

from the peak

A quarterly publication from the Mental Health Coordinating Council

Summer 2011

CEO Report

Call to Action

In the lead up to the NSW State election MHCC has produced a 'Call to Action' paper – a rethink on community based recovery orientated approaches to mental health - which provides clear policy and funding directions for implementation by the incoming government. The paper proposes enhancement targets for existing programs; transfer of public mental health accommodation and employment programs more appropriately and effectively delivered by the community sector and introduction of new innovative models designed to allow better integration between primary health care providers and community sector organisations.

Release of the 2010 National Mental Health Report has again seen NSW lagging behind other states in overall mental health spending and in particular spending on community services both public and non-government. According to the report NSW ranks second last in overall mental health spending and, despite trends in all other states for increased percentage spending on community mental health services, NSW has had a decrease in percentage funding to this area since 2002/03 figures.

Of particular note is funding to community managed (NGO) mental health services at just 6.6% of the total mental health budget. This is compared to Victoria at 11.3%, and a national average of 8.3%.

Whichever party gets in at the March 26 NSW election the 2010 National Mental Health Report provides a clear indication of where the deficits in our mental health system are. Although figures and statistics often lag behind the current picture and there are margins for inconsistencies and error the evidence consistently points towards NSWs tendency to spend disproportionate amounts on hospital bed based models.

Recommendations in MHCC's 'Call to Action' paper are made for the four year time period 2011/12 to 2014/15. They propose establishment, transfer, extension and enhancements to community residential and community non-residential services:



Residential

- \$20M to develop the 16-24 hour support Extended Care HASI program and increase the availability of 8-16 hour high need HASI beds across the State.
- \$15M to trial a sub-acute Step-up and Home-based Outreach Mental Health Service.
- \$500K to assess and respond to the housing and support needs of other non-HASI NSW Health funded supported accommodation (including programs currently provided by public clinical mental health services requiring transfer to the NGO sector) and bring these programs into funding equity.

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Non-residential

- Ascertain service levels and transfer the VETE program from the public to the community sector.
- Increase funding to the Recovery and Resource Services Program (RRSP) from \$3M to \$6M annually.
- \$4.96M annually to further develop the Mental Health Family and Carer Support Program with a specific focus on developing respite programs and building community sector capacity to engage with implementation of the Keep them Safe initiative.
- \$4.554M to trial Recovery and Wellbeing Locals designed to integrate primary health care and psychosocial supports.

'Call to Action' prompts political parties, advocates, consumers, families, carers, the media and the broader community to take action to ensure implementation of the above policy and funding directions. It makes clear that NSW needs the public mental health service to focus on the needs of people in crisis and to reduce readmission rates by investing in development of the community sector to provide home-based outreach and psychosocial support, education, employment and housing in the community where those with mental illness, their families and friends live their lives.

The full 'Call to Action' paper can be accessed on the MHCC website.

Best wishes

Jenna Bateman

Crackers and Jam – performing on the journey to recovery

Crackers and Jam is a fun, uplifting, inspiring and exhilarating annual musical performance and art exhibition by consumers, involving choirs, musical groups, soloists, comedians and artists from the Northern Rivers area of NSW. The Director Anna Honeychurch-Sansom tells us about the event.

Crackers and Jam was inspired by the work I was doing and the people I have come to know at On Track Community Programs.

The aim is to connect artists, musicians, and comedians living with mental health issues from the local Alstonville, Lismore, Tweed Heads, Bangalow, and Mullumbimby communities to promote an increased awareness across the broader Northern Rivers community of the challenges

faced by people living with mental health issues. We hope that by showcasing the creative talents and abilities of people dealing with mental health issues, drug and alcohol rehabilitation and homelessness we can promote greater integration within the broader community. We also hope to enhance the self esteem, sense of personal achievement and contribution to society of individuals living with mental health issues.

Even though the event features consumers as performers and artists, consumers have been integral to organising

and promoting the event. One of our consumers helped for six months prior to the last event in organising people for rehearsals. Another consumer, even while going through her own tough times has helped us develop a Crackers and Jam website. A group of consumers got on a bus and did poster drop offs around the region to promote the event.

Other consumers volunteered to set up and help on the day – including in the kitchen and serving food.

This is part of an incredible enthusiasm that has developed for learning music and becoming involved. Also the comradeship, encouragement and support from members within the groups for each other have been wonderful to see. All of this I think has had a healing effect. Consumers have felt that they have improved in a

musical sense and as a result this has empowered them and has given them the confidence to move forward in many other positive ways, such as taking up individualised tuition and saving up to buy instruments. They have also been very proud of their talents and contributions and keen to share this with family members and friends. I think it's easy sometimes to underestimate the positivity that the creative arts have on the human psyche.

Yes, Crackers and Jam will be on again in 2011. Thanks to On Track and our other supporters and the enthusiasm of a wonderfully talented bunch of consumers.



MHCC Activities at a Glance

MHCC undertakes a range of activities on behalf of members and to help members increase their capacity for best practice recovery oriented service delivery. This is a list of just some of these recent activities. A number of our activities are discussed in more detail in this and other issues of View from the Peak. For more information about any of our activities, please check our website www.mhcc.org.au or contact us 02 9555 8388 info@mhcc.org.au

- Consultation with Centrelink – MHCC assisted Centrelink with their review of how well they are meeting the needs of customers with mental health issues. Six member agencies attended this consultation. MHCC sits on Centrelink Mental Health Advisory Forum NSW.
- Presentation to Australia Mental Health Leadership Program – MHCC presented on “Innovations in the Community Managed Mental Health Sector” at this meeting convened by Sebastian Rosenberg at the Brain Mind Research Institute.
- Submissions to NSW Health on:
 - Draft Community Engagement Framework Policy Directive
 - Community Guidelines for discussing Suicide.
 - Proposed Step-up and Home Based Outreach model – 3 trial sites.
 - Proposal to establish Recovery and Wellbeing Locals (Recovery Support Centres) – 3 trial sites.
- Submission to DoHA on Medicare Locals Discussion Paper – highlighting the need for clarity regarding what constitutes a primary mental health care service. Our sector mapping project helped inform this submission.
- Submission to Community Services and Health Industry Skills Council on their environmental scan and review of the Certificate IV, the development of the Diploma of Mental Health/AOD, the development of the peer worker qualification and the planned development of a Vocational Certificate or Diploma in Mental Health. We highlighted the need for skills for care coordination in consumer self-directed care, trauma informed care and practice and talking therapies.
- Launching of the Reframing Responses: Information Resource Guidebook and Workbook.
- Exploring Supervision Models for the CMO Sector. This project has completed a Literature Review and is developing resources to assist CMOs to implement a supervision model that best suits their needs.
- Meet Your Neighbour – 16 events held throughout Sydney and NSW in 2010 and more being planned for 2011.
- Physical Health Industry Reference Group – MHCC has convened this group to look towards promoting the importance of connecting physical and mental health in a holistic approach.
- Risk Management Resource Project – MHCC’s Working Safe Toolkit has been launched by Workcover NSW and the resource has been placed on our website
- MHCC and NADA combined to host the Outside In: Research into Practice Conference in December 2010 attended by 174 delegates. This event showcased the projects that had received grants through the Mental Health Drug and Alcohol Research Program.
- National Mental Health Peer Workforce Forum – MHCC on behalf of Community Mental Health Australia (CMHA) co-hosted and organised this event in February 2011 with the Community Services and Health Industry Skills Council and the National Mental Health Consumer and Carer Forum and attended by 180 delegates.
- Building relationships with GPs – MHCC is undertaking a scoping study to contact and review the current mental health programs and activities in each of the 33 Divisions of General Practice in NSW.
- Mental Health and Drug and Alcohol Research Grants/Network – all of the 10 research grant projects have submitted final reports which will be published in a special edition of the Journal of Mental Health and Substance Use – Dual Diagnosis in November 2012. MHCC and NADA are jointly establishing a research network to foster further research.
- National Directions in Mental Health Workforce Development – MHCC/CMHA provided feedback on suggested changes to the National Mental Health Workforce Development Strategy/Plan which were mostly included.
- Recovery Oriented Service Self Assessment Tool (ROSSAT) – MHCC and NSW CAG have developed this resource available on the MHCC and NSW CAG websites.
- MHCC has met with Minister Barbara Perry, Shadow Minister Kevin Humphries and Greens Mental Health Spokesperson John Kaye in the run up to the State election.
- MHCC and headspace – MHCC met with Liz Burgat, Head of Centre Support for headspace nationally who is sought our advice as part of a review of effectiveness, challenges and partnership opportunities.
- Mental Health Review Tribunal Inquiries Monitoring Committee – MHCC is represented on this committee.
- Keep Them Safe – MHCC continues to represent members at various KTS forums and round table discussions.
- Homelessness Community Alliance – MHCC represents members as part of this coalition of Peaks around services to people experiencing or at risk of homelessness.
- Housing NSW NGO Partners Reference Group – MHCC is a member of this group which receives briefings from Housing NSW and raises issues around housing policy and practices.
- Mark Butler Forum – MHCC attended both the Sydney and Newcastle forums called by the Hon Mark Butler, Federal Minister for Mental Health.
- NCOSS Sector Development Meeting – MHCC provided Community Services Minister Linda Burney with a copy of the Sector Mapping Project Report.
- Data Strategy – MHCC successfully lobbied for a review of the NSW Mental Health Rehabilitation Framework. ▀

The shape of things to come for CMO mental health services in NSW

What will things be like for CMO mental health services if the Coalition wins the NSW Election? What should we expect if Labor is returned for another term?

If the Coalition wins expect a review period while much remains on hold, and then possibly more opportunities for CMOs to deliver services (but they will need to be more accountable and take more initiative). The coalition has been engaged in various consultative processes to come up with policies around mental health and disability services. While much of this has hopefully been a benefit to their broad understanding of complex issues, the focus for the election seems to have been narrowed down to a few general statements and a few projects.

It is clear from statements made by Coalition Shadow Ministers that they will be faced with budgetary constraints from both NSW and the Commonwealth. Stay tuned for reviews of many different State funding programs seeking efficiencies and indications of effectiveness. The Coalition's Shadow Minister for Community Services Prue Goward believes many efficiencies are possible. She also believes that there will be generally no extra funds available for government agencies and CMOs, or only very small amounts of extra funding for CMOs in a few cases.

The Coalition believes in a true partnership approach with CMOs and has undertaken to be the first to actually make that work rather than just signing a compact. This will involve a commitment to genuine openness and information sharing (no more secret government documents) and a consultation process that involves CMOs all the way through the program development and implementation stage. Prue Goward has indicated this will require a greater sharing of accountability by CMOs than is currently the case. The Coalition is also committed to devolving decision making back into communities but whether this improves the decision making process relies a lot on the capacity and training of the people on whom it falls.

Andrew Constance, the Shadow Minister for Ageing and Disability has flagged changes to funding processes moving away from competitive tendering towards submission based funding, moving away from contract management to relationship management and moving toward personalised service delivery with individualised funding packages (although he acknowledges that this will not work for everyone). He has also indicated a desire to move the percentage of services being delivered by CMOs from its current 60% of all services to beyond 80% and maybe to 90%.

Andrew Constance has admitted that he doesn't yet have the answer to the problem of people whose disability is due to their mental health being unable to receive services from ADHC.


There seems to be a genuine commitment from the Coalition to improve services and the way they work with CMOs, but these promises have been made by oppositions before, only to come unstuck when faced with bureaucratic and political reality and offending or pleasing various interest groups.

Much will also depend on who is appointed to various ministries including Mental Health and whether they can manage the complexities involved in government that seem so simple from opposition.

What will it be like if Labor wins the election and remains in government? If nothing else the numbers of sitting members retiring should ensure a fresh batch of new talent for Labor. Despite the bad press and stumbles over the last few years, some self inflicted and some media generated, there have been a number of good programs implemented across a range of government services and through funding to CMO services which can be built on and expanded. HASI is a good example of a successful program in mental health and supported accommodation. The Keep Them Safe response to the Wood Report is a recent but important program direction to address the perennial problem with Community Services (DOCS), and Stronger Together is an important program of disability services that has achieved bipartisan support.

One issue for Labor is whether their team still has the passion for change and ideas to keep making a difference. Despite all the good ideas and changes to date, can the bureaucracy deliver for Labor and make the changes work? Like the Coalition, Labor seems to be restricting its message and policies to a few key areas and generalist promises about doing better. Labor will also be faced with the same Commonwealth and State budgetary constraints as the Coalition so CMOs expecting more money will probably be largely disappointed no matter who wins.

One final factor is the will-it-or-won't-it-happen health reform process and whether any change of government will affect this. The impact of recent changes in Area Health Services and other proposed changes may not make much of a difference to CMOs if our funding remains in place. However, future funding increases or program expansion may be impacted if other changes take the funding bodies' eyes off the ball or funds off the table. Whether these changes make any difference to local health staff and services or primary health care remains to be seen.

Despite the fact that much has been done and is being done for people with mental health issues, the team that forms government in NSW after the election in March will be faced with many challenges. The hope is that a fresh team, whether Coalition or Labor, will be enthusiastic about building on established successes and filling in the service gaps. The hope is that a fresh team will have the goodwill, tenacity and resolve to: achieve necessary change; introduce innovative models; challenge practices where outcomes are poor or non-existent; take NSW off the bottom rung by reorienting the service system to one that is recovery and community based, rather than predominantly "treatment" and hospital based - even if this costs money and meets resistance. The hope is that a fresh team will bring a perspective that will enable the road blocks to be removed for service access and provision. Let's see what happens. 

Recovery – a carer perspective

Fred Ford is a Family and Carer Support Worker at Greater Albury Community Mental Health Service and is a carer. He is also a Mental Health Connect trainer for MHCC. Here he shares with us his thoughts on recovery and support as a mental health carer.

Recovery is often seen as the domain of the individual living with mental health issues but if recovery is to be viewed as a social process that involves reconnecting with others and the world, then the positive contributions of supportive family and carers can be nothing short of profound.

Taking into account the holistic approach in mental health care, the efforts and commitment of those carrying out the unpaid care and support role must be viewed as legitimate and with its own set of needs and incorporated into the care plans of those being cared for or supported. Carers and supporters need to be respected, supported and recognised for their own specific expertise as they navigate the system and work through their own healing and discover what recovery means for themselves and their loved ones.

Recovery can be a confusing concept for families and carers. For many there is often the notion that like other illnesses, the person will receive treatment and then things will return to the way they were. This can have a detrimental effect on the consumer and their recovery.

There is a range of issues that arise because of unrealistic expectations and a lack of understanding or insight from those supporting them on their journey. Conflict can arise with family relationship breakdowns and difficulties with service providers and others. There can also be a loss of respect and attempts at controlling influences from families, carers and others. On top of that there is still the social isolation due to stigmatisation to deal with. The advent of family support services and family/carers education is helping to turn these situations around.

How do carers and others provide appropriate support? Carers need to supply empathy, a non-judgement mentality, appropriate knowledge, communication, honesty and respect. The most important, and probably hardest thing to do is to accept that the person they love is still the person before them and, not unlike some other major health issues, changes to character and behaviour do and will occur along the journey. Setting appropriate boundaries or limitations is also one of the hardest things for families and carers.

Family and carers also experience a journey of recovery. It can mean a whole change in life direction and other issues that can include grief and loss, blame, guilt, loss of career, changes in life goals and roles, taking on extra responsibilities and social isolation. All of this can have a detrimental effect on the carer's own health and wellbeing so it is important that carers learn their own coping strategies.

What does recovery look like for a family or carer? In my experience it involves the realisation that there is no blame or reason for guilt. But, there is hope. It involves discovering strategies, gaining understanding and dealing with stigma. You can get help from social networks and education. There are also issues around the ending of your care role (what happens if something happens to you), self care and reacquainting with a loved one who was "lost" or "disconnected" from you for periods.

Families/carers in the most part have a unique knowledge of those they care for. They can form an integral part of the care team if they are treated legitimately and included from day one. What affects the consumer affects those immediately around them. Conversely, what affects their carers and supporters affects the consumer also.

Carers make a major contribution to our community. Imagine if all carers said they could not maintain their role. Where would we be as a society? Who would fill the void? ■

New Chairperson for MHCC



At a recent MHCC Board meeting Karen Burns was appointed as the new Chairperson of MHCC and Leone Crayden was appointed as the Vice Chairperson.

Karen is the Director of UnitingCare Mental Health and has been an MHCC Board member for four years.

She has worked for UnitingCare Mental Health for seven years and has worked in the health system – both public, private and now NGO for 31 years. She brings a wealth of experience to the role of Chairperson. Karen was featured in our Winter 2010 edition of View from the Peak. [available on our website]

Thank You Leone



Leone Crayden has stepped down into the Vice Chair role so MHCC will continue to benefit from her vast experience, energy and enthusiasm. Leone was MHCC Chairperson for seven years and has led the organisation through growth and diversification. She has been a strong and courageous advocate

for community organisations working in mental health during her time as MHCC Chair and we are very fortunate to continue to benefit from her wonderful contributions for at least another year.

The Power of Many: Valuing the Lived Experience

Valuing the lived experience of mental illness is critical for achieving recovery oriented mental health services and this is best achieved through exposing mental health services providers to the stories of people affected by mental health problems, their carers and families. The voice of lived experience can be heard in many ways including information/education, advocacy, participation, representation and support provision and makes use of both paid and unpaid consumer and carer (ie, peer) worker roles. This type of mental health approach is sometimes referred to as consumer operated services and programs (COSP) and these are in extremely short supply in Australia.



The National Mental Health Strategy advocates the inclusion of consumers and carers in the planning, delivery and evaluation of mental health services and stresses that accountability to them at all levels of the mental health system is necessary to promote improvements in service quality. However, the Strategy has little to say on the subject of work conditions, COSP or peer workforce development as a critical factor in achieving these goals. These and other peer workforce issues have been explored in three recent publications:

- Supporting and Developing the Identified Consumer and Carer Workforce: A Strategic Approach to Recovery (National Mental Health Consumer and Carer Forum, 2010).
- Consumer Workers Forum Project – Discussion Paper: Roles, Functions, Responsibilities, Titles and Position Descriptions (NSW Consumer Advisory Group, 2010).
- Consumer Workers Forum Project – Discussion Paper: Roles, Functions, Responsibilities, Titles and Position Descriptions (NSW CAG, 2010)

The National Mental Health Report (2010) tells us that mental health services with formal consumer participation mechanisms increased from 33% in 1993 to 64% in 2008. This is the “*extent to which consumers are represented on local decision making and advisory bodies*”. The Report also notes new and emerging roles and activities for achieving participation. Of these, consumers and carers have argued most strongly for the paid employment of

people from within their ranks, as consultants and to provide support and advocate for unmet needs. The 2008 data further indicates that “... across the 221 main service delivery organisations nationally only 64 consumers and 27 carers (full time equivalents) were employed in this capacity”. This data lacks clarity and is for government delivered mental health services only. The number of peer workers in non-government community managed mental health services is not reported as this data is not collected.

We know that peer workers are a large and growing part of the mental health community managed organisation (CMO) workforce. Some information about the number of peer worker positions in the CMO sector will likely be included in the upcoming National Mental Health NGO Workforce Scoping Study (Health Workforce Australia). However, it is thought that the roll-out of the CMO delivered Personal Helpers and Mentors (PHAMS) service has resulted in the employment of about 240 consumer peer workers nationally since 2006. We also know that the CMO sector has an historical culture of valuing the lived experience of mental illness and recruited staff - and supported staff who may become unwell - accordingly.

The need for increased peer worker roles and workforce development is supported by review of participation mechanisms used by government mental health services in the National Mental Health Report with paid peer worker positions ranking lowest as follows.

Percentage of government mental health service organisations with other consumer and carer participation mechanisms, 2008

Participation Mechanism	Consumers	Carers
Consumer or carer satisfaction surveys	82%	60%
Consumer or carer participation in complaints review	79%	72%
Established consumer or carer discussion groups	78%	71%
Specific consumer or carer participation policy	76%	71%
Employ paid consumer or carer consultants	39%	25%

of Mental Illness and Peer Workforce Development



Substantial work lies ahead to create recovery oriented “client responsive” cultures in mental health services. MHCC believes that these changes, including ensuring effective implementation of the National Mental Health Policy and Standards, will best be achieved through peer workforce development. An understanding of the lived experience of mental illness - and the disadvantage, discrimination, human rights violations and social exclusion that accompany diagnosis and treatment - is critical to culture change.

Willingness to disclose lived experience of mental illness is an essential criteria for employment as a peer worker and is the critical element that differentiates peer work from other mental health work roles (public, CMO and private). However, lived experience is desirable for all workers responding to mental health problems despite “boundary” and “dual relationship” issues that may arise. With one in five people experiencing mental illness in any given year and one in two in their lifetime, we know that a wide range of health and community service workers beyond the peer workforce have lived experience. These workers may choose to share (ie, disclose, identify) their lived experience/personal health information or not depending on the context, risks and choice associated with that sharing but they are not “peer workers”.

The value and rights of both identified and non-identified mental health consumers, and related work and workplace roles and responsibilities, must be upheld as peer workforce development continues to gain momentum both in NSW and nationally. This is especially the case in an environment where Workers Compensation claims for psychological injury are experiencing unprecedented increases in the health and community services industry. Knowledge of workplace responsibilities and of what constitutes reasonable workplace accommodations for mental illness needs

strengthening and this must apply to all staff – not just to identified peer worker roles. The risk of not having this important sector discussion is that peer worker roles in CMOs may inadvertently become marginalised and ineffectual as has been the case in many government mental health service settings including the differences between those identifying as being with or without lived experience widening. ▽

National Mental Health Peer Workforce Forum

On 22 February, Community Mental Health Australia (CMHA) in partnership with the National Mental Health Consumer and Carer Forum (NMHCCF) and the Community Services and Health Industry Skills Council (CSHISC) hosted the inaugural National Mental Health Peer Workforce Forum in Sydney. The keynote speaker for the event was Larry Fricks from the USA who developed the Georgia Certified Peer Support Specialist program which has since been replicated across the USA. The key outcome of the Forum was identification of priorities for Australian peer workforce development. Funding for the event was provided by the Commonwealth Department of Health and Ageing through a Mental Health Council of Australia Conference Grant. Outcomes and presentations can be found on our website www.mhcc.org.au (Sector Development/Peer Workforce)

Update - Mental Health Peer Worker Competency Development Project

The CSHISC is about to release draft 2 of this much awaited qualification. This will be available for comment until May and the final version will be available June through September. Thankyou to everyone who has contributed in the consultation process to date. Your input ensures that we will soon have a nationally recognised peer worker qualification both to recognise the skills and expertise of existing workers and to develop the future peer workforce against. We expect that this work will also help with implementation of the action item in the Fourth National Mental Health Plan to identify the competencies (ie, skills, practice standards) for clinical, community and peer workers.



Working Safe in real time

MHCC's recently released Working Safe toolkit is already helping our sector with a number of community managed organisations utilising and implementing the resources. The toolkit aims to educate, reinforce and encourage a safe and aware workplace culture. The toolkit has been designed around safe practices for home visiting but much of the information is also applicable to other direct-support situations where staff meet with consumers. The Working Safe Toolkit has been developed with a focus on recovery oriented service delivery and involves consumers (and, where applicable, carers) in decision making around risk management throughout.

"It has been a great resource to help review policies as well as up-skilling staff around OH&S issues", said Alice Hanna, Acting Manager at Jarrah House, an organisation providing treatment for women with substance abuse problems. "The Toolkit came at a good time for us as we prepare for accreditation and helped us to get processes streamlined and up to date", said Alice who reported finding the material easy to navigate and assisted with enhancing existing policies and expanding on information not covered before. "We also found the 'sample risk assessment' to be really user friendly and decided to update our own and incorporate it into our resource folder".

“By using this resource, managers of organisations can be proactive in establishing a safe workplace culture while retaining a supportive and recovery-focused service for consumers.”

The Brown Nurses, who provide in-home support to socially and economically disadvantaged individuals and families with complex care needs, have also found the toolkit to be very comprehensive and useful. "We found [the Toolkit] to be excellent in its content. Whilst we have our own OHS management system, we have displayed the laminated home visiting Check Sheets for the nurses' observation and have replaced our own risk assessments with an adaptation of the home and aggression assessments, to suit our purposes", said Caroline Duhigg, Director of Services at Brown Nurses. She also received good feedback from the nurses who found the displayed material to be visually appealing and the Client Risk Assessments user-friendly.

It took a management decision to utilise the Working Safe Toolkit and subsequent unanimous approval from the Board for Ability Incorporated Advocacy Service to begin adapting the resources to suit their organisational functions. Laminated copies of the Check Sheets are now on display as well as staff having their own copies to review. "We are already using elements of the toolkit in our service delivery,



and have incorporated some of the information into our policy and procedures" said Doug Hollingworth, Manager at Ability Inc. "It is proving to be a valuable resource for Ability and staff seem excited to take the information on board."

On Track Community Programs welcome the *Working Safe* toolkit into the community sector as a great resource for organisations to utilise to help in the identification and management of risks that may be associated with home visiting. "While we have developed our own Workplace Health and Safety (WHS) Management systems including policies and protocols, we continually review these WHS systems to ensure their relevance. For us the main use for the toolkit has been to place information on notice boards to remind staff about safe work practices which provide a great visual prompt", said Leone Crayden, CEO at On Track.

Indeed many organisations will have their own established policies and procedures but free access to this up-to-date resource, guided by an expert reference group, provides an invaluable opportunity for organisations to review their OH&S systems to ensure current risks are clearly identified and addressed to manage risk.

Byron Emergency Accommodation Project (BEAP), who offer short-term refuge and support for homeless people and their families, are experiencing an increased demand for outreach work and plan to use the Toolkit quite significantly. They have already downloaded the resources and disseminated to all staff. Implementation of *Working Safe* is a work in progress, says Damian Farrell, Manager of BEAP with discussion tabled at a Board of Management and a strategic planning day to consider validity of the resources to BEAP operations. They will discuss how to best adapt and implement the materials to current practices in order to suit the work they undertake.

Staffing constraints in some organisations bring an added challenge to managing risk and not all organisations will have two available staff to attend first visits. Nevertheless, management are obliged to think outside the square when necessary, and find ways of minimising risk factors and keeping staff safe. Discussion of the implementation of *Working Safe* at a Board meeting or planning day is great way to focus on organisational accountabilities by identifying and managing risks from an OH&S perspective.

For more information or to download the *Working Safe* resources visit:

<http://www.mhcc.org.au/resources/working-safe.aspx>

Risk management in not-for-profits - still the neglected child

A recent study has found that many not-for-profit organisations continue to neglect their risk management responsibilities.

PPB, one of Australia's leading business strategic and advisory practices completed a study which took an in depth snapshot in relation to the state of risk management practices in the not-for-profit sector in Australia.

Even though results indicated that most organisations place a high to very high level of importance on effective risk management practice, smaller not-for-profit participants do not feel they have sufficient capacity to devote resources in support of risk management policy and practice - the main impediment to effective support being clearly budgetary. Budget allocation is much easier to obtain if there is an awareness and appreciation for the benefits of an organisation wide risk management program, so the clear message is that understanding and awareness at senior levels within an organisation is the key. Perhaps not helping is that less than half of the survey participants have had risk identification and management training.

A documented risk management policy is also important. The report notes a concern that 41% of respondents either did not have or did not know if they have a documented risk management policy. Such a policy is critical for setting out the organisation's aims and objectives in relation to risk management as well as articulating the high level framework within which the program is to operate.

Although risk management practices seem well embedded into the planning and reporting and budgeting processes within a significant majority of the respondents, there was a clear divide between how organisations viewed risk - half viewed risk as a threat while half viewed risk as an opportunity.

Only 34% of respondents maintain a risk register or database which is a critical tool in managing the risk process in any organisation and only about half of the respondents carry out a systematic process designed to identify risks associated with organisational objectives.

The most common methods for dealing with risk were transferring the risk (through insurance) and taking steps to reduce the risk.

When responding to analysed risk, only 53% of organizations included an assessment of the costs and benefits of addressing risks. While 79% of organisations reviewed

their insurance coverage annually including talking to their broker when policies become due, there was no evidence from this survey that measures to reduce premiums or concerns about rising premiums were raised or acted on.

Workplace culture has been suggested as being critical to risk management. In this survey 53% of respondents felt that there was an effective culture within their organisations but only 29% recognised effective executive support and 42% effective line management ownership of risk management. Where respondents were asked about how a focus on risk management had improved outcomes, 66% agreed there had been at least some improvement in the development of a learning culture in the organisation, 70% saw at least some organisational change, 71% noticed improvement in internal communication and 75% of organisations had at least some improvement in management reporting.

Another interesting fact to emerge was that most organisations that produce an annual report do not appear to include in it much commentary around risk identification (only 26%) and risk management in general (only 18%) and only 14% of annual reports include a risk management declaration by the Board and/or Chief Executive.

To read the full report http://ppb.com.au/site/assets/files/PPB_Not-for-Profit_Risk_Survey_2010.pdf

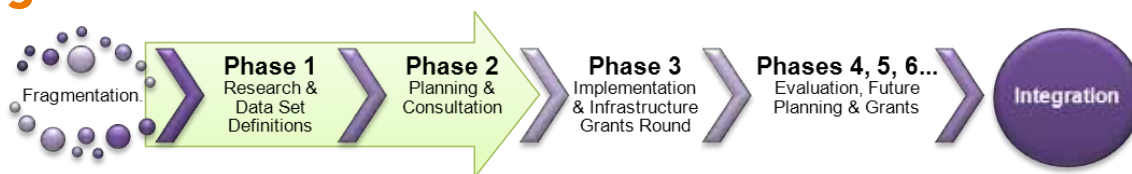
MHCC is encouraging organisations to be more aware of risks in OH&S and has developed resources such as the Working Safe Toolkit to assist management and staff to manage personal risks. The Toolkit is available on our website www.mhcc.org.au

Organisational liability:

What happens if management doesn't manage risk?

- ✗ You put your staff at risk of harm.
- ✗ You are legally responsible for any OH&S breaches because staff are legally entitled to a safe workplace.
- ✗ You put your organisation under financial risk through fines and increased insurance premiums, as well as a threat to organisational reputation.

MHCC is helping you get ready to upgrade your data management



Because each community managed organisation (CMO) has slightly different needs when it comes to data collection and reporting, MHCC is working to ensure that there are different ways for CMOs to adopt the MHCC Minimum and Comprehensive Data Sets in preparation for Data System Infrastructure Grants.

Phase Two of MHCC's Data Management Strategy is laying the foundations for data system upgrades. MHCC invited a sample of our member organisations to engage in an IT Maturity Survey to assess and understand how member organisations and the sector are coping with the current and future administration and reporting requirements. The results of the survey indicated a wide variety of IT system capability, confirming that multiple implementation paths will be needed.

Common concerns noted by all CMOs associated with these reporting responsibilities were:

- The same data being collected and reported differently to different funding bodies,
- Some funding organisations imposing their own system for use in reporting,
- Multiple systems being used to keep the same type of data,
- Lack of integration with and between funding organisation systems,
- Lack of cooperation between funding bodies, and
- Manual data entry and collection in multiple systems.
- Large paper archives

In addition to these general concerns, smaller CMOs also highlighted the following problems:

- IT Support – The cost of IT support was perceived as expensive and not well understood. Many CMOs are looking for guidance on understanding and improving their IT support.
- Manual Reporting – Most (if not all) information collected is currently being captured on paper and then manually keyed into Excel or Access databases. This process is time consuming and error prone.
- No Case Management System – Some CMOs are considering case management systems, but in general there is not enough knowledge or funding available to implement them.
- Maintaining paper records – Although large paper archives was a concern for almost all CMOs interviewed, this was particularly so for smaller CMOs and the effort associated with capturing and maintaining paper records. CMOs were receptive to a technical solution that removes this paper burden.

To help find a way forward for everybody, MHCC has formed a set of three scenarios for collection of the Minimum Data

Set (MDS) and potentially the Comprehensive Data Set (CDS):

Adopter

This is a CMO that is willing to implement the recommended IT solution from the work outlined in the Data Management Strategy Report: Phase One. Carelink+ was overwhelmingly preferred by MHCC members in the Data System Reference Committee as the preferred solution for a majority of CMOs in the sector. It is a fully featured server-client system designed specifically for Australian community services. Reporting is highly automated for many government funders. Icon Global, developers of Carelink+, is in the process of upgrading their database to comply with the MDS and CDS. MHCC is negotiating a cross-CMO enterprise licensing agreement including centralised training, support and maintenance to reduce implementation and ongoing costs.

Independent

This is a CMO that has committed to their own specialised or custom-made computer systems, or who do not want to adopt a new administrative system. Due to the specific implementation circumstances of these CMOs, individual assessments will be required for the impact of the MDS and CDS data sets in terms of implied support and upgrades to their existing systems.

Minimalist

This is a small or medium-sized CMO who does not have the capacity to implement a full case-oriented data management system. This type of CMO often has a high percentage of volunteers. MHCC is in the process of developing a simple web-based data system oriented on collecting the Minimum Data Set and producing standardised internal and funder-friendly reports.

MHCC is now developing a business plan outlining implementation plans and costings for CMOs to upgrade in line with each of the above scenarios. The next step (Phase 3) will be to roll out a specific Data Systems Infrastructure Grants Round, providing a number of upgrade options for CMOs according to organisation size and current levels of IT capacity. All CMOs will also have access to a set of materials that will help them plan their future data systems and MHCC is working to achieve agreements with Government funders on the MDS to reduce the administrative burden for CMOs.

For more information about this and other goals of the Data Management Strategy, download and read the Data Management Strategy Report: Phase One.

<http://www.mhcc.org.au/documents/MHCC-Data-Management-Strategy-Phase-One-Report-2010.pdf>

TO STAY UP-TO-DATE WITH OUR PROGRESS:

email: dms@mhcc.org.au

Long Term Impacts of Child Abuse: An Introduction

MHCC has developed a two-day workshop in collaboration with Adults Surviving Child Abuse (ASCA). This was one of the outcomes of the MHCC research study conducted in 2006, Reframing Responses: Improving Service Provision to Women Survivors of Child Sexual Abuse who experience Mental Health Problems.

The research study sought evidence in NSW to demonstrate the need for improved access and equity to this group marginalised and vulnerable as a consequence of mental illness, substance dependency, co-morbidity, ethnicity, socio-economic status, disability or sexual preference. Despite strong lobbying, specific services remained thin on the ground and the project set out to assist those working in a broad range of community settings to understand the dynamics of childhood abuse, helping them to make sense of the context in which problems affecting their clients developed.

In addition to the workshop, in November 2010 MHCC launched the Reframing Responses, Stage 2: Information Resource Guide and Workbook for Community Managed Organisations, which provides workers with practical guidelines to assist survivors along their pathway to recovery and aims to inform and support the many community services in daily contact with adult survivors presenting with complex needs.

The MHCC workshop provides a collaborative and interactive learning opportunity for community workers to share knowledge and experience with others who work in the sector supporting consumers, many of whom present with traumatic histories of abuse and neglect, and who are revictimised by falling through the gaps of service provision. The training assists workers to engage more effectively with individuals who may (or may not) have disclosed childhood abuse but who present with complex social and mental health needs and provides participants with current information about the causes of a broad spectrum of mental and physical health issues adult survivors of childhood abuse experience.

Over the past year MHCC have run several workshops in Sydney and regional NSW with over 100 participants, which have been very well received. We are planning to expand the roll out of this program in 2011 commencing in Sydney in March.

All participants receive the Reframing Responses, Stage 2: Information Resource Guide and Workbook as part of the workshop cost. This Guide and Workbook provides workers with practical guidelines to assist survivors along their pathway to recovery and includes some reflective exercises for workers to consider and discuss with colleagues.

Who should attend this Workshop?

This workshop is designed as an introduction to understanding adult survivors of childhood abuse for any frontline staff working with people with complex mental health needs and experiencing psychosocial difficulties. It is an introductory program and therefore may not be suitable for workers who are already experienced in this field of trauma and adult survivors of abuse and neglect.

Workshop topics

- The dynamics of abuse
- Childhood responses to threats/coping strategies
- Survival strategies in adulthood
- Impacts of childhood abuse
- Treatment models
- Good-practice guidelines
- Application exercises
- Reflective practice.

Workshop Duration

Two training days


Cost

MHCC Members: \$300.00

Non Members: \$400.00

Please check our website www.mhcc.org.au for dates and locations for this workshop

In addition to these dates, MHCC Learning and Development Unit (LDU) prides itself on being responsive to the training needs of individuals and organisations by scheduling additional events as requested. If you would like this course to be delivered in your organisation please contact us 02 9555 8388 ext 106 or training@mhcc.org.au

Please note: Copies of the Reframing Responses, Stage 2: Information Resource Guide and Workbook for Community Managed Organisations are also available for \$29. Please order through the MHCC website. 

National Health Reform and Medicare Locals

The National Health Reform agreement has, as a major underpinning, the stated objective of keeping people out of hospital wherever possible. The goal of improving GP and primary health care services has the aim of enabling more people to access support early and easily in the community therefore reducing hospital admissions. Community managed organisations (CMOs) also share this aim and have an important role to play in working with GPs and other primary health care services. Many details are still to be worked out but MHCC is working to help build these relationships.

The Australian Government will invest \$417 million to establish a nation-wide network of primary health care organisations (Medicare Locals) to support health professionals and improve delivery of and access to primary care services at a local level. Medicare Locals will be responsible for providing better integrated care to help patients navigate the local health care system.

Where possible, Medicare Locals will be drawn from the Divisions of General Practice that have the capacity to take on the roles and functions expected of Medicare Locals. A small number of Medicare Locals will start operating by mid-2011 and the rest by mid-2012.

Medicare Locals will be independent non government bodies that have strong local governance, including broad community and health professional representation. They are to have strong links to Local Hospital Networks, local communities, health professionals and service providers, including GPs, allied health professionals and Aboriginal Medical Services.

There is a directive for them to build networks with community organisations and ensure representation on a community and consumer level. It is going to be up to the community managed organisation (CMO) sector to ensure this occurs and assist with building these relationships and networks.

In response MHCC is working to strengthen relationships and build networks with the Divisions of General Practice and their state peak, General Practice NSW (GPNSW). MHCC is developing Memorandums of Understanding (MOUs) with GP Divisions to improve communication and ensure the Divisions have an informed knowledge of the mental health CMOs operating in their area. A scoping project was undertaken to help us better understand the programs and activities of each Division, the type of networks that currently exist with mental health CMOs and how we can take a leadership role in enhancing these relationships and promoting new ones. This has been completed and will be available on our website www.mhcc.org.au.

The full impact of Commonwealth/state roles and responsibilities on funding under the National Health Reform is unclear. With regard to Medicare Locals, there is also further clarification needed regarding their role, authority, governance and relationships and how this will impact on CMOs. In the meantime, the community managed sector must build stronger relationships with the Divisions of GPs and get communications underway to promote community based programs and good cross-sector working relationships!

Further information on the National Health Reform is at www.yourhealth.gov.au 

Get to know your local Division of General Practice

Whether or not Divisions of GPs are selected to take on the greater role of Medicare Locals, under Hospital and Health Reform, they will continue for now to play an important role in health planning and prioritisation, and can improve coordination of health services in the community. Community managed organisations (CMOs) / NGOs must take a more proactive role in sector promotion and cross-sector networking. Making links with Divisions of GPs is an important step in this direction. Taking greater responsibility in building relationships with your local Division can assist Divisions with community networking, open up possibilities for CMO inclusion in current initiatives and build GP awareness of community based mental health programs.

MHCC's scoping project

MHCC has sought to investigate a diversity of approaches to building networks between the Divisions of GPs and CMOs and is undertaking a scoping project to increase our understanding of the mental health programs and activities of NSW Divisions of GPs. All Divisions have been informally interviewed by phone and have been responsive in sharing information and generally open to engaging with MHCC and the sector in ways that ultimately will assist them in conducting their work. MHCC's scoping report will be available on our website www.mhcc.org.au following feedback from the Divisions of GPs.

What are Divisions of General Practice?

Divisions of General Practice are federally funded, locally established organisations that provide support to general practice via a range of clinical and non clinical services to improve the health outcomes for individuals and the community. There are 33 Divisions of GP in NSW and 110 Divisions across Australia which are funded by the Department of Health and Ageing (DoHA). Division boundaries encompass a number of suburbs or communities that work within the catchment area of at least one Area Health Service (AHS). Each Division has unique characteristics, providing different programs, structures and staffing dependent on geographic and demographic differences, available resources and different approaches.

Challenges to working with CMOs

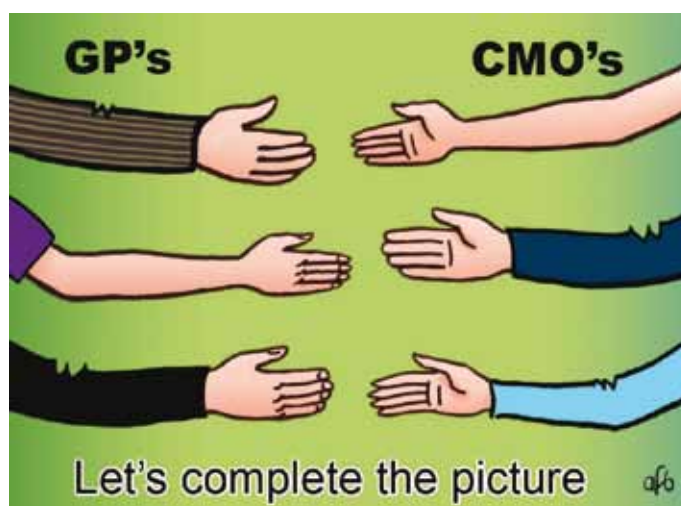
While Divisions tend to focus on working with public health services and allied health professionals they also have a responsibility to collaborate with the broader health system and build alliances with the community and key stakeholders. MHCC's scoping exercise has shown that many Divisions are not aware of the community based services available in their area or how to work with them. In some cases there is the issue of simply not knowing what services and programs are available and their referral processes. However, there are also issues of confidence in CMOs, which may be related to a lack of understanding of the crucial role of community based services and programs in keeping people with a mental illness out of hospital.

Successfully engaging with CMOs

Regional Divisions covering rural and remote areas are much more likely to know about whatever mental health services are available due to a shortage of services on the ground and the need to access whatever is available. They are more likely to adopt a stronger community based approach to mental health care and be more aware of what is actually needed locally. MHCC's scoping exercise has highlighted some great examples of Divisions innovatively working with local CMOs to address service gaps, reach isolated communities and meet broad and complex needs.

How can CMOs engage with Divisions?

Most of the NSW Divisions of GPs have expressed encouragement for local CMOs to make contact with their mental health representative, introduce themselves and provide some basic information about the organisation and the services they provide. Be sure to get a personal email and follow up your call with a note to your newly made contact and send them a brochure in the post,



or see if you can organise a meeting, possibly at your organisation. Be careful not to overload them with written information which can too easily be misplaced.

Why make the effort?

Improved coordination of services and consumer access to community based services means better outcomes for everyone. Plus, increased awareness of your organisation and its services will result in more referrals which equals greater possibility for ongoing recognition and funding opportunities. Depending on your Division and the mental health contact, possibilities for ongoing engagement may include:

- inclusion of service and program details on their website and /or services directory
- opportunities for submission of articles in monthly GP newsletter, e.g. service promotion or other relevant mental health related information
- involvement in events hosted by the Division
- networking and coordination of information and services across sectors

You can also invite your Division to relevant events and meetings such as the local interagency or networking meeting. Take time to get to know the mental health representative at your Division and see what opportunities might open up over time. First have a good look at your Division's website - to locate visit: <http://www.gp.org.au/> ▀

Meet Pam Rutledge

MHCC Board member and CEO of Richmond Fellowship of NSW (RFNSW) since October 2009



VFP: What do you like about your job?

PR: Everything. As I've often said a bit tongue in cheek, I feel like I've died and gone to social work heaven! I have been involved in senior management for a long time and a chance to lead an organisation with such a track record, great potential and great staff is the opportunity of a life time.

VFP: What attracted you to the community managed organisation sector?

PR: I have done a lot of work with and for Not-for-profits all through my career and throughout my senior roles in government agencies I have been a great supporter of the CMO sector. There is great potential and power in the CMO sector – especially for the strong social justice minded. There is potential to innovate and for flexibility to deliver what is needed on the ground.

VFP: What roles have you had before becoming CEO of RFNSW?

PR: I worked in government for 35 years in senior roles. I did Social Work at university and started in the Commonwealth Department of Social Security. I then had a 2 year stint working for COASIT – the Italian community's social support organisation, then to NSW Health to run a Community Mental Health Team and a variety of other policy and planning role in Health. In the early 80s I was the Executive Officer of the Richmond Enquiry where RFNSW was used as an example of the future of community based accommodation. Following that I managed the personnel management division of the Public Service Board, set up the Senior Executive Service and then worked in strategic HR management for State Rail, Housing NSW, and DADHC. Then I had the opportunity to return to my social policy roots as Executive Director of the Office for Ageing.

VFP: What are some of the learnings you bring from those roles?

PR: Management experience building strong organisations while managing change has helped me transition an organisation from a long term CEO and bringing in a flatter structure to empower front line managers.

VFP: What are you passionate about?

PR: I am a naturally passionate person but I do have a few particular passions. One is delivering on what we say we will do. This involves feedback loops, evaluation and measurement. Another passion is consumer engagement and other stakeholder engagement eg families and carers, and a third passion is I love working with people. I have a great management team and I love chewing the fat, debating and pushing the boundaries with them.

VFP: What are good ways for NGOs/CMOs to mentor or develop staff?

PR: It is important to invest in the development of staff – MHCC has been a great help with the Cert IV and other programs such as "Leadership in Action". We should always be looking to grow people and provide them with a chance to do something different and think laterally. We are well placed in our sector to be excellent employers to help people contribute in a different way and stretch them.

VFP: What are the challenges you see for the sector?

PR: Being flexible, innovative and alert to need in the community. It is also important to avoid being locked into a contract provider relationship with government but come up with ideas and raise our media profile. The government will listen to strong, constructive ideas but the sector needs to understand the pressures of government.

VFP: What sort of things do you see the sector needs to work closely together on?

PR: Synergies to reduce costs – eg working with MHCC sharing and benchmarking. For instance we collect a lot of detailed data around HASI – maybe MHCC can help unpack the data. We need to share information and learn what someone else is doing to add value. We also need to work together on the policy work that MHCC leads.

VFP: Do you have any hobbies/interests for your "spare" time?

PR: I am what is affectionately called a "mad dog person". I have two dogs – a Bernese Mountain Dog and a Kelpie Cross and I am membership secretary of the Northern Suburbs Dog Training Club. I like to spend family time at home with my 88 year old mother, my daughter and her fiancé who all share a house with me. I am also a gym junkie.

VFP: What's one important piece of advice that you were given?

PR: Take your opportunities as they arise. These can be short term things or secondments. You can generalise skills from one situation to another so don't get too specialised. Don't be risk averse. ■

Member Profile

ACON - Counselling and Enhanced Care Services

ACON began in 1985 in direct response to the AIDS epidemic and is now NSW and Australia's largest community-based gay, lesbian, bisexual and transgender (GLBT) health and HIV/AIDS organisation. ACON clients are GLBT people and those living with or affected by HIV/AIDS. Counseling and Enhanced Care gives priority to prospective clients with HIV (regardless of their sexuality) or affected by HIV; considered to be at risk of harming themselves or others; in crisis and/or affected by same sex domestic violence (SSDV); & financially disadvantaged.

The Counselling and Enhanced Care Services are run by a range of professionally qualified staff who are either trained counsellors or social workers. We work from a humanistic perspective drawing on diverse approaches including Gestalt, Narrative, Somatic, Cognitive-Behavioral and others. The service was established to help people in our communities to improve their mental health and wellbeing by providing a range of counselling, therapy and support services, as well as a special service for people newly diagnosed with HIV.

While many GLBT people and people with HIV live happy and rewarding lives, the discrimination, abuse and violence that some experience contributes to our communities having higher rates of anxiety, depression, drug and alcohol use, homelessness, self-harm and attempted suicide than the general population.

If you have been recently diagnosed with HIV, who you talk to at this time could have a significant impact in the future. The Newly Diagnosed Priority Service (NDPS) can offer telephone or face-to-face counselling within one working day. Confidential support, practical information and contact with other HIV positive people can be provided. The NDPS counselling gives clients an opportunity to think about their options, discuss who they want to tell and plan what to do next.

In our weekly counselling team meetings we try to match clients with an appropriate counsellor with regards to the problems or concerns a client has raised during our intake and assessment process. We offer brief daytime counselling and medium to long term after hours counselling programs as well as ongoing care coordination through the Enhanced Primary Care Service.

Clients entering the daytime program are offered 9 sessions per year. There is no charge for this service. We aim to provide emotional and practical support to

help clients manage challenging life experiences and behaviors. Clients entering the After Hours Counselling Program (AHCP) are offered 26 sessions of counselling. The AHCP has 16 qualified professional volunteer counsellors that are available Monday to Thursday evenings. Clients pay a donation relative to their income for this service.

Therapeutic groups are also offered and designed to help clients explore various aspects of their lives through sharing their experiences with others. Facilitated by professional counsellors and psychotherapists, the groups run for 12 weeks and explore a range of issues including intimacy and mindfulness.

The Enhanced Primary Care (EPC) service was established to enhance the relationship clients have with their GP. EPC officers work alongside GP's to ensure maximum care and support is provided. As well as care coordination, the EPC service provides referrals to appropriate services, advocacy for people to access benefits and short-term interventions to assist in the prioritisation of issues and goal setting.

ACON has offices in Sydney, the Hunter, Illawarra and Northern Rivers regions. We are currently extending our volunteer counselling program to our regional offices, recognising the need for appropriate GLBT and HIV counselling services. Please contact ACON Sydney on 9206 2000 for further information. ▀



The ACON team

What's On

March 2011

Improving Social Determinants of Indigenous Health Conference

When: Tuesday, 29 March 2011 to Wednesday, 30 March 2011
Where: Holiday Inn Esplanade Darwin
For more info: www.improvingindigenoushealth.com/brochure.php

ACOSS National Conference

When: Tuesday, 29 March 2011 to Wednesday, 30 March 2011
Where: Melbourne Convention & Exhibition Centre
For more info: www.acoss.org.au/nationalconference

ACOSS Forum - Mental Health and the Community Sector: Strategies for better policy and practice

When: Thursday, 31 March 2011, 10am – 4pm
Where: Australian Psychological Society, Level 13, 257 Collins St Melbourne
For more info: corinne.dobson@acoss.org.au or phone 02 9310 6202

April 2011

5th International Society for Research on Internet Interventions Conference

State of the Art Forum. Scholarships are available for consumers and carers to attend
When: Wednesday, 6 April 2011
Where: John Niland Scientia Building, Tyree Room, University of NSW, Kensington
For more info: http://ehub.anu.edu.au/isrii_2011/
Email: ISRII_conference@anu.edu.au

May 2011

NSW HACC & Community Care Conference

When: Monday, 2 May 2011 to Tuesday, 3 May 2011
Where: Sydney Convention and Exhibition Centre, Darling Harbour, Sydney
For more info: www.agedservices.asn.au or 02 8754 0400

June 2011

The 2nd Mental Health Association Annual Conference

When: Wednesday, 1 June 2011 to Thursday, 2 June 2011
Where: SMC Conference Centre, 66 Goulburn St, Sydney
For more info: www.mentalhealth.asn.au

Trauma Informed Care and Practice Conference (MHCC's major conference for 2011)

When: Thursday, 23 June 2011 to Friday, 24 June 2011
Where: Four Points by Sheraton Darling Harbour, 161 Sussex St, Sydney
For more info: 02 9555 8388 ext 101 info@mhcc.org.au

September 2010

21st Annual TheMHS Conference: Resilience in Change

When: Tuesday, 6 September 2011 to Friday, 9 September 2011
Where: Adelaide Convention Centre
For more info: www.themhs.org 02-9810 8700

Please check our website www.mhcc.org.au for the latest on what's on. Our weekly FYI e-news sent to members also gives regular notice of upcoming events.

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