

End of Financial Year report June 30 2020



EMHSCA

Eastern Mental Health Service Coordination Alliance

REPORT PROVIDED BY EMHSCA COORDINATOR
BRONWYN WILLIAMS

End of financial year report – June 2020

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Eastern Mental Health Service Coordination Alliance

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Eastern Mental Health Service Coordination Alliance

The following is a list of the various organisations who are members of EMHSCA.

- Access Health & Community Services
- Anglicare Victoria
- Australian Government Department of Human Services
- Campbell Page
- Carrington Health
- Department of Health & Human Services – Eastern Metro Region
- Dual Diagnosis Consumer & Carer Advisory Council
- EACH
- Eastern Community Legal Centre
- Eastern Health Mental Health Services – Adult, Aged, CYMHS
- Eastern Health Turning Point
- Eastern Homelessness Service System Alliance
- Eastern Melbourne PHN
- EMR Regional Family Violence Partnership
- Independent Mental Health Advocacy
- Inner East Primary Care Partnership
- Inspiro
- JobCo.
- Knox City Council
- Link Health & Community Services
- Maroondah City Council
- Mentis Assist
- MIND Australia
- Mullum Mullum Indigenous Gathering Place
- NEAMI National
- NEXTT
- Outer East Health and Community Support Alliance
- Outer East Primary Care Partnership
- The Salvation Army
- Wellways
- Whitehorse City Council
- Wise Employment
- Uniting Prahran
- YSAS



EMHSCA acknowledges the traditional Aboriginal custodians of country throughout Victoria and respects them, their culture and their Elders past, present and future. EMHSCA recognises the ongoing impacts of colonisation on Indigenous Australians and the significant gaps in health care and equity for these peoples. EMHSCA is committed to gaining expert advice via engagement with local Community.

EMHSCA embraces diversity

We welcome and celebrate diversity at EMHSCA, as we reflect the variety of cultures and communities we serve. Our Alliance strives for true collaborative practice and a spirit of inclusivity for all. EMHSCA recognises that poorer health outcomes are associated with experiences of discrimination and marginalisation. We challenge inequities in the development and delivery of health and community services.

EMHSCA recognises the value of lived experience

EMHSCA recognises those individuals and their supporters who have a lived experience of mental ill health and the important contribution that they make to the development and delivery of health and community services.



An Australian Government Initiative



Department of Health & Human Services

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Chairs' report

The Eastern Mental Health Service Coordination Alliance (EMHSCA) continues as the key platform in the Inner- and Outer- Eastern areas of Melbourne to support Mental Health and AOD service coordination and integration. For more than 12 years EMHSCA has operated in the east and has overcome the challenges of various sector reforms. However, more than ever EMHSCA's agility has been significantly challenged in the latter half of this financial year as the COVID-19 pandemic restrictions have taken hold across our region. Despite this, a strong and committed membership (49 leaders from 29 health and community services across Inner- and Outer- Eastern Melbourne) has continued to meet through virtual means and demonstrated that now even more than ever, health and community service providers are keen to connect and problem solve for the benefit of the people we serve, our consumers and carers who experience mental ill-health and co-occurring issues. With a newly developed model of care coordination, this Alliance has gained clearer direction to inform its strategic efforts. A new series of webinars was delivered this year and continues to develop, replacing venue based workshops and supporting ongoing workforce capacity building. Topics such as service navigation, Dual Diagnosis, and Collaborative care planning have already been provided, and recordings can be viewed on the EMHSCA webpage – vastly increasing training and development utility and accessibility for staff of member organisations.

The EMHSCA Shared care protocol was revised and refreshed in 2019 and continues to provide an underpinning foundation for the collaborative work of EMHSCA. Staff across the region participate in workshops and forums that aim to strengthen collaborative relationships and support improved pathways to care for people who experience mental ill-health and a variety of co-occurring concerns such as drug and alcohol, family violence and homelessness.

Collaborative practice appears to be enduring within the new and remote working environments. The landscape of supports has been stabilising and the EMHSCA MOU was re-signed in late 2019 – again demonstrating the ongoing strong multi-organisational commitment. The EMHSCA work continues to focus on safe and quality care, and facilitated topical discussions occur routinely at bi-monthly Alliance meetings with a range of outcomes at both the consumer and service level. EMHSCA plans to assess the effectiveness of the initiative in 2020/21 by re-introducing the Shared Care implementation strategy and associated service file audit. This will rely on member agencies having the capacity to participate.

Through these shared strategies and initiatives, the Alliance strives to ensure care coordination practices remain embedded and our services continue to work together to ensure people who experience mental ill-health and co-occurring issues experience responsive, appropriate and collaborative services to assist with the multiple facets of their individual recovery journey.



Brad Wynne

Associate Program Director
Adult Mental Health Community & Rehabilitation
Eastern Health



Dr Tamsin Short

Senior Manager: Mental Health & AOD Services
Access Health and Community

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EMHSCA

Mental Health Alliance activity in the Eastern Metropolitan Region dates back to 2007. Even prior to this some efforts were being made to connect community and clinical Mental Health leaders. In 2009 the inner- and outer- eastern Mental Health alliance groups joined to form the Eastern Mental Health Alliance which aimed to support the delivery of more accessible, appropriate and coordinated mental health services to improve the experiences of mental health consumers, carers and practitioners. The Alliance has expanded to include a wide range of regional partners to support a broader focus on mental health service coordination across the service system. This strategic partnership has been called the Eastern Mental Health Service Coordination Alliance (EMHSCA) since 2012 and serves all parts of the Inner- and Outer-Eastern areas of Melbourne. The range of sectors includes Mental Health, Alcohol & Other Drugs (AOD), Homelessness & Housing, Family Services, Family Violence services, Aboriginal services, Primary and Community health services, Employment supports, NDIS providers, Consumer advocacy and Community Legal services, and is supported by the Department of Health and Human Services (DHHS).

EMHSCA initiatives have included the following: the EMHSCA MOU (26 signatories); Service Coordination focused workforce development activities (39 events provided for 3,364 staff since 2010); EMHSCA Shared Care Audit (6940 files across 6 orgs. over 4 years) and consumer survey; EMHSCA Shared Care Protocol; Eastern Peer Support Network; EMHSCA service mapping; EMHSCA Colocation guide; EMHSCA Shared care plan guide; and a range of EMHSCA tip sheets.

Today, the Alliance brings together health and community service organisations across inner- and outer- Eastern Melbourne with opportunities to: provide joined up consultations on key region-wide projects; forge service relationships; consider solutions to shared safety and quality concerns; and support capacity building of staff.

The EMHSCA shared repository can be located here

<https://www.emphn.org.au/what-we-do/mental-health/eastern-mental-health-service-coordination-alliance-emhsca>

EMHSCA Strategy

This partnership aims to strengthen Mental Health and AOD service collaboration, coordination and system integration across Inner and Outer Eastern Melbourne for improved consumer outcomes. Priority areas include: 1.Mental health and AOD service and system reform; and 2.NDIS.

Our Vision

For people who experience mental ill-health and co-occurring concerns, and the people who support them, to access responsive, appropriate and collaborative services to assist with the multiple facets of their individual recovery journey.

EMHSCA Function

EMHSCA is the key local Mental Health and AOD platform for health and community service consultation and coordination of service provision across Inner- and Outer- Eastern Melbourne.

Partnership

A Memorandum of Understanding (MOU) exists between 27 member services of the EMHSCA. This is current and not due for review and re-signing until 2022.

Our members

The range of member services and strength of representation are depicted below.

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Figure A Health and community support sectors represented at EMHSCA



New members, St. Vincent's health joined EMHSCA in 2019/2020.

The EMHSCA MOU has been resigned in late 2019 and the following member organisations are not to continue with the Alliance: Delmont Private hospital; Bolton Clarke; Yarra vcalley Psychology. At the time of this report 27 partners have signed up to EMHSCA for a further 3 years, taking this partnership to December 2022.

Consumer and Carer Engagement and Representation

EMHSCA established a working relationship with the Dual Diagnosis Consumer and Carer Advisory Council (DDCCAC) in 2013 and continues to consult with this key regional advisory group in relation to mental health, AOD and service coordination. Members of the DDCCAC sit with the Alliance and provide timely and targeted input to topical discussions. Current members who attend Alliance meetings are Fred Murray and Belle Groves who actively provide advice and support discussion regarding Dual Diagnosis consumer and carer matters.

The Eastern Peer Support Network (EPSN) was initiated in 2015 as an EMHSCA project. This network exists to support connection between 'Lived experience' workers from inner and outer Eastern area services. The EPSN coordinator, Sam Ryan, is an EMHSCA

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member. Kathy Collet is a carer consultant for the Adult Mental Health Program at Eastern Health and an EMHSCA member.

Co-design

EMHSCA endorses the Charter of Peer Support provided by the 'Centre of Excellence in Peer Support'. EMHSCA aims to engage in co-design with the DDCCAC and other consumer and carer groups as required. By definition, co-design requires that EMHSCA work with service users for all service coordination quality improvement activities and events. This is facilitated by the representation of the DDCCAC on EMHSCA committees and also occurs via EMHSCA representation at DDCCAC meetings. Co-production is ideal and occurs when the DDCCAC (or other consumer and carer advisory groups) decide on an improvement project and ask EMHSCA to become involved. Broader consumer and carer consultation takes place with local service users additional to the leadership provided by the DDCCAC.

EMHSCA Strategic Priorities

The EMHSCA Strategic priorities are depicted in Figure 1 below. These include 1. Mental Health & AOD System Reform: to improve consumer and carer access to person centred, timely, appropriate and integrated supports; 2. NDIS: to provide up-to-date information, improve integration of the service system, and preserve collaborative care during this significant system reform; 3. Safe and quality care: Provide a learning space to develop a shared understanding of the local quality and safety issues, with a focus on seeking solutions and pathways to supports; 4. Collaborative Care Planning: Continue to implement the EMHSCA Shared care protocol and support the active involvement of all parties to the care team, including G.Ps; 5. Workforce development: Utilise the EMHSCA platform to drive high quality multi-disciplinary care for Mental Health and AOD consumers in the region, including the delivery of events and workshops that provide opportunities to connect staff, develop care coordination skills and with a solutions focus.



End of financial year report – June 2020 2019/2020 in review

The Alliance managed to maintain a strong member base throughout the multiple sector reforms of the past few years, and now it is facing the new challenge of a global pandemic. Now, more than ever, health and community service providers are keen to connect and problem solve for the benefit of the people they serve, the consumer and carer. This is evidenced in the growing attendance at EMHSCA events, committees and Dual Diagnosis linkages. The lived experience workforce is gaining strength and numbers, and 2019 saw a rejuvenation of the Eastern Peer Support Network.

At this time, our members are focused on managing the effects COVID-19 and subsequent restrictions are having on their services and service users. We have been looking forward to some consolidation in 2020/21 as the NDIS reaches full-scheme, Stepped-care is better established and the Mental Health Royal Commission and National Productivity Commission recommendations are delivered. As the full implications of the pandemic are not yet known, EMHSCA continues to support cross-sector discussions and problem solving to enable safe and quality care. EMHSCA continues to demonstrate resilience and agility, and can look forward to a solutions-focused 2020/2021.

Highlights for 2019/2020

- EMHSCA has completed the rebranding process with Mahlie Jewell from 'Graphics for good'..
- The EMHSCA shared repository was successfully moved to the Eastern Melbourne PHN website from the Eastern Health website.
- EMHSCA was referenced several times in the Draft Final report of the National Productivity Commission's investigation into Mental Health in November 2019.
- The EMHSCA Care Coordination model has emerged from the completion of the EMHSCA research project.
- The new North East Mental Health Service Coordination Alliance (NEMHSCA) has been established with support from EMPHN and the EMHSCA project coordinator.
- The Mental Health Access and Pathways report was delivered to EMHSCA members in February 2020 and implementation of findings continues via EMHSCA meetings.
- The "Navigating Mental Health Supports Forum" was delivered to 230 health and community services staff on 3rd September and NEW MH Navigation pictorials were central to the content provided.
- The "Bridging the divide" 2 part workshop series was provided to 120 staff in November.
- All live events for 2020 were cancelled due to COVID-19.
- A new webinar series was delivered in June 200: Navigating MH, AOD and psychosocial support
- Presentations were provided by the EMHSCA project coordinator to the EMR MH Support and Prevention network in July 2019, and the Outer East community inclusion alliance in October 2019. The aim was to support greater awareness of available Mental Health, AOD services and NDIS.
- The EMHSCA Care Coordination research findings were presented at the Victorian Collaborative Mental Health Nursing Conference in August 2019 and the Eastern Health Mental Health research forum in November 2019.

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- An update of service changes in response to COVID-19 was provided following the EMHSCA meeting in April.
- A Survey of EMHSCA members was conducted in June 2020 regarding preparation for a potential surge in service demand due to COVID-19.

EMHSCA Work plan activity analysis

Service Coordination Alliance

EMHSCA members:

- Representing 29 organisations and 18 service sectors across the EMR of Melbourne.
- New members: Whitehorse & Knox City Councils.
- Revisions made to the EMHSCA Strategic direction and work plan and aligned with program logic.
- Connection formed with OECIA and with the EMR Mental Health Support and Prevention network.
- EMHSCA COVID 19 service guide provided - April 2020

NDIS

- NDIS is now a standing agenda item for Alliance meetings, and the project coordinator is providing periodic updates.
- NDIA presentations provided at April and June 2020 Alliance meetings re COVID 19 response and new line items.

MH & AOD reform

- Development and delivery of Mental Health supports navigation pictorials and psychosocial supports flow-chart.
- Updates on the MH Access and pathways project were provided throughout the year by Jean Crewe OEPCP.
- EMHSCA continues to work collaboratively with the EMR Dual Diagnosis response to aide integration, extend resources and avoid duplication of effort.
- EMHSCA connects routinely with the EMR Dual Diagnosis Linkages coordinator, Peter Fairbanks.

Collaborative care planning

- The Implementation committee has completed revisions to the Shared care protocol.
- Work continues on the implementation of the protocol.
- Shared care practice information has been distilled down to 5 key practices and a staff flyer produced. These practices have been delivered to staff groups at EMHSCA events in 2019/2020.
- The DDCCAC was consulted in the development of a Shared Care poster for waiting rooms and final revisions are now occurring.

Workforce Development

- The Implementation committee is responsible for the EMHSCA event tasks.
- The EMHSCA Navigating Mental Health Supports Forum was provided to 230 health and community service staff on 3rd September 2019
- The EMHSCA Bridging the divide' 2 part workshop series was provided to 120 staff from health and community services on 21st and 28th November at the Box Hill Town Hall.
- All live events cancelled for 2020 due to COVID-19.
- New webinars provided June 2020: Navigation forum; Dual Diagnosis webinar
- The 2020 EMHSCA calendar was revised to include all online delivery due to COVID 19, in March 2020.

Safe and quality care

- Case discussions continued throughout 2019/2020.
- Bringing together MH Access & Pathways personas, themes, Shared care protocol and critical incidents' themes.
- Topics included Dual Diagnosis, Hoarding and Squalor, and Complex Trauma. COVID 19 issues became the focus in 2020.
- Bronwyn is attending the Eastern Health Complex case panel routinely to gather information about gaps in care coordination for future EMHSCA discussions.

End of financial year report – June 2020 EMHSCA Work plan elements

Steering group work

The EMHSCA Steering group oversees the EMHSCA Strategic direction and associated work plan. The Steering group is responsible to take account of the issues raised by the broader membership in the setting of the direction for EMHSCA. Their completed tasks for 2019/2020 are as follows:

- Adjusted 3-year EMHSCA MOU and facilitated signing by 27 health and community services partners.
- Renewed work plan.
- Developed program logic to align with the EMHSCA work plan.
- EMHSCA membership guide renewed.
- Set EMHSCA meeting agendas, including the nature and format of Safe and Quality care discussions.
- Provided support to Outer East Primary Care Partnership Mental Health

A professional brand has now been delivered for EMHSCA. The designer is Mahlie Jewell of 'Graphics for Good' and can be contacted at hellomahlie@gmail.com.

A branding package includes a range of templates for powerpoint, letterheads, email signatures and social media.

Mental Health & AOD System Reform

The intention of this strategic priority is to utilise EMHSCA's platform to facilitate coordinated and integrated Care in the region. It is also to provide a mechanism to communicate about events, funding opportunities, initiatives and workforce capacity opportunities occurring in the region.

Jean Crewe and Jacky Close of the Outer-eastern Primary Care Partnership (PCP) were able to deliver information about the MH Access and pathways project as it evolved, and the final report was provided to EMHSCA members in December. The Mental Health personas that emerged from this project are being utilised at EMHSCA events and will be further explored with members in 2020.

EMHSCA is working towards improving service coordination and integration with the broader service system including family services, housing and homelessness, education, employment and social functioning. The breadth of membership and the intentional opportunities provided for discussion regarding the needs of these sectors across the EMHSCA model are ways in which this aim is being met.

The EMHSCA project coordinator is working collaboratively with the Eastern Dual Diagnosis response to improve integration of Mental Health and AOD services. This is done via Alliance membership of the Dual Diagnosis service manager and members of the Dual Diagnosis Consumer and Carer Advisory Committee. Dual Diagnosis linkages are utilised to ensure local and relevant information sharing occurs at all organisational levels.

NDIS

EMHSCA aims to improve its members understanding of the NDIS, marketplace issues and agreed application of service coordination and support pathways. This is done by providing forums for discussion and information provision. In 2020, the NDIA attended the April and June Alliance meetings to provide updates. A Mental Health supports navigation forum was held on the 3rd September that included a presentation by the NDIA and Local Area Coordinators with time for questions. A MH, AOD and psychosocial supports webinar was provided on 4th June 2020 and included a presentation from the NDIA's Hilary Fisher.

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EMHSCA membership included the NDIA, and the outer and inner eastern Local Area Coordinators from Latrobe Community Health service who routinely provided up-to-date information and advice to members of the Alliance and the EMHSCA Implementation Committee.

Safe and Quality Care 2019

A dedicated section of the Alliance meeting agenda has been allocated for case-based discussions regarding safe and quality care and collaborative practice issues. Topical de-identified cases are presented and discussions regarding issues of collaboration are facilitated. A summary of the sessions provided during 2019 follows.

August 2019

Dual Diagnosis

Gavin provided an update on the Dual Diagnosis (DD) initiative in this region. There have been DD clinicians introduced to Eastern Health mental health services and this has been demonstrated to improve outcomes for consumers.

Outcomes: Having cooccurring capable workers in each sector would improve capacity for effectively managing co-occurring issues. There is a need for improved baseline knowledge across health and community services in a range of areas. There is a need to collect more data and consider a fuller range of complexities such as family violence, forensic involvement, parents with MIH etc... EDDS are starting to collect this data.

October 2019

Hoarding and squalor

Michelle Penney (Knox City Council) and Heather Burns (Maroondah City Council) provided information and facilitated discussion on this important topic with a focus on Service coordination. Representatives from the Salvation Army also spoke about the 'Buried in treasures' program.

Hoarding disorder is a DSM5 diagnosis. The cost of managing significant hoarding is substantial, both in monetary terms and in staff time. 2 Scenarios were outlined to aid discussion amongst members. A range of issues were identified pertaining to support from various services. Clinical MH services have been found to decline support for this cohort due to lack of appropriate diagnosis and not meeting Mental Health Act criteria. Aged Person's Mental Health assessment has led to conclusion that person is not lacking capacity for independent decision making. This leaves few options for support. Brad Wynne followed-up with the Eastern Health aspects of the case study via email to the presenters. For further information about supports for this cohort and issues raised at the Alliance meeting please refer to the October Alliance meeting minutes.

December 2019

As a follow-up to the April meeting where Amy Youl raised issues for people accessing AOD services who also have a personality disorder, Spectrum's Dr. Lukas Cheney provide a presentation regarding contemporary support for personality disorders. A case focussed presentation and discussion on this important topic was facilitated by Lukas.

Outcome: Members would like Spectrum to return for further discussions regarding key service coordination issues for this cohort.

Safe and Quality Care 2020

In 2020, the focus of these discussions are aligned to the EMHSCA Shared care protocol. The Mental Health personas provided from the MH Access and pathways project will be used wherever a human element is needed to assist with exploration of key issues and the results of critical incident analysis.

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February 2020

Emma Newton provided a recap of the Critical incidents themes captured by EMPHN. The MH Access and Pathways report was delivered and implementation of key findings discussed. The EMHSCA Shared care protocol was reviewed briefly with a view to tying these 3 pieces of work together as a basis for EMHSCA's future discussions.

A series of questions were posed to members at this meeting to facilitate discussion:

1. What are the barriers to S & Q care?
2. What are the drivers of S & Q care?
3. What are the potential solutions? What is already being done?

April 2020

This meeting had a focus on the various service responses to COVID-19, and included the following questions:

In light of the current COVID-19 impacts on service provision and on our consumers and their families, this meeting's discussion aimed to support sharing amongst our members, in particular focusing on what leaders have found useful in supporting their staff and in continuing to provide a quality service to people who experience mental ill-health and co-occurring issues.

Key questions for each member included the following:

1. What are you doing to support staff and people who access your services?
2. What else do you think can be key drivers of safe and quality care at this time?
3. What are the current impacts, if any, on provision of integrated care to individuals?

Some common themes from members' discussion

- Fred and Belle provided consumer and carer views as a starting point. They expressed that there is a lot of uncertainty at this time amongst Lived Experience advisors. There are no group sessions to run and meetings are online now. Fred said that consumers seem to be finding the info hard to navigate and may not have access to appropriate equipment (or know how to use it even if they do) to enable them to engage with services remotely.
- A variety of responses from consumers- some like the isolation and find it validating whilst others are disturbed by the changes and some are effected by social media conspiracy theories.
- Some people are having difficulty accessing remote supports due to capacity to use technology.
- Staff are grappling with online technology.
- Telehealth platforms are being used by all organisations as well as some face 2 face contact (with COVID-19 precautions in place) as required for vulnerable consumers.
- All services are aiming to balance the need for COVID-19 safety with the need for adequate support for consumers.
- Some services are completely based at home now with no face 2 face contact and others are providing limited face 2 face contact as required.
- Additional online resources are becoming available such as the Eastern regional Libraries (see summary attached).
- Surge funding has been provided by the state government to bolster mental health supports at this time.
- This additional funding includes access to funds for devices that support tele-health if consumers do not have these already.

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- In relation to collaborative practices, there were no concerns raised regarding the impacts of COVID-19 at this time. Our observation to date is that service providers are keen to work collaboratively to get the best outcomes for consumers and to learn from others about how we can respond to the COVID-19 situation.

A collated report on changes to service provision for EMHSCA members was provided on the EMHSCA webpage following the meeting.

June 2020

Preparation for a potential surge in service demand due to COVID-19 was the theme of discussion for this meeting. The Slido application was used to engage members in a survey regarding their response to the surge and their experiences of service demand at this time. Results were collated and provided to members in the form of a report. See Appendix F for the report.

Collaborative Care Planning

A review of the Shared Care protocol is completed, and revisions to the associated implementation strategy are underway with the EMHSCA Implementation Committee and in consultation with Alliance members. Case examples and more detailed information sharing guidance are now included. One-page handouts for staff are now available, and consumer and carer accessible posters are in the process of being co-designed for use by EMHSCA members in waiting areas.

Suitable methods of ongoing monitoring of the uptake of the protocol by EMHSCA partners are currently being considered by the Implementation committee. This has necessitated a review of the EMHSCA Shared Care Audit tool and associated partner surveys.

Workforce Development

EMHSCA events are developed and delivered by the EMHSCA Implementation Committee. This group of 9 members are listed below and, as Service Coordination champions, they exemplify our EMHSCA values and shared care practices.

| | |
|-----------------------------|----------------------------------|
| Fay Edebohls | EACH AOD |
| Jacinta Maloney | Eastern Community Legal Centre |
| Jose Abalo | Federal Dept. Human Services |
| Reuben Sago | Campbell Page |
| Rose Juan | Latrobe Community Health Service |
| Shilpa Ullagaddi | Neami National |
| Simon Jones and Kate Clough | Eastern Melbourne PHN |
| Bronwyn Williams | Eastern Health Adult MH Program |



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EMHSCA events calendar 2019/2020

EMHSCA provided 2 key events for local health and community support service providers in 2019. The first was held on the 3rd September and addressed the need for providers to navigate the various changes to mental health supports (See Appendix B for the event report). To accompany this event, a navigation pictorial and flow-chart were developed and delivered. Attendees were engaged in polls, question times and feedback via the Slido. App. A marketplace of providers was available to facilitate knowledge of individual support services. The event catered for more than 230 participants and was held at the Box Hill Town Hall.

The second event was a series of 2 workshops held on consecutive weeks and addressing the need for staff to learn about a range of complexities that may cooccur with mental health issues. Entitled "Bridging the divide - Mental Health and Co-occurring Issues Explored", this workshop catered for 120 participants and delivered 8 topical case-based sessions across 2 half-days at the Box Hill Town Hall (See appendix C for the event report)

EMHSCA NEMHSCA Workforce Development Members Survey 2019

With new funds now available for EMHSCA and NEMHSCA workforce development, a survey was designed to scope out the current needs of member services. The survey was conducted with EMHSCA (n=18) and NEMHSCA (n=10) leaders in November 2019 via Survey Monkey. Respondents completed 6 questions and took an average time of 3 minutes. A list of suggested topics was provided and respondents were asked to rate their likely usefulness. The most useful are listed in order here:

1. Working with co-occurring issues (various)
2. Navigating MH supports (MH, AOD and psychosocial)
3. Cross-sector collaborative care planning and info sharing
4. Managing risks as a collaborative care team
5. Navigating the NDIS pathway and supporting consumers

Half-day events were preferred by 85% of respondents. A combination of online and face 2 face formats were preferred by 81% of respondents. Box Hill was the most popular area to hold events. For the North east, it was Heidelberg. There was some interest in all areas listed (including Lilydale and Whittlesea).

Responding to the EMHSCA/NEMHSCA Workforce development survey results, the a calendar of events was planned for 2020.

1. The Collaborative Care Planning workshop was to be held in March 2020.
2. A Navigating Mental Health, AOD and psychosocial supports forum was to be held in May at the Box Hill Town Hall Ballroom.
3. The Mental Health and Co-occurring Issues Explored workshop was to be held in late November with a series of case based and interactive mini workshops provided on key co-occurring issues for people who experience mental ill health.
4. A large regional navigation conference was to take place in October 2020, developed and delivered in partnership with the Eastern regional Coordinators.

By March 2020, when COVID-19 restrictions were being put in place, venues and catering had been booked and planning was well underway for all events. The EMHSCA Implementation committee moved swiftly to reschedule events and reshape the content to be delivered online. An online streaming service had been engaged to deliver the EMHSCA webinar series being planned for mid-year. 'Live streaming services' was contacted and quotes sought to assess the financial implications of moving the events online.

The revised and delivered event calendar for 2020/2021 included:

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- Navigating Mental Health, AOD and psychosocial supports webinar delivered 4th June 2020 (See Appendix D for the event report)
- Dual Diagnosis: Working with people with mental illness & substance use webinar delivered on the 25th June 2020 (See Appendix E for the event report)
- Collaborative Care Planning Workshop series planned for 30th July and the 6th August 2020
- Mental Health & Co-occurring Issues Explored Workshop planned for 19th November 2020

The planned 'Professionals Navigating the East' forum has been postponed and is now planned to be delivered at the Box Hill Town Hall as a live event on the 27th May 2021. This event will be provided in partnership with the Eastern Regional Coordinators, and will provide an opportunity to launch the new online navigation platform commissioned by Eastern Melbourne PHN and associated resources.

EMHSCA Budget

For the period 2018 to 2021, EMHSCA is co-funded by DHHS, the Eastern Melbourne PHN and Eastern Health. Member organisations provide their time and resources in-kind to the functioning of EMHSCA.

EMHSCA costs include: Annual subscriptions to Survey Monkey and Zoom; venues, catering and streaming services for EMHSCA events; resourcing of the EMHSCA Coordinator role and also other staffing to support webinar development; payment for Lived Experience presenters and advisors.

Program costs \$14,517

Staffing \$68,000 for 0.8 eft

Consumer and Carer engagement \$1,350

EMHSCA research project

An evaluation of the EMHSCA project has been desired since 2013 however no suitable method has been identified to complete this task. Data has been gathered in multiple forms: Four years of Shared Care Audit results; Partnership survey; Consumer survey; Members surveys; Workforce development event summaries, feedback and solutions focussed consultations. This year the EMHSCA project coordinator delivered a major project to complete her Master of Public Health studies at Deakin University. The aim was to understand the enablers and barriers to care coordination, what is changing and what can be done to ameliorate the effects of the disruption we are currently experiencing as service systems change.

The project involved a thematic analysis of 40 semi-structured interviews and 7 focus groups with 59 participants from 5 cohorts: EMHSCA leaders (n=16); Health and community services staff (n=19); Peer Support Workers (n=4); Mental Health service consumers (n=10); Carers (n=10). The results have been provided to EMHSCA members in June 2019. Additionally, results have been provided to the Victorian Mental Health Commission and the Commonwealth Productivity Commission's investigation into Mental Health. The research findings have been delivered as a presentation at the Victorian Collaborative Mental Health Nursing conference in August and the Eastern Health Mental Health research forum in November. Next steps are to distil the findings for journal publications. A range of barriers to Care Coordination were identified. These included 1. Rigid models and approaches; 2. An

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unnavigable service system; 3. Hierarchical ideas and behaviours; and 4. Stigmatisation. The EMHSCA work aims to address these barriers moving forward.

The following model of Care Coordination has emerged from this EMHSCA research. The model is further described in the EMHSCA Strategic Priorities and Work plan located in the EMHSCA shared repository.

Figure C EMHSCA Care Coordination Model



Future work

A Shared Care poster is in the final consultation phase and will be used to communicate the importance of collaborative care to consumers and carers attending EMHSCA services.

Further web based workshops are planned for August and November 2020. A large regional forum is now planned to occur on 27th May 2021 and EMHSCA will work with the Eastern Regional Coordinators to deliver this event.

Safe and quality care discussions and problem solving will continue and a focus on the key recommendations of the Mental Health Access and Pathways project; findings from the EMPHN critical incidents analysis; and the EMHSCA Shared care protocol provide the basis for these discussions.

Implementation of the EMHSCA Shared care protocol continues, with a revised implementation strategy to meet the needs of a changing service landscape.

EMHSCA will support the work of the Clinical Governance committee and the development of the new online Navigation platform.

A series of research papers are planned and outline the findings of the EMHSCA research project conducted in 2019. This is being done in collaboration with Dr. Rosemary Charleston (Centre for Mental Health Learning) and Dr. Shane McIver (Deakin University).

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Acknowledgements

As the EMHSCA coordinator, I am grateful to all those who provide their time, energy and expertise in order to improve service coordination for people who experience mental ill-health and co-occurring issues.

Special thanks go to our EMHSCA co-chairs, Brad Wynne and Tamsin Short, for their leadership and guidance, along with other members of the EMHSCA Steering committee, Cathy Keenan (DHHS) and Emma Newton (Eastern Melbourne PHN).

The members of the EMHSCA Implementation committee provide significant time and resources to support care coordination focused capacity building events, and also to ensure the Shared Care protocol remains front and centre for all staff across our region. This year our committee has demonstrated great agility in moving swiftly to online meetings and event delivery.

A huge thank you to all the members of the EMHSCA committee who attend meetings, support and host events, strategise, endorse and disseminate the work of EMHSCA. The ongoing partnerships and strengthening collaboration across this region are a result of the contribution of your commitment to service coordination..

I acknowledge Eastern Health for auspicing the EMHSCA project role and to Brad Wynne and Gavin Foster for their supervision and guidance. I am grateful to Belinda Tenace at Eastern Health for her assistance with the administration of the EMHSCA funds.

And finally, I want to express my gratitude to all the consumers and carers who have provided their advice and support to EMHSCA activities. Your contributions keep the work of EMHSCA focused on individuals and their recovery journeys.

It is a privilege to work with you all and I look forward to further collaboration throughout 2020/21.



Bronwyn Williams - EMHSCA Coordinator

Appendices

A Glossary

B 2019 Navigating psychosocial supports forum report

C 2019 “Bridging the divide” Event Report

D EMHSCA Navigating g MH, AOD and Psychosocial supports webinar report

E Dual Diagnosis webinar report

F June EMHSCA Surge Survey report

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Appendix A Glossary

AOD: Alcohol and Other Drugs

Carer: family members or friends of a consumer who provide care to the consumer within their relationship as defined by the Carers Recognition Act 2012. Carers may not necessarily live with the consumer for whom they care. Children can be carers too.

Collaborative: 1. Two or more people or organisations working together for a particular purpose. 2. All parties to the recovery plan participate as equals in all processes of coordinated shared care required.

Consumer: a consumer, who has been diagnosed with a mental health illness, has direct experience of Mental Health Services or identifies as a consumer [VMIAC's definition]. The term "consumer" refers to people who directly or indirectly make use of mental health services.

DDCCAC/WG: Dual Diagnosis Consumer and Carer Advisory Council and associated Working Group. These in-tandem groups (peer and staff) work together to support the Eastern Metro region Dual Diagnosis Response.

DHHS: Department of Health and Human Services

Dual Diagnosis: Term used to describe co-occurring Mental Health and Substance use issues.

Dual Diagnosis Linkages: A front line health and community staff linkage which meets monthly across at rotating sites across the inner and outer eastern region to network and capacity build.

EMPHCC: Eastern Melbourne Primary Health Care Collaborative

EMPHN: Eastern Melbourne Primary Health Network

EMR: Eastern Metropolitan region of Melbourne – includes both inner and outer east regions.

EMR Dual Diagnosis Response: A collective term to describe the various aspects of the work of the Eastern Dual Diagnosis Service which includes the DDCCAC/WG and the Dual Diagnosis Linkages.

Eastern Mental Health Service Coordination Alliance Services (EMHSCA): All Eastern Metropolitan Region of Melbourne services involved in the provision of care to people with a mental health concern and who have signed the EMHSCA Memorandum of Understanding 2013.

LAC: Local Area Coordinator – NDIS partner service – Latrobe Community Health Service in the Inner and Outer east.

MHCSS: Mental Health Community Support Services. Prior to November 2017 they provide non-clinical support for people with Mental Health illness throughout their recovery journey to manage and achieve a broader quality of life. Now providing psychosocial disability supports as NDIS providers.

MOU: Memorandum of Understanding

NDIA: The National Disability Insurance Agency (NDIA) is an independent statutory agency, whose role is to implement the National Disability Insurance Scheme (NDIS).

NDIS: The National Disability Insurance Scheme provides community linking and individualised support for people with permanent and significant disability, their families and carers.

PCP: Primary Care Partnerships

Recovery Plan: A consumer's plan that articulates what is important in their life and includes their goals, hopes and dreams, and identified supports (Glover 2013).

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How are you feeling about the Mental Health Royal Commission right now?

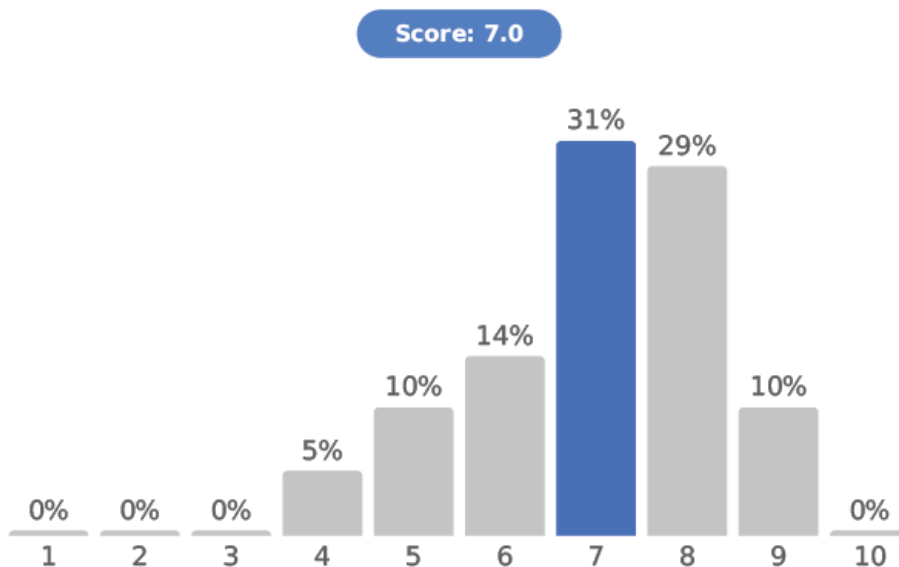


How many years have you worked in this sector?



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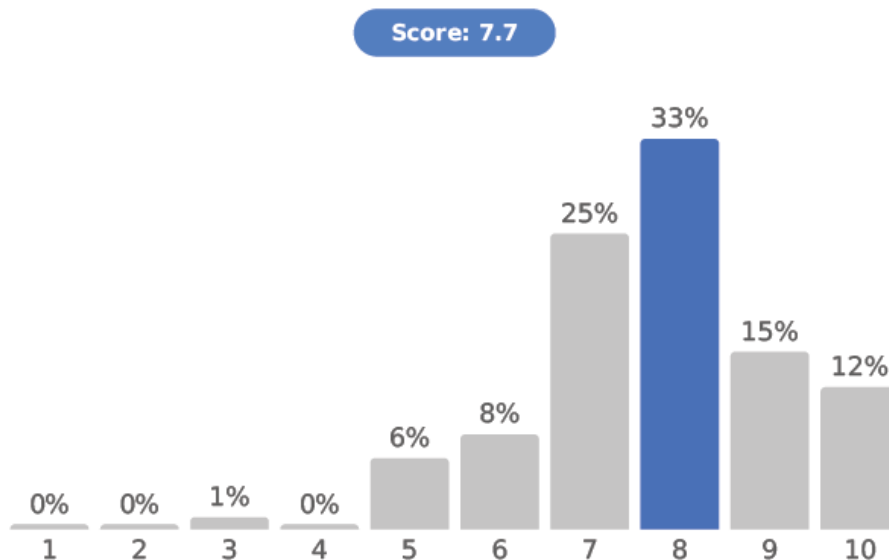
As we conclude this event, how confident are you in identifying the appropriate mental health supports for consumers?



Survey

The feedback survey was offered in Slido at the end of the event. Just 88 of the 230 participants completed the survey (38%).

Qu.1 How would you rate today's forum?



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How much of this forum has been new versus previous learnings?

Up to 20% new and the rest confirmed



Up to 40% new and the rest confirmed



Up to 60% new and the rest confirmed



Up to 80% new and the rest confirmed



Up to 100% new



When asked if they would recommend the event to others, 89% responded that they would and 11% answered “maybe”.

A participant commented in the survey as follows:

"Some agencies think they are going well in providing services, and they are not. More feedback is needed".

When asked what they found most useful, participants most frequently mentioned the Slido polls and questions. There was a lot of enthusiasm about the visual navigation tools and the event booklet. The use of the personas to check understanding at the end of the event was well received. Hearing from a carer during the EIPSR presentation was a highlight. Having a wide range of services showcased along with clear information about programs and pathways to support were appreciated. A number of people mentioned the networking opportunity, the 'great food' and the marketplace of providers. A participant made the following comment:

"I came away feeling hopeful about the future, post Royal Commission!"

The key takeaways from the event included: a clear understanding of pathways to support and the role of each program; a sense of hope for the future of mental health supports; single entry points to services; that service providers need to work together more; that there are a range of services/supports available now. One participant summed up their learnings as follows:

"There are many access points and for someone working not directly in the mental health sector I am more aware of where to seek support for clients now".

Suggestions for improvement included larger font size in booklets provided, more youth focussed information, and less rushed presentations in the 2nd half.

EMHSCA Implementation committee

The Navigating Mental Health Supports event was developed, organised and provided by the EMHSCA Implementation committee and was funded by Eastern Health. Some event support was provided by the Eastern Melbourne PHN.

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It is important to acknowledge the substantial contribution of these members and their teams to the success of the EMHSCA Workforce Development events each year. Thanks goes to EMHSCA member organisations for contributing in this way to improving Service Coordination across the EMR for the benefit of people experiencing mental ill-health and co-occurring issues.

Attendance by service

Attendees and stall holders represented 52 organisations and 15 Health and Community support sectors. The event catered for 253 registrations, with 230 people in attendance on the day. There were 45 non-attendances and 22 unregistered attendances.

| | | | |
|-----------------------------|----|---------------------------|----|
| Access Health and community | 17 | Jobco. | 3 |
| Alfred Health | 1 | Karista | 1 |
| Anchor Inc. | 2 | Knox City Council | 5 |
| Anglicare | 5 | LCHS | 2 |
| BCO Uniting Church | 1 | Life Connect | 1 |
| Camcare | 1 | Mackillop Family Services | 2 |
| Campbell Page | 7 | Maroondah City Council | 1 |
| CHL | 2 | MeWell | 4 |
| City of Boroondara | 2 | MH Vic | 1 |
| DDCCAC | 3 | Mentis Assist | 1 |
| DHS | 1 | MIND | 6 |
| DET | 1 | Multiple Sclerosis Vic | 2 |
| EACH | 6 | NDSP | 1 |
| EACH Gambler's Help | 8 | NEAMI | 24 |
| ECLC | 8 | NEXTT | 4 |
| EDVOS | 2 | OEPCP | 1 |
| Eastern Health | 28 | RFVP | 2 |
| EMPHN | 5 | Safe Futures | 4 |
| Glady & Co. | 2 | Salvocare Eastern | 3 |
| Headspace Hawthorn | 2 | St Vincent De Paul | 3 |
| Healthcare Australia | 2 | Swinburne Uni | 1 |
| Imagine | 2 | Turning Point Eastern | 2 |
| Inspiro | 1 | Uniting | 12 |
| Instacare | 3 | VACCA | 1 |
| Unknown | 2 | VMIAC | 5 |
| Students | 2 | Wellways | 9 |
| YSAS | 6 | Whitehorse City Council | 1 |

Budget

Catering \$3,524.35

Venue \$1,502.50

Total: \$5,026.85

Plus in-kind support from Eastern Melbourne PHN for printing, and other EMHSCA organisations for staffing.

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Conclusion

This event appeared to achieve the aim of providing clear and engaging information about the changing mental health supports landscape. Attendance demonstrated the appetite for this important topic and feedback confirmed the adequacy of the event in meeting the needs of participants. The format of the event was endorsed by attendees, and thus may be replicated for future forums. Future events may require less scheduled presenters, to allow more time for each presentation. A larger booklet may need to be made available for those with visual impairments. The use of Slido was particularly successful, and the service pictorials developed for the event were found to be a good resource.

Event Program

| 8.30am | Registrations in foyer | Detail |
|---------|--|--|
| 9.10am | A bird's eye view | Bronwyn Williams (EMHSCA) |
| 9.20am | The current state of community based Mental Health support | Danielle McLeod (Mental Health Victoria) |
| 9.40am | Consumer and Carer perspectives on navigating Mental Health supports | Neil Turton-Lane (VMIAC) & Tania Curlis (Tandem) |
| 10.00am | Overview of federally funded Mental Health supports | Simon Jones (EMPHN) |
| 10.10am | Stepped Care | Mark Smith (Mentis Assist) & Julius Ting (Access Health & Community Services) |
| 10.40am | Morning Tea Break | Networking time & Market Place |
| 11.10am | NDIS Psychosocial supports update | Sharna Goulding & Chris Cahill (NDIA) & Rose Juan (Latrobe Community Health Service) |
| 11.40am | The Psychosocial Support Service | Peter Hadley (Neami National) |
| 12MD | Eastern Health Early Intervention Psychosocial Support Response 'Towards Wellbeing' | Ebony Sharma (Eastern Health) Sam Cassidy (EACH) |
| 12.20pm | Overview of tertiary Mental Health services | Lisa Gill (Eastern Health) |
| 12.50pm | What do we know now? A facilitated knowledge check-in | Bronwyn Williams |
| 1pm | Event concludes | Networking time & Market place until 1.30pm |

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Appendix C 2019 “Bridging the divide” Event Report

Report provided by Bronwyn Williams – EMHSCA Project Coordinator



The Annual Eastern Metropolitan Region (EMR) Mental Health and Co-occurring Issues Explored (MHACIE) Workshop was held over two half-days this year in response to feedback from EMHSCA partners. The series was held on **Thursday the 21st and 28th November** in the Matsudo Room at the Box Hill Town Hall and catered for 55 attendees on Day 1 and 57 attendees on Day 2. This event is provided annually by the EMHSCA Implementation committee which consists of 10 staff from a variety of EMHSCA services. A number of additional staff also assist the committee on the day of the event. For 2019, the newly formed North East Mental Health Service Coordination Alliance (NEMHSCA) was invited to participate. Approximately 1/5th of participants were staff from the North east Melbourne Metropolitan area. The NEMHSCA Project Coordinator – Sarah Officer -provided support for this workshop.

The purpose of this event is to provide increased understanding of a range of issues that may co-occur with mental ill health. Originally entitled “Complex Issues Explored”, it was renamed to more specifically address particular co-occurring issues and better meet the expectations of attendees. The event aims to highlight the fact that it is the system that is complex and not the people we work with.

The Program

Paula Kelly of the Dual Diagnosis Consumer and carer advisory council introduced the topic on Day 1 by talking about her lived experience of complexity. The following co-occurring issues were explored on Day 1:

- Substance use: Gavin Foster – Eastern Health
- Intellectual Disability: Dr. Tareq Abuelroos - VDDS
- Autism Spectrum Disorders: Tania Curlis –Tandem



Day 2 focussed on the cooccurrence of diversity and included the following presentations:

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- Culturally responsive mental health practice - Sue Drummond & Josie Tremain- Victorian Transcultural Mental Health
- Aboriginal and Torres Strait Islander peoples
- LGBTIQ+ peoples
- Forensic issues

The series concluded with a case presentation by Emma Sleurink and Yan Yan Tsang of the Eastern Health Mobile Support and Treatment Service (MSTS). Yan and Emma spoke about the various collaborative relationships that were formed to manage the complexities and improve the situation for the person in the case study. This tied together the learnings over the 2 half-days.

Table facilitators were utilised to ensure workshop exercises were well utilised, even with large numbers of attendees. These facilitators were briefed and provided with a guide to support their role.

Feedback

The Slido online platform was used to gather feedback during and at the conclusion of the 2 half-days. Participation with Slido was 60% for Day 1 and around 40% for Day 2. The polls remained open for several days following the events and reminder emails were sent.

The following pictorial 'word cloud' provides a quick representation of the service sectors represented at the workshop series. There is a significant shift in sector representation since the introduction of the NDIS.

What service sector are you from?

038

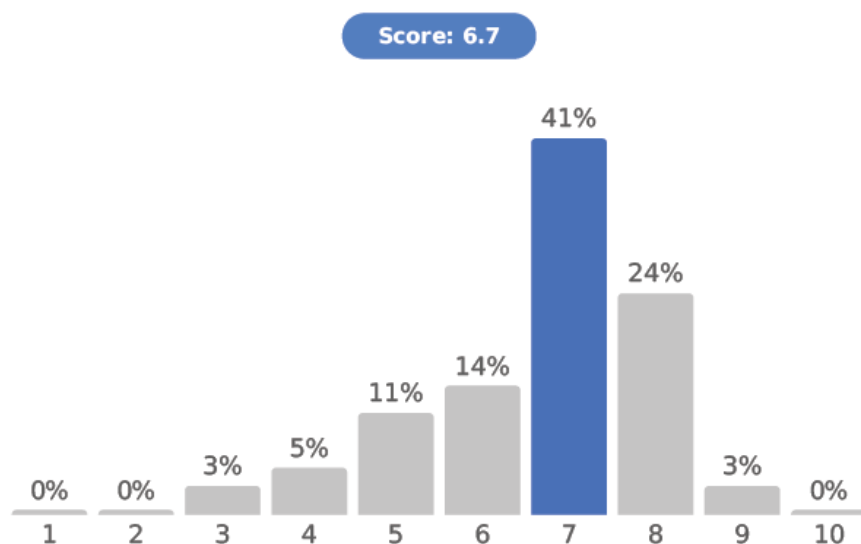


At the beginning of Day 1, participants rated their confidence with approaching complexity in their work as 6.7 overall, as depicted in this graph.

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Before we start today, how confident are you in approaching complexity in your work?

037



At the end of the Day 1 participants scored 8.1 overall. By the end of Day 2 the overall confidence score was a little lower at 7.8 overall. The improvement in confidence was noticeable for each session.

All participants were happy to recommend the Day 1 workshop to others. On Day 2, 68% said they would be 'very likely', 18% 'likely' and 14% 'somewhat likely'.

When asked what they had gained from the sessions responses varied (See Appendix). Overall, the responses for Day 1 were all positive and included an understanding of holistic care and approaching people with curiosity. Resources, tools, perspectives and issues for each cohort were gained. Participants reported that new knowledge about Autism Spectrum Disorders, Intellectual Disabilities and Dual Diagnosis were gained.

On Day 2 valuable insights were gained regarding the various diverse populations and personal beliefs challenged. The importance of collaborative practice, asking open ended and a curious approach – assuming nothing, the concept of transgenerational trauma, the role of culture and religion, and LGBTIQ language and misconceptions. People learned about their own complexity and the importance of a trauma informed approach to the work.

New learning versus confirmation of existing knowledge varied across the 2 days similarly. The results for both days are depicted in the following pictorials from Slido.

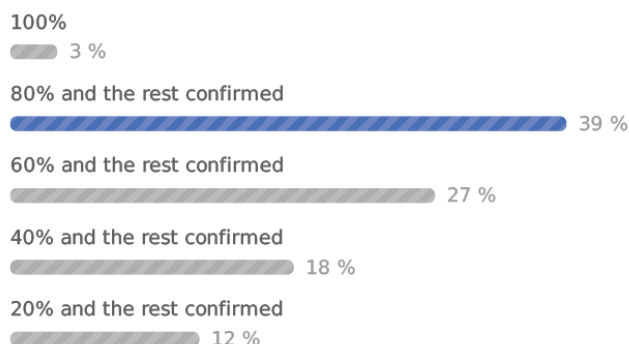
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Day 1 Bridging the Divide event feedback (3/6)

033

How much of this workshop was new learning for you?

(1/2)

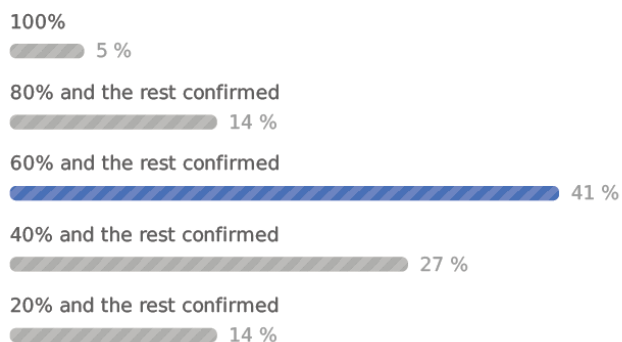


Day 2 Bridging the Divide event feedback (3/6)

022

How much of this workshop was new learning for you?

(1/2)



The survey asked participants for advice going forward (see Appendix). Many people expressed their satisfaction with the current format. The short workshop format, networking, case studies and allocated cross-sector table groups were highlighted in the comments. Some advice included the need for more time for questions and interaction on Day 2, and adding one more break to the latter part of the sessions. One person would prefer a whole day event.

It is important to acknowledge the substantial contribution of these members and their teams to the success of the EMHSCA Workforce Development events each year. Thanks goes to EMHSCA member organisations for contributing in this way to improving Service Coordination across the EMR for the benefit of people who experience mental ill health and co-occurring issues.

I would also like to acknowledge the City of Whitehorse who provided grant funding to support this event and also to Waverley Industries for their reliable and delicious catering.

Budget

Catering was provided by Waverley industries. To save funds, fruit was purchased separately and prepared by EMHSCA Implementation committee members on both days. The catering costs for day 1 were \$640.25 (\$611.25 + \$29). For Day 2 the order was increased with the caterer due to apparently insufficient quantities on Day 1. The total costs of catering for Day 2 were \$817.25 (\$786.25 + \$31). All but one of the speakers for this workshop series provided their services 'in-kind'. The lived

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experience speaker also provided table facilitation at both sessions and was remunerated with \$300 for her time and effort.

Catering total: \$1,457.50

Lived experience role: \$300

Venue \$603.50

Total costs: \$2,361

Plus in-kind support from EMHSCA organisations for printing and staffing.

When compared with the full-day event costs from 2017 at a total cost of \$1,606, and taking into account cost saving measures this year, it is substantially more expensive (\$760) to provide 2 half-day events.

Conclusion

Outcomes of the Mental Ill-Health and Co-occurring Issues Explored workshop series appear to meet the event's aim of improving confidence of participants in approaching complexity in their work. Participant satisfaction and perceived benefits include the improvement of knowledge and skills in working with a variety of complexities, as well as improving provider relationships which in turn should improve future collaborative practice. The EMHSCA/NEMHSCA members Workforce development survey 2019 was provided to Alliance leaders (only) and has identified this event as 'useful' to 'very useful' for all 27 survey respondents. The combination of workshop feedback and the results of this survey lead to the conclusion that this workshop is an important annual event. All participant feedback will be analysed by the EMHSCA implementation committee to inform development and delivery in 2020. Finances are scarce across all sectors at this time. Free training appears to be important, especially for Fee-For-Service providers. The increased costs of providing this as a 2 part series will require consideration by the EMHSCA Steering group. Most of the workshop presenters have expressed their willingness to return to present in 2020 and we look forward to working with them.

Open survey responses

Day 1 What will you take away with you today?

- Asking questions other than assuming
- Looking at whole person when judging complexity
- Emails from people that I have met in relation to learning about their service
Good networking
- Asking questions other than assuming
- -When working with complex people make no assumptions. -When working with complex people gaining a comprehensive history and establishing a base line of behaviour can assist greatly in identifying dual diagnosis.
- The issues, resources practical advice
- New knowledge around working with autism and mental health dual disability

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- Information about services available for dual diagnosis and insights into how they provide supports
- Models of disability support Disorders and dysfunctions Resource tools
- Services currently in this space
- Resources, further knowledge and awareness of services
- New asd,id services.
- Dr. Tareq s session was informative
- Really interesting insights on dual disability and dual diagnosis, thank you
- Dr. Tareq s session was informative
- Speak to colleagues about new tools we can take back to our work.
- All great presentations and very engaging
- AOD info was great, VDDS
- Greater scope in understanding dual diagnosis
- More knowledge about ID and ASD
- Remember to remain open and transparent with other services.
- The dual diagnosis information and resources.
- Information regarding ASD, mental health and ID
- Communicating confidently with clients and knowing there are services available makes my job more efficient.
- To ensure to dig deeper with clients to better understand what's really going on for them
- Dr T talk provided great perspective on approaching clients with ids and mental health Dms5 definition of mental disorder

Day 1 What advice do you have to offer about future workshops like this one?

- N/A
- I would encourage colleagues especially new staff to attend. Need more workshops like this
- I really liked the way we were allocated seating with a mix of service at each table, it was a great opportunity to gain a deeper understanding of the complexities that other services face when delivering their service. This really supports us to work collaboratively.
- Dealing and managing risk and behaviour of concern, suicidal ideation
- This is has been great with shorter presentations with wealth of information

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- It's great! Enjoy listening to different provider experiences and different presentations perspectives
- Good to have a mix of people from different backgrounds on each table. Encourage (confidential) discussion of case studies among participants.
- Great workshop!
- An extra break
- Great to keep various presenters
- Fantastic - maybe cooler venue (Hot day!) incredibly well organised, really inspiring to hear from and talk to a group of committed and dedicated workers!
- Seems perfect
- Nothing leaps out to me
- None, great job!
- More interaction. PowerPoints of presentation.
- Loved the case studies and the encouragement of active participation

Day 2 What will you take away with you today?

- Knowledge of services I didn't know this morning
- the role that religion can play in healing from mental health. That often cultural practices in CALD communities would be the first point of call
- Case studies were great for reflection on privilege and challenging assumptions helpful activities to share with my team.
- To handle people with mental illness with care and to be gentle with them.
- I have learned how complex I am and treat others as complex as you. Mental health is very relevant to everyone and treat everyone with non-judgemental approach.
- Importance of trauma training was a great conclusion
- Importance of trauma training was a great conclusion
- New info from LGBTQI acronym and criminal justice talk was new for me
- Greater in depth understanding, and challenging of my own beliefs
- Awareness of local providers
- Assume nothing
- Learnings especially surrounding forensic issues and mental health
- That it's important to ask questions to better support the person. With the presentation from Yan and Emma, it's important that services work collaboratively to better support the person they are supporting.

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- Lgbtiq
- Information about transgenerational trauma
- The importance of asking open ended questions to better understand the person
- Lgbtiq language and misconceptions

Day 2 What advice do you have to offer about future workshops like this one?

- I would prefer a one-day workshop
- I loved the mix of lecture style and small group discussion. It kept the energy in the room and provided opportunity for networking. I really enjoyed this workshop so thanks for to the organisers.
- Not to rush question time as this is very beneficial to all.
- The workshop is very rich in contents. Somewhat rushed. May be 3 half days?
- For me it was a lot of knowledge I have already been exposed to wish I had come to the first workshop where my understanding is much less
- Really well facilitated, thank you
- Helpful for anyone's practice
- Keep up the amazing work!
- What are the appropriate questions to ask someone who has experienced some form of trauma to better support them?
- The second part wasn't as interactive or informative as the first half day
- Provide case studies and encourage more discussion with the audience

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Appendix D Navigating Mental Health, AOD & Psychosocial Supports Webinar report

Provided by Bronwyn Williams EMHSCA coordinator

EMHSCA's first web based event occurred on Thursday June 4th, from 10 am–12MD via the Slido application. Developed and delivered by the EMHSCA Implementation Committee, this event aimed to assist with service navigation. The event provided an overview of key access points and criteria for local Mental Health, Alcohol & Other Drug (AOD) and Psychosocial supports, for the benefit of health and community service providers working across the Inner- and Outer- Eastern areas of Melbourne. There were 187 providers registered to attend. The event had capacity to cater for a limitless number of attendees due to the use of 'Live streaming services'. Promotion was via networks, Facebook, and also the Eastern Melbourne PHN website. A Webinar link was provided on registration via Eventbrite. The link was also circulated widely on the day prior to the event. From webinar data it appears that around 240 people accessed the live event. As an ongoing resource, a recording of this event is now available on the EMHSCA webpage <https://www.emphn.org.au/what-we-do/mental-health/emhscsa-events>.

Event Budget

The cost of the webinar streaming was \$2,500. This was a heavily discounted rate, and future events would likely cost around \$4,000. All presenters and event supports were offered in-kind. A similar live event at a venue would normally cost in excess of \$5000 for catering and venue hire.

Presentations

The webinar included a series of 7 presentations from a range of statewide and local Mental Health and AOD sector leaders. This commenced with an overview of service navigation by the EMHSCA coordinator, Bronwyn Williams, and included a description of the EMHSCA navigation pictorials. Larissa Taylor, Director of Policy from Mental Health Victoria, and Jane Moreton, Co-occurring Capacity Building Project Manager at the Victorian Alcohol And Drug Association (VAADA), provided peak body sector updates. Dr Tamsin Short, Senior Manager Mental Health and AOD at Access Health & Community Services, provided an overview of the AOD sector, key access information, and COVID-19 updates. Gavin Foster, Manager Dual Diagnosis and Service Development at Eastern Health, provided an overview of the tertiary Mental Health services. Simon Jones, Mental Health & AOD Manager at the Eastern Melbourne PHN provided an overview of Stepped care and commonwealth and state funded psychosocial supports. Hilary Fisher, Director of Community Engagement Vic/Tas for the National Disability Insurance Agency, oriented the audience to the current state of NDIS supports for people with psychosocial disabilities and the current COVID-19 response. Live Q & A was conducted following the presentations and facilitated by the use of the Slido application. Shilpa Ullagaddi (Neami) and Reuben Sago (Campbell Page) were our moderators. Feedback was collected from some participants via Slido following the webinar.

Registrations by service

| | | | |
|-------------------|----|---------------------------|----|
| Access | 5 | Lilydale GP | 1 |
| Anchor | 1 | MCC | 6 |
| Anglicare | 9 | MDAS | 1 |
| Banyule CHS | 1 | MHPN | 1 |
| Boorndawan Willam | 1 | MIND | 3 |
| C2K | 1 | NDIA | 2 |
| Camcare | 6 | Neami National | 11 |
| Campbell Page | 4 | NEXTT | 3 |
| CCSSIC | 7 | NEXUS | 2 |
| Yarra Ranges CIS | 1 | Oonah | 3 |
| Cohealth | 1 | Salvation Army | 10 |
| CVGT | 2 | Sherbrooke F & CC | 1 |
| DDCCAC | 1 | St Vincent's | 2 |
| DET | 1 | Thrive within counselling | |
| DHHS | 2 | Turning Point | 2 |
| EACH | 18 | Uniting | 21 |
| ECLC | 4 | VACCA | 3 |
| Eastern Health | 21 | VAHS | 1 |
| EHN | 1 | Wellways | 2 |
| EDVOS | 3 | Worksafe | 1 |
| FAN | 1 | Yarra Ranges Council | 4 |
| Inspiro | 33 | Youth Plus | 1 |
| KCC | 4 | YSAS | 1 |
| LCHS | 3 | Student | 1 |

Live polling via Slido



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Event Data

A series of polls and surveys were conducted with participants on the day of the event, and also in the days following. Results indicated that most people found the event useful. All but one respondent would consider recommending this type of forum to other staff.

Confidence measures – pre and post event

Participants were polled on how confident they felt about navigating the Mental Health, AOD and psychosocial supports available. Significant improvement in confidence was noted for each area. Results are represented in the following table.

Table 1. Median degree of confidence in navigating supports per sector

| | Pre event | Post event |
|----------------------|-----------|------------|
| Mental Health | 6.3 | 8.1 |
| AOD | 5.8 | 7.7 |
| Psychosocial | 6.6 | 7.9 |

Most useful aspects of event

Participants reported that they enjoyed the up to date information about the sectors, numerous concise presentations, practical information and ability to ask questions. Providing overviews of the sectors and

Table 1. Median degree of confidence in navigating supports per sector

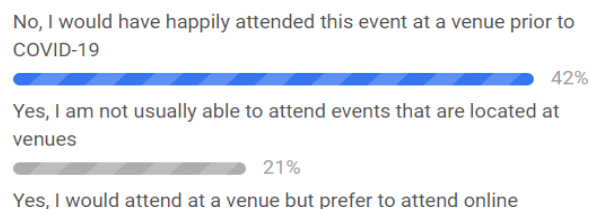
Survey respondents reported the following regarding how much of the information in the workshop was novel to them:

How much of this forum has been new learnings versus confirmation of previous learnings? 0 2 3



As webinars are new for EMHSCA, participants were asked to comment on whether the online format was preferred versus the venue based events provided prior to COVID-19. Responses are summarised below:

Has the fact that this event is online improved your ability to attend this type of event? 0 2 4



Conclusion

EMHSCA Navigation forums, such as the Eastern Metro Region Orientation and service showcase, have traditionally been held at venues, with an emphasis on cross-sector networking, capacity building and care pathway development. The current COVID-19 restrictions have meant that the annual navigation forum has been provided as an online event. In spite of the engagement of professional streaming services, many participants found the event difficult to access, with only 120 of the 240 people who managed to access Slido actually engaged in the forum. Lower ratings of satisfaction with this event by 18% of respondents probably reflected the technical issues moreover. Those who participated appeared to gain a good level of improved confidence regarding sector navigation, and the online recording now available will act as an ongoing resource for staff across the region. Development and delivery of the online webinar proved to be more time intensive and technology dependent than venue based events. Future EMHSCA events of this nature may be best delivered in a hybrid format, with some online and some venue based components. The networking elements need to be preserved to support EMHSCA objectives. The Zoom platform will be tested in late July for this purpose. Quotes for this type of event are now being sourced. Finances to resource the activities need to be secured for future events. Additional project time needs to be allocated for skilled staff to deliver future webinars.

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Background

This webinar was developed in collaboration between the Eastern Mental Health Service Coordination Alliance (EMHSCA), and Eastern Health Dual Diagnosis Service. This webinar is part of a series funded by the Eastern Melbourne PHN and managed by EMHSCA. Dual Diagnosis team members Dr John Robertson, Psychiatrist, Peter Fairbanks, Social Worker and Steve West, Psychiatric Nurse were asked to design and deliver the webinar. Project support was provided by Bronwyn Williams, EMHSCA Coordinator, and overseen by Gavin Foster, Manager Dual Diagnosis and Service development.

A local Melbourne company, 'Live Streaming Services' was engaged to provide web-based support for pre-recording at their production studio in Yarraville, and for live-streaming of the webinar.

Purpose

The purpose of this webinar was to present a 90 minute dual diagnosis information session describing the principles of integrated treatment and recovery, understood with reference to the bio-psycho-social model of mental health. Aspects of brain function in drug dependence were presented, as well as the trans-theoretical model of readiness to change (the "wheel of change") and its value for service providers as a start point for engaging clients and their family/carers. A range of screening and assessment tools were described as a way to engage clients to better understand the dual diagnosis issues affecting their health and welfare. In addition, a set of Australian web-based resources was made available to webinar participants to support their work in their particular treatment / support settings.

Stakeholders

The Eastern Melbourne PHN (Primary Health Network)

Eastern Health

EMHSCA (Eastern Mental Health Service Co-ordination Alliance)

The Eastern Dual Diagnosis Service (EDDS)

Live Streaming Services – Director, Mr Brad Every

Planning

Registration for the webinar was made available through Eventbrite. Up to 130 participants from Australia, the USA, and the UK called into the webinar (from a total number of registrations of around 220). Staff from a wide range of service backgrounds answered a survey question as the webinar opened, that asked what service they worked in. The results were posted shortly after, as a graphic display shown below.

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In a word, which support sector (not service) are you from today? e.g. Mental health, AOD, Family services, Consumer, Carer etc...



Q&A session

During the webinar, participants had the opportunity to post questions, most of which were answered in a short Q&A session (25 minutes) at the end of the presentation. The following questions were posted and those that we were able to respond to in the time available are shown in bold.

- How long have you had experience with methamphetamine users be psychotic after cessation of use?
- **What is the difference in physical effects on the body of smoking different drugs?**
- **Does smoking weed have similar impact as smoking other drugs such as cocaine, ice etc.....**
- **Are there good videos on neurotransmitters etc. with substances other than amphetamine - like alcohol?**
- **Why are there so few DD specific AOD residential rehab clinics in Victoria?**
- **Is there a list of bulk billed Psychiatrists in Melbourne that you may be aware of?**
- **I believe anti-psychotics affect dopamine levels, reducing uptake or release. Dopamine makes feel good. Are the conditions treated an excess of happiness?**
- **Is there an amount of THC that can cause MH illness?**
- Say with Triage, entry point of ED, how do they engage with people, who present with Dual Diagnosis?
- **How involved are DD peer workers in the engagement and treatment of clients as well as being part of the clinical team?**

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- Are there any dual diagnosis services for the over 65 age group?
- If someone presents at a mental health service, are there direct pathways to AOD specific treatment available/offered
- In relation to the video, when the pathways are destroyed? If someone stops using can the transporter be repaired? If so how long to repair the normal pathways?
- Are the stages discrete or can they morph into each other?

Participant feedback

What did you find the most useful?

- Intro outline
- Some understanding with dual diagnosis
- Understanding dual diagnosis, all info and different sites to gather information. This is a fantastic webinar thank-you for doing this.
- Interesting slides clear and formatted well covering a broad range of relevant topics. Great video on Dopamine blockade at synapse. Excellent links to a great range of resources. Experienced presenters. Interactive session also good
- All of the presentation, even the parts that I already knew because it gave me confidence to keep screening for mental health symptoms, working within the Motivation Interviewing and Stages of Change paradigm when providing AOD treatment.
- No one thing, it was all very helpful and informative.
- Great variety of relevant info
- Basically everything.
- Everything
- Quality of presentation. Information and extensive resources provided
- All the speakers gave fantastic points. All speakers were fantastic at delivering the content - so thank you! As a mental health nurse, the content was extremely relevant. The chemistry was interesting and the details are not something that is usually covered in other sessions I have attended so I appreciated this learning!
- Sharing of knowledge in MH & AOD, explanation of how ICE impacts on the brain, resources and explanations of same.
- All the information presented was very informative.
- All the information presented

- Greater insight into the psychological processes of addiction
- Segment on mental illness.
- Relationship between mental illness and substance misuse and impact on the brain.
- MI refresher. Meth & the Brain
- Drug and their differing effects
- Explanation of different drugs interacting with neurotransmitters
- The physical effects of drugs
- Brain discussion
- Brain science
- Understanding of how substance use affects the brain.
- Neurological information
- Information provided on neurotransmitters. I would have liked my question on "excess of happiness" related to dopamine and anti-psychotics answered, instead it was censored / conveniently skipped / deleted. The tools and Neurochemistry
- The in depth conversation around the chemical side of AOD and MH

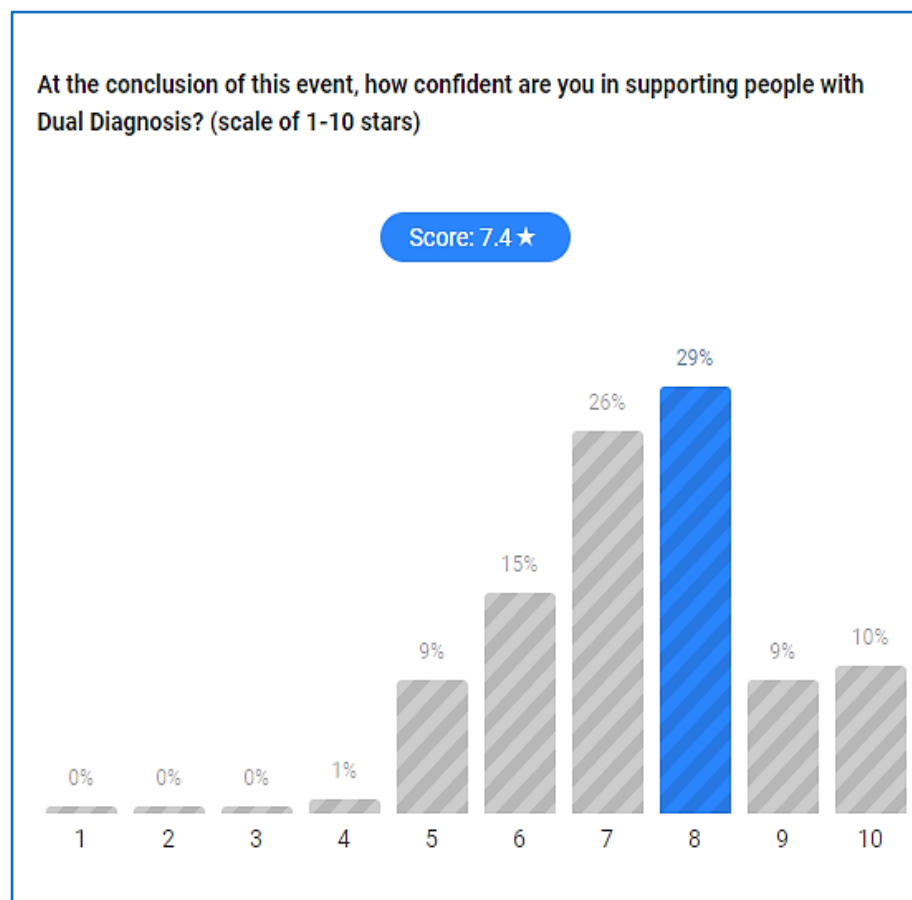
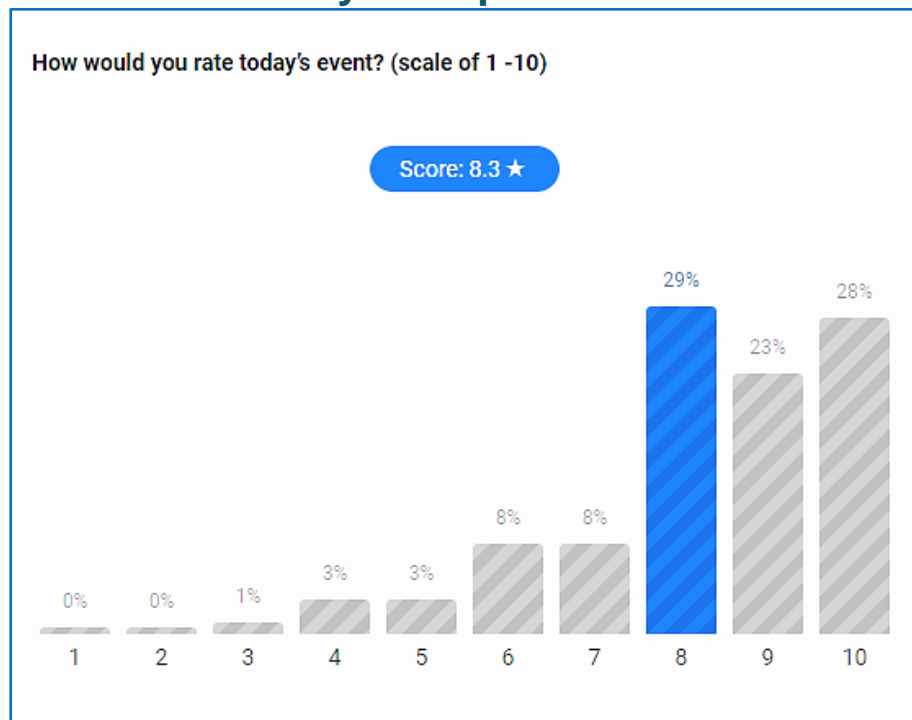
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- The effects on the brain was interesting and thought provoking, Resources valuable
- The information on the different MH disorders and substance disorders, as well as the resources and screening tools
- Impact of substances on brain function and subsequent MH status. Different Tools
- Methamphetamine video. Discussion and slides on the brain. Mentioning of services that support Mental health
- The video and the psychiatrist's description of drugs and what they do to people
- The video.
- Dr John Robertson

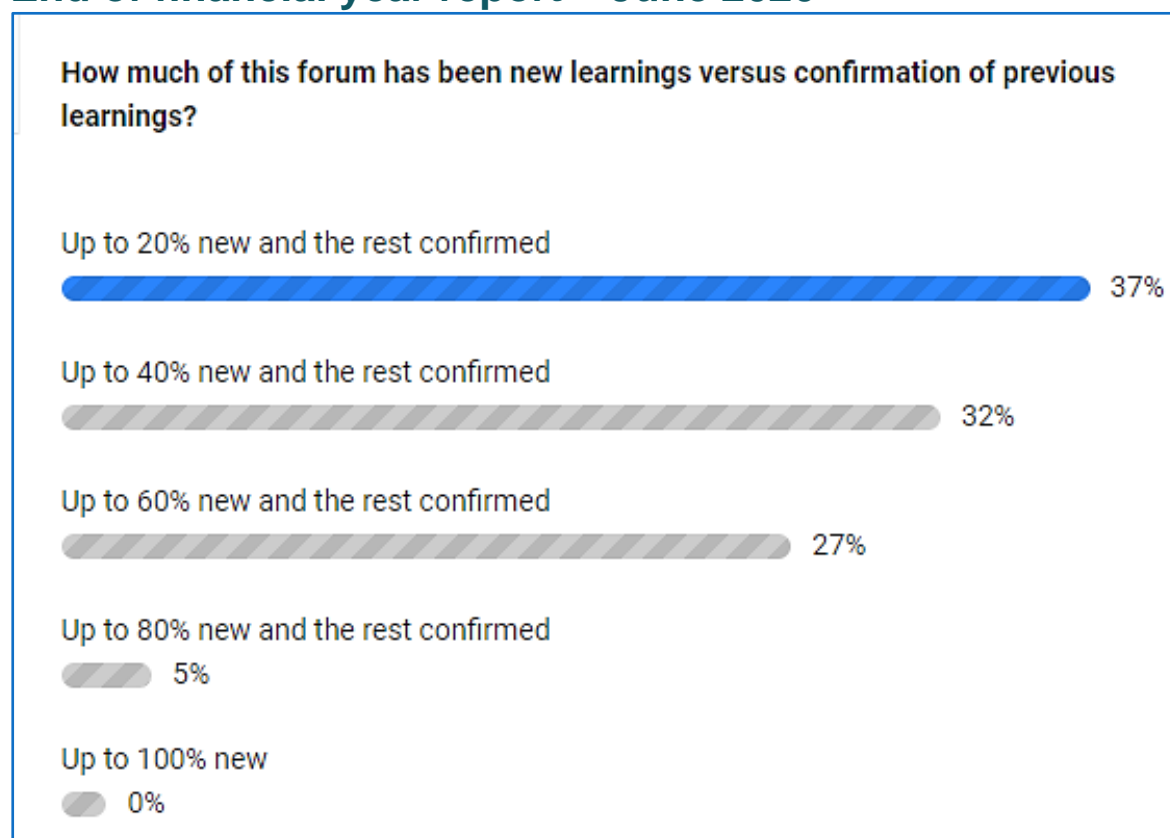
- Ways to assess where the person being supported is at, and a reminder to operate from that position. Also a reminder that it's about collaboration not coercion.
- Stages of change and resources to engage the participants
- Looking at the different tools and how they may fit in with different stages of change
- Motivational interviewing
- The focus on motivational interviewing and the use of tools to assist in working with the person
- The assessment tools and resources
- All the presentations were excellent. I particularly appreciated the tools and interventions provided.
- Strategies for engagement especially tools and tips for conversations whilst considering the stages of change, decisional balance and reasons for use
- Avoid the righting reflex!

- Engagement and Empathic Assessment Resources Visual video
- Resources for practitioners to use for planning and Intervention.
- The resources and tools and how it was so well delivered was really clear and well informed
- Finding out where to go for services and resources.
- Expert advice and the resources
- The resources provided.
- Steve West's resources and worksheets
- Slides and discussion, and the resources will be very helpful.
- Having access to the slides and resources to use in sessions with clients
- Exploring resources and tools for dual diagnosis.
- Resources and links
- The resources on the slides
- Resources
- Hearing about further resources, particularly the MI website
- Services that can be accessed in the community.
- Refresher of how many options clinicians have to access support.
- The power point slides
- Great presentation slides. How can I access a copy for future reference
- If the record of the webinar can be distributed and revisited will be great

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Reflections

The dual diagnosis webinar was an opportunity to reach a wide audience of health services staff, and for the Dual Diagnosis Service to describe our work in the eastern region of Melbourne; using a shared-care mode of clinical support in a direct collaboration with the client, their family and case management team colleagues. Following an introductory overview of Dual Diagnosis principles, the webinar presented a summary of mental illness, of substance use disorders, and their interaction. A description of the role of neurotransmitters in the brain served to explain the tolerance, dependence and the 'reward pathway' components of substance use in dual diagnosis. Various assessment tools and interventions useful in conversations with clients about both their mental health and substance use concerns were described. The need for collaboration with clients in all treatment settings was emphasised, with a focus on engagement, using strengths and recovery language and respecting client autonomy, while also meeting and standing alongside clients at their stage of readiness to change. Feedback from participants, particularly in relations to the question: *"How much of this forum has been new learnings versus confirmation of previous learnings?"* showed a wide spread of knowledge across three continents and many service settings, with the webinar providing much confirmation of previous knowledge about dual diagnosis, plus the provision for many of new (and hopefully) valuable information to take back to their work setting. Thank you

Dr John Robertson, Peter Fairbanks and Steve West

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Dr John Robertson at the webinar pre-recording session

The webinar recording may be viewed on the EMHSCA webpage at

<https://www.emphn.org.au/what-we-do/mental-health/emhsca-events>

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Appendix F EMHSCA In-meeting survey results 18.06.2020

Preparing collaboratively for a potential surge

In light of the current COVID-19 impacts on service provision and on our consumers and their families, today's discussion aims are two-fold:

- To support sharing amongst our members, in particular focusing on what leaders have found useful in supporting their staff and in continuing to provide a quality service to people who experience mental ill-health and co-occurring issues.
- The Eastern Melbourne Primary Health care Collaborative (EMPHCC) have formed a MH and AOD working group with the aim of identifying changes to and gaps in service provision during the COVID-19 period, and potential collaborative solutions moving forward, including preparation for any potential surge in service/ system demand. This group is interested in hearing from our EMHSCA members about their experience at this time.

The Survey

A live [Slido poll #m234](#) was conducted during our meeting today and included the following questions:

0: Which organisation/s do you represent?

- Eastern Health Child and Youth Mental Health Service
- YSAS
- EMPHN
- DHHS
- Each
- Uniting Prahran
- EACH
- Eastern Health
- Community health services in Yarra ranges
- Maroondah City Council
- Community legal assistance
- Access Health and Community
- Neami National
- Eastern Health
- Homelessness services in the East Region
- AOD

1. Who is your target population?



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2. Have you seen an increase in referrals? (Percentage increase and “no we have seen a reduction”; “no about the same as usual”)

Yes, about a 10% increase



Yes, about a 20% increase



Yes, about a 30% increase



Yes, about a 40% increase



Yes, about a 50% increase or more



No, referrals are about the same as pre-COVID-19



No, referrals are somewhat reduced since COVID-19



No, referrals are substantially reduced since COVID-19



3. Have you seen an increase in complexity of presentations?

Yes



No

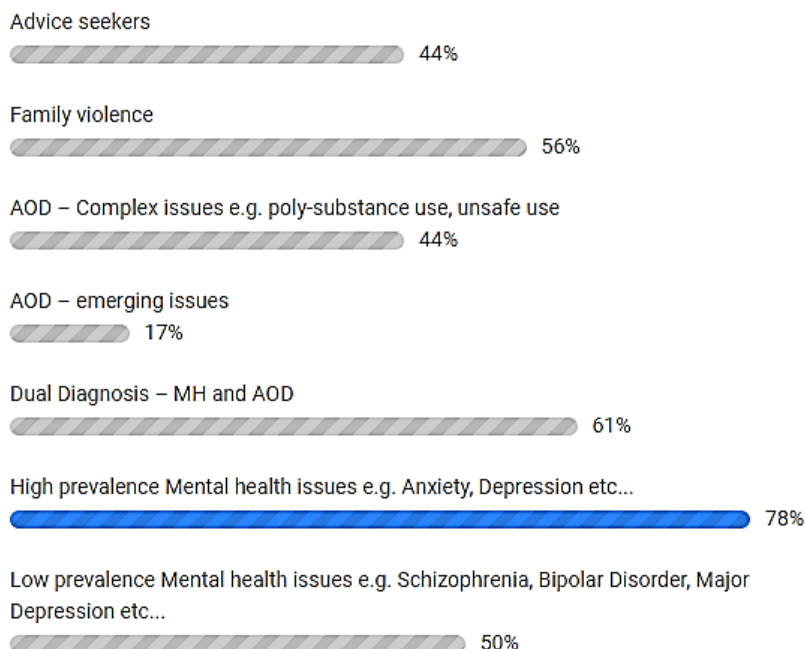


I am not sure

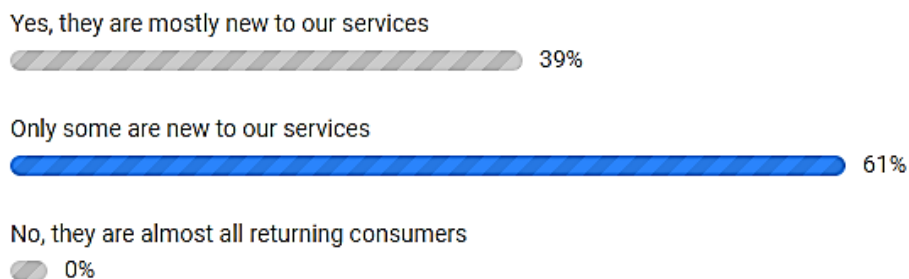


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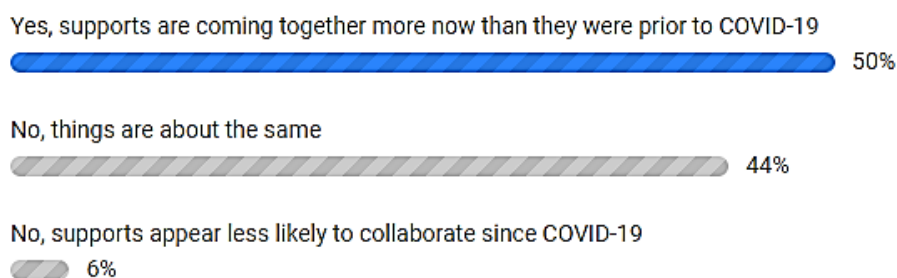
4. What type of presentations are you seeing?



5. Are these new consumers to your service?



6. Have you had improved representation of cross-sector partners and advisors at meetings (care planning, service planning etc...)?



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7. How do we improve our collaborative practice going forward?

- Utilise telehealth to encourage collaborative care planning and interventions, especially including GPs as part of care planning
- Needs to be built in and monitored as a core activity for all services.
- Continue with No wrong Door
- Share resources that agencies have developed to respond effectively to COVID (e.g. a resource to help clients engage via telehealth) Share information and data regarding changes in referrals (eg increased demand/complexity) Encourage shared care during COVID (e.g. telehealth/telephone conference care team meetings, particularly with GPs)
- Keep telehealth practices current, and staff skilled in its use, as this improves collaborative care planning.
- AOD is always looking at ways to improve collaboratively practice.
- Across the sector carer support seems to have large gaps.

8. Have you done anything specific to prepare (actions taken) for increased demand in service provision?

Yes



No



Not sure



9. What strategies to manage a surge in demand have worked in the past?

- Triage of referrals, intra-program support, Brief interventions, Inter-agency referral,
- High levels of stress/anxiety for families during covid due to increased carer burden, and not being able to visit inpatient units. large gap left at EH by the demise of the COPES Carer peer Support programs MHCSS carer services did work very well for families. Much lost from carer respite, support, peer support. Carer Gateway just not filling the gaps for Mental health carer, and very much aimed towards carers of people with physical and intellectual disability. It is not evident how Carer Gateway will meet needs of MH carers even when running at full speed.
- Brief Intervention/ Single session work Supporting people through to longer term options such as NDIS where appropriate Tightened up waiting list processes. Closer working relationships with our providers. Consider all service/ response options- including non clinical options, telehealth/ group options - including lifeline and beyond blue.
- Forward planning in response to staff recruitment to deal with increased client numbers.as the physical resources are already available. The biggest issue has been people power as such
- Increased communication and collaboration between teams

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- Increased knowledge of what other organisations are able to assist with and capacity to do so.
- Providing single-session consults (instead of a full intake/assessment) for clients with situational/less acute needs Providing high priority appointments for clients with higher needs (eg. suicidal risk) Attempting to redeploy staff into mental health/AOD/intake roles - but this is limited by resourcing/funding
- priority referrals / early intervention and joined up assessment across different services / renewed focus on collaborative discharge planning / reconsidering where resources are located in the service system and rationalising to meet the demand pressure points
- Use of purchase accommodation (eg. motels)
- Continue with collaboratively practice, support and shard experience

Questions and Comments

A series of questions were posted in Slido as each aspect of the survey was discussed.

Question

Eastern health: If we are seeing more people in services impacted by high prevalence mental illness (anxiety / depression) how is this impacting service delivery?

Comments

- We have seen increase in suicidal ideation presentations... we had a quiet period for a few weeks and now a marked increase.
- Neami: Our experience is that there has been an initial drop off and recently it is starting to increase. Risk issues are magnified for people with increased mental health symptoms not feeling safe to access appropriate supports due to 'Covid risk'
- EMPHN Referral and Access Team have seen a 50%-60% reduction in referrals during COVID-19 (March-May). Starting to climb again- but not yet at original numbers. Key areas of need include suicidal ideation, employment/ homelessness/ family (and parenting) issues. Particularly in select parts of our sector - e.g. outer east
- Maroondah Council: reported a Drop in referrals. Possibly due to fear of COVID/assumption that services ceased. General calls from community seeking support because of COVID have been low - anticipate surge in Sept post Job Keeper.
- agree, we have seen how phone call back systems have impacted ability to access, and also reduced ability to access for those who need interpreters.
- Co-occurring mental health and AOD presentations have increased. Also well reported in media.
- Legal services has seen increase in people needing tenancy and employment law advice and this may surge in future as job keeper ends.
- Eastern Health DD and SEWB: There is need for increased support to Aboriginal people/communities given raised fear of dangers of contracting COVID19 and potential threat to life.
- Access H & CS: On the positive side - easier to organise care team meetings via telehealth etc (especially with GPs, psychiatrists) - saves time in travel. On the negative side - the lack of face to face contact amongst staff, services and teams has the potential to increase "silos" (less contact bw staff/teams)
- DHHS Aboriginal outcomes and engagement: At an individual client level, less engagement to address individual issues or challenges. There are various homelessness and housing supports being delivered to key organisations such as Launch - additional funding has also been announced.

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- Mind Australia Homelessness: Homelessness services in the Eastern Region are collaborating more thanks to the Homelessness Emergency Accommodation Response Team (HEART).
- Inspiro: Telehealth in the Yarra Ranges is good but connectivity is poor.

Conclusion

Most EMHSCA member agencies have seen an increase in complexity of presentations with COVID 19. Although referrals have been about the same for 1/3rd of agencies, and reduced for about 1/5th of agencies, there has been a surge in referrals for just less than half of agencies. High prevalence disorders such as anxiety and depression have been most commonly reported. Dual Diagnosis is on the increase also, with substance use concerns featuring at present. Family violence is reported more frequently at this time.

New consumers who have not been contacting services prior to COVID 19 were identified by all, with 40% of respondents reporting mostly new consumers.

It is encouraging to see that the crisis has brought services together to work more collaboratively. Fifty per cent of EMHSCA respondents reported an improvement, and 44% reporting no noticeable effect. Suggestions for further improvement included the use of telehealth to involve G.Ps and other providers, building in collaborative work as core business, taking a 'no wrong door approach, sharing resources and data, and improving support for carers to remain involved.

It seems that all EMHSCA member agencies are actively preparing for a potential surge in referrals at this time. Some strategies include brief interventions, increased cross-sector collaborations and partnerships, online engagement with consumers, strengthening of prioritisation processes, planning for rapid staff recruitment if required, and redeployment of staff to high need areas.

The sharing of resources via EMHSCA could support a joined up response across the region and reduce duplication of effort. Sharing of data regarding changes in the demand and complexity of referrals can also assist members to plan and respond.