

# View from the peak

A quarterly publication from the Mental Health Coordinating Council

October 2015

## Revolutionary and lasting reform

WHEN YOU TAKE a minute to step back from the frantic pace of change we're all experiencing, in the multiple system reforms currently underway, and reflect for a minute on another more lasting reform, everything else begins to find a more manageable perspective. I'm referring to the increasing legitimacy of the consumer voice and the very real impact it is having in ways that embrace human diversity and experience beyond our current notions.

Over the last decade the consumer movement has strengthened steadily in a myriad of ways and through a multitude of channels. It's been an organic process that has increasingly enabled people with lived experience of voices and other shifts in perception to talk openly about those experiences as an aspect of their own individual human experience. This idea is not a new one within much of the mental health sector but what is new is the way it's slowly entering mainstream thinking. It's beginning to feel very possible to conceive that one day 'having voices' will not be seen as requiring 'treatment' but rather as something more akin to a personal characteristic or ability. The slogan 'Don't dis my ability' from broad disability advocacy has been a very successful campaign message and is relevant here.

The very mainstream News Limited media outlet, [news.com.au](http://news.com.au) recently posted an article titled *Hearing Voices: The people who say talking back is the only answer*. The article explores the experiences of a number of people who are engaging with their 'good' and their 'bad' voices rather than trying to block them which is the traditional medical approach.

This push for a different understanding of the lived experience of voice hearing has been an outcome of lived experience being valued and made legitimate in ways not thought possible even twenty years ago. Nathan, one of the people interviewed explained, *'My mental health is dependent on my ability to strengthen my capacity to hear voices. To not just cope but use it in daily life, establish spaces to do that, explore themes and develop my ability to step in and out of altered states at will as a practice that allows for healing and insight.'*

What is needed is a consumer led research agenda that explores how people can work to attach meaning to their experiences 'positively and safely'. There is such a wealth of opportunity for consumer led research in this area. While the majority of research dollars go into searching for ways to stop or minimise 'symptoms' and 'cure' psychotic experiences, many of the people experiencing these things actually want to understand and learn how to incorporate and manage them as part of their lives. Many people say it is the stigma and discrimination that is crippling not the experience of voices and altered states per se. These consumer perspectives and this approach is as worthy of research focus as the more biomedical research endeavours.

*Continued over page >*



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With the NDIS rolling out over the next few years, allowing for greater levels of choice and self-determination for people eligible for the scheme, we may see some very innovative choices made; choices that wouldn't even have been acknowledged prior to the consumer voice being legitimised.

Witnessing the consumer voice achieve legitimacy over the last two decades has been the most substantial and important system reform of all. It has the potential to revolutionise the work of the service system in responding to people with mental health conditions and expand our understanding of human diversity and capacity.

MHCC, NADA through our shared research arm, CMHDARN supported by the Mental Health Commission of NSW, is proud to be supporting the Consumer-led Research Network headed up by Bradley Foxlewin to hold a forum on 4 November this year. The forum is called *Enabling consumer-led co-production research in a world that's not used to it*. More information inside this issue.

**Jenna Bateman, MHCC CEO**

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## Senate Report on DSS Tendering Processes – lessons learnt

LAST MONTH the Senate Community Affairs References Committee released its report on the impact on service quality, efficiency and sustainability of recent Commonwealth community service tendering processes by the Department of Social Services (DSS). The findings are pertinent to the Partnerships for Health process the NSW MoH currently has underway. Some of the key findings presented in the report include:

- tendering process was poorly planned, hurriedly implemented, and resulted in a loss of services
- innovative and collaborative applications were sought but then too short timeframes provided
- apparent inherent bias toward larger providers at the expense of local knowledge and expertise that smaller providers have developed
- the department throughout the process kept providers and peak bodies at a distance
- the sector felt the department undervalued their expertise, experience and role
- the process damaged relationships between providers by pitting them against each other and engendered greater mistrust of the department

- service gaps were identified only weeks after the successful tenderers had been announced, evidence of significant flaws in the department's tendering strategy.

The Senate committee recommended that the Auditor-General conduct its own review into the tendering process, including examining: the Department of Social Services' work pre-tender in identifying service needs by region; the extent to which successful tenderers have sub-contracted their work to local and regional providers, job losses that have resulted from the tendering process and outcomes, and the extent to which Department of Social Services has oversight over these subcontracts; the extent to which the capacity for community-based service delivery (particularly the capacity to provide services to CALD and indigenous communities) was factored into the tender selection process; and the impact on service delivery, advocacy and the support available to vulnerable people and communities.

MHCC is liaising with MHDAO and the Minister's Office about the Senate Committee Report and findings. Go to [www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/Grants/Final\\_Report](http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/Grants/Final_Report)

## TheMHS Awards 2015

MHCC IS DELIGHTED to have received the 'Education, Training or Workforce Development Award' at TheMHS Conference 2015, for the highly successful Aboriginal Careers in Mental Health (ACIMH) project. This award reflects the significant personal and organisational commitment of all the project partners and participants, the 10 community managed organisations that hosted trainees, the 46 trainees who participated, the partnership between MHCC and DEC (Dept Education & Communities) as well as staff, trainers, mentors and funders.

ACIMH Graduate Denyse Rose reflects:

*'The ACIMH traineeship was an inspirational change in my life. It increased my awareness of mental illness, being able to understand it a little better, and to make a difference in the community. I love working with consumers, and being able to support them make changes.'*

Chris Keyes, (Manager Learning & Development, MHCC) along with Thomas Franks (co-trainer with ACIMH and coordinator at New Horizons, an ACIMH host organisation) and Carly Warner (ACIMH graduate with the Schizophrenia Fellowship of NSW) jointly presented a paper at TheMHS on the ACIMH project.

When asked to share about the impact of being involved in ACIMH for herself, her family and her community, Carly Warner responded:



Accepting the TheMHS award from Dr Kay Patterson, National Mental Health Commissioner are (from left to right) Gillian Bonser, Consultant and training content developer, Liesl Homes, Project Administration and Student Support, Jenna Bateman, MHCC CEO, Chris Keyes, MHCC Learning and Development Manager, and Dean Pattinson, ACIMH Graduate and Community Rehabilitation Support Worker with NEAMI National.

*'The last three years have been an incredible journey of growth and change. I have had many opportunities to make a direct difference in the lives of so many people. I have learnt patience and understanding; I have gained insight and trust from not only fellow workers and clients, but from respected Indigenous members of my community. I have been involved in the recovery journey of so many people and their families; I have given my children something to be proud of and bigger dreams to aspire to.'*



< MHCC has just released places in this award winning **Certificate IV in Mental Health** – Aboriginal Customised version again to start in November.

> MHCC are also delivering new **Supervisor Workshops** targeted at managers and supervisors of Aboriginal workers, addressing common issues and practical approaches to enable cultural safety in supervision.





## 2015 Regional Forums

MHCC HIT THE road again in September and October, holding regional forums in Coffs Harbour, Ulladulla, Wagga Wagga and Sydney.

This year, the agenda featured updates on state and national reform activity and implications for the community managed MH sector. This included increases in the proportion and stability of funding to the NGO sector, competitive tendering and a greater role for CMOs into broader provision of clinical aspects of mental health service delivery in NSW.

A local discussion session, facilitated by CEO Jenna Bateman, highlighted a desire for greater consumer and carer engagement in program design and delivery and challenges around preparing for the NDIS roll out and changes to service models.

An update from the Community Mental Health Drug and Alcohol Research Network (CMHDARN) addresses broader involvement of the community mental health and drug and alcohol sectors in practice-based research, opportunities for higher education degrees through research and consumer led research advocacy.

MHCC also celebrated the recent launch of the Mental Health Rights Manual (4th Ed), 20 years after the first edition was released (Visit: [mhrm.mhcc.org.au](http://mhrm.mhcc.org.au) for more).

MHCC Learning and Development spoke about the emerging trends of specialised workforce training, such as the development of the nationally recognised Certificate IV in Mental Health Peer Work in answer to a fast growing peer workforce, and culturally

customised training for Aboriginal workers (see page 3 for more). Update on the PIR support facilitator training was provided, noting PIR support facilitators are continuing to benefit from training focussed on effective partnership building, reinforced through negotiation skills, conflict mapping and change leadership. Forum participants also heard about MHCC's growing range of Capacit-e mental health e-learning modules which represents just the beginning of our journey into delivering more accessible and engaging training products in our sector and beyond.

The 2015 forums also showcased two new organisational self-assessment consultancy offerings, ROSSAT and TICPOT (the *Recovery Oriented Service Self-Assessment Toolkit and the Trauma-Informed Care and Practice Organisational Toolkit*). The toolkits are designed to help organisations assess their current levels of recovery oriented and trauma-informed service delivery and to identify opportunities for immediate improvement as well as how to support continuous quality improvement. Stay tuned for further developments in this space or email [mhcc.consultancy@mhcc.org.au](mailto:mhcc.consultancy@mhcc.org.au) for more information.

Also on the agenda was MHCC's experience of developing and implementing our Reconciliation Action Plan (RAP) this year. Our vision is to develop a culture within the organisation that is inclusive and welcoming of Aboriginal and/or Torres Islander Peoples and promotes cultural safety and diversity in all our activities. It has been an enlightening and rewarding journey so far and we hope to share more of our progress soon. Check out MHCC's RAP [online](http://mhcc.org.au/policy-advocacy-reform/driving-change/reconciliation-action-plan.aspx) (mhcc.org.au/policy-advocacy-reform/driving-change/reconciliation-action-plan.aspx)

A full day of information and discussions was rounded off by an update on our work in the Hunter NDIS launch site. MHCC has undertaken considerable work related to sector NDIS readiness since 2011 and our partnership with the Mental

Below: CEO, Jenna Bateman takes a tour through the 4th edition of the Mental Health Rights Manual online



“ Sessions encouraged open discussion around local issues and preparing for the future. ”

Health Commission of NSW has helped to further progress this. The session allowed participants to identify areas of knowledge where they felt unclear and to learn from others how best to fill those knowledge gaps as the roll out of the NDIS is set to progress across NSW. The first forum in Coffs Harbour coincided with the NSW and Commonwealth government's signing off on the reviewed Bilateral Agreement for the NDIS which describes aspects of implementation up to July 2018.

## NSW NDIS Implementation from a Mental Health Sector Perspective

The Bilateral Agreement describes how and when people will enter the NDIS between 1 July 2016 and 30 June 2018. The broad framework is for Local Health District (LHD) level population catchments to enter the Scheme as indicated in the table below.

### From 1 July 2016

- the remaining population of Hunter New England (ie, other than the three trial site LGAs)
- the remaining population of Nepean-Blue Mountains (ie, other than the early start from 1 July 2015 for young people)
- Central Coast
- Northern Sydney
- South Western Sydney
- Southern NSW
- Western Sydney

### From 1 July 2017

- Illawarra Shoalhaven
- Mid North Coast
- Murrumbidgee
- Northern NSW
- South Eastern Sydney
- Sydney
- Western NSW
- Far West

NSW's primary focus will be on the:

- transition of existing Department of Ageing, Disability and Homecare (ADHC) funded clients - few of whom have primary psychosocial disabilities
- incrementally increasing entry of some new people who have previously not received disability support services.



Sarah Coconis introduces MHCC's new ROSSAT and TICPOT consultancy services in Wagga Wagga.

While the Bilateral Agreement includes considerable detail about the staged transition of people receiving ADHC funded services the timing and approach for the transition of people receiving Commonwealth funded mental health programs continues to lack clarity. A more detailed and complimentary Operational Plan is expected by the end of the year.

Clarity for people with mental health conditions and those currently providing services and supports to them may be pending further Commonwealth and NSW mental health sector reforms (ie, Commonwealth government response to the National Mental Health Commission 'efficiency and effectiveness' review and NSW Health Partnerships for Health Reforms).

MHCC guidance is for people affected by mental health conditions and those that support them to be undertaking activities in preparation for the NDIS. Check out our tips for 'Getting NDIS Ready' on page 8. This brief handout will be helpful for discussions with potential NDIS participants, their families and carers and service providers.

“  
Informative,  
good insights  
- great that  
this was  
delivered in  
Ulladulla!”

Below: Coffs Harbour delegates talk about their experience of the NDIS during small group discussions.



## Mental Health Update from the NDIS Trial Site

NSW HAS NOW passed the two year mark for the three year trial of the National Disability Insurance Scheme (NDIS). MHCC celebrated this milestone by convening a state-wide members-only 'Getting Ready for the NDIS' Forum which was held in Sydney on 7 September (pictured). At this event, we launched a publication describing the first two years of NDIS implementation from a community managed mental health sector perspective and this is available on our [website](http://mhcc.org.au/media/67408/mhcc-hunter-trial-site-2yr-report-aug2015.pdf) (mhcc.org.au/media/67408/mhcc-hunter-trial-site-2yr-report-aug2015.pdf)

A highlight of the forum was a 'Hunter Session' where people from the trial site with NDIS experience, including a person receiving NDIS funded services and supports, were able to share their experience with others. This session was filmed with funding provided by Mental Health Australia and will be available on our [YouTube channel](#) soon.

The alignment of the MHCC *Mental Health and NDIS Partnership Project*, undertaken with the NSW Mental Health Commission, with the NSW Government's Mental Health Strategic Plan 2014 to 2024 was presented at the forum and is considered in more detail in the report.

As at the end of June 2015, there were 1841 NDIS participants with a psychosocial disability nationally (ie, 1234 'primary' and 607 'secondary'). 1090 NDIS participants with a primary psychosocial disability and an approved plan and 401 of these were in NSW (37%). This represents an increase from 170/420 at the end of June 2014. While access to Tier 3 of the NDIS by people with mental health conditions is increasing, national and state-based project work continues to ensure that access to funded services and supports is optimal, including strengthening the coordination and integration with 'mainstream' (ie, 'clinical or treatment focused) health and mental health services.

The Hunter NDIS and Mental Health Community of Practice (COP) Forum last met on 24 July and the NSW Ombudsman's Office attended to consult regarding their new roles and functions arising from the 2014 Disability Inclusion Act (NSW). This was followed by targeted meetings with NDIS participants with mental health conditions, and their families and carers, held at RichmondPRA on King to better understand their experiences.

MHCC's experience of writing the two-year report was one of constant evolution as the pace of implementation of self-directed and individualised funding approaches, and maturation of the non-government 'market' required to deliver services and supports, continued to mature. This included recent releases of the NDIS:

- Information, Linkages and Capacity (ie, 'Tier 2) Framework
- Integrated Market, Sector and Workforce Strategy, and
- Price Guide (replacing the Catalogue of Supports).

In addition, some information about a proposed NDIS 'Outcomes Framework' has begun to appear and this, along with a streamlined access and planning process, appear to be aligned with the new Price Guide with a stronger consideration of the



Top: Debbie Hamilton provides a consumer perspective on the NDIS experience at the September 7 forum.

Above: A revealing panel discussion on organisational responses to the NDIS facilitated by Shol Bulstein, Pinnacle Group Australia.



impacts that services and supports are having on people's lives.

MHCC further considered NDIS implementation with our members and other interested people at our 2015 Regional Forums. This coincided with the release of the plan for NSW roll-out discussed earlier (ie, the reviewed NDIS Bilateral Agreement between the Commonwealth and NSW). More information is available at [ndis.nsw.gov.au](http://ndis.nsw.gov.au) and MHCC will continue to work to keep you informed.

The next MHCC and NSW Mental Health Commission Hunter COP Forum will be held on 17 November 10am to 1pm, at the Newcastle Jockey Club and people from outside of the trial site - including consumers and carers - are welcome to attend.

## The NDIS Experience of Hunter New England Mental Health

HUNTER NEW ENGLAND Mental Health (HNEMH) is now in the third year of the trial of the National Disability Insurance Scheme (NDIS). This has been, and remains, a very exciting time for the people we serve, their carers and families, and staff of HNEMH. NDIS is a major disability sector reform and while our service has understandably experienced some challenges, we continue to work closely with the National Disability Insurance Agency (NDIA) and as a result, have resolved many issues at a local level.

A clear governance and internal meeting structure has been implemented by the HNEMH Executive to provide direction and support to mental health staff and the future direction of NDIS within mental health. An initiative implemented in early 2014 was the appointment of NDIS 'champions' in each mental health service, who act as a resource for teams at a local level to ensure a seamless transition to the NDIS. HNEMH 'champions' interface with NDIA planners at the Mental Health and the NDIS Subject Group. The purpose of this meeting is for collaboration and coordination between government departments. At a district level, mental health representatives also attend other NDIS Working Groups and Operational Groups and HNEMH Executive attends the Hunter New England Health transition to NDIS project meeting.

HNEMH has acknowledged the importance of the NDIS for our service and the people we serve. In April 2015, HNEMH appointed a full-time Senior Project Manager position (NDIS & Community Managed Organisation Partnerships Project Manager) for twelve months. This position will ensure HNEMH is



moving through the NDIS transition phase and consumers, carers and families and HNEMH staff are well supported throughout this major reform.

We are extremely happy with the progress to date and many people with a lived experience of mental illness are experiencing an improvement in their health and well-being as a direct result of the funding and support they have received through the NDIS.

Due to the changing mental health landscape, HNEMH has been engaging heavily with non-government community managed organisations (NGOs/CMOs), including some services that have not traditionally partnered with health. Also, as a result of NDIS, there are many new services that are now entering the mental health sector and we have been engaged in conversation about how we can assist to enhance their capability to support clients with complex mental health needs.

HNEMH will continue to participate and provide updates at the Hunter NDIS and Mental Health Community of Practice Forum that is convened by MHCC and the NSW Mental Health Commission. Our service looks forward to sharing the progress that is being made in this new and exciting landscape and the many initiatives that are evolving within our service.

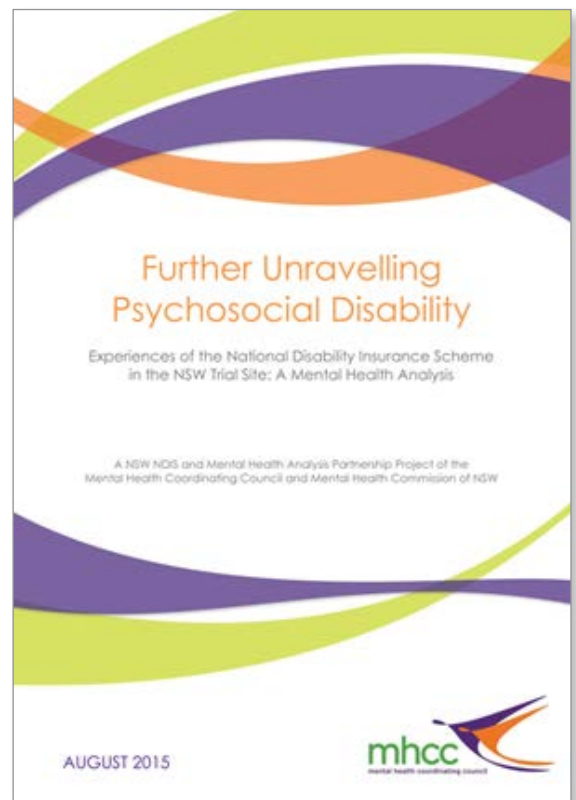
**Jodie Anne Bertoldi - NDIS & Community Managed Organisation Partnerships Project Manager, HNEMH**

# Getting ready for the full roll-out of the National Disability Insurance Scheme (NDIS)

## NDIS Readiness Tips

If you are a person with a mental health condition who struggles with daily living then you might be eligible for services through a new program called the NDIS. The full roll-out of the NDIS in NSW is planned to occur between July 2016 and June 2018. Some things that you might consider in getting ready are:

- familiarise yourself with what the NDIS is and stay informed about what we are learning about how it works (eg [www.mhcc.org.au/policy-advocacy-reform/influence-and-reform/ndis-and-mental-healthpsychosocial-disability.aspx](http://www.mhcc.org.au/policy-advocacy-reform/influence-and-reform/ndis-and-mental-healthpsychosocial-disability.aspx))
- understand the language of the NDIS and learn how to reconcile this with recovery oriented language
- begin to identify people with high levels of psychosocial disability that might be eligible for Tier 3 funded services and supports
- engage in pre-planning with these people to:
  - help potentially eligible people put together written information about how their disability affects their life
  - assist potentially eligible people to think about their hopes and dreams for their lives
- become aware of and meet with the various support providers in your local area that might support people in aspiring to their hopes and dreams
- discuss with people their four options for personalised funding money management arrangements and what is required for self-management:
  - self-managed
  - NDIA managed
  - other managed
  - a combination of the above
- convene or participate in a local community meeting to discuss what your mental health sector can be doing to get ready for NDIS
- encourage the local public mental health service to conduct an audit of clients known to them that might be eligible for NDIS
- encourage your local Partners in Recovery program to develop a list of people known to them that may be eligible for the NDIS



- ensure that the information about any current clients is up-to-date and comprehensive. This is especially true for people receiving Personal Helpers and Mentors Service (PHaMS) and Day-to-Day Living Program services, and for NSW, people with primary mental health conditions in receipt of ADHC funded disability support services (e.g. former boarding house residents).
- where accessible use the National Disability Service NDIS capacity building resources, including the Organisational Toolkit, to assess and build the readiness of your community sector organisation for the NDIS
- ensure that your organisation's policies, procedures and practices are NDIS ready
- create a new role within your organisation for an NDIS Liaison Officer or similar who can assist frontline workers, people with psychosocial disability and their families and carers to prepare for the NDIS and understand funded services and supports.

From: Mental Health Coordinating Council (2015). *Further Unravelling Psychosocial Disability - Experiences of the National Disability Insurance Scheme in the NSW Trial Site: A Mental Health Analysis*. MHCC, Sydney (adapted from p. 89).



## Mental Health Rights are Human Rights

MHCC WENT LIVE on 1 September with its 4th Edition of their *NSW Mental Health Rights Manual*. The manual is an online guide to legal and human rights and the service system that supports people with lived experience of mental health conditions in NSW.

This edition speaks to a diverse mental health and disability community and incorporates the latest legislative reforms and describes the mental health and human services environment.

Explore the manual online

### EMPOWERING

#### PEOPLE WITH MENTAL HEALTH CONDITIONS

Assists consumers, families and carers to exercise their civil, political, economic, social and cultural rights



### SUPPORTING

#### FRIENDS & FAMILY

Helping people to navigate complex service systems

### STRENGTHENING

#### ORGANISATIONS

Building capacity to work within legal and regulatory frameworks across the human service system



### INFORMING

#### THE WORKFORCE

Sharing knowledge and understanding that supports consumers and carers

## MENTAL HEALTH RIGHTS MANUAL <sup>4th</sup> EDITION

AN ONLINE GUIDE TO THE LEGAL AND HUMAN RIGHTS OF PEOPLE NAVIGATING THE MENTAL HEALTH AND HUMAN SERVICE SYSTEMS IN NSW

[www.mhrm.mhcc.org.au](http://www.mhrm.mhcc.org.au)



Mental Health Commission  
of New South Wales



## Gamarada



GAMARADA, MEANING 'comrades or friends' in the Gadigal language of the Eora Nation is the name given to the Sydney Self-Healing Program by Uncle Shane Phillips (Tribal Warrior Association).

Gamarada emerged out of recognition of unmet needs and lost potential among men in Redfern.

It is an organic, community-developed and driven program which provides a safe way for Indigenous men to come together to heal themselves and aid in the healing of others.

CEO Ken Zulumovski describes Gamarada as a grass roots program driven by goodwill, the principles of which are age-old and centred on a profound respect for self, nurturing of culture and "taking responsibility for our actions".

**Below: Just some of many participants of Gamarada's life-changing programs (group)**

**Bottom: The Biyanga Naminma program encourages families and communities to value and support children's education.**



Alison Churchill, CEO of Community Restorative Centre, described the program as "a much needed program to build them up so they can begin to start to enjoy life, mixing with other strong men. A way of re-nurturing and making them feel like people again"

Gamarada's programs employ traditional Indigenous healing methods in combination with some Eastern and Western influences. There is an emphasis on practical techniques including stress and anger management and the promotion of life skills.

The 10 week program empowers participants to break damaging patterns of behaviour, set and achieve positive goals, and explore spirituality central to the process of learning, development and self-healing. A two day program has also been developed for use in rural and regional areas. The program uses group work to teach participants a range of self-regulation skills. Awareness is explored using Indigenous Spiritual practices such as 'Dadirri'.

*'Dadirri is inner, deep listening and quiet, still awareness. Dadirri recognises the deep spring that is inside us. We call on it and it calls to us. This is the gift that Australia is thirsting for. It is something like what you call "contemplation"',* explains Indigenous writer, Miriam-Rose Ungunmerr-Baumann.

Graduates of the 10 week program have an opportunity to share their learning and support others as peer leaders of one day sessions on anger management and self-healing.

*'I thought this sort of stuff was not for me and was skeptical at first. However I enjoyed program, learnt lots, and realise how what we are trying to create has the ability to assist people with a lot of their own self-healing and to take control back of their own lives and emotions.'* Shane - Gamarada Graduate

The *Biyanga Naminma* program encourages dads, Uncles, male carers and mentors to value and encourage the education of their children and through that, strengthen the wider community. By promoting the image of Aboriginal fathers as leaders and mentors, educational outcomes for children are improved.

For more information visit:  
[www.gamarada.org.au](http://www.gamarada.org.au)

Image source: Gamarada



# The Language of Mental Health Recovery

Inspiring hope, identifying strengths,  
putting the person before the diagnosis



PEOPLE WITH mental health conditions experience stigma, prejudice and discrimination in their everyday lives. Repeatedly hearing negative messages can have a devastating impact on a person's self-belief, sense of hope and ultimately, their recovery.

Disempowering, limiting or harmful words don't always come from strangers; they can be used by colleagues, service providers, family or friends.

Consumers, carers and workers, interviewed by MHCC recently, reflected on how language is used in the mental health sector, *'language has been used to dismiss people, and as a distancing tool - it has been used to make other people "experts" about [consumers] rather than them being experts about themselves.'*

**“ We need to find a common language - free of all the psychiatric jargon - It's more empowering for everyone, not just consumers and carers. ”**

**“ Words are important. The language we use and the stories we tell have great significance to all involved. They can carry a sense of possibility, or be associated with a sense of pessimism and low expectations, both of which can influence personal outcomes. ”**

Devon Partnership

These revealing perspectives feature in ***Language of Mental Health Recovery*** ([mhcc.learningcart.com/ProductDetails.aspx?ProductID=212](http://mhcc.learningcart.com/ProductDetails.aspx?ProductID=212)) which has just been released as part of the Capacit-e mental health e-learning range from MHCC.

Explore the power of language through a range of learning activities and consumer, carer and worker perspectives. Turn negative messages into language that includes, inspires, empowers and puts the person first.

## GET 3 MODULES FOR THE PRICE OF 2

Language of Mental Health Recovery is included FREE in the Mental Health Recovery Suite (single seat and licence options available).

Go to [mhcc.learningcart.com/ProductDetails.aspx?ProductID=226](http://mhcc.learningcart.com/ProductDetails.aspx?ProductID=226)

Email [sales@mhcc.org.au](mailto:sales@mhcc.org.au) or call 02 9555 8388 ex 106 for more information today.

A sneak peek inside Language of Mental Health Recovery. It's nearly finished!



## CMHDARN update



CMHDARN WOULD like to thank everyone who completed our recent survey. We asked you to have your say, because it's really important that CMHDARN delivers the information you need in the way you want it. This is what we learned:

- 89% of respondents would use a sector specific bibliography. Lots of you think the sector needs to showcase the research it is producing because research, translated into evidence-led practice change and innovation will contribute to the sustainability and growth of the sector in the long run.
- 67% of respondents are interested in learning more about engaging in Higher Degree Research opportunities. We're holding a HDR Forum on 20 November at UTS to explain the ropes, so watch this space.
- There's huge support for Enabling Consumer-Led Co-Production Research in a World that's Not Used to It – a MH and AOD Forum. This will be an incredible day, a game-changer in terms of how we

think about research processes and who calls the shots, with fantastic key-note speakers. We hope to see you at this event on 4 November.

- The majority of you suggested CMHDARN needs a new savvy E-communications strategy and we agree. You've provided some great ideas, but specific suggestions about how you'd like to receive information are always welcome.
- You told us that you'd like to hear more about research that is translational, therapeutic and that champions qualitative approaches. You are also interested in discovery research, partnership building, community action research, improved data collection strategies (not just more surveys), consumer led research and research resources that would enable you to support Aboriginal communities.

We're listening! Contact the CMHDARN Project Coordinator Dr Angela Argent at [angela@mhcc.org.au](mailto:angela@mhcc.org.au) with ideas and suggestions. If you like what CMHDARN does, tell your friends about us and invite them to visit our website.

## UPCOMING EVENTS AND OPPORTUNITIES

### ENABLING CONSUMER-LED CO-PRODUCTION RESEARCH IN A WORLD THAT'S NOT USED TO IT – a MH and AOD FORUM – 4 November

CMHDARN is supporting the Consumer-led Research Network in holding a forum on 4 November. Join us to:

- hear from the most vibrant voices in consumer-led co-production research in the MH and AOD sectors
- workshop ideas about how to enable research regardless of the constraints
- be part of the process of producing a statement about co-production in research that will be used to bring about real change, and
- be there to participate, learn and listen to ideas that will change the way you think about who gets to set the research agenda.

### HIGHER DEGREE RESEARCH KICK-START – 20 November

Do you have a burning research question? Is HDR the answer?

We're holding a half-day forum on the morning of 20 November at UTS to help you kick-start the process. On the day you will have the opportunity to:

- listen to HDR students talk about their experiences
- meet academics and potential supervisors to discuss your research question
- learn about various pathways to HDR and available support from a panel of experts, and
- find out how to win support in your workplace to complete HDR.

## UPCOMING EVENTS AND OPPORTUNITIES cont...

### WE KNOW THAT YOU'VE BEEN PUBLISHED

We're producing a bibliography of the research our sector produces. We know a number of MHCC members and stakeholders have been published in peer reviewed journals and other places of influence in the last five years. We'd love to showcase your work, so please forward the abstract and/or article to us at the email address below.

### JOIN CMHDARN TODAY

Visit our website at [www.cmhdaresearchnetwork.com.au](http://www.cmhdaresearchnetwork.com.au) and become a CMHDARN member. It's the easiest way to receive updates on CMHDARN activities and it's free to join.

## Members Survey

IN AUGUST 2015 MHCC conducted the Annual Members Survey. This year was exceptional in the number of members who took the time to speak with MHCC and also respond to the survey. We received a response rate of 46.5% and we want to continue to increase this rate in the coming years as we progress MHCC's purpose 'To build the capacity and ability of community organisations to support people on their recovery journey'.

MHCC is committed to continuous improvement, therefore, the more members who get involved in the feedback, the more of an insight we receive on what we are doing right, what we can do better, and what we need to focus on to provide a more complete service to members in the coming year and beyond.

This year the Members Survey pinpointed questions relating to 'Performance', 'Communication', 'Learning & Development' and 'MHCC Initiatives'. 79% of members responding felt the communication provided by MHCC was either 'Excellent' or 'Very Good'.

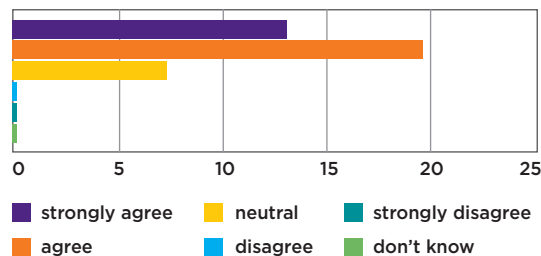
MHCC initiatives including the Hunter NDIS Community of Practice, the Peer Work Qualification Development Project and the Community Mental Health Drug and Alcohol Research Network all received a positive response from survey participants. The standout this year was the 'Recovery Oriented Language Guide' with 73% of respondents agreeing it is a highly useful resource.

When members were asked to rate how MHCC supports them to deliver services

through capacity building, partnerships, advocacy and policy and reform, 75% of respondents 'Strongly Agreed' or 'Agreed' that MHCC was providing much needed assistance and opportunities.

#### Question 5.2

MHCC has been successful in building the capacity of the mental health sector to meet current challenges



Suggestions of what MHCC should take on board in the future were 'How organisations can improve service delivery, evaluation and quality outcomes', 'Infrastructure for smaller CMOs', and 'Best practice guidance... particularly when linked to emerging research'.

A BIG THANK YOU to all our members who took the time to complete the survey - we understand how busy everyone is - please be assured your feedback is important to us. Congratulations to B. Miles and Lou's Place who were the lucky winners of 10 seats for Capacit-e mental health e-learning for completing the MHCC 2015 Member Survey.

## 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)
- 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 Champions Project
- Physical Health focus in mental health CMOs
- ROSSAT Education/Training and Consultation Project
- Capacit-e on-line learning recovery suite
- Supporting Cognitive Functioning in Mental Health: Resource Development Foundations Project
- Trauma Informed Care and Practice Organisational Toolkit (TICPOT) pilots and consultancy pilots

### Key Submissions/Comment

- *Social Services Legislation Amendment Bill 2015*: Proposal to deny payment of social security benefits to forensic patients who are detained – 15/06/2015
- DSS: National Disability Advocacy Framework – 29/07/2015
- NDIS Legislation Review submission – 08/10/2015

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

- NSW Hunter NDIS and MH COP Forum – 24/7/2015
- TheMHS Conference – MHCC presented 5 papers – 26-28/08/2015
- Inner West Sydney MH Interagency – 12/8/2015
- NDIS Individual Supports Member Consultation (CMHA) – 21/09/2015
- MHCC CEO and Senior Managers NDIS Organisational Readiness Forum – 07/09/2015
- Coffs Harbour Regional Forum – 16/09/2015
- Ulladulla Regional Forum – 30/09/2015
- Wagga Wagga Regional Forum – 07/10/2015
  - Sydney Regional Forum – 16/10/2015

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