

## A professional association for community sector mental health practitioners

Unlike all other community sector professions from music therapy to occupational therapy, recovery orientated psychosocial health and wellbeing has no professional body to oversight and define its standards of practice.



Recovery Orientated Psychosocial Rehabilitation Practitioner Professional Association Project

In 2016 MHCC began to explore advantages of a dedicated professional association for community sector mental health workers.

For more than 30 years the sector has developed specific workforce skill sets and a strong evidence-base for its practice. To date, these skills and practice have been codified and validated via certificate and diploma level training courses.

MHCC has initiated discussions with several other mental health peak bodies exploring how to safeguard and further validate the unique skills of people working in community sector programs and services via the establishment of a continuing professional development (CPD) points system, professional association and registration for entry to degree level qualified practitioners.

The need to explore establishment of a professional association for the mental health community sector workforce has been, in part, a response to the introduction of the NDIS which has put a spotlight on the range of supports people with psychosocial needs are asking for and how types and levels of support can be categorised, costed and the quality of these services safeguarded. The current NDIS provider registration does not require applicants to prove competency in recovery orientated psychosocial rehabilitation or peer work practice and there is concern this could result in less than optimal outcomes for NDIS participants with mental health conditions. Registration of workers through a professional association would go some way to ensure standards of practice for defined activities and supports are stipulated and maintained.

A Professional Association would serve the range of people in mental health practitioner and support worker roles potentially including those people employed as mental health peer support workers in the community sector. Registration as a recovery orientated community sector practitioner or mental health peer worker would span the range of work roles and qualification levels and disciplines including management and training roles.

A recognised professional association would increase the profile and integrity of community mental health programs and services; establish a code of ethics and continuing professional development programme; certify practitioners and training providers; advocate for the discipline and its practitioners; broaden employment opportunities; grow existing qualifications to degree level and above; undertake research and

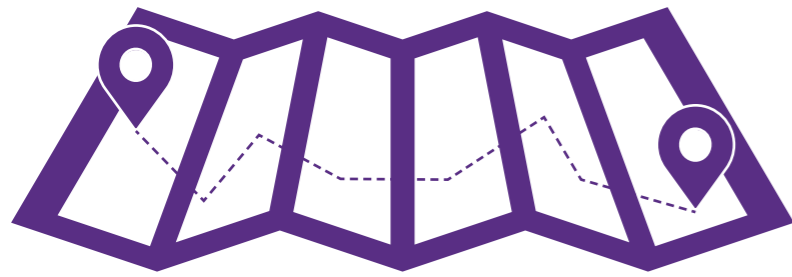
contribute to the international knowledge base of recovery orientated psychosocial health and wellbeing practice.

MHCC is currently exploring models for professional associations here and internationally and gauging sector and government support. At MHCC's AGM in December 2016 we presented the work completed to date to members and requested initial feedback on pros and cons from provider perspectives. The overall response has been very positive. There is still much to explore including whether peer workers see advantages for their developing workforce. MHCC has developed an initial discussion paper and will be looking to provide spaces for shared learning and comment throughout the coming months.

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## Roadmap for reform in community mental health



**Funding priorities in mental health have recently been the focus of intense debate, with advocates of the community managed sector arguing that too much of the pool goes into tertiary services and hospitals stressing the importance of their role.**

Liz Crowther, Community Mental Health Australia President, lays out a pre-budget roadmap for reform and argues that the community managed sector is at a significant crossroads as the NDIS rolls out, but stands ready as ever to deliver.

*Mental health is again stated as being at the forefront of the Government's priorities with the new Federal Health Minister Greg Hunt announcing his commitment to frontline services.*

*The community managed mental health sector is where frontline services happen, and where the investment delivers. The sector is predominantly made up of not-for-profit organisations providing community-based services that support recovery and help keep people well in the community.*

*The sector is however being significantly impacted by a range of reforms.*

*Community Mental Health Australia's (CMHA) Federal Pre-budget submission outlines six key actions which should be included in the 2017-18 Federal Budget to address issues in the reform process.*

This article can be read in full on [croakey.org](http://croakey.org), with thanks to Croakey for allowing the reproduction of this article.

**Six key actions which should be included in the 2017-18 Federal Budget to address issues in the reform process**

- 1. Develop a National Mental Health Workforce Strategy**
- 2. Psychosocial services included in the services Primary Health Networks (PHNs) are able to commission**
- 3. Establish a cross-government and cross-sector Expert Reference Group to examine and monitor reforms impacting mental health**
- 4. Conduct regional Communities of Practice to support NDIS transition**
- 5. Develop quality assurance processes specifically tailored for psychosocial support services as a part of the NDIS Quality and Safeguarding Framework**
- 6. Develop options for funding services for people living with a mental illness who are ineligible for the NDIS and currently access Federally funded programs**

## How does the NSW cabinet re-shuffle affect mental health in NSW?

The Hon. Jillian Skinner MP is stepping down after holding the NSW Health portfolio for 6 years. She is being replaced by the Hon. Brad Hazzard MP who is coming over from Family and Community Services and Social Housing. The Hon. Pru Goward MP, the outgoing Minister for Mental Health, has been elevated to Minister for Family and Community Services and Social Housing. The Hon. Tanya Davies MP has been given the portfolio of Minister for Mental Health, Women and Ageing. This will be Minister Davies first Ministry and MHCC welcome her to the role and look forward to working closely with her over the governments term.

**Hon. Tanya Davies MP**  
Minster for Mental Health  
(Minister for Women & Minister for Ageing)

Prior to entering politics Davies worked as a physiotherapist in the public health system. In 2008 she was elected to Penrith City Council and in 2011 Davies was elected to state parliament representing the seat of Mulgoa in Western Sydney. This will be Davies first time serving as a minister after previously holding the positions of Deputy Chair of the Legislative Assembly Committee on Environment and Regulation and Parliamentary Secretary for Youth Affairs and Homelessness.

**Hon. Brad Hazzard, MP**  
Minister for Health (Minister for Medical Research)

Hazzard comes to the Health portfolio after previously holding the portfolios of Planning and Infrastructure, Attorney General, Justice, Family and Community Services and Social Housing under the Baird and O'Farrell state governments. He has represented the seat of Wakehurst, on Sydney's Northern Beaches, since his election to state parliament in 1991. Prior to entering politics Hazzard worked as high school science teacher before being admitted as a Solicitor in 1977.

## The MHCC Board in 2017

### MHCC 2017 Board

**Pamela Rutledge (Chair)**  
Chief Executive Officer, Flourish Australia

**Sue Sacker (Vice-Chair)**  
General Manager Strategy and Innovation, Schizophrenia Fellowship of NSW

**Karen Burns**  
Chief Executive Officer, Uniting Recovery and Uniting Hope

**Luke Butcher**  
Area Manager, Western NSW and Special Projects Mission Australia

**Margaret Crowley**  
Chief Executive Officer, Lou's Place

**Mariam Faraj**  
General Manager of Clinical Services, Central and Eastern Sydney PHN

**Jonathan Harms**  
Chief Executive Officer, Mental Health Carers NSW ARAFMI

**Judi Higgin**  
Chief Executive Officer, New Horizons Enterprises

**Mandy Miles**  
Chief Executive Officer, Make a Difference

### Thank you

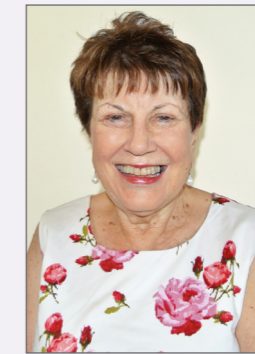
Karen Burns has stepped down as MHCC Chair after holding the position for 7 years. Many thanks to Karen for her tireless advocacy as MHCC Chair on behalf of the community managed mental health sector particularly its achievements in partnership creation and capacity for innovation. MHCC congratulates Karen on her recent appointment as a NSW Deputy Mental Health Commissioner. We are pleased to report Karen will continue to sit on the MHCC Board across 2017.

MHCC would also like to extend a warm thank you to our departing board members for their commitment and dedication to the development of services and programs that support people with mental health conditions to live well in the community.

- John Malone - Aftercare (MHCC's outgoing Board Treasurer)
- Deborah Banks - Lou's Place (MHCC's outgoing Board Secretary)
- Dr Peri O'Shea - NSW CAG

On behalf of the MHCC Board and Membership we wish you all the very best for your future endeavours.

### New board chair in 2017



**Pamela Rutledge**  
Flourish Australia

Pamela Rutledge is the CEO of Flourish Australia, a leading community managed organisation providing support and employment for people living with mental health issues. With a background in social work she was the Executive Officer of the Richmond Inquiry into mental health services, which started the long journey of deinstitutionalisation and community support in NSW. Before joining the community managed sector in 2009, she had over 35 years experience in senior roles in the NSW government, including experience in health, housing, and ageing and disability.

Her particular interests are the growth of social enterprises, providing training and employment for people with a psychosocial disability, the inclusion of people with a lived experience in the NDIS and the growth and development of the consumer and peer workforce.

### New board members in 2017



**Mariam Faraj**  
Central and Eastern Sydney PHN

Mariam has a background in Social Science and Policy, Education and Management with over 20 years' experience in community, primary and mental health care. Her work has included the planning, co-design, implementation and management of numerous primary and mental health services and programs. Mariam has also been on the Boards of the St George Youth Services and Al Zahra Muslim Women's Association.

Mariam's strategic leadership, ability to engage a broad range of stakeholders, comprehensive understanding of health and deep caring nature has seen her champion innovative models of care that improve the individual's journey and health outcomes of our community.



**Margaret Crowley**  
Lou's Place

Margaret is the new CEO of The Marmalade Foundation which funds and operates Lou's Place women's day crisis centre in Kings Cross.

Margaret Crowley, brings vast experience in both social welfare and the corporate world. Among her many academic qualifications she has a Master of Applied Science (Health Psychology) from Sydney University. She sits on several professional boards and tribunals.

Margaret has had extensive experience working with women and children experiencing domestic violence, mental health, drug and alcohol issues, homelessness and poverty. She has held senior positions with a variety of organisations in both management and service delivery roles.

As well as providing psychology services in many settings, Margaret has developed and implemented models of service delivery using current research and evidence-based practice to achieve the most effective outcomes for clients.



## NDIS Update: What's happening in 2017

MHCC has long advocated and worked to build NSW mental health sector capacity in relation to both opportunities and challenges, around the inclusion of people with mental health conditions in the National Disability Insurance Scheme (NDIS). In late 2016, the NDIS Joint Standing Committee announced an inquiry into the provision of services for people with psychosocial disability. Submissions close on 27 February 2017 and the committee will report on their findings in June. MHCC welcomes this inquiry as it provides the opportunity to reflect upon the mental health and NDIS interface nationally.

A particular concern is that the Commonwealth Government is removing funding for their mental health programs to the NDIS (e.g., Personal Helpers and Mentors Service, Partners in Recovery). The trial demonstrated that many people who receive these services will not be eligible for NDIS funded services. Service providers continue to report NDIS access rates that are low but growing. Post-trial we are beginning to see clients of these programs being disadvantaged with there no longer being a guarantee of continuity of service where a person is NDIS ineligible. These programs have been in existence for over a decade and removing funding will have high impacts for up to 13,000 consumers in NSW, their families and carers as well as organisations that provide services to them. There are diverse views about this issue and without accurate and transparent data the scale of impact is difficult to measure or plan for.

As of June 2016, 1022 people with a primary psychosocial disability had accessed the NDIS trial site in the Hunter. However, we do not know how many Commonwealth clients or other people who applied were unsuccessful. Other data relating to people 'choosing not to apply' or 'withdrawing' their

application are not publicly reported but known to be available. Furthermore, new approaches in NDIS reporting mean MHCC's capability to track NSW access data over time for people with psychosocial disability may not be possible in the future.

New NDIS Board Members have been announced including a new Chair (Dr Helen Nugent). Another new NDIS Board member is Ms Robyn Kruk. Among Robyn's many achievements she is Deputy Board Chair of Mental Health Australia and was previously CEO of the National Mental Health Commission. MHCC welcomes Robyn's appointment including the insights she will bring to the inquiry findings.

An interim NDIS Trial Evaluation report found that many people with disabilities have benefited (National Institute of Labour Studies, 2016). However, some participant groups are not benefitting as much as others, including people with a psychosocial disability and those living in rural and remote areas. Data shows that people with psychosocial disability issues are more likely to report less choice and control over supports since becoming NDIS participants. These were particularly people who were unable to effectively advocate for services on their own behalf and/or to navigate new and sometimes complex NDIS processes. People with psychosocial disability also report wellbeing measures well below that recorded for other disability groups. A final report is due for completion in the latter half of 2017, and will draw upon the full collection of trial site data.

The National Disability Insurance Agency (NDIA) Mental Health Sector Reference Group has released a communique from their October meeting and will meet next in February. The communique notes that 2017 meetings will have a focus on:

- Information Linkages and Capacity Building (ILC; with National Readiness Grants funding now available);
- Markets, providers and pricing; and
- Workforce considerations (recruitment/retention, training, competency, quality, etc.).

The implementation of the NDIS in NSW continues to have a focus on the transition of the 78,000 clients currently receiving specialist disability supports funded through the Department of Family and Community Services (FaCS) Department of Ageing, Disability and Homecare (ADHC). This is because the government plans to close ADHC by July 2018 and withdraw from the provision of specialist disability support. For historical reasons, very few people with psychosocial disability related to a mental health condition are ADHC funded.

Even so, MHCC is hearing positive news from some organisations supporting people in their NDIS access. One organisation informs MHCC that in the second six months of 2016 they were able to support 94 people to access the NDIS. These were a mixture of Commonwealth and ADHC funded clients along with a number of new people not previously accessing services and supports.

The NDIS continues to present many opportunities to improve the lives of people affected by mental health conditions. At the same time there are considerable challenges for both organisations and government to build the market and workforce capacity to deliver the NDIS.

## New online tool to help make sense of the NDIS

**MHCC and the National Disability Insurance Agency (NDIA) have been working in partnership to create a national online platform that will help consumers with mental health conditions access NDIS funds and services that will re-shape their recovery journeys.**

The core aim of the project is to enable people who have experienced, or are experiencing, psychosocial disability to re-envisage their futures. Within the NDIS environment, this platform will be unique as it will be the only online tool with a mental health focus to help individuals and the sector understand and use the NDIS.

The online resource is designed to be a one-stop-shop that not only provides information about the NDIS, but also supports a side-by-side conversation and a planning tool to help people with lived experience, families, carers and workers to collaborate and begin reimagining their lives and recovery journeys. The platform outlines the steps and processes required to apply for NDIS funding, explain NDIS language and present alternatives if an application is unsuccessful. In addition it will also include interactive tools to help consumers prepare their access request for the NDIS.

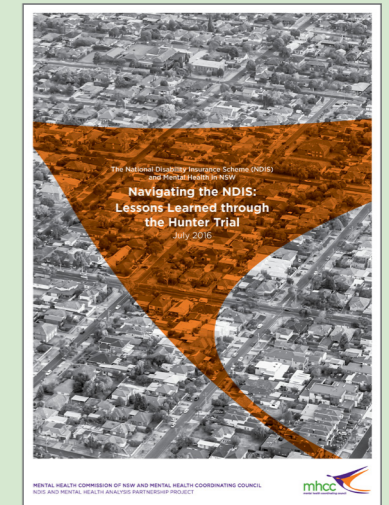
MHCC was chosen to develop this tool due to our experience developing award-winning online learning tools with the Capcit-e Recovery suite and our experience with the NDIS Hunter trial site. The platform primarily aims to build the capacity and ability of people with lived experience to have more choice and control in their recovery and in doing so will also guide workers and organisations to better support people. In order to achieve this, people with lived experience and carers have been engaged in the development of this resource from the outset.

Using a co-design model, MHCC has consulted widely through hosting several co-design workshops with consumers, carers and industry professionals in Sydney and the Hunter, as well as conducting online surveys and actively engaging with a sector advisory group. These consultations have uncovered invaluable insights that have helped tailor the content and design of the platform to be specifically relevant to consumers who fall into the category of having a psychosocial disability within an NDIS context.

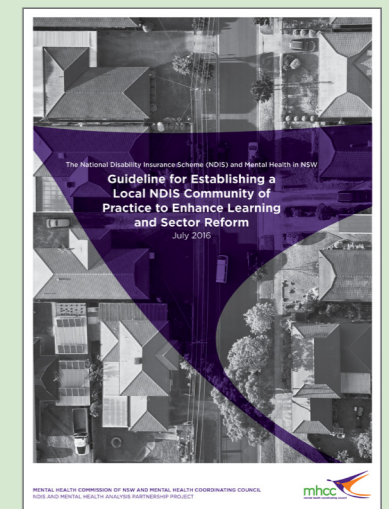
The platform is currently nearing completion and will be launched in March this year. If you would like to be notified about project developments and the launch of this platform please email: [info@mhcc.org.au](mailto:info@mhcc.org.au)

## Two new NDIS and mental health publications

MHCC launched these publications at our December AGM. They build on the considerable mental health sector NDIS capacity building policy and sector development work undertaken by MHCC since 2011.



**Navigating the NDIS: Lessons Learned through the Hunter Trial**



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



### Navigating the NDIS 29 March and 10 May [1 day course]

This one day course provides an orientation to the NDIS from a NSW mental health perspective and has been developed to assist people in NSW with NDIS transition between 2016 and 2019.

Participants will be guided through how the NDIS works including lessons learned through the Hunter trial; how the NDIS can benefit you and those you support and help you gain an enhanced capability to navigate the NDIS. The course is suitable for all interested in learning more about the NDIS; support workers, team leaders, consumers and carers alike.

Contact [training@mhcc.org.au](mailto:training@mhcc.org.au)  
or 02 9555 8388 for more information.

## Review of the Guardianship Act 1987 (NSW)

“ Decision-making is a skill that can be developed and practised with support (including people’s natural networks) which is particularly important in relation to the NDIS and other emerging reform initiatives. ”

A necessary requirement of the *Law Reform Commission Act 1967* (NSW) is that the NSW Law Reform Commission (LRC) review and report on the desirability of changes to the Guardianship Act 1987 (NSW). This also considers the Act’s relationship to other legislation, as well as developments in law, policy and practice initiated by the Commonwealth, other States and Territories of Australia and overseas. The 2014 Australian LRC (ALRC) report: *Equality, Capacity and Disability in Commonwealth Laws*, is also of particular importance, as is the UN Convention on the Rights of Persons with Disabilities (UNCRPD).

The LRC have been asked to pay attention to demographics, and particularly consider the increase in the ageing population. The terms of reference identify matters of special interest to MHCC, the community managed sector and its stakeholders. These include: contemplating differing models of decision-making for people unable to make decisions for themselves; and the basis and parameters for a substitute decision-making model (where retained) and for a supported decision-making (SDM) model if adopted; as well as the relationship and boundaries between these two models and their implementation costs.

This represents a topic of growing importance to the mental health sector; particularly the relationship between guardianship law in NSW and Commonwealth policy and legislative reforms, the National *Disability Insurance Scheme Act 2013*, and the *Aged Care Act 1997*. Of special interest is where the review explores the language of ‘disability’ and considers whether it is more appropriate to use the concept of “decision-making capacity” instead. The language of disability evokes a ‘deficits’ model incompatible with a rights-based approach described in the UNCRPD. Likewise, the language of the Guardianship Act 1987 (GA) is, in our view reflective of a more paternalistic era. This touches on the possibility of whether NSW will move from a ‘best interests’ model to one that promotes ‘will and preference’.

The principles of supported decision-making (SDM) assume that all people have capacity to make their own decisions based on ‘will and preference’, or expressed wishes. This contrasts with the ‘best interests’ approach used in

substitute decision-making, where decision-making power is held by others, often driven by what others determine to be ‘best interests’ - which may or may not be in line with the person’s will (ALRC, 2014).

This thinking closely resembles conversations MHCC have had, not only with the sector, but with other human services supporting people with mental health conditions. Whether guardianship law in NSW should explicitly address the circumstances in which the use of restrictive practices will be lawful in relation to people with a decision-making incapacity is considered in that the UNCRPD requires that there be regular reviews of any instrument that has the effect of removing or restricting autonomy. In that context this review also reflects on whether the GA should regularly review financial management orders; a practice MHCC and sector stakeholders mostly agree with.

The review has been, and continues to be conducted over the period of a year, with 6 question papers released for consultation. In its initial submission MHCC strongly advocate for the development of mental health laws with a stronger human rights focus, referring to recent US and Canada adult guardianship laws that have emerged to protect the rights of people with decision-making disabilities, including those with “psychiatric disabilities”. These instruments assert autonomy rights even more strongly than mental health legislation, by limiting the scope and duration of legal interventions, providing substitute decision-makers independent of medical authorities, and establishing independent public agencies (typically ‘public advocates’) as a watchdog over the operations of the legislation.

Thus far MHCC have provided submissions to: the [Review of the Guardianship Act 1987 \(NSW\) Preliminary Submission](#); [Question Paper 1](#); [Question Paper 2](#).

In our submission concerning decision-making models (QP2), we propose that whilst there is no ‘one-size fits all’ model that should be formalised in law, SDM principles must be determined, alongside a framework from which a supporter or facilitator can draw when supporting an individual, according to need. The National Decision-Making Principles (ALRC, 2014) must be embedded in the legislation to ensure that: SDM is encouraged; representative decision-makers are appointed only as a last resort; and that the will, preferences and rights that affect a person’s decisions in life are paramount.

These discussions come at an important time, when evolving NSW mental health reform initiatives and the emergence of the NDIS represent the dominant concerns that CMOs articulate. To “enable people with a disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their

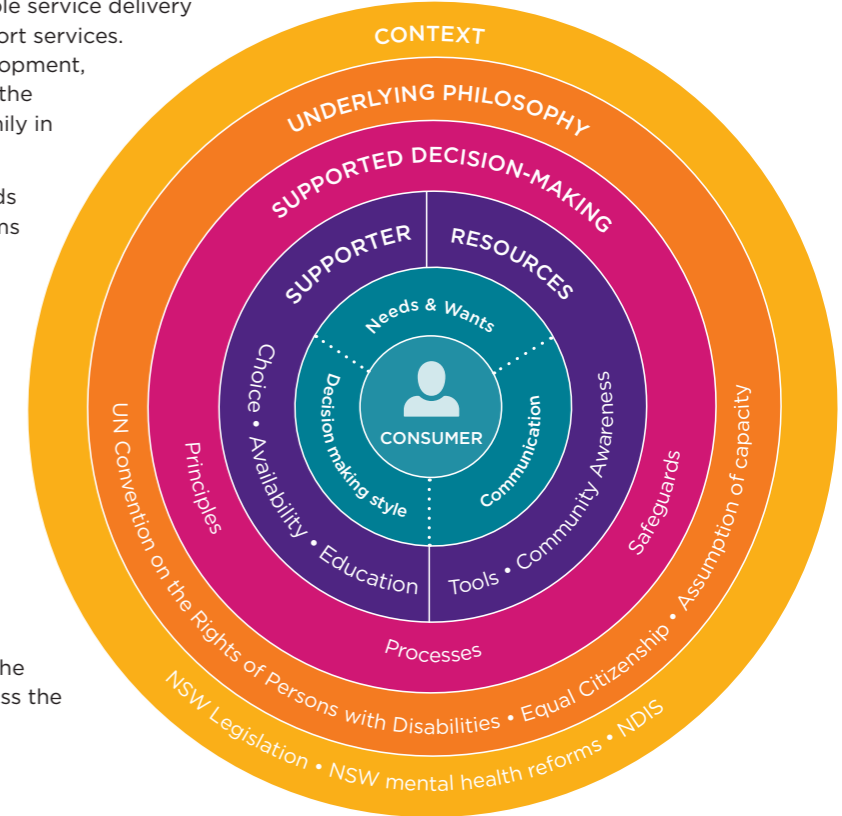
supports”, it is vital that SDM is promoted through multiple service delivery types, including community managed psychosocial support services. Any government strategy must include community development, education and culturally diverse ways of communicating the necessary information to consumers, their carers and family in the community.

MHCC are keen to ensure that the community understands what SDM is, as well as how it might be integrated in terms of the reforms to the guardianship legislation likely to take shape in NSW.

Decision-making is a skill that can be developed and practised with support (including people’s natural networks) which is particularly important in relation to the NDIS and other emerging reform initiatives. MHCC provide the opportunity to build on the mental health workforce skills by offering two professional learning opportunities to meet this growing need.

In response to this work MHCC has created two complimentary training modules: *Supported Decision Making: choice, control and recovery* and *Cognition and Recovery* (See details below). These courses present an evidence-based best practice approach which supports the move towards greater integrated mental health care across the service system, and the full roll-out of the NDIS.

Image: Copyright © Mental Health Coordinating Council, 2016, Supported Decision-Making: Choice and Control in Recovery, Professional Development Training, MHCC Learning & Development, Sydney: Australia.



### Supported Decision Making: choice, control and recovery Wed 8 March

With the focus on choice and control under the NDIS, skills in supported decision-making are increasingly recognised as fundamental to good practice. Decision-making is a skill that can be developed and practised so people can make and communicate decisions with more independence and confidence.

Learn how to apply supported decision-making principles, strategies, tools and resources to assist people to make significant decisions in their life and exercise their legal rights. Supported decision-making has a foundation in the *United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) Article 12 - Equal Recognition before the law*.

**Intro launch offer: \$200 [members & non-members]**

### Cognition and Recovery

Tues 11 & Wed 12 April

Understanding how a person’s mental health condition can affect their cognition processes is key to good recovery orientated practice. Organising, problem solving, motivation and decision-making are some of the areas impacted by changed cognition.

This course enables workers to recognise when a person is experiencing problems with cognition; how to have the person assessed; and how to work collaboratively with them to significantly improve long-term outcomes that align with recovery goals and personal values. The skills taught in this course are vital for all people working in psychosocial rehabilitation and NDIS settings.

**\$498 [\$409 MHCC Member]**

**Places are limited, register now: [training@mhcc.org.au](mailto:training@mhcc.org.au)**







## Community Mental Health Australia UPDATE

### Inquiries and submissions

There are a number of important upcoming inquiries that CMHA is making submissions to.

#### Productivity Commission Human Services Inquiry

The Productivity Commission released the study report of the inquiry into competition, contestability and user choice in human services on 5 December 2016. The study report is available at [www.pc.gov.au](http://www.pc.gov.au). This report is the second stage of the inquiry and is a follow-up to the issues paper. CMHA made a submission to the issues paper and will be making a submission to this second stage of the inquiry, which closes for input on 10 February 2017. All submissions are made publicly available on the Productivity Commission website.

#### Productivity Commission NDIS Costs inquiry

The Federal Government announced the inquiry by the Productivity Commission to review the costs of the NDIS on 20 January 2017. The media release from the Government is available at <http://sjm.ministers.treasury.gov.au/>

At this stage a closing date for submissions and an issues paper aren't available. You can register your interest for the inquiry at [www.pc.gov.au](http://www.pc.gov.au).

This will be an important inquiry and a key mechanism for the community managed mental health sector to be a part of and raise concerns and issues that have emerged through the trials and roll-out of the NDIS. CMHA will be making a submission and we would encourage others to also consider making a submission.

#### Australian Parliament Joint Standing Committee on the NDIS mental health inquiry

The Australian Parliament Joint Standing Committee on the NDIS announced an inquiry into the provision of services under the NDIS for people with psychosocial disabilities related to a mental health condition. CMHA is in the process of developing a submission to the inquiry in consultation with the state and territory peaks. Some states and territories will also be developing their own submissions, as well as providing input to CMHA's.

CMHA would encourage people and organisations to be a part of providing input into submissions or consider making their own. It will be vital for the Committee to hear from those on the ground delivering or receiving services to tell their stories. The terms of reference for the inquiry are available at [www.aph.gov.au](http://www.aph.gov.au) and submissions close on 27 February 2017.

CMHA's media release on the inquiry is available [here](#).

#### Fifth National Mental Health Plan consultation

The Mental Health Drug and Alcohol Principle Committee (MHDAPC) wrote to stakeholders on 24 January 2017 regarding the consultation process on the Fifth National Mental Health Plan draft and the proposed next stages of the consultation process. The letter notes that 700 people registered to attend the national consultation sessions, and 130 written submissions were received.

While the letter acknowledges issues raised related to the Fifth Plan needing to be expanded in scope and become a whole-of-government plan, no other major concerns raised by the mental health and social services sectors are discussed, and it reiterates that the Fifth Plan is a 'health ministers plan'.

The Australian Health Ministers' Advisory Council has approved an extension of the timeline for completion of the Fifth Plan, which will now be completed and submitted to the Council of Australian Governments (COAG) Health Council for consideration at its August 2017 meeting. The MHDAPC writers group will be reviewing the consultation feedback and commencing the re-drafting of the Fifth Plan. There will be further targeted consultation undertaken on the next iteration of the draft Fifth Plan in the following months.

### Meetings with MPs

CMHA had a number of meetings with Federal MPs in the last sitting weeks in November 2016 including with the then Minister for Health Sussan Ley's mental health adviser; Jenny Macklin Shadow Minister for Social Services and Julie Collins Shadow Minister for Mental Health; Senator Rachel Siewert, Greens Mental Health Spokesperson; and Senator Jacqui Lambie's office. CMHA promoted their Federal Pre-budget submission. Submissions to the federal Pre-budget process will be made available on The Treasury website at [www.treasury.gov.au](http://www.treasury.gov.au) and CMHA will advise when all submissions are available. The CMHA Federal Pre-budget submission can be viewed [here](#).

### International Initiative for Mental Health Leadership



Community Mental Health Australia (CMHA) is hosting a leadership match event as part of the International Initiative in Mental Health Leadership (IIMHL) to be held in Sydney (February 27- March 3 2017). MHCC is taking the lead on behalf of CMHA in organising a 2 day program that explores current international approaches to inclusion of NGO providers in mental health service system delivery and reform.

The theme for the CMHA leadership match is:

**Integrate, coordinate, complement or tolerate: exploring international approaches to NGOs within mental health service systems.**

Some countries have recognised the particular contributions of NGOs and invested in their development; others have been less committed and taken a 'risk averse' or even competitive stance to opportunities arising through NGO providers; including innovative approaches to both the clinical and complex psychosocial needs of service users.

This hosting event will explore the attitudes and engagement strategies that make the most of the contributions and added value offered by NGOs. It will explore how commissioning and funding mechanisms can best be employed to enable fruitful partnerships that enhance not only consumer, family and carer outcomes but the capacity of the general population to understand and address mental health issues within communities.

Presentations from Australian and international participants will address: levels of NGO spending, range of service offerings, government purchasing arrangements, individualised funding, cultural issues, role delineation between sectors, value adding business arrangements, managing risk, 'bottom up' innovation and more.

24 delegates from around Australia and abroad have registered to attend the match which has us at capacity! A report on the discussions and outcomes of the hosting will be disseminated after the event.

*IIMHL is a collaboration between Australia, Canada, England, Ireland, New Zealand, Scotland, Sweden and the US and sees leaders from around the world gather to exchange experiences and perspectives, promising practices, innovations and research about mental health.*

*The 2017 forum, themed 'Contributing lives, thriving communities', is sponsored by the Mental Health Commission of NSW and NSW Health. Delegates will attend two days of site visits across Australia and New Zealand to undergo Leadership Matches (27-28 February), before gathering together for a Leadership Exchange in Sydney (1-3 March).*



### Coming soon

Community Mental Health Australia invites you to the National NDIS Mental Health Conference in November 2017 in Sydney.

Dates, venue and event program to be released shortly.





## Peer Support: the next frontier

**MHCC is committed to utilising the lived experience of consumers and carers to enrich our understanding of sector needs and requirements. This article was written by MHCC's full-time peer work trainer and lived experience advocate Tina K.**

When it comes to valuing Peer Support work, we've come a long way.

Many people initially found Peer Support confronting. Some questioned whether knowledge gained through lived experience was equivalent to knowledge about mental health gained from books. There were concerns that providing someone a Peer Support Worker was providing them a second rate service. Often Peer Support was seen as a "nice extra", but not an alternative to traditional mental health support work. Many had concerns about what would happen if a Peer Support Worker became "unwell". Others questioned a Peer Worker's capacity to make sound decisions, their reliability and their professionalism. But things are really changing!

Now, the mental health sector has started to embrace Peer Support work. A lived experience perspective is respected as being informed by unique expertise and research has shown Peer Support to be very effective. Peer Support Workers are not just coping with the responsibility of their position, they are thriving. Today, they are increasingly employed throughout the mental health sector, in our mental health units, clubhouses, day-to-day living centres and mental health support programs.

Peer Support workers can strengthen services by being involved in the professional development of their colleagues. They can broaden the knowledge of others by sharing their own experience of using mental health services and the strategies that helped them in their recovery journey. Peer Support Workers also have valuable insight into ways of developing rapport with service users and foster feelings of hope and empowerment. Team-based conversations with Peer Support Workers

can stimulate great ideas for new projects and alternative approaches. Peer Support Workers can also provide advice to colleagues who practice outside the field of mental health, as all support services are used by people who have mental health concerns.

At the service level, Peer Support Workers can provide invaluable advice on the likely impact of our programs, policies and processes on the individuals who participate in our mental health programs. They can look at the forms, information sheets and documents we provide service users with the eyes of someone who has "been there". Those eyes sometimes see things that others do not see. They are sensitive to potential compromise of the values that underpin our services, such as equality, transparency and accessibility. Their ears are alert to language that makes people who have mental health concerns feel diminished and stigmatised.

“ Peer Support Workers have made a big difference in the lives of individuals who experience mental distress. ”

For all these reasons, Peer Support Workers can also be wonderful Team Leaders and Managers. Too often, Peer support work is seen as a "dead end job", with no potential for promotion or leadership. If that is true, it really is a terrible waste of talent.

Peer Support Workers are far too valuable a resource to be utilised in an ad hoc fashion. We need to formalise processes for the consultation of Peer Support Workers so as to ensure that it occurs. That means making actual changes to position descriptions, policy and procedure. Community-based organisations should be proud of what they have achieved in partnership with our Peer Support workforce, but there is still more that can be done. Let's keep that journey going. Our Peer Support Workers have so much to offer.

## Central Coast Specialist Mental Health Service for Older Persons (SMHSOP)



### Older Peer Worker Project

In December 2015 Central Coast SMHSOP received a grant from Central Coast Primary Care (CCPC) to design, implement and evaluate a model of peer work specifically for older mental health consumers. This program was unique in that it is the first peer work program that addresses the specific needs of the older person and their recovery needs. In February 2016 SMHSOP and CCPC successfully recruited 7 older peer workers by advertising in local media and to current and past consumers of the SMHSOP service. Older peer workers are described as people over the age of 50 years with a lived experience of mental illness and ageing. Older peer workers are employed by CCPC and provide services to consumers of SMHSOP.

Following a period of consultation with peer workers and SMHSOP staff a position description for Older Peer Workers was developed with the role focusing on the following key areas,

1. Provision of individual recovery sessions with SMHSOP consumers.
2. Co-facilitation of The Roads of Recovery Group Program with a SMHSOP clinician. (Roads of Recovery is a 4 week recovery group program co-designed and developed by SMHSOP clinicians and peer workers that specifically looks at the recovery needs of the older person)
3. Provision of community education sessions to a wide range of community services about recovery from mental illness as an older person and positive ageing.

All aspects of the program design, development and evaluation have been co-designed and produced by Older Peer Workers and SMHSOP management and clinicians.

A significant consideration of the program was the training needs of older peer workers. A requirement of the role was the completion the Certificate IV in Peer Work which has been delivered in partnership with MHCC. Peer workers described their experience of the Certificate IV in Mental Health Peer Work as overwhelming but overall a positive experience. Older peer workers described that they had been out of formal education for many years and that it was a challenge to reengage with

learning and study skills. Peer workers indicated that learning more about mental health also benefited their own personal recovery,

*"It's like a bike that you haven't ridden for 50 years, you still know how to ride that bike but you are a bit wobbly and your legs are going to hurt and you are going to think oh god what did I do that for!"*

**Older Peer Worker**

*"It's over 53 years since I finished my first degree. I studied courses since but not with the amount of stuff that was in this."*

**Older Peer Worker**

Older Peer Workers have identified a number of highlights of participating in the program both for the consumers they worked with and themselves. All the peer workers described that an unexpected benefit of participating in the program had been the development of important friendships with other peer workers and felt the group provided each other with a supportive network and expanding their social circle and reducing their isolation.

*"The greatest highlight was seeing a positive response from some of those people, they seem to brighten up..... the whole exercise has made me feel young again, I feel like I'm just 70 now."*

**Older Peer Worker**

*"I feel like a little stone that's thrown into a pond and I'd would love to know the ripples it will cause.... I'm sort of adding up how many people's lives we may have affected and how many people I've met who would love to be part of it so it is exciting!"*

**Older Peer Worker**

In 2017 the Older Persons Peer Worker project hopes to expand by recruiting more peer workers following the receipt of a grant from Central Coast Council.



### Get qualified: Certificate IV in Mental Health Peer Work

Build upon your lived experience and on-the-job experience to receive a nationally recognised qualification in mental health. MHCC has customised the delivery of this qualification to meet the needs of people currently working in identified consumer or carer peer work roles (paid or unpaid) within the mental health sector in government, private or community managed services.

Contact [training@mhcc.org.au](mailto:training@mhcc.org.au) | 02 9555 8388

## Fifth National Mental Health Plan: Consultation Draft

The Draft Fifth National Mental Health Plan sets out “a national approach for collaborative government effort over the next five years. Underpinned by a vision and seven priority areas, it sets the direction for change and provides a foundation for longer term system reform. It recognises that consumers and carers need to be at the centre of the way in which services are planned and delivered, and that a regional focus is key to addressing the fundamental shortcomings of the existing system”.

MHCC has provided comments to the Department of Health through a CMHA submission, as well as its [own submission](#), and whilst we acknowledge that the Plan is a high level document describing the Government’s overarching future intentions, it provides little evidence of directions other than in very broad terms. Without commitment to identified targets there is little in terms of accountability, and little indication as to how objectives are to be achieved. Moreover, the Plan proposes that the long awaited National Mental Health Service Planning Framework “can soon be applied”, and yet it remains unpublished.

The Plan primarily focuses on coordinated and integrated service supports for people with severe and complex mental health conditions. We are concerned as to how the system can satisfactorily meet the needs of people not assessed as experiencing severe and complex mental illness but who are at risk of deteriorating mental health if left unsupported.

The Plan poorly acknowledges the emerging gap in services for people deemed ineligible for the NDIS who may equally have poor access to mainstream services. It states that “for people not eligible for the NDIS, their needs must be met through mainstream services” via commissioning/ tendering of services delivered through the PHNs. However, our understanding is that PHNs will similarly be providing services only to people with severe and complex needs. Better Access and ATAPS remain as the only alternatives for those consumers. These services are not designed to address the psychosocial needs of people which

are currently met by the Commonwealth funded community sector programs soon to be transitioned to the NDIS. As stated in CMHA’s submission: “...the Plan represents a retrograde step in establishing a vision for the direction of mental health policy in Australia, .... there is an increasing emphasis on the clinical and acute treatment of mental health and a move away from recovery focussed community-based mental health services.

The Plan also fails to speak to the considerable problems related to the mental health workforce vital to the success of the Plan. Apart from indicating that a “proportion of the total mental health workforce be accounted for by the mental health peer workforce,” there is no plan to meet current unmet or future workforce needs. MHCC are concerned that the draft plan, as it currently stands, does not sufficiently include consideration of what is already known about the skills required for effective mental health rehabilitation support work, and give due consideration as to what level of support the NDIS will be capable of providing and the resultant impact on health funded community programs.

Whilst the Plan describes a range of important issues that an effective mental health plan must address; the means by which these issues translate into priority areas and actions is unclear. Worryingly, the focus of service delivery rests upon the role that PHNs and LHDs will provide, with little reference to the vital role consumers, carers and the community sector must play in co-design. Since PHNs have been directed only to commission clinical services, we question where and how psychosocial service needs will be met. Nevertheless MHCC take the view that this is the beginning of a lengthy consultative process in which the sector will vigorously make its position clear and hopefully be heard.



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## newparadigm

From 2017, *newparadigm* - the Australian Journal on Psychosocial Rehabilitation, will be published in partnership with Community Mental Health Australia (CMHA), the community mental health national peak body.

*newparadigm* has a long and valued history as a journal both in Victoria and nationally. It is a key communication platform for the community managed mental health sector and more broadly in the mental health sector, where it has a national reach.

Under the new collaborative arrangement each edition will strive to represent Australia-wide mental health issues and involve contributors from across Australia, with the content determined by a Journal Editorial Group (JEG), which comprises of a representative from each peak community mental health organisation in Australia and CMHA.

For more information on the *newparadigm*, the latest & past editions, how you can contribute & to subscribe checkout the [MHCC website](#).

Download the latest *newparadigm* [here](#).

## Introducing One Door Mental Health



The Schizophrenia Fellowship of NSW has a new name: One Door Mental Health. Building on the 30 year history of the organisation, One Door will continue to provide assistance to people living with mental illness and their families will continue to find an inclusive community, innovative services and strong advocacy.

One Door remains committed to their mission; creating a world in which people with a mental illness are valued and treated as equals remains. The name change was prompted to embrace a more inclusive vision of mental health recovery. People with mental illness and their families need only walk through One Door to start on their path to a hopeful future.

To find out more visit: [www.onedoor.org.au](http://www.onedoor.org.au)

## Foundations for Change: Homelessness in NSW: MHCC consults across sectors

The NSW Government has recognised the importance of a national approach to homelessness. With the National Partnership Agreement on Homelessness due to expire in June 2017, the NSW Government report that they are working with the Australian Government and other states and territories to establish future policy and funding arrangements for homelessness.

MHCC sought advice from members and the sector in response to the NSW Government’s Discussion Paper [Foundations for Change – Homelessness in NSW](#). This paper outlines NSW’s planning proposals to tackle homelessness in NSW. This includes that in going forward, the government, the private and community sectors must collaborate far more comprehensively and proactively to address homelessness. This new strategy intends to focus more on prevention of homelessness, “not just the managing of it and to create a framework for collective action across all levels of government, non-government sectors and the community.”

“Whilst working together is vital, unless there is leadership at the highest level and service agreements established, the system will continue to break-down.”

MHCC held a consultation and talked broadly to MHCC members, as well as attending cross sectoral consultations. [Our submission](#) reflects what we heard. Since the discussion paper included 50 questions, we selected only questions that we felt most clearly represented the interface between mental health and homelessness.

The theme of collaboration was strongly presented in consultations; needing to be driven at a high level through agreements across systems and sectors. This was emphasised because what is reported on the ground often signifies a breakdown between services. “Whilst working together is vital, unless there is leadership at the highest level and service agreements

established, the system will continue to break-down.” Participants also highlighted that “funding arrangements need to reflect an acceptance that **all** services bear a responsibility.” A best practice approach must not only be led from the top, but represent cross sectoral collaboration enabling all parties across housing, mental health, primary health etc., to work together.

We also heard that there is need for a consistent practice approach across sectors. “Where disciplines, language and practice is represented by values and approaches underpinned by different theoretical approaches and principles, these are sometimes at odds with each other.” Those consulted clearly agree that homelessness is a symptom of other, and often many unresolved issues; and if those difficulties are not simultaneously addressed, people are likely to experience an ongoing cycle of homelessness. Homeless service providers willingly acknowledged that they have difficulty working with the complex myriad of problems that present alongside homelessness, and therefore advocated a wrap-around approach where all the different areas of expertise are brought together.

No consultation these days happens without the NDIS being discussed. Service providers expressed their concerns regarding the interface between homelessness and the NDIS. It was suggested that housing might have to create their own partnership arrangements with NDIS providers, but that there might be some challenges as there are likely to be numerous and diverse providers across a wide range of service delivery types. However, homeless services stressed their willingness to cooperate, and saw themselves as having an important role in assisting people progress engagement with the NDIS and promote access to the scheme.

MHCC intend to continue these cross sectoral conversations in 2017 and report back to members on this dynamic and changing environment, whilst also continuing to provide mental health training to the homeless and housing sector. In this way we hope to foster that cross sectoral collaboration that was so strongly underscored in all our discussions.



### MANAGEMENT OF WORKERS WITH LIVED EXPERIENCE

20 - 21 JUNE - 2 DAY COURSE

This training will up-skill managers and supervisors who manage workers with a mental health condition to navigate and address the needs of their workforce.

Take a proactive approach to the mental health of your team to minimise the negative effects of mental health conditions in your workplace.

\$498 (\$409 MHCC Member)

Places are limited, register now: [training@mhcc.org.au](mailto:training@mhcc.org.au)



## ACON

ACON is New South Wales' leading health promotion organisation specialising in HIV prevention, HIV support and lesbian, gay, bisexual, transgender and intersex (LGBTI) health. Our mission is to enhance the health and wellbeing of our communities.

ACON supports those in the LGBTI community with mental health needs through a variety of strategies including:

- individual client directed counselling
- appropriate referrals to other service providers to ensure clients' safety and stability
- training of other service providers in delivering LGBTI affirmative treatment
- sector capacity building initiatives to assist the mental health and the Alcohol and Other Drugs sector to effectively respond to LGBTI people
- health promotion initiatives

The LGBTI community is consistently identified in Australian and international research as experiencing higher levels of psychosocial distress than the mainstream community and poorer physical and mental health outcomes generally. LGBTI people are at increased risk of a range of preventable mental health problems including depression, anxiety disorders, self-harm, suicidal ideation and suicide, much of which has been attributed to experiences or fears of social exclusion, discrimination and abuse.

Despite the increasing awareness of mental health issues in Australia, we know that many LGBTI people are reluctant to seek professional help for their mental health needs. Fear of further stigmatisation when accessing services is a real concern for LGBTI communities. Research shows that satisfaction with mental health services is lower among LGBT people compared to their non-LGBTI peers. Reluctance to disclose sexual orientation and gender outside the male/female norms to health professionals means that LGBTI people do not have their needs addressed holistically. An example of the impact is assumptions about relationships, family and support networks means that LGBTI people often do not have their support networks incorporated into their care.

To address the specific needs of the LGBTI community, ACON's multi-disciplinary Care Coordination team offer support for people living with



HIV and/or complex health needs including mental health. Over a 3-6 month period clients are assisted to identify and work towards achieving individual goals that improve their health, wellbeing and quality of life. Clients report gaining skills and confidence in accessing a range of services. Referrals are made to appropriate services for ongoing assistance where required. Care Coordinators work out of ACON's Surry Hills, Hunter and Northern Rivers Offices with outreach in two GP surgeries in Darlinghurst.

ACON also provide limited face to face or telephone counselling and psycho-education at low cost with a hardship policy through our LGBTI counselling service which is staffed by experienced and fully qualified volunteer counsellors. This service is available for free to regional and remote people through the Hunter and Northern Rivers and can be accessed via phone or skype.

"A significant strength of our service is our ability to provide training in delivering LGBTI affirmative and sensitive client services to mainstream mental health service providers which sometimes struggle to know how to meet the diverse needs in our communities."

The Comorbidity Project delivers a range of capacity building activities for the mental health and alcohol and other drugs sectors. Snakes and Ladders is a series of professional development providing guest speakers on a range of topics relevant to working with LGBTI

people with comorbidity needs and the opportunity to network.

The philosophy underpinning ACON's services are:

- recognition of individual goals and stages of readiness for change
- recognition of the historical and current barriers to good physical and mental health experienced by members of the LGBTI community
- celebrating the diversity of experiences that makes up the LGBTI community and draws on the community's strengths and values to support health and wellbeing
- delivering a service which enables LGBTI people to fully realise their potential as valued contributing members of the community
- providing a service which enables LGBTI people to pursue every opportunity to experience full physical, psychological and emotional health and wellbeing
- being a culturally safe and community appropriate support service.



## Share, learn, engage and influence: MHCC Members Meet Up Forum

MHCC's third Meet Up Forum held was held on 9 February and co-hosted by ACON in Sydney. ACON is NSW's leading HIV prevention, HIV support and Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) health organisation.

ACON helps LGBTI people and people with HIV take control of their mental health by providing a range of counselling services and a care coordination program for people with complex needs. Mental health services provided by ACON include HIV counselling, LGBTI counselling and substance support counselling.

About 30 people attended this Meet Up Forum and many interesting discussions occurred.

ACON provided information on the mental health needs and experiences of LGBTI people.

While many LGBTI people live happy, healthy and productive lives, there are a range of preventable mental health issues which affect a disproportionate number of people in the LGBTI community compared to the general population. ACON addressed the importance of all services being LGBTI inclusive and demonstrated ways of providing inclusive services.

The NSW Ombudsman's Office discussed with members concerns around quality and safety arrangements for people with psychosocial disability under the National Disability Insurance Scheme (NDIS) and beyond. They are keen to hear and learn more about the experiences and concerns of NDIS participants with mental health conditions. The new and evolving National Framework for NDIS Quality and Safety was introduced.

MHCC conducted a member consultation to help inform our submission to the Joint Parliamentary Standing Committee inquiry into provision of services under the NDIS for people with psychosocial disability. It was apparent that while some people have NDIS experience many others are just at the beginning of their journey of understanding the opportunities and challenges of the NDIS.

MHCC Meet Up Forums provide members with an opportunity to engage with key issues affecting community managed mental health organisations. Please join us at a forum and share your views to provide MHCC with the information we need to advocate on behalf of the sector.

With thanks to ACON for hosting this event.



AN MHCC MEMBER INITIATIVE

Share your news with us.

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

Contact [lara@mhcc.org.au](mailto:lara@mhcc.org.au) for your story to feature in View from the Peak.



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WITH MHCC PROFESSIONAL DEVELOPMENT TRAINING

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## MHCC ACTIVITIES – AT A GLANCE

### Key Projects

– details at [www.mhcc.org.au](http://www.mhcc.org.au)

- Capacit-e On-Line Learning Resources
- NDIS Psychosocial Online Resource
- Supported Decision Making: Choice Control and Recovery, training module (partnership Public Guardian)
- Law and Justice Foundation SDM project for online modules: Proposal
- Cognitive Functioning for Recovery, training module (partnership Marathon Health)
- Community Mental Health Drug and Alcohol Research Network (CMHDARN - NADA & the NSW)
- Mental Health Commission Partnership Project)
- MHCC & NSW Official Visitors Program. Project proposal Mental Health Branch: Monitoring and safeguards mechanisms in NSW
- NSW Mental Health Rights Manual ongoing updates
- MHCC Reconciliation Action Plan (RAP)
- Agency for Clinical Innovation (ACI) Trauma-Informed Care and Practice (TICP)
- Partnerships for Health (P4H) - Ministry of Health Mental Health Program Approach
- Peer Work Training (NSW Scholarship Program)
- Practice Governance Development Project
- Promoting Physical Health Strategies
- Establishment of CMO MH / AoD Ethics Committee ( in partnership NADA)

- Recovery Oriented Disability Support and Rehabilitation consultation process
- Exploring development of a Community Sector Mental Health Professional Association
- Workforce Development & Learning Needs Analysis (MHCC Workforce Development Advisory Group)
- Guidelines for Establishing NDIS Communities of Practice
- NDIS Capacity Building Mental Health Training initiative (partnership MHA and NDS)
- Recovery Oriented Service Self-assessment Toolkit (ROSSAT) Consultancy Project
- Collaboration MHCC and South Eastern Sydney Recovery College
- Trauma-Informed Care and Practice Organisational Toolkit (TICPOT), packages and freely available Scaling Tool

### Key Submissions

- NSW Government Homeless Strategy Foundations for Change Homelessness in NSW: Discussion Paper
- TheMHs 2016 Conference Book of Proceedings: October 2016. MHCC paper: Cognitive Functioning and Recovery accepted for publication.
- NSW Law Reform Commission - Review of the Guardianship Act Question Paper 2: Decision Making Models.
- Australian Government - Submission Department of Health Fifth National Mental Health Plan: Consultation Draft.

- Productivity Commission inquiry into Introducing Competition and Informed User Choice into Human Services: Identifying Sectors for Reform – Study Report - CMHA
- New Paradigm article accepted for publication. Developing the Workforce: The NDIS and Mental Health Workforce Scoping Project.
- MHCC Reconciliation Action Plan (RAP). Report and Recommendations
- Recovery Oriented Disability Support and Rehabilitation Discussion Paper released for consultation.
- Navigating the NDIS: Lessons Learned through the Hunter Trial-ite Report

### MHCC facilitated and/or presented at the following events

- 21/10/16 ACI TICP Network Forum Presentation
- 2/11/2016 NSW NDIS and Mental Health Roundtable (hosted by the NDIA)
- 11/11/16 Mental Health Carers NSW Network Forum
- 22/11 MHCC provided lecture to registrars at the Institute of Psychiatry, topic: Understanding trauma and its impacts on mental health and psychosocial outcomes.
- 28/11 Integrated Care Forum (hosted by NSW Centre for Rural and Remote Mental Health)
- 30/11 National NDIS Psychosocial Disability Access Forum (hosted by the NDIA)
- 2/12 MHCC AGM and End of Year Key Issues Sector Briefing
- 8/12 Meet Your Neighbour event in partnership with Western Sydney PHN WentWest, Blacktown City Council and LikeMind.

## MHCC STAFF AND CONTACT DETAILS

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