

Pilot Training Program Success with First Graduation Ceremony



Celebrating the first graduates of MHCC's Certificate II in Community Services

MHCC staff were delighted to take part in a graduation ceremony for the first cohort of students to complete the Certificate II in Community Services in June. This course was a pilot developed by MHCC to fill a gap in training for people wanting to enter the community mental health workforce via an introductory pathway.

The Certificate II is designed for people with lived experience of mental health conditions and carers, and offers one-on-one student support throughout 16 days of training. The course sets up students with the skills and confidence to secure a work placement, a volunteer position or to pursue further training opportunities such as the Certificate IV in Mental Health Peer Work. With expert individual assistance available throughout, the course is a great way for people to enter a study program with all places fully funded by the Ministry of Health.

Sixteen students attended the ceremony in June to celebrate their achievements with MHCC staff. MHCC is now ready to welcome the second intake of students to the course this month, with three more intakes planned over the next two years in metropolitan and regional areas.

Manager of MHCC Learning and Development, Jenny Reid, said students responded favourably to the level of tailored support provided throughout the course and said all successes were celebrated.

"It was wonderful to see the change in the students during the life of the course, confidence levels increased and there was a sense of satisfaction from students that they could complete a training course. At the graduation I spoke to parents and carers of some of the students who confirmed this saying the training had made a huge impact to confidence levels, with students now looking for their next training challenge"

Course content includes effective communication, decision-making skills, workplace technology, maintaining relationships in the workplace, working in a trauma-informed way, managing stress at work and supporting people who are in mental distress. Learning is supported by assessment clinics with individual support to complete coursework. Overall, the course develops confidence to pursue a career in community services, mental health and peer work.

Students said...

"Very informative and the pace was just right"

"I learned to apply what I know"

"I loved the info, the teachers, my peers. Thank you"

"The group work and examples were really helpful"

"I now understand the person-centred, rights-based approach"

Certificate II in Community Services

- ✓ Certificate II in Community Services pilot developed by MHCC
- ✓ 16 students graduated from the course in June
- ✓ Places were fully funded by the NSW Ministry of Health
- ✓ 3 more Certificate II courses will be delivered over the next two years



MHCC CEO: Carmel Tebbutt

Welcome to the August edition of View from the Peak. As always, the year seems to be flying and the second half promises to be as busy as the first. In the May edition, I mentioned workforce would be a priority for MHCC and I can report we are embarking on a significant project to better understand the workforce size and challenges for community managed organisations (CMO's).

MHCC is very excited about this project. The complex environment in which members operate makes workforce issues more important than ever. MHCC is collaborating with Human Capital Alliance to undertake the study and it will include a literature review and survey of members to obtain data on the current workforce, including size, gender, age and qualifications. We have member organisations on the project advisory group to provide guidance. I know organisations are asked to complete many surveys, but I hope you prioritise this survey because accurate data is critical to MHCC's capacity to advocate effectively and inform future planning and development of the CMO workforce.

Another important project demonstrating the value and contribution of the CMO sector is the Your Experience of Service (YES) Survey. This is a joint initiative between MHCC and Ministry of Health to pilot lived experience measurement in the CMO sector with interested members. The YES survey has been modified to be suitable for the CMO sector and is

being used across Australia to support consistent experience measurement. The implementation guide to support NSW CMO's to participate in the YES survey is close to completion and we will hopefully see organisations using the tool in the very near future.

Our day-to-day project and advocacy work continues against a backdrop of heightened discussion and debate about mental health reform and the need for greater investment in mental health services and support. The Productivity Commission is due to release the draft report of their inquiry into mental health in November and there is a strong sense that this provides a significant opportunity to implement changes so our mental health system meets community needs and people can access services, particularly community based mental health services, when they need them. There will be much more to say about this over the coming months.

Regards
Carmel

“ I hope you prioritise this survey because accurate data is critical ”

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Farewell Wishes for Luke Butcher

MHCC extends a fond farewell and deep gratitude to Luke Butcher, who departed our Board in June after nearly 4 years service with us. We thank Luke for his thoughtful contributions, recognising his service and commitment both as a Board member and a member of the Finance and Audit Committee.

The MHCC Board has expressed sincere appreciation for Luke's generous support, feedback and input over the years and wishes Luke all the best for his new role at Central Coast Local Health District. He will be missed.



The Quality and Safeguards Commission began operations in NSW in July, as an independent body to improve the quality and safety of NDIS supports. The Commission investigates and resolves problems, and works to build the knowledge of both providers and participants. It also regulates the NDIS market.

Under the Commission, the requirements for NDIS providers will be nationally consistent and responsive to an expanding market.

Requirements include:

- a national [provider registration](#) system
- a new [complaints management](#) and resolution system
- NDIS Practice Standards
- a NDIS [Code of Conduct](#)
- incident management requirements, including [reportable incidents](#)
- a national [worker screening](#) system
- new [behaviour support](#) requirements, to reduce and eliminate restrictive practices.
- a [Worker Orientation Module](#)

The Commission provides resources including guidance about its functions, and podcasts on topics such as [Reasonable and Necessary](#).

A valuable addition is a worker training module 'Quality, Safety and You' to assist NDIS workers to better support people living with disability. This interactive online course explains worker obligations under the [NDIS Code of Conduct](#). All registered NDIS providers should include the module in worker induction and encourage existing workers to undertake the module as quality improvement to support compliance. It takes 90 minutes to complete four modules, ending with a Certificate of Completion.

Find a library of NDIS Quality & Safeguards resources here



NDIS Standards Support Grant

MHCC is excited to have been awarded a Support for NDIS Providers Program grant, to build awareness and capacity around new practice standards. The project "Embracing Change: Applying the Practice Standards in Psychosocial Disability Services", will produce resources including webinars and a forum for organisations that support people with psychosocial disabilities, helping them implement new safety standards and provide consistent service delivery.

Find more



CMHDARN Symposium 2019

Exploring the Potential. Feedback, Outcome Measures and Practice

The annual CMHDARN Symposium on June 5 was a lively gathering, exploring community led practice-based research in mental health and alcohol and other drugs sectors. At no cost to attendees, the Symposium provided access to diverse stakeholders including consumer/clients, support people, academics, frontline staff and management from Primary Health Networks, Local Health Districts and other peak bodies in NSW. With tickets reserved more than a month out from the event, this year's theme *Exploring the Potential. Feedback, Outcome Measures and Practice* was of great interest to members and generated animated conversation.

Tania Skippen, Deputy NSW Mental Health Commissioner, expressed strong support for CMHDARN and for enhancing connection between the two sectors to support long-term relationships with research institutions and academics.

Carolyn Day, Assoc Prof, School of Medicine, USYD, talked about *Making sense of what we know, what we think we know and what we should know*, examining outputs, outcome and experience measures in the context of mental health and alcohol and other drugs research and services.

Robert Stirling, Deputy CEO, NADA, spoke to *Making sense of measurement*, describing his work examining research literature to determine what performance measures exist and how to create agreed upon, standardised measures.

Dr Suzie Hudson, Clinical Director, NADA, talked about the importance of *Embedding client feedback into reflective practice*. In her paper Suzie reflected that:

"We have seen some good progress across both the mental health and alcohol and other drug treatment sectors when it comes to outcomes measurement and client feedback - but how well do we use this information?" She went on to say that "weaving the consumer/client voice into reflective practice is the gold standard in therapeutic work and we need tools and techniques to do that...One approach is Feedback Informed Treatment a pantheoretical approach that can be applied in therapy to actively enquire about both the quality of the improvements that are occurring as a result of the therapeutic engagement as well as the experience of the relationship between practitioner and consumer/client... Reflective practice is key to quality therapeutic work that results in useful outcomes for clients but without the client/consumer voice, we are missing an essential ingredient."

Dr Grenville Rose delivered the keynote address. See opposite.

CMHDARN grant recipients provided a snapshot of projects and a panel discussion brought together Alice Hanna, Genevieve Whitlam, Grenville Rose and Robert Stirling. This lively session facilitated by Suzie Hudson explored how data collection could be better used and translated into practice.

The Symposium was rated highly by participants, with most saying they had made new connections and would return next year. CMHDARN wishes to thank all those who attended and took part so enthusiastically. We look forward to next year's Symposium!



Panel discussion generates audience debate



CMHDARN's Jo Penhallurick at the mic

Would you like to conduct research in your service but don't know how?

CMHDARN Mentoring Grants are Open

cmhdaresearchnetwork.com.au/grants

Would you like to engage in ethical research to improve service delivery in mental health and alcohol and other drugs sectors?

CMHDARN Research Ethics Consultation Committee can help

cmhdaresearchnetwork.com.au/research

Outcomes and Evaluation

Bias, context and how they inform your work: The world is not black and white



CMHDARN Symposium Keynote. Dr Grenville Rose - Centre for Social Research in Health, UNSW and Flourish Australia.

Outcomes and evaluation are critical parts of service delivery, yet often not given a high priority. We all want to deliver the best services that provide the best outcomes for those we are paid to support. Properly executed outcomes and evaluation form part of reflective practice and if we are about anything it is about outcomes for the people accessing our services. Evaluation of the work that we do and service culture should help us improve what we do. This is the frame through which I view outcomes and evaluation, rather than as an administrative tool that is required by management and funders.

They can only be properly seen in that frame, when there is meaningful feedback on results. There is good evidence that feedback improves outcomes. Further, the feedback informed approach implies that a medical model approach may not be the best model in mental health. There are serious alternative models proposed, e.g. The Dodo Bird Conjecture, or the Power Threat Meaning Framework and these place the person receiving support at the centre of the recovery process.

The Dodo Bird Conjecture hypothesises that the interventions matter less than the 'common factors' in interventions: Alliance, empathy, positive regard, affirmation and goal collaboration. One criticism of this is that when secondary outcomes, such as overall quality of life are removed, some interventions are better than others in reducing symptoms. However, if you hold that quality of life is not a secondary outcome, rather that symptom reduction is secondary, then the Dodo Conjecture holds, and alliance, empathy and goal setting are the important factors in better outcomes.



Dr Grenville Rose

Nonetheless, outcomes and evaluation are not measured in a vacuum. Context can affect the measurement; e.g. I've seen service satisfaction scores gathered during a party held for service users and then asking how satisfied they are with the service. The person administering the evaluation, such as peers, or the organisation collecting the data, can also influence the result. These biases can be reduced by ensuring that everyone affected has a voice, and that everyone involved knows why the information is being gathered and how it will be used.

But biases need not be obvious - you may have heard of implicit bias. These are biases that arise from culture and upbringing of which we may not be consciously aware, yet can affect others. You may not even consciously agree with views that you implicitly hold. See, for example, the disclaimer on the Harvard Implicit Project page Harvard Implicit Attitudes Test.

There are a number of considerations when implementing, performing or analysing outcomes and evaluations, these include the biases involved, what might be influencing them and, most importantly, the reason you're gathering the information. Crucially, I believe, it is essential that everyone involved knows why they are being collected and get meaningful feedback.

“ I've seen service satisfaction scores gathered during a party for service users ”

About the network

CMHDARN is a partnership between Mental Health Coordinating Council (MHCC), the Network of Alcohol and other Drugs Agencies (NADA) and the Mental Health Commission of NSW. It was established in 2010 to broaden involvement of the community mental health and alcohol and other drugs sector in practice-based research and to promote the use of research in practice.

Royal Commission will Include People Living with Psychosocial Disability



On April 5 this year, after years of pressure from advocacy groups following a 2015 Senate Inquiry, the Federal Government announced the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

Once the terms of reference were released it was clear that the treatment of people living with psychosocial disabilities would be included in the scope of the inquiry. Deliberately kept broad, the terms of reference request that the Commission look into violence, abuse, neglect and exploitation of people with disability "in all settings and contexts," including disability support services, schools, workplaces, homes and hospitals.

This will be the 7th Royal Commission in the last six years. A Royal Commission may make broad requests for information on a voluntary basis. It also has inquisitorial powers and can compel witnesses and organisations to provide evidence, issuing a summons. People who appear at the Commission may make submissions in response to findings as a reply.

Anticipating the inquiry will run over three years, the Government has allocated \$527.9 million in the 2019-20 Federal Budget and appointed six Commissioners including the Hon Ronald Sackville QC as chair. The Royal Commission is now inviting interested members of the public and institutions to make submissions.

Further information is available on the Royal Commission's website here, including subscribing to receive regular updates. MHCC will also be keeping members up to date with the Royal Commission and members are encouraged to familiarise themselves with the Royal Commission processes.

This Royal Commission has been a long time coming with numerous past reports and inquiries detailing incidents of abuse and neglect of people with a disability. The Royal Commission will look at what governments, institutions and the community can do to prevent people with a disability experiencing violence, abuse, neglect and exploitation and to promote a more inclusive community. It is hoped the Royal Commission will bring a shift in attitudes towards people with disability and provide a forum where people are heard and believed. The Final Report of the Commission is expected no later than 29 April 2022, with an Interim Report due no later than 30 October 2020.

MHCC has produced a factsheet on the Royal Commission which organisations may find useful.

It covers how to prepare for potential involvement and outlines the investigative powers of the Royal Commission.

[VIEW FACTSHEET](#)

MHCC will keep members updated on the Royal Commission

Subscribe for direct updates on the Royal Commission at

DRCmailinglist@royalcommission.gov.au



Supporting Community Connection

Community Engagement Education Package

MHCC NSW 2018/2020 NSW NDIS Information, Linkages and Capacity-building (ILC) Project

Learning Materials Ready to Trial

Over the last 6 months, MHCC has met with more than a hundred people in Sydney and Dubbo to talk about mental health supports and services available outside of an NDIS funded package or the mental health sector.

We asked what is working, what makes for a fulfilling life, how to better include people living with mental health conditions in communities and what recovery means to people.

The themes and experiences that emerged from these co-design workshops were then drawn together to create new training materials that MHCC is now ready to trial.

The conversations in Sydney and Dubbo saw 6 themes emerge – Recovery, Community Inclusion, Supports and Services, Embracing Change, Creating Healing Environments and Empowerment.

These themes have been transformed into 6 separate learning modules that will eventually become free online training for community workers, volunteers, peers and anyone who wants to better support people living with mental health conditions.

The free online training will bring confidence to the many workers who are not experts in mental health, but who support people living with mental health conditions in their daily work.

They will be supported with videos and stories of people living with mental health conditions and the people outside of the mainstream mental health sector who support and work with them.

Learning materials are now in draft form and are being trialled in Sydney on September 10 and 11, and in Dubbo on 21 and 22 October.

MHCC invites anyone working in the community, volunteers and peers to come along and take part in a free training trial. If you are unable to attend the trial you can still access and use the draft training resources and provide feedback on the [MHCC CEEP Project webpage](#). The CEEP Project training resources will tell you about recovery, mental health services, the NDIS, how to create healing environments and empowerment. We will ask for your ideas and feedback on the training content towards finalising the resources in early 2020.

Sydney: 10 & 11 September, 9am-1pm

[SYDNEY - Register here](#)

Dubbo: 21 & 22 October, 9am-1pm

[DUBBO - Register here](#)

This project is funded by a NSW NDIS Information Linkages and Capacity-building (ILC) jurisdictional grant, with funding from the NDIA.



MHCC AGM November 6

Save the date for MHCC's Annual General Meeting, this year at Rydges Surry Hills, on November 6

Community Mental Health Australia Feature

The Danger of Invisibility



Janet Jones, not her real name, became a Personal Helpers and Mentors Peer Worker in 2011. She used her lived experience to grow her skills and became an effective recovery support worker who loved her job. In 2017 her hours were cut because of shrinking budgets and in early 2019 she and most of her team were made redundant because of funding cuts. This itself became a traumatic experience and set her own recovery back considerably. Janet now has a job in hospitality.

Over the past few years many Community Managed Organisations (CMOs) providing mental health services have had a bumpy ride. A number of previously existing Commonwealth funded programs (PHaMs, Day 2 Day Living and Partners in Recovery) have been tapering down and have now ended. For many organisations, this somewhat chaotic adjustment has required difficult downsizing and for some, the restructuring has been terminal.

Many previously hard-to-access clients whose trust was slowly won, have disappeared back into isolation. It is estimated that across Australia several thousand experienced and trained recovery support workers have left the field.

Of course, it is the case that there are growing and emerging opportunities for CMO-provided mental health services (eg, NDIS and Primary Health Network-funded services). Longer term it is hoped that the outcomes of the Productivity Commission inquiry into mental health services and the Victorian Royal Commission will create even more opportunities for community mental health, prevention and early intervention.

But did this transition need to be so bumpy?

Many people in the mid-level of Government have been trying their best to manage this change process and have worked hard to try to reduce the collateral damage (eg, with the \$121million Transitional Funding going to PHNs). One significant factor was sector invisibility.

Most top-down decisions about mental health spending in Australia are made by Ministers in the COAG Health Council. These are recommendations that go to budget review committees in Treasury and Cabinet. The current guiding plan is the 5th National Mental Health and Suicide Prevention Plan. It is our growing impression from being a member of National 5th Mental Health Plan Sub-Committees, that the NGO sector is invisible to those Ministers in the COAG Health Council.

“Numbers may be dry and impersonal, but they are the life blood of future expenditure decisions”

The good news is the project is salvageable

Firstly, the Commonwealth Dept of Health is now providing to PHNs a “Primary Mental Health Care flexible funding pool” to support commissioning of mental health and suicide prevention services in six key service delivery areas. The Minimum Data Set (<https://pmhc-mds.com/>) will provide future planners and decision makers the basis to monitor the quantity and quality of service delivery by those commission to.

Secondly, each State and Territory is being encouraged to resurrect and implement the NGO Minimum Data Set project.

Now we get to the punch line

One major block could be the CMO sector itself. Already under pressure, organisations are routing their limited funds into service delivery. But if we do this, we continue to be invisible. So please make this a priority in your organisation: Work with MHCC and others to ensure this project does not falter. Numbers may be dry and impersonal, but they are the life blood of future expenditure decisions at the top level.

Bill Gye, OAM, CEO CMHA



SAMSN - Survivors & Mates Support Network

MHCC is a member organisation. Our members help shape the future of mental health policy in NSW. Here we feature SAMSN.

Survivors & Mates Support Network

SAMSN was formed in 2010 by a small group of male survivors of child sexual abuse, who, when they couldn't find a support group, decided to start their own.

What began as an opportunity to help each other, quickly became a mission to build a support network that gives voice and agency to adult male survivors of child sexual abuse and their supporters.

Since 2011 SAMSN has run over 50, professionally facilitated eight-week groups, which have supported over 400 men. These groups are free to attend and offer survivors the opportunity to connect with peers, build support networks and share their lived experience. After completion of the eight-week groups, participants are welcome to attend monthly meetings to further support and facilitate ongoing recovery.

SAMSN recognises that group supports are not suitable for everyone, so in order to provide a holistic service and reduce barriers to support, SAMSN developed their planned support team. SAMSN's planned support offers flexible, ongoing, trauma-informed case management to male survivors and their supporters. Through collaboration with government and non-government agencies SAMSN is able to support, advocate for and empower male survivors and their families, in a safe environment.

SAMSN has committed to ensuring that cultural, historical and gender biases are both recognised and addressed, and with integrity and transparency, aims to build a community of trust and ethical practice. An extension of this is to provide education and awareness, to not just survivors and their supporters, but to the wider community. SAMSN achieves this through the delivery of Service Provider training and Supporters workshops that are also open to survivors. These workshops offer a full day of intensive training, around childhood sexual assault, trauma-informed practice, the individual and historical impact of child sexual abuse and best practice methods and tools for working with survivors and their supporters.

SAMSN values the power of lived expertise and integrates this knowledge and wisdom, into all aspects of their service provision as well as their advocacy work. SAMSN believes that male survivors can recover from child sexual abuse, support others to thrive and be leaders for change.

www.samsn.org.au

1800 4 SAMSN (72676)

02 8355 3711



To become an MHCC member visit our website
mhcc.org.au/membership

New Resources to Build Capacity and Share Research

■ Multicultural Mental Health Website

The National Multicultural Mental Health Project has re-developed its [website](#) and renamed as Embrace Multicultural Mental Health. The site provides info, resources and support for communities and services working to improve mental health and wellbeing in our multicultural country

embracementalhealth.org.au

■ Consumer Participation Audit Tool

NADA, National Alcohol and other Drugs Agencies, has produced a consumer participation guide and [audit tool](#) to support stakeholders to gauge where they are in relation to consumer participation, envision where they would like to be and gain supportive tips along the journey.

nada.org.au

■ How to Talk to GPs

The Centre for Rural & Remote Mental Health has developed a [guide](#) to talking with your GP about mental health.

crrmh.com.au

■ Yarns Heal

This is a [suicide prevention campaign](#) for the Aboriginal and Torres Strait Islander and LGBTIQ+ Sistergirl and Brotherboy community. It's about sharing stories and reaching out to loved ones and Community Cultural Connectors when times are tough.

yarnsheal.com.au

■ National Multilingual Disability Hub

Settlement Services International hosts a [National Multilingual Disability Hub](#) with in-language info via phone or website on disability and the NDIS for people with disabilities from Culturally and Linguistically Diverse backgrounds, their families and carers.

multilingualdisabilityhub.info

■ Info Line for Psychosocial Services

Central and Eastern Sydney Primary Health Network's new Information Line is a referral service for people with mental health conditions to access supports including the NDIS.

Call 1800 317 526

■ Conversations On Reconciliation

Reconciliation Australia has resources to support conversations about racism and reconciliation, coinciding with the broadcast of the film The Final Quarter about Adam Goodes.

reconciliation.org.au

narragunnawali.org.au

itstopswithme.humanrights.gov.au

■ Restrictive Practices and Guardianship Fact Sheet

This [factsheet](#) explains when NSW Civil and Administrative Tribunal's Guardianship Division can make guardianship orders with a restrictive practices function.

ncat.nsw.gov.au

Read [View From the Peak](#) online to access direct links.

While MHCC endeavours to provide the most up-to-date information, we cannot comprehensively endorse the work of external organisations.



New Website Design

Mental Health Rights Manual New Look

We've redesigned our online guide to mental health rights in NSW

The Mental Health Rights Manual now appears on a new, highly accessible website designed to simplify navigation across all your screen devices. MHCC thanks the Mental Health Commission of NSW for supporting this upgrade. You can now find information about mental health legal and human rights on your phone, tablet or desktop. It's easy to download and print.

The Mental Health Rights Manual continues to be a 'living document' describing the mental health and human services environment and providing links to relevant information and contacts. Written in plain English, the Manual acquaints users with their rights and informs them about the legal and human services environment, linking them to various supports. The Manual is also a resource for families, support people and the non-legal workforce. Chapters include information about mental health law and processes such as substitute decision making and capacity, rights in the community, complaints and dispute mechanisms and access to community-based supports. Access to the manual is promoted by several agencies in NSW.

In a dynamically evolving mental health and human services environment, MHCC endeavours to include new material as it becomes available. The latest addition is Chapter 12 about the NDIS. The last full revision of the Mental Rights Manual occurred in 2015. The new platform will mean updating the manual is easier. We plan to revise all material for 2020.

Data collection on website traffic since 2015 has demonstrated substantial interest and widespread use of the Mental Health Rights Manual. MHCC anticipates that the Manual will continue to assist people into the future.

 mhrm.mhcc.org.au



The Data

- Between January and July, the manual attracted **53,000** page views
- Most popular chapters in July were
 - Health Care and Treatment – **7,200** views
 - Health Law and Processes – **3,600** views
 - People with Mental Health and Coexisting Conditions – **1,500** views

MEMBERSHIP

MHCC is a member organisation

See all our members at mhcc.org.au/our-members



COME JOIN US
mhcc.org.au/membership

Help MHCC set the agenda for the Community Managed Mental Health 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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