

Addressing the separation of mind and body

THE DAYS when psychiatrists gave scant attention to the physical health of their patients is hopefully largely behind us. Certainly there has been enough literature around on the issue over the last few years that even the most isolated practitioner should now be aware that the separation of mind and body is not a useful way to help people feel better in the world. People with mental illness have higher levels of obesity, smoking and substance abuse and studies indicate that premature deaths in persons with schizophrenia are due to medical conditions such as metabolic disorders, cancer, cardiovascular and pulmonary disorders and infectious diseases which can often be treated if caught early.

There is now clear evidence that the physical health effects of mental illness and the treatment of mental illness cannot be managed separately. Various studies since the 1980s have indicated that people with mental illness are dying on average 10-25 years earlier than their non-mentally ill counterparts. There is also clear evidence that medications prescribed to alleviate the symptoms of mental illness are contributing to the higher than average death rates. In fact according to research the second generation antipsychotic medications have become more highly associated with weight gain, diabetes, dyslipidemia, insulin resistance and the metabolic syndrome.

But just how much of this message is getting through to prescribers of psychiatric medications? Earlier this month the Sydney Morning Herald printed an article which highlighted the over prescription of antipsychotics and antidepressants to people over 67 (prescribed at twice the rate they are given to younger people). This article was followed the next day, again in the SMH, by information obtained under the freedom of information laws that shows prescriptions of antipsychotics to children have doubled in five years and that prescriptions of antidepressants to children have also increased despite warnings about use of these drugs being linked to suicidal thoughts in children.

Australia needs to question how psychiatric medications are being prescribed and their overall health effects on people with mental illness. Debate is needed on how the research is being disseminated and interpreted; on how consumers and carers are able to participate in therapeutic dialogue about their medications; on how medical students are being trained in the use of psychiatric medications and on why some doctors continue with dangerous prescribing practices.

In September this year MHCC along with our South Australian counterpart the Mental Health Coalition of South Australia (MHCSA) and other state peaks is looking to bring Joseph Parks MD to Australia to contribute to the focus on this fundamentally important issue. Dr Parks is a psychiatrist, research professor and Director of Missouri Institute of Mental Health. He has written extensively on the morbidity and mortality of people with mental illness including the links between psychiatric medications, physical and mental health. His major paper in this area can be accessed at <http://1.usa.gov/jpmorbidity>.

Jenna Bateman, Chief Executive Officer



Allan Burke 2012

“Various studies since the 1980s have indicated that people with mental illness are dying on average 10-25 years earlier than their non-mentally ill counterparts. There is clear evidence that medications prescribed to alleviate the symptoms of mental illness are contributing to the higher than average death rates.”

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Projects:

- Medicare Locals Partnership Development
- Supervision practices in mental health community managed organisations: literature review, consultation report, recommendations and tools for implementation
- Service Coordination background and discussion paper for consumer, carer and service provider consultations
- Trauma Informed Care and Practice
- Community Mental Health Drug and Alcohol Research Network (CMHDARN)
- Management of Psychological Injury

Submissions:

- Policy amendment regarding Housing NSW and/or community housing waiting lists
- Royal Australian and New Zealand College of Psychiatrists concerning psychotherapy training in psychiatry
- Preliminary comment on a forthcoming review of the NSW Mental Health Act 2007
- Draft Clinical Practice Guidelines for the Management of BPD.
- Draft National Recovery-Orientated Mental Health Framework Discussion Paper
- ASCA Draft Best Practice Guidelines for Trauma Informed Care and Trauma Informed Care and Practice, Organisational and Specialist Services
- NSW Health/ADHC. ISP Report: Profile of People Nominated to the ISP and criteria forms
- NSW Mental Health Drug and Alcohol Office Transfer of Care Policy

MHCC facilitated a range of events and presented at the following conferences, forums and other occasions:

- MHCC/NADA Partnerships Forum 9 May
- Launch of the (CMHDARN) Research Seeding Grants Program 24 April

- MHCA NSW Pre-Budget Forum 27 March
- Aboriginal Workforce Development Forum- Aboriginal Careers in Mental Health Initiative Launch 22 March
- Mental Health and Diabetes Forum for NSW Agency for Clinical Innovation (ACI) 4 April

MHCC notable representations in advisory, reference groups, working groups and committees:

- MHCC Physical Health Reference Group
- Community Mental Health Australia (CMHA)
- Mental Health and Diabetes Forum for ACI
- Health Complaints Commission Consumer and Community Group
- Justice Health Consumer and Community Group
- Justice Health CCG Mental Health Sub Committee
- Mental Health Professionals Network
- NCOSS Health Policy Advisory Group (HPAG)
- Trauma Informed Care and Practice Advisory Working Group
- National Mental Health Commission Roundtable and Forum
- Hoarding and Squalor Roundtable

MHCC attended notable events including:

- National Hoarding and Squalor Conference
- DVD Launch *Older Australians: Valuing the Hidden Treasures* - Australian Catholic University
- ANZAP Seminar Series: Attachment Dynamics, Incestuous Abuse Continuing into Adulthood, and Dissociation
- Homelessness Conference 2012

The Aboriginal Careers in Mental Health Initiative

THE ABORIGINAL Careers in Mental Health Initiative is a workforce development program with five objectives:

- Build the capacity of community mental health organisations to employ and support Aboriginal workers.
- Build the capacity of community mental health organisations to employ and support Aboriginal workers and increase Aboriginal employment in the community mental health sector.
- Build the capacity of community mental health organisations to engage with and better support Aboriginal communities and people.
- Assist Aboriginal people to develop the skills and requirements to work in the community mental health sector.
- Increase Aboriginal engagement with vocational training.

The Aboriginal Careers in Mental Health Initiative was launched on 22 March at the National Centre for Indigenous Excellence by Minister for Mental Health, Kevin Humphries. The Initiative is coordinated by the Mental Health Coordinating Council (MHCC) and funded by the NSW Department of Education and Communities (DEC).

The program involves MHCC engaging in partnership with community mental health organisations to support a total of 50 new traineeships and cadetships for Aboriginal people in NSW.

The program is open to all who are interested in developing an Aboriginal workforce in their organisation. To apply, interested community organisations need to complete a simple and targeted Expression of Interest form (round one closed on 27 April). All applications will then be assessed by a panel arranged by MHCC in collaboration with DEC.

Each organisation selected to be involved in the Aboriginal Careers in Mental Health Initiative will be provided at no cost; a tailored package of support to meet with their individual organisation needs and preferences. Supports include: information for employers, the MHCC Aboriginal Projects Officer and mentors from the State Training Services (STS) Aboriginal Unit.

This program is a wonderful opportunity for organisations to build their Aboriginal workforce,



From left: Tony Aumuller, Minister Kevin Humphries, Jenna Bateman, Simone Montgomery

improve engagement with Aboriginal communities and clients while building the cultural capacity of their organisation.



“This Aboriginal careers in mental health is important and in line with the government’s strategy to ‘Close the Gap’, as it will assist to increase Aboriginal employment in the non-Government mental health sector, provide workplace relevant skills and knowledge to Aboriginal trainees and cadets, build the capacity of non-Government Organisations to provide culturally appropriate workplaces and services, increase the number of Aboriginal people with mental health issues to access mental health services to close the gap, promote the importance and value of Aboriginal workers in the sector. The biggest outcomes for closing the gap is that Aboriginal people will gain the necessary skills to work in an area that needs many more aboriginal people to work. It will ensure that that Aboriginal people get assisted in a culturally appropriate manner.”

Belinda Trikilis, Aboriginal Projects Officer
MHCC

For more information visit www.mhcc.org.au
or email aboriginalprojects@mhcc.org.au

Review of the NSW *Mental Health Act 2007*

FIVE YEARS have elapsed since the NSW Mental Health Act 2007 was passed through Parliament, and MHCC have just been invited by the Minister for Mental Health, Kevin Humphries to provide preliminary comment on any matters that should be considered as part of the statutory review of the NSW Mental Health Act 2007(MHA). There are many issues that the sector will need to be consulted on and MHCC will facilitate consultations for consumers, carers and service providers when the Government's Discussion Paper is available for circulation. In the meantime, in the short time available, MHCC raised some of the issues that clearly need to be discussed including an important matter concerning an issue surrounding capacity.

Historically mental health laws all over the world use a risk of harm criteria as the basis for involuntary treatment. The NSW MHA currently permits treatment of persons living with mental illness if it is considered by two doctors to be necessary to prevent serious harm to the person or to others (s14). MHCC are aware that Victoria and Tasmania have exposure mental health bills before parliament that have shifted towards a position whereby mentally ill people

who retain legal capacity to make medical decisions for themselves should be able to refuse medical treatment if they do not wish it, regardless of perceived risk of harm without that treatment. This is believed to more appropriately reflect human rights obligations under the UN Convention on the Rights of Persons with Disabilities. Nevertheless, it is difficult to imagine how this might effectively work in practical terms, and assessing capacity is extremely complex. Following on from this proposed amendment (in the above mentioned Acts) those who lack decision making capacity should be able to access treatment that is in their best interests, without having to show that they are at risk of some kind of "serious harm" additional to the harm involved in just having a treatable illness.

A process of appeal for people refused admission or specific request for care is also an issue for consideration in this review of the NSW MHA

For more about MHCC's preliminary comments to the Minister, the submission is available at www.mhcc.org.au or contact Corinne Henderson at corinne@mhcc.org.au

WHAT'S NEW IN PROFESSIONAL DEVELOPMENT

Working Together for a Trauma-Informed Response to Aboriginal Healing Needs

Is a two day workshop for people who want to know more about the trauma-informed work Aboriginal people have been doing since 1993 through the We Al-li Program. This work was designed, developed and is delivered by Aboriginal people, in response to the violence trauma healing needs of Aboriginal families and communities.

Those who attend will work together to plan opportunities for trauma-informed policy and program development, trauma-informed organisational structures and service delivery, specifically designed to meet Aboriginal and non-Aboriginal needs in mental health, family justice, child maltreatment and juvenile and adult justice services delivery.

Workshop Facilitator – Judy Atkinson

Emeritus Professor Judy Atkinson is Jiman-Aboriginal Bundjalung woman. She holds a BA from the University of Canberra, a PhD from Queensland University of Technology and is also a graduate of the Harvard University course; Program for Refugee Trauma – Global Mental Health Trauma and Recovery. Judy co-authored the *Aboriginal and Torres Strait Islander Women's Task Force on Violence Report* for the QLD Government and published *Trauma Trails – Recreating Songlines: The Trans-generational Effects of Trauma in Indigenous Australia* in 2002.

Co-Facilitator – Ash Dargan

Ash Dargan is a Larrakia man from Darwin, Northern Territory. He has represented his culture and land on the world stage as both a cultural artist and a cultural ambassador for over ten years.

Community Mental Health Drug and Alcohol Research Network (CMHDARN)

Why a Research Network?

The Mental Health Coordinating Council (MHCC) and Network of Alcohol and other Drug Agencies (NADA) have established a partnership project to increase the capacity of our member agencies to engage in research and contribute to evidence-based practices. MHCC and NADA view the Research Network as a key aspect of their ongoing partnership work, and they hope that it will encourage member agencies to further develop their understanding, relationships and collaborations across the sectors.

With research and evidence-based practice being critical to the success of service delivery, it is essential that we build a research agenda for the NGO sector. Research into community based practice needs to be enhanced, promoted and valued. This is fundamental to support the growth and maturing of the NGO sector. Also of note is an increasing awareness of the incidence of coexisting mental health and drug and alcohol problems and other related problems. These include poor treatment outcomes and higher levels of disability, despite which there is limited research on effective interventions for this group.

The aim therefore of the Community Mental Health and Drug & Alcohol Research Network (CMHDARN) is to build the capacity of non-government mental health and drug & alcohol services to engage in research and develop more strategic and long term relationships with researchers.

What is the Community Mental Health and Drug & Alcohol Research Network?

The CMHDARN is open to all non-government organisations in both the mental health and drug and alcohol sectors. The network will facilitate the development of a culture of research by providing opportunities and promoting exchange of ideas, sharing of resources, and support and collaboration between NGOs.

The Research Network, once fully established, will involve a range of activities that could include:

- professional development events relating to research, such as workshops and forums
- journal club discussions and webinars,
- Research Seeding Grants Program;
- website and related resources, such as an E-newsletter (coming soon)
- mentoring program.



Research Seeding Grants Program Launched!

On Tuesday 24 April, this important initiative of the CMHDARN was launched.

These grants are to be used to support organisations to prepare themselves to undertake research in the future. Through the Research Seeding Grants Program, successful applicants will achieve the outcome of having a detailed research proposal that can be adapted to fulfil the requirements of other research grants programs.

At the Launch, those attending were able to hear in detail about completing the EOI and the criteria for selection. They were also able to develop their understanding and skills in research through a workshop facilitated by Associate Professor Sue Goodwin from Sydney University. Entitled From Ideas to Action - developing your research proposal, this was a great opportunity to learn from someone who has worked closely with the NGO sector around research.

Community managed organisations in the NSW non-government alcohol and other drugs and mental health sectors, who are currently ordinary members of either MHCC or NADA (or both), can apply for funding, up to a maximum of \$10,000 (excluding GST), for projects which must be completed before June 30 2013.

The CMHDA Research Network is supported by the NSW Ministry of Health

For further information on any aspect of the CMHDA Research Network or the Research Seeding Grants Program, contact:
 Deb Tipper - Project Officer, Research Network
 deb@mhcc.org.au
 Phone: 02 955 58388 ext 135



Collaboration between MHCC and the Mental Health Professionals Network

IN APRIL 2012, Minister for Mental Health and Ageing Mark Butler launched the third phase of the Mental Health Professionals Network (MHPN) project. This represents almost \$7 million to support training and professional development for the primary mental health care workforce and community services sector.

Support for local mental health networks is part of the Government's broader agenda to develop an integrated mental health system and additional funding will allow additional local mental networks to be established, and support and grow the existing networks. Minister Butler said that 'a well-trained mental health workforce is important to the delivery of quality mental health services and this project will result in improved referral pathways, increased knowledge of local services providers and better care coordination for people with mental health needs'.

Over the life of this project funded by DOHA, around 14,000 clinicians from general practice, psychiatry, psychology, mental health nursing, occupational therapy, social work and the community managed mental health and allied services sectors will be able to meet for professional training and support approximately four times each year, in their local area and via additional training available online. Online network participants are able to hear from leading mental health professionals, carer and consumer representatives through a series of web-based seminars, or "webinars", on topics of interest to those working with people with mental health problems.

The networks provide opportunities to listen to and present; discuss areas of interest, referral and potential collaboration. MHCC hope that more involvement from the community sector will greatly increase understanding about the diversity of the community managed sector and the work it undertakes in providing recovery-orientated services.

The aim of the collaboration between MHCC and MHPN is to grow the relationship between the mental health community workforce, public and private health sectors, and improve service and care coordination. To promote this relationship, recently MHCC dispatched a flyer to members encouraging them to join the MHPN.

MHCC encourage all community mental health workers to join, including those who have lived experience as consumers or carers. By joining MHPN, members have access to meetings that provide opportunities to network with a broad range of people from other health provider groups in a local area.

So far there have been 21,000 attendances at network meetings nationally in the 450 plus interdisciplinary mental health networks established across Australia (140 plus in NSW). Over 43% of networks are located in regional, rural and remote locations and there are 4,900 online community members. Since the project's inception over 35,000 members have attended workshops and networks. MHCC hope to be part of providing webinars later in the year.

Available 24/7 through MHPN's website, the online networking tool enables professionals across Australia to communicate with other providers in a secure environment; expand their networks and referral options; post and share resources, gain professional development opportunities and peer support. Members receive a certificate for attendance for network meetings which some professional bodies allow to be included as Professional Development hours; which is a real bonus for practitioners who require this for ongoing accreditation. These meetings are free of charge. For more information and to join visit www.mhpn.org.au

For more information contact MHCC Senior Policy Officer Corinne Henderson at corinne@mhcc.org.au



UPCOMING WEBINARS:

13 JUNE

Interdisciplinary case study discussion: Collaborative Care for Eating Disorder presentations

MHCC Gets Green

MHCC HAS been busy getting green over the past six months!

A lot of changes have been made in order to reduce MHCC's carbon footprint:

- Little signs have been placed by the lights in all the offices at MHCC, reminding staff to switch off their lights when they leave the room.
- MHCC is now the proud owner of a Bokashi bucket, which uses a revolutionary fermentation process that turns kitchen waste into a rich soil conditioner. The Bokashi bucket is a practical and convenient alternative for transforming kitchen waste into a nutrient rich soil conditioner.
- We have switched over to recycled toilet paper, and recycled paper for our smaller printing jobs. MHCC has switched over to Fair Trade coffee, as part of our commitment to preserving our environment and to standing up for human rights.
- We have also switched over to eco-friendly washing up liquid and non-anti-bacterial hand soap.

CLEAN UP AUSTRALIA DAY

A handful of MHCC staff also volunteered for the Clean Up Australia Day, a national event encouraging thousands of Australians to take to their local park, beach, bushland and streets to really help make a difference to their local environment. Eight staff volunteered to scour Callan Park for half a day picking up the rubbish and sorting it into recyclable and non-recyclable rubbish bags. The day was a big success, and we managed to fill over 10 bags of rubbish!

Many positive steps have been made to ensure that MHCC is an eco-friendly work place, and we strive to continue to do our bit to help protect our fragile world.



Image courtesy of Clean Up Australia

Peace of Mind

THE MHCC and ACON (formerly the AIDS Council of NSW) are excited to announce a new working partnership. As part of ACON's Peace of Mind project the MHCC has customised their well established and highly acclaimed *Mental Health Connect* course to produce a 1 day course aimed at members of the Gay, Lesbian, Bisexual and Transgender (GLBT) communities.

Research in Australia and overseas consistently shows rates of mental health issues such as depression, anxiety and suicidal ideation among GLBT people to be higher than those for the general population. For example, the Private Lives 2 Study released in April 2012 reports that over 30% of respondents had been treated for depression, with a startling 50% of transgendered women having experienced or been given this diagnosis over the last 3 years.

The Peace of Mind project is seeking to increase mental health literacy within the GLBT communities and to encourage people to support their friends and family who may be experiencing mental distress. The pilot workshops are being

evaluated this week and will provide a feedback for the final version of Mental Health Connect for GLBT People to be rolled out across NSW this year. The workshops will be accompanied by events and briefings for local service providers.

One participant quoted "The presentation had a profound effect on me and the openness of the group really was an experience. I found myself left feeling privileged"

Forming a working partnership with the MHCC and presenting workshops aimed at both community members and also service providers provides benefits for both organisations. The MHCC's wealth of mental health knowledge and training expertise together with ACON's high level of engagement and experience in health promotion within the GLBT communities creates a solid combination to address this health inequity.



The MHCC Injury Management Project

MHCC's INJURY Management Project (IMP) was inspired by member concerns about managing workplace injuries (in particular, return-to-work practices), and increasing workers' compensation premiums.

The overall aim of the IMP is to strengthen the capacity of mental health CMOs to manage workers compensation insurance and workplace injuries.

It is envisaged that material developed through the IMP will enable us to more clearly see what is required for successful injury prevention and management, such as the quality of relationships between CMO managers and staff, collaborative approaches in the workplace, and a safety culture.

The Injury Management Guide highlights the importance of – and the benefits to the worker and the employer as a result of – being proactive.

Consider the following example:

If a staff member is away from work due to a workplace injury, and your CMO is not large enough to warrant a Return to Work Coordinator (RTWC), it can be tempting to leave RTW management to the insurer because you believe you have little influence over the outcome. If this is what you are doing, re-think your approach!

One of the most influential people in successful return-to-work is the injured worker's line manager.

Providing support to your injured worker through the return to work process increases their chances of getting better safely and quickly.

Paula, who works for a small CMO, injured her back at work two days ago, and is currently taking time off from work to recover from injury.

Scenario 1: The manager, Jane, has heard from Paula's co-workers that Paula is OK. Jane doesn't want to intrude on Paula's time at home, and she leaves the injury management to the insurer. Paula is worried about her future and feels unsupported.

In this scenario:

- Paula may be at risk of financial and emotional stress, loss of confidence and social networks, and potential dependence on disability payments or unemployment benefits.
- The CMO may be at risk of an increased workers' compensation premium, reduced productivity, increased recruitment and training costs, and a drop in staff morale.



Photo: Nick Wijnan

“Recovery from injury and return-to-work are influenced by how employers respond to and support injured workers in the workplace.”

Scenario 2: If Jane had accessed the MHCC Injury Management Guide, she would know that it is essential to:

- let Paula know that she values her and wants her to come back to work
- keep in regular contact with Paula
- work together with Paula to support her return to work safely and quickly.

In this scenario, Paula is much more likely to have a successful RTW outcome.

Progress on the IMP so far

1. An **Injury Management Guide** containing practical guidance for members on workers compensation and injury management is being developed, with the following sections already drafted:
 - WHS management systems
 - Workers compensation insurance and insurers
 - Immediate response to incidents and injuries
 - Return-to-work
 - Preventing and managing workplace stress.
2. The pros and cons of a sector wide approach to return-to-work and workers compensation insurance are being explored.
3. Training material relating to use of the Injury Management Guide is being developed.

ROSSAT – Recovery Oriented Service Self-Assessment Toolkit

OVER THE last two years, MHCC has worked in partnership with the NSW Consumer Advisory Group (CAG) – Mental Health Inc., people affected by mental health problems and service providers to develop a recovery oriented service provision quality improvement resource for community managed mental health services.

Following extensive consultation, piloting and refinement of ROSSAT it is now publically available to both MHCC members and others interested in strengthening approaches to recovery oriented mental health practice.

ROSSAT has been mapped to the National Standards for Mental Health Services and is designed to assist organisations and staff to:

- assess their level of recovery oriented service provision
- reflect on both individual and organisational practice in relation to recovery oriented service provision
- identify and work on areas requiring improved practice in delivering recovery oriented services.

The six Key Indicator Areas considered by the ROSSAT are:

- relationships
- respectful practice

- consumer self-directed focus
- belief in consumers recovery
- obtaining and sharing knowledge and information
- participation and social inclusion.

The ROSSAT resources are available on both the MHCC and CAG websites and include:

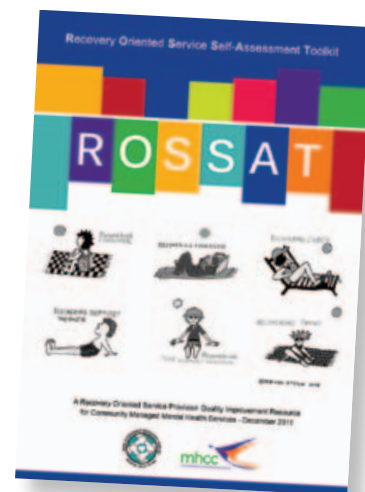
- Final Report on development of ROSSAT
- ROSSAT Tool for Organisations
- ROSSAT Tool for Workers
- ROSSAT Feedback Form
- Literature Review informing development of ROSSAT.

We are making several presentations about the development, trialing and review of ROSSAT at conferences in NSW and nationally during 2012, and will be evaluating the uptake of ROSSAT in early 2013.

For more information about ROSSAT please visit our website or contact:

Tina Smith, Senior Policy Officer/Workforce Development, MHCC – tina@mhcc.org.au

Dr Peri O'Shea, CEO NSW CAG
po'shea@nswcag.org.au



IT'S AUDIT TIME!

MHCC has made a commitment to quality improvement and developing our processes, and in June we will undergo two external audits in quick succession. One of the audits is by the Australian Skills Quality Authority (ASQA), as part of maintaining our Registered Training Organisation status, and the other is a periodic review by the Australian Council of Healthcare Standards (ACHS). We are accredited with the latter organisation.

Preparing for audits can be time (and paper!) consuming, however overall they are a great way of reviewing achievements of the past year. They also help to refine processes, enable a big picture of the organisation to be developed, and help us further develop our support for the CMO mental health sector.

As part of our internal review process, MHCC has embarked on a benchmarking relationship

with NADA (the Network of Alcohol and Other Drug Agencies). Simply put, this involves comparing certain aspects of the processes at both NADA and MHCC, with an aim to see what we can learn from each other, to develop both of our organisations. In April, we benchmarked the function of member services, and it was a great learning process for both of our organisations. This process is likely to be repeated in relation to other functions of our organisations. We recommend this process for CMOs as a way of gaining an external viewpoint on your organisation, as well as to facilitate partnerships. When this process has progressed further, we may investigate producing member guidelines for benchmarking.

Quality improvement is an ongoing process in MHCC's activities; in our internal operations as well as our projects for the sector.

Hoarding and Squalor calling for collaborative approaches

THE 2nd National Hoarding and Squalor conference, held in February 2012 in Sydney, brought together specialists in a bid to better understand why people hoard and priorities for action in Australia. Based on US and UK research, there is an estimated 1 million Australians who may be suffering from hoarding disorder and in need of help.

MHCC attended a roundtable on Hoarding and Squalor hosted by Catholic Community Services NSW/ACT (CCS) on May 8th 2012, as a follow up to the conference. The round table brought together a range of advocates including: human service agencies and peak bodies, the Public Guardians Office, Fire and Rescue services, the RSPCA and academia to discuss how best to tackle this often neglected area.

Compulsive hoarding can occur at any age across a wide range of socio-economic backgrounds. People who compulsively hoard are unable to resist the urge to acquire possessions and are unable to organise or discard, even at the point of excess, which leads to

cluttered living spaces leading to high levels of physical health and safety risks. A range of issues can lead to people's homes deteriorating into unmanageable clutter or squalor, from severe depression or other mental illness to intellectual or physical disability, age-related illnesses, poverty or trauma.

Due to the complexity of compulsive hoarding, it is not a clearly diagnosed condition. There are moves in some quarters for it to be classified in the DSM-4 in its own right due to recognition that it does not clearly fit into Compulsive Personality Disorder (CPD) /CPSD.

Barriers to addressing the issue and providing support to clients include the reluctance of agencies to access premises because the physical environment is regarded as excessively risky and clients' needs are viewed as too complex for them to effectively manage.

Discussion at the round table made it clear that there is no quick fix to compulsive hoarding and the solution is not just about sorting and cleaning. People need support to break the cycle of compulsive hoarding and/or lack of self-care, as well as assistance to connect with services and repair family breakdown.

Supporting people to improve their living environment requires long-term effort and multi-

“Not all those who self-neglect or who hoard, live in severe domestic squalor and vice versa. Conditions described as ‘compulsive hoarding’ and ‘severe domestic squalor’ are quite different from each other and should be treated as such, they depend on individual circumstances, though at times may well coexist.”

CCS (2012) *Report on Pathways to Dealing Effectively with Hoarding and Squalor in Australia.*

www.hoardingsqualorconference.com.au/images/stories/report%20embargo.pdf

agency support and cooperation. Commonwealth and State governments have been called on to support CCS to develop an inter-agency approach and maximise support to build an integrated model of care.

Sue Cripps from CCS will lead further round tables aimed at establishing a national commitment to build models of service integration to ensure people affected by hoarding and squalor receives essential services and support.

CCS has been offering a specialist service in New South Wales since 2008 assisting hoarding and squalor clients to remain living independently in the community, where otherwise they would enter into premature residential care or become homeless.

For more information on Conference outcomes, links to service information, and an online Toolkit providing direction for both service providers and community members to respond to situations of Squalor and Hoarding visit: www.catholiccommunityservices.com.au/

Smartphone and Tablet users can also download a free interactive toolkit that can be used in fieldwork when dealing with potential cases of hoarding. Simply go to the Apple 'App Store' or Android 'Play Store' and search for 'Hoarding and Squalor.'

Meet Your Neighbour: Bringing Sectors together

MEET YOUR Neighbour events have been held far and wide this year across regional and metropolitan NSW, attracting enthusiastic attendance across sectors. Thank you to our hosts who have provided great hospitality and networking opportunities as well as the chance to promote their own services.

MHCC aims to support local networking and promote sector knowledge and partnerships. These events provide a great opportunity for organisations to learn more about each other and strengthen existing networks. Even in smaller towns organisations may not always know about all the local services and available programs and some are meeting for the first time. New staff are always keen to come along as part of their induction as they can hear a good overview of the broader health sector.

Improving service coordination and referral pathways for people with mental health issues is an ongoing challenge and these events are working to address this issue at the local level.

Medicare Locals and existing Divisions of General Practice have been attending Meet Your Neighbour events and finding it a great way to develop their awareness of local community based organisations. They have also provided helpful information about the role of these new primary health care structures and the importance of our developing working relationships between community based services and Medicare Locals.

Participants will have noticed increased attendance by representatives from the Aged Care sector who are keen to develop their understanding of mental health and available services. MHCC has been building a working relationship with Aged and Community Services Association of NSW who have been putting the word out to their members.

For more information about Meet Your Neighbour events keep an eye on the MHCC FYI e-fax or if you are interested in hosting an event contact stephanie@mhcc.org.au



Meeting our neighbours in Newcastle



Making connections in Taree



Wayside welcomes MHCC

COMING UP:

- Tamworth – Billabong Clubhouse – 4 July
- Port Macquarie – Men's Shed – 5 July
- Orange – Local Health Network – August

Modelling the community mental health needs of NSW

THE NSW community managed organisation (CMO) sector has been given an exciting opportunity to guide planning processes for future program funding. MHCC has been funded by NSW Health to develop a model of assessing community mental health needs at a population level, set benchmarks for CMO service planning across the state, and then design suitable packages of care. The CMO Sector Benchmarking Project utilises the skills of project consultant Ilse Blignault, a population modelling specialist, and MHCC policy staff, as well as a Reference Group comprising many members of MHCC and other stakeholder representatives. MHCC has been provided unprecedented access to planning data and the components of the Mental Health Clinical Care and Prevention (MHCCP) model that is currently used to plan funding and resourcing for NSW.

The need for an ongoing CMO mental health sector planning process to support increasing recovery-oriented approaches to mental health care is now widely acknowledged. MHCC's previous work on the Sector Mapping Project included a literature review on building sector capacity and a survey of CMOs that provide mental health programs and/or support in NSW. It also made eleven recommendations for further development of the sector in this state. Since then the MHCC, on behalf of the alliance of mental health peaks Community Mental Health Australia (CMHA), has worked with the Australian Institute of Health and Welfare (AIHW) to develop a national taxonomy of community managed mental health services.

The CMO Sector Benchmarking Project is being carried out in four stages over the next year. A Steering Group and a Reference Group will develop four interdependent documents representing the outputs of each of the four project stages that, when integrated, will make up the final project report. Over the next year, the project team will do the following:

1. Conduct a comprehensive analysis of the Sector Mapping Project service information against NSW population, socioeconomic and infrastructure data (that is, an "as is" analysis).
2. Undertake a literature search and carry out sector consultations to establish early benchmarks for CMO community mental health service delivery.

3. Identify the size and shape of the gap that exists for CMO community mental health services in addressing population needs.
4. Propose options for development of the CMO community mental health sector to address the gap (e.g. directions for future program and infrastructure development).

The outcomes of this project will be particularly influential on the development of national planning mechanisms, as the NSW MHCCP model will be used as the basis for the upcoming National Mental Health Service Planning Framework. The development of this planning framework is being led by NSW Health, who plan to utilise the Sector Benchmarking Project model to strengthen national CMO planning processes.

Consultation workshops will occur near the end of 2012. MHCC encourages its members to get involved in this rare opportunity to embed community mental health and recovery principles deep into government planning systems.

The Reference Group has met twice, and is comprised of the following members:

Sylvia Grant (NSW State Manager, Neami), Leone Crayden (CEO, Ontrack Community Programs), Pam Rutledge (CEO, Richmond Fellowship), Peri O'Shea (CEO, NSW CAG), Thomas Brideson (Manager, NSW Aboriginal Mental Health Workforce Program), Jonathan Harms (Manager, Policy & Promotions, ARAFEMI NSW), Robyn Murray (Deputy Director Mental Health, WNSW LHD), Eda Devoti (MH Clinical Partnerships Coordinator, NS & CC LHD), Nadia Garan (Planning, Policy & Operations Officer, Transcultural Mental Health), Jenna Bateman (CEO, MHCC), Ilse Blignault (Consultant, MHCC), Tina Smith (Senior Policy Officer, Workforce Development, MHCC), Tully Rosen - (Policy Officer, Research & Information Systems, MHCC), Brian Woods (Acting Associate Director, Programs Development, MHDAO).

Wayside Chapel

Wayside Chapel sits, rather comfortably, in the space between church ministry and welfare service provider with quite a radically different approach to the same consumers. The philosophy by which all of Wayside's staff live and work is "You have to meet someone to move someone".

The chapel has been a place of worship, comfort and community since 1964 with the Community Centre opening its doors in 1972. The centre offers a wide range of services and programs providing: 8275 meals, 4370 changes of clothing, 2120 counselling sessions and over 1790 referrals to services and other agencies in the last year alone.

Wayside's CEO, Graham Long (pictured), advocates providing "unconditional love, care and support" underpinning programs and services that offer vulnerable people in the community a safe place to build social and practical skills. Graham spent several years as a social worker, moving into church ministry, philosophical studies and even a stint as a postie. His depth of experience and non-judgemental approach make him an ideal leader for an organisation that doesn't fit any conventional model.

Wayside's Community Centre is open to all; grandmothers, drug users, people living with mental health problems, mother's groups and homeless people can share a cup of tea and share stories in the café or attend a service in the chapel. The mixture of visitors is intentional and helps to take people out of their usual environment and social groups.

The programs Wayside operates include:

The Day to Day Living Program - Developed to address the needs of people living with persistent and severe mental health problems. Program participants go through a screening process to establish the history and nature of their illness and also to assess their readiness to begin the process of moving forward supported by program activities.

The activities themselves are designed to be fun and engaging while introducing participants to a level of responsibility around 10% beyond what they would generally be comfortable with to build forward momentum. Camping and interstate trips take people far outside their familiar inner urban environments and participants take an active role in supporting and motivating each other when challenges arise.

Wayside recently opened their rooftop garden where program participants learn to grow and



**Wayside's Rooftop Garden -
The Day To Day Living Program**

nurture ingredients they later cook and eat together. This helps to foster social skills, build trust and provides an environment where participants and Wayside staff meet on the same level, eye to eye.



Wayside Café - provides affordable nourishment and a place for people to work, build relationships and learn new skills. By providing affordable food and beverages, the café exemplifies Wayside's philosophy of offering "a hand up, not a hand out" and is an essential part of making the community centre sustainable.

In the future, Wayside aims to expand upon the Café model by developing training programs with recognised qualifications in hospitality, offering students valuable workplace training and transferrable skills.

The Aboriginal Project - consists of several activities such as weekly lunches, art and living skills programs that help to foster a sense of belonging for Aboriginal people in the Kings Cross area who make up 20% of Wayside's visitors. Other services include legal and medical support and access to a dedicated Aboriginal Projects Officer to ensure needs are addressed in a culturally sensitive and respectful way.

MHCC had the pleasure of co-hosting a recent Meet Your Neighbour event with Wayside Chapel, followed by a tour of the renovated Community Centre and Rooftop garden. The space is a vibrant mix of warm colours, conversation and delicious smells from the café and a must see for anyone visiting the Kings Cross Area.

Housing and Mental Health Agreement Forms New District Committees

PEOPLE WITH mental health problems often experience difficulties in accessing and maintaining safe, affordable and stable housing. Mental illness can disrupt tenancies and reduce an individual's capacity to live independently. At the same time, unstable housing can contribute to the deterioration of mental wellbeing. The 2007-08 ABS National Health Survey found that 24% of people living in social housing in NSW had a mental/behavioural condition which is current or long term. This compares with 10.9% of the general population of NSW.

In 2009 the former Joint Guarantee of Services (JGOS) was evaluated by the NSW Ombudsman and also by an independent consultancy. These evaluations provided evidence that the JGOS had been only partially successful in coordinating Government funded mental health and housing services in both the public sector and in the community. The NSW Ombudsman's report found that the implementation of the Joint Guarantee of Service had been 'patchy and inconsistent', and that it lacked accountability mechanisms and systems to support its effective implementation.

To address this, a new Housing and Mental Health agreement has been signed between the NSW Ministry of Health and the NSW Department of Family and Community Services. The Agreement replaces the JGOS, and aims to improve it by increasing activities at the local level to better coordinate housing, mental health and support services. It defines the context of these activities more clearly and strengthens the governance structures that oversee its ongoing implementation.

The Agreement was developed collaboratively by the two signatory Departments, along with consultation with other government agencies, MHCC, NCOSS and the NSW Ombudsman. CMOs and other government agencies are recognised in the Agreement as key providers of services to the target groups, and the two signatory Departments have declared a commitment to working in partnership with them.

Commitments

The Agreement commits signatory Departments to:

1. promoting good practice in delivering coordinated services at the local level
2. collaborating with CMOs as equal partners

3. strengthening integrated service planning
4. delivering coordinated client-focused services
5. improving transition planning to prevent homelessness
6. embedding the principles and commitments of the Agreement into standard business practice.

The Agreement outlines that service providers need to:

- communicate regularly with other services working with the client group
- understand the roles and responsibilities of other providers
- share information about strategies, programs and resources
- intervene early to prevent homelessness
- develop local referral networks and agree on protocols for making referrals
- exchange client information appropriately and effectively within the relevant privacy legislation
- provide services in a recovery-focused framework
- develop procedures to discuss individual clients (as appropriate, and within privacy legislation), undertake joint client-focused planning, and agree on shared responses
- resolve or escalate issues.

The Agreement aims to improve the housing outcomes and general well-being of people with mental health problems and disorders who are over 16 years of age and who are living in social housing, or who are homeless or at risk of homelessness. The agreement also covers people whose tenancy may be at risk because of the mental health support needs of another person living in the household, regardless of the age of the person. It provides an overarching framework for planning, coordinating and delivering services. Its focus is on strengthening the way local services work together rather than implementing a new program or service.

Unfortunately, the Agreement operates within existing resources and where possible uses existing structures. Each partner agency will separately determine client eligibility, access and prioritisation according to its own policies, procedures and legislation.

Implementation of the Agreement

The Agreement will be implemented through the Housing and Mental Health District Implementation and Coordinating Committees (DIACCs). Local Health Districts form the geographic basis for these Committees, with each Local Health District (LHD) across NSW being covered by a DIACC.

The purpose of each DIACC is to improve coordination of services between providers in the housing, mental health and support service system, rather than focussing on individual clients. While membership will vary between locations, the Committees will be composed of government agencies and CMOs. There will also be processes for non-member CMOs to engage with the committees. The Committee will also establish suitable mechanisms for ongoing consumer and carer participation in its work.

The DIACCs are accountable for implementing the Agreement, and each DIACC will develop a work plan which builds on current good practice activities and identifies the actions the Committee will undertake to achieve its deliverables.

Much further to go

While MHCC has appreciated the opportunity to work with the Departments in implementing the Agreement, a glaring limitation has been the lack of any funding to the Local Health Districts and Housing Area Directors for the DIACCs. During workshopping it was clear that Area Directors are already feeling the strain of structural changes and that administering DIACCs will stretch scarce resources further still. MHCC remains optimistic that the DIACCs will provide a useful new mechanism for resolving coordination issues, however it is hoped that funders will eventually realise that real coordination requires real resourcing.

Further information on the Housing and Mental Health Agreement can be accessed online at www.housing.nsw.gov.au and by email at HAMHA.Enquiries@facns.nsw.gov.au

LOCATIONS OF HOUSING AND MENTAL HEALTH DIACCs

Regional DIACCs

No.	Proposed Location	LHD/s covered
1.	Western NSW	Western LHD
2.	Far West	Far West LHD
3.	Murrumbidgee	Murrumbidgee LHD
4.	Southern NSW	Southern NSW LHD
5.	Illawarra (with links to the Shoalhaven established)	Illawarra Shoalhaven LHD
6.	Hunter	Southern sections of Hunter New England LHD
7.	New England	Northern section of Hunter New England
8.	Combined North Coast	Northern NSW and Mid North Coast LHD
9.	Central Coast	Central Coast LHD

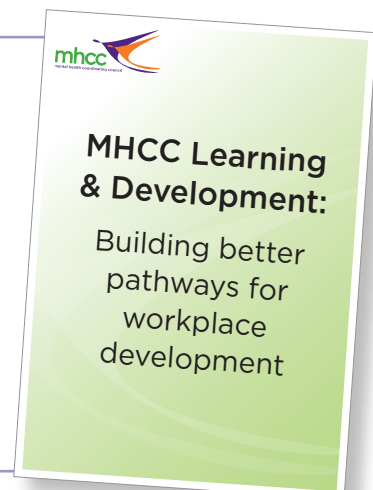
Sydney Metropolitan DIACCs

No.	Proposed Location	LHD/s covered
10.	Combined Western Sydney and Blue Mountains and Lithgow	Western Sydney LHD and Nepean Blue Mountains LHD
11.	Sydney (Inner West)	Sydney LHD
12.	Northern Sydney	Northern Sydney LHD
13.	South Eastern Sydney (including St Vincent's)	South Eastern Sydney LHD (including St Vincent's Network)
14.	South Western Sydney	South Western Sydney LHD

MHCC CELEBRATES ITS 2012 GRADUATES

On 28 May MHCC will host their annual graduation ceremony. This ceremony will celebrate the achievements of students from across the sector who have completed qualifications including the Certificate IV Mental Health, Certificate IV in Training and Assessment, Diploma of Community Services and the Advanced Diploma of Community Sector Management.

This years graduating cohort will include a group of Aboriginal managers who have completed the Advanced Diploma and presentations from graduands across all qualifications.

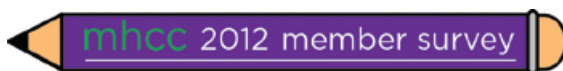


It's time to have your say

THROUGHOUT May, MHCC has invited members to participate in the 2012 Member Survey. Topics include; how MHCC keeps its members informed, our work in policy, influence and reform, Trauma-Informed Care, the Medicare Locals Network, Drug and Alcohol Research and Developing the Peer Workforce.

Feedback from the survey will be used to develop our services and enable us to highlight to Government key challenges facing organisations, consumers, carers and their families.

MHCC encourages members to get involved in opportunities for consultation such as the upcoming Regional Forums (keep reading our weekly e-newsletter FYI for information) and networking events such as Meet Your Neighbour.



Consultation in action

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