

The writing on the wall

THE NSW Government has made it clear it is moving to reorientate the configuration of services delivering mental health care and support in the community. At the MHCC AGM and Big Issues Day held on 3 December 2013, Acting Mental Health Director Peter Carter reiterated the Ministry of Health (MoH) was focused on achieving greater integration and less duplication in service administration infrastructure and community service provision.

This is not news to anyone following the MoH review of the NGO Grants Program which has been underway in one way or another since the 2010 Mathews Review (reducing NGO red tape). However organisations continue to anxiously await the detail that will assist them to make decisions about the best strategic directions for their organisations. That they are being encouraged to co-locate, build alliances, consider

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merges and other collaborations between providers to improve economies and service quality is clear.

That they are being asked to do this without any indication of what a new configuration of services in the mental health space might look like or what services or combinations of services might be tendered is

challenging. Peter Carter did indicate in his address that the Mental Health Drug and Alcohol Office would consult with MHCC and NADA (the equivalent drug and alcohol peak) around the detail of the respective sector approaches to tender development.

Across Australia consortia development and partnership arrangements have been increasing between community sector organisations over the last several years. Many organisations have recently had further skill development in this area through the Partners in Recovery Program which has seen very effective partnerships develop between a wide range of community providers and between community providers and Medicare Locals.

In New Zealand the Wise Group has been on a journey of consortia development in the mental health space



Panel members Peter Carter, Paul Ingle and John Feneley

for ten years. MHCC invited Strategic Directions CEO, Paul Ingle, to present at the AGM and Big Issues Day to talk to the Wise Group's approach which entails a parent entity and single shareholder across a group of complementary charitable companies. Each organisation has its own governance board and all are represented on the Wise Trust which is the legal entity for the group. Through its management services company Wise Trust provides a suite of infrastructure and development services to the entire Group.

The model is underpinned by shared community development principles. Value is placed on local connections and participation. The autonomy and responsiveness of Wise Group member organisations with commitment to the shared directions and values of the whole group is an important strength of the model. In the current NSW environment the loss of social capital

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existing in smaller providers who are ill-equipped to compete in a sophisticated contestable tendering environment is a definite potential. The Wise Group model is designed to mitigate that potential and strengthen community sector effectiveness.

The sector will need champions to move quickly to establish stable and efficient consortia arrangements.

The Wise Group has had many years to develop, trial and learn from mistakes to become the strong entity it is today. For NSW based organisations the timeline to reorganise and consolidate is much,

much shorter. NGO Grants will move to contracts by the end 2014 and the tendering process is scheduled for 2015. The sector will need champions to move quickly to establish stable and efficient consortia arrangements. In the long

run, however, such arrangements may prove more attractive to people accessing services, to those working in them and to government. The presentation given by Paul Ingle is available on the MHCC website.

Best wishes

Jenna Bateman
Chief Executive Officer

Did you miss our last issue?

View From the Peak is available online at www.mhcc.org.au



MHCC ACTIVITIES – AT A GLANCE

Key Projects – details at www.mhcc.org.au

- Grants Management Improvement Program – Ministry of Health Mental Health Program Approach
- Peer Work Qualification Project
- Community Mental Health Drug and Alcohol Research Network (CMHDARN)
- Medicare Locals Engagement
- NSW Mental Health Rights Manual Review
- National Directions in Mental Health Workforce Development (on behalf of CMHA)
- National Disability Insurance Scheme analysis and impacts
- National Outcome Measurement and Minimum Data Set Projects (on behalf of CMHA)
- Physical Health Research Projects
- Psychological Injury Resource Training
- Sector Benchmarking Project

- Trauma Informed Care and Practice Organisational Toolkit (TICPOT)
- ROSSAT Psychometrics Projects
- TICP: National strategic direction

Key Submissions/Comment:

- Brief History – MHCC 30th Anniversary
- Partners in Recovery – Support Facilitator Training Package development and delivery
- National Recovery Framework Safety and Quality Partnership Standing Committee comment
- Feedback to MHCC members Review of the NSW Mental Health Act 2007: Report for NSW Parliament
- Sentencing Council, NSW Attorney General and Justice Subject: Standard Minimum Non-Parole Periods: consultation paper by the NSW Sentencing Council (priority submission on SNPPs for child sexual assault offence)

MHCC facilitated and/or presented at the following events:

- Civil Law Reform – Community of Practice
- TICP Forum (forum partners Mental Health Commission of NSW, MHCC and ASCA)
- MHCC 30th Anniversary gala dinner
- Sector Benchmarking presentation – MHDAAO Program Council Sector
- Premiere's Council on Homelessness
- Lighthouse Foundation Journey to recovery. International conference of attachment and trauma-informed practice
- MHCC Regional forums
- TheMHS – Forging the future (TICP, Practice Placement Project)
- Mental Health/ NDIS Community Sector Forum

TheMHS Special Achievement Award for MHCC and ASCA

MHCC and Adults Surviving Child Abuse (ASCA) won a Silver Award in the Special Achievement category for Trauma-Informed Care and Practice: Towards a cultural shift in policy reform across mental health and human services in Australia – a national strategic direction. The award recognises a ‘notable achievement towards excellence, innovation and best practice in mental health promotion or mental illness prevention or project’ category. It was one of 23 awards made in the eight categories at the TheMHS conference in Melbourne in August. The Award was presented by Senator Jacinta Collins, Federal Minister for Mental Health and Ageing and Professor Allan Fels, AO, Chair – National Mental Health Commission (pictured with Cathy Kezelman, Jenna Bateman and Corinne Henderson).

MHCC and ASCA have been instrumental in championing a national initiative to bring about the policy focus necessary to transform organisations, services and practice; embed trauma-informed care and practice (TICP) into service systems, and build the capacity of the mental health and human services workforce to recognise and respond appropriately to trauma.

The position paper, setting out recommendations for a strategic direction, was presented at the conference and described the evolution of the understanding that TICP is integral to contemporary theory and best practice of the recovery-oriented approach. This requires a fundamental shift in philosophy, culture, and practice. The paper highlights the necessity for a trauma-informed/recovery-orientated approach to policy reform and service delivery for people accessing a diversity of mental health and human services (who often have lived experience of past and present trauma).

The recommendations for a national strategic direction are informed by international and Australian evidence. They explain the rationale for embedding TICP principles into broad-based policy reform and integration across service settings, systems and jurisdictions.

The paper can be accessed at www.mhcc.org.au



Trauma-Informed Care & Practice (TICP) Forum

THE MENTAL Health Commission of NSW partnered with MHCC and Adults Surviving Child Abuse (ASCA) to host a forum on 18 November 2013 in Sydney. The aim was to bring together senior managers and practitioners from agencies across services sectors in NSW, to share knowledge and information around the evidence, principles, policy and practice needed for the broad uptake of TICP across mental health and human service systems.

Forum participants appreciated and actively engaged with the presentations that put TICP squarely on the table as a policy and practice issue appropriate for inclusion in the reform agenda. NSW Mental Health Commissioner, John Feneley, in his opening address stressed the Commission's commitment to embracing the evidence-base that supports contemporary thinking around embedding trauma-informed care into a recovery approach. He acknowledged the substantial need given the prevalence and impacts of trauma amongst people accessing a diversity of services who have mental health conditions and/or experience psychosocial difficulties.

Other speakers included Dr Cathy Kezelman who

reflected on her own journey as a survivor of childhood trauma; Corinne Henderson, Senior Policy Advisor, MHCC, presented the imperative and timeliness for a national strategic direction, and gave an overview of the recommendations for policy and practice reform across mental health and human service sectors and systems; Jeff Lucas, Operations Manager, Wesley Counselling and Iggy Kim, Royal Prince Alfred Hospital, Missenden Unit presented TICP in action in disparate contexts, each pioneering in its implementation; lastly, Bradley Foxlewin, Deputy NSW Mental Health Commissioner, reflected on his personal experience as a survivor of trauma, the mental health system and how he had found his road to recovery.

Jenna Bateman, MHCC CEO facilitated the workshop and provided a summary of key messages from participants' input following the afternoon workshop.



Jeff Lucas presents on the trauma-informed practices at Wesley Mission

Commission update: Progress towards the draft Strategic Plan for Mental Health in NSW

AT JUST OVER a year old, the Mental Health Commission of NSW is now concentrating intensively on the key piece of work it is required to complete under its establishment legislation – the development of a draft Strategic Plan for Mental Health in NSW.

For the first time this draft Plan will consider mental health and wellbeing not only within the context of the health portfolio but as a responsibility that runs the entire gamut of Government services – housing, disability care, education, law enforcement and justice, to name just some.

The draft Plan will also extend well beyond the NSW government to take in national and local programs, services provided through community-managed organisations, and the vast resource of people themselves: their own desire to be well and lead better lives, with the support of family, friends and others who care for them.

Consultation has been both broad and deep. The Commissioner, Deputy Commissioners and Commission staff have travelled all over NSW, hearing the views of regional and rural communities and seeking the advice of Aboriginal communities about what the draft Plan really needs to offer specifically to them, in order to start to redress the vast inequity in mental suffering, and in the access to timely, appropriate support.

At community centres, music clubs and barbecues organised by local supporters we have heard how state and Commonwealth programs can either come together to support people effectively, or fail to integrate their work and leave gaps through which vulnerable individuals can too easily fall. In Sydney and beyond we



have heard the concerns of consumer, carer and workforce representative groups, and from service provider agencies large and small.

We have heard repeatedly how circumstances – lack of out-of-hours community support, an inexperienced GP – can conspire to have someone taken to an acute hospital in an ambulance or police car, when a reconfiguration of services could see them supported in a gentler environment close to home.

At the same time the Commission has been talking with people responsible for providing services, and hearing their frustrations about under-investment and well-meaning state or national programs that do not scale well to particular geographies or communities. And it has been talking to Government agencies about how new solutions might look from their perspectives.

While people have been admirably frank in sharing their assessments of the problems, the mood nevertheless has been positive. People have offered detailed, constructive and realistic ideas for change. The community clearly is



The Commission held consultations all around NSW to ensure metropolitan, rural and regional perspectives would be reflected in the Plan

The Commission expects the draft Strategic Plan will emphasise the importance of offering support in community settings close to where people live, study and work.

energised by the prospect of radical reform, with the hopes and priorities of those whose lives are affected by mental illness at its heart.

The journey so far

- In May the Commission opened an online registration process which allows individuals to contribute their ideas for change and comment on draft documents. People with experience of mental illness and their families and carers are strongly represented among more than 800 people registered.
- Paper 1 – *Living well in our community* was released in May to set the scene for the development of the Plan. It outlines the Commission's values and principles as it approaches reform, and some initial areas where we expect to propose change.
- In August a full-day workshop was convened for 100 people in Sydney to begin to generate the ideas that will form the content of the draft Strategic Plan. The resulting material is now being refined with online participants.
- A further series of workshops in regional centres and with Aboriginal communities was held in September and October.
- A working paper *Towards a draft Strategic Plan for Mental Health in NSW – The Life Course and the Journeys* was released to set out the Commission's approach to development of the draft Strategic Plan.

Emerging themes

The Commission expects the draft Strategic Plan will emphasise the importance of offering support in community settings close to where people live, study and work. It will also adopt a recovery lens – taking the position that mental health care should not be primarily about symptom management but needs to support people to make real improvements in their lives and health. Alongside these core themes additional elements are emerging from the Commission's consultations. They include:

■ Peer workforce

There is growing evidence internationally that a peer workforce comprising of people who



Peri O'Shea of NSWCAAG

themselves have experience of mental illness is important in supporting consumers' personal recovery. The Commission expects to recommend substantially increasing this workforce as well as supporting capacity-building activities within the mental health sector to further support consumers in Peer Worker roles.

■ Trauma-informed care and practice

To properly embed the recovery principle in all aspects of mental health support, the system needs to be able to acknowledge fully the experiences people bring with them and how these may complicate the recovery journey. Trauma-informed care recognises that most people supported by public mental health and substance use services have experienced trauma in their lives, and that respectful therapeutic relationships must take account of this. Additionally, many people with mental illness experience hospitals as traumatic and coercive, so may avoid seeking care. Particular attention needs to be directed towards meeting the well-documented needs of asylum seekers and refugees, some of whom face overcoming trauma and torture in addition to the challenge of starting a new life in a new country.

And now...

The next stage for the Commission – the Commissioner, deputies, staff, and the consultants who are supporting the work of the Commission – is to corral the experiences and ideas the NSW community has so generously shared into a draft Strategic Plan for Mental Health in NSW that includes both practical recommendations for immediate change and also presents a longer-term vision that can be achieved together over a decade or more. The draft Strategic Plan is due to be handed to the NSW Government in March 2014.

MHCC celebrates 30 years working for mental health

ON TUESDAY 12 November, MHCC marked 30 years of working for mental health. Over 100 friends and associates from the sector and member organisations, as well as colleagues past and present joined us for a sumptuous gala dinner at SLIDE on Oxford St.

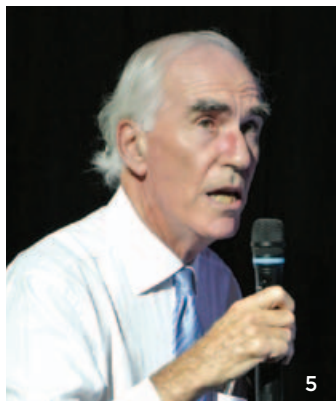
Master of Ceremonies, Kevin Watene greatly entertained the party when he informally interviewed notable guests, who have and continue to influence the work of MHCC and the community managed mental health sector. Those interviewed on the night reflected on



1. Jenna Bateman with Acting Director of MHDAAO, Peter Carter
2. The anniversary party gets underway at Slide Bar on 12 November 2013
3. Musical Master of Ceremonies, Kevin Watene (left) in action
4. MHCC staff members: Chris Kam, Nicole Cother, Stephanie Maraz, Colleen Mosch, Lucy Corrigan, Jacqui Moreno-Ovidi and Rainbow Yuen

the changes in the sector and highlighted the growth in influence that MHCC has advanced since those early days. Thanks go to John Snowdon, Phil Nadin, Leonie Manns, Gwen Scotman, Elena Katrakis, Christine Flynn,

John Feneley, Douglas Holmes, Gary Moore, Karen Burns and Leone Crayden who racked their memories (and even a diary entry from 1982) for reminiscences of MHCC.



5. John Snowdon
6. Gwen Scotman
7. Stephanie Maraz and Cathy Kezelman
8. Lea Samuels, Simone Montgomery and Michele Maitland
9. Lucy Corrigan, Tina Smith, Corinne Henderson and Debbie Greene
10. Melinda Shipp, Fay Jackson, Lorna Downes and Tully Rosen
11. Linda Hennessey, Peri O'Shea, Elena Katrakis, Leonie Manns and Julie Millard
12. Douglas Holmes

A slideshow played throughout the evening, celebrating key MHCC figures and achievements over the years as well as tracking the changing hairlines and fashions, much to everyone's amusement.

A silent auction of artworks by consumers was also held, with all proceeds going directly to the artists. MHCC would like to thank Lou's Place,

Schizophrenia Fellowship of NSW, RichmondPRA and Weave Youth and Community Services for contributing several wonderful works from their arts programs. Congratulations go to Leonie Manns, John Feneley, Pam Rutledge, Phil Nadin, Julie Carter, Sue Sacker, Jonathan Harms, Solange Frost, John Snowdon and Clare Guilfoyle on their winning bids.



- 13. Mardi Diles and Janelle Ghazi
- 14. Judi Higgin and Jenna Bateman light the cake
- 15. Pam Rutledge and John Feneley
- 16. Edi Condack and John Malone
- 17. Carla Cowles
- 18. Catching up with friends and colleagues of the past 30 years

Showing off his musical gifts, Kevin Watene led a three piece band through songs from the last 30 years that captured the essence of MHCC's journey. The MHCC Board rounded off the night with a rousing rendition of 'Happy Birthday' and the lighting of a three tier MHCC lollipop cake.

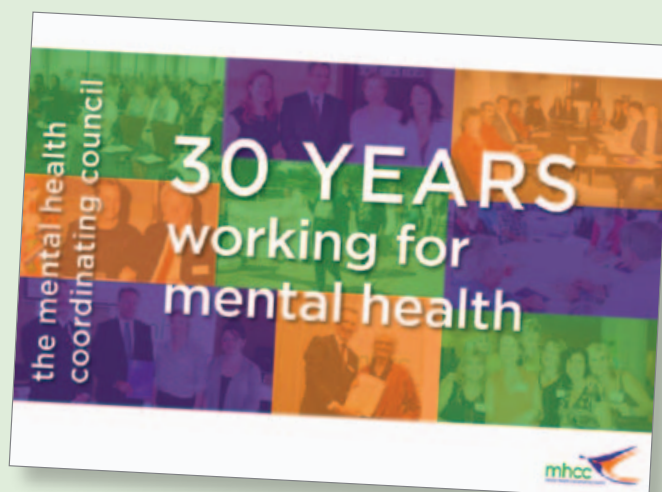
It was a fabulous opportunity for a fun evening of catching up and reminiscing on times past as well as emphasising hopes for the future strength, growth and importance of our sector in providing support for consumers in the community.



19. Rob Stirling, Susan Gamola and Deb Tipper
 20. Tony Humphrey celebrates with an MHCC lollipop
 21. The silent auction of consumer artworks was a great success with every piece sold on the night

TO TOP OFF a year of celebrations, MHCC has published *The Mental Health Coordinating Council: 30 years working for mental health*. This fascinating historical document tracks the establishment, growth and achievements of MHCC alongside key developments in the sector, as well as recognising the contributions of many dedicated individuals who work tirelessly to improve the lives and opportunities of people with lived experience of mental illness.

A limited edition hard copy of the document will be distributed to MHCC Members. The brief history is also available online at mhcc.org.au.



Unpacking the Situation for People Living with Psychosocial Disability

Update from the Hunter National Disability Insurance Scheme Launch Site

THE NATIONAL Disability Insurance Scheme (NDIS) has commenced and MHCC – in partnership with the NSW Mental Health Commission – has been active in the Hunter launch site working to better understand what this means for people living with psychosocial disability and the organisations that support them. There are about 20 MHCC member organisations providing a range of programs in the three LGAs that make up the launch site: Newcastle; Lake Macquarie; and Maitland. From our meetings with members it is apparent that a lot of NDIS experience is occurring with ADHC funded clients in the Newcastle area transitioning to the National Disability Insurance Agency (NDIA, formerly known as Disability Care Australia) and also for new people from anywhere in the three LGAs being referred to NDIA. We are aware of a number of people who had been ‘residing’ in hospitals obtaining funded services.

As existing clients have transitioned, some funding packages have been revised downwards. And where this doesn’t seem to align with a person’s current support needs these are being revisited with NDIA Support Planners. A possible reason for this is that NDIA have been keeping ‘registered providers’ – including those currently providing services to transitioning clients – at a distance, e.g., not requesting client information from them or allowing them to participate in assessments so as to not sway the person’s ‘choice and control’ regarding service selection. However, NDIA are increasingly seeing the value of more ‘collaborative practice’ with existing service providers. This may address concerns about some people not identifying to NDIA Support Planners all involved services, underestimating their support needs and who may not disclose forensic/CTO and/or other potential risk issues.

MHCC identified that much of the NDIS learning is happening in silos for individual workers, programs and organisations. For this reason, we held a Community Sector Forum to share experiences of the first three months of the NDIS and this occurred on 15 October, 2013. About 30 participants attended and key issues arising out of the day are that all community sector mental health programs are learning to varying degrees through NDIS implementation and the NDIA are

Organisations are at varying levels of NDIS readiness and also wanting to learn with one another, even though the ‘business’ environment is increasingly competitive.

also learning more about mental illness, psychosocial disability and recovery support from the mental health sector. Organisations are at varying levels of NDIS readiness and also wanting to learn with one another, even though the ‘business’ environment is increasingly competitive. A key outcome of the day was agreement to have ongoing bi-monthly meetings and to open these up to others who may wish to participate.

The Mental Health Council of Australia (MHCA) also attended the forum to discuss their national perspectives and the new Mental Health NDIS Capacity Building Project. MHCC have been successful in their EOI to join the MHCA’s Project Advisory Group. MHCC, the Commission and MHCA also had meetings with Partners in Recovery (PIR), Hunter Mental Health and the NDIA to discuss the first three months of the NDIS and the Capacity Building Project. Interestingly, the Hunter area is the only Year 1 NDIS launch site for adults that also have a PIR program which has made for some great discussions about possible referral pathways.

On 11 November, Peter Gianfrancesco (pictured) facilitated a Newcastle management workshop exploring organisational readiness for the NDIS. Peter kindly shared from his UK experiences of the introduction of personalised budgets. A key theme across the day related to how to maximise learning arising from the Hunter launch site and how to support organisational readiness in an increasingly competitive market based economy. The workshop was repeated in Sydney on 14 November.



For more information please contact Tina Smith: tina@mhcc.org.au

Setting our sights on targets for better mental health

IN SEPTEMBER 2013, the National Mental Health Commission's Expert Reference Group (ERG) presented their final report to the COAG Working Group on Mental Health Reform called *National Targets and Indicators for Mental Health Reform*. The ERG was established to work alongside COAG and assist with the implementation of the *Roadmap for National Mental Health Reform (2012-22)*.

The ERG was also tasked with listing the indicators for development that require further research. It was determined that a focused approach on a small number of targets and indicators 'that reflected the whole of life, that are meaningful to people with lived experience, their families, carers and supporters, clinicians, other workers and the community' would be the most useful. The Working Group on Mental Health Reform would then determine feasibility and costing on receipt of the ERG's report.

The National Mental Health Commission's 2012 *A Contributing Life: The National Report Card on Mental Health and Suicide Prevention* provided a framework for determining areas of focus for the ERG with the addition of:

- community wellbeing
- workforce
- prevention and early identification

A range of targeted consultation sessions provided the foundation upon which the ERG's report is built. These included eight workshops and the National Mental Health Consumer and Carer Forum (May 2013) conducted by the Mental Health Council of Australia, benchmarking by state/national/international Mental Health Commissions and a dedicated meeting of the Council of Non-Government Organisations for Mental Health (CONGO).

The framework of targets and indicators to drive mental health reform *(excerpt from the final report)*

In agreeing its framework of national targets and indicators for mental health reform, the ERG has identified a vision for Australia in 2023, which is:

- Reduced prevalence of mental illness and suicide
- Increased understanding of and improved attitudes towards mental illness resulting in changed behaviour

- Increased funding allocated to, and spent on, mental health in particular community services, promotion, prevention and early intervention, as a percentage of GDP (to be determined by the Productivity Commission). An interim target is that the proportion of funding on mental health from the health budget should be at least 13% which is equal to the burden of disease.

The ERG identified six domains, or global areas of focus for transformational change, to organise its framework. The six domains are:

- More people with mental health problems will have better physical health and live longer
- More people will have better mental health and wellbeing
- More people with mental health problems will live a meaningful and contributing life
- More people will have a positive experience of care and support
- Fewer people will experience avoidable harm
- Fewer people will experience stigma and discrimination

The final report and more information about the Expert Reference Group is available at www.mentalhealthcommission.gov.au/our-work/expert-reference-group.aspx

IN OTHER NEWS from the National Mental Health Commission, on 27 November, Professor Alan Fels launched the second *National Report Card on Mental Health and Suicide Prevention*.

In delivering the report card to the Minister for Health Peter Dutton, Professor Fels called for political courage in reforming mental health and providing better outcomes for the 45% of Australians who will experience a mental health problem in their lifetime.

The second National Report Card contains a detailed report on the status of the 10 recommendations made last year in the first National Report Card, and 8 new recommendations to government. The National Report Card and supporting documents are available at: www.mentalhealthcommission.gov.au/our-report-card.aspx



2013 Regional Forums: On the Road Again

THE 2013 MHCC Regional Forums were a valued opportunity for MHCC to engage, inform and consult with our members across the state. As usual, we also welcomed large numbers of consumers, carers, public mental health and primary healthcare service providers – including Medicare Locals. This year's Regional Forums were held:

- 14 August – Armidale
- 16 August – Wollongong
- 27 August – Orange
- 30 August – Hornsby

The program for the day included:

- Jenna Bateman spoke to implications and options related to the Ministry of Health Grants Management Improvement Program (GMIP).
- Tina Smith provided a report from the Hunter launch site of the National Disability Insurance Scheme (NDIS) and exploring our sector's organisational readiness in NSW.
- Partners in Recovery lead agencies provided reports on implementation and workforce development across NSW.
- Physical Health Workshop: Stephanie Maraz facilitated an afternoon workshop 'Increasing the Life Expectancy of People with Mental Health Conditions'.



Tina Smith presenting on DisabilityCare/NDIS and the Hunter launch site in Orange



MHCC LD Manager, Simone Montgomery (far left), engages with attendees at the Armidale forum



Jenna Bateman opens the forum in Hornsby



Sam Taylor of the Mental Health Commission of NSW leads a strategic planning consultation in Wollongong

- Mental Health Commission of NSW representatives consulted with attendees regarding key regional issues in the context of development of their Strategic Plan to be tabled in March 2014.
- MHCC Learning and Development (MHCC LD) spoke to sector workforce development and training initiatives with emphasis on development of the training and assessment materials required to deliver the new national Peer Worker Qualification (funded by the National Mental Health Commission).

The Regional forums were attended by more than 200 people. Evaluations indicated that 99% of respondents felt more informed about MHCC and sector activity as a result of their attendance. Participants particularly valued the afternoon's physical health workshop, which included consumer guest speakers talking about their experience of poor physical health as a barrier in recovery and the importance of supporting people to address physical health care issues of concern to them.

Questions raised around important sector reform processes occurring through the GIMP and NDIS informed the program of the 2013 MHCC AGM and Big Issues Day held on 3 December.

Mental Health and Drug and Alcohol Office - where to in 2014

FORMED IN 2006 by the integration of the Centre for Mental Health, the Centre for Drug and Alcohol, the Office of Drug and Alcohol Policy, and Community Drug Strategies, the Mental Health and Drug and Alcohol Office (MHDAO) was a response to the increased policy and funding priority given to these areas by the State Government and nationally under the Council of Australian Governments.

MHDAO is responsible for developing, managing and coordinating NSW Ministry of Health policy, strategy and program funding relating to mental health and the prevention and management of alcohol and drug related harm. The office also supports the maintenance of the mental health legislative framework.

Recently, MHDAO underwent a restructure to ensure the Office is operating in the most effective and efficient way and to improve program and policy area alignment. The Office has been configured into three business units:

- Health Management Systems
- Community Services and Policy
- Program Modelling and Reporting

and four teams hosted with Local Health Districts:

- InforMH
- MH Children and Young People
- MHDAO Older People's Policy Unit
- Drug and Alcohol Population and Community Programs

The work of MHDAO is delivered mainly through the mental health program and the drug and alcohol program in partnership with Local Health Districts, Justice and Forensic Mental Health, Sydney Children's Hospital Network, NGOs, research institutions and other partner departments.

As a lead agency, MHDAO carries responsibility for coordinating whole-of-government policy development and implementation in the areas of mental health and drug and alcohol, particularly through actions arising from NSW 2021 (the NSW Government's State Plan), Drug and Alcohol Summits, the Interagency Action Plan on Better Mental Health and the New Directions in Mental Health Policy.

Another new development at MHDAO is the appointment of Acting Director, Peter Carter who spoke with View From the Peak (VFP) recently about his background and hopes for the future of mental health services.

VFP: Tell us about your background working in mental health.

PC: I first became involved in mental health on returning to New Zealand after travelling and working overseas. An opportunity came up to mentor a man who had been discharged from a large mental health hospital after having lived there for over 30 years, from the time he was three years old.

I've now worked in the mental health and social services sector for almost 25 years in NZ, initially in the NGO sector, supporting mental health consumers who were being 'deinstitutionalised' from our large mental health hospitals. I spent a few years in the public hospital sector managing mental health and drug and alcohol services, and a number of years in central Government funding and planning these services. From around 2002, my focus changed to the disability and community sector; and just before taking up this role in NSW I managed a large NGO supporting older people, people with disabilities and people with mental illness to live in their own homes in their communities - the full circle.

VFP: And what developments do you hope to see in the sector in the years to come?

PC: I hope to see the Mental Health Commission's Strategic Plan being the instrument for change, providing us all with a clear direction that we all buy into. There will be significant growth in the NGO sector over this time and I hope to see well managed services, staffed by well trained and supported staff, and that this staffing complement includes a large number of consumer and Aboriginal workers. I also hope to see a seamless working relationship between the NGO services and public services so that consumers are fully supported in their journey back to full recovery and inclusion into their communities.





Growth through shared experience

GROW WAS started in Sydney, in 1957, by people with a mental illness who believed that together they could support each other to overcome the difficulties they experienced in their everyday life, going on to live a life full of hope and aspiration. Their experiences and successes were recorded in a continually growing body of shared knowledge known today as the *Grow Program*. This shared experience of finding mental health produced a program of personal growth, a carefully structured group method, a genuine caring and sharing community, and eventually a legal and organisational structure that ensures the continued involvement of Grow participants in decision making.

Since 1957, Grow has delivered a consumer-led program that gives people the opportunity to work with others on their journey to recovery, learning from the wisdom and experiences of others. There is a body of evidence that the Grow Program makes a real difference. Their 2013 member survey showed that 85.7% of respondents reported an improved sense of personal value.

In the development of Grow's 2014–2018 strategic plan, they looked to the wisdom and experience of their members, staff, partners and a number of key influencers in the community mental health sector. In all, 34 focus groups were conducted across Australia and 315 people provided their feedback. The outcome was a renewal of Grow's Mission and Vision and the development of two key strategic goals.



In 1983, Grow was one of the 8 founding members of the newly established MHCC. Pictured is Grow's founder, Con Keogh (front row centre), with program participants of the time.

Personal leadership not only enables the Grow member to guide their own journey to wellbeing but is also used to mentor others through the program of mutual help and personal development.

Grow's mission – *'Enable people with mental illness to take their responsible and caring place in the wider community'* – is targeted at the people they serve, that is, people who are struggling with their mental health. At the centre of this is that everyone is valuable and that everyone's life has purpose.

Grow's vision is targeted more broadly around firmly establishing its place in the mental health sector. "Grow is recognised for its unique approach to developing leaders in mental health recovery, through mutual help, friendship and community".

Grow was the first consumer led mental health organisation in Australia. They have a long history of expertise in mutual help and peer support and developing leadership amongst their membership. Personal leadership not only enables the Grow member to guide their own journey to wellbeing but is also used to mentor others through the program of mutual help and personal development. This leadership enables members to be involved in decision-making from a local level, right up to the Grow Board and National Program Team.

Grow's strategic plan has two key goals:

- 1. We will double the number of people involved in Grow by the end of 2018** – this goal concentrates on the quality of our groups and services, how we support our volunteers and staff and work with our partners.
- 2. We will be recognised as a successful and proven program by 1 in 3 Australian adults by the end of 2018** – this goal focuses on how we communicate and how we use our data and research.

Today, there are over 200 Grow groups all over Australia. Meetings are free with all voluntary contributions welcome. To find your closest Grow Group, go to our website at www.grow.net.au

Shaping the Partners in Recovery Workforce

SINCE JULY 2013 MHCC Learning and Development has been involved in the development of the specialist training package for the newly recruited Partners in Recovery workforce.

MHCC has undertaken substantial work since 2011 to better understand the practice skills required for effective care and service coordination. This work was based on consultation with consumers, carers and service providers to close an identified knowledge gap regarding service coordination as a recovery oriented practice skill set. On the basis of this work, MHCC undertook an analysis of the Support Facilitator (SF) role against existing literature and feedback from consumers, carers and service providers. In August 2013 MHCC invited representatives from PIR organisations and consumer and carer representatives from ARAFMI and NSW CAG to participate in an industry focus group meeting with a vision to create training directly related to the work of PIR

SF's. This meeting enabled a draft induction package framework to be developed for SF's based on MHCC's previous research, and the needs analysis which identified key competencies within the SF role.

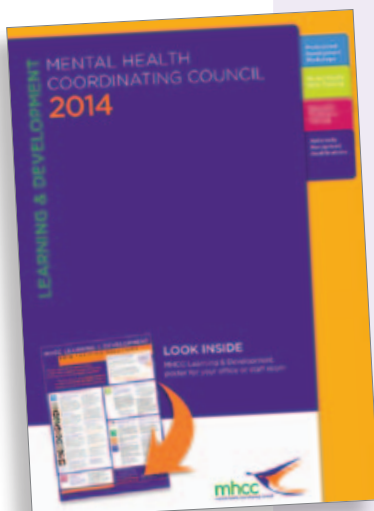
In partnership with the PIR Organisations *Navigating Support Facilitation* is now being rolled out around NSW. Reflecting best practice thoroughly grounded in the theory and practice of PIR and underpinned by the principles of recovery and participation this training has been specifically developed to skill the support facilitation workforce in their work with PIR service users.



MHCC Learning & Development: Keeping pace with a changing sector

IN THIS rapidly changing environment of consumer-directed funding, the training and workforce development needs of organisations are also evolving. MHCC LD is responding to this by providing a more personalised approach to the design and delivery of high quality training.

Whether working in mental health, aged care, disability, AOD, homelessness, employment, youth and family services, community managed organisations do not have to compromise when it comes to developing their workforce in 2014.



TELL US WHAT YOU NEED

Budget constraints

We can maximise affordability through in-house training and flexible customisation options.

Time pressures

We'll come to you and work with your team! With a range of 2-3 hour professional development workshops, essential mental health training, introductory workshops, and nationally recognised qualifications, MHCC LD can fit in with your busy schedule.

We are bringing the training you need... to you, in 2014

training@mhcc.org.au
02 9555 8388 ex 106

Are the training needs of your team or sector unique?

We can customise or package training using your language, workplace examples or specialised content. We can even match you to a trainer with relevant experience.

Exceptional quality

Our nationally and internationally renowned trainers deliver the latest concepts in a dynamic and engaging format. Your team will have the tools and skills to support ongoing practice development.

Flexible delivery

Talk to us about webinars, virtual classrooms and online resources.

The staff and board of the
Mental Health Coordinating Council
wish you and yours a safe and
happy holiday season

Karen Burns, Chair
Jenna Bateman, CEO



The offices of the Mental Health Coordinating Council will be closed
from midday on Tuesday 24th December - 9am Wednesday 2nd January

MHCC STAFF AND CONTACT DETAILS

Mental Health Coordinating Council Inc.
is the peak body for community managed
organisations working for mental health
in New South Wales.

Ground Floor, Building 125
Corner Church and Glover Sts,
Lilyfield 2040
PO Box 668 Rozelle NSW 2039
Telephone: 02 9555 8388
Fax: 02 9810 8145
www.mhcc.org.au
email: info@mhcc.org.au

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publication or return of originals. Please
forward your copy to the editor using the
main contact details above.

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Position	Name	Email
Chief Executive Officer	Jenna Bateman	jenna@mhcc.org.au
Senior Policy Advisor	Corinne Henderson	corinne@mhcc.org.au
Operations and HR Manager	Erika Hewitt	erika@mhcc.org.au
Senior Policy Advisor Sector Development	Tina Smith	tina@mhcc.org.au
Policy and Partnerships Officer	Stephanie Maraz	stephanie@mhcc.org.au
Senior Policy Officer	Tully Rosen	tully@mhcc.org.au
Project Officer Research Network	Deb Tipper	deb@mhcc.org.au
Compliance and Quality Coordinator	Sheena Lee	sheena@mhcc.org.au
Community Engagement Officer	Carrie Stone	carrie@mhcc.org.au
Promotions Officer	Lenny Pelling	lenny@mhcc.org.au
IT Officer	Ian Bond	ian@mhcc.org.au
Finance Officer	Jill Dimond	jill@mhcc.org.au
Reception and Office Admin	Colleen Mosch	info@mhcc.org.au
Learning & Development		
Manager LD	Simone Montgomery	simone@mhcc.org.au
Training Services Team Leader	Jacqui Moreno Ovidi	jacqui@mhcc.org.au
Project Liaison and Development Team Leader	Chris Keyes	chriskeyes@mhcc.org.au
Training Logistics Coordinator	Lisa Van Praag	lisa@mhcc.org.au
Senior Admin Officer	Joanne Timbs	joanne@mhcc.org.au
Student Support and Admin Officer	Nicole Cother	nicole@mhcc.org.au
Partnerships Admin Officer	Rainbow Yuen	rainbow@mhcc.org.au
Admin Assistant	Melinda Shipp	training@mhcc.org.au
Aboriginal Project Admin Officer	Liesl Homes	aboriginalprojects@mhcc.org.au
Online Learning Officer	Kat Fardian	kat@mhcc.org.au
Short Course Coordinator	Lorna Downes	lorna@mhcc.org.au