

View from the peak

A publication from the Mental Health Coordinating Council

October 2018

CEO and Senior Managers Lunchtime Forum on Young People and Mental Health



Dani and Nicole Mekler from WEAVE at MHCC's Parliamentary Forum and Prof Patrick McGorry



Youth mental health – or health and wellbeing as identified by young people, needs a greatly increased focus in NSW. The National Survey of Mental Health and Wellbeing tells us that 75% of mental health conditions begin before the age of 25 years.

On 26 September, MHCC's CEO and Senior Managers Forum was held at NSW Parliament hosted by the Hon. Scott Farlow, Parliamentary Friends of Mental Health Chair and Parliamentary Secretary to the Premier. The topic of the forum, young people and mental health, was addressed by guest speaker Professor Patrick McGorry, Director of Orygen Youth Mental Health and 2010 Australian of the Year, introduced by Dani and Nicole from Weave youth service in Waterloo. This was an opportunity for MPs to hear from an eminent psychiatrist, researcher and influential advocate for youth mental health issues, and meet with community mental health organisations at the frontline of delivering a wide range of psychosocial support and rehabilitation services across the age spectrum. As Prof McGorry pointed out, few specialist youth services are funded by the states, and the headspace youth mental health program he has pioneered is Commonwealth funded.

Prof McGorry called for a people's movement, Australians for Mental Health, to advocate for improved investment in mental health in Australia to address the "missing middle" between acute and community based care. He also called for a substantial step-up of investment in community based mental health services including the establishment of mental health hubs to support the growing number of people currently seeking or unable to access services that meet their goals and aspirations.

"Awareness raising is not enough", Prof McGorry said, emphasising that funding also needs to be increased significantly. He pointed out that only 5 percent of national health funding is spent on mental health, when it represents 15 percent of the health burden. Only one in three people are able to access quality mental health care when and where they need it.

Prof McGorry said change requires a groundswell of public support and momentum. "That is what Australians for Mental Health is", he told forum guests. "It is essentially a Get Up! for mental health". He also told the gathering that the community mental health system is overwhelmed and young people in particular suffer from a lack of early intervention services which has an effect across a lifetime and disproportionately impacts both the individuals, the community and economy.

The first step to address some of these issues is to integrate services, he said. "Services need more than co-location, they need to have one mission, one culture and to ensure everyone is on the same team." He described open access, soft-entry centres like headspace, where teams of various workers support people without the need for a label or formal diagnosis, where people with lived experience provide the first contact points, and where there is support from the community without stigma and discrimination.

Prof McGorry also identified data as vital to identifying suicide clusters and delivering support services accordingly. Three thousand lives are lost to suicide every year and for complex problems, which most mental health problems are, help is hard to find unless the situation is life-threatening, in which case often the only option is an Emergency Department. He called for a re-design of the mental health system and in closing, Prof. McGorry said mental health should be as high a priority as cancer.

“ Mental Health should be as high a priority as cancer ”



MHCC CEO:
Carmel Tebbutt

Welcome to the October edition of View from the Peak. October is Mental Health Month - an opportunity to raise awareness about mental health and to bring people together to "Share the Journey".

At the time of writing this column I have not long returned from the TheMHS Conference, feeling both energised and enthused by the great work that is happening in mental health and daunted by some of the challenges. The conference showcased some excellent reforms, services and initiatives, demonstrating the importance of evidence and data to tell the story and demonstrate the outcomes.

Improving data and the evidence base for the community sector is the focus of a number of MHCC projects. We have a long history of advocating for improved CMO data collection so that the true picture of the contribution of the sector can be understood. MHCC has received a grant from NSW Ministry of Health to progress a consistent CMO minimum data collection on activity and expenditure that is beneficial for people with a lived experience of mental health conditions and their families and carers and does not substantially increase the reporting burden.

The project looks at whether it is possible to integrate collection of the NGO E (Mental Health Non-Government Organisations Establishments National Best Endeavours Dataset) with current data collections to meet the goal of "collecting once, using often". We are also working with the Ministry on piloting the CMO Your Experience of Service (YES) survey in early 2019.

Of course while we know better data will help policy makers understand the important contribution

CMO's make to the NSW mental health service system, it is also necessary to have good data and evidence to understand where service gaps are.

Community mental health services provide rehabilitation and recovery support services that assist people to stay well in the community, working with people to stay connected to family, friends and employment, maintain safe housing and improve physical health and wellbeing. There is huge demand for services, even with the advent of the NDIS. An inability to access community based services has an impact on individuals and causes greater pressure in other parts of the health system.

MHCC is undertaking a project to analyse mental health investment in NSW and look at the case for greater investment in community mental health services - I look forward to reporting further to you on this and other projects in the future. Don't forget the MHCC AGM is on November 21. I hope I see you there.

Regards

Carmel

“ We have a long history of advocating for improved CMO data collection so that the true picture of the contribution of the sector can be understood **”**

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MHCC AGM

The 2018/19 Mental Health Coordinating Council Annual General Meeting will be held on 21 November 2018 at 3pm at Fraser Suites, Kent Street, Sydney. At this year's AGM MHCC Members will hear from Elyse Sainty, Director, and Impact Investing at Social Ventures, Mark Orr, CEO, Flourish Australia and The Hon. Tanya Davies, Minister for Mental Health, Minister for Women and the Minister for Ageing.

Registration for this event is essential
<https://mhccagm2018.eventbrite.com.au>

Monitoring and Safeguards: Protecting the Rights of People Receiving Support from CMOs

In NSW, community managed organisations provide a diversity of care and support services for people living with mental health conditions. In the context of the growing understanding that people can live well in the community with the right supports, government policy and its funding directions are focused on increasing community service options.

With implementation of the NDIS, the commissioning of community services through PHNs and the increasing investment by NSW Health in programs managed by community providers, ensuring services are monitored for safety and quality is increasingly important. Currently the majority of mental health CMOs monitor safety and quality through service accreditation processes and other quality improvement processes.

Commencing 1 July 2018, community mental health services that provide psychosocial supports through the NDIS will have their services regulated by the newly established NDIS Quality and Safeguards Commission. The Commission is a new independent body that will regulate the NDIS market and support the resolution of complaints about the quality and safety of NDIS supports and services. It will replace the quality and safeguards arrangements that now operate in each state and territory.

The Commission will provide benefits to the sector, including participants, providers and workers by ensuring that the NDIS Quality and Safeguarding Framework meets its objectives of providing a nationally consistent approach that supports and empowers NDIS participants to exercise choice and control while ensuring appropriate safeguards are in place, and expectations for providers and their staff to deliver high quality supports are met. The Commission will be responsible for education and capacity building, as well as exercising 'preventative and corrective' powers.

All NDIS providers, whether registered or not, will be required to comply with relevant Commonwealth, state and territory laws, the NDIS code of conduct, and the NDIS complaints resolution process. All providers wishing to become registered will be required to participate in a verification or certification process.

In this new environment there are a number of aspects of the system that are unclear or yet to be determined. There appears to be a gap in monitoring and safeguarding mechanisms for people accessing community managed mental health psychosocial support services that sit outside of the NDIS, or that are represented by for example Tier 2 NDIS block funded programs. It is therefore timely to explore and consider what best practice options might be applied as appropriate mechanisms for Ministry of Health funded community programs/providers in NSW.

MHCC has secured funding from the Ministry to undertake a study to investigate, consult and discuss the complex scope of issues involved in monitoring mental health community managed services in the context of significant reforms occurring in the sector in NSW. This study is required to establish ways in which existing and emerging services will have appropriate access to robust quality and safeguarding mechanisms that will ensure people are not unduly exposed to accountability gaps in a changing service environment.

In addition to conducting a literature review on existing mechanisms and best practice employment screening initiatives, MHCC will review the evidence as to whether there is a need for a monitoring and safeguard mechanism for mental health CMOs in NSW, in the context of the establishment of the Quality and Safeguards Commission; and investigate the interface between numerous agencies and workforces operating in the same space.

We will conduct consultations with consumers, carers, service providers and other stakeholders to ascertain the needs, risks and desired outcomes, and ascertain perspectives on whether additional monitoring and complaints measures are required for those organisations who fall outside the responsibility of the Quality and Safeguards Commission's sphere of activity.

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Safety and quality is increasingly important with implementation of the NDIS, the commissioning of community services through PHNs and increasing investment by NSW Health in programs managed by community providers

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To find out more contact Corinne Henderson,
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MHCC ACTIVITIES - AT A GLANCE

Key Projects

- NSW Information, Linkages and Capacity-building (ILC) – Community Engagement Education Package Project
- National ILC project – reimagine.today stage 2
- Agency for Clinical Innovation (ACI) TICP Project
- Community Mental Health Drug and Alcohol Research Network (CMHDARN)
- CMHDARN Research Ethics Consultation Committee
- Community Mental Health Australia (CMHA)
- Mental Health Rights Manual
- Monitoring and safeguards mechanisms in NSW
- Trauma-Informed Care and Practice Organisational Toolkit
- CMO -ERA Stage 2 Project

Key Learning and Development Projects

- NDIS Training for GP's, Allied Health and service providers
- Working with Peer Workers
- Managing Peer Workers
- Peer Worker Scholarships
- Transition to Work Cert II Pilot
- reimagine.today training – for NDIA & LAC staff nationally

Key Submissions & Publications

- Implementation of the NDIS and the provision of disability services in NSW
- Member Consultation Briefing Paper: Community Managed Mental Health Sector Development Strategy
- Feedback to NSW MoH on draft NSW Strategic Framework for Mental Health 2018-2022: A Framework for NSW Health Services
- Mental Health and Cognitive Impairment Forensic Provisions Bill 2018 (NSW)
- MHC Suicide Framework Input
- CMHA ANAO Audit of DSP Input
- NSW Health MH CLS for Refugees Project Proposal
- NADA Stakeholder Survey
- FCMHP MDS Specification Draft
- CESPHN MH and Suicide Regional Plan
- MHC Headline Indicators: Discussion Paper
- CMHA input into National Disability Agreement Review

MHCC facilitated and/or presented at the following events

- MHCC Strategic Planning Day with Board and senior staff
- MHCC CEO and Senior Managers Forum

- MHCC and Parliamentary Friends of Mental Health Forum on Youth Mental Health
- CMHDARN Symposium and consultation
- Mental Health Branch: A Trauma-informed care and practice approach
- NS LHD Supported Decision-Making
- Grow Annual General Meeting
- ACI Mental Health Network

Notable Forums Attended

- Ombudsman Disability Round Table
- NSW MH Commission: Childhood Trauma Media
- NSW MH Commission Suicide Prevention Framework
- Equal Access to Democracy: Disability
- NSW MH Commission: Building community based MH services and supports
- Concord SLHD MH Research Forum
- Forensic Provisions Review
- Anxiety Festival Collaboration
- DSS NDIS Quality and Safeguards Commission & Advocacy
- Productivity Commission Review of National disability agreement
- TheMHS 2018 Conference

Meet Your Neighbour Events





CMHDARN Seeding Grants

The Community Mental Health Drug & Alcohol Research Network (CMHDARN) has awarded nine research seeding grants throughout 2017 and 2018. The grants provide an opportunity for community-managed mental health and alcohol and other drugs organisations to build research capacity. They aim to help organisations develop research methodology and identify academic and other project partners with whom to collaboratively conduct research. The grants enabled organisations not only to build research capacity, but to involve consumers in the research process. Most recipients were also able to identify research partners.

Here we showcase two of the research projects, one conducted by Newtown Neighbourhood Centre and one by St Vincent De-Paul. Newtown Neighbourhood Centre's (NNC) project sought to determine if boarding house residents living with a mental health condition were receiving any mental health services. Contrary to their hypothesis, they found there was more utilisation of services than anticipated. However, services were not necessarily concurrently utilised within the same 12 month period. The grant enabled NNC to identify barriers to client engagement and find ways to overcome these. Following the final report, the Boarding House Outreach Service has committed to conducting in-service presentations for community and hospital-based mental health teams to improve mutual understanding, collaboration and client engagement with a broad range of mental health services.

St Vincent De-Paul Society conducted a project on its Compeer Program, which offers one-to-one client friendships with a volunteer to improve self-esteem and quality of life. The project enabled Compeer to improve program delivery, leading to more positive experiences for consumers. Consumer focus groups affirmed the value of the program, which led to improvements in communication, better understanding of the program by health professionals, and clarity surrounding the start and end of the program for participants.

CMHDARN has just announced the successful recipient of the first 2018-19 seeding grant: Positive Life NSW as the lead agency together with the NSW HIV Supported Accommodation Program. Their study will investigate independent living among people with HIV where alcohol or other drug (AOD) use and moderate to severe mental illness are present. The study will identify lived experience and competencies that enable navigation and stability in housing circumstances. The objective is to determine intersecting social, environmental, and structural factors that impact AOD use, mental health difficulties and housing stability, with the aim of encouraging resilience strategies preventing homelessness.

CMHDARN looks forward to reporting on the progress of this interesting and important piece of work in the near future. To read more about [CMHDARN click here](#)

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NDIS Operational in NSW amid Challenges and Wins

Five years of NDIS implementation in NSW has yielded many stories of hope, growth and inclusion for people living with mental health conditions. However, for too many people the NDIS is complicated and difficult to navigate. For MHCC members who are registered NDIS providers we continue to hear stories of challenges for NDIS implementation including:

- Unsustainable pricing for working with people with complex needs
- Workforce shortages and skills reductions associated with low prices
- Erosions to service quality and safety, and
- An increasingly 'thin market' for people seeking psychosocial disability supports.

The NDIS became operational in NSW at the end of 2017/18. At the end of June, there are 84,594 people in NSW of all disability types accessing NDIS funded services and supports. This includes 6,284 people with psychosocial disability. Sadly, there is an under representation of people with mental health conditions both in NSW and nationally that should be accessing the scheme by full roll-out in 2020. Full roll-out in NSW means that about 140,000 people of all disability types would be accessing the scheme.

The opportunity for self-directed funded services and supports that the NDIS brings people, and their families and communities, is immeasurable. However, the challenges associated with NDIS access, planning and implementation are considerable. In August, MHCC made a submission in response to the NSW Government's inquiry into 'Implementation of the NDIS and the Provision of Disability Services'. Information is beginning to emerge about changes to NDIA practices arising from the Participants and Providers Pathway Review. However, commitments to the development of a psychosocial disability pathway still lack clarity.

MHCC hears that many people who could benefit from the NDIS continue to choose not to apply, or withdraw their applications, due to actual and/or perceived complexity of the scheme. This will leave people seriously disadvantaged as the Commonwealth funded mental health programs end in June 2019. Primary Health Networks are to commission a Psychosocial Support Measure (for people not accessing the NDIS) and NDIS Continuity of Support funding in 2019. However, these programs lack detail and will not be sufficient to meet community need for services that support recovery even with increasing investment by NSW Health in mental health programs managed by community providers.

The strong relationship that MHCC has developed with the NDIA mental health team has resulted in additional funding to undertake a further three NDIS and mental health projects from 2018 to 2020:

- NSW ILC – Community Engagement Education Package
- National ILC project – reimagine.today stage 2
- reimagine.today training – for NDIA & LAC staff nationally.

You can read more about the projects here <https://www.mhcc.org.au/2018/07/new-mhcc-ndis-projects/> The projects allow MHCC to continue activity and conversations with our members and others about their NDIS journey.

MHCC has been attending information sessions to understand the NDIS Quality and Safety Commission's new regulatory environment and sharing this information with members. We have heard member feedback that NDIS registered providers want MHCC to support them transition to the new regulatory environment. The service quality and safety regulatory requirements may challenge organisations given the pricing, workforce and 'market' issues previously noted and challenges being experienced by the NDIA in working with people with psychosocial disability.

NDIS participants with a plan living with a psychosocial disability

National Disability Insurance Agency (NDIA) quarterly report (December 2017)



Strong, Consistent NDIS Quality and Safeguards Now in Place

NDIS supports and services and commenced operation in NSW on 1 July. The Commission represents a significant change in the delivery of quality services to people with disability and the prevention of neglect and abuse of people with disability.

The establishment of the NDIS Commission means that:

- a new NDIS Code of Conduct now applies to NDIS providers and workers
- registered providers need to meet new NDIS Practice Standards, report certain types of incidents, report restrictive practices, and have a strong complaints system in place
- NDIS participants' can contact the Commission to raise a concern or make a complaint.

NDIS providers must report the following incidents (including allegations) arising in the context of NDIS supports or services to the NDIS Commission:

- the death of an NDIS participant
- serious injury of an NDIS participant
- abuse or neglect of an NDIS participant
- unlawful sexual or physical contact with, or assault of, an NDIS participant
- sexual misconduct committed against, or in the presence of, an NDIS participant, including grooming of the NDIS participant for sexual activity
- the unauthorised use of a restrictive practice in relation to an NDIS participant.

NDIS Commissioner, Graeme Head, said NDIS participants have the right to be safe and to receive quality services from the providers and workers they choose to support them under the NDIS.

"If that's not happening, participants have the right to complain. And we encourage it, because speaking up helps improve the NDIS for everyone," he said.

Mr Head wrote to registered providers in NSW in May to explain the changes.

"Providers' existing registration details have automatically transferred across from the NDIA to the Commission. They don't need to do anything until we contact them about renewing their registration."

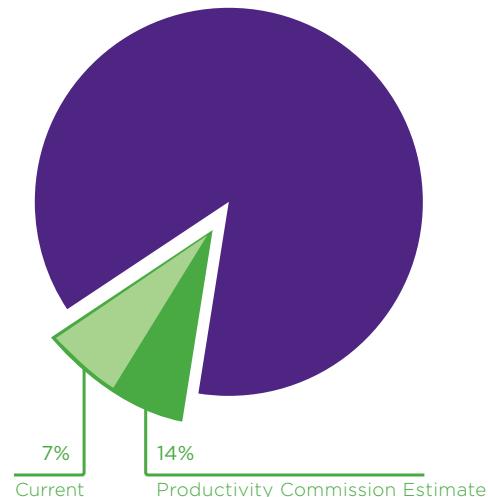
"Unregistered providers can choose to register with the NDIS Commission. There certainly are benefits in doing so. However, there is no rush. They can contact us to register when they are ready."

In addition to the above incidents, restrictive practices also represent a serious risk to the human rights of people with disability and there is a need to ensure there is appropriate reporting and scrutiny of the use of restrictive practices in the NDIS.

MHCC recently attended an advocacy forum convened by the Commonwealth Department of Social Services and NDIS

Commission. Dr Jeffrey Chan, Senior Practitioner, is a member of the NDIS Commission's leadership team. A key role of the Senior Practitioner is national oversight of behaviour support, including monitoring the use of restrictive practices within the NDIS with the aim of reducing and eliminating such practices. Dr Chan spoke eloquently at the forum about practices related to trauma-informed person-centred and human rights-based service delivery approaches.

Under representation of NSW NDIS participants living with a primary psychosocial disability.



Dr Chan's presentation made evident that the NDIS Commission shares MHCC's health and wellbeing vision for the NDIS environment. The NDIS Commission will educate providers about behaviour support strategies that reduce and eliminate restrictive practices. It will share information that supports capacity building in managing incidents and restrictive practices.

Dr Chan is recognised for his work at both national and international levels, with his most recent role being Deputy CEO of MINDS, Singapore. Dr Chan brings more than 30 years' experience in both government and not-for-profit sectors, including appointments in two inaugural statutory roles, as Victorian Senior Practitioner, and as the inaugural Chief Practitioner and Director of Forensic Disability in Queensland.

MHCC and members look forward to developing a productive working relationship with the new NDIS Quality and Safeguards Commission informed by a shared vision of health and wellbeing for all.

The NDIS Commission's website for NDIS participants, families and carers, providers and workers. www.ndiscommission.gov.au

Scholarships for Professional Training

MHCC was able to offer 180 scholarship places in its professional development courses following a grant from NSW Health. Five courses ran this year with full scholarship places and another five will be held next year. MHCC offered free places in its popular Understanding and Responding to Trauma course, as well as places in the Trauma Informed Approaches to Aboriginal Wellbeing course, the Understanding Medication course and the Management of Workers with Lived Experience course.

The need for professional development on trauma-informed care was formally highlighted in recommendations from the Seclusion and Restraint inquiry. The implementation plan from this inquiry, Action 8.2, explicitly requires workforce training in trauma-informed care principles for all mental health staff.

The Understanding and Responding to Trauma course was developed by MHCC prior to the inquiry, in close consultation with the mental health sector, people with lived experience, carers and families. The course explores the impacts of trauma, trauma-informed responses and supports, triggers and safety, boundaries, self-care and strategies for preventing vicarious trauma.

The NSW Health grant allowed MHCC to participate in this crucial workforce development requirement following the Seclusion and Restraint inquiry, by offering free places in this course. MHCC provided free training in both Orange and Lilyfield to 40 people, including mental health workers from government and community sectors and other human services staff.

The feedback from these courses was immensely positive. Staff from Northern Sydney Local Health District said “this course could be pitched at entry level and an advanced audience. It could reach outside mental health services and become complementary training for general medical health areas... The training was excellent. It covered a lot in enough detail to give people the essence of Trauma Informed Care and some great strategies”.

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TRAINING CALENDAR

23
OCT

Fast Track Certificate IV in Mental Health Peer Work

a 6-day course for people with 2 years work experience,
starts **October 23**.

21 - 22
NOV

Motivational Interviewing

a two-day course in supporting people to create lasting change,
runs from **November 21-22**.

11
DEC

Supported Decision-Making: Choice, Control and Recovery

a one-day course, runs on **December 11**.

For more information on Certificate IV qualifications and professional development visit mhcc.org.au

Eureka

A Partnership between Sydney Local Health District and New Horizons

Eureka is a Step-Up Step-Down community-based alternative to sub-acute hospital care. It opened in Sydney Local Health District in June 2017, as a collaboration between Sydney LHD and New Horizons. Eureka is based on the Prevention and Recovery Care (PARC) model which originated in Victoria.

A review conducted in 2014 found a gap in the continuum of support where people might benefit from higher levels of supported accommodation to avoid the need for hospital admission (step-up), or where they might leave hospital earlier for a highly supported environment (step-down) to improve transition back into the community. The Eureka model meets this need.

The model offers 10 beds of short-term recovery focused 24/7 residential support and treatment under a least restrictive care and supportive environment arrangement. The intended length of stay is expected to be 14-21 days on average, up to 28 days. Clients are aged between 18 and 64. The program is based on a mixed community-managed and Local Health District clinical staffing model.

The research, planning and development of the project has been subject to detailed review by Sydney LHD, New Horizons and Partners in Recovery since 2014. The funding model has been developed by Sydney LHD, New Horizons and NSW Health (through the Community Living Support Program). Data from the first 6 months demonstrated increasing occupancy, favourable consumer feedback and fidelity to the PARC principles. A more detailed 12 month evaluation is underway to examine health and wellness outcomes, impact on hospitalisation rates and success of the partnership.

Demographic and health data collection was established from the start and is reported weekly to a Steering Committee. New Horizons measurement data commenced in August 2017 and a Quality Improvement Project was undertaken in November/December 2017 with current residents to capture the consumer experience of care and its relationship to ongoing recovery. YES surveys have highlighted positive experiences of care while suggested improvements include increased communication with staff and minor environmental adjustments. The elements most favourably reported were the great food, the independence, the staff and the community feeling. Ongoing reporting measures focus on operational procedures to ensure the model is performing well and reaching the people it was intended to support.



The project team at Eureka's opening



Rural Mental Health Inquiry

Community Mental Health Australia has made a submission to the Senate Standing Committee on Community Affairs: Inquiry into Accessibility and Quality of Mental Health Services in Rural and Remote Australia.

In its submission, CMHA lists the challenges facing the mental health sector generally across all states and territories. These include workforce quality and availability, service accessibility and the impact of current reform processes, which are amplified in rural and remote areas. The NDIS and Primary Health Networks (PHNs) will influence what services are available in rural and remote areas in the future. The intersection of all these factors alongside the particular issues Aboriginal and Torres Strait Islander communities' experience, are significant. Key to delivering quality mental health and psychosocial support services is the workforce.

CMHA's 2017/18 Federal Pre-budget submission recommended a National Mental Health Workforce Strategy be undertaken to develop the workforce, which includes the CMO sector, peer and primary health workforce. This is particularly important for rural and remote areas where the workforce is already stretched.

Between 2011 and 2014, MHCC represented CMHA in contributing to a Health Workforce Australia Advisory Group. The initiative was a response to severe projected shortages in the mental health workforce by 2025 – especially for regional, rural and remote Australia. The value of community sector mental health workers, including peer workers, was highlighted. In its submission, CMHA notes that while this work has since been superseded by a number of reforms including the transferring of Commonwealth mental health program funding to the PHNs, the NDIS and the Fifth National Mental Health and Suicide Prevention Plan, this is valuable information that should inform the work of all governments.

The Mind the Gap project by University of Sydney in partnership with CMHA found that in some instances NDIS participants were unable to implement NDIS plans as the services were not available. The project particularly emphasised that in rural and remote contexts often no service providers existed, and where they did, the market was very limited with consumers having no choice of provider. Stakeholders said their organisations had decided not to provide services in rural and remote environments because they were unable to provide quality, safe services within the pricing structures of the NDIS. The lack of recognition of the extensive travel required in rural and remote regions also greatly impacted on their ability to deliver financially viable services.

In remote Aboriginal and Torres Strait Islander communities, the key issue was how to build the capacity of existing local services and how to improve quality, equity, efficiency, accountability and responsiveness.

Implementation of the Fifth National Mental Health and Suicide Prevention Plan includes the development of a Workforce Program to address future workforce supply and recruitment and retention of staff. Specifically looking at rural and remote areas and acknowledging the particular workforce difficulties in this context is a problem that cannot be ignored if access and equity are to be meaningfully addressed.

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HASI

Independent Review of the HASI and CLS Supported Living Programs

NSW Health demonstrated its commitment to keeping people with mental health conditions well in the community when it first funded the Housing and Accommodation Support Initiative (HASI) to support 100 people back in 2002/03. Since then, HASI has grown to support approximately 1,200 people (\$40 million). More recently, the Ministry of Health has invested \$20 million in the Community Living Support (CLS) program that targets people with high recovery and rehabilitation needs living in the community.

The Ministry is now undertaking an independent review of the HASI and CLS programs. The Social Policy Research Centre at UNSW (SPRC) will conduct the evaluation from November 2017 to January 2020.

HASI improves quality of life for participants and substantially decreases re-admission rates to hospital. The Ministry reports HASI is worth investing in.

The Ministry/SPRC evaluation aims to:

- Identify what works as well as opportunities to improve
- Assess the impact of the CLS and HASI alongside stated objectives
- Conduct an economic analysis to determine cost-effectiveness and cost modelling of the hours of support.

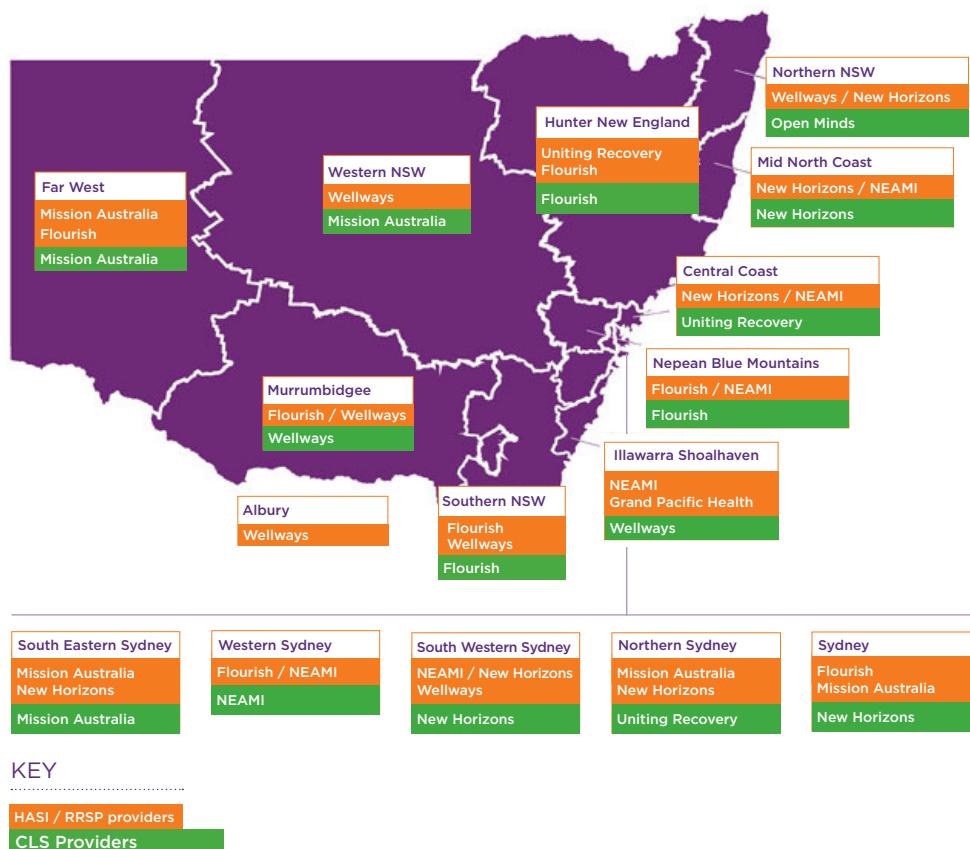
MHCC has met with the Social Policy Research Centre to share our views about these highly successful programs. People need safe and secure housing to recover from mental health conditions ('housing first'). Over the last decade and more, HASI-CLS has been a critical program for ensuring services to support people. More recently, this is important to ensure

that rehabilitation services are available for people outside of the NDIS who may benefit from care preventing the onset of profound psychosocial disability. The NSW Government has made wise decisions in ensuring that services for people struggling with mental health problems are available outside of NDIS eligibility. In some other states where people are NDIS ineligible, they no longer have access to any services as funding for all programs has been contributed to the NDIS. This is an unfortunate situation. The argument seems to be that people are eligible for 'mainstream' services but the discrimination and stigma attached to people struggling with mental health conditions still remains.

The NDIA are assessing many people as ineligible and many others are 'choosing to not apply' or 'withdrawing' their applications for a diverse range of reasons. It is important that people continue to have access to health/mental health and other mainstream and community services that can support their recovery.

The current priorities of the NSW Government's mental health reforms emphasise the importance of services for people living with severe mental illness.

If you have views that you want to share about the HASI-CLS programs please contact either MHCC or Dr Karen Fisher, Chief Investigator, Karen.fisher@unsw.edu.au or ph 02 9385 7800, from the SPRC. If you have rehabilitation and recovery needs outside of, or in addition to, NDIS funded services and supports please contact the HASI and CLS organisations listed here for help.



newparadigm Winter Edition Out Now

The Australian Journal on Psychosocial Rehabilitation, *newparadigm*, is published in partnership with Community Mental Health Australia, an alliance of eight peak community mental health groups across Australia. The journal encourages discussion on mental health in relation to innovative service programs, evolving practice approaches, research and evaluation of policy and service provision. The next edition in January will explore integrated service provision in mental health and related fields, with valuable lessons for those aiming to provide a joined-up service model.

Read the Winter Edition

<http://mhvic.org.au/policy-publications/newparadigm/current-edition>



COME JOIN US
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Help MHCC set the agenda for our sector and define the messages that we campaign on and communicate to government agencies and service bodies. We need your experience to inform the future shape of our sector. Become an MHCC member today!

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