even when well. Evidence likewise suggests that depression is associated with difficulties related to memory and learning. Problems across the domains of attention, memory, planning, organisation, reasoning and

problem solving, can all affect daily functioning, in all aspects of life including work, self-care and leisure pursuits.

The project needed to understand what mental health workers experienced. Interviews revealed five key themes, including that: cognitive issues are often difficult to identify; may affect many areas of clients' daily functioning; and are a barrier to independent living. We also identified that workers develop intuitive strategies to assist clients but that a significant gap exists in workforce training related to cognition and mental health. These themes correlated with the literature, suggesting that cognition should be an important consideration for workers.

Whilst resources exist in the intellectual disability space we found no standards, guidelines or key studies regarding how mental health workers might improve outcomes for clients experiencing cognitive difficulties. It was therefore crucial to interview consumers and workers to provide preliminary, foundational suggestions around training needs. With the support, knowledge and experience of Marathon Health staff, a very knowledgeable Advisory Working Group, Justin Scalan (Sydney University) and Chris Keys (CKC) consultants to the project; we developed a two-day training module which sets out to deliver on a number of learning outcomes. These include: understanding the complex relationship between mental illness and cognitive function, and the relationship between different 'lifestyle' factors and cognitive functioning. The training is designed to help workers recognise when a person is experiencing cognitive challenges and how they impact everyday functioning; when a cognitive

assessment may be required and the use of results and recommendations to tailor support provided. The training provides approaches to work collaboratively with a person to identify their recovery goals and select strategies that reflect their cognitive needs, and apply principles that support learning for improved function.

MHCC present this new innovative training module - the first to be exclusively offered MHCC members in November 2016. We are also pleased to announce that a related module Supported Decision Making (SDM): Choice and Control for Recovery, will be available in early 2017.

We propose that by increasing our understanding in these areas workers can better support people in their recovery. These two complimentary modules will assist in building a comprehensive response to developing positive cognitive adaptation strategies for community living and recovery. They also offer opportunities for reflection on practice enhancement for organisational change and improved opportunities for clients, individual workers, teams and services at a systems level.



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NDIS Update: Moving beyond perspectives from the Hunter trial site



Consumer and carer participation at the Hunter NDIS and Mental Health Community of Practice Forum in June

With the conclusion of the National Disability Insurance Scheme (NDIS) trial in the Hunter, NSW is now in the very early stages of state wide implementation. From July 2016, this includes a focus on the following communities with the rest of the state to enter the NDIS environment from July 2017 through June 2018:

- the remaining population of Hunter New England (i.e., other than the three trial site LGAs)
- the remaining population of Nepean-Blue Mountains (i.e., other than the early start from 1 July 2015 for young people)
- Central Coast
- Northern Sydney
- South Western Sydney
- Southern NSW
- Western Sydney.

As previously anticipated, mental health entry into the NDIS environment seems to be proving slow to progress given the NSW government's priority to transition 78,000 clients currently receiving specialist disability supports funded through the Department of Family and Community Services (FaCS) Department of Ageing, Disability and Homecare (ADHC). This is because the government plans to close ADHC by July 2018 and withdraw from the provision of specialist disability support. Very few people with psychosocial disability related to a mental health condition are ADHC funded.

However, there is capacity for 57,621 new entrants of all disability types to the NDIS in NSW over the next three years (i.e., 6,567 in 2016/17, 24, 650 in 2017/18 and 26,404 in 2018/19). New entrants will include some Commonwealth funded mental health program clients (e.g., Personal Helpers and Mentors Service, Partners in Recovery) and how many of these will be eligible for NDIS funded individual supports is not known. The experiences of these programs over the next few years will help to build our understanding of this with new Commonwealth mental health program contracts setting ambitious targets for client transitions to occur.

The NDIA is using a 'My First Plan' approach to transitioning clients to the NDIS. This means that people will transition at current support levels. For Commonwealth funded mental health program clients existing support hours may not be sufficient to meet their needs and a review of this arrangement can be requested of the NDIA. MHCC recommends that NDIS plans for people with mental health conditions should take into account predictable variations in intensity (i.e., include a plan for when people are travelling well and not so well).

Supporting NDIS Access

Furthermore, MHCC urges member organisations to identify people with high levels of psychosocial disability related to a mental health condition not receiving either ADHC or Commonwealth funded services and to support them in their access to the NDIS. It is through such experiences that we will come to better understand the NDIS possibilities for people with mental health conditions, and their families and carers, in NSW. The best way to learn about the NDIS is to experience the NDIS.

Endorsement of NDIS and Mental Health Community of Practices approaches

"The Community of Practice in the Hunter provided significant benefit to the sector ... it enabled information sharing between a range of stakeholders, including the NDIA, mental health NGOs, public mental health services, consumers and carers.

I support in-principle the establishment of other Communities of Practice across NSW."

The Hon. Pru Goward, NSW Minister for Mental Health, in correspondence with MHCC

The National Disability Insurance Agency (NDIA) Mental Health Sector Reference Group has [recently released the Communique](#) from their June meeting and will meet next in October. A highlight of the June Communique is mention of an early intervention and psychosocial disability literature review undertaken by MIND for the NDIA. This document is now available and will be helpful in better understanding the early intervention pathway to the NDIS for people with mental health conditions. The Communique also announces purchase of MHCC's 'Capacit-e' mental health e-learning recovery suite which will be made available to all NDIA staff. This will help to enhance NDIS knowledge of both people's experience of recovery and recovery-oriented practice. The Communique also announces MHCC's successful tender to develop a NDIS Psychosocial Resources Online product to increase self-directed planning and enable choice and control for people with mental health conditions seeking access to the NDIS.

MHCC has also been liaising with the Mental Health Australia 'NDIS Capacity Building Project' to bring additional organisational readiness workshops to the NSW community managed mental health sector in October and November. These will be delivered by National Disability Services and dates will soon be announced.

We have also been thinking and speaking with others about how we can best support the community managed mental health sector and people affected by mental health conditions in NSW with their entry into the NDIS environment. MHCC has been approached by a range of mental health sector stakeholders who are seeking advice and assistance in relation to their NDIS journey. Means for this to occur are currently under discussion with both the NSW Mental Health Minister and NSW Ministry of Health, Mental Health Branch.



MORE INFORMATION ABOUT THE NDIS AND MENTAL HEALTH
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Principles to Determine the Responsibilities of the NDIS and Other Service Systems

The 2nd edition of the principles finalised in November 2015 note that because there will be variation in non-NDIS supports funded within jurisdictions (i.e., by state and territory governments) there will need to be flexibility and innovation in the way the NDIS funds and/or delivers psychosocial recovery (i.e., disability) supports.

The NDIS and the mental health system are asked to work closely together at the local level to plan and coordinate streamlined care for individuals requiring both mental health and disability services recognising that both inputs may be required at the same time or that there is a need to ensure a smooth transition from one to the other.

The mental health system is defined as chiefly being state and territory funded public mental health services and also private mental health services receiving Commonwealth funding through the Medicare Benefits Schedule, together with NGOs in receipt of state, territory or Commonwealth funding where these continue to undertake roles outside the NDIS.

It is further noted that investments in psychosocial early intervention supports for people with early onset psychosis may improve whole-of-life outcomes for individuals, consistent with the insurance principles of the NDIS and that governments will continue to focus on and consider this issue in the implementation of the NDIS and other government programs.

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MHCC reflections on the Hunter NDIS trial

The three years of the Hunter NDIS trial from an MHCC perspective have been exhilarating, thought provoking and - at times - quite overwhelming experience full of many opportunities for people affected by mental health issues, their families and carers, and those that provide services and supports to them. Many people on many occasions have noted that the introduction of the NDIS is the biggest human services reform to be undertaken in Australia since the introduction of Medicare and this is undoubtedly true. Although the NSW trial has concluded the learning arising from implementation of the NDIS is far from over.

As other NSW communities enter the NDIS environment their experiences will continue to shape both the scaling up of the NDIS, consolidation of the psychosocial disability space within the NDIS, and related mental health reforms. Although the NDIS is a national initiative it will look different across communities as each has different local needs and infrastructures upon which it is being built.

MHCC has worked diligently since 2011 to support our member organisations in their entry to a disability individualised funding environment. This has included

The NDIS and Mental Health in NSW: Forthcoming 2016 MHCC NDIS and mental health publications

The following are the final publications to arise from the 'NDIS and Mental Health Analysis Partnership Project'.

Navigating the NDIS: Lessons Learned through the Hunter Trial

This document has been developed to support local communities in NSW in their readiness to enter the NDIS environment. The guide is intended for use primarily by community organisations that provide services to people affected by mental health conditions; and their carers and families. Getting ready will include supporting people with high levels of psychosocial disability to access the NDIS. The document is based on lessons learned from the NSW Hunter trial site to maximise readiness for opportunities presenting through the NDIS.

Guideline for Establishing a Local NDIS Community of Practice to Enhance Learning and Sector Reform.

This guideline has been developed to encourage local communities in NSW to establish a NDIS and Mental Health Community of Practice (CoP). The guide is intended for use by organisations that provide services to people affected by mental health conditions; and their carers and families. We encourage you to consider establishing a local CoP to enhance learning arising from NDIS implementation and other mental health sector reforms. The guideline encourages inter-sectoral innovation, learning, leadership and local level action to maximise opportunities presenting through the NDIS and to strengthen reform capability of mental health in NSW.

undertaking an initial literature review, numerous policy submissions, and tracking and influencing NDIS and mental health experiences including monitoring NSW NDIS access by people with mental health conditions.

Tina Smith (MHCC, Senior Policy Advisor - Sector Development), has been responsible for much of this work on behalf of MHCC and its members and will continue to provide insightful analysis and strong advocacy as the NDIS rolls out across NSW and the other states and territories.

MHCC thanks the numerous people both within and outside the Hunter trial site for their intersectoral collaboration, learning, leadership and local level action to maximise NDIS opportunities for people affected by mental health conditions. We also thank the NSW Mental Health Commission for the opportunity to undertake the 'NDIS and Mental Health Analysis Partnership Project' between June 2013 and 2016. Without the benefit of this project the volume of learning that has occurred both within the trial site and across NSW would not have been maximised; especially in regard to the value and potential achievements of NDIS and mental health Communities of Practice (CoP).



People: authenticity starts in the heart

TheMHS Conference, Auckland, 23-26 August 2016



(L to R) Chris Keyes, Tina Smith and Lorna Downes accepting MHCC's Mental Health Consumer and Mental Health Peer Work Award at TheMHS from Kevin Allen, New Zealand Mental Health Commissioner

THE 25th TheMHS Learning Network Conference, titled 'People: Authenticity starts in the heart', was held in Auckland, New Zealand in August. MHCC was well represented at this event presenting four papers and winning an Australian and New Zealand Mental Health Award. The three key note speakers addressed the conference theme from a range of perspectives at the start of each day and their respective reflections highlighted the importance of valuing community, compassion and diversity in providing services and supports to people affected by mental health conditions (and indeed, towards all people). The pre-conference day included a Consumer Forum ('Building Authentic Lives') and a Family and Whanau Forum ('Building Authentic Relationships').

MHCC's four papers related to our work in the areas of cognitive functioning and recovery, the NDIS and development of

the 'Capacit-e' mental health e-learning platform. MHCC's information stand proved hugely popular and was a great platform to network and promote a range of MHCC's work.

A highlight of the conference for MHCC was receiving the Mental Health Consumer and Mental Health Peer Work Award for our work in 'Taking a qualification to the peer workforce' which was presented to MHCC by Kevin Allen, New Zealand Mental Health Commissioner (Office of the Health and Disability Commissioner). This honour was in recognition of placing the priority of lived experience at the centre of mental health reform. The award acknowledged that MHCC is at the forefront of mental health peer workforce development in Australia. At the time of our award application, MHCC had reached over 150 peer workers with training aligned to achieving the Certificate IV in

Mental Health Peer Work. By the time the award was received this had increased to 195 peer workers.

MHCC long advocated for the development of this nationally recognised qualification. We subsequently worked with people affected by mental health conditions to lead the development of resources that are now freely available to any Australian RTO wishing to deliver training against the qualification. This work was undertaken on behalf of Community Mental Health Australia (CMHA) through a project funded by the National Mental Health Commission. The project included establishing a national peer work trainer workforce of 'champions' to launch the qualification with training providers across Australia.

Next year's TheMHS Conference will be in Sydney between 29 August and 1 September and will focus on 'Embracing Change through Innovation and Lived Experience'. This theme has been selected to enable new directions and conversations based on building the extraordinary strengths we find in individuals, families and communities. This will be preceded by the 19th TheMHS Summer Forum to be held 23 and 24 February, 2017, in Sydney: 'Choice, Control and Citizenship in a Changing Mental Health System'. More information about the TheMHS Learning Network is available at: www.themhs.org



Cognitive Functioning and Recovery

Presenter: Corinne Henderson, Senior Policy Advisor

Your present circumstances don't determine where you can go; they merely determine where you start.
NIDO QUBEIN 2014

At TheMHS MHCC launched its new and unique professional development training module: Cognitive Functioning and Recovery. The presentation described the evolution of the training as a response to an industry-based need identified initially through experience within Partners in Recovery and described during a planning forum in Western NSW.

The paper articulated the rationale for the training based on the fact that cognitive impairment can pose a barrier to independent living; and that this may affect multiple aspects of an individual's life. Workers may overlook the significant functional impacts of impaired cognition, by failing to understand the impact of the illness itself and the treatment prescribed. Evidence shows that cognitive difficulties are characteristically hard to identify and that often workers feel ill-equipped to support clients appropriately. Targeted at frontline mental health and disability workers, this training can help workers identify cognitive difficulties and provide a deeper understanding of a person's recovery needs.

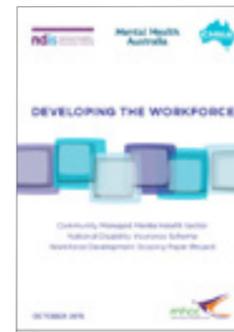
The content informed by consultation with consumers, carers, academics and mental health practitioners has investigated the knowledge, skills and training required to better support people living with mental health/cognitive functioning difficulties. Underpinned by the neurology, mental health and occupational therapy fields, and drawing on the latest research, a very positive interest in and response to the product is evidence of the importance of this subject to the mental health sector in the current environment.

Developing the Workforce: NDIS and Mental Health Workforce Scoping Project

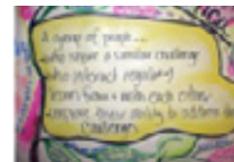
Presenter: Tina Smith, Senior Policy Advisor

This paper described 2015 work undertaken by MHCC on behalf of CMHA to implement a 'Community Managed Mental Health Sector NDIS Workforce Development Scoping Paper Project'. This project was subcontracted to MHCC through Mental Health Australia's 'NDIS Sector Development Fund Capacity Building Project', funded by the Australian Government Department of Social Services. Research was undertaken in partnership with Human Capital Alliance at the two year mark of NDIS implementation to explore workforce impacts and readiness. The methodology included literature scan, key interviews and survey of 34 organisations providing services to people with mental health conditions nationally.

The seven findings and ten recommendations were presented in the context of NDIS implementation and national mental health reform policy and funding directions. A key tension arising related to the financial viability of the pricing of NDIS services and supports with some stakeholders arguing that the pricing is not sufficient to purchase a suitably skilled workforce that engages in complex 'cognitive behavioural interventions' as well as direct personal care. The recommendations will be used to further pursue opportunities arising through the 2015 'NDIS Integrated Market, Sector and Workforce Strategy' and forthcoming 'NDIS Workforce Innovation Fund'.



>> Click on cover to download paper.



The NDIS and Mental Health: The value of Communities of Practice

Presenter: Tina Smith, Senior Policy Advisor

This paper described establishment of the Hunter NDIS and Mental Health Community of Practice (CoP) as a major achievement of the 'NSW NDIS and Mental Health Analysis Partnership Project'. It highlighted the high impact of the NDIS on people with a psychosocial disability and those that provide services and supports to them at the NSW trial site in the Hunter. The CoP was established to harness learning and opportunities arising from the NDIS, from a mental health perspective. MHCC's rationale and approach in establishing the CoP was described along with its value and achievements.

National NDIS implementation means that the pace of change and learning will also escalate. This will now occur in association with national mental health reform through Primary Health Networks (PHNs). The way in which both non-government community-managed organisations and front line mental health practitioners, both government and non-government, are being effected in this environment was considered. It was put forward that CoP provide a place for the workforce providing services to people with mental health conditions to gather and reflect on the changes occurring as a result of NDIS implementation and mental health reform.

MHCC Presentations at TheMHS

Capacit-e mental health e-learning platform

Presenter: Kat Fardian, Instructional Designer: e-learning Specialist

The community mental health sector often faces considerable challenges when implementing e-learning. The changing nature of the sector, limited access to 'sector-specific' e-learning, few resources to develop internally and complications with using third-party providers all contribute. This presentation explored MHCC's award winning Capacit-e mental health e-learning platform as a case-study for how a small organisation, with limited resources, can create powerful and engaging e-learning.

Mental health content is complex, with nuances that don't conform to a standard "right or wrong approach". The Capacit-e Mental Health Recovery Suite is an example of how creative educational approaches can create an emotional connection to create empathy and encourage understanding and acceptance of people living with mental health conditions.

The presentation took participants through the development journey and examined the less traditional approach taken. Participants came away with useful tips and unique approaches to develop e-learning as well as gaining insight into how this solution works towards improving mental health literacy in the workplace.

Focusing on practical examples and advice this presentation helps create a more e-capable community, with high quality e-learning products that leaves learners inspired to better their professional practices.



NALAG Centre for Loss and Grief



In January 1977, Australia reeled at the news of what history would record as the nation's worst rail disaster when a crowded commuter train derailed, bringing an overhead bridge crashing down on two of the train's carriages. Eighty three people lost their lives and more than 200 were injured, but the ripple effect of the tragedy throughout the community and the nation itself was immeasurable.

Psychologist Professor Beverley Raphael, who worked with many of the emergency service and health personnel in the wake of the tragedy, saw that their training had left them largely ill-prepared to cope with the aftermath of such loss, grief, bereavement and trauma.

So from that dreadful chapter in Australia's history, NALAG – the National Association for Loss and Grief – was born.

Next year, in 2017, the not-for-profit organisation founded by the visionary Professor Raphael celebrates 40 years of service to communities and individuals who are challenged by loss, grief and trauma. NALAG now has three centres, all based in regional NSW, and also offers a telephone support service as part of helping people to cope with and manage their loss and grief.

The organisation, which has its head office at Dubbo under the guidance of manager and long-time grief counsellor Trudy Hanson, is predominantly run by volunteers. Many of these volunteers have themselves come first to NALAG as clients. Most have experience in paddling their own stream of grief and volunteer to help others as a way to "give back".

NALAG is funded in part through the NSW Ministry of Health, with funding confirmed for the next three years, and also relies heavily on community support and volunteers for its almost 'round the clock service to those who are in need. All NALAG's services are offered free of charge to clients but the organisation also offers a range of training, development and educational opportunities for community members and professionals in the fields of loss, grief and trauma.

There are a number of innovative and valuable programs in NALAG's stable, one of which is the Blue Healers program. This program has been designed specifically to target mental health awareness in regional areas, which has been of significant concern in past years. This educational program has helped to both educate and heal not only individuals but whole communities, and remains a sought after program, particularly across the western region.

“ We recognise that loss and grief isn't just about bereavement – both take many different forms, and all can have significant impact on health and wellbeing. ”

In this way, NALAG is unique as a service provider as they counsel whole communities as well as individuals. NALAG's "healing days" have made a particularly valuable contribution to the health and strength of small regional communities where tragedies have a significant and potentially deeply destructive impact.

The organisation – and its staff and volunteers – have a particularly strong commitment to providing support and encouragement to remote indigenous communities throughout regional NSW. Many indigenous communities struggle under the weight of loss and grief, which for Aboriginal people and their communities takes many different forms. Over the years, NALAG has developed a special rapport with these communities and the individuals within them. This has been beneficial not only for Aboriginal people but also for the wider regional community.

NALAG's clients come from a diverse and wide ranging demographic – from the very young to those of advanced years. They work closely with very young children and their families, and also offer services to aged care facilities throughout regional NSW.

NALAG recognise that loss and grief isn't just about bereavement – both take many different forms, and all can have significant impact on health and wellbeing. NALAG has devoted the past four decades to doing whatever they can to ensure those struggling under a tide of loss and grief can safely navigate their way back.

The importance of developing a shared understanding of practice

Members Meet-Up Forum, 30 August 2016, Hosted by Jewish Care

In addition to hot topics raised by MHCC members, the focus of the forum was exploring language and practice issues related to the delivery of recovery-oriented and trauma informed disability support and psychosocial rehabilitation services. The hot topics raised by members at this event mostly related to NDIS implementation.

The terms 'disability support' and 'rehabilitation' are often used interchangeably. In the current NDIS implementation and mental health reform environment it is becoming increasingly important that we develop a shared understanding of the 'practices' (i.e., 'interventions' or services/ supports provided) that underlie these words.

Opening remarks from MHCC CEO Jenna Bateman reflected on the challenges and implications this lack of clarity perpetuates in determining appropriate support for recovery, especially in a NDIS context. To elaborate on these points MHCC made two brief presentations:

1. MHCC's development of a discussion paper exploring these language and practice issues;
2. The workforce impacts for the CMO sector: a specific concern is the threat posed to the Certificate IV in Mental Health and Certificate IV in Mental Health Peer Work voluntary minimum standard of the community managed mental health sector.

In small groups members also discussed:

How state funded mental health community sector programs differ from supports provided through the NDIS?

There is a clear need for continuing sector discussion about how NSW Ministry of Health funded mental health programs delivered by community sector organisations differ from psychosocial recovery/disability supports funded through the NDIS. This includes increasing concern that large numbers of people with and/or at risk to develop high levels of psychosocial disability will not be eligible for NDIS. There are also questions increasingly being asked, in terms of best practice recovery oriented approaches, about whether it is helpful for people to be eligible for the NDIS (i.e., could this paradoxically contribute to developing disability)? Current guidance is that the NSW government is responsible for funding psychosocial rehabilitation.

Whether it is time to consider registration and the development of a Professional Association for community sector mental health practitioners?

There was overwhelming support for taking forward discussion in support of developing a Professional Association for community sector mental health practitioners. MHCC has recently commissioned development of a discussion paper related to this direction and will use feedback from the Meet Up Forum to further develop it.

Further discussion points raised

One interesting issue to arise is whether lead agencies of headspace programs, which deliver early intervention psychosocial and treatment services for young people with mild to moderate mental health conditions, can become NDIS registered providers?

With thanks to Jewish Care for hosting this event and to ACON who have offered to host the next Meet-Up. Members will be notified of details in the coming weeks.

Jewish Care



AN MHCC MEMBER INITIATIVE



Image: Wall of Hands at Jewish Care



Join the conversation

These forums provide MHCC members with an opportunity to engage with key issues affecting community managed mental health organisations. Come share your views and help provide us with the information we need to lobby on behalf of the sector.

Share your news with us.

MHCC is really interested in what our members are up to and we think others are too.

Contact lara@mhcc.org.au for your story to feature in View from the Peak.



Evaluation informing practice

Bill Gye, General Manager and Dr Chris Lloyd Senior Research Officer from Schizophrenia Fellowship of NSW (SFNSW) presented three very interesting research studies at TheMHs 2016 which outlined how they have used evaluation to inform practice.

These three studies were undertaken within a larger project to better plan and identify appropriate outcome measures for all SFNSW's services within an 'Outcomes Framework'. The starting point for this project was a quote from Professor Mike Slade in *New Trends in assessing the outcomes of mental health interventions*; *World Psychiatry*. 2014 Jun; 13(2): 118-124.

"Choosing the outcome domain or domains to evaluate should be a separate and prior decision to choosing the outcome measure. In our experience, this distinction is often not maintained, with the more common starting point being identification of measures. Conflating the choice of outcome domain with choosing the outcome measure leads to three problems: inconsistency, unimportance and unfairness."

A mapping exercise was undertaken of several common outcomes frameworks with an attempt to map these to each other and extract a common underlying set of domains as per the following:

To better inform this 'top down' model three 'bottom up' empirical studies were undertaken.



Outcome measures: identifying gaps for improvement

The first study set out to report on the findings of staff attitudes and use of Outcome Measures: identifying gaps for improvement. Results showed that almost of staff (143 responses) believed in being outcome focused. Over 90% of staff believed improved wellbeing and quality of life was very important for clients. Comments reflected a positive attitude towards goals and outcomes. Staff were generally positive about the use of outcome measures. Some staff suggested that the Mental Health Recovery Star would be good to use.

Recommendations included that measurement tools must be rigorously researched and trialled before widespread implementation to ensure appropriateness. Supervision needs to include a focus on goal planning with clients and the use of outcome measures was also recommended, as was an evaluation and research framework needing to be put in place in order to measure impact and outcome. The study revealed valuable information about the staff and their use of outcome measures and made it possible to come up with a list of recommendations to further improve practice.

Consumer views of the service provided by the Schizophrenia Fellowship

The second study determined to evaluate Consumer views of the service provided by the Schizophrenia Fellowship. The aim was to explore the process of evaluating the provision of service from the perspective of consumers. The 'Your Experience of Service (Yes) Survey' was utilised via Survey Monkey and also in hard copy. The 'Yes' survey consists of 26 questions with a 5-point Likert scale, divided between asking how often and how well the service performed. 242 completed surveys were received from PHaMs and Clubhouse.

Overall results suggested a high to very high level of satisfaction with consumer experience of the service. Staff received higher overall ratings for 'how often' they did certain things rather than 'how well' they were performed. Qualitative responses in relation to experience with the staff were extremely positive. Seventeen areas were identified as needing improvement including: orientation, in-service training and education, and supervision. The SF hope that obtaining consumer feedback enables the service to set a bench-mark for performance and possible improvements.

"It has changed my life": Participation in Fellowship programs

Lastly the study, "It has changed my life": Participation in Fellowship programs, set out to discuss consumers' experience with centre-based services and explore their attitudes towards the programs. Following interviews with 61 participants from urban and rural areas, who mostly disclosed that before engaging in a Fellowship program they had experienced feelings of isolation. After joining the program only 4.1% stated they did not feel any different. 95% of consumers stated that support was the primary benefit they gained from participation. They also reported greater socialisation, friendship and confidence. Everyone responded that being involved in Fellowship programs helped them to stay well. Participants had been involved in programs from 1 month to 10 years and attended on average 2 or 3 days per week. Overall, participants found their involvement with the Fellowship to be beneficial. The results show an overlap between what consumers' state helps them to stay well and the benefits they gain from participation in Fellowship programs. Gathering this information allows the service to ensure programs are relevant and focus on the areas which are most needed.

MHCC thanks SFNSW for sharing these projects and the value they brought to the organisation. There is much to learn from each other and MHCC would be interested to share other organisation's findings from their projects. Contact us: info@mhcc.org.au

Effectiveness of consumer led services

The Sax Institute recently published a review of studies relating to effectiveness of consumer led mental health services. Commissioned by the Mental Health Commission of NSW, this review uses their *Evidence Check service* which employs a specific methodology to provide a concise summary of evidence that answers specific policy questions presented in a policy-friendly format. We feel that this review provides useful international learnings to the Australian sector and have included the Executive Summary below.

Executive Summary

There is a small but steadily growing number of research studies showing that services controlled and run by people with lived experience of mental illness ("Consumer-operated services") are effective in supporting recovery. Such services tend to be characterized by consumer control, choice, voluntary participation and opportunities for decision-making by consumers (Holter et al 2004).

Most of the evidence for the effectiveness of consumer-operated services comes from the United States, where three large studies have each published multiple papers on their findings. The largest, the "Consumer Operated Services Program" (COSP) study (see Clay et al 2005) examined eight consumer-operated services and compared the recovery outcomes of people who used these services with people who only used traditional services. They found that people who accessed consumer-operated services experienced improved levels of empowerment, social inclusion, well-being, housing, employment, hope and program satisfaction, than those who accessed only traditional services. There were, however, significant differences between results from the different COS programs. Another study (see Nelson et al 2006) compared a range of recovery measures for participants in four consumer-run organisations, over three years, with participants who did not access consumer-run organisations. They found that participants in the consumer-run organisations had small increases in quality of life, spent fewer days in psychiatric hospitals, used emergency services less, participated more in employment and education, had more stable mental health, enhanced social support and more stable income, when compared with people who did not access these organisations. They also

found that these results continued after three years. The third study (see Segal et al 2013b) examined what qualities of consumer-operated services led to improved recovery outcomes. They consistently found positive results for consumer-operated services, with the exception of one hierarchically-structured organization. It is not, however, possible to generalize from this one study. A large number of smaller studies, including research looking at peer-run respites as alternatives to psychiatric hospitalization (e.g. Croft and Svan 2013) also showed promising results.

There is not enough evidence to say how these results relate to members of population subgroups, such as people living in rural and remote settings, members of Culturally and linguistically diverse (CALD) communities, Aboriginal and Torres Strait Islander people, and lesbian, gay, bisexual and transgender (LGBT) people. What evidence there is points to the possibility that some people may prefer to seek treatment from culture-specific organisations, rather than mental health organisations. It is also important that the staff working in consumer-operated services reflect the population of people who use the service.

Recommendations of this report include the commissioning of a survey of consumer-operated services in Australia (similar to two conducted in the United States - Goldstrom et al 2006 and Ostrow et al 2014), to find out what is currently happening. Evaluation of existing services is also encouraged, with an emphasis on the kinds of outcomes that are meaningful to consumers. This will mean that consumers need to be involved in the research processes. Finally, it is also important that consumer-operated services that are particularly successful be encouraged to document what it is that they are doing well, to share their success stories and inspire others.



Evidence Check: The effectiveness of services led or run by consumers in mental health
Flick Grey & Mary O'Hagan
[Brokered by the Sax Institute for the Mental Health Commission of NSW]

saxinstitute



CLICK TO DOWNLOAD THE FULL REPORT
www.saxinstitute.org.au

Sector news

Centre Opening at Grow NSW

The opening of the new Grow Centre at Harris Park on Friday 26th August was well attended with Board Members, staff and volunteers from Grow NSW, together with invited representatives from Mental Health Coordinating Council, Suicide Prevention Australia, Access Industries, Headspace, Schizophrenia Fellowship of NSW, Re mind, Way Ahead, and the City of Parramatta.

We were also delighted to have in attendance Geoff Lee, The State Member for Parramatta and John Feneley, the Mental Health Commissioner for NSW who presided over the official Opening.

Commissioner Feneley began his address with an acknowledgement of country and an acknowledgement of lived experience of mental illness. He noted that lived experience is essential across the entire mental health and social services sector, in the design and delivery of services, at policy and decision making levels and in all roles and facets of the MH system.

Interestingly, earlier this month the Commission had launched a review paper, titled "The effectiveness of services led or run by consumers in mental health: rapid review of evidence for recovery-oriented outcome". The Commissioner acknowledged that "Grow members, and many other people here today, were part of the early discussions which triggered this piece of work". The purpose of the review was to start the conversation about consumer-led services in the public arena. Organisations like Grow, he added, are essential to keep this conversation running.

As the afternoon progressed, there seemed to be no difficulty keeping the conversations running, as the like-minded guests stayed on to chat and enjoy tea, coffee, pastries and sandwiches at the new Grow Centre.

Weekly Grow Groups offer peer support, practical steps and a unique program for improving and maintaining mental wellbeing. For more information please see www.grow.org.au or call 1800 558 268.



Image: Commissioner Feneley at the Grow Centre Opening.



Introducing Flourish Australia...

In August 2016 the mental health sector was introduced to Flourish Australia. This introduction was the end game in the amalgamation of the Richmond Fellowship of NSW and Psychiatric Rehabilitation Australia (PRA), known from 2012-2016 as RichmondPRA. This name was always an interim solution with Flourish Australia's CEO Pamela Rutledge commenting, "Since then (2012) we have been looking for the name that really captures the essence of what this organisation is about."

For Flourish Australia it's business as usual. As an organisation, they remain committed to utilising the lived experience of those with mental health issues and assisting people on their recovery to reconnect with the community on their own terms. However, the new name and re-branding appears to give Flourish Australia renewed focus. At its centre is the importance of narrative and the stories of those they support and employ. Flourish Australia currently serves 4200+ people each year and employs 702. It is clear that a main element of this rebrand is giving voice to the wealth of experience that they hold as an organisation, with much of the launch material featuring the importance of lived experience through profiles and interviews.

The new branding of Flourish Australia highlights the importance of connection as is the key to utilising lived experience. As Rutledge outlines, "The first step for anybody with a mental health issue, is finding a way to engage with support. So our services, and particularly peer workers, are able to get alongside people and just make a connection." And much like the work of Flourish Australia throughout its history, known under various names, they will continue to facilitate connecting people with their communities; to grow and... to flourish.



Supporting Mental Health & Wellbeing

Weave: 40 years of community connection & spirit

"The organisation grew out of the early 70s and the politics of community development and empowerment were very strong then and have remained the essential ingredient to helping young people and families...We are also really keen to understand the wisdom of those we work with so that we can use that for the service and the wider community."

Weave Staff Member

On Tuesday 30th August 2016 Weave celebrated 40 years of community connection and spirit and launched its *Stories of Lived Experience: Evaluating and reflecting on therapeutic relationships and practices that support Indigenous and non-Indigenous people who have complex trauma and persistent mental health experiences.*

Weave Youth & Community Services (Weave) provides care coordination, counselling, social activities, creative arts and community development projects for young people, women and children in Sydney; with a focus on engaging and providing supports to local Aboriginal people and families.

Commencing in 2015, on a grant from Inner West Sydney Partners in Recovery, Weave worked with ARTD to undertake a largely qualitative service evaluation involving interviews with Aboriginal and non-Aboriginal clients, community and staff to understand what is most useful about how Weave works; the difference that Weave makes for clients and the community; and how Weave and the sector can improve.

The evaluation report comments that 'Weave's visible, long-term presence creates a kind of seamlessness between being part of the community generally, attending Weave events/activities, and being a direct client of Weave. Given this, there is no stigma attached to seeking or accepting help from Weave, and a high proportion of referrals are self-referrals or referrals made by family/ friends.'

For those who could not make the night, [access the report and a short version of the accompanying video documentary.](#)



>> Click to play



MHCC Wins the Consumer Involvement and Participation Mental Health Matters Award

The award was for MHCCs work in Taking a qualification to the Peer Workforce - a process driven and delivered by consumer and carer peer workers.

MHCC CEO Jenna Bateman and Peer Work Trainer Irene Gallagher accepted the award on behalf of MHCC and the many peer work trainers and workers involved in developing and delivering the qualification across NSW.

The award was presented at the Mental Health Month Launch on the 29th of September 2016 at NSW Parliament.



New sector voices working with MHCC



Amanda Bresnan

Executive Director, Community Mental Health Australia (CMHA)

Amanda is the new Executive Director of CMHA, a coalition of the eight state and territory peak community mental health organisations that provides leadership and direction promoting the benefits of community mental health and recovery services across Australia, of which MHCC is a founding member. My background is that I have worked in the non-government sector for almost 14 years. I have worked with Consumers' Health Forum of Australia and was the Acting Director Policy and Projects at the then Mental Health Council of Australia (now Mental Health Australia). From 2008-2012 I was a Member of Parliament in the ACT Legislative Assembly where mental health was a significant focus for me. I most recently worked at the Australian College of Mental Health Nurses. I am also on two national boards – Asthma Australia and AIVL – and President of the Asthma Foundation ACT.

I am very excited about working with CMHA and the state and territory peaks and recognise this is a significant task. However, I believe this is an exciting opportunity to establish CMHA as a significant and leading voice. I see my role as working to increase CMHA's profile and voice and as a conduit to national organisations and decision-makers; to inform them about community mental health issues happening on the ground which CMHA, through the states and territories, is best placed to do.

Due to the roll-out of the National Disability Insurance Scheme (NDIS) occurring across the country there is a transfer of a number of federally funded mental health programs to the Primary Health Networks (PHNs) which will become a flexible funding pool from which PHNs will commission mental health services.

The guidance material from the Australian Government Department of Health has stated that PHNs shouldn't commission psychosocial services, however, at the same time they are being told to plan with local area health services and commission services based on the needs in their PHN regions. Working with Government to ensure they are aware of, and informed about, what the actual mental health needs are in the community, is a key area I will be focusing on.

There are also Productivity Commission inquiries – the 2017 NDIS review and a current inquiry into contestability and competition in human services (including those relevant to mental health such as housing and employment) – and it will be essential that community mental health views are a part of these.



Kathy Triffit

Research Network Coordinator, Community Mental Health, Drug and Alcohol Research Network (CMHDARN)

Kathy is the Research Network Coordinator of CMHDARN, a partnership project between the Mental Health Coordinating Council (MHCC), the Network of Alcohol and other Drugs Agencies (NADA) and supported by the Mental Health Commission of NSW. CMHDARN was established to broaden the involvement of the community mental health and alcohol and other drugs sector in evidence-led research and to promote the value of research to improve the quality of service delivery.

I come to CMHDARN having worked across both the community and university sectors. As life would have it, I have taken a convoluted path circumnavigating the arts, community cultural development and landing in health promotion. Working in HIV health promotion for over twelve years, I have been involved in the development, implementation and evaluation of programs on topics that impact the health and wellbeing of people with HIV and the broader community. Underpinning this work has been a keen interest in building the capacity of community organisations to not only understand and use research to inform day-to-day practices and policies, but also support people with HIV to engage in research activities.

More recently, I worked for Alzheimer's NSW on a pilot project linking people diagnosed with younger onset dementia with volunteering organisations to help them to stay connected and engaged with their communities. In addition, I have a background in tertiary education, completing my PhD in 2011 and currently teach Health Promotion and Social Perspectives of Health at the University of New South Wales.

An immediate area of focus of my role with CMHDARN is building a broader community practice which supports those working in the mental health and alcohol and other drugs sectors to engage in a research culture that both draws from, and informs, their day-to-day practices.

Currently, CMHDARN is working on a new brand and website with the goal of being more accessible and engaging to our audiences. The website will be relaunched later this year. We are also supporting UWS in holding a research forum in November:

Framing a Research Idea and Getting it Over the Line: A Practical Workshop

Tuesday 29 November, 2016 (9am - 4.30pm), Mantra Parramatta (Cnr Parkes St & Valentine Ave)

Interested in channelling your ideas into building better services for people living with mental distress and alcohol and other drugs issues? CMHDARN invites you to a free one day practical workshop Pitch your ideas to people who can guide and help you to plan for success. Walk away from the day with a concrete plan to take to your workplace.

www.cmhdaresearchnetwork.com.au/events



For questions about CMHDARN and our activities, please email info@cmhdaresearchnetwork.com.au

Broadening peer work opportunities for growth and innovation

MHCC to collaborate with South Eastern Recovery College

The South Eastern Sydney Recovery College (SESRC) is an educational initiative in Australia, focused on learning and growth for better mental health. The College offers comprehensive education and training programs, developed and delivered by people with lived experience of mental health concerns and health professionals. It is open to people who have mental health conditions, their carers, families and friends, as well as mental health staff and volunteers. The College aims to assist people with lived experience of mental health concerns to become experts in their self-care, to make informed choices and fulfil their ambitions through educational opportunities. For carers, families, friends and health professionals, the College is an opportunity to better understand mental health concerns and to support people in their journey of recovery.

Following a meeting in July, MHCC and SESRC are collaborating in order to improve opportunities for partnership, growth and innovation in the training and development of the peer workforce in NSW. MHCC supports the vision, philosophy and model of co-design and co-delivery articulated by the Recovery College. Specifically, that people with lived experience are the drivers of positive change in mental health service provision, education and reform processes.

MHCC has taken a leadership role in advocating and supporting the establishment of the mental health peer workforce, and have assisted development of the skills and competencies of the peer workforce through the design and development of the Certificate IV in Mental Health Peer Work qualification with the support of the National Mental Health Commission.

MHCC & SESRC propose that there are opportunities to foster pathways for SESRC students to engage in further professional development and training opportunities, including transitioning into the Certificate IV qualification in Mental Health Peer Work. The purpose of this initiative is for students to acquire the higher skills required to undertake a peer worker role within the mental health sector (whether public or community-based). MHCC believe this collaboration will do much to support new peer entrants as future workers in the sector, particularly with MHCC member organisations. We look forward to building this important relationship between the two organisations over the coming years.



“... people with lived experience are the drivers of positive change in mental health service provision, education and reform processes.”

Help with accreditation and standards compliance reporting is just one click away

In 2015 MHCC partnered with BNG Online to provide an online tool for managing quality, compliance and risk – the MHCC Quality Portal. With over 40 standards, including the National Standards for Mental Health and the National Standards for Disability Services the portal provides MHCC members with a one-stop-shop to manage their accreditation and compliance needs. MHCC also provides members with a 15% discount on BNG Online services.

The MHCC Quality Portal is a tailored version of the Standards & Performance Pathway (SPP), the leading Australian online solution for accreditation, standards compliance and quality management for the community mental health sector.

In a recent survey of BNG's SPP users, over 97% said they WOULD recommend SPP to another organisation for the following reasons:

- saves time and reduces the burden of accreditation and compliance reporting;
- manages risk by identifying areas of governance, management, financial and operational vulnerability;
- promotes a culture of quality management and improvement with the involvement of all team members; and
- increases service delivery capacity and lifts productivity – staff hours saved through using the SPP can be redirected to frontline service delivery.

Find out how this service could benefit your organisation: info@mhcc.org.au



Do you need help with accreditation and standards compliance reporting?

The MHCC Quality Portal can help, over 97% users recommend it!

15% DISCOUNT FOR MHCC NSW MEMBERS.

MHCC ACTIVITIES – AT A GLANCE

Key Projects

– details at www.mhcc.org.au

- Capacit-e On-Line Learning Resources
- NDIS Psychosocial Online Resource
- Cognitive Functioning for Recovery, training module (partnership Marathon Health)
- Community Mental Health Drug and Alcohol Research Network (CMHDARN - NADA & the NSW Mental Health Commission Partnership Project)
- Mental Health Rights Manual updates
- MHCC Reconciliation Action Plan (RAP)
- Agency for Clinical Innovation (ACI) Trauma-Informed Care and Practice (TICP)
- Partnerships for Health (P4H) - Ministry of Health Mental Health Program Approach
- Peer Work Training (NSW Scholarship Program)
- Practice Governance Development Project
- Promoting Physical Health Strategies
- Recovery, Ethics and Community Treatment Orders
- Recovery Oriented Disability Support and Rehabilitation Discussion Paper
- Exploring development of a Community Sector Mental Health Professional Association

- Navigating the NDIS: Lessons Learned through the Hunter Trial site
- Guideline for Establishing NDIS Communities of Practice
- NDIS Capacity Building Mental Health Training initiative (partnership MHA and NDS)
- Recovery Oriented Service Self-assessment Toolkit (ROSSAT) Consultancy Project
- Collaboration MHCC and South Eastern Sydney Recovery College
- Supportive Decision-Making for Recovery Project, training module (collaboration NSW Public Guardian)
- Trauma-Informed Care and Practice Organisational Toolkit (TICPOT), packages and Scaling Tool

Key Submissions

- Proposal to Establish NSW Community Managed Mental Health Sector National Disability Insurance Scheme (NDIS) Communities of Practice Project
- Position Paper: Moving beyond integrated service delivery for mental and physical health care
- Discussion Paper: Approach to designing an Integrated Carer Support Service System in Australia
- NSW Law Reform Commission Review *Guardianship Act 1987* (NSW)

MHCC facilitated and/or presented at the following events

- NSW Legal Aid Conference: Pump up the Volume - 2/09/2016
- MHCC Members Only 'Meet up' Forum – Woollahra, hosted by JewishCare – 31/08/2016
- TheMHs Conference 2016, Auckland, New Zealand - 24-26/ 08/2016:
 - TheMHs Award - Mental Health Consumer and Mental Health Peer Work : Taking a Qualification to the Peer Workforce - In recognition of the achievement of excellence, innovation and best practice in mental health services
- Papers
 - Capacit-e MHCCs Online Learning Platform
 - Cognitive functioning for Recovery: supporting people with mental health conditions living with related cognitive impairment
 - The NDIS and Mental Health: The value of Communities of Practice
 - Developing the Workforce: NDIS and Mental Health Workforce Scoping Project
- NSW Official Visitors Annual Conference, MHCC presented on NDIS – 4/8/2016
- Mental Health Program Council MHCC presented on Partnerships for Health History and Progress 09/09/16

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