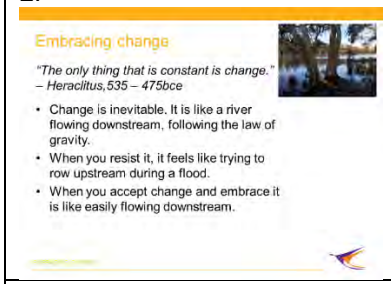
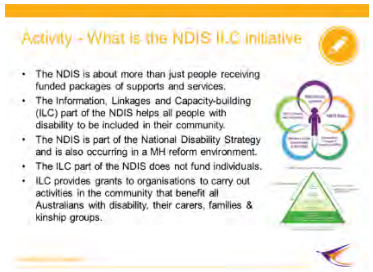
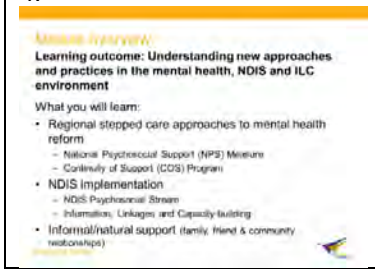
MHCC NDIS CEEP Project Trial Trainer Guide: Module 4 – Embracing Change

Slide/s	Time	Key message/s	Resource/s
1.	0 – 1 min (1 min)	For the next hour we will be thinking and learning about 'Embracing Change' as a means of understanding the many changes happening in the mental health reform and NDIS implementation environments; especially as this relates to the part of the NDIS known as the ILC (intentionally use acronym only). Lots of people are finding these changes difficult to understand and keep up with. The changes are important because how the government has been providing mental health and psychosocial disability support services has not been working well.	PPT PPT handout at 3 slides per page and note taking Module Evaluation
2. 	1 – 2 min (1 min)	Inspiring quote – present and briefly discuss. Link to notions of people living with MH conditions having a right to health and social supports and services that ensure their wellbeing and ability to have a fulfilling life. Acknowledge that people have been grappling with managing change for a long time and validate that there is a lot of change happening in human services just now. We all need to embrace change and support others to do the same.	
3. 	2 – 7 min (5 min)	Activity (before showing slide) – ask people to "Please stand up if you know what the acronym ILC stands for"? Instruct people to "Please stay standing if you can tell us what the ILC is"? Capture any volunteered explanations on butchers paper titled 'What is the ILC?" (this will be revisited at the end of the module). Show slide and review dot points. Remind people that the NDIS, including the ILC, is part of a broader system of support and that there will never, and perhaps should never, be enough funded supports and services for all people with MH conditions with, or at risk to develop, psychosocial disability. This is because people need to live fulfilling lives in the communities of their choice and not just have funded supports and services surrounding them.	Butchers Paper titled 'What is the ILC?" Markers Blu Tac
4. 	7 – 9 min (2 min)	Introduce learning module and draft learning outcome: Understanding new approaches and practices in the mental health, NDIS and ILC environment. Briefly review what you will learn and then ask if people have other expectations of this session. Document other expectations on Butchers Paper titled 'Embracing Change Learning Expectations' (this will be revisited at the end of the module).	Butchers Paper titled 'Embracing Change Learning Expectations' Markers Blu Tac

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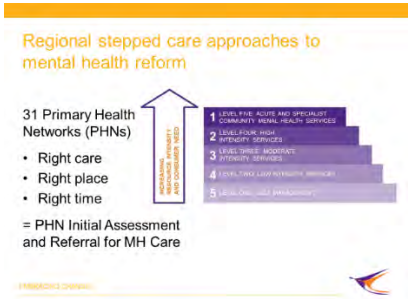
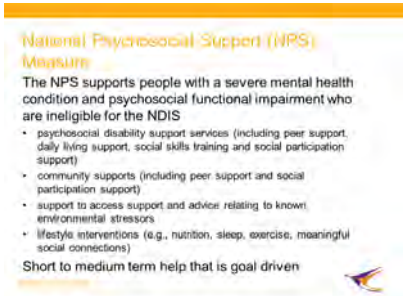
5. 	9 – 11 min (2 min)	Explain that we all have a role to play in supporting the community inclusion of people living with MH conditions living with, or at risk to develop, psychosocial disability. Explain that current MH reforms involve Primary Health Networks (PHNs) making plans for regional stepped care approaches to providing health and psychosocial support services for people with MH conditions. There are 31 PHNs across Australia. The government has asked each PHN to establish an initial assessment and referral MH intake service in their area. People will be referred to services depending on their level of need. Ask if people know what the PHN and/or Initial Assessment and Referral for MH Care Service is in their area? Emphasise that these are still being established.	
6. 	11 - 13 min (2 min)	Explain that an important change is that the PHNs are establishing a National Psychosocial Support (NPS) measure for people with a MH condition and psychosocial disability who are ineligible for the NDIS. Refer to the dot points for examples of how the NPS will help. The NPS will provide short to medium term help for people with MH conditions that are not eligible for a funded NDIS package that is goal driven. Ask if people are aware of who is delivering the NPS measure in their area.	
7.	13 - 15 min (2 min)	This slide provides an example of how PHNs are funding the National Psychosocial Support (NPS) measure in NSW. For the CEEP Project learning resource trials, the NPS measure is being delivered by Flourish Australia for the CESPHN. We are still awaiting an announcement of who will be delivering the NPS measure in Western NSW. The NPS will also help people to connect with other funded and unfunded supports and services in their communities depending on their goals (ie, want they want help with in life).	
8.	15 – 17 min (2 min)	An important part of the changes that are happening is that Commonwealth funded MH programs that you might have become familiar with are closing. This includes: - Personal Helpers and Mentors Service (PHaMHS) - Partners in Recovery and (PIR), and - Support for Day to Day Living (D2DL). Ask if people are aware of these programs (if not, then a brief explanation of them may be needed; can you identify another learner to do that?).	

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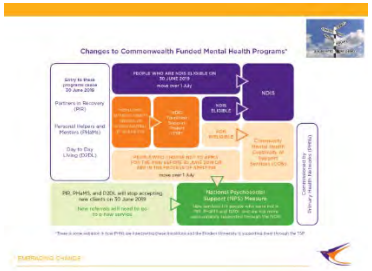
		People who have been getting help from these programs who are ineligible for the NDIS will continue to receive the support they need through what is called the Continuity of Support (COS) program along with some other 'transitional' arrangements. If you think a person is 'falling through the gaps' with these changes the best place to call is your local PHN or their funded PSM measure program (unless the person is experiencing a MH crisis requiring treatment). For a life-threatening emergency, call 000. For psychiatric care, support the person to contact their GP or public mental health services.	
9. 	17 – 19 min (2 min)	Yes – these changes are complicated. It is important that we all work together to understand the important changes that are occurring. The NDIS will provide funded packages of support for 64,000 Australians living with very high levels of psychosocial disability related to a MH condition. We still need to reach about 39,000 of these people (this is about 12,000 people in NSW). These changes are helping us to identify who the people are that need the most help. You are an important part of helping to identify the people living with MH conditions that need NDIS funded supports and services in your area and referring others to non-NDIS funded supports and services?	
10. 	19 – 22 min (3 min)	This one-page diagram attempts to explain the changes happening with the Commonwealth funded PHaMHS, PIR, and D2DL programs. Some co-design participants said that they might find such a diagram helpful. Ask & discuss: Do you think this would be a helpful resource for you and others to understand the transitions that are occurring? Ask & discuss: If not, what could be helpful to better understand the transitions that are occurring?	
11. 	22 – 25 min (3 min)	As these MH program transitions are occurring some people are concerned about issues that are arising with consistency in NDIS funded package access and planning for people with MH conditions and psychosocial disability. Governments are concerned about this too. For this reason, the NDIA has been working to create a psychosocial disability access and planning stream. The stream will see the following (dot point) and other improvements for people with MH conditions. The NDIS Psychosocial Stream is only in its early stages of development and we will be hearing a lot more about it over the next few years.	
12.	25 - 27 min (2 min)	The psychosocial access and planning stream will be available across Australia by June 2020. It means that people with MH conditions will: - Verbally begin their access process with Support Worker or other trusted person	

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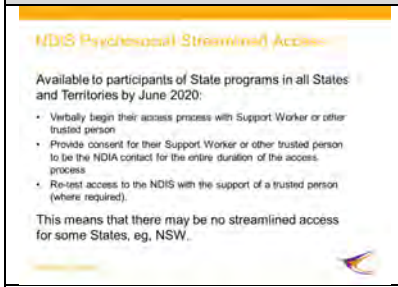
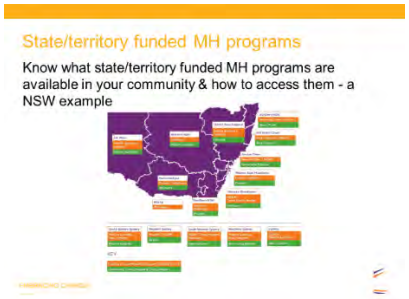
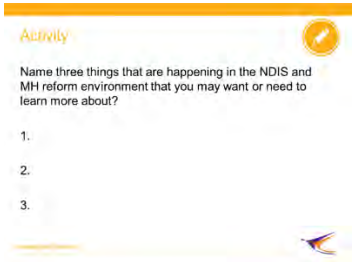
		- Provide consent for their Support Worker or other trusted person to be the NDIA contact for the entire duration of the access process - Re-test access to the NDIS with the support of a trusted person (where required). Streamlined access for people who are not current participants of State/Territory programs needs clarity.	
13. 	27 – 28 min (1 min)	Before showing slide ask: Different States and Territories have different arrangements for their funded MH programs. Do you know what, if any, state/Territory funded MH programs exists in your area? For example, in NSW the Ministry of Health continue to fund and grow HASI (Housing and Accommodation Support Initiative) and CLS (Community Living Support) programs. How people getting help from these programs might access NDIS funded supports is unclear. Ask people to identify the HASI and CLS providers in their areas. It will be helpful for you to know what State/Territory funded MH programs are available in your community & how to access them. This could be as an alternative, or in addition to, NDIS funded supports and services.	
14. 	28 – 31 min (3 min)	We have been talking a lot about the changes happening within the MH reform and NDIS implementation environments. Name three things that are happening in the NDIS and MH reform environments that you may want or need to learn more about? Ask people to write these 3 things on a coloured post it note and place on butchers paper labelled ‘Things that are happening in NDIS and MH reform that I want to learn more about’. Ask people to put their coloured post it notes on the Butchers paper entitled ‘Things that are happening in NDIS and MH reform that I want to learn more about’ (this may help to identify future learning needs). Ask how many people put the ILC on their list?	Butchers paper labelled ‘Things that are happening in NDIS and MH reform that I want to learn more about’. Coloured Post It Notes Markers Blue Tac
15. 	31 – 33 min (2 min)	Anticipate that people want to learn more about the ILC (but perhaps not)? Whether they do or don’t identify the important need for this, then need say that they need to be more aware of the ILC as there will never be enough funded supports and services that help people living with disabilities or other diverse experiences to live meaningful, purposeful and fulfilling lives in the communities of their choice. Overview the purpose of the NDIS ILC initiative (see diagram).	

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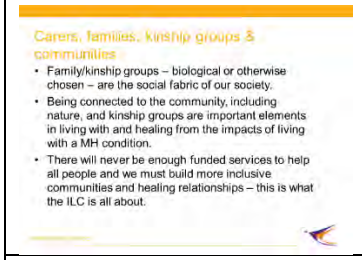
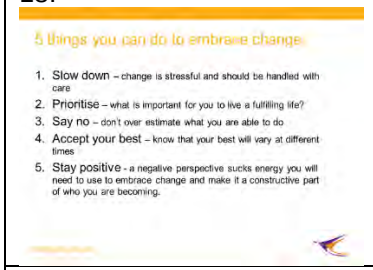
		Overview the key outcome areas of the NDIS ILC initiative (see diagram). Don't be overwhelmed by the language of the MH sector or the NDIS and ILC. Just know that the reform is about building more inclusive communities for all people with disability and other types of diversity including people living with MH conditions. This is a great document to learn more about how the how community inclusion is being strengthened by the ILC over time: 'Strengthening Information, Linkages and Capacity-building (ILC): A National Strategy Towards 2022' (2018):	
16. 	33 – 35 min (2 min)	Importantly, the part of the NDIS that is the ILC also includes developing what are called the 'informal supports' available to people. This a term that means natural support (ie, carers, family, kinship groups & communities). All of us need other people to be there for us from time to time (all of the time?)! Too many people living with MH conditions report being lonely. Sometime people will need treatment or support funded services – like hospital or housing support – but more often than not what they want and need is community connection. Without relationships and community, life will be neither rich or fulfilling for people.	
17. 	35 – 37 min (2 min)	Family/kinship groups – biological or otherwise chosen – are the social fabric of our society. Being connected to the community, including nature, and kinship groups are important elements in living with and healing from the impacts of living with a MH condition. There will never be enough funded services to help all people and we must build more inclusive communities – this is what the ILC is all about. An important part of building more inclusive communities is establishing helpful and healing relationships.	
18. 	37 – 40 min (3 min)	Before showing slide ask: What are of the things that you can do, and support others to do, to embrace change"? Write people's ideas down on Butchers Paper. Show slide and review the 5 things people can do to embrace change. Ask if there are any other ideas that people would like to add.	Butchers Paper titled 'Things you can do to embrace change". Markers Blue Tac
19.	40 – 50 min (10 min)	Show and discuss video. For discussion: How are the experiences of Community Workers, volunteers, peers and others in this video related to the importance of people embracing the changes that are occurring across the NDIS/ILC implementation and MH reform environments? Encourage people to begin completing the Module Evaluation Form.	Speakers (as required) Video embedded in PPT Back-up internet access to videos (MHCC webpage?)

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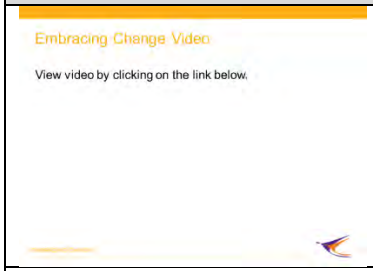
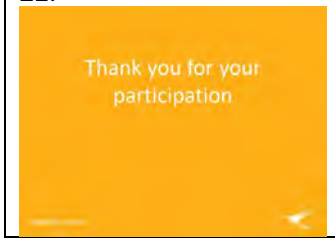
			
20. 	50 – 59 min (9 min)	Revisit whether the learning outcome for this module has been achieved: Understanding new approaches and practices in the mental health, NDIS and ILC environment (and also see slide 4). Remind learners that we started off by exploring what the ILC is. Ask people to "Please stand up if you know what the acronym ILC stands for"? Instruct people to "Please stay standing if you can tell us what the ILC is"? Remind people that the NDIS, including the ILC, is part of a broader system of support and that there will never, and perhaps should never, be enough funded supports and services for all people with MH conditions with, or at risk to develop, psychosocial disability. This is because people need to live fulfilling lives in the communities of their choice and not just have funded supports and services surrounding them. People living with MH conditions having a right to health and social supports and services that ensure their wellbeing and ability to have a fulfilling life. We all need to embrace the recovery-oriented, trauma-informed and rights-based changes that are helping people living with MH to better connect with their communities and encourage others to do the same. Make time to complete the Module 4 University of Sydney evaluation.	Revisit posted 'Embracing Change Learning Expectations' & 'What is the ILC?" Butchers Paper from beginning of module. Markers Blu Tac
21. 	59 – 60 mins (1 min)	Concluding slide. Thank people for their participation. Explain after morning tea we will next be spending some time thinking more about how to create healing environments and why this is so important (Module 3).	