



MHCC WORKING FOR MENTAL HEALTH

2016/17
MHCC ANNUAL REPORT

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Cover image: Mural completed by artist Nico (www.artofnico.com) in the MHCC conservatory as part of the MHCC Wellness Action Plan (see page 28)

MHCC

KEY PRIORITY AREAS

Policy leadership, influence & reform

MHCC actively engages with state- and national-level government as well as key service delivery and advocacy organisations to ensure people with lived experience have access to well-resourced, effective and accessible services optimally co-designed with service users.

Research & development

Gathering and analysing data to form a strong evidence base for the effective work of community managed mental health organisations is critical to the ongoing development of the sector, including delivery of quality practice and service design.

Sector development

MHCC supports the community managed mental health sector to adapt to the changing and dynamic NDIS implementation and mental health reform environment. MHCC works to build the capacity of the sector to make the most of emerging opportunities through sound governance, management and effective mental health practices.

MHCC sustainability & effectiveness

MHCC's capacity to deliver on its commitments as a responsive and effective peak organisation is achieved through ensuring it is a strong and sustainable organisation with sound governance, management and human resource practices as well as through skilled and well supported staff.

CEO Report



Jenna Bateman, CEO

The design on the front cover is taken from a mural MHCC had done on one of our entrance walls by local artist Nico whose work can be seen around inner Sydney. Special thanks to Nico whose wonderful generosity has introduced vibrancy in a previously bare space within the MHCC offices. The mural was commissioned as part of MHCC's organisational wellness plan which has brought welcome upgrades to the look and feel of our work environment. The wellness plan has also provided a focus on staff connectedness across the different work streams.

MHCC staff have worked very effectively over the year navigating and negotiating very uncertain and constantly shifting terrain. They have had to be creative and adaptable, meet demanding timelines and anticipate and respond to new and emerging directions stemming from both government and sector initiatives. Corinne Henderson and Tina Smith who provide the backbone to the policy output of MHCC have worked incredibly hard responding to the range of policy reform initiatives before the sector; Tina very much focused on the NDIS and Corinne on legal and rights based issues. Jenny Reid as LD Manager has stabilised our RTO operations and developed valuable new training opportunities this year. Sarah-Jane Edwards as Partnerships and Communications Manager has increased MHCCs profile and reach advocating MHCC policy and LD activities and collecting sector insights to further inform MHCC directions. Special acknowledgement to Erika Hewitt who as Operations and HR Manager is an invaluable asset to the smooth running of the organisation. Warm thanks to all MHCC staff for their commitment to our members and the people their services and programs support.

In terms of the changing environment MHCC has had to negotiate, this year saw mental health and drug and alcohol separate at the Ministry level with drug and alcohol becoming part of the Population Health Branch. Under *Partnerships for Health* (P4H) grants have ceased and contracts with more defined KPIs applied to all Health Ministry CMO funding. MHCC underwent an external review process set by the Ministry as part of P4H and this guided development of agreed contracted KPIs for 2017/18. For many CMOs the greater attention to agreed contracted KPIs is welcomed and will hopefully, as anticipated, provide stronger engagement with LHDs around activity and outcomes.

We have been extremely pleased that the NSW Government decided to increase its commitment to psychosocial support services provided through community organisations to complement rather than be replaced by the National Disability Insurance Scheme (NDIS). Increased funding through Community Living Supports (CLS) and the retender of HASI and the Recovery and Resources Services Program (RRSP) has meant less disruption for people with psychosocial support needs than experienced by some other states and territories. However we remain concerned that many people not eligible for the NDIS, will be worse off as Commonwealth programs transition. Recent action by the Federal Minister for Health to explore this issue is a positive sign.

For MHCC the NDIS has been a major focus of our work over 2016/17. The organisation continues to acknowledge the significant potential of the scheme for people to have real choice and control over their recovery. In addition, MHCC has worked tirelessly with our

sister peaks through CMHA to make national government agencies understand the need to review the pricing and reference packages currently in play. We also worked to highlight the service gaps left for those not deemed eligible. As the NDIS has rolled out across NSW many organisations have had to reduce infrastructure expenditure, including for staff supervision and training, to remain financially viable.

Over the past 6 months MHCC has been organising the first National NDIS Mental Health Conference in Australia to provide a platform for shared experience. This two day event scheduled for 16-17 November 2017 in Sydney is being co-hosted by MHCC and WAAMH on behalf of CMHA. It will bring together policy makers and commentators, providers and scheme participants. They will review the NDIS journey so far, share experience and perspectives and make recommendations on what needs to happen for the scheme to succeed in the mental health space.

Another important initiative this year in relation to the NDIS has been development of *reimagine.today*. This is an online resource with a stepped approach to support people with mental health conditions to navigate the NDIS. MHCC partnered with the NDIA to create this resource. Feedback about its usefulness and design from people with lived experience, their families, carers and support workers has been excellent.

Since the launch of the NDIS MHCC has been monitoring how participants' access to skilled support workers is being safeguarded. The NDIS pricing schedule is tending to push down the level of qualification and experience required to fulfil support worker roles.

MHCC has responded to this and in fact a history of poor recognition of the skills of the community managed mental health sector through exploring the potential for establishing a national professional body for the mental and psychosocial health workforce. By November 2017 we will be able to share a feasibility study with the sector based on wide national and international consultations, experience and review.

Other important areas of focus over the year are highlighted in this report. On behalf of MHCC's Chairperson, Pam Rutledge, and myself, I would like to acknowledge the MHCC Board and their stewardship of the organisation over 2016/17. Our 2016 AGM constitutional change introduced the opportunity to appoint two Board Members in addition to nine elected positions from the MHCC membership. Appointed positions were targeted at lived experience and financial expertise. Both positions have enhanced the Board's capacity and performance. The 2016/17 Board saw election of a PHN representative for the first time and this inclusion has provided insights into an establishing and important component of the community mental health landscape. Many thanks to all Board members for their contributions and dedication to fulfilment of MHCC's purpose and objectives.

A message from the MHCC Board



Pam Rutledge, Chairperson

And as a final message from the Chair and the Board, we wish to extend our congratulations to Jenna Bateman who will step out of her CEO role later in 2017. Jenna has been CEO of MHCC since 2000 and has made an outstanding contribution to the sector, the capacity of community managed organisations and the policy and funding framework in which we operate. Her commitment to people with a lived experience, their families and carers has been unwavering throughout this time. On behalf of everyone in the sector, our thanks and very best wishes. You will be greatly missed!

Who we worked with....

What we worked on....

MHCC Members

NADA

Mental Health Carers NSW

NSW Public Guardian

NSW Law Reform Commission

Mental Health Reform Advisory Groups

NSW Official Visitors Program

NSW Institute of Psychiatry

Local Health Districts

NSW Ombudsman

NSW State Peak Bodies

Mental Health Commissions

Mental Health Australia

Being

Guardianship Board

Universities

Corrections NSW

CMHA

Primary Health Networks

Law and Justice Foundation

Department of Family and
Community Services

And so many more...

National Disability Insurance Agency

Ministry of Health

Partners in Recovery

Agency for Clinical Innovation



Meet You Neighbour Networking

CMHDARN

NSW Guardianship Act reviews

Peer workforce

Monitoring and safeguards

Recovery for older people

Sector strategic development

Supported decision-making

Trauma-informed care and practice

newparadigm journal

Co-design

CMO Data

Living well strategic plan

Communities of practice

Physical health

Training

Professional body

Reconciliation action plans

INDI

eLearning

AOD

5th National Mental Health Plan

Workforce development

Resource development

Partnerships for health

Research

Cognition and recovery



247

TRAINING DAYS



21

SUBMISSIONS



68

SECTOR UPDATES



10

MHCC EVENTS

Membership

Mental health community managed organisations (CMO) are a crucial part of the entire mental health and human services system in NSW. Our members contribute to improved outcomes for people experiencing, or at risk of developing, mental health conditions and psychosocial disability. They play a key role in promotion, prevention, early intervention, and providing the supports that assist people to stay well in the community.

MHCC Members provide a range 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 and 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
- Create 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
- Have access to a research network that supports research and service evaluation activity
- Help the sector stay informed through shared experience

A big thank you to our members for your support in 2016/17. We achieved great things together. We look forward to continuing to work together to shape the community mental health sector.

ACON - Sydney	Foundation House	Samaritans
Action Foundation for Mental Health Inc	Good Grief Ltd	Southern Community Welfare Inc
Aftercare - Head Office	Grand Pacific Health PHN	St John of God (Richmond)
Alcohol & Drug Foundation NSW	GROW NSW	St Vincent de Paul Society NSW
Anglicare Diocese of Sydney	Heal for Life Foundation	Survivors & Mates Support Network
Anglicare Victoria	Home in Queanbeyan	Sydney Women's Counselling Centre
Australian Kookaburra Kids Foundation Inc	Independent Community Living Australia Ltd	Ted Noffs Foundation
B Miles Women's Foundation	Interrelate Family Centres	The Benevolent Society - Paddington
Baptist Care NSW & ACT	Jewish House Limited	The Disability Trust
Being Mental Health & Wellbeing Consumer Advisory Group	JewishCare - Fischl House	The Lyndon Community
Benelong's Haven Ltd	Justice Action	The Salvation Army - Recovery Services
Billabong Clubhouse	Life Without Barriers	The Station Ltd
Blue Knot Foundation	Link-Up (NSW) Aboriginal Corporation	The Wayside Chapel
Bobby Goldsmith Foundation	Lou's Place	Third Sector Australia Ltd (3SA) - Head Office
Break Thru People Solutions	Macarthur Disability Services	Uniting Recovery
Bridges Incorporated	Make a Difference	Verge Collaborative Limited
Brown Nurses	Manly Drug Education & Counselling Centre	Wagga Women's Health Centre
CAN (Mental Health) Inc	Mental Health Carers NSW	Wayahead - Mental Health Association
Care Connect Ltd NSW	Mentor and Support Ltd	WAYS Youth and Family
Carers NSW Limited	Mind Australia - Central Office	Weave Youth and Community Services Inc
Catholic Social Services NSW/ACT	Mission Australia - NSW	Wellways
CCNB Ltd	Mission Australia - Triple Care Farm	Wentwest - Western Sydney Primary Health Network
Centacare - Community Lifestyle Support	Murrumbidgee Primary Health Network	Wesley Mission - Mental Health Support Services
Centacare - New England North West	NALAG Centre for Loss & Grief Dubbo	Wild Bamboo
Centacare - South West NSW	Neami National	Women's and Girls Emergency Centre
Central Coast Disability Network	New Horizons - Head Office	
CHESS Employment	Newtown Neighbourhood Centre Inc	
Club Speranza	Nova for Women and Children	
CO AS IT	Oakdene House Foundation	
Community Links Wollondilly	On Track Community Programs	
Community Restorative Centre - Broadway	One DOOR	
Coordinare - South Eastern NSW PHN	ONE80TC	
CRANES Community and Support Programs	Open Minds	
Family Drug Support	PANDA - Perinatal, Anxiety and Depression Australia	
Flourish Australia	Peer Support Foundation Limited	
	Rape & Domestic Violence Services Australia	

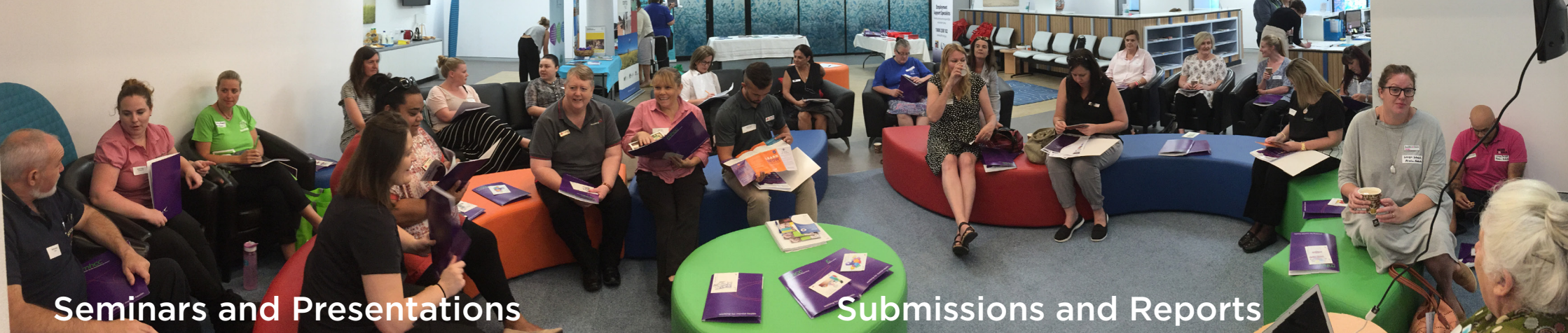
Associate Members

Official Visitors Program NSW
Ministry of Health
The Mental Health Recovery Institute

MHCC Board



Irene Gallagher (Being), Luke Butcher (Mission Australia), Pam Rutledge (Flourish Australia), Jonathan Harms (Mental Health Carers NSW), Claire Vernon (JewishCare), Cam Pham (University of Sydney), Judi Higgin (New Horizons), Jenna Bateman (MHCC - CEO), Mariam Faraj (Central and Eastern Sydney PHN)
Inset: Sue Sacker (One Door Mental Health)



Seminars and Presentations

MHCC held the 2015/16 Annual General Meeting in December as an End of Year Key Issues Sector Briefing. Content related to: Partnerships for Health; Primary Health Network reforms; NDIS implementation; and, establishment of a psychosocial Professional Body was discussed.

MHCC Member Meet-Ups, established as an opportunity for members to connect, were co-hosted by Flourish, Jewish Care and ACON. The events focused on infrastructure investment, exploring mental health services within a disability framework, LGBTIQ mental health, and quality and safety within the NDIS.

This year's Meet Your Neighbour events were co-hosted by Aftercare, LikeMind Orange, WentWest, and Blacktown City Council. These events encouraged the wide range of organisations and individuals interested in mental health to meet, learn more about each other and find ways to work together at a local level.

MHCC hosted a Housing First master class with Sam Tsemberis (Executive Director of Pathways to Housing in New York, USA) - Housing First Approaches to solving homelessness.

MHCC also hosted and presented to a Danish delegate group interested in exploring different community service models, co-design processes, and tools to improve recovery-oriented practice.

MHCC presented papers at a number of conferences and forums in 2016/17, including:

- Australian Housing 17 - *Trauma Informed Care & Practice in Homeless Services: Towards a shift in service delivery culture*
- NSW Official Visitors Annual Conference *Collaboration for Change - The NDIS and national mental health reforms*
- NSW Legal Aid Conference in Sydney - *Understanding trauma and its impact on clients*
- Agency for Clinical Innovation (ACI) Mental Health Network Trauma Forum - *Trauma-Informed Care and Practice*
- NSW Institute of Psychiatry
 - *The role of community managed organisations within the mental health sector*
 - *Understanding trauma and its impacts on mental health*
- TheMHS Conference 2016, Auckland, New Zealand:
 - *Capacit-e: MHCC's Online Learning Platform*
 - *Cognitive Functioning for Recovery: Supporting People with Mental Health Conditions*
 - *The NDIS and Mental Health: The value of Communities of Practice*
 - *Developing the Workforce: NDIS and Mental Health Workforce Scoping Project*

Submissions and Reports

MHCC is highly regarded for the quality of the submissions, reports and briefing notes that it delivers to government and other key agencies. They provide a NSW community mental health sector perspective on policy, legislative and sector reforms, and increase MHCC's profile and influence.

This year's appointment of CMHA's first Executive Director, Amanda Bresnan, has provided an opportunity for MHCC to work more effectively and collaboratively with the national peak body on national issues impacting MHCC members.

MHCC seeks member views, including the perspectives of people living with mental health conditions, their families, and their carers, in developing and contributing to submissions and papers.

MHCC's submissions are made available on our website, except when confidential or sensitive in nature. In 2016/17 the following submissions and papers were prepared:

- Several submissions to the NSW Law Reform Commission - [Review of the Guardianship Act 1987 \(NSW\)](#)
- Submission to the NSW Public Accounts Committee - [Inquiry into the Management of Health Care Delivery in NSW](#)
- Submission to the Joint Standing Committee on the NDIS - [Inquiry into the Provision of Services under the NDIS for People with Psychosocial Disabilities Related to a Mental Health Condition](#)
- Submission to the Department of Health - [Fifth National Mental Health and Suicide Prevention Plan: Consultation Draft](#)
- Submission to the NDIA CEO, David Bowen, in response to a request for information and data - [NSW NDIS and Mental Health \(Access\) Experience](#)
- NSW Government Department of Family and Community Services - [Foundations for Change, Homelessness in NSW](#)
- Discussion Paper: [Disability Support and Rehabilitation](#) reflection on the similarities and differences between disability support and rehabilitation
- Position paper - [Moving Beyond Integrated Service Delivery for Mental and Physical Health Care](#)
- Submission to NSW Ministry of Health - [Community Living Supports contracting issues](#)
- Submission to NSW Ministry of Health - [Profiling current issues in learning and education access and support for the mental health CMO sector](#)
- Submission to NSW Ministry of Health - [The need for a consistent and coherent data collection process in NSW, monitoring the effectiveness and efficiency of funded mental health community sector programs](#)

Image: MHCC 'Meet Your Neighbour Event' in Orange, hosted by LikeMind and Aftercare.

CMHA

Community Mental Health Australia



Community Mental Health Australia (CMHA), the national peak body for the community mental health sector, has made substantial progress since the employment of its inaugural Executive Director (ED), Amanda Bresnan. She was appointed in August 2016 and has already helped to amplify CMHA's voice in national reform.

With the establishment of the ED role, CMHA has increased its advocacy on behalf of the community mental health sector. Its submissions regarding national policy development and details of its current projects can be accessed on its website.

CMHA has used its platform to respond to questions about how NDIS can meet the needs of people living with psychosocial disability. It has represented the sector at key national reference groups and forums, enabling our members' concerns to be heard.

This year also saw VICSERV pass responsibility for the publication of *newparadigm*, The Australian Journal on Psychosocial Rehabilitation, to CMHA. *newparadigm* is designed to encourage discussion around a range of mental health-related topics, including innovative service programs, new research, and policy developments.

With an increasingly solid governance and administrative structure, CMHA is evolving into a highly effective national peak body. The time and funding invested by state peaks is resulting in positive outcomes for MHCC members.

PROJECT STATUS

ONGOING

STRATEGIC AREAS



PROJECT OUTCOMES

Increased policy influence at national level, particularly relating to the NDIS, national mental health reform and Productivity Commission Inquiries.



CMHA Executive Director:
Amanda Bresnan



newparadigm: Winter 2017



newparadigm: Summer 2017

International Initiative for Mental Health Leadership (IIMHL)

Integrate, Coordinate, Complement or Tolerate: Exploring International Approaches to Non-Government Organisations within Mental Health Systems.

As a part of the International Initiative for Mental Health Leadership (IIMHL), MHCC organised a delegate match on behalf of CMHA. The match attracted 25 delegates. The focus of the two-day event was to explore international perspectives and approaches to the inclusion of NGO providers in mental health service delivery and system reform. Australia, New Zealand, the Netherlands, Canada and the USA were all represented among the delegates. The introductory presentations from each of the participating countries highlighted the different contexts in which mental health services operate.

Some of the key systems differences between countries included:

- The structure of health care systems, from almost fully privatised systems to welfare states (USA's almost fully privatised health care system is very different to Medicare in Australia)
- The proportion of government budgets allocated to mental health care
- The proportion of services being delivered by community managed providers
- How services are commissioned or purchased (grants versus contracts)
- The extent to which treatment services gatekeep eligibility for NGO services
- The function of NGOs within local communities
- Moves to individualised funding approaches such as the NDIS
- The level of integration between key service systems, including housing, physical health, and employment

Two site visits during the match highlighted contrasting but effective centre-based service models. The Pioneer Clubhouse takes a program-based, member-led approach, while Weave adopts a flexible community development strategy. The international delegates were appreciative of the opportunity to engage with these providers.

PROJECT STATUS

COMPLETE

STRATEGIC AREAS



PROJECT OUTCOMES

Commitment to produce an *International Position Statement* on the role of community managed mental health services - 2nd draft is now complete.

Number of delegates committed to meet again at the next IIMHL event in Stockholm in 2018 to continue discussions.

NDIS Transition

MHCC has undertaken significant research and advocacy to support people living with mental health conditions throughout the NDIS transition. In addition, CMHA has provided an excellent platform to further access and influence the national NDIS policy and implementation agenda.

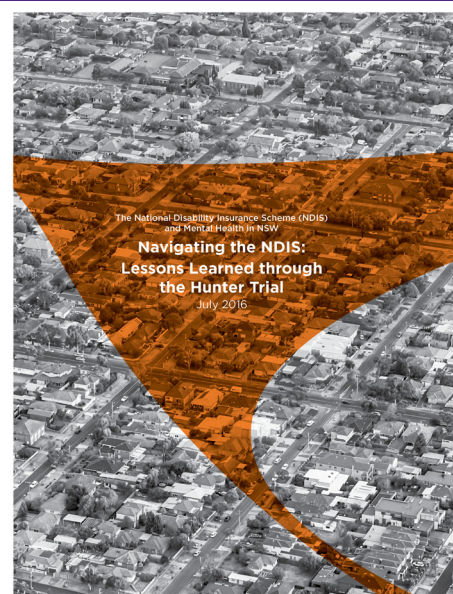
Publications

MHCC's NDIS and Mental Health Analysis Partnership Project, which ran from 2013-16 with NSW Mental Health Commission funding, culminated in the launch of two reports at our AGM in December:

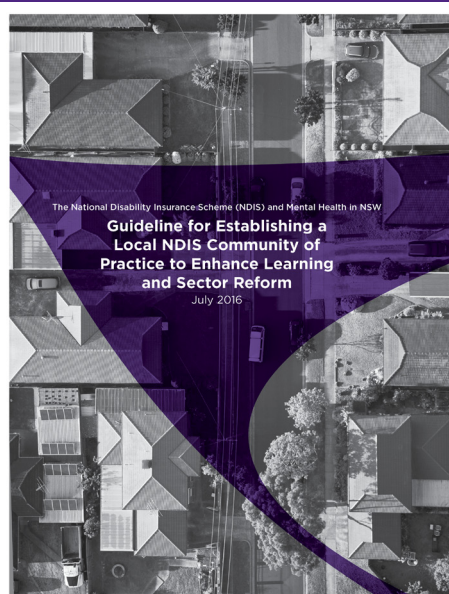
- Navigating the NDIS: Lessons Learned through the Hunter Trial
- Guideline for Establishing a Local NDIS Community of Practice to Enhance Learning and Sector Reform

These publications are intended to support people living with psychosocial disability in NSW to access the NDIS. MHCC also released the 'Disability Support and Rehabilitation: Discussion Paper' (see page 13).

MHCC's NDIS work has positioned us well to contribute to both the NSW and national implementation and review process. In August, we presented two papers on the NDIS at TheMHS Conference (*The Mental Health and NDIS Partnership Project* and *The NDIS WFD Scoping Project*).



MENTAL HEALTH COMMISSION OF NEW AND MENTAL HEALTH COORDINATING COUNCIL
NDIS AND MENTAL HEALTH ANALYSIS PARTNERSHIP PROJECT



MENTAL HEALTH COMMISSION OF NEW AND MENTAL HEALTH COORDINATING COUNCIL
NDIS AND MENTAL HEALTH ANALYSIS PARTNERSHIP PROJECT



Engagement

A highlight of this year was receiving funding from the Ministry of Health to deliver 21 free 'Navigating the NDIS: A NSW Mental Health Perspective' courses across NSW by the end of 2017. These popular courses are currently underway.

In addition, MHCC successfully pursued funds through the National Disability Insurance Agency (NDIA) to create the online reimagine.today NDIS navigation and capacity building resource (see page 19).

MHCC attended the National NDIS Psychosocial Disability Access Workshop, hosted by Flinders University in December. A positive outcome of this workshop was the NDIA's acknowledgement that psychiatric diagnosis is not a requirement for NDIS access.

Submissions

In February, MHCC made a submission to the Joint Standing Committee's inquiry 'Regarding the Provision of Services under the NDIS for People with Psychosocial Disabilities Related to Mental Health Conditions'. MHCC's submission focused mainly on eligibility and access in NSW and on the NDIS' impact on Commonwealth mental health programs. While remaining supportive of the NDIS, MHCC expressed concern that at least 6,000 people with mental health conditions in NSW may be adversely impacted by the NDIS transition.

MHCC was requested to meet with representatives from the Productivity Commission NDIS Costs Inquiry. In particular, this discussion focused on how governments can support the people likely to be assessed as ineligible for individually-funded NDIS packages.

This coming year will see the conclusion of the two major NDIS reviews, the release of the Fifth National Mental Health Plan and the growing role of regional Primary Health Networks. This will create a range of opportunities and challenges for MHCC's work in this area.

PROJECT STATUS

ONGOING

STRATEGIC AREAS



PROJECT OUTCOMES

Advocacy to improve NDIS access, planning and review processes for people with psychosocial disability.

Development and piloting of the Navigating the NDIS course.

Secured funding for free delivery of this course in 21 locations across NSW in 2017.

Strengthened national voice regarding the community managed mental health sector's NDIS position.

Supporting Choice and Control

“Having autonomy over our own decisions is a key part of personhood”^{}*

In 2015, MHCC began an investigation into a knowledge and skills gap among workers supporting people living with mental health conditions who may also experience difficulties with cognition. These difficulties can affect memory, motivation, maintaining attention and problem solving, among other things. These impact on decision-making capacity and represent a barrier to independent living.

In order to help workers build their capacity in this area, MHCC developed **Supporting Choice and Control: Skills for Mental Health Workers**. The course explores supported decision-making (SDM) from a recovery perspective. SDM is distinct from other decision-making approaches in its support for a person's right to lead and make decisions. The process involves consulting trusted others to consider different options before the person makes their own informed choice.

For a support worker, it is important to understand the relationship between cognition and decision-making capacity. This course will introduce them to an approach that supports people to maximise choice and control. The rollout of the NDIS and NSW mental health reform initiatives make these skills particularly valuable. This new professional development course is now available to both the public and as organisation-based in-house training.

PROJECT STATUS

ONGOING



STRATEGIC AREAS



PROJECT OUTCOMES

Professional development course is now available to both the public and as organisation-based in-house training.

reimagine.today

In 2016, the National Disability Insurance Agency (NDIA) and MHCC formed a partnership to develop an easy to use online resource to support choice and control for people with psychosocial disability in planning their supports and services under the NDIS.

reimagine.today's content, layout and user experience was created through a co-design process, collaborating with people with lived experience and the users of services. A national Advisory Group was composed of people with lived experience, carer advocates, sector professionals, peak bodies, NDIA staff and the MHCC project team.

In 2017 *reimagine.today* was launched as a free website and promoted nation-wide. The site aims to support people living with mental health conditions to reimagine their lives with or without NDIS support. *reimagine.today*, and its resources, helps people understand how to navigate the NDIS and access NDIS funds in order to re-shape their recovery journeys.

The website breaks down the process of navigating and applying for the NDIS into six simple steps. Each step includes information and videos of people with lived experience. Learning activities use three characters in order to explore different people's experiences of psychosocial disability and the NDIS. There is also a downloadable workbook that people can use to start collecting information they need for access and planning purposes.

The core aim of the website is to assist people who have experienced, or are experiencing, psychosocial disability to live meaningful and contributing lives with or without support. *reimagine.today* is also designed to be a conversation starter for families, carers and service providers to better support people on their recovery journeys.



PROJECT STATUS

ONGOING



STRATEGIC AREAS



PROJECT OUTCOMES

An online resource with information, videos, activities and a workbook to support people living with mental health conditions, their families and carers and sector professionals to understand and navigate the NDIS.

^{*} Pathare S & Shields LS 2012, Supported decision-making for persons with mental illness: a review. Public Health Reviews. 2012; 34: Biomedical Central, UK.

Community Mental Health Drug and Alcohol Research Network (CMHDARN)

MHCC has spent ten years working with the Network of Alcohol and Other Drug Agencies (NADA) to promote a community sector research and development culture in NSW. A key achievement over this period has been the establishment of the Community Mental Health Drug and Alcohol Research Network (CMHDARN) in 2010 with funding from the NSW Ministry of Health. Since 2012 CMHDARN has partnered with the Mental Health Commission of NSW as a vehicle to achieve *Living Well* actions.

CMHDARN works to build the research capacity of the community mental health and alcohol and other drugs (AOD) sector. Its overall aims are to:

- Improve the quality of service delivery and outcomes for clients of community managed services
- Promote increased understanding and awareness of co-occurring mental health conditions and AOD issues

Throughout 2016/17, CMHDARN has focused on building the sector's capacity to conduct research. It has maintained long-term relationships with researchers and specialist research centres. The Research Network has shared information via its digital communications, workshops and forums.

During 2016, CMHDARN concluded a process of rebranding and website redesign. It now has increased functionality in terms of events and email subscriptions. The new brand and website were launched in November 2016 at the second Higher Degree Research Kick-Start Forum: *Framing a Research Idea and Getting it Over the Line: A Practical Workshop*. CMHDARN held this event in collaboration with Western Sydney University (WSU). The aim of the day was to have conversations about how to get started in research. A panel of WSU academics spoke about timing your research, finding supervision, possible pitfalls and creative solutions, mixed-method research, and contributing to better practice.

CMHDARN collaborated with University of Technology, Sydney (UTS) to hold a Research Kickstart Workshop in April 2017. This event supported small to medium MHCC and NADA member organisations to prepare for the upcoming Research Seeding Grants and stressed the importance of consumer-led research. The NSW Mental Health Commissioner, John Feneley, launched the Research Seeding Grants aimed at funding organisations to build their capacity to undertake research. 17 applications were received and nine received funding.

In 2016, MHCC and NADA decided to establish a CMHDARN Ethics Review Committee to provide advisory support to organisations throughout the research process. The committee is modelled on a similar service provided by ACON. The first meeting was scheduled for September 2017.

CMHDARN's Community Research Mentoring Project continued in 2016/17. This is a three-year partnership with the University of New South Wales' (UNSW) Centre of Research Excellence in Mental Health and Substance Use (CREMS). Some Research Seeding Grant recipients intend to use CREMS mentors as a strategy to build capacity. Others will benefit from the support now available through the CMHDARN Ethics Review Committee.

This year, MHCC and NADA have approached the National Health and Medical Research Centre (NHMRC) and the Australian Research Council (ARC) for funding opportunities on CMHDARN's behalf. These relationships are in their early stages but could be crucial in continuing to promote research into community managed mental health and AOD support services.



PROJECT STATUS

ONGOING

Thanks to the NSW Mental Health Commission for their ongoing support.

STRATEGIC AREAS




PROJECT OUTCOMES

Development of research skills among mental health and drug and alcohol services and people engaged with those services.


Stronger partnerships between CMOs and academic research institutes and universities.

Capture of peer reviewed literature on evidence base for practice within the community mental health and AOD sectors.



02 9698 8669


About the network Explore Our Resources Our Activities Seeding Grants Events Join Us Contact Us





BEST PRACTICE GUIDES

These guides have been written for any community organisation, consumer or carer in the mental health and alcohol and other drugs sectors who are considering engaging in research and/or evaluation.

[LEARN MORE](#)

 ABOUT THE NETWORK

 EXPLORE OUR RESOURCES

 OUR ACTIVITIES

EVENTS
No events

Professional Body for the Mental Health Community Sector Workforce

In 2016 MHCC began to explore the potential benefits of a professional body for community sector mental health workers. At the MHCC AGM in December 2016, we raised the need to better define the standards of practice for, and recognise the capabilities of, the community managed mental health workforce. The NDIS has also raised the issue of how to categorise, price and safeguard the quality of psychosocial support services. Following an initial consultation with members, MHCC has continued to explore various models for this professional body.

With the support of the NSW Mental Health Commission, MHCC is now undertaking a feasibility study on how a professional body could be beneficial in the context of mental health reforms. Recognising that this would be most effective as a national initiative, this has been done in collaboration with CMHA. We have contracted consultants to explore the process of establishing, in conjunction with key stakeholders, a national, membership-based, not-for-profit professional body to promote and regulate the workforce that supports people with mental and psychosocial health needs. It would also consider the position of mental health peer work.

Over the coming months, MHCC will consult further with members, CMHA and a range of relevant agencies with the aim of completing the feasibility study by November 2017.



Trauma-Informed Care and Practice Guidelines

MHCC has an Executive Committee position on the Agency for Clinical Innovation's (ACI) mental health network and has taken a leadership role in promoting trauma-informed care and practice (TICP) implementation across mental health services. We are currently collaborating on a set of TICP Practice Guidelines as a part of the NSW ACI Mental Health Network's Expert Working Group. These guidelines is targeted at both public and community managed mental health services in NSW. They will highlight current evidence to make the case for moving to trauma-informed service delivery.

It is widely accepted, both in Australia and internationally, that an understanding of trauma is central to recovery-oriented practice. Through extensive research, TICP has been shown to:

- Dramatically reduce the use of coercive and restrictive practices
- Improve psychiatric, social and health outcomes for service users
- Reduce vicarious trauma and sick leave
- Improve workplace culture
- Reduce critical incidents and the use of involuntary treatment
- Improve consumer experiences of care

The guidelines are scheduled for completion until February 2018, and will be implemented over the following year. The Working Group is also preparing an implementation plan to help services to put TICP into practice. The project will be subject to evaluation after March 2019.



ROSSAT Consultancy

MHCC and Being developed the Recovery-Oriented Service Self-Assessment Toolkit (ROSSAT) in order to assist organisations and workers to:

- Assess their level of recovery-oriented service provision
- Reflect on both individual and organisational practice in relation to recovery-oriented service provision
- Identify and work on areas requiring improved practice in the delivery of recovery-oriented services

The Toolkit is free to download on MHCC's website and includes the Tool for Workers and the Tool for Organisations, which can be used to reflect on an individual's or a service's performance on a range of recovery-oriented practice measures.

MHCC provides a ROSSAT Assessment Consultancy service to help organisations improve their recovery-oriented practice. Organisations are offered the opportunity to have a ROSSAT Assessment undertaken by an expert consultant to determine their current level of recovery-oriented service provision.

In 2016-17, MHCC has undertaken a number of ROSSAT Assessments at the request of member organisations and others wishing to embed recovery-oriented practice within their services. This has included assessing the recovery-oriented practices that are being implemented at Metro North Mental Health Service in Brisbane, Queensland. MHCC has also agreed to provide 14 ROSSAT Assessments and four recovery-oriented practice training sessions to community managed organisations in South Western Sydney in the coming months. This is part of MHCC's continued support for South Western Sydney Partners in Recovery's *No Wrong Door* initiative, which is making it easier to access mental health services in the region. Agencies across South Western Sydney have signed the Mental Health Charter, including a commitment to develop a Recovery Action Plan. MHCC's ROSSAT Assessments will be used to feed into each organisation's plan.

PROJECT STATUS

IN PROGRESS



STRATEGIC AREAS



PROJECT OUTCOMES

The Recovery-Oriented Service Self-Assessment Toolkit (ROSSAT) including the Tool for Workers, Tool for Organisations and resources have been downloaded over 80 times over the last financial year.

In the pipeline for 2017/18

MHCC and NSW Official Visitors project proposal for monitoring and safeguard mechanisms

As a consequence of recent NSW mental health reforms, MHCC and the NSW Official Visitors Program are proposing a study into the system for safeguarding the rights of people accessing community-based mental health services. The study would present international and national evidence and suggest a monitoring and safeguarding oversight model.

"The changing service environment represents a timely opportunity to review the monitoring and safeguarding oversight functions in NSW"
Jenna Bateman, CEO, MHCC.

Proposal to establish National Disability Insurance Scheme (NDIS) Communities of Practice

Communities of Practice (CoPs) provide an opportunity for people living with mental health conditions and their supporters to share their NDIS experience with service providers. This has been successfully demonstrated in the Hunter region during a two-year partnership between MHCC and the Mental Health Commission of NSW. MHCC is working to use this successful model as a foundation to further build capacity around the NDIS.

Mental Health Community Managed Organisations: Experiences, Resources and Activity (CMO-ERA)

MHCC has long advocated for a coordinated approach to collection and reporting of selected data from CMOs providing NSW Government-funded mental health care and support services. The CMO-ERA project will aggregate data collection on funding, activity, workforce (the National Mental Health NGO Establishments data), and consumer and carer experience of services (the YES and CES questionnaires). The project is in line with the NSW Mental Health Commission's Living Well strategic plan, which commits to transparency and accountability for all government-funded

mental health services. The project will provide consistent data on resources and workforce, as well as supporting integrated planning. It will also provide information on outcomes, facilitating comparisons between different services.

Community Mental Health Drug and Alcohol Research Conference

The NSW Mental Health Commission has been partnering with MHCC and NADA to support the Community Mental Health Drug and Alcohol Research Network (CMHDARN). This will contribute to some of the integrated service actions within *Living Well*. One upcoming project, planned for early 2018, is a two-day mental health and drug and alcohol community sector research conference. This will be the first event of its kind for the network, providing evidence of its growing capacity.

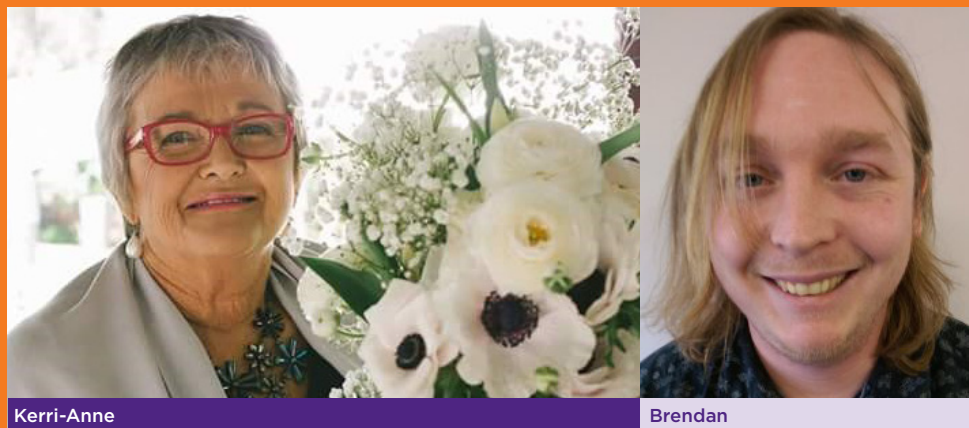
National NDIS Mental Health Conference

Held over two days on 16-17 November 2017 in Sydney, the National NDIS Mental Health Conference is an opportunity for the sector to work together to make the most of the new scheme. The conference is organised by MHCC and WAAMH on behalf of CMHA. The conference theme is 'towards a good life', with a focus on the transformational potential of the NDIS for people living with a psychosocial disability. The conference is aimed at the broad range of NDIS mental health stakeholders, including community mental health workers, people with lived experience and public and private sector mental health workers as well as government representatives. Through discussions, presentations and informal conversations, the conference will build the sector's capacity to respond and grow through the transition.

Community Sector Mental Health Peer Work Forum

Early-stage planning for a forum in collaboration with the NSW Mental Health Branch to explore the experience and progress of the peer workforce in community managed organisations.

Learning and Development



MHCC students named as finalists for NSW award

Two of MHCC's Certificate IV in Mental Health Peer Work students, Brendan Osborne and Kerri-Anne Mines, were both finalists in the 2017 NSW Training Awards for the Western region. The awards recognise outstanding achievement in vocational education and training. MHCC nominated the students because of their success when challenged and their personal growth during the course.

Brendan started volunteering after seeing the impact that mental health services had on his own life. He believes that peer workers

provide a unique opportunity for people to open up. "I don't really talk about my mental illness," he said, "but amongst peers we could speak freely."

Kerri-Anne received a scholarship from NSW Health to help her complete her qualification. Throughout the course she has been impressed by the value that has been placed on her lived experience. "The fact that they recognise people with mental health conditions can offer something so powerful for me," she said.

Peer work recognised as a 'priority occupation' by Federal Government

Following MHCC's successful lobbying, the Federal Government recently included Peer Work on its list of priority occupations, recognising the importance of lived experience in mental health services. This means funding options for the Certificate IV in Mental Health Peer Work qualification have been expanded significantly. Previously, existing employees were prevented from accessing incentives if they had spent more than three months in their job. This is no

longer the case. Organisations are eligible for between \$3,000-\$5,500 in funding for each of their existing staff members who complete a traineeship studying the Certificate IV in Mental Health Peer Work. These changes affect workers across the country, which is a boon for the mental health workforce at a time of significant reform. Smart and Skilled traineeship funding is also available to NSW students.

Partnerships

MHCC works in partnership with a number of sector organisations to support their workforce development needs. Below are a selection of our successful partnerships from 2016/17.

Part qualifications for Family and Community Services (FACS)

MHCC has been working with FACS to train Specialist Homelessness Services (SHS) workers in trauma, suicide, and managing stress. These three units are also offered to students in our Certificate IV qualifications, and were funded by the NSW Smart and Skilled program as a part qualification. Training sessions have been held in Western Sydney, Dubbo, and Lismore.

Introductory training for the Broken Hill Peer Work Consortium

MHCC designed an Introduction to Peer Work program for new peer workers in Broken Hill. The program was adapted from existing training packages in order to meet the skill set and experience levels of participants.

Fast Track qualifications for MIND

MHCC worked with MIND Australia to recognise its in-house training as units of competency, allowing them to count toward the Certificate IV in Mental Health Peer Work. This recognition process meant that staff members were able to achieve this qualification in just five additional training days that were specifically designed to fill in skill gaps.

Suicide training for Neami National

MHCC designed the Responding to the Risk of Suicide course for Neami, incorporating the organisation's own policies and procedures. We then developed a train-the-trainer program to support Neami's trainers to deliver the course in-house.

NSW Health scholarships

MHCC has partnered with the NSW Ministry of Health to offer scholarships to consumers and carers who want to undertake the Certificate IV in Mental Health Peer Work. To date, the Ministry has funded 116 scholarships, supporting the growth of the peer workforce.

Management of Workers with Lived Experience

MHCC developed a two-day course on Management of Workers with Lived Experience in response to a clear market need. Managers have expressed uncertainty about what they could and should do to accommodate the needs of workers living with mental health conditions, and available mental health education did not specifically address management issues.

The Management of Workers with Lived Experience course was developed to meet the needs of all managers, regardless of sector, and includes examples from a range of occupations. Students engage in practical and theoretical activities in a non-judgmental environment. The first day equips managers with essential background knowledge for managing workers who live with mental health conditions. This includes tips for creating a safe work environment and information on laws, values, and guiding principles. The second day prepares managers for a range of difficult conversations with workers, including talking about performance issues and raising concerns about deteriorating mental health. Students develop the ability to distinguish between mental health concerns and performance issues, co-develop wellbeing plans and make fair adjustments to work conditions. The course also addresses the particular needs of the managers of peer support workers.



247
TRAINING DAYS IN 2016/17



132
REGIONAL TRAINING DAYS



786
ENROLMENTS IN 2016/17

Organisational Development

Wellness

This year MHCC has been hard at work on a Workplace Wellness Action Plan, which follows a Staff Wellness Workshop in June 2016. A number of groups were formed so that staff members could contribute to this plan, including: Workspace, Connect, Cross Organisation Collaboration/Operations, Professional Development, Policy, and Vision and Strategy.

Recent visitors to MHCC's office will have noticed a mural from local artist Nico, who kindly donated his time and creativity to brighten up one of the walls. In addition to this artwork, the Workspace group has also helped to further reduce environmental impact through the introduction of indoor plants and a compost bin.

The Connect group has organised events to promote reflection and help staff get to know each other better. These have included sharing large amounts of food during Australia's Biggest Morning Tea, holding an Easter Egg Hunt, and group discussion around TED talks.

The Cross Organisation Collaboration/Operations group has been streamlining processes to improve efficiency. This has included staff activities exploring the different roles people occupy both within and outside the organisation. There is still work to be done, and the group is excited to continue building an organisation that can better support this sector.

The Professional Development group has recently launched a survey to identify what kinds of professional development opportunities would best support staff members. Once the results have been collected this group will be able to take further action.

The Policy group will be commencing shortly and will focus on reviewing internal policies relevant to maintaining staff mental health and wellness.

The Vision and Strategy group has been working on our new Strategic Plan and strengthening our communications mechanisms.

In 2017/18 MHCC will continue to focus on ensuring a sustainable, healthy, productive and fulfilling workplace for all staff.

Quality Improvement

MHCC has maintained its quality accreditation following an audit by the Australian Council on Healthcare Standards (ACHS). Preparation for these audits is always a good time to reflect on existing quality improvement activities and to identify further areas for review and realignment with MHCC's Strategic Directions. The audit has led to some changes, including the implementation of a new HR platform for improved tracking of internal policies and procedures, and retention rates.

Reconciliation Action Plan (RAP)

MHCC is committed to closing the gap between Aboriginal and non-Aboriginal people in terms of access to mental health and psychosocial support services and programs. By sharing our RAP experiences we hope that members will learn from our activities and make use of the resources we provide. The process enabled us to reflect on and explore further improvements, which we can draw on to contribute to promoting and embracing reconciliation. This included developing an online resource on cultural protocols to provide guidance for MHCC staff and members to inform their work and practices.

Close the Gap

MHCC staff held a National Close the Gap Day event on Thursday 16 March 2017. This day is designed to build awareness about the ongoing health inequality between non-indigenous and indigenous Australians.

MHCC staff members signed a Close the Gap pledge, which was given to Parliament. The objectives of the pledge were to:

- Provide adequate and long-term funding to Aboriginal community controlled health services which are at the frontline of closing the gap;
- Invest in real partnerships and empower Aboriginal and Torres Strait Islander organisations and communities around the planning and delivery of health services; and
- Address critical social issues, including housing, education and high incarceration rates, that contribute to the health crisis affecting Aboriginal and Torres Strait Islander peoples.

International Women's Day

In March MHCC celebrated International Women's Day. We came together and shared lunch as we watched Elizabeth Nyamayaro from UN Women discuss the achievements of the HeForShe initiative. Nyamayaro's TED Talk showed how countries around the world have grappled with and committed to gender equality in terms of education, healthcare, employment, politics and identity.

It's in the Bag

It's in the Bag is an annual collection of items for women in need at Christmas. In December 2016 MHCC collected 11 handbags overflowing with gifts. The bags were distributed to refuges in Summer Hill and Tempe and through Youth Off The Streets, who work with young homeless women.



Chicken Run

The staff newsletter, Chicken Run, provides a humorous take on life in MHCC's Lilyfield office. The bi-monthly email covers staff achievements, activities, and general updates. Chicken, MHCC's mascot, is in charge of the newsletter, although staff members are on hand to assist when his claws become stuck in the keyboard.

Image: MHCC Trivia Master, Vanessa Bell (Learning and Education Engagement Officer) with Chicken at the 2016 MHCC Christmas party.

2016/17 Financials

Statement of comprehensive income for the year ended 30 June 2017

	2017	2016
Revenue	2,394,354	2,821,631
Finance Costs	223	507
Employee Benefits Expense	1,559,519	1,696,224
Depreciation and Amortisation	14,721	19,716
Other Expenses	691,299	1,262,539
Loss before Income Tax	128,591	(157,355)
Total Comprehensive Income	128,591	(157,355)

Statement of financial position for the year ended 30 June 2017

	2017	2016
Current Assets		
Cash and Cash Equivalents	2,477,914	2,527,192
Trade and Other Receivables	280,736	403,932
Other Current Assets	-	7,795
Total Current Assets	2,758,650	2,938,919
Non-Current Assets		
Property, Plant and Equipment	64,787	76,346
Total Non-Current Assets	64,787	76,346
Total Assets	2,823,437	3,015,265
Current Liabilities		
Trade and Other Payables	28,872	62,043
Short-Term Financial Liabilities	72,784	74,090
Provisions	436,085	548,067
Other	274,074	448,034
Total Current Liabilities	811,675	1,132,234
Total Liabilities	811,675	1,132,234
Net Assets	2,011,622	1,883,031
Equity		
Retained Profits	2,011,622	1,883,031
Total Equity	2,011,622	1,883,031

Statement of changes in equity for the year ended 30 June 2017

	2017	2016
Opening Balance	1,883,031	2,040,386
Retained Earnings		
Profit Attributable to Shareholders	128,591	(157,355)
	128,591	(157,355)
Closing Balance	2,011,622	1,883,031
Reconciliation of Retained Earnings		
Opening Balance	1,883,031	2,040,386
Profit Attributable to Shareholders	128,591	(157,355)
Closing Balance	2,011,622	1,883,031
Total Equity	2,011,622	1,883,031

Statement of cash flow for the year ended 30 June 2017

	2017	2016
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from:		
LDU – Course Payment (inclusive of GST)	1,026,707	1,616,949
Seminar Revenue (inclusive of GST)	-	21,790
Receipts from Members (inclusive of GST)	106,245	120,743
Government & Other Grants Received (inclusive of GST)	1,122,182	1,099,254
Consultancy & Co-ordinating Fee (inclusive of GST)	31,513	92,639
Interest Received	24,770	49,618
Other Receipts	15,559	88,945
Payments to Suppliers and Employees (inclusive of GST)	(2,376,254)	(3,849,697)
Net Cash Outflow from Operating Activities	(49,278)	(759,759)
CASH FLOWS FROM FINANCING ACTIVITIES		
Net Cash Used in Financing Activities:		
Net Decrease in Cash Held	(49,278)	(759,759)
Cash and Cash Equivalents as at 1 July 2015	2,527,192	3,378,664
Cash and Cash Equivalents as at 30 June 2017	2,477,914	2,527,192



COME JOIN US
info@mhcc.org.au

Help MHCC set the agenda for our sector and define the messages that we campaign on and communicate to government agencies and service bodies. We need your experience to inform the future shape of our sector. Become an MHCC member today!

Thank you to all our staff

Jenna Bateman – Chief Executive Officer

Corinne Henderson – Principal Advisor/Policy and Legislative Reform

Tina Smith – Principal Advisor/Workforce and Sector Development

Erika Hewitt – Operations and HR Manager

Chief Asare – Finance Officer

Ian Bond – Office Administration

Rebecca Sorrell – Executive Support and Office Coordinator

Jenny Reid – Manager, LD

Brooke Ackland – Student Support and Administration Assistant

Tina Cochico – Training Administration and Compliance Team Leader

Tina K – Trainer and Assessor

Yvette Segal – Instructional Designer – VET Specialist

Lisa Van Praag – Training Logistics Coordinator

Paul Vescio – Student Support and Administration Assistant

SJ (Sarah-Jane) Edwards – Manager, Partnerships and Communications

Vanessa Bell – Learning and Education Engagement Officer

Kat Fardian – Instructional Designer – e-learning specialist

Carrie Stone – Communications Team Leader

Lara Summers – Digital Design Officer

Roman Zethoven – Content Marketing Officer