

# MHCC WORKING FOR MENTAL HEALTH

**mhcc**

mental health coordinating council

**2015/16**

MHCC ANNUAL REPORT

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## Our Vision

People with lived experience are the drivers of positive change in all mental health services and mental health reform.

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## Why we exist

As the peak body for non-government mental health community-managed organisations (CMOs) across New South Wales (NSW), MHCC works with the community to build the capacity and ability of organisations to support people on their recovery journeys.

### Leadership

MHCC provides leadership and representation to the community mental health sector to improve, promote and develop quality mental health services to the community. We facilitate effective links between government, community managed/non-government and private sectors to influence public policy development and reform.

### Learning

MHCC works to enhance the sector's ability to deliver recovery-oriented mental health services. We develop resources, strategies, professional training and tools to assist community sector organisations to achieve and demonstrate quality and effectiveness in service delivery and organisational practice.



# THE YEAR IN REVIEW



**202**  
TRAINING DAYS



**4**  
AWARDS



**25**  
SUBMISSIONS



**63**  
SECTOR UPDATES

## Strategic Directions

### Policy/systems Reform

- Engaged extensively in system reform including analysis of NDIS roll out, proposed redirection of commonwealth program funding to NDIS, establishment of Primary Health Networks and redesign of Ministry of Health and community sector purchasing arrangements.
- Advocated the recognition and importance of growing and sustaining the community rehabilitation and support workforce including the Aboriginal and Peer Workforces.
- Established NDIS Communities of Practice as a model for enhanced cross sector knowledge sharing and collaboration.

### Human Rights

- Maintained the Mental Health Rights manual as a living document.
- Promoted housing first principles and collaborative approaches to address homelessness.
- Engaged in legislative reform including promotion of will and preference in Guardianship Law.
- Advocated access, eligibility and monitoring and safeguards in the NDIS context.

- Engaged in creation of a national integrated carer support service.
- Engaged in national and state advocacy around access and equity including maintaining existing rights for people in the forensic system.

### Practice Improvement

- Continued to progress a trauma informed recovery orientated practice approach across developing integrated systems including criminal justice, disability and human services more broadly.
- Led identification and supported implementation of cognitive functioning and supported decision-making as key skills required to support achievement of recovery goals.
- Engaged in cross sector discussions focused on improving integrated service responses to address poor physical outcomes for people with mental health conditions.
- Modelled Aboriginal and Torres Strait Islander reconciliation through MHCCs in-house Reconciliation Action Plan.
- Supported the sector to increase research skills and implement research projects including planning and evaluation of services.



## What we worked on

NDIS • Research • Psychosocial disability • Sector development • Workforce development • Sector capacity building • Recovery for older people • Youth recovery • NGO advisory • Consumer and carer advocacy • Community living • Trauma-informed care • Individual supports • Suicide • Early intervention • Sector strategic development • Service delivery • Service integration • Urban partnerships • Practice governance • LGBTI • Inter-professional learning • Consumer and carer collaboration • Co-design • Community living • Homelessness • Social services • Communities of practice • Lessons learned and best practice • Women's health • Physical health • Aboriginal workforce • Mental health rights • Resource development • eLearning • Training • Professionalising the peer workforce • Recovery oriented practice policy • Partnerships for health • State and national budget • Law reform • Innovation in mental health • AOD • National Mental Health Program • Reconciliation action plans • Cognitive functioning in mental health • Supported decision making

## Who we worked with

Community Managed Organisations • Consumers and Carers • Advisory Groups • NSW Health • Partners in Recovery • Primary Health Networks • Local Health Districts • Ministry of Health • State Government • Non-Government Organisations • Mental Health Australia • NSW State Peak Bodies • Community Mental Health Australia • Clinical Services • National Disability Services • National Disability Insurance Agency • Commonwealth Government • Universities • Mental Health Commissions • Health Consumers NSW • College of General Practitioners • Health Education and Training Institute • And so many more...

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## MHCC'S FOUR KEY PRIORITIES



Sector Development



Policy Leadership,  
Influence and Reform



Research and  
Development



Organisational  
Development

# Chair and CEO Report

It's always impressive to witness the resilience and creativity of the organisations that make up the MHCC membership.

Over 2015/16 this has been doubly so given the extreme pressures on organisations to respond to competing government directions and demands.

The NDIS has required organisations to substantially adapt business processes to enable participation in the scheme but left many highly concerned about sustainability moving into full scheme roll out. The Partnerships for Health agenda has not had clarity and implementation has been halting outside the move to cease grants and move to contracting. The PHNs have firmly established over the year but been challenged by guidelines that appear to limit their ability to embrace the full range of health and well-being approaches leaving organisations uncertain about the role and function of PHNs in relation to contracting opportunities for psychosocial programs. The decision by the Commonwealth agencies to incrementally withdraw direct funding to mental health programs such as PHaMs, Day to Day Living, Respite, Partners in Recovery and Headspace and redirect these funds through PHNs and the NDIS has meant huge uncertainty and disruption for organisations and significantly, the people accessing these programs.

Through all the challenges confronting organisations, one reassuring development has been the further commitment of the NSW government to CMO rehabilitation support services evidenced through the youth and adult Community Living Supports tenders. These tenders were part of the \$115 million committed to support outcomes in Living Well - NSW Mental Health Strategic Plan (2014-24). It appears that in light of

moves by other states and territories to cost shift rehabilitation support to the NDIS, the Ministry of Health has recognised the risk this entails and heeded advice to create robust community rehabilitation options for people with mental health conditions in NSW.

The NDIS has been a strong focus for MHCC this year in a number of ways. We have made available two publications from our close engagement with implementation of the NDIS in the Hunter launch site. One is a summary of findings and learnings to support newcomers to gain a better understanding of how to navigate the NDIS and the other is a 'how to' guide on setting up a successful NDIS 'community of practice' as a knowledge exchange, problem solving and leadership initiative at the local level. Thanks to the NSW Mental Health Commission for their partnership and support in this initiative.

Throughout the establishment of the NDIS MHCC has keenly advocated for clarity around safeguard mechanisms and workforce competencies where NDIS pricing limits choice of skilled recovery orientated and trauma informed practitioners. As outcomes of this advocacy, MHCC has invested in development of two complimentary professional development courses that articulate and address the higher level skills required to support a person to achieve their recovery goals. The first explores the neglected area of cognition difficulties as an inhibiting factor in individuals progressing their recovery journey and the second focuses on understanding the complexities of supported decision-making and the skills required to fully apply this as part of recovery orientated practice. Protecting the gains made from identification and articulation of the knowledge, skills and attitudes required to optimally support someone in their recovery will be an ongoing focus for MHCC.

This year has seen a strengthening of Community Mental Health Australia (CMHA) as a viable mechanism for MHCC and the other state and territory mental health CMO peak bodies to participate in and influence policy directions at the national level.

CMHA now has capacity to employ an Executive Director which takes the organisation to the next level, giving the community managed mental health sector a much greater national profile and advocacy capacity. It has been rewarding to be a part of this maturing and much needed national state and territory alliance.

The coming year will see MHCC explore how to further strengthen and establish the innovative practice approaches of CMO workers. In addition to the new cognition and supported decision making courses, 2017 will see roll out of Peer Management and Peer Leadership products to complement the Peer Work Qualification which has had strong uptake over 2015/16 supported by Peer Work Scholarships administered by MHCC on behalf of the NSW MoH.

As the complexity and uncertainty of the mental health system increases the direction and focus of MHCC is constantly being reassessed. The MHCC team has had to be very flexible to keep up with the diverse demands placed upon them. Capacity to accept requests for our participation at forums and on advisory groups across LHDs, PHNs and government agencies and to submit submissions on issues affecting people with mental health conditions has been challenged as never before. Progressive LHDs and PHNs are increasingly reaching out to MHCC and member organisations to explore co-design and integrated approaches to service delivery. These are important relationships that will hopefully be sustainable and further produce innovative partnerships over the coming year.

We would like to thank the MHCC staff for their initiative, adaptability and commitment to our overarching aim of supporting community organisations to optimally support people with mental health conditions. Thanks also to the many people with lived experience who have helped guide our work throughout the year and also to the MHCC Board members for their strategic advice and sound governance of the organisation.



Karen Burns, Chairperson

A handwritten signature in black ink that reads "Karen Burns".



Jenna Bateman, CEO

A handwritten signature in blue ink that reads "Jenna Bateman".

# Membership

Mental Health CMOs are a crucial part of the entire mental health and human service system in NSW. Our members contribute to improved outcomes for people experiencing – or at risk of developing mental health conditions and psychosocial disability, and play a key role in prevention, early intervention and providing the supports that assist people to stay well in the community.

MHCC Members provide a diversity of services including: self-help and peer support; information, advocacy and promotion; leisure and recreation; employment and education; accommodation support and outreach; family and carer support; primary healthcare; care/service coordination; and helplines and counselling.

MHCC Members:

- Belong to a peak body that works with and for them
- Have a say in what we do
- Help make the sector dynamic and responsive
- Have impact through collaboration and shared experience
- Participate in policy consultation, advocacy, forums, working groups, committees and projects
- Have access to practical support including professional development, practice resources, seminars, forums and conferences as well as evidence based best practice from the latest research
- Help the sector inform and stay informed

**A big thank you to our members for your support in 2015/16. We achieved great things together. We look forward to continue working together to shape the community mental health sector.**

ACON - Darlinghurst  
 Action Foundation for Mental Health Inc  
 Aftercare  
 Alcohol & Drug Foundation NSW  
 Anglicare Diocese of Sydney  
 Anglicare Victoria  
 Australian Kookaburra Kids Foundation Inc  
 B Miles Womens Foundation  
 Baptist Care NSW & ACT  
 Being | Mental Health & Wellbeing Consumer Advisory Group  
 Benelong's Haven Ltd  
 Billabong Clubhouse  
 Blue Knot Foundation  
 Blue Mountains Food Services  
 Bobby Goldsmith Foundation  
 Break Thru People Solutions  
 Bridges Incorporated  
 Brown Nurses  
 CAN (Mental Health) Inc  
 Care Connect Ltd NSW  
 Carers NSW Limited  
 Castle Personnel Services Ltd  
 Catholic Healthcare  
 Catholic Social Services NSW/ACT  
 CCNB Ltd  
 Centacare - Community Lifestyle Support  
 Centacare - New England North West  
 Centacare - South West NSW  
 Central Coast Disability Network  
 Cessnock Community Healthcare  
 CHESS Employment  
 Club Speranza  
 CO AS IT  
 Community Links Wollondilly  
 Coordinare - South Eastern NSW PHN  
 CRANES Community and Support Programs  
 Dianella Cottage

EIS Health Ltd (Central & Eastern Sydney PHN)  
 Family Drug Support  
 Flourish Australia  
 Foundation House  
 Good Grief Ltd  
 GROW NSW  
 Heal for Life Foundation  
 Home in Queanbeyan  
 Independent Community Living Australia Ltd  
 Interrelate Family Centres  
 Jewish House Limited  
 JewishCare - Fischl House  
 Justice Action  
 Life Without Barriers  
 Lou's Place  
 Macarthur Disability Services  
 Make a Difference  
 Manly Drug Education & Counselling Centre  
 Mental Health Association NSW  
 Mental Health Carers NSW  
 Mentor and Support Ltd  
 Mind Australia - Central Office  
 Mission Australia - NSW  
 Mission Australia - Triple Care Farm  
 Murrumbidgee Primary Health Network  
 NALAG Centre for Loss & Grief  
 Dubbo  
 Neami National  
 New Horizons  
 Newtown Neighbourhood Centre Inc  
 Nova for Women and Children  
 Oakdene House Foundation  
 On Track Community Programs  
 ONE80TC  
 Open Minds  
 PANDA - Perinatal, Anxiety and Depression Australia  
 Peer Support Foundation Limited  
 Rape & Domestic Violence Services Australia

Samaritans  
 Schizophrenia Fellowship of NSW - Head office  
 Sector Connect Inc  
 Settlement Services International Inc. (SSI)  
 Southern Community Welfare Inc  
 St John of God (Richmond)  
 St Vincent de Paul Society NSW  
 Suicide Prevention Australia Inc  
 Survivors & Mates Support Network  
 Sydney Women's Counselling Centre  
 Ted Noffs Foundation  
 The Benevolent Society - Paddington  
 The Disability Trust  
 The Mental Health Recovery Institute  
 The Station Ltd  
 The Wayside Chapel  
 Uniting  
 Uniting Recovery  
 Verge Collaborative Limited  
 Wagga Women's Health Centre  
 WAYS Youth and Family  
 Weave Youth and Community Services Inc  
 Wellways  
 Wentwest - Western Sydney Primary Health Network  
 Wesley Mission - Mental Health Support Services  
 Wild Bamboo  
 Women's and Girls Emergency Centre

#### **Associate Members**

The Lime Green Solutions  
 Official Visitors Program NSW  
 Ministry of Health  
 Transcultural Mental Health Centre



# MHCC Board



Mandy Miles (Make a Difference), Pam Rutledge (Flourish Australia), Deborah Banks (Lou's Place), Karen Burns (Uniting Recovery and Uniting Hope), Judy Higgin (New Horizons Enterprises), Sue Sacker (Schizophrenia Fellowship of NSW), John Malone (Aftercare), Dr Peri O'Shea (Being), John Harms (Mental Health Carers ARAFMI NSW Inc.).  
Inset: Luke Butcher (Mission Australia)





# Seminars and Presentations

## 2015/16 Highlights

### NDIS Community of Practice Forums

Held quarterly, these forums brought together the Hunter NDIS and Mental Health Community of Practice (CoP) to discuss issues effecting participants in the Hunter NDIS Trial. This forum series has now concluded and MHCC is seeking funding to provide CoP across NSW.

### Getting Ready for the NDIS Forum

MHCC convened this forum to celebrate the 2 year mark of the 3 year trial of the NDIS in NSW. This forum presented real experience of the Hunter trial to the sector and how to plan for the transition to the NDIS.

### PHNs and Exploring Partnerships for Better Mental Health Forum

MHCC and partner organisations facilitated this forum with NSW/ACT Primary Health Networks to explore partnership opportunities for improved mental health outcomes in the context of PHN establishment across NSW.

### Pathways to Housing

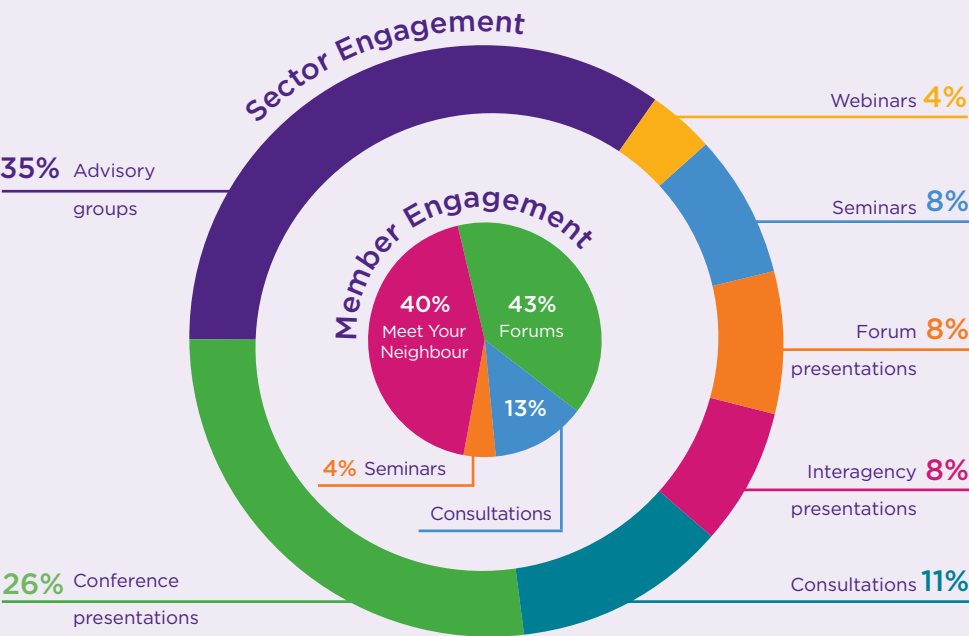
In partnership with Homelessness NSW, MHCC hosted Sam Tseberis to present the Housing First Model, Pathways to Housing for people with serious mental health conditions and long histories of homelessness, frequently coexisting substance abuse and other difficulties.

### MHCC Member Meet-up Forums

New in 2015/16, these forums provide an opportunity for members to informally gather and brief MHCC on their priorities in the changing reform-heavy environment. MHCC will be continuing these events into 2016/17.

### Meet Your Neighbour (MYN)

During 2015/16 MHCC hosted five MYN events throughout NSW. This year these events evolved from small gatherings to speed networking events and were attended by CEOs, managers, team leaders, clinicians, community workers, social workers, occupational therapists, registered nurses, and program advisors.





# Submissions and Reports

*MHCC is recognised for the quality of its submissions to government and other key agencies. MHCC submissions provide a community mental health perspective on policy and legislative reforms. MHCC's profile in this space increases the influence of our written submissions, reports and briefing notes on behalf of the sector.*

*In the current dynamic policy reform environment it can be challenging deciding what issues MHCC should prioritise in writing submissions and other papers. It can be equally challenging undertaking sector consultation within the timeframes allowed for submission and given our human resource capacity. However MHCC seeks member views wherever possible including the views of consumers and carers in developing submissions and papers. MHCC developed more than 20 submissions and other papers related to policy, leadership, influence, reform and sector development during 2015/16. Many of our submissions/reports related to state and national mental health reform and also the NDIS environment including review of a range of legislative frameworks.*



MHCC posts many of our submissions on our website, except where confidential and/or sensitive in nature. Examples include:

- Submission in Response to Commonwealth Department of Social Services (DSS): [National Disability Advocacy Framework: Discussion Paper](#) - July
- Submission related to DSS Development of [NDIS Information, Linkages and Capacity Building \(ILC\) Commissioning Framework](#) (ILC Co-design Program) - October
- Submission to Ernst & Young. Independent Review of the [Operation of the National Disability Insurance Scheme Act 2013: Discussion Paper](#) - October
- Report to Mental Health Australia (MHA), Community Mental Health Australia (CMHA) and the WA Association for Mental Health (WAAMH) on results of the [NSW consultation related to the NDIS Individual Supports Project](#) - October
- Submission to the Minister for Mental Health: Support for [Physical Health initiatives across mental health community services](#) in NSW - November
- Submission to [Went West Primary Health Networks](#) (PHN; Adjunct A/Prof Walter Kmet, Chief Executive Officer) in response to their 'Mental Health Atlas' document - December
- Submission to NSW Ministry of Health regarding the [Community Sector Award Equal Remuneration Order](#) ('SCHADS ERO') - January
- Preliminary submission: [NSW Law Reform Commission](#) (NSWLRC) - Review [Guardianship Act 1987](#) (NSW) - March
- Submission to NSWLRF: Review [Guardianship Act 1987](#) (NSW) - March and September
- Submission to NSW Ministry of Health expressing concern about the future of the [Recovery and Resources Program](#) - April
- MHCC Member Briefing Note: [Community Managed Mental Health Sector Development Plan/Strategy](#) - May (further consultation on a confidential submission to the NSW Ministry of Health in March)
- Briefing Note: NSW Mental Health Minister (need for state-wide [NDIS and Mental Health Communities of Practice](#)) - May
- Submission to Katy Gallagher, Shadow Minister for Mental Health, [NSW Community Sector Experience of the NDIS](#) - May
- Submission to DSS: Discussion Paper: Approach to designing an [Integrated Carer Support Service System in Australia](#) - June
- Submission to NSW Mental Health Minister: [National Disability Insurance Scheme \(NDIS\) and Mental Health in NSW](#) - June
- Position Paper: [Moving beyond integrated service delivery](#) for mental and physical health care - July



IMAGE CREDIT:  
NDIS Workforce Roundtable hosted by MHCC

# MHCC and NSW Mental Health Commission NDIS Project

## NSW

The end of June 2016 saw the conclusion of the three-year '*NDIS and Mental Health Analysis Partnership Project*' undertaken in partnership with the Mental Health Commission of NSW.

The project has allowed MHCC to engage with and influence the development of the NDIS as it relates to people with psychosocial disability. The NDIA have been on a steep learning curve to understand and create processes that usefully incorporate the unique experience of people with mental health conditions seeking support through the NDIS. Through set-up of a mental health Community of Practice (CoP) in the Hunter launch site, MHCC successfully engaged the range of stakeholders in quarterly forums that enabled the sharing of knowledge and experience and advocated the mental health and psychosocial disability challenges arising in response to NDIS processes.

Stemming from the '*NDIS and Mental Health Analysis Partnership Project*' are two forthcoming NDIS and mental health publications designed to support the successful roll out of the NDIS to people with psychosocial disability within NSW over the next three years:

- *Navigating the NDIS: Lessons Learned through the Hunter Trial*
- *Guideline for Establishing a Local NDIS Community of Practice to Enhance Learning and Sector Reform.*

## National

MHCC's NDIS work has positioned us well to contribute to the national implementation and review agenda.

In 2015 MHCC (on behalf of CMHA) completed the '*Community Managed Mental Health Sector NDIS Workforce Development Scoping Paper Project*'. The DSS funded the project through the MHA 'NDIS Sector Development Fund Capacity Building Project'. The project explores NDIS workforce impacts and readiness. The methodology used includes a survey of 34 organisations. The report makes seven findings and ten recommendations. A key tension arising relates to the financial viability of the pricing of NDIS services and supports with some stakeholders arguing that the pricing is not sufficient to purchase a suitably skilled workforce that engages in complex 'cognitive behavioural interventions' as well as direct personal care. The project recommendations have been used to further pursue opportunities arising through the '*NDIS Integrated Market, Sector and Workforce Strategy*' and forthcoming '*NDIS Workforce Innovation Fund*'.

MHCC welcomed this year the purchase by the NDIA of MHCC's 'Capacit-e' mental health e-learning recovery suite to educate their staff in mental health recovery practice and language. The NDIA also announced MHCC's successful tender to develop a NDIS Psychosocial Resources Online product to increase self-directed planning and enable choice and control for people with mental health conditions seeking access to the NDIS. MHCC aims to make this on-line resource available in early 2017.

### PROJECT STATUS

COMPLETE



### STRATEGIC AREAS



### PROJECT OUTCOMES

Advocacy to improve navigation and access to the NDIS for people with psychosocial disability.

10 NDIS and Mental Health Community of Practice (CoP) forums

555 CoP participants

3 Publications

# Partnerships for Health

## P4H

P4H has the fundamental aim of developing an agreed approach for commissioning Health funded community mental health services in the Community Managed Mental Health Sector. In January 2015 MHCC produced a comprehensive *Briefing and Recommendations* paper for government which detailed *Community Managed Mental Health Sector Considerations for the Partnerships for Health Reform Process*.

The briefing paper outlined MHCC's view that the P4H reforms be seen as an opportunity to align service delivery with the recommendations of the NSW Mental Health Strategic Plan; that P4H is an ideal vehicle for the Ministry of Health to take a whole of system approach, ensuring optimal allocation of resources and coverage for community based services across NSW. MHCC advocated that this should necessarily include identified psychosocial rehabilitation and recovery support services delivered through public mental health in the proposed P4H tender mix.

MHCC has been participating in dialogue with both the Department and the Minister's Office over 2015/16. NSW Mental Health Director Karin Lines has recently contracted an external consultancy group and convened a Mental Health P4H Commissioning Steering Group to oversight what appears to be a more coherent and staged approach to what has been a lengthy and shifting process.

### PROJECT STATUS

ONGOING



### STRATEGIC AREAS



### PROJECT OUTCOMES

The expanded membership of the newly established Partnerships for Health Mental Health Commissioning Steering Group includes the NSW Mental Health Commission, data expertise and PHN representation indicating an intention to more fully recognise the contributions of the CMO sector in improving outcomes for people with mental health conditions in NSW.





This incorporated alliance of the state and territory state mental health peak bodies has continued to develop over 2015/16 culminating in the appointment of the organisations first employee (Executive Director, Amanda Bresnan) in June 2016. Over 2015/16 CMHA has focused on streamlining its operations as a virtual organisation with responsibilities for governance, finance and administration functions clearly designated across states and territories. This allows the Executive Director to focus on national mental health policy and reform impacting the community managed sector.

CMHA has been an important vehicle for state peaks to participate in and influence government agendas at the national level. Mental Health Australia and CMHA have partnered in several projects designed to inform on the unique issues experienced by mental health consumers, carers and community sector providers in the transition to the NDIS. MHCC oversighted the *'Community Managed Mental Health Sector NDIS Workforce Development Scoping Paper Project'* on behalf of CMHA. This paper provided important insights into potential downgrading of skills and knowledge in the CMO workforce as a result of pricing structures within the NDIS. MHCC and other CMHA members have participated in national forums and roundtables with departmental representatives and politicians advocating for commonwealth mental health programs to continue until NDIS eligibility for people with mental health conditions is better understood. CMHA capacity to contribute to and comment on national reforms such as the 5th National Mental Health Plan, Productivity Commission Reports, pre-budget submissions and other advocacy on behalf of the sector will continue to strengthen over 2016/17.

### PROJECT STATUS

ONGOING



### STRATEGIC AREAS



### PROJECT OUTCOMES

National advocacy promoting the value of community managed approaches to mental health reform and informing on threats and challenges to people with mental health conditions and their families and carers as a consequence of government directions.

# MHCC Workforce Development Advisory Group

In 2016, MHCC reconvened the sector Workforce Development Advisory Group. The role of this group is to provide advice to MHCC on directions for NSW community managed mental health sector workforce development. An inaugural meeting was held in May 2016. This was preceded in March 2016 by an NDIS Roundtable held in the Hunter trial sites. Deliberations with both groups have been helping inform new directions for community managed mental health sector workforce development in NSW.

This has included an MHCC EOI to identify a suitably qualified consultant to work with us to undertake a state-wide Workforce Development and Learning Needs Analysis.

MHCC participated in a NSW Mental Health Collaborative Workforce Framework Forum convened by the Ministry of Health, Mental Health Branch, in June. A wide range of inter-sectoral representatives attended this meeting from both within the mental health sector and beyond.

These activities progress an action of *Living Well: A Strategic Plan for Mental Health in NSW 2014 – 2024*. Action 8.1 relates to investing in reform by supporting our workforce. It asks NSW Health, in consultation with the NSW Mental Health Commission, to develop a NSW Mental Health Workforce Plan that includes the community-managed workforce. MHCC has a seat on the Steering Committee for this initiative.

## PROJECT STATUS

ONGOING



## STRATEGIC AREAS



## PROJECT OUTCOMES

Early sector engagement with NSW Ministry of Health Mental Health Workforce Plan

# ROSSAT Consultancy

The Recovery Orientated Service Self-Assessment Toolkit (ROSSAT) was developed by MHCC in consultation with Being (Mental Health and Wellbeing Consumer Advisory Group), consumers, carers and community managed organisations. In May 2015 MHCC established the ROSSAT Consultancy, to offer organisations an opportunity for an on-site review of their level of recovery orientated service provision against the ROSSAT organisational domains.

In 2016 ROSSAT assessments have been undertaken with 15 CMOs. These assessments have been undertaken in a number of regions, including the Hunter, Macarthur, Sydney, Wingecarribee and Wollondilly regions. Organisations were provided a ROSSAT Consultancy report and action plan with recommendations and suggested actions for service improvements in recovery oriented practice.

## PROJECT STATUS

ONGOING



## STRATEGIC AREAS



## PROJECT OUTCOMES

15 ROSSAT assessments and reports and increased application of the ROSSAT Tool for Workers and Tool for Organisations (T4O)

# Inter-professional Learning Resource Development Project

This project was funded by the NSW Health Education and Training Institute (HETI) Sydney Interdisciplinary Clinical Training Network (ICTN) through the University of Sydney (Work Integrated Learning). MHCC was a partner in delivering the project as it built on earlier HETI projects undertaken by MHCC between 2013 and 2015 ('Creating Tomorrow's Workforce Today: Practice Placements in the Community Managed Mental Health Sector'). All projects aimed to strengthen the quality and quantity of community sector student placements including worker professional development and supervision practices.

The 2015 Inter-professional Learning Resource Development Project developed an e-resource that includes professional development tasks and tools related to:

- 1) Inter-professional Observation Experience;
- 2) Inter-professional Patient/Client Interaction;
- 3) Shared Workplace Debrief;
- 4) Patient/Client Experience of Inter-professional Care; and,
- 5) Inter-professional Structured Communication.

VET students and community settings and workers have been incorporated into the resources along with more traditional health settings and workers. Some tool response samples include community based settings. For example, use of a Commonwealth Mental Health Care Plan in a GP primary health setting by a range of inter-professional students and practitioners.

MHCC thanks HETI and NSW ICTNs for the opportunity to contribute to these projects over the past three years and looks forward to future collaborative work.

## PROJECT STATUS

COMPLETE



## STRATEGIC AREAS



## PROJECT OUTCOMES

Development of a comprehensive range of web-based document and webinar resources including 2015 Practice Placement Listing.

# Capacit-e

## Mental Health e-learning

On June 1st 2015 the Capacit-e: Mental Health e-learning platform was launched with the Mental Health Recovery suite, which is made up of 3 courses; Understanding Mental Health Recovery, Language of Mental Health Recovery and Supporting Mental Health Recovery. This was MHCC's first endeavour into e-learning and it was met with an overwhelming positive response. The Language of Mental Health Recovery even won an Emerald award in the LearnX 2015 Bitesized Learning awards up against large organisations such as ANZ, BOQ, Woolworths and Cotton On.

With over 300 individual learners accessing the courses, plus 3 large organisations implementing the online learning as part of their induction, the feedback from participants has been amazing. Over 90% of participants agreed that the information was useful and they would use the training in their workplace and 89% found the online experience interactive and engaging.

An outcome of the success of the Mental Health Recovery Suite has been a partnership with the National Disability Insurance Agency to both customise the suite to meet accessibility requirements for vision impaired learners as well as develop a new online resource about the NDIS for people living with a mental health condition to be launched in 2017.

IMAGE CREDIT:  
Filming for Capacit-e Peer work resources

### PROJECT STATUS

ONGOING



### STRATEGIC AREAS



### PROJECT OUTCOMES

3 online courses in the Recovery Suite

Development of NDIS Psychosocial Resource Online



LEARNING BY DESIGN AWARDS  
**EMERALD**  
WINNER 2015



CMHDARN is a partnership project between the Mental Health Coordinating Council (MHCC), The Network of Alcohol and Other Drug Agencies (NADA) and the Mental Health Commission of NSW. Throughout 2015/16, CMHDARN has continued to build the research capacity of the AOD and mental health community sectors, and has maintained strategic and long-term relationships with researchers and specialist research centres. The Research Network has shared information via its website, workshops, forums, reflective practice webinars/webcasts, E-communications and online resources. It has developed an evaluation framework to guide activities and to ensure the longevity of the Network as a cornerstone of significant connections between the mental health and alcohol and other drugs sectors.

Highlights in 2015/16:

- **released** a reflective webinar: Frances Kay-Lambkin discussing *Effective Models of Care for Comorbid Mental Illnesses and Illicit Substance Use* on February 11 (237 registrations and 107 attendees)
- **published** online: Ask the Experts: *CMHDARN Best Practice Guide to Enabling Consumer and Carer Leadership in Research and Evaluation*
- **published** online: *Research Ethics: A CMHDARN Best Practice Guide* written for any community organisation, consumer, peer worker or carer in the mental health and alcohol and other drugs sectors who is considering engaging in research and/or evaluation
- **released** CMHDARN Research Showcase: a short bibliography of research produced by NADA and MHCC members over the last five years highlighting the sector's significant contribution to research
- **partnered** with UTS in November to facilitate *Higher Degree Research Kick Start 2015*
- **continued** to build the mentoring scheme in partnership with NHMRC Centre for Research Excellence in Mental Health and Substance Use (CREMS). There are currently 7 mentees
- **supported** the Consumer Led Research Network in holding the forum *Enabling Consumer Led and Co-production Research in a World that's Not Used to It?* (November 2015). Also developed a one hour documentary which captures highlights from this forum; and
- **increased** consumer and carer participation in the Project Reference Group

## PROJECT STATUS

ONGOING



with recognition and thanks to the NSW Mental Health Commission.

## STRATEGIC AREAS



## PROJECT OUTCOMES

Development of research skills across mental health and drug and alcohol services and individuals engaged with those services.

Strengthened partnerships between CMOs and academic research institutes and universities.

Capture of peer reviewed and other literature on the evidence base for practices within the CMO mental health and AOD sectors.

# TICPOT

## Trauma-Informed Care and Practice Organisational Toolkit

TICPOT is one element of a broader national initiative promoting trauma-informed care and practice (TICP) across service systems and programs in Australia. The development of TICPOT stems from recommendations proposed by the National TICP Advisory Group in its position paper: *Trauma-Informed Care and Practice: towards a cultural shift in policy reform across mental health and human services in Australia – A National Strategic Direction*.

TICPOT is a quality improvement resource designed to assist integration of TICP principles across every aspect of an organisation. It is targeted at a diversity of community managed mental health and human services, primary and public mental health and inpatient settings. TICPOT has been mapped against national standards and Recovery Orientated Service Self-Assessment Toolkit (ROSSAT).

Consisting of two separate resources, TICPOT contains a user guide and organisational assessment tool across seven domains including a brief overview of the processes necessary to assist ongoing, sustainable quality improvement. The second document provides materials and resources to assist building a trauma-informed culture and practice that supports staff and the consumers and carers engaging with the service. As part of a package, MHCC offers a reporting service generated from the assessment completed online.

The process of becoming trauma-informed is an evolutionary journey, but a universal objective should be to establish a culture that will foster best practice, nurture flexibility and innovation in order to promote sustainability.

### PROJECT STATUS

COMPLETE



### STRATEGIC AREAS



### PROJECT OUTCOMES

Development of industry focused resource

DIY assessment and implementation tools

Free online scaling tool

# Disability Support and Rehabilitation

The purpose of this paper is to explore the difference between the terms ‘disability support’ and ‘rehabilitation’ with specific reference to people with mental health conditions and/or psychosocial disability. It provides an opportunity to highlight the need to both clearly articulate the meanings attached to the different terminologies which the sector is grappling with, particularly in the context of the establishment of the National Disability Insurance Scheme (NDIS). The need to distinguish between these different categories of support and the associated workforce skills, attitudes and knowledge required has intensified. In this paper, we are seeking to explore the implications for comprehensive service coverage, in an environment where the role and function of the NDIS within the mental health service system is a developing picture.

The mix of rehabilitation and disability supports required by any one individual will vary; and the distinct role of state-funded community sector mental health rehabilitation service streams needs to be more clearly articulated and defined against that of NDIS disability support options.

## PROJECT STATUS

COMPLETE



## STRATEGIC AREAS



## PROJECT OUTCOMES

Development of paper for consultation at state and national levels

Ongoing analysis of discussion policy and practice reform in service access for people with mental health conditions as a consequence of the NDIS

# NSW Mental Health Rights Manual

an online resource

The Mental Health Rights Manual is an online resource that continues to be very well used by MHCC members and a diverse range of people from the mental health and disability community. MHCC maintains this as a living document, regularly updating in line with changes in the legislation and service environment.

## PROJECT STATUS

COMPLETE (UPDATES ONGOING)



## STRATEGIC AREAS



## PROJECT OUTCOMES

4,006,100 Page views from 108,611 unique visitors

Edition 4 completed (Sept)

# Cognitive Functioning for Recovery

Supporting people with mental health conditions experiencing cognitive difficulties

*Your present circumstances don't determine where you can go, they merely determine where you start.*

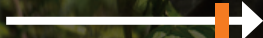
Nido Qubein

Cognitive impairment can pose a significant barrier to independent living; and may affect multiple aspects of an individuals' life. It is estimated that at least 90% of people living with schizophrenia experience cognitive difficulties that impact on their ability to do the things they want to in their everyday lives.

MHCC has developed an innovative professional development training module 'Cognitive Functioning for Recovery' following on from a research project conducted in 2015 in which MHCC collaborated with Sydney University, OT Masters students. Together we investigated how mental health workers could more effectively identify, support and improve outcomes for people living with mental health conditions who also experience cognitive difficulties. The course is informed by consultation with consumers, carers, mental health practitioners and academics. Underpinned by the neurology, mental health and occupational therapy fields, and drawing on the latest research, this recently launched product is designed to increase the knowledge, skills and attitudes required to more fully understand the experience and effect of cognitive issues on recovery goals and to inform on appropriate referral and support options.

## PROJECT STATUS

COMPLETE



## PROJECT OUTCOMES

Increased awareness and knowledge of cognitive functioning in supporting people with mental health conditions to achieve their recovery goals.

## STRATEGIC AREAS



2 day professional development training module launched

IMAGE CREDIT:  
View From The Peak, February, 2016





# Supported Decision-Making

*It is essential to support and understand the will and preference of the person who is being supported to make a decision. Good supported decision-making means understanding what that means and understating the person at the heart of the decision-making.*

**Paul Gibson**  
Disability Rights Commissioner Human Rights Commission NZ

In early 2016, MHCC collaborated with two Masters students from Sydney University, Faculty of Health Sciences (Occupational Therapy) to investigate the practice of Supported Decision-Making (SDM) from the perspective of community managed mental health workers (as opposed to legal guardians and other substitute decision-makers). The gap in skills and experience identified in the earlier research project 'Cognitive Functioning for Recovery' alerted MHCC to the expanded skill set required in SDM. Whilst touched on in the earlier project, it became clear that competence in SDM requires a different but complimentary professional development approach.

As a first stage MHCC worked with students to develop a descriptive digest of the literature and resources presented in a thematic summary; and an articulation of the interface between recovery philosophy and the principles, values and practice of SDM. This work has enabled MHCC to progress its thinking towards a learning module framework and identify key content for the proposed training to be completed by December 2016, and rolled out from February 2017.

## PROJECT STATUS

IN PROGRESS



## STRATEGIC AREAS



## PROJECT OUTCOMES

Increased awareness and focus on the importance of the skills, knowledge and attitudes required to optimally support decision making as part of recovery orientated practice.

1 day professional development training module developed.

# Learning and Development



## AWARD WINNING PROFESSIONAL DEVELOPMENT

Consumer & Mental Health Peer Work Award  
TheMHS Learning Network ①

Education, Training or Workforce Development  
[Aboriginal Careers in Mental Health]  
TheMHS Learning Network ②

Consumer Involvement and Participation  
Mental Health Matters Award ③

Learning by Design Award  
Bite Size Learning (Online Award)



202  
TRAINING DAYS  
IN 2015/16

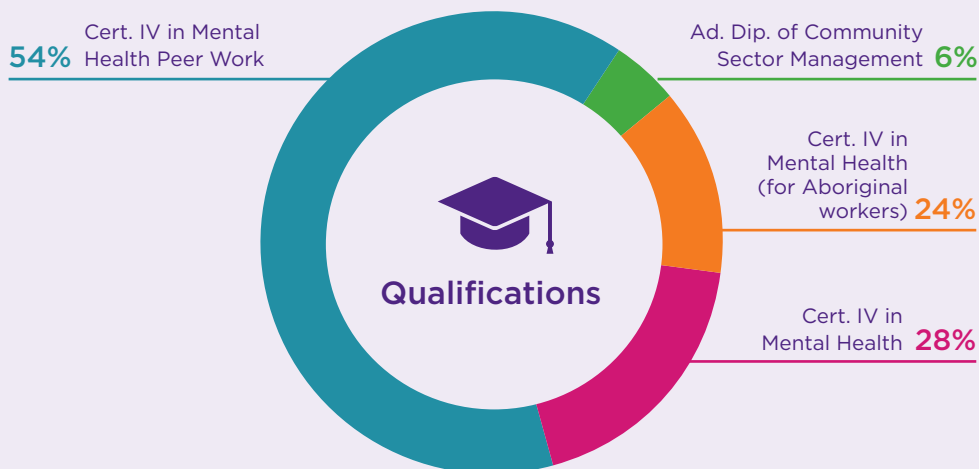


92  
REGIONAL  
TRAINING DAYS

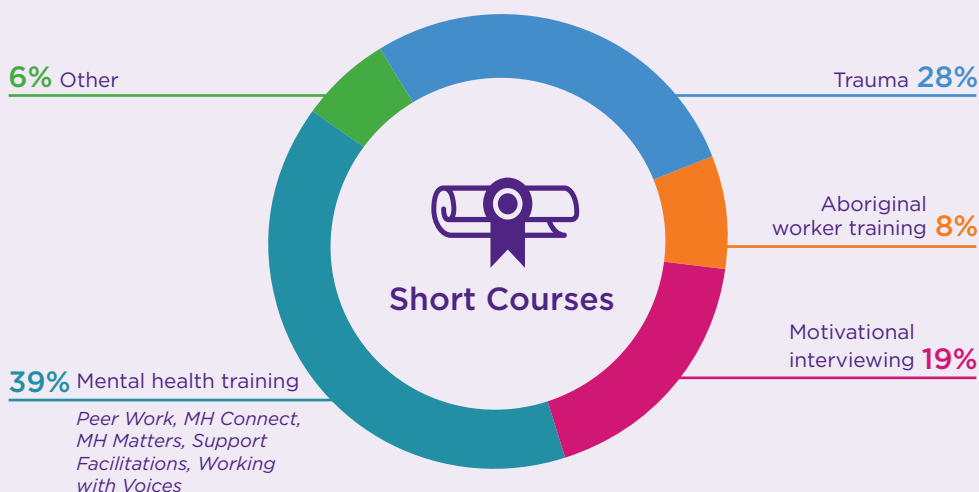


1908  
ENROLMENTS IN  
2015/16





## Breakdown of MHCC training days in 2015/16





# Organisational Development

## Reconciliation Action Plan

Reconciliation Action Plans (RAPs) turn good intentions into actions. They are about creating relationships between Aboriginal and Torres Strait Islander peoples and other Australians. As part of MHCC's 2012 – 2016 Strategic Plan we set out to undertake a RAP. At the beginning of our journey Reconciliation Australia guided the organisation through the process of developing actions within the workplace and broader community. Following this activity we drafted the makings of MHCC's RAP including:

- A defined vision for reconciliation shared by the whole organisation
- A defined understanding of our business and what we could offer toward reconciliation
- An overview of our RAP including progress, and who would be involved
- Actions to address three primary objectives: relationships; respect; and opportunities

MHCC chose to complete an **Innovate RAP** designed for organisations that have developed relationships with their Aboriginal stakeholders and are ready to develop or implement programs for cultural learning, Aboriginal employment and supplier diversity. This gave us the ability to develop and test new and innovative approaches, and embed the RAP in our organisation. MHCC are now in the process of finalising and reporting on the outcomes of the two-year process. We will share with members our reflections and learnings from the journey, and will utilise our experience to embed our RAP into organisational policies and procedures, and assist members to do likewise.



IMAGE CREDIT:  
MHCC Training - Certificate IV in Mental Health - For Aboriginal Workers

## Green Activity

The MHCC Green Team's purpose is to support and monitor MHCC's environmental policy in order to ensure that the environmental obligations outlined in the MHCC Environmental Responsibility Policy are met.

IN 2016, the Green Team drafted an Environmental Responsibility Action Plan. Goals identified include reducing paper

waste, reducing energy consumption, increase staff green awareness and improving recycling. Actions taken have included moving to procure a worm farm and compost bin to reduce food waste and fertilise the garden. The Green Team hopes to continue its work and continue making MHCC more environmentally responsible.



# Staff Wellbeing

## VOICE Survey

Over September and October 2015, MHCC staff participated in an employee engagement survey with the *Voice Project*. The core purpose of the survey is “improving organisations by giving people a voice”. The activity enables a way to gain an objective measure of staff behaviours, perceptions, and satisfaction with their work in order to assess levels of engagement.

The survey encompassed a range of issues under the categories of passion, progress, purpose, property, participation, people and peace. Important strengths reflected in the results included having positive relationships with co-workers, confidence in each other and working in a supportive environment. The belief in the organisation's mission and values and in the work done by MHCC was another key strength highlighted. Areas for development included the availability of career opportunities, cross-unit cooperation and internal communications to keep staff informed of MHCC's direction and undertakings. The insights and information gained support MHCC staff and management to make better decisions around work practices. The results also assisted to inform the development of a Wellness Plan of Action.

A second survey will be carried out later in 2016 to continue empowering staff to express their views and will provide a way to track progress on staff satisfaction, engagement and facilitate continued improvements in organisational development at MHCC.

## Wellness Plan of Action

MHCC strives to create a healthy and productive workplace that fulfils the needs of its people, the organisation and its members. In response to the VOICE survey, MHCC contracted a consultant to scope the organisations approach to staff wellbeing with a view to create a sustainable workplace wellness plan. A Staff Wellness Workshop took place in June 2016 which identified topics of importance to staff including: career growth, internal communications, cross unit collaboration and general wellness related to work load. Following the workshop, a report was delivered with recommendations that have shaped the MHCC Workplace Wellness Action Plan for 2016 – 2017. Six key strategies were devised and are being pursued collaboratively in staff groups:

**WORKSPACE** Come together with a shared objective to transform the look and feel of MHCC.

**CONNECT** Create an environment at MHCC that increases our connection with each other to build positivity and openness.

**CROSS ORGANISATION COLLABORATION/ OPERATIONS** Improve coordination, systems and processes across MHCC teams.

**PROFESSIONAL DEVELOPMENT** Develop workforce capability and empower people to contribute and grow.

**POLICY** Review organisational policies that are relevant to maintaining good mental health and wellness.

**VISION AND STRATEGY** Strengthen communication of strategic priorities.

## 2015/16 Financials

### Statement of comprehensive income for the year ended 30 June 2016

	2016	2015
Revenue	2,821,631	2,824,134
Finance Costs	507	313
Employee Benefits Expense	1,696,224	1,885,846
Depreciation and Amortisation	19,716	27,024
Other Expenses	1,262,539	1,181,466
<b>Loss before Income Tax</b>	<b>(157,355)</b>	<b>(270,515)</b>
<b>Total Comprehensive Income</b>	<b>(157,355)</b>	<b>(270,515)</b>

### Statement of financial position for the year ended 30 June 2016

	2016	2015
<b>Current Assets</b>		
Cash and Cash Equivalents	2,527,192	3,286,951
Trade and Other Receivables	403,932	420,382
Other Current Assets	7,795	-
<b>Total Current Assets</b>	<b>2,938,919</b>	<b>3,707,333</b>
<b>Non-Current Assets</b>		
Property, Plant and Equipment	176,346	92,108
Total Non-Current Assets	76,346	92,108
<b>Total Assets</b>	<b>3,015,265</b>	<b>3,799,441</b>
<b>Current Liabilities</b>		
Trade and Other Payables	62,043	133,178
Short-Term Financial Liabilities	74,090	92,227
Provisions	548,067	535,790
Other	448,034	997,860
<b>Total Current Liabilities</b>	<b>1,132,234</b>	<b>1,759,055</b>
<b>Total Liabilities</b>	<b>1,132,234</b>	<b>1,759,055</b>
<b>Net Assets</b>	<b>1,883,031</b>	<b>2,040,386</b>
<b>Equity</b>		
Retained Profits	1,883,031	2,040,386
<b>Total Equity</b>	<b>1,883,031</b>	<b>2,040,386</b>

## Statement of changes in equity for the year ended 30 June 2016

	2016	2015
<b>Opening Balance</b>	2,040,386	2,310,901
<b>Retained Earnings</b>		
Profit Attributable to Shareholders	(157,355)	(270,515)
	(157,355)	(270,515)
<b>Closing Balance</b>	1,883,031	2,040,386
<b>Reconciliation of Retained Earnings</b>		
Opening Balance	2,040,386	2,310,901
Profit Attributable to Shareholders	(157,355)	(270,515)
Closing Balance	1,883,031	2,040,386
<b>Total Equity</b>	1,883,031	2,040,386

## Statement of cash flow for the year ended 30 June 2015

	2016	2015
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>		
<b>Receipts from:</b>		
LDU – Course Payment (inclusive of GST)	1,616,949	1,853,745
Seminar Revenue (inclusive of GST)	21,790	5,454
Receipts from Members (inclusive of GST)	120,743	64,258
Government & Other Grants Received (inclusive of GST)	1,099,254	1,065,465
Consultancy & Co-ordinating Fee (inclusive of GST)	92,639	20,500
Interest Received	49,618	85,231
Other Receipts	88,945	3,066
Payments to Suppliers and Employees (inclusive of GST)	(3,849,697)	(3,189,432)
<b>Net Cash Outflow from Operating Activities</b>	(759,759)	(91,713)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>		
<b>Net Cash Used in Financing Activities:</b>		
Net Decrease in Cash Held	(759,759)	(91,713)
Cash and Cash Equivalents as at 1 July 2015	3,286,951	3,378,664
<b>Cash and Cash Equivalents as at 30 June 2016</b>	2,527,192	3,286,951



**COME JOIN US**  
[info@mhcc.org.au](mailto:info@mhcc.org.au)

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Help MHCC set the agenda for our sector and define the message that we campaign and communicate to government agencies and service bodies. We need your experience to inform the future shape of our sector.

## Thank you to all our staff

### **Chief Executive Officer Jenna Bateman**

#### **Policy**

Senior Policy Advisor, Corinne Henderson

Senior Policy Advisor - Sector Development, Tina Smith

#### **Operations**

Operations and HR Manager, Erika Hewitt

Executive Support and Office Coordinator, Rebecca Sorrell

Finance Officer, Jill Dimond

Finance Assistant, Jean Robinson

Reception and Office Administration, Colleen Mosch

#### **Communications**

Manager, Partnerships and Communications, Sarah-Jane Edwards

Community Engagement Officer, Carrie Stone

IT & Equipment Officer, Ian Bond

eCommunications Officer, Lara Summers / Nathan Mikhael

Project Support Administration Officer / Business Development Officer, Vanessa Bell

#### **Learning and Development**

Manager, Learning and Development, Pippa Morris

Administration Team Leader (Learning and Development), Lisa Van Praag

Training Services Team Leader, Jenny Reid

Compliance & Quality Coordinator, Paul Stephens

Senior Administration Officer, Joanne Timbs

Administration Officer, Sarah Davies

Administration Officer - Projects, Liesl Homes

Instructional Designer (eLearning specialist), Kat Fardian

Short Course Coordinator, Lorna Downes