

# from the peak

A quarterly publication from the Mental Health Coordinating Council

Autumn 2010

## CEO Report

### National Hospital and Health Reform – Mental Health – forgotten again or just in the too hard basket?

Except for specific models of care in the youth sector, the recent federal budget was near silent around enhanced mental health funding. At best it appears mental health has been put on the back burner because it doesn't have a natural fit with the Rudd Health Reform agenda – at worst the Rudd government just doesn't think it's as important as other health priorities. Let's assume for a moment it's not as simple as neglect and low prioritisation but more to do with the implications of how existing mental health services will work under the proposed Health Reform. In a snapshot the idea behind Rudd's Health Reform is better coordination and integration of health services at the local level through establishment of a National Health and Hospital Network comprised of Local Hospital Networks (LHN) and closely aligned Primary Health Care Organisations (PHCO) or 'Medicare Locals' responsible for coordination of health services within local regions. These newly created LHNs and Medicare Locals will generally align with each other in terms of geographic coverage and will be broadly based on the existing Divisions of GPs servicing between 250,000 and 500,000 people. Details on size and distribution are due December 2010. Initial operation of Medicare Locals will commence in July 2011 with a transition for full operation scheduled for June 2012.

In addition to the complexities of distribution and access to the various levels of mental health hospital and community services under the proposed reforms there is also the pronounced variation in how different states have structured mental health hospital and community services. These complexities have led to the decision to allow additional time for the states and territories and the commonwealth to come up with a workable system for mental health services between now and the end of 2011.

In NSW issues such as the importance of a quarantined mental health budget and the need to ensure access to the range of public mental health services (intensive psychiatric, acute, non-acute, child and adolescent, etc)

underpin discussions. Currently access to the range of public mental health services is based on the eight large area health services; the proposed smaller LHNs and Medicare Locals could not provide access to the range of services individually. Solutions may be found in opportunities for service level agreements between LHN or there may be opportunity for mental health to continue to be delivered from larger regional structures largely based on existing area health service boundaries and enveloping a cluster of LHNs. These are the kinds of issues there will be deliberation over in the coming months.

So what about NGOs or community managed sector organisations in this new environment? Things have been very quiet on this front. MHCC has taken the position that NGO mental health services need to coordinate with clinical and community services as they do **[cont. pg 2]**



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now and that the main challenge will be to ensure that linkages with the new Medicare Locals are developed early.

MHCC advocates that under the new Health Reforms, NGO collaborative programs with NSW Health and other state government departments should continue and expand; COAG community mental health programs delivered via DoHA, DEEWR and FaHCSIA should continue and expand. MHCC support the ongoing across government approach to community mental health which has seen for example, the engagement of FaHCSIA in mental health program delivery. This engagement is key to promoting the understanding that risk factors for mental health problems are strongly aligned with social disadvantage.

Mental health program delivery through FaHCSIA allows recognition of this and acknowledges mental health support as a key factor in assisting disadvantaged families and communities including Aboriginal communities.

As the detail on implications for NGOs in relation to the Health Reforms unfolds MHCC will provide updates on our website and other media. The alliance of NGO state peaks, Community Mental Health Australia (CMHA) has met to work through the different state positions but it really is very early days to be reporting anything definite. Keep you posted.

Best wishes

Jenna Bateman ■



## Linking physical and mental health ... it makes sense

Many NGOs have already made the connection between physical and mental health and have incorporated this into their

programs. The importance of linking physical and mental health care is also being acted upon by NSW Health in their current initiative to work collaboratively with other health care providers, particularly General Practitioners (GPs), to improve the physical health of people who use a mental health service. This is a further opportunity for NGOs to draw on the information and resources provided by NSW Health, and promote physical health to consumer clients and /or develop allied programs.

Resources for key stakeholders including consumers, families and carers, mental health service staff and GPs, have been developed to promote the intent and principles of the initiative. Information sheets have been translated into ten language groups and further resources have been developed specifically for the Aboriginal community. An education and training package is being developed to support the delivery of short workshops for all key stakeholders, including NGOs, and will be run later in 2010. A web resource portal is also being developed to provide information about the initiative as well as other complementary work being undertaken in the sector. Currently the Psychiatric Rehabilitation Australia (PRA) and SANE Australia have each developed initiatives to improve consumer access to physical health care.

A key feature of the initiative has been the release of a policy directive for Area Mental Health Services in NSW outlining their responsibilities to ensure the consumers who use their service have access to physical as well as mental health care. A set of guidelines (Physical Health Care of Mental Health Consumers) has been

developed which gives practical advice to staff about how these responsibilities could be met. 'Champions' have been identified within each Area Mental Health Service (AMHS) who are working with the Mental Health and Drug and Alcohol Office (MHDAO) to support promotion and implementation of the initiative at a local level. A number of GPs with an interest in physical health issues for mental health consumers have also agreed to act as Champions for the initiative along with representatives from key stakeholder groups such as ARAFMI and NSW Consumer Advocacy Group (NSW CAG).

The policy directive contains an implementation plan, which services must report against. This will include actions such as the development of a strategy to build better linkages with GPs in their locality and promotion of physical health care to stakeholders, including consumers and carers. Strategies are also proposed within the associated guidelines to further support consumers to access physical health care, such as establishing a register of local GPs that are interested in or have experience with treating people with a mental illness and setting up healthy living groups in inpatient wards, covering topics such as smoking, weight-gain, exercise and relaxation. The important role of NGOs in helping consumers to improve their physical health is also recognised in the guidelines, with services encouraged to work collaboratively with NGOs at an AMHS level to effectively engage consumers in the initiative.

NGOs are encouraged to contact Rochelle Kelly at MHDAO on 02 9424 5981 or rkell@doh.health.nsw.gov.au and request to be added to the distribution list for updates on the initiative or enquire about access to resources. Information can also be downloaded at: [www.health.nsw.gov.au/mhdao/initiative.asp](http://www.health.nsw.gov.au/mhdao/initiative.asp) ■

## PRA - Back On Track Health Project



A 'Latrogenic Effects of Mental Illness' seminar hosted by PRA in 2008 highlighted the need to address physical health issues and identified the areas of concern that PRA would prioritise. This has since led to the allocation of funds through the Chronic Disease Self-Management Lifestyle and Risk Modifications Grants Program to create the Back On Track Health (BOTH) Project. The BOTH Project is designed to promote early intervention and active participation in self-care management to

significantly enhance the physical health of people living with a mental illness who are service users of PRA. It will provide a program of care coordination and develop primary health promotion strategies. It will also support service users to adopt risk modification, self-management strategies and tools to monitor complex health care needs.

An Occupational Therapist was engaged to establish the project and two registered nurses were employed as health advisors for 6 months to assist the project to develop policies and health resources, including the 'My Health Needs Checklist', 'My Health Questions Wallet Card' and the 'My Green Book' health record for service users. A Health Services Directory and pre and post health surveys were also developed with data collected to be incorporated into PRA's database.

Over 80% of PRA staff members and some service users attended training across NSW on physical health concerns and the use of the BOTH resources. Sessions included participation from local health professionals to facilitate ongoing relationships, and guest health speakers. Services users and staff attending the training provided a number of valuable comments:

"These resources empower me with support from PRA staff to understand the importance of physical health care", "It's time to take care of ourselves better, using these great resources will be a big help"

"It has increased my knowledge & confidence in talking to consumers about health topics", "The new resources will encourage consumers to self manage their physical health needs". " I feel more confident to ask questions about physical health to support the individual holistically"

Information about the BOTH Project has been disseminated to General Practitioners in NSW through the peak body, General Practice NSW.

Further information about the BOTH Project check: [www.pra.org.au/cgi-bin/prapl?A=ViewPage&ID=17](http://www.pra.org.au/cgi-bin/prapl?A=ViewPage&ID=17) or contact Janet Meagher, Divisional Manager – Inclusion 02 9690 8905 or [janet.m@pra.org.au](mailto:janet.m@pra.org.au)

## SANE Healthy Living Kit

SANE Australia has developed a 'Healthy Living Kit' to help people living with a mental illness to take action themselves, to work towards a healthy lifestyle. The kit comprises a DVD which features people living with mental illnesses who share their experiences of finding support and getting and staying healthy, as well as a Guide with practical information and tips on healthy living.

The SANE 'Healthy Living Kit' is available from the online bookshop at [www.sane.org](http://www.sane.org) or by calling the SANE Helpline - 1800 18 SANE (7263). Cost \$48 + P & H. ◀

## From discrimination to social inclusion

Discrimination and stigma have long been identified by consumers as major barriers that they face in their recovery journey. According to the Governor-General Her Excellency Quentin Bryce AC, "This is a challenge we are increasingly called on to meet, and one which requires the best of our resources, intellect, policy, and practice".

A just released research report prepared by Queensland Alliance and funded by the NGO Mental Health Peaks has shown that there is an emerging body of research and international literature indicating that comprehensive, well structured social inclusion initiatives change public attitudes towards mental illness and influence our behaviour. The report "From Discrimination to Social Inclusion: A review of the literature on anti stigma initiatives in mental health" has highlighted some examples of international initiatives such as "Like minds like mine" from New Zealand, "See me" from Scotland and "Time to change" from the UK where evaluations have found encouraging results.

The report makes several important recommendations for achieving best practice in this area which will help build a stronger, richer, more inclusive Australia. The bottom line is we know what works and how to do it. In addition to the many benefits to individuals achieved through greater inclusion, we also know that investment in a social inclusion campaign will provide an overall benefit to the economy. So, what are we waiting for?

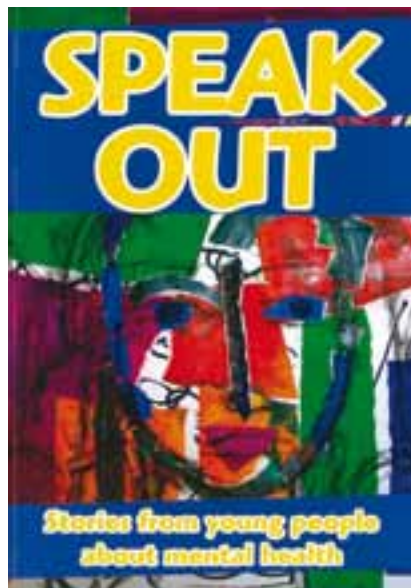
Read the full report check our website [www.mhcc.org.au](http://www.mhcc.org.au) under Publications, Resources...→Social Inclusion or go direct [www.mhcc.org.au/documents/From-discrimination-to-social-inclusion-Lit-review.pdf](http://www.mhcc.org.au/documents/From-discrimination-to-social-inclusion-Lit-review.pdf) ▶

## SPEAK OUT- Stories of young people & mental health

SPEAK OUT is a book of stories from young people about their mental health experiences. Launched in February 2010, it is designed to engage young people in discussions about mental health and demystify mental health issues for young people and others. Produced by the "Speak Out" Dual Diagnosis Team at South Sydney Youth Services it is hoped this book will serve as an important and valuable resource for young people and for others working or living with young people.

Twenty four young people have volunteered their stories in a book full of real life experiences and important practical information about mental health from the young person's perspective with expressive visual art displayed throughout the entire book. SPEAK OUT is raw, real and very relevant to today's youth.

SPEAK OUT can be used in many ways by many people. The stories will show young readers they are not alone and that many young people experience difficulties with their mental health. Understanding mental health issues and navigating the mental health system can be frightening and complex. The practical information will help young people to understand their mental health and will encourage them to reach out for help should they need it.



SPEAK OUT can also be used by adults living with, or working with young people as a tool to understand, educate and empower young people and the broader community. Parents, guardians, carers, teachers, counsellors, youth workers, psychologists, social workers, doctors, care coordinators and support workers can all use SPEAK OUT to initiate and engage young people in discussions about mental health, provide examples of the ways young people are affected by mental health issues, educate young people about mental health issues and the importance of keeping healthy and staying well, raise awareness and reduce stigma and stereotypes

SPEAK OUT has positively impacted the lives of the young contributors of this book. The young people have grown over the course of the projects development and they are so proud of their book. Not only are they helping others, but the process of participating in this project has assisted towards helping themselves.

For more information or to order copies contact Mardi Diles Speak Out Dual Diagnosis Team South Sydney Youth Services (02) 9557 2848 Email: [mardi@ssys.org](mailto:mardi@ssys.org)

## Community housing happenings

For people experiencing mental health issues access to affordable stable housing in the community is a critical need. Obviously it is even more of an imperative if they are homeless or at risk of homelessness. The Federal Government has provided economic stimulus funds that will see around 1500 new dwellings come on stream in NSW between April and June 2010.

The NSW Government has moved to allow the transfer of ownership of government funded social housing to the community housing sector. A significant number of the new dwellings will be managed by community housing providers.

To make it easier for people accessing social housing in different locations and different agencies, a common application process has now been introduced. "Housing Pathways" represents a significant shift in the way people will apply for social housing, with one common application form and one housing register. Where previously, people would place a 10-page application with Housing NSW and then go to two or three community housing providers and

place all their details into two or three more application forms – this has now become a lot easier.

Not only is applying now easier, but making changes to details or requesting a transfer will be much simpler. People can update their details just the once by contacting either Housing NSW or their local community housing provider and people can receive information about their application progress in the register from any of the participating organisations.

For the approximately 500 organisations that deliver community housing and SAAP services, Housing NSW is moving through an accreditation process. There is a two year transition period with new regulatory requirements that will mean only registered housing providers will be able to access housing funding. For organisations that just want to deliver support services and do not want to become a registered housing provider, then partnership arrangements with a registered housing provider are a possible option.

# Better Access update

The Better Access to Mental Health initiative is undergoing some formal scrutiny around health outcomes. We need to know whether mental health plans and follow-up therapies are having an impact on mental illness in the community and are providing effective early intervention. The intention of the Australian government was to improve treatment and management of mental illness through improved pathways to general practitioners, psychiatrists, clinical psychologists, social workers and other allied health professionals through the Medical Benefits Schedule (MBS). Depending on their needs, patients are eligible for up to 12 (or 18 in exceptional circumstances) individual short-term mental health services a year.

The Department of Health and Ageing is currently undertaking a full evaluation of the program, to be

completed by the end of 2010, which should clarify serious doubts as to whether those accessing care under the scheme are getting better and what kinds of conditions are being addressed through the scheme.

The initial allocation of funding for the Program was increased in the 2008-09 Federal Budget from \$538m for the period 2006-11 to \$752m. According to the Mental Health Council of Australia's (MHCA) analysis at December 2009 a total of \$966,975,565 of benefits have already been paid since the beginning of the program (see table for breakdown of items) and the actual figure could be closer to \$2 billion. This shows up to be a lot of mental health allocated money going out to primary health clinicians for which we are unclear of the impact on those who most need the support and care.

## Summary of Better Access Costs November 2006 – December 2009

Item No	Descriptor	Occasions of Service	Benefit Paid
2710	Preparation of Mental Health Care Plan by GP	1,728,801	\$ 266,428,458
2713	GP Mental Health consultation (20 minutes +)	1,868,069	\$ 127,399,073
80010	Psychological assessment and therapy for a mental disorder by a clinical psychologist lasting at least 50 minutes (up to 12 planned sessions a year)	2,199,115	\$ 257,511,270
80110	Focused psychological strategies for an assessed mental disorder by a registered psychologist lasting at least 50 minutes (up to 12 planned sessions a year)	3,895,001	\$ 315,636,764
Total		9,690,986	\$ 966,975,565

*Taken from Mental Health Council of Australia (MHCA) Mental Health Fact Sheet*

MHCA reports there is evidence to suggest that despite the massive uptake of the Medicare supported services, access is still a major issue for people in rural and remote regions and for groups such as young men (and men in general), the CALD community and Indigenous Australians. Since

the early stages of the program there have been concerns that under the new Medicare arrangements most of the recipients were those already receiving treatment who could afford the often large gap payments. ▽



*Speak Out Dual Diagnosis team art workshops South Sydney Youth Services*

## NGOs accessing MBS funding

NGOs who work daily to provide support services for people living with a mental illness in the community will be well aware of the many barriers to their clients in accessing the services they need. Navigating an often complex mental health system, stigma and discrimination, communication difficulties, out-of-pocket costs to attend services which do not bulk bill and a shortage of mental health professionals in the areas where they are needed are just some of the reasons why people with mental health problems are missing out.

It is well known that people with mental health problems require access to a range of services to suit their individual needs and to address the often complex associated issues. While NGOs have a strong history of providing support and rehabilitation in the community setting, clinical services have been accessed externally through primary health care services. However, since the 2006 introduction of the Better Access initiative and the associated Medicare rebates for psychological intervention strategies, some NGOs have been providing an in-house clinical service for their consumer clients.

### Why would an NGO consider providing an in-house clinical service?

While NGO mental health services do not traditionally provide access to clinical services there are reasons to consider its incorporation into established services. Clearly one of the benefits of offering a clinical service is improving client access to services provided by health professionals such as psychologists, social workers and occupational therapists through Medicare rebates, and the more likely possibility of a bulk-billing arrangement, relieving clients of MBS gap fees.

Some clients will benefit from the psychological approach provided by health professionals but may not be confident to seek out the services themselves, or they may feel more comfortable in a familiar non-clinical environment. An added benefit for organisations has been the sharing of information between the health professional and NGO staff which can result in a valuable exchange of approaches for the benefit of the client.

Not all mental health NGOs may be suited to providing a clinical service or may not see its relevance at their organisation. Other organisations may recognise a demand and see the value of providing a clinical service to their consumer clients but not know what's possible and where to begin setting up such a service. This article aims to provide an example of successful primary health clinics run within an NGO, as well as advice on how to go about doing this.

### NGOs extending services & seeing the benefits

On Track Community Programs, located on the NSW north coast, have been providing their clients access to an in-house psychology clinic from their Connections Centre since early 2007. The day centre doesn't identify itself as a clinical service but rather as a service providing psychosocial support and a range of rehabilitation services to people living with a mental illness in the community. They currently have a psychologist running a clinic once a week, seeing up to 6 clients a day for 50 minute sessions – many with 12 sessions to complete resulting in the psychologist being booked weeks in advance. Referrals to the clinic are only taken from individuals approved as On Track consumers due to issues related to OH&S safety and risk protocols. Individual risk audits are carried out for all consumer clients and renewed every 3 months as well as after discharge from an inpatient clinic.

For Uniting Care Mental Health (UCMH), who provide a range of counselling services at different sites around Sydney, setting up a clinical service and utilising MBS funding, was a natural progression in order to better meet the complex needs of their client base. Headspace Mt Druitt, one of UnitingCare's youth focused services, provides a 'one-stop-shop' where clients and visitors to the Centre can make an appointment to see an in-house GP who can then refer them onto an in-house psychologist or social worker, without any cost to them. Referrals are also taken from external GP's and UCMH have taken the time to build good relationships with GPs through the Division of GPs. Setting up a clinical service at Headspace is providing a more complete youth friendly service, aimed at early intervention.

### The legalities

Anyone accredited under the Better Access scheme is eligible to access the MBS, including psychologists, counsellors, social workers and occupational therapists. However, while many NGOs will have salaried employees with clinical experience, organisations receiving any kind of government funding cannot in any way be seen to be benefiting from the MBS – this is seen by Medicare as 'double-dipping' and is punishable by law. The way around this is to use independent contract staff.

According to the Australian Psychological Society (APS) the "squeaky clean" position is for a psychologist to conduct clinical sessions under the auspices of the NGO. Specifically, psychologists pay the NGO a facilities fee, and not a percentage of the fee income. David Strokes, Manager Professional Practice, APS strongly recommends a clear separation between the service and the organisation. "It is imperative to arrange a good firewall between the MBS supported psychology services and the organisation". He warned of the risk of a Medicare audit which he claims can be mechanical and unfeeling.

## Contractual issues

There are a variety of ways that NGOs can engage independent contractors, and it is up to each organisation to be first clear on their own aims and requirements and find out what will work best for them. Karen Burns, Director of Uniting Care Mental Health explained the clinics at Headspace Mt Druitt are made up of a collaboration of public and private independent contractors (not employees) who are MBS certified. She commented that, "UCMH engaged legal advice in the design of their contract to ensure industrial relations and Medicare requirements were addressed and the agreement was in line with what we are trying to achieve."

By contrast, On Track Community Programs have an informal agreement, established without legal advice, with the psychologist to run the clinic at the Connections Centre. The clinical space is provided by the NGO without cost to the psychologist who handles all medical documents and referrals and chooses to bulk-bill clients. The psychologist works as a consultant who follows the processes established by On Track.

Contractual arrangements between an organisation and a contracted health professional / psychologist must be individually considered, negotiated and agreed upon between a NGO and the contractor. Issues might include:

- A facilities fee charged by the NGO to the health professional which could include any reasonable costs incurred by the organisation such as: cost of space, receptionist services, cleaning, etc
- An agreement that the health professional bulk-bills on consultations and covers the gap fee due to benefits of the contractual arrangement
- Regular and informal reports on the client from health professional to NGO
- Contractual agreed extras may include benefits to the NGO such as the health professional attending meetings, providing advice or giving recommendations on centre clients.

Salaried staff within the organisation can provide intake and assessment services – similar to an engagement triage. Administration and receptionist services can also be provided to support the workings of the clinic in the process of engaging the client and linking in with the GP.



## Working with GPs

The GP is always the first point of contact under the Better Access initiative and an appointment with them (through a specific Medicare item) is a prerequisite to referral. GPs are paid via MBS for coordinating management and the development of the Mental Health Care Plan (MHCP), which forms the basis for engaging with other health professionals. The GP is therefore the focus of primary care and ongoing reports must be provided by the referred health professional / psychologist, who will be aware of responsibilities for reporting requirements and obligations with regard to privacy. A contractual agreement may be made with the health professional to keep the NGO included in this reporting process.

At Headspace Mount Druitt, a GP has been contracted to work on-site and provides extended appointments to suit the needs of clients presenting with mental health problems and to develop the MHCP. He provides referrals to a wide range of services including to the other in-house contracted health professionals. Karen Burns admits they have been very fortunate to have attracted a GP interested and trained in youth mental health.

## Conclusion

Each organisation will know whether an in-house clinic is the right step for them to consider but it is clearly possible and a good option for some NGOs. For those choosing to not go down this track, staff should be aware of good referral pathways to a broad range of services to suit the various needs of consumers and understand the systems that connect clients to clinical services as needed.

## Help your consumers work off fines

Non-government organisations (NGOs) can now assist consumers to quickly and easily work off any fines they may have accumulated for offences related to driving, train travel, graffiti or other court fines. MHCC encourages NGOs to sign up to be an approved organisation under the Work and Development Order (WDO) scheme which enables them to provide consumers with the official supervision they need.

If a person has a disability arising from a mental health issue, an intellectual disability, is homeless, or is experiencing economic hardship they can apply to the State Debt Recovery Office (SDRO) for a WDO which might include activities such as:

- unpaid work (for /on behalf of an approved organisation)
- counselling (including drug and alcohol treatment)
- medical treatment (eg. seeing a psychologist)
- educational, vocational courses (eg. TAFE or Links to Learning programs)
- mentoring program – only for under 25 year olds (eg. with PCYC)

A person can apply for a WDO only if their application is supported by an approved organisation. NGOs can sign up to be an approved organisation simply by filling out a 2 page form and providing some supporting documentation and sending it back to the SDRO. The organisation would then be eligible to supervise a consumer in any of the treatment options they might choose, and or provide supervised voluntary work.



Once a WDO has been granted to a person with accumulated fines, any licence restrictions will be lifted and the SDRO will not try and recover the money owed. If the consumer is unable to complete the WDO, the SDRO can cancel the agreement and whatever money is left owing will have to be paid.

The WDO scheme was introduced in 2009 for a trial period and will expire in June 2011 with success being measured by its use, particularly in relation to those most vulnerable in the community. Help support this great initiative and your consumers so this valuable scheme can continue beyond 2011. For more information visit: [www.sdرو.nsw.gov.au](http://www.sdرو.nsw.gov.au)

## New assertive outreach project for Neami working with rough sleepers

Neami was recently successful in gaining the contract for the Sydney Assertive Outreach Service through NSW Housing and the City of Sydney. The assertive outreach model comprises of two distinct teams: The Outreach and Support Team (NEAMI) and the Health Outreach team (St. Vincent's Hospital).

The Assertive Outreach teams will provide services to rough sleepers (no age limit) who are chronically homeless with high needs in the City of Sydney LGA particularly those located in the inner City.

The objectives of the service are:

- Identify the rough sleepers who are chronically homeless with high and complex needs who are likely to be the most vulnerable amongst the inner city homeless population.

- Provide street outreach and support to improve the health and well being of rough sleepers with the inner city.
- Ensure that consumers are provided with services that are coordinated across whatever needs they have and that those services are provided to the consumer in situ in a streamlined and integrated approach.
- Assist consumers to access a range of long term housing options.
- Ensure consumers transitioned into housing are provided with the appropriate support they require to sustain their tenancies and avoid becoming homeless again.

Neami are recruiting at the moment and should be fully operational by the end July 2010. Operating times for the program will be 6am – 10pm, 7 days.

# Government rejects human rights charter

On 21st April 2010 an important piece of news almost went under the radar as it was conveniently announced whilst Rudd's Health Reform agenda took centre stage. The announcement that the Federal Government will not enshrine human rights in a formal charter, rejecting the advice of its own consultation group, went almost unnoticed.

A government-appointed committee last October recommended a national charter be adopted to enshrine rights already expected under international obligations. Since then, social and legal groups have been calling for legislation, saying it would benefit minority groups such as the homeless, indigenous and refugees.

Instead Attorney-General Robert McClelland unveiled a human rights framework during a speech to the National Press Club in Canberra. "A legislative charter of rights is not included in the framework," he said. "The government believes the enhancement of human rights should be done in a way that, as far as possible, unites rather than divides our community". But he said many people remained concerned about the consequences, namely the shift of power from the parliament to the judiciary.

Under the government's planned framework, more than \$12 million will be invested into education initiatives promoting greater understanding of human rights in the community. A new parliamentary joint committee on human rights will be established to ensure legislation complies with the nation's international human rights obligations.

Australia will remain one of the few nations without a national charter of rights. The government will instead set up a framework focusing on education and extra parliamentary scrutiny of bills to ensure they meet international obligations.

The opposition primarily has always been against the idea, which its legal affairs spokesman George Brandis dubbed "dangerous and foolish," and that it would have "diminished the authority of parliament and politicised the judiciary". He went on to say that "it would have been a Trojan horse to impose a left-wing social agenda on Australians without democratic legitimacy". Senator Brandis welcomed the government's decision to reject the proposal but said it was a humiliating moment for his Labor counterpart.

Attorney-General Robert McClelland acknowledged there had been "overwhelming" support for nationalised legislation to protect basic rights including education, health and housing. Nevertheless, the power of the numerous high profile opponents such as Bob Carr and Cardinal Pell had more influence than the overwhelming voice of the people. Opponents to the charter, including the Australian Christian Lobby and the federal opposition, are pleased with the outcome.

The Attorney General said that "the enactment of human rights should be done in a way that unites, rather than divides our community". The new framework will require all bills to have a ministerial statement of human rights compatibility to ensure they comply with international obligations. Every bill introduced to parliament will need to be accompanied by a human rights compatibility statement. Federal anti-discrimination laws will be merged into a single act to remove regulatory overlap, and streamline the system. It remains to be seen whether an annual human rights forum to allow comprehensive engagement with non-government organisations on human rights matters will achieve any substantial improvement to the status quo.

The Rudd government has been accused of putting its own political agenda ahead of the public good on the issue of human rights. Mr McClelland denies the compromised position was the result of divisions within the Labor Party, or concerns that the charter would have caused a political headache in an election year. "I don't think the report has created a political problem at all". But legal and human rights groups, which support the charter, remain unconvinced.

MHCC are deeply concerned that Australia will continue to lack an adequate legal framework to protect basic rights, particularly for people with disability who are frequently in our society and experience poverty, homelessness, powerlessness and discrimination with no recourse at law.

The Rudd government says it will review the framework in 2014. 

## Everybody needs to meet good neighbours



Anglicare Maroubra, Rod West, Peter Garrett, Jill Wrathall

MHCC's Meet Your Neighbour program continues to prove that a community based effort is what makes a difference with good attendances, information sharing, encouraging stories and new connections being made. As new funding continues to roll out and new services start up with associated personnel movements, there is still a vital need to keep up to date with who is out there doing what. It's all about making sure we can deliver the best holistic response for each person in situations of complex need. That doesn't mean that we can eliminate all the gaps, but we won't save anyone from falling through the cracks if we don't build the safety networks with other good neighbours who are delivering a range of services in our neighbourhood.

So far in 2010 MHCC has joined with Anglicare in Maroubra, Centacare in Griffith and Aftercare in Maitland and Neami in Bankstown to host these events with more planned in different parts of Sydney and New South Wales. We'd love to see you at a location near you. If you would like to be a host or to find out more information contact Rod West 02 9555 8388 ext 110 or [rod@mhcc.org.au](mailto:rod@mhcc.org.au). ▀

## Still facing the same barriers

Research into ageing for people with lifelong mental health problems has been a relatively unexplored domain. A recent project by student researchers from the University of New South Wales (UNSW) involving MHCC members has found that people with long term mental health problems still face as they age the same barriers that they have always faced – stigma and discrimination, isolation and access difficulties.

The research project which set out to identify the barriers impacting on access to services, relapse prevention and ongoing maintenance of health and well-being of people ageing with a lifelong mental illness partnered with the Futures Alliance and three other disability peak organisations in NSW. The Futures Alliance is a cooperative of community representatives from disability and aged care providers which includes representation from consumers, academics and peak bodies

The researchers interviewed four MHCC member organisations providing psycho-social rehabilitation and supported accommodation services to ageing consumers: New South Wales Consumer Advocacy Group (NSW CAG); Aftercare; New Horizons; and Psychiatric Rehabilitation Australia (PRA).

Interview questions were developed to gain insight into each organisation's view of the primary issues for consumers as they age, to identify the difficulties organisations face in supporting consumers, and make recommendations

regarding quality improvements and enhanced access. The qualitative data was analysed and thematically coded to identify key issues and strategies for improvement.

The themes that emerged as the primary issues for people with lifelong mental health problems as they age, include the experience of stigma and discrimination, isolation and the difficulty in building and sustaining strong socially inclusive community networks and access to meaningful employment, recreation and respite. This is almost identical to the primary issues for people with mental illness generally. The difference is that these issues are intensified for people who are ageing particularly because people with lifelong mental health problems age much earlier, and experience greater degenerative physical health problems as a consequence of their illness and the medications they need to take.

The service providers to this group described a disjuncture between the mental health and the aged care systems, difficulties in meeting the needs of clients as a consequence of inadequate funding and the need to build workforce capacity and training.

For further information on this project please contact Corinne Henderson at [corinne@mhcc.org.au](mailto:corinne@mhcc.org.au) or read the final document is available at: <http://www.mhcc.org.au/documents/Projects/Ageing-and-Disability-UNSW-Student-Project-Report-Dec2009.pdf> ▀

# Using research to develop training and health promotion

A research study made possible through a grant provided by MHCC NGO mental health and drug and alcohol research grants program, is allowing Neami to fine tune their staff training around the needs of consumers accessing their services with coexisting issues. It is also allowing Neami to develop their internal health promotion. Adam Zimmerman from Neami reports:

In an attempt to be able to better respond to the needs of consumers with co-occurring mental illness and substance misuse issues Neami commenced this study in mid 2009. For the research we partnered with Dan Lubman – then with Orygen Youth Health and now with Turning Point.

To find out the prevalence and impact of alcohol and other drug use the study involved participants completing various screening tools including the Alcohol, Smoking & Substance Involvement Screening Test (ASSIST), Kessler 10 (K10), Life Skills Profile 16 (LSP-16) and a questionnaire developed by Neami to specifically look into tobacco use and individual beliefs and assumptions associated with cigarette smoking. A total sample of 489 consumers was recruited to take part in the study with preliminary analysis of the data indicating tobacco, alcohol, caffeine and cannabis to be the most commonly used substances.

We are in the final stages of analysing the data but preliminary analysis has indicated that:

- Approximately 75% of participants scored in the moderate to high risk category for tobacco use (as indicated through completion of the ASSIST). Approximately 70% of this group of participants said they wanted to quit or cut down.
- 85% of participants scored in the moderate to high risk category for 'other' (other predominantly refers to caffeine use) substance use (again demonstrated through ASSIST completion).
- Approximately 30% scored in the moderate to high risk category for cannabis and alcohol use.

This more accurate consumer profile will be used to inform what further training and education we provide

to our staff. Results from the tobacco questionnaire have indicated that the majority of consumers believe Neami workers should assist them with quitting smoking in addition to helping them with their recovery. This information is now being used to further develop the health promotion work within the agency. Further changes to service delivery may be identified once the data has been fully reviewed.

The capacity of Neami to deal with consumers with dual diagnosis needs was assessed by each Neami site taking part in a facilitated Comorbidity Program Audit and Self Survey (COMPASS) focus group session. There are 14 domains related to providing effective support services to individuals with dual diagnoses assessed through completion of the COMPASS.

Neami has also used this research process to increase our own research capacity and profile. Neami's direct support staff, known as Community Rehabilitation and Support Workers (CRSWs) were involved and received training in all aspects of the study, including the research design and methodology, data collection and management procedures and ethical and privacy considerations.

The data collected on consumer smoking when combined with data previously collected from staff about smoking is being used to support the further development of the Neami 'No Smoking Policy' which was introduced in September 2008.

There were some challenges encountered during the study, primarily related to incomplete and missing data. However, we were still able to collect a significant amount of data on consumer's substance use providing the agency with a more accurate profile of consumers accessing Neami services. We are confident that with further training and support, Neami will continue to successfully develop the capacity of its staff in contributing to and being actively involved in the development of an exciting research agenda.

Adam Zimmerman (Neami) ▀

## Mental Health Connect – Getting the message to frontline workers



MHCC Mental Health Connect trainers – Fay Jackson & Stephanie Webster

Mental Health Connect is an innovative two day course in recovery oriented practice. MHCC specifically designed the course for a diverse mix of frontline community workers in non-mental health specific roles, but has had equal appeal amongst mental health workers. Recent participants have come from areas such as employment services, drug and alcohol rehabilitation, HIV support, community housing and the higher education sector. Mental Health Connect includes an orientation to the mental health sector and consumer movement and provides practical approaches to recovery oriented practice.

Mental Health Connect provides participants with a timely opportunity to engage with recovery oriented practice, a key principle under the Fourth National Mental Health Plan (2009-2014):

‘Mental health service providers should work within a framework that supports recovery – both as a process and as an outcome to promote hope, wellbeing and autonomy. They should recognise a person’s strengths including coping skills and resilience, and capacity for self determination. This may require a significant cultural and philosophical shift in mental health service delivery’.

A unique feature of the program is the two trainer model, in which one of the two trainers presents from a consumer or carer perspective and is able to share their personal stories of recovery. It is through the sharing of these stories in a context of theory and practice that assists participants to understand that their own attitudes and work practices can make a difference. Participants have given great feedback on the professionalism of the course and materials and commented that, “The consumer trainer made the training more realistic and provided insight into the other side of the relationship. It explained the theory and made it relevant”.

Participants from an interesting mix of organisations has been another positive with the opportunity for attendees to learn about each other in discussions and group activities, and better understand the services each provide. Course evaluations have shown a greater awareness of mental health and the individual nature of the recovery process, with one participant saying that one of the best parts of the course was “learning that recovery oriented training is empowering and possible”. Clearly the two trainer model is providing participants with a lived perspective of wellness, and an exploration of the challenges faced by people using services. An insightful participant stated, “I now have a greater understanding of mental health from both sides of the coin and will definitely be putting some of the things I have learned into my workplace”.

A common experience in workers who have attended the training is that by the end of it, they leave with more of a sense of hope in the way they view consumers’ futures. It has been noted by a number of participants that this can be difficult to maintain when constantly working with people in crisis. The course validates services and the assistance they provide by acknowledging that consumers need a range of options and by identifying where recovery-oriented practice already exists. The course also explores new strategies and practices that can be used.

**More information about Mental Health Connect, including upcoming dates, costs, and registration forms, can be downloaded at: <http://www.mhcc.org.au/learning-and-training/mental-health-connect.aspx> The Learning and Development Unit (LDU) at MHCC can be contacted on 02 9555 8388 ext 106 or by email: [training@mhcc.org.au](mailto:training@mhcc.org.au)**

**MHCC can also deliver Mental Health Connect in-house for organisations. To discuss this further, please contact Trevor Hobday, Training and Communications Officer on 02 9555 8388 ext 118 or email: [trevor@mhcc.org.au](mailto:trevor@mhcc.org.au).** ◀

## MHCC fully accredited ✓

MHCC has just been fully accredited through the Australian Council on Healthcare Standards (ACHS). We began the accreditation process through ACHS after requesting and being offered membership in June 2009.

The journey of preparing for accreditation was one that has led MHCC and its entire staff into a journey of continuous quality improvement. This process of reviewing organisational systems and processes has been invaluable to us and MHCC encourages NGOs to consider the value of an external quality review to their own organisation.

Although we have received our four year accreditation, an ongoing system of guided reporting to ACHS will continue. The accreditation cycle works on annual self assessment and four-yearly external reviews by ACHS reviewers who attend in person to review

everything from policies and procedures to mission and strategic directions. The review team then makes recommendations for quality improvement. This process assists organisations to improve internal systems and service outcomes.

MHCC staff found the ACHS process to be extremely user-friendly and stream-lined. They also offer two kinds of accreditation programs which cater to the specific needs of both non-service delivery and service delivery organisations. The surveyors were approachable and provided excellent assistance to MHCC staff, with no question being too big or too small. ACHS always ensure that at least one of the surveyors has a background in mental health when surveying a mental health organisation and this resulted in some sound recommendations to MHCC for further potential improvements. ■



MHCCs Learning & Development Unit March 2010

## Apply now for MHCC scholarships

MHCC's Learning and Development Unit is now accepting scholarship applications for a second round in the Clinical Pathway stream and a first round in the Certificate IV in Training and Assessment stream. We encourage workers in the community mental health sector to take advantage of this great opportunity for professional development.

Scholarships will be open to a range of workers in community organisations (non-government, not for profit) within NSW whose primary role has a strong focus on working with clients with mental health issues.

Scholarship money is up to \$5000 for Clinical and up to \$2000 for Certificate IV and primarily goes towards fees. Successful applicants can use the scholarship money at any university or any Registered Training Organisation including MHCC and TAFE. Scholarships will be available through two streams and eligibility will vary according to the focus of that stream.

Applications close Friday 11th June.

Information, including eligibility and selection criteria can be found on the MHCC website at: [www.mhcc.org.au](http://www.mhcc.org.au) ■

## Meet Sue Sacker – MHCC Board Member



VFP: You are currently the Deputy CEO of Schizophrenia Fellowship NSW (SFNSW) – how did you start working in mental health?

SS: I had a background of involvement in community activities and was on the committee of my local neighbourhood centre in Manly. We identified that

there were a lot of people with mental illness who needed support services and something to do. We started Pioneer Clubhouse in 1994 and decided to partner with SFNSW in this project because they had the expertise in mental health and similar philosophy and attitudes.

VFP: What challenges do you see in your role?

SS: I volunteered with SFNSW as Chair of Pioneer Clubhouse Management Committee for 10 years and came to SFNSW in 2000 to help out. I started doing anything that needed doing and a bit of everything and then Rob (Ramjan) offered me a job. My role has grown over the years as has my title. I am now Deputy CEO. I have seen SFNSW go through substantial growth – we have gone from 30 to about 170 staff over the last 5 years.

VFP: What did you do before?

SS: I was a general nurse for 20 years and then had my own Homoeopathic practice. I entered local government in Manly in 1991 and served a term as elected Mayor from 1995 to 1999. I left local Manly council in 2003 after 12 years.

VFP: What challenges to you see in your role?

SS: There is always a need to reinvent yourself over a period of time to stay fresh. It is important to maintain grass roots

connections with the local community and to maintain the good organisational culture and values as you grow.

VFP: How do you maintain a good organisational structure as you grow?

SS: By having a flat management structure and being clear about values (especially in recruitment and in your induction program). Leading by example is important as is the need to encourage staff to be creative and have a learning culture.

VFP: What gives you cause for hope?

SS: The attention that mental health is now getting. The level of need in mental health is growing and we have an opportunity to provide support. Consumers now have jobs. Seeing people helped and offering to help is a cause for joy.

VFP: What led you to join the MHCC Board?

SS: MHCC has a role to support an industry that supports those in need. MHCC also has an important role to keep advocating for community mental health services. Australia only spends about half the OECD average on mental health.

VFP: What do you bring to your various roles in the sector?

SS: I have experience in community development and service delivery in the sector so I can bring a broader perspective.

VFP: What music do you like?

SS: I'm not so much into music but I like Madeleine Peyroux or late sixties, early seventies. I prefer theatre and visual arts.

VFP: Have you been to any memorable concerts or events?

SS: I went to see the Sydney Theatre Company's production of "Stockholm" recently. It was a very interesting combination of play, physical theatre, movement and voice.

VFP: Any words of wisdom or advice for people new to the sector?

SS: I am always impressed by people who come to the sector. There is an opportunity to really help people get their lives back on track. It is a great gift to give someone; to empower them to take their lives back. ▀

## Big Issue takes a big stride for women

One of Australia's most successful social enterprises 'The Big Issue' has won a \$1.2 million grant to help homeless and disadvantaged women across the country.

Up to 40% of those sleeping rough or in non-secure housing are women. Its newest venture, funded through a Federal Government Jobs Fund grant, will see the organisation established in Australia in 1996, set up a Women's Subscriptions Enterprise, which will initially employ 90 disadvantaged women and six professional staff.

Subscriptions to The Big Issue will be sold by professional telemarketers and the women employed under the program

will collate, sort and insert Big Issue magazines every fortnight.

According to CEO Steven Persson "With the Street Magazine Enterprise showing remarkable outcomes over the past 14 years, predominantly for men, we recognised nearly three years ago that we needed to also establish a viable and sustainable social enterprise for women". Since then there has been an extensive feasibility study reviewing what work opportunities best meet needs of homeless and disadvantaged women and this new project is the result. ▀

## Member Profile

# HOME in Queanbeyan: a community says 'Yes'



Patron: The Hon. Sir William Deane

After 5 years of dreaming, meeting, planning, organising, arguing, persuading, celebrating ... and the odd tear, HOME in Queanbeyan (HOME) is just weeks away from having our first

residents move in. That we've come this far is testament to the extraordinary Queanbeyan community and to the drive and commitment of the HOME Board led by Tony Carey.

HOME will provide 24 hour relational care and support in individual self-contained apartments to people with mental health issues who are homeless or at risk of being homeless, as well as outreach services to many more in Queanbeyan and the surrounding communities.

Situated close to Queanbeyan city centre, HOME is made up of 20 self-contained apartments, 18 permanent and 2 for respite. There will be no pressure for residents to move on unless they choose to do so. Some may be there for the remainder of their life, where others will no longer need the support and move on to other accommodation.

Residents will have access to 24 hour support care delivered by support workers and volunteers. The clinical care will be provided to the residents by the local mental health team. Two workers from that team have been assigned to work closely with HOME. St Benedicts Community Centre, which provides support and advocacy to many in the Queanbeyan region who are homeless, affected by mental illness or who struggle with drug and alcohol issues, will co-locate with HOME. Volunteers from St Benedicts who currently provide a meal 5 days per week will continue to provide meals to the people from St Benedicts and the residents of HOME. New volunteers will provide a meal on the other two days and work closely with the residents of HOME to provide support e.g. take them shopping, help maintain their apartment etc. Our volunteers are a strong connection with our community and everyone who wishes to help will be involved in some way.


Because the residents of HOME will be aged between 20-65, male and female and have different levels of need HOME does not intend to set up new programs just for the residents but will make use of already established programs within the community.

The target group are men and women over 18 years of age, diagnosed with a mental illness who are homeless or at risk of homelessness. A Tenancy Committee was set up comprising the Manager of HOME, a representative from Housing NSW, the manager of the local mental health team, a representative from the local police and a community representative. Referrals have been received through different mental health agencies, families and also self referrals from Queanbeyan, Canberra and the surrounding area. Referrals are assessed by the Tenancy Committee and residents are chosen based on their need. The first six residents have been chosen and will move in early July.

Residents will also be rent payers with their own residency committee plus being involved in the decision making processes of HOME.

In September 2009 the Board appointed Anne Pratt (Queanbeyan Citizen of the Year 2010) as manager. Apart from managing the start up of HOME Anne will also be sourcing ongoing funding opportunities in order to eventually make HOME financially self-sufficient including the establishment of a perpetual trust.

We hope HOME is just the beginning of a national approach that encourages the development of a care culture for people with long term mental health issues that is based on relational care not just clinical care and involving communities more, rather than just leaving things to governments.

Queanbeyan can be proud that it is providing national leadership in the care of our most vulnerable citizens. 



## What's On

### May 2010

#### Schizophrenia Fellowship of NSW Symposium 2010 – “Celebrating 25 Years Of Succeeding Together”

When: Saturday, 22 May 2010  
Where: SMC Conference Centre, 66 Goulburn St, Sydney  
For more info: Pam Bruce (02) 9879 2600  
or email to pam@carerassist.org.au

#### Meet Your Neighbour – On Track Community Services Tweed Heads

When: Friday, 28 May 2010 2.30pm  
Where: Connections Centre,  
34 Cunningham St, Tweed Heads South  
For more info: Rod West 02 9555 8388 ext 110 rod@mhcc.org.au

### June 2010

#### Social Policy Research Network Seminar

Who does what to whom? –  
gender and domestic violence perpetrators  
When: Thursday, 3 June 2010  
Where: New Law School Lecture Theatre 106,  
University of Sydney  
For more info: Maria.Bruzzese@sydney.edu.au

#### Meet Your Neighbour – Break Thru People Solutions The Entrance

When: Wednesday, 16 June 2010 10.00am  
Where: The Entrance Community Centre, Battley Ave, The Entrance  
For more info: Rod West 02 9555 8388 ext 110 rod@mhcc.org.au

#### MHCC CEO Forum

When: Monday, 21 June 2010  
Where: Australian Technology Park (ATP) - Conference Centre,  
(Locomotive Workshop), Garden St, Eveleigh  
For more info: 02 9555 8388 or info@mhcc.org.au

#### Keep Them Safe Update Seminar for Service Agencies

When: Friday, 25 June 2010  
Where: Platform 10 Conference Center, Level 10, 1 Lawson Sq, Redfern  
For more info: NCOSS 02 9211 2599

### July 2010

#### Meet Your Neighbour - Pioneer Clubhouse Balgowlah

When: Thursday, 8 July 2010 10.00am  
Where: Pioneer Clubhouse Balgowlah, 2 Quirk Rd, Balgowlah  
For more info: Rod West 02 9555 8388 ext 110 rod@mhcc.org.au

### August 2010

#### The 11th International Mental Health Conference: Depression and Anxiety

When: Wednesday, 18 August 2010 to Friday, 20 August 2010  
Where: Holiday Inn, Surfers Paradise QLD  
For more info: www.anzmmh.asn.au/conference10

### September 2010

#### TheMHS (The Mental Health Services) 20th Annual Conference: 20 years strong and now a renaissance

When: Tuesday, 14 September 2010 to Friday, 17 September 2010  
Where: Sydney Convention and Exhibition Centre,  
Darling Harbour, Sydney  
For more info: www.themhs.org/2010-annual-conference

#### The 2nd Rural & Remote Mental Health Symposium “Winds of Change: New Perspectives on Rural and Remote Mental Health”

When: Wednesday, 29 September 2010 to Thursday, 30 September 2010  
Where: Rydges Lakeside, Canberra  
For more info: www.anzmmh.asn.au/rmh10

### October 2010

#### Mental Health Month

Formerly known as Mental Health Week NSW, the campaign is  
extending to the whole month of October  
When: Friday, 1 October 2010 to Sunday, 31 October 2010  
Where: NSW wide  
For more info: www.mentalhealth.asn.au

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