

## Thinking, reasoning and recovery

MHCC CONVENED a project advisory group last year comprised of academic and sector reps to identify the skills needed to better support people experiencing difficulty with their thinking and reasoning abilities. Known as 'cognitive functioning', problems or 'impairments' in this area can effect how people are able to progress their recovery directions. The impetus for this work stems from concerns expressed by workers and managers on the need for greater understanding of the skills required to recognise behaviour associated with cognition problems and to support recovery outcomes.

Along with several MHCC member organisations, Marathon Health, (a primary health care organisation in Western NSW), has taken a keen interest in this area, as has the University of Sydney (USYD) Faculty of Health Sciences (Occupational Therapy). In 2015 MHCC supervised four USYD Masters OT students on workplace assignment to undertake a literature mapping process to inform a report and recommendations identifying the scope of issues and challenges described by mental health workers supporting consumers experiencing cognitive difficulties. Findings from the project suggest that cognitive impairments are often hidden in nature, and that cognition should be an important consideration for workers when supporting people towards recovery. The findings of the report correlate closely to international research that suggests that cognitive difficulties significantly contribute to poor functional outcomes.

Participating member organisations interviewed in the study identified a gap in the knowledge and skills required to support people experiencing mental health and coexisting conditions such as substance misuse, poor physical health, psychosocial disability and Acquired Brain Injury (ABI). Additionally, peoples' cognitions can also be impaired by the psychiatric medication prescribed to reduce symptoms. The key recommendation arising from the study *Cognitive functioning: supporting people with mental health conditions and cognitive impairment*, was that training and skill development be developed to better equip the workforce with the skills and competencies to identify and utilise strategies to support people in the areas of attention, memory, planning and organisation, to undertake daily activities and maintain independent living.

As a result of the study's findings Marathon Health, USYD and MHCC have partnered to develop a professional development training product that will be appropriate for workers across public, private and community sector settings. It will be piloted in Dubbo to workers from a mix of mental health, psychosocial support and service coordination providers and we aim to make it available more broadly from June 2016.



“ Findings from the project suggest that cognitive impairments are often hidden in nature, and that cognition should be an important consideration for workers when supporting people towards recovery. ”

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## One year on: Progress Report on the implementation of Living Well: A Strategic Plan for Mental Health in NSW 2014-2024



FOLLOWING THE publication of the Mental Health Commission of NSW's *Strategic Plan for Mental Health in NSW*, articulated in *Living Well* (December 2014) and the NSW Government's commitment to adopt and implement its vision and actions, the Commission has now provided a review of the progress made so far.

*One year on* is an account to NSW Minister for Mental Health, Pru Goward on the implementation of *Living Well* and the achievements made towards its overall objectives. The report particularly focuses on groundwork to better support the people

of NSW by the allocation of \$115 million targeted at strengthening community-based responses to mental health population health needs. This is in the context of re-orientation of service delivery from public to community, and from hospitalisation towards prevention and early intervention.

A concise update on the enhanced focus on community care is available in the *NSW Mental Health Reform 2014-2024: 12 months on*, which together with the Overview factsheet (see links on page 3) provide a 'progress to date' synopsis.

Specifically in relation to the community managed sector, the report details enhancements targeted at community based programs such as *Community Living Supports*. It also addresses some of the complexities arising as a result of commonwealth interventions impacting strongly upon NSW and its organisation of services particularly in the community sector.

The Commission's report states, 'The National Disability Insurance Scheme (NDIS) and Commonwealth pooled funding of mental health programs to Primary Health Networks (PHNs) make fundamental changes to how the CMO sector will be resourced and contracted.' The Commission goes on to recognise that, "In NSW the apparent lack

of a strategy for funding, partnering and contracting with the CMO sector within an overall financing approach contributes to instability and insecurity for the sector in terms of service and business planning." The Commission goes on to acknowledge work is underway by the Ministry in this regard, but that definitive action has not occurred.

The Commission in its report highlights in 'actions essential for 2016' integrated planning processes between MoH reforms and community-based mental health care as well as 'mobilising Ministry of Health and other agency budgets beyond the initial three year \$115 million funding package as critical to meeting *Living Well* objectives for implementation.

“ The NDIS and Commonwealth pooled funding of mental health programs to PHNs make fundamental changes to how the CMO sector will be resourced and contracted. ”

The Mental Health Reform Implementation Taskforce, under the auspices of the Ministry of Health (MoH), oversees the Government's implementation of *Living Well* and is expected to report to Government on progress against agreed agency performance measures.

*One year on* is accompanied by a series of supporting papers providing specific details concerning for example: Government agencies' advice to the Commission on progress; the work of the Mental Health Reform Implementation Taskforce; baseline analysis of the 10 *Living Well* indicators; findings of the Commission's Ready for Change community survey and examples of reform initiatives and innovative practice across NSW in addition to an overview of policy changes affecting mental health since the launch of *Living Well* in December 2014.

# NSW Health Mental Health Reforms – Requests for Tenders

THERE ARE considerable new opportunities presenting to the community managed mental health sector through the following tenders:

- **Mental Health – Enhanced Adult Community Living Supports** (due 1 March) – this is an expansion of the NSW Housing and Accommodation Support Initiative (HASI) which seeks to provide flexible and individualised community care packages for an additional 500 people.
- **Pathways to Community Living Initiative** (due 15 March) – this is part of a strategy aiming to exit around 100 of 460 people from long-stay sub-acute psychiatric hospitals to community living.
- **Like Mind Pilot Expansion** (due 15 March) – this is an expansion to the Murrumbidgee area of the pilot occurring in Western Sydney with a further location anticipated for Western NSW later this year.

Suitably qualified and experienced non-government organisations have been invited to submit detailed proposals to provide new mental health support services, in close partnership with LHD mental health teams and other treatment services. This will ensure a shared care approach where psychosocial supports complement treatment and support recovery and the development and maintenance of independent living.

Through release of these tenders the NSW Government has further committed to expand recovery-based community living/psychosocial supports provided by the community managed sector for people with severe mental health conditions. This includes care coordination, support with treatment plans, self-care, counselling, vocational and employment services, links to treatment related

services, and community participation activities.

These activities also support the NSW Ministry of Health's implementation of the NSW Government's December 2014 'Strategic Plan for Mental Health in NSW 2014-24' through an initial three-year \$115M 'Strengthening Mental Health Care in NSW' policy and funding direction: [www.health.nsw.gov.au/mentalhealth/Pages/strengthening-mental-health-care.aspx](http://www.health.nsw.gov.au/mentalhealth/Pages/strengthening-mental-health-care.aspx). One year later, in December 2015, the NSW Government released reports describing a range of mental health sector reform activities underway – inclusive of but not limited to the above tenders – to address the aspirations of the strategic plan: [www.health.nsw.gov.au/mentalhealth/Pages/strengthening-mental-health-care.aspx](http://www.health.nsw.gov.au/mentalhealth/Pages/strengthening-mental-health-care.aspx)

The targeted tender enhancements will enable the provision of supports to commence when individuals are still in inpatient care, to better support a successful transition to the community.



Above: NSW Mental Health Reform Overview  
[www.health.nsw.gov.au/mentalhealth/Publications/reform-factsheet.pdf](http://www.health.nsw.gov.au/mentalhealth/Publications/reform-factsheet.pdf)

Below: Extract from NSW Mental Health Reform 2015-2024 – 12 months on  
[www.health.nsw.gov.au/mentalhealth/Publications/mental-health-reform.pdf](http://www.health.nsw.gov.au/mentalhealth/Publications/mental-health-reform.pdf)

## A GREATER FOCUS ON COMMUNITY CARE

### COMMUNITY LIVING SUPPORT SERVICES

Five NGO-led community living support services have been established in Blacktown, Campbelltown, Penrith, Newcastle and Lismore to support youth recovery, reduce the risk of developing significant disability and reduce time spent in hospital. In addition over 500 people residing in the community will receive living supports over the next year.

### MENTAL HEALTH SERVICES FOR OLDER PEOPLE

Older people will benefit from specialist mental health support in the community. Funding has been allocated to Central Coast, Mid North Coast, Nepean Blue Mountains, Northern NSW, South Western Sydney and Sydney Local Health Districts for these services.

### LIKEMIND

Two LikeMind sites have been established in Western Sydney and Nepean Blue Mountains Local Health Districts with two further sites in NSW planned for 2016. Led by mental health NGOs, LikeMind brings together clinical and psychosocial services: mental health, drug and alcohol, primary health and social services, in collaboration with local health districts and NGOs to provide seamless person-centred care.

### FAMILY SERVICES

Eight residential units for mothers and children have been made available in addition to 15 in-home accommodation support packages. Funding has also been provided for an additional three Whole Family Teams in South Western Sydney, Nepean Blue Mountains and Western Sydney Local Health Districts to help families experiencing drug and alcohol and/or mental health problems.

### PATHWAYS TO COMMUNITY LIVING

New supported community residential options are being designed to initially assist 100 long-stay hospital patients to move back into the community with clinical assessment and planning already underway. Funding has also been allocated to five local health districts to enhance services and better support mental health consumers who live in specialised and general residential aged-care services.

### PERINATAL AND INFANT MENTAL HEALTH SERVICES

The statewide program for treating mothers with complex mental health problems will be expanded in three local health districts benefiting an additional 200 clients.

### ADULT ASSERTIVE CARE

Western Sydney, South Western Sydney, South Eastern Sydney and Hunter New England Local Health Districts have received special funding to treat people that have severe mental illness needing greater coordination of their care.

## Who's new to the Board in 2016

Three new members were elected to the MHCC Board at the 2015 AGM in December.



**MISSION AUSTRALIA** | together we stand

### Luke Butcher – Mission Australia

Luke has spent the past eight years working with Mission Australia in Western NSW as an Area Manager, managing a range of mental health recovery programs in rural and remote communities. Having lived in Orange, Broken Hill & Dubbo during this time, Luke has an acute awareness of rural health and wellbeing issues.

Luke's passion is for understanding how evidence-based practice is utilised to inform service design in the community managed sector. Recently, he has been working with the University of Newcastle on a long term

research project evaluating the best ways to engage people with a lived experience into service delivery with specialist and mainstream services.

Mission Australia has been helping people for 155 years to regain their independence through homelessness initiatives and affordable housing, early learning and youth services, family support, and employment and skills development.

For more information visit: [www.missionaustralia.com.au](http://www.missionaustralia.com.au)



### Jonathan Harms – Mental Health Carers ARAFMI NSW Inc.

Jonathan brings a blend of sector and legal expertise to the 2016 Board. He has worked as a plaintiff lawyer, a public servant, policy advisor and stakeholder manager for a variety of State and Federal Ministers, (Attorney General, WA and Human Services, Commonwealth), government departments (Ministry of Health), private corporations (Insurance Australia Group) and non-government organisations, including Mental Health Carers ARAFMI NSW Inc.

In the course of his career he has gained significant experience in policy development, including regulatory schemes, e.g. the creation of the Life Time Care and Support Scheme for the NSW CTP and workers compensation schemes; and the Health Practitioners Regulatory Authority created to set up nationally applicable medical practitioner registrations.

After becoming CEO of Arafmi, which is the peak body for carers of people with lived experience of mental illness in NSW, he initiated a number of changes, including the creation of Carer Peak Advisory Committee(s) to enhance stakeholder participation in Arafmi policy development; and the Carer Support Worker Forum, meeting annually and with a weekly e-newsletter, to enhance networks for carer support workers and carers across NSW for consultation and advocacy purposes.

Jonathan has a wide range of relevant experience in community organisation management to offer the MHCC Board.

For more information visit: [www.arafmi.org](http://www.arafmi.org) or [collectivepurpose.org.au](http://collectivepurpose.org.au)

## Mandy Miles – Make a Difference

Mandy is the Founder of Make a Difference – a charity providing services to children who have a parent with a mental illness, or who are at risk of developing a mental health problem themselves.

Mandy has been the Honorary CEO and Chair since its inception in 2000. She is also the Clinical Director, having written an innovative model that underpins all their work. Mandy provides all the one-to-one support to their kids, and facilitates their retreats and other programs. She brings to the MHCC board 35 years of experience in the sector across a range of clinical and senior management roles, in addition to 19 years as a full time carer and foster parent.

Mandy is also on the Board of BEING and worked until recently as an Official Visitor. She previously worked as a manager with NSW Health, but her main employment experience has been in NGOs, both big and small. She is passionate about mental health services in all their forms, advocating the importance of embedding recovery principles into services and ensuring that they are respectful and empowering to those who use them.

For more information visit:  
[www.makeadifference.com.au](http://www.makeadifference.com.au)



## The faces of our sector

GINA INGROUILLE (pictured) became Executive Officer at CAN (Mental Health) Inc. in December 2015. CAN is a not for profit organisation which provides local and national peer support services and recovery activities for people who identify as either living with, or having lived with mental health issues.

Along with input from the Board, CAN staff, the community and CAN members, Gina aims to lead the re-design and re-focussing of CAN to meet the changing mental health landscape.

Under her leadership, the independent consumer-run organisation is reaffirming its position as a respected community service provider. She is passionate about putting recovery principles into practice, and her 20 years' experience working as Policy Advisor and Analyst for State and Federal Governments has helped her recognise the current challenges facing the sector during the roll out of the NDIS and the State and Federal non-government organisation (NGO) funding reforms.

Recognising the importance of strategic partnerships with government, NGO and peak bodies, CAN has been pursuing ongoing funding for services able to respond to the local and state need while reflecting the consumer/peer contribution within the mental health service sector. Gina will be looking at ideas such as; accommodation, hospital-to-home, life skills, advocacy services, social networking, and education programs through the creation of grant and tender-writing commissions.



“ I’m committed to encouraging people to discover their potential, and employing experienced members of the CAN peer support network to assist them to take control of their own lives. ”

Gina is a creative and strategic thinker with an established background in business development and quality improvement. ‘I’m committed to encouraging people to discover their potential, and employing experienced members of the CAN peer support network to assist them to take control of their own lives.’

For more information about CAN visit:  
[canmentalhealth.org.au](http://canmentalhealth.org.au)

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## Perspectives from the Hunter NDIS Trial Site

NSW IS NOW concluding the final six months of a three year trial of the National Disability Insurance Scheme (NDIS). Despite considerable learning occurring through the Hunter trial, there continues to be a lack of clarity about how the NSW roll-out will occur for people affected by psychosocial disability and those that provide services and support to them.

As at 31 December 2015, there were 1406 people nationally and 518 in NSW with a primary psychosocial disability accessing an NDIS individual funded package. This is considerably below the MHCC established benchmark of 1,300 people with psychosocial disability expected to access the NDIS within the NSW trial site by the end of June 2016 (ie, 13% of the 10,000 people with disability anticipated to access the NDIS through the NSW trial).

It is an achievement, however, that many of these are new clients who were not previously receiving funded services. The stories of two member organisations included in this edition of View from the Peak describe the considerable growth that has occurred for them as a result of the NDIS.

MHCC predicts that NSW may observe a slowing down of access by people with psychosocial disability while Ageing, Disability and Homecare funded clients are transitioned to the NDIS (very few of these have primary psychosocial disability), and trial site learning is further consolidated and scaled-up.

The Hunter NDIS and Mental Health Community of Practice (CoP) Forum last met in November. It consulted with participants about what they thought others needed to know in readiness for the NDIS. Their feedback will be used to develop resources to support others in their NDIS journey, including a guide to establishing a local NDIS and mental health CoP. The resources will be ready for state wide distribution this year.

MHCC continues to be concerned about, and to advocate for, the considerable challenges that many people affected by mental health conditions are having in accessing the NDIS. MHCC worked closely with the University of Sydney's Centre for Disability Studies (part of the Flinders University NDIS evaluation

consortium) to consult with people who have experienced barriers in accessing the NDIS. It proved challenging to access this group which may be due to their vulnerability and relationship/trust issues.

The need for strengthened engagement and outreach approaches to support NDIS access has been strongly demonstrated across the Hunter trial. Such approaches are a strength of the Partners in Recovery initiative. This and other Commonwealth funded mental health programs were given funding extensions beyond June 2016.

Negotiations and planning related to national mental health reform directions, including the mental health services 'commissioning' role of Primary Health Networks, appear to be impacting NDIS implementation for people with psychosocial disability. For those LHDs about to enter the NDIS environment, it is important that you begin to engage with potential participants and collect the information/ 'evidence' that will help to support them in their access to the NDIS. This needs to include consideration of people's hopes and dreams for the future.

The next MHCC and NSW Mental Health Commission Hunter CoP Forum will be held on 29 March, 10AM to 1PM, at the Newcastle Jockey Club and people from outside of the trial site - including consumers and carers - are welcome to attend.

The following Local Health District (LHD) areas will be entering the NDIS environment from 1 July 2016:

- the remaining population of Hunter New England (i.e. other than the three trial site LGAs)
- the remaining population of Nepean-Blue Mountains (i.e. other than the early start from 1 July 2015 for young people)
- Central Coast
- Northern Sydney
- South Western Sydney
- Southern NSW
- Western Sydney.

More information about the NDIS and mental health is available at: [www.mhcc.org.au/policy-advocacy-reform/influence-and-reform/ndis-and-mental-healthpsychosocial-disability.aspx](http://www.mhcc.org.au/policy-advocacy-reform/influence-and-reform/ndis-and-mental-healthpsychosocial-disability.aspx)

“ MHCC continues to be concerned about, and to advocate for, the considerable challenges that many people affected by mental health conditions are having in accessing the NDIS. ”

## RichmondPRA's NDIS experience

FOR OVER 60 years, RichmondPRA has helped people with a lived experience of mental health conditions to get back on track and reconnect with the community and live a contributing and fulfilling life. As an NDIS provider, it has been able to reach out to more people with mental health conditions; between 2013 and 2015 RichmondPRA assisted 29 people with transitioning from block funded programs to the NDIS. It is now supporting over 160 people with NDIS funding.

The NDIS offers people the opportunity of choice and control around the types of services they want. With the assistance of RichmondPRA's Senior Peer Worker in the Hunter, more people are empowered to negotiate the services to help them reach their goals and aspirations.

Growth under the NDIS means that RichmondPRA's workforce has continued to grow. It has been able to increase its peer workforce in the Hunter to about 50 (with 117 peer workers across the entire organisation).

The NDIS also meant that the organisation had

to invest in its system designs and work to ensure its client information management system supports the people accessing its services funded under the NDIS. It has also reviewed its current financial management system and implemented changes that support bulk claims.

Late in 2015, RichmondPRA opened its new wellbeing centre on Hunter Street. The amalgamation of three offices provided the organisation with the opportunity to reflect and streamline its existing services. This has resulted in more flexibility, choice and control for service users. The Hunter Wellbeing Centre now provides community outreach support, centre based activities and support to people in their own homes.

Consultation is a part of RichmondPRA's philosophy, and by consulting with the people accessing these services, it has increased choices for those participants and provided opportunities for personal growth through learning new skills and goal setting.

RichmondPRA  
Together, we're better.

## New Horizon's NDIS experience

AS ONE OF the first organisations in Australia to take part in the NDIS in the Hunter trial site, New Horizons (NH) has been at the forefront of change, learning and adjusting alongside the new model.

NDIS has given NH an opportunity to take a fresh look at the business, including everything from service offerings, staffing arrangements, supporting operations and processes, and managing differing finance and billing structures.

As part of a major change to reorientate the business to the future needs of customers, NH realigned teams to a new organisational structure. The change centred on driving greater efficiency and effective delivery of exceptional customer service. Under the new structure, they are striving to maintain a more permanent workforce, while creating provisions for flexibility. By recruiting top talent and making them long-term members of the team, NH is not only offering an individual greater job security and employment benefits, but ensuring customers see regular faces which helps build greater connections between them and support staff.

Maintaining strong relationships and open communication with their existing customer base has been key throughout the Hunter trial, allowing NH to transition all eligible customers to the NDIS. Using their individualised funding, most customers have either been able to receive the same, or increased levels of support.

The journey to transforming customer experience started several years ago when NH teamed with one of Australia's top banks and worked with 100 of their senior executives to help map the changes ahead and develop a blueprint for the future. The changes they are making today help ensure readiness for the reforms being led by the NDIS. On 1 July, the NDIS will roll out to all but two regions across NSW. It will mean new levels of service for thousands of NH customers, and more importantly, it will mean people with a disability will have access to the truly individualised support they deserve.

  
newhorizons™  
wellbeing. done well.



## Empowering people with disability

THE NSW Ombudsman has recently been engaged by Family and Community Services (FaCS) to deliver a project that promotes the rights of people with disability in the lead-up to the full roll out of the NDIS.

People with disability often have difficulty in recognising and pursuing their rights. As part of the transition to the NDIS, the Ombudsman is keen to ensure that appropriate support is provided to people with disability to help them to be able to identify when things are not right and where they can turn for help.

While the Ombudsman's consultations with stakeholders will inform the overall scope of the project, key components are likely to include:

- building capacity in people with disability to understand and exercise their rights in an NDIS environment and where to get help, including: understanding their rights (human rights and specific rights of people with disability to make decisions); how to make complaints/ raise and resolve concerns, and identifying and reporting abuse, neglect and exploitation
- developing partnerships with people with disability, complaint-handling and rights agencies, and disability support organisations to develop and implement the necessary up-skilling and capacity-building actions ahead of the transition to the NDIS, and developing a range of tools and resources.

“ ... the Ombudsman is keen to ensure that appropriate support is provided to people with disability to help them to be able to identify when things are not right and where they can turn for help. ”

- working with people with disability to build their capacity to educate/train/support other people with disability in the above areas

Work is underway to establish a Joint Advisory Committee with three related FACS funded projects that are also focused on promoting the rights of people with disability in NSW, being delivered by: the NSW Council for Intellectual Disability and My Choice Matters; the Public Guardian and Trustee and Guardian, and ACWA, the Intellectual Disability Rights Service and Life Without Barriers.

The Joint Advisory Committee will include representation from people with disability, carers and advocates, and representatives from the Disability Council of NSW, National Disability Services (NDS), FACS and the National Disability Insurance Agency (NDIA). The first meeting will take place in December and will meet on a quarterly basis for a period of two years. The Ombudsman will coordinate the ongoing work of the Committee.

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## capacit-e WINS LEARNING BY DESIGN AWARD!

MHCC ENDED 2015 on a high note winning a LearnX Learning by Design Award for our newest Capacit-e™ mental health e-learning module Language of Mental Health Recovery.

The course really struck a chord with the judges who awarded it an Emerald Award for Bite Size Learning, alongside large organisations Woolworths and the Bank of Queensland. This is an e-learning industry award aimed at recognising the trailblazers and the creative strides being made in Bite

Size Learning. This form of learning presents content in short and digestible formats (often

images) and commonly references shared experiences or stories.

Our Online Learning Officer, Katherine Fardian, will present the project at the iDX Conference in March 2016.

Language of Mental Health Recovery is part of the Capacit-e Mental Health Recovery Suite.

For further information on MHCCs online training contact:

Sarah-Jane (SJ) Edwards Business Development Coordinator  
[sarahjane@mhcc.org.au](mailto:sarahjane@mhcc.org.au)  
 or Ph 02 9555 8388 ext 116





## Foundation House

FOUNDATION HOUSE has been supporting people with alcohol, drug and gambling issues since 1994. The centre is run by the Construction Industry Drug and Alcohol Foundation (the Foundation).

The Foundation is a non-profit organisation that aims to raise funds to provide effective and readily accessible alcohol, drug and gambling treatment services. It operates independently and autonomously, however it is linked through similar goals and its target group to the Building Trades Group Drug and Alcohol Program. It brings together all stakeholders in the building and construction industry in a co-operative and harmonious atmosphere.

‘A sense of community is important for the support aspect of recovery,’ said Foundation House’s Edwina Hollings. ‘A person needs to have support from work colleagues and management to assist them in making a successful return to the workforce. Many people start working on a part time basis initially, so they can continue to attend meetings and working their step. Understanding and ‘mateship’ are needed to support this transition.’

Foundation House, a residential treatment facility, was opened in June 2000. The unit is a neighbour to MHCC, located on the grounds of Callan Park in Sydney’s inner west. It originally only provided drug and alcohol services but in recent years has expanded its operations and levels of service provision to now provide residential and outpatient alcohol, drug and gambling services to a broad target group, including construction industry personnel and members of their families.

Foundation House provides a range of residential programs and outpatient services designed around the needs of individual service participants, including counselling, family support, aftercare and relapse prevention groups.

Motivational Interviewing plays an important part in Foundation House programs. ‘We work to create an environment where participants can develop constructive relationships’, explained Ms Hollings. ‘This produces a platform for change. A person’s aspirations are elicited through engagement and collaboration and then guided towards strategies which work with each individual’s identified strengths.’

“ ...these men and women [at Foundation House] made me feel comfortable about myself for the first time in a long time. And to this day, I have not picked up a drug - any drug. I still return to Foundation House for BBQs and have recently arranged counselling so I can stay on top of my long-term recovery...”

Program participant



Foundation House recently introduced a peer support program, which enables previous program participants to assist new program participants with guidance and support while in residence. Ms Hollings outlined its particular importance in the area of relapse prevention. ‘The overwhelming response has been that contact with peer workers helps to support hope, as people observe tangible evidence that the program has been successful in the lives of others’.

Membership of the Foundation is open to construction industry employees and union officials, construction industry employers or employer groups, and representatives from the drug and alcohol, medical, legal, or other appropriate fields.

For more information visit [foundationhouse.net.au](http://foundationhouse.net.au)

“ It was [here] that I was guided back to life. Since leaving the program, I have returned for the ex-clients BBQ and Relapse Prevention group which has helped me reach the life I have today.

I am drug and alcohol-free, able to hold down a job... I have my family back in my life where I am able to work on the relationships I damaged during my drinking and drugging. I have hope, choice, am reliable, honest and free thanks to Foundation House.

Program participant

## Mental health post-discharge care – An Audit Office of NSW publication

THE NSW AUDIT Office has published a report assessing how well NSW Health and Local Health Districts (LHD) meet best-practice protocols for follow-up care for mental health consumers (i.e. within seven days of discharge from public mental health units). The analysis framework used for the audit was NSW Health’s policy directive on ‘transfer’ from inpatient units to the

community. This includes a KPI on post-discharge follow-up, which also measures the proportion of consumers receiving follow-up within the seven days by community mental health services. Five LHDs were audited; key staff were interviewed and files including policies and internal audit reports were reviewed.

Improvements noted over the past five years have been driven by a range of practices across LHDs, as well as by the strong commitment of staff. The audit concluded that overall, consumers are followed-up within seven days post discharge from mental health units. However, the review highlighted further improvement opportunities.

The audit pointed to a strong understanding and awareness amongst public mental health service staff of the general intent of NSW Health’s transfer of care policy directive and commitment to ensuring that consumers receive post-discharge follow-up. Nonetheless, the audit noted further scope for improvement by better adherence to some aspects of the policy. Whether follow-up by itself leads to better outcomes is harder to measure, as post-discharge follow-up is just one activity along a continuum of care.

Models of follow-up vary across LHDs; responsibility for local policy implementation is devolved to each district with NSW Health adopting a ‘hands off’ approach consistent with devolution of responsibility. Follow-up of consumers transferred to other care such as private psychiatrists, residential aged care, GPs, or other public community mental health services in other districts also varies. The audit found that many workers go to

great lengths to ensure contact in these circumstances, although improved follow-up practices for consumers referred to other districts was identified.

In each of the five LHDs visited, there was a consistent theme reporting that the post-discharge follow-up KPI had created a performance culture. Seen as a good outcome, one interviewee noted: “This is how to get KPIs to work in health; make them about good care”. In each LHD, staff were aware of their performance and the performance of similar wards or units. Through benchmarking comparisons, successful practices were reinforced and unsuccessful practices were revised. In addition to this, interest was spurred in more actively and routinely exchanging good practice ideas across LHDs.

However, there is still little evidence that transfer of care plans are developed with and provided to the consumer and carers. This is an important step to ensuring that consumers, their carers and families are at the centre of the services they receive and are partners in care planning. Two LHDs were still developing local adaptations of the policy almost three years after the directive was issued.

In each of the five LHDs, staff highlighted activities that, when done well, supported continuity of care after transfer to community mental health services. Among the most consistent themes were planning for discharge and follow-up should begin at, or close to, the time of admission, ensuring sufficient time to understand the consumer’s needs (both treatment and psychosocial support related) and prevents rushed or poorly planned discharge. Likewise early engagement with community mental health services — as well as other service providers, such as psychosocial support services — in discharge planning helps to ensure a seamless transition from inpatient to community care. Some LHDs were demonstrably better at this than others. Implicit to this is good communication between inpatient and community-based practitioners, something that was raised as a problem in the interviews that were conducted.

To read more please visit [www.audit.nsw.gov.au/publications/latest-reports/performance/mental-health/executive-summary/1-executive-summary](http://www.audit.nsw.gov.au/publications/latest-reports/performance/mental-health/executive-summary/1-executive-summary)



“...overall, consumers are followed-up within seven days post discharge from mental health units. However, the review highlighted further improvement opportunities.”

## ccCHiP for comprehensive physical health referrals

### About ccCHiP

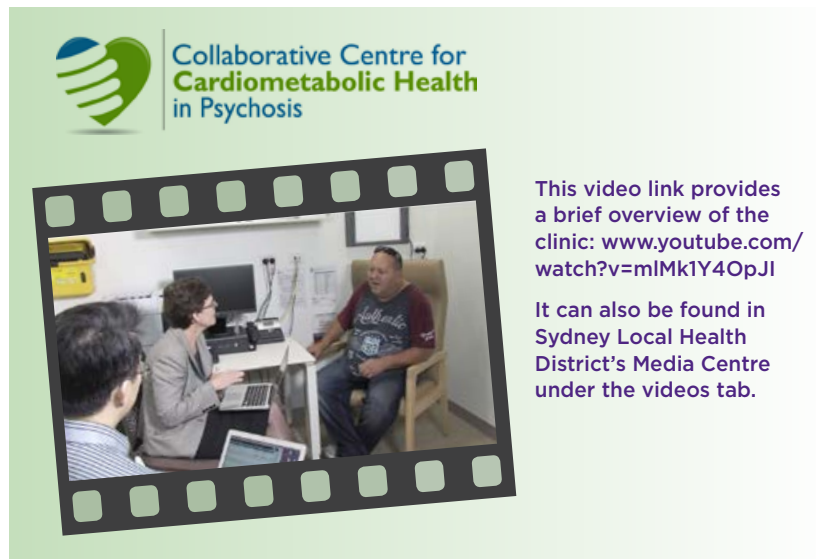
Metabolic disorders are the fastest growing chronic health issue in the world, and they disproportionately affect people living with a serious mental illness. ccCHiP is a unique integrated clinical service developed to serve people experiencing both severe and enduring mental illness (SMI) and a range of medical comorbidities. ccCHiP is a cooperative venture between Sydney Local Health District and the University of Sydney.

ccCHiP is a transdisciplinary clinic staffed by medical specialists (Pharmacology, Psychiatry, Endocrinology, Cardiology, and Dentistry) and specialist allied health practitioners (general 3 psychiatric Nursing, Dietetics, Exercise Physiology, Sleep Health). A person coming to the clinic will generally see each of these medical and allied health specialists in a single afternoon.

A summary and suggested action plan is usually available to referring teams, general practitioners, and specialist mental health workers within a few days of the clinic session. Having an integrated team also allows for very rapid referral for sub-specialist follow-up in the domains of cardiology and endocrinology, separate from the main ccCHiP clinic flow. Additionally, allied health staff are able to use a ccCHiP clinical session to screen for the person's suitability for community lifestyle programs such as dietary, exercise, sleep, and other lifestyle-oriented community activities.

### Who is ccCHiP for?

The clinic provides review of health in people with an illness categorized within the psychosis spectrum (schizophrenia, bipolar disorder, unipolar psychotic depression, organic psychoses) in whom there are relevant cardiometabolic issues. These include: elevated lipids or blood sugar levels, high blood pressure, altered thyroid levels, diagnosed diabetes, hypertension, hyperlipidaemia, cardiovascular disease or thyroid disease, and obesity in the presence of other risk factors. A strong family history of cardiometabolic disease in its various forms in some cases may form the sole basis for referral.



This video link provides a brief overview of the clinic: [www.youtube.com/watch?v=mIMk1Y4OpJI](http://www.youtube.com/watch?v=mIMk1Y4OpJI)

It can also be found in Sydney Local Health District's Media Centre under the videos tab.

### How to refer

A referral form is available on-line at [ccchip.com.au](http://ccchip.com.au)

The completed referral with all the key fields completed should be sent one week before the clinic date. Contact us by phone or email to confirm that the person requiring referral meets all of the criteria.

Currently there are two outpatient ccCHiP clinics that are available for NGO and GP referrals, in addition to internal referrals:

- Concord Repatriation General Hospital Medical Centre, Mondays from 1pm.
- Charles Perkins Centre RPA clinic, Wednesdays from 1.30pm.

### Educational material

There is a selection of educational materials available online including video lectures, seminars, and brochures. Core staff are available to provide workshops or lectures for interested groups.

### Contact ccCHiP

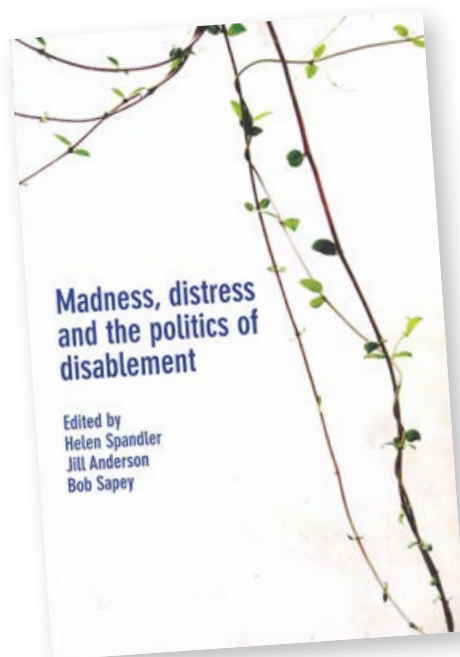
For further information, please contact Angela Meaney, ccCHiP coordinator:

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The Director of ccCHiP is Professor Tim Lambert.



Spandler, H., Anderson, J. & Sapey, B. (2015). *Madness, Distress and the Politics of Disablement*. Policy Press: Bristol, UK.

## The politics of 'disablement'

HOW AND WHETHER mental health problems should be viewed as disabilities is a pressing concern, especially since the inclusion of psychosocial disability in the UN Convention on the Rights of Persons with Disabilities (UNCRPD; 2006). In Australia, the NDIS has been introduced as part of the broader National Disability Strategy and as an important direction to meet this country's obligations under the UNCRPD.

- What are the consequences, for someone experiencing madness or distress, of being categorised as a disabled person?
- What are the benefits and limitations of adopting a disabled identity?
- Can disability policies benefit people with mental health problems and what are some of the barriers preventing them from doing so?
- Can the social model of disability apply to madness and distress and if so, how?
- How much can the mental health service user/survivor movement and the disabled people's movement learn from each other?
- How do mad studies and disability studies connect, if at all?
- How can disability and mental health service users and survivors work together to advance collective interests?

These are some of the questions posed by this book which explores the challenges of applying disability theory and policy to people affected by mental health conditions (i.e. mental illness, mental disorder, madness and/or psychological/emotional distress). It brings together leading international scholars and activists to explore the relationship between madness, distress and disability.

Australian contributions are made by Debra Shulkes, who is described as a survivor of psychiatry from Australia now living in the Czech Republic, and David Webb, a retired consumer academic whose work relates to thinking about suicide. Another notable contribution is from Tina Minkowitz from the USA who focuses on the importance

of adopting a disability and human rights framework in responding to people with mental health conditions.

While it offers no definitive answers to reconciling the tensions that can exist between notions of disability and recovery, it does go a considerable way towards encouraging a greater conversation and understanding of the shape and nature of these tensions. One example of this is thinking about what constitutes a reasonable adjustment in a mental health context. While the 'ramps and rails' required for people with physical, sensory and/or intellectual disability are reasonably well understood, this is not the case for people with psychosocial disability. The books' editors raise significant questions about better understanding what the social, economic, attitudinal and environmental barriers are for people with mental health conditions and what might be required to overcome them.

Another example relates to the consideration of impairments/disability that can result from experiences of complex trauma. One contributor proposes that notions of neurodiversity that have arisen from the experiences of people living with autism may provide a bridge in thinking about the disjuncture between disability and mental health.

The book explains that the terms 'disabled' and 'disability' can be frightening and oppressive to some people experiencing mental health conditions. This needs to be considered against the reality of what appears to be increasingly larger numbers of Australians with mental health conditions 'choosing' to not access the NDIS. Research, analysis and policy development will only be helpful if it starts with people's lived experiences.

While notions of a 'global north' and 'global south' – in terms of socioeconomic and political processes – may not sit well with some Australian readers, the foundational assertion that reforms mean starting with people's lived experiences is solid in achieving a commitment to full human rights for all. The knowledge and experiences of contributors to the book can assist with the reflective practice/reform processes that are now shaping the NDIS implementation and forthcoming national mental health reform environments.

## Report Review: The NSW PIR System Change Project

The NSW Partners in Recovery (PIR) System Change Project is a collaborative initiative of 15 NSW PIR organisations working together to contribute our experience and program evidence to the ongoing development of the mental health sector.

Analysis of our collective PIR activity and outcomes show that we are achieving our purpose – improving the system’s response to people with severe and persistent mental illness and complex needs – and supporting positive change across mental health systems.

Below are some of the key messages emerging from this state wide perspective on PIR.

PIR is reaching the excluded, with very high rates of participation from Aboriginal and Torres Strait Islander people and people who are experiencing homelessness.

NSW PIR clients are characterised by high degrees of social isolation, complex needs, high rates of comorbidities, primarily physical health conditions and drug and alcohol misuse; and high rates of homelessness and housing instability.

Our clients include a large number of people who are hard-to-reach and traditionally under-represented in the mental health service system. High rates of participation from two vulnerable population groups stand out as evidence of NSW PIR organisation’s (PIRO) success in reaching those often excluded. 16% of PIR clients identified as Aboriginal and Torres Strait Islander people, compared to 2.5% of the total population of NSW. 9.6% of NSW PIR clients are experiencing homelessness, with many experiencing severe housing insecurity – demonstrated by the fact that 43.3% of NSW PIRO clients have lived in their current accommodation for less than one year.

PIR has created a new expert workforce, who play a vital role in both supporting clients directly, and linking client needs and realities into broader system change.

NSW PIROs have recruited, trained and deployed a new workforce of Support Facilitators and lead agency staff. The 15 NSW PIROs participating in this project employ 272 Support Facilitators and 74 lead agency staff across the state.

PIR Support Facilitators are coordinating treatment and other supports and services to improve the client journey through their local service system. They demonstrate how flexible and adaptable strategies, such as assertive outreach and trauma-informed approaches, are essential to achieving positive outcomes for people with severe and persistent mental illness and complex needs. PIR clients report that Support Facilitation is, in many cases, the first time that they are receiving coordinated services.

PIR is implementing a broad system change agenda, resourcing key system improvement projects across NSW, addressing common system gaps and client needs.

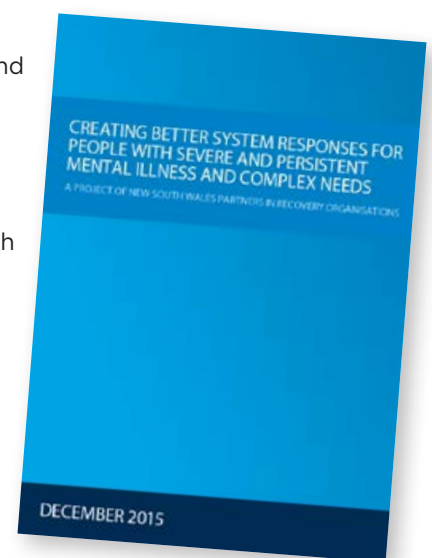
Our analysis of 276 system improvement projects being undertaken across the state identifies specific areas of need, with service integration and access the most common project objective. NSW PIROs have initiated projects to improve the accessibility of both specialist mental health and mainstream services, and the pathways and linkages between them. The projects illustrate diversity and creativity in their responses, ranging from the establishment of integrated care teams in Western NSW, to integrated mental health service mapping in Eastern Sydney, peer worker training in Southern NSW, and Tenancy Early Intervention in the Hunter.

PIR are looking strategically to the future and transitioning to the NDIS, with an emphasis on ensuring ongoing support of the PIR client group.

Our project highlights the successes of PIR that can inform the major system reform activities being undertaken by the Commonwealth and NSW Governments, Local Health Districts and Primary Health Networks.

We believe that PIR has an important role to play in the future of ensuring that people with severe and persistent mental illness and complex needs, and their families and carers, have access to coordinated and integrated services and systems that enable them to live fulfilling and productive lives.

**Philip Amos**  
**Consulting for NSW**  
**Partners in Recovery**  
**Organisations (2015).**  
***Creating Better***  
***System Responses***  
***for People with***  
***Severe and Persistent***  
***Mental Illness and***  
***Complex Needs:***  
***A project of NSW***  
***Partners in Recovery***  
***organisations.***



## MHCC ACTIVITIES – AT A GLANCE

### Key Projects – details at [www.mhcc.org.au](http://www.mhcc.org.au)

- Partnerships for Health (P4H) - Ministry of Health Mental Health Program Approach
- Community Mental Health Drug and Alcohol Research Network (CMHDARN; in partnership with NDA and the NSW Mental Health Commission)
- National Disability Insurance Scheme (NDIS) and Mental Health Analysis Partnership Project (in partnership with the NSW Mental Health Commission)
- NDIS Mental Health Workforce Development Scoping Project (on behalf of Community Mental Health Australia/CMHA and Mental Health Australia/MHA)
- NDIS Individual Supports Project (in partnership with NDIA, MHA and CMHA)
- National Strategy for Trauma Informed Care and Practice (TICP)
- Interprofessional Learning Resource Development ProjectCon
- Peer Work Champions Project (National Mental Health Commission)
- Physical Health Focus in Mental Health CMOs
- Capacit-e On-Line Learning Resources
- MHCC Consultancy Project/s:
  - Recovery Oriented Service Self-assessment Toolkit (ROSSAT)

- Trauma Informed Care and Practice Organisational Toolkit (TICPOT)
- Supporting Cognitive Functioning in Mental Health: Program and Resource Development Foundations Project (In partnership with Marathon Health and USYD)
- Youth Recovery Project II

### Key Submissions/Comment

- Ernest and Young Independent Review of the NDIS Act – 9/10/2015
- NDIS Information, Linkages and Capacity-building
- Commissioning Framework – 3/11/2015

### MHCC facilitated and/or presented at the following events

- Consumer Led Research Forum: Enabling Consumer-Led Co-Production Research in a World That's Not Used to It – 4/11/2015
- Hunter NDIS and Mental Health Community of Practice Forum – 19/11/2015
- CMHDARN Higher Degree Research, Kickstart Forum – 20/11/2015
- Peer Work Pilot Celebration – 4/12/2015
- MHCC Annual General Meeting – 11/12/2015
- CMHDARN Webinar, Effective Models of Care for Comorbid Mental Illness and Illicit Substance Use – 11/02/2016

## MHCC STAFF AND CONTACT DETAILS

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