

View

from the Peak

EXECUTIVE OFFICER REPORT

Jenna Bateman

Welcome to the Spring edition of VFP. The last few months have brought both good and bad news stories for mental health. At the state level we have a new Premier Morris Iemma who appears to have a far greater connection to and understanding of mental health issues than did his predecessor. There is some optimism that Iemma's time as Health Minister has increased his awareness of shortcomings in the mental health system allowing him to focus his government's efforts with some confidence. Further good news is the announcement of an additional \$2.6 million to better inform and support carers of people with mental health problems in NSW. The tender process around this money will occur in the next couple of months. Also on the good news front is the announcement of the Stage 3 Housing and Supported Accommodation Initiative (HASI) tender winners providing 126 more people access to high level mental health disability accommodation support in NSW. Tender winners and number and location of places are detailed on page 4.

At the Federal level, however, the news is not so good with pressure continuing on people with disabilities under the proposed 'welfare to work reforms'. In a nutshell, under the 'reform' people with disabilities assessed by the government as being able to work 15 hours a week will have their disability pension replaced with Newstart making them \$92 a fortnight worse off. In addition there are no guarantees under the 'reforms' that people with disabilities will be provided the necessary supports to assist them to maintain and develop employment opportunities. There is also inadequate recognition in the 'reforms' that many people with disabilities, and particularly people with mental health problems, have difficulty meeting Centrelink requirements due to the nature of their illness. The condition that three breaches of Centrelink activity requirements per year will result in two months suspension of payments remains despite lobbying by advocacy groups against its inclusion. At this time the legislation continues to be adjusted in response to the efforts of advocacy and academic groups with some minor wins. The precise timeframe for its passage through the senate remains unknown (for further details see page 13).

Also at the federal level are proposed Industrial Relations reforms which could have enormous impact on the maintenance of conditions of employment in our sector, long term funding and the quality of service standards in the SACS Industry. The Australian Services Union (ASU) has been closely reviewing implications and are planning a day of protest in Sydney on Nov 15th 2005. A detailed summary of implications are summarized on page 7.



Closer to home MHCC continues work on the NGO Development Strategy with particular focus on workforce and outcome evaluation. We have made links with a wide range of people who have the necessary skills and/or experience to help steer progress.

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NGO DEVELOPMENT

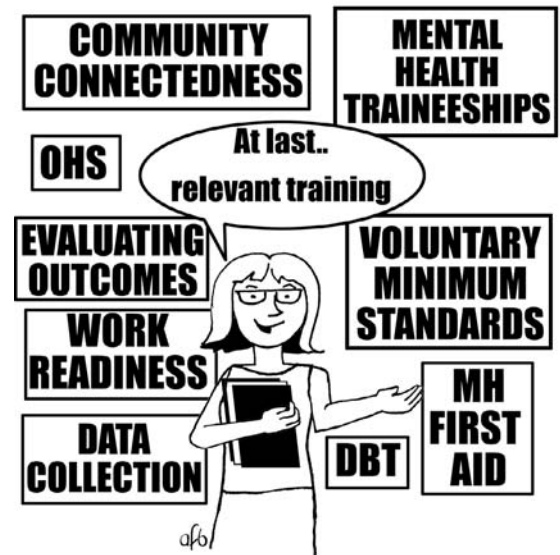
As many of you will be aware, the **NGO Development Strategy: Mental Health**, is an initiative funded by, and run in partnership with the **Centre For Mental Health**. Through this Strategy we are working to build the profile and capacity of NGOs providing mental health rehabilitation and recovery services and to improve links between NGOs, Area Mental Health Services and other relevant agencies. We are currently concentrating activity in the areas of Workforce Development, Outcomes and Quality.

Workforce Development:

Much of the work we are undertaking in the NGO Development Strategy is concerned with workforce development – that is ensuring the workforce has the skills, resources and environment necessary to deliver high quality services. We have prepared a Training and Other Workforce Development Options paper which investigates workforce development options available to the mental health NGO sector and makes recommendations about the best way to deliver effective workforce development to the sector. A copy of this paper is available at www.mhcc.org.au

Three main initiatives are recommended as initial projects for the Strategy. These are the introduction of a traineeship, a voluntary minimum standard and a training calendar for the sector. Through these initiatives we aim to increase the accessibility and relevance of training for the mental health NGO workforce and to ensure that there is an adequate supply of skilled workers able to deliver high quality service provision in a rapidly growing sector. A reference group, made up of representatives from the NGO mental health sector and other relevant stakeholders, will be working to ensure these initiatives address current

needs. We aim to make training for the sector as accessible as possible, ensuring that it is affordable and flexible, incorporating recognition of prior learning and accommodating different work schedules, learning styles, geographic locations, and cultural diversity.



Traineeship:

We aim to develop a traineeship for both new and existing workers aligned to the Certificate IV in Mental Health (Non-clinical). As part of this process we shall work closely with the Community Services and Health Industry Training Advisory Board and relevant stakeholders to examine, and if necessary, make changes to the National Training Package for Mental Health (Non-clinical) and the Certificate IV. As well as providing high quality, relevant on and off the job training, traineeships also offer significant financial incentives for employers of trainees, thereby enabling additional employment within the sector.

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Objectives of targeted and accessible training for NGOs through a range of avenues from tailored short courses to full traineeships are almost within reach and the discussions around how NGOs can best demonstrate and gear services to achieve consumer outcomes are moving along as the many complexities of this area of the Strategy are explored.

A couple of other projects newly underway at MHCC are the Victims of Violent Crime Project which focuses on service provision by NGOs to adult victims/survivors of child sexual assault who go on to develop mental health problems. Secondly, a joint project with the Network of Alcohol and other Drug Agencies (NADA) which is looking at skill sharing amongst mental health and drug and alcohol NGOs. More about these initiatives in the Summer edition of VFP.

I would like to take this opportunity to welcome David McGrath into the position of Acting Director of the Center for Mental Health (CMH), a position he holds in addition to his substantive role as Director of the Center for Drug and Alcohol. I hope that over the next few months, whilst we await the appointment of the new Director of CMH, this dual role held by David McGrath will advance the relationship between the two branches and see greater focus on improving service delivery to the many people who have a diagnosis of mental illness and drug and alcohol abuse.

Best Wishes
Jenna Bateman

STRATEGY GAINS MOMENTUM

Voluntary Minimum Standard:

During consultations for the Strategy we found considerable support for the introduction of a voluntary minimum standard of training for community based mental health workers. It was felt that completion of core modules from the Certificate IV in Mental Health (Non-clinical) represented an appropriate minimum skill set for the sector. To ensure accessibility we are proposing three possible delivery styles. These are through the completion of:

1. The Certificate IV in Mental Health (Non-clinical)
2. The Traineeship in Mental Health (Non-clinical)
3. A CD based Orientation Kit allowing the core modules to be studied either in classroom based lessons or through distance education.

Training Calendar:

We will develop a training calendar of courses relevant to workers and volunteers from NGOs providing mental health services. The calendar will be available on the MHCC website as well as in hard copy. It will be updated regularly and will show courses that are run by the MHCC as well as relevant courses run by other training providers. The calendar will contain information about courses concerned directly with mental health service provision as well as courses in management, administration and general workplace issues. At present there are many gaps in the selection of courses available to workers in NGOs providing mental health services. MHCC plans to run relevant courses to fill these gaps.

Quality and Outcomes:

The work we are currently undertaking in this area aims to give support to the sector through providing information, opportunities to dialogue, and (in time) recommendations about the use of data collection and consumer outcome measurement processes. This is in recognition that funded NGOs working for mental health are increasingly expected to use these processes, to demonstrate the difference they are making for consumers.

We aim to develop a traineeship for both new and existing workers aligned to the Certificate IV

Outcome Measurement:

MHCC held a day long Strategic Discussion with member organisations in July 2005, entitled 'Outcome Measurement: Mapping the Difference We Make: Mental Health Outcomes in the NGO Sector.' Organisations from many different service types were represented, and there was enthusiasm and commitment to develop processes and skills in consumer outcome evaluation, which reflect the values of community based services providing psychosocial support. Papers from the day, including speakers' presentations and a summary of the discussion, are on the website.

Among the speakers were Jonine Penrose-Wall, Quality Manager for Macquarie Hospital, and Trevor Crowe of the Illawarra Institute for Mental Health. Jonine spoke about the need to situate the discussion about outcomes in the context of NGO theory and practice. In discussing evaluation, she pointed out that 'NGOs need (evaluation) technologies that:

- suit the work they actually currently perform;
- suit the expectations the community and consumers have of their role in society; and
- suits their own purposes for service development: that is, which answers their own evaluation questions and needs.



Edwina Deakin, Facilitator and Sarah Buxton, MHCC at the Outcome Measurement Seminar

In discussing the stages NGOs will need to undergo in developing consumer evaluation processes, she suggested 'You nurture evaluation capacity, build readiness and an evaluation culture that is a learning culture.'

In his talk, Trevor Crowe explored the question: Why measure outcomes? He indicated that for consumers; 'the process provides a point of feedback and dialogue to evaluate the treatment they receive'; for clinicians; measuring outcomes informs treatment decisions, and monitors consumer progress; and for the mental health system; measuring outcomes guides policy and service development through the establishment of outcomes benchmarks, and informs staff development and training needs.

MHCC is now writing a Discussion Paper to provide information, evaluate tools and processes, and develop choices in Outcome Evaluation for organisations in the sector. A further meeting will be held to take this process forward.

HASI PHASE 3 TENDERS ANNOUNCED

Congratulations to the successful applicants who have been chosen to provide 126 places of high-level accommodation support across NSW. The Housing and Accommodation Support Initiative (HASI) is now in its third phase of a joint initiative between NSW Health, Housing and the NGO sector that commenced in 2002. Listed is both current and former Area Health Service (AHS) boundaries as allocation for HASI was made prior to amalgamation of the AHS's.

Psychiatric Rehabilitation Association (PRA) – 12 places

Greater Southern/ Southern	12
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New Horizons – 38 places

Northern Sydney & Central Coast/ Northern Sydney	14
Central Coast	8
North Coast/ Mid North Coast	8
Northern Rivers	8

Richmond Fellowship - 16 places

Greater Western/ Macquarie	8
Mid-West	8

St Lukes – 22 places

Greater Southern/ Former Great Murray	6
Sydney West/ Former Western Sydney	8
Sydney South West/ Former Central Sydney	8

Neami – 38 places

South Eastern Sydney & Illawarra/ South Eastern Sydney	8
Illawarra	6
Sydney South West/ Sydney South West	12
Hunter New England Former Hunter	12

OHS GUIDELINES FOR DISABILITY SECTOR

MHCC attended the launch of the Disability Services Occupational Health and Safety Project (DSOP) which was part of a one-day seminar held on 31 August, hosted by ACROD to address OHS challenges in the disability sector. It was attended by more than 130 representatives of disability service providers, service users, workers and government.

The DSOP was announced in June 2005 as an outcome of the high level working group on OHS issues and is being overseen by ACROD NSW Division, WorkCover NSW and the Department of Ageing, Disability and Home Care (DADHC). The aim of this one year project (July 05 – June 06) is to ensure service providers in the disability sector are able to provide essential services to people with disabilities and meet their OHS obligations.

The tensions between the OHS Act and the Disability Services Act (DSA) will define the way the project needs to move forward while promoting the importance of helping people with a disability move outside their homes. The Project aims to identify key risk areas requiring attention that are particular to the disability sector. It will develop and promote a “reasonably practicable” approach to risk management by identifying and promoting guidance materials, tools, and best practice approaches to improve risk management of high risk activities or areas. Strategies

to support service providers will be recommended and the cost benefits will be promoted.

While the project is welcomed by the sector, criticism has been made that there is no consumer representative on the working group to ensure joint decision-making during consultation. The working group assured consumers that they would be consulting with a broad range of stakeholders including worker and consumer representatives during the course of the project.

A project report is scheduled for early 2006 and consultation will be carried out through the DSOP working group, workshops, site visits with comments to be accepted in response to the project report and evaluation.

The Seminar also included presentations from the leading partners, and service provider representatives from Family Advocacy and Windgap. Concurrent workshops were conducted in the afternoon focusing on accommodation support, community support, community access, respite and employment. The workshop groups identified generic and specific issues in the areas of; employer obligations, resources, environment and service user characteristics.

For more information on the DSOP please contact Celia Murphy from ACROD on celia@acrodsw.net

DADHC'S NEW OHS PROGRAM FALLS SHORT

The Department of Ageing Disability and Home Care (DADHC) have commenced an occupational health and safety (OHS) program designed to reduce risks to its staff. As pointed out by People With Disabilities (PWD) in their recent newsletter, there has been no specific mention of risks to service users despite there being a significant number of reported incidents of injury to DADHC service users over the past 3 years.

DADHC advises that the Integrated Monitoring System (IMS) will monitor and review how well providers and services are performing against funding requirements and against standards of safety and quality. The IMS framework comprises:

- Service Provider Annual Return
- Service Reviews – including a triennial review currently using the Continuous Improvement Matrix (CIM)
- Reporting Requirements such the Minimum Data Set
- External reports arising from agencies such as the Ombudsman's Office

While MHCC encourages the development of improved systems to monitor the safe provision of services, it is unclear as to how the IMS will actually work to address the needs of people with a mental illness.

The Paterson Whitlam Support Service from Aftercare was one of the test organisations involved in the early development of the IMS. As an Outreach service for people with an intellectual disability, they found many of the questions posed to them could not be fully addressed as the IMS assumes 'one size fits all', yet seemed to be aimed at accommodation group homes. They also commented on the unresolved issue relating to how community services will manage the tensions between the Disability Services Act (DSA) and the absolute obligation of employers to guarantee safety in the workplace found in the Occupational Health and Safety (OH&S) Act and associated regulations.

MHCC concurs with the concerns that PWD have outlined below which highlight some of the shortcomings of the IMS:

- The IMS incorporates very little of the statutory framework and legal obligations governing the provision of disability services in NSW, the (DSA) and its objects, and principles and applications of principles in

particular. It establishes no minimum acceptable standards for service quality.

- It is not clear how DADHC will deal with its conflict of interest in monitoring its own services.
- Some quality improvement measures will require additional funding, e.g. to move from a congregate to community-based service system. DADHC is the agency principally responsible to provide these funds. DADHC therefore has a conflict of interest in administering the monitoring system.
- There is no provision for consumer participation in the monitoring process, despite the clear obligation for it contained within the DSA.

Kaiyu Enterprises Inc, one of MHCC's members, also expressed the concern that the IMS may perpetuate the difficulty NGOs have in accounting differently to different departments, unless other NSW Health and human service departments work together to develop a common pathway.

...it is unclear as to how the IMS will actually work to address the needs of people with a mental illness.

MHCC supports PWD's preference for an independent accreditation agency to review disability services against the requirements of the DSA. Such an accreditation agency and approach was recommended in the NSW Law Reform Commission's 1996 Review of the Disability Services Act.

Further information about the Integrated Monitoring Framework is available on the DADHC website: www.dadhc.nsw.gov.au

MHCC COMMENTS ON OHS ACT

The Occupational Health and Safety (OHS) Act 2000 is currently being reviewed to determine whether the Act's objectives remain valid and whether the provisions of the Act remain appropriate.

MHCC submitted a response to WorkCover NSW with input from members. As initially recommended by the Housing Working Group, the report was prepared by Russell Lynch consultants, specialists in risk management. MHCC's submission outlines the view that the OHS Act as it currently stands imposes an unrealistic burden on mental health providers in NSW and provides little clarity as to how these organisations can meet their legal duties. MHCC suggested ways in which these issues could be addressed including removing the absolute nature of the duty of care under the Act by imposing the proviso of "reasonable practicability". The full document can be viewed at www.mhcc.org.au.

A SECOND WIND FOR JGOS



Partners include:

- Department of Housing (DoH)
- NSW Health (including Area Health Services)
- NSW Aboriginal Housing Office (AHO)
- Aboriginal Health and Medical Research Council of NSW
- Department of Community Services (DoCs) and as agreed locally:
- Aboriginal and community housing providers
- Non-government mental health service providers
- SAAP services

The Joint Guarantee of Service (JGOS) is a multi-agency, multi-sector initiative which aims to coordinate the delivery of services to people living in social housing who have mental health problems and disorders and who have ongoing support needs. This memorandum of understanding (MOU) is an agreement from the partners to work together for the benefit of individuals assisted by these agencies.

JGOS has a chequered history failing to establish clear outcomes in a number of areas but was re-launched in 2003 in a new expanded form. Still undergoing full implementation it has been broadened to encompass housing, support or health services delivered by non-government agencies and includes a specific focus on Aboriginal client service. The new JGOS also includes a defined role for systemic advocacy in assisting tenants as well as greater consumer participation and overall improved systems of confidentiality.

JGOS has been developed to improve the outcomes for individual consumers and for their improved health and wellbeing. Early intervention aims to avoid homelessness or tenancy becoming destabilised. When working well it strengthens networks between Health, Housing, NGOs, Aboriginal Housing and SAAP workers through shared responsibility for problem solving. Ideally, stakeholders in each region collectively meet on a regular basis to discuss and resolve individual client cases as necessary and apply a collaborative and considered response.

Community Consultation

The new arrangements for the Guarantee of Service are being gradually implemented during 2005 and began with a series of public information forums held around NSW from June to September 2005. The DoH have clearly put in a big effort to set up the forums which were intended to inform all stakeholders about the new expanded JGOS, gain feedback and local knowledge while providing a base for future local processes.

Challenges

MHCC members attending the forums have expressed disappointment at an absence of some of the key JGOS partners at the forums they attended, causing a lack of stakeholder confidence. Implementation and participation

appear to be the real challenges for JGOS as full support by all of the players is necessary to form collaborative partnerships to enable flexible, client focused responses.

A further challenge is lack of support to enable people to participate in JGOS. This is a major barrier to wider involvement, as already overworked and over-stretched services are expected to contribute their time without any extra resources being made available.

JGOS has a chequered history failing to establish clear outcomes in a number of areas but was re-launched in 2003 in a new expanded form.

Resource & Information Kit

Another big improvement in the new JGOS is the development of a range of practical resources and a comprehensive information kit to assist all stakeholders to implement the JGOS. The 'Kit' will soon be widely available.

The information kit will provide a flexible training tool for use by local partners. It will also help to clarify roles and responsibilities and provide practical help for solving problems and sustaining communication with other partners, despite the inherent differences. It is designed to work in a range of delivery environments including multi-agency and train-the-trainer.

Evaluation

MHCC is pleased that a formative evaluation process has been implemented into the new JGOS in 2005-06 which will identify improvement opportunities, particularly at the governance and service system levels. It is anticipated that a separate outcomes evaluation will be undertaken in 2007-08. Both evaluations will be informed by an overarching evaluation framework, which is currently being developed and informed by the Strategic Partners Committee and the Implementation Reference Group.

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WORKPLACE RIGHTS UNDER THREAT

The Australian Services Union – NSW has delivered a frightening analysis of the possible impacts of the Federal Government's proposed Industrial Relations changes. MHCC recently attended a briefing by ASU president, Sally McManus who painted a dire situation for the community sector if the Government carries out its plans, which include, abolishing or severely scaling down conditions under the SACS Award.

In recent months the Federal Government has made a number of announcements which represent significant challenges to the maintenance of conditions of employment, long term funding and the quality of service standards in the SACS Industry. Announcement to date include:

- The use of the Corporations Power of the constitution, which will cause the abolition of the existing state award;
- The exemption of unfair dismissal laws for businesses that employ up to 100 employees;
- Removal of existing allowable award matters including: jury service, notice of termination, long service leave and superannuation.
- Small businesses will also be exempt making redundancy payments
- For reasons of increased workplace flexibility, provision will be made for the review of existing award wage and classification structures.

The proposed changes in industrial relations could affect community organisations in a most detrimental way including:

- Absence of Awards could reduce the community organisation's ability to influence Government to fund at an appropriate level
- Majority of the community agencies will not have any power to negotiate improved collective or individual contracts for staff as their funding will not be increased.
- Most community agencies do not have the capacity or resources (including legal advice) to the level of individual negotiations. Increased unrest and disruption to work will result from this.

- Trust will diminish between workers and employers and this will impact negatively on the operations of the organisation in the community sector which is built on co-operation and working together.
- Community services to disadvantaged and vulnerable people may decline and minimum standards may deteriorate if funding is reduced or if there are increased costs in a system based on individual negotiations.
- The possible loss of penalty rates will make it increasingly more difficult to attract people to shift work and extended hours.
- Without a legal base, some employers may reduce the categories of workers and this is dangerous given the complexity of the work undertaken in community agencies.
- Difficulties attracting and maintaining suitably qualified and experienced staff will occur
- Staff turnover will increase and cause increases in the cost of training and recruiting and raise issues of increased risk
- Increased competition could lead to asset stripping of not-for-profit agencies and be a cost driver for increased costs in providing community services.

For more information about the proposed changes visit: <http://www.asu-standingtogether.org/>

MHCC encourages you to express your concerns to Coalition senators and / or your local Federal member (for details visit: <http://www.aph.gov.au/>)

Unions will be convening a National Day of Community Protest to protect the rights of working Australians on November 15. For more information visit: http://actu.asn.au/work_rights/

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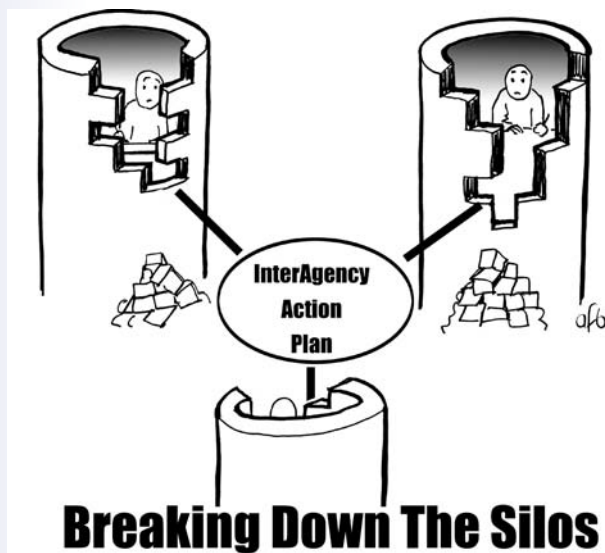
As MHCC is a member of the JGOS Implementation Reference Group we hope to be able to provide recommendations which will help to further establish the newly expanded JGOS and its successful implementation and encourage you to send your comments for inclusion to: info@mhcc.org.au.

The full Joint Guarantee of Service document is available on the internet at: http://www.health.nsw.gov.au/pubs/j/pdf/joint_guar_mental.pdf
or more information contact: Elena Katrakis at the NSW Department of Housing at: elena.katrakis@housing.nsw.gov.au



STRATEGY FOR CROSS GOVERNMENT APPROACH TO MENTAL HEALTH IN NSW

The recently released, Interagency Action Plan for Better Mental Health, is a significant document representing the NSW Government's plan to improve mental health services through collaboration and partnership across government departments.



This Action Plan is a major outcome of activities of the Senior Officers Group on Mental Health which was set up in response to the 2002 Mental Health Inquiry. The importance of developing a cross-agency focus on mental health was identified by the Legislative Council Select Committee Inquiry into Mental Health Services which reported to the NSW Parliament in December 2002. The outcomes of the Inquiry provided the impetus for establishing mental health as a standing agenda item on the Human Services CEO Forum.

It is encouraging to see that for the first time the NSW Government has set out a strategic whole-of-government approach to mental health policy. The Action Plan recognizes that a number of government agencies have a role to play in responding to the needs of people affected by mental illness and sets out a coordinated plan to managing these needs. The Action Plan is seen as a companion plan to the NSW Mental Health Plan 2005-2010 which will provide a framework for the development and enhancement of mental health services delivered through Area Health Services and partner organisations in NSW

The Interagency Action Plan recognises that to improve mental health a clear direction and structure for ongoing coordination of responses to mental illness is required in the three strategic areas where specialist mental health services intersect with other agencies.

The Interagency Action Plan for Better Mental Health is focused on improving the coordination of services to realise three key aims:

- 1. prevent or intervene early in the onset of mental illness*
- 2. improve community support to those who need continuing care, and*
- 3. improve responses to mental health emergencies.*

Strategic Directions

1. getting in early: prevention and early intervention

The aim is to assist people at risk of developing mental illness or in its early stages by bringing together clinical services, child, youth and family services, education, disability services and juvenile justice.

2. breaking the cycle: community support services

This strategy recognizes the need for stronger links between mental health, primary care and a broad range of government and non-government agencies so that people with a mental illness can have a good quality of life in the community. The intention is to also break the cycle of re-admissions, social exclusion, homelessness and unemployment. Strategies include; providing the appropriate service at the right time; timely coordination of supports; improved education

3. coordination of emergency responses

This strategic direction focuses on ensuring people experiencing acute mental illness or behavioural disturbances are safe and receive appropriate care. The role of mental health crisis or acute community outreach teams is addressed, as well as the responsibility of a range of other services including the police, ambulance, emergency departments (EDs) and telephone counselling lines.

Implementing the plan

The Plan identifies priorities associated with each of the particular strategies as well as identifying relevant partners under each of the strategies. Hopefully this direct approach will encourage and enforce participation and accountability across all government departments and NGOs.

Implementation of the priorities for action set out in this five year plan will be monitored in yearly reports to Cabinet. It will involve two main working groups (already in operation), one focusing on emergency care and the other focusing on prevention, early intervention and community care. These working groups will progress the specific activities identified in the Action Plan, engaging relevant

stakeholders as required, before beginning to explore other issues. Progress will be reviewed by the Human Services Chief Executive Officers Forum which will report annually to the Cabinet Committee on Human Services.

The Government has acknowledged that the actions set out in the plan can only be achieved through engagement with non-government organisations, families, carers and people who experience mental illness. Regional planning will be carried out at the local level which will target key population groups.

MHCC is impressed with the makings of the plan and sees it as a positive first step that has been taken by the NSW Cabinet's Senior Officers Group on Mental Health. Obviously the promise of interagency collaboration and partnerships between the government and community sector relies on all the players cooperating; with specific responsibilities and a range of processes and outcome measures in place we must be optimistic. The intention is for the plan to be an active document with further initiatives flowing from the development of partnerships between agencies and services, and we look forward to its unfolding.

WHAT ARE THE MENTAL HEALTH TASKFORCES UP TO IN NSW?

Currently there are two mental health taskforces in NSW:

- **The Mental Health Implementation Taskforce**
- **The Priority Taskforce for Mental Health**

The Mental Health Implementation Taskforce has been operating since March 2004. The role of the Taskforce is to oversee the implementation of the Government Response to the 2002 Senate Select Committee Inquiry into Mental Health Services in NSW and similarly to oversee the implementation of the Government's response to the Report of the NSW Sentinel Events Review Committee.

The establishment of a sound structure on which to base future funding and improvements is also a key function of the Taskforce. The Taskforce is chaired by Dr Brian Pezzutti who also chaired the Senate Inquiry and membership comprises political representation, senior NSW Health staff, clinicians and community representation including NGOs and consumers and carers. MHCC Executive Officer Jenna Bateman sits on this Taskforce for MHCC.

The Implementation Taskforce has monitored some positive initiatives such as the recently released NSW Interagency Action Plan for Better Mental Health which stemmed from the Government's response to recommendations 1 and 2 of the Inquiry. This plan details an across government approach to mental health and can be accessed at <http://www.cabinet.nsw.gov.au/interagency.pdf>

Recommendation 3 of the Inquiry called for an independent review of the incidence and circumstances of suicide in NSW. This work has been monitored by the Taskforce and has resulted in a formal strategy of training and protocols within mental health services.

A number of recommendations pointed to the need to review the Mental Health Act 1990 and this process has also been monitored by the Taskforce. The second draft for public comment is due out in October 2005.

Work occurring around each of the 120 recommendations within the Inquiry has been detailed and is reported on at the Taskforce meetings. It is envisaged that a final report be produced on the implementation of the recommendations for general dissemination. The Implementation Taskforce is scheduled to disband at the end of 2005.

The NSW Mental Health Priority Taskforce has been established by the NSW government as an advisory body to contribute to the development of new policy directions and service improvements in the mental health system. It has been in operation since June 2005. The Taskforce was recently briefed on the new Interagency Action Plan for Better Mental Health and will be involved in its ongoing implementation process.

The Taskforce, made up of a group of mental health stakeholders from the government and non-government sector, will be kept up to date on current developments and be asked to comment on future directions for mental health services in NSW over the next 2 to 5 years. MHCC Chairperson, Leone Crayden sits on this Taskforce for MHCC.

The origins of this Taskforce lie with the Minister for Health's announcement of reforms to the NSW health system detailed in the document Planning Better Health. The reforms include a new clinical and community participation framework, which includes the establishment of the Health Care Advisory Council and Health Priority Taskforces (one of which is the MHPT). The Health Priority Taskforces will maintain linkages with each other and report to the Health Care Advisory Council, which in turn will provide advice to the Director-General and Minister for Health.

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The Terms of Reference of the Mental Health Priority Taskforce include:

- Provide direction and leadership for the development of an integrated mental health service for NSW
- Provide advice in relation to strategic planning for NSW mental health services
- Establish and maintain effective linkages for planning and communication
- Engage the community and carers in consultation, policy development, service planning, implementation and evaluation
- Review mental health programs and initiatives
- Investigate new and innovative models of service delivery

The Taskforce most recently held a planning workshop in which they identified priority themes including:

- Prevention, early recognition, early intervention and promotion
- Acute care (including police and ambulance)
- Long term care, community and family support (rehab and recovery)
- Service integration (overlap areas [substance misuse, developmental disability, physical illness], GPs and other health sectors)
- Resources and capacity of health workforce. Specific actions have also been recommended and relevant partners identified. Central to all of these priority themes are: areas of need (rural and remote, indigenous and CALD), General Practitioners (GPs) and quality of service.

CONSUMER RUN SERVICES ACKNOWLEDGED

A recently released Canadian report has shown that services run for, and by mental health consumers play a critical role in promoting recovery for people with a mental illness, and to date have been undervalued socially and financially.

The report explores the Canadian model, known as consumer/survivor initiatives (CSI's) which can take many forms including employment and training programs, peer support, advocacy, and Patient Councils at both general and psychiatric hospitals.

"Consumer/Survivor Initiatives: Impact, Outcomes and Effectiveness" has gathered research which demonstrates CSIs are vital to the mental health care system; they improve people's health outcomes and support recovery, as well reducing the use of hospital, emergency and other expensive services.

Consumer run services are vital to the mental health care system.

The outcomes of this report will surely be no surprise to initiatives such as Pitane, an Australian consumer run Recovery Centre operating on the grounds of Manly Hospital and offering a broad range of recovery activities for consumers. Desley Casey, Consumer Participation Service Coordinator at Pitane hopes this report will be

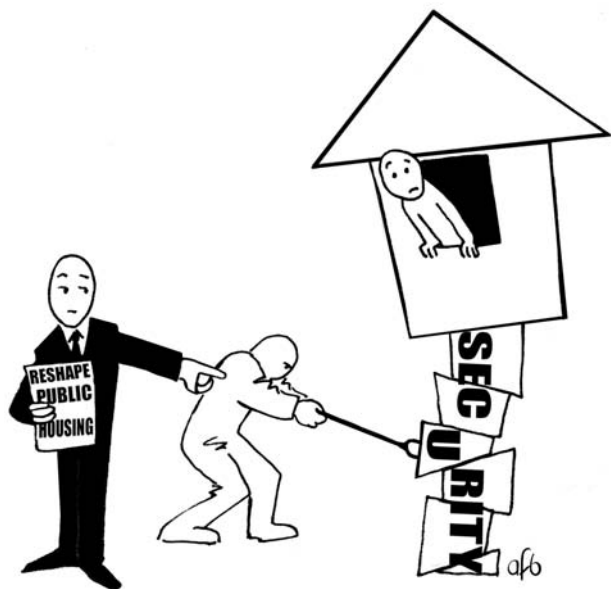
highlighted to the Commonwealth Government as it gives validity to what many Australian consumers have known for many years.

"Maybe this report can be the turning point, which sees consumer groups and organisations adequately funded to provide this very important recovery component to the continuum of care delivery provided by mental health services" said Desley.

The report was developed in partnership with the Centre for Addiction and Mental Health, the OPDI, CMHA, Ontario and OFCMHAP. The full report can be found at each organization's web site, including www.ofcmhap.on.ca

BIG CHANGES FOR PUBLIC HOUSING

The State government's conclusive reforms to Public Housing are now being implemented by the Department of Housing (DoH) and have received wide criticism from the community sector. An end to security of tenure, changes to eligibility for new applicants and rents increases are the most significant changes under the reform package, Reshaping Public Housing, established in April 2005.



The removal of security of tenure may have far-reaching ramifications as DoH staff will now have to make judgments about the circumstances of tenants and their prospects for improvement. Shelter NSW have commented that this could create a churning of tenants in between private rental, public housing and homelessness, especially as the overall supply of public housing will not increase over the next ten years. It is also feared that changes to eligibility will reduce the diversity of the social profile of DoH tenants, thus compounding problems associated with concentrating people with complex needs on one form of housing.

Housing peaks including Shelter NSW and key welfare organisations have been engaged as part of an implementation reference group working with DoH. Engagement with the NGO's has already resulted in some agreement for the amelioration of possible ways the policies will be implemented.

The Reference Group are currently addressing the most immediate issues, being water charges to tenants and criteria for allocation into housing. The first new tenants have already received one year leases and upon expiry will be offered fixed term leases in line with the new policy, if they are eligible.

The changes to NSW public housing fall into three broad areas.

Changes that will reinforce and entrench the focus of the welfare housing sector on those 'most in need'

- Changes to eligibility for new applicants
- Institution of fixed-term (renewable) tenancies for new tenants
- Rent levels at 30% of income for moderate-income earners

Changes to generate revenue

- Reviews of market rents
- Rent levels at 30% of income for moderate-income tenants
- Increased take from family tax benefit for rent-setting
- Water charges passed on to tenants

Changes to soften the blow

- Commitments on upgrading and reconfiguring existing stock
- Improvements to maintenance program
- Improvements to relations with other human service agencies

Applicants who applied for public housing before the changes were announced (27 April 2005) will be assessed under the old, income criteria. Applicants who apply between 27 April 2005 and 30 June 2006 will be assessed under the old income criteria, but will be re-assessed under the new criteria after 1 July 2006. Applicants who apply from 1 July 2006 will be assessed under the new criteria.

People are encouraged to express their views to government about the Reform Package to the new Housing Minister, Ms Cherie Burton. To view the original policy and detailed FactSheets about the changes, visit the Department of Housing website: <http://www.housing.nsw.gov.au/>

INSURANCE SAVINGS FOR MHCC MEMBERS

The NCOSS Insurance Program is now up to an exciting stage linking not-for-profits undertaking similar activities to form groups that can obtain additional insurance premium savings. These savings can be substantial, with a recent pilot receiving savings of up to 30% for members of that group; however final savings would depend on the grouping's activities.

NCOSS are currently investigating a grouping for the Mental Health Coordinating Council's members. By presenting the insurer with a grouping consisting of MHCC members rather than a disparate lot of individual organisations, the insurer will provide reduced premiums for the whole group. This removes the minimum premium barrier that has affected organisations buying their insurance as individuals.

The grouping would be placed inside the NCOSS bulk buying insurance scheme: NCOSS Community Cover, it only uses Australian authorised insurers, and it covers the full range of insurance policies needed by community organisations. Organisations can select the specific insurance policies they need out of the pack and can specify their individual sum insured requirements.

It is hoped that the scheme will be operational by 1st November 2005. To assist commencement of the scheme, interested organisations can contact Sandra Handley at NCOSS (details below) and they will be forwarded a proposal form to complete and return to NCOSS. Once NCOSS has ten completed proposals they can provide these to the brokers who will organise a rating for MHCC members. Once the rating has been formulated, MHCC members will be informed and can then obtain quotes under the MHCC grouping.



MHCC is very excited by the opportunity to assist its members reduce their insurance costs and we encourage organisations to support this initiative as once the grouping is operational the scheme will have stronger negotiating power to pressure insurers to further reduce prices next year. In addition, NCOSS receives a percentage of commission on each policy sold which will enable the program to continue providing insurance and risk management assistance and training to the sector when government funding expires at the end of 2005.

If you have any questions about the grouping or about insurance in general contact Sandra Handley at NCOSS on 02 9211 2599, ext 104, or by email: sandra@ncoss.org.au.

ABORIGINAL CHILD HEALTH SURVEY CALLS FOR ACTION

Findings from the Western Australian Aboriginal Child Health Survey, studying the social and emotional wellbeing of Aboriginal children and young people have now been released.

It is the most extensive survey of Aboriginal families ever undertaken. The survey was designed to build the knowledge to develop preventative strategies that promote the healthy development and the social, emotional, academic and vocational wellbeing of Aboriginal and Torres Strait Islander children.

The report has called for a national strategy to break the cycle of Aboriginal poor health that looks beyond health to the resources needed for healthy child development. Action within the health care system to improve outcomes would include:

- Improving nutritional knowledge and access to affordable nutritious food
- Improving rates of contact of Aboriginal families and children with health services
- Improving the availability of maternal health services and supports
- Reducing the rates of pre-term and low birth weight babies
- Reducing the rate of early teenage pregnancy
- Reducing rates of tobacco, alcohol and other drug use, particularly in pregnant women
- Reducing the rates of childhood infectious diseases

The five volume report covers health, social and emotional wellbeing, education, family and community and Justice and is now available to view and download from the following website www.ichr.uwa.edu.au.

WELFARE TO WORK REFORMS OFFER NO INCENTIVES

Single adults with disabilities will lose up to \$122 a week in 2006-07 under the Howard Government's proposed welfare to work reforms, according to a new study from the National Centre for Social and Economic Modelling (NATSEM).



In the May 2005 Budget the Federal Government proposed a range of welfare to work measures, including that those people with disabilities who apply for income support after 1 July 2006 and who can work 15 hours a week or more will be placed on Newstart Allowance rather than the Disability Support Pension (DSP).

The reality is that the Newstart Allowance is \$46 a week lower than DSP and the income test and income tax treatment are much less generous. The NATSEM report has also identified that those who actually gain work in minimum wage jobs for 15 hours per week will be effectively working for \$2.27 an hour as a result of a sharp increase in effective marginal tax rates under the new system. To download a copy of the paper visit: www.natsem.canberra.edu.au

Lobbying by the Disability Participation Alliance (made up of ACROD and other welfare peaks) has resulted in modest but welcome changes to the Reform Package by assuring that no job seeker will lose income support without having been given a formal warning or a chance to have personal contact with Centrelink. While job seekers will be able to avoid a penalty for not attending a job interview, through immediate re-engagement with Centrelink, an eight-week non-payment period will apply if there is repeated refusal to participate or refusal of a reasonable job offer. However, if a job seeker is assessed as 'vulnerable' he or she will receive case management and financial assistance to meet expenses during the suspension of payments.

Other changes to the Package have acknowledged parents in special circumstances, including those caring for a child with an illness or a disability, making them eligible to receive temporary exemption from mutual obligation requirements. Some minor extra benefits for job seekers with disabilities may also be available.

MHCC is concerned that the Welfare to Work Package is structured as a compliance regime, assuming jobseekers who fail to meet activity requirements do so because they simply do not want to work. The reality is that people with a mental illness will have unforeseen difficulties getting to job interviews due to a number of issues including unpredictable health, problematic access to transport or inconsistent contact details. Unfortunately the new system does not seem to be providing people with a mental illness the support and incentives they need to find and keep a job.

For more information visit: www.acoss.org.au/ or www.acrod.org.au

INQUIRY INTO EMPLOYMENT AND DISABILITY

The Human Rights and Equal Opportunity Commission released an Interim Report of the National Inquiry into Employment and Disability titled 'WORKability: People with Disability in the Open Workplace' on 17/8/05. The main aims of the Inquiry, launched in March this year, are to identify the primary reasons for low participation and employment rates for people with disabilities, and to work towards practical, achievable solutions. The purpose of the Interim Report was to summarise the concerns and suggestions contained in the 133 submissions already made to the Inquiry; to make Interim Recommendations on

the basis of those submissions; and to set out a plan for further action. Feedback to the Inquiry so far suggests that a lack of quality information, the costs of participation and employment, and the risks if a job didn't work out were the main issues of concern to both employees with disability and employers.

For information about the Inquiry, Issues Papers, current submissions, the full Interim Report and Interim Recommendations, visit the Inquiry website at: www.humanrights.gov.au/disability_rights/employment_inquiry/index.htm

RECENT MHCC SUBMISSIONS

Productivity Commission Study into Pressures Facing the Health Workforce

MHCC developed a submission drawing in part from the work of the NGO Development Strategy outlining the workforce development needs of the mental health NGO sector.

Review of the Guardianship Regulation 2000

The Guardianship Regulation (which is part of the Guardianship Act) will be automatically repealed on 1st September 2005 as a result of the operation of the Subordinate Legislation Act 1989. In its submission, MHCC commented that the existing provisions which relate to substitute consent for medical and dental treatment for people who are unable to give their own consent and the provisions relating to enduring guardians are clear and reasonable. The provisions consider the welfare and interests of people with a disability and protect them from abuse, exploitation and neglect

Review by the Australian Medical Council of the Education and Training of Psychiatrists provided by the Royal Australian and New Zealand College of Psychiatrists

MHCC identified the need for improvement in the area of increased awareness of, and links with, non-government/community based mental health organisations and a more holistic view of consumers' lives and needs. MHCC acknowledged that symptom control and medication management are important, yet many consumers also have needs in areas such as supported accommodation, development of employment related skills, social support and recreational activities. The need was stressed for an increased awareness on the part of psychiatrists of the relevance of such programs as an important part of consumer treatment and rehabilitation.

Amendments to the Anti-Discrimination Act 1977 (NSW)

MHCC's submission to the Anti Discrimination Board addressed the wording of certain advertisements relating to programs to assist victims of domestic violence which portray people with a mental illness as violent. MHCC expressed the view that the legislation relating to vilification should be changed to include people with mental illness.

(Submissions available for viewing on www.mhcc.org.au)

MHCC AT THEMHS

MHCC presented two papers at the Adelaide TheMHS this year giving an update on the following projects:

- The NGO Development Strategy
- Mental Illness Substance Abuse (MISA) National Illicit Drug Strategy (NIDS) DoCs, MHCC Dual Diagnosis Project.

Both papers were well received by a broad range of delegates involved in mental health services across Australia and New Zealand. Further information on both projects can be found at www.mhcc.org.au

CAUSE FOR CELEBRATION

Congratulations to all 13 winners of the Australian and NZ Mental Health Achievement Awards, presented at THEMHS Conference 2005, three of which were NSW mental health services. We are particularly proud of our member organisations; ARAFMI for their Kids Connecting Program and Sandy Watson for her Consumer Advocacy Course.

★ NSW Institute of Psychiatry - Consumer Advocacy Course,

Silver Award : Consumer-Run Program or Service

The Consumer Advocacy course is coordinated by Sandy Watson and provides training to mental health consumers interested in consumer advocacy. MHCC is a member of the Consumer Advocacy Course Committee and also contributes to the teaching of the course. Contact: Sandy.Watson@nswiop.nsw.edu.au

★ Family and Carer Support Program, Greater Southern AHS (Stephen Brand)

Gold Award: Family/Carer-Run Program or Service

Contact: Stephen.Brand@sahs.nsw.gov.au

★ Central Coast Young ARAFMI - Kids Connecting Young People Connecting Parents Connecting Programs

Silver Award : Infant, Child and Adolescent

Young ARAFMI was born from the experience of on-the-ground workers who saw a distinct group of invisible carers in children and adolescents. Supporting children individually through Kids Connecting is a key element to this preventative mental health program. Contact: Rhonda.Wilson@bigpondl.net.au



NEW HORIZONS

New Horizons was formed in 1981 as the Macquarie Hospital North Ryde Auxiliary Limited. It had previously been a loose knit group of parents and other carers who acted as a fund raising organisation for people living in Macquarie Hospital. One of the funding sources was a service station that commenced in 1967. These people considered that they should do more than just fund raise - so they formed the company.

With encouragement from NSAHS these parents and carers established an accommodation service for 50 residents who mainly had a psychiatric disability. In 1983 with Commonwealth Government funding they built a factory and offices of 1000m2 on land leased from the NSW State Government. This building opened as a Business Service ("sheltered workshop" as it used to be called) for 80 people with either an intellectual or psychiatric disability.

The name was changed to New Horizons Enterprises Limited in 1990 to remove the potential for stigma of the employees with a disability who worked for New Horizons.

People with a disability are living longer than ever before and are ageing similar to others in the community. Because of the need to provide aged care support to the people living in New Horizons supported accommodation, we purchased a small 32 bed nursing home in 1994. Aged care then became a core function of New Horizons. In 1998 another nursing home with 46 beds was purchased.

Also in 1998 we decided to grow New Horizons so that we would have the resources to cover the increasing complexity and cost of governance, insurance, accountability, administration, communications, consumer outcomes, staff expectations and other aspects of being in business. The result of this decision is that New Horizons now supports over 600 people and employs 300 staff. We now operate in the Hunter, Central Coast and Sydney.

Recognising the quality trend of residential aged care and the financial imperative of having sufficient size we decided to close the two small nursing homes and build one larger one. This was a substantial project for New Horizons. The

nursing home was opened by the PM, John Howard in 2003. By a twist of history, Mr. Howard also opened the New Horizons factory and offices in 1983.

The services that New Horizons provides are:

- Accommodation support, including HASI, in Sydney, Central Coast and Hunter.
- Employment support, in a factory at North Ryde
- Pre vocational support in South West Sydney and the Central Coast
- Community aged care for people with a disability in northern Sydney
- Out reach programmes in northern Sydney
- Residential aged care in North Ryde

Approximately 320 of the people that New Horizons supports have a mental illness.

New Horizons is now a mature organisation. We are using our corporate resources to develop innovative services and contribute generally to the disability sector. We are committing increasing funds to staff development. We have recently completed a 100m2 training and meeting facility in North Ryde so that we can better deliver staff training. We are also planning a 500m2 extension to the disability employment factory.

We have confidence in our future and our ability to make a positive difference.

NEW HORIZONS ENTERPRISES LIMITED

Tel: (02) 9887 4111

Fax: (02) 9887 2823

Email: admin@newhorizons.net.au



Creating and Promoting Opportunities, Skills and Training – workers at the packaging factory

OCTOBER 2005

Interchange Respite Care (NSW) 2005 State Conference

"Ensuring the Balance"

When: 19-21 October 2005

Where: Pelican Beach Resort, Coffs Harbour

Further info: www.interchangensw.com.au

NOVEMBER 2005

Mental Health - Rural Health - Our Health

When: 16 - 18 November 2005

Where: Twin Towns and Quest Resort - Tweed Heads

The theme acknowledges the multi-faceted approach that clinicians, managers and policy makers face when making mental health decisions in rural and remote areas.

Further info:

<http://www.astmanagement.com.au/nswhealth5/> or Ph: 07 5577 3397

Second International Mental Health and Cultural Psychiatry

When: 25 -27 November 2005

Where: Sofitel Wentworth, Sydney

For further information: Ph:03 9682 0244

Fax: 03 9682 0288 E-mail: iapa@icms.com.au

Website: www.iapa.com.au

DECEMBER 2005

Forging Our Future 3

When: 9-10 December 2005

Where: Novotel Northbeach, Wollongong

Further info: www.nswcag.org.au or email:

admin1.nswcag@tpg.com.au

FEBRUARY 2006

ACROD NSW 2006 Annual Conference on "ACTION" for the disability services sector

When: 20-21 February 2006

Where: Manly Pacific Sydney Hotel

Further info: Phone: Gabrielle Jones (02) 9554 3666 or gabe@acrodns.net or visit: www.acrodns.net/Conferences

MAY 2006

Consumers' Issues Mental Health for Young & Old Conference

Hosted by Northern Beaches Mental Health Consumer Network

When: May 2006

Where: Dee Why RSL Club

Further info: Phone: (02) 9976 9602 or dcasey@doh.health.nsw.gov.au



Mental Illness Education
Australia (NSW) Inc
& Mental Health
Co-ordinating Council Inc
presents:



Mental Health First Aid Course

When: Thursday 3 & Friday 4 November 2005

Venue: Department of Housing,
223-239 Liverpool Rd, Ashfield

Cost for 2 day course: \$190 (inc. GST)

This internationally acclaimed program developed by the Centre for Mental Health Research at the Australian National University, teaches mental health awareness and specific mental health first aid knowledge and skills.

Lunch, refreshments, a comprehensive manual and other materials for ongoing reference will be provided for all participants.

For more information or to register:
MHCC, PO Box 668, Rozelle NSW 2039.
Web: www.mhcc.org.au
Email: info@mhcc.org.au
Tel: (02) 9555 8388. Fax: (02) 9810 8145



Working for
Mental Health

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

For information about membership, contact MHCC on (02) 9555 8388.

MHCC STAFF AND CONTACT DETAILS

View From the Peak is published four times a year. Editorial material is welcome but there is no guarantee on publication or return of originals. Please forward your copy to the Editor, Stephanie Maraz

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