

Supporting Community Connection:

For people living with mental health conditions
outside of a funded NDIS package

Project Report

JUNE 2020



Mental Health Coordinating Council
NSW NDIS Information Linkages and Capacity Building
Project 2018/20: Community Engagement Education Package

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When referencing this paper please cite as follows:

Mental Health Coordinating Council (2020). *Supporting Community Connection: For people living with mental health conditions outside of a funded NDIS package – Project Report*. MHCC, Sydney.

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MHCC provides the information contained in this report in good faith. The report derives information from sources believed to be accurate and current as at the date of publication.

Acknowledgments

MHCC respects and promotes people's fundamental human rights. We acknowledge the traditional custodians of the land and value the lived experience of people recovering from mental health related conditions – both past, present and emerging – and including those that have experienced trauma.

We also acknowledge the contributions of mental health consumers, their families, carers and kinship groups, and service providers to the consultative processes conducted during the course of the NSW 'Supporting Community Connection' Community Engagement Education Project.

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Video Production

In the Thicket

Webinar Hosting

Redback Connect

Trial Evaluation

The University of Sydney

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Background

In 2018, the National Disability Insurance Agency (NDIA) funded the Mental Health Coordinating Council (MHCC) to undertake a two-year Information, Linkages and Capacity-building (ILC) project to strengthen the capacity of the community to provide support for people living with mental health challenges outside of a funded National Disability Insurance Scheme (NDIS) package. MHCC developed a 'Community Engagement Education Package' (CEEP) which are learning materials and opportunities that people can use in a range of ways.

The project is known as the 'Supporting Community Connection' CEEP Project and information about it, including the FREE learning materials developed, is on the [Mental Health Coordinating Council \(MHCC\) website](#). MHCC explains the learning materials and ways people can use them in the 'Good Practice Guide' that accompanies this 'Final Report'.¹

MHCC co-designed the learning resources with people with lived experience of a mental health condition and other project partners.² We trialled the learning resources with Community Workers working outside of the mental health sector, volunteers and peers.³

Although the trial was with Community Workers, volunteers and peers the final learning materials are for anyone wanting to better help people living with mental health challenges in our communities.

Project Summary

MHCC developed a community education engagement package to assist people to better support others living with a mental health challenges or psychosocial disability who are ineligible for, or do not want to have, an NDIS plan. Two training programs for 20-30 people were trialled with Community Workers, volunteers and peers and the feedback refined into learning materials for other people to use. MHCC developed a 'Good Practice Guide' to encourage awareness and use of the learning materials. The project helps equip Community Workers and others to use recovery-oriented, trauma-informed and rights-based approaches when assessing, and responding to, the needs of people living with mental health challenges. This enables more effective connections and increased participation in the same community activities as everyone else.

¹ Mental Health Coordinating Council (MHCC; 2020). *Supporting Community Connection: For people living with mental health conditions outside of a funded NDIS package - Good Practice Guide*. MHCC: Sydney <http://www.mhcc.org.au/>

² National Mental Health Consumer and Carer Forum (2017). *Advocacy Brief: Co-Design and Co-Production*: https://nmhccf.org.au/sites/default/files/docs/nmhccf_-_co-design_and_co-production_ab_-_final_-_october_2017_0.pdf

³ 'Peers' are who people with lived experience of a mental health condition and recovery. Peers help others with mental health issues and can be paid (Peer Workers) or unpaid (volunteers). Peers include both individuals and their family and friends.

A Word About Language

OK – you have just used five acronyms (these are letters used to name things like ‘MHCC’ in ‘Mental Health Coordinating Council’).

MHCC has aimed to use Plain English throughout this publication and the ‘Supporting Community Connection’ learning materials. We have aimed to use person-first recovery-oriented language and encourage others to do the same.⁴ We welcome feedback where this has not happened.

It can be challenging to talk about the NDIS and mental health in Plain English. Especially when the names of things are new and sometimes shortened to acronyms (acronyms are initials like where we use ‘NDIS’ instead of saying ‘National Disability Insurance Scheme’).

Attachment 1 ‘Acronyms and Glossary’ is a list of acronyms used and their meanings.

Following some background, this ‘Project Report’ talks about what we did, what we learned and what you can do to use, and encourage others to use, the learning materials and opportunities MHCC has developed through co-design.

People’s experiences of co-design

“This project has given me a different viewpoint on service design and delivery. I have thoroughly enjoyed the process and the interactions with the various groups. It has been a learning and growing process for us too. Thank you all for this opportunity to contribute to the process.”

(Co-design Participant)

“I met so many new people. I shared their journey and experiences. It is extremely important to design training to meet the needs of people with lived experience. We are not scary people; we are human with the need to be respected. It was great to be part of major reform.”

(Co-design Participant)

“I was surprised with myself and how I went. When I first walked in, I was a bit nervous and didn’t know what to expect but I feel positive, hopeful and happy after leaving here. I got very involved with the discussion. I want to really strive to rediscover myself and help people. I hope I can start working in an area that helps people in my situation or similar circumstances.”

(Co-design Participant)

“It felt amazing to be part of what is one of the biggest mental health reforms Australia has been through. The experience and strength of voices the room was humbling. I’m proud to be part of this journey.”

(Co-design Participant)

The ‘Supporting Community Connection’ CEEP Project took place within a dynamic and changing NDIS implementation and mental health reform environment. The NDIA asked MHCC to ensure that the learning materials developed aligned with the emerging ‘NDIS Psychosocial Stream’ of the NDIS. The project required MHCC to embrace a range of

⁴ MHCC (2018). *Recovery Oriented Language Guide (2nd Edition)*: http://www.mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

changes related to NDIS implementation and the mental health reform environment; we also needed to encourage others to embrace these changes.

To help ensure alignment with the emerging NDIS Psychosocial Stream, MHCC worked with a wide range of partners to:

- Track the evolution of the NDIS complex needs pathway and the emerging psychosocial stream including the evolution of Local Area Coordination (LAC) Partners in the Community (PITC) roles and functions
- Monitor the transition of people in Commonwealth mental health programs (i.e., Partners in Recovery, Personal Helpers and Mentors Service and the Day to Day Living programs) that were moving into the NDIS or elsewhere
- Stay informed about Primary Health Network (PHN) commissioning of primary mental health care services including the National Psychosocial Support (NPS) measure and Continuity of Support (COS) arrangements for transitioning clients of Commonwealth mental health programs
- Encourage the participation of consumers, carers and communities in the development of Regional Mental Health and Suicide Prevention Plans by Primary Health Networks and Local Health Networks (in NSW these are Local Health Districts) and under the guidance of the Fifth National Mental Health and Suicide Prevention Plan.
- Listen to, and learn from, the impacts of the above changes on the experiences of people and communities.

MHCC worked to include elements of the above environment in the key topic learning materials at a level that most members of our community would understand.

MHCC undertook the CEEP Project because:

- People still do not well understand the social determinants of mental ill health
- There continues to be an over reliance on crisis mental health responses
- The emerging NDIS Psychosocial Stream needs profiling.

Social determinants of mental ill health

The experiences of people living with mental health challenges are shaped to a great extent by the social, economic, and physical environments in which people they live.⁵ Social inequalities, and experiences of disadvantage and discrimination, are all associated with increased risk of developing mental health issues including psychosocial disability. Experiencing these challenges over prolonged periods of time can escalate and cause significant mental health issues and have negative impacts on the individual, their family, friends, kinship groups and the communities in which people live.

The journey of mental health reform in Australia is a long and discontinuous one. Closing the old stand-alone psychiatric hospitals and moving to a community-based model of mental health care has not resulted in better mental health or improved quality of life for all of those in our community with living with severe mental conditions.

⁵ World Health Organization and Calouste Gulbenkian Foundation (2014). Social determinants of mental health, Geneva, World Health Organization, :
https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf?sequence=1

Over reliance on crisis mental health responses

We all need to look at what we can do to better respond to people living with mental health conditions in Australia and create more mentally healthy, and socially and emotionally resilient, communities.

Mental health reforms in primary care and specialist care, only began in the late 1990s. Too few Australians with a need for mental health care access any care and of those that do, only some gain sustained improvements and enjoy contributing lives.

The Government has introduced Primary Health Networks (PHNs) across Australia to help develop regional/local level integrated approaches to improve access to mental health treatment and the quality of care.

There is an emphasis on community-based approaches that prevent people from needing crisis mental health responses.

National Psychosocial Support (NPS) Measure

Primary Health Networks fund the NPS measure that will:

- support people with severe mental health challenges and associated psychosocial functional impairment who do not access NDIS funding; and
- reduce the avoidable need for more intense and acute health services and enhance appropriate/optimal use of the health system.

NDIS Psychosocial Stream

People living with a mental health condition who are ineligible, or choose to not apply, for NDIS funding and are asked to navigate Information, Linkages and Capacity Building (ILC) services through a Local Area Coordination (LAC) Partners in the Community (PITC) service provider.

While the introduction of the NDIS will provide comprehensive and individualised support for people with severe and disabling mental health condition, there is a cohort of people for whom the NDIS was not designed but who will benefit from receiving a level of specialised but less intense psychosocial support linked to their needs and goals. The National Psychosocial Support (NPS) measure, to be established through PHNs, is designed to help address this gap in a flexible and carefully planned way.

In addition, the NDIS Psychosocial Stream will help people living with psychosocial disability to access and navigate the NDIS.

NDIS Psychosocial Stream

The NDIS is introducing a 'psychosocial disability stream' across Australia.

The key components of the psychosocial disability stream include:

- employing specialised planners and LACs to ensure participants have access to psychosocial expertise
- building workforce capability through training and the establishment of teams that include mental health expertise to support people engage with the NDIS and access the NDIS
- strengthening the connection between existing mental health services, NDIA staff and LAC partners
- focusing on recovery-based planning and episodic needs

- assisting potential participants who are hard to reach to engage with the NDIA.

More recently, the NDIA announced that 'Recovery Coaches' and 'Community Connectors' will be important parts of the NDIS psychosocial stream.

What we did

The "Supporting Community Connection CEEP Project started in July 2018 and ended in June 2020. MHCC worked with more than 200 people who engaged with the project across a range of activities and contribute to NDIS ILC outcomes.



The ILC outcomes that the 'Supporting Community Connection' CEEP Project contributed to are:

1. People with, or at risk of developing, psychosocial disability participate in and benefit from the same community activities as everyone else
2. People with, or at risk of developing, psychosocial disability are connected and have the information they need to make decisions.

Through co-design workshops, MHCC refined these goals into the following statement of purpose to help us in developing the learning materials and opportunities:

"How can Community Workers and others help people living with mental health conditions to have more fulfilling lives in the communities of their choice?"



Who were the people we worked with?

- People with lived experience of a mental health condition with, or at risk to develop, a psychosocial disability
- Community Workers, volunteers and peers
- Many other interested people



What were the activities we undertook?

MHCC worked with a wide range of partners to:

- Identify one metropolitan and one regional/rural/remote area in NSW to trial CEEP learning materials
 - Metropolitan – Central Eastern Sydney PHN
 - Regional/rural/remote – Western NSW PHN
- Engage with key stakeholders, including community sector mental health programs delivered by CMOs/NGOs, within these communities to help shape co-design and help with project promotions
- Establish an open and inclusive CEEP Project Co-design Working Group/s, Advisory Group and Monitoring and Evaluation Working Group (see Attachments 2, 3 and 4).
- Undertake co-design across the two years of the project with key stakeholders including face-to-face meetings, two Zoom meetings and three webinars
- Develop a MHCC webpage to host the co-design activities and draft CEEP learning opportunities as they developed and also the final learning materials
- Develop and trial draft CEEP learning opportunities with between 20 to 30 Community Workers, volunteer and peer learners in each of the two trial sites (we aimed for 50% Community workers and 50% volunteers and peers)
- Film 15 hours of videos in Sydney and Dubbo to produce six videos of around five minutes each for trial and further co-design
- Conduct learning resource trials in Sydney and Dubbo
- Evaluate the trial in partnership with the University of Sydney
- Refined the CEEP project learning materials against the University of Sydney trial evaluation and co-design findings and recommendations.
- Develop and promote/distribute this 'Project Report' and a 'Good Practice Guide'.

Co-design was the most important element of the project as this was considered our key accountability in developing the learning materials and opportunities.

Co-design

Co-design is more than just collaborative problem solving; it gives voice and authority to the people most affected by decisions.

MHCC delivered the 'Supporting Community Connection' CEEP Project using a co-design process. Co-design brings together people, families, carers, kinship groups and service providers together to improve access community and mainstream health and social supports and services. A key co-design principle is to apply consumer and carer experience to better understand and improve care. Co-design aims for results that are practical in 'the real world' and better meet the needs of people and communities.

MHCC worked with people with lived experience, as well as the learning materials trial target audience, to understand what is needed from this type of resource. We developed the learning materials to meet those needs.

More information about key activities of the 'Supporting Community Connection' CEEP Project is below:

- Co-Design Working Group/s

- Webinars
- Videos
- Trial
- Trial Evaluation.

Co-design Working Group/s (50 people; see Attachment 2)

The project's Co-design Working Group participants were people with a lived experience of a mental health condition also living with, or at risk to develop, a psychosocial disability and some trusted supporters; both paid and unpaid. Records from the Co-design Working Group Meetings are available on [MHCC's CEEP Project webpage](#).

- Meeting 1 – Face-to-face events in Sydney 2/12/2018 & Dubbo 10/12/2018

Activity summary: A useful but complicated discussion where MHCC was reminded to use people's own language and words in moving forward with learning material development and to listen closely to what people's experiences are and what they want.

We discussed:

- What is recovery?
- What are community and mainstream services?
 - Community services are activities not supplied by government groups, available to everyone in the community, e.g., social, study and sporting interests ... a drumming group!
 - Mainstream services are non-disability specific services and organisations, e.g., health, mental health, education, employment, justice, housing and child protection services.
- Why are we exploring this (discussion of project outcomes/goals)?
 - To explore Outcome 1 (people living with mental health conditions should participate in and benefit from the same community activities as everyone else): *"Do you attend and enjoy the same community activities as everyone else"?*
 - To explore Outcome 2 (people living with mental health conditions should connect to their communities and have the information they need to make decisions): *"Do you have all the information you need to make decisions"?*

Key question/s explored: *"What are the challenges and needs of people with mental health conditions when connecting with community and mainstream services"?*

1. *"What challenges have you had when connecting with community and mainstream services"?*
2. *"What needs of do you have when connecting with community and mainstream services"?*
3. *"How do you connect and have the information you need to make decisions"?*
4. *"How can you benefit from the same community activities as everyone else"?*

MHCC used what we learned to develop a draft 'CEEP Framework' that changed in response to co-design across the project. We took the first framework back to the second co-design meetings.

- Meeting 2 - Face-to-face events in Dubbo 3/5/2019 & Sydney 8/5/2019

Activity summary: A useful discussion to help inform the content, hopefully in people's own words, of six proposed learning key topics proposed that arose from Co-design Working Group/s 2.

1. What is Recovery? - *"Can you share an example of experiencing a good life while living with a mental health condition?"*
2. Community Inclusion - *"Describe an environment that you experience as supportive and say what it was?"*
3. Supports and Services - *"Tell us about a non-mental health community service or support that helps/helped you to have a good life?"*
4. Mental health & NDIS/ILC - No question was identified for this topic, for discussion (because we had learned that co-design participants found this topic complicated and we were uncertain what we were setting out to achieve).
5. Healing environments/trauma - *"Can you share a time when you have experienced a safe and healing environment?"*
6. Self-management - No question was identified for this topic, for discussion (because we had learned that co-design participants did not like the language of 'self-management' and we wanted to explore this more).

Some people found discussing having a 'good life' challenging as their experiences of living with a mental health condition, distress and trauma meant that they had not had one. They said that their past trauma/s were triggered by this word.

Using co-design meeting 2 findings, and through feedback from the first of three Webinars, MHCC continued to develop the draft CEEP Framework and learning materials. MHCC began to use the notions of a fulfilling life in our co-design conversations, not a good life or ordinary life.

- Meeting 3 - Face-to-face events in Dubbo 10/11/2019 & Sydney 27/11/2019

Activity summary: MHCC showed the draft videos that we developed against the six learning key topics. These were effective 'conversation starters' for towards finalising the learning key topics and their content.

We discussed: the videos and key topics and asked for feedback. For each key topic we asked:

"What the key knowledge and skills were that Community Workers and others needed to help people experiencing mental health challenges"?

Co-design participants provided an in-depth critique of the videos. They contributed feedback on areas of the learning materials that needed improvement. Particularly on which 'take home' messages were key for each topic. This played a crucial part in the further development of the CEEP Project learning resources.

MHCC responded to this feedback in finalising the learning materials.

- Meeting/s 4 – 14 & 28/5/2020; on-line event/s using Zoom

This was the first time that Co-design Working Group participants from Sydney and Western NSW were able to meet one another. People discussed and celebrated their experience of contributing to the learning key topic materials development.

We overviewed the project; where it began and what we had achieved. We considered how co-design could contribute to the final webinar event where the learning resources, 'Good Practice Guide' and 'Project Report' would be launched. We further brainstormed ideas to use/promote the learning materials/opportunities. We reflected on the project's co-design process and asked:

- What did you like about the co-design approaches?
- What in the co-design approaches could have been better?

Videos

'In the Thicket' worked with MHCC to make six videos aligned to the learning key topics. Two days of face-to-face filming were held in Sydney on 23/06/2019 and Dubbo on 3/07/2019. A list of video participants is at Attachment 5.

MHCC worked with 'In the Thicket' to refine the videos on the basis of feedback from Co-design Working Group/s 3, the project Advisory Group, the Monitoring and Evaluation Working Group and the University of Sydney trial evaluation findings and recommendations.

The videos are available on the MHCC 'Supporting Community Connection' CEEP Project webpage. The videos are sub-titled for people with hearing challenges.

MHCC and partners also identified the need to develop three brief one-minute videos to promote the learning key materials:

- An 'Introduction' video – explaining the project including the people that contributed, the activities they undertook and the ILC outcomes that these contributed to
- A 'Trailer' video – to be used for social/digital media promotions to help people find the MHCC project webpage and learning materials, and encourage their use
- A 'promotional' video – to provide more information about how the learning materials can be used.

Webinars

- Webinar 1 – 29/05/2019 '*Supporting Community Connection for People with Mental Health Conditions Outside of a Funded NDIS Package*'

MHCC hosted the webinar in partnership with Being (the peak body representing people with lived experience in NSW) Mental Health Carers NSW Inc. (the peak body representing families and carers of people living with mental health challenges in NSW) and panellists were the CEOs of these organisations. 164 people registered to attend the webinar and 78 participated (48% attendance).

The webinar informed people about the project and consult with them about the key project question: '*How can Community Workers, volunteers and peers (both paid and unpaid) learn how to better support people living with mental health conditions to have a good life outside of a funded NDIS package?*'

- Webinar 2 - 26/2/2020 '*Supporting Community Connection for People with Mental Health Conditions Outside of a Funded NDIS Package*'

MHCC hosted the webinar and panellists were a Community Worker, volunteer and peer that had attended the learning materials trial. 168 people registered to attend the webinar and 53 participated (32% attendance rate).

The webinar reflected on the learning resources trial. Panellists considered the following questions:

"Can you tell us a little about what brought you to the trial and about your experience of the trial"?

"Which bits of the learning material did you learn the most from and which challenged you the most"?

"Feedback on the trial was that the modules need to be simplified and that consideration should be given to the development of shorter non face-to-face

learning opportunities. What do you think shorter learning opportunities could look like”?

“What ideas do you have for how the learning materials and opportunities could be used elsewhere”?

- Webinar 3 - 10/06/2020 – ‘Supporting Community Connection: How can you help people in your community living with mental health challenges?’

MHCC hosted the webinar and panellists were two Co-design Working Group participants; one from Western NSW and another from Sydney

The webinar celebrated project achievements. MHCC undertook the final webinar to:

- Describe and launch the learning materials developed by the CEEP Project (including launch of the ‘Good Practice Guide’ and ‘Final Report’)
- Encourage the use of the learning materials by people nationally
- Celebrate the lived experience co-design of the learning key topic materials/opportunities.



Trial (47 people)

The trial included the design and delivery of six stand-alone but related learning key topics. MHCC describes these in the ‘Good Practice Guide’.⁶

Learning was designed to increase the capacity of community members (as represented by Community Workers, volunteers and peers) to provide support to individuals living with mental health challenges to connect with their communities.

The learning materials developed for trial are:

- Power Point slides
- Trainers Guides
- Videos.

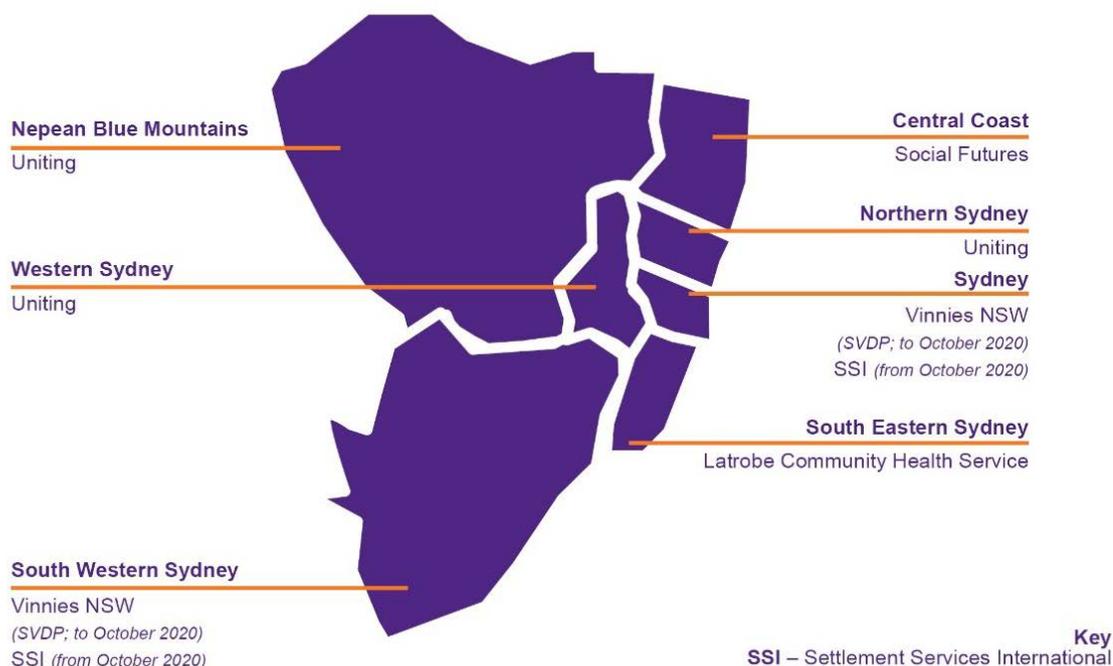
⁶ MHCC (2020). *Op. cit.*

MHCC used two trainers, including one person with lived experience, to deliver the trials using face-to-face training via a two consecutive half-day workshop structure (i.e., three learning topics of one-hour duration were considered on each day).

The trial sites were:

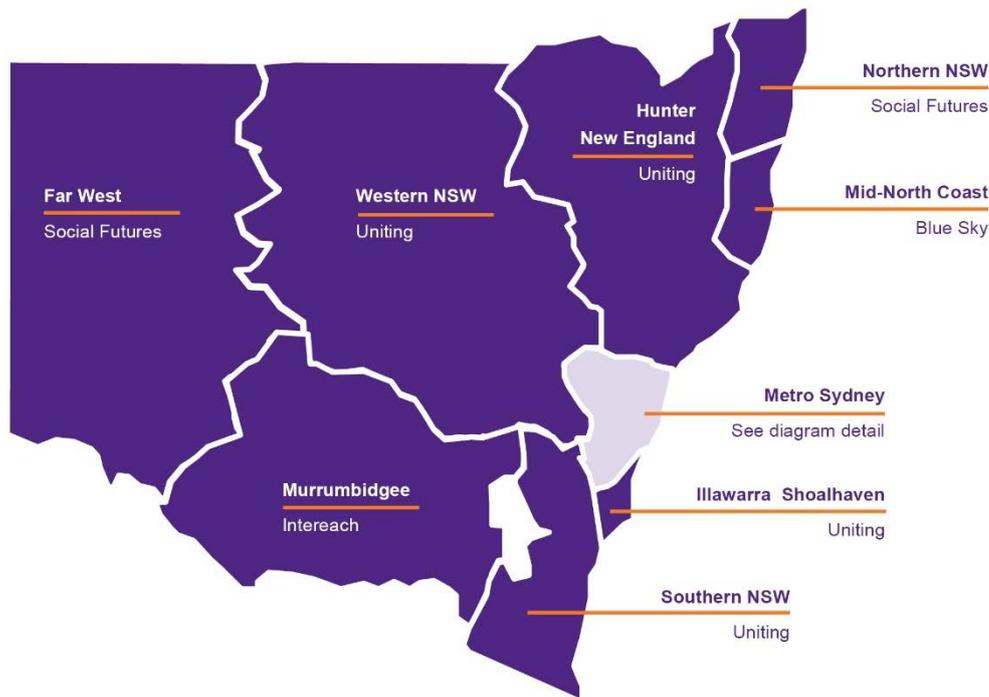
- Metropolitan - Sydney: The Central and Eastern Sydney Primary Health Network (PHN) catchment.

The Central and Eastern Sydney PHN covers an area of 626 square kilometres. The Sydney part of the PHN spans and stretches from Strathfield to Sutherland, and as far east as Bondi (The PHN also includes Lord Howe Island and Norfolk Island. It is the second largest of the 31 PHN catchments across Australia by population, with about 1.6 million people living in the region. The catchment population is characterised by cultural diversity and high population growth with more than one third (35%) of the community born outside Australia. About 13,000 people in the region identify as Aboriginal and Torres Strait Islander. The PHNs boundaries align with those of South Eastern Sydney Local Health District and Sydney Local Health District.



- Regional/rural/remote - Dubbo: The Western NSW Primary Health Network (PHN) catchment.

The Western NSW PHN covers a total area of 433,379 square kilometres, making it the largest PHN in NSW by geography (at 53.5%). The catchment spans from Werris Creek and Broken Hill in the north to Orange and Bathurst in the south. The population is over 309,900 people, with 18.5% over the age of 65 years. More than a third of the region's Local Government Areas are classified as remote or very remote. 10.5% of people in the region identify as Aboriginal and Torres Strait Islander. 53% of Aboriginal and Torres Strait Islander are aged under 25 years. The PHNs boundaries align with those of Western NSW Local Health District and Far West NSW Local Health District.



MHCC conducted trials in one metropolitan and one remote/rural/regional area to explore content similarities and differences. Attachment 6 is a list of trial participants.

Trial Evaluation

A University of Sydney research team developed the trial evaluation, analysed data and prepared a report of the findings independent from MHCC.⁷ In keeping with the commitment to co-design, pre and post-surveys and individual topic surveys were developed collaboratively with the 'Supporting Community Connection' CEEP Project Monitoring and Evaluation Working Group and Advisory Group.

Learning key topic surveys asked about:

- Most useful part of the topic
- Least useful part of the topic
- Other elements needing to be added
- Quality of resources used in the topic
- Suggestions for improvement
- Comments on method of delivery.
-

MHCC provides more information about the trial evaluation next in 'What We Learned'.

⁷ Scanlan, J.N. & Hancock, N. (2019). *The University of Sydney Independent Evaluation of 'Supporting Community Connection': Community Engagement Education Package (CEEP) Trials developed and delivered by the Mental Health Coordinating Council*. Final Report. Sydney, NSW: The University of Sydney.

Post-trial 'Supporting Community Connection' learning key topics & outcomes



What is Recovery?

Understand the importance of hope, purpose and meaning when healing from the impacts of a mental health condition



Community Inclusion

Understand the importance of supportive environments in recovery



Supports and Services

Have greater knowledge of supports and services outside of NDIS funding and crisis mental health services



Embracing Change

Have an awareness of new approaches and practices in the mental health reform, NDIS and ILC implementation environments



Creating Healing Environments

Understand the importance of creating safe and healing environments in trauma informed care and practice



Empowerment

Understand the importance of self-direction as a key recovery tool.

What We Learned

MHCC used the University of Sydney trial evaluation findings and recommendations to shape the 'Supporting Community Connection' CEEP Project learning materials. The trial evaluation results helped to ensure at the needs of Community Workers, volunteers and peers to better support community connection for people with mental health challenges outside of a funded NDIS package both within and outside of the trial sites.

Highlights of the trial evaluation include:

- Feedback was positive both in terms of the overall program and each individual topic.
- Participants said that the learning topics gave them the knowledge and skills to work with people living with mental health conditions to access community supports and connections.
- Participants wanted more practical, applied examples and interactive activities to further develop their ability to apply the content learned from the topics.
- Participant identified pre-learning goals were:
 - to learn about better ways to support/interact with people living with mental health conditions, and
 - better knowledge of supports and services.
- 89% of participants said that the education met their learning goals.
- The average rating for 'quality of resources' for each draft learning key topic content was 3.5/5.

Quality of learning material:

Participants rated the overall quality of learning resources used in each module on a 5-point scale. Ratings were very high with average scores range from 4/5 for 'Community Inclusion', 'Creating Healing Environments' and 'Empowerment' and 3.4/5 for 'Embracing Change'.

Participant comments on overall trial quality:

"Creating and understanding trauma informed supports: community organisations will gain much knowledge and understanding of understanding and offering support to people experiencing isolation and psychological disabilities."

"Covers important aspects clearly, gives a voice to lived experiences through videos".

"Very informative, easy to understand and flow. Good use of visuals. Great videos! Clear language. Easy to read. Great participant engagement."

The evaluation made recommendations for future work to occur. MHCC used the trial evaluation feedback to refine and further develop the learning key topic materials that are now available FREE on our MHCC website for others to use.

Summary of trial evaluation recommendations

1. Reflect on the target audience and adjust key topics to target them.
2. Over time add diversity to the 'breadth' of people living with mental illness of psychosocial disability being both portrayed in videos and used in examples.
3. Further testing/piloting of CEEP resources accessed on-line rather than face to face / workshop.
4. Facilitators/trainers delivering learning key topics need capacity to manage group dynamics and build group participation.
5. Further develop interactive elements of the learning key topics (e.g., small group activities, role plays, exploration of case studies, greater opportunities for discussion).
6. Add a greater focus on the practical application of the knowledge learned.

The University of Sydney trial evaluation findings and recommendations shaped further development of the learning key topic materials that became more targeted for Community Workers and others in the community wanting to better support people living with mental health challenges.

Other MHCC observations about what we learned in implementing the project, including the key topics learning materials trial, are that:

- There is a continued over reliance on crisis mental health care and poor understanding of the social determinants of mental ill health
- Some people are resistant to notions of 'mental health is everybody's business'
- A bias towards people living with mental health conditions continues to be common including discrimination and stigma.

Learning that arose primarily through the Codesign Working Groups included:

- Meaningful co-design is important in creating meaningful change
- Language matters greatly when supporting people living with mental health challenges
- The importance of authentic relationships

- Individual and community capacity-building happen together
- Payment for lived experience participation in co-design needs further consideration.

What You Can Do

MHCC encourages people and communities - individuals, programs and organisations - to use the 'Supporting Community Connection' CEEP Project learning materials and to encourage others to use them as well. The 'Good Practice Guide' that accompanies this 'Project Report' provides guidance on how people supporting people living with mental health challenges – both in paid and unpaid roles – can do this.

This 'Supporting Community Connection' 'Project Report' describes the Community Engagement Education Package (CEEP) Project undertaken by MHCC. It describes the development, trial and finalisation of the 'Supporting Community Connection' learning materials.

The 'Good Practice Guide' describes what you can do to use the 'Supporting Community Connection' learning material. The 'Good Practice Guide' considers:

- Why MHCC developed the 'Good Practice Guide'
- What the 'Supporting Community Connection' learning materials are
- How people can use the learning material including examples of creative, innovative and fun opportunities to use them
- How to provide MHCC with feedback of your use of the learning materials.

The 'Good Practice Guide' encourages people considering using the learning materials to become more familiar with the NDIS implementation and mental health reform environment without being overwhelmed by it.

The CEEP Project and its 'Supporting Community Connection' learning materials encourage people to connect with their communities. People are also encouraged to connect and engage with both the National Disability Insurance Scheme (NDIS) and Primary Health Networks (PHNs) in their local communities. This is because they are both working to build communities more inclusive of people living with mental health conditions.

The 'Good Practice Guide' provides a list of PHNs nationally. Lists of Local Area Coordination (LAC) organisations and National Psychosocial Support (NPS) measure providers in NSW are also provided as examples of new initiatives that will help us to better link people living with mental health challenges with community and mainstream supports and services in their areas.

MHCC developed the learning materials to help Community Workers, volunteers, peers and others in the community to support community connection for people living with mental health conditions with, or at risk to develop, psychosocial disability.

Whether or not a person living with, and recovering from, a mental health condition has an NDIS funded package of support they benefit from participating in the same community activities as everyone else, being connected and having the information they need to make decisions.

Attachment 1 – Co-design Working Group Participants

Sydney/Central Eastern Sydney PHN (25)

Stephen A.
Sue A. *
Cynthia A.
Simone B.
Bridget B.
Larry B.
Terry C.
Cindee E.
Marlene F.
Sean F.
Anthony F.
Victoria J.
Marie K.
Anton M.
Michelle P.
Adelaide P.
Nicole P. *
Maria P.
Leslie R.
Elizabeth Y.
Fiona S.
Jennifer S.
Annette S.
Joseph S.
Juliette S.

Dubbo/Western NSW PHN (18)

Lana A.
Bec B.
Warwick B.
Donnaleen B.
Ashley B.
Shellene C.
Kim D.
Karen F.
Michael H.
Tiffany H.
Shirley M.
Ann M.
Mark N.
Rachel R.
Germaine R.
Robyn H. S.
John W.
Max W.

Sub-total – 43 co-design participants with lived experience.

*NDIS participant

Paid Supporters

Fammi O.
Jen C.
Leif C.
Lisa H.
Rena P.
Cate S.
Cassandra W.

Sub-total – 7 paid supporters.

Total – 50 co-design participants

Attachment 2 – Project Advisory Group Members

Susan Allan, Lived Experience Representative
Jennifer Aboki, Central and Eastern Sydney PHN
Alan Beadnell, Illawarra Shoalhaven Partners in Recovery (November 2018 to August 2019)
Larry Billington, Lived Experience Representative
Susan Bonar, Western NSW Local Health District
Wendy Carpenter, Disability Advocacy NSW, Advocacy Law Alliance Inc.
Sean Fitzgerald, Lived Experience Representative
Sheridan Fyson, NSW Department of Justice
Irene Gallagher (or delegate), Being (Mental Health and Wellbeing Consumer Advisory Group)
Lucia Giuffré, Homelessness NSW (from December 2019)
Jonathan Harms (or delegate), Mental Health Carers NSW
Bronwyn Howlett, St John of God Social Outreach (Casa Venegas)
Dr Robbie Lloyd, Lived Experience Representative
Christina Maniatis (or delegate), SVDP Compeer
Anton Mayne, Lived Experience Representative (June 2019 to March 2020)
Rowena McCauley (or delegate), Marathon Health Partners in Recovery
Justin McKenzie, Wellways Australia
Jennifer Montgomery, Central and Eastern Sydney PHN (November 2018 – December 2019)
Nicole Nicholls, Illawarra Shoalhaven Local Health District
Tamara Pallos, Senior Project Officer, Homelessness NSW (member November 2018 to December 2019)
Rebecca Shaw, Western NSW Local Health District
Joanne Telenta, Coordinare Southern Eastern NSW PHN
Esther Toomey, Central and Eastern Sydney PHN (from December 2019)

MHCC

Tina Smith, MHCC (Project Manager) – Advisory Group Chair
Rebecca Lewis, MHCC Project Officer - Advisory Group Secretariat

NDIA

Shanna Morrow, Assistant Director ILC (November 2018 to June 2019)
Mark Rosser, Director, Inclusion Strategies (June to October 2019)
Dean Hardisty, Assistant Director ILC (from October 2019)
Donna Clarke, Senior Grants Officer ILC (from November 2019)

Attachment 3 – Monitoring and Evaluation Working Group Members

Susan Allan, Lived Experience Representative

Larry Billington, Lived Experience Representative – Consumer Co-Chair

Wendy Carpenter, Disability Advocacy NSW, Advocacy Law Alliance Inc.

Sean Fitzgerald, Lived Experience Representative

Jonathan Harms (or delegate), Mental Health Carers NSW

Bronwyn Howlett, St John of God Social Outreach (Casa Venegas)

Dr Robbie Lloyd, Lived Experience Representative

Anton Mayne, Lived Experience Representative (June 2019 to March 2020)

Joanne Telenta, Coordinare Southern Eastern NSW PHN

MHCC

Tina Smith, MHCC (Project Manager) – Working Group Co-Chair

Rebecca Lewis, MHCC Project Officer - Working Group Secretariat

Attachment 4 – Video Participants

Sydney (8 people)

Anton – Person with lived experience, GROW volunteer
Emma - Peer Worker
Karen - NDIS Support Worker
Kerin – Mother/carer
Mariam – Central Eastern Sydney Primary Health Network
Rebecca – Person with lived experience, GROW volunteer
Susan – Person with lived experience
Tina – Mental Health Coordinating Council

Dubbo (9 people)

CJ - Mental Health Worker, NEAMI National
Donnaleen – Person with lived experience and wife/carer
Gordon - Person with lived experience and GROW volunteer
Jeff – Community Worker, Salvation Army
Leonie - Person with lived experience and GROW volunteer
Louise, TAFE teacher
Reenie – Royal Flying Doctor Service
Tiffany – Person with lived experience
Warwick – Person with lived experience and father/carer

Total – 17 people

Attachment 5 – Trial Participants

47 people attended the 'Supporting Community Connection' CEEP Project trial learning opportunity:

- 22 Community Workers
- 10 volunteers
- 15 peers (people with lived experience of a mental health challenge).

Sydney (28 people)

Community Workers (14)

Pam B. - National Program Manager, ACON (Aids Council of NSW)

Sarah B. - Campbell Page

Mark B. - Ability Links – Linker, Settlement Service International

Bella B. - Communications and Policy Officer, Positive Life NSW

Li H. C. - Ability Links Team Leader, Settlement Service International

Kimberley G. - Support Coordinator Manager, Sylvanvale Foundation

Danielle G. - Administration Officer, Positive Life NSW

Joe L. - Manager, Training Service Development, ACON

Siueti M. - Energy & Financial, Uniting Kingdom

Tyler M. - Project and Administration Assistant, Positive Life NSW

Bala N. - Employment Support, Metro Assist

Margareta O. - Support Worker, Sydney Community Centre

Madeleine P. - Family Dispute Resolution Practitioner, Interrelate

Aiyub T. - Ability Links – Linker, Settlement Service International

Volunteers (9)

Kate B. - Community Care Northern Beaches (CCNB)

Mei W. C. – Volunteer, Vinnies (St Vincent De Paul)

Mustafa E. - Program Volunteer, ACON

Xiao H. G. - Christian Community Aid

Colleen H. - Mentor, Raise Foundation

Sandra K. - Christian Community Aid

Julia N. - Chairperson/ spokesperson Tenants Advisory Council, Bridge Housing

Helen P. - CCNB

Tania T. - Chairperson/ spokesperson Tenants Advisory Council, Bridge Housing

Peer (5)

Susan A. - Peer Advocate, South Eastern Sydney Recovery College

Susana B. - Executive Director, Bipolar Australia

Sean F. – Owner, Digital Technology Education

Natalie M.

Fiona S., Teacher

Western NSW Primary Health Network Catchment/Dubbo (19 people)⁸

Community Workers (8)

April A. - Support Worker, Catholic-Care Wilcannia Forbes
Cassie C. - TAFE Teacher, TAFE
Raquel C. - House Co-ordinator, Koioop Connect
Jeff D. - Senior Casework, The Salvation Army
Karen H. - Head Teacher Community Services, TAFE
Kate K. - Paramedic, NSW Ambulance Service
Lou N. - Disability Consultant – Intellectual, TAFE
Mandy S. - Youth Development Officer, Warumbungle Shire Council

Volunteers (1)

Gabrielle K.

Peers (10)

John A. -Peer Worker - Catholic-Care, Wilcannia Forbes
Benjamin B. - Peer Worker, Western NSW Local Health District (LHD) Community Mental Health
Peter G. -Peer Worker, Western NSW LHD - Drought Support
Tiffany H. - Consumer
Robyn H. -Carer
Ann Mc. – Peer, Librarian
Mark N. - Mental Health Consumer
Jacob P. – Peer Worker, Western NSW LHD
Natalie V. - Carer
Max W. - Consumer

⁸ Several people travelled from other parts of Western NSW outside of Dubbo.