View from the peak

A quarterly publication from the Mental Health Coordinating Council June 2017

A farewell message...

Dear Colleagues,

I have made the important decision to retire from the Mental Health Coordinating Council in November of this year. I believe the time is right and whist I am sure I will miss the wonderful opportunities my role with MHCC has brought, I am excited about what the future holds as a person with more time and freedom on her hands.

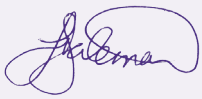
I have given the MHCC Board ample notice of my departure to allow for a smooth transition. The Board will commence the recruitment process for my replacement in the next month or so. It is envisaged there will be adequate time for a comprehensive handover.

MHCC has been at the cutting edge of mental health reform in many of its activities for the last 15 years and I feel very thankful to have been in a position to get behind important practice innovations, sector growth opportunities and lived experience advocacy. I have been fortunate to have worked with some really outstanding and committed individuals in bringing practical application to significant ideas and concepts.

It is still six months before I leave and with both national and state based initiatives underway and in the pipeline it isn't time yet to ease back. However, over the coming months I look forward to the opportunity of seeing many of you to thank you personally for your generous support, engagement and contributions to me and the team at MHCC over my term as MHCC CEO.

I feel very privileged to have experienced the challenges and achievements stemming from my role at MHCC and will look back on this chapter of my life with great affection.

Best wishes,
Jenna Bateman



MHCC successfully lobbies for Peer Work becoming a 'Priority Occupation'

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 $3000 - $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.

At MHCC's quarterly Learning and Development Roundtable, a representative from Apprenticeship Support Australia will explain how these incentives can assist service providers to grow the peer workforce.

We would like to invite managers and senior staff who are involved in learning and development, workforce planning and strategy to join us.

DATE 27 July 2017

TIME 10am-12pm

VENUE Mental Health Coordinating Council

[Ground Floor, Building 125, Corner Church and Glover Streets, Lilyfield.]

RSVP info@mhcc.org.au

In this issue

NSW Budget: continuing gains but is it reform or more of the same?

Service expansion

Investment in mental health in NSW is slowly growing, with an additional $20 million allocated in this year's budget across public and community sector mental health services.

$8.2 million – expanded public sector assertive case management teams, which will provide several new positions in each LHD

$5.4 million – workforce development, based on a strategic framework that includes the community sector

$4.8 million – enhancement to community psychosocial supports, which appears to be focused on the anticipated resettlement of 6000 refugees from Syria and Iraq

$1.6 million – further transition of long stay hospital patients to community living

Funding continued reform

Over the next four years $380 million is intended to be provided across the service system to support the whole of government strategy (2014-2024) to reform mental health care in NSW. With this year's $20 million budget announcement, the government has spent $95 million towards this target. So far the following funding has been provided across six key areas:

$6.4 million – assisting people in long-stay hospital beds to transition to community living

$38 million – increasing the public sector community mental health workforce, especially peer, aboriginal and older persons workers and enhancement to the child and adolescent consultation liaison to the health, education and welfare sectors.

$39 million – expanding community living supports provided by community managed organisations

$2.2 million – training and scholarships for mental health workers

$3.4 million – addressing complex needs through enhanced services for Aboriginal people, people with intellectual disability, culturally appropriate and trauma-informed service provision

$6 million – research and innovation, improved data collection, and enhancement to the school-link initiative

Learning from each other at the Western Sydney Recovery College

The Recovery College takes an educational approach to support and assist people with mental health concerns. Programs and courses are open to people with lived experience, including their friends, family, mental health workers and volunteers in the mental health sector. The college aims to support people on their journey of recovery, and those involved in their care, by providing educational courses and sessions.

Learning from each other is the core philosophy of the Recovery College. Programs are co-designed and co-delivered by educators with subject matter expertise, with mental health workers and peer educators co-facilitating each program. Courses cover a range of topics and may include programs to better understand mental health conditions such as depression or anxiety, knowledge and skills to assist with recovery such as mindfulness and physical health, skills to assist someone experiencing psychological distress. MHCC has been contracted to deliver an accredited learning pathway to obtain the Certificate IV in Mental Health Peer Work for Recovery College participants.

An Advisory Board supports the Recovery College in its operations and includes people with lived experience, carers, mental health workers and educators. As the college evolves, representatives from the student body who participate in programs will join the Advisory Board.

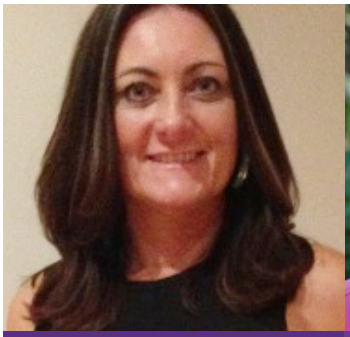
Recovery College participants can attend as many programs as they like. These programs will be offered across Western Sydney in Parramatta, Auburn, Mt Druitt and Blacktown. Open days will be held in the last week of June to promote the College in Parramatta and Mt Druitt.

The curriculum for Semester 2 2017 programs and courses are now available on our new website.

One DOOR Mental Health

WentWest

MHCC welcomes two new board members



Irene Gallagher

Claire Vernon

MHCC is delighted to welcome two new board members, Irene Gallagher and Claire Vernon. Both of them bring a wealth of sector experience and a passion for improving community mental health services. They follow the resignation of Mandy Miles from the board, and MHCC would like to thank her for her service.

Irene Gallagher has played an active role in the mental health sector for more than 20 years. She is passionate about using her voice as a consumer and supporting others on their recovery journey to find hope and lead purposeful and meaningful lives. Irene is a qualified psychotherapist and a certified mindfulness practitioner.

She has worked as a program manager and counsellor in both government and non-government mental health services as well as private practice. As Peer Workforce Manager, Irene led substantial growth in the South Eastern Sydney Local Health District's peer workforce. She also used her experience in education to set up the South Eastern Sydney Recovery College.

She is the founder of Peer Work Matters, a consumer-led organisation focusing on developing and expanding the peer workforce in NSW. She holds a number of advocacy positions at a local, state and national level in both board and committee capacities.

Irene is excited to bring her diverse experience to MHCC's board. "My life's work has been in mental health, and I am driven by my own lived experience as well as my experience as a full time carer. I believe in reforming services to ensure the consumer voice is at their heart.

"What I can bring to the board is a voice of lived experience, and of a carer. I have built broad networks in this sector, which will allow me to provide a platform for those who wouldn't otherwise have the opportunity," she said.

Claire Vernon began as Chief Executive Officer at JewishCare at the end of January 2007. She came to the non-government sector after many years in senior executive roles in NSW Government Departments.

Claire started her career as a social worker in the 1970s and worked for ten years as a caseworker. She then moved into NSW Health to run statewide programs, quality reviews and develop policy in diverse areas such as women's health, funding reform, violence against women and helping victims of crime. She moved to the Attorney General's Department as Director of Victims Services to head up a crime prevention program for five years.

Claire is passionate about the mental health and wellbeing program at JewishCare, which has grown significantly during her time as CEO. The program is funded by the Jewish community and supports hundreds of people living with a mental illness, their families and carers.

"I'm interested in promoting the role of the community sector in mental health. This is particularly important given the current changes to the funding environment. The broader community continues to better understand mental health and wellbeing issues. I want to make sure that these issues are linked to the role of the community, rather than this being seen as a government or institutional responsibility. Having worked in government and not-for-profit organisations, I have a strong understanding of the importance of collaboration between these sectors," she said.

NDIS psychosocial resource for GPs

Gathering the right evidence to access the NDIS can be a challenge for people with psychosocial disabilities, and visiting a general practitioner is likely to be an important part of this process. Particularly where someone has a fluctuating mental health condition, meeting access requirements can be difficult. With this in mind, Aftercare has launched a set of resources for GPs to help them better support people living with a psychosocial disability.

The evidence matrix breaks down the GP's task into six areas of impairment: mobility and transport, communication, social interaction, learning, self management and self-care. Within each of these categories is an explanation of the types of difficulties that people face, what causes them, what support may be necessary, and how they can be documented. A credit card-sized USB drive is also available with a video guide to the GP's role in the NDIS application process.

Aftercare support workers have also been accompanying NDIS applicants to GP appointments and providing supplementary evidence forms that they have prepared. According to one Aftercare Service Manager, "[the GP] stated that with the assistance of supplementary evidence he was able to better see the impact the client's mental health was having on their functionality. Each client I have supported with this method so far has been successful in gaining an NDIS package."

To access the resources please contact:
marketing.admin@aftercare.com.au

aftercare

NDIS Update: What's happening in 2017

Community Mental Health Australia (CMHA) was asked to give evidence to the Joint Standing Committee on the NDIS – Mental Health Terms of Reference. CMHA Executive Director, Amanda Bresnan and CMHA Chair, Liz Crowther represented the views of the state and territory peak bodies.

CMHA made the following points:

- The NDIS pricing structure will impact qualified mental health staffing, driving down skills as a consequence of pricing reflecting psychosocial disability support skills but failing to recognise higher level skills associated with psychosocial rehabilitation.
- Federal mental health programs (Partners in Recovery (PIR), Day to Day Living (D2DL) and Personal Helpers and Mentors (PhaMs)) will have their funding transferred to the NDIS. Many of the people currently accessing these services will be ineligible for the NDIS.
- Concern exists that there is an increasing tendency for psychiatric diagnosis to be required as part of NDIS assessment. This is at odds with the intent of the scheme to focus on the functional capacity of individuals not diagnosis which is not a predictable indication of disability. The inclusion of diagnosis as part of assessment needs clarification.
- The PHNs are supposed to address service gaps left by the NDIS, but have been directed by the Federal Government not to commission psychosocial services. (PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance. Dept. Health, 2016.)
- State and territory governments are withdrawing some of their mental health programs on the basis that the needs of service users will be met by the NDIS, but have yet to clarify exactly what they will fund when the NDIS is fully implemented.
- Carers will only receive NDIS funding through the person they care for, which could lead to a significant lack of support. The Mental Health Respite Carer Support funding, for instance, will be provided in this way.
- The NDIA is moving to away from face-to-face assessment and planning for people applying for the NDIS to phone calls, which will have a particularly significant impact on people with any form of cognitive impairment or disability.
- Non-English speaking NDIS participants with a disability are no longer able to access NDIS funding to purchase professional interpreting and translating services, with the NDIA stating that this support can be accessed through other mainstream services.

Local Area Coordination in NSW

A highlight of the last few months has been the development of MHCC's relationships with the NDIA's NSW Local Area Coordination (LAC) Partners in the Community: Uniting, St Vincent de Paul Society and Social Futures. The NDIS' community development work, through the Information, Linkages and Capacity-building program, is also taking shape. For people to live meaningful lives consideration must extend beyond funded services to community participation.

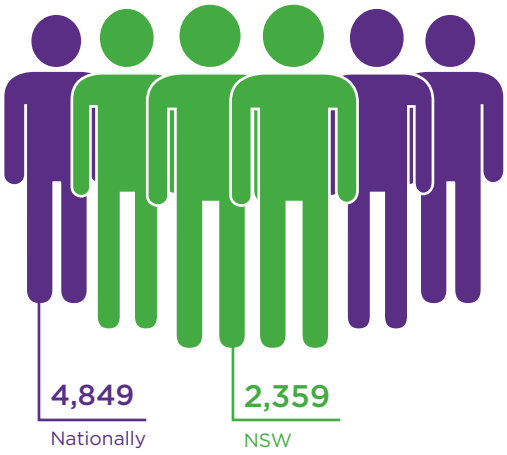
Uniting
Neapean/Blue Moutains
Northern Sydney
Western Sydney
Southern Sydney
Ilawarra/Shaolhaven

St Vincent de Paul Society
South Western Sydney
Central Coast
Hunter New England
Sydney
South Eastern Sydney

Social Futures
Far West
Murrumbidgee
Mid North Caost
Northern NSW
Western NSW

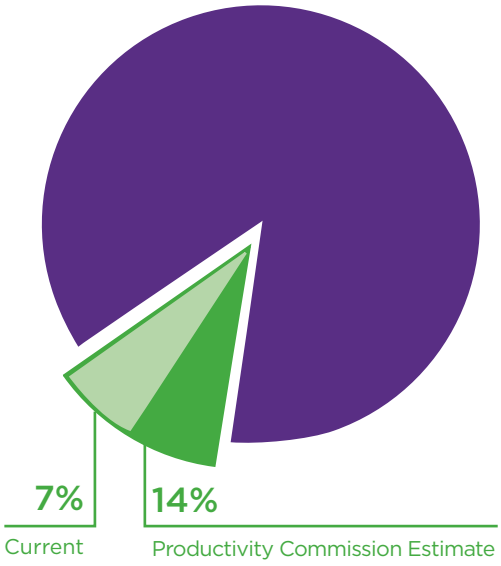
NDIS particpants with a plan living with a pyschosocial disability

National Disability Insurance Agency (NDIA) quarterly report



> **Carers will only receive NDIS funding through the person they care for, which could lead to a significant lack of support.**

Under representation of NSW NDIS participants living with a primary pyschosocial disability.



Multicultural mental health matters

If it has seemed fairly quiet in the multicultural mental health space of late, this may be because the body established to advocate for national mental health multicultural issues, Mental Health in Multicultural Australia (MHMA) has been suspended from operations since December 2016.

For the eighteen months prior to suspension of its operations, MHMA had been operating under the auspices of Mental Health Australia (MHA) on a series of short Department of Health contracts. However, after MHA decided not to take up a further short contract the Department committed to undertake a select tender for MHMA sometime in 2017. This has not yet eventuated.

A national mental health organisation able to raise the profile of diverse cultural perspectives adds immensely to a more inclusive and effective mental health system for all. MHCC has a watching brief on the commencement of this tender process.

To increase awareness of multicultural mental health perspectives, MHCC advocated, as a co-host of the Sydney 2017 TheMHS Conference, for Lewis Mehl-Modrana (MD, PhD) to present his work on traditional cultural healing approaches. Lewis is of Native American Cherokee heritage but has studied a number of traditional approaches. He is certified in psychiatry, geriatrics and family medicine so brings a valuable knowledge of both first nation and western approaches.

As part of his prolific contribution to the literature Lewis contrasts traditional practices with contemporary western mental health approaches. He describes significant cultural differences in the definition of the 'mind' and the 'self'. Many traditional/first nation cultures locate the 'self' between people, not in separate individual bodies as in western cultures. They see identity as rooted in the stories that are told about us and believe that we can know ourselves through these stories. As the source of stories, social relationships create and maintain our identities. These differ depending on their context, including our relationships with individuals, the community we live in, the animals, the plants, and the spirit world.

The use of narrative, an emphasis on relationships, and the importance of engagement with the physical body are not unknown concepts in western cultures. However they have not been acknowledged as fundamentally important to the recovery process.

Lewis Mehl-Madrona will be providing a keynote address at the upcoming TheMHS conference (Sydney, 29 August – 1 September). If you are attending TheMHS then he will be well worth listening to for his knowledge about the many traditional healing ideas and practices that have much to offer current western medical approaches to mental health.

Image:
Lewis Mehl-Madrona

Graduates in mental health peer work celebrate their success

The graduates: Peter Baker, Brendan Osborn, Joe Gordon, Germaine Rich, Steve Smith and Scott Kelly with Jen Coleman, Deborah Peters, Lindal Brown, Glenda Paton and Jen Morrison.

Hard work and study paid off for 14 people who graduated with their Certificate IV in Mental Health Peer Work as part of an initiative designed to support people with mental illness.

Supported by Western NSW Local Health District, Marathon Health, Partners in Recovery Consortium members and the Mental Health Coordinating Council, the peer workers completed 18 months of study.

Their study included working with diverse people and assessing and promoting social, emotional and physical wellbeing.

Jason Crisp director of Western NSW Local Health District's Mental Health, Drug and Alcohol said peer workers offer a unique service to people with mental illness.

"Peer Workers have lived experiences of mental health issues and recovery. They promote wellness by helping and empowering people who experience mental health issues through using their own experience, knowledge and skills to instil hope," he said.

This article is reprinted with permission from the Central Western Daily.

MHCC Peer Work students nominated for NSW Training Award

Kerri-Anne

Brendan

MHCC's Certificate IV in Mental Health Peer Work provides a platform for people with lived experience of mental health conditions to further their careers in this sector. Brendan and Kerri-Anne, two students from our most recent class, have been named as finalists for the 2017 NSW Training Awards in the Western Region. We had a chat with them about their experiences as MHCC students and peer workers.

Brendan has been dealing with mental health challenges since he was seventeen. Over the years, he found support from a number of different organisations, both in the community and in residential settings. Recognising how important this support was, he decided to start volunteering with the Benevolent Society.

He runs support groups, including social activities and wellness discussions, which he says participants find really valuable. Three months into the role, his manager offered him a place in the MHCC Certificate IV in Mental Health Peer Work course, which he was excited to take up.

The course has helped him with his work, especially when it comes to facilitating groups. It prompted him to reflect on his own communication style and the dynamics between group members. He has also found it useful to think about how he can take better care of himself; "I always take some time for myself during the day by doing something I enjoy, such as gaming, watching a movie, or even listening to music while I work."

He found the other students to be an excellent source of support, saying "we always have each other's back." With students in different parts of the state, he created a Facebook page for the class to keep in touch. "I don't really talk about my mental illness," he said, "but amongst peers, we could speak freely."

Despite being nervous before beginning the course, Brendan is now studying for a second qualification, a Certificate IV in Disability. "It was a bit daunting at first, but as soon as I started it was great. It's definitely worth doing. I'd recommend it to anyone," he said.

"Bipolar one robbed me of my teaching career," said Kerri-Anne, another of our high-performing students. Over 40 years ago, during her first year as a teacher, she was diagnosed with the condition. Still, she volunteered in support roles for over 40 years. "My whole life I had been a peer worker," she said. Her first exposure to paid peer work came after a stay at the Dudley Private Hospital in Orange. A senior psychologist at the hospital suggested that she think about looking for work providing support to people living with mental health conditions. "She opened my eyes and gave me the confidence that I could do it," she said.

She applied for a scholarship to the Certificate IV in Mental Health Peer Work course, but she needed to find a job in order to qualify. Luckily she found one that same day, running group sessions, including CBT, Mindfulness and Zentangles, for Mission Australia in Dubbo. As a trained teacher, she found the job suited her. As a peer worker she took opportunities to share parts of her own experience that made other consumers feel better about themselves.

She received the scholarship from the local PIR, and studied the course through MHCC. She was attracted to it because she knew that it would help her to advance professionally.

The trainer was a particular strong point of the course. "Nothing was too much trouble for her," said Kerri-Anne. When she found it difficult to type answers to assignments, for instance, she was allowed to write them by hand. This flexible approach was important in helping her to complete the course.

Through this whole process, she feels like she has developed more resilience and hope for herself. She has felt the same positive changes that she has been working toward with consumers. She was also impressed by the way the course valued lived experience. "The fact that they recognise people with mental health conditions can offer something was so powerful for me," she said, "all that's happened in the last year has built me up inside."

reimagine
MENTAL HEALTH, MY RECOVERY AND THE NDIS

www.reimagine.today

reimagine your life. your future. your recovery.
reimagine.today

A new national FREE online resource to help people living with mental health conditions, their family, carers, and support networks to navigate the National Disability Insurance Scheme.

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ndis

The reimagine project is funded by the National Disability Insurance Agency and produced by the Mental Health Coordinating Council.

mhcc
mental health coordinating council

Anglicare WA builds compassion and respect through trauma-informed care

In 2015, Trauma-Informed Care and Practice (TICP) was new territory for Anglicare, WA. Although several of our services, such as sexual abuse and domestic violence, work from a trauma-informed perspective, this practice approach was not widely integrated across all levels of the organisation. We had already built a culture around person-centred practice but, with 1,800 kilometres between our most northerly and southerly offices, our services are siloed. To successfully initiate a TICP project we had to start small and have the right people to see it through.

The St. John's Centre in Albany, WA was chosen to champion the Trauma-Informed Practice Pilot Project. This centre houses over 15 separately-funded services, spanning homelessness, family violence, financial counselling, family relationship and separation services, employing over 40 staff. A project leader was appointed and some seed funding was provided. But before we could decide where we needed to go, we needed to know how we were doing.

> **"While some covered residential care services or offered trauma education, none was as thorough or comprehensive as what MHCC released in 2015. And there was an affordable Do-it-Yourself version – music to NGO ears!"**

Our guide was MHCC's National Strategic Direction in Trauma Informed Care and Practice (2013). At the time their Trauma Informed Care and Practice Organisational Toolkit (TICPOT) was still in development. We looked at other Australian and international audit tools and models, and none could address the variation across all of our programs. While some covered residential care services or offered trauma education, none was as thorough or comprehensive as what MHCC released in 2015. And there was an affordable Do-it-Yourself version – music to NGO ears! We decided it was worth waiting for. Phone calls were made, and our relationship with MHCC began. Shortly thereafter we received the TICPOT DIY Kit.

To undertake the TICP audit, as recommended, we formed a working group, which recognised the necessity of involving staff at all levels and services in the process. To become fully trauma-informed, everyone needed to have a stake in our evolution. The audit tool was easy to use, administer and collate data from; although staff new to understanding trauma struggled with some of the language used. The assessment covers seven domains, but we started where we were most comfortable – Domain D: Direct Services to Consumers. The survey data gathered clearly showed us the presence of inconsistency across our services and programs. Successes were largely based on particular staff demonstrating good practice. So we decided the next step should be to examine Domain B: Organisational Policy and Structures next. Though the audit showed minor gaps, overall Anglicare WA has the necessary support structures in place to foster TICP. Altogether, six of the seven domains were audited, and when all of the other domain data was analysed it showed us a clear pathway to start making changes. Developing trauma-informed training for *all* staff was our first priority initiative.

Using the 8 Key Principles of Trauma-Informed Care and Practice as its foundation, the first training took place in December 2016 and continues across all regions. Anglicare WA's current Strategic Direction includes trauma-informed practice. A new management role is being created at the St. John's Centre to support the implementation of trauma-informed principles, foster further integration of services and increase consumer participation. Collaborations with senior management to integrate trauma-informed practice principles into our overarching frameworks and policies are also underway.

Facilitated by the support of MHCC and the TICPOT DIY Kit, the audit process took courage, but was an empowering experience for Anglicare. It has resulted in greater respect and compassion for clients and for each other. The tool itself gave our audit a structure and assisted us greatly in asking effective questions to highlight specific areas for improvement. The audit process has enhanced our service delivery and we look forward to creating a stronger community that better supports recovery as we continue along our journey of trauma-informed integration.

Jo DeChief is Manager and Therapeutic Specialist, Anglicare WA. She will be presenting at the THe ThMHs Conference in August 2017 as part of the Trauma-Informed Care and Practice Symposium.

Anglicare employs over 500 staff and provides counselling, family support, family violence, disability, homelessness, mental health and separation services across the state of Western Australia.

Hepatitis C treatment now easier for people with mental health conditions

Change of mind

PROMOTING HEP C TREATMENT FOR PEOPLE WHO EXPERIENCE MENTAL HEALTH ISSUES

In March 2016, the hepatitis C (hep C) treatment landscape in Australia changed completely. New Direct Acting Antiviral (DAA) medicines were added to the PBS, which has very high cure rates (95%) and works in as little as 8-12 weeks. Importantly, these DAAs have minimal side-effects – and have replaced previous hep C drugs that had mental health side-effects, such as causing or exacerbating depression and psychosis. Following this change, more than 30,000 Australians started hep C treatment in 2016 alone.

There is, however, concern that people living with mental illness are missing out. Hepatitis NSW's new 'Change of Mind About Hep C Treatment' campaign seeks to respond to this. Beginning in May this year, they have been working with organisations from across the sector to promote hep C treatment both among mental health professionals and consumers.

The campaign is needed for a variety of reasons, including the fact that the prevalence of hep C in people with mental illness is higher than it is in the general population. While it is difficult to estimate the exact proportion of people with mental health conditions in Australia who have hep C, academic studies have found rates of between 3% and 42% amongst people in Australian psychiatric hospitals[1], compared to just 1% population-wide.

There is also a risk that some health professionals may undertreat hep C among people living with mental illness. This is called 'diagnostic overshadowing'[2], and results in unnecessarily poor physical health outcomes across a range of conditions.

Another challenge to address is out-dated views about hep C treatment. As noted above, the old, interferon-based treatments had significant, often debilitating, side-effects, and were particularly tough on people with mental health conditions. As a result, people living with both hep C and mental illness may, understandably, be wary about starting treatment. But they do not need to be, as the new DAAs have far fewer side-effects, and are not contraindicated for people with mental health conditions.

The benefits of treating and curing hep C are considerable. There were an estimated 818 deaths related to hep C in 2015 alone[3]. Left untreated, after 20 years 47% of people living with hep C develop moderate liver damage, 7% develop cirrhosis, and 1% liver cancer or liver failure. Hep C is also increasingly connected with a range of other illnesses, including type 2 diabetes[4], chronic kidney disease[5], atherosclerosis, lymphoproliferative, cardiovascular and brain disease[6].

Treatment and cure of hep C has a positive impact on the incidence and/or progression of all of these physical illnesses. Even people who don't have noticeable symptoms benefit from treatment with many reporting having more energy and a new lease on life. Now that safe and effective treatments are available, there is no reason why people living with both hep C and mental illness should miss out on these benefits.

The 'Change of Mind about hep C treatment' campaign will emphasise three key messages:

1. Hep C is higher among people with diagnosed mental health conditions
2. The good news is that hep C can be easily treated, and cured
3. Even more good news: curing hep C can have multiple health benefits, including mental health benefits

In short, now is an excellent time for anyone with mental health conditions to be treated for hep C. People who experience mental health conditions and hep C deserve the chance to live better, healthier and longer lives. Community mental health organisations engaged in direct service delivery are also encouraged to get behind this campaign, and help make this a reality. For more information about hep C, and the new treatments, visit www.hep.org.au or call the Hepatitis Infoline on 1800 803 990.

Hepatitis NSW

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2. Jones, S, Howard, L & Thornicroft, G, 2008, ''Diagnostic overshadowing': worse physical health care for people with mental illness,' *Acta Psychiatrica Scandinavica*, 118:169-171.

3. The Kirby Institute, *Hepatitis B and C in Australia: Annual Surveillance Report Supplement 2016*, https://kirby.unsw.edu.au/sites/default/files/kirby/report/SERP_HepBandC-Annual-Surveillance-Report-Supp-2016.pdf.

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5. Chen, Y C, Lin, H Y, Li, C Y, Lee, M S & Su Y C, 2014, 'A nationwide cohort study suggests that hepatitis C virus infection is associated with increased risk of chronic kidney disease,' *Kidney Int.*, 85(5):1200-1207.

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Accepting and working with voices: The Maastricht approach

> **With support from family, friends and professionals the Maastricht approach offers an alternative to the traditional psychiatric approach that focuses on eradicating the voices.**

The Maastricht approach treats voice hearers' experiences with respect and curiosity, empowering them to work towards recovery on their own terms. Named after the Dutch city where it was developed by psychiatrist Marius Romme and researcher Sandra Escher in the 1990s, it "emphasises accepting and making sense of voices."[1] Since its development, it has become increasingly influential in Europe, Australia, and New Zealand.

Voice hearers coming to the attention of psychiatric services are often stuck in destructive communication patterns with their voices. Research has shown that many voice hearing people have lived with the long-term impacts of trauma, a neglected aspect of psychosis in general and the voice hearing experience in particular.[2] Yet we also know that CBT, used with people with the diagnosis of schizophrenia, could lead to a changing attitude towards their voices (Chadwick, 1994).

The Maastricht approach looks at supporting people to make sense of their voices and learn to cope with them through therapeutic interventions. It is based on three key assumptions; that voice hearing is more common than was previously thought, that it is a meaningful reaction to people's stresses, and that it should be seen as a dissociative experience rather than a form of psychosis.[3] Emphasising an understanding of the purpose or meaning of the voices, the model works directly with a person's voices (emphasising their dissociative nature) by adapting the Voice Dialogue method, which engages with the different aspects of someone's personality.[4]

According to many proponents, "accepting the voices, finding positive ways to communicate with them, and viewing them as indicators of emotional problems, is the road to solving emotional and social problems."[5] Voice hearers can learn to give a personal and positive meaning to their voices, making them a part of their lives. When no longer dominated by their voices, people can become more self-determining. Empowerment and recovery are key objectives of the approach. Adelaide-based Nurse Practitioner Matthew Bell, who has worked with the approach, said "it's about the individual having an opportunity to know more about the person, or the voice they hear, to have a new relationship with that person based on more information."[6]

With support from family, friends and professionals the Maastricht approach offers an alternative to the traditional psychiatric approach that focuses on eradicating the voices. Peer support is also emphasised by proponents of this approach, with voice hearers working together to understand the meaning of their experience.[7] These networks provide support and give rise to creative ideas for recovery. Voices are seen as meaningful phenomena originating in the person's history.

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6. Vlahos, L, 2016, 'New Approach to Treating South Australians who Hear Voices,' *Premier of South Australia*, accessed 18 April 2017, http://www.premier.sa.gov.au/index.php/leesa-vlahos-news-releases/1139-new-approach-to-treating-south-australians-who-hear-voices.

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Community Restorative Centre

The Community Restorative Centre (CRC) is NSW's leading provider of specialist throughcare, post-release and reintegration support for people moving from prison to the community and their families. Our mission is to provide a range of practical and emotional supports, assisting people to build a sustainable foundation for the next stage of their lives.

In practical terms, this involves working with individuals with complex, multiple needs related to poverty, intellectual and cognitive disability, alcohol and other drugs, institutionalisation, and the resultant stigmatisation. These individuals have often been 'managed' by the system for their entire life, rather than being supported in the community.

The families of prisoners are also marginalised – by police and the courts, by the community, and by government services. CRC provides crucial support to those families supporting loved ones in prison while struggling to keep their heads above water on the outside.

The values at the heart of CRC's services are: respect for all people, a recognition of the humanity of people in prison, advocacy of the rights of all people to active and equal citizenship, equity and dignity, as well as the belief that all people have the right to an identity outside of the 'offender' label.

These values inform the CRC case management model, focusing on a strategy that is proven to reduce recidivism:

- A focus on reintegration beyond individual rehabilitation, which concentrates on structural predictors of recidivism such as poverty, poor housing and social isolation
- Incorporating unapologetic advocacy on a structural and individual level
- Recognition of throughcare as a bridge from prison to the community, providing continuity between the needs of an individual in prison and that same person on the outside
- Long term, intensive, relational case management that acknowledges referral fatigue
- An understanding that change is a long and difficult process and that preventing recidivism requires ongoing support
- Pursuing outreach work, as opposed to appointment based work
- Advocating for a 'Housing First' approach (which provides private accommodation without requiring someone to achieve a set level of progress) to release planning, as the lack of stable housing options is a leading factor contributing to recidivism

CRC Program Director Dr Mindy Sotiri explains, "For a lot of people we work with, they really don't have anybody else in their corner. They've often burnt bridges with family and friends, they're often isolated. Loneliness and social isolation is one of the key reasons people go back to prison and their caseworker is often the one person in their life that is genuinely hopeful they can change."

CRC SERVICES

CRC provides transition services for people who have just been released, often meeting them at the prison gates as they walk free. This initial release period is the most stressful, a time when individuals are most at risk of homelessness, alcohol and drug use, and reoffending. CRC staff members directly support clients on this first day and for months after: attending visits to Centrelink and Community Offender Services, looking at accommodation options, buying second-hand clothes, and visiting health centres. Clients are supported to navigate the many obligations and appointments they must keep if they are to stay out of prison.

The Alcohol and Other Drug Transition team delivers outreach support to individuals who have been denied access to mainstream counselling services, providing assistance for ongoing drug and alcohol issues with the aim of increasing health, wellbeing, and reducing offending.

The Telephone Information & Referral Service provides vital advice, referrals and information to family and community members, people on release from prison, as well as staff from government and non-government organisations.

CRC provides counselling and case work for families who are supporting loved ones inside, as well as brokerage, facilitation of video visits, and financial assistance related to the cost of travelling to visit remote prisons. This friendly, non-judgemental approach is vital to supporting families.

The Court Support Scheme operates in 17 local NSW courts and is available for defendants, witnesses, and victims of crime, as well as the friends and families of those attending court. It provides information on court protocol, sources of legal assistance, emotional support, and referrals to other services.

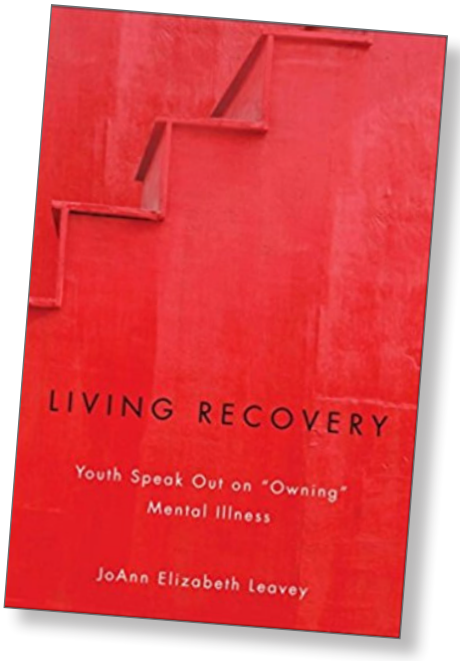
CHANGING LIVES
REDUCING CRIME

Living recovery: youth speak out on "owning mental illness"

> **Leavey suggests that a young person's experience of the world may be expressed internally as "developmental disruption"**

Living Recovery invites the reader to share a developing theory about how young people with "lived experience" of mental illness can be supported to transition towards recovery. Leavey proposes a lens not unlike an integrated approach to adult developmental theory, and describes a framework informed by interviews with people aged sixteen to twenty-seven in Canada, Australia and the USA. Leavey found that young people characteristically describe their illness as defining their social identity, and that the labelling and stigma they endure leaves them to struggle to find their sense of self from a "place of disadvantage." Proposing that youth lived experience can be viewed through a process of stages: emergence; loss; adaptation and recovery (ELAR), Leavey suggests that a young person's experience of the world may be expressed internally as "developmental disruption". This has the strong potential for the development of a negative identity and delayed social maturation. By understanding this process, professionals can consider and evaluate current practices. Working through developmental stages is tricky for any young person. The ELAR stages are neither static nor linear, and individuals will progress and regress, and professionals need to acknowledge the dynamic nature of the process. Interviewees reported how they had to learn to negotiate systems and institutions, make treatment decisions and learn how to articulate their needs and cope with the adversity, loss and grief experienced. Young people frequently experience loss of their identity as "normal". Sustaining a social loss over which they have no control is particularly devastating to identity formation and sense of achievement amongst peers. Adaptation is then a process through which young people can meet challenges, redefine themselves and reclaim their sense of control. To achieve the developmental task of self-acceptance despite their diagnosis, and move towards recovery is a process that requires social support.

The young people Leavey interviewed reported that coping with stigma is a key factor in whether they achieve recovery. She proposes that stigma is the major barrier to a person's ability to re-integrate into community. Adeptly demonstrating how overt and insidious stigma exists in society and so detrimentally affects a young person struggling through developmental stages, Leavey writes that this social experience of mental illness most often influences biological outcomes by accelerating or exacerbating a young person's difficulties. "Social stigma disrupts, spoils and alters the course of a person's life, and damages healthier options available to other people. The disruption of multiple loss can be conceptualised as the symptomology of social disease which accompanies mental illness". Leavey's data in the four ELAR categories emphasises the themes of stigma, labelling and multiple loss for young people. This important work has begun to address the lack of data in the field and gives voice to youth lived experience by offering valuable insights into the internal and external worlds of young people, leading to an approach that can better support developmental growth and recovery.



Living Recovery: Youth Speak Out on "Owning" Mental Illness
JoAnn Elizabeth Leavey

Review first published in February 2017 in *Psychosis Journal: Psychological, Social and Integrative Approaches,* Routledge, Taylor & Francis Group.

Working together to prevent suicide

Australians aged 15-44 are more likely to die from suicide than from any other cause.[1] This statistic highlights the importance of finding the right approach to suicide prevention. In early May MHCC hosted Suicide Prevention Australia's NSW consultation on its upcoming Strategic Framework for Suicide Prevention. Over 30 members of the suicide prevention community came together to discuss how the community mental health sector can better respond to this challenge.

The Federal Government is currently developing the 5th National Mental Health and Suicide Prevention Plan, the first time that suicide has been included so prominently in this document. With the encouragement of the Department of Health, Suicide Prevention Australia (SPA) is working on a Strategic Framework that will help to inform Government policy. SPA aims to have the Framework finished by August, when Australia's Health Ministers will attend the Council of Australian Governments (COAG) meeting and discuss the plan.

Attended by service providers and people with lived experience from Sydney and regional NSW, the session saw a lively discussion of the practical steps that are needed to make progress. With a variety of perspectives represented, the discussion shed light on the range of issues that need to be tackled to have an impact on suicide rates. These included staff retention, mental health training for GPs, and the challenges of providing services in regional areas.

The value of psychosocial supports was mentioned by a number of attendees, especially regarding the contribution of carers and the experiences of indigenous and culturally and linguistically diverse groups. This type of support requires the effective coordination of different organisations, something that a national strategy can highlight as key to better outcomes for people at risk of suicide.

Another theme was the level of knowledge and innovation at a grassroots level. Carers and support providers working directly with the community have a unique insight into approaches that can make a real difference in people's lives. They can also be a source of creativity in rethinking how we support people who are at risk of suicide. One suggestion was for people to be able to access peer workers at GP surgeries.

The knowledge that was shared at the consultation will now be incorporated into SPA's Strategic Framework. "We had a very good consultation with a wide cross-section of the suicide prevention community. It has added greatly to our knowledge and will help us design a new strategic framework for suicide prevention," said Stephen Holland, Head of Policy and Member Engagement, SPA.

SPA launched the process this February, with the resulting consultation paper calling for a systemic approach that brings the whole community together. This paper has since been shared around the country, with consultations in each capital city intended to refine the approach. If you have missed the consultation events but would still like to have your say, you can fill in an online survey at: www.suicidepreventionaust.org

1. Lifeline, 2016, 'Statistics on Suicide in Australia', page, accessed 30 May 2017, https://www.lifeline.org.au/about-lifeline/lifeline-information/statistics-on-suicide-in-australia.

Suicide Prevention Australia

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** for your story to feature in View from the Peak.

mhcc
mental health coordinating council

Getting to know you in Orange

A recent community-building event has led to tangible improvements for service users in Orange. On 28 February 2017 MHCC, LikeMind Orange and Aftercare brought together 50 people for a Meet Your Neighbour (MYN) event. The event was an opportunity for local organisations to learn about mental health services in the area, including the newly established LikeMind mental health hub, and promote collaboration between them.

The event was valuable, with a number of attendees saying that they would be referring clients to services they learned about on the day. This could lead to real improvements in client outcomes, with people able to access the support that they are looking for. In fact, connections made on the day are already supporting people in their recovery.

OCTEC (an organisation that places people with a disability in paid work) identified an employment opportunity at LikeMind. A young woman who they support has now taken on a part-time administrative role there, which she enjoys and has helped her to build confidence.

Another local resident who learned about LikeMind through the event, has now self-referred to the service and is receiving mental and physical health supports. This woman has said that she is amazed to be able to access so many treatment options through the one central hub.

The event organisers recognised that there was the potential for local services to build awareness about treatment and referral options. Many previous local networking events had not been widely attended. Lauren Dunkley, Community Development Coordinator at LikeMind Orange, said that MHCC's brand was instrumental in achieving MYN's high turnout.

Attendees represented a wide range of organisations from the community sectors, as well as representatives from the Centre for Rural and Remote Mental Health and the Western NSW Local Health District. After presentations from MHCC and LikeMind, attendees were invited to speak about their own organisations, before having the opportunity to chat informally over morning tea.

A new integrated service model

The local host was LikeMind Orange, a service that provides multidisciplinary support in the one location. LikeMind runs on a similar model to the youth-focused headspace service, with Aftercare acting as lead agency in a consortium of over ten other agencies in Orange. The centre collaborates closely with the Local Health District to bring in a range of healthcare providers. There are two Sydney-based LikeMind centres in Seven Hills and Paramatta, both led by Uniting Recovery. Aftercare will also be the lead agency for a centre in Wagga Wagga that will open soon.

The service provides support in four areas: employment, housing, alcohol and other drugs, and mental health. By promoting itself in this way, LikeMind attracts people who may not identify as having a mental health condition. The MYN event was a great fit for this model, bringing a variety of services together to improve the mental health support available in the region.

Thank you to LikeMind & Aftercare for hosting this event

LikeMind
CONNECTING MENTAL HEALTH CARE

aftercare

MHCC ACTIVITIES – AT A GLANCE

MHCC facilitated and/or presented at the following events

- MHCC Member Meet Up – 9 February co-hosted by ACON in Sydney and 1 June co-hosted by CCNB in Mona Vale.
- Meet Your Neighbour Orange - 1 March. MHCC hosted the networking event with Aftercare at the LikeMind Centre in Orange.
- CMHDARN: Kickstart - 27 April. Turning ideas into action - a workshop and seeding grants launch.
- Consultation on a National Strategic Framework for Suicide Prevention – 11 May. Hosted on behalf of Suicide Prevention Australia.
- TheMHS Conference – 29 August-1 September. Co-hosted by MHCC, Sydney Local Health District and the Partners in Recovery Inner West Sydney.

Key Submissions & publications

- 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
- Department of Health Fifth National Mental Health Plan: Consultation Draft. In addition to feedback provided to CMHA's submission, MHCC provided its own submission in order to emphasise some key issues.
- Disability Support and Rehabilitation. In this discussion paper, MHCC explores the implications for comprehensive service coverage, in an environment where the role and function of the NDIS within the mental health service system is a developing picture.
- NSW Mental Health Commission: Consultation on recovery in the justice system. The NMHC is required under its legislation to consider the issues confronting individuals who experience mental illness when they come into contact with the criminal justice system.

Community Mental Health Australia (CMHA) is the alliance of the eight state and territory mental health peak bodies of which MHCC is a member. The following are recent activities in which MHCC has worked with the alliance.

- National NDIS Mental Health Conference – 16-17 November.
- Productivity Commission inquiry into Introducing Competition and Informed User Choice into Human Services: Identifying Sectors for Reform
- Joint Standing Committee on the NDIS inquiry into mental health.
- New Paradigm Summer 2017. Magazine now produced by CMHA. The first edition, 'Building Capacity Through Change - The future of the mental health workforce', is now available.
- International Initiative for Mental Health Leadership (IIMHL). MHCC organised a 2 day host event on behalf of CMHA as part of IIMHL (27th Feb – 3rd March 2017). The match attracted 25 delegates. Its theme was 'Integrate, Coordinate, Complement or Tolerate: Exploring International Approaches to non-government organisations within mental health systems.' A summary report of the match is available detailing outcomes of the event and next steps.

Key Projects

- Agency for Clinical Innovation (ACI) Trauma-Informed Care and Practice (TICP)
- Capacit-e On-Line Learning Resources
- CMHDARN: Community Mental Health Drug and Alcohol Research Network (CMHDARN - NADA & the NSW Mental Health Commission Partnership Project)
- Cognition and Recovery, training module
- Establishment of CMO MH / AoD Ethics Committee (in partnership NADA)
- MHCC & NSW Official Visitors Program. Project proposal Mental Health Branch: Monitoring and safeguards mechanisms in NSW
- MHCC Reconciliation Action Plan (RAP)
- Reimagine.today (NDIS psychosocial online resource)
- Guidelines for Establishing NDIS Communities of Practice
- NSW Mental Health Rights Manual ongoing updates
- Partnerships for Health (P4H) - Ministry of Health Mental Health Program Approach
- Peer Work Training (NSW Scholarship Program)
- Development of a Community Sector Mental Health Professional Association - Project plan
- Recovery Oriented Disability Support and Rehabilitation consultation process
- Recovery Oriented Service Self-assessment Toolkit (ROSSAT) Consultancy Project
- Collaboration MHCC and South Eastern Sydney Recovery College
- Supported Decision Making: Choice Control and Recovery (partnership Public Guardian)
- Trauma-Informed Care and Practice Organisational Toolkit (TICPOT), packages and freely available Scaling Tool
- Workforce Development & Learning Needs Analysis (MHCC Workforce Development Advisory Group)

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