

## A great theory

SOCIAL Impact Investment is a way of using private capital to improve the lives of people facing entrenched social challenges and disadvantage. Whilst this is a space usually the realm of government and not-for-profit organisations, there are many private businesses that are serious about improving their triple bottom lines – people, planet and profit. They are interested in good returns but also in contributing to community and environmental outcomes.

Social Impact Investment is a broad term that encompasses establishment of a Social Benefit Bond or what has been coined in the USA as the ‘pay for success’ model. The concept was introduced in the UK in 2010 by UK Ministry of Justice to provide a program to work with inmates of the Peterborough Prison to reduce recidivism. Basically it involves an arrangement whereby government sets a broad agenda for the kinds of social outcomes it requires. A not for profit with expertise in a particular area will then seek a private investor to partner in a venture focused on achieving clear outcomes. Where those outcomes are achieved the government pays the principle and a return to the investor based on the generation of future government cost savings resulting from the program approach achieving its aims.

In theory, the model allows access to capital for innovative social program approaches and shifts risk from the government to the private sector. Other important advantages are that it: shifts the focus onto outcomes rather than outputs; encourages innovation by allowing service providers and investors to explore different ways of achieving better results; directs additional resources towards prevention and early intervention as scarce government funds

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AT THE RECENT MHCC CEO Forum, Kirrin Winning from NSW Treasury presented to MHCC Members on this emerging approach to addressing social challenges. The NSW Government is committed to further exploring the potential of this model and has recently established the Office of Social Impact Investment (OSII) to facilitate growth in the social impact investment market. It is a joint operation of the NSW Department of Premier and Cabinet (DPC) and the NSW Treasury. The website is informative and provides information on the current NSW pilots and examples from overseas; current social challenges the NSW government wants to address; and has a useful F&Q section.

Visit: [www.dpc.nsw.gov.au/programs\\_and\\_services/social\\_impact\\_investment](http://www.dpc.nsw.gov.au/programs_and_services/social_impact_investment)



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are frequently directed at acute and crisis services; improves the evidence base because the link between payments and results compels the robust measurement of outcomes and it ensures there is clarity about what Government funding is achieving.

In 2011 NSW Government committed to trialling the Social Impact Investment model and at that time identified that juvenile justice and parenting skills for at-risk families were suitable policy areas for a pilot in NSW. Two initiatives were fully developed and funded:

1. UnitingCare Burnside (out-of-home care)
2. Benevolent Society (out-of-home care)

To date results of the UnitingCare Burnside initiative 'Newpin' have been excellent. In its first year, Newpin restored 28 children in out-of-home care to their families. This is a

60% success rate against a comparison rate of 25%. The program also prevented children in 10 at-risk families from entering care. This result delivered a 7.5% return to investors. The success of the Benevolent Society's Resilient Families Service will be measured at the end of the 5 year bond when payments are due to investors.

IN FEBRUARY 2015 the social challenges government identified as priority areas for possible Social Impact Investment were: managing chronic health conditions; supporting offenders on parole to reduce their levels of re-offending; managing mental health hospitalisations and preventing or reducing homelessness among young people. The government has committed to two Social Impact Investment initiatives each year.

**Jenna Bateman**  
**MHCC CEO**



## A fond farewell - Leone Crayden

LEONE CRAYDEN resigned in May from her position as CEO of On Track Community Programs and consequently from the MHCC Board. Leone (pictured) was appointed to the Board in 1996. She held the position of Chairperson 2003-2010 and has been Vice Chair since that time.

Beginning her career in Nursing and Aboriginal Children's Health, Leone commenced at On Track in the 1990's as a Mental Health Outreach Worker. Soon after, she began her Bachelor of Social Science majoring in psychology and became the Manager of the organisation's mental health programs. During this time On Track grew and Leone completed further post graduate qualifications in Community Development, Social Science (Research), Leadership and Corporate Governance, and is currently completing her MBA.

In 2007 Leone became On Track's first CEO and oversaw the merging of five small regional community managed organisations under On Track Community Programs. Since that time, under Leone's leadership the organisation has seen

substantial developed across its mental health, disability, homelessness and employment arms.

Throughout her career Leone has been a very strong advocate of consumer participation and recovery orientated approaches. Strongly believing that all people have the right to safe and secure housing she has researched a range of supportive housing models by working with other industry leaders to explore innovation in this field.

Highly committed to the community managed sector Leone has developed a wide range of positive partnerships with stakeholders in the community, public and private sectors. Highly respected by colleagues at the regional and state level she is a Board member of the Northern NSW Local Health District and co-chairs the Mental Health Network of NSW Health's Agency for Clinical Innovation.

On behalf of the MHCC Board and staff I would like to thank Leone for her dedication and commitment and valued contributions and wish her well in all her future endeavours.

**Jenna Bateman, MHCC CEO**

## NDIS LAUNCH SITE UPDATE

### Mental Health Update from the NDIS Trial Site

WE ARE NOW at the two year mark for the trial of the NDIS in the Hunter. The NDIS was not expected to roll-out in other parts of NSW until July 2016 and MHCC was pleasantly surprised by the government's announcement of an early transition for 2,000 young people under 18 years from July 2015 in Western Sydney. This will be an opportunity to further explore issues for young people and early intervention. While this cohort have been included in NDIS implementation in the Hunter next to no experience of the NDIS by young people with mental health conditions has been identified by MHCC but families and carers have told us of their experience and that young people can be difficult to engage with the opportunities presented by the NDIS.

The most recent Hunter NDIS and Mental Health Community of Practice (COP) Forum met on 17 March and the focus was on consulting with people about two national NDIS related policy frameworks that are under development. One is the framework for 'quality and safeguards'. The consultation, and consequently MHCC's submission to government, highlighted the importance of enhanced decision making practice and also encouraged the inclusion of consideration of issues related to involuntary mental health practice including but not limited to seclusion and restraint.

The 'Information, Linkages and Capacity Building' consultation demonstrated the considerable work that is ahead of us to fully operationalise what 'Tier 2' services and supports might look like for people not in receipt of a 'Tier 3' Individual Funded Package. This is particularly the case from a mental health perspective where community based services – both government and non-government, 'clinical'/treatment and 'non-clinical'/recovery support - have historically been poorly funded and fragmented. This was further confirmed in the National Mental Health Commission's recently released review of Commonwealth funded mental health programs and future directions may be made clearer through the forthcoming intergovernmental response to the NSW Mental Health Commission's 2014–2024 Strategic Plan.

MHCC is privileged to be involved in a range of national projects that are now underway to help us all better understand and strengthen the inclusion of people with mental health issues in the NDIS. These will ultimately help to shape the learning of the NDIS and the practices of the NDIA and those that collaborate with them.

It's not too soon to prepare for the NDIS and detailed plans for NSW roll-out should be known by the end of August with the NSW government reporting their state plan to COAG prior to this. For NSW this is said to be a staged geographical transition combined with a programmatic transfer of some groups of people. MHCC will, and also urges you to, call for this information to be made public to assist people with mental health conditions and their supporters to prepare for full roll-out of the NDIS by July 2018.

THE NEXT MHCC and NSW Mental Health Commission Hunter COP Forum will be held on Friday 24 July and people from outside of the trial site – including consumers and carers – are welcome to attend.

Visit [www.mhcc.org.au](http://www.mhcc.org.au) for event details.



Missed an Issue? You can download back issues of View From the Peak at [mhcc.org.au](http://mhcc.org.au) or download them [HERE >](#)



## Independent Hospital Pricing Authority

### Development of the Australian Mental Health Care Classification (AMHCC)

THE AIM of developing a 'care classification' for mental health is to improve mental health outcomes for Australians by designing a system to better describe how mental health care is provided, and what it costs.

Recently MHCC assisted Mental Health Australia and IHPA to facilitate a workshop for participants from across the sector. The aim being to build an understanding of how IHPA is considering inclusion of community based service delivery into the national system for classifying mental health services. MHCC is prioritising its involvement with MHA in this work as once the classification is developed and implemented the intention is that it will be used to price mental health services from 1 July 2016.

IHPA are intending to have the first version of the classification ready for consultation in August 2015. It is essential that all stakeholders from across the mental health sector provide input into the development of this new classification system, as the current classification design is heavily focused on hospital care and government provided services.

Further consultation opportunities and information will be available on Mental Health Australia's website at [mhaustralia.org/general/developing-australian-mental-health-care-classification](http://mhaustralia.org/general/developing-australian-mental-health-care-classification)

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## Recent Reviews of NSW Boarding Houses

A 2015 REPORT *Rooming Houses Futures: governing for growth, transparency and fairness*, published by the Australian Housing and Urban Research Institute, gives an overview of the NSW boarding house market ([www.ahuri.edu.au/publications/projects/p53033](http://www.ahuri.edu.au/publications/projects/p53033)) This information will be used to assist in the development of a regulatory regime with the potential to improve the quality and legitimacy of the rooming/boarding house industry in NSW and nationally.

The report notes that in August 2014 there were 774 boarding houses in NSW (37% of all Australian boarding houses) and that according to the 2011 census 6,507 people in NSW live in boarding houses, 80% of which are in Sydney.

However, there were only 24 'Assisted Boarding Houses' for 'people with additional needs' (e.g., health issue/s and/or disability). As 'General Boarding House' numbers are increasing, 80% of 'assisted' facilities closed between 1994 and 2010 (i.e., from 187 to 31). Whether this is a result of market forces or regulatory pressure is unclear.

Another report has been produced as part of a legislated review of the NSW Boarding Houses Act 2012: *Boarding Houses Act 2012 Evaluation Report 1 2014*. This iterative review, to be completed in 2017/18, is being undertaken by the Newtown Neighbourhood Centre in partnership with the University of Western Sydney.

It notes that the Act will potentially have a significant impact on the number of assisted boarding houses due to the requirement to house no more than 30 residents and to provide single room occupancy. These standards apply to new operators from July 2013 and existing operators from 1 July 2018.



Pyrmont Bridge Road boarding house

## THE EXPERIENCE OF ONE ASSISTED BOARDING HOUSE AND THE NDIS

### A letter from Jenny Murray

It's great to put pen to paper and be able to tell our NDIS story. Fernlea is an Assisted Boarding House (ABH) in Newcastle. I have been operating the ABH for 21 years and have seen little to no changes in our sector that would truly benefit our consumer group, up until now. We have tried in the past to better engage with community organisations and advocacy services for our consumer group but were not successful. There were many reasons for this, such as funding criteria and restrictions and even prejudice of our consumers and ABH operators.

When a small amount of funding became available in 2005, it was VERY restrictive at up to \$3000 per person annually which could only be spent on what the Department of Ageing, Disability and Homecare had set up. There were five different line

items and the ones we used were: transport, foot-care, dental and social (the other was community nursing assessments but we already had good links to health practitioners). Many consumers were utilising these services already; the point of difference was that they could pick the dentist/foot-care they wanted to use (and not the public systems).

Then the NDIS started and it was a very shaky start I have to say. I'm not sure the government, when they were planning the NDIS, took into account people living with a mental illness, let alone living with a mental illness in an ABH. After explaining to the Fernlea guys - and with a limited understanding myself - that the government was going to give them money. We all laughed (as if that is going to happen???) . As usual, I just went ahead with gusto and supported residents to apply anyway really just thinking it was one form for the consumers to sign....WOW!!! ... was I wrong. Seventeen packages arrived from the NDIA, about an inch thick, full of forms wanting evidence of disability. That is another story for another time.

We are now nearly two years down the NDIS track, 11 of the 17 people that live at Fernlea receive NDIS services and supports with decent packages (we have residents 65+ years that are ineligible). Their quality of life has improved. The community organisations that once ignored our residents now come knocking on their doors!

A problem that we had in the beginning was trying to find out what services were out there? We have now resolved this with a bit of creative thinking; we now invite organisations over to Fernlea, they put on a BBQ for the residents and they can talk about their product/services in a relaxed casual atmosphere.

I would like to thank two organisations for being there for the consumers: that is Castle Personnel and later arrivals NEAMI.

Regards,

**Jennie Murray**



## Primary Health Networks - Update

THE COMMONWEALTH Government have now announced the new Primary Health Networks (PHNs) for 10 regions across New South Wales. This development marks the move towards reforming the role of primary health care with the stated objective of integrating care and improving the health outcomes for the community. Their key objectives are: Primary Health Care Integration; General Practice Support; Service Commissioning; Population Health planning and outcomes.

All the newly announced PHNs comprise existing Medicare Locals and many will be integrating staff from more than one current Medicare Local into what will be smaller organisations, covering a larger area.

MHCC's understanding is that the new entities will have a stronger role in the commissioning of services and only provide services where there is a market failure. However, we are aware that some existing Medicare Locals have service delivery businesses established that may compete with CMOs in certain areas. In this context, with PHN's providing a commissioning role, MHCC see a potential conflict of interest. MHCC advocate a robust accountability process in place that speaks to meeting population health needs, and a process of review that can monitor the degree to which recovery orientation rather than a purely medical focus is ensured in the commissioning of mental health and related services.

Implementation of transitioning governance structures, establishing clinical councils and community advisory committees, will shortly begin. These entities will collaborate in joint population health planning and, with LHDs, develop the PHN's service commissioning role. The new PHNs will take on responsibility from 1st July 2015.

Primary Health Network	Applicant (Lead)
Central and Eastern Sydney	EIS Health Limited
Northern Sydney	Northern Sydney Medicare Local Ltd
Western Sydney	Wentwest Limited
Nepean Blue Mountains	Wentworth Healthcare Limited
South Western Sydney	South Western Sydney Medicare Local Ltd
South Eastern NSW	Coordinare Limited
Hunter New England and Central Coast	HNECC Ltd
North Coast	North Coast Medicare Local (NSW) Ltd
Western NSW	Western Sydney Medicare Local
Murrumbidgee	Murrumbidgee Medicare Local



## ‘Contributing lives, thriving communities’

### The National Mental Health Commission Review of Mental Health Programmes and Services

DURING 2014, the National Mental Health Commission (NMHC) conducted a review of national mental health programmes and services on behalf of the Commonwealth Government. The focus of the review was on assessing the efficiency and effectiveness of programmes and services in supporting individuals experiencing mental ill-health, their families and other support people to lead a contributing life and engage productively in the community. This included programmes and services which have as a main objective:

- The prevention, early detection and treatment of mental illness
- The prevention of suicide
- Mental health research, workforce development and training, and/or
- The reduction of the burden of disease caused by mental illness.

The ‘Report of the National Review of Mental Health Programmes and Services’ was presented to the Commonwealth Government in December 2014 and made publicly available in April 2015. This report can be accessed [HERE](#).

The review found “fundamental structural shortcomings” in mental health care and services throughout the country. On the basis of making changes within existing resources

the report provides 25 recommendations including over 200 actions across nine strategic directions to guide implementation over the next decade, and create a system to support the mental health and wellbeing of individuals, families and communities. We now await a response from government to the review and this may occur in the form of a fifth national mental health plan.

The NMHC report states that the combined Commonwealth, state, and territory funding for mental health care amounts to an estimated \$13.52 billion. “Despite almost \$10 billion in Commonwealth spending on mental health every year, there are no agreed or consistent national measures of whether this is leading to effective outcomes or whether people’s lives are being improved as a result,” the review stated.



National Mental Health Commissioner Lucy Brogden at the MHCC CEO forum in May

To read the rest of this article, click [HERE](#) >

## Who’s new at MHCC?

**View From the Peak** sat down with Dr Angela Argent, the new Project Officer for the Community Mental Health Drug and Alcohol Research Network (CMHDARN).

Hi, I’m Angela. In the months ahead, I hope to build a broader community of practice around the Network and for this I need your input. Join the Network and participate. There will be lots going on in the next few months, so get involved.

CMHDARN is a collaborative project between the Network of Alcohol and other Drugs Agency (NADA) and Mental Health Coordinating Council (MHCC), in partnership with NSW Mental Health Commission. The Network has been around for four years now and is currently in a strong position to

contribute to building the evidence base that will result in improved services and outcomes for people with mental health and/or drug and alcohol issues. The network is unique and really I’m excited to be part of it.

I come to CMHDARN having worked across the community and university sectors. I first studied psychology, humanities and law at Sydney University and was a researcher at the NSW Aboriginal Land Council, the NSW Council for Intellectual Disability and MHCC.

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**Dr Angela Argent**

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I completed an interdisciplinary PhD at Monash in humanities, then taught at Monash and Sydney for ten years and lived and worked in Prague with my partner and three kids. More recently, I was EO of the Women's Domestic Violence Court Advocacy Service Network, a researcher at Schizophrenia Fellowship and UNSW. I look forward to seeing CMHDARN become even more effective in bringing people and ideas together.

CMHDARN has just released its first independent **Evaluation Report**. The report highlights that CMHDARN's

goals are highly relevant to individuals and organisations working in mental health and drug and alcohol and that it has had a positive impact on building capacity at an individual and organisational level. It recommends that we continue to focus on developing research capacity, promoting the value of research and the use of research evidence in practice. It also recommends that we approach funders to discuss research funding. CMHDARN has also released its **2014 Progress Report to the Mental Health Commission**.

In spite of the systemic difficulties associated with building capacity for research, there are reasons to be hopeful. The Baird Government has pledged \$1 billion for medical research, including a new \$40 million Health Services Research Support Program to support research by frontline clinicians and \$10 million for scholarships and fellowships. We hope that CMHDARN will be able to meet with Ministers to explore opportunities for the community sector to access these funds.

## CALL FOR PAPERS

Are you part of a community organisation that has published in a peer reviewed journal in the last five years on a topic related to mental health and/or alcohol and other drugs work?

We want to produce an annotated bibliography and need you to let us know about your research.

If you would like to showcase your research, please contact the CMHDARN Project Officer, Angela Argent, for further information.

email: [angela@mhcc.org.au](mailto:angela@mhcc.org.au)

web: [www.cmhdaresearchnetwork.com.au](http://www.cmhdaresearchnetwork.com.au)

The recently released *Report of the National Review of Mental Health Programs and Services* claims to support system reform that will be organised around the needs of people, rather than people having to organise themselves around the system. To this end, it highlights the need to build research capacity and impact through collaborative research and translating research into practice.

CMHDARN will seek out investment, collaboration and support to grow a culture of research that will increase the evidence base for better practices across the mental health and drug and alcohol sectors.

Contact: [angela@mhcc.org.au](mailto:angela@mhcc.org.au)

More information:

[www.cmhdaresearchnetwork.com.au](http://www.cmhdaresearchnetwork.com.au)

## WE NEED YOU!

Do you have research experience, and/or an active interest in research, as well as a desire to learn about research processes?

Consumer/client and carer representatives are needed for the CMHDARN Project Reference Group.

CMHDARN's agenda is reflective of, and aims to represent the diverse needs and interests of consumers, clients, carers and communities. In order to do this, we need your perspectives, experience and expertise to inform and determine our priorities and work.

We are specifically looking for people with lived experience of mental illness who are committed to recovery and/or people with experience of alcohol and drug use and/or treatment. The Project Reference Group meets approximately four times a year for two hours. Payment may be available for your participation.

If you would like to play a role in determining the future direction of CMHDARN, please contact the Project Officer, Angela Argent for further information.

email: [angela@mhcc.org.au](mailto:angela@mhcc.org.au)

web:

[www.cmhdaresearchnetwork.com.au](http://www.cmhdaresearchnetwork.com.au)



## Mental Health: Hospital to Community Initiative

THE MENTAL Health Hospital to Community Initiative was established as part of the **Government's commitment** to strengthen mental health care in NSW by assisting long-term patients to live in the community. The Initiative is being led by the Ministry of Health in collaboration with Local Health Districts. The aim of this Initiative is to develop effective community-based residential care and support options for people experiencing long stays in mental health inpatient units. The Initiative will also review existing models of care with the aim of preventing unnecessarily long inpatient admissions.

### What now?

Work to date has focused on understanding the complex needs of people experiencing long stays in hospital, investigating best practice care pathways, and identifying new models of care.

As part of the initial phase of work, the focus for 2015/16 will be on developing services for people who have aged care needs. NSW Health is currently planning a competitive tender process to support the expansion and development of specialist residential aged care facility-based accommodation services for: older people with complex, chronic mental illness; and older people with severe behavioural disturbance related to dementia (and/or mental illness) in late 2015.



Robyn Murray discusses the Hospital to Community initiative at the MHCC CEO forum

Providers are encouraged to consider their interest in and capacity for the provision of these services within NSW, and to liaise with peak organisations for further detail as the *Mental Health: Hospital to Community Initiative* progresses.

As this phase draws closer, further detailed development of models of care and rollout of tenders for the new community based residential care and support services focussing on the adult part of the long term patient group will be announced.

As the Initiative progresses, further information will be available on the following websites: [www.health.nsw.gov.au](http://www.health.nsw.gov.au) and [www.etender.nsw.gov.au](http://www.etender.nsw.gov.au)

### Key features of the Initiative

- Everyone has the right to live in a community setting. People with enduring and severe mental illness experience better quality of life and improved social outcomes if they are living in the community.
- Mental health care in hospital will be available for people who require high levels of clinical and disability support where community-based care does not meet their needs.
- There are currently around 380 people who have been inpatients in mental health services for over a year.
- Each person will participate in a comprehensive assessment to help determine their appropriate level of care.
- They will each be supported to move into a community setting and only when it is right for them. Staff will work with each and every person to create a plan based on their individual strengths, needs and wishes, as well as those of their families.
- Transition to community living will be guided by each person's particular strengths and needs and will be supported with tailored housing, clinical care and psychosocial support. This work will be undertaken over the next five to eight years.
- New community residential and other service options will be designed for this group of people currently receiving long-term hospital care in non-acute and acute units in NSW.

## The Disability Trust



THE DISABILITY Trust (The Trust) was established over 40 years ago through the collective efforts of people with disabilities and their families.

Today The Trust covers an area from Southern Sydney to the Victorian border and west to the ACT and Southern Tablelands. The diversity of programs and services and their geographical reach require great diligence in the area of practice governance.

CEO, Margaret Bowen recently spoke with *View From the Peak* (VFP).

### VFP: How does The Trust ensure effective practice governance across locations and programs?

A series of Committees operate with representation from various sites and teams across The Trust to create consistency in quality and inform best practice. Service delivery committees include; Clinical Governance;

Community Participation and Day Options; Respite and In-home Care, and Supported Accommodation. Committees with a more strategic focus include; Human Resources and Workforce Development; Training and Induction; Person Centred Practice; Client Self-Management; IT and Business Process Improvement; Access and Equity; Image and Identity; Quality Systems; and a Board subcommittee Finance Investment and Risk.

The Trust maintains International Standards Accreditation for our quality systems and also holds multiple other certifications from various funding bodies to further drive good clinical and operational governance. All policy, procedures and related documents are version controlled and available to staff at all locations via an Employee Intranet. Our quality systems track service improvements so that proposed enhancements are well documented.

The Trust invests heavily in staff induction, training and ongoing support. A comprehensive internal training calendar and competency based training assures consistency and quality across all areas of operation. Extensive monitoring, staff

support and performance appraisal systems contribute to the maintenance of high standards.

Annually The Trust surveys all stakeholders including clients and families, staff members, partner organisations and funding bodies. Historical data allows us to examine performance trends and set strategic goals. Quarterly Dash Board Reports are presented to the Board of Directors to track key metrics indicating quality and consistency in practice.

### VFP: How is The Trust addressing NDIS readiness?

The Trust has undertaken considerable work in preparation for the full rollout of the NDIS including:

- Maintaining a continuing focus on organisational culture change to support principles of Person Centred Practice and enhanced service users' self-direction and control. Not only has this enabled increased staff competencies it has assisted clients and families to be NDIS ready by enabling them to more clearly articulate needs and wishes, an essential ingredient in the NDIS assessment process.
- Establishing an Integrated Management system. The Trust was quick to recognise the increasingly transactional nature of service delivery and the need to build integrated business processes encompassing client management systems, rostering activities, payroll tasks, HR functions and finance and billing systems.
- Enhancing workforce development. The Trust has established systems for more rapid on-boarding of staff including streamlined induction, training and support.
- Implementing a communication plan that includes newsletter articles, workshops and meetings with staff and service users in key areas.

The Disability Trust has embraced the opportunities inherent in the NDIS and worked hard to overcome the challenges of change. We remain optimistic about the future for our organisation and those who use our services.

For more information about The Trust visit: [www.disabilitytrust.org.au/](http://www.disabilitytrust.org.au/)



Learning all about healthy eating with Community Living Support

## MHCC Quality Portal

THE MENTAL Health Coordinating Council and the Mental Health Community Coalition ACT have partnered to offer members access to an important online service for managing quality, compliance and risk – the MHCC Quality Portal.

The Portal is a tailored version of Standards & Performance Pathways (SPP), a leading Australian online service for the completion of service and quality standards, compliance activities, and for managing risk and quality performance.

The Portal carries the main sets of community services and health standards, including:

- National Standards for Mental Health Services
- National Standards for Disability Services
- NSW Disability Service Standards
- ACT Prequalification Requirements
- National, State/Territory Standards

### How does it work?

The Portal is designed to help organisations to complete assessments against a number of National Standards, as well as efficiently meet compliance reporting requirements.

It helps to build a quality improvement action plan based on assessments; and provides tools and templates to assist completion of any required action.

The program stores any uploaded documentation as part of an 'evidence pack' and demonstrates how you are tracking against industry benchmarks. It's an easy-to-use system that guides the user through each step of the process.

For further information or to subscribe: [www.ngoservicesonline.com.au/mhcc-nsw/](http://www.ngoservicesonline.com.au/mhcc-nsw/)



Take a test-drive today with a free two-week trial >

## Partnerships for Health (P4H)

AT THE recent MHCC CEO and Senior Managers Forum Fiona Wynn, currently the Associate Director, MHDAO, NSW Ministry of Health provided an update to MHCC Members on P4H progress. Fiona reiterated that existing NSW State and Commonwealth grants had been extended to 30 June 2016. In terms of the NSW grants it was clarified that in total there were 77 mental health grants with the breakdown revealing the Ministry held 32 and LHDs 45 of these grants covering programs and services across: supported accommodation; family and carer support services; day programs (counselling and centre based services); education and research; aboriginal mental health services; health promotion and education and grants to peak bodies such as MHCC and AH&MRC.

In describing the activity of MHDAO to make the P4H process as seamless as possible, Fiona made clear that there had been learning from the experience of grants review in other states, such as Victoria and WA, that would be applied in the NSW process. She stressed the purpose of P4H was to better ensure government spending was aligned to the priorities of the government and that Ministry and LHD grants were also better aligned to achieve shared outcomes.

Fiona pointed to the fact that current State and National directions all supported greater involvement of community sector organisations in service delivery. However she said understanding what the sector was able to deliver was not fully clear and required a proper assessment process to be undertaken. This process is designed to ensure service purchasing is feasible and to identify any 'gaps' where 'remediation' may be required. MHDAO are currently making contact with organisations to assess their capacities and alignment to government and health priorities.

MHDAO is working towards development of the purchasing plan which will underpin how and what will be delivered through P4H. Key to this process will be the establishment of the service specifications, required competencies and KPIs. MHDAO has committed to MHCC Members having the opportunity to comment on the plan which is to be revealed to the sector at the scheduled 9 September 2015 forum. MHCC members will receive an invite to this forum.



Fiona Wynn, Associate Director, MHDAO, NSW Ministry for Health



**Mental Health  
Network Forum,  
March 26 Sydney**

Courtesy of the Agency  
for Clinical Innovation.

## ACI Mental Health Network Forum 26 March 2015

THE AGENCY for Clinical Innovation (ACI) was established in January 2010, as a direct result of the Garling Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals. The ACI's successful

network model features central co-ordination, voluntary membership and bottom-up identification of priorities.

Currently ACI has established 40 networks consisting of 6000 people with 2000 participating on committees.

Early in 2015, ACI determined to establish a mental health network and following discussion across the sector, held a forum in Sydney to discuss the initial focus of the network and nominate the executive. One hundred and forty people attended across service settings and disciplines, and clearly there was strong interest in the process of establishing a committee to further service redesign and evaluation and support service providers and consumers to review and improve the quality, effectiveness and efficiency of services. The network is also expected to provide advice on innovation, models of care and support implementation.

The ACI mental health network is important to the CMO sector because of its broad-based representation and its objective to be driven from within the network. In the first instance MHCC are pleased to report that on the day, Leone Crayden was appointed as one of the three Executive Team, together with Dr Nick O'Connor, Clinical Director at North Shore Ryde Mental Health Service

and Anne Francis, Former Chairperson at NSW Consumer Advisory group, Member Consumer sub-committee to NSW Mental Health Program Council at MHDAO. The network will work closely with the Ministry of Health, the Mental Health Commission of NSW, community services and the public, private and primary health sectors.

Consumer presence was strong on the day and participants emphasised the need for the network committee to engage with diverse consumer representation and not content itself with input from one source or body. Also clearly articulated was the need for consumer equity in collaboration and involvement in the work of the network. Nigel Lyons, ACI CEO confirmed that ACI has a consumer council in addition to the networks established that advises on consumer participation and best practice.

Concerns were raised early in the day as to the "clinical" focus, and that it is vital that the mental health network strongly represents recovery orientation. In fact MHCC's CEO Jenna Bateman recommended that the terminology "Practice" Innovation would be the CMO sectors' preferred language. Likewise, it was strongly suggested that the network should focus on how it could support the Mental Health Commission's Strategic Plan as its starting point. The sentiment was that we had all worked long and hard to establish what needed to be done, and that what we now need to ensure is that the ACI network supports the plan's recommendations.



## Introducing Capacit-e: a new direction in learning from MHCC



AFTER NEARLY a decade of delivering high quality training in the community mental health and human services sectors, MHCC has expanded its range of training solutions to include **Capacit-e™ mental health e-learning** which launched on June 1.

### Who is Capacit-e for?

And though Capacit-e has been developed to help build a more e-capable community mental health sector, it isn't just for organisations or mental health workers. People with experience of mental health conditions, friends, family members, colleagues and anyone with an interest in mental health will find lots of information to help them understand how they can support their own or other's recovery.

#### Introductory offer for MHCC Members

Buy 16 seats or more and get 10% off the per seat price (conditions apply)

[Read more >](#)

### What's next?

MHCC is currently developing a range of new e-learning products including:

- Language of mental health recovery - COMING SOON
- trauma-informed care and practice
- mental health peer work

Our Capacit-e™ range will continue to expand in response to developments in research, evolving sector needs, policy and legislative reform, and new practice approaches.

Contact us today to discuss a Capacit-e product option that's right for your organisational needs:

Email: [online@mhcc.org.au](mailto:online@mhcc.org.au)

Phone: 02 9555 8388 ex 106

Web: [mhcc.org.au/learning-and-development/online-learning/capacite.aspx](http://mhcc.org.au/learning-and-development/online-learning/capacite.aspx)

The first two Capacit-e product offerings are now available. Check out the full range of products [online >](#)



#### Understanding Mental Health Recovery

takes learners on a journey through the key concepts of mental health recovery. Explore the myths and realities of recovery through a range of learning activities

and videos, including personal stories of recovery as a unique and individual journey. [Read more >](#)



#### Supporting Mental Health Recovery

is designed for people who already have an understanding of mental health recovery and want to learn more about how to support people

in their recovery. Explore tools for promoting recovery learning, wellbeing and hope as well as supporting choice, through a range of learning activities and videos. [Read more >](#)

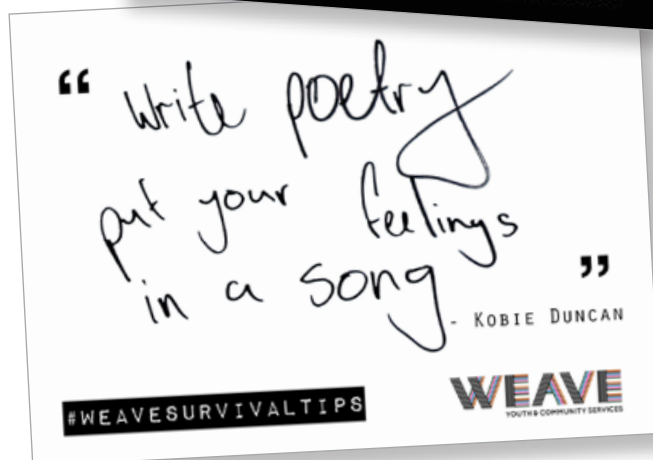


## Weave Survival Tips



WEAVE Survival Tips is a campaign that focuses on mental wellbeing in an engaging and inclusive way. The campaign acknowledges that we all go through hard times and celebrates that everybody has unique ways of coping and surviving, no matter who you are or where you come from.

Tired of campaigns that fail to connect and bond people through humanity and campaigns that perpetuate the stigma associated with 'poor' mental health and mental illnesses, Weave believes it's time to shift perceptions and start creating a positive conversation. What do people do to cope and survive the issues they are faced with? What "tips" would they share with others? At the campaign's core is a belief in the strength and resilience of the human spirit and that the small things people do make a big difference.



“ Asking “what do you do to get through hard times?” is a positive way of shifting the focus from problem-centred thinking to a strengths-based, resilience focused frame. The power of this shift becomes apparent when people are so willing to share and contribute when asked to reflect on their strengths and what works for them. ”

Weave's goal is to create a space where people feel safe and encouraged to share their Survival Tips and engage in activities and conversations that enhance mental wellbeing. The online Survival Tips resource is accessible to all and constantly expanding – a place where people can identify and connect with other's experiences and tools for getting through tough times.

Mental health issues are often framed in a problem centred way that focuses on labels and perpetuates experiences of stigma and isolation. Weave is asking for help to shift the conversation away from this focus, so that they can build a campaign that highlights people's strengths and resilience.

#weavesurvivaltips is an all-inclusive creative project that every single person can participate in.

Get in touch to find out how to get involved. Contact Weave if you would like their youth advocates to facilitate workshops at your services. Got an upcoming event? Weave can facilitate a "Photo Booth" that engages all attendees in a meaningful and fun way!

For more info contact Mardi Diles:

Email: [mardi@weave.org.au](mailto:mardi@weave.org.au)

Web: [www.weave.org.au/survivaltips](http://www.weave.org.au/survivaltips)

Follow Weave on Instagram:

@weavesurvivaltips

## Problem Gambling and Young People

THAT STIGMA forms the main barrier to help-seeking for people who are experiencing problems with gambling is well-established. Only 20% ever seek any form of support, and a large proportion wait 10 to 15 years after the problem becomes evident before they do so. One way to address this is to take an early-intervention and prevention approach to problem gambling. Responsible Gambling Awareness Week (RGAW) highlighted this in 2015 with the theme *Young People and Gambling*.

Frontline workers in Australia hear many variants on the story of a person who is either underage or just 18, has gone to the club or casino, won a big prize and never lost the thirst to gamble. Young people generally think gambling is cool, fun, and exciting and are often overly optimistic about the ability to predict winning bets.

Today, young people are exposed to countless pro-gambling messages online, during family TV viewing times and built in to apps which appear to be games. They are even more vulnerable to the false promises of gambling and the ease of 24/7 access on mobile devices with no real checks on whether the gambler is of age or not.

Recent reports indicate<sup>1</sup> that 3% of Australian teenagers are already experiencing problem gambling. This figure reportedly doubles among young people living with a mental health condition. Young males are also three times more likely than girls with mental health conditions to experience concerns around gambling. This group have been identified as “emotionally vulnerable problem gamblers”<sup>2</sup>—including co-existing conditions such as depression and anxiety or experience of trauma—and use gambling as a form of escape when distressed.

RGAW 2015 placed a strong emphasis on protecting vulnerable young adults against unrealistic portrayals of gambling by making them question their assumptions. It also explores harm-minimisation strategies including setting budgets, limiting the amount of time they spend on gambling and avoiding unregulated online betting sites.



There is a resource for parents, *Talking to Teens About Gambling*, which helps parents explain the issues and also open up pathways to discuss whether their child is already gambling and what other factors may be at play. A new youth section of the [www.gamblinghelp.nsw.gov.au](http://www.gamblinghelp.nsw.gov.au) website will also be launched including interactive tools, videos and personal perspectives from young people.

Responsible Gambling Awareness Week is the first part of a longer Youth and Gambling strategy funded by the NSW Government through the Responsible Gambling Fund. Later this year, lesson plans for the Years 11 and 12 Crossroads curriculum will be released. And for young adults, awareness activities will continue through apprenticeship programs, TAFES, Universities and private colleges. There will be a special focus on foreign students, who are a particularly high-risk group.

For more information and resources visit:

[www.gamblinghelp.nsw.gov.au](http://www.gamblinghelp.nsw.gov.au)  
[www.gamblinghelponline.org.au](http://www.gamblinghelponline.org.au)

Or contact:

Rhonda Woodford – Gambling Help Counsellor,  
 CatholicCare Gambling Help Family Counselling Lewisham NSW

Phone: 02 9509 1148

Email: [gamblinghelp@catholiccare.org](mailto:gamblinghelp@catholiccare.org)



1 Ivanic, L., Perrrens, B., Fildes, J., Perry, Y. & Christensen, H. (2014), *Youth Mental Health Report*, Mission Australia and Black Dog Institute.

2 Blaszczynski's Pathways Model (1,2 and 3)

## MHCC ACTIVITIES – AT A GLANCE

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

- Community Mental Health Drug and Alcohol Research Network (CMHDARN)
- Capacit –e MHCC online learning
- NSW Mental Health Rights Manual Review
- National Directions in Mental Health Workforce Development (on behalf of CMHA)
- National Disability Insurance Scheme analysis and impacts (in partnership with NSW MHC)
- National Disability Insurance Scheme Individual Supports Project (in partnership with NDIA, MHC and on behalf of CMHA)
- National Strategy for Trauma Informed Care and Practice (TICP)
- Partnerships for Health (P4H) - Ministry of Health Mental Health Program Approach
- Peer Work Qualification Development Project
- Peer Work Qualification Pilot
- Peer Work Champions Project
- Practice Placement Project Enhancement
- ROSSAT Education/ Training and Consultation Project
- Supporting Cognitive Functioning in Mental Health: Program and Resource Development Foundations Project

- Trauma Informed Care and Practice Organisational Toolkit (TICPOT)
- Youth Recovery Project II

### Key Submissions Comment

- DSS/NDIA Quality and Safeguarding Framework
- DSS/NDIA Information, Linkages and Capacity-building/ILC Framework
- Partnerships for Health MHCC Briefing Paper to Ministry

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

- Hospital to Home Initiative - 1/4/15
- NSW Hunter NDIS and MH COP Forum - 7/3/15
- So you want to change the World? Trauma Informed Care and Innovative Practice 7 - 8/05/15
- Western Sydney Nurses Association Conference - Dynamic Partnerships - 27/03/15
- NSW Health Agency for Clinical Innovation - Mental Health Network launch - 26/03/15
- MHCC CEO Forum - 29/05/15

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