Supporting Community Connection for People with Mental Health Conditions Outside of a Funded NDIS Package
Webinar – 26 February 2020, 10:30 to 11:30 AM

WEBINAR REPORT AND TRANSCRIPT

Presenters

- Tina Smith, Principal Advisor – Sector and Workforce Development, Mental Health Coordinating Council
- Joseph (Joe) Lonn – Community Worker - Manager, Training Services Development at ACON
- Julia Nunes – Volunteer - Tenant Representative, Bridges Community Housing
- Susan Allan – Peer Worker and Lived Experience Representative

Participants

- 168 people registered to attend the webinar
- 53 people attended (31.55% attendance rate).

Welcome, acknowledgements and introductory comments

TINA SMITH:
Hello. Good morning. My name is Tina Smith, and I'm Senior Advisor, Sector and Workforce Development, at the Mental Health Coordinating Council. MHCC is the peak body representing organisations that support people living with mental health conditions in New South Wales.

Before beginning today's webinar, I'd like to acknowledge the traditional custodians of the land in which this event is taking place and pay my respects to their Elders past, present, and emerging. I would also like to pay my respects to the contributions of people with a lived experience of a mental health condition. It's because of listening to them and hearing these stories about what helps and doesn't help with their recovery, that we're getting better at working to provide support to them and in creating also more inclusive and healing communities. I also want to take a moment to acknowledge the impacts of trauma in people's lives and, in particular, the experience of colonisation and adverse childhood events. These experiences have severe impacts on people's health and wellbeing, including their social and emotional wellbeing.

A trigger warning. We're not planning to talk about anything particularly triggering today. Our talk will be about hopeful and optimistic things that work to support people in the communities of their choice. But if anything triggering is mentioned, please reach out to seek the help that you need to take care of yourself. And I'd like to invite you to also contact me to discuss those distressing experiences, should they occur. We have a poll to start off with. So if you go to the poll key up on your screen, we want to know how familiar you are with the Supporting Community Connection Project: not at all, a little, somewhat, very. So if you could just take a moment to submit your response. I will move into introductions of our panel and then we'll look at the poll results and we'll also repeat that poll at the end of our webinar.

So with me today, we have three panellists and these are all people that participated in a trial of a range of learning materials and opportunities that MHCC has created as part of this project through co-design with people with lived experience.

The learning materials have been created so that supporters, either paid or unpaid, of people living with mental health conditions, whether or not they have an NDIS package can access services, access more services outside of an NDIS funded package, or crisis mental health services for that matter. So with me today, are Joe Lonn from ACON.

JOE LONN:
Thank you.

TINA SMITH:
Joe is a community worker working outside of the mental health sector and we were joking just a minute ago about how little GLBTIQA+ people that ACON works with struggle with mental health issues.

JOE LONN:
Yeah. It can be a quite a large issue but sometimes goes very invisible to the broader community.

TINA SMITH:
Yeah, so it's very easy for organisations outside of the mental health sector to say mental health is not our business, but more often than not, it actually is everyone's business. Welcome, Joe.

JOE LONN:
Thank you.

TINA SMITH:
We also have Julia Nunes. Julia is a volunteer who works with Bridges Community Housing, has actually had quite a long volunteer history, outside of the mental health sector. Do you see people with mental health issues in community housing settings, Julia?

JULIA NUNES:
Yes, there is quite a few. And most of people don't know how to deal with it.

TINA SMITH:
Yes.

JULIA NUNES:
So, it can be a bit frustrating cause we have to take, we have to treat them with respect and make them welcome to the community that sometimes we don't know how to go around.

TINA SMITH:
Yeah, so Community Workers and volunteers outside of the mental health sector are the primary audience for the resources MHCC has been developing. But as part of the trial, we have also included people with lived experience, and Sue Allen is a person with lived experience who also works as a Peer Worker. Can you briefly tell people what a Peer Worker is that not be familiar with that term?

SUE ALLEN:
Well, I'm a Peer Support Worker. I work in Sutherland Hospital. I work in the inpatient unit and the rehab unit and also community participant clients as well. So we work towards supporting their recovery in a broad sense,

working on their goals, their aspirations, understanding what's happening while they're in hospital, what's going to happen when they're out, linking up services and basically providing support from someone who's been there or experienced something similar to what the client has experienced, which often has a remarkable impact.

Full results of webinar pre and post live poll: How familiar are you with MHCC's NSW ILC CEEP project?

	Pre-webinar	Post-webinar
Not at all	43%	13%
A little	38%	37%
Somewhat	0%	37%
Very	19%	13%

Overview of the webinar

TINA SMITH:
Thank you. So thank you for joining us today. I really, really appreciate your support of the project. And again, these guys were participants in the trial of the learning resources and the trial is the main focus of today's webinar, but I will give you a little bit more background. Firstly, I just want to share with you the polling results. How many of you are familiar with the project? 43% not at all, good. That means you're going to learn in the next hour. A little, 38%, very, 20%. So knowledge of the project seems to be creeping up over time. And again, we will revisit those polling results at the end of the hour today and see how things have changed.

The plan for today is to focus mostly on the trials. I will give people a little bit of background because of the large number of people that aren't overly familiar with the project at all, but we won't focus a lot on the background. So this project is funded by a NSW National Disability Insurance Scheme (NDIS) Information Linkages and Capacity building (ILC) jurisdictional grant. I'm trying not to use acronyms because of feedback that we've been given that it's not useful in terms of understanding the change environment that we're currently in. Today I won't be reading out the project outcomes that we're being asked to work towards as part of the ILC framework, but I do want to speak a little bit about language and I want to speak a little bit about who the people are that we're working with on the project and what the activities are that we're undertaking.

When we first started co-design around this project, we went in talking about the project outcomes that are about living lives in community of your choice and having access to the information that you need to make decisions about your life and mainstream services and community services. And the co-design participants pretty quickly said to us, well, that language is just not resonating with us. So we worked with them to come up with a co-design question that we've used to take the project forward. And that is, how can people be better supported to have more fulfilling lives in the communities of their choice outside of an NDIS funded package.

I've got to say, people are still also bamboozled about the language of the mental health sector. So it's not just NDIS, National Disability Insurance Scheme, language that feels, leaves people feeling a bit bamboozled. And we've all got to get better at communicating in plainer English about people and their lives and their choices and their preferences and validating those things.

So the people that the project's working with other than people with lived experience. Again, the primary audience is Community Workers and volunteers outside of the NDIS sector, but also peers, people with lived experience. Do any of you want to have a guess why bringing people with lived experience into the trial was an

important thing? This is an unscripted question. So I'm putting you guys on the spot, hopefully just to loosen you up a little, but why was it important having people?

JULIA NUNES:
We can understand better because we've got the primary with us.

TINA SMITH:
You can understand better because you've got the person having the experience with you.

JULIA NUNES:
That's right.

TINA SMITH:
Yeah.

JOE LONN:
I think it's much easier to design a program with somebody with lived experience along the process because then you know that it's going to be right at the end and you're not guessing along the way to know, is this the right thing that we're doing or not the right thing? Like you're doing it with somebody that's going to benefit from the service and then you know that you're going to get to the goal line together.

TINA SMITH:
Yeah. Sue, do you care to comment?

SUE ALLEN:
Sorry, can you just repeat...?

TINA SMITH:
Why was it important to have people with lived experience, not just involved with developing the learning opportunities and resources, but involved in the trial?

SUE ALLEN:
Well, I agree it's important to have people who've been through, whether they have been rejected or accepted into the NDIS. But, I'm sorry, I've forgotten what I was saying.

TINA SMITH:
Yep, that's a great response, if you'd like to add to it later, please do. What I noticed, and you might care to agree or disagree, is that having people with lived experience in the room really validated the notion of them is us.

JULIA NUNES:
Yes.

TINA SMITH:
That for but the grace of God, living with mental health distress, mental health difficulties, could be an experience that any of us have. And it's not just someone over there in the hospital or sitting on the street.

JULIA NUNES:
That's right.

SUE ALLEN:
And you spoke about the language, the mental health language and how confusing it can be and whatever else needs simplification. Well, try the NDIS, you know, that the language in the NDIS is complicated and needs explanation in order to work through.

TINA SMITH:
Mental health reform and NDIS implementation language can be really, really complicated and we need to all learn to talk in plainer English ways about it and role model to others how to do that cause it's not an easy thing.

SUE ALLEN:
And you can miss out on an NDIS package because you haven't used the right language.

TINA SMITH:
Yeah.

JULIA NUNES:
That's right.

TINA SMITH:
Or other services and supports if you've not used the right language, yeah. OK, I've said this so many times. The focus today is on the trial of the learning resources. The learning resources were trialled in Sydney in September of last year and in Western New South Wales, Dubbo, in October of last year. Although we had a range of people from locations across Western New South Wales, not just Dubbo, some of whom had travelled quite a distance to be with us and we thank you for that. There were about 25 people in each trial. Slightly higher for Sydney, slightly less for Dubbo, about half of the people attending were non mental health specific Community Workers and the other half were a combination of volunteers and people with lived experience.

We are, following trial evaluation, developing a bit of a 'good practice framework' that will help other people to think about the benefits of using these learning materials in their communities. The trial learning materials are up on our website at the moment, and the final learning materials will soon be there as well.

We're now using feedback from the trial to improve the learning materials. Now, here are the six key topics that were considered during the trial. I am going to have to work from my notes here. I'd like to say that I have the outcomes associated with each of these learning topics memorised, but I don't. So, recovery, what is recovery? It's about understanding the importance of hope, purpose and meaning when healing from the impacts of a mental health condition.

Community inclusion is about understanding the importance of supportive environments in recovery. Supports and services is about having greater knowledge of supports and services outside of NDIS funding and crisis mental health services. Embracing change is about having an awareness, not an understanding, but an awareness, they're all laughing. There's new approaches and practices in the mental health reform, NDIS and ILC environments. I've got some graphics from conversations in co-design about embracing change. There's not a lot of words on those pages. And people are still really struggling with what the reform environment is, exactly.

I'm stalling 'cause I just had a little hiccup with my PowerPoints, but hopefully it's not as confusing to you viewers as it is to me, OK. We're back on the correct slide. Creating healing environments is about understanding the importance of trauma in care, informed care and practice and empowerment is about understanding the importance of self-direction as a key recovery tool. Now, none of these topics are about the importance of pills, medications, or hospitals. There is a place for those things in people's recovery journeys, but too often outside of

mental health and sometimes even within it, there is an overreliance on mental health treatments as solutions to helping people in their recovery.

And this training is all about helping people outside of the mental health sector in particular, to understand that and reduce their overreliance on medical model approaches to working with people with mental illness. The learning materials are videos, six videos aligned with those modules, PowerPoints and training delivery plans for one hour sessions aligned to those modules and the good practice guide will provide a range of other examples of ways that these and potentially other learning opportunities yet to be created might be used. Now, the trial was independently evaluated by the University of Sydney. What was the most popular course, guys?

JOE LONN:
Which section? Maybe supports and services?

TINA SMITH:
Good guess. (LAUGHS) Yeah, OK, a bit too on the spot and my apologies. The most popular course was creating healing environments. Yeah, people really, really liked that one. The least popular course was embracing change. I should have asked you that question. I think you would have got that a bit more easily.

So the University of Sydney did an independent trial evaluation of the two half days of face to face training that we did. We basically did three modules, three key topics on day one and three on day two. The methodology was a pretrial survey, a post-trial survey, and a survey related to each of the six learning modules. 89% of people attending the trial told us that the topic met their learning goals, 89%. Guy from the university have said, I wish my teaching rated that highly in my course evaluations, which was really nice to hear. And with regard to the materials, 3.8 out of five, which is also quite a high score, but we'd expect that to go higher through the revisions that we're making.

That's my introductory comments. That should have been a little shorter than it was. So I guess I'll need to move forward quite quickly. The rest of our time today will be spent on conversation questions and answers including comments and questions from viewers that are watching. So the key project question we've been exploring is, “how can we support people living with mental health conditions to have a fulfilling life in the communities of their choice?”. If you have a view on that, please send your comments or questions in and we'll revisit this key question throughout.

Panel Question 1

So, we have four questions to help guide our conversation. The first of those is, please tell us about your experience of the trial and what brought you to the trial.

JOE LONN:
So, really, I really needed to learn more about the NDIS and the ILC environment and really the majority of the work that I do is working with people living with HIV or people that have a diverse gender or sexuality. And really, you know, that trauma informed approach to creating a safe environment for those individuals, whether it be, you know, at a service or just, you know, meeting together was very important to understand, but then also kind of thinking of ways that I can diversify the services and support options that I know about and, you know, finding so much more. And even in the trial we learned about so much more from other people and that was really beneficial for me.

JULIA NUNES:
And to me, being a Chair of a Tenant Advisory Group. So we deal with a lot of tenants who have this kind of problems with mental health. And for me was to learn about how to treat them, how to treat them with respect

and be part of us, of the community. And even if I heard a little bit about mental health, I didn't know how complicated it can be. So this trial gave me a bit of enlightenment, what can I do to help?

TINA SMITH:
Yes. Yeah. And Sue, what brought you to the trial and what did you learn?

SUE ALLEN:
I think what brought me to the trial was, for me, community engagement has been so important in my recovery journey. And yes, I do have an NDIS package, but it's tiny and pathetic and I know a lot of people who don't have an NDIS package. And, so I wanted to learn as much about other services that could help people with mental health conditions outside of an NDIS package as well as feeling like I could contribute my process of the experience.

TINA SMITH:
Yeah, so you do, you are a person with an NDIS package?

SUE ALLEN:
Yes, I am.

TINA SMITH:
But quite small?

SUE ALLEN:
Yes.

TINA SMITH:
Yep, and so you're very interested in what else might be available outside of the funded services?

SUE ALLEN:
I can't rely just on that to support me.

TINA SMITH:
What sort of stuff does your package fund?

SUE ALLEN:
I get psychology once a fortnight and I get someone to come and help me with activities of daily living in the house once a fortnight. And that's it.

TINA SMITH:
Yep, and you feel like you could benefit from more, whether that's through the NDIS or some other mainstream or community support service outside of the NDIS?

SUE ALLEN:
Yes. Yes, and I also am concerned for that huge proportion of people who can't get the NDIS. What do they do? And I come across them in my work all the time. So I want to know, you know, the best way to do it if you don't have a package or if you have a package that's so small it doesn't do much.

TINA SMITH:
Yep, so we know that at the end of NDIS rollout, there will be, I think 64,000 people with psychosocial disabilities related to a mental health condition. But that's just the tip of the iceberg in terms of all people affected by mental

health conditions that still need access to services and support. And so we do need to build communities that are more inclusive of people with mental health conditions. That's what this project's about. So we're not seeing a lot of comments or questions coming through. There is one question, and I please encourage people to send through your comments and/or questions. I get that this project's a little hard to get your head around. Believe me, the project team gets that this project is hard to get your head around, but we are becoming clearer and clearer over time that it's about building community inclusion for people with mental health conditions because there will never be enough funded NDIS packages and there will never be enough acute mental health services and arguably there probably should never be enough because if all you've got in your life is acute mental health services and funded NDIS services, is that a life?

JULIA NUNES:
Not really, no.

TINA SMITH:
Why is it not a life?

JOE LONN:
There's so much more to life than just that type of service, I mean, community is so much more and you have to be able to live a fulfilling life within your community.

SUE ALLEN:
And you are not your mental illness.

TINA SMITH:
You are not your mental illness.

SUE ALLEN:
Your mental illness is something that you have or is part of you, but it's not your entire world.

JULIA NUNES:
And you learn, you're not alone. You learn there is other people similar to you and you can be together and you know, help each other.

TINA SMITH:
So what is having a rich, fulfilling and meaningful life about?

JULIA NUNES:
It's to have friends, have people who listens to you, people who, you know, take you for a coffee or for a walk and make you part of everyday life.

TINA SMITH:
Yeah, anyone else care to comment on that? What having a rich, fulfilling, meaningful life is about for you?

SUE ALLEN:
For me, it also includes working, because I like to work and I want to work as a Peer Support Worker. So having a job is important to me, which has required quite a lot of supports in order to get there. Yeah, so that's another issue.

TINA SMITH:
Yep.

JOE LONN:
And I would add, you know, working in community health is that we recognise everybody as an individual. And to say that one fulfilling life is the same for somebody else is not true. And everybody, you know, has their own wants and desires and needs and that's gonna be different for each person and it's up to them to decide.

TINA SMITH:
That's right. So, again, we're not getting many comments or questions coming through, but there is one question and the question is, has the project found it easy to engage with community workers, volunteers and peers? So, I'm going to speak to that briefly. Yes and no. (LAUGHS)

There has been a great deal of interest in the project. People really wanna know more about how to help people outside of an overreliance on hospital and acute psychiatric, crisis type services. But getting to the community sector and volunteers outside of mental health has no simple pathway to it. I'm delighted that the majority of people that registered for today's webinar are non-mental health specific community workers and volunteers.

And I'm aware that we also have a number of volunteer centre senior staff from both across New South Wales and in other states tuning in today, hopefully to think a little bit about how these learning resources might be of use to them. But we've really been quite stymied by how do we get to organisations that employ or have volunteers like Joe and Julia to let them know that these resources exist. If people have good ideas about that, I'd love for you to also to contribute those into the comments section of the website.

Panel Question 2

We'll move on to question two for the panellists. Which bits of the trial learning did you learn the most from and what challenged you the most? In any order, we don't have to go like this.

JULIA NUNES:
For me, every bit was interesting.

TINA SMITH:
Every bit was interesting?

JULIA NUNES:
Was interest. Challenge for me, all of them was challenge for me because I didn't know much about it. So for me it was all, the whole package to me was interesting.

TINA SMITH:
Yeah.

JULIA NUNES:
So I can't say was one better than the other because to me all of it was interesting to me.

TINA SMITH:
Yeah.

JULIA NUNES:
Because I didn't know much about it, so it was all instructive to me.

TINA SMITH:
Yep. So before you came to the trial, how might you have gone about do you think helping someone with a

mental health condition, and how might that be different now that you've done the trial, and the learning of the trial?

JULIA NUNES:
Well, before the trial I didn't know much about it so I didn't say much about it. I knew that person had a problem, but I tried to avoid it because I didn't know the specific language to interact with that person. And I didn't want to hurt them more than what they had. Because certain things can trigger, and I didn't know how to go about. So, the trial taught me how to specific talk to them. And the questions I'm supposed to ask.

TINA SMITH:
Yep, so what would you do differently now, if you were aware of a tenant struggling with mental health issues?

JULIA NUNES:
Well, first of what I will ask... First I will ask what... how can I help them? That'll be the first question, I think. Instead of, oh, let's go here, let's go there. So, for me will be asking what their interests are and how can I help? So, I let the person now tell me what they need. And then I can go about.

TINA SMITH:
Yep, so you ask them what they want help with and listen to what they say, and then look at how you can address that?

JULIA NUNES:
Yes.

TINA SMITH:
Rather than thinking it's someone else's job or business.

JULIA NUNES:
Exactly, yes.

TINA SMITH:
Yes. (LAUGHTER) Not that there's any right answers.

JULIA NUNES:
Yes, and that's the thing because all of them are so individual and that's the part that pulls you back a bit because you don't know how to deal with that.

TINA SMITH:
Yeah.

JULIA NUNES:
So, with the trial we learned a bit of the language. How to go about with these people. Because in the end they're all people like us.

TINA SMITH:
They're all people, they is us. They is us.

JULIA NUNES:
Yes, and we can't treat them as a sick people because they're not sick, they're just different than us.

TINA SMITH:
Yeah, and if they are unwell they're only unwell for very short periods of their lives, hopefully.

JULIA NUNES:
Yes.

TINA SMITH:
And, you know, they may need doctors and hospital and pills and other treatment interventions like that from time to time. But, more often they have a whole raft of other needs. They're working with... to live fulfilling lives in communities of their choice.

JULIA NUNES:
Yeah, and they need to feel they are part of the community. They need not to feel different, they need to feel the same as us.

TINA SMITH:
Yeah.

JULIA NUNES:
Even if they have that little bit of a problem, they need to feel welcome.

TINA SMITH:
Yeah, yeah, we all have problems and all need help from other people from time to time. Joe, which bits of the trial learning did you learn the most from, and what challenged you the most?

JOE LONN:
I think the one thing that was around creating a healing environment and was introduced to the trauma informed checklist that was on the website for it.

TINA SMITH:
MHCC's Trauma Informed Checklist.

JOE LONN:
Yep, MHCC, yeah. And that is something that we quickly spread around the organisation, just because there's a lot of events. People are meeting a lot of people even just one on one. And that checklist kind of... You know, I think we may have all thought we were trauma informed, but there was a checklist that really broke down somebodies experience maybe coming in to your organisation, or just meeting with somebody that allowed you to look at the whole picture from maybe even getting off the train, you know? And then even exiting the building and what that experience looks like for somebody and how you can really create a safe and healing environment for that person. And that was very valuable for us.

TINA SMITH:
I'm really pleased to hear that that's gotten traction back at ACON. Did you notice that all our trial events were trauma informed?

JOE LONN:
Yes, yeah. I kind of came back the second day with a new lens on that and you just pick up those things and you just kind of notice. But, what's nice is it just makes it so much easier for people.

TINA SMITH:
Yeah, yeah. And that is part of creating a healing environment where people feel safe to share, learn, and grow. Sue, do you care to briefly comment on what you learned the most?

SUE ALLEN:
Yeah, I agree with Joe in a way that the whole process, not just the delivery of educational material, but the whole process was trauma informed. And it was a good environment for people to share experiences. Probably the bits that I learnt most from would be the... Well, the embracing change module. But, mostly the videos that people did. I found them more memorable and sort of hit the spot and more appealing to the public as well.

What challenged me the most was probably learning all the acronyms and the jargon associated with the project. ILC, da-da-da-da-da. But, you know, that was relatively minor in comparison to all the learning that went on.

TINA SMITH:
Yeah, there was an enormous amount of learning. And we've got a long way to go in terms of really embracing the change that is the mental health reform and NDIS implementation environment. Including the information linkage as in capacity building, ILC part of it. What is the ILC? What does it stand for?

JOE LONN:
Information?

JULIA NUNES:
Information Learning and Capacity for...

TINA SMITH:
Information, Linkages, and Capacity building. And what is it about? It's all about community inclusion.

JULIA NUNES:
That's right, yes.

TINA SMITH:
OK, so we need to help others through...

SUE ALLEN:
Yeah, I mean, you've explained this to me about five times and I still haven't got it, so. (LAUGHS)

TINA SMITH:
It's about a whole lot more than that.

SUE ALLEN:
Yeah.

TINA SMITH:
But, ultimately it's about creating opportunities for a range of people with different disabilities and diversities. Gender diversity, sexual diversity, cultural diversity, aboriginality, people who live in rural remote areas, to be more included in the communities of their choice. Because there will never be enough funded services and supports. Whether it's inside or outside of the NDIS. And because it's questionable whether there should be, in terms of living a rich, meaningful, fulfilling life in the communities of your choice.

SUE ALLEN:
And capacity building sort of implies that, you know, you've got the capacity but it needs just some help to be produced and... It's a more hopeful term, I think.

TINA SMITH:
Yeah, individual and community capacity building for community inclusion. So, I'm a cheeky bugger, I'm going to do it again, sorry. What's the ILC all about?

JOE LONN:
Information, Linkage, Capacity building.

TINA SMITH:
That's what it stands for, but what's it all about?

JULIA NUNES:
Community inclusion.

TINA SMITH:
Julia, community inclusion. Right on, I'm not going to stop asking that question. (LAUGHTER)

JULIA NUNES:
So many things to remember sometimes, you forget some bits, but in the end we get it. Because we've got all the paperwork at home so we can always go and check.

TINA SMITH:
Yes. So, Vicus is asking, since not many people are aware of this project, how do we ensure it reaches many people as soon as possible? Yes, Vicus, I would direct you to the MHCC website. I would encourage other people to visit the MHCC project website. Feedback we're getting is that the videos we've created linked to the six modules are particularly useful and powerful. And they're all videos under five minutes in length. And they're being quality improved against the trial evaluation feedback as well, so they'll be even better yet.

SUE ALLEN:
And they are being shown in some healthcare centres.

TINA SMITH:
Can you say more about that, Sue?

SUE ALLEN:
Well, it is actually a mental health setting, but it's St George Hospital Community Mental Health. And they play the videos over for about an hour and then do it again in the afternoon.

TINA SMITH:
That's fantastic.

SUE ALLEN:
Yeah, so, and it's quite a large waiting area. You know, probably holds maybe 35 people. And, yeah, it's getting the message... And, have you got closed captions on it yet?

TINA SMITH:
We are getting closed captions put on the bottom of the six videos and a further three videos that we're

developing that we're having another meeting about this afternoon towards their development. They'll all be closed captioned. We are going to use some of the new videos to drive people, Vicus and others, to our website where they can find the learning materials. We're looking at the possibility of a social media marketing campaign. Digital marketing campaign to help drive people there. And, of course, the good practice guide that will promote, will also hopefully encourage people outside and within the trial sites both. Individuals, programs, organisations, communities, to pick up the resources and use them in a range of ways. I'm coming to talk to your Tenants Advisory Group and look at the videos with them, hey, Julia?

JULIA NUNES:
Yes.

(CROSSTALK)

TINA SMITH:
How might that be useful?

JULIA NUNES:
Oh, well it will be useful for the people in need themselves and for the ones who are there to support. So, even for the, our house provider. Because I know they've got the pathways, but I don't know if they know enough about mental health.

TINA SMITH:
Outside of hospitals and crisis mental health services?

JULIA NUNES:
Yeah, exactly.

TINA SMITH:
Yeah, exactly. So, look, that just gives you a bit of a taste of some of the ways, Vicus, and we'll touch on that a bit more in the last two questions today.

Yeah, I'm a little reluctant to go down this pathway, which means I probably should. Vanessa's asking the question, I'm very interested in community programs and services that aren't mental illness saturated that can support people who used to be provided with services that are now defunded. And she's talking about Day to Day Living, Partners in Recovery, the Personal Helpers and Mentors Service. Vanessa says, it's important for people to make mainstream connections, but there also need to be supportive environments. Well, yes.

Now, this sort of brings us back to that embracing change topic that was our least popular learning topic. And I've got to say that for both the face to face training and the video, it's the one that we're probably working the hardest on to develop it to a point where it can be really, really useful to many people in many ways for helping to embrace the change that is the mental health reform environment. One of the things that came through in the project codesign and the trial is that people don't know what is replacing those commonwealth mental health programs that I just mentioned, yeah? In fact, a lot of people outside of the mental health sector didn't even know about those commonwealth mental health programs.

SUE ALLEN:
I'd agree with that.

TINA SMITH:
You'd agree with that? Can I ask you to comment further on that, Sue? Why do you think that those mental health

programs didn't have a profile, or the new ones that are replacing them might not have profile in our communities generally?

SUE ALLEN:
Well, in the community where I work, I think that there's a lack of communication and distributing of information about these services. So, whether that comes from community mental health workers or non mental health workers or whatever, I think we need to start from educating at that level. So that then the information gets dissipated out to the community. Who really, a large percentage of the people I work with have no idea it sort of even exists. So, I think we need to start up a bit higher up. Higher up maybe, and work it down and then get it out there.

TINA SMITH:
Does anyone else care to comment on that embracing change module and the challenges of the reform environment in which we're all trying to navigate at the moment?

JOE LONN:
I think it's just based on everybody's individual knowledge and, you know, knowing in community organisations, turnover can be a little bit higher. And then it's like, well, what knowledge is leaving when that person walks out the door, and is that knowledge anywhere else in the organisation? Because that can be tricky to just try to retain that knowledge sometimes.

TINA SMITH:
Yeah. So, at the same time that the NDIS, including the Information Linkages and Capacity building, the community inclusion part of the NDIS is being implemented, there is a whole lot of mental health reform that's going on through Primary Health Networks. Primary Health Networks send you to people. Primary Health Networks have been asked nationally to commission what's called the Psychosocial Support Measure. Which is a part of what's kind of sort of replacing those old programs. But, there's still a long way to go, I'd suggest, in terms of understanding what that is and who's eligible, and how I access it, and...

SUE ALLEN:
And what the hell is psychosocial disability?

TINA SMITH:
And what the hell is psychosocial disability anyway? Yeah, yeah.

JULIA NUNES:
Unfortunately, councils, they should pass on this kind of information to communities because there is a lot of community centres. If these community centres will know what's going on they can pass to individuals, because a lot of people actually go to these community centres. A lot of them, they closing down because no funds, but they're still quite a few in each suburb which, you know, they do a lot of activities for people. It's just a shame when it comes to this area with mental health, they're not spreading it. They don't have enough knowledge to spread it.

TINA SMITH:
So outside of the mental health sector, we've learned that there are an extensive network of community centres and neighbourhood centres. And I'm sure some of them, many of them, hopefully, see mental health as their business.

JULIA NUNES:
Yes.

TINA SMITH:
But we also know that too many of them do not see mental health as their business.

JULIA NUNES:
As their business. Yes.

TINA SMITH:
Lots of head nodding.

JULIA NUNES:
Is it their business?

SUE ALLEN:
Absolutely.

TINA SMITH:
Why is it their business?

JULIA NUNES:
Cause we are part of the community.

SUE ALLEN:
One in four have a mental illness.

Panel Question 3

TINA SMITH:
Yes. Them is us. Them is us. Yeah. OK. That's enough on embracing change and reform, I think. We'll move on to panel question three and still, put any comments or questions that you have forward because we are on a learning curve around how best to shape these materials in their end stages and get them out to more communities across Australia. And your feedback's really invaluable to us in doing that. I said earlier that the videos were hugely popular. Yeah. We could see that in the trial. We could see it in the University of Sydney evaluation. We could see it in other places. We're looking at what other opportunities might exist to develop shorter learning experiences. Do you have any thoughts about what they might be?

SUE ALLEN:
I just had a thought about maybe you could make smaller trauma informed care segments. So it's, you know, you're only getting a small amount at a time and therefore you're understanding it a bit more and then you're getting another piece. And that's both mental health workers and non mental health workers, I think.

TINA SMITH:
Yeah.

SUE ALLEN:
Because it's a newish concept kind of thing. I just...

TINA SMITH:
So the three new videos we're creating, we're envisioning will be really, really short. Just like 1.5 minutes, like an

introductory piece to drive people to our website, a trailer, telling people a bit about mental health is everyone's business to drive people to our website. And an outgoing piece that kind of says to people in communities, this is how you might use the resources in environments where you are time poor for education and training, and we all are time poor for education and training. But we really want to get feedback from others that might have more expertise around what I believe is called micro learning. Short, sharp learning.

JULIA NUNES:
Yeah, that's it.

JOE LONN:
Yeah. So things that are digestible are much easier for people to obviously then take away. And so, you know, thinking that it was an hour long material, even if it was the six sessions that you had and one of those was broken down into something that was five minutes or, you know, even if it was just the first topic was maybe three, five minute things that somebody could take over a week or two week period. You know, just makes it a little bit easier for somebody to want to commit to getting through the whole entire thing. And sometimes, you know, if it's just too much at the beginning, you know, the language, or people get nervous about that and then kind of want to stop and, you know, that more digestible way to get information just makes it that much more retainable as well.

TINA SMITH:
Any further comments on what might make for shorter micro learning opportunities that people are more likely to take onboard? I mean, I've got to say that the trainer and workforce development person in me goes, do people really learn from a 1.5 minute video?

JULIA NUNES:
Yes.

TINA SMITH:
Look, I'm a digital refugee as opposed to a digital native. Like when I grew up, there were no computers, let alone smart phones and all these other things. But, you know, I'm willing to be convinced, but I need some input on that from people that are experts in this stuff.

SUE ALLEN:
I'm not an expert but I think the short videos are a winner.

TINA SMITH:
The short videos that we produce so far and...

SUE ALLEN:
Yeah. And to get them into, you know, mental health centres and you know, other centres, non mental health centres and play, even if they only watch one, six minute one, you know.

JULIA NUNES:
Even in doctors' waiting rooms.

SUE ALLEN:
That's what I'm, yeah.

JULIA NUNES:
Yeah. Med centres. And to me...

SUE ALLEN:
Drug and alcohol.

TINA SMITH:
Drug and alcohol centres, housing homeless services.

JULIA NUNES:
And for people who are not so keen in technology, maybe we should come up with some booklets, you know, and spread them around hospitals, doctor sort of areas. So, because they can take them home with them, and they can go through the material. So, and that's me. I like to take stuff home and go through it.

TINA SMITH:
Cause I like brochures and flyers, but the world's changing.

JULIA NUNES:
The world is changing but...

TINA SMITH:
We need to change with it.

JULIA NUNES:
But we can never change to a point of becoming as good as some people are. Especially when the ones are growing a little bit more older like me. So, we are a little bit more comfortable when you have paperwork.

SUE ALLEN:
Even with the video you've got your visual, your auditory.

JULIA NUNES:
I know. I know. It's just the concept of be easy for people to take it home and go through it again, that's all. So, yeah.

TINA SMITH:
So this isn't on short learning opportunities, but Denise has a comment. Have you thought about using the local Primary Health Network to access GPs and practice nurses to disseminate your learning information and videos for the waiting room? And that's a really good, concrete suggestion, Denise. I thank you for that. And our good practice guide will be making very strong recommendations about working at the local level with Primary Health Networks around getting these learning resources and opportunities out there because again, there's never likely to be enough NDIS or other funded services and supports to meet people's needs to have fulfilling lives in the communities of their choice. OK. Last question. What ideas do you have for how the learning materials could be used elsewhere? Well, we just kind of touched on that a bit there, but just take a moment to think about it. And I really want to encourage you out there to give us ideas about that, just like Denise just did. When St George Hospital called saying, can we use your videos in our waiting room? Can you close caption them for us? Yes, yes, yes, yes. Now they're being used in the community centre, the community mental health centre. But housing, homeless, substance misuse.

SUE ALLEN:
Rural.

TINA SMITH:
Rural, remote, GP practices, family and child programs, you know. There are a whole raft and range of ways that

the videos could be used for people killing time, so to speak, in a very productive way. But please, if you have other ideas on this for us, we do want to see the tools get outside of the trial. Because building inclusive communities for people with mental health conditions, with the stigma and discrimination that exists out there, is going to take a lot of work over a prolonged period of time. Yeah. Yeah. Do you want to add to this notion of where things could be used elsewhere?

JULIA NUNES:
Maybe more workshops. I'm not saying two days workshops, but even if it's a workshop with a video, maybe just go to, even if it's remote, maybe go to the community centre there and have afternoon tea or morning tea and introduce the videos.

TINA SMITH:
Yeah. Thank you, Julia. Thank you. MHCC has another resource called Reimagine Today that's all about people with mental health conditions accessing and navigating the NDIS. The supporting community connections resource don't do that. They're about services and supports available outside of the NDIS, but together they make up complementary resources.

We do have another poll that we'd like to ask you to respond to. We want to know if you're familiar with the Reimagine Today resource, if you're aware of it. That's one question. Another is, have you used it? And the last is, have you found it to be a useful resource to you? If you've not used it, please check it out. It's a really useful resource and it's being upgraded with some new tools around diversity and self direction skill building as we speak as well through another ILC project.

We'd also like you to complete the post-webinar survey. We want to see if you've become more familiar over the course of this webinar with our project and what it's about. I won't read those choices out. Hopefully we'll have time to come back to those results. If not, there will be a transcript of this video that includes the polling results available on our web page in the next week or so.

Are you aware of Reimagine Today? 65% yes. Great. Have you used it? 75%, great. Have you found it to be useful? I'm not sure I'm going to read those results out just now. It's a bit of a 50/50, and I think we need to digest that back at the factory. Might be that some of the improvements could be of value. How familiar are you with the project? It's dropped right down to just 13%. Remember it was like nearly 50% at the beginning. A little 36, somewhat 36, very, 13. So learning's occurred over the last hour. We're right on 11:30. We do need to wind down. I would like to provide our panellists briefly with an opportunity to make any further comments of any kind that you might wish.

Are you aware of reimagine.today? Yes 64% No 37%

Have you used reimagine.today? Yes 75% No 25%

If yes, have you found reimagine.today to be a useful resource to you? Yes 40% No %60

JOE LONN:
I would just say use the resources, they're there, and share them with people. That's something, you know, the only reason I found out about this is because somebody forwarded me the MHCC newsletter, which now I have

signed up for and now I'm much more engaged and understand what's going on. And so you know, those resources are there for us and we can use them.

Closing Remarks

TINA SMITH:
Thank you. Last comments.

JULIA NUNES:
Yeah. The same as me. I am very grateful I find out about this and I'm glad I joined because I learned a lot from it. So I hope people follow our example because it really is helpful. And pass it on to others as well, of course. Yes.

SUE ALLEN:
Sorry. What was it again?

TINA SMITH:
That's fine, Sue. We need to wind down now. Anyway, thank you all for your contributions today. Thank you to Redback for your support of the webinar. Thank you to the MHCC project team, for your support of the webinar. Thank you to the NDIA for your funding for the project. Thank you to the University of Sydney for the independent evaluation. I hope I haven't missed anyone. Thank you for joining us today and hopefully we'll see you again in May. Bye.

Webinar Chat: Full list of participant responses to requests for questions, comments and/or examples

- I'm very interested in community programs and services that aren't illness saturated that can support participants who used to be provided with services that are now defunded (e.g. D2DL, PIR, Phams). It is important for people to make mainstream connections, but there also needs to be supportive environments.
- Will the slides be available after the webinar?
- People who aren't involved in the mental health sector or even other minority groups, don't really work together well as a 'community'. So it's difficult to think about how to include people with specific needs unless you are working in the field and organising events.
- Maybe ask if there are any questions we can answer that you may want to know from us?
- How do we encourage community among all?
- Since not many people are aware of this project, how do we ensure it reaches many as soon as possible
- Is the project aiming to create trauma informed practice and accessibility for people living with MH issues in general community organisations?
- Thank you
- Have you thought about using the local Primary Health Network (PHN) to access GP's & Practice Nurses.
- To diseminate your learning information & videos for the waiting room
- Thanks for addressing this Tina and Sue. :)
- Some videos showing how different situations are perceived by someone experiencing a mental health issue.
- You could potentially develop a program of short videos or vignettes for inclusion in staff meetings of community organisations to be included as a standing agenda of inclusion.
- Can we put more information on the T.V. adds etc where to get this information?
- Interagency meetings - presentation opportunities are always there.
- Approach small and regional cinemas to show videos before feature screenings during MH week.
- May be use big events as medium where there are lots of people present.

Survey Comments

What enablers and barriers do you identify in relation to community engagement outside of a funded NDIS package for people living with mental health conditions?

<u>Enablers:</u>

- You are 'free' to make your own entertainment
- More access to information about available community services.

<u>Barriers:</u>

- No access to Day2Day Living Centres day programmes, excursions & holidays.
- No access to the personal networks and connections I established when I did have access to D2D centres.
- No access to physical health supports, that would otherwise be funded by NDIS, eg, dietician, exercise physiologist, CPAPP machine purchase assistance, podiatrist
- No access to mental health supports funding, eg pay for your own psychiatrist & Psychologist visits
- The cumulative effects of long-term social isolation on confidence and motivation to engage community supports.
- Lack of awareness of available organisations, activities etc.

- Lack of one-one-one support to find and attend services/activities which is done by support workers for NDIS participants and was previously done by PIR & PHaMs.
    - Lack of digital literacy and access, particularly since organisations increasingly communicate and post events online, and registrations/tickets are often online as well."
- Not enough Head Space and Safe Haven Cafe's.
- More Peer Support Advocates.
- Willingness of participants to engage
- Lack of supports housing
- Engaging with people who do not leave their homes, the end of the Ability Links program, and not enough alternatives to medicalised forms of service
- Nor enough trauma informed training and understanding, these create great barriers
- Huh? can you please use plain language?

What aspects of the package do you think might be most helpful/least helpful?

Most helpful:

- Module 1 Recovery
- Module 6 Self-Management
- Respectful principles around co-design, empowerment, self-determination etc

Least helpful:

- None. All intervening steps are needed to get to the last stage.
- Overall, I can't see anything that is not helpful. Given that the project is about supporting people outside of NDIS package supports, learning module 4, 'Mental health & NDIS/ILC' may arguably be the 'least helpful'. with that in mind, module 3 'Supports and services' may be the 'most helpful' especially if the content involves navigating non-mental health support agencies like 'Centrelink' and 'FACS'.
- A trauma-informed approach.
- Education and training.
- Individual needs are respected and acknowledged.
- Online resources.

What is missing?

- Possibly, 'gaining of medical insight' in the patient. May be being covered by Step 6, but I'm not sure.
- How to handle relapse - do you go back to the beginning, or can you back up a bit?
- It's not necessarily 'missing' as it may already be incorporated into module 3 and/or 6, but I think the program may benefit by including specific information about accessing supports around drug, alcohol and tobacco use; gambling; financial management; homelessness; domestic violence; and other recognized 'non-mental health' determinants and co-factors of psychosocial disadvantage and distress.

What are your perspectives on what would enhance the package going forward?

- Re-framing content into accessible language and removing jargon ie. not very accessible language:
- Implement at small scale
- Lessons learned
- Refine
- Test and verify
- Next step
- Till you reach completion
- Lessons learned
- Validate
- Scale up to next iteration

- Repeat the cycle, till complete
- Periodic reviews
- List of services available
- More practical tools or community-based initiatives

Webinar Feedback

- It seemed to talk around the issues for some time without directly addressing the topic. I gave up as i am time poor. Thank you.
- What funding and resources are available for those without an NDIS package?