

2019

“Creating opportunities to work strategically across the region
with Multi- Sectoral partners”



EMHSCA End of year Report

REPORT PROVIDED BY EMHSCA PROJECT COORDINATOR
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Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

Contents

| | |
|---|----|
| EMHSCA background..... | 4 |
| EMHSCA Strategy..... | 5 |
| Our Vision | 5 |
| EMHSCA Function..... | 5 |
| Partnership..... | 5 |
| EMHSCA Co-chairs: | 5 |
| Membership..... | 5 |
| Consumer and Carer Engagement and Representation..... | 6 |
| Co-design..... | 6 |
| EMHSCA Strategic Priorities..... | 7 |
| 2019 in review | 8 |
| Highlights for 2019..... | 8 |
| EMHSCA Work plan activity analysis..... | 9 |
| EMHSCA Work plan elements..... | 10 |
| Steering group work | 10 |
| Mental Health & AOD System Reform | 10 |
| NDIS | 10 |
| Safe and Quality Care | 11 |
| February..... | 11 |
| April | 11 |
| June..... | 11 |
| August..... | 12 |
| October..... | 12 |
| December | 13 |
| 2020 | 13 |
| Collaborative Care Planning | 13 |
| Workforce Development..... | 13 |
| EMHSCA events calendar 2019 | 14 |

Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

| | |
|---|----|
| EMHSCA NEMHSCA Workforce Development Members Survey 2019 | 15 |
| EMHSCA research project | 16 |
| Future work | 17 |
| Conclusion | 17 |
| Appendices | 18 |
| Appendix A Glossary | 18 |
| Appendix B 2019 Navigating Psychosocial Supports Forum Report | 20 |
| Appendix C 2019 “Bridging the divide” Event Report | 27 |
| Appendix D EMHSCA Program Logic | 37 |
| Appendix E Dual Diagnosis Linkages report 2019 | 38 |



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.

Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

EMHSCA background

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 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).

The Alliance was originally funded by DHHS; however since 2012 EMHSCA has been funded in partnership by various members. For the period 2018 to June 2020 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 initiatives have included the following: the EMHSCA MOU (25 signatories); Service Coordination focussed workforce development activities (36 events provided for 3,194 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.

The EMHSCA shared repository can be located here

<https://www.easternhealth.org.au/services/mental-health-services/eastern-mental-health-service-coordination-alliance>.

In 2018 a review of the EMHSCA strategy resulted in a new work plan. The EMHSCA structure was simplified and Alliance meeting agenda was revised to enable more collaborative discussions, consultations, and solution seeking. This revision of EMHSCA was in response to the multiple and significant sector reforms taking place, particularly in relation to mental health supports. We have been consolidating the new EMHSCA structure in 2019 and note improvements in engagement of partners with this greater focus on seeking solutions to service coordination and integration issues that affect the group.

Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

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 26 member services of the EMHSCA. This is current and not due for review and re-signing until 2022.

EMHSCA Co-chairs: Dr. Tamsin Short (Connect 4 Health) and Brad Wynne (Eastern Health Mental Health Program).

Membership

New members that joined EMHSCA in 2019 are Bolton-Clarke, Whitehorse City Council and Knox City Council. Yarra Ranges City Council has declined the invitation to join EMHSCA, however a connection with the metro access officer, Amanda May, has been created and the EMHSCA project coordinator is invited to attend the Outer East Community Inclusion Alliance (OECIA). The OECIA aims to increase the participation of people with disabilities within their local communities of choice by sharing information and working together toward common goals.

The EMHSCA MOU has been reviewed, revised and delivered to EMHSCA members for signing this year. At the time of this report 26 partners have signed up to EMHSCA for a further 3 years, and until December 2022. Organisations that have not signed up to EMHSCA this year include Delmont Private Hospital and Yarra Valley Psychology.

The Alliance membership changes are listed as follows:

Mandy Mercuri is leaving the role of Principle Strategic Advisor for the Regional Family Violence Partnership and a new representative for Family Violence is sought. Jenny Bretnall replaces Ellisa Scott as the representative for Independent Mental Health Advocacy. Donna Askew (Director Partnerships and Community development) is representing Eastern Community Legal Centre. Simone Ruskulic has been representing Anglicare AOD whilst Amy Youl is taking parental leave.

Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

Bolton-Clarke is not currently represented. Richard Verhagen now represents Campbell Page. Maurice Shipp represents Aboriginal Outcomes and Engagement at the east division of DHHS. Nicole Pensa replaces Carmen Harris as the Turning Point representative. Elia Barresi is the Eastern Peer Support Network coordinator and replaces Sam Ryan. Lara Clark replaces Andrea Waugh as the representative for Inspiro.

The local NDIA are regularly communicating with the EMHSCA project coordinator and receive meeting minutes. Michelle Garnier (Director Stakeholder Engagement Eastern Victoria) is the key contact for the NDIA, and replaces Chris Cahill.

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 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.P.s; 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.

Figure 1. EMHSCA Strategic Priorities



Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

2019 in review

The Alliance has appeared to manage the fall-out of the various sector reforms and continues with a strong and committed membership. 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.

We can look 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. EMHSCA has demonstrated its resilience and agility, and can look forward to a solutions-focussed 2020.

Highlights for 2019

- EMHSCA was referenced several times in the Draft Final report of the National Productivity Commission's investigation into Mental Health.
- 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 EMR MH Support and Prevention Network have EMHSCA as front and centre in their Terms of Reference.
- New funds have been provided by EMPHN to enable expansion of the EMHSCA workforce development activities.
- The "Navigating Mental Health Supports Forum" was delivered to 230 health and community services staff on 3rd September.
- The "Bridging the divide" 2 part workshop series was provided to 120 staff in November.
- Presentations were provided by the EMHSCA project coordinator to the ECADS consortium at the APSU offices in Carnegie on 22.02.2019 on the topic of "Navigating mental health supports" in March, the EMR MH Support and Prevention network in July, and the Outer East community inclusion alliance in October. 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 and the Eastern Health Mental Health research forum in November.

Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

EMHSCA Work plan activity analysis

Service Coordination Alliance

- 48 EMHSCA Members.
- Representing 30 organisations and 18 service sectors across the EMR of Melbourne.
- New members: Whitehorse & Knox City Councils.
- EMHSCA Partnership survey conducted in April with 22 participants from 12 service sectors.
- 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.

NDIS

- NDIS is now a standing agenda item for Alliance meetings and the project coordinator is providing periodic updates.
- NDIA presentation at April Alliance meeting re complex support needs pathway.
- EMHSCA project coordinator informing consultations and forums regarding development of psychosocial supports - EIPSR and National Psychosocial Support Measure.

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 ensure reduced duplication of effort.
- EMHSCA connects routinely with the EMR Dual Diagnosis Linkages coordinator.

Collaborative care planning

- The EMHSCA Care Coordination study was completed in May 2019 and the EMHSCA model of Care Coordination has emerged. Findings delivered to members in June.
- EMHSCA Shared Care Protocol survey results reviewed and recommendations discussed - April 2019
- The Implementation committee has completed revisions to the Shared care protocol.
- Further work is now required regarding 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.
- The DDCCAC was consulted in the development of a Shared Care poster for waiting rooms - now with graphic designers.

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.
- Additional funding has been provided by the Eastern Melbourne PHN for delivery of a large forum, 2 F2F workshops, and 2 webinars in 2020.
- An event calendar is being developed for 2020 with consideration of the changing sector needs and based on the EMHSCA Workforce development survey conducted in November 2019..

Safe and quality care

- Case discussions continued throughout 2019.
- Topics included BPD, AOD, Multiple and Complex Needs, Dual Diagnosis, Hoarding and Squalor, and Complex Trauma.
- Bronwyn is attending the Eastern Health Complex case panel routinely to gather information about gaps in care coordination for future EMHSCA discussions.

Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

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 are as follows:

- Conducted Partnership survey of EMHSCA members.
- Adjusted 3-year EMHSCA MOU and facilitated signing by 26 health and community services partners.
- Renewed work plan
- Developed Program logic to align with the EMHSCA work plan.
- EMHSCA membership guide renewed.
- Facilitated local councils, Whitehorse and Knox, joining EMHSCA.

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 2019 the NDIA attended the June Alliance meeting to provide an update. 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. EMHSCA membership included the outer and inner eastern Local Area Coordinators from Latrobe

Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

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

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 discussion regarding issues of collaboration are facilitated. A summary of the sessions provided during 2019 follows.

February

Engaging Aboriginal Peoples with health and community services

Merilyn Duff (Partners In Recovery HICSA) presented a case which demonstrated a failure in intra service communication and led to the death of an aboriginal woman. This highlights the need for improvements to communication between mainstream and aboriginal service providers. Merilyn outlined ways in which organisations can better engage with Aboriginal peoples, and 5 key facts about cultural safety. Details are available in the February 2019 minutes of the Alliance meeting. The Alliance invited Merilyn to provide an annual update on this important topic.

April

AOD sector service coordination issues

Amy Youl of Anglicare AOD services presented a Dual Diagnosis case scenario which demonstrated significant communication issues - a language barrier between providers. AOD practitioners are not wanting people to get to the stage of needing Complex care responses and request an earlier joined-up response to emerging complexities. Amy called upon members of the Alliance to consider how their organisation might better support this earlier intervention and care coordination.

Outcomes: The Outer East PCP will consider the development of a Dual Diagnosis persona once the Mental Health Access project is completed. This could lead to a Dual Diagnosis model of care being developed. As Borderline Personality Disorder presentations were discussed, a connection was made with Spectrum and a presentation arranged for later in the year.

June

MACNI identified service coordination issues

Sharon Collins provided a de-identified case focused description of systemic gaps and strengths in relation to the Department of Health and Human Services (DHHS) Multiple and Complex Needs Initiative (MACNI) cohort of service users. Sharon also provided information about referral to the initiative. Details are available in the June 2019 minutes of the Alliance meeting.

Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

An outline of the overarching issues in joining up appropriate supports for people with high and complex needs was provided. Sharon Collins raised the following: NDIS has created gaps for people with complex needs. 1. Expertise has been lost from the non-clinical MH sector. 2. Not enough quality services. 3. NDIS is not supporting collaboration. 4. Support Coordination is not adequate as a role in connecting providers. 5. Providers reluctant to provide services to consumers with complex needs. 6. People don't necessarily want to engage with services either. 7. The risk has increased as we have lost the community based MH system that provided stability and support. These claims are supported by the EMHSCA Care Coordination study findings of 2019.

Outcomes: Collaboration and communication is vital. EMHSCA needs to continue to implement the shared care protocol and examine the gaps.

August

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

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.

Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

December

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.

2020

Aboriginal engagement is to be discussed again in the new year. Other potential topics for future discussion include community legal, disability employment, Centrelink, and Local council amongst others.

Collaborative Care Planning

A brief quantitative survey was conducted in February 2019 to collect information from EMHSCA members (n=14) regarding their progress with embedding the EMHSCA Shared Care Protocol at their services. Results of this survey would indicate that the EMHSCA Shared Care protocol provides a clear apparatus for supporting coordinated care practices across health and community services in the region. There appears to be a lack of knowledge of the protocol for some EMHSCA members. With the changing workforce at this time, there are likely to be many more health and community services staff who have not had an opportunity to be introduced to the Shared Care Practices.

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 early in 2020.

Consideration is to be given to suitable methods of ongoing monitoring of the uptake of the protocol by EMHSCA partners. This will necessitate 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 10 members are listed below and, as Service Coordination champions, they exemplify our EMHSCA values and shared care practices.

| | |
|-----------------|--------------------------------|
| Danni Harrison | Anglicare Family Services |
| Jacinta Maloney | Eastern Community Legal Centre |

Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

| | |
|------------------|--|
| Jose Abalo | Federal Dept. Human Services |
| Paula Kelly | Dual Diagnosis Consumer and Carer Advisory Council |
| Reuben Sago | Campbell Page |
| Rose Juan | Latrobe Community Health Service |
| Sandro Madrigale | Eastern Health Aged Persons MH Program |
| Shilpa Ullagaddi | Neami National |
| Simon Jones | Eastern Melbourne PHN |
| Bronwyn Williams | Eastern Health Adult MH Program |



L-R Lauren Papadopoulos (LCHS); Jacinta Maloney; Shilpa Ullagaddi; Rose Juan; Danni Harrison; Bronwyn Williams; Sandro Madrigale; Sarah Officer (NEMHSCA)

EMHSCA events calendar 2019

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. 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 Cooccurring 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. Detailed reports for both events are available on the EMHSCA shared repository.

Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

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

Somewhat less interest was expressed for 'Supported Decision Making', 'Screening and Brief intervention for Dual Diagnosis', 'Screening and next steps for physical health issues', and 'Quality, safety and clinical governance'. 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 following calendar of events is to be delivered in 2020.

1. The Collaborative Care Planning workshop is planned to be held in March 2020. This long standing EMHSCA event will include discussion on managing risks as a collaborative care team.
2. A Navigating Mental Health, AOD and psychosocial supports forum is to be held in May from 9am-1pm in the Box Hill Town Hall Ballroom. This will include an update on the NDIS and participants' roles in assisting people to navigate the NDIS pathway for psychosocial supports.
3. The Mental Health and Co-occurring Issues Explored workshop will 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.

A series of 4 webinars are also to be developed as a collaborative activity with NEMHSCA in 2020. Topics are to focus on the Mental Health and AOD capacity building needs of health and community services staff. Additionally, a large joined up inner- and outer- eastern region health and community service navigation forum is planned for August 2020, and EMHSCA will be a key partner in the development and delivery of this event.

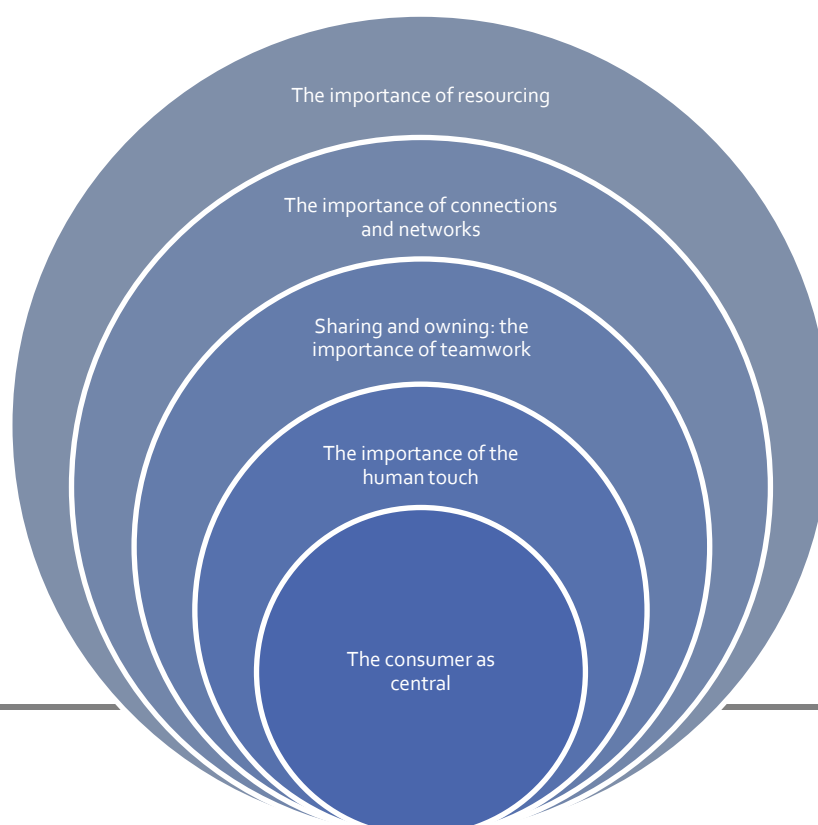
End of year Report – December 2019

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 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. This is further described in the EMHSCA Strategic Priorities and Work plan located in the EMHSCA shared repository.

Figure c EMHSCA Care Coordination Model



Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

Future work

A series of 3 research papers are to be delivered outlining the findings of the EMHSCA research project conducted in 2019. This will be done in collaboration with Dr. Rosemary Charleston (Centre for Mental Health Learning) and Dr. Shane McIver (Deakin University).

The EMHSCA webpage is to be moved to the EMPHN website in 2020 to improve flexibility for additional content and adjustments when required.

The EMHSCA brand is undergoing a makeover and will be informed by the recent survey of members. The graphic designer, Mahlie, has a lived experience of mental ill-health.

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

Expanded workforce development opportunities include the delivery of a webinar series along with the popular EMHSCA face to face workshops and forums. Collaborative planning will involve the Eastern Dual Diagnosis Service, NEMHSCA, Nexus, and the Eastern Regional Coordinators.

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 will be included.

Implementation of the EMHSCA Shared care protocol will continue, with dedicated and facilitated member discussions included on the EMHSCA agenda.

Conclusion

EMHSCA is now experiencing national recognition as a valuable model for Mental Health Service Coordination, as is evidenced by inclusion in the draft Final Report of the Productivity Commission in November. We are 18 months into the renewed EMHSCA work plan and appear to be meeting the objectives. Member participation across the various EMHSCA meetings and events has remained solid and supportive of the key aims around improving service coordination and integration practices. With new project funding at Eastern Health and provided by the Eastern Melbourne PHN which aims at expanding the EMHSCA work, some future certainty has been provided. The EMHSCA Care coordination research project has enabled articulation of a model for EMHSCA to own and promote. This research project also highlighted the key areas requiring focus for future work, as we seek to address the barriers that make coordinated support difficult to achieve. With 26 health and community service organisations partnered to support the work going forwards, EMHSCA's future would seem secure in the medium term. As 2019 closes, the preservation of partnerships is becoming less of an imperative. The EMHSCA energy can now be directed towards a further examination of the disruptors to safe and quality care, and improving pathways to support for people who experience Mental ill-health and co-occurring issues in 2020.

Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

Appendices

A Glossary

B 2019 Navigating psychosocial supports forum report

C 2019 “Bridging the divide” Event Report

D EMHSCA Program Logic

E Dual Diagnosis Linkages report 2019

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

Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

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).

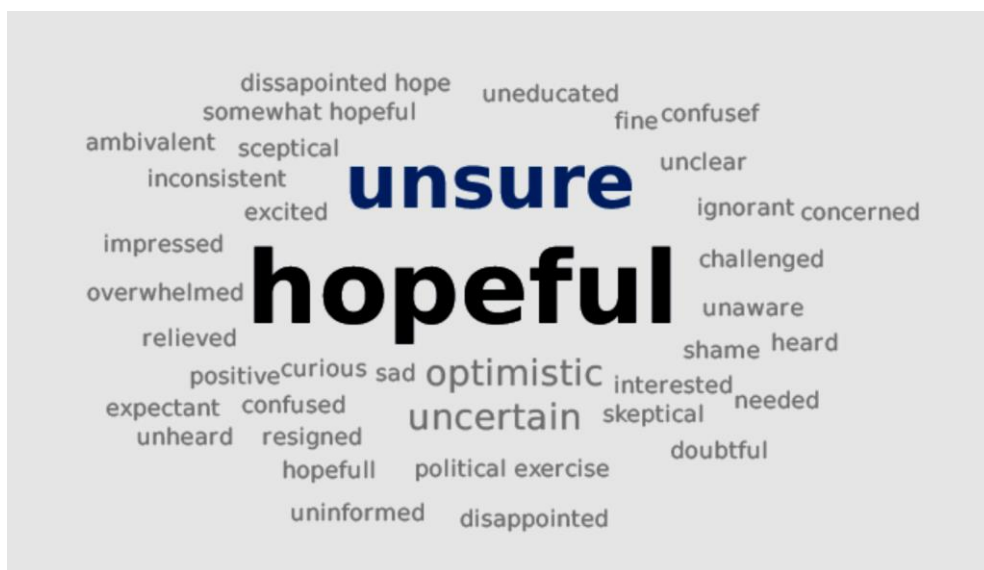
NDIS: The National Disability Insurance Scheme provides community linking and individualised support for people with permanent and significant disability, their families and carers.

PCP: Primary Care Partnerships

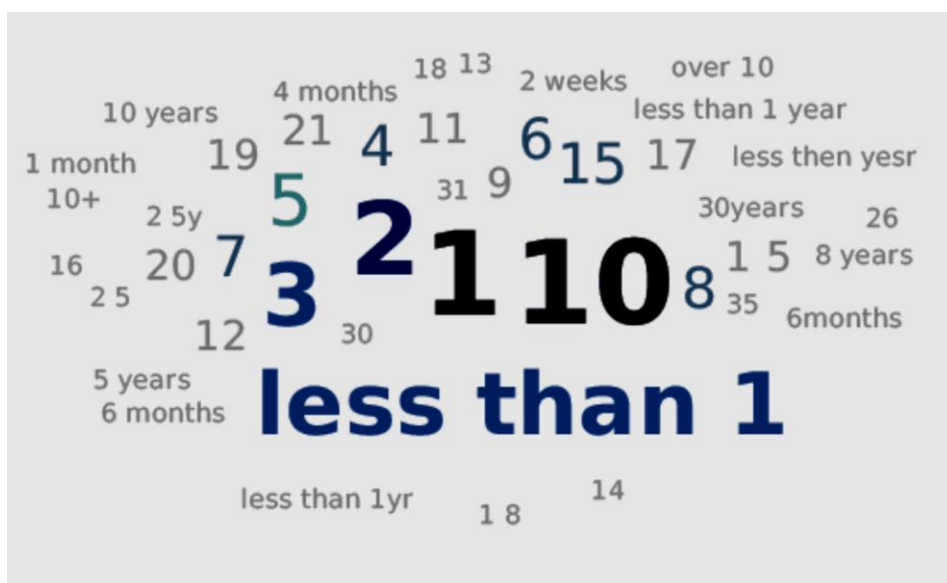
Recovery Plan: A consumer's plan that articulates what is important in their life and includes their goals, hopes and dreams, and identified supports (Glover 2013).

End of year Report – December 2019

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

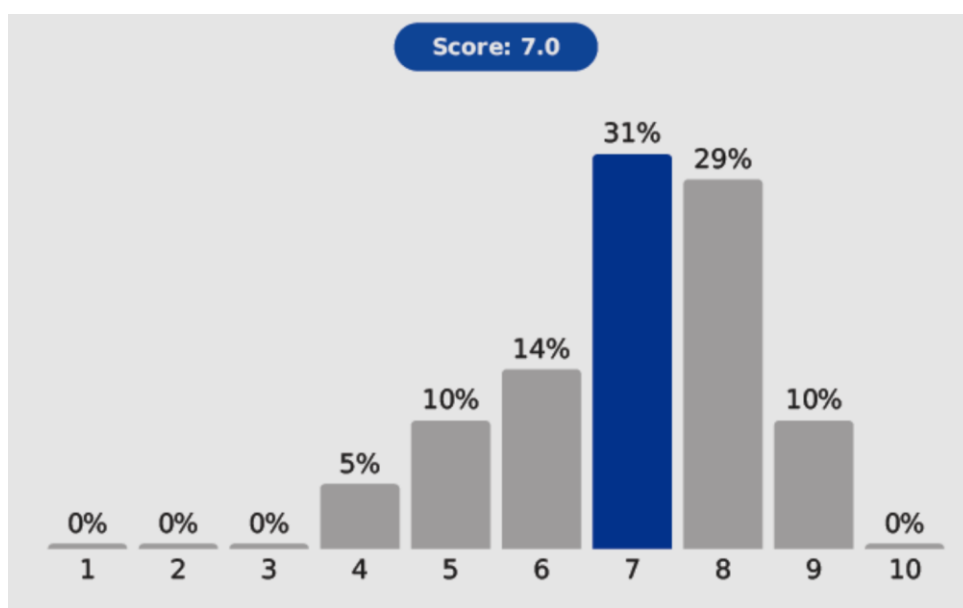


How many years have you worked in this sector?



End of year Report – December 2019

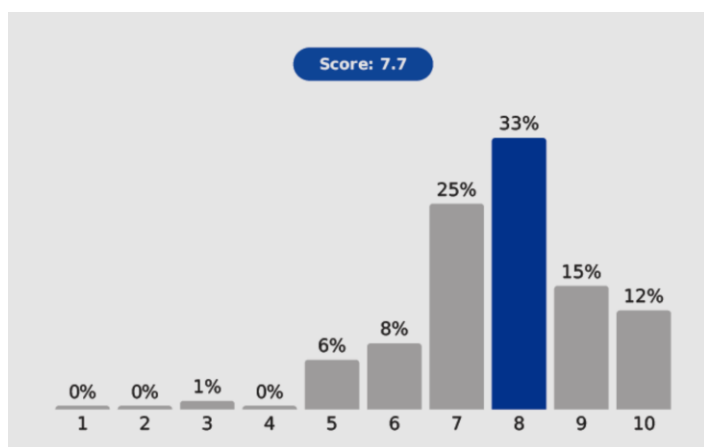
As we conclude this event, how confident are you in identifying the appropriate mental health supports for consumers?



Survey

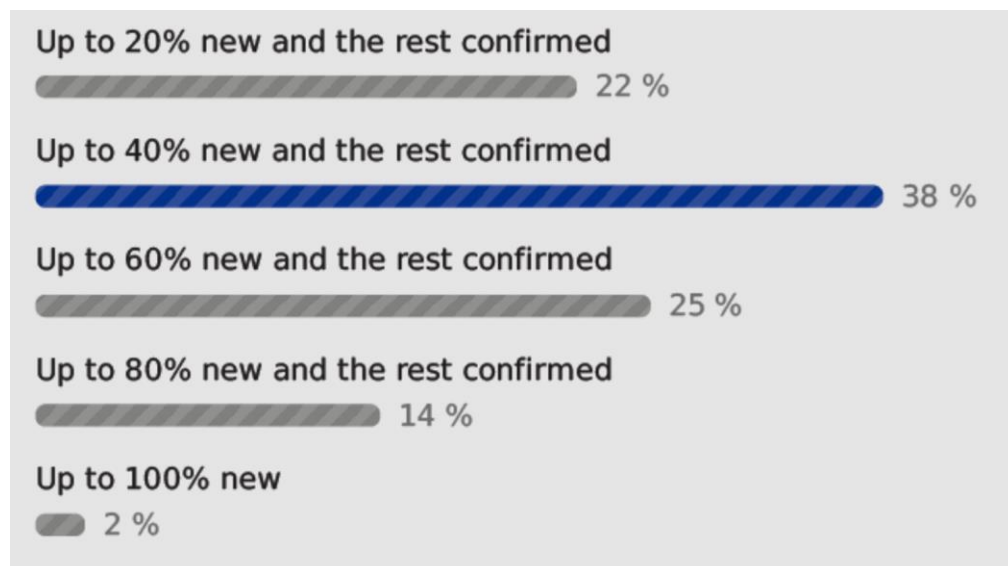
The feedback survey was offered in Slido at the end of the event. Just 88 of the 230 participants completed the survey (38%).

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



End of year Report – December 2019

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



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:

Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

"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.

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 |

Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

| | | | |
|----------------------|----|-------------------------|----|
| 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.

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.

Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

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 |

Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

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:



Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

- 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:

- 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.

End of year Report – December 2019

What service sector are you from?

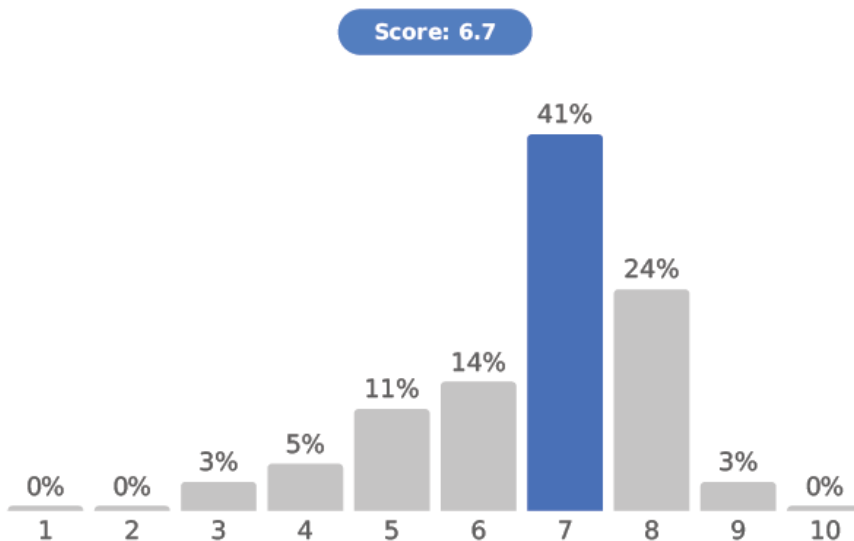
038



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.

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

037



Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

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.

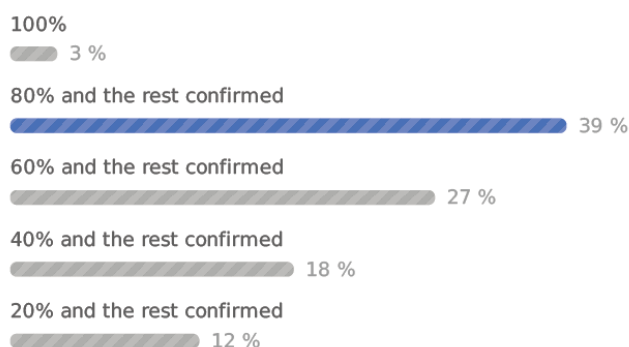
New learning versus confirmation of existing knowledge varied across the 2 days similarly. The results for both days are depicted in the following pictorials from Slido.

End of year Report – December 2019

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

033

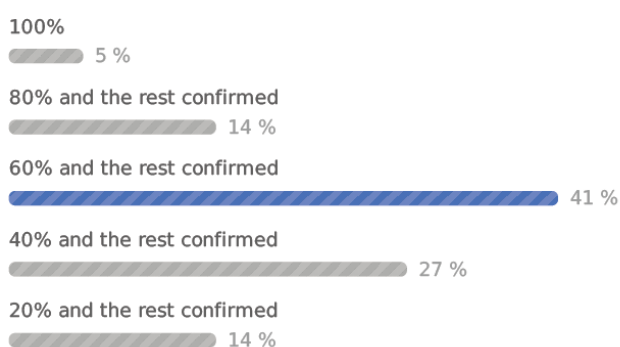
How much of this workshop was new learning for you?
(1/2)



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.

Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

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 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

Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

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
- 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

End of year Report – December 2019

- 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
- 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

Eastern Mental Health Service Coordination Alliance

End of year Report – December 2019

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

End of year Report – December 2019

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

Eastern Mental Health Service Coordination Alliance

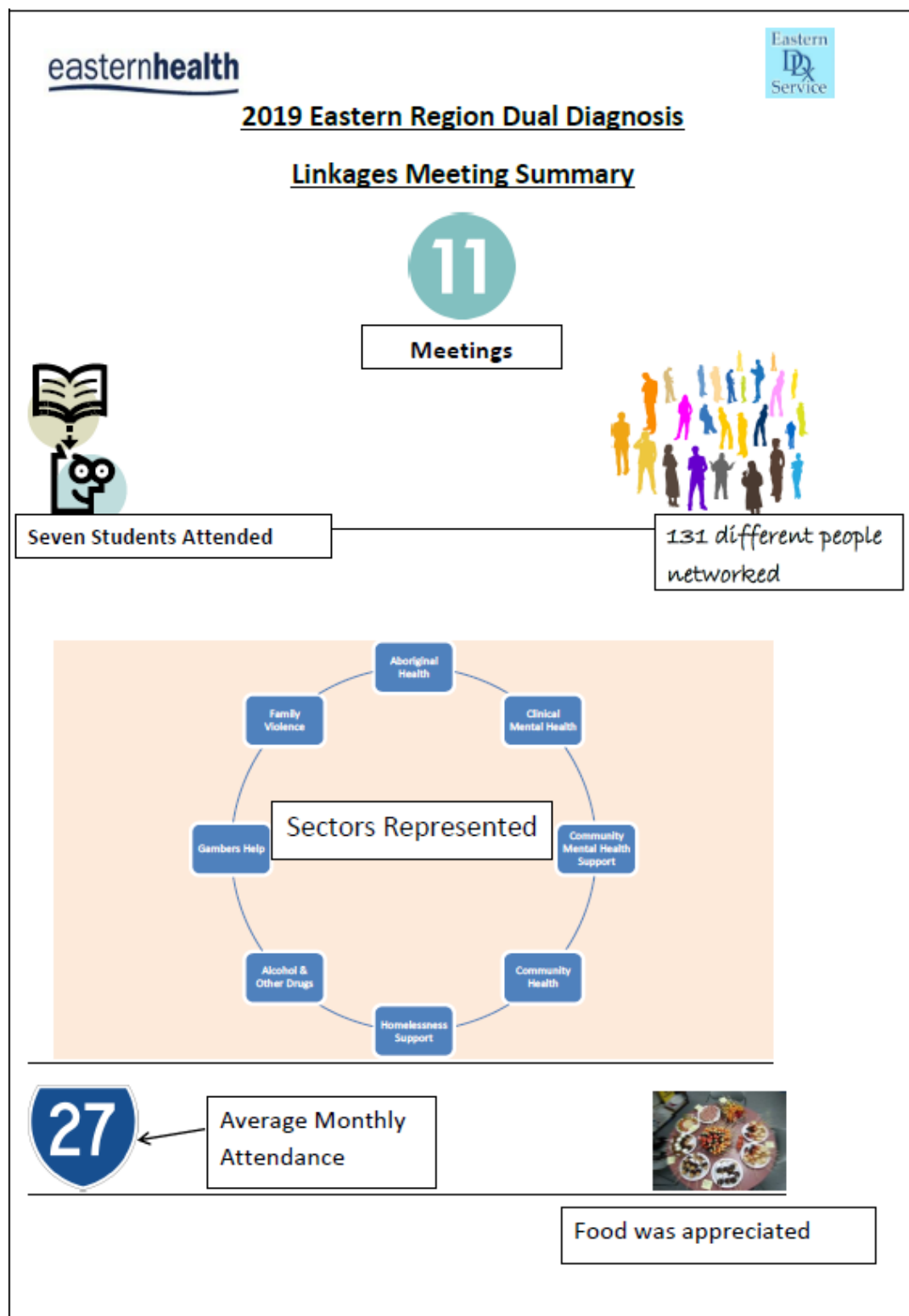
End of year Report – December 2019

Appendix D EMHSCA Program Logic

This model is an illustration of the theoretical explanation for how and why EMHSCA is expected to work. A combination of inputs and key activities create outputs and are expected to lead to a range of related short, medium and long-term outcomes. The logic model is important to ensure EMHSCA is clear about what it aims to accomplish and can articulate how it expects to do so.



Appendix E Dual Diagnosis Linkages report 2019



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TOPICS

Medication Support and Recovery Service, “Implications of ‘Real Time Prescriptions’, One year on!

Whole of Health Assessment - Importance of physical health screening in ATOD Treatment.

NDIS and impact on client’s mental health: a Partners In Recovery perspective.

Introduction to Early Psychosis work and accessing services.

Exploring the complexities of engaging consumers regarding family violence.

Family Support and Collaboration In a Residential AOD Rehabilitation Service.

Family Access Network LGBTIQ Capacity Building Project.

The HOPE Model: CRM and family consults in the community. Solution-Focused Brief Therapy (SFBT) in a Nutshell.

What does a Gambler Look like? Stats and trends.

Integrated Dual Diagnosis Treatment. What does it look like in Clinical Mental Health Services.

Aboriginal Social and Emotional Wellbeing: Harm Reduction through a Cultural Lens. Providing Cultural Care in a mainstream MH Service.

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