

CEO's report

THE ATMOSPHERE over recent months has been one of excitement and anticipation with so much happening in the mental health arena. Of particular significance has been the formation of Mental Health Commissions at the national and state levels. After WA took the lead at the state level, NSW and now QLD have followed suit. Although the form of these Commissions varies all have the objective of significant mental health reform.

Professor Allan Fels has recently been appointed as the National Mental Health Commissioner. An economist and lawyer, he is perhaps best known for his role as chairman of the Australian Competition and Consumer Commission (ACCC) from its inception in 1995 until 30 June 2003. Of particular significance to his new appointment is his understanding of mental health and the mental health system through his daughter Isabella who has had recurrent problems with mental illness for many years and is now a mental health advocate herself.

In September MHCC was invited to a meeting in Canberra to discuss the National Government's 10 Year Roadmap for mental health which Karen Burns, MHCC Chair, attended on our behalf. COAG has been advised that the way to achieve lasting mental health reform is to agree to the Roadmap to ensure Australians have the "same access to quality care for mental ill-health and to build a national mechanism for accountability through the National Mental Health Commission." The strong message is that both the Roadmap and the National Commission should be "owned by all of us" rather than being the instrument of one particular government, or government department, and that it should have at its core the lived experience and meaningful participation of consumers, carers and stakeholders building on common understandings.

NSW is yet to appoint its Mental Health Commissioner. This will occur when the enabling legislation required to create the Commission is passed by parliament early next year. A Taskforce created to advise on the functions and powers of the NSW Commission has been working steadily over the last few months and a draft Bill is nearing completion. Chaired by the Minister for Mental Health, the Hon. Kevin Humphries MP, the Taskforce comprises 12 members representing a wide range of expertise and experience. I am pleased to report that MHCC has had a seat at the reform table with my appointment to the NSW Commission Taskforce with particular reference to Accountability. Other key portfolio areas are: Consumer and Carer, Governance,



Jenna Bateman, CEO

'The strong message is that both the Roadmap and the National Commission should be "owned by all of us" rather than being the instrument of one particular government..'

Quality and Legal. Mechanisms for engagement with the Commission in NSW are an important area of discussion at Taskforce meetings and MHCC will provide information to members as opportunities arise. The participation and engagement of consumers and carers, service providers and the general public is vital to the success of the Commission and the ongoing reform of the mental health system in NSW.

**Jenna Bateman
Chief Executive Officer**

In this issue

MHCC Activities at a glance	2
Self-directed funding: NDIS	3
Physical Health Forum	4
Risk assessment compliance during transitions of care	6
MHCC Regional Forums	7
Trauma Informed Care & Practice	8
A diagnosis of Borderline Personality Disorder	14
Domestic Violence: coming out of another closet	15
Meet Frank Quinlan	16
The Mental Health Drug and Alcohol Research Network	17
Supporting good mental health in aged care	18
MHCC @ TheMHS	19
What's on	20

MHCC Activities – at a glance

- MHCC facilitated a range of events and presented at the following conferences, forums and other occasions:
 - MHCC Trauma Informed Care & Practice: Meeting the Challenge Conference
 - NSW Women's Advisory Group. Trauma Informed Care & Practice: A National Agenda
 - MHCC Regional Forums held in seven locations across NSW
 - THeMHS Conference, Adelaide. Three MHCC presentations: See page 19
 - Schizophrenia Fellowship NSW, Planning Day. Presented on the work of the MHCC Physical Health Reference Group and promoted the Physical Health Forum
 - MHCC Physical Health Forum: Unravelling physical health issues associated with mental illness
 - LDU presented at WISE Employment; Leichhardt Interagency; and South West Sydney Aboriginal Interagency Meeting
 - LDU presented at Orange Community Services Interagency Community Committee Meeting.
- MHCC attended notable events:
 - FaHCSIA, Personal Helpers and Mentors Peer Support Worker Forum, Melbourne
 - GP Workshop at NCOSS presented by GPNSW, Understanding of general practice and primary health care reform
 - Positive Living in Aged Care (PLAC) Awards at Luna Park. Winning aged care facilities presented on their aged care and mental health initiatives.
 - Minister for Health & Ageing, Mark Butler's Budget Implementation Workshop, the 10 Year Road Map, Canberra
 - NCOSS and NSW Treasury budget briefings
 - University of Sydney Centre for Workplace Research Forum "Happiness, Health and Wellbeing at Work"
 - Australasian Evaluation Conference Mental Health Sports Network.
- MHCC notable representations in advisory, reference groups, working groups, and committees:
 - CS&HISC Expert Reference Groups. Developing new units of competence addressing trauma informed care and practice and physical health issues for people with mental illness (as part of Cert IV Peer Work and other qualifications and/or short courses)
 - July, August and September. Jenna Bateman, CEO attended three NSW Mental Health Taskforce Commission to discuss the establishment, functions and accountability of the Commission and enabling legislation
 - Department of Health tender review committee. To select a provider to conduct evaluation of HASI 5A program.
- MHCC made the following submissions and publications:
 - National Health and Medical Research Council (NHMRC). Clinical Practice Guidelines for the treatment and management of Borderline Personality Disorder (BPD)
 - Clinical Governance MHD AO. Transfer of Care from Mental Health Inpatient Services
 - NCOSS Pre-Budget Submission. Recommendation for a Trauma Informed Care and Practice Workforce Strategy across Public and Community Managed Mental Health and Allied Health Services in Australia
 - Psychiatric Disability Services (VICSERV) publication New Paradigm. Article "What's Happening in the Community Managed Mental Health Sector"
 - Age and Community Services Association. Supporting expansion to a national and community model of best practice in Aged Care
 - Care Coordination Literature Review and Discussion Paper distributed for feedback toward informing MHCC's proposed Service Coordination Strategy.

Self-Directed Funding and the Community Managed Mental Health Sector

ON 10 AUGUST 2011, the Government released the Productivity Commission's Final Report into Disability Care and Support which proposes to include people with psychosocial disability in the to be constructed National Disability Insurance Scheme (NDIS). The framework and implementation of the NDIS is as yet unclear since it will require several years of consultation and planning. Nevertheless, the number of people with a psychosocial disability estimated to be eligible for intensive support under the scheme is 57,000 as outlined in the Productivity Commission's Report.

These announcements follow on from the recently concluded public inquiry into long-term disability care and support, which is part of the Australian Government's ten year National Disability Strategy being developed with State and Territory governments and in consultation with the National People With Disability and the Carer Council. The Government cites as drivers of their reform: human rights, social inclusion and planning to meet the needs and costs of an ageing population. MHCC made two submissions to the Productivity Commission's Inquiry in 2010-2011.

The Productivity Commission report outlines a proposal for a NDIS and major reform to the provision of long term care and support. These reforms include the introduction of self-directed care for consumers with a permanent disability who meet the eligibility criteria for "Tier 3". This includes people with "a significant and enduring psychiatric disability". Self-directed care would provide consumers with a range of options for greater choice and control ranging from choice of service provider to access to their own individual budget ('self-directed funding').

The Productivity Commission's Disability Inquiry Report sets out a blueprint for reform of a system which it described as: "underfunded, unfair, fragmented, and inefficient." The Commission responded to submissions from the community managed mental health sector by including "people with a significant and enduring psychiatric disability" as eligible for individual case management and support under the proposed NDIS.

The Council of Australian Governments has yet to respond to the specific recommendations of the Commission including the preferred governance model

which would involve the Commonwealth taking over funding of long-term disability care and support and cutting funding to the states accordingly. If the model were to include "people with significant and enduring psychiatric disability" as indicated, community managed organisations (CMOs) in the mental health sector may need to initiate significant reforms.

It is important that CMOs understand and discuss the possible impacts of the reforms proposed, and MHCC will shortly be presenting the opportunities and challenges of self-directed care and funding in a discussion paper to initiate a discussion process amongst members.

It is important that CMOs understand and discuss the possible impacts of the reforms proposed, particularly the introduction of greater consumer choice and control through 'choice of provider' and 'self-directed funding' options.

Self-directed care was pioneered by disability organisations in the US and it has also been available to people with psychosocial disability in the UK since 1997, and is being made available in some US states following evidence of the model's effectiveness for people with a "serious mental illness". In the UK these reforms are being

driven under the Government's 'personalisation agenda' with adult social care services in local authorities responsible for implementing reforms.

Karen Patten, from the Richmond Fellowship in the UK, informed MHCC that whilst few people with a mental illness have taken up the option of self-directed funding, there were significant benefits to them from self-directed care. People with a mental illness are benefiting from improved choice and control through better assessments, personalised planning and more tailored and flexible services. However, these reforms mean that block funding is being phased out and organisations must compete to attract and retain consumers and the personal budgets that move with them.

A literature review undertaken by MHCC points to business opportunities for CMOs to provide innovative services that inform, support and assist consumers with personalised planning, that broker services and assist consumers to manage their personal budget. The MHCC's forthcoming discussion paper will help community managed mental health organisations in NSW to start reflecting on the implications of these changes and to develop an advocacy position.

Physical Health Forum: Unravelling physical health issues associated with mental illness

MHCC HELD a Physical Health Forum in Sydney on 7 October, 2011. The participation of over 200 attendees highlights the strong interest in the topic of physical health issues associated with mental illness and furthering commitment to turn around the appalling statistics of early death rates and poor physical health of many consumers. This forum represents the first initiative of the Physical Health Reference Group to build knowledge and capacity across service sectors and enable CMOs to better plan for the future with regards to this widespread problem.

The one day Forum included many notable presenters including Janet Meagher OAM, Consumer Advocate; Dr Rod McKay, Clinical Advisor, Older People's Mental Health (OPMH) Policy Unit, MHDAO, and Tim Lambert, Professor of Psychiatry, Brain and Mind Research Institute. Presentations and panel discussions facilitated by Julie McCrossin included the topics: physiological implications of mental illness; good practice within the mental health sector and partnership and innovation.

A number of strong messages were reinforced during the day including statements from Janet Meagher that: you need to have access to life, to have a life, and responses must be real and humane and service providers need to say "you can do it, we can help".

A powerful theme throughout the Forum was that we must work towards more holistic and connected services particularly focusing on GPs coordinating consumer health needs, and being more attuned to mental health impacts on physical health and vice versa. Likewise the connection between past trauma and mental illness was emphasised, urging service providers to understand that unhealthy coping mechanisms can often lead to severe physical health risks.

Other clear messages expressed at the forum were: problem gambling is both a mental and physical health issue and if people quit smoking, it not only improves physical health but also saves more money to be able to enjoy life, and to do exercise to improve your mood. The importance of maintaining daily health strategies was beautifully demonstrated by Samantha Raheb from Fitness Australia, who got everyone 'up and at it' with deep breathing, stretching and balance exercises on the spot. This was synergistic with the message surrounding the complementarity between consumer health and staff health and well-being.

MHCC invited participants to provide comment that would assist in taking these messages forward. In the first instance through MHCC's discussion paper on care coordination investigating ways in which we can all work together under the new national health and

hospital reforms - to provide for the complex and diverse physical and psychosocial needs of consumers across service delivery sectors.

The MHCC Physical Health Reference Group will be reviewing the feedback from Forum consultation processes and discussing the way forward which will include the development of a funding proposal. Mental Health Drug and Alcohol Office, NSW Health has already expressed interest in accessing a formal report of the issues captured from the day. Clearly we have work to do!

A Physical Health Information page will be set up on the MHCC website providing relevant information about physical health initiatives and events, resources and research, to help keep physical health on the agenda. Please send relevant information and web links to Stephanie@mhcc.org.au



Les Bursill OAM



Sondra Kalnins, Inner City Gambling Counselling

Sporting activities for mental and physical wellbeing

THE MENTAL Health Sports Network (MHSN), launched in April 2011, was formed under the auspices of the Schizophrenia Fellowship and is now open for membership to individuals and programs.

MHSN took over the activities of the Mental Health Sports Association (MHSA) which since 1988 has been helping people develop self-confidence and improving their physical and mental wellbeing through sport. Participation in sport has developed the participants' discipline, enthusiasm, social skills and general enjoyment and quality of life.

MHSN offers activities such as cricket, softball, table tennis, lawn bowls, ten pin bowling, volleyball, indoor soccer and tennis. There are a number of sporting events scheduled for the coming months which can be viewed on the 'events calendar' on the MHSN website.

A strategic planning day was held in September with all members and supporting partners attending and provided useful input for the future of MHSN.

The Network is already building strong partnerships with mental health agencies in NSW highlighting the sector's enthusiasm and commitment to creating opportunities for people with mental illness to improve both their mental and physical wellbeing through engagement in sporting activities. Current Foundation Members are: Schizophrenia Fellowship of NSW; PRA; New Horizons Enterprises; Aftercare; Richmond Fellowship; NSW Health MHDAO; UnitingCare Mental Health; NEAMI, and the Department of Sport and Recreation.

For more information on MHSN and upcoming events contact Kate Gill at SFNSW on 02 9879 2600 or visit: www.mentalhealthsportsnetwork.org.au

Join in
Have fun
Meet new people
Make new friends
Learn new skills
Improve your Health.

Improving services through evaluation

"We can learn and solve problems better if we draw on what works and why"

AT THE Australasian Evaluation Society (AES) conference held in September, the President of the AES opened the event with the above quote, a good definition and purpose statement for evaluation. Evaluation is used across programs and services in all sectors to identify areas for improvement, and this event showcased a large variety of presentations on best practice.

There were some presentations from the mental health sector, and a snapshot of these follows.

Alan Woodward from Lifeline spoke about how current knowledge of what works in suicide prevention is quite limited, due to practical and ethical issues of evaluating this area. He discussed how evaluation can assist suicide prevention policy and programs to be mechanisms to achieve social change. His following simple formula highlighted how programs "work" in different ways for different people:

Context + mechanism = outcome

Atari Metcalf of the Inspire Foundation discussed how, among 14-25 year-olds (including homeless people) the internet ranks as the preferred source of help after family and friends, (Mission Australia 2009). He discussed the role of technology in both mental health service delivery and evaluation to measure program effectiveness and impact. The Inspire Foundation run the

Reach Out Central online program, which uses an online computer game to provide mental health support to young people (visit: www.reachoutcentral.com.au).

Within recovery oriented practice, the role of self-help is recognised as key for the recovery of many people. Delyth Lloyd from the Australian Centre for Post-traumatic Mental Health and Chris Clarke from the Department of Veteran's Affairs spoke of the evaluation of an open access self help website (www.wellbeingtoolbox.net.au/). In summary, they found that evaluation needs to be incorporated in the design of programs (in their case, web products), and that privacy and ethics need careful attention in this type of program. There are often trade-offs between the purpose of a site and ease of evaluating it.

Evaluation does not always need to be conducted by external "professional" evaluators. Internal evaluations (i.e. conducted by staff members) are often more economical, and make use of the program knowledge that the staff have. I recommend that services investigate varied forms of evaluation for finding out what works and why.

To access all presentations:
www.aes.asn.au/conferences/previous.html

Risk assessment compliance during transitions of care

WHILE the vast majority of people with mental health issues are not dangerous, the potential for danger in the workplace remains due to the sometimes hidden nature of mental illness and co-existing conditions, as well the unpredictable nature of the environments in which consumers may find themselves. A concern for mental health CMOs is that communication between public mental health services and the sector is regularly inadequate. Improvements in referral processes, including timeliness, comprehensiveness and coordination between service systems is needed.

Earlier this year, MHCC consulted its members to determine the extent to which public mental health services are providing information to CMOs to identify potential risk, as well as how member organisations would like MHCC to assist the sector to better manage risk. A survey was distributed to MHCC members, and 38 managers and team leaders responded from 35 sites (19 CMOs) across 13 Local Hospital Districts (LHDs). The results of the survey showed that service managers are divided over their satisfaction with the risk information provided by referrers.

Program in which referral was received	Is your provided risk information adequate? (% yes)
HASI	54%
PHaMS	54%
D2DL	25%
Resource & Recovery	33%
Mental Health Respite	44%
NGO Grant Programs	54%
Other Govt Programs	62%

Type of Risk management information received with referral	Is this being provided? (%yes)
Referral form	58%
Risk Assessment	44%
MH-OAT details	17%
Assessment meeting	26%
Ongoing updates	22%

Respondents indicated that dissatisfied service managers experience great difficulty in obtaining relevant risk information from LHDs and believe that the working relationships between CMOs and LHDs could and should be strengthened. When asked what assistance MHCC could provide CMOs to help better manage risk, three main themes emerged:

- MHCC should provide the sector with resources discussing issues, procedures and sample forms.
- There is a need for more training of CMO workers in risk management.
- MHCC should work with NSW Health and LHDs to deliver higher quality risk information to CMOs with more formalised and standardised referral processes.

The broad feedback MHCC received was that the NSW community-managed mental health sector has expressed a need for targeted approaches to improving safety and risk management procedures at multiple organisational levels.

Through previous consultation with the sector, MHCC was aware of the sectors desire for resource material that would assist CMOs with risk management issues, and in late 2010 MHCC released the Working Safe toolkit, aiming to educate, reinforce and encourage safe and aware workplace cultures. The toolkit is a package of home-visit guides, check-sheets, sample policies and sample assessments that workers can use to increase competency and awareness in their organisation.

Regarding training, MHCC's Learning and Development Unit (LDU) already include risk management training in the OH&S in Mental Health Work and Responding to Critical Incidents modules of their Certificate IV and Diploma. The LDU is also in the early stages of developing a new training unit containing an in-depth focus on risk management and responses for CMO workers.

It is clear from this consultation that referral processes and risk information sharing is still very patchy in NSW. MHCC believe that a quality Improvement process for risk management and information sharing between public and CMO services is overdue and has been advocating the Mental Health Drug and Alcohol Office focus on the issue of 'transitions of care' in its quality agenda.

Effectively dealing with injuries, workers compensation claims, insurance premiums and return to work processes have also been identified by MHCC members as areas requiring strategic focus across the sector.

Incorporating these two broad issues, MHCC is in the early stages of developing a risk and injury management model for the CMO sector. MHCC will be working closely with Work Cover, insurance companies and members to create a guide that will assist members improve processes and reduce costs. MHCC will shortly be asking for expressions of interest for the reference group.

Links

Working safe toolkit:

www.mhcc.org.au/resources/working-safe.aspx

LDU courses:

www.mhcc.org.au/learning-and-training/courses.aspx

MHCC Regional Forums

MHCC REGIONAL forums held in August 2011 were an opportunity to present what is happening in the sector at a state and Commonwealth level and outline recent activities, projects and research as well as discuss our reform agenda with members generally unable to attend our events in metropolitan areas.

The forums were held in six locations, Newcastle; Wagga Wagga; Dubbo; Ballina; Nowra and Sydney. Regional representatives from the Local Health Districts and Divisions of GPs (Medicare Locals) were invited by MHCC to provide updates and address queries and concerns with regards to the new health reforms and the implementation of the 2010 National Mental Health Standards.

We also used the forums to consult with members as part of MHCC's strategic planning process and hear participants' thoughts about current developments such as the formation of the Mental Health Commission.

A total of 209 attendees participated, and we were gratified that these events not only attracted consumers, carers, and MHCC member organisations, but also clinical partners, individual professionals and government agency staff.

Critical to all that MHCC undertake is feedback as to whether we have met our objectives and the expectations of those who attend our events. In this way we can continuously improve our offerings to the sector. Encouragingly, analysis from all the forums, in response to the question: "how would you rate the forum overall", no respondent provided negative ratings, and 90% felt better informed of the recent developments in the health and mental health sectors as a result of the forums. Feedback also reflected a general appreciation of the diverse background of the attendees, which enabled wonderful networking opportunities.



The Nowra Regional Forum Workshop

Comments included: "it was great to have an opportunity to contribute ideas to MHCC," and "it was a great opportunity to discuss topics in groups," and "it was a great to come together, network and learn what is going on in other services, thanks."

Running these events has been a learning process for all involved. Evaluating each event as we progressed around the state we were able to tailor and improve the program so that we did not overwhelm participants. Attendees really appreciated the short, snappy sessions – designed to try and avoid information overload.

The forums were a great success and we look forward to meeting members and other stakeholders more often by running similar events in the future that continue to engage with and beyond the mental health sector across the state.

For further information contact Nick Roberts, Quality Coordinator Email: nick@mhcc.org.au

ABORIGINAL MENTAL HEALTH TRAINEESHIPS COMING 2012!

PEOPLE with mental health issues are over-represented in both the Aboriginal community and unemployment statistics. However, they are significantly under-represented in the community managed mental health workforce.

A key strategy in attracting Aboriginal people to access mental health services is increasing the number of Aboriginal mental health workers. MHCC will work with up to 15 community managed mental health organisations to provide Traineeship and Cadetship opportunities for 50 Aboriginal people across NSW with funding from the NSW Department of Education and Communities Traineeships. Cadetships are a great way to train and induct new Aboriginal staff.

Organisations participating in the program will have access to wage and financial support, recruitment, mentoring and assistance in determining the vocational training and support needs of new Aboriginal employees prior to and during Traineeship/ Cadetship. This fantastic opportunity will build the Aboriginal workforce and develop organisational capacity to provide appropriate services to Aboriginal service users and communities.

Interested organisations will be required to submit an expression of interest (EOI). Detailed information about the program and EOIs will be distributed throughout the sector in early 2012 – so watch this space!

Trauma Informed Care & Practice: Meeting the Challenge Conference

An Evaluation

MHCC HELD a conference devoted to the topic of Trauma Informed Care and Practice at the Four Points by Sheraton in Sydney on 23-24 June 2011. Together with collaborating partners ASCA (Adults Surviving Child Abuse), ECAV (Education Centre against Violence) and PMHCCN (Private Mental Health Consumer Carer Network Australia), MHCC convened this national conference to highlight how an international movement to change the way service systems respond to trauma can substantially improve the lives of those affected by complex trauma.

The vision behind the conference was to increase awareness and knowledge about TICP and drive an important policy and systemic change that embraces the concept across both the government and community managed sectors across all health services. Our aim is to create an environment that is more supportive, comprehensively integrated, empowering and therapeutic for a diversity of trauma survivors.

A total of 254 people attended, 106 completed and submitted delegate feedback sheets, resulting in a 42% response rate. Approximately two thirds of the respondents were from Sydney, around one fifth were from elsewhere in NSW, and slightly less (18%) were from interstate or overseas.

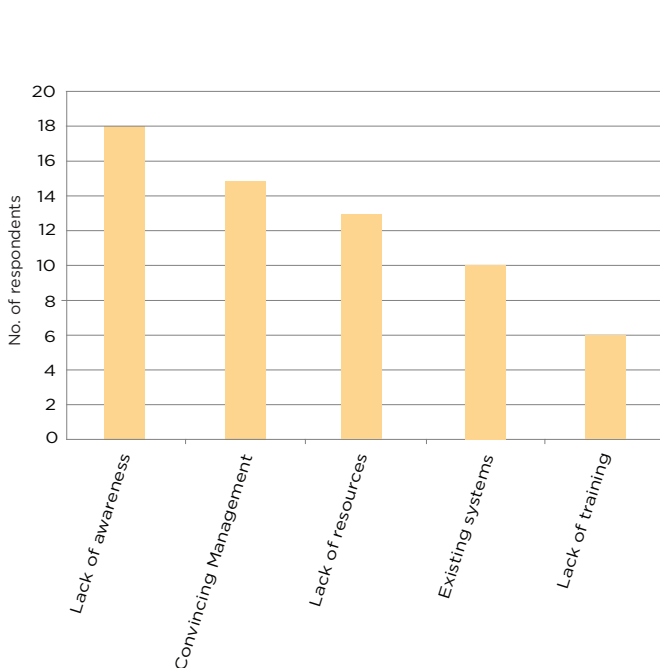


Figure 1: Perceived barriers to implementing TIC&P, by number of respondents

Overall satisfaction levels were very high, with respondents providing an average rating of 4.7 (5 being the highest score). Encouragingly participants reported substantially increased levels of confidence of being able to implement knowledge gained at the conference.

The survey asked 'what barriers exist to implementing Trauma Informed Care and Practice?' The majority of answers were grouped into five themes which were: lack of awareness; convincing others (including management, clinicians, etc.); lack of resources; existing systems and lack of training. As Figure 1 shows, the highest responses relate to lack of awareness of others.

MHCC asked 'what additional information and resources are required to implement TICP? Responses to this were split into themes which included: more training; an online resource database; practical guidelines; having TIC&P conference and other materials online; the implementation guide referred to in the key presentation from Kathleen Guarino in the USA; footage of the practical application of TIC&P (i.e. a DVD) as well as publicity material about TICP (i.e. fact sheet, flyer or posters). As displayed in Figure 2, responses relating to training were the most popular.

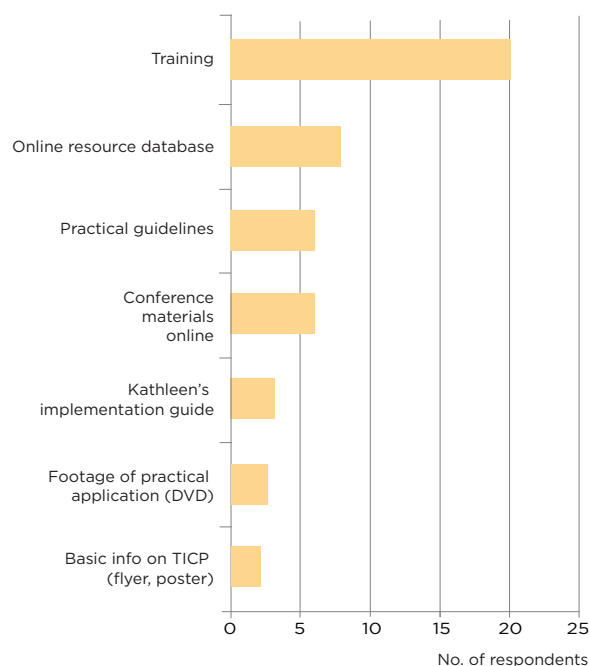


Figure 2: What additional information and resources are required to implement TIC&P?

Moving forward with a TICP national agenda

The Trauma Informed Care and Practice (TICP) conference held in June was part of a broader initiative towards a national agenda for TICP which MHCC and its collaborating partners, ASCA (Adults Surviving Child Abuse), ECAV (Education Centre against Violence) and (PMHCCN) Private Mental Health Consumer Carer Network Australia are driving.

Having identified the need to address the failure of the existing mental health system to provide appropriate trauma-informed services to those impacted by inter-personal trauma who present with complex needs at a wide range of services, the partners' vision is to increase awareness and knowledge and drive an important policy and systemic change. We also want to promote a cross-sectoral cultural shift to embrace the concept as core to service delivery across all health services.

The aim is to create an environment more supportive, comprehensively integrated, empowering and therapeutic for consumers who are trauma survivors.

MHCC and the partners are now engaged in establishing an advisory working group (AWG) with members to be drawn from across the community, public and private sectors with knowledge and experience in the field willing to progress the agenda. We have identified directions that we propose as a starting point for discussion in order to move the national agenda forward. This is likely to involve a mini audit of service delivery and evaluation processes of evidence based practice in Australia and New Zealand; an investigation of existing gaps (for example in inpatient services) and defining what trauma informed care is in practice and determine what is transferable across sectors.

As part of the overall initiative MHCC have launched a microsite totally devoted to TICP matters hosted at www.mhcc.org.au which includes some conference presentations and webcasts; news and events; research material as well as the opportunity to comment and share information and join the Network. MHCC invite members to visit the website and engage in developing an important blueprint for our sectors.

For further information contact: ticip@mhcc.org.au

The Trauma Informed Care & Practice Microsite

A space entirely devoted to the National Trauma Informed Care & Practice Agenda

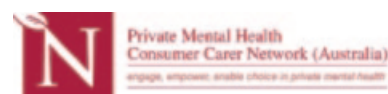


Hosted at www.mhcc.org.au

MHCC invite members to visit the microsite and find out more information about Trauma Informed Care & Practice.

- Join the National TICP Network
- Read about TICP News and Events
- Find resources
- View some great presentations from the Conference

Collaborating Partners



Highlights from the Trauma Informed Care & Practice Conference

THE CONFERENCE has been pivotal and inspirational in helping MHCC and collaborating partners to identify some of the necessary steps to move a national TICP agenda forward. These ideas will inform the initial discussions of the newly formed Advisory Working Group.

MHCC would like to share some of these ideas with members by highlighting four key speakers whose presentation videos or papers/abstracts can be accessed from the MHCC TICP microsite. All of the presenters are featured in the conference abstracts booklet and elsewhere in the website. Unfortunately we couldn't draw attention to them all.

We feature here consumer advocate Merinda Epstein, Dr Richard Benjamin, consultant psychiatrist, and Professor Louise Newman AM as well as Professor Judy Atkinson and Dr Caroline Atkinson.



Merinda Epstein

Merinda Epstein works for Our Consumer Place, the first Consumer Resource Centre to be funded in Australia and sits on the Board of MIND Australia. Her paper Trauma Hierarchy looked at trauma as a subjective reality for consumers, and told us that: "Experience tells us that classification schemas and medical judgements often severely disenfranchise many consumers' experiences of 'mental illness' as 'not real illness' or 'not serious', or 'not a priority', further traumatising people. The result of this has been detrimental. ... Clinical approaches to trauma tend to either overtly or covertly judge 'trauma stories' as 'real' or 'not so real', 'traumatising' or not so 'traumatising' often according to diagnosis, gender, social class, race, sexual preference and other social phenomena. Consumers have important insights into the political, social and clinical pressure people often experience". Merinda movingly described the destructiveness of these messages.



Dr Richard Benjamin

Dr Richard Benjamin works in the adult public mental health service in Tasmania, predominantly in acute and chronic community work, he is particularly interested in the recognition and management of the long-term impacts of childhood abuse in adult patients presenting with serious mental illness, and the systemic response to this patient group.

Richard gave a two part presentation: Trauma Informed Care and Practice - Engaging the Left and the Right Hemispheres which demonstrated that although people present with mental health problems for many and varied reasons, a significant proportion present because they have suffered with trauma, and the sequelae of that trauma may in fact be the primary problem. "However, the significance of the trauma is often missed, by both sufferer and clinician. Identifying the trauma allows not only for its relevance to be understood, it allows the sufferer to be heard, sometimes for the very first time, and it may point to different treatment pathways". Richard proposed some recommendations for the implementation of the principles within public mental health services.

Professor Judy Atkinson is an academic whose community based work has been in the area of generational trauma and healing. She developed and runs the We Al-li program. Judy is a Jiman woman, her book: Trauma Trails, Recreating Songlines: The transgenerational effects of Trauma in Indigenous Australia, is now used internationally as an essential text in trauma crisis work. Judy co-presented with Dr Caroline Atkinson, of Jiman - Bundjalung heritage, who is course co-ordinator of the Master of Indigenous Studies (Wellbeing) and the Diploma of Community Recovery at Gnibi College of Indigenous Australian Peoples at Southern Cross University.

Judy and Caroline's presentation: An 'Educaring' Approach to Healing Generational Trauma in Aboriginal Australia, described how: "Aboriginal peoples, as individuals and within their families and communities, have been profoundly hurt across generations resulting in layered historic, social and cultural trauma. Where there is hurt there has to be a healing. In healing, people's trauma stories become the centre-piece for social action, where the storyteller is the teacher and the listener is the student (or learner). So it is with care workers." Their presentation proposed that: "If we are to be serious about trauma informed care, we need to be prepared to work towards a paradigm shift that reflects the philosophy that there is an innate capacity within all of us, to restore our physical, mental and spiritual selves to a state of full productivity and quality of life, no matter how severe the initial damage".



Professor Judy Atkinson and
Dr Caroline Atkinson

Louise Newman AM is Professor of Developmental Psychiatry and Director of the Monash University Centre for Developmental Psychiatry & Psychology. Louise paper: Trauma and Personality Development – approaches to complex trauma described her research into the issues confronting parents with histories of early trauma and neglect focussing on the evaluation of infant-parent interventions in high-risk populations, the concept of parental reflective functioning in mothers with borderline personality disorder and the neurobiology of parenting disturbance. She said that: ..."acknowledging the role of trauma and attachment disruption supports development of early intervention and prevention models. Support for parents who themselves have experienced early trauma is a core component of prevention of the transgenerational transmission of personality difficulties".



Professor Louise Newman AM

For more about all the conference presentations go to the link:
www.mhcc.org.au/TICP

Other keynote speakers were:

Cathy Kezelman

TICP – changing the lives of Australian adult survivors of childhood trauma

Kath Thorburn and Michelle Everett

TICP – a mutual relationship

Professor Warwick Middleton

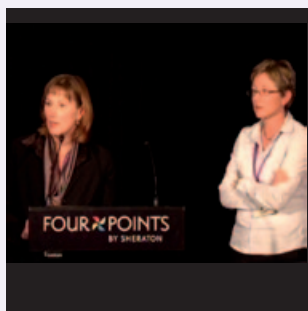
15 years directing trauma and dissociation unit: perspectives on Trauma Informed Care

Professor Beverly Raphael AM

The challenges of change for mental health: cultures, consensus, and future development



Dr Cathy Kezelman,
CEO ASCA



Kath Thorburn and
Michelle Everett



Professor Warwick
Middleton



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Understanding consumers with a history of trauma. LDU workshops - Long-term impacts of child abuse: an introduction

Summary of participant evaluation

A VERY large percentage of people seeking help at a diversity of health and welfare settings have trauma histories severely affecting their health and wellbeing. MHCC have long advocated the necessity of addressing the complex needs of adult survivors by adopting a new approach to service delivery. Sadly, Australia's mental health system has, generally speaking, a poor record in recognising the relationship between trauma and the development of mental health problems. Tragically many consumers spend their lives engaging with mental health services that diagnose and treat, rather than acknowledge the possible underlying causes of the presenting problems and meeting those needs within a holistic framework.

The workshop has inspired participants to further their education in this area, with one stating: "I have, since the workshop completed a course/workshop with The Australian Posttraumatic Mental Health Centre in order to have skills to begin to help (consumers) through their trauma."

Adults Surviving Child Abuse (ASCA) and MHCC have worked closely together over many years advocating for people with complex needs as a consequence of childhood abuse and have collaborated in the development of a two day workshop for community mental health workforce: *Long term impacts of Childhood Abuse: An Introduction*. It is co-facilitated by ASCA and MHCC through the Learning and Development.

Over 110 people participated in five workshops across NSW and in early 2011, MHCC conducted an online survey to evaluate how the workshop has influenced practice. A total of 32 participants responded to the survey and some of the findings are outlined below.

Overall feedback - Promisingly, two thirds of respondents felt that the workshop "definitely" gave them a better understanding of the long term impacts

of childhood abuse, and 86% would recommend this workshop to others. One respondent felt that it was "probably the best presented and most interactive workshop I have attended." One powerful response was: "I came away with the fact that abuse inflicted on a child before speech has developed will never be able to be expressed in a verbal way; it will always come through in emotion."

Changes to professional practice - 73% felt they had made changes to their professional practice/attitudes since attending the workshop, with some examples being: "I work more confidently with clients who have experienced childhood abuse and have a much better understanding of the impact of abuse"; "facilitating self-advocacy for consumers" and "definitely more aware of self-care."

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Changes to team/organisational practice - 58% felt there had been a cultural shift in terms of team/organisation impact since their attendance at the workshop, with examples being: "understanding the importance of allowing the consumer to direct their care" and "(the workshop has brought together) a common understanding of holistic approaches and identifies further areas of need (for people)."

Improvement in consumer outcomes - Whilst difficult to attribute positive consumer outcomes directly to knowledge gained at this workshop, related gains to service delivery included: "I am more aware of resources and services in the community to assist consumers with their recovery", and another respondent stated they have "developed new partnerships with specialised services."

Continuous Improvement - A few suggestions for further development of the course were provided, including "handling disclosure", and "group supervision follow-up", which MHCC will consider as part of continuous improvement for the workshop.

For further information contact Joanne Timbs, at training@mhcc.org.au

Trauma Informed Practice training for Corrective Staff in NSW

IT IS widely acknowledged that within offender populations there are high numbers who have experienced sexual and violent trauma in childhood and as adults. This has been identified in a number of reports such as: NSW Justice Health Inmate Survey, 2009; NSW Aboriginal Child Sexual Assault Taskforce Report 'Breaking the Silence: Creating the Future', 2006 and the National Plan to Reduce Violence Against Women, 2009.

There is growing empirical evidence that histories of trauma, such as sexual assault during childhood is linked to the development of serious psychological symptoms such as anxiety, post-traumatic stress disorder, interpersonal relationship problems and self-destructive behaviours. Serious psychological consequences may persist for years after traumatic events have ceased.

A proposal for Trauma-Informed Practice training for corrective services staff who work directly with offenders has been developed with input from MHCC, ECAV and Western Sydney Area Health Service. The latter provides sexual assault counselling at Silverwater Women's Correctional Centre for newly-received women with recent assault histories. The training would assist with the management of challenging behaviours including chronic and severe self-harm among offenders by providing staff with skills to implement safety strategies in the context of trauma-informed practice. The training would also provide guidance in responding to disclosures of childhood sexual traumas, an issue often raised by staff particularly working with young adult offenders.

The proposal for training has received very positive responses from the Corrective Services Academy and other senior staff. Approval is currently awaited from the Commissioner.

The proposed training consists of:

- Trauma-informed practice - working with a population that has experienced high levels of trauma
- Responding to disclosure of trauma and sexual assault, accidental counselling, vicarious trauma

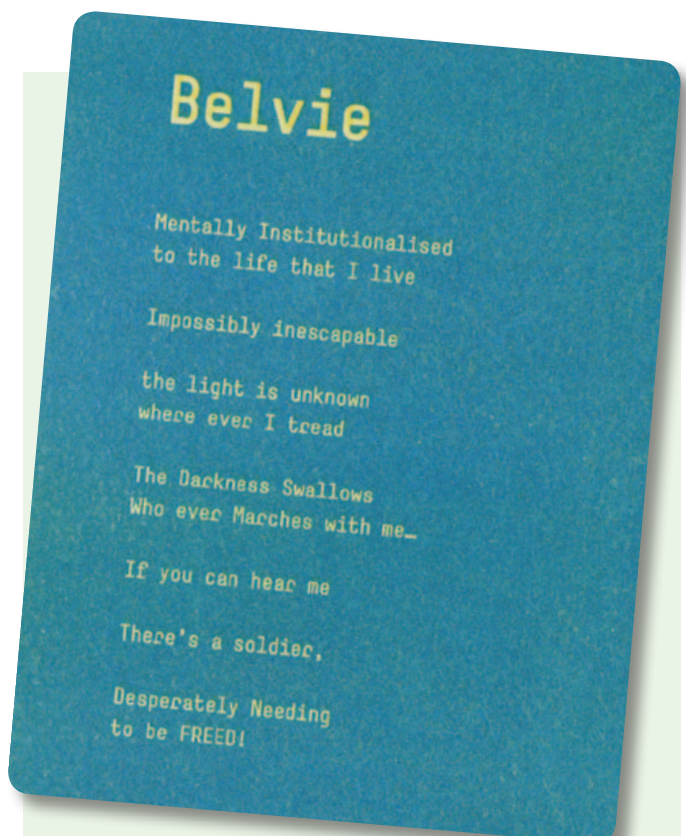
To achieve change in trauma-informed practice for CSNSW longer term measures may need to be implemented:

- Ongoing evaluation of training to ensure staff gain relevant education to improve skills in managing trauma-related behaviours
- Development of trauma-informed practice guidelines for consistency of responses and interventions
- Development of an annual Trauma Safety Audit tool of environmental impacts that contribute to re-traumatisation.

It is envisaged that the training would have the following outcomes:

- Greater capacity of staff to understand the impact of trauma among offenders
- Greater capacity of staff to manage day to day interactions with high numbers of offenders who have histories of trauma
- Reduction of re-traumatisation of offenders
- Decreased stress among staff
- Increased safety for offenders and staff.

Deirdre Hyslop, Principal Advisor Women Offenders



Poetry from an anthology written during the project 'unlocked'; a series of poetry workshops run by The Red Room company with students and staff at two correctional facilities south of Windsor NSW. We thank both Belvie who wrote this moving poem and The Red Room.

For more information and to purchase the book of poems from the workshops, go to www.redroomcompany.org

A diagnosis of Borderline Personality Disorder: cutting to the very core of a 'sense of self'

oh darling... what a pity...
I think your interesting personality
has just been classified as
a personality disorder.



Leunig

MHCC thanks artist Leunig © for his permission to use this cartoon.

MHCC WROTE to the National Health and Medical Research Council in August 2011 following the NHMRC having been commissioned by DoHA to develop Clinical Practice Guidelines for the treatment and management of Borderline Personality Disorder (BPD).

In their submission MHCC propose that the diagnosis of BPD be reconsidered in the light of long established research evidence supporting that assessment, treatment and care be offered within the theoretical perspective and practice framework of trauma informed care and practice (TICP) for people presenting with a complex range of symptoms and behaviours, rather than viewing the person through the narrow focus of a BPD diagnosis and channelling them through specialist services.

Historically, BPD has been stigmatising and a controversial diagnosis because it implies that the individual's personality is flawed, and that there is little hope of recovery. The features of BPD include emotional instability, intense unstable interpersonal relationships and extreme fears of rejection. As a result, people with BPD often evoke intense emotions in those around them.

Pejorative terms to describe persons with a diagnosis of BPD such as 'difficult; treatment resistant; manipulative; demanding; narcissistic and attention seeking' are often used, and this may become a self-fulfilling prophecy as negative responses trigger further self-destructive behaviour.

Whilst the Clinical Practice Guidelines acknowledge that the diagnosis is often a "misdiagnosed and misunderstood condition that can result in negative therapeutic and social experiences," the development of specific BPD clinical guidelines will not necessarily encourage trauma informed responses from health care providers. The term BPD is in and of itself traumatising to those people so labelled.

Moreover, most importantly we stressed the views of consumer advocates with a BPD diagnosis so succinctly expressed at the Trauma Informed Care and Practice conference that the diagnosis of BPD itself cut to the very core of their sense of self, and that what was needed was a service system that responded within a trauma informed perspective in order to achieve recovery.

Domestic violence: coming out of another closet

WHEN MOST people imagine a situation of domestic violence, the general picture that springs to mind is one of a woman being abused by her male partner. However, this is not always the case.

Very little research exists on domestic violence within the LGBTIQ* community, however a 2008 La Trobe University study Coming Forward found just under one third of participants subject to abuse were in a same-sex relationship when they had been abused. Lesbians were more likely than gay men to report being in an abusive relationship (41% compared with 28%).

Domestic violence is clearly a traumatic occurrence, and in LGBTIQ people, this trauma may be compounded by traumatic histories of childhood bullying (for being “different”); higher levels of suicidality (estimates vary from 3 to 14 times higher than for heterosexual peers); stigma from society and discrimination from service providers.

In recognition that domestic violence knows no barriers of sex, sexual orientation or gender identity, or cultural context, MHCC welcomed the convening of the first nation conference on LGBTIQ domestic violence held in Sydney on 16 September.

Elizabeth Broderick, Sex Discrimination Commissioner highlighted in the Conference keynote address the lack of national anti-discrimination law protecting LGBTIQ people, and the consequent impact on harassment, discrimination and domestic violence. She also stated that key recommendations in this area “include meaningful partnerships between domestic violence and LGBTIQ services, inclusive service practices and adequate resourcing (particularly for NGOs)”.

Presentation topics included the challenge of LGBTIQ abuse survivors not accessing services for fear of being “outed”, and families being unsupportive following

disclosure of abuse. Also, Indigenous perspectives on LGBTIQ domestic violence, legal issues and the manifestation of domestic violence from internalised homophobia were discussed.

Much progress has been made since homosexuality itself was considered a mental illness, and its legalisation in NSW in 1984, yet it is clear that more work is necessary to support all people who have experienced the trauma of domestic violence.

RESOURCES

Domestic Violence Line

24/7 support and advice

1800 65 64 63

Another Closet

for LGBTIQ people experiencing abuse

www.anothercloset.com.au

Anti-violence Project Report Line

1800 06 30 60

Safe Relationships Project

LGBTIQ legal advice/support

1800 24 44 81

Gay & Lesbian Counselling Service

(Free, anonymous, confidential)

1800 18 GLCS

<http://www.glcsnsw.org.au>

Police Gay & Lesbian Liaison Officers (GLLOs)

Officers trained to address gay & lesbian issues.

www.police.nsw.gov.au

* Lesbian, Gay, Bisexual, Transgender, Intersexed, Questioning

Mental Health Training in the Northern Territory

MHCC's Learning and Development Unit (LDU) have been invited by OATSIH to partner with Batchelor Institute of Indigenous Tertiary Education to develop a 'Foundations of Mental Health' program for Aboriginal health workers in the Northern Territory. The program covers 3 national mental health units of competency that align to the Certificate IV in Mental Health.

The project is a capacity building project designed to support Aboriginal workers and communities as well as promote the delivery of quality customised mental health training.

To ensure the program would be relevant and meet

local needs, representatives from the LDU travelled to the Territory to cement the partnership, consult with local cultural workers and negotiate their requirements. The first program will be offered in Darwin over 4 days from Monday to Thursday (24th, 25th, 26th and 27th October 2011). The new program will be delivered by two trainers (one of whom will be an Aboriginal trainer). New visual resources have been developed to support the program's informal, strongly narrative flavour and cultural focus.

We are really excited and look forward to seeing how it all goes.

MEET Frank Quinlan, Chief Executive Officer – Mental Health Council of Australia

Frank Quinlan has a long history of working in the not-for-profit sector. He has held senior positions at the Alcohol and other Drugs Council of Australia, and the Australian Medical Association.

Frank is an energetic advocate for disadvantaged Australians and for the community and not-for-profit sector and has represented the interests of both his members and the sector on numerous government consultative panels and committees. He was recently appointed to the Australian Government's Not-for-Profit Sector Reform Council.

Frank studied at both Monash University and Melbourne University and has been a guest lecturer in public policy programs at the Australian National University. He has published widely and is regularly quoted in the media on a range of social issues.



Frank Quinlan

MHCC What was your background/ roles before becoming CEO of MHCA?

Frank Most recently I was the Executive Director of Catholic Social Services Australia, a peak, NGO operating in the social and community services space. Prior to that, I worked for the Australian Medical Association. My original background was as a youth worker. My first job was working with young people involved in the juvenile justice system or child protection systems in Victoria.

MHCC Are there any key learnings you have taken from your previous roles?

Frank I often draw on a saying that is attributed to Greg Norman who was asked about his good luck after he had chipped in to the hole from off the green at the British Open. He responded "The more I practice, the luckier I get!" In my work, what I that saying means is that we need to be well prepared, and expert at what we do. We also must try and be in the right place at the right time. But ultimately we have to accept that if we do all of that we can, sometimes we will get lucky and have a real influence on government policy.

MHCC What do you see as the role of MHCA?

Frank MHCA has a very diverse membership, and even amongst that membership there will be differences of opinion from time to time. This means we should be a conduit – allowing members to communicate with each other, allowing government to receive the members views – consolidated where we can, and enabling the membership to hear and understand the view and direction of the government of the day. More broadly, we need to continue raising public and political awareness of the issues for those who experience mental illness and those who work with and alongside them. Given the recent attention to mental illness, maintaining and growing public awareness will be a challenge to ensure that the reform effort is sustained over the years ahead.

MHCC Being a recent entrant to the mental health sector, what have been your impressions so far?

Frank There is great energy and enthusiasm across the sector and some optimism about the reform agenda. This bodes well for the future. I have also been made very welcome as I have begun to visit around the country.

MHCC What are the most important challenges that you see for the NGO/CMO sector?

Frank The CMO sector faces some very challenging reforms. The greatest challenge is knowing when it needs to embrace reform, change and reinvent itself on the one hand; but on the other hand knowing when it needs to push back and defend what is essential against the juggernaut of government reform. We need to do both, discerning which path to take, while continuing to serve the needs of those who rely on our agencies.

MHCC What are you passionate about?

Frank I am passionate about the community, and the sense of it "taking a village to raise a child". CMOs are an important part of this social capital. I am also passionate about the capacity of well organised good people to influence the prevailing policy. I am not naive about the challenges, but I am fundamentally optimistic.

MHCC Thank you so much for talking with us.

Community Mental Health Drug and Alcohol Research Network – where to from here...

FROM THE discussion and feedback at the Research Network's Forum held 24 August it is evident that there is widespread interest from the Mental Health Drug and Alcohol community sector, researchers and academics to be part of a research community collaborating and producing research that will contribute to the wellbeing of consumers.

There is a strong interest in forums for peer discussion both in terms of research projects, methodology and practices. The Research Network activities will help to underpin sector-led research and support community managed organisations to engage in research. Sector-based research will also contribute to more involvement by consumers in research and build the evidence-base for innovative, effective therapies and services.

Associate Professor Karen Fisher, key note speaker at the forum talked about the importance of inclusive practices in research and evaluation and described collaborative examples from her own research, including the Mental Health Housing Accommodation and Support Initiative NSW (HASI). She explained how consumers can participate in policy and research and how the community sector can incorporate research into their current activities by starting with a small achievable activity about which information is required and at the same time build capacity from doing it with others.



Associate Professor Karen Fisher,
Social Policy Research Centre,
University of New South Wales

The network resources and activities will be set up to also reach regional community managed organisations. One of the first priorities is to set up a website and e-resources to support metropolitan and regional networking activities and resources for practitioner and novice researchers.

To develop research skills there will be a series of training workshops and a mentoring scheme. These activities will also support the seeding grant scheme that will be run in April 2012. The aim of the seeding grant scheme is to widen the involvement by MHDA community managed organisations to develop research projects and their ability to respond to research funding opportunities.

Developing appropriate formats and forums to meet the need of researchers in the sector is currently underway.

Network Coordinator, Deb Payne is consulting with groups to determine how to set up opportunities for peer review and discussions that focus on key issues and support the translation of research into policy and practice. The aim is to have the first of these meetings in November 2011.

For further information contact Deb Payne, Research Network Coordinator at deb@mhcc.org.au

FEEDBACK FROM MEMBER CONSULTATION ON THE USE OF TECHNOLOGY AS AN AID TO HOME VISITING SAFETY

IN SEPTEMBER, MHCC conducted a short survey to determine a number of issues related to home visiting, to enable advocacy for improved policy and standard guidelines.

119 people responded to the survey, and of the respondents, 60% work for organisations where home visits are conducted by solo workers. 3-4% of respondents reported their organisation used varied forms of technology for home visits, such as GPS tracking, "man down alarms" or off site duress alarms.

A wide variety of views were expressed, ranging from those who supported the use of technology, but raised the expense; to those who thought emphasis should

primarily be on comprehensive referral processes and risk assessment practices; to those who thought the use of technology could add to the stigma experienced by consumers. Inconsistent and unreliable technology service in rural areas was also raised. Many respondents also detailed the other methods for supporting home visits, including check lists and scheduled calls back to the office.

MHCC aims to produce a discussion paper in the next few months to further investigate this topic, given the high level of interest in this area. We thank everyone who contributed to this dialogue.

Supporting good mental health in aged care

OVER THE past year MHCC has developed a collaborative relationship with Aged and Community Services Association of NSW and ACT (ACSA) to strengthen partnerships around improving care for older people with or at risk of mental health problems. Part of this initiative is the Positive Living in Aged Care (PLAC) Awards, the only aged care awards that specifically recognise achievement in the area of mental health. MHCC had the pleasure of participating in the judging process for the 2011 awards.

PLAC is a mental health promotion project that identifies and showcases Commonwealth funded residential aged care facilities in NSW which have developed and implemented strategies to maintain and/or improve the mental health and wellbeing of residents in residential aged care facilities, their friends, family, carers and staff. The objectives are also to promote innovative strategies with measurable impacts, as well as collaboration and partnerships with mental health and other specialist services.

The Project developed by the NSW Health Older People's Mental Health Working Group (OPMHWG), is funded by NSW Health and managed by ACSA in collaboration with Aged Care Association Australia - NSW. MHCC is also working with ACSA to advocate with the Department of Health and Ageing (DOHA) for expansion nationally to encompass the community managed sector.

Men's shed won top honours at the fourth annual PLAC Awards, held at Sydney's Luna Park on 29 August. Peninsula Village on the Central Coast took out the \$10,000 prize for the best preventive strategy - 'Mosaic-making' and Mater Christi Aged Care Facility, 'Men's Shed with a Difference' was judged the best strategy "to improve outcomes for residents with a mental health diagnosis". The seminar showcased the strategies of the finalists which provide great examples of positive and transferable approaches to improve the mental health and wellbeing of residents.

MHCC also attended a Forum on 'Putting Mental Health on the Aged Care Agenda' at Parliament House on



St Agnes Hostel - Highly Commended PLAC Awards

PLAC is a mental health promotion project that identifies and showcases Commonwealth funded residential aged care facilities in NSW which have developed and implemented strategies to maintain and/or improve the mental health and wellbeing of residents in residential aged care facilities, their friends, family, carers and staff.

23 August. Aged Care Psychiatry Services, Prince of Wales Hospital hosted the forum to advocate for effective and equitable community service delivery for older people with mental illness apart from dementia. Successful models of service delivery were highlighted and awareness raised about the gaps in service delivery for older people with mental illness.

The Forum has started an important dialogue about proposed models of care that effectively meet the specific needs of this demographic.

For further information contact Stephanie Maraz
Email: stephanie@mhcc.org.au

TheMHS Conference “Resilience in Change” Adelaide 2011

MHCC PRESENTED a number of papers at the TheMHS Conference in Adelaide on a number of important and timely issues.

Capacity building in the NSW Community Managed Mental Health sector to better respond to people with mental health and substance abuse issues focused on integrated approaches to mental health and alcohol and other drugs service provision as evidence based practice. It outlined MHCC’s aim to increase the capacity of community mental health services to respond effectively to people with coexisting problems, over the past four years.

A number of partnership projects between MHCC and the Network of Alcohol and other Drugs Agency (NADA) were described, as well as the activities and evaluation processes to ensure positive outcomes such as: increased service responsiveness; workforce skill development; strengthened vocational qualifications; improved research capacity including journal publications; and, a more informed understanding of priorities for continuing sector development in this most important area.

A joint presentation by MHCC and collaborating partner Adults Surviving Child Abuse (ASCA): Trauma Informed Care & Practice – using a wide angle lens described the Trauma Informed Care and Practice agenda that we are

advocating nationally. The paper articulated concepts behind the terminology and asked service providers when supporting a person with mental illness to consider the possibility of underlying trauma, reflecting on what happened in a person’s life rather than viewing a ‘client’ through the pathologising lens of diagnosis alone.

Cross sectoral partnerships – working with the Divisions of GPs & Medicare Locals: mental health, health care reform and the community sector, discussed the importance of working together to provide improved coordinated care and outcomes for users of mental health services. To develop cross sector working relationships, communication and support at a local level, MHCC has developed Memorandums of Understanding (MOUs) for partnership and cooperation with the Divisions of General Practice. As part of National Health and Hospital Reform, Medicare Locals will be responsible for providing integrated care.

It will be up to the community managed organisations to ensure that they are adequately represented by building relationships and local networks. The paper described how MHCC is working towards a better understanding of how the sectors can support each other to provide optimal support and treatment for people with mental illness.

R U OK? DAY – A NATIONAL DAY OF ACTION TO PREVENT SUICIDE

On September 15, MHCC attended an event at NSW Parliament House promoting R U OK? Day, a national day of action aiming to prevent suicide, supported by the Hon, Minister Kevin Humphries, Minister for Mental Health and Healthy Lifestyles, who launched the day with morning tea.

R U OK? is an independent, not-for-profit organisation whose purpose is to provide national focus and leadership for ending suicide in Australia by empowering people to make a difference, encouraging open and honest communication and driving real connection. The vision is for a society that can openly discuss suicide, and take responsibility for maintaining the connections to prevent it.

Partners in the R U OK? Day are HealthInsite information partners: beyondblue; Black Dog Institute;

NPS (National Prescribing Service); Reach Out! (Inspire Foundation) and SANE Australia. The initiative is an opportunity to “encourage Australians to connect with someone they care about and help stop little problems turning into big ones, by asking R U OK?”



RUOK? day supporter with the Hon Greg James, President NSW Mental Health Review Tribunal and Stephanie Maraz, MHCC

Launched in 2009, R U OK? Day has quickly gained momentum reaching 3 million registered participants in 2011. A significant measure of the degree to which suicide is a major public health concern – sadly every year over 65,000 Australians attempt to take their own life.

R U OK? Day operates on a simple premise. In the time it takes to have a coffee, you can start a conversation that could change a life.



November

Postnatal Depression Awareness Week

When: Sunday 13 – Saturday 19 November

Where: Events will be held all week nationally

For more info: see www.mentalhealth.asn.au

Social Enterprises and Mental Health Conference

When: Monday 21 – Tuesday 22 November

Where: Lecture Theatre, Building 103, (Uni of Tas), Callan Park, Lilyfield, NSW

For more info: Phone 0447 598 132 or email: cpmha@yahoo.com.au

NSW Child Protection and Wellbeing Interagency Conference

When: 29 – 30 November 2011

Where: Crystal Palace (Luna Park, Milsons Point)

For more info: www.keepthemsafe.nsw.gov.au

December

The Australasian Society for Psychiatric Research (ASPR) 2011 Conference "From Idea to Implementation"

When: Monday 5 – Thursday 8 December

Where: University of Otago, Dunedin, New Zealand

For more info: see www.iceaustralia.com/aspr2011

MHCC ANNUAL GENERAL MEETING 2011

Guest speaker:

Mr Colman O'Driscoll

Chief of Staff to the Hon. Kevin Humphries MP, Minister for Mental Health

Venue: Sancta Sophia College
8 Missenden Road, Camperdown

Date: Thursday 8 December 2011

Time: 2pm–5pm

Followed by drinks and canapés

RSVP: by Monday 28 November 2011

info@mhcc.org.au or 02 9555 8388

Please include any dietary requirements

For much more information on a range of events check out our weekly FYI e-news for members or check our website www.mhcc.org.au

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