



View

from the Peak

CEO REPORT

Jenna Bateman

This is the final View from the Peak for 2007, and it has been another busy and productive year. The roll out of funds for mental health programs at the state and commonwealth levels has kept many MHCC member agencies extremely busy with strategic planning (to determine which tenders to apply for) and then the tender writing itself. Congratulations to all members who secured funds through the various funding streams. The growth of the sector over the last year has been unprecedented and developing a sound infrastructure to support that new growth has been a particular challenge both for members at the individual organisation level and for MHCC at the sector level.

Sector Infrastructure

In this issue of VFP MHCC has attempted to put together a summary of all the initiatives occurring broadly across the sector under the heading of infrastructure development. With so much going on we hope it is a useful summary.

One area of infrastructure development that has made great progress is the Learning and Development Unit (LDU). MHCC is proud to announce that awarding of the first Cert IV 's in Mental Health Work (non-clinical) is on track to occur before the end of the 2007 year. In addition to delivery of the Cert IV, early 2008 will see the LDU with the capacity to deliver Traineeships in Mental Health and the provision of a targeted short course program. Tina Smith and her team have done an amazing job getting this initiative off the ground. Thanks must also go to the sector workforce reference group who have provided invaluable guidance and support to the team. As more and more NGOs implement consumer outcome tools and mechanisms to understand and demonstrate what seems to work for people in their recovery, the more the reference group will be needed to help determine training content in line with what has been demonstrated to be of value in working with people accessing services. This transfer of knowledge about 'what works' into training is the basis of why MHCC undertook development of the sector LDU in the first place. If you feel you would like to become involved in the sector workforce reference group please contact Nicole at MHCC.

Infrastructure Grants

Round 2 of the Infrastructure Grants Program (IGP) is nearing completion, and again MHCC received a high number of applications for a range of infrastructure projects. We are concerned, however, that many smaller NGOs have not applied for funding in either Rounds 1 or

2, especially those whose capacity would be greatly improved through the program. MHCC will be following up with some of these NGOs to find out what the barriers have been, and to see how their needs might be addressed through the remaining funds in the program.

NGO Mental Health and Drug and Alcohol Research Grants

Both MHCC and NADA received a very enthusiastic response to the Expression of Interest process for these research grants, which shows a strong appreciation of the potential benefits of sector-led research. A number of member organizations took up the opportunity for mentoring in research opportunities and the application process offered by MHCC through JPW consulting. There was a good range of projects and ideas, and MHCC looks forward to the coming year when we will start to see the results.

HASI stage one evaluation

The final report of the stage one evaluation was released recently, following a two year longitudinal study. The findings are consistent with those in the earlier reports, and show the program is having a significant positive impact on many people's lives. MHCC is excited by many of the findings that provide strong back-up for the key message that well coordinated care in the community facilitates recovery and leads to better mental health for consumers and their families. We will continue to urge the Government to provide ongoing funding to this and similar NGO-based programs in the community. See inside for more information on the findings of the HASI evaluation report.

On behalf of MHCC, I would like to wish you all a very happy festive season, and I look forward to working with you again in 2008.

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Capacity in Question

A new information tool to determine a person's capacity to make specific decisions is under development within the Attorney General's department.

In July 2006, MHCC made a submission to the Attorney General's Department (AG) in response to a discussion paper titled, 'Are the rights of people whose capacity is in question being adequately promoted and protected?' Interest in the outcome of the review prompted MHCC to contact the department for an update.

The department advised that, as a consequence of its findings, a reference group was established by the Diversity Service within the AG's department. The reference committee include representatives from: The Public Trustee; The Guardianship Tribunal; The Office of the Public Guardian; The Office of the Protective Commissioner; Elder Law and The Succession Committee of the Law Society; and Royal Ryde Rehabilitation.

MHCC highlighted sector interest in the issues under discussion. MHCC also expressed a willingness to be consulted on the Capacity Tool under development, which the department describes as an information rather than assessment tool. It aims to explain what

capacity is, and outline appropriate tests to identify capacity in relation to health issues and legal matters such as enduring power of attorney.

It is clear that there is a need to provide consistency around a definition of capacity and to identify what questions might be asked in order to assess capacity. The Tool aims to provide clarity around the principles and objectives determining a person's capacity to make specific decisions. Those who will find it useful include: consumers; carers; lawyers; clinicians; government offices and community service providers.

The reference group are still to complete their deliberations and it is hoped that the Tool will be launched in time for Law Week next March 2008. In the meantime, the AG's department agree that it would be useful to consult the NGO sector on the work undertaken so far and MHCC will meet with the department to see in what ways they can assist in providing input.

For further information contact Corinne Henderson, email: corinne@mhcc.org.au or tel: 9555 8388 ext 101.

NGO Mental Health Drug and Alcohol Research Grants Program 2007

The Research Grants Program is an excellent opportunity for NGOs to undertake research that is relevant to their work with people with Mental Health and Drug and Alcohol (D&A) problems. The main aim of the Research Grants Program is to engage NGO Mental Health sector and Drug and Alcohol NGOs in research that will result in improved services and outcomes for people with dual diagnosis. The Project has an additional aim of increasing the capacity of the NGOs to research and disseminate the findings.

The Research Grants Program is a NSW Government initiative by NSW Health. It is part of a broader range of 'comorbidity' services and capacity development initiatives funded over the 5 year period in both the Mental Health and the D & A sectors

The Program provides 3 million dollars to be shared between the sectors. The grants are being administered by the Mental Health Coordinating Council (MHCC) and the Network of Alcohol and other Drugs Agencies (NADA).

To support agencies in developing research questions and projects an information session on research was run for both sectors by Jonine Penrose-Wall. The session presented a broad overview of key

concepts in research, research methodologies, research ethics and strategies for leading and managing research projects. Three resources primers were produced to support the session and these are now available on the MHCC website.

To be eligible for the research grants, agencies alone or in conjunction with other NGOs, have formed partnerships with research bodies such as universities or Area Health Services. Application for the grants has involved a two stage process, first agencies submitted an Expression of Interest (EOI), and then selected agencies were requested to submit a full application. The Selection Panel evaluating the EOIs and full applications included representatives from MHCC, NADA, NSW Health Mental Health Drug and Alcohol Office (MHDAO), an independent research person, and a consumer representative. Successful applicants will be notified in late November with projects commencing early 2008. Research can be conducted for up to a two year period.

The response has been overwhelmingly positive with a diverse range of high quality projects submitted for consideration. On completion the projects will provide valuable demographic information about people with Mental Health and D&A issues, their needs, services required by this group, and the needs of the workforce and client-base.

Show Me the Policy

FEDERAL ELECTION POLICY PLATFORMS AT A GLANCE

By the time this edition of *View from the Peak* is in print, the election results will be known. Here's just a glimpse of what might be in store.

COALITION

www.liberal.org

The Australian government is working closely with States and Territories to implement mental health reform in a way that ensures integrated and coordinated service delivery in the community for people with mental illness and their families, with a particular focus on the needs of people with severe mental illness.

Further funding of nearly \$40 million to Beyond Blue to continue their work in changing community attitudes, supporting early intervention and improving services for people with depression.

The provision of \$18 million to help Lifeline (over 5 years) and \$4.6 million (over 2.5 years) to Boystown, for Kids Helpline.

A further \$62.4 million (over 5 years) for the Expanding Suicide Prevention Program.



The commencement of the Mental Health Services in Rural and Remote areas measure to increase access by individuals in these areas to quality services.

\$12.2 million in new funding (over 4 years) for the Program of Assistance for Survivors of Torture and Trauma.

With the overwhelming evidence of the connection between illegal drugs and mental health problems, the Howard Government is committed to a 'Tough on Drugs' strategy based on law enforcement, education and rehabilitation.

LABOR PARTY

www.labor.org.au

Put mental health firmly back on the COAG agenda since it has slipped from national focus.

Work with our State and Territory colleagues on an integrated, national approach to mental health service delivery.

Put in place an evidence-based approach.

Re-orient mental health policy towards prevention and early intervention. Our postnatal depression plan demonstrates our commitment to this approach.

Work to ensure mental health services are well integrated with other primary care and specialist services. One example of this is our GP Super Clinics.

Invest in programs that can ensure resources are used to fill the gaps in existing service delivery, particularly in rural and regional Australia where need is high (such as our \$20 million commitment to extend ATAPS).

Develop an open, transparent system of evaluation and accountability of existing mental health services, to ensure our investment is well targeted and that the services which are in place are available to people who need them most.

Federal Labor will continue to strongly invest in mental health. However, while resources are important in mental health, they're not enough in themselves – national, strategic planning and co-ordination are also vital and are a current missing ingredient.

GREENS

www.greens.org.au

Increase funding to mental health services in collaboration with states and territories, particularly to prevention models, and hospital and community-based support, assessment and suicide prevention services.

Establish properly resourced, strategically located 24 hour community mental health services, staffed by the full range of mental health professionals.

Expand community-based support services and agencies to enable people with chronic mental and/or physical illnesses, and their carers, to live in and participate more fully in their communities.

DEMOCRATS

www.democrats.org.au

While the Democrats welcome new funds for mental health, there are many concerns about what has been announced including:

The spending will lift mental health's share of total health spending in Australia but is still only 2/3 of what has been called for (an extra \$3 - \$6 billion a year by 2012).

There is no coherent framework to the initiatives announced. It appears to be more patchy, ad hoc programs that will be available only to those fortunate enough to be within the purview of the successful grant applicant.

There is no link to the National Mental Health Strategy (NMHS) or commitment to measuring the effectiveness of the NMHS, targets or timelines. Instead there is only talk of the 4 outcomes mentioned in this new action plan.

There is no independent oversight of progress on the NMHS or of progress on any new action plan.

And there is a real danger of an increase in the 'tough on drugs' approach which has been shown not to work and risks blaming people with mental illness for their condition.

New Mental Health Act

New laws affecting consumers, carers, and people working in mental health will come into effect on 16 November, when the NSW Mental Health Act 2007 is due to be proclaimed in Parliament.

While most of the Mental Health Act 1990 remains unchanged, there are some significant changes, particularly regarding: community treatment orders, transport provisions, mental health facilities, and the involvement of carers. NSW Health, in partnership with the Institute of Psychiatry, is rolling out an educational program, including brochures and other materials. MHCC has also been advised there will be a 1800 phone number that people will be able to call with specific questions.



Following is a brief outline of the key changes.

Rights clauses

Chapter 4 of the new Act lists new clauses that outline the human rights considerations that underpin the Act, as well as those that stress the importance of returning to the community wherever possible.

- Medication is to meet the health needs of the person for therapeutic and diagnostic needs, not as punishment or the convenience of others.
- Care and treatment should be designed to enable the person to live, work, and participate in the community.
- Consumers should be involved in their own care plans.

Primary Carers

The introduction of a defined carer role in the legislation is likely to require a change in culture and practice in inpatient facilities.

- The Act now defines a “primary carer”, who is someone a consumer may nominate (including partner, parent, close relative or friend).
- A nominated primary carer has rights of access to information, notice of admission / absconding, capacity to approach an official visitor, and to be consulted in discharge planning.
- Consumers may exclude certain people from nomination as primary carers (with the exception of people under 18 years who cannot exclude either parent).
- Consumers 18 years or over do not have to nominate a primary carer.

Transport provisions

Section 80 covers the transport of people between facilities, the authority to transfer people to and from a facility, as well as sedation and search powers.

- The 1990 Act limits such transport authority to medical practitioners, accredited persons, and police. The 2007 Act expands this to include Ambulance Officers (once they have completed a training program).
- Police involvement should only be requested where there are serious concerns about the safety of the person and/or others.
- In the case of “involuntary patients” (Section 20), Ambulance Officers will have the power to “schedule” someone, detain, sedate, restrain, and transport – very similar to current police powers. They will have guidelines to comply with.

Community Treatment Orders

Under the 1990 Act, there were two types of 6-month Orders, Community Treatment Orders (CTOs) (issued in hospital and enforceable via re-admission) and Community Counselling Orders (CCOs) (issued in the community but with no effective enforcement).

- CTOs and CCOs have now been amalgamated into one Order, the CTO.
- CTOs can run for up to 12 months. There is an automatic right of appeal for any CTO longer than 6 months.
- CTOs can be issued in hospital or in the community (eg. by an authorised medical officer, a GP familiar with the person’s medical history, or by the consumer’s nominated primary carer).
- CTOs have the same enforcement provisions as CTOs under 1990 Act.
- CTOs no longer expire if the person is detained.
- ECT/Surgery/Special Medical Treatment

becomes law this month

Psychosurgery is prohibited under the 2007 Act.

For ECT (electro-convulsive therapy), there is a maximum of 12 treatments unless under special circumstances, over a maximum of 6 months.

Declared mental health facilities

The 2007 Act potentially increases the number of “declared” reception points supported by Psychiatric Emergency Care Centres or Rural Critical Care Services. Under the 1990 Act, people detained under the Act can only be taken to a gazetted hospital. NSW Health is considering categorising facilities into different functions (eg. assessment, treatment, etc).

- The Director General, NSW Health, is authorised under the 2007 Act to determine a facility to be a “declared mental health

facility”, with functions similar to those of a gazetted facility under the 1990 Act.

Forensic patients

Recommendations from the review of the Forensic Provisions of the 1990 Act are yet to be finalised. In the meantime, the existing Forensic Provisions from the 1990 Act have been removed and relocated into the Mental Health (Criminal Procedure) Act 1990, which will serve as the operational Act until the Forensic Review is completed. The draft amendments are expected to be presented to the first parliamentary session next year (Feb 2008). This would seem to indicate that the Forensic Provisions will be permanently relocated to the Criminal Procedure Act, which, in MHCC's view, could have the effect of criminalising forensic patients. This is something the sector was keen to avoid.

Where to now?

MHCC is aware that there are still some problems with the new Mental Health Act, and there is no doubt that there will be a “teething” stage. MHCC encourages everyone to make note of any difficulties or perceived problems with the new Act, as there will be opportunities to have input into amendments. Please keep MHCC informed of your experience of the changes.

Acknowledgement: MHCC thanks the Institute of Psychiatry for permission to use its educational material in the production of this article.

PHONE BOOTHS ON HOLD...

Recently I have found two public Telstra phones in my neighbourhood, that I have had occasions to use, with notices attached, informing the public that due to insufficient use, they are to be removed this month. This being the case there will be no public phone within walking distance for the many without cars, the elderly, those with disabilities and people living with mental illness in my neighbourhood.

Obviously I was under a misconception that these were indeed public phones.

That is, they offer a service to the public, as in times past and not solely as a source for profit making for Telstra. In times past, public phones served communities in many ways. They were ways of making our communities safer in case of accident, emergencies and criminal activities. They were especially important in helping to keep children and women safer in the event of sexual harassment, theft or violence.

Contrary to what Telstra and other phone companies encourage, not every Australian possesses, nor wants to possess a mobile phone.

Most recently politicians in Australia have finally taken on board new statistics that show some 20% of Australians are now living in poverty.



Amongst these many are pensioners, elderly and those living with disability or mental illness. For many in this demographic the cost of land based and certainly mobile phones is becoming prohibitive, with their endless array of hidden charges. Still Telstra yet again wants to take away our community safety net. Certainly they will not win awards for being corporate citizens by putting profit before service and community safety.

— Simon Champ

Editor's note: MHCC has made several attempts to contact Telstra's media liason regarding the issue of phone booth removal but the number has been busy...

RTO and Beyond

LEARNING AND DEVELOPMENT UNIT UPDATE

Since becoming a Registered Training Organisation (RTO) the Learning and Development Unit have been busy recruiting new staff while continuing to address the training needs of both member organisations and other NGOs wanting to develop their workforce to better respond to people affected by mental health problems.

Some highlights of the past few months have included ...

- Delivery of Stage 1 *“Rehabilitation for Recovery”* training in Central & Southwestern Sydney, Newcastle, Wollongong and the Far North Coast:
“Orientation to Mental Health Work”
“Working With People With Mental Health Issues”
- Piloting of Stage 2 *“Rehabilitation for Recovery”* training with Parramatta Mission and Catholic Healthcare:
“Working With Mental Health Consumers & Carers”
“Law & Ethics in Mental Health Work”
“Responding to Suicide & Self-Harm”
“Mental Health Medication Matters”
- Development of other short courses including:
“Mental Health & Substance Abuse”
“Brief Interventions in Mental Health Work”

- Piloting of the *RPL Toolkit* with RFNSW (this product will be available to others in 2008)
- Collaborating with the NSW Institute of Psychiatry to explore the training needs of consumer workers
- Participating in review of the mental health work qualifications in the Community Services Training Package (Draft 2 of the proposed new training package will be released by the Community Services & Health Industry Skills Council for public comment in December and will include both a Certificate IV and Diploma in Mental Health Work)

We have been actively planning our internet site and training calendar for 2008 in anticipation of the Official launch of the Learning & Development Unit RTO early in the new year. Some non-metropolitan areas where training will likely be offered in 2008 include: Bathurst; Narrabri; Central Coast; Wagga; Coffs Harbour; Bega/Narooma; Kempsey/Port Macquarie and Bourke/Broken Hill.

To find out more about the products and services of the MHCC Learning & Development Unit please contact Ph 9555 8388 Ext 106 or training@mhcc.org.au.

Congratulations!



Congratulations to Parramatta Mission, winner of the lucky prize of \$1000 worth of training and assessment services from the MHCC Learning & Development Unit! All they had to do to enter was complete the MHCC 2007 Annual Survey. Thanks to everyone who responded to the survey. There will be another lucky prize next year!

New Staff at MHCC



New staff at MHCC (from left to right) Nicole Schleder, Eryn Thomas, Ian Bond, Jeni Marin

Jeni Marin – LDU Mental Health Trainer/Assessor

Initially in the Clubhouse model and subsequently working with consumers in carer-driven and consumer-driven organisations, Jeni worked as a contact trainer with these organisations and a number of commercial and community colleges. Jeni had no intention of ever again working within an “employed” framework but was attracted by MHCC recruitment advertisement which appeared to offer a unique combination of two passions, adult education and mental health.

Eryn Thomas - LDU Training Development Officer

Eryn took on the role of the Training Development Officer to follow her passion for training and working with services and workers to develop skills and gain formal recognition for the skills and experience they already have. Her background is community-based services, mainly accommodation services for young people and women escaping DV in both rural and metropolitan settings. Eryn then moved across into training with community services workers at TAFE on the North Coast of NSW. She has since completed my Grad Dip. Vocational and Workplace Learning and Cert IV TAA at UTS and adds, ‘I hope to make a contribution to the development of a strong and confident professional identity for the whole sector’.

Ian Bond, LDU Training Administration Assistant

Having worked in NGO’s and NSW Dept Health for many years, Ian was interested in making a contribution to develop knowledge /skills for workers in the field. With experience in the areas of psychiatric disability employment and community mental health, Ian also has significant skills in computing and administration. Ian brings a wide variety of skills to the MHCC and says, ‘I hope to assist the training and development unit to grow and build solid administrative practices’.

Nicole Schlederer, MHCC Workforce Development Officer

‘Workforce Development has been an interest of mine from my experience as a business manager, teacher/trainer and community development officer for disadvantaged communities’ enthuses Nicole. The position Workforce Development Officer at MHCC is the perfect opportunity to combine her work experience with her mental health related degree. She adds, ‘Hopefully my broad work experience and education will enable innovative ideas and projects for this new position’.

HASI and friends

Ninety-four percent of consumers participating in the evaluation of Stage One of the Housing and Accommodation Support Initiative (HASI) had established friendships, and 73% were participating in social and community activities, according to the final evaluation report, released recently by NSW Health. The two-year longitudinal study of HASI Stage One was conducted by researchers from the Social Policy Research Centre (SPRC) of the University of NSW and the Disability Research and Studies Institute (DSaRI).

HASI is a partnership program between NSW Health, the NSW Department of Housing, and a number of NGOs in 9 locations throughout NSW. The participants in HASI Stage One are people with a mental illness and high levels of psychiatric disability. They have histories of long term hospitalisations, unstable tenancies, limited social networks and have largely been excluded from standard spheres of societal participation – community, recreation, work and study; for some there have been periods in prison. HASI has provided these people with the opportunity for stable housing; intense support for living skills, community participation and service referral; and the regular monitoring and maintenance of mental health. HASI's objectives were to improve mental health and maximise participation in the community through the provision of a stable, consistent and integrated support system.

As outlined by MHCC in its paper Social Inclusion: its importance to mental health, there is significant evidence linking coordinated and effective support in the community with positive outcomes in mental health, including for people with significant and/or longstanding mental illness. The HASI evaluation provides further evidence of this positive effect, and much of its success is due to the partnership between Government and non-Government agencies and its recovery-focused objectives.

The study included 633 interviews and surveys with all HASI stakeholders as well as family members, consumer advocates and people involved in the governance of the program at Area, Regional and State levels. The report cites many examples of people whose lives have changed dramatically since their involvement in the program.

The Minister has acknowledged the key role that NGOs have played in the success of HASI, and MHCC will continue to work with the Government to fund HASI and similar programs that engage consumers and promote recovery in the community in a sustainable manner.

The Report is available on line at http://www.sprc.unsw.edu.au/reports/hasi_evaluation.pdf.

...there is significant evidence linking coordinated and effective support in the community with positive outcomes in mental health, including for people with significant and/or longstanding mental illness.

The Report outlines some remarkable outcomes of the HASI program, including:

- The provision of secure, affordable housing: 85% of participants remained with the same housing provider.
- An increase in community participation: 94% had established friendships and 73% were participating in social and community activities; 43% were working and or studying.
- Improved physical health: Over 50% of participants reported improved physical health from regular access to GPs and specialists, as well as improved diet and increased physical exercise.
- Improvement in psychological wellness, with 68% of participants reporting improvement in symptoms, social and living skills and a decrease in psychological distress.
- Reduced hospitalisation rates, frequency and duration for 84% of participants: Time spent in hospital and emergency departments decreased by 81%.
- Increased connection with community mental health services: 92% of participants regularly saw their case managers and 89% of participants were still in contact with their psychiatrists.
- A high rate of improved family connectedness: 81% of participants said they were satisfied or more than satisfied with their family relationships since participating in the HASI program.

Consumer of the Year Awards and Launch of CAN Website

Consumer Activity Network (CAN) presented the 2007 Consumer of the Year Awards on Thursday 25 October at Parliament House. The event was also the official launch of the new CAN website.

Julie McCrossin, patron of CAN and the Pitane Recovery Centre, hosted the event. Speakers included Professor John Basson who outlined the importance of rebuilding social networks as a part of the recovery process and the benefits of a two way relationship between doctors and consumers.

Janet Meagher AM launched the new website with an emphasis on how digital technology can assist breaking down the social isolation that can be a damaging element of a mental illness.

Desley Casey, Development Manager, of the CAN would like to event to be even bigger next year. "We would like to encourage the mental health sector to start thinking now of potential nominees for the 2008 awards, so we can continue to highlight and promote the many talents and skills consumers hold and contribute towards our community. Afterall, these are the only awards of its type in Australia and we want to expand these awards to bigger and better things".

Last year's winners, Alma Denton and Sammy Scicluna, presented this year's winners with their awards as follows:

Contributions to the Australian Mental Health Consumer Movement Award; Douglas Holmes (Consumer Coordinator, St Vincent's Mental Health Service)

Contributions to the Promotion of People with Mental Illness in the Australian Community; Jenny Coleman (Obrien Centre, Orange)
NSW Mental Health Consumer of the Year Award; Gary Thomas (North Coast Area Health Service, Consumer Rep & Carers NSW – Family and Carer Mental Health Program)



Gary Thomas and Jenny Coleman with their awards at the ceremony.

Take a look at the new Consumer Activity Network (CAN) website at: www.canmentalhealth.org.au or Ph 1300 135 846



Professor John Basson awarding Douglas Holmes his prize, as last year's winners, Sammy Scicluna and Alma Denton look on.

Infrastructure Development

It's an exciting time for the mental health sector, as public and government interest in mental health issues gains momentum. A very welcome aspect of this interest is the increase in one-off and recurrent funds available for improving the quality of existing services, and expanding the number and type of services provided in NSW.

The significant activity occurring in the sector is encouraging, but may also appear confusing or uncoordinated. MHCC developed this article to provide a snapshot of the current infrastructure development activities in the sector and show how they are linked to overall sector improvement.

Why is infrastructure development important?

Good service delivery relies on organised resources and effective systems behind the scenes. Usually, consumers only see services occurring at the "coal face", and not the administrative efforts around meeting consumers' needs and expectations. However, when there are weaknesses in organisational infrastructure – everyone knows about it!

Investing in infrastructure development enables the mental health sector to consolidate its strengths, identify opportunities for improvement, and plan for the future. The process can be confronting as problems are exposed that require time to address, but the outlook is positive and well worth the effort towards building a world-class mental health sector.

LEARNING AND DEVELOPMENT UNIT (LDU)

In response to sector consultation, there is widespread support for a voluntary minimum standard of training ie. Certificate IV Mental Health Work (non-clinical). MHCC has obtained Registered Training Organisation status, and is currently developing and introducing the training in stages throughout NSW. This qualification is one of several in the Community Services Training Package that is currently under review by the NSW Community Services and Health Industry Skills Council.

Contact: Tina Smith, Training Coordinator: (02) 9555 8388, tina@mhcc.org.au

Current infrastructure activities

NGO Development Strategy

This three-year project is funded by NSW Health and was completed in September 2007. MHCC held extensive consultations across the sector on each of the three program areas and feedback was used in developing strategies to have ongoing benefit for the sector. The aims and achievements for each program is described below -

- **WORKFORCE DEVELOPMENT** – Aims to identify and promote workforce development practice and training across the NGO sector. The outcome of this program is the development of the Learning and Development Unit (LDU), which is part-funded for a further three years to provide accredited training to staff in NGOs.
- **QUALITY AND OUTCOMES** – Aims to promote the use of quality

review systems and evidence based practice including the use of outcome measurement. The outcome of this program is the development of Routine Consumer Outcome Monitoring (RCOM), a proposed model of data collection and monitoring for the sector. MHCC is currently promoting the model throughout NSW and developing a training package.

- **PARTNERSHIPS** – Aims to identify and promote good planning and operational models between funding bodies and the NGO sector, and within the NGO sector. The outcome of this program will be a discussion paper about partnership issues and opportunities.

Contact: Jenna Bateman, CEO MHCC: (02) 9555 8388, jenna@mhcc.org.au

ROUTINE CONSUMER OUTCOME MONITORING (RCOM)

In response to consultation with the sector, there is increasing support for a systematic approach to data collection and monitoring consumer outcomes as a way for services to ensure the quality of services and maximise the outcomes for consumers. MHCC has developed an approach that is compatible with existing data collection systems, eg. MH-OAT, and is currently promoting the benefits of RCOM. A training package is also being developed for delivery during 2008.

See the Infrastructure Grants Program for complementary projects. Contact: Jonine Penrose-Wall, Project Officer: (02) 9555 8388, project@mhcc.org.au

Infrastructure Grant Program

The Infrastructure Grants Program (IGP) is funded by NSW Health and administered by MHCC. The IGP commenced in late 2006 and is expected to extend to late 2008. It is a one-off fund of \$4 million for projects enabling NGOs to improve existing services and progress towards accreditation with quality standards. The IGP is funding several projects, as follows -

- **GRANTS TO NGOS** – 90% of the IGP funds are being allocated to NGOs through an Expression of Interest process. Round One allocations approved by the Minister for Health were provided by June 2007, and Round Two is currently being allocated.

Of the remaining IGP funds, MHCC will administer the IGP and conduct several projects to promote sector-wide infrastructure improvement -

- **SECTOR MAPPING AND RESOURCE DEVELOPMENT** – MHCC will undertake a mapping project of the mental health NGO sector. This will provide updated information on the sector and identify gaps for future planning.
- **INFORMATION MANAGEMENT** – MHCC will explore the optimal information management systems, eg. IT software, to assist services in analysing service delivery and outcomes, with the view to producing sector-wide data.

Projects in New South Wales

- RCOM – This project will deliver training in Routine Consumer Outcome Measurement to all interested NGOs throughout NSW during 2008. It fits with the development of the training package (funded under the NGO Development Strategy) and equipping NGOs with the necessary data analysis systems (funded under IGP).

Contact: Jenna Bateman, CEO MHCC: (02) 9555 8388, jenna@mhcc.org.au

Quality Improvement Program for NGOs

NSW Health funds Quality Management Services (QMS) to assist NGOs in NSW progress towards accreditation with the National Quality Improvement Council (QIC) Standards and Accreditation Program. QMS provides training and support for NGOs preparing for review, and coordinates independent review teams. It makes recommendations to NGOs about service development, and recommends eligible NGOs to QIC for accreditation. Two phases were completed between 2000 and 2006, enabling many NGOs to commence continuous quality improvement activities. The third phase commencing in 2007 expands the number of eligible services. QMS has also been funded to implement the follow project –

- NGO CAPACITY BUILDING – this one-year project involves a series of information forums throughout NSW, to assist NGOs explore some of the more complex practices, and how to demonstrate compliance with the relevant service standards, eg. Consumer Participation, and Knowledge Management.

Contact: Rosy Walia, State Manager QMS, (02) 8246 6903, rosy.w@qms.org.au

GRANTS TO NGOs

In Round One, funded projects included upgrading premises and equipment, engaging temporary officers to prepare services for accreditation review, improving databases to collect and analyse service quality information, and conducting research into improving partnerships and service access issues.

In Round Two, priority for allocating funds is being given to projects that progress NGOs towards accreditation, prepare NGOs for the introduction of RCOM and information management systems, and target gaps in the mental health sector.

Contact: Edwina Pickering, Consultant, (02) 9555 8388, edwina@mhcc.org.au

Research Grants Program

NSW Health has announced a one-off fund of \$3 million for research projects exploring effective approaches for treating people with mental health and drug and alcohol problems. This program is jointly administered by NADA and MHCC. Proposals from consortia of NGOs and research partners such as universities and Area Health Services are encouraged.

Contact: Jenna Bateman CEO MHCC or Larry Pierce, CEO NADA, (02) 9698 8669, larry@nada.org.au



WHAT NGOs ARE SAYING ABOUT IGP PROJECTS

“The IGP enables RFNSW to improve its cultural awareness and develop specific strategies to support Aboriginal service users, and believe the outcomes of this research project will benefit the mental health sector and RFNSW.”

Fred Kong, CEO, The Richmond Fellowship of NSW.

“At long last there is funding to help NGOs become more efficient and effective in the work we do. Infrastructure funding is essential to running services better.”

Rhoda Immerman, CEO, Association of Relatives and Friends of the Mentally Ill NSW.

Other MHCC projects

MHCC is involved in several smaller projects to address specific infrastructure issues, including Service Reorientation, Partnership on Dual Diagnosis, Smoking Cessation, Staff Retention, VET Sector Development, Staff Supervision Guidelines, Consumer Roles in the NGO Sector, and Staff Recruitment Campaign and Promotion.

Contact: Jenna Bateman, CEO MHCC: (02) 9555 8388, jenna@mhcc.org.au

How the Infrastructure Projects Fit Together

Linking complementary projects

MHCC is undertaking several projects to substantially improve the infrastructure of the mental health NGO sector. MHCC is careful to prevent duplication in similar areas, while recognising that there are complementary aspects to the projects. It is also working closely with NSW Health, NADA and QMS to ensure that infrastructure development in the sector continues to be coordinated, targeted towards projects that promote quality improvement, and will build a strong foundation for future growth in the sector. The following diagram shows the various infrastructure improvement activities currently occurring in the mental health sector, and the organisation administering the program.

Mapping the Difference we Make

WORKFORCE SUPPORT FOR ROUTINE CONSUMER OUTCOME MONITORING

MHCC is about to commence an educational program on Routine Consumer Outcome Monitoring (RCOM) that NGOs can participate in with sector and peak body support. RCOM is concerned with the measurement of the impact and effectiveness of NGO programs on the experience of consumers. RCOM is unique and represents a shift in practice for many NGOs, as it goes beyond looking at what we do to how does what we do impact on consumers. There are several specific tools that help services to work with consumers to measure and monitor the impact of their work. Entitled, *Mapping the Difference We Make*, the training program will be ready for delivery to NGOs in NSW in early 2008.

Two essential criteria necessary for putting RCOM into practice are:

- 1) An information system (to house data) and
- 2) A workforce development and support program.

Since July 2007, MHCC and NSW Health's Mental Health and Drug and Alcohol Office have met three times to discuss information management. Four consensus meetings with NGOs were held in September and October to scope member needs, concerns and priorities for information collection. Most recently MHCC has developed a draft training program ready for consultation.

Mapping the Difference We Make is a comprehensive approach to supporting the workforce in their roles when using an outcomes approach. NGOs have advocated that quality improvement depends upon a workforce that is confident in improving the relationship between a client and their staff member and improving staff attitudes that help consumers take charge of their recovery process. Outcome tools help to facilitate this 'conversation-making' about each consumer's needs and planning. Furthermore, the training design reflects lessons learnt from other human services systems. It is vital to use the tools in a way appropriate for each individual consumer.

The training program, therefore, provides the framework to enable agencies to implement a system of outcome monitoring that has therapeutic finesse and can help staff and consumers map the difference being made. This means that the successful use of outcome tools will require high-quality interviewing skills by front line staff. They will need to be sensitive to client priorities first, and not just the culture of the NGO and its service context. Next they will need attitudes supportive of consumer recovery. Finally, technical support at all levels of an organisation will be needed to ensure the efficient management of outcome data and its use as a quality improvement resource in an agency. The expectation is that NGOs new to RCOM and already using outcome measures will be attracted to the program.

The program structure was endorsed earlier this year by the Board of MHCC, the Workforce Development Committee and the Expert Reference Group on RCOM while detailed content is currently being worked through. The structure includes:

1. (Familiarisation) *Mapping the Difference We Make: The Outcomes Through NGOs Initiative.* Regional launches of the program will be for NGOs, consumers/ clients, funding partners of NGOs and stakeholders to alert communities to the local NGOs and the overall program of workforce support that aim to improve the quality of services provided. A DVD version will also be available.

2. (Initial) *Mapping the Difference We Make: Using Outcome Tools.* This is one-day training for front line staff to assist them to apply outcome tools and interpret their findings. There are entry and refresher training options available for up to 7 outcome tools.

3. (Continuing Education) *Mapping the Difference We Make: Practice Improvement for Consumer Outcomes.* This is a three-way learning partnership between the NGO staff member, the NGO provider and MHCC using 9 Modules. Participants do 3 Modules (or 1 advanced Module) within a one-year period to apply outcome tools in their helping practice. Feedback and support is provided on written work. Consumer Worker modules are also available and consumers participate in the education process.

4. (Executive Leadership) *Mapping the Difference We Make: Delivering Outcomes.* This training supports CEOs, senior managers and quality managers in managing outcomes-oriented NGOs eg reporting, interpreting and using data for program improvement and service redesign.

Enhancing the client voice, and not just the 'community voice', is made explicit in the *Mapping the Difference We Make* workforce support program. To some degree, this marks a transition point for NGOs as they evolve to be increasingly responsive to actual rather than perceived needs. *Mapping the Difference We Make* provides an unprecedented opportunity for the sector since no systematic development of the whole workforce on this aspect of their practice has been available in NSW NGOs before.

MHCC aims to make engagement with this initiative cost neutral or at least very cost friendly to participating organisations.

For more information contact: Jonine Penrose-Wall - JPW Results, Consultant to MHCC's Outcomes Through NGOs Initiative email: jonine@iimetro.com.au

CONSUMERS NEEDED TO MAKE TRAINING DVD

MHCC's *Mapping the Difference We Make* training will support better practice by NGO staff in appraising client needs and aiding client recovery by combining the use of recovery and other health and social outcome measures with their existing activities, groups, rehab programs and community work.

A training DVD is needed. It will highlight clients using outcome tools, and will show consumers and staff in the helping relationship collaborating and using relevant outcome tools together. It will cover privacy concerns and convey realistic expectations on the role of outcome measures as just part of the picture of quality improvement within helping services. When finished, the DVD can be provided to clients by NGOs to take home and view, can be used by staff of NGOs from their websites, and will form part of specific training exercises with the *Mapping the Difference We Make* program.

We are interested to hear from:

- Consumers wanting paid work to work on the DVD.
- Agencies interested in quoting to produce the DVD

Contact: Jonine Penrose-Wall on 0409 741414 or email jonine@iimetro.com.au

Mad Pride Youth Event

The inaugural Mad Pride youth event was held in Sydney during Mental Health Week in October to showcase the creative talents of young people experiencing coexisting mental health and substance use issues.



Inspired by the international movement known as Mad Pride, the Sydney event was coordinated by South Sydney Youth Services and Mission Australia's Creative Youth Initiatives and held on Wed October 10 at the Factory Theatre in Enmore.

Over 300 people attended the event and highlights of the program included the Sounds of the Street band from Mission Australia's Creative Youth Initiatives, 'Digital Stories' short films from the digital stories project at Reachout and physical theatre performance by Kate Sherman.

Project Coordinator, James Winter says the event celebrates the creative potential of young people who access mental health services in NSW and aims to break down the stigmas associated with dual diagnosis.

'From the volume of interest and participation in the event, it demonstrates that projects such as this have great potential as a showcase and affirmation of people's creative abilities and talents. We look forward to next year's event where we will have further opportunities to encourage engagement in the arts and creative expression.'

*Julie-Anne Geddes (Team Leader "Speak out, Speak Easy" Dual Diagnosis Program),
Vanessa Wagner (Social Personality, Master of Ceremony), Karen Wells (Housing Support
Worker, South Sydney Youth Services).*

Compulsory Drug Treatment Centre

The Compulsory Drug Treatment Correctional Centre (Parklea) commenced operation in September 2006, with the aim to treat male participants, through rehabilitation and reintegration, who have repeatedly offended in order to support their drug dependence, but who are non-violent. Most of the participants have mental health issues, but not to a degree that impacts on their ability to participate in group programs. Participants progress from detention to semi-detention to community custody. The rate of progress is overseen by the NSW Drug Court. This model of offender rehabilitation is unique in Australia. The Compulsory Drug Treatment Program is an interagency endeavour - primarily between the NSW Drug Court, the Attorney-General's Department and Justice Health. They have an

interagency committee, and collaborate with WISE to find appropriate employment for participants in the program.

MHCC was invited to visit the facility, talk to staff, including governor Astrid Birgden with the idea of exploring the viability of the NGO sector providing Pre and Post-release programs. The centre uses motivational rather than punitive strategies to encourage positive behavioural change through rewards. Using the Good Life Model, the Parklea Centre addresses human needs; physical needs and intensive psychological needs. The Centre is keen to work in partnership with NGO sector to provide support in the community at Stage 5 of the program, when participants need to break their dependence on the Centre's support structure.

World Mental Health Day

Mental Health in a Changing World: The Impact of Culture and Diversity

World Mental Health Day was launched at the Australian Museum, in Canberra, on October 10. This year's theme highlighted how culture directly affects mental health and how it plays a significant role in wellbeing.

The Mental Health Council of Australia (MHCA) and Multicultural Mental Health Australia (MMHA) worked together on a number of projects for World Mental Health Day.

MMHA ran a National Multicultural Art Competition 2007 as part of Mental Health Week. The Art Competition was open to people from

culturally and linguistically diverse (CALD) backgrounds who have migrated to Australia.

As MMHA demonstrated, art is a valuable way of exploring identity and developing a language of exchange that can foster harmony and diversity both within and between cultures.

The AFP and the MHCA have been working together to promote awareness of mental health and missing persons. The participation of the AFP signalled a new direction for the MHCA, and has set the groundwork for continued close involvement in matters of concern to both organisations. MMHA invited CALD mental health consumer, Claudio Silva, to address the gathering about his personal experience of living on the streets as a missing person.

Factsheets in all languages

Multicultural Mental Health Australia have put out a new series of mental health fact sheets that have been translated into more than 20 languages.

Multicultural Mental Health Australia believes these translated factsheets on mental health may support GPs and other health workers in providing culturally appropriate information to people from non English speaking backgrounds as well as giving those from NESB the information they need in gaining a better understanding of their mental health.

The fact sheets include include the following topics:
What is a mental illness?

What is schizophrenia?
What is a personality disorder?
What is an eating disorder?
What is anxiety disorder?

The fact sheets are available in English, Assyrian, Chinese, Croatian, Dari, Greek, Italian, Korean, Krio, Macedonian, Polish, Russian, Serbian, Spanish, Swahili, Turkish, Vietnamese, Dinka, Amharic.

More factsheets covering a wider range of issues and diagnoses will be available from March 2008. These new resources can be downloaded for free from:www.mmha.org.au/find/resources

Fairness, freedom, and protection in mental health tribunals

Professor Terry Carney (University of Sydney Faculty of Law) has received an ARC Linkage Grant to look at how mental health tribunals balance fairness, freedom, protection and the right to treatment. MHCC provided comment on two papers by Professor Carney, his PhD candidate Fleur Beaupert and a learned team which included Prof Duncan Chappell. The papers are titled *Mental Health Tribunal processes and advocacy arrangements* and *Mental Health Tribunals and Therapeutic jurisprudence implications of weighing fairness, freedom, protection and treatment*. MHCC raised issues of concern that were highlighted during consultations regarding the review of the Mental Health Act 1990 such as: executive discretion regarding tribunal decisions; a reduction in participation of Mental Health Review Tribunal community members as a consequence of increased appointments from the judiciary; and alternatives to legal advocacy, i.e. consumer advocates; adversarial practices and measuring outcomes longitudinally and across president and member decision making.

Mental Health Links for Lawyers

MHCC participated in the reference group Mental Health Links for Lawyers, a project conducted by Legal Aid NSW as part of the Criminal Justice Research Network. The Network was set up in 2004 by the Standing Committee of Criminal Justice CEOs to promote evidence-based decision making across the justice sector. The network actively disseminates research and conducts a series of research seminars. MHCC provided comment on the contents of the website which was launched during Mental Health Week in October 2007 by the Attorney General, the Hon. John Hatzistergos.

Mental health problems can compound legal problems and undermine legal solutions. The online Links for Lawyers website provides lawyers with a central online information source to mental health services in NSW as a road map to accessing services for clients who may be experiencing mental health problems. The website links include referral and crisis telephone numbers and a number of useful references such as the Mental Health First Aid Manual (Kitchener & Jorm, 2002), mental health fact sheets and details regarding Section 32 of the Mental Health (Criminal Procedures) Act 1990.

Benelong's Haven



Clients relaxing on the deck (Photo kind permission of clients and staff)

Dr Val Bryant-Carroll founded Benelong's Haven over thirty years ago. It was the first Aboriginal run Family Drug and Alcohol Rehabilitation centre in Australia. The centre and hostel is situated on the banks of the Macleay River between Kempsey and South West Rocks and has been in operation for over thirty years. Jim Carroll is a teacher at the centre and has been working there since it began.

The organisation aims to treat all forms of addiction and help to re-establish social and spiritual bonds with family and friends that have been damaged by drugs and alcohol. The centre caters for families as well as single males with dormitory accommodation and family rooms. The program provides counseling on a number of issues including addiction, conflict resolution and anger management as well as discussion groups. While most of the sessions are group based there are individual counseling sessions when required.

Benelong's Haven has recently joined MHCC as its staff are increasingly seeing more and more dual diagnosis clients entering the program. 'Some people are being diagnosed with mental health issues while at our program. These people get treatment for their mental illness while getting help from us for their D&A issues.

Because of the positive results we've been getting, we now accept people with dual diagnosis. Not many rehab centres will accept dual diagnosis, but we decided it was important. We receive a lot of support from Kempsey Mental Health for the dual diagnosis clients and we're grateful for their assistance', says Jim Carroll.

The centre's rehabilitation and recovery process is based on a 'therapeutic community' model. Jim Carroll believes that communal living is an important part of their approach. 'There are no private facilities, people eat together, watch TV together and live communally. This idea of sharing is very much a part of Aboriginal culture and we're finding that it's getting results. There are so many benefits to living and communicating together and we've noticed that this approach is very good for people with mental illness as isolation can make their situation worse.'

The communal approach is not a choice at Benelong's Haven but a condition of entry. 'It is compulsory that the people who come to our centre share, in our sessions people have to open up and talk about their issues or they have to leave. It might be tough but we're seeing results,' adds Jim. 'If spouses want to come and live in as well they have to participate in the program. If someone is in a relationship with some one with DA issues, they will have issues of their own'.

DECEMBER 2007

INTERNATIONAL DAY OF PEOPLE WITH A DISABILITY (IDPWD)

Don't DIS my ABILITY

When: 3 Dec 2007

Where: various events throughout NSW (organised by DADHC)

For more info: www.idpwd.com.au

12TH NSW RURAL HEALTH CONFERENCE:

MENTAL HEALTH WHO CARES?

When: 3-5 Dec 2007

Where: Bateman's Bay

The Conference is an initiative of the NSW Department of Health's Mental Health and Drug and Alcohol Office and the Centre for Rural and Remote Mental Health

For more info: info@eastcoastconferences.com.au

Web: www.rmhconference.com

FEBRUARY 2008

MHCC YOUTH MH FIRST AID COURSE

When: 14 -15 February 2008

When: Penrith City Library

DIVERSITY IN HEALTH 2008 CONFERENCE

The Diversity in Health 2008: Strengths and Sustainable Solutions Conference (DIH 2008) will be the major event in diversity health in Australia for 2008. The DIH 2008 Conference incorporates the Multicultural Mental Health Australia national conference and the NSW Transcultural Mental Health Centre conference.

Where: Sydney Convention and Exhibition Centre

When: 10-12 March 2008

To register or to find out more about this momentous event, please go to: www.dhi.gov.au/conference.

Phone: (02) 9840 3376

Email: Monique.Wakefield@swahs.health.nsw.gov.au

Web: www.dhi.gov.au/clearinghouse

Please contact Edi on (02) 9555 8388 Ext 0 or

email info@mhcc.org.au

MARCH 2008

3RD INTERNATIONAL CONGRESS ON WOMEN AND MENTAL HEALTH

Congress will attract in excess of 1000 psychiatrists, psychologists, mental health workers, carers, consumers, researchers, policy makers and bureaucrats from across the globe. Under the sponsorship of the International Association for Women's Mental Health and other Associates, and hosted by the Alfred Psychiatry Research Centre, an innovative program will be presented focusing on the psychosocial, biological and clinical sciences of women's mental health from individual, family, society, community and global perspectives.

When: 17 - 20 March 2008

Where: Melbourne

For further info: iawmhcongress2008@wsm.com.au

Phone: 03 9645 6311

Web: www.iawmhcongress2008.com.au

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The Mental Health Coordinating Council is the peak body for non-government organisations working for mental health in New South Wales.