

MHCC welcomes its new CEO Carmel Tebbutt

On 27 November at MHCC's AGM and CEO and Senior Managers' Forum held at The Mint, members, the board, staff and seventy plus guests from the mental health sector gathered to celebrate outgoing CEO Jenna Bateman's leadership and to wish her a happy retirement. We also welcomed Carmel Tebbutt as our new CEO.

This was an opportunity for many of us to meet Carmel in person although she is well known for the senior roles she held in the NSW Parliament from 1998 to 2015. Carmel commenced her position in February, and brings a wealth of executive experience as both a Minister and senior parliamentary cabinet member. From 2015 she was CEO of Medical Deans Australia and New Zealand, and currently holds directorships of Media Super, NSW Kids in Need Foundation and the Woolcock Institute of Medical Research.

MHCC and the mental health sector are excited about Carmel leading the organisation into its new phase of evolution after seventeen years. During this time the MHCC has grown from a very small peak body into an organisation with an important voice at the table, both at a state and national level. Carmel said she was "very much looking forward to working with the MHCC board, members and staff on the many challenges and opportunities confronting the mental health sector, including an increasingly complex funding environment, the growing demand for services, an aging population and the impact of the National Disability Insurance Scheme."

Carmel went on to say that "a strong and effective peak body representing the organisations that support people with lived experience and the mental health community managed sector more broadly, ensuring sustainability and building the capacity of the workforce to support people's recovery journeys, is more important than ever."

MHCC is also pleased to announce the appointment of Judi Higgin, CEO of New Horizons as Board Chair, as Pam Rutledge, previously CEO of Flourish has retired. Sue Sacker, previously Deputy CEO of One Door, also retired after many years on the board as both Director and Treasurer. Both have had a long association with MHCC and their contributions will be sorely missed. We welcome Margaret Bowen, CEO Disability Trust, and Mark Orr, CEO Flourish, as newly appointed Directors.

The CEO and Senior Managers' forum gave members the opportunity to hear from the recently appointed NSW Mental Health Commissioner, Catherine Lourey and Katherine Boydell, Professor of Mental Health at the Black Dog Institute. Caroline van Til, Director PPB Advisory, also presented findings from the sector workforce professional body feasibility study which she has undertaken on behalf of MHCC.

We have no doubt that 2018 will be full of important and interesting challenges and opportunities. We look forward to working with our members on continuing to achieve our strategic goals and purpose, which is "to lead and support a strong, dynamic and sustainable community-managed mental health sector that provides effective services to the people of NSW."



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National NDIS Mental Health Conference: Towards a Good Life



National NDIS Mental Health Conference
16 - 17 November 2017
SMC Conference,
Sydney

On 16-17 November 2017 almost 500 people from consumer, carer and community-based organisations as well as government agencies came together at the Sydney Masonic Centre for the Community Mental Health Australia (CMHA) Mental Health NDIS Conference which had as its theme 'Towards a Good Life'.

The conference was organised by CMHA in association with Mental Health Coordinating Council (MHCC) and Western Australian Association for Mental Health (WAAMH). Participants heard from a diverse range of people with lived experience, consumer and carer advocates, parliamentarians and Indigenous leaders, as well as community and public health providers from across service settings. The overarching theme set the tone for recognising the significant opportunity the NDIS presents, whilst bringing stakeholders together to address concerns that may have arisen and to work towards solutions.

A key point raised was the need to ensure continuity of service throughout transition to the NDIS, and while some organisations reported impacts of reduced support, some positive outcomes have emerged in relation to the individual focus each package has created.

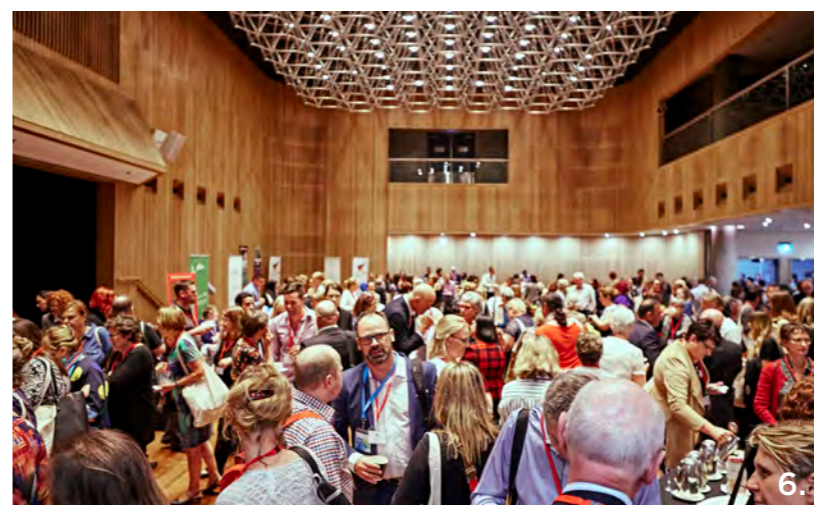
Many speakers raised concerns about the availability of services in regional areas and the additional training required to enable health care providers, government agencies and community mental health workers to ensure people requiring a range of psychosocial supports are able to successfully access the NDIS. Recommendations were also made for proactive outreach of NDIS services to people experiencing complex and diverse health and social needs including psychosocial disability, particularly in relation to Aboriginal and Torres Strait Islander and CALD communities as well as homeless people.

In his opening address, Ivan Frkovic, QLD Mental Health Commissioner, urged service providers to hang onto their core values, whilst remaining open to new ideas, and to work collaboratively rather than perpetuating silos. A recurring point made was that organisations should consider staff as a key asset in the transition process when considering workforce restructures, and recognise that they have the potential to become 'agents of change' in delivering the cultural shift required to successfully roll-out the NDIS.

Consumer advocates spoke of their NDIS experiences and encouraged services to ensure face-to-face support, alongside a collaborative planning process over which they could exercise control. Peer support was widely promoted as a demonstrated strength of the community sector which requires particular attention as a development focus.

The conference heard that support for prevention and early intervention is critical for effective delivery of NDIS services. Discussions further highlighted the need to switch the discourse to 'Intervening Early' and to focus on novel and innovative ideas to connect people with their neighbourhoods and communities. Indigenous leaders spoke of ways to connect with communities by using community networks and individual or small group discussion.

Jane Prentice, Assistant Minister for Social Services and Disability Services, said tailored pathways for people with psychosocial support needs were being trialled over the coming months before a national roll-out. Keynote speaker Professor Allan Fels, National Mental Health Commission Chair, said that gains from investment in mental health would far exceed that for investment in any other area.



Opposite page: Damien Griffis speaking in the Grand Lodge at the SMC Conference Centre

This page, clockwise from top left:

1. Prof. Allan Fels, Chairman - National Mental Health Commission
2. Debbie Hamilton, Mental Health Advocate and NDIS Participant
3. Fun during break time with the conference selfie frame
4. Descendance performance
5. Gerry Naughtin speaking as Chief Executive, Mind (to start as Mental Health Advisor to the National Disability Insurance Agency (NDIA) in 2018)
6. Main hall during break time

Conference themes

EARLY INTERVENTION

Associate Professor Lisa Brophy from Melbourne University presented her research into early intervention which found that supported employment and education were among the most effective forms of early intervention, along with family education and social skills development, integrated drug and alcohol treatment, supported housing and peer support.

Ralph Broad, Director of Inclusive Neighbourhoods, UK, said early intervention is critical. Building capacity through peer support had been crucial to ensuring better outcomes in the UK, rather than waiting for people to fall into crisis. Questions from the Conference floor on early intervention evoked a range of recommendations including the need to train clinicians in the recovery approach, to support families, and to recognise that peer workers are crucial to building communities of care.



DIVERSITY, CHOICE AND CONTROL

Debbie Hamilton, Mental Health Advocate and NDIS participant, said participants should be able to choose their support workers. She encouraged services to respond better to diversity and to be more responsive to individual needs.

Ralph Broad recommended 'Circles of Support' as a way to create the conditions where people could exercise choice and control, with a focus on "the good life" and natural supports.

Reaching out to diverse communities is crucial, speakers confirmed. Stella Topaz, QLife National Project Manager, reminded the Conference that LGBTIQ+ communities experience higher rates of mental health problems. Damien Griffis, CEO, First Peoples Disability Network, raised concerns about the higher rates of suicide in Aboriginal and Torres Strait Islander people in his address. Dwayne Cranfield, CEO National Disability Alliance, reminded the audience that CALD communities were 20 percent of the population, not a minority, and said that NDIS plans need to be less risk-averse to allow choice and control by participants to be maximised. Ways of reaching people must be individual to specific communities, speakers said.



Conference recommendations

One of the key recommendations emerging from the Conference was that CMHA and other peaks must continue to advocate for proactive outreach by NDIS registered and other service providers, in order to serve people with complex and diverse health and social needs - particularly in relation Aboriginal and Torres Strait Islander communities, CALD communities and homeless people.

Another recommendation emphasised by many was that the CMHA and other peaks should advocate for government and the NDIA to accommodate diversity in the individually-funded package planning process. It was suggested that peak bodies should collaborate more with First Peoples Disability Network, given the high prevalence of psychosocial disability amongst Aboriginal and Torres Strait Islander people.



1. Assoc. Prof. Lisa Brophy (Melbourne School of Population and Global Health, University of Melbourne)
2. Ralph Broad, Director of Inclusive Neighbourhoods/ Local Area Coordination in England - The Centre for Welfare Reform

1. Conference audience
2. Performance of NDIS the Musical
3. Frank Quinlan, CEO, Mental Health Australia
4. Panel Discussion: Diversity in Mental Health
Damian Griffis, CEO - First Peoples Disability Network,
Helen Egan, CEO - TeamHEALTH, Stella Topaz, QLife
Project Manager - National LGBTI Alliance, Dwayne
Cranfield, CEO - National Ethnic Disability Alliance,
Margherita Coppolino, President - National Ethnic
Disability Alliance)

Introducing E-devices for Consumers in an Acute Mental Health Inpatient Unit: An Exercise in Co-design

Article written by Anne Francis, Coordinator Consumer Participation Strategies, South NSW Local Health District Mental Health Drug & Alcohol Service, and Yonca Lloyd, Nurse Unit Manager, Chisholm Ross Mental Health Inpatient Unit Goulburn

A new initiative in Southern NSW has placed phones back in the hands of consumers with positive results.

Giving inpatient consumers access to their mobile devices had been a topic of discussion in our service for several years. Previously, no acute mental health units in NSW had allowed inpatient consumers free access to e-devices. On investigation, we found that no policies or protocols from NSW Ministry of Health underpinned this rule, yet it seemed to have become de-facto policy in all acute settings across NSW.

Mobile devices are used across all Victorian Acute Mental Health Services with few problems. *The Mental Health Act 2014 (Vic)* states that all consumers living in hospital must have ready access to communication.

In January 2017, we decided to bite the bullet and allow e-devices onto all Mental Health Units within the Southern NSW Local Health District, with the support of the Chief Executive and the Mental Health Executive Team.

“ We anticipate that this protocol will become the model for e-device use across NSW. ”

We formed a working group chaired by the Coordinator of Consumer Participation and the Nurse Unit Managers, and established a co-design project with consumers in the acute unit. Consumers were asked how e-devices could be best managed in the shared space and the group established a set of guidelines regarding privacy, confidentiality, responsibility, noise management and phone etiquette.

The group also drew up an agreement, signed by all consumers, outlining the consequences for not adhering to the guidelines. We were keen to

ensure that the protocol was written in such a way that access to e-devices could not be used punitively, and that consequences arising from inappropriate use would be reviewed on a very regular basis.

One young man suggested a “phone free zone” and this was incorporated into the protocol.

Charging stations were purchased for installation in the day room, so people could take responsibility for charging their own device. Chargers were kept in the nurses’ station in the High Dependency Area.

Sessions were conducted with staff to allay their concerns and familiarise them with the process. Interestingly, staff did not raise any issue of concern which had not already been addressed by the consumer co-design groups.

With some trepidation we went live 20 September 2017! What happened?

- Our issues log remained empty except for a couple of simple enquiries
- Inpatients were able to communicate with family and friends, do their banking and other business, and were far less bored
- Families and carers could speak directly with the person they care for
- Staff found they had more time to spend with individuals
- Feedback from everyone - consumers, carers and staff - was extremely positive
- There is a plan to commence some “Apps” groups to prepare for going home by accessing recovery-focused apps and other tools.

We anticipate that this protocol will become the model for e-device use across NSW. We strongly urge each service to utilise co-design principles to manage risk issues, in order to establish considerate and respectful guidelines.

UNDERSTANDING MEDICATION [2 DAY WORKSHOP]

Helping people you support to understand and manage their medication

Thurs 1 and Fri 2 March, Sydney
askus@mhcc.org.au for more information



New Faces at MHCC

Jacqui Robilliard

MHCC Learning and Development Internal Trainer and Assessor

I was fortunate enough to be asked by MHCC if I would like to become part of the Learning and Development Program at MHCC. I always loved MHCC training in my previous workplace and it further piqued my interest in becoming a trainer myself. So here I am.

I have six years’ experience in the mental health sector as Peer Worker and Care Coordinator. I was the first Peer Worker employed by my previous employer. Most of my experience in mental health lies in short and long-term effects and managing complex trauma, depression and anxiety, and navigating the public health system.

The mental health system has changed enormously since I first entered it in my 20s. I am now 47. No longer do we have the psychiatrist or GP being the expert. Instead, the person with lived experience is leading their own recovery journey. There is so much more recognition of trauma and its impacts, and while there is still not a lot of specialised professional help available, there is at least some - which is a great start.

With the introduction of peer workers, we no longer have to accept the attitude that people with mental health conditions should just be grateful for whatever support they are offered. With the growth of the peer workforce we now can see consumers growing in confidence, in their ability to self-advocate and enjoying a better quality of life. The introduction of the NDIS is beginning to further support some people do a lot of things that can foster recovery in this context.

Elyse Aird

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

CMHDARN is a partnership project between the MHCC, the Network of Alcohol and other Drugs Agencies (NADA) and the NSW Mental Health Commission.

CMHDARN was established in 2010 to broaden involvement of the community mental health and alcohol and other drugs sector in evidence-led research and to promote the value of research and the use of research into practice. The overall aim is to improve the quality of service delivery and correspondingly, the outcomes for consumers of community managed services.

I was drawn to the MHCC as the role sounded really interesting and I could use what I had learnt from my previous roles in other human services sectors.

I’ve mostly worked for government, in policy and research roles. My last position was at Rape and Domestic Violence Services Australia in the research team. I enjoy working in the policy and research fields, especially in the area of social justice.

On the weekend I love to be outdoors - hiking, swimming, kayaking etc.

I went backpacking through South-East Asia for seven weeks when I was 20, with a tour group of strangers. I loved it and still catch up with some of the people I met on the trip.



Circles of Support: Supporting People Living with Mental Health Conditions

The rollout of the NDIS and the mental health reform environment in NSW has created an imperative for considering better ways to support people exercise choice and control. Having looked extensively at supported decision-making (SDM) as an important approach to build sector capacity and workforce skills, MHCC began to explore the concept of Circles of Support as a potentially effective mechanism to improve people's lives and functionality in the community.

MHCC conducted a literature review of the national and international evidence available on 'Circles of Support' (Circles) and reviewed the different environments in which Circles have been established. We found that Circles of Support have primarily been used to support people with disabilities. Our investigations showed that whilst little formal evaluation on the effectiveness of Circles is available, practice descriptions provided anecdotal benefits and user testimony. Following on from the literature review, MHCC conducted consultations and interviews seeking input from people with lived experience, carers, peer and mental health support workers and other stakeholders. We asked questions about the development of Circles of Support to promote recovery for people living with mental health conditions.

Consultation participants expressed resounding support for the concept and the value Circles could bring to the lives of people living with mental health conditions. They unequivocally highlighted that a key benefit of Circles was creating a safe space in which the person at the centre and their families could maintain and foster relationships into the future, and which could alleviate isolation for consumers and carers who have few social supports. Those consulted proposed that a model that could be made broadly accessible would be particularly useful for those ineligible for NDIS packages and with poor access to mainstream services.

For further information about this project contact Corinne Henderson at corinne@mhcc.org.au

The consultations proved to be an opportunity during which many creative solutions were proposed in response to the challenges and barriers identified surrounding the concept. This included the potential for Circles to lack essential underpinning values and consequently, inadvertently cause harm. However, it was suggested that a trained, independent facilitator conducting Circle of Support gatherings would likely mitigate this concern.

Skills identified to take on the role of a Circle facilitator included goal setting skills, knowledge of SDM theory and application, community knowledge as well as conflict resolution skills. Peer workers and volunteers were both identified as groups who could be upskilled to fill the facilitator role. The potential for facilitators to mentor the person at the centre to eventually take on the facilitator role, was a particularly popular idea within the consultations. In this context, training for supporters on how best to support someone to lead their own Circle in a way that promoted their autonomy was seen as vital.

The consultations generated other valuable ideas regarding the development of resources and training including that fact sheets and templates might be usefully provided for everyone involved in the Circle. Participants agreed that face-to-face training for facilitators was essential so as to allow for role plays to occur in order to develop facilitation and conflict resolution skills. Building Circles of Support training into the existing peer work qualification was also discussed and favoured along with the possibility of gaining accreditation for units of competency for the training.

MHCC appreciate the enthusiasm and willingness of everyone involved in the consultation process to share knowledge and experience. Participants' perspectives and ideas as to how we might further develop the concept of 'circles of support' for people with lived experience has been invaluable.

Sexuality and Supported Decision-Making

Sexuality is an important aspect of Supported Decision-Making (SDM) principles which recognise a person's right to take reasonable risks in their life. Some organisations have developed policies to enable people living with disability to engage in consensual sexual activity. These policies help people to make informed decisions regarding their sexuality and relationships.

Supporting people to make decisions regarding sexuality is a contentious topic and the tension between promoting autonomy and managing risk is perhaps the most pervasive. Concerns include the capacity to consent and confidentiality. While sex is usually a private matter, for people with a disability it is often one of many aspects of their lives which must be shared with others in order to gain access.

One organisation with policies on sexuality and SDM is disability service provider Northcott. This organisation takes the position that a person's capacity to consent to sexual activity can always be reviewed, particularly when further information is provided. Capacity to consent is considered by Northcott as the ability to understand the difference between sexual and non-sexual touching and knowing that consent can be withdrawn at any time. In order to give informed consent a person must understand what they are consenting to, for example, kissing or penetration. Interestingly, this does not include having an understanding of the broader implications of having sex, such as pregnancy or STI's under Northcott's policy.

In 2016 Northcott initiated a Sexuality and Relationship Education Service to offer workshops on relationships, sexuality and dating. The program was developed in response to feedback from service users who voiced an interest in receiving support in this area. The program helps people to engage in sexual activities of their choosing as well as supporting two people in sexual activities together, such as utilising a support worker to position individuals with cushioning. Northcott also runs an event called "Feel the Vibe" which

provides information about sexuality and includes talks from individuals with disability, staff from the Touching Base organisation, sex workers and Family Planning NSW.

“ Touching Base aims to dispel myths around sex work and to educate people on how to apply rights-based principles. ”

Another organisation working with sexuality is Touching Base which refers people with disability to sex workers. People with a disability are able to submit an online form detailing their specific needs before being matched with appropriate workers whom they can contact. Touching Base provides professional disability awareness training to sex workers, training in developing policy guidelines for service providers and works as an advocate for both people with a disability and sex workers. Touching Base aims to dispel myths around sex work and to educate people on how to apply rights-based principles and support people to develop healthy relationships and understand gender and sexual identity.

Family Planning NSW is a leader in producing resources to inform decisions around sexuality. Disability specific resources include books on the difference between "good" and "bad" sex and how to arrange to meet with a sex worker. The 'Flower Model' of Sexuality is a powerful visual tool with "petals" depicting different components of sexuality: sensuality, identity, body, intimacy and exploitation. The exploitation aspect is an important aspect to consider. For people with a disability the real fear of exploitation is often the primary focus, particularly in terms of risk management.

All work undertaken to support SDM practices in the area of sexuality highlights the important role of advocacy in reducing stigma and discrimination. This advocacy work promotes the human rights of people often marginalised, and supports them to develop self-determination and greater independence.

MEET YOUR NEIGHBOUR - a sector networking event like no other

South Western Sydney - 20 February
Blacktown - 15 March

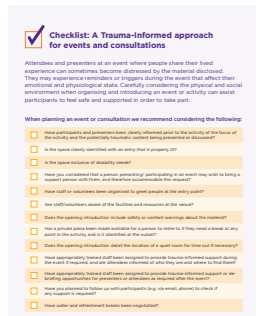
To register visit www.eventbrite.com.au and search 'Meet Your Neighbour'

www.reimagine.today

Supporting people living with mental health conditions to navigate the NDIS.



New Resource: A Trauma-Informed Approach to Facilitating Events and Consultations



Checklist on opposite page can be downloaded from: <http://mob.mhcc.org.au/policy-resources/practice-improvements/trauma-informed-care-practice.aspx>

To gain a greater understanding of this checklist MHCC recommend you review the Policy and Protocol Document available on the MHCC website. This document is an important resource that sits behind the Events Checklist and informs practice in more detail. <http://mob.mhcc.org.au/policy-resources/practice-improvements/trauma-informed-care-practice.aspx>

MHCC has developed two easy-to-use resources to support mental health and human services ensure that any event or activity that they facilitate, such as a conference, workshop, seminar, consultation, training or meetings, follow trauma-informed principles.

The idea for the policy protocol and events checklist followed reports that some events were being conducted in the sector in a way that had not ensured safety for participants or presenters alike. This encouraged MHCC to develop some best practice for members, other organisations and individuals to draw upon.

Organisations across the mental health service system regularly facilitate events which include presentations of diverse lived experience. When consumers and carers provide input, they often discuss matters not only distressing for them but for people attending the event. There is an assumption that a seemingly innocuous subject is safe when in fact, those facilitating an event have no idea what will emerge. Safety principles are frequently only applied if subject matter is clearly identified as trauma-related. However, MHCC has come to understand through experience that safety needs to be considered in every circumstance.

Armed with clear feedback from members and the

“ There is an assumption that a seemingly innocuous subject topic is safe, when those facilitating an event have no idea what will emerge. ”

sector, together with its own observations, MHCC has developed resources to help organisations plan an event with safety in mind. Developed in cooperation with an Expert Reference Group, the Trauma-Informed Events Policy Protocol and the Events Check List provide guidance for the development of specific policies and considerations that may be required by any organisation. The aim is to embed trauma-informed and recovery-oriented principles into

all activities, by implementing core values at every level of engagement with people with lived experience, carers and families, the workforce and the community.

These resources aim to promote a supportive culture that encourages collaboration and trust between the host organisation, presenters and attendees.

The Events Policy Protocol is accompanied by a Checklist which prompts organisations to consider that “Attendees and presenters at an event where people share their lived experience can sometimes become distressed by the material disclosed. They may experience reminders or triggers during the event that affect their emotional and physiological state. Carefully considering the physical and social environment when organising and introducing an event or activity can assist participants to feel safe and supported in order to take part”

The Protocol includes a “Suggested Introductory Statement” that can be adapted for any event and MHCC recommends that organisers ask themselves a number of questions when planning an event, such as:

- Have participants and presenters been clearly informed prior to the activity of the focus of the activity and the potentially traumatic content being presented or discussed?
- Does the opening introduction include safety warnings about the material?
- Has a private place been made available for a person to retire to if they need a break at any point in the activity, and is it identified at the outset?
- Have appropriately trained staff been assigned to provide trauma-informed support during the event if required, and are attendees informed of who they are and where to find them?
- Have appropriately trained staff been assigned to provide trauma-informed support or de-briefing opportunities for presenters or attendees as required after the event?



Checklist: A Trauma-Informed approach for events and consultations

Attendees and presenters at an event where people share their lived experience can sometimes become distressed by the material disclosed. They may experience reminders or triggers during the event that affect their emotional and physiological state. Carefully considering the physical and social environment when organising and introducing an event or activity can assist participants to feel safe and supported in order to take part.

When planning an event or consultation we recommend considering the following:

- Have participants and presenters been clearly informed prior to the activity of the focus of the activity and the potentially traumatic content being presented or discussed?
- Is the space clearly identified with an entry that is properly lit?
- Is the space inclusive of disability needs?
- Have you considered that a person presenting/ participating in an event may wish to bring a support person with them, and therefore accommodate this request?
- Have staff or volunteers been organised to greet people at the entry point?
- Are staff/volunteers aware of the facilities and resources at the venue?
- Does the opening introduction include safety or content warnings about the material?
- Has a private place been made available for a person to retire to if they need a break at any point in the activity, and is it identified at the outset?
- Does the opening introduction detail the location of a quiet room for time out if necessary?
- Have appropriately trained staff been assigned to provide trauma-informed support during the event if required, and are attendees informed of who they are and where to find them?
- Have appropriately trained staff been assigned to provide trauma-informed support or de-briefing opportunities for presenters or attendees as required after the event?
- Have you planned to follow up with participants (e.g. via email, phone) to check if any support is required?
- Have water and refreshment breaks been negotiated?

NOTE: To get a greater understanding of this checklist please also see the *Policy Protocol Document: A Trauma-Informed Care and Practice Approach to facilitation of events and consultation activities.* <http://mob.mhcc.org.au/policy-resources/practice-improvements/trauma-informed-care-practice.aspx>

This document includes a Suggested Introductory Statement (Item 8) that can be amended to suit your needs.

MHCC Graduates Celebrate



Jae Radican, Statewide Mental Health Peer Workforce Coordinator, Health NSW - Mental Health Branch (far left) with MHCC graduates.

MHCC staff were delighted to join with 14 graduates in December, to celebrate the students' completion of Certificate IV Mental Health and Certificate IV Mental Health Peer Work qualifications offered by MHCC. Irene Gallagher, MHCC Board Director and CEO of Being presented the certificates and said she felt privileged to be part of the students' journey.

Graduate, a proud Wiradjuri woman, gave an Acknowledgement of Country and spoke about her experience as a student, saying that this was the only training she had participated in where people had demonstrated that they really cared about the outcome for her as a student.

Jae Radican, State Wide Mental Health Peer Workforce Coordinator, Ministry of Health, spoke of the benefits of attending a graduation celebration in person, rather than receiving a certificate in the post.

A graduate of MHCC, Jae Radican had completed the Advance Diploma in 2011. He congratulated MHCC on its ongoing work to develop and improve training. MHCC educator Tina addressed the gathering and shared her thoughts on how far mental health had come. She said people who had been locked up in Callan Park in earlier times would be amazed to see a group of people valued for their lived experience.

Before afternoon tea was served, MHCC Learning and Development Manager Jenny Reid congratulated the students and thanked the MHCC Learning and Development staff for their hard work over the year. "A lot of work goes on behind the scenes for training to happen," Jenny said.

“ Trainers use their own lived experience and are experts in recovery and creating a safe space for learning ”

Find out more about MHCC Professional Development
www.mhcc.org.au/learning-development

A Student's Perspective:

Cert IV in Mental Health Peer Work Graduate

I am a strong Wiradjuri woman, recovery advocate, peer support worker and Transpersonal Art Therapist. My background is in healing from my trauma through creative art therapies. I did not have the words to articulate to my family and friends what I was experiencing, so I was grateful to meet an Art Therapist who held space for me to process my experiences safely. Being heard and not judged or analysed allowed me to find my own meanings and purpose. I was able to connect to my deep inner resources and knowing, and make small but important steps on my journey.

Through my own healing, I realised the need for genuine trauma-informed care from people with lived experience. I set a goal to train in Art Therapy so I could journey beside someone who is making their own meaning, and to be of genuine service to them through mutuality, reciprocity and having travelled the terrain myself.

I have been working in the mental health sector as a Peer Worker for two years and the foundation of all my work is creative and heartfelt, through honouring lived experience and living experience and keeping it at the centre of everything I do.

I decided to study the Cert IV in Mental Health Peer Work with MHCC as their trainers use their own lived experience and are experts in recovery and creating a safe space for learning where all ideas are important and heard. Studying with MHCC was unlike any course I've completed before. I felt valued and participating in a learning environment so focussed on purposeful sharing really exemplified the core principles of Peer Work.

Did studying with MHCC open any doors?

Absolutely, it is very comprehensive training. Most employment ads specify that a Peer Worker must be willing to undertake the Cert IV in Mental Health Peer Work. It is a nationally recognised qualification that provides specific training for Peer Workers. It includes foundations of Peer Work, self-advocacy, trauma-informed Peer Work, physical health and wellbeing, cultural diversity, reflective practice and work health and safety.

During my studies over nine months with MHCC, my class stayed in touch and supported each other through the challenges. In December, when we had our graduation, it was great to catch up with my classmates and celebrate our achievements together. We are a strong community who advocate for ourselves and for one another. I know I wouldn't have met so many like-minded people, had it not been for undertaking the course.

On a personal note, I put my all into completing this course and several months after completion, I was offered employment with MHCC as an Internal Trainer and Assessor.

Did the course change the way you think about mental health?

The content reassured me that there are so many Peer Workers out there trying to make mental health services better for consumers. Being a Peer Worker is often challenging and you can feel undervalued. The content showed me how services are improving due to the work of Peer Workers. It encouraged me to connect with other Peer Workers, so that we could use our collective voice and action change. I feel more empowered about the way Peer Work is developing into a professional discipline, where our expertise is being recognised.

I was worried about the workload for completing this course. However, MHCC were very flexible and understand that sometimes 'life happens'. The trainers try to get as much of the assignment for each unit completed during class time, which means you have less work to take home.

Also the Learning and Development team are great. I want to thank Student Support Administration Assistant, Paul, who always had time to answer my emails and phone calls about the course and Instructional Designer VET Specialist, Yvette, who was there with me every step of the way.

I'd also like to thank my trainers who shared their experiences with the class and gave so much insight about Peer Work. If I could do it all again, I would. A huge thank you to Learning and Development Manager, Jenny, for the opportunity. I never expected to complete the Cert IV in Mental Health Peer Work and to be offered employment. Thanks so much for letting me give it a go.



Margaret Bowen, CEO The Disability Trust, appointed to the MHCC Board January 2018

“ The NDIS is the ultimate in person-centred practice. The difficulty will be in turning that promise into reality ”

The Sector

The sector has changed enormously since I began 30 years ago in the grim old days of institutional care. When I was younger I completed my student placement at Gladesville Hospital where it was a particularly grim, unpleasant place for people to live. Although we are not there yet, we are now seeing more inclusion and person-centred practice.

History of The Trust

The Trust was established in 1974. It was a bit unusual at the time as it was an advocacy group which cut across a lot of different disability needs – physical, mental health issues, people with intellectual disabilities and their families. We were looking at the resourcing of services in the Illawarra. We were tiny but we were very loud! When I started in 1987, The Trust had five staff including myself. It was still a very tiny advocacy organisation and if we could have changed the world by writing one letter to the Minister after another, we would have done that.

The Secret to Sustained Growth

The secret to sustained growth is reinvention. An organisation needs to stay contemporary, to listen to what people with disabilities say they need and to be responsive. It requires lots of creativity and imaginative leadership, new thinking and ideas and new ways of engaging.

It's not about empire building, but looking at the organisation's point of value adding, and at how its staff pursue the organisation's mission and vision.

The Importance of Client Choice and Control

It is absolutely essential. This is the new world. This is something that everyone is pleased is central to the NDIS – it is the ultimate in person-centred practice. The difficulty will be in turning that promise into reality, and although we have come a long way we are not there yet.

NDIS Challenges and Opportunities

OPPORTUNITIES: There are opportunities for people who use our services to be in the driving seat. Hopefully we will see people able to exercise choice and control and be given the support to do that.

CHALLENGES: The NDIS is still very new. There are inconsistencies in delivery and better planning is needed. Lots of work is required to get an individual's support needs right. In terms of the sector, it is highly transactional; having smart systems and technical systems that drive growth is a really important element in the mix. Another challenge is pricing. For some NDIS categories claiming is not easy, and dealing with inevitable gaps in plans and billing is very difficult for service provider organisations. If we don't contend with that, we can't stay afloat.

Future Projections

I am sure The Trust will grow and play a valuable part in the NDIS. We will continue to do what we do well for more people. How we do that will be shaped by the way the NDIS rolls out. If the pricing issue remains unaddressed, it will be very difficult to continue to offer some supports; that will be true for most organisations. People talk about market failure within the NDIS. We won't see large-scale loss of organisations, but we will see them withdraw in areas where it's just too hard. You can't continue to lose money in parts of your service indefinitely; such deficits need to be addressed.

I have worked in this organisation for 30 years and it has been a real privilege to work in a sector that has so much compassion and strength. I have seriously never wanted to be anywhere else. I have been really inspired by the tenacity and resilience of our participants, and it has been a privilege to see the way the world has changed.

We still have to keep fighting, but I am looking forward to a positive future.

Meet Your Neighbour: Sector networking, but not as you know it...



Images: Meet Your Neighbour, Orange, 2017. Co-hosted with LikeMind and aftercare

A networking event like no other!

Meet Your Neighbour (MYN) events are a Mental Health Coordinating Council initiative designed to encourage people and organisations with an interest in mental health and wellbeing to meet, learn more about each other and find ways to work better together. MYN are co-hosted in partnership with MHCC member organisations, with the support of Local Councils, Local Health Districts, Primary Health Networks and interested parties across NSW.

Meet Your Neighbour networking events are an opportunity to:

- Meet people in your area to grow your referral network
- Learn firsthand about other services and initiatives in your area
- Find ways to collaborate and work together to better connect people you support with local services and activities

Why it's important to meet the neighbours

It's all about community

We need a community working together to address local need and our neighbours are part of that community response. No one organisation or person can meet all the complex and diverse needs of those who come to us for support.

There is so much happening - new services & new people.

The sector is so diverse and dynamic with new programs and services being established all the time in different locations and new staff coming on board in different agencies. We all need to keep up to date with what is happening, the services available and the people behind them. This helps us have confidence in our referrals.

Everyone is important

Sometimes those of us who run small but important and effective programs either don't think that anyone else would be interested or wonder why some people have never heard of us. Because no one size fits all in our responses, everyone is important in providing a range of services and we need to keep talking about the services we provide and keep listening to what others can do. Sharing and learning from each other helps us all grow and improve, both big and small.

Overwhelming feedback:

Participants have said that they would refer clients to services they learned about at the event and really felt this could lead to real improvements in client outcomes, with people able to access the support that they are looking for.

Past attendees include: CEOs, managers, team leaders, clinicians, community workers, disability workers, social workers, occupational therapists, registered nurses, program advisors, consumers, carers and the list goes on...

Upcoming Meet Your Neighbour Events

South Western Sydney - 20 February - in partnership with South Western Sydney Wellbeing Collaboration, Fairfield City Council, Liverpool City Council, One Door Mental Health

Blacktown - 15 March - in Partnership with LikeMind, Wentwest PHN and Blacktown City Council

Coming soon to Penrith, Mudgee, Dubbo, Eastern Suburbs, Merrylands, Newcastle

Register to:

1. Go to: www.eventbrite.com.au; and
2. Search 'Meet Your Neighbour'

Would your organisation like to co-host a Meet Your Neighbour Event?

Co-hosting a Meet Your Neighbour event is an opportunity to lead the conversation in your area, to support local networking and to improve service coordination.

All we need from you is a venue and event catering – we will do the rest!

If your organisation would like to co-host a Meet Your Neighbour event please contact SJ (Sarah-Jane) Edwards at MHCC for more information: askus@mhcc.org.au or call 02 9555 8388

MHCC ACTIVITIES - AT A GLANCE

Key Submissions & Publications

- NSW Law Reform Commission: Review of the Guardianship Act 1987 (Draft Proposals)
- NSW Ombudsman submission regarding establishing a NSW Public Advocate
- NSW Review of the MH Commission of NSW 2017
- NSW Strategic Framework for Mental Health 2018-2022 & NSW Mental Health Workforce Plan Consultation paper
- NSW Health Review MHRT in Respect of Forensic Patients: Discussion Paper
- Inquiry into the Management of Health Care Delivery in NSW
- Review JH&FMHN Health Literacy for Written Health Information Policy 2.066.
- Review of Community Legal Centre (CLC) services
- CMHA Submissions see website: cmha.org.au/advocacy-representation
- FACS Homeless Strategy

Key Projects

- Circles of Support: Feasibility Project
- Community Mental Health Drug & Alcohol Research Network (CMHDARN- Partnership MHCC, NADA & Mental Health Commission NSW)
- CMHDARN - Research Ethics Consultation Committee
- CMO - ERA Data Scoping Project (Funded by NSW Health, Mental Health Branch)
- Professional Body: Proof of Concept Feasibility Assessment Project (Funded Mental Health Commission NSW)
- National Strategy Trauma-Informed Care and Practice (TICP) & Organisational Toolkit (TICPOT)
- TICP: Policy & Protocol Resources Project
- Recovery Language Project Update
- Recovery Oriented Service Self-assessment Toolkit (ROSSAT) Consultancy
- Reimagine (NDIS psychosocial online resource): Stage Two

Key Learning and Development Projects

- Capacit-e Online Learning Resources: Safety & Outreach
- Care Coordination: Professional Development
- Medication Matters: Professional Development
- Supporting Choice & Control: Professional Development

MHCC facilitated and/or presented at the following events

- NDIS Conference 'Towards a Good Life'
- Mental Health & Criminal Justice Human Rights Night
- MHCC AGM & CEO & Senior Managers Forum

newparadigm

- CMHA joint editorial group, Summer Edition. Including article "Supporting choice and control: skills for mental health and psychosocial support workers"

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