

PIR – not such smooth sailing



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The sector is now well and truly into negotiations around how the Partners in Recovery (PIR) initiative can best be provided to the 24,000 people with mental illness and complex conditions this nationally funded program is designed to target.

PIR is to be delivered by one organisation or consortia in each of the 61 Medicare Local regions Australia wide, 17 in NSW. Consortia bids are seen as in keeping with the aim of partnership development which is one of the key proposed outcomes of the initiative. Consortia development negotiations require clear staged processes, transparency, consistency, mutual benefit, shared responsibilities and shared objectives. Adequate time for negotiations is another important factor.

The question of lead agency status is fundamental to the successful development of a consortium. The lead agency is often the partner with the greatest ability to undertake the role in terms of organisational infrastructure (such as financial competence and administrative capacity), knowledge and experience of the population group and environmental context, and reputation and track record in providing services to the targeted group.

In NSW as the different PIR regions have sought to identify options for lead agency status, tensions have developed in several regions between Medicare Locals (MLs) and community sector mental health providers. These tensions have a number of different sources including expectation by many MLs that they are best placed to take on lead agency status because PIR has been aligned to ML regions against belief by many CMOs that they are best placed due to their long experience and knowledge of supporting people with mental illness and complex conditions. Perhaps the most significant tensions however, lie around the model for deployment of the PIR support facilitators. CMOs generally favour a sub-contracting model whereas MLs have supported different models in different regions. There has however been a growing trend amongst MLs to support lead agency direct

employment and co-location models which leaves CMOs without clear and secure mutual benefit from consortia participation.

There appears to be a strong driving influence from the Australian Medicare Local Alliance for MLs to nominate for lead agency status without sufficient consideration of whether or not they are best placed, in terms of ability and capacity, within a particular region to do so. CMOs have reported MLs suddenly withdrawing from open negotiations with potential consortia partners and stating their intention to go lead agency. It is a difficult time for CMOs who have the expertise, capacity and experience to take on the lead agency role in a PIR region but find the ML unwilling to accept any consortia role other than lead agency despite their relatively new establishment and variable developmental stages.

It has been heartening to see many CMOs coming together to support each other for PIR bids in regions

Continued on page 3

In this issue

MHCC Activities at a glance	2
NSW Mental Health Act Review	4
Mental Illness and the Criminal Justice System	5
2012 Regional Forums	6
The Involuntary Drug and Alcohol Treatment Program	7
Modelling Community Mental Health Needs	9
Partners in Recovery: Feature	11
Member Profile: Samaritans Kaiyu	13
Spotlight on the Sector	14
Learning & Development update	15
What's On	16

MHCC Activities – at a glance

Projects:

- Community Mental Health Drug and Alcohol Research Network (CMHDARN)
- MHCC Policy Resource
- Service Coordination Strategy
- CAG & MHCC 'Recovery Resource' Project (ROSSAT)
- Sector Benchmarking Project
- National Outcome Measurement & Minimum Data Set Projects
- Supervision practices in MH community managed organisations
- Trauma Informed Care & Practice
- Psychological Injury Resource

Submissions:

- NSW Law & Justice Foundation – A trauma informed approach to working with people with mental health and complex psychosocial issues interacting with the criminal justice system
- NDIS Mental Health CMO Development and Sustainability Project
- Disability Reform; eligibility & reasonable and necessary support under the NDIS
- National Primary Health Care Strategic Framework: Consultation Draft
- Independent Commission Against Corruption (ICAC)
- NSW Health Grants Management Improvement Taskforce (GMIT)
- Community Services and Health Industry Skills Council – Environmental Scan 2012

MHCC facilitated and/or presented at the following events:

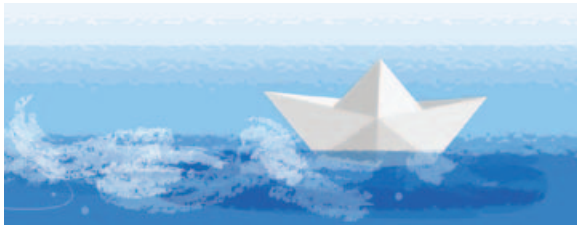
- CMHDARN Research Forum: Consumer Representation and Participation in Research 16/08/12
- TheMHs Conference 22/08/12
- 15th NSW Rural Mental Health Conference 29/08/12
- Social Enterprise and Employment Forum 30/08/12

- Faces in the Street – Building Bridges Symposium 30/08/12
- Consumer Advisory Network (CAN) Mental Health 'Wellbeing Workshop' 12/09/12
- 2012 MHCC Regional Forums – Lismore, Newcastle, Parramatta, Wagga Wagga September 2012
- Exploring Better Mental and Physical Health Outcomes Through Collaboration 02/09/12
- MHCC Member Executive Meeting – Partners In Recovery 19/10/12
- Mental Health and Children of Prisoners 25/10/12
- The Mental Health of Older People: Connecting Sectors 02/11/12

MHCC attended notable events including:

- Interagency Services Program Reference Group
- Hoarding and Squalor Taskforce
- Australian & NZ Association of Psychotherapy. From Trauma to Health
- NGO Grant Program Review Public Forum and meetings
- Homelessness NSW & Corrective Services NSW. From Custody to Community
- Mental Health Act 2007 Review Community Consultation Forum
- Medicare Local 'Partners in Recovery' – Planning Meetings
- National Practice Standards and Mental Health – Core Competencies Project
- Community Services and Health Industry Skills Council
- NSW Mental health Commission Strategic Planning
- Premier's Council on Homelessness
- National Safety Quality Partnership Subcommittee
- NSW Ombudsman's Office NDIS Roundtable
- Inaugural Australian Council of Non-Government Organisations
- NGO Advisory Committee (NSW Health)
- NSW Corrections Women's' Advisory Committee
- MHDAO Employment Roundtable

From page 1



where the service model proposed by the ML is not a sub-contracting one. MHCC has encouraged members to advocate strongly for their preferred model for PIR and to get behind each other where MLs are failing to enter into the spirit of negotiation and compromise to achieve an agreed approach.

There is \$550 m allocated to PIR for a group of people who often fall through the gaps in

service provision because the existing service system fails to work together to better understand how to support them. PIR is an opportunity to properly address system deficits – including our understanding of what constitutes good care/service coordination practice – and make a real difference to people’s lives. Attitudes to partnership during tender negotiations are very telling as to how an organisation will operate the PIR program. CMOs with strong track records demonstrating capacity to deliver positive outcomes for consumers and carers, sector knowledge and good relationships with government agencies and other providers should make them strong contenders for PIR lead agency roles.

Jenna Bateman, Chief Executive Officer

NSW Health Grants Management Improvement Program

The Grants Management Improvement Taskforce (GMIT) released a Discussion Paper in September and requested submissions in reply to it. The GMIT has been established to meet the health goals of the NSW State Plan and the paper acknowledged the important contributions to be made by community organisations. In 2012/13, NSW Health is providing funding to over 300 NGOs totalling \$149.6 million and a considerable amount of this funding relates to better addressing people’s mental health needs.

The Grants Management Improvement Program (GMIP) is intended to improve grants administration and introduce opportunities for new partnerships between NSW Health and community organisations. In brief, the proposed new funding model will increasingly be based on a purchaser-provider procurement relationship but some grants will continue as grants. The new funding relationship will be introduced in a planned way from July 2013 and be informed by a report arising from the current consultation process. The GMIT convened three state wide forums in September and Chris Puplick (GMIP Taskforce Chair) also met with large organisations receiving more than \$1M a year to ascertain people’s views about these directions.



MHCC used our Regional Forums to make members aware of this activity and to consult about their views. MHCC’s submission was written from both the perspective of MHCC as a NSW Health funded service and from that of our role as the peak body representing our memberships’ funded services. We supported the activities being undertaken through the GMIP as the government moves to streamline funding and also noted that it is important to ensure that the community sector’s valued characteristics of responsiveness and innovation in addressing individual and community unmet needs is not lost.

An interesting question included in the Discussion Paper asked about services currently delivered by the public health service which could be more effectively delivered by community organisations. MHCC will continue to advise members on GMIP developments as they arise.

Review of the NSW Mental Health Act 2007

In September 2012, the Mental Health and Drug & Alcohol Office (MHDAO) released a Discussion Paper, *Issues arising under the NSW Mental Health Act 2007*. The object of this review is “to determine whether the policy objectives of the Act remain valid and whether the terms of the Act remain appropriate for securing those objectives”. A report will subsequently be tabled in Parliament in early 2013.

The terms of reference of the review reflect the importance that the Act supports “contemporary, evidence-based best practice and...provides an effective legislative framework for the appropriate care and treatment of people with a mental illness in NSW.” It is expected that the review will highlight some inadequacies and establish principles agreed by all stakeholders on broader reform in mental health.

Amongst the many issues under discussion are a number of priorities which represent sections in need of comprehensive review including: admission and discharge, the role of primary carers, involuntary and voluntary detention;

role, functions and coordination of the different oversight bodies in mental health, such as the Official Visitors and the Mental Health Review Tribunal; and consent to non-mental health treatment.

Back in May 2012, MHCC were asked to furnish the Government with some preliminary thoughts concerning areas that we felt should be discussed. Many of these issues are referred to in the review. This submission is available: www.mhcc.org.au/documents/Submissions/MH-Act-Review-VF-07-05-12.pdf

A Discussion Paper has been prepared by MHDAO to introduce some of the issues that have already been raised by stakeholders, and to stimulate discussion and comments.

Members may provide comments directly to corinne@mhcc.org.au on one or all of the questions in the submission template available together with the discussion paper at: www.health.nsw.gov.au/mhdao/review_nsw_mh_act_2007.asp

Mental Health Rights Manual – TheMHS Conference Award

MHCC was very proud to receive the Silver Award for Special Achievement in Mental Health at the 2012 TheMHS Conference Achievement Awards held in the Gold Coast on August 22nd in Cairns.

The award was presented to Jenna Bateman by Professor Allan Fels, AO, Chair, National Mental Health Commission and Dean, Australia and New Zealand School of Government (pictured).

The Mental Health Rights Manual outlines the rights of every person with a mental illness to exercise all civil, political, economic, social and cultural rights as recognised in the UN Universal Declaration of Human Rights. The 3rd edition of the manual was published in 2011, bringing together vital information in plain language that is crucial to anyone having to navigate the mental health system.

For more information and the document in full visit: <http://mhrm.mhcc.org.au>



Mental illness and the criminal justice system

The NSW Law Reform Commission's (LRC) Report 135, *People with cognitive and mental health impairments in the criminal justice system: Diversion* was released in August 2012. Unsurprisingly, the LRC's report finds that there is significant over-representation of people with cognitive and mental health impairments in the criminal justice system, and that the current legislative provisions to divert people with impairments into treatment and services under sections 32 and 33 of the Mental Health (Forensic Provisions) Act 1990 (NSW) are underutilised.

The report makes recommendations to extend diversion powers to police, to strengthen the existing diversionary powers of the court, and to establish a specialist court list for people at risk of imprisonment. The report also recommends extension of the current court-based assessment and case management services to ensure that diversionary orders can work to link people to services that potentially could reduce their chance of reoffending and improve outcomes for them.

The evidence clearly shows the over-representation of people with cognitive and mental health impairments at all stages of the criminal justice system. For example:

- A 2002 survey of police officers in Sydney found that police reported spending an average of 10% of their time with "mentally disturbed people". Some reported spending up to 60% of their time.
- The BOCSAR study in 2007 at two NSW local courts found that 55% of defendants surveyed have one or more psychiatric disorders. There was apparent over-representation in all categories of mental health impairment, when compared with the general community in NSW
- Similarly, a 2009 study of 60 defendants appearing before four local courts in Greater Sydney found that people with cognitive impairments were over-represented in those courts.
- A study of NSW prisoners in 2003 found that 74% of inmates experienced at least one psychiatric disorder in the 12 months prior to being interviewed. For example, 9% of prisoners were identified as having psychosis, whereas the representation in the general population is 0.42%

This report is the first in the LRC's review of criminal law and procedure applying to people

with cognitive and mental health impairments. The overarching recommendation is for a flexible and responsive approach to help reduce future offending. The report's 55 recommendations include specifically:

- *Expanding programs available to assess people with cognitive and mental health impairments involved in the criminal justice system and refer them to services. This includes expansion of the State-wide Community and Court Liaison Service.*
- *Expanding the Court Referral of Eligible Defendants into Treatment (CREDIT) program, which identifies the needs of people with complex needs involved in the criminal justice system, links them to services that address their offending, and case manages their progress.*
- *Providing police with access to court-based programs that can assist in linking people to services and with legislative authority to divert people with cognitive and mental health impairments who have committed less serious offences.*
- *Strengthening the legislative options available to courts, including giving a clear power for increased court oversight of diversionary programs, to ensure that individuals remain connected with the programs they are referred to.*
- *Creating a specialist list to provide intensive judicial supervision and service provision to address the needs, and reduce reoffending, of people with impairments at risk of imprisonment.*

The NSW Attorney General, Greg Smith SC stated that the government "will carefully consider the NSW Law Reform Commission's report on the diversion of people with cognitive and mental health impairments in the criminal justice system." He went on to say that "Courts alone can't resolve the complex problems faced by people with mental impairments – an effective response will require continuing support from a variety of agencies in areas such as health, justice, housing and disability."

The Department of Attorney General and Justice is now establishing a committee to prepare a whole-of-government response to the LRC's report. The report can be accessed at: www.lawlink.nsw.gov.au/lrc

2012 Regional Forums

In September MHCC held our annual Regional Forums in Lismore, Parramatta, Newcastle and Wagga Wagga. The forums are a great opportunity to meet with our members, launch new resources and training, promote networking and support partnership development.

This year members had the opportunity to meet the inaugural NSW Mental Health Commissioner John Feneley, who spoke about the role of the Commission and its future directions. Mr Feneley discussed the very real issue consumers' face in accessing the services most appropriate to their needs, and the challenges services must overcome to meet those needs. Mr Feneley took a number of questions from the floor, followed by site visits to a number of services in each location.

Other forum highlights included; a briefing by MHCC CEO, Jenna Batemen, on current issues impacting on the sector; Medicare Locals in each region spoke about their role in the 'Partners in Recovery' program (see page 11 for more information); the launch of the Psychological Injury Management Guide (see page 8 for more information); and a unique session with Course Coordinator Lorna Downes, which gave participants insight into *Different Understandings of Mental Distress*, a core component of MHCC's *Mental Health Connect* training (see www.mhcc.org.au for dates and locations).

Lismore forum attendees were fortunate to hear Liesa Hoffman's moving talk *The Lived Experience Project gave me my life back as a Peer Support Worker*. Leisa works for the Northern Rivers Social Development Council and is also employed in the Residential and Outreach programs at On Track Lismore.

In an interactive afternoon session, participants worked through the practicalities of implementing the *Recovery Oriented Service Self-Assessment Toolkit* (ROSSAT). MHCC Senior Policy Officer, Tina Smith, and a member representative guided small groups through completing the *Tool for Workers* and *Tool for Organisations* which are designed to assist in assessing an organisations' level of recovery oriented service provision and identifying areas requiring improved practice.

'It was a well-coordinated and stimulating day. I consider that you really have a sound and thoughtful intent in all that you do'

Forum participant



NSW Mental Health Commissioner, John Feneley



Lorna Downes - ROSSAT workshop



Tina Smith - ROSSAT workshop



Leisa Hoffman - Peer Support Worker

The Involuntary Drug and Alcohol Treatment Program (IDAT)

The Drug and Alcohol Treatment Act 2007 (DAT Act) *“provides for the health and safety of persons with severe substance dependence through involuntary detention, care, treatment and stabilisation”*. It was created to provide the legal basis for a two-year trial of short-term involuntary care and treatment during which persons with severe substance dependence would undergo detoxification to rebuild their health and be linked effectively to longer-term rehabilitation and support.

Following on from a pilot program conducted in Nepean Hospital, the IDAT Program is now operating at Royal North Shore Hospital and Bloomfield Hospital. The Program provides short term involuntary care in gazetted facilities (known as Treatment Centres). The aim is to protect the health and safety of people with severe substance dependence, who have experienced, or are at risk of, serious harm and whose decision making capacity is considered to be compromised due to their substance use. A dependency certificate, must be issued to a person before they can be involuntarily admitted which can only be issued if an accredited medical practitioner at the Treatment Centre is satisfied the person meets a number of criteria.

Referrals will be accepted from all over NSW for people over 18 years providing they have severe substance dependence (meaning that they have a tolerance to a substance and show withdrawal symptoms when they stop or reduce levels of its use). It must also be clear that a person does not have the capacity to make decisions about their substance use and personal welfare primarily because of their dependence, and that care, treatment or control is necessary to protect them from serious harm. Likewise, that they are likely to benefit from treatment but have refused treatment, and no other appropriate and less restrictive means of treatment and care are reasonably available.

The IDAT Program is a structured treatment program where persons issued with a dependency certificate are detained and provided in-patient medically supervised withdrawal, rehabilitation and supportive interventions for up to 28 days. An important part of the program is the outpatient community based care component which continues for up to six months. The treatment centre will also provide an assertive model of follow up in the community to engage the person with

their post-discharge treatment and care plan in the community. Individual patient care plans will be decided during the in-patient phase of involuntary treatment, which may include time spent in a CMO drug and alcohol program.

The DAT Act aims to ensure that involuntary treatment is only used where it is likely to benefit the individual and when no other less restrictive means for treating them are appropriate, whilst protecting the rights of people undergoing involuntary treatment through the legal oversight of a magistrate and monthly visits to Treatment Centres by Official Visitors.

The DAT Act is accompanied by:

- A Memorandum of Understanding, which sets out the roles and responsibilities of key NSW Government agencies involved in the IDAT Program
- A Model of Care, which contains specific protocols regarding the medical management and psychosocial interventions during treatment.

Using a staged approach, the objectives of the IDAT Program are to:

- provide a short term intervention to remove the patient from immediate danger
- allow the patient an opportunity to withdraw from drug and alcohol
- allow opportunities for the patient to stabilise and rebuild physical and mental health
- enable the patient to address physical, mental and neurological issues that contribute to, are the result of, or occur concurrent to chronic substance use
- plan and set up continued voluntary outpatient support, usually in the community of origin, in the longer term to assist the patient to move towards abstinence or reduce harm associated with drug or alcohol use.

The Association of Children and Welfare Agencies have developed an IDAT e-learning package which provides an overview of the IDAT program, Drug and Alcohol Treatment Act (2007) and IDAT Model of Care. The IDAT e-learning package has been uploaded to the web, and you can access the site by visiting <http://lms.acwa.asn.au/login/index.php>

For further information please contact Corinne Henderson at corinne@mhcc.org.au

Tenders awarded to CMOs that provide a variety of drug and alcohol services

In October Minister Kevin Humphries announced that people currently unable to access treatment for drug and alcohol addiction will now have access to additional treatment and rehabilitation services. The Minister said that the NSW Government has committed to provide \$10 million over four years for new rehabilitation services and programs that will help more people break the cycle of drug and alcohol addiction.

The tendering process to identify the agencies within the Drug and Alcohol community managed sector most suitable to provide the required services has concluded, with funding to go to CMOs throughout NSW to provide care in residential rehabilitation, outreach and aftercare, community day programs and multi-disciplinary case management and coordination.

"Drug and Alcohol NGOs have a proven track record in delivering high quality treatment, prevention and health promotion services in NSW. These services are based in the community and play a vital role in assisting people who are experiencing problems with drugs and alcohol," Mr Humphries said.

These programs will help keep people in the community and break the cycle of reoffending, as well as reducing cost to the community. *"I congratulate the successful organisations and I*

am confident that they will deliver high quality services that go towards breaking the destructive cycle of substance addiction," Mr Humphries said.

For more information on the successful tenderers please visit www.health.nsw.gov.au

"This new funding will be essential for supporting better treatment outcomes for the high complex needs patients that our services see and will assist them to stay well after treatment and lead productive lives back in the community."

Larry Pierce - CEO, NADA

MHCC MUST SEE - THE PSYCHOLOGICAL INJURY MANAGEMENT GUIDE

The PIM Guide has been developed as a web based resource to assist organisations to navigate the often complex injury management process.

The PIM Guide responds to:

- increasing workers compensation premiums
- time pressures in addressing the risks and management of psychological injury, in addition to core business activities
- a rapidly changing injury management environment

The PIM Guide will help you to:

- prevent psychological injury in the workplace
- identify early warning signs
- develop a proactive, integrated approach to injury management
- provide clear pathways for return-to-work
- improve climate, leadership culture and employee wellbeing
- reduce workers compensation premiums

To explore the PIM Guide visit <http://pimg.mhcc.org.au>

Tenders have been awarded to:	Successful tenderers
24-hour staffed residential rehabilitation services providing structured interventions	Jarrah House WHOS Sydney Services Freeman House Kedesh Rehabilitation Service
Outreach and aftercare for up to twelve months	Community Restorative Centre WHOS Sydney Services Samaritans Foundation Kedesh Rehabilitation Service
Community based day programs to enable community participation and build re-integration including assistance with housing, employment, occupational therapy and living skills	WHOS Hunter Services Bridges Inc. Samaritans Foundation Watershed Drug & Alcohol Recovery and Education Centre Drug and Alcohol Multicultural Education Centre
Multi-disciplinary case management and coordination across health services	WHOS Hunter Services WHOS Sydney Services Maari Ma Aboriginal Corporation

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 the availability of CMO services 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 MHCC member organisations 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 span of a year. A Steering Group and a Reference Group are contributing to the development of four inter-related documents representing the outputs of each of the four project stages that, when integrated, will make up the final project report. The project team are undergoing the following activities:

- Conducting a comprehensive analysis of the Sector Mapping Project service information against NSW population, socioeconomic and infrastructure data (that is, an "as is" analysis).
- Undertaking a literature search and broad sector consultations to establish benchmarks for CMO community mental health service delivery.

- Identifying the size and shape of the gaps that may exist for CMO community mental health services to address population needs.
- Proposing options for development of the CMO community mental health sector to address the gaps (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 framework is being led by the NSW Ministry of Health, who plan to utilise the Sector Benchmarking Project model to strengthen national CMO planning processes.

Consultation workshops were completed in September 2012. MHCC would like to thank its members who have contributed significant time and support in this rare opportunity to embed community sector mental health activities into the government planning process.

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

Sylvia Grant (NSW State Manager, Neami), Leone Crayden (CEO, Ontrack Community Programs), Pam Rutledge (CEO, RichmondPRA), Peri O'Shea (CEO, NSW Consumer Advisory Group), Sue Sacker (Deputy CEO, Schizophrenia Fellowship NSW), Thomas Brideson (Manager, NSW Aboriginal Mental Health Workforce Program), Jonathan Harms (CEO, 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)

Event Highlights

On October 25th, event partners MHCC, Corrective Services NSW, SHINE for Kids and MH Kids, hosted the **Mental Health and Children of Prisoners Forum**. Opened by the Hon. Kevin Humphries, Minister for Mental Health, the forum brought together community and government organisations to discuss the devastating impact of parental incarceration on children and young people.

Kirsty de Valance (pictured) gave the issue a voice through her personal journey as a child of a prisoner. Professor Juanita Sherwood explored the experience of imprisonment on indigenous communities and Assoc Professor Kimberlie Dean spoke about the work being done around the intergenerational transmission of adversity.

Panellists, including Mental Health Commissioner John Feneley, Dr Catherine Fowler (Tresillian Chair in Child and Family Health) and Commissioner Megan Mitchell of the NSW Commission for Children and Young People,



came together to address what therapeutic interventions could make a difference to these traumatised children. Attendees then participated in an information sharing activity around workforce development, policy reform and future directions for research.

See our website for a forum report with recommendations for 'next steps' in service reform for this vulnerable and currently under-served group.



Poet Herbet Bowers with Julie McCrossin

On November 2nd MHCC, in partnership with Aged and Community Services Assoc of NSW & ACT Inc, hosted the **Mental Health of Older People: Connecting Sectors Forum**. Minister Butler, whose federal portfolios are Aged Care, Mental Health and Social Inclusion, addressed the forum by video, strongly endorsing the collaboration between the 2 sectors and requesting ongoing dialogue with him in relation to the issues raised.

The challenges and achievements of ageing and living with a mental health problem were identified through the consumer and carers' stories as well as the showcasing of best practice

coordinated approaches to care and support in both residential and community aged care settings.

Dr Rod McKay (Clinical Advisor from the Mental Health and Drug & Alcohol Office), spoke about the potential changes to accessing state and federally funded services under the NDIS. Attendees received the Black Dog Institute's *Managing Depression and Growing Older*, a guide to identifying older people at risk by author Kerrie Evers. In a very moving session, Janet Meagher (pictured – Consumer Activist and National Mental Health Commissioner) explored the fear and resistance of those traumatised by institutionalisation in residential Mental Health facilities to being "placed" once more into Residential Aged Care.

This successful event helped to identify the key drivers for partnership between Aged Care and Mental Health and the work already being done across both sectors. MHCC and ACS will continue to work together to progress this conversation and identify the next steps.

Strong facilitation by Julie McCrossin at both events ensured energetic discussion around the identification of key policy and practice issues for the mental health sector in collaboration with aged care and corrective services.

Invitation to Apply for PIR Lead

An 'Invitation to Apply' (ITA) for funding to become a PIR lead organisation is now open to suitably placed and experienced non-government organisations in each of the 17 NSW Medicare Local regions. The ITA closes on Tuesday 18th December 2012.

PIR organisations (PIROs) will be established in each of the 61 Medicare Local areas across the country, including 17 in NSW. The target population for PIR is an estimated 24,000 people who have severe, complex and persistent problems associated with their mental health. Engagement with people through PIR will require a well informed and compassionate understanding of psychosocial disability issues.

PIR organisations will aim to bridge the gaps to bring together the needed services and supports within the region that the consumer requires. Dedicated *Support Facilitators* will undertake a comprehensive assessment of the client's support needs and develop a *PIR action plan* to guide the necessary engagement and integration of services. Plans are to be developed in collaboration with local 'partners' (sectors, services and supports) within the region, to plan and prioritise the delivery of services to the consumer for maximum benefit.

Consortiums and sub-committees or working groups will be established around each PIR ensuring collaborative processes are in place. All organisations are encouraged to be informed and get involved.

For more information about PIR and related MHCC activities visit: <http://www.mhcc.org.au/current-issues>

Pictured: Medicare Locals, Jenni Campbell (Murrumbidgee) and Bill Campos (Western Sydney) took the opportunity to engage with service providers at this year's Regional Forums. The PIR Initiative and how it will actually work was high on the agenda.



ARE WE COLLABORATING YET?

On Friday 19th October 2012, MHCC held a 'Partners in Recovery' (PIR) CEO and Executive Members Forum to encourage a transparent and collaborative process in the height of negotiations around PIR consortiums and lead organisations.

A brief overview of Medicare Local (ML) perspectives was presented based on conversations with each of the seventeen MLs on the perceived progress and challenges in each region. A key message involved the need for a collaborative process and shared

decision making to achieve successful outcomes. Discussion also focussed around different types of service delivery models, Support Facilitator job descriptions and required skill sets, and criteria to assist in the selection of a lead organisation. There was general agreement around the preference of a subcontracting model.

For more information please see the MHCC website at: www.mhcc.org.au/sector-development/partners-in-recovery.aspx

Service Coordination Workforce Competencies:

An investigation into service user and provider perspectives

MHCC has been actively progressing Stage 2 of the *Service Coordination Strategy* and using the knowledge gained to help influence directions for the planning, implementation, evaluation and capacity building of the new 'Partners in Recovery' (PIR) initiative, as well as the roll-out of the National Disability Insurance Scheme (NDIS).

It is essential that the views of people with lived experience of mental distress are used to shape our understanding about the education and training that is provided to develop the skills that result in effective client self-directed service coordination practice and continuity of care. This knowledge gap has been closed with MHCC conducting consumer, carer and service provider consultations necessary to identify skills. The initial findings were presented at TheMHS in August and are now also available on the MHCC website.

We have mapped the consultation findings to existing mental health and service coordination qualifications in the Community Services Training Package. Recommendations arising from this activity will also be used to inform the Community Services and Health Industry Skills Council qualifications review and Environmental Scan consultations that are currently underway. Shifting the content of university qualifications to better address people's need for improved service coordination is much more challenging. However, with 'shared care/service coordination' arising as a priority area for the National Mental Health Workforce Strategy and Plan there may be forthcoming opportunities arising – especially through Mental Health Competency Project to be conducted by Health Workforce Australia.

The PIR Capacity Building Initiative will also create opportunities for more reflective consideration of what constitutes good service coordination practice and how human service workers learn these skills both while attaining qualifications and through professional development.

The final report also makes recommendations for next steps for progressing the *Service Coordination Strategy* to increase consumer's access to the range of community sector mental health services, experience continuity of care between components of the mental health service system, and to promote pathways and linkages across the mental health sector. MHCC will be convening a forum in early 2013 to discuss these findings and directions with the sector.

Want to learn more?

The following documents are also essential reading for all Partners in Recovery Organisations (PIROs) and consortia members:

- Community Mental Health Australia (CMHA, 2012). *Taking our Place: Community Mental Health Australia – Working Together to Improve Mental Health in the community.*
- National Mental Health Consumer and Carer Forum (NMHCCF, 2011). *Unravelling Psychosocial Disability.*

For more information about the *Service Coordination Strategy* please visit our website or contact Senior Policy Officer, Tina Smith: tina@mhcc.org.au.

A CONSUMER LEADERSHIP VOICE REGARDING 'PARTNERS IN RECOVERY'

Extract of presentation by **Michael Burge** (consumer representative and the Consumer Co-Chair of the National Mental Health Consumer and Carer Forum (NMHCCF) at the inaugural meeting of the MHCA Council of Non-Government Organisations (CONGO) – 9 October 2012.

How would you feel if – you had not one but a number of care plans from different agencies working independently with different goals, differing priorities, different agendas, different outcomes, competitive funding priorities, not sharing information with each other, not communicating with each other, not inviting each other to collaborative meetings about the person, no clear accountability, and worst of all not inviting the person themselves to meetings about them.

How many organisations here today came along with a consumer to ensure that they had a chance to have a say – I'm not just talking about bringing a token consumer – but a consumer who understands the complex issues behind 'Partners in Recovery'.

How many organisations decided on who should be a collaborative partner without consultation with consumers and how many organisations still think they know more about what's best for the person in recovery than the person themselves.

Real reform means changing not just what we call things but what we do – relabelling the current community case management practices and calling it 'Partners in Recovery' will not see anything change "Nothing about us without us"!

Samaritans Kaiyu

The Samaritans Foundation was established in 1984 as the social welfare organisation of the Anglican Diocese of Newcastle covering the Hunter, the Manning and the Central Coast regions of New South Wales. The organisation supports people through a diverse range of Community, Family & Children's, Disability and Youth Services.

Samaritans Kaiyu runs a number of mental health programs, for both adults and young people with a strong emphasis on social inclusion and assisting people to live "satisfying and valued lives as full members of the community".

VFP: Tell us more about some of the programs you run and how people can access them.

Samaritans Kaiyu (*pronounced Kie-You*) is made up of two services:

1. Kaiyu Konnect provides a variety of centre-based group programs including mental health support, relaxation and stress reduction aimed at reducing social isolation.
2. Kaiyu Community Based Activities provides intensive assistance to help participants identify, access and maintain involvement with their preferred social, recreational and skill development activities.

Samaritans Kaiyu Konnect is available to anyone experiencing mental health difficulties and they can be referred by a health professional or self-refer to (02) 4023 1374.

Samaritans Kaiyu Community Based Activities works specifically to support former boarding house residents. Both this service and Kaiyu Konnect are based in Newcastle, NSW.

VFP: Samaritans embraces a client focused ethos in that the people we support are encouraged to be the key decision makers when it comes to their recovery journey. How do staff and volunteers support people in this process?

Samaritans has embarked upon the journey of becoming person centred in our planning, management and care provision. This means that we place our partners in support at the centre of the decision making process. As we move into a more person-centred service environment we look forward to working in partnership with, rather than in service provision for, the people we support.

One of the ways we do this is to join our partners in support in asking the 4 + 1 questions: What have you tried? What have you learned? What are you pleased about? What are you concerned



Samaritans CEO, Cec Shevels

about? The answers to these questions lead to the 'plus 1' question, which is: Based on what we know, what should we do next?



VFP: Can you tell us a bit more about how volunteers can get involved and the essential role they play?

Volunteers are crucial for the work of Samaritans. We have just as many volunteers as we have paid employees and they work with us in our programs ranging from support for men exiting prison to assisting with community events and our mental health programs.

Volunteers at Samaritans Kaiyu Konnect work hands-on with program participants, you can get involved by phoning (02) 4023 1374 or emailing rsharkey@samaritans.org.au.

VFP: What does the future hold for Samaritans?

Our aspiration is to build on our success by broadening community access to our services. Future service delivery will be designed to consider our participants as partners who are attracted to Samaritans services, including Kaiyu, on the basis of the excellence of our work. We're looking forward to embracing the idea that all people, their families or households will be linked to whatever we do and that this will enhance happy, prosperous lives.

For more information, visit www.samaritans.org.au

"Kaiyu is a very good service to come to when you've got not much in your life. Without Kaiyu I'd be sitting at home with nothing to do, getting more depressed and antisocial."



Samaritans Friendship House

Samaritans Friendship House has been operating for close to 20 years, offering short term accommodation to men exiting prison.

Samaritans Friendship House is run by 11 committed volunteers and is a crucial support mechanism for assisting ex-inmates to reconnect with the community. Friendship House gives visitors a secure place to stay while they search for long-term secure housing for the future.

Tied to *Samaritans Friendship House* is *Samaritans Home for Good*; a support services hub, like a 'one-stop-shop' for anyone who has exited prison. Along with referrals to linked services like Legal Aid and Housing NSW, participants are supported to open a bank account, visit Centrelink, access Methodone programs, find a doctor, dentist and even get a birth certificate.

Samaritans Home for Good also hosts *Smart Recovery* drug and alcohol programs and Work

Development Orders where ex-inmates can work off their state debt and fines through volunteer work.

The recidivism rate nationally is around 60%. For those supported by *Samaritans Friendship House* it is only 11%. This demonstrates the resilience and strength they find when supported by a program of this kind.

"The difference to coming out of jail to nothing and coming out to a support program is astounding. The figures are evidence of what can be achieved when people are supported to reintegrate back into society." Helen Fielder-Gill – Manager, Samaritans post-release services

For more information about referrals and access to *Friendship House* or the *Home for Good Program*, contact Samaritans on 4960 7100 or visit: www.samaritans.org.au/HomeForGood and www.samaritans.org.au/FriendshipHouse

There is No Place like HOME

HOME in Queanbeyan is a place for people with mental illness who are currently unable to live independently, are homeless or are at risk. It provides a home for 20 people in individual one bedroom units with an additional community area, dining room, shared kitchen and peaceful courtyard to afford both private accommodation and a communal environment.

HOME in Queanbeyan is not an institution, a group home, transitional housing or a residential program. It is indeed a 'home', a place that residents can call their own. Residents are encouraged to be self-supporting and to look after their apartment and the grounds to facilitate a sense of ownership and pride. HOME also provides *relational* care, with the founder

Father Peter Day living onsite as a neighbour, and staff that 'walk alongside' residents in their recovery journey.

HOME in Queanbeyan Manager Anne Pratt explains that the provision of security, connection and support, and the knowledge that someone is always there if required facilitates growth, recovery and enables people to 'change their lives'. Having a place to belong and be cared for allows residents to feel like they are a person who can function in the community, and have a life beyond their mental illness. Currently at HOME, five residents are attending TAFE and three are working.

HOME in Queanbeyan is a community initiative that is not recurrently funded by government. The local community was involved in the establishment of HOME from the early stages of conceptualisation, and has shown remarkable commitment in supporting its ongoing operation. This close connection with the community has increased awareness about mental health, and facilitated the social inclusion of people who have typically experienced isolation and stigma.

HOME in Queanbeyan hopes to inspire other communities to share in the responsibility for supporting people who are vulnerable, isolated and without a place to call home.



MHCC Learning & Development Update

Aboriginal Careers Initiative - Update

MHCC Learning and Development is pleased to announce that Terence Murphy will be the first of 50 Aboriginal people to commence his Certificate IV in Mental Health traineeship with *Parramatta Headspace* under the MHCC Aboriginal Careers Initiative.

MHCC, working in collaboration with Department of Education, Employment and Workplace Relations (DEEWR) – State Training Services – Aboriginal Employment Unit have taken *Parramatta Headspace* through a rigorous selection and preparation process. This will enable them to support Terence through his traineeship and help to develop an Aboriginal workforce within the organisation.

Terence and other trainees to come will be supported through their placement by wraparound support and mentoring, as well as monthly monitoring, evaluation and cultural education for his host organisation.



For more information on the Initiative visit: <http://www.mhcc.org.au/aboriginal-careers/default.aspx>

Maintaining the Focus on Trauma Informed Care

MHCC is committed to providing mental health and community sector workers essential training for developing Trauma Informed practice approaches. MHCC has driven the agenda for recognition of trauma as a key factor in the lives of many people who go on to develop mental health conditions and its long term impact on their recovery.

November saw the introduction of Understanding and Responding to Trauma: Trauma Informed Care in mental health and community based services to its Professional Development series of workshops. The 2 day intensive course will run in April, June and October of 2013 with more dates to follow.

The course focuses primarily on interpersonal trauma which is more highly prevalent in the community as a whole, and amongst those who seek and receive mental health services.

Understanding and Responding to Trauma will help participants to:

- Understand the relationship between recovery oriented practice and trauma informed care
- Understand and apply the principles of trauma informed care

- Understand the stress responses to trauma in the body and the brain
- Understand the responses to trauma and the impact on the individual, the family and communities
- Understand the importance of safety including in the body, environments and relationships
- Develop trauma informed relationships that foster support and healing
- Appropriately respond to disclosures, triggers and flashbacks
- Appropriately respond to distress through a strength based approach
- Exercise self-care and understand the impact of vicarious trauma

Is this training for you?

This course is specifically designed for people who work in support roles within the mental health and community service sectors who support people with mental health problems on an on-going basis.

MHCC Learning & Development – Your training solution in 2013

Visit www.mhcc.org.au/learning-and-training/calendars for dates, locations and prices.

The graphic is a promotional poster for the MHCC Learning & Development 2013 calendar. It features the MHCC logo at the top left and the title 'Learning & Development 2013' in large green and blue text. Below the title is a quote: "The best aspects were the dynamic trainers and their ability to captivate learners with the variety of training resources and their industry experience. Training material was impressive, well researched, up to date and ensured evidence based practice. (This is) essential training". The main body of the poster is a grid of colorful boxes representing various training courses, including 'Mental Health Connect', 'Professional Development', and 'MHCC Training by Request'. At the bottom right, the website 'www.mhcc.org.au' and contact information are provided.

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