View from the peak

A quarterly publication from the Mental Health Coordinating Council July 2016

Acknowledging and Learning from Past Mental Health Practices

PSYCHIATRISTS have a critical role to play in acknowledging historical harmful practices. This includes being open to constructive questioning of current mental health practices that may have harmful consequences.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has, through their Community Collaboration Committee, released an important position statement recognising harm caused by some historical mental health practices in the past. They note the importance of continuing to learn from past practices which caused fear, and sometimes harm, and state that these have no part in modern psychiatric care. A commitment is made to understanding the consequences of traumatic memories in the present in-line with recovery oriented practice and trauma-informed care practice approaches.

Examples of harmful practices include but are not limited to:

- Brutality
- Seclusion and restraint
- Separation of children from parents
- Unmodified electroconvulsive therapy
- Chelmsford deep sleep therapy.

Failure to acknowledge such past practices are a barrier to people seeking mental health care. RANZCP state that some historical treatments may have been well-intentioned but were without an evidence base, ineffective, and distressing to experience. They note that the asylum system which dominated mental health care in the nineteenth and much of the twentieth centuries often disregarded the dignity of those it was intended to care for and protect. Asylums institutionalised inhumane practices that would be unacceptable beyond their walls.

The College notes that the acknowledgement is intended to help drive a change of culture in psychiatry to make it more open and community friendly. They confirm that the impact of harmful practices has led to an emotional legacy which is a barrier to the development of a mutually respectful and trusting relationship with the psychiatric profession.

RANZCP present the case that these historical practices contribute to the stigma and misunderstanding about, and thus access to, modern mental health care. They note, however, that many of the root causes of adverse events in mental health care are still in existence and have the potential to cause harmful effects into the future; therefore, continuing ethical vigilance is required. The College reconfirms its commitment to minimisation and elimination of seclusion and restraint practices (Position Statement 61; 2015). They say that the legacy of past practices are likely to be with us for some time to come. They commit to a renewed focus on recovery through actions of the psychiatrists (Position Statement 86; 2016).

> **“RANZCP state that some historical treatments may have been well-intentioned but were without an evidence base, ineffective, and distressing to experience.”**

Acknowledging and learning from this legacy is essential. MHCC notes that while the acknowledgement stops short of apologising for these practices it does take us some considerable way in our journey of healing and reconciliation of abuses of the past and present.

Access the RANZCP Position Statement 84 below and we encourage you to distribute it widely.

CLICK TO DOWNLOAD RANZCP POSITION STATEMENT 84
www.ranzcp.org

In this issue

View from the peak

Women and the Criminal Justice System: Miranda Project now in piloting phase

@
miranda.project
@crcnsw.org.au

Facts and Figures

- Over the period 1 July 2014 to 30 June 2015, a total of 1861 women were released from custody. Of these, 93% had served 12 months or less
- 39% were Aboriginal women
- 70% of women released had previously been incarceration

THE ORIGINAL CONCEPT and proposal for the Miranda Project was developed in 2012 as an initiative of Corrective Services NSW Women's Advisory Council (WAC) in response to statistics that demonstrate the majority of women entering prison spend frequent periods for minor crimes, with Aboriginal women being over represented. The primary aim of the Miranda Project is to reduce the numbers of women in prison through the establishment of holistic inclusive support services. Due to the persistence and commitment of strong advocates, the project is now progressing to a pilot phase in five sites across NSW.

> **"The primary aim of the Project is to reduce the numbers of women in prison through the establishment of holistic inclusive support services."**

The Miranda Project Model is designed to divert women from re-offending so they can remain in the community with their families. It also provides post-release support to help prevent recidivism. Miranda is modelled on women's centres in the UK that have been evaluated and found to have remarkably positive impacts on the lives of women in contact with the criminal justice system.

The Miranda Project will be evaluated through a partnership with UNSW. An Advisory Group has been established for the project, with membership including current funders, Anne Symonds AM, Elizabeth Evatt AC, UNSW, Women's Health NSW, Community Corrections, WIPAN, Social Ventures Australia, Mental Health Coordinating Council and Corrections NSW Women's Advisory Council.

The Community Restorative Centre is the project lead for the Miranda Project.

An excerpt from Miranda Matters

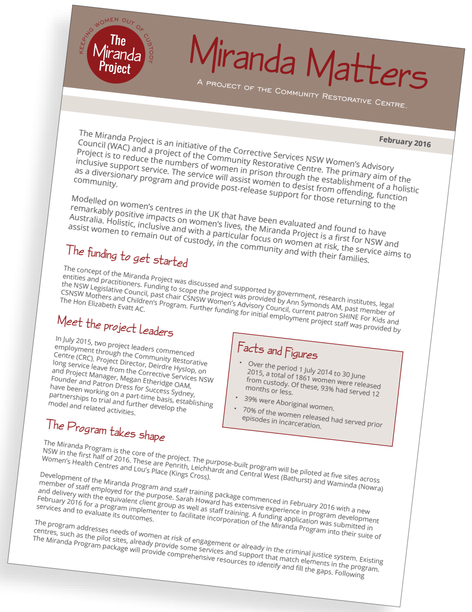
"The concept of the Miranda Project was discussed and supported by government, research institutes, legal entities and practitioners. Funding to scope the project was provided by Ann Symonds AM, past member of the NSW Legislative Council, past chair CSNSW Women's Advisory Council, current patron of SHINE For Kids and CSNSW Mothers and Children's Program. Further funding for the initial employment of project staff was provided by The Hon Elizabeth Evatt AC.

The purpose-built program will be piloted at five sites across NSW in the first half of 2016. These are Penrith, Leichhardt, Central West (Bathurst), Waminda (Nowra) and Women's Health Centres and Lou's Place (Kings Cross).

Development of the Miranda Program and staff training commenced in February 2016. The program addresses the needs of women at risk of engagement or already in the criminal justice system. Existing centres, such as the pilot sites, already provide some services and support that match elements in the program. The Miranda Program package will provide comprehensive resources to identify and fill the gaps. Following training, centres will become licensed Miranda Program providers. Locations of the licensed centres will be available on the net and through other communication channels to police, magistrates, Community Corrections and other bodies.

The other two pillars of the project are the Miranda Project Drop-in Centre and an employment service. The project has a target to secure funding to enable the opening of a Drop-in Centre. This would serve to model the concept of the holistic service, enable co-location of other services and function as a coordination hub for capacity-building services state-wide. Employment is an acknowledged need among the women for whom the Miranda Program aims to assist.

Innovative approaches to employment and employment options are currently being explored through collaboration with the Business School at the University of Sydney."



Miranda Matters
The Miranda Project Newsletter

A woman-centred approach to reducing recidivism

The Corston Report: The Corston Report: a review of women with particular vulnerabilities in the criminal justice system

FORMER UK PARLIAMENTARIAN Baroness Corston is in Sydney over September 2016. Baroness Corston is responsible for 'The Corston Report' – a significant 2007 government review of vulnerable women in the UK criminal justice system. The review was commissioned by the UK Government after the death of six women who were incarcerated in the UK in 2003.

Sydney Community Foundation in partnership with several other service and advocacy groups is responsible for bringing Baroness Corston to Australia to learn from the UK reform experience 10 years after completion of the report. Corston will appear at a series of meetings and public events with policy makers, advocates and community in order to encourage conversations about what more can be done to improve outcomes for women in the criminal justice system in Australia.

Findings outlined in the Corston Report address reducing rates of recidivism among female offenders for the benefit of the entire community. The negative impact on children when mothers end up in prison for short periods far outweighs any positive outcomes for the woman or the community. There are some 940 women currently in prison in NSW, and an unprecedented number of women in remand. In Australia 70% of juveniles in prison have had one or both parents in prison.

Major recommendations in the Corston Report focus on diversion of women offenders and potential offenders away from criminal behaviour through the provision of women-focused policy and services. Facilities that women could either serve their sentence in, or voluntarily enter into as an alternative to prison are advocated along with the expansion of community justice centres – 'one-stop-shops' to help reduce recidivism and deter criminal behaviour by addressing the social, health and welfare issues that are unique to women.

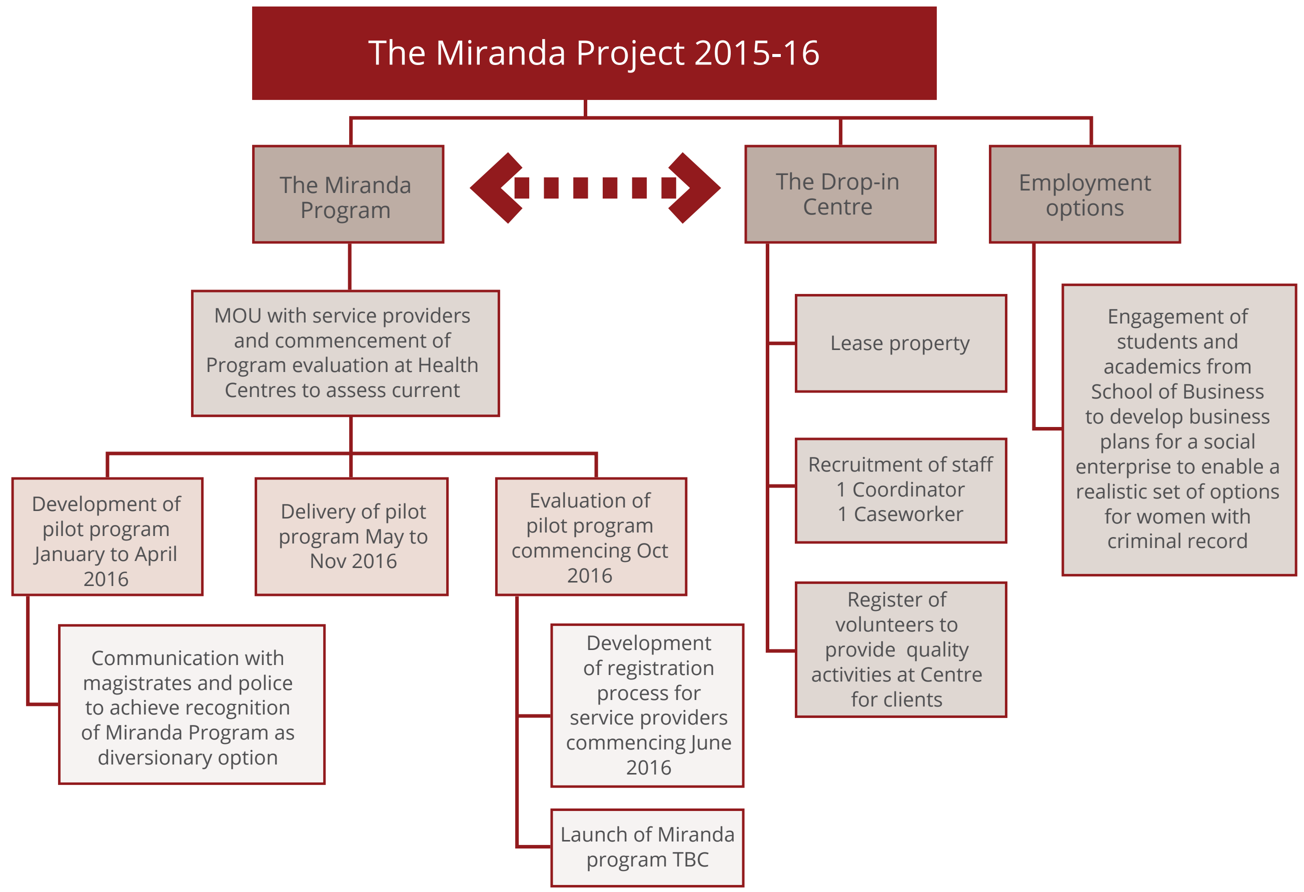
About Sydney Community Foundation

Sydney Community Foundation is an independent, not for profit, public ancillary fund that actively encourages philanthropic investment from individuals, government and business for Sydney and its people, now and for the long term.

Sydney Community Foundation

The Miranda Project Model

Modelled on women's centres in the UK that have been evaluated and found to have remarkably positive impacts on women's lives, the Miranda Project is a first for NSW and Australia.



Designing an Integrated Carer Support Service System

Approach to designing an Integrated Carer Support Service System in Australia, (2016). MHCC submission in response to Department of Social Services discussion paper

MHCC recently responded to a discussion paper (DP) provided by the Department of Social Services (DSS) which outlines the draft concept for a new integrated carer support service system. The design sets out to identify the services aimed at providing improved outcomes for carers, and describes the service delivery model and mechanisms by which they will be delivered (e.g. face to face, mobile device, telephone, etc.). The design also starts to define what might constitute a national carer needs identification tool.

The purpose of a new service system is to deliver supports that reduce "caregiver strain" (based on a model of social, psychological, physical and financial outcomes). The design will ultimately form the basis of a proposal to Government, on how to proceed with operationalising the service system.

In MHCC's submission we welcomed the recognition of the important part carers play in supporting people living with mental health and psychosocial difficulties. However, since the DSS discussion paper was high level and did not attempt to provide implementation details related to condition specific carer interests, MHCC determined to identify some issues particular to carers of people living with mental health conditions. We did this so that the DSS may consider these matters when progressing to the next stage of program development and implementation.

Within a very limited time frame, MHCC consulted with carers and senior carer advocates in NSW, who agreed with the philosophical framework highlighting that:

- Carers need timely, early and responsive support rather than a reaction to breakdown;
- That carers are impacted and face a number of health, psychological, social and economic factors that require support in their own right to build capacity and maximise their quality of life, and hence the quality of life of those they care for;
- That a well-planned population health-based approach, with timely and well thought out interventions will assist in early identification of family members and carers, and increase access to hidden carers;
- That specialist interventions that support awareness, information, education, peer support, counselling and integrated respite supports are necessary additions to gateway models and will ensure support to carers in the extended life-course of caring.

Whilst supporting the strategic purpose and intent of the draft service concept for designing a 'new' integrated carer support service system, MHCC enumerated many issues that carers of people living with mental illness experience that require specific consideration.

CLICK TO DOWNLOAD THE FULL SUBMISSION
www.mhcc.org.au

PHNs and Community: Partnerships for Better Mental Health Forum

ON 18 MAY 2016, MHCC and partner organisations the NSW Council of Social Services (NCOSS), Health Consumers NSW, the Mental Health Commission of NSW (MHC) and the NSW/ACT Primary Health Networks (PHNs) facilitated a forum in Sydney to explore partnership opportunities for improved mental health outcomes in the context of PHN establishment across NSW.

The forum was well attended by a diverse range of community members, including consumers, carers, community-managed mental health organisations, PHNs, Local Health Districts (LHDs), and Family and Community Services (FACS).

Forum presentations critically explored the emerging development and implications of Stepped Care, Health Care Homes, and commissioning-style funding arrangements. Panel discussions and Q&A sessions provided opportunities for attendees to further unpack and expand on complex population health needs, and integrated health care. The importance of creating sustainable, robust inter-sector partnerships was emphasised, as was the need to enhance consumer choice and control at all points of health service design, implementation and evaluation.

MHCC received overwhelmingly positive feedback on the forum, with attendees describing the day as an informative, well organised event with clear practical applications both within and beyond the mental health sector. Attendees articulated a keen desire for more opportunities to network, discuss reforms, and share information; MHCC and the forum partners look forward to facilitating these ongoing collaborations.

> **"The importance of creating sustainable, robust inter-sector partnerships was emphasised, as was the need to enhance consumer choice and control."**

CLICK TO DOWNLOAD THE REPORT
www.mhcc.org.au

The forum was hosted by:

mhcc mental health coordinating council · phn · Mental Health Commission of New South Wales · HEALTH CONSUMERS NSW · ncoss

‘Stepped Care’ explained

Where do pyschosocial needs fit in ‘Stepped Care’?
MHCC is currently working closely with Western NSW PHN with a focus on how this model can address the range of psychosocial needs.

Primary Health Networks (PHNs) are being asked by the Commonwealth to trial an approach to Primary Health Care which is being called ‘Stepped Care’.

Stepped Care is being defined as an evidence-based approach to primary health care, comprising a hierarchy of health care interventions, from the least to the most intensive of the individual’s needs. It is aimed at preventing underservicing for people with higher levels of clinical need and over servicing for those with lower levels of need.

Moving from a ‘one size fits all’ approach to a system that flexibly meets individual need through appropriate triage to staged service options is at the core of Stepped Care.

Core components of a Stepped Care approach include:

- Stratification of the population into different ‘needs groups’
- Setting interventions for each group
- Defining a comprehensive ‘menu’ of evidence based services required to respond to the spectrum of need.
- Matching service types to the treatment targets for each needs group.
- Commissioning & delivering services accordingly.

The approach promotes person centred care which allows flexibility for people to move across service levels to most effectively support their recovery. The approach does not preclude an individual from accessing more than one support service at a time such as online self-help programs, psychological counselling or family therapies. It can also be used as a mechanism to promote alternatives to medication prescription by providing referral to psychological and/or psychosocial support options or depending on the severity of the issue being experienced, self-help and clinician moderated digital mental health programs. (Click here for more information about digital self-help resources on www.mhcc.org.au)

The role of general practitioners (GPs) is critical to the Stepped Care model. GPs are typically the first point of contact for people seeking help for mental health conditions and are frequently the gatekeepers to other service providers. Integral to the model are linkages between GPs and the range of medical and psychosocial supports enabling a more holistic and ‘joined up’ primary health response. This is particularly important for people with complex mental health needs including those with co-existing conditions.

The Mental Health Nurse Incentive Program (MHNIP) within Stepped Care is critical to the model enabling an increased level of support planning, continuity of care & follow up. (Click here for more information about MHNIP on www.health.gov.au)

PHN’s are keen to trial Stepped Care approaches to promote efficiency in service delivery by allocating resources in accordance with population needs. They expect key concerns and challenges in the mental health system to be better addressed by shifting the focus towards self-care and early intervention services and away from more costly face-to-face, high intensity interventions.

MHCC is currently working closely with Western NSW PHN to explore practical implementation of a ‘Stepped Care’ approach with a particular focus on how the model can address the range of psychosocial needs people with mental health conditions can often experience.

An understanding of an individual’s unique experience, hope, respect and choice along with the more practical aspects of living such as decent stable housing, employment, education and social connections are key principles behind recovery orientated services. GPs will need to fully realise the importance of these principles as well as the range of medical and clinical options if the Stepped Care approach is going to be effective.

Western NSW PHN is implementing this model with a range of sector partners.

phn WESTERN NSW
An Australian Government Initiative

Members Meet-Up Forum, 26th May 2016

MHCC MEMBERS MEET-UP FORUMS are designed to provide an opportunity for members to informally gather and brief MHCC on their priorities in the changing reform-heavy environment. MHCC member organisations and staff attended the inaugural three hour event which was generously hosted by RichmondPRA at their Sydney Olympic Park Function Centre.

Jenna Bateman (MHCC CEO) and senior staff provided observations about the complex reform environment including the case for further investment in the mental health CMO sector; benchmarking recent levels of investment in infrastructure against FACS funded services and recommendations for investment in the sector against deliverables in *Living Well, the NSW Mental Health Strategic Plan (2014 – 2024)*. Also discussed was the understanding of Commonwealth program transitions to the NDIS and the challenges and opportunities that may affect consumer outcomes as a consequence of the establishment of PHNs, and their role as commissioners of services to meet population health needs.

Divided into three groups participants were asked to discuss amongst themselves the key sector issues arising for them and to identify two key concerns for feedback with the entire group. From this process four issues were identified.

The priority outcomes can be summarised as follows:

1. Investing in resources - the NSW community managed mental health sector should attract a greater percentage of the mental health budget and this percentage should increase.
2. Service coordination – identified in the emerging context of the NDIS and PHN reform and program transitions. The diversity of perspectives and practices requires greater shared understanding and collaborative approaches. MHCC must continue to promote the CMO sector profile and emphasise service coordination as a discrete skill set within recovery oriented practice.
3. Transition Planning - continue to negotiate Commonwealth and State reform directions to advocate for development of timely and consulted transition and procurement plans. This must include keeping consumers and their families/carers at the centre of service co-design and delivery. These plans must also demonstrate a commitment to sector capacity building, and workforce development.
4. Large organisations – question whether increasing the number and size of large organisations will create a healthy ‘market’ in which consumers and carers can exercise choice and self-determination. Smaller organisations may offer more flexibility, local knowledge and a sense of belonging while large providers bring valuable research, IT capacity and economies of scale. Advocacy must continue for service innovations including consumer operated services and programs.

These four priority issues identified provide MHCC with a better understanding of Member priorities and will help inform our advocacy work and allocation of our policy resources. MHCC hope to convene the next Members Meet-up in August 2016. Jewish Care have kindly agreed to host this next MHCC Meet-Up.

With thanks to RichmondPRA for hosting the event

RichmondPRA
Together, we’re better.

mhcc mental health coordinating council
AN MHCC MEMBER INITIATIVE

Corinne Henderson, MHCC Senior Policy Advisor, presenting to members

Jenna Bateman, MHCC CEO, speaking to members

Are you a member? Would you like to host a Forum or suggest items for the agenda?
Contact info@mhcc.org.au

What's in the NSW Budget for mental health?

> **We are building world-class, community based mental health care services in NSW so people with a mental illness can live a better life.**
>
> The Hon. Pru Goward
> Minister for Mental Health

The NSW Government allocates $1.8 Billion in its Budget for Mental Health

THE NSW GOVERNMENT will invest $1.8 billion in mental health funding in the 2016/17 Budget, an increase of $106 million from 2015/16. This investment aims to support the Government's mental health reform agenda to better shift the balance from hospital to community-based care to ensure people living with mental illness can live well in the community. As part of this funding $40 million is allocated to progress the implementation of *Living Well: A Strategic Plan for Mental Health Reform in NSW 2014-2024*.

"We are building world-class, community based mental health care services in NSW so people with a mental illness can live a better life." said the Minister for Mental Health, Pru Goward.

The Budget will also deliver an additional $8 million over four years for a suicide prevention fund. This money will be allocated to the community managed mental health sector to intervene early and prevent suicide in the community, plus $500,000 for specialist suicide prevention training for 10,000 non-mental health clinicians. $3 million has also been allocated to support LifeLine to continue providing vital crisis services.

"The new investment in this year's budget continues to support the delivery of inpatient services and includes a focus on community mental health, supporting young people and suicide prevention," Ms Goward said.

Key initiatives in the 2016-17 Budget include:

- $20 million for the continuation of the Community Living Supports Program to support those with complex mental health needs to live well in the community. This represents an increase of $8 million.
- Additional $10 million to support an extra 67 Housing Accommodation and Support Initiative places.
- $11 million for a state-wide rollout of the Child and Adolescent Mental Health Services GOT IT! Teams, a program which provides early mental health intervention to young people in schools. This includes $9 million for 15 new teams focused on early intervention.
- New funding of $3.1 million for Wesley Mission's Mums and Kids Matter program.
- $3 million for Perinatal and Infant Mental Health Teams, an increase of $480,000. This will assist over 900 people in South Eastern Sydney, Western Sydney LHDs, the Justice Health and Forensic Mental Health Network and three new School-Link coordinators supporting the mental health of children with intellectual disability.
- An additional $32 million for inpatient and outpatient mental health services.
- New investment of $12 million in community treatment and aftercare, expanding CMO and LHD partnerships and developing new models of care and treatment.
- $5.1 million for Whole Family Teams supporting families with complex mental health and drug and alcohol issues, an increase of $1.7 million.
- Expansion of the Involuntary Drug and Alcohol Treatment Program costing $14.5 million.
- An additional investment of $2 million for eating disorders.
- $5 million for Older Persons Mental Health Teams, an increase of $3.5 million. This will assist people in Central Coast, Mid North Coast, Nepean Blue Mountains, Northern NSW, Sydney and South Western Sydney LHDs.

$100 Million in the Budget for Domestic Violence Victims Housing Program

The NSW Government is investing funding in the 2016-17 Budget in stable and safe housing for families leaving domestic violence, more than doubling its current funding for the Start Safely private rental subsidy program. The Budget will provide $57 million over the next four years to expand the Start Safely subsidy, taking the total funding for the program to $100 million.

The maximum length of the subsidy will be extended from two to three years. Money will also be available to help women build their independence through education and training, as well as assist them with set up costs of a private tenancy.

This expanded funding is part of the NSW Government's Future Directions reform of social housing. It comes on top of $43 million over four years in base funding for Start Safely, announced this month by Ms Goward, Minister for Prevention of Domestic Violence and the Treasurer. A total of $22 million in 2016/17 is being made available including $11 million funding from the Future Directions social housing strategy.

READ THE FULL 2016/2017 BUDGET PAPERS
www.budget.nsw.gov.au

Increased funding of $6.3 Billion for FACS Services

Minister for Family and Community Services and Social Housing, Brad Hazzard announced recurrent spending in FACS would be $6.257 billion in 2016-17. This represents an increase of $195 million (3.2 per cent.).

Budget highlights include:

- $1.9 billion ($1.891 million recurrent and $49 million capital) to ensure children and young people are protected from abuse and neglect, including new funding over four years to deliver services and reform child protection and OOHC through targeted earlier intervention, intensive family preservation and restoration programs and adoption initiatives.
- $1.1 billion ($1.06 million recurrent and $11 million capital) to prevent homelessness and support people who need help to house themselves, including:
  - $188 million for crisis homelessness services and refuges to support an estimated 58,000 people seeking assistance this year.
  - $76 million for Community Housing Providers to fund leasing subsidies for vulnerable individuals and families in the private rental market.
  - $280 million over four years for Future Directions reform of the social housing system, to empower people to break the cycle of disadvantage in social housing through improved parenting, health, education, work and training.
- $163 million will be spent by the Aboriginal Housing Office ($110 million recurrent and $53 million capital) delivering new housing, upgrading existing housing and supporting the Aboriginal Community Housing sector.
- $592 million in capital expenditure will be spent by the off-Budget Land and Housing Corporation on new social housing and upgrading existing housing.

Share your news with us.

MHCC is really interested in what our members are up to and we think others are too.

Contact **lara@mhcc.org.au** for your story to feature in View from the Peak.

mhcc
mental health coordinating council

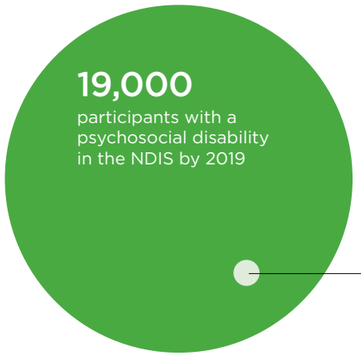
View from the peak

NDIS Update: Perspectives from the NSW Hunter NDIS Trial Site

THE TRIAL of the National Disability Insurance Scheme (NDIS) has now concluded and the learning from the Hunter trial site has been considerable. This is despite lower than anticipated access rates. The opportunities and challenges about to escalate through the scaling up of the NDIS must not be underestimated.

At the end of March, there were 1,602 people nationally including 616 in the NSW trial site with a primary psychosocial disability accessing NDIS funding. NSW is unlikely to reach the MHCC established benchmark of 1,300 people with psychosocial disability accessing the NDIS within the NSW trial site by the end of June 2016 (i.e., 13% of 10,000 Hunter trial site participants). At the end of March, only 9% of the 7,167 Hunter trial site participants have a primary psychosocial disability in comparison to Victoria at 14%. MHCC is pursuing NSW trial data to more objectively understand access differences and to create opportunities to change this.

Increase in NSW NDIS participants with a pyschosocial disability



Scaling up the NDIS

In June, MHCC presented at two NSW Mental Health Commission forums held on the Central Coast and in the Nepean Blue Mountains to talk about the NDIS which is commencing in these communities - along with the remaining parts of the Hunter New England LHD and Sydney north, south and west of on - 1 July 2016.

New NSW NDIS entrant capacity over the next three years for all disability types described in the NSW Bilateral Agreement is summarised below.

	Q1	Q2	Q3	Q4	
2016/17	1,563	1,526	1,634	1,755	**6,567**
2017/18	6,107	6,138	6,405	5,999	**24,650**
2018/19	-	-	-	-	**26,404**
Total					**57,621**

While new entries for 2016/17 are modest this increases rapidly from July 2017. However, there is capacity for new entries from 1 July 2016. Members in communities entering the NDIS environment this year are encouraged to identify people most disabled as a result of a mental health condition and support them to access the NDIS.

It is important to understand that 'new' entrants include Commonwealth funded mental health program clients. While the total numbers of people benefiting from these programs in NSW is unknown they are much less than the anticipated 57,000 new entrants. For example, Partners in Recovery (PIR) which is the largest program only has a NSW capacity of about 7,000 people.

The Commonwealth Department of Health has announced a two year PIR and Day to Day Living (D2DL) 'Transition Support Project' to be delivered by Flinders University. This will support organisations to assist people to access NDIS funding. PIR organisations in communities entering the NDIS environment from 1 July will no longer accept referrals and will focus solely on NDIS transition. New contracts for D2DL program clients have been coupled with capped client numbers and set targets for NDIS transition.

Transition plans for Commonwealth Department of Social Service (DSS) mental health program clients continue to lack clarity. DSS workshops were held in Sydney in June. These aimed to assist workers to support people in NDIS transition but did not detail plans for this to occur. 2016/17 contracts outlining transition requirements have not been issued and 2015/16 contracts have been extended until the end of September.

The Hunter NDIS and Mental Health Community of Practice (CoP) Forum met for the last time on 21 June. The event included an NDIS participant panel . Our keynote speaker was Janet Meagher OAM, NDIS Independent Advisory Council, reflecting on achievements of the trial. Janet commented to MHCC that the mental health space within the NDIS still has a long way to go!

Establish a CoP to enhance NDIS learning

With the conclusion of the 'NDIS and Mental Health Analysis Partnership Project' there will be no further CoP Forums hosted by the Mental Health Commission of NSW and MHCC in the Hunter trail site. MHCC is developing a resource to assist local communities across NSW to establish a NDIS and mental health CoP.

MORE INFORMATION ABOUT THE NDIS AND MENTAL HEALTH
www.mhcc.org.au/policy-advocacy-reform/influence-and-reform/ndis-and-mental-healthpsychosocial-disability

MHCC Member's Experiences of the NDIS

Aftercare's experience of the NSW NDIS trial

As Australia's longest serving non-government provider of mental health services, Aftercare has been providing support to people with lived experience of mental illness to live meaningful, productive and independent lives in their chosen community for over 109 years.

As an NDIS provider in Hunter trial site, Aftercare's services began transitioning from block funding to individualised funding in the final year of the trial. Aftercare has worked on developing tools to support people to identify their life goals and to understand the supports they might need to achieve those goals. So far Aftercare has assisted 25 people with transitioning from block funded programs to the NDIS and we are currently providing NDIS supports to over 40 people, many of whom were receiving little or no supports prior to the NDIS. All have retained at least the same level of funding with most receiving significantly higher levels of funding.

With individualised funding increasing, Aftercare is exploring and investing in other growth initiatives to sustain our service delivery. We are broadening the delivery of our support services, building tools to help customers find more support services and building more residential care opportunities in QLD and NSW.

Aftercare has also invested in a new customer information management system which will vastly improve organisational efficiencies by better supporting a more mobile workforce as well as our finance department with bulk claims.

Aftercare remains positive about the new level of independence the individualised NDIS packages of care will bring to many people and the difference it will make in their lives. Our 109 years of service have been focussed on delivering person centred care, and we are excited to be a part of Australia's journey towards embracing this approach to supporting people with a lived experience of mental illness, physical and psycho-social challenges. While the road ahead is still an uncertain one, Aftercare will be there to help those on their pathway to individualised care.

NEAMI Australia and the NDIS: Collaborating to improve access and choice

Alongside the Mental Health Coordinating Council, community managed mental health services have been assessing how psychosocial rehabilitation fits within the NDIS. The quandary we find is how the NDIS will work with the episodic nature of mental ill health and the changeable needs of consumers at any given point.

The needs of a person living with a mental illness may vary widely. Needs can range from minor one week to complex and frequent the next. How we meet these changing needs in an NDIS environment, while continuing to support consumer choice and control, has proven to be the question on everyone's lips.

Following feedback from local mental health services and carers in identifying service gaps, NEAMI is responding by launching an NDIS psychosocial support service located in the heart of Newcastle.

NEAMI brings the experience of working with people to improve mental health and wellbeing in local communities for over 28 years. For over a decade NEAMI has been in the Hunter region, delivering several services though sites in Carrington, Maitland and our Partners in Recovery service in Charlestown.

NEAMI Hunter NDIS Services will provide support coordination services to improve life choices for people living in the Hunter with a mental illness. Our experience shows that individuals benefit from well-coordinated services and a consistent approach from a service that understands and responds to changing needs.

Access and choice are crucial aspects of successful service delivery under the NDIS. We know a barrier to service access for consumers can be the ability to navigate public transport systems. Looking through a capacity-building lens, we see this as one opportunity for improvement.

We know that forming trusting relationships with consumers, families/carers, service partners and community contacts are crucial. Accessing public transport is one of the many areas the new NEAMI Hunter NDIS Service will work with consumers and their recovery networks to improve. The importance of collaboration is synonymous with the NDIS and NEAMI's model of service delivery.

Bridges Addiction Counselling

BRIDGES ADDICTION COUNSELLING, based in Western Sydney, has been contributing to the wellbeing of people impacted by alcohol and other drugs since its establishment in 1978. They deliver a range of counselling and education services to individuals, families and communities.

Executive Officer, Gail Davies who joined Bridges last year, chatted with MHCC about their work.

"Mental health goes hand in hand, a lot of the time with drug and alcohol use. Looking at what else is going on in a person's life, including experience of trauma, is essential to fully understanding their relationship to alcohol or drug use. Often, it is a coping mechanism, so we try to identify what lies behind that".

Bridges looks at a lot of different aspects of a person and their background; parents being there or not being there as they were growing up; who were their role models? The person themselves; their self-esteem and values. "Often people don't know how to identify those things about themselves and how they relate to their current situation", stated Ms Davies.

All too commonly, when complex factors become apparent people may be referred to multiple service providers where there is not a lot of cross over. This undeniably impacts continuity of care and ultimately, recovery. Bridges is committed to using a whole person approach when supporting people to address problem drug and alcohol use, including working in tandem with other services such as housing or mental health.

> **"Bridges is committed to using a whole person approach when supporting people to address problem drug and alcohol use.**

"We're really proud of the fact that if we don't have the answers, we do our very best to help people find them. That might mean connecting them with not just one, but many other supports and encouraging them to keep making contact with us if they need more help".

Bridges runs some fantastic programs for families and young people including 'Bringing Up Great Kids'. This strengths-based program acknowledges the impact on the whole family and particularly on young people, whose attitude to drugs and alcohol are not only influenced by what they see modelled in the home, but is often based on misinformation from multiple sources.

> **"We're really proud of the fact that if we don't have the answers, we do our very best to help people find them.**
>
> Gail Davies, Executive Officer at Bridges Addiction Counselling

"It is really important to be able to work with the family unit, but in reality it can be very challenging. People may be at very different places in their understanding of substance use, so we generally work with the individual first and then identify opportunities to educate those around them".

Family and support people are encouraged to engage in group work with their loved one such as 'Living with Addiction' and the Recovery program. There, they gain a greater understanding of addiction and how it relates to other factors, and learn to identify some of the triggers or risk factors at play.

Bridges takes a broad approach to reducing the impact of drugs and alcohol in families and the community including:

- Cessation support
- Identifying triggers and strategies for relapse prevention
- Harm minimisation
- Drug education

Like so many community-managed organisations, Bridges is facing many challenges in remaining viable in an evolving service environment. They are looking at the potential to merge or partner with other organisations. "In the Blacktown area, there are not many NGO drug and alcohol services, so it has been difficult to find the right fit. If government funding had not been extended for another year, we would have had to close our doors already" said Ms Davies. The federal government is unclear about future funding for Alcohol and Other Drugs, other than the recent distribution by the ICE Taskforce funds which have been distributed to the PHN's for future tendering. This has yet to be made available for tendering.

"We are looking at other avenues to build capacity, such as offering educational programs in the corporate sector".

FOR MORE INFORMATION
www.bridges.org.au
email: info@bridges.org.au

For 24hr Helpline support call,
Alcohol & Drug Information Service (ADIS):
02 9361 8000 or 1800 422 599

Local networking sprouts connections

THE VALUE of networking in the community sector was once again highlighted with over 50 people from diverse organisations attending a Meet Your Neighbour (MYN) local networking event at Castle Hill Community Centre on Thursday March 17.

Co-hosted by MHCC, Mission Australia's National Disability Coordination Officer Program and the Hills Shire Council, the event highlighted the benefits of networking, with three organisations agreeing to host their own events and another six showing interest in holding a MYN gathering. Attendees included CEOs, managers, team leaders, clinicians, community workers, social workers, occupational therapists, registered nurses, program advisors and the list goes on.

MHCC facilitated a speed networking session where local service providers, consumers and carers with an interest in mental health and disability introduced themselves and the scope of their work. Information and business cards were shared, paving the way for collaboration between organisations in the sector.

MHCC Partnerships and Communications Manager Sarah-Jane Edwards introduced MHCC and its work and briefly spoke about the implications of significant mental health reform occurring in NSW at the same time as the implementation of the National Disability Insurance Scheme. Ms Edwards said new skills, restructured work roles and innovative approaches to workforce recruitment and deployment would likely be required, along with renewed approaches in responding to anticipated workforce growth. She also spoke about MHCC working with a number of different organisations to emphasise the relationship between trauma and the development of mental health problems. The group was introduced to MHCC trauma informed tools and resources such as Trauma Informed Care and Practice Organiasational Toolkit (TICPOT).

"We are advocating for a cultural and philosophical shift towards Trauma Trauma-informed Care and Practice being adopted broadly across a range of service systems in Australia," Ms Edwards said.

Hills Shire Council Mayor Dr. Michelle Byrne also addressed the forum and spoke of her drive to reduce the stigma associated with mental illness through community education. Dr Byrne is also passionate about the benefits of interagency collaboration. She has championed raising awareness of mental health into the role of local government, leading to the formation of the Hills Mental Health Interagency. Dr Byrne is also co-founder of the Hills Youth Suicide Prevention Taskforce and patron of the Positive Vibes Foundation.

> **"Community organisations struggle to find the time to network with peers hence the importance of events such as this.**
>
> Dr. Michelle Byrne, Hills Shire Council Mayor

Dr Byrne highlighted the importance of building connections between the mental health and disability communities.

She said opportunities like the MYN event provided workers from diverse organisations the chance to share information, forge connections, create referral pathways and potentially collaborate.

"Community organisations struggle to find the time to network with peers hence the importance of events such as this," Dr Byrne said.

"An interagency approach provides more targeted services to consumers and carers in the community sector," she said.

Jeffrey Lee from Headspace Castle Hill was interested in attending the event as the youth mental health foundation establishes itself in the area.

Mr Lee acknowledged that the community health sector is ever-changing with new programs and services consistently being established. "Engaging in networking events like this encourages organisations to develop positive relationships, or remain up-to-date with sector changes, including what services are available and the people responsible for them," Mr Lee said.

Another attendee that gained a lot from the event was registered psychologist Mala Sharma.

"I don't have a lot of time to network but this event provided me with a great opportunity to introduce myself to mental health and disability services," Ms Sharma said.

If you are interested in hosting an event contact our Partnerships and Communications Manager:

SJ (Sarah-Jane) Edwards
sarahjane@mhcc.org.au

Supporting the Rise of Consumer Operated Services

For some years, MHCC has been working to achieve a larger number and range of consumer operated services. This includes our work with consumers and carers in championing uptake of the Certificate IV in Mental Health Peer Work. However, the establishment of peer work roles are just one element in strengthening recovery-oriented culture and innovations in a range of settings where people affected by mental health conditions receive services and supports.

There is no agreed Australian definition of what constitutes a consumer operated service. Holter et. al. (2004) note that critical elements of such services are consumer control, choice, voluntary participation (ie, the absence of coercion), opportunities for decision-making by consumers and respect of consumers by staff. Most of the evidence for the effectiveness of consumer operated services comes from the United States. More information is needed about the range and characteristics of consumer operated services in Australia. This will be an important step toward establishing an Australian evidence base for these services and scaling up critical elements.

The Mental Health Commission of NSW has contracted the Sax Institute to undertake a rapid review of the evidence supporting the effectiveness of services led or run by consumer in mental health. This work had been undertaken by well-known and respected consumer researchers/advocates/consultants Flick Grey and Mary O'Hagan.

The notion of an evidence review arose as an action of a meeting that the Commission convened in late 2013 with MHCC and representatives from some NSW consumer operated services in attendance. MHCC anticipates that this important and much welcomed work will be available in August and looks forward to continuing discussions in support of the development of consumer operated services with our member organisations and others with an interest in this area.

Some Consumer Operated Services in NSW include:

- Being (Mental Health and Wellbeing Consumer Advisory Group)
- Billabong Clubhouse
- Consumer Activity Network (CAN; Mental Health)
- GROW
- Pioneer Clubhouse (SFNSW)

Consumer Activity Network (CAN)

The continuing story of one NSW Consumer Operated Service in action

The South East Sydney Partners in Recovery (PIR) 'Hospital to Home Program' has been extended by six months and will continue until the end of December 2016. This program provides practical support for people with mental health conditions being discharged from hospital. CAN is very excited about collaborating with PIR to engage an external consumer consultant to conduct an evaluation of the program and look forward to sharing the results further down the track.

CAN have also received an in-principle agreement from Sydney South West Primary Health Network (PHN) for the provision of six months of 'continuity' funding for the 'Hospital to Home Program while the PHN prepares itself to commission services in this area.' CAN has built a strong and flexible relationship with the Sydney South West Local Health District (LHD) and is looking forward to working with them to build 'peer support services of excellence'.

CAN is entering a new and exciting time in service delivery. With mental health reforms and system changes in the air CAN is adapting to provide a consumer operated flavour to the suite of services which may be required by the PHNs and LHDs in the future.

Certificate IV in Mental Health Peer Work

The peer workforce is arguably the fastest growing workforce in mental health in Australia. Based on international evidence and identified sector need, the Certificate IV in Mental Health Peer Work has been developed to meet the needs of this emerging workforce. Erin Higgins talks about her experience completing this qualification through MHCC Learning and Development.

This training provides an opportunity for peer workers to build upon their lived experience and their on-the-job experience and receive a nationally recognised qualification in mental health. The language and terminology that was taught in the course was very helpful and made a huge difference in my career. It sounds like a simple thing, but it actually plays a very important role. If you aren't familiar with the language used you can feel left out. It helps you to engage in discussions with practitioners.

The course helped familiarise me with the key concepts of recovery. Prior to this I had a general idea, but not a detailed and comprehensive understanding. The course taught me that you need to be well yourself to be good at your job. This was a great double benefit that I learned and I was able to use this knowledge with clients as well as myself. I found this a big maturation process, and I was able to grow up in this way.

I found that it was a very manageable workload, and I have been encouraging many of my peers to take part in the course because of this. I found that there was a lot of flexibility offered with the workload. I feel that a lot of students would have dropped out had it not been for this flexibility. The trainers were willing to negotiate with deadlines. They helped work with us and our particular needs. I feel that some other courses can almost set you up to fail, but I didn't feel this at all with MHCC. The trainers wanted us to get through the course, they were very accommodating and supportive.

I really appreciated the flexibility that the trainers offered in class for discussions that were important to us. In some courses I've felt that lecturers just push to get through the content, and this can be quite impersonal. Lorna and Irene had a very flexible attitude and allowed us the extra time to clarify issues. There was also the opportunity for professional mentoring, and I was grateful for the impartial advice offered by the trainers. I was able to extend my support network beyond my local workplace. It was also great that the trainers were consumers and carers themselves. I feel that this makes for an even richer delivery of content, and it's something very special that MHCC provides.

I found that I brought the knowledge gained in training back to my workplace, and my colleagues and supervisor have also benefitted from this. I was able to bring back new information to my workplace that has enabled my organisation to become more innovative and responsive in the ways we provide support to consumers and their families. The whole workplace benefitted from my completion of the course.

Lastly, I found a lot of benefit from the peer network that was my classmates. I felt that we were all there to support each other and we all learnt a lot from each other. I was new to the field and resided on the central coast prior to commencing my study, so I felt that this training was invaluable to me. The collaborative learning experience was wonderful, particularly as this is such an isolated field, I felt that it was wonderful to have each other's support and it was vital realising that there are people in the same role as me who were wanting me to succeed.

> **"I found that I brought the knowledge gained in training back to my workplace....The whole workplace benefitted from my completion of the course."**
>
> Erin Higgins
> ARAFMI - Central Coast

CERTIFICATE IV IN MENTAL HEALTH PEER WORK
www.mhcc.org.au

Moving beyond integrated service delivery for mental and physical health care

MHCC has reviewed a number of recently published Australian and international papers that seek to inform and influence the development of a model of integrated service delivery with particular reference to mental and physical health care. The Australian Health Policy Collaboration (AHPC) paper *Beyond the Fragments: Preventing the Costs and Consequences of Chronic Physical and Mental Diseases* is likely to influence policy reform in the context of the developing central role of Primary Health Networks (PHNs) in Australia through the Triple Aim framework initiative. Likewise, the Mental Health Commission of NSW (MHC) in its recently published *Physical health and mental wellbeing: Evidence Guide* highlights the "increasing role of primary care providers," and the need for "engagement between mental and physical health services to ensure completely integrated and collaborative care" (p.25). This paper is a welcome addition to resources informing important discussion on the physical health inequities experienced by mental health consumers in NSW.

Integrated care has become a key focus of health service reform in England in recent years, as a response to fragmentation within the NHS and social care system. Yet efforts to integrate care services have rarely extended into a concern for the broader health of local populations and the impact of the wider determinants of health. The experience in the UK is quite similar to what is being discussed in Australia. In reviewing these papers the issue arises of needing to think beyond integrated care to population health systems.

If, as Naylor et al. (King's Fund, 2016) propose, those leading integrated care initiatives move their emphasis from "the care of patients to the health of populations" this will require that they also assume a health inequalities perspective. As well as a broadening of the focus to consider the role of social determinants of health. In this context, integration of mental and physical health must be central, for two reasons. Firstly, the premature mortality of people with mental illnesses is one of the starkest health inequities in the UK today. Second, the relationship between mental and physical ill health is closely associated with social deprivation (Barnett et al. 2012) and represents a way in which inequities are perpetuated and become entrenched.

MHCC's position is that we seek to support current imperatives for the integration of mental and physical health services to provide improved outcomes for consumers. However, we also highlight the paradox of strengthening the perceived policy imperative for more integration, alongside an absence of robust evidence that integration initiatives have delivered better health and wellbeing outcomes. Nonetheless, Cameron et al., (2012) and other reviewers point out that evidence is starting to accumulate on the impact of integration on outcomes, including those based on what is important to service users.

CLICK TO DOWNLOAD MHCC's POSITION PAPER
www.mhcc.org.au

Australian Health Policy Collaboration 2015, 'Beyond the Fragments; Preventing the Costs and Consequences of Chronic Physical and Mental Diseases', Issues paper No. 2015-05, Author, Duggan M.

Mental Health Commission of NSW 2016, 'Physical health and mental wellbeing: Evidence Guide', NSW Australia.

The King's Fund 2016, 'Bringing together physical and mental health: A new frontier for integrated care', UK, Authors: Naylor, Das, Ross, Honeyman, Thompson & Gilburt.

The King's Fund 2015, 'Population health systems: Going beyond integrated care', Authors: Adlwich H Ha Cameron A Lart R

Bostock L & Coomber C 2012, 'Factors that promote and hinder joint and integrated working between health and social care services', Research Briefing 41, Social Care Institute of Excellence, London.m C & Buck D.

Berwick, D Nolan TW & Whittington, J 2009, 'The Triple Aim: care, health and cost', Health Affairs, vol. 27, no. 3, pp. 759-769, USA.

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Housing First Approaches to solving homelessness

MONDAY 11 JULY, 2016

Facilitated by **Jenna Bateman** (MHCC CEO) and **Katherine McKernan** (Homelessness NSW CEO)

Opened by **Catherine Lourey**, NSW Deputy Mental Health Commissioner

Key note speaker
Sam Tsemberis, Founder & Executive Director of Pathways to Housing

Panel
Anna Buduls, member of the Premier's Council for Homelessness

Rebecca Pinkstone, Bridge Housing

Tamara Sequeira, NEAMI (who manages Platform 70)

Kirsten Harmer and **Davina Lomas** from Mission Australia's Common Ground Camperdown Project.

The Housing First Model

Pathways to Housing is a Housing First program for people with serious mental health conditions and long histories of homelessness, frequently coexisting substance abuse and other difficulties. The Housing First model is an integral program in homeless policy in the United States, Canada, and Europe.

Consumers are given the opportunity to choose the neighbourhoods they want to live in, how their apartments are furnished and also determine the frequency, duration, and intensity of the support and treatment services they receive. Consumers also attend Tenant Advisory Council meetings, which provides a forum for input into the program. The model provides a sense of security to consumers through knowing housing will be held for them during relapse, crisis or short incarcerations.

Event outcomes

The panel of speakers discussed their particular model of supported housing and identified the challenges and wonderful outcomes demonstrated for people accessing stable long-term housing. This model strongly identifies the limitations of the traditional stepped approach that inevitably leads to people cycling in and out of homelessness.

WATCH SAM TSEMBERIS' TEDx TALK
www.youtube.com

This event was presented by

mhcc mental health coordinating council

Homelessness NSW

MHCC ACTIVITIES – AT A GLANCE

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

- Capacit-e On-Line Learning Resources
- Cognitive Functioning for Recovery, training module. (partnership project Marathon Health)
- Community Mental Health Drug and Alcohol Research Network (CMHDARN - NADA & the NSW Mental Health Commission Partnership Project)
- Inter-professional Learning (IPL) Resource Development Project
- MHCC Reconciliation Action Plan (RAP)
- National Disability Insurance Scheme (NDIS) & Mental Health Analysis Project (in partnership with the NSW Mental Health Commission)
- NDIS Mental Health Workforce Development Scoping Project (on behalf of Community Mental Health Australia/CMHA and Mental Health Australia/ MHA)
- NDIS Individual Supports Project (partnership NDIA; MHA & CMHA)
- National Strategy for Trauma-Informed Care and Practice (TICP)
- Partnerships for Health (P4H) - Ministry of Health Mental Health Program Approach
- Peer Work Training (NSW Scholarship Program)
- Promoting Physical Health Strategies
- Recovery Language Project: Youth Recovery Perspectives
- Recovery Oriented Service Self-assessment Toolkit (ROSSAT) Consultancy Project
- Supportive Decision Making Project - training module
- Trauma-Informed Care and Practice Organisational Toolkit (TICPOT)

Key Submissions

- Discussion Paper: Approach to designing an Integrated Carer Support Service System in Australia - 16/06/16
- Shadow Minister Mental Health, Senator Katy Gallagher: Community Sector Experience of the NDIS - 24/05/16
- Position Paper: Moving beyond integrated service delivery for mental and physical health care - 19/05/16
- Member Consultation Briefing Note: Community Managed Mental Health Sector Development Plan/Strategy - 17/05/16
- Federal Budget 2016-2017 - Summary to members - 4/05/16
- NSW Law Reform Commission - Preliminary submission: Review NSW Guardianship Act 1987 - 21/03/16

MHCC facilitated and/or presented at the following events

- Housing First Masterclass with Sam Tsemberis, co-hosted with Homelessness NSW - 11/07/16
- Meet Your Neighbour
  - Co-hosted with LikeMind and Penrith City Council - 23/06/16
  - Co-hosted with Mission Australia at Castle Hill - 17/03/16
- MHCC Meet up forum hosted with RichmondPRA - 26/05/16
- MHCC in partnership with NSW/ACT PHN Network, NCOSS, MHC NSW, Health Consumers NSW - PHNs and Community: Exploring partnership for better mental health Forum - 18/05/16
- Hunter NDIS and Mental Health CoP Forum - 29/03/16
- iDesignX Conference - 16/03/16
- NDIS Mental Health Workforce Roundtable - 15/03/16
- CMHDARN webinar: Effective Models of Care for Comorbid Mental Illness and Illicit Substance Use - hosted by Frances Kay-Lamkin - 11/02/16

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View from the Peak is published four times a year. Your contributions are welcome but there is no guarantee of publication or return of originals. Please forward your copy to the editor using the main contact details above.

MHCC is funded by the NSW Ministry of Health.

mhcc mental health coordinating council

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