

CEO's report

THE ABORIGINAL and Torres Strait Islander Australian Human Rights Commission Social Justice Commissioner, Mick Gooda recently joined MHCC to celebrate the graduation of 10 Aboriginal students who completed the Advanced Diploma in Community Sector Management. The MHCC Learning and Development Unit worked with relevant people to review and develop the current course to ensure it met the needs of Aboriginal Managers.

MHCC has graduated 244 students through the Advanced Diploma over the last couple of years. Usually referred to as the 'Leadership in Action' course, participants from a range of community sectors have consistently spoken very highly of the practical application of emotional intelligence practices across the course materials.

The decision to dedicate a 'Leadership in Action' course specifically for Aboriginal workers was in recognition of barriers to learning and participation that some Aboriginal people experience when attempting to study with a non-Aboriginal group.

Supported by an Aboriginal Reference Group the course developers adjusted the content and delivery of the course to make it relevant and engaging to aboriginal students. Learning materials were specifically designed using visual representations of key concepts and flexibility in the course structure was afforded so that more time was spent exploring areas the students identified as real issues for them. Creating an environment that allowed students opportunity to talk more openly about Aboriginal culture, different cultural frameworks and specific difficulties faced by Aboriginal managers made the course objectives far more relevant and accessible to Aboriginal students.

While all courses develop a level of camaraderie amongst participants the sense of community in the Aboriginal Leadership in Action course was particularly evident with trainers observing that the group worked as a team rather than individually and helped those that faced difficulties in attaining different competencies.

For some of the participants it was the first course they had ever completed and others doubted their ability to complete but through the flexibility and support of the trainers were able to do so. At the ceremony students spoke emotionally about their experience of the course, their increased self-awareness and self-belief, their understanding of what it means to use control and influence as a leader and what it means to use emotional intelligence as a manager and as a person.

The ceremony was attended by Aboriginal elder Aunty Sue Blacklock who has been involved with the program



all along and who hand-made individual scarves for each student to commemorate their achievement. These scarves and the Diplomas were awarded to the students by the Commissioner and Aunty Sue.

The MHCC LDU has been working hard with the support of a dedicated Aboriginal reference group and LDU trainers Gillian Bonser and John Bamborough to increase the participation of aboriginal workers in attainment of qualifications throughout its accredited training. Currently 5% of students enrolled in the Certificate IV – Mental Health are Aboriginal; 3% in the Diploma of Community Services – Alcohol and Other Drugs and Mental Health, and 7% are in the Advanced Diploma of Community Sector Management 'Leadership in Action'.

MHCC's commitment to development of the Aboriginal workforce has recently been recognised by The Office for Aboriginal and Torres Strait Islander Health (OATSIH) with a contract to deliver a Mental Health Skill Set to Aboriginal workers and students in the Northern Territory.

MHCC has scheduled a second Aboriginal-specific 'Leadership in Action' course commencing 20 and 21 July, and enrolments are being accepted now. See the MHCC website for details.

Best wishes,

Jenna Bateman

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What is a Mental Health Commission?

IN ONLY recent months we have learned that NSW is to receive two new Mental Health Commissions (MHCs). First at the state level and now at the federal level. Details of their roles and structure are not yet available however there are a number of MHCs around the world that can give us a hint of what we can expect.

Generally a Mental Health Commission is established as part of a broader wave of mental health reform. This has happened in countries such as New Zealand, Canada, United States and Ireland. MHCs can be tasked with various functions, ranging from temporary inquisitorial bodies to permanent statutory authorities with full control of mental health legislation and public mental health funding. A useful way to distinguish between MHCs is by their relationship with the mental health budget – there are those with control of mental health funds and those without.

MHCs such as Canada and Western Australia take on the mental health budget from the main government department (usually the Department of Health; however in Western Australia the mental health budgets from all other departments are also taken over), whereas MHCs such as New Zealand and Ireland do not control and program funds and primarily take on regulatory and policy development roles.

Controlling the mental health budget effectively quarantines money dedicated to mental health services and prevents program funds being syphoned off to other parts of the health system. The MHCs devise their own frameworks for hospital, community and co-ordinated service provision, purchasing services as necessary from all three sectors – public, private and CMO. MHCs can also be given the status of a statutory body which in effect allows them to make modifications to mental health legislation.

The first and only operating MHC in Australia is the Western Australia Mental Health Commission. Established at the beginning of 2010, the WA MHC is in an early transition stage and is mostly comprised of ex-staff from the mental health division of the WA Department of Health, and services are still primarily purchased from the Health Department. However, over time this can and most likely will change as the WA MHC clarifies its goals, completes initial consultations and begins to make purchasing decisions involving any and all available organisations and partnerships.

National MHCs like those of Canada and New Zealand differ in that Canada controls mental health funding while New Zealand does not. In most other ways however they fulfil similar roles – reporting directly to the Prime Minister and relevant Ministers, as well having a strengthened and independent ability to gather and publish public data about service performance. In theory this results in providing greater levels of transparency,

Controlling the mental health budget effectively quarantines money dedicated to mental health services and prevents program funds being syphoned off to other parts of the health system.

accountability and motivation for policy-based reform. In New Zealand the effect of their MHC blueprint proved to be a broad yet practical guide for policy decisions, and was adopted fully as national policy.

As with the announced New South Wales MHC very little is known about the composition of the recently announced Australian Mental Health Commission, although with an operating budget of less than \$12m it is likely that the agenda will be quite narrow.

What we do know about the Australian MHC is that it will not be a statutory body and will have no power over mental health legislation, though it will be a separated executive body situated within the Department of Prime Minister and Cabinet. This will give the MHC true independence from the Department of Health and Ageing and bodes well for future reporting of mental health service planning and performance in Australia.

MHCC has been fortunate to be included in the NSW Mental Health Taskforce and looks forward to representing the community mental health sector during this exploratory work.

MENTAL HEALTH COMMISSIONS

	No funding control	Control of some or all mental health funds
Focus	<ul style="list-style-type: none"> ■ Predominantly regulatory and risk management agenda ■ Inspectorial, inquisitorial, or regulatory 	<ul style="list-style-type: none"> ■ Direct programmatic system reform and improvement ■ Budget holding and integrated commissioning
Examples	<ul style="list-style-type: none"> ■ New Zealand ■ Republic of Ireland ■ Northern Ireland ■ Scotland ■ Australia (proposed) ■ NSW (proposed) 	<ul style="list-style-type: none"> ■ Canada ■ Western Australia

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MHCC Activities – at a glance

- MHCC has presented and or been represented at the following forums:
 - FaHCSIA's Targeted Community Care (Mental Health) Forum in April
 - ACOSS Forum on community sector mental health in March
 - NADA Improved Services Initiative Forum in March
 - Homelessness National Quality Framework Forum
 - NADA Quality Forum
- MHCC represents the sector at the following working groups/reference groups:
 - NSW Health NGO Quality Working Group
 - Homelessness Community Alliance
 - Housing NGO Reference Group
- MHCC attended a symposium organised by the NSW Law Reform Commission and the Sydney Institute of Criminology to discuss the question of 'should NSW have a Mental Health Court?'
- MHCC made the following submissions:
 - Senate Inquiry into Mental Health and Workforce Participation
 - International Journal on Mental Health (article for publication)
 - Letter to Barry O'Farrell seeking a funding commitment to the recommendations of MHCC's Policy Paper
 - Letter to Mark Butler highlighting concern regarding the 'non-clinical' services funding to be administered by Medicare Locals
 - Productivity Commission Inquiry into Disability Care and Support: Draft Report
- MHCC Policy resource for CMOs – Reference Group has been established
- MHCC is developing a Care Coordination Discussion Paper as part of our Care Coordination Strategy
- The Recovery Resource Project is piloting the resource at 4 sites
- NGO Mental Health and Drug and Alcohol Research Grants Project is collating final research reports
- Research Network – A Research Network Coordinator has been appointed
- Risk Management – A Risk and Local Health Referrals Survey has been conducted online to help MHCC better understand the adequacy of information provided by LHNs/AHNs when referring consumers to NGO mental health programs
- Building Relationships with GPs – MHCC undertook a Scoping Project to gain information on the 33 NSW Divisions of GPs to find ways of working together and has begun to sign Memorandums of Understanding for Partnership and Cooperation with a number of Divisions of GP.
- Mental Health Rights Manual 3rd Edition – was launched on 25 May and is now available on our website
- Supervision Practices in Mental Health Community Managed Organisations in NSW Project – Interviews have been conducted with member organisations to determine current supervision practices in our sector
- New logo brand refresh – MHCC continues to roll out our new logo across all our activities
- Ombudsman meeting – the Ombudsman requested a meeting with MHCC to discuss an inquiry into the mental health system in NSW
- MHCC's Physical Health Industry Reference Group – collating information from member organisations and others on resources to compile on our website.

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Further reading:

Rosen, A, Goldbloom, D, and McGeorge, P (2010) 'Mental Health Commissions: Making the critical difference to development and reform of mental health services', *Current Opinion in Psychiatry*, vol. 23, no. 6, pp. 593-603. www.mhcc.org.au/documents/MHCommissions-Rosen-et-al.pdf

'A comprehensive analysis of the budget's mental health announcements', Croakey – the Crikey health blog, 11 May, 2011.

blogs.crikey.com.au/croakey/2011/05/11/a-comprehensive-analysis-of-the-budgets-mental-health-announcements/

'Letter to Premier Barry O'Farrell, re: Election Commitment to Establish a NSW Mental Health Commission', MHCC, 21 March, 2011.

www.mhcc.org.au/documents/Letter-to-Barry-OFarrell-Establishment-of-NSW-MH-Commission.pdf

Western Australian Mental Health Commission (website) www.mentalhealth.wa.gov.au/

Cross-sector relationships making connections

THE FIRST round of Medicare Locals (MLs) has now been announced with the task of leading primary health care reform from 1 July 2011. The NSW Medicare Locals include: Western Sydney, Hunter Urban, New England, and Murrumbidgee. 'There will be no one-size-fits-all for Medicare Locals. These locally-run organisations will help to better connect the vast array of primary health care services and also to improve local services' said Minister for Health and Ageing, Nicola Roxon.

Building relationships with newly established Medicare Locals and the existing Divisions of General Practice (Divisions) is an ongoing activity for MHCC and the community managed sector and we encourage and support all non-government community managed organisations (CMOs) to introduce themselves and the services they provide to their ML or existing Division. Some CMOs are already making valuable connections with MLs, Divisions and Local Health Districts (LHDs) and being included in cross-sector collaborations and activities for improved service coordination. In the case of PRA, this has occurred simply by making contact with the local Division and talking about their community based services and activities.

MHCCs Scoping Report of NSW Divisions of General Practice (now available on the MHCC website), identified some examples of cross-sector collaboration and service coordination in which Divisions have partnered with local CMOs and their existing programs to improve community access to psychological services under ATAPS or to provide clinical support and risk assessments to local CMOs. Once the link is made, many possibilities for working relationships seem to open up.

PRA have recently made a great step forward in their communications with Western Sydney Division - WentWest, which has led to improved working relationships not only with the Division, but the LHD and other CMOs. Judy Panter, PRA Regional Manager - Sydney West first made contact with the Division

NSW Medicare Locals Round 1:	Applicants
1. Western Sydney Medicare Local	WentWest Division of General Practice
2. Hunter Urban Medicare Local	Hunter Urban Division of General Practice
3. New England Medicare Local	New England, North West Slopes and Barwon Divisions of General Practice
4. Murrumbidgee Medicare Local	Riverina Division of General Practice, Primary Health Ltd, and Murrumbidgee General Practice Network

First round of Medicare Locals

'Through the information sharing we have benefited from the experience of others, identified resources, reduced resource expenditure by sharing tasks, and enhanced communication between agencies.'

seeking promotional material for mental health consumers and to let the Division know about their Back On Track Health (BOTH) initiative which supports mental health consumers to address their physical health needs and see a GP for a physical health screening.

Judy found WentWest's Mental Health Project Officer to be very interested in PRA's work with consumers and provided input on how to connect with GPs via the Division newsletter and local GP meetings. PRA has also been invited to sit on the Division Mental Health Reference Group which provides enormous opportunity for CMO contribution of ideas and information.

Furthermore, the Division realised the value of PRA getting involved in HealthOne, an integrated primary and community health initiative funded by NSW Health, supporting people with complex health needs. This led to an invitation from the HealthOne Coordinator to link into that program to develop a uniform approach to supporting PRA consumers in accessing GPs. The Physical Health /Mental Health working party has been established with broad representation from local Primary Health Care and Health Promotions team, LHD Mental Health, WentWest, Aboriginal Mental Health Liaison, PRA, Aftercare, other NGOs and CALD representatives have also been invited. The primary focus of the working party is to improve the physical health status of consumers living in the Blacktown LGA.

'Through the information sharing we have benefited from the experience of others, identified resources, reduced resource expenditure by sharing tasks, and enhanced communication between agencies', says Judy. 'In the future we hope that jointly, we are better able to support individual consumers in managing their physical health, support physical health care providers in being able to meet the needs of consumers and continue to work together on issues impacting on the delivery of care to mental health consumers in the Blacktown LGA.'

During MHCC's Scoping Project, Memorandums of Understanding (MOUs) for partnership and cooperation have been formed with many of the NSW Divisions to improve communication and ensure the Divisions have an informed knowledge of the mental health CMOs operating in their area. Most Divisions have expressed encouragement for local CMOs to make contact and introduce themselves. Engaging with Divisions on a local level is key to building these relationships - 'Get to know

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Meet Your Neighbour – Local GP Division

MHCC's 'Meet Your Neighbour' program this year has excited interest in a number of local Divisions of General Practice to either host or attend these events. Already this



year we have had Meet Your Neighbour events hosted by Bankstown GP Division and WentWest. Other GP Divisions signing up to meet their neighbours include Central Sydney and Nepean. Even where they have not been hosts, GP Divisions have been represented at Meet Your Neighbour Schizophrenia Fellowship at North Ryde and Meet Your Neighbour Neami at Darlinghurst.

The current elevation of GP Divisions into the thick of health reform via Medicare Locals has helped focus their attention on the role of community managed organisations in the delivery of mental health support services. MHCC has recognised the need that GP Divisions have to get to know the community managed organisations in their area and has been helping to facilitate this. We believe our Meet Your Neighbour program is a perfect opportunity not just for GP Divisions to get to know the CMOs in their area, what they do and what they are capable of, but it is



Wentwest (top) and Bankstown (above) GP Divisions

also a perfect opportunity for CMOs to get to know their local GP Division or Medicare Local, promote their services and find ways to work together. And that's what Meet Your Neighbour is all about.

MEET YOUR NEIGHBOUR – COMING UP

New Horizons Tweed

When: Tuesday, 5 July 2011

Where: New Horizons Tweed Heads Office,
2/14 Amber Rd, South Tweed

For more info: Stephanie Maraz 02 9555 8388 ext 104
or email: stephanie@mhcc.org.au

Break Thru Dubbo

When: Tuesday, 12 July 2011

Where: Break Thru Dubbo,
136 Darling St, Dubbo

For more info: Stephanie Maraz 02 9555 8388 ext 104
or email: stephanie@mhcc.org.au

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your local Division of GP' (View from the Peak Summer 2011) highlights ways in which your organisation could make these first links or enhance existing ones.

Working relationships and service contracts between Divisions/MLs and local CMOs will be essential to ensure people with mental health issues have access to a broad range of primary health care responses including community based rehabilitation and psychosocial support services. Start promoting your organisation and building those relationships now to ensure your organisation is part of the changes ahead.

A further 11 NSW Medicare Locals will be announced by July 2012, many taken up by existing Divisions,

either individually or in consortia. For this reason it is worthwhile getting to know your local Division now as they may soon take on the expanded role of a ML. Boundaries have been revised in NSW with an aim to improve local responsiveness. These ML boundaries and details of the new MLs are now available on www.yourhealth.gov.au

To read 'Get to know your local Division of GP' in the summer 2011 edition of View from the Peak, visit: www.mhcc.org.au/resources/view-from-the-peak.aspx

For more information on PRA's BOTH project visit www.pra.org.au/news/developments.html

Changing one person at a time

Debra Wells from New Zealand describes herself as a 'Service User, Educator and Consultant'. She is also a Keynote Speaker at the MHCC Conference 2011 Trauma informed Care and Practice: Meeting the Challenge. Here Debra shares with us a little bit about herself.

'So what do you do?'

You know the question; taxi drivers, parties, workshops, conferences...

I must say that I personally dread it. I am never quite sure how to answer.

I'll illustrate.

'I'm a self employed consultant'

'Really, that sounds interesting (really), in what field'

'Mental health'

'Oh... my brother's wife's sister went crazy. It was awful, tragic, so hard on the family... I heard that there was a shortage of Doctors...'

'I'm not a Doctor'

'Oh... what's your qualification then...'

'I went crazy... like your brother's wife's sister...'

'Oh, um nice to meet you.'

So yes, I am a self-employed 'nutter' consultant.

My career goal growing up didn't vaguely hint at this direction. I wanted to be a nurse or an air hostess. I ended up training as a Primary School teacher. Then I officially went mad, and what I mean by this is that other people noticed that 'I wasn't quite right in the head'. I had known this for many years.

I spent about 23 years of my adult life in and out of various hospitals. Over this period I had a total of eight diagnoses. I was pretty convinced early on that I was mad because of various abuse in my life. The mental health system, for the bulk of this time, didn't agree. So even my construction of why I was the way I was, was shattered. At about year 17 of my 23 year stint, a doctor finally said 'you are normal considering your history'.

'Normal?'

... and so begun an extraordinarily difficult and painful journey of renaming and re-remembering myself. To be honest, some days I despair about whether I will ever arrive.

During those years of 'madness' I ended up in Supported Accommodation. I decided to get back into the world



'My career goal growing up didn't vaguely hint at this direction. I wanted to be a nurse or an air hostess. I ended up training as a Primary School teacher.'

and enrolled in a one year course on Support Work. One thing led to another and I went back to University, finished my Bachelor's Degree and completed a Master's Degree.

After all of this study I needed a job... and I thought, who is going to employ a nutter with a Master's Degree. I voiced this to others. Three people (with no collusion that I know of) asked why I didn't set up my own business. The same question raised its head. Anyway, I decided that maybe the universe was trying to tell me something.

The first thing I did was get business cards printed, after all that's what you do isn't it? Then I... well, after business cards my ideas of how one went about setting up a business were depleted. Despite my obvious (both then and now) lack of

business savvy, I started getting asked to do various pieces of work. The rest is history so they say... I have now been working in this field for about ten years. During this time I 'maintained' my creds as a nutter by lots of time in hospital and out-patient clinics. My last contact with them was three years ago.

Over the years I have done a huge variety of things such as research, writing, training, development of training materials, auditing, and organisational development to name a few. At the end of the day, I will consider most work so long as it has clear and obvious benefit for service users.

My passion is training. I absolutely love it. In recent years I have also started talking and training about trauma and its largely ignored impact on peoples' lives. I do not find this easy... some days my own wounds weep. I suppose I justify it to myself by saying that if what I present can change one person's mind and practice, perhaps it is worth it.

Anyway, that's me... so what do I do? I like to think that I change the world one person at a time...

National one-stop NFP regulator

THE FEDERAL Budget has introduced long awaited reforms for the Not for Profit sector, including the establishment of a national, one-stop regulator, a tax crackdown on the commercial operation of NFPs, and the introduction of a statutory definition of 'charity'.

These reforms follow on from the consultation paper released in January 2011, as well as various reviews into the operation of the sector – including the report on Australia's Future Tax System in 2009 and the Productivity Commission's report on Contribution of the Not-for-profit sector in 2010.

The Australian Charities and Not-for-profits Commission (ACNC) will commence operations from 1 July 2012 and will initially be responsible for determining the legal status of groups seeking charitable, public benevolent institution, and other NFP benefits on behalf of Commonwealth agencies. The Commission will be independent of the Australian Taxation Office (ATO). In response to sector concerns of a perceived conflict of interest, the ATO will now begin to structurally separate its role of determining charitable status from its role of administering tax concessions in preparation for the ACNC.

The Budget will provide \$53.6 million over four years to establish a 'one-stop-shop' regulator to support the NFP sector. Such a regulator is welcomed by the sector who has been struggling under the red tape of complex regulatory and compliance burdens. The government will also seek to implement a 'report-once use-often' reporting framework for NFPs and provide education and support to the sector on technical matters, and establish a public information portal by 1 July 2013.

Minister for Human Services and Social Inclusion, Tanya Plibersek promises ongoing negotiations with the states and territories on national regulation for the charitable sector and acknowledges the importance of national coordination. An Implementation Taskforce will be set up from 1 July 2011 to assist the ACNC and to consult with the public, the NFP sector and government agencies.

Crackdown on tax exemptions

The Commission is also expected to advise on ways to tighten tax loopholes for charities and NFPs which run businesses unrelated to their charitable works, and in the process raise additional revenue for the Government. NFPs will now be asked to pay income tax on profits from unrelated commercial activities that were not directed back to their altruistic purpose. NFPs will also not be able to use input tax concessions – such as Fringe Benefit Tax and GST concessions – for their unrelated commercial activities.

There are concerns from across the charitable sector about the tax this regulator will define and oversee.

The government assures that the reforms will in no way affect the use of tax concessions to further a NFP entity's altruistic purpose, even where the charitable operation is conducted commercially.

Catholic Health Australia and Catholic Social Services are advocating for thorough and in depth consultation and investigation before any changes are made to current tax laws, to prevent unintended cuts to health services.

The government assures that the reforms will in no way affect the use of tax concessions to further a NFP entity's altruistic purpose, even where the charitable operation is conducted commercially. The government lists Not for Profit hospitals, op-shops that sell second hand items at discounted prices to those in need, NFP child centres and businesses whose purpose is to provide employment to disabled persons as examples of commercial activities that will not be affected by the reforms.

Small-scale and low-risk activities are also safe according to the government, which says activities such as lamington drive fundraisers, school fetes and the leasing out of church halls also won't be affected. The new laws will take effect on 1 July, 2011 and will initially only affect new unrelated commercial activities that commence after 10 May 2011.

Definition of 'charity'

The government has also announced it will introduce a statutory definition of 'charity' applicable across all Commonwealth agencies from July 1st, 2013, which will see Australia move away from an archaic common law definition which no longer reflects community expectations.

The Government will provide \$2.9 million over four years to the ACNC to develop new guidance for the sector, implement system changes, and re-assess the charitable status of entities on the basis of the new statutory definition.

For more details on the NFP sector reforms visit: assistant.treasurer.gov.au/displaydocs.aspx?doc=pressreleases/201

Infrastructure grants making a difference for small CMOs

MHCC HAS been administrating the NSW Mental Health NGO Infrastructure Grants Program (IGP) on behalf of NSW Health since 2007. The IGP is an initiative to assist NGOs providing mental health programs in NSW to improve service delivery by enhancing organisational infrastructure and engaging in service quality review and/or accreditation. The program has attempted to ensure that smaller community managed organisations (CMOs) have been able to access these funds and progress reports have been giving us some wonderful success stories of how these grants are making a difference.

A total of \$5 million has been allocated to the program in three streams of project funding. In total, 117 individual projects have been funded over the three year period.

The first two streams of funding target projects focused on improving the service environment, evaluating the service quality, improving operating systems and sector development. The types of activities funded have included:

- equipment purchase, facilities upgrade or building modification
- conducting program audits, consumer consultations and preparing for accreditation review
- improving IT systems, information management, developing business / strategic / staff development plans
- enhancing partnerships, undertaking research and hosting interagency forums

The third stream of funding was a one off grant provided to NGOs/CMOs to support mental health consumers in their efforts to stop smoking. The types of projects funded included those providing structured support to consumers to address their smoking, training staff in tobacco cessation and mental health and working on policy development.

MHCC recognizes the important role smaller organisations play in delivering services. We also know that many smaller organisations may have missed out on grant funding in the past simply because they lack the resources to put in applications by scheduled deadlines. The IGP program has attempted to address this with some dedicated funding for this group and reports coming in from a number of smaller organisations are showing that these grants are making a difference for consumers, staff and the organisations themselves. There are too many to write up here but we have chosen a few to give an idea of what some organisations have achieved under the IGP.

SUCCESS STORIES

Mountains Community Resource Network – production of a resource booklet

MCRN was funded under the IGP to produce a service directory and resource card for people living with or recovering from mental illness in the Blue Mountains Local Government Area. The final product, Resourceful Living, includes practical information to support and enhance healthy living and well-being as well as contact details for a wide range of local support services. The grant assisted MCRN to produce 2,000 booklets, 3,000 wallet-sized cards, an online resource and a series of workshops and forums which promote awareness of local services. The project was conducted in close collaboration with consumers, carers and service providers and consumers provided useful tips for inclusion in the resource book and also contributed to the artwork and design. MCRN believes that the resource reflects a consumer identified need and that the production process has strengthened cross-sectoral relationships and referral pathways between partner organisations. It has been an extremely worthwhile project!

Billabong Clubhouse – painting and refurbishment

The Clubhouse was funded to perform painting and internal refurbishment in order to improve the service environment. A survey of the opinions of 25 consumer members indicated that they felt the Clubhouse was more open, inviting, user friendly and practical after the refurbishment. They believe the new environment conveys a sense of dignity and respect and allows them to be more focused on their rehabilitation and recovery.

City Women's Hostel – air conditioning installation and computer upgrade

With their granted IGP funding, City Women's Hostel was able to install air conditioners in the communal kitchen and living areas of their hostel, as well as update their computer server and replace old equipment. The air conditioning has had a positive impact on the wellbeing of women residing in crisis accommodation. Activities such as cooking classes, reading and relaxing in the hostel are now much more comfortable. Their computer systems upgrade has led to increased productivity, convenience and quality of customer service. Their new server has also allowed more efficient access to the client database and secure storage of information. The infrastructure upgrades have helped City Women's Hostel to ensure effective, safe and efficient service delivery to residents of the hostel.

Online mental health rights

MHCC HAS launched the online Mental Health Rights Manual: A Consumer Guide to the Legal and Human Rights of People with Mental Illness in NSW (3rd Edition) 2011.

The launch at Hyde Park Barracks in Sydney on 25 May was attended by Minister Kevin Humphries and a number of notable people from both the mental health and legal fraternities. The project has been supported by the NSW Law and Justice Foundation.

The Manual is a concise and comprehensive online resource enabling anyone with a query about their mental health rights under NSW legislation to navigate the complex terrain of mental health and the law. It will enable them to become acquainted with their rights and obligations, and to find out where they can access support, information and guidance for themselves or those that they wish to assist.

This Manual has been written with the help of the Public Interest Advocacy Centre (PIAC) to present information with as much legal accuracy as possible in a form easily digestible for anyone interacting with the legal and mental health systems in NSW.

Consultations with consumers and carers were conducted which provided an invaluable direction for the Manual's contents, as has the engagement of advocates and key organisations operating in the mental health and legal sectors. The result is that we have a resource that is a 'living document' that can be updated to maintain currency and in a form that can be accessed easily by people anywhere and anytime. This can be vital in times of urgent need for information or support.

Professor Hilary Astor, the NSW Law Reform Commissioner launched the Manual, together with



Above: Guests at the launch of the Mental Health Rights Manual at Hyde Park Barracks in May.



From left: Minister Kevin Humphries, MHCC CEO Jenna Bateman and Corinne Henderson (MHCC).

Allison Kokany, Chair NSW Consumer Advisory Group and Geoff Mulherin, Director of the Law and Justice Foundation.

For further information about the manual go to the MHCC website at www.mhcc.org.au and to click on the NSW Mental Health Rights Manual button.

MENTAL HEALTH AND ALCOHOL AND OTHER DRUGS RESEARCH NETWORK

A MENTAL Health and Alcohol and Other Drugs Research Network was an outcome of MHCC and NADA's Outside In: Research into Practice Conference in December 2010. Since then we have been working on bring this research network into being. Recently Deb Payne has been appointed as the new Research Network Coordinator for MHCC and NADA and things are underway.

Thank you to all members who responded to the Research Network Survey. Watch this space. Launch of the MHAOD Research Network will soon be announced.

Establishing the Research Network is an important chapter in the development of both sectors. This will be a space for practice-based research, creating opportunities for forming relationships

and collaboration and supporting the translation of research into policy and practice.

The network is open to all individual members and member organisations of MHCC and NADA. Researchers and those new to research are encouraged to be part of the network in order to build the capacity for both sectors to undertake research.

To broaden involvement in research, the network will include activities aimed at supporting members both to gain research skills through skills-based workshops and forums to cultivate research partnerships and dissemination of research.

For more information contact Deb Payne, Network Coordinator deb@mhcc.org.au

From strength to strength – learning, scholarships and graduation

ON 14 APRIL 2011 The Mental Health Coordinating Council Learning and Development Unit held our annual graduation ceremony. Graduates from a range of backgrounds and services gave MHCC's courses a big tick of approval in providing industry relevant training and foundations for their future.

This year's event to celebrate the achievements of graduates was hosted at Sydney's Powerhouse Museum. Graduates were awarded qualifications in the Certificate IV in Mental Health, the Diploma of Community Services (Mental Health and Mental Health & AOD) and the Advanced Diploma of Community Sector Management.

The graduating cohort was audience to inspirational addresses from David McGrath (Director MHDASO NSW HEALTH), Danielle Ballantine (Executive Manager National Programs Breakthru) and Phil Nadin (CEO Psychiatric Rehabilitation Australia). These addresses allowed students to reflect on just how important their qualifications are and the potential for future contribution to the sector that this enhanced skill set will afford them. To prompt further reflection and celebration, graduates from each qualification spoke about their personal experiences undertaking further study, often whilst working full time, and discussed the overall payoff of such an experience.

Laurianne Froome (Diploma of Community Services AOD & Mental Health) echoed these sentiments 'It took me 12 months to complete the Diploma whilst working full-time... but the training is so relevant, the location was convenient and it was fantastic to network with students from other organisations. I am now looking at what else I can do through MHCC's Learning and Development Unit.'

Certainly, for students like Laurianne, undertaking

further study has become a little easier, with the advent of the MHCC Scholarship Program. Scholarship places have been made available again this August and will open for a final round at the end of 2011. Students who are awarded these scholarships are given substantial financial support to complete their program of choice. This financial aid, together with the support provided by MHCC has led to an increase in the number of successful graduates we are seeing.

Craig Byrnes (Certificate IV in Mental Health) sung the praises of his study experience at the graduation. Appreciating the formal occasion for recognition, Craig was also keen to express his appreciation for the MHCC staff 'I'd highly recommend the friendly environment, getting support was only a phone call away.'

The MHCC Graduation Ceremony was truly a celebration of outstanding achievements. These graduates are applauded and we hope to see an even bigger graduating cohort in 2012.



From previous page

Evaluation and Quality Improvement Program) which they auspice. MHCC will follow up and communicate to our members progress on this as well as any efforts by other accreditation providers such as QMS (Quality Management Services) in relation to the Standards.

MHCC will present more comprehensive information at the MHCC Regional Forums in August (see dates and locations on the back page of this issue). There will also be an opportunity for attendees to consider how these Standards might operate within the real life context of service delivery. In the meantime, we encourage people to look at the implementation guide available from the DoHA website: www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-servst10

Finding the standards:

Go to the Department of Health and Ageing website (www.health.gov.au), then click on the following buttons:

- 'for consumers',
- 'education and prevention'
- 'mental health'
- 'publications'
- 'National Standards for Mental Health Services 2010'

The implementation guidelines for NGOs (CMOs in our language!) are also available on this page.

Alternatively, you can order hard copies by emailing: health@nationalmailing.com.au and quoting publication code MH259



Mental Health Sports Network up and running

WELL OVER a hundred people turned out for the launch of the new Mental Health Sports Network (MHSN) by the NSW Minister for Sport and Recreation, The Hon. Graham Annesley at the Schizophrenia Fellowship of NSW in Gladesville on 29 April 2011.

The MHSN has been established to take over the activities of the Mental Health Sports Association (MHSA) whose Board members have now retired. This will ensure that the visionary foundations they established will continue to grow. MHSA was established in 1993 to provide opportunities for sport and recreation to people with mental illness. Through sport these people developed self-confidence, along with improvements to their physical and mental well being. Some of the participants have gone on to compete in open competitions in their chosen sport. Participation in sport has improved the participants' discipline, enthusiasm, social skills and general enjoyment and quality of life. This has been reflected in other areas of their life, for example gaining employment.

At the launch of MHSN, recognition was given to the dedication over many years of the former committee members, organisers and volunteers of the MHSA which was set up decades before research started linking better mental health with sport. Now of course, as was emphasised by Minister Annesley in his speech, there is ample research and evidence showing the positive effects on mental health through sport and physical activities.

The MHSN has been formed under the auspices of the Schizophrenia Fellowship with several other Foundation Members who have financially supported its formation. The Foundation Members are: Schizophrenia Fellowship of NSW; PRA; New Horizons Enterprises; Aftercare; Richmond Fellowship; NSW Health MHDAO; UnitingCare Mental Health; and the Department of Sport and Recreation.

MHSN will continue to offer the activities originally run by MHSA such as cricket, table tennis, lawn bowls, ten pin bowling, volleyball, indoor soccer and tennis but will aim to include some new activities. The aim will be to encourage grass roots initiation of events and through networking, enable others to participate and friendly 'competition' or inter-group matches to be organised.

The Network is being established as an umbrella body to enable all mental health agencies in NSW to join in and



The Hon. Graham Annesley, NSW Minister for Sport and Recreation launches the Mental Health Sports Network in April.

involve their members in sporting and physical health activities. There will be three levels of membership:

- Foundation members – organisations that support the establishment of the Network
- Program members – mental health recovery programs, eg. D2DL, HASI, PhaMs, clubhouse etc
- Individual members – people who wish to join and participate as individuals

Through the website (www.mentalhealthsportsnetwork.org.au) members are able to access information on events, sporting activities, reports on competitions, memberships etc. Members will have access to sporting rules, guidelines on competitions, event management, sponsorship, training etc. As the site develops, an e-newsletter, forums, research, and news will become available.

The Network has the support of the Department of Sport and Recreation and will be developing partnerships with sporting bodies, local councils, NSW Health and many others in the future.

For further information check the website www.mentalhealthsportsnetwork.org.au or contact Kate Gill at SFNSW on 02 9879 2600

OTHER NEWS...

South Sydney Youth Services becomes Weave

South Sydney Youth Services has changed its name to Weave. The move reflects the fact that the services they provide now cover more than just youth. The name was chosen by a competition which was won by a 12 year-old and represents the coming together of a range of services and service users.

Kaiyu merges with Samaritans

Kaiyu which started in Newcastle with a clubhouse and in recent times has been running a range of services has merged with Samaritans, another well-known service provider in the Hunter region. The new entity will be called Samaritans Kaiyu.

ehealth – the pros and cons

AUSTRALIA'S national ehealth Strategy is being named as an IT revolution in the nation's health system as it sets to transform the way health information is stored and accessed. The aim is to ensure that the right consumer health information is electronically made available to the right person at the right place and time to enable informed care and treatment decisions. This can mean better quality and continuity of care for consumers but it also raises a number of concerns that need to be monitored and addressed.

Mental health consumers often visit a number of healthcare providers and it is possible that a consumer could have one or more GPs, a psychologist, a psychiatrist, as well as dealing with other health professionals, pharmacists, and hospitals. The ehealth strategy will clearly be beneficial for consumers and their supporting health professionals if there is a comprehensive record about the consumer's care and medication without the need to repeatedly explain things. Health information currently stored on files scattered across GP surgeries, health centres, hospitals and other health professional offices will now become part of an electronic database enabling health information from a number of different systems to be presented in a single view. The system will support GP access to information linking physical and mental health needs. It will enable electronic transfer of referrals, test results and scans, as well as sending prescriptions directly to the pharmacist.

A 16-digit number called a 'healthcare identifier' has been assigned to every Australian known to Medicare in order to link the correct health information to the consumer. The identifiers are assigned and administered through the HI Service, operated by Medicare Australia.

If the roll-out goes to plan, by July 2012 any healthcare consumer will be able to ask their doctor to create an electronic health record – it is optional. Records will then be uploaded onto the web to be accessed – with patient permission – by a registered medical or allied professional. Consumers will be given online electronic access to their own information and should have the right to request, at any visit, that information they prefer to remain private not be included on their health record – however it is not clear how this would be enforced.

Privacy

Privacy concerns persist despite government assurances that personal health information is being managed in a secure, confidential and tightly controlled manner. The Consumers' Health Forum has raised issues around levels of access health professionals would have to patient records. In particular, patients in small towns

with specific conditions (including mental health issues) may be more at risk of being stigmatised if information was to leak. The Australian Privacy Foundation also expressed concern for security of patient information and a single storage site for data which could be hacked. Furthermore, the identifier number is raising warning bells for civil rights advocates, some of whom see it as a de facto national identity card with concerns about unrestrained government capacity for individual surveillance and monitoring.

For more information:

DoHA website with information relating to eHealth www.health.gov.au/internet/main/publishing.nsf/Content/eHealth

NEHTA is the lead organisation supporting the national vision for e-health in Australia www.nehta.gov.au/

Reference:

Karen Kissane, (2010) Please take a number. Sydney Morning Herald www.smh.com.au/national/please-take-a-number-20100919-15hyk.html

THE ehealth PLAN:

- Everyone will get a 16-digit individual health identifier.
- 700,000 professionals will get a healthcare provider's identifier.
- Up to 100,000 organisations such as hospitals get a group identifier.
- The patient and a care provider talk over what details should go into a shared electronic health summary.
- The e-health record is uploaded on to a secure website where it can be viewed and updated by authorised care providers.

THE UNKNOWNs:

- What health details are to be standard on the e-record?
- Who will store and manage records?
- How/whether patient consent will be enforced and recorded for each entry/access?
- How/whether patients will be notified of any privacy breaches?

Meet Shane Brown

CEO of Weave - formerly South Sydney Youth Service

VFP: How long have you been with Weave/South Sydney Youth Services and in what roles?

SB: I have been here 30 years. I started as an Outreach Worker and the sole employee working with young people with heroin problems trying to put them in touch with services that could work with them. I am a trained counsellor and I have also been a case worker and done counselling. I became the CEO 18 years ago when we got funding and extra staff. Currently we have 30 staff and run 15 programs

VFP: What did you do before?

SB: I came over from New Zealand when I was 17, went to uni here and then I worked for TAFE setting up student unions.

VFP: Tell us about the rationale behind the name change?

SB: Once we were only a youth service but now we do so much more and we needed a new name to represent our range of services. We held a competition to find a new name and a 12 year old won. The new name 'Weave' represents how a range of services come together. It's not an acronym for anything.

VFP: What are some of the challenges you face as CEO of Weave?

SB: It is a big battle to keep worthwhile programs going that you know are working. Our Aboriginal children's program at La Perouse has recently been defunded because of a change in State Government priorities to focus on 0-5 instead of older children. It is important as CEO to get involved in direct work rather than just manage staff. It is a challenge to keep the organisation happy and feeling enthusiastic about their work when among the people we deal with there is so much depression, hardship and clients with complex needs. It is also a challenge to make sure we devote time to advocacy and not just do direct work because it is through advocacy that the solutions will come. The need to do community development is another challenge - involving local people in successful outcomes.

VFP: How do you know that you are making a difference?

SB: We can see the changes in individuals who come back to visit when they are better or well. One person who was with us when they were 15 came back 20 years later and brought their family to visit. It was great to see the wonderful changes in their life. We have an annual MAD Pride event and just seeing the enthusiastic participation year after year is another indicator that we are making a difference.



VFP: What are some of the things you have learned?

SB: Organisations need to be diverse in programs and funding bodies to cope with changes in funding. We have 17 or 18 different funding bodies. It is also important to understand the communities that you work in and recognise the positive role that community members can play.

VFP: How can the arts help the people you work with?

SB: It can provide social interaction with others and through selling their work the individuals can make money and rise above poverty. Also often when working with individuals you need to give them the opportunity to give back to the community and have their skills acknowledged.

VFP: Where to now - what's your vision for the future?

SB: With all the changes and growth recently there is a need for us to consolidate over the next two years and prove what we do is able to respond to changing needs. We need to improve our funding from the corporate sector and look at more sources of non-traditional funding.

VFP: What do you do in your spare time?

SB: I do woodwork and gardening. I make furniture and I've just finished making a bookcase. In my spare time I like to work with my hands - nothing that requires too much thinking.

VFP: Any words of wisdom for new players?

SB: Be polite and be respectful of others and other organisations. Have a good understanding of why you do what you do. Have a clear world view and its political context. All these things can prevent burn out when you are working for social justice, equity, healthy communities, the right services and the right opportunities.

Anglicare

ANGLICARE Sydney is the urban mission arm of the Anglican church in the Sydney diocese, providing holistic Christian care to individuals and families across a broad range of programs, promoting wellbeing, healthy relationships and social justice. ANGLICARE seeks to grow inclusive communities of care whereby people develop greater understanding, support and respect for those who are disadvantaged or on the margins of society.

ANGLICARE services encompass a wide range of community-based programs, including emergency relief for people in crisis; out of home care and adoption programs; counselling and relationship support for individuals, couples and families experiencing trauma, abuse, grief, conflict, mental health issues and family breakdown; migrant and refugee services; aged care programs through residential and day centres and community services; opportunity shops providing low-cost clothing; disaster recovery emergency services; chaplains working in hospitals, prisons, mental health facilities and juvenile justice centres and ESL classes in local communities.

ANGLICARE's specific mental health programs provide case management services for people with complex care needs. Staff in the Personal Helpers and Mentors (PHaMS) program in south east Sydney walk alongside those experiencing mental illness, building trust and working on participant-led goals. Community cafés in Bondi and Maroubra provide a safe, welcoming space for people to sit and engage in relaxed conversation, games and artistic activities with live music. The cafés are supported by volunteers who also assist with a walking group, wellness group, art group and gardening group.

Urban Arts Base (UAB) is an innovative arts-based program for young people aged from 15 to 30 affected by mental illness. Based in Double Bay, UAB now has a 'Van Gogh' van that enables outreach artistic activities with young people in the community or close to their home. Through music, drama and art workshops, young people can explore and develop skills. As self-confidence grows and recovery progresses, participants are able to look towards vocational and employment opportunities.

ANGLICARE supports carers who care for someone with a disability or mental illness through services such as its Support Coordination program for older parent carers. The Haven Project in the Camden area was developed to support carers by linking families into flexible respite, strengthening social networks and developing peer support opportunities. Holiday camps and weekend recreational activities provide fun opportunities for carers, the person with a mental illness or the whole family. Respite services in the Nepean region and south west Sydney also support carers.

Carramar Early Intervention program supports young single parents with parenting and accommodation support in the Parramatta area. ANGLICARE's Street

ANGLICARE sees social advocacy as an essential role in promoting understanding of mental illness and reducing stigma in the community.



Outreach program offers hope and support to young homeless people in the Parramatta city centre. Family dispute resolution and relationship counselling is offered through the ANGLICARE Family Relationship Centres in Parramatta and Nowra. Community-based family support services provided by ANGLICARE offer home visiting programs, playgroup and parent education services in Mt Druitt, Liverpool, Sadleir, Marrickville, Wollongong and the far South Coast.

ANGLICARE sees social advocacy as an essential role in promoting understanding of mental illness and reducing stigma in the community. ANGLICARE's Social Policy and Research Unit regularly reports on service findings in order to recommend changes in government and related public policy and community services.

Retiring CEO Peter Kell recently stated that 'early intervention and awareness is a win-win; it normalises mental illness by making help accessible and empowering people to care for themselves and others better in the future.' For example, to coincide with Mental Health Month in October 2010, a mental health resource was launched in schools working in partnership with ANGLICARE in order to develop better understanding of issues, awareness of support networks and de-stigmatise mental illness.

ANGLICARE's new CEO, Grant Millard commences in August 2011.



Anglicare PHaMS staff at Bondi



MHCC REGIONAL FORUMS

MHCC is conducting a number of Regional Forums in August to connect with members and other interested people. We will be:

- sharing the latest news around what is happening with health reforms, Medicare Locals and how care (ie service) coordination funding will affect your service
- workshopping the new Mental Health Standards and the NGO Implementation Guide
- seeking your input on MHCC's strategic planning for the next 3 years
- discussing how our research network can help you gather the evidence and apply for seeding grants.

Dates and locations:

(for exact locations and starting times check our website www.mhcc.org.au)

Tuesday 2 August	Newcastle
Friday 5 August	Wagga Wagga
Monday 8 August	Dubbo
Friday 12 August	Ballina
Monday 15 August	Nowra
Wednesday 17 August	Sydney

August

12th International Mental Health Conference – Personality Disorders: Out of the Darkness

When: Wednesday 24 August to Friday 26 August 2011

Where: Radisson Resort Gold Coast

For more info: www.anzmmh.asn.au/conference2011

September

11th NSW Early Psychosis Forum

When: Monday 5 September to Tuesday 6 September 2011

Where: Westmead Hospital Education Block, Level 2, Main Entrance Hawkesbury Rd, Westmead

For more info: Freeda Diab-Elias 02 9845 6688 or Freeda_diab@wsahs.nsw.gov.au

21st Annual TheMHS Conference 2011: Resilience in Charge

When: Tuesday 6 September to Friday 9 September 2011

Where: Adelaide Convention Centre

For more info: www.themhs.org/2011-conference or Email info@themhs.org

October

Mental Health Month

When: Saturday 1 October to Monday 31 October 2011

Where: NSW wide

For more info: www.mentalhealth.asn.au

34th National Conference for the Australian Association for Cognitive and Behavioural Therapy

When: Wednesday 26 October to Sunday 30 October 2011

Where: Hilton Hotel Sydney

For more info: conferences.ozaccomm.com.au/2011/acb11/index.aspx

For much more information on a range of events check out our weekly FYI e-news for members or check our website www.mhcc.org.au

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