

Six months in the hot seat

REFLECTING on having sat in the hot seat for the last six months; two contradictory thoughts occur to me at this point in time. The sector continues to respond creatively to increasing demands, despite the fact that we seem to be in a holding pattern waiting for the future of the sector to be determined by a number of factors over which we have little control. The Ministry of Health continues to consult the sector on what support our members require during the transitional Partnerships for Health process, without providing detail on what their new tenders will look like. The NSW Strategic Plan for Mental Health and the Government's response to it are yet to be shared publicly and we are advised that the amended NSW Mental Health Act 2007 is about to be presented to the Parliament.

Similarly, surrounding the National Disability Insurance Scheme (NDIS), our sector remains mostly unsupported as to how they might prepare for the new service environment unless they happen to be ADHC funded. Contracted programs are being completed without replacement, yet organisations must find ways to continue operating and employing staff during this period of confusion. MHCC has endeavoured to support its membership in this volatile environment by facilitating numerous forums, communities of practice and networking opportunities which have been well received.

Despite all the uncertainty, MHCC has had more than its share of things to celebrate. Apart from our Acting Deputy CEO Tully Rosen's partner Keyna delivering two beautiful healthy twins into the world, this edition of View From the Peak particularly celebrates the graduation of its the first students from the Aboriginal Careers in Mental Health (ACIMH) initiative. MHCC has been privileged to be a part of this unique and innovative model to build the capacity of community managed mental health organisations to train, employ and support Aboriginal workers. The pioneering and dynamic strategy developed by Simone Montgomery, MHCC's Learning & Development (LD) Manager and her team to meet the aims of the program has clearly achieved much more than the stated objectives. This is an important marker in our history as LD takes on the additional challenges of operating in an increasingly competitive market.

MHCC is also enjoying closer ties to the national peak body Mental Health Australia (MHA) and the state and territory alliance of peak bodies, Community Mental Health Australia (CMHA) as we begin to implement a

MHCC is going green

From September 2014, the majority of our reports and publications will only be available online.

Visit www.mhcc.org.au for lots of great tools and resources.



national work-plan for capacity building for the mental health sector in preparation for the NDIS. These projects and activities will emerge at the beginning of 2015.

Another milestone is that this issue is our first digital version of the newsletter, and we hope that members will enjoy the new format which will be further enhanced for readability and access over future editions as we transition to more contemporary ways of communicating with our members.

Continued over page >

In this issue

| | |
|---|----|
| 2014 THeMHS Achievement Awards | 2 |
| Feature: Aboriginal Careers in Mental Health | 4 |
| ACIMH Host Member profiles | 6 |
| MHCC's Reconciliation Action Plan (RAP) | 8 |
| Accessible options for NSW voters in 2015 | 9 |
| CMHDARN research forum | 10 |
| Feature - NDIS Update | 11 |
| Family and carer lessons learned in relation to NDIS and Mental Health can be heartbreaking | 12 |
| The Cert IV in Mental Health Peer Work is here! | 14 |
| MHCC Activities - at a glance | 16 |

From previous page

Likewise, we intend to hold our inaugural 'StateWired' webinar during the next two months; designed to reach our membership more broadly than our regional forums were able to in the past. These online activities will also have the capability of being shared extensively by downloading them from MHCC's website afterwards. The first presentation will share important information about our experiences and learnings concerning the roll-out of the NDIS in the Hunter launch site.

These new ways of engaging with members and the sector will become a regular feature of MHCC's activities. They represent enhanced ways of sharing knowledge, information and different perspectives, and enable MHCC to present a wide range of state and Commonwealth issues important to our sector. These events will provide

an opportunity to discuss policy and practice reforms impacting on how we work, and consult with you on a diversity of important reforms and environmental changes. We also expect that these online forums will represent opportunities to showcase our work and the work of all those that share this amazingly diverse and interesting space with us.

As Tully and I return to our usual roles and projects, I reflect on the how much passion, creativity and innovation resides in this sector, and thank all my colleagues for their support over the past few months - they are a truly remarkable team of dedicated and talented individuals.

Corinne Henderson
Acting Chief Executive Officer

2014 THeMHS Achievement Awards

MHCC congratulate Bradley Foxlewin, NSW Deputy Mental Health Commissioner and Consumer Researcher on winning a Tom Trauer Research & Evaluation Award at THeMHS 2014.

What is happening at the Seclusion Review that makes a difference?

THIS PILOT research study was conducted by people with lived experience of mental illness who have engaged with the mental health service system, specifically the Psychiatric Services Unit (PSU) Canberra Hospital. The aim of the research was to explore, in collaboration with consumer representatives and clinical staff, what occurred during weekly Seclusion and Restraint Review Meetings (SRRM) that ultimately led to a significant reduction in the use of seclusion and restraint at the PSU.

The SRRM closely examines every incident of seclusion, restraint as well as 'near misses' to find out what happened, what could have been done differently, or what - in particular - is working to prevent seclusion.

A culture evolved in the SRRMs through which difficult situations could be discussed without blame, where every point of view could be articulated, and valued; where every voice is heard and respected; and where practices of exclusion (such as values that privilege staff over consumers, or beliefs that deny consumers agency and dignity), are rigorously investigated. This is not always an easy process.



Bradley Foxlewin receives his award from Professor Fiona Stanley

Nonetheless, in creating this culture, attitudes are challenged and changed, and renewed energy for seclusion and restraint reduction passes 'downstairs' to the acute ward, maintaining systemic and cultural transformations that enable all stakeholders to better support consumers.

This research study conducted by Bradley as an independent consumer researcher, emphasises the importance of including the consumer voice in implementing systems change. It elicits and documents stories of these changes, told by consumers and clinicians in collaboration. The research takes the epistemological standpoint that change is enabled within social and relational domains; and that individual identity development, both professional and personal are a positive outcome of engagement.

The report reflects quantitative data first collected for the Beacon Site Project, now



Tina Smith accepting the award on behalf of CMHDARN

CONGRATULATIONS also go to the Community Mental Health Drug and Alcohol Research Network (CMHDARN) and CMHDARN Project Officer Deb Tipper, joint winner of the Tom Trauer Research & Evaluation Award 2014.

The Network was formed six years ago by MHCC and NADA. The objective was to enhance the capacity of the mental health and drug and alcohol community managed sectors to support research into best practice, to better meet the needs of people with coexisting issues. Check out page 10 for the latest CMHDARN Update or visit www.cmhdaresearchnetwork.com.au for more information.

From previous page

gathered by ACT Health to support “the use of data to drive change” (Kipling, 2011) to set historical context, and to provide a visual perspective on the significant reductions on the use of seclusion at the PSU. The data tracks the use of seclusion at the PSU from 2006 to 2012 shows a dramatic drop in both episodes and hours of seclusion from 2009, when the SRRM was first established.

The report is also supported by the evidence from the international literature on both seclusion reduction and provides recommendations with regards to future research and the possible implications for mental health services across service settings.

An important feature of the research report is a constructed dialogue drawn from collective research material positioned in such a way as to bring seclusion, and the ideas that underpin the practice of seclusion, as a central feature in changing culture, personal and professional identities and practices.

WHAT'S NEW AT MHCC?

Capacit-E™ is an exciting new direction in online learning brought to you by MHCC.

capacit-e is coming

Launching very soon, Capacit-E™ comprises a collection of online learning products and services designed to assist organisations in the community and human service sectors get e-capable.

E-learning tools have revolutionised workforce development. They are a flexible, cost effective and engaging way to access the training you need, when and where you need it.

With Capacit-E™ you can:

- select from high quality, pre-built mental health training
- custom-brand training to deliver through your organisation's Learning Management System (LMS)
- assess and develop your e-learning strategy, or
- work with MHCC to build content from the ground up.

Don't get left behind in when it comes to developing your workforce. Contact us today to arrange a FREE e-learning consultation about your unique online learning needs.

Ph: 02 9555 8388 ex 113

Email: training@mhcc.org.au

And keep checking www.mhcc.org.au for more Capacit-E updates coming soon.

WHO'S NEW AT MHCC?

ACTING Deputy CEO Tully Rosen recently added another role to his already impressive CV, that of 'New Dad'.

MHCC would like to welcome to the world, Sol and Lyra Rosen, who arrived at 10.45am on 20 July. At 3 months, it's still unclear if the twins have a future in the community managed mental health sector like their father and grandparents or if they'll be musicians like their mother. But they are a joyful addition to the MHCC family either way.



2014 Aboriginal Careers in Mental Health Graduation

ON 29 AUGUST, thirty graduates and MHCC staff; together with the Department of Education and Communities, State Training Services (DEC STS); Department of Prime Minister and Cabinet; the NSW Mental Health Commission, family, friends and managers from participating organisations gathered to celebrate their achievements under the Aboriginal Careers in Mental Health Initiative (ACIMH).

Seventy percent of the trainees recruited under the initiative have now successfully completed a Certificate IV in Mental Health. These trainees represent the next generation of mental health service providers and leaders in the field, perfectly placed to provide culturally appropriate supports for Aboriginal consumers within their own communities. Through this program, host organisations have also acquired a better understanding of how to build and nurture the Aboriginal workforce which, we anticipate, will provide improved opportunities for Aboriginal workers into the future.

The event itself was an enormously joyful, moving and entertaining occasion. Master of Ceremonies, comedian Sean Choolburra set the pace, and mood, at a fever pitch. Sean was joined by Matthew Doyle, traditional dancer (who also

performed the Welcome to Country), keynote speaker Dr Robyn Shields AM, NSW Deputy Mental Health Commissioner, Corinne Henderson, MHCC's Acting CEO and Simone Montgomery, Manager MHCC Learning & Development, who led the ACIMH initiative from first inception.

Nuoorilma Elder, Aunt Sue Blacklock presented each graduate with a beautifully handmade silk scarf in the Aboriginal colours of red, yellow and black as an acknowledgement of their hard work. ACIMH trainers Bradley Foxlewin, Brett Davis, Thomas Franks and Justin Noel spoke about each of the trainee's strengths and determination as they received their certificates. Following this, a graduate representative from each block group shared their experience and offered thanks.

The event concluded with the graduates presenting beautiful Aboriginal paintings, designed by artist Troy Lenihan (Bunmurra) to each of the ACIMH trainers, who had shared in their journey and all its challenges. Graduate representatives described the significance of the experience to them both personally and professionally before cutting what may just be the most spectacular cake anyone has ever seen.

Congratulations once more to the ACIMH graduates of 2014 and best of luck in the future.



Traditional dancer, Matthew Doyle



MC Sean Choolburra





From top left: Nucoorilma Elder Sue Blacklock; ACIMH Admin Officer Liesl Homes and trainers Thomas Franks, Bradley Foxlewin, Brett Davies and Justin Noel with gifts from the graduates; 2014 ACIMH Graduates; Deputy Mental Health Commissioner, Dr Robyn Shields AM; Simone Montgomery, MHCC Learning and Development Manager.

[More over page >](#)



Aboriginal Careers in Mental Health Initiative – Workforce Development Strategy:
An innovative model for recruitment and retention of Aboriginal staff in the community managed mental health sector in NSW.

A full description of the Aboriginal Careers in Mental Health Initiative, together with the project report and recommendations can be accessed [HERE >](#)





Above: Graduate representatives (from left) Colin McDonald, Jessica Stanley and Trent Kilby shared their experiences of the ACIMH program. Below: ACIMH trainees express their heartfelt thanks



ACIMH Host Member profiles

THROUGHOUT the ACIMH project, host organisations, alongside our brilliant trainees, were profiled in the Yarn Up e-newsletter. Here is just a small sample of the faces and places behind ACIMH.

Junaa Buwa! – Yarn Up September 2013

Junaa Buwa! is Mission Australia's residential program for young people aged 13-18 years, who experience mental health and substance abuse problems.

Residents participate in daily education groups about a range of topics, such as alcohol and other drugs, decision-making, and life-skills for a period of three months. Junaa Buwa! has up to eight residents at any one time, who receive specialised counselling and enjoy regular gym sessions and outdoor recreation. There is also a six-month 'after-care' phase where people receive support to carry out the plans they have created, such as relapse prevention, and re-

engagement with further education or employment.

Junaa Buwa! hosted trainee Phanessa Rossiter as part of the residential team, where she contributed to activities and groups in all components of the program. "She's doing a great job, and we love having her". Junaa Buwa! also runs an outreach program which works with local at risk youth in the community and their families.

Aftercare – Yarn Up July 2013

Two more ACIMH trainees were hosted in Sydney by Aftercare – one in the lower Blue Mountains region and the other in Inner Sydney.

Founded in 1907, Aftercare is a not-for-profit organisation providing programs and services to assist people with lived experience of mental illness and intellectual disability, as well as their families and carers. Aftercare directs particular attention to ensuring that its services are accessible to vulnerable and disadvantaged

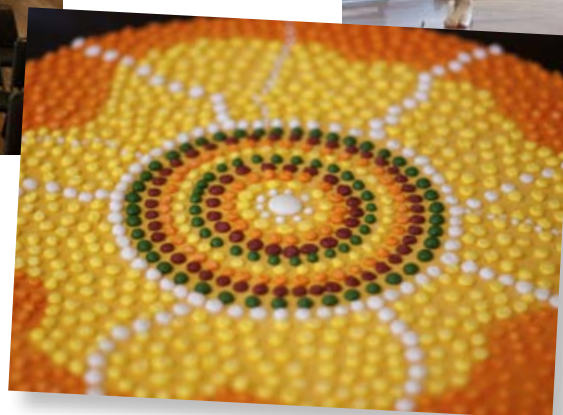
Continued on next page >



Left: Graduates and guests toast their achievements at Redfern Town Hall.



Right: Traditional dancer, Matthew Doyle.



Above: The spectacular graduation cake was almost too beautiful to eat.



Left: Graduates proudly wear their scarves made by Sue Blacklock.

members of the community, targeting youth, Aboriginal and culturally and linguistically diverse (CALD) communities. Aftercare also works to promote a better understanding in the community of mental illness and intellectual disability through education.

At any given time, over 2,000 people aged 12 to 80 years are being supported by Aftercare through one of its services. These services include community connection; housing and accommodation; independent living; personal helpers and mentors (PHaMs) programs, family and carer support services, youth services and intellectual disability outreach support.

Aftercare's was particularly keen to be involved in the ACIMH Initiative to increase their Indigenous workforce in response to increasing referrals from Aboriginal communities.

New Horizons - Yarn Up Feb 2014

Seven trainees were hosted by New Horizons based in Tweed Heads, Port Macquarie, Newcastle, Gosford, Tamworth and Sydney (in Marrickville and Miller).

New Horizons was established as one of the world's first social enterprises in 1981 and has grown to offer innovative supports and services in mental health, aged care, disability, criminal justice, employment, homelessness, as well as Indigenous and youth services.

New Horizons prides itself on being one of Australia's top employers for Indigenous Australians, with about seven-percent of their team (of nearly 900) identifying as Aboriginal or Torres Strait Islander people. The aim of providing a culturally safe and supportive environment was one of the motivations that drove g New Horizons to take part in the ACIMH Initiative.

Visit the project page or click on Yarn Up for more stories >



MHCC's Reconciliation Action Plan (RAP)



**Reconciliation
AUSTRALIA**
RECONCILIATION ACTION PLANS



As part of MHCC's RAP, artworks by Indigenous artists have been properly acknowledged.

MHCC STAFF and one Board representative recently came together for what was a very special day for all involved. The event was an opportunity to collectively discuss and brainstorm the development of our inaugural reconciliation action plan (RAP). The day's discourse was led by two representatives from Reconciliation Australia (RA), who directed us with great skill through a culturally complex process so that by the end of the day we had all learnt a little more about first Australians as well as about each other.

Many creative and innovative ideas emerged during the day, which have enabled us to identify and prioritise elements of the RAP so that we can be confident of successfully completing it within the 24 month time frame. Other ideas will inform and support ongoing planning beyond the initial RAP period.

MHCC's inaugural INNOVATE RAP will facilitate a focus on internal organisational processes and learnings. This will best place us in supporting members through the sharing of learnings from this experience. Future RAPs are likely to have a broader focus on our membership base and the wider mental health community managed sector. A Working Group (WG) has been established to provide a forum for discussion, development and implementation of MHCC's RAP. The establishment and continuance of this WG is a minimum requirement for the development of a RA endorsed RAP and will be responsible for developing, reviewing, implementing and monitoring progress.

The RAP WG will consult with and report to the MHCC RAP Advisory Group as well as the MHCC Aboriginal Reference Group.

For further information about MHCC's RAP please contact our RAP Champion, Carrie Stone at carrie@mhcc.org.au



MHCC staff participated in a RAP planning session with representatives from Reconciliation Australia

Our RAP Vision is that.....

MHCC develops a culture that is inclusive and welcoming of Aboriginal and/or Torres Islander People and promotes cultural safety and diversity in all its activities.

CMHDARN research forum

Understanding Best Practice Research when working with Aboriginal and Torres Strait Islander organisations and people

On 7 August, CMHDARN held a successful, well attended forum which focussed on research work related to Aboriginal and Torres Strait Islander communities and people.

Participants were privileged to hear presentations from two organisations closely involved in the Aboriginal community:

- ④ The Lowitja Institute, based in Melbourne, represented by Mary Guthrie, General Manager, Policy, and
- ④ The Healing Foundation based in Canberra and represented by Lindy Moffat and Caitlin Mullins (pictured), both from Program Development, Training and Education.

These presentations were enriched by some great examples of workers incorporating cultural practice into their work, as well as the description of the research outcomes and evaluation that ensure their services remain relevant and effective for their Aboriginal and/or Torres Strait Islander service users. These examples generally focused on social and emotional wellbeing programs, ranging across the age span - from a young parent's art group based at La Perouse, to young people living in remote communities, and a broad-based drug and alcohol and self-help support program.

A critical thread throughout the day was the importance of understanding the significance of historical, intergenerational loss and trauma in the lives of Aboriginal and Torres Strait Islander people, and how critical it is for these issues to be addressed in a therapeutic or healing way in any context. This has been borne out through research and evaluation studies undertaken to identify what makes effective practice. See for example, *Our Healing, Our Solutions: sharing our Evidence* which is available [HERE >](#)

Forum feedback included:

- ④ Examples from the field are by far the most insightful and USEFUL; research into PRACTICE is what it's all about!
- ④ All presentation gave a good overview of available programs & ongoing areas for improvements.

CMHDARN is a partnership between MHCC, NADA and the Mental Health Commission of NSW



Lindy Moffat and Caitlin Mullins from the Healing Foundation



Michelle Jersky, Project Officer, Ngala Nanga Mai pARENT Group Program

- ④ Ngala Nanga Mai: the variety of perspectives given during the presentation was helpful. The presentation was comprehensive & demonstrates the translation of theory & evidence into practice.

Feedback on how participants might change their Practice?

- ④ Look at commencing discussions with Aboriginal Communities about what's needed in terms of: trauma and healing support and work from there.
- ④ Reference many of the organisation's websites for contemporary research that will inform practice. Feedback to Practice Management re ATSI programs - possible partnership/ collaboration opportunities.

Materials from this research forum can be accessed here:

[click here to read more](#)

Accessible options for NSW voters in 2015

IN TIME for the next NSW State Election in March 2015, the iVote® system will be offered as an alternate option to enable people who may have difficulty casting a vote at a polling place or voting independently. Electors can vote using a computer or telephone from anywhere they choose – work, home, on a mobile phone, anywhere.

Community Consultations

Since June 2014 the NSW Electoral Commission has been undertaking an extensive program of consultation with representatives from community and advocacy groups. MHCC has been involved in the process for some years, advocating for consumer needs to be better understood in this context.

The aim of community consultations has been to ensure that the iVote® system proposed for the State General Election 2015 addresses the needs of all voters in NSW and produces a high degree of trust amongst the community, so that the objectives of useability, security, reliability and confidentiality are met. The community consultation meetings have been very valuable in gaining understanding of the different needs within the broad community.

How to use the iVote® system?

You need to have access to a computer or telephone.

The iVote® system is available to people on the NSW Electoral roll who:

- experience any disability
- are blind or have low vision;
- have literacy needs;
- live in remote locations; or
- will be outside NSW on election day.



iVote®

The community consultation meetings have been very valuable in gaining understanding of the different needs within the broad community.

For those wishing to vote via the internet, visit www.ivote.nsw.gov.au where you can trial the iVote® system using the demonstration site (pictured).

The iVote® system's development has been reviewed at all stages with security in mind to ensure that it both improves trust and increases transparency. Both data security and voter privacy are maintained by strong governance and independent review.

Further information about the iVote® system visit www.ivote.nsw.gov.au



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



Further Unravelling Psychosocial Disability:

Experiences from the NSW Hunter NDIS Launch Site

Now that the first year of activity at the NSW NDIS trial site has concluded, and because of the important partnership that was established between MHCC and the NSW Mental Health Commission, much has been learnt about the eligibility and access of people with high levels of psychosocial disability related to mental illness. We are in a much better position to review and consider the implications for the future of the NDIS, for our sector as well as for consumers who may be participants in the NDIS or those considered ineligible. The fourth NDIA quarterly report tells us that at the end of June 2014, 439 people with a diagnosis of schizophrenia or another condition resulting in psychosocial disability related to mental illness had accessed the NDIS nationally. This figure included 159 people in NSW (38%).

While these numbers are substantial, people with psychosocial disability represent less than 1% of all people accessing the NDIS nationally. These numbers are also less than 1% of the estimated number of Australian's living with mental health conditions anticipated to be accessing the NDIS both in NSW and nationally at full roll-out (i.e. 19K and 57K respectively).

While the quarterly reports are welcome, they are insufficiently detailed to maximise learning about the NDIS and mental health/psychosocial disability. For example, the quarterly reports tell us nothing about the number of people living with mental illness applying for an NDIS service that are found ineligible. MHCC has been informed that some 35-40 people with psychosocial disability in the Hunter trial site that applied for NDIS Tier 3 services in 2013/14 were declined. These people's circumstances are currently under review by NDIA.

At the Hunter NDIS and Mental Health 'Community of Practice' (COP) Forum in June both NSW CAG and ARAFMI presented to progress discussions about consumer/ carer engagement with the NDIS. At this event, it was identified that participants wanted to hear more about consumers' lived experience of the NDIS. However, this request is hampered by the challenges of systemically engaging consumers, and their carers and families, in NDIS implementation and evaluation.

To progress this request we invited the NDIA, HNEMH and the Partners in Recovery to share de-identified stories about people's experience of the NDIS – for both people found eligible and



Tina Smith presents on how mental health is faring under the NDIS at the 2014 TheMHs Conference in Perth

ineligible – at the 30 September COP Forum. The NSW Ombudsman's also presented on their enhanced role under the *Disability Inclusion Bill 2014* (NSW) especially with regard to Tier 3 access.

A highlight of the last quarter was a mental health and NDIS featured symposium convened by MHCC at the August TheMHS Conference. MHCC was delighted by the participation of Eddie Bartnick, former WA Mental Health Commissioner, who recently commenced work with the NDIA to explore mental health related access issues, and who is assisting us all to better understand Tier 2 services.

As the Year 2 trial sites begin, we will see additional NDIS mental health/psychosocial disability activity in all states and territories except Queensland. This will be critical to both sharing and scaling up a shared understanding of the framework for psychosocial disability within the NDIS. We look forward to sharing our growing knowledge and experience with the sector as we continue in partnership with the NSW Mental Health Commission to review and analyse the Hunter NDIS environment in second year.

For more information about the NDIS and psychosocial disability please click on this link >

[click here to read more](#)

What are NDIS Tier 2 services?

NDIS Tier 2 services aim to:

- Provide information, linkages and capacity building
- Better link individuals to mainstream supports
- Assist services to be more inclusive and responsive to the needs of people with disability
- Direct investment towards evidence based interventions that improve outcomes for the individual.

Family and carer lessons learned in relation to NDIS and Mental Health can be heartbreaking



IN THE Hunter the NDIS has been operational as a trial site for over one year. Arafmi takes this opportunity to review and assess the impact the NDIS has had on some people with a mental illness, and their families and carers. According to Joanne Sinclair of Arafmi Newcastle, people are still falling through the gaps. This is because many people with a mental health related disability are reluctant to engage with services. They have

often lacked community services for so long that it is difficult to trust and engage. Joanne cites examples such as a carer whose brother will not answer the door to the NDIS. His carer is moving out of the area and says “so who will care for him then?” This problem is repeated over and over for people living with mental illness. How do we link these people into services?

Some people with mental illness isolate themselves. The reasons could include lack of confidence, not trusting people, histories of trauma, not feeling safe anywhere but home and fear of contact with people.

Joanne said it appears that “If you access us, (the NDIA) we care – if you don’t we won’t contact you. People with mental health disabilities and their families and carers need to engage with services and build a relationship of trust, before accessing a service, otherwise people may die behind closed doors”.

People need supports for living including supports to work out what it is that they actually want for their life. Skills such cooking, shopping, cleaning, health care, dental, podiatry, planning and budgeting, help with contacting people, social skills, education, training; the list goes on, these are all the things that go to make an active contributing life in the community. In short what we all take for granted – something to do, something to look forward to and someone to love.

In another situation a person has a care package through a community organisation but now asks the question “will this package transfer to NDIS?”. While NSW Ageing, Disability and Homecare funded services are transitioning to the NDIS the situation for what NSW Health funded mental health programs might transfer remains unclear.

There is an increasing population of elderly carers who are concerned about what will happen to their loved ones when they go? Elderly carers generally can’t use computers for NDIS paperwork or transport independently to the NDIA office.



As the NDIS is only designed to help people with high levels of psychosocial disability related to mental health issues, and services are changing to meet the needs of the NDIS, the big question is where do people who are not NDIS Tier 3 eligible go and what services do they get? The questions of accessibility, outreach, communication, lack of care coordination, the ageing carer population and what happen to people not eligible for NDIS remain problems to be solved.

WHY ARE THESE ISSUES IMPORTANT?

“There are concerns about the extent to which the NDIS will include and support carers and how those support needs will be identified and delivered. There is also an inherent tension between the traditional role of carers in supporting decisions of those living with psychosocial disability and impaired decision making capacity and the self-directed funding model aimed at promoting choice and control by the person with a mental illness.

The trial sites provide an opportunity for a planned approach to identifying problems and testing innovative solutions for mental health consumers and carers.”

Arafmi Australia has recently released a *Policy Brief: Involving carers and family members in the NDIS* and it can be accessed here >

[click here to read more](#)

A landmark review of equal recognition before the law and legal capacity for people with disability

IN JULY 2013, Mark Dreyfus QC, Attorney General of Australia, directed the Australian Law Reform Commission (ALRC) to undertake a review of equal recognition before the law and legal capacity for people with disability, having regard to the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), to which Australia is a signatory.

In this context, equal recognition and legal capacity were to be understood as used in the UNCRPD, including specifically the rights of people with disability to make decisions and act on their own behalf. The review was tasked to pay particular attention to the Government's commitment to the National Disability Strategy, which includes 'rights protection, justice and legislation' as a priority area for action. All relevant Commonwealth laws and legal frameworks that directly or indirectly, impact on the recognition of people with disability before the law and their ability to exercise legal capacity on an equal basis with others were to be considered. This included areas such as supported and substituted decision making; access to justice and legal assistance programs; aged care; anti-discrimination law; disability services and supports; family law; and medical treatment, to name a few.

The review also reflected on the ways Commonwealth laws and legal frameworks affect people with disability from particularly disadvantaged or stigmatised groups. The purpose was to ensure that laws and legal frameworks are responsive to the needs of people with disability and to advance, promote and respect their rights.

The ALRC was asked to consider how laws and legal frameworks are implemented and operate in practice, and how language is used and how decision making by people with impairment that affects their decision making can be validly and effectively supported, when presumptions about a person's ability to exercise legal capacity frequently leads to discrimination.

Other important considerations related to the role of family and carers and supporting people with disability to exercise legal capacity for themselves – both in relation to formal and informal decisions and how this role should be recognised by laws and legal frameworks. Likewise the review investigated whether the powers and duties of decision making supporters and substituted decision makers are effective, appropriate and consistent with Australia's international obligations, including the need for supports to exercise legal capacity when it is fluctuating or evolving.

The review was tasked to pay particular attention to the Government's commitment to the National Disability Strategy, which includes 'rights protection, justice and legislation' as a priority area for action.

The review looked at initiatives in the context of the NDIS and how the services and supports available to people with disability, should or could interact with the law to increase the realisation of people with disability's recognition before the law and legal capacity. This involved investigating the interface with State and Territory laws and best practice examples from within the States and Territories.

MHCC commend the ALRC on their incredibly comprehensive investigation into every aspect of the law from a human rights perspective. MHCC was privileged to be involved in consultative and information opportunities. We provided a submission to inquiry, and endorsed the four general principles that reflect the key concepts and values upon which the ALRC's approach in relation to legal capacity is based. MHCC stressed that the interpretive declarations lodged by the Australian Government under the UNCRPD should be rescinded immediately, based on our view that the interpretative declaration evokes a 'deficits' model incompatible with a rights based model of disability – the stated objective of the UNCRPD.

Whilst there needs to be a consistent approach to assessment of capacity in the context of representative decision making, promoting individual autonomy as circumstances require, it is important that the process does not become too proscriptive and run the risk of leading to for example, harm or neglect. Importantly, the legislation must have an underpinning code of practice that provides a framework and principles as a guide to best practice.

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

Submissions are available from the MHCC website [HERE >](#)

Reference: Australian Law Reform Commission 2014, Equality, Capacity and Disability in Commonwealth Laws (DP 81), Australian Government. Available [HERE >](#)

General information including Terms of Reference, Available [HERE >](#)

The Cert IV in Mental Health Peer Work is here!

“The most exciting and ground breaking advancement for the Australian Peer Workforce in decades”

SINCE early 2013, MHCC has been engaged with a broad national network of experienced peer workers and organisations in order to develop the training and assessment materials for the nationally recognised Certificate IV in Mental Health Peer Work. The National Mental Health Commission (NMHC) has provided the funding to support this pivotal Mental Health Peer Work Qualification Development Project, coordinated by MHCC on behalf of Community Mental Health Australia (CMHA).

Project Update

Following the 18 month consultation and development process undertaken together with a technical development group and a national carer and consumer peer workers and service provider reference group from across the sector, the materials for this qualification have now been finalised and provided to the NMHC. It is expected that by October, the suite of resources required for this qualification will be available from the NMHC website for free download. This will enable peer workers to access the course from a variety of Registered Training Organisations (RTOs) nationally, as well as utilise the resources for informal training, or to support mentoring and professional development.

The NMHC are making preparations to hold an official launch event to celebrate the release of the resources for the Certificate IV in Mental Health Peer Work during National Mental Health Month.

A presentation at the recent TheMHS conference in Perth, given by Michael Burge OAM (consumer

For a copy of the Cert IV in Mental Health Peer Work resources please contact the NMHC at (02) 8229 7550

enquiries@mentalhealthcommission.gov.au
www.mentalhealthcommission.gov.au

More information about training with MHCC and how to enrol is available [HERE >](#)



“ I believe that this is the resource that is going to support the emergent peer workforce [to] take its place as a recognised, valued & integral part of mental health services in Australia. ”

co-chair to the project) and Project Manager Chris Keyes, traced the historical moments which have led to these resources being distributed, including the release of the national training package for the Certificate IV in Mental Health Peer Work in 2012; through the Mental Health Peer Workforce Competency Development Project led by a reference group of experienced consumer and carer peer workers. Michael Burge reinforced the importance of having consistent and high quality training available across Australia, to validate the knowledge base of peer work and cement the peer workforce as an occupational group in mental health.

What's next?

The NMHC has recently funded a pilot delivery of the qualification which allows for materials to be used in a real world training environment, assess timing for delivery, assessment suitability and observe applicability across states and regions. This opportunity has provided a funded place in the training for 15 peer workers wishing to undertake the qualification. MHCC commenced the pilot in early September, with participants actively involved in evaluation of the training and assessment experience. This process will conclude in May 2015 with revised materials then provided to the NMHC for free distribution.

There are also plans for a new initiative as a catalyst for growth of a national peer work trainer and assessor workforce. Currently there are very few suitably qualified trainers and assessors across Australia meeting the requirements to deliver the Cert IV in Mental Health Peer Work. As RTOs prepare to deliver the training there will be an increased demand for these trainers to ensure the swift and streamlined delivery of the qualification. More details will be available from the MHCC website later this month.

Madness Made Me by Mary O'Hagan

FOR eight years, Mary O'Hagan had first-hand experience of mental health services in New Zealand. In her memoir, she brings to light her own and other's acute distress within a mental health system defined by entrenched inequality. Mary has worked tirelessly for over 30 years to transform how society and services view people who live with 'mental distress'.

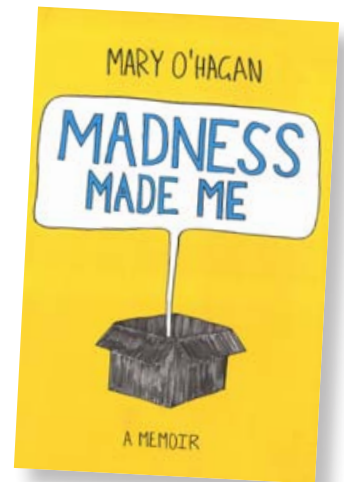
Madness Made Me is a compelling and deeply personal account of Mary's experiences as a young woman, faced by the prospect of life in institutions seemingly purpose-built to inhibit recovery. As you may gather from the book's title, Mary has strong feelings about embracing the word, and experience of, 'madness'. "... there are no words that describe us as equal to others, either in ordinary language or in professional discourse. Even if some words started off as neutral they have become polluted by pervasive stigma."

Encouraged by many around her to accept a future and hope limiting diagnosis, Mary somehow found the resolve to fight for her and other's rights to compassion, respect and self-determination. She discovered the seeds of her own recovery lay in her work as a consumer advocate, human rights activist and champion of peer run services. "I had to find a role where I could be both a mad person and a valued competent person. At that time such a role could not exist inside the knowledge and power structures of the mental health system."

Mary went on to become the first chair of the World Network of Users and Survivors of Psychiatry, an advisor to the United Nations and World Health Organisation, and a Mental Health

Commissioner for New Zealand. She is now an international speaker, consultant, writer and experienced trainer, using her unique expertise in recovery, wellbeing and discrimination to shape the next generation of service providers.

Madness Made Me is available online at Amazon and Book Depository. Read more about Mary's work and recovery journey at www.maryohagan.com



“ Most of the stories of those who look on, seeing only snatches of madness portray it as all bad. My story is fuller than the stories of those who looked on – it is the only unbroken one, the only story that had a witness present from start to finish and every moment in between. That witness was me. ”



“ Recovery does not necessarily mean the end of madness. It's true that recovery is a return, but not always from madness itself. Recovery is a return to a good life – Recovery repairs the bridge to belonging. ”



Mary O'Hagan is also a trainer for MHCC, delivering *Tools for Supporting Recovery* as part of the Professional Development Series or workshops. Read more [HERE](#)>

MHCC ACTIVITIES – AT A GLANCE

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

- Community Mental Health Drug and Alcohol Research Network (CMHDARN) (partnership between MHCC, NADA & the NSW Mental Health Commission)
- National Directions in Mental Health Workforce Development (on behalf of CMHA)
- National Disability Insurance Scheme analysis and impacts (in partnership with the NSW Mental Health Commission)
- National Outcome Measurement and Minimum Data Set Projects (on behalf of CMHA)
- NDS MOU
- NSW Mental Health Rights Online Manual Review and Update (MHCC & the NSW Mental Health Commission)
- NSW General Practice
- Peer Work Qualification Project (NMHC)
- Physical Health Research Project (MHCC, Sydney University, MHDAAO)
- Practice Placement Project (MHCC & HETI-ICTN)
- ROSSAT Psychometric Project (MHCC & CAG)

- National Trauma-Informed Care & Practice Strategic Direction
- Trauma-Informed Care and Practice Organisational Toolkit (TICPOT)
- Work Integrated Learning Project (MHCC & HETI-ICTN)
- Youth Recovery Project (MHCC & MHDAAO)

Key Submissions/Comment

- IPART Issues Paper: A fair and transparent fee structure for the NSW Trustee and Guardian.
- Australian Law Reform Commission (ALRC): Equality, Capacity & Disability in Commonwealth Laws: Discussion Paper 81.
- Mental Health Council of Australia. Providing Psychosocial Disability Support Through the NDIS [Read more >](#)
- Australian Health Ministers' Advisory Council: A National Code of Conduct for Health Care

MHCC facilitated and/or presented at the following events

- MHCC Hunter Launch Site Community of Practice Forum (Newcastle) 17/06/14

- Meet Your Neighbour Woollahra 22/07/14
- Meet Your Neighbour Orange 29/07/14
- NDIS Organisational and Workforce Readiness Forum 29/07/14
- CMHDARN Best Practice Forum: "Understanding Best Practice Research when working with Aboriginal and Torres Strait Islander organisations and people" 07/08/14
- CMHDARN Reflective Practice Webinar - Improving organisational capacity and demonstrating efficacy 12/08/14
- 2014 TheMHs Conference - The National Disability Insurance Scheme (NDIS): How is Mental Health Faring? 28/08/14
- MHCC Aboriginal Careers in Mental Health Initiative Graduation 29/08/14
- Meet Your Neighbour Goulburn 08/09/14
- StateWired Online Forum - Further Unravelling Psychosocial Disability - Implementing the NDIS in the NSW Hunter Trial Site: Year One 22/09/14

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

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.



| 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 |
| 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@mhc.org.au |
| Partnerships Admin Officer | Rainbow Yuen | rainbow@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 |