

MHCC Report Outlines Key Priorities For Mental Health Investment



MHCC CEO Carmel Tebbutt launching the report

At the end of last year, MHCC released a major report “Mental Health Matters – Future Investment Priorities for NSW”. MHCC worked with consumers, carers and service providers in developing the report, with KPMG undertaking the research.

The report does not attempt to replicate the work in numerous other reports and acknowledges there are many important issues it cannot cover.

“ It is generally accepted that mental health services are optimally delivered in community settings ”

What it does do is highlight three priority areas for investment in community mental health services.

In 2018-19, \$2.1 billion will be invested in mental health services in NSW. Despite this substantial investment, many people with mental health conditions cannot get the community supports they need and the number of mental health related emergency department presentations continues to rise.

NSW spends a lower proportion of its mental health budget on community mental health services compared to other states, despite the significant evidence that quality community services provide better outcomes for people, carers and their families and take pressure off other parts of the health system.

The Mental Health Matters report outlines the following three priorities:

1. Expand supported living services and provide funding to also address the physical health needs of people with mental health conditions (HASI/CLS type supports)
2. Provide 600 step up, step down places to bridge the gap between acute care and community living
3. Establish community mental health hubs with a range of co-located and peer support services

It is generally accepted that mental health services are optimally delivered in community settings; community managed organisations (CMO's) provide support for people with mental health conditions and deliver services that embody a trauma-informed, recovery-oriented approach, but more services are needed. The research undertaken for the Mental Health Matters report demonstrates that investment in both the supported living services and step-up, step-down places would pay for itself through savings in other parts of the system. MHCC believes investment in these three areas would significantly improve the lives of people with mental health conditions, make the service system easier to navigate and reduce hospital admissions.



MHCC CEO: Carmel Tebbutt

MHCC kicked off the new year with a graduation ceremony for people who have completed the Certificate IV in Mental Health Peer Work. At the ceremony hosted by the NSW Ministry for Health, thirteen people were awarded their certificates and we celebrated the graduates' achievements and the contribution they will continue to make to mental health service delivery. It was wonderful to be part of this event and share in the pride of those receiving their certificates.

MHCC is committed to continuing to train the peer workforce of the future. We are also currently piloting a Certificate II in Community Services as a transition course for people who are not quite ready for the demands of a Certificate IV course but want to undertake further study.

2019 is shaping up to be a very significant year for the sector. A Royal Commission into mental health is underway in Victoria, the Productivity Commission Inquiry into the economic impacts of mental ill health has just released an issues paper and the NSW Mental Health Commission is undertaking a mid term review of Living Well. There will also be both state and federal elections in the first half of the year. The work undertaken by MHCC at the end of last year in developing our key priorities through the report Mental Health Matters, Future Investment Priorities for NSW (see our cover story) will underpin our advocacy efforts this year.

The Productivity Commission has indicated it is interested in how to deliver services more effectively and the Inquiry provides an important opportunity to again reiterate the need to rebalance the mental health service system to provide more community based supports and services. Submissions close in early April and we will be consulting members as we prepare our submission. Comments can also be submitted via the [Productivity Commission's website](#).

MHCC will also be working with members to promote the priorities outlined in Mental Health Matters, particularly to your local Member of Parliament. All in all, it will be a busy few months as we work together on these and many other issues.

Regards

Carmel

“ The report Mental Health Matters, Investment Priorities in NSW will underpin our advocacy efforts this year ”

In this issue

From the CEO	2
Graduation day	3
Members survey	4
CMHDARN grant recipients	5
MHCC community inclusion projects	6
TICPOT launch	7
Social benefit bonds feature	8
Members profile	9
Resources	10
NDIS and Commonwealth supports	11

MHCC's 2019/21 Strategic Plan Released

Following a Board strategic planning day and consultation with member organisations, MHCC has finalised a new strategic plan to guide operations until 2021. The plan sets out our vision that people living with mental health conditions are supported to live meaningful lives in the communities of their choice and identifies three priority areas –

- Policy, Leadership, Influence and Reform
- Sector Development
- Sustainability and Effectiveness

An operational plan will now be developed to guide the implementation of the Strategic Plan and ensure MHCC continues to deliver on its purpose of empowering community managed mental health in NSW through leadership, advocacy and support.



Read the full plan here or visit

mhcc.org.au/about-mhcc/strategic-direction

Graduates Celebrate and Speakers Praise Evolution of Peer Work



MHCC graduates receive their certificates

It was a special occasion at North Sydney NSW Ministry of Health building in late January, when graduates of MHCCs Certificate IV in Mental Health Peer Work gathered to celebrate and receive their certificates.

Families, friends and MHCC staff joined with graduates to mark the day with inspirational messages delivered by MHCC trainer Emma Paino and Dr Karin Lines, Executive Director Mental Health Branch with NSW Ministry of Health.

MHCC CEO Carmel Tebbutt congratulated graduates and quoted Janet Meagher AM, noting the evolution of Peer Work from what was once considered a disruptive practice to being recognised as an important part of mental health practice today. Carmel thanked the NSW Ministry of Health for providing scholarship places in the Certificate IV in Mental Health Peer Work qualification. She noted the challenges ahead and recognised the significant achievements of graduates, who are now ready to take their part in an exciting reform process.

Dr Karin Lines proudly spoke of her association with MHCC dating back 20 years and commended MHCCs peer work development strategies. Dr Lines said Peer Workers were now important contributors in every local health district.

Trainer Emma Paino shared her inspirational journey, of flipping the script and her career after completing a Certificate IV in Mental Health Peer Work with MHCC. MHCC Manager of Learning and Development Jenny Reid congratulated graduates and thanked staff for their invaluable work.



MHCC is piloting a **CHC22015 Certificate II in Community Services** course for people seeking an introduction to working in mental health or community services, or a return to study. Scholarship places funded by NSW Ministry of Health are being offered to consumers and carers.

Free workforce development training is being offered in three MHCC Professional Development upcoming courses - **Understanding and Responding to Trauma, Trauma Informed Approaches to Aboriginal Wellbeing** and **Management of Workers with Lived Experience**.

Visit mhcc.org.au/learning-development for all MHCC training on offer ✨

Members Survey Draws Excellent Feedback

The 2018 Members Survey elicited highly favourable feedback on MHCC work, particularly in areas of communication, representing members' interests and workforce training.

More than 91% of respondents in the survey last year rated our weekly FYI e-newsletter as "Excellent or Good". Our efforts to keep members informed of broader sector issues were also rated Excellent or Good by 91% of respondents. MHCC's work in representing members' issues to government and other agencies was rated highly (excellent and good) by 82.6% and all respondents gave this top rating to the quality of MHCC training.

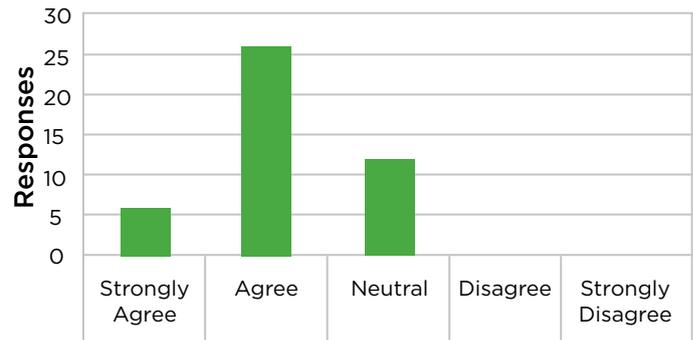
Our input into mental health reform, through representation on advisory bodies and submissions, received a rating of "Very Useful and Somewhat Useful" from 80%. Our research grants were rated Very Useful and Somewhat Useful by 71.11%.

Of all resources provided by MHCC, our range of NDIS resources had the largest usage by those surveyed. The mental health rights manual also scored highly.

Overall, MHCC was very pleased with feedback from the survey. More than 73% of respondents

Strongly Agreed or Agreed that MHCC's performance over the last 12 months was "Outstanding", with no respondents disagreeing with the statement.

MHCCs overall performance in the last 12 months has been outstanding?



MHCC Activity At A Glance

Key Projects

- Agency for Clinical Innovation (ACI)-TICP Project
- Community Mental Health Drug & Alcohol Research Network
- Community Mental Health Australia (CMHA)
- CMHDARN - Research Ethics Consultation Committee
- CMO – ERA Stage 2 Project
- Mental Health Rights Manual – NDIS Chapter
- Safeguarding and Monitoring: protecting the rights of people receiving care and support in community-managed mental health organisations in NSW Review
- Mental Health Matters: Future Investment Priorities for NSW
- Recovery Oriented Service Self-Assessment Toolkit (ROSSAT) Consultancy Projects
- NSW Information, Linkages and Capacity-building (ILC) – Community Engagement Education Package
- National ILC project – reimagine.today stage 2
- TICPOT – Organisational Change Resource
- YES/CES Pilot Project

Learning & Development

- Peer Work Scholarships
- Transition to Work Cert II Pilot
- Reimagine.today training

- Part qualification with Western Sydney Recovery College
- Peer Work Graduation Ceremony
- Healthy Body Systems online training
- Free Professional Development training

Key Submissions

- Australian Guardianship & Administration Council (AGAC). Maximising participation of person in Guardianship proceedings
- Hornsby MHICU human rights re s27
- MHACA Violent and aggressive behaviours policy
- MHC Indicators Project
- NCAT GD - Maximising the participation of the person in guardianship proceedings: Guidelines for Australian tribunals
- Special Commission of Inquiry into the Drug "ICE"
- Mental Health (Forensic Provisions) Amendment (Victims) Regulation 2018
- Language in reference to policy and standard communications re forensic policy directive

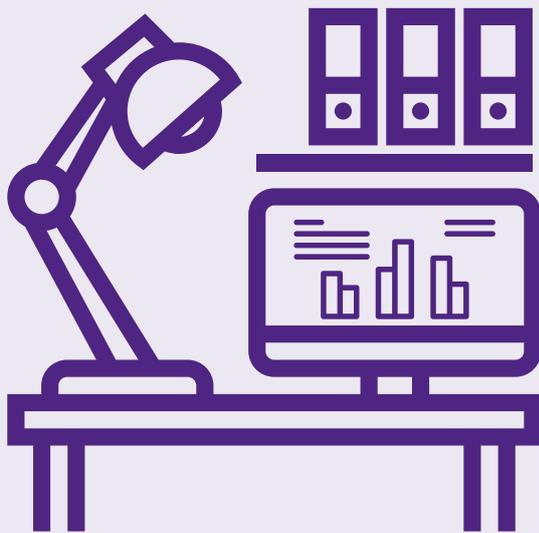
Notable Forums Attended

- Mental Health and Leadership Breakfast with John Brogden AM
- Mental Health in the Emergency Department Summit
- Mental Health Commission Parliamentary Showcase

- Mental Health Australia AGM, Grace Groom Oration, Parliament Advocacy Day and Members Policy Forum
- 6th NSW Aged Health Collaborative Forum NSW Health MHB
- ACI Building Collaborative cultures Forum Action 11, Seclusion & Restraint Mental Health Month PCLI launch
- InforMH CMO Data Workshop
- MH Commission Enablers Project
- MH Commission Indicators Workshop
- Mental Health Month. MH Commission Morning Tea
- NADA 40 Years Celebrations
- NSW Ombudsman Disability Roundtable
- NSW Suicide Prevention Data Forum

MHCC facilitated and/or presented at the following events

- MHCC CEO and Senior Managers forum with Parliamentary Friends of Mental Health
- Public Service Association of NSW Mental Health Conference
- CMHA NDIS Conference
- Mental Health Matters: KPMG Launch
- MHCC AGM
- MHCC Safeguards and Monitoring Project Consultation
- Associations CEO Conference




CMHDARN
Community Mental Health, Drug & Alcohol
RESEARCH NETWORK

CMHDARN Seeding Grants

The Community Mental Health Drug and Alcohol Research Network (CMHDARN) is pleased to announce the two successful recipients of the second round of Seeding Grants for 2018-19. The projects investigate coexisting mental health and substance use issues for the diverse clients that access their services and represent the aims of the CMHDARN Network.

Drug and Alcohol Multicultural Education Centre

Drug and Alcohol Multicultural Education Centre (DAMEC) runs counselling and other activities to reduce the burden of AOD related harms including mental health issues among culturally and linguistically diverse (CALD) communities in NSW. Their research project involves a consultation on the needs and experiences of people from Iran living in Greater Sydney who may face AOD and mental health related issues.



Australian Drug Foundation

Australian Drug Foundation's (ADFNSW) Kathleen York House is a long-term rehabilitation centre that supports women to overcome substance dependence and reduce its harmful impacts on their lives and the lives of their children, families and community. The research aims to understand the mental health needs of women seeking treatment for substance use disorders in NSW.



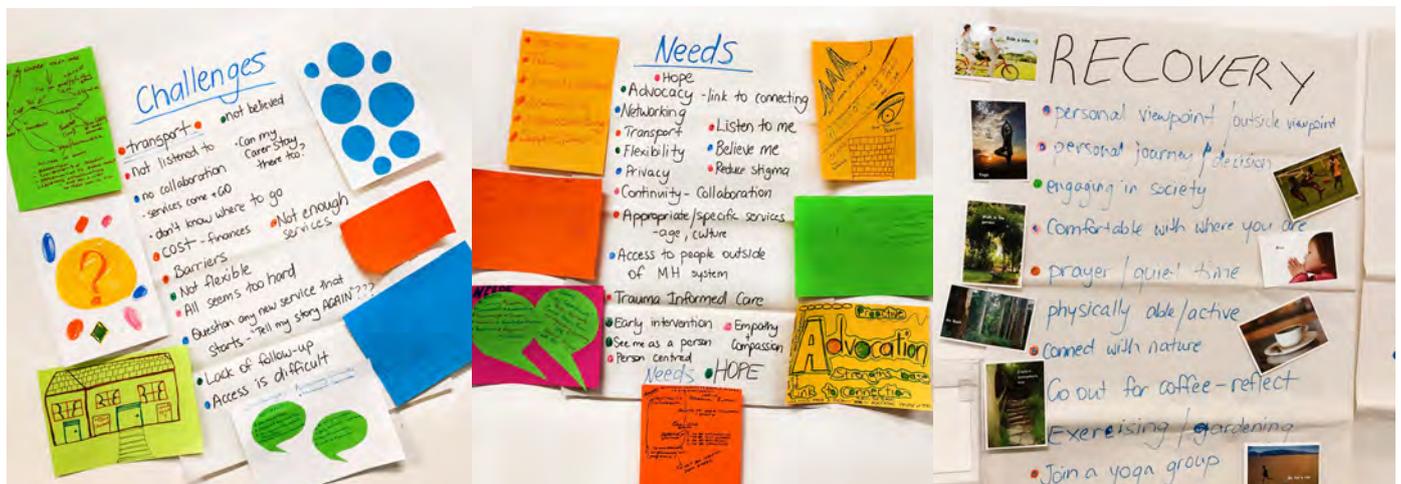
CMHDARN congratulates these two organisations on their successful applications. The projects are set to progress over the first half of 2019 and we look forward to reporting on outcomes.



Read more about CMHDARN at cmhdarnresearchnetwork.com.au

CMHDARN is a partnership between MHCC, the Network of Alcohol and other Drugs Agencies (NADA) and the Mental Health Commission of NSW. It was established in 2010 to broaden involvement of the community mental health and alcohol and other drugs sector in practice-based research and to promote the use of research in practice.

Promoting Community Inclusion: MHCC Projects



Images from ILC consultation in Dubbo

Community Engagement Education Package NSW

The NDIA has funded MHCC to co-design a Community Engagement Education Package, CEEP. The CEEP will assist community workers, volunteers and peers to support people living with a mental health condition or psychosocial disability who are ineligible, or do not want to have, an NDIS plan.

Two training programs for 20-30 people to enhance community inclusion of people with mental health conditions will be trialled and feedback refined into a good practice model for further scale-up. The program encourages community workers to use recovery approaches when assessing the needs of people living with mental health conditions, enabling more effective connections and increased participation in their communities.

Two CEEP trial locations have been identified - Central Eastern Sydney and Dubbo. The first Advisory Group meeting was held in December, and Co-design Working Groups met on Dec 6 and 10.

National ILC Project - Reimagine Stage 2

This project aims to create state-based peer-led networks in SA, TAS, NSW/ACT, NT and QLD of people with psychosocial disabilities, carers, family, NDIS support coordinators, LACs, service providers and other stakeholders. Networks will help support more people in their NDIS plan management and self-advocacy through education and resources, connections with local services, and by promoting use of the reimagine.today website. The reimagine.today website will be improved via feedback and co-designed enhancement.

The project also involves a co-design process to enhance the information and linkages available to diverse populations, including culturally and linguistically diverse communities, LGBTIQ+ communities, Aboriginal and Torres Strait Islander communities and communities in rural and remote areas. This will include focus groups and webinars.

“ The program encourages community workers to use recovery approaches when assessing the needs of people living with mental health conditions ”

A third intention is to build the capacity of people with psychosocial disability in self-advocacy, decision making and self-management of their NDIS access and planning. This will occur primarily through enhancement and promotion of the reimagine.today website as well as through workshops.

So far, the state-based Peer Leaders are meeting regularly to establish their local networks, and a schedule for diversity co-design focus groups has been devised. In April, Peer Leaders will run a full-day workshop for local people with a psychosocial disability and their supporters, including reimagine.today and skill building in self-advocacy, self-management and decision making, as well as a brief co-design session on new skill-building materials.



If you would like to get involved contact Rebecca Lewis on Rebecca.l@mhcc.org.au

ticpot Trauma-Informed Care & Practice Toolkit Launch

At the AGM in November MHCC was pleased to launch the Trauma Informed Care and Practice Organisational Toolkit (TICPOT) as a free resource for organisations wishing to improve service delivery culture and practices.

Free workbooks to download

The TICPOT toolkit is delivered in two parts, Audit & Planning and Implementation & Evaluation. These two documents are free to download and can be used as workbooks to review and guide organisational change. The TICPOT toolkit is a systematic approach to guiding organisational change, suitable for any human services organisation. It is a roadmap to audit, plan for implementation and evaluate outcomes as part of a quality improvement. It incorporates learnings from users of the initial 2015 TICPOT resource as well as including the most contemporary research evidence.

How can TICPOT transform my organisation?

There is a growing appreciation that trauma-informed care and practice principles are key to delivering the most contemporary best practice approach, across public and community-based services. With this growth in awareness there is increased demand for training, information and guidance to build capacity.

The process of becoming trauma-informed is reflective. TICPOT can help identify areas for improvement and become part of continuous quality improvement. MHCC hopes this free resource will guide a process of reflection, assessment and change.

What TICPOT users have said:

"I love how utterly thorough the TICPOT Toolkit is! There is not a single facet of the organisation that has been missed and the audit has highlighted the direction we need to move in, to become fully trauma informed."

"We did it as a group and I found it helpful to get a collective picture of staff knowledge and differences in orientation experiences."

"It highlighted gaps in current policy and different levels of awareness of policy within the group."

Since launching in late November, TICPOT has been downloaded more than 800 times



Download TICPOT [here](#) or visit mhcc.org.au

Key Submissions on Forensic Matters

In recent months MHCC has provided three key submissions in relation to forensic patients.

1. Mental Health Review Tribunal in Respect of Forensic Patients:

MHCC proposed that the current approach balances the rights of all parties, and take the view that the three types of supervised leave are an appropriate stepped-care approach to supporting forensic patients' transition back into the community. MHCC supported the proposal that victims may speak to the Tribunal and be reassured that their submissions are read.

2. Department of Justice, Mental Health (Forensic Provisions) Amendment (Victims) Regulation 2018:

This Act will underpin the operation and management of the Specialist Victims Register and

victim impact statements. MHCC recommended that victim impact statements should be limited to the reviews where victims are present, and that consideration of statements should only be necessary in leave or release applications.

3. Ministry of Health, Language in Reference to Policy and Standard Communications Concerning the Forensic Policy Directive:

MHCC suggested how policy and standard communications might be more victim-inclusive and sympathetic.

See MHCC submissions in full on our submissions web page at mhcc.org.au

A Funding Innovation: Resolve Social Benefit Bonds

The Resolve Social Benefit Bond is an innovative way of bringing together evidence-based mental health supports funded through a new financial instrument - a social benefit or impact bond.

A Social Benefit Bond, SBB, brings together payments for outcomes and the market discipline of a financial instrument.

The proposal for this innovative program was developed by Flourish Australia and Social Ventures Australia, SVA, who partnered to respond to the NSW Government's request for proposals for a mental health SBB in 2016. Flourish Australia, a member of MHCC, is a leading large community managed organisation supporting over 6000 people with a lived experience of a mental health issue annually. SVA is not-for-profit organisation that works with partners to alleviate disadvantage and has been at the forefront of the development of the Australian impact investing market.



Mark Orr at MHCC 2018 AGM

The Resolve Program, which is funded by the \$7 million Resolve SBB and an outcomes-based contract with the NSW Government, seeks to improve the mental health and wellbeing of participants. It focuses on supports for people who have been admitted to hospital for a mental health issue between 40 and 270 days in the previous year. The program supports people intensively in the community to provide an alternative to hospitalisation, unless it is absolutely necessary.

The program is delivered in collaboration with the Nepean Blue Mountains and Western NSW Local Health Districts. It provides participants with two

years of comprehensive, recovery-oriented mental health support. This includes a mixture of a short stay residential program with 24/7 peer support, community outreach support and a 'warm line' for after-hours phone support, tailored to the person's individual situation and recovery goals.

“ The program supports people intensively in the community to provide an alternative to hospitalization ”

The Resolve Program facilitates access to a range of activities to provide participants with structure and purpose in their day, and to reduce feelings of loneliness and isolation. Activities include sanctuary walks, games afternoons, cooking groups, arts and craft, and movie afternoons. The cooking class has been particularly popular, and teaches participants the basics of identifying ingredients, purchasing the items required, preparing the meal, and cleaning up as a group.

The program is designed to deliver significant savings for the NSW Government through a reduction in participants' utilisation of health and other services, in particular by reducing the number of days spent in hospital. These savings will be shared with Flourish Australia, to fund the delivery of the Resolve Program, and with investors to provide a financial return on their capital. Investor returns are linked to outcome payments made by the NSW Government to the Resolve SBB Trust, which in turn are based on Government savings generated by the Resolve Program.

Government savings are measured by comparing participants' consumption of health services with that of a Control Group. The program will run for 7 years with a bond term of 7.5 years. On the target outcome scenario there is an estimated return 7.5% p.a (objective only) for investors.

Mark Orr, Flourish CEO, and Elyse Sainty, Director of Impact Investing with Social Ventures Australia, addressed MHCC Members at the MHCC 2018 AGM.



SDECC Headquarters

MHCC is a member organisation. Our members help shape the future of mental health policy in NSW. Here we feature SDECC, an MHCC member since 2007.

Sydney Drug Education & Counselling Centre

For the past 45 years the Sydney Drug Education and Counselling Centre (SDECC, formerly MDECC) has provided Alcohol and Other Drugs treatment for those living within Sydney's Northern Beaches. In 1999 SDECC became predominately a youth service, which increased requests from families in need of support. SDECC developed the Paving Ways Program for parents during this time with guidance from pioneers in the sector such as Tony Trimmingham.

Implementing a family-inclusive approach was a testing time for the agency. SDECC's challenge was maintaining a youth-friendly environment that was also welcoming for parents. SDECC's model reflects the evidence that when families are in crisis or conflict, that trying to work with them together is generally ineffective. At SDECC young people and parents are given a different counsellor, no clinician works with both young person and parents. Parents are allocated to the Paving Ways group with further support from individual counselling should this be necessary. Young people and parents can access treatment whether the other family member is in the service or not. The recent data reflects that of those parents who attend the service and whose children are not that approximately 70% of their young people present.

“ At SDECC young people and parents are given a different counsellor ”

Paving Ways runs as a six week program with parents to provide stabilisation, skills and strategies for managing their young person's behaviour. It is common for parents to present with the goal of "fixing their child" however our evidence shows that they come away with a more holistic understanding of what they can and can't control as well as develop ways to manage and respond



To become an MHCC member visit our website
mhcc.org.au/membership

MHCC presents new resources and initiatives aimed at building capacity and sharing research.

■ TICPOT – MHCC’s Guide to Trauma-Informed Organisations

Delivered in two parts, the documents include information and an audit tool and templates to review current practices, guide and implement organisational change and build capacity. TICPOT is a roadmap to auditing, planning, implementing and evaluating your organisational practice to ensure trauma-informed principles are embedded in all aspects of service delivery.

mhcc.org.au/resource/ticpot

■ Aboriginal and Torres Strait Islander Youth Health

For Aboriginal and Torres Strait Islander Australians, good health is more than just the absence of disease or illness; it is a holistic concept that includes physical, social, emotional, cultural, spiritual and ecological wellbeing, for both the individual and the community. This report brings together data for Aboriginal and Torres Strait Islander people aged 10-24 years on health and wellbeing.

healthbulletin.org.au

■ Sit Beside Me, Not Above Me

The Sit Beside Me, Not Above Me report from National Mental Health Commission supports effective engagement with people with lived experience, their families and support people.

mentalhealthcommission.gov.au

■ Aboriginal Health Impact Statement

NSW Health now offers an Aboriginal Health Impact Statement to embed consideration of the health needs of Aboriginal people at an early stage in policy development.

health.nsw.gov.au

■ Care Quality and Safety

The Australian Commission on Safety and Quality in Health Care has two new resources -

National Safety and Quality Health Service (NSQHS) Standards (second edition) User Guide for Health Services Providing Care for People with Mental Health Issues

safetyandquality.gov.au

■ Indigenous Palliative Care

Palliative Care Australia and Australian Indigenous HealthInfoNet have launched a new Palliative Care and End-of-Life Resource Portal for people who support Aboriginal and Torres Strait Islanders.

healthinfolnet.ecu.edu.au

■ Carer Support

The Carer Gateway website provides counselling, peer support, connecting carers with other carers, coaching and educational resources.

carergateway.gov.au

■ LGBTI Professional Development

The National LGBTI Health Alliance offers an Inclusivity Audit Tool to assist organisations to be LGBTI friendly.

s3-ap-southeast-2.amazonaws.com

■ Parents Checklist

PANDA has launched a Mental Health Checklist for new and expecting parents who may be struggling with the new role.

panda.org.au



For direct links to these resources, find View From the Peak online at

mhcc.org.au/our-work/publications/

While MHCC endeavours to provide the most up-to-date resources and initiative information, we cannot comprehensively endorse the work of external organisations.



Primary Health Networks Play Key Role in Support Continuity

Over the next year, the landscape of services for those who experience severe mental health conditions will change. NSW Primary Health Networks will play a significant role in commissioning mental health services for people who are ineligible for the NDIS.

Primary Health Networks, PHNs, were established in 2015 to increase the efficiency and effectiveness of health services. There are 10 PHNs in NSW, geographically aligned with Local Health District (LHD) partners. PHNs adopt a commissioning approach to procure health care services, including mental health services, to meet local needs.

Continuity of Support

Three Commonwealth programs will cease in July - Personal Helpers and Mentors (PHaMs), Partners in Recovery (PIR) and Day to Day Living (D2DL). From July, PHNs will commission Continuity of Support services to ensure mental health clients previously receiving services under these Commonwealth programs will continue to receive support if they are ineligible for the NDIS. PHNs will commission based on local needs, considering what services are available, in consultation with providers, consumers and carers. PHNs await confirmation of localised funding and guidelines.

National Psychosocial Supports

In addition to Continuity of Support, PHNs are commissioning a National Psychosocial Support (NPS) measure with \$80 million in federal funding over four years, to support people with severe mental illness and reduced psychosocial functional capacity who are ineligible for the NDIS. The NPS is targeted at people with less intensive support needs than those who access the NDIS. It aims to reduce the need for intensive health services and enhance appropriate use of the health system.

The Commonwealth has committed \$25.61 million to NSW PHNs for the NPS measure. Each NSW PHN will implement NPS to complement existing state supports, such as the Housing and Support Initiative (HASI). Some NPS programs commenced in January with more ramping up over the coming months.

NSW PHNs will also promote the message that people ineligible for the NDIS should apply, as this is best in the long term.

Key Points

- PHNs receive Commonwealth funding to commission mental health services to fill regional gaps, including gaps from the transition to the NDIS.

- From July, PHNs will commission Continuity of Supports services to consumers of PIR, D2DL and PHaMs who are ineligible for the NDIS.
- PHNs are commissioning a new National Psychosocial Support measure for people with severe mental illness and psychosocial functional impairment, who are not more appropriately supported through the NDIS

Further Information

- Mental and National Psychosocial Support Measure

health.gov.au

- Continuity of Support for Clients of Commonwealth Disability Programs

dss.gov.au

- Disability and Carers Program and Services

dss.gov.au

- PHN Fact Sheets

health.gov.au



By Mariam Faraj, Chair NSW/ACT PHN Mental Health Network and MHCC Board member

newparadigm



newparadigm Summer Edition

newparadigm, the Australian Journal of Psychosocial Rehabilitation, is published in partnership with Community Mental Health Australia and peak community mental health organisations across Australia. *newparadigm* showcases contemporary thinking in mental health, innovative practice, research and emerging policy.

The Summer edition, “Integration and Collaboration: Best practice and lessons learned”, highlights innovative collaborations, from individual care coordination to co-location services to integrated governance and policy initiatives.

 Read the Summer edition, past editions and subscribe here mhvic.org.au/policy-publications/newparadigm



COME JOIN US
info@mhcc.org.au

Help MHCC set the agenda for our sector and define the messages that we campaign on and communicate to government agencies and service bodies. We need your experience to inform the future shape of our sector. Become an MHCC member today!

MHCC STAFF AND CONTACT DETAILS

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