

Being Supported: BEING Launches an Innovative Peer Support Phone

In July, BEING launched a pioneering Peer Support phone line. The Being Supported Mental Health Peer Support Line is a warm line open 7 days a week to 10pm. It has already made a huge difference to a growing number of people. BEING CEO Irene Gallagher spoke with MHCC about the development of the service.

What prompted the Being Supported Mental Health Peer Support Line?

Our members and the consumer and survivor movement have been saying for some time they would like an alternative line to access peer support. At the moment peer support is available in public health and community services, but generally you have to be a client to access it. Thinking about the needs of the community during COVID, we asked how can we best support people with mental health issues or people feeling lonely? There hasn't been a peer support phone service after hours: What we have established is quite unique.

What is the significance of Peer Support?

Peer support work is about providing support to another person. Our shared and similar experiences connect us through mutuality and reciprocity. We work from a premise of empathy, hope and empowerment in a non-judgemental way which breaks down barriers such as internal and external stigma. We support people to develop strategies which work for individuals and share our own stories to raise hope in others. To be able to share with someone who has lost hope that 'we have been there' and 'we get it' is incredibly empowering for people to know that recovery is not only possible but inevitable.

What training do staff take?

Whilst not a crisis line, the staff of the BEING Supported Mental Health Peer Support Line (Warmline) are trained to navigate crisis and emergency situations and receive training as a Peer Support Specialist. Staff of the Warmline have training and experience of working specifically in online and telephone support.

What has been the response?

It has been just amazing, phenomenal. The feedback is the service is a life changer. We have people who may visit an emergency department a couple of times a week, and they said contacting us, having the ability to talk through issues and challenges, means they haven't needed to. People say they really appreciate additional support and the very different way we work. We do not assess as such, we're not working with people in a clinical way, we are working through the integrity of peer support work.

BEING Supported Warm Line is open 10am-4pm, 6pm-10pm, 7 days.

Phone: 1800 151 151

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Message from the CEO

With restrictions easing it has been great to get out and visit MHCC members. As always, spending time with member organisations, seeing the fantastic work and outcomes achieved, and hearing first-hand your challenges and aspirations is both inspiring and sobering – there is so much good work happening but so much more to do. The sector continues to need more services, particularly community-based services, so that people can get the right support when and where they need it. The recognition of trauma and its impacts and the role played by services beyond the

health sector to support people to live contributing lives is ever present. As one wise service provider said to me “we could do a lot to address mental health and homelessness if we could eradicate child abuse.” The Final Report of the Productivity Commission’s Mental Health Inquiry recently released recognises the importance of the social determinants of mental health, including employment support, housing, justice and education. We now need to work hard to convince the Australian Government to address these factors in its response to the report.

It has also been encouraging to hear feedback from members about the value of MHCC resources. Recently we commenced a series of webinars aimed at supporting mental health workers to better understand the agencies and programs that interface with the mental health system. These webinars join our “Embracing Change” series about the NDIS Practice Standards and the CMHDARN webinars connecting the mental health and alcohol and other drugs sectors. We have also recently run our first online Meet Your Neighbour networking event as part of our Mental Health Month activities. That said, we are keen to return to face-to-face activities and excited to have courses running in Tamworth and Queanbeyan.

The next few months will be critical for mental health reform as the Australian Government formulates its response to the Productivity Inquiry into Mental Health Services, the National Mental Health Commission consults about its Vision 2030 and the NSW Government rolls out its COVID-19 related mental health measures. MHCC welcomed the continuation of these measure announced in the NSW Budget but were disappointed there was no significant additional funding to expand psychosocial rehabilitation and support services, particularly ‘Step-up Step-down’ services and an expanded model of coordinated care through community mental health hubs.

In closing, I am pleased to share the good news that following MHCC’s recent audit visit undertaken by the Australian Council on Healthcare Standards (ACHS), we successfully met all the standards required. This is an important recognition of the hard work of MHCC staff - and the serious commitment we make to demonstrate quality improvement through accreditation by an external agency.



MHCC CEO: Carmel Tebbutt

“ We called on the Government to expand psychosocial rehabilitation and support services, particularly Step-up Step-down services and coordinated care through community mental health hubs ”



reimagine

MENTAL HEALTH, MY RECOVERY AND THE NDIS

NDIS Access Webinars Draw a Crowd

MHCC has begun a series of webinars on aspects of NDIS access for people with psychosocial disabilities. The first in the series on September 30 looked at the newly introduced role of Psychosocial Recovery Coach under the NDIS.

Over 450 people signed up to hear from Dr Gerry Naughtin, Strategic Adviser, Mental Health in the Strategic Advisers and Research Division of the NDIA. He joined Erandathie Jayakody, Assistant Director, Mental Health at NDIS, and Malitha Perera, occupational therapist, in the expert panel to answer participant questions.

The panel discussed the role of Psychosocial Recovery Coach, introduced to the NDIS in July, a role to work collaboratively with people, families and carers to design and implement a recovery plan.

The next webinar in the series is for LGBTIQ+ people who would like to seek mental health support through the NDIS, and for services that support LGBTIQ+ people. MHCC joins Charlie Willbridge from National LGBTI Health Alliance and Amelia Arnold from Thorne Harbour Health for this free discussion of mental health in LGBTIQ+ communities. This will cover -

- how services can create safe spaces where LGBTIQ+ people feel valued
- tips on recognising LGBTIQ+ friendly organisations
- the unique needs of LGBTIQ+ people around accessing the NDIS
- resources developed by and for LGBTIQ+ people with a lived experience of a mental health condition.



For a recording of this webinar email [Rebecca Lewis](mailto:Rebecca.l@mhcc.org.au)
Rebecca.l@mhcc.org.au



Embracing Change

Embracing Change:

Webinars for Service Providers on NDIS Quality & Safety Standards

Now working on the eighth webinar, the Embracing Change project has drawn hundreds of registrations to its past webinars on NDIS Safety & Quality Standards.

Webinar 7 was held on 29 October, covering worker screening requirements for NDIS providers. Upcoming webinar 8 will be the last for the year, unpacking governance, information management and privacy under the NDIS Practice Standard.

Webinar 6, September 27, explored behaviour support under the NDIS. Success in large part was due to ongoing partnerships with the NDIS Quality and Safeguards Commission and NDIS

psychosocial disability services providers such as The Disability Trust, One Door Mental Health, New Horizons and Stride Mental Health.

This drew over 400 diverse participants including NDIS participants, NDIS providers, managers, CEOs, psychologists and allied health professionals working for NDIS providers and in the health system. Webinar feedback was ostensibly positive with one participant saying, “This is the best webinar I’ve seen in a long time!”.

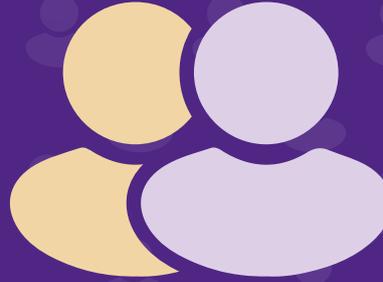
Work is underway for the National Forum: NDIS Quality and Safety in Psychosocial Support Services, scheduled for April.



The Embracing Change [project page](#) includes new resources on the latest webinars, with registration details for upcoming events.

To provide feedback or to learn more about the webinars or National Forum, email enis@mhcc.org.au

Advocates & Allies



Advocates and Allies: Empowering Mental Health Workers in NSW

Over the next year MHCC will host a webinar series for mental health and psychosocial support workers to better understand the broader mental health environment and support people to navigate a complex service system.

The first webinar was held in September with guest presentations by NSW Health Care Complaints Commission staff Jane Probert, Director Resolution and Customer Engagement, and Jennie Wright, Stakeholder & Engagement Officer. Jane and Jennie described the complaints process and how workers can support people who have concerns about their health care, to resolve issues and progress a complaint. Natalie Jones, Senior Peer Worker from Flourish Australia, joined the discussion and asked pertinent questions from her experience of what consumers might want to know.

“The second webinar to be hosted in early December is about Primary Health Networks”

A new webinar will be held every two months. Topics will provide background for anyone who would like to know about the agencies, programs and processes that interface with the mental health service system in NSW. The second webinar to be hosted in early December is about Primary Health Networks (PHNs). It will describe how they operate in a mental health/primary health context and provide the perspectives of two PHNs operating in very different locations. These webinars are opportunities to build worker skills to support self-advocacy and promotion of independence for people you work with. Join us next time !

Find a recording of the first webinar [here](#)

www.mhcc.org.au/resource/advocates-allies-a-free-web-series-for-mental-health-workers/

Recovery Coaches, Independent Functional Assessment & Support Coordination

Changes have been made to the NDIS in recent months, impacting supports for people with psychosocial disability.

Support Coordination: A person may receive funding for support coordination as part of their NDIS plan, depending on individual goals and plan objectives. A support coordinator, SC, helps a participant understand and implement funded supports and provides links to community, mainstream and other government services. They focus on building skills and connecting participants to providers.

The NDIA is reviewing the existing model, as the first phase in a more formal process to better understand service design issues. MHCC together with CMHA, the alliance of eight state and territory peaks, gathered perspectives from the sector through an extensive national survey. Some critical issues emerged including concerns about the overlap of Support Coordination and Recovery Coach (RC) roles. A key difference between SCs and RCs is that Recovery Coaches have specialised knowledge and expertise of mental illness and psychosocial disability, personal recovery, services and systems and the challenges navigating those systems.

Other issues raised by the sector were the difference in the hourly rate for the two roles, the hourly rate for the three levels of support for SCs where no formal qualifications are specified, and maintaining flexibility of both hours and length of time for participants who require long-term support.

Suggestions for the NDIA included clear role delineation between SCs and RCs even though some aspects may overlap appropriately, equitable pay scales, access to supported decision-making training and the need to establish outcome and evaluation processes including lived experience of services.

Recovery Coaches: These are a recent addition to services that can form part of a NDIS participant's plan. They provide support to people with psychosocial disability to take more control of their lives and to better manage complex challenges of day-to-day living. Through strong and respectful relationships and skilled coaching, people are supported to build their capacity and resilience. An RC works collaboratively with people, their families, and carers to support design, implementation and

“There were concerns about the overlap of Support Coordination and Recovery Coach roles”

adjustment of a recovery plan. They collaborate with the broader service system, with SCs and other services. Recovery coaching aims to develop a clear plan of action using the participants current strengths to reach their desired goals. RCs also provide access to systems and resources needed to support recovery, such as benefits and health care. They help people return to employment, find stable housing and transition back into the community and across services. The client self-directs their own recovery while the coach provides expertise and encouragement in supporting the necessary change and attaining goals important to the individual.

Independent Functional Assessment: A recent review indicated a level of inconsistency and subjectivity in assessment information that may pose a risk to the future of the NDIS. In response, the NDIA launched an in-depth review of the assessment tools and the approach to assessing functional capacity in late 2019. The Framework provides the rationales, principles and origins of the assessment framework. MHCC and CMHA provided input into discussions about the newly developed IFA Framework that takes into consideration the unique requirements of the NDIS scheme. MHCC will report on the progress of these deliberations as they evolve.

“Assessing functionality has the potential to be beneficial if it is voluntary”

From the CMHA submission:

- Assessing functionality has the potential to be beneficial if it is voluntary, conducted by adequately trained staff and forms part of a comprehensive set of measures to improve the lives of participant

Find the CMHA submission on Independent Functional Assessment [here](https://cmha.org.au/publications/).
<https://cmha.org.au/publications/>



NADA
network of alcohol and
other drugs agencies

NADA Welcomes of New CEO

Robert Stirling, new CEO at Network of Alcohol and Other Drugs Agencies, speaks to MHCC on collaboration, stigma and systemic advocacy:

“NADA has a long history of working in partnership with the MHCC. In my 12 years at NADA, before moving into the CEO role, I’ve collaborated on our shared interest in building the research capacity of our members through the Community Mental Health Drug and Alcohol Network (CMHDARN).

Our sectors also share the issue of being an under resourced area of health that is complicated by the stigma and discrimination of the people we support. There are many opportunities for NADA and the MHCC to work together.

Meeting the needs of people accessing alcohol and other drugs (AOD) treatment with co-existing mental health issues continues to be a priority for NADA and its members. This is an area that requires systemic advocacy, as well as the need to develop the skills and confidence of workers.

We need strong partnerships for coordinated care between AOD and mental health services. I’m looking forward to continuing our partnership with the MHCC to improve services for people that access our members.



- The NADA [Conference](#) is April 22-23
- Read the latest edition of NADA journal The Advocate [here](#)
- Find an extensive array of NADA resources [here](#)



Innovation & Evaluation Grant Recipients

Each year CMHDARN provides grants to support innovation and evaluation in aspects of service delivery. CMHDARN is currently supporting three organisations to undertake projects related to both the mental health and alcohol and other drugs sectors.

Flourish Australia

Flourish Australia is a leading community based, not-for-profit mental health organisation, that has been providing practical support for people with lived experience of a mental health conditions, their families and carers, for over 60 years.

Working with a project titled “Behind the Scenes: Mental health and alcohol use issues and hearing from lived experience”, Flourish Australia wants to explore gaps and identify strategies to improve preventative alcohol-related supports for clients who identify as having co-occurring mental health and alcohol use issues. The research will use the voices of both the people providing the services and those accessing the services.

Mission Australia

– Triple Care Farm & University of Wollongong
Triple Care Farm, TCF, is a Mission Australia alcohol and other drugs residential rehabilitation treatment program, specialising in treating young people with co-occurring mental health and substance use issues.

The project funded by the CMHDARN develops the capacity of TCF to conduct their own research, thereby improving evidence-based client service and research potential. The project trials electronic

collection of routine outcome measures, including mental health assessments, testing feasibility and acceptability. The TCF project will gather client feedback on the new data collection approach with the aim of improving engagement of young people.

SMART Recovery Australia

SMART Recovery (Self Management and Recovery Training) is a free group program assisting behaviours including addiction to drugs, alcohol, cigarettes, gambling, food, shopping, internet and others. Guided by trained peers and professionals, participants come to help themselves using a variety of cognitive behaviour therapy, motivational tools and techniques.

SMART Recovery Australia will conduct a qualitative study exploring the experiences of SMART group facilitators and participants in the move to remote access due to the COVID-19 pandemic. Acknowledging that rates of co-occurring mental health and alcohol and other drugs issues are high amongst the cohort of people accessing SMART Recovery groups, this research will examine the impacts of remote mutual support groups and look at adaptations necessary to continue to provide feasible and beneficial services going forward.



Newtown Neighbourhood Centre

has led the way with support programs, cultural development and community connection in a unique and diverse area for 43 years.

HOW DID IT ALL BEGIN?

NNC began back in 1977 when Newtown was a really multicultural community with many new migrants. The Centre was a place for people to meet, learn English, get assistance with accessing services like social security, child care and housing. It started with a couple of paid community workers.

HOW HAS NNC EVOLVED OVER ITS HISTORY?

NNC has retained strong connections to older multicultural communities, particularly Greek and former Yugoslav communities. NNC evolved to have a strong focus on homelessness, particularly people living in boarding houses. The Inner West has one of the largest concentrations of boarding houses in Australia, and the people living in them often experience extreme disadvantage and marginalisation. In the past NNC has published local newspapers like the Newtown Bridge, been involved in community campaigns and been a

place where local groups have met for support, activism and developing new ideas. NNC has contributed to the unique Newtown vibe through our Saturday markets in Newtown Square and the iconic Newtown Festival which attracts around 40,000 people every November. NNC has assisted community groups to establish themselves, including Multicultural Drug and Alcohol service, La Pena, and Portuguese Welfare.

HOW HAS THE DEMOGRAPHIC AND NEEDS OF COMMUNITIES IN NEWTOWN CHANGED?

Like many inner-city communities it has become increasingly gentrified and unaffordable for many of the workers, artists, musicians and students. Being close to several universities means the area still has a relatively young demographic, and Newtown retains strong values around diversity and inclusion, so it is a place many members of the LGBTIQ community have made home. Newtown is often described as a place where people feel they

“We are seeing significant mental health concerns with the communities we work with, particularly amongst boarding house residents.”

MHCC is a member organisation. Our members shape the future of mental health policy in NSW. Find more about member benefits [here](#).



can be who they are. At the same time, some of the most marginalised community members live in and around Newtown, particularly people living in boarding houses.

WHAT ARE THE MOST SIGNIFICANT NEEDS OF COMMUNITIES IN THE AREA?

The biggest needs are in relation to safe affordable housing and social inclusion. As the area becomes wealthier, people on low or no income get pushed further out, lose their connections to people and services they trust and are at risk of homelessness. We are seeing significant mental health concerns with the communities we work with, particularly boarding house residents.

WHAT ARE THE KEY PROGRAMS THAT NNC COORDINATES?

Our homelessness service works predominantly with people in boarding houses across the inner west. We now work with people sleeping rough under a new program called “Together Home”, getting people into long term secure housing with wrap around support services. Our aged care programs focus on multicultural communities and people experiencing social isolation such as older boarding house residents. Our programs with

children and families provide early intervention, particularly in social housing communities. We provide frontline information and referral for people who drop into the centre. We rent out spaces for community groups.

WHAT ARE SOME OF THE PLANS FOR COMING YEARS?

NNC has been at Newtown Town Hall since 1981. Inner West Council is turning the building into a Pride Centre, due 2023. NNC will be moving to Tom Foster Community Centre in the south end of Newtown. NNC developed a unique volunteer program in 2018 called “Newtopian Outreachers” involving community members being trained in homelessness then conducting outreach with people sleeping rough. We are hoping to expand this program, along with new volunteer opportunities. We hope to re-start fundraising events such as Newtopian Sleepout, essential to providing services we are not funded for where demand is increasing. We are looking at the future of large-scale events like Newtown Festival given COVID-19 and experimenting with an alternative “Backyard Party” on 8 November.

“The Inner West has one of the largest concentrations of boarding houses in Australia, and the people living in them often experience extreme disadvantage”

Newtown Neighbourhood Centre staff collectively contributed to this Q & A.



Mental Health Carers NSW

Mental health carers experienced unique challenges during COVID, with new technologies and reduced services, increased responsibility, isolation and confinement. Mental Health Carers NSW has findings of a survey taken during these times with extensive comments and recommendations from carers. MHCN is now embarking on a project to empower carers with advocacy skills. MHCN CEO Jonathan Harms discusses the survey and advocacy project with MHCC. [Read the full interview here](#)

Mental Health Services During COVID

There were obvious concerns for carers in terms of reduced access to mental health services and reduced desire to engage with mental health services through emergency departments, because of fear of infection. It made many people more reluctant to get help.

A number of carers had to expand their caring role, looking after people who were perhaps a bit sicker, particularly when anxiety is heightened by the pandemic.

That has meant a lot of people have either been admitted to hospital and not released, because going back and forth increases infection risk, or they've been discharged and not readmitted.

People have been separated from family for long periods. The regime around visitors has been much stricter, because the Chief Psychiatrist issued recommendations early on that we shouldn't have visitors, because of risk of infection, and LHDs were conservative about interpreting that. Discharge to families too early has been bad for some.

The Digital Divide, Privacy and Safety

A lot of consumers don't have access to devices or accounts, or can't afford it. If we are going to deliver more services remotely, we need to think about how to do that. Those discussions need to be in the privacy of home. We've always told carers 'you're not entitled to hear what goes on between your loved one and their counsellor', but now they are in the same room. This creates concerns around safety.

However, digital access to counselling and talk therapies means we can deliver services to some people who have never before been able to access them. Some monthly support groups have gone weekly: Carers love that. We've seen scope for case conferencing that clinicians are supposed to do, making collaboration and conferring far more feasible. This presents an obvious way of engaging consumers and carers in their own care plan. But we need to make sure it is legally acceptable to discuss a person's health record. This has not been resolved.

[Read the full interview here, with discussion of family-focused therapy, tele-assessment, historic wins for carers and effective change.](#)

www.mhcc.org.au/wp-content/uploads/2020/10/VFP-Nov-2020-Mental-Health-Carers-NSW.docx

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New Resources to Build Capacity and Share Research

Mental Health Services Data

Australian Institute of Health and Welfare has data on Australia's health care and social care services accessed by people with a mental illness.

www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia

Peer Work and Health Literacy Videos

NSW Mental Health Commission has developed new [video](#) resources for the [Peer Work Hub](#) website to promote the mental health peer workforce.

<https://peerworkhub.com.au/>

National Stigma Report Card

SANE Australia's [National Stigma Report Card](#) found 95.6% of participants had experienced some level of stigma or discrimination in their relationships in the previous year.

www.nationalstigmareportcard.com.au/

Gayaa Dhuwi Financial Resources

Gayaa Dhuwi (Proud Spirit) Australia offers new [resources](#) on managing money stress.

www.gayaadhuwi.org.au/resources/

Working with People from Culturally Diverse Backgrounds

Embrace Multicultural Mental Health has published a Good Practice Guide for working with people from culturally and linguistically diverse backgrounds for mental health service providers.

www.embracementalhealth.org.au/sites/default/files/inline-files/Good Practice Guide - August 2020_1.pdf

WellMob

A new website called [WellMob](#), is a one-stop-shop for culturally relevant resources to use with Aboriginal and Torres Strait Islander people with over 200 videos, apps, podcasts by eMHPac and Australian Indigenous HealthInfoNet.

wellmob.org.au/

Mental Health Worker Survey Results

Mental Health Australia has [survey results](#) on the mental health and wellbeing of healthcare professionals across the country during COVID-19 and curriculum writers.

mhaustralia.org/media-releases/support-friends-and-family-crucial-health-workers-wellbeing

Navigating the NSW Mental Health System

NSW Mental Health Commission has [resources](#) on how to find services in the mental health system

nswmentalhealthcommission.com.au/navigating-the-nsw-mental-health-system

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

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Mental Health Coordinating Council

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COME JOIN US

MHCC is a member organisation

Help MHCC set the agenda for the community managed mental health sector and define the messages that we communicate to government and service bodies. We need your experience to shape the future of our sector. Become an MHCC member today.

See all our members [here](#).