

Welcome to
Professionals Navigating the East:
Change and Integration

Please find the Slido polls here



WOMINJIKA

WELCOME TO COUNTRY

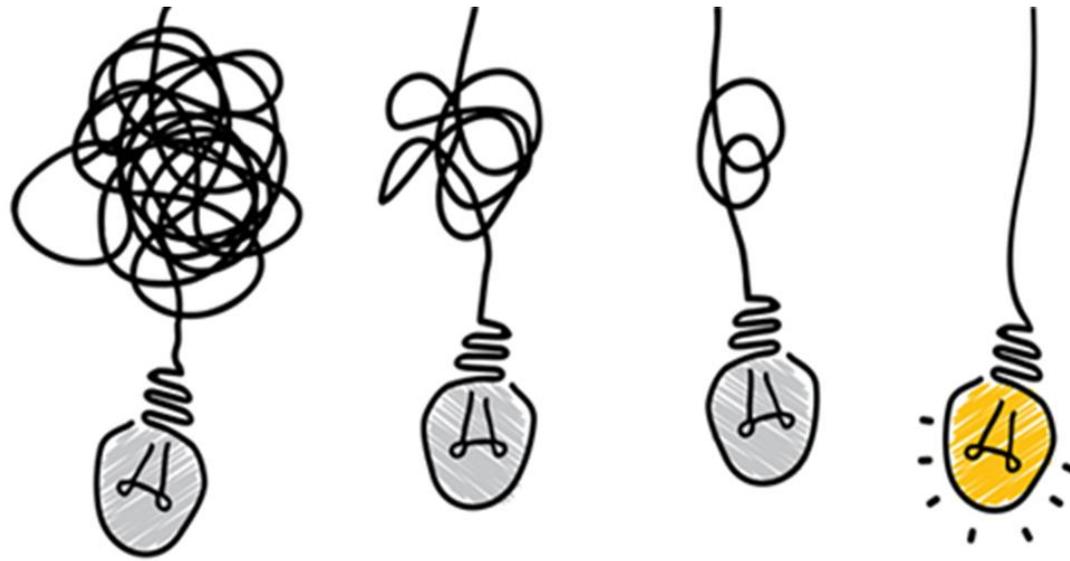


We acknowledge the stolen generations



**National
Sorry
Day**

26 May



Eastern Navigation Resource

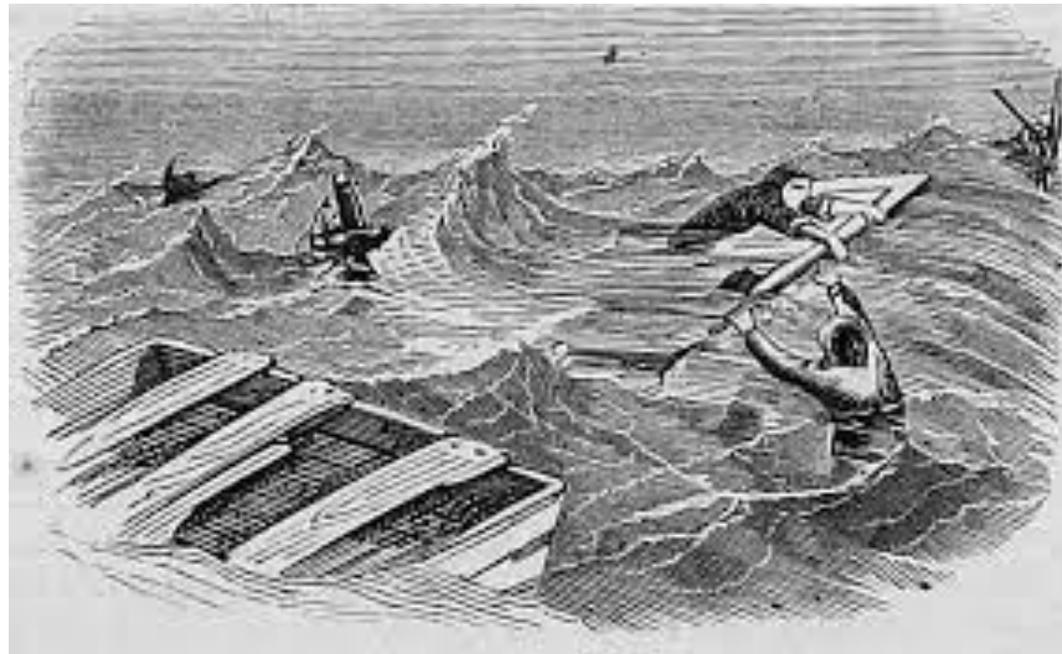
Unravelling pathways to health and community supports
Provided by the Eastern Regional Coordinators

1

ASK SOMEONE WHO KNOWS

& TELL ME WHERE TO GO

Belle Groves
Grahame Mitchell



3

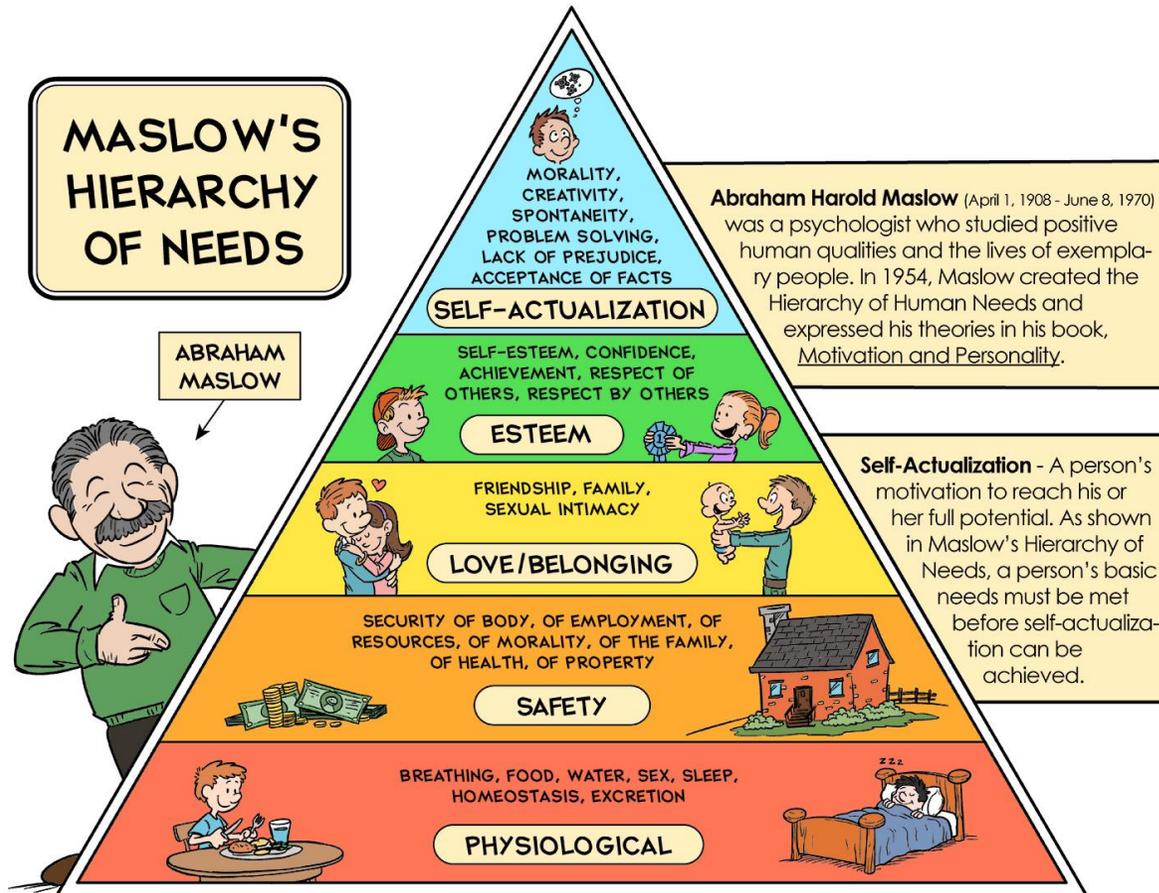


Grahame H. Mitchell.

Professionals Navigating the East: Change and Integration

Thursday, May 26th 2022

5 MASLOW'S HIERARCHY OF NEEDS



6

We are all in this together

However, you may not be aware that:

You and your colleagues are at the front line of mental ill-health prevention and support.

The people accessing your service are either in a state of or at risk of Psychological Distress.

Psychological Distress according to the Royal Commission into Victoria's Mental Health System is a Mental Health condition, and the Commission reported that almost 50% of the Victorian population will experience a Mental Health Crisis in their lifetime.

My observation is that the other 50% are involved in caring for them while dealing with their own Psychological Distress. I know I am!

It is no surprise then that, the state's mental health system has catastrophically failed to live up to expectations and is correctly labelled as BROKEN.

7

**Today is about
Professionals Navigating the East:
Change and Integration**

PLEASE.

Do what you say you do!

OR

Change what you say you do!

8

**Today is about
Professionals Navigating the East:
Change and Integration**

Psychological Distress is why we are here today.

**We are all here because we have the desire, and
willingness to experience Psychological Distress to
support others to reach for and attain an improved**

Quality of Life.

9

**Today is about
Professionals Navigating the East:
Change and Integration**

Quality of Life

**is inversely proportional to
services being able to support**

MY CONTROL of my BASIC NEEDS

1
0

**Today is about
Professionals Navigating the East:
Change and Integration**

**Today you can network, gain knowledge
and help close the gaps in the system.**

FOR GOOD!

11

**THANK YOU ALL FOR LISTENING TO ANOTHER
MENTAL HEALTH LIVED EXPERIENCE VOICE**

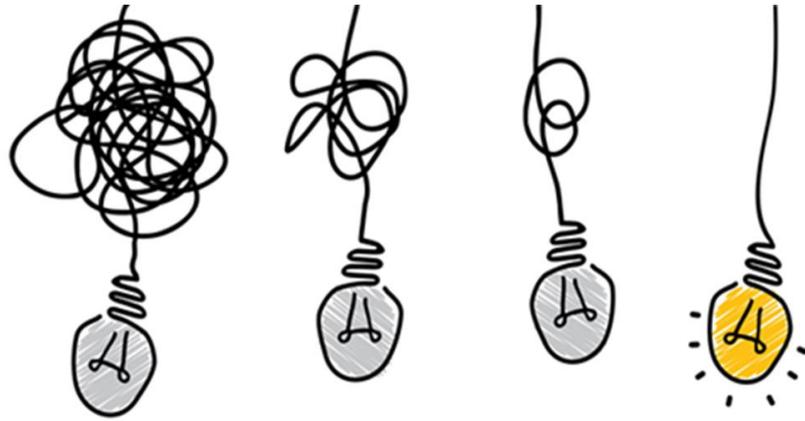


I NEVER LET GO OF A GOOD BONE! (Mitchell,
2019)

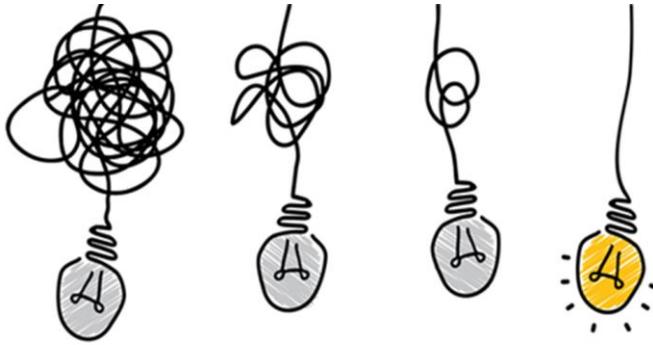
THE KEY POINTS FROM THE SERVICE USER SIDE



- **NO WRONG DOOR – YOU SHOULDN'T NEED A SCRIPT TO KNOW WHAT TO SAY**
- **WE NEED WORKERS TO LISTEN, RESPOND AND HELP US LOCATE SUPPORTS**
- **WE CAN DETECT JUDGMENT AND STIGMA DURING A PHONE CALL**
- **KNOW WHEN YOU CAN AND CANNOT SPEAK WITH CARERS – CONSENT OR NO CONSENT**
- **THE SYSTEMS ARE BROKEN AND WE ARE LOOKING FORWARD TO THEIR REFORM**
- **PEOPLE CALL WHEN THEY ARE IN CRISIS (PSYCHOLOGICAL DISTRESS)**
- **DO WHAT YOU SAY YOU DO OR CHANGE WHAT YOU SAY YOU DO!**



Yen Gali Mullum Singers



Accessing Homelessness Services in the Eastern Region

Maidie Graham

Professionals Navigating the East Forum
26th May 2022



Homelessness Entry Points

- Homelessness Entry points are:
 - a statewide service. There are Homelessness entry points in every region of Victoria.
 - providers of housing information for people, ie: information about how to find private rental or sustain the current tenancy, information about other housing options.
 - the referral point to the funded homelessness support services in the region
 - Providers of resources specific for people experiencing homelessness

Eastern Entry-Points:

The 4 Homelessness entry-points in the Eastern region are:

- Anchor in Lilydale
- Community Housing Limited (CHL) in Box Hill
- Salvation Army Homelessness east in Nunawading
- Uniting in Ringwood

Client stories

- Jasmine: single mum with a baby aged 20
- Travis: single man aged 35
- Maria: single mum with 3 children
- Josh: aged 17
- Karen: single mum with 4 children
- Doug: aged 76

Entry point process

- Contact can be made via phone or in person
- Clients can be seen on the day or by appointment on a later date, depending on levels of demand and urgency
- An Initial Assessment and planning tool (IAPT) is completed by entry points statewide.
- Options are discussed with client
- Not all clients are provided with accommodation or their ideal accommodation

Entry Point process continued

- Most accommodation options accessed are mainstream community options
- Entry points prioritise clients for available funded options
- Funding is limited, demand is increasing
- Current support workers can be resourced with information.
- Entry points cannot provide ongoing case management: it is a crisis response

Possible referrals

- Youth specific housing and support services,
- Family specific housing and support services,
- Family Violence services,
- Housing and support programs for single people and couples(limited)
- Private rental assistance programs (PRAP)
- Tenancy support programs.
- Emergency Relief
- Referrals to allied services (mental health services, AOD services, family services, financial counselling)

After Hours responses

- St Kilda Crisis Centre 1800 825 955 provides a statewide telephone afterhours service. It is a brief crisis homelessness response.
- During the day the same number diverts to the closest entry point according to the suburb you are ringing from.
- Safe Steps: 1800 825955 for women and children homeless as a result of family violence and at high risk.

**INNER AND OUTER EAST
INTEGRATED FAMILY
SERVICES**



I would like to acknowledge the Traditional Custodians of the lands, the Wurundjeri people of the Kulin Nation, on which we work on in the Eastern region. We recognise their continued connection to the land, the water and the community.

(& all other lands you may be on today).

I would like to pay our respects to both the Aboriginal and Torres Strait Islanders and their respective cultures.

I would like to pay our respects to all Elders who have past, and those that may be present here today.

The Land we are all meeting on- *has never been ceded-*

It Always Was & Always Will Be Aboriginal Land.



Introduction to the Integrated Family Services Alliance

Family Services Alliance Facilitation focus;

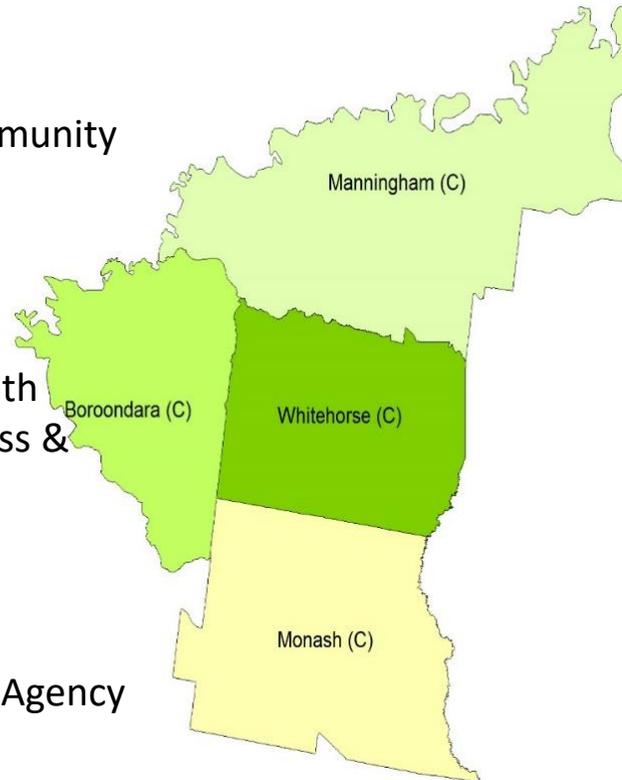
- shared strategic planning
- continuity of service and shared resource allocation
- implementation of updated policies, guidelines and procedures
- operational administration within the Alliance
- workforce capability building
- cross sector partnerships
- self-determination for all ATSI families & community



Alliance Membership and Catchments

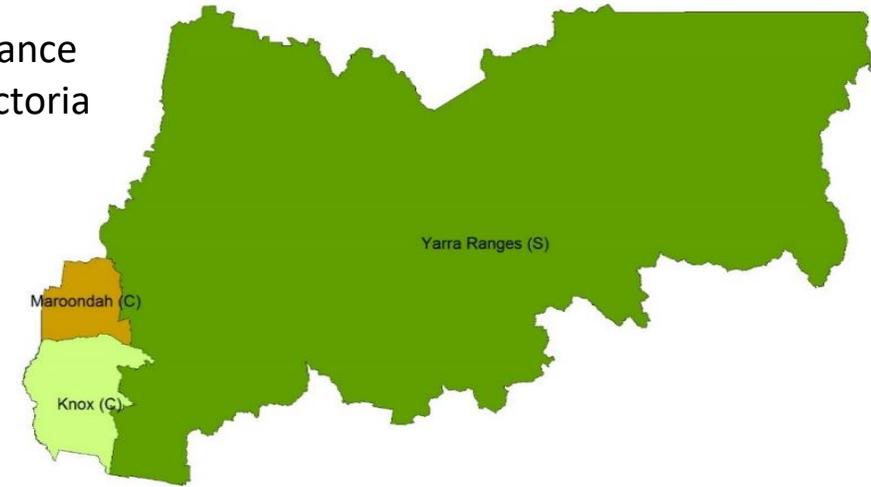
Inner East:

Uniting Victoria Tasmania (VT)
Camcare-Access Health & Community
Anglicare Victoria
Doncare
Monash
Mackillop
LINK-LaTrobe Community Health
Department of Families, Fairness & Housing (DFFH):
-Child Protection
-Agency Performance
-Family Safety Victoria
Victorian Aboriginal Child Care Agency (VACCA)



Outer East:

Anglicare Victoria
Uniting VT
Boorndawan Willam Aboriginal Healing Service (BWAHS)
VACCA
Mackillop
Eastern Access Community Health (EACH)
DFFH
-Child Protection
-Agency Performance
-Family Safety Victoria



What is the Family Services programs:

Our model:

The Family Services model is founded around the Best Interest Case Practice Framework. It is a strengths based, trauma informed, child centred and family focused service.

We work in a case management model with families to;

- help develop and support self determination
- promote child safety, stability and development
- increase parenting capacity
- improve family functioning
- help families engage in services and their own community
- connect to culture



What is the Family Services programs:

How we do it:



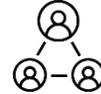
Goal driven



Outreach



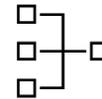
Include the whole family unit, including separated parents (where appropriate)



Care teams and collaboration with all professionals



Engage hard to reach families with diverse and creative activities and approaches



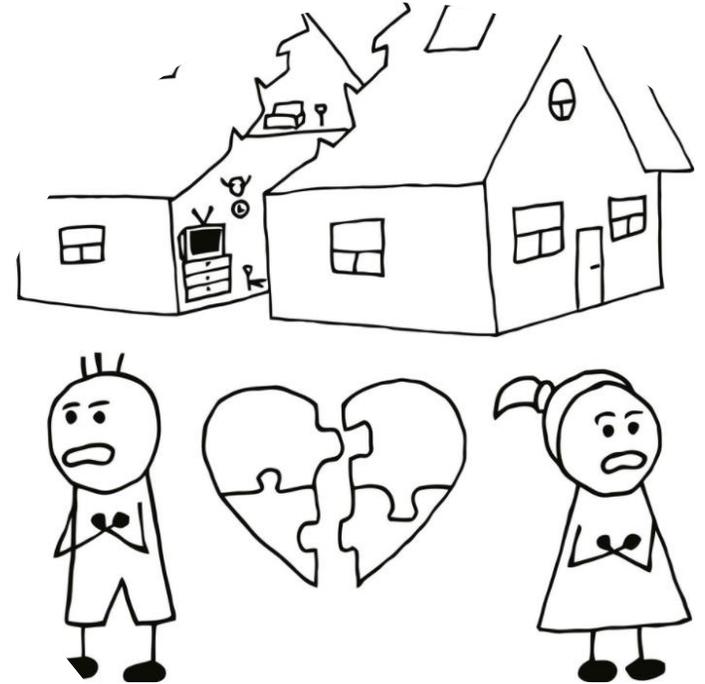
Support families to link into and effectively negotiate the broader sector service system



Brokerage and Flexible Support Packages

Family's Presenting needs...

- Parenting difficulties affecting the child's development and/or wellbeing
- Isolated and/or unsupported families
- Child and adolescent challenging behaviour
- Significant social or economic disadvantage
- Family conflict/breakdown
- Trauma experience – history of or current
- Mental health issues
- Disability
- Alcohol an/or other drugs
- Family Violence
- Concerns for the wellbeing of an unborn child
- Risk of (re) entering the Child Protection system



- Senior Child Protection Practitioners-Community Based (SCPP-CB) work with Family Services in the management of risk, with a focus on keeping children out of the child protection system and supported in the community where ever possible



Aboriginal Liaison Worker-ALW

- All Aboriginal & Torres Strait Islander (ATSI) families who are with a mainstream service must have an ALW consult
- The consults support IFS to engage and provide a culturally responsive service to Aboriginal and Torres Strait Islander families throughout the FS intervention
- Supports and informs Aboriginal and Torres Strait Islander families referred to FS throughout their involvement
- Liaises closely with SCPP-CB and member agencies around management of risk to Aboriginal children and safety planning.



VACCA
Connected by culture

Referrals to Family Services - Eligibility



Anyone can refer to IFS on behalf of families - professionals, family members, self referrals, child protection

Anyone who is caring for a child/young person between 0 to 18 years old who is/are residing in the family home (including unborn children)

and be experiencing difficulties that impact on the child, children or young person's wellbeing, their parenting and family life

Family not currently involved with Child Protection (alternate referral pathway to IFS)

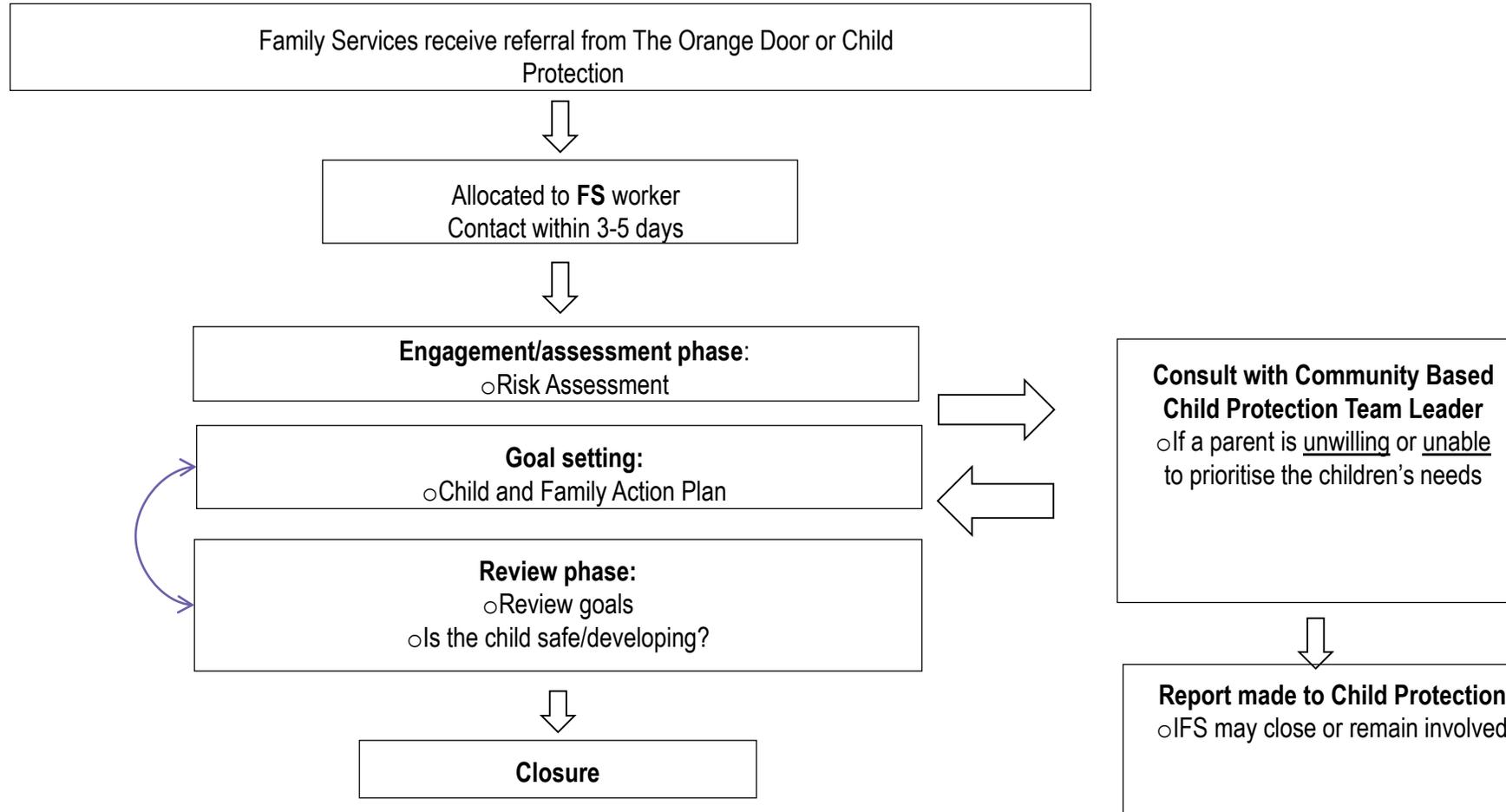
Must be residing in the catchment,

How to Refer to Family Services

- All Family Services referrals go through The Orange Door (TOD), replacing what was Child FIRST.
- TOD was established to help women, children and young people experiencing family violence and for families who need support with the wellbeing and development of their children.
- TOD helps connect people directly to services and provides a coordinated response to a range of different needs, and where required a whole-of-family response, including holding perpetrators to account.
- TOD provides short term intake and assessment, and if deemed appropriate for Family Services, the family will be presented at a weekly Allocations meeting where all Alliance Agencies attend to discuss their capacity and the most appropriate allocation to an individual agency.



Family Services- how we work

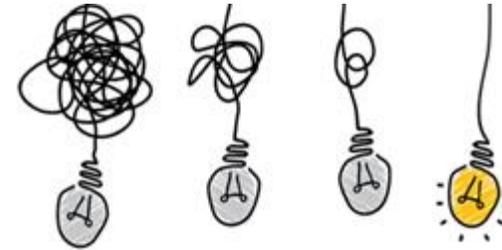


Specialist Family Services Programs

Integrated Family Services also offer Different Specialist Programs;

- Family Preservation and Reunification Response
- Adolescent Family Violence
- The Starting Out Program
- Children with Complex Disability Support Needs Practitioner
- Family Services Specialist Disability Practitioner
- Intensive Family Services
- Safe Care

Some of these programs are accessed through the Orange Door, while others are through Child Protection only.



Eastern 2021
Navigation
Resource

Integrated Family and
Community Supports

Aboriginal and Torres Strait Islander Families



VACCA and Boorndawan provide specific support to Aboriginal and Torres Strait Islander families in the Inner and Outer Eastern Regions.

Both Agencies have a suite of services including, but not exhaustive of; FV case management and therapeutic programs and Cultural Support Programs to name a couple.

IFS can be accessed for Aboriginal and Torres Strait Islander families through the Orange Door.

You can call VACCA or Boorndawan directly for more information regarding their other extensive support programs.

The Orange Door or Child Protection?

The Orange Door

- You are concerned about the **wellbeing** of a child or unborn child.
- You believe that the family are in need of support services to better meet the needs of the child/ren and there are issues such as;
 - Parenting difficulties impacting on children/young people's safety, well being and development
 - Challenges due to family violence, significant mental health concerns, alcohol and substance misuse, complex disability.
 - Children/young people exhibiting challenging and/or high risk behaviours
 - Social and community isolation or social/economic disadvantage
- Advice is needed in navigating the service system.
- The immediate safety of the child is not compromised

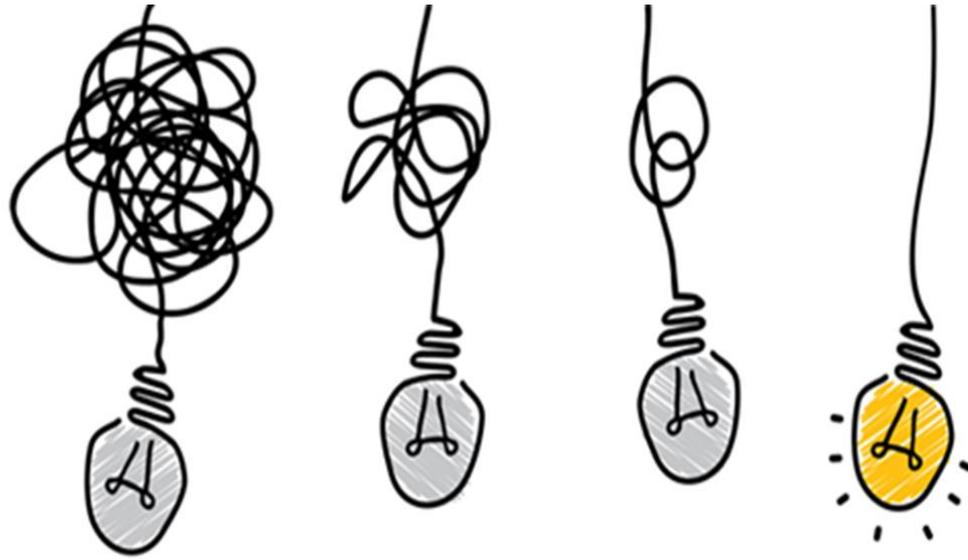
Child Protection

- When concerns have a serious impact on a child's immediate or imminent safety and they are in need of protection
- Physical abuse (specifically any injuries) and/or sexual abuse (including disclosures)
- Child abandoned, parents are dead or incapacitated, and no other person is properly caring for them.
- Serious emotional, psychological abuse or ill treatment, neglect impacting on healthy development
- Child/young person's actions place them at significant risk and parents are unwilling or unable to protect
- Concerns are persistent and entrenched and likely to have a serious impact on the child's development

NOTE: Mandated reports to Child Protection must be directed to Child Protection Intake.

FaPMI Families where a Parent has a Mental Illness

- Is part of the Eastern Health Mental health program.
- Was created in response to research that identified that some children living with parents with mental illness have greater vulnerabilities with their own mental health and often have increased carer responsibilities within their family.
- FaPMI co-ordinators work with mental health staff and integrated family workers to limit the impact of parental mental health on children and families by providing:
 - programs for children
 - Information for families, children and their supports
 - Secondary consultation for mental health and family workers



Eastern Navigation Resource Integrated Family Services



Integrated Family Services
Outer East Alliance



Alcohol and Other Drug Services

Dr. Tamsin Short
Senior Manager Mental Health & AOD Services
Access Health and Community

26th May 2022

Acknowledgements

- Acknowledgement of Country
- Acknowledgement of Lived Experience
- Acknowledgement of Diversity



ABOUT AOD TREATMENT SERVICES

Principles of the AOD sector

- Substance use problems are a **health issue** which require **treatment and support**
- **Reduce stigmatisation and improve access**
- **Family inclusive practice**
- **Dual diagnosis framework**
 - ‘No wrong door’
 - Work with people with co-occurring conditions
- **Recovery-oriented approach**
- **Harm reduction approach:** reducing the harms associated with alcohol, medication or other drug use

AOD treatment in Australia

<p>One third of treatment was for alcohol use</p> 	<p>Counselling is the most common type of treatment (38% of all episodes)</p> 
<p>Nearly two thirds (62%) of all clients were male</p> 	<p>Nearly half of all service users used more than one substance</p> 

Australian Institute of Health and Welfare, 2021

AOD treatment in Australia

The most commonly used substances by consumers of AOD treatment services were:

1. Alcohol



2. Amphetamines



3. Cannabis



4. Heroin



TYPES OF AOD SERVICES

Types of AOD Services

- AOD treatment services are provided across the Eastern Region to:
 - **Young people (ages 12 – 25)**
 - **Adults (ages 16+)**
 - **Families/carers**
- Residential and non-residential (community) services
- Harm reduction services are also available:
 - Needle and Syringe Programs (NSP)
 - Medically Supervised Injecting Facility
 - Overdose Prevention Services



Residential Services

**Residential
Rehabilitation
(‘rehab’)**

**Residential
Withdrawal
(‘detox’)**

**Supported
Accommodation**

**Dual Diagnosis
Rehabilitation**

Non-Residential Services

**Therapeutic
Counselling**

**Care & Recovery
Coordination**

Pharmacotherapy

**Family
Counselling**

**Non-Residential
Withdrawal**

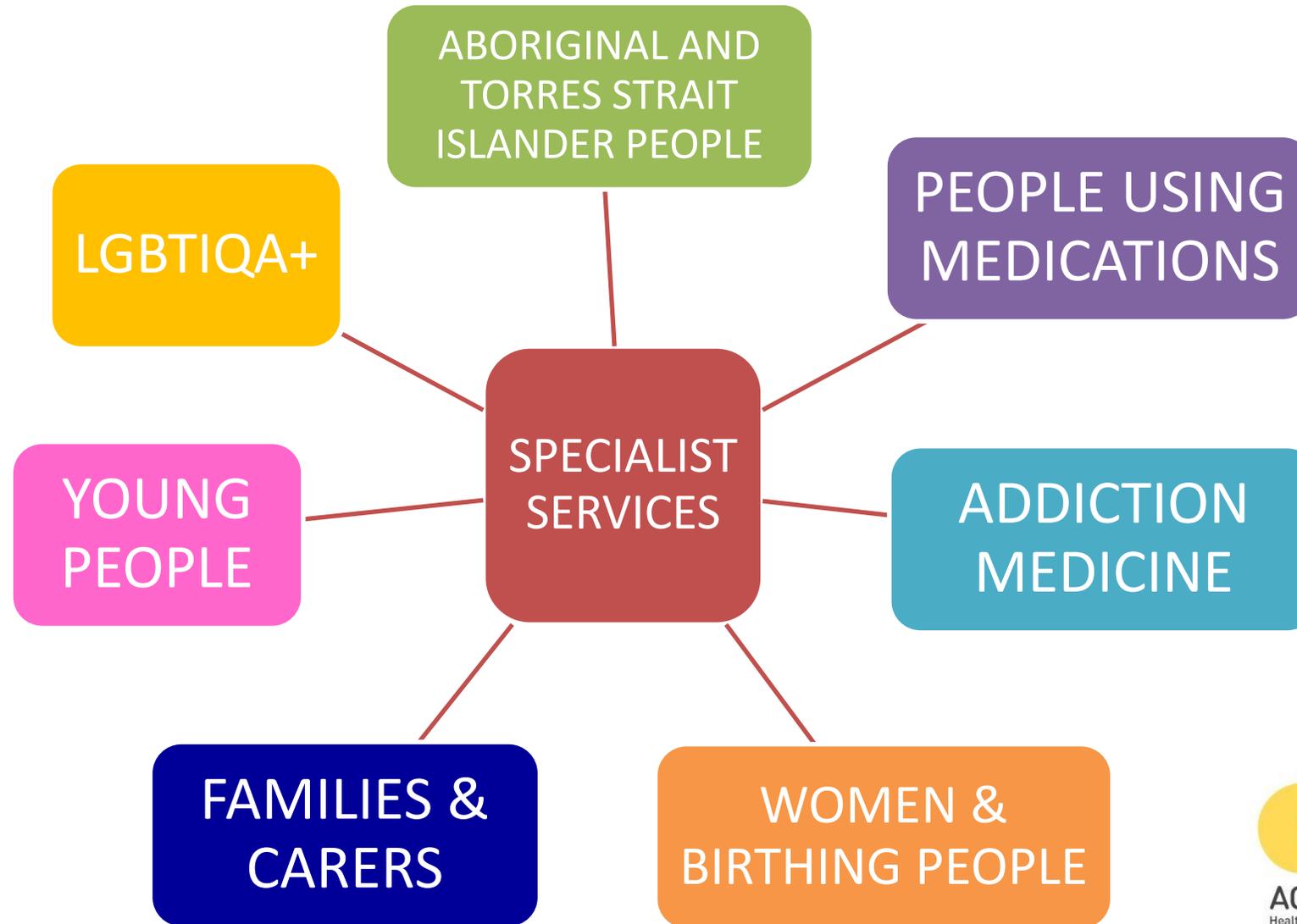
Brief Intervention

Youth Outreach

**NSP & Harm
Reduction**

**Peer Support &
Group Programs**

Specialist AOD Services



CHOPER – Mobile NSP

- CHOPER: Community Health Outreach Program Eastern Region
- Call the NSP during business hours on **0430 524 749**
- CHOPER operates **every evening 7:30pm – 11pm on 0414 266 203**
- Overdose prevention and safe injecting practices



AOD outpatient services

- No GP referral or Medicare card required
- No Mental Health Care Plan required
- All ages from 12 and above
- No catchment restrictions
- Support for families even if the person using AOD is not in treatment
- No cost to the consumer regardless of income
- Supports consumers with mild, moderate and severe AOD use (misuse + dependence)

AOD residential services

- State-wide services: referrals from across Victoria
- Residential withdrawal: 7-10 day treatment ('detox')
- Residential rehab: several weeks/months ('rehab')
- May require GP referral and/or Medicare card
- Usually supports people with AOD dependence
- May be a small cost to the consumer
- May be some restrictions in relation to medications
- Waitlist times vary but can be several weeks or months

Private AOD hospitals

- Some private hospitals offer AOD treatment programs
- Private health insurance rebates apply
- Accredited health services: evidence-based treatment
- Usually have shorter waiting lists than publicly funded services



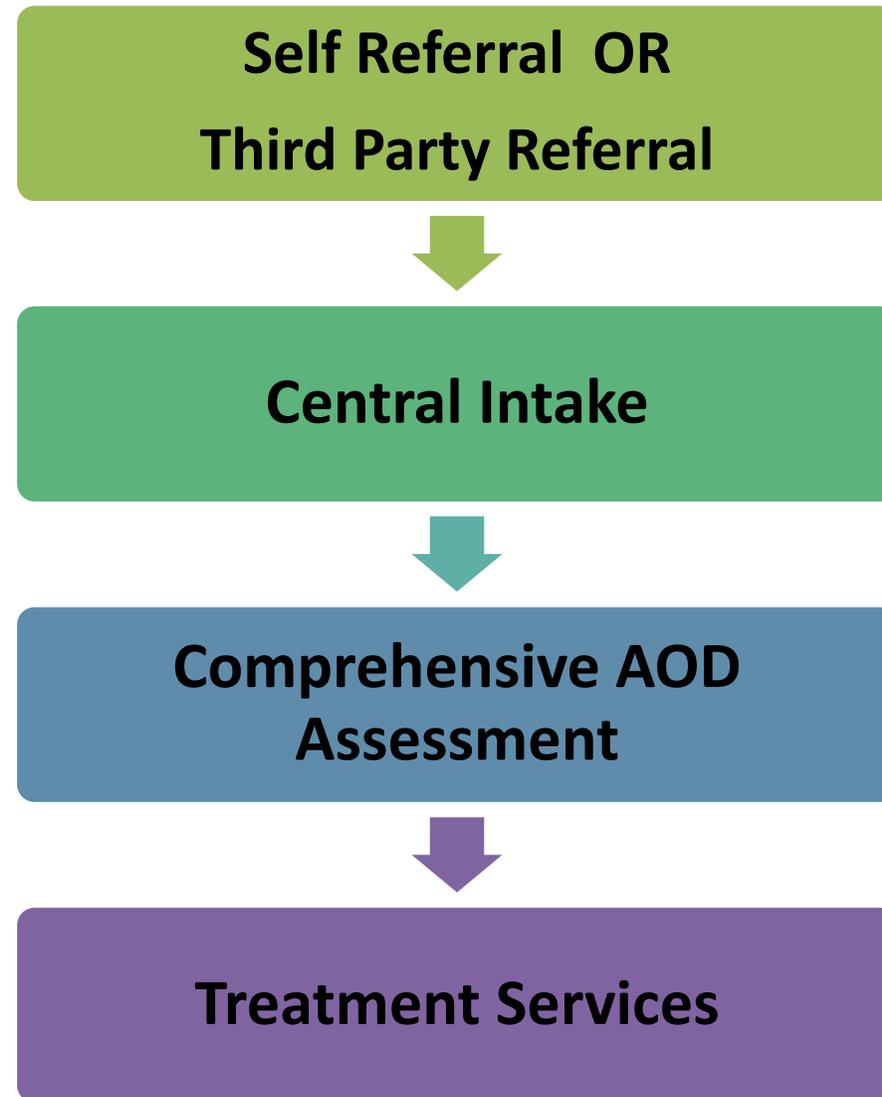
Other private AOD clinics

- Private AOD services (excluding private hospitals) **do not** have to meet minimum quality assurance or clinical standards
- These services are usually residential rehab programs
- Private health insurance and Medicare rebates generally **do not** apply
- Waiting lists are shorter but costs can be extremely high
- May or may not use evidence based treatment

Always encourage clients to use accredited, evidence-based services for AOD treatment

REFERRALS TO AOD SERVICES

AOD assessment & referral



WHEN to contact AOD services

If there is harmful use of alcohol, medication or other drugs,
AND:

- If the person or family asks for help and consents to the referral
- If there is a willingness to seek support (even if no desire to change/stop using)
- If the person wants help to use in less risky ways
- If you want information or advice

We are here to help consumers and practitioners to navigate the system, and are always happy to answer questions

HOW to refer to AOD services

For any type of AOD service referrals can be made via the central intake service in your region

- Self referral by consumers or family/carers
- Referral by practitioner
- Walk in or booked face-to-face intake
- Supported referral with a practitioner/support worker



WHERE to refer

- The central intake service in the **Inner East** is run by the **ECADS** consortium
- www.ecads.org.au

1800 778 278



WHERE to refer

- The central intake service in the **Outer East** is run by the **SURe** consortium
- www.sureaod.org.au

1300 007 873



DirectLine

- Find information and local AOD service numbers
- Complete online screening tools
- Access phone or online support 24/7

www.directline.org.au



Community Health Services



Dr. Tamsin Short
Senior Manager: Mental Health & AOD Services
Access Health and Community



Community health model

- A 'one-stop-shop' of health and support services
- Accessible services for the local community
- Promoting health & wellbeing for vulnerable populations
- Integrated multi-disciplinary health care
- Low cost and Government-funded health services
- Close connections with tertiary health services





Community Health

Mental Health

AOD

Family Violence

Allied Health

Medical

Dental

Health Promotion

NDIS

Child & Family Services

Community Support

Community Health in the EMR



AOD RESOURCES FOR WORKERS, CONSUMERS & FAMILIES

Talking about AOD problems

- Be non-judgemental and non-threatening
- Help the person to come up with their own solutions
- Separate the person from the behaviour:
 - Accept & support the person
 - Express concerns about the behaviour
- Be encouraging and hopeful – change is possible!
- Encourage the family/carer to be involved in treatment
- Debrief and seek supervision/support from your colleagues
- Seek advice from a specialist AOD service or make a referral with person's consent

Specialist AOD Services

- [Women's Alcohol and Drug Service](#) (WADS)
- [Mother and Baby Withdrawal Unit](#) (ReGen)
- [Medication Support & Recovery Service](#) (AccessHC, Inspiro, Banyule Community Health)
- [Reconnexion](#) (EACH)
- [Thorne Harbour](#) (LGBTIQ+)
- [YSAS](#) (Youth Support and Advocacy Service)
- [Oonah Belonging Place](#)
- [Ngwala Willumbong](#)
- [Family Drug Help](#) (SHARC)
- **NEW:** [State-Wide Addiction Medicine](#) (Turning Point)

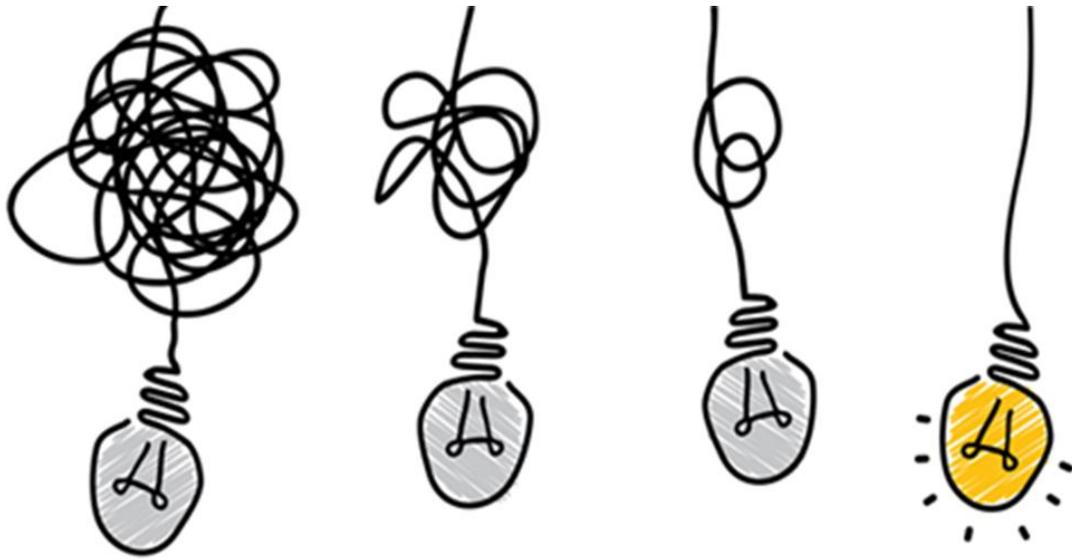
Useful websites

- **DirectLine** www.directline.org.au
 - 1800 888 236 (24hr support & referral)
- **The First Stop** www.thefirststop.org.au
- **Counselling Online** www.counsellingonline.org.au
- **Harm Reduction Victoria** www.hrvic.org.au
- **Australian Injecting & Illicit Drug Users League (AIVL)** www.aivl.org.au
- **Touch Base** www.touchbase.org.au
- **Cracks in the Ice** www.cracksintheice.org.au
- **Medication Support & Recovery Service** www.msrs.org.au

Resources for families

- **The First Stop** www.thefirststop.org.au
- **Family Drug Help** www.familydrughelp.org.au
 - 24hr support line: 1300 660 068
- **Family Drug Support** www.fds.org.au
 - 24hr support line: 1300 368 186





Professionals Navigating the East

Unravelling pathways to Family Violence supports

Specialist Family Violence Sector

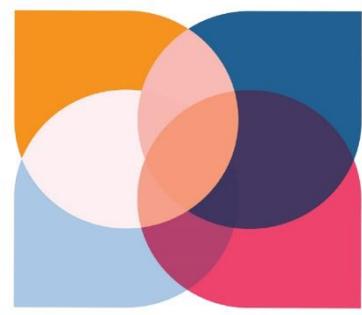




Our vision: A society in which all communities and people are free from family violence.

Why we exist: We exist to integrate and improve the local family violence system. We do this by providing specialist expertise and leadership to the local family violence system, supporting workforces and communities to transform family violence, and influencing and advocating for positive change.

What is Family Violence?



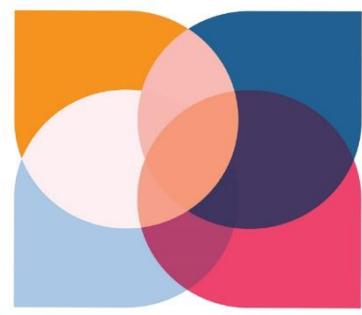
The Family Violence Protection Act defines family violence as behaviour by a person towards a family member, or person with whom they have a family like relationship, that is:

physically or sexually abusive
emotionally or psychologically abusive
economically abusive
threatening
Coercive

Or in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person.

It also includes behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of behaviour referred to in these ways.

What is Family Violence?



The Victorian Indigenous Family Violence Task Force defines family violence in the context of Aboriginal communities as ‘an issue focused around a wide range of physical, emotional, sexual, social, spiritual, cultural, psychological and economic abuses that occur within families, intimate relationships, extended families, kinship networks and communities. It extends to one-on-one fighting, abuse of Indigenous community workers as well as self-harm, injury and suicide.’

DID YOU KNOW



 **EVERY
9 DAYS**
a woman is **killed**
by her current or
former partner? ¹

Women with
disability
are almost **40%
MORE**
likely to experience
family violence
than other women. ³

 **2 IN 3
WOMEN** experiencing family
violence are in paid
employment. ⁴

**MORE THAN
2 IN 5** 

LGBTIQ people who have been
in intimate relationships felt
they were abused in some
way by their partner/s. ²

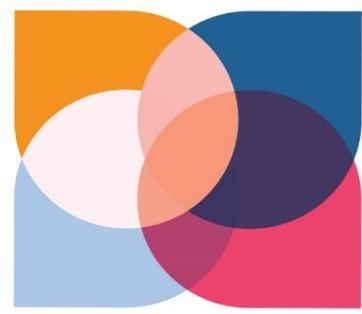
¹Australian Institute of Health and Welfare (2019) Family, domestic and sexual violence in Australia: continuing the national story 2019

²The Australian Research Centre in Sex, Health & Society, La Trobe University (2020) Private Lives 3: The health and wellbeing of LGBTIQ people in Australia

³ABS Personal Safety Survey

⁴ Australian Bureau of Statistics (2005).

MARAM Framework & FVISS



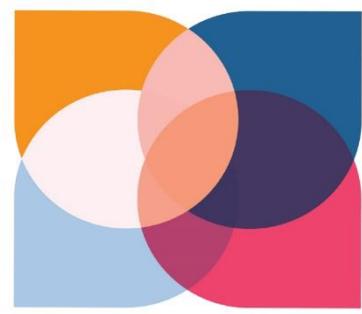
The Family Violence Information Sharing Scheme (FVISS)

Child Information Sharing Scheme (CISS)

The Family Violence **M**ulti-**A**gency **R**isk **A**ssessment and **M**anagement Framework

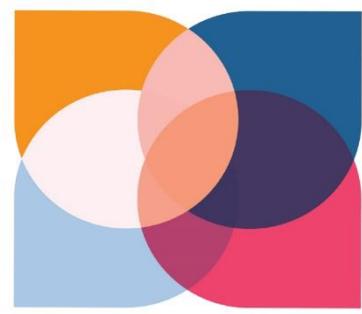
- Professionals from a broad range of services, organisations, professions and sectors across Victoria have a shared responsibility for identifying, assessing and managing family violence risk, even where it may not be core business.

What to do if you identify FV?



- Important you know the evidence-based risk factors.
- Be led by the victim survivor.
- Seek secondary consultation or referral with a specialist family violence service.
- Use of Information Sharing Schemes if prescribed.
- Your response should align with your level of responsibility under MARAM.
- Work collaboratively

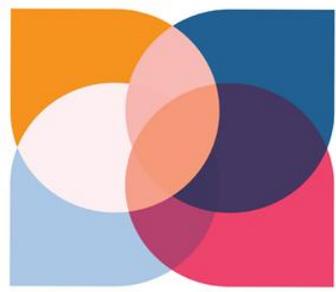
Specialist Family Violence Services



The Specialist Family Violence Sector in the Eastern Metropolitan Region provides services to –

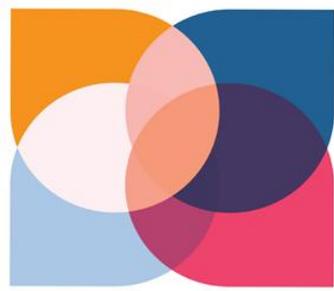
- Any victim survivor of family violence and their children, pets and animals.
- Persons using violence wanting to end their use of violence and other problematic behaviours in their relationships

Organisations providing Specialist Family Violence Services in the East



- The Orange Door
- EDVOS
- Uniting
- Boorndawan Willam Aboriginal Healing Service
- VACCA
- Refuge Victoria
- Kara Family Violence Service
- Women's Liberation Halfway House
- Anglicare
- Relationships Australia Victoria
- Link Health and Community
- Migrant Information Centre
- Eastern Victims Assistance Program

Entry points



The Inner East Orange Door

Boroondara, Manningham, Whitehorse and Monash

Address: 30 – 32 Prospect Street, BOX HILL, VIC,

Phone: 1800 354 322

Hours of operation: Mon-Fri 9am-5pm

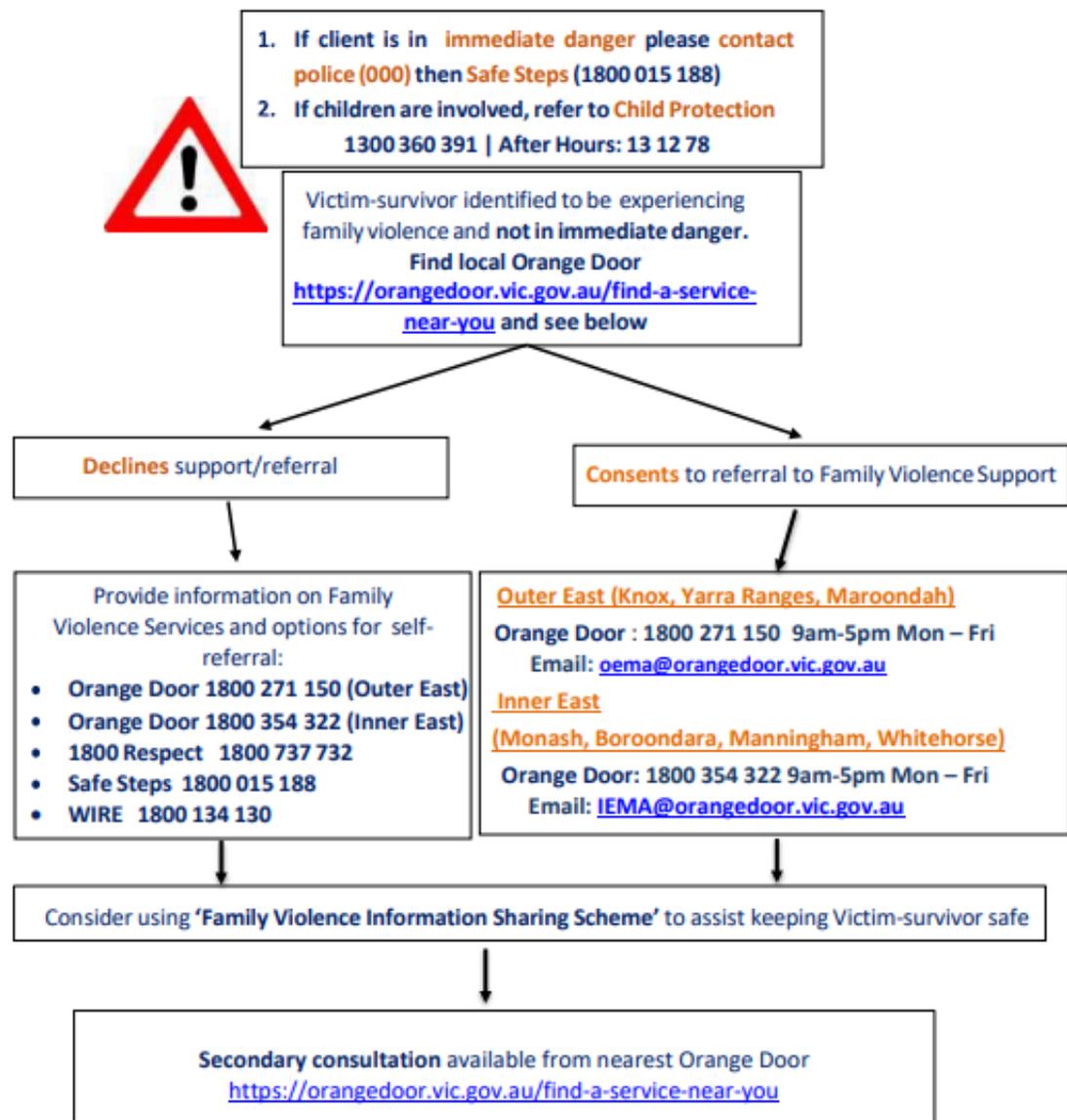
The Outer East Orange Door

Knox, Maroondah and Yarra Ranges

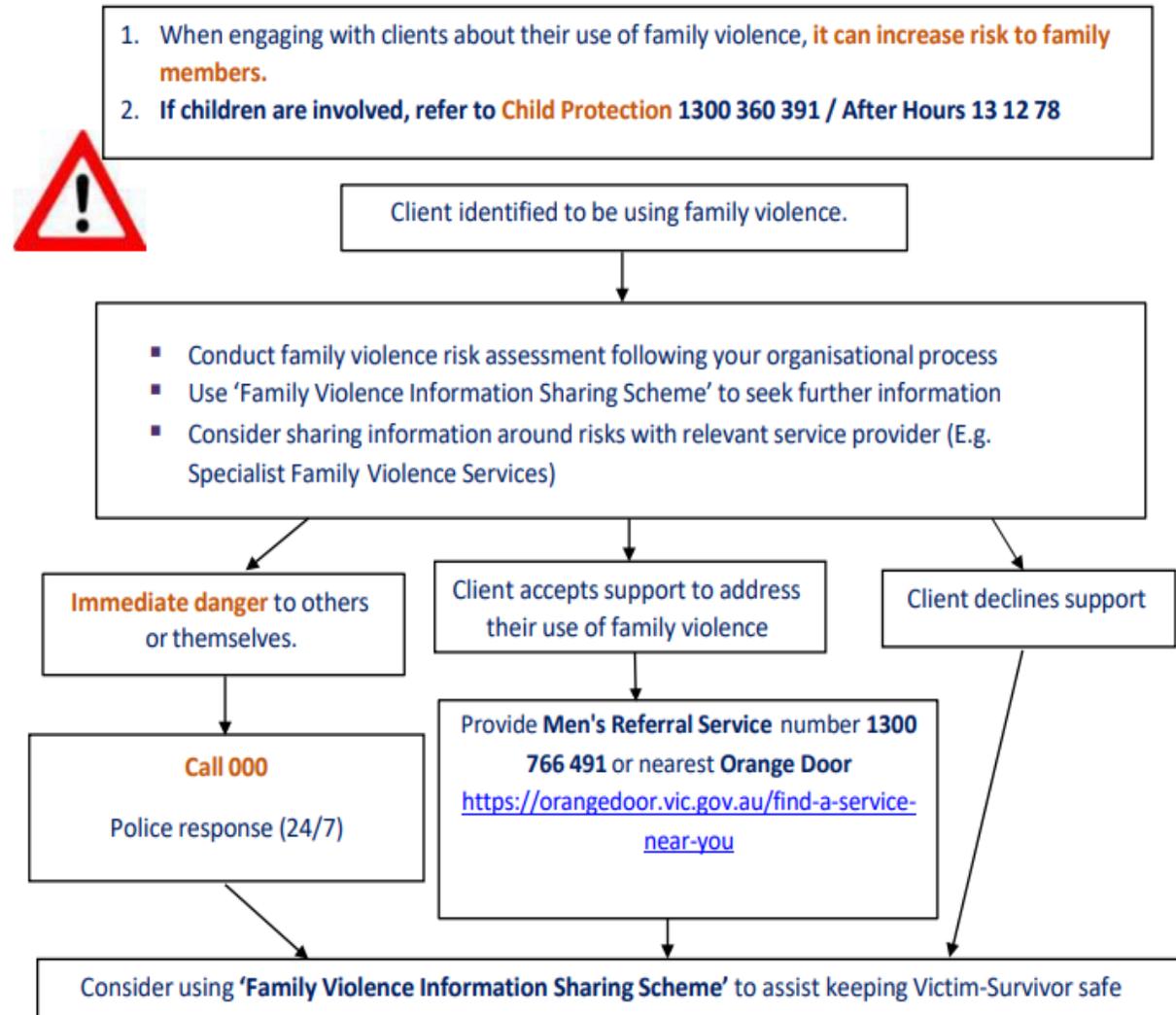
Phone 1800 271 150

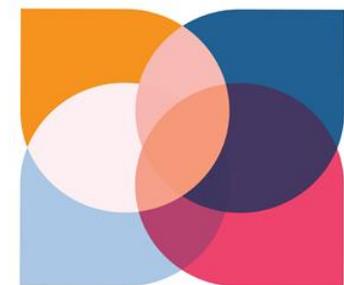
Hours of operation: Mon-Fri 9am – 5pm

Family Violence Referral Pathways - Eastern Metropolitan Region Victim survivors, Children, Pets & Animals



Family Violence Referral Pathways – Eastern Metropolitan Region Perpetrator / Men





After Hours/Emergency support

In an emergency call 000 Police

For after-hours family violence support call

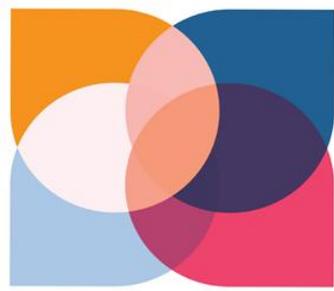
Safe Steps 1800 015 188

or

1800RESPECT on 1800 737 732.

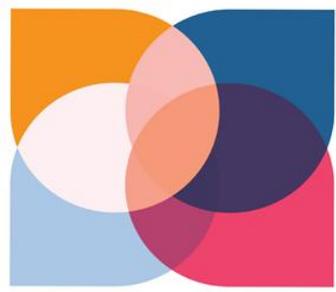
Men's Referral Service 1300 766 491 For men who have used family violence, family, friends and professionals.

Safe Steps



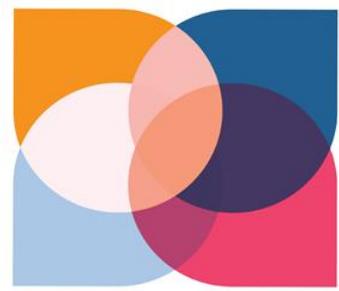
- Provide a range of services to anybody who contacts the service that:
 - Is experiencing or at risk of experiencing family violence
 - Has experienced family violence
 - Knows someone who is experiencing family violence, or
 - An agency seeking information regarding family violence.
- Safe Steps does not require a formal referral, however warm referrals and sharing information (with consent) are welcomed via email or phone.
- Majority of referrals are self-referrals direct from victim survivors.
- Interpreters can be arranged if caller speaks limited or no English

Safe Steps



- A family violence crisis specialist will help them understand their and their children's family violence risks and explore options to increase safety :
 - Listen, support, and provide information.
 - Provide appropriate referrals, develop safety plans, conduct risk assessments (using MARAM, the multi-Agency Risk Assessment and Management Framework).
 - Offer crisis accommodation if a woman and her children are at high risk of serious harm
- If a crisis response is not required, Safe Steps will make a referral to the local family violence service (with consent only), can make a warm referral to housing services, and referrals to tailored specialist services such as InTouch or Thorne Harbour Health, and legal services.

Police assistance at a FV incident



Police will make an assessment of risk, considering past family violence and any recorded criminal history.

They will identify who is:

- Being harmed most (the victim or 'affected family member')
- Who is the main person harming others (the primary aggressor or 'other party').

Police will complete a L17 at each FV incident and this is sent through to The Orange Door.

- TOD will contact the victim
- This will be via private number
- They will attempt to make contact on 3 occasions.

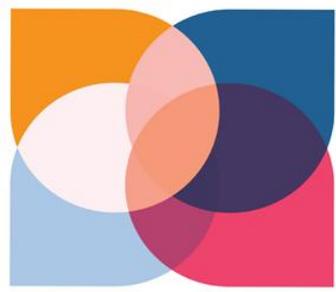
Police risk assessment includes:

- Asking if everyone is safe
- Speaking to each person on their own and they may speak to children
- Asking what has been happening now and in the past
- Checking if, due to the violence, anyone needs medical attention
- Taking note of any damage
- Making referrals for each individual
- Police are required to ask if anyone, including children, identifies as Aboriginal or Torres Strait Islander. Aboriginal and Torres Strait Islander people can indicate if they prefer mainstream or Aboriginal services.

Police may also ask if anyone has:

- A disability
- Medical needs
- Difficulty speaking or understanding English (police can seek an interpreter).

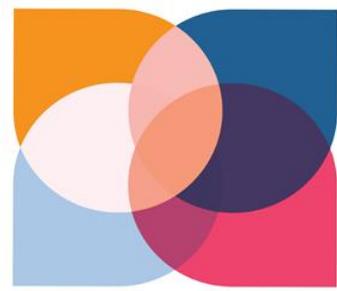
Supporting your client to report to police



Making a report of Family Violence to Police or reporting a Breach of Intervention Order:

- Consider victims confidence
 - What will they say?
 - Are they fearful of reporting?
 - Do they know the process?
 - What are the risk factors?
 - Would they benefit from having a case worker or support person with them?
- Consider calling the police station and arrange a time to attend to report that day.
 - May be appropriate to ask for the Sergeant Family Violence Liaison Officer (FVLO).
 - Pass on knowledge that you will be attending with a vulnerable or high risk person.
 - Police members can be prepared for the meeting and respond accordingly.

Collaborative Practice

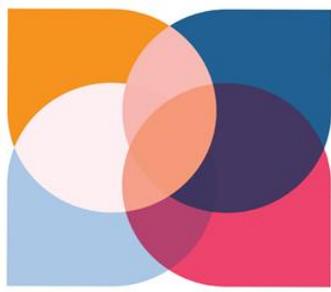


What are examples of CP?

- Secondary consultation
- Information sharing
- Joint case management
- Care team and/or professionals meetings
- Coordinated risk management
- Facilitated referrals
- Clinical group supervision
- Communities of practice

Why is it important?

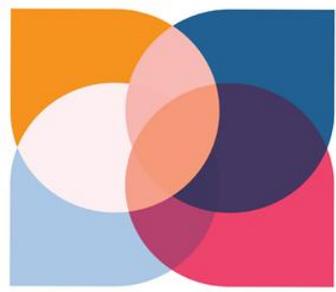
- It can enhance safety
- Bring persons using the violence into view
- It can mean victim survivors don't have to repeat their stories
- It can strengthen the service system and build trust and respect
- It creates a sense of community and enhances intersectional frameworks
- It can enable critical reflection and quality improvements
- Professional development and capability building across sectors



The Eastern Navigation Resource provides details on pathways for:

- Victim-survivors
- Young Person Using Violence in the Home
- Men's Family Violence / Person's Using Violence in the Home
- Gender Diverse Family Violence Responses
- Elder Abuse
- In development –
 - Services for First Nations people
 - Disability

Further Navigation Support



If you require further navigation support for the family violence sector please visit the Regional Family Violence Partnership (RFVP) website :

[Rfvp.org.au/services-directory](https://rfvp.org.au/services-directory)

Navigating Mental Health Supports

Bronwyn Williams – EMHSCA
Coordinator

Dr Euan Donley – Clinical Lead
Mental Health Access

Historical perspective

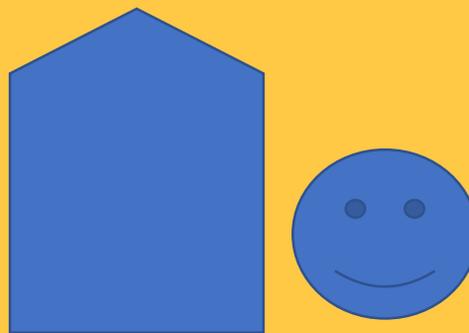
Until 1998

Psychiatric
Services

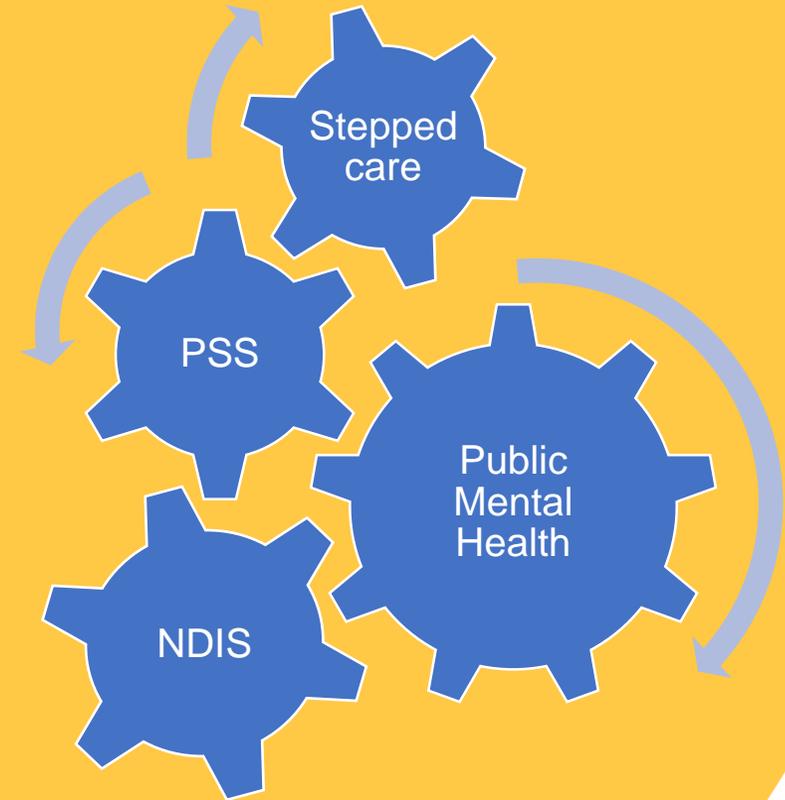


1988-2013

Clinical Mental
Health
& Psychiatric
Disability Support
Services PDRSS



Today



Royal Commission into Victoria's Mental Health System



Eastern Health

Where to start when someone requires support

1. Who is involved?
2. Connect the supports
3. What else is required? Gaps?
4. Treatment versus Psychosocial supports

Different types of Mental Health support

Mental Health treatment needs

- Assessment
- Diagnosis
- Treatment and monitoring

Psychosocial Support needs

Person has ongoing challenges with:

- Managing daily tasks
- Making connections with others
- Improving community participation
- Finding housing
- Undertaking work or study
- Becoming physically more active



When a person needs support with their mental health, consider their options and find out who is already involved

Treatment options include assessment, diagnosis, treatments and monitoring

In an emergency where life is at risk call 000

For all navigation support call Head to Health **1800 595 212**

Psychosocial options will support the social and practical aspects of improving a person's mental health



Mental Health Treatment

Person feeling anxious/depressed /not quite right

Better Access

- 1:1 counselling with mental health practitioner via GP Mental Health (MH) care plan (May require part payment)
- Private MH treatment Via mental health practitioner or psychiatrist (Full payment required)

Person needing specialised mental health support and is seeking intervention

Private Mental Health services

OR

Stepped Care

Primary MH care for people who are financially disadvantaged

www.stepsmentalhealth.org.au

Call 1800 378 377

Person is in Mental Health crisis and needs rapid intervention

Tertiary Mental Health

Eastern Health Mental Health Triage (Whitehorse, Manningham, Knox, Yarra Ranges, Part of Monash)

Call 1300 721 927

St. Vincent's Mental Health Triage (Boroondara/Yarra)

Call 1300 558 862

Psychosocial Support

To establish/maintain community connections and promote mental health

Community Supports

Community Health Services
Community Houses
Self-help and support groups

For more challenging support needs and no current NDIS supports

'Psychosocial Support Services'

Call NEAMI or Call Wellways
1300 168 911 8486 4292

All Ages. Not eligible if currently supported by an Eastern Health Mental Health case manager

EACH/Eastern Health

'Towards Wellbeing'

Only accessible to 16-65 years and via Eastern Health Mental Health Services

For Australian citizens under 65 years with likely permanent and severely impacting functional disabilities

NDIS

Apply by calling
1800 800 110

Or contact your Local Area Coordinator for support

HEAD HEALTH

1800 595 212

[About](#)

[How we can help](#)

[For health care providers](#)

[Our locations](#)

[Request call back](#)



HeadToHelp has become Head to Health.

The number to call to find the best mental health support for you is still 1800 595 212. Our name has changed but it's the same great service and support.

We've changed our name to align with the Australian Government's national rollout of Head to Health.

 **1800 595 212**

HEAD  HEALTH

 **1800 595 212**



The screenshot shows the homepage of Support Connect. At the top, there is a navigation bar with a purple button for 'Request a callback' (with a phone icon) and the number '9800 1071'. To the right, there is a link for 'Information in other languages' (with a globe icon), a search bar, a red button for 'I need urgent help', and a 'Quick exit' button (with an external link icon). Below the navigation bar, the 'SupportConnect' logo is on the left, and a menu with 'Home', 'Find Support', 'How we can help' (with a dropdown arrow), and 'Resource Library' is on the right. The main content area features a large blue map of the eastern and north-eastern Melbourne region with several suburbs labeled: Wallan, Toolangi, Healesville, Bundoora, Eltham, Doncaster, Lilydale, Yarra Junction, Kew, Box Hill, and Ferntree Gully. Overlaid on the left side of the map is the text: 'Helping people find mental health, alcohol and other drugs and suicide prevention services in eastern and north-eastern Melbourne.' Below this text are three white rounded rectangular buttons. The first button has an icon of a woman with red hair and glasses, with the text 'I'm looking for support for myself'. The second button has an icon of a man and a woman, with the text 'I'm a family member, carer or friend'. The third button has an icon of a woman with dark hair, with the text 'I'm a service provider'.

Request a callback

9800 1071

Information in other languages

Search

I need urgent help

Quick exit

SupportConnect

Home

Find Support

How we can help

Resource Library

Helping people find mental health, alcohol and other drugs and suicide prevention services in eastern and north-eastern Melbourne.



I'm looking for support for myself



I'm a family member, carer or friend



I'm a service provider

***Part 2:* Eastern Health Mental Health services, the MHAct, recovery-based care, and working with point of care**

Euan (hi)

Clinical Lead: Mental health Access

EASTERN HEALTH MENTAL HEALTH SERVICES *(for now....)*

CYMHS

Ages 0 – 25

POC = CYMHS Access (biz hours*)

Community: CCTs (x 4), IMTT, STAT, Access, EPT, Eating disorder assessment clinic (x 2), Specialist Child team (0-12), Neuro Devpt team. Youth Engagement Team (YETTI), day program, enhanced eating disorders. Consultancy, education team, family and peer advisors.

Inpatient: AIPU (Box Hill)



POC = 1300 721 927

Utilise 000 in emergency

ADULT

Ages 25 – 64*
POC = MHTT (24/7).



Community: MHTT, CATT, BIT, HOPE, Police response, teleprompt, CCTs (x 7), MSTs (x2), CCU (x2), PARC*, police response, teleprompt, ED response

Inpatient: IPU 1 & 2, PAPU (Maroondah), Upton House (BHH), usually 1 East (also Dual Diagnosis).

OLDER ADULT / AGED

Ages 65+ (*)

Community: APMHT (biz hours), APAT (Ax & intervention), HASR (Healthy Aging Service Response / PHN) brief team / consults with GP / aged care facilities (pilot).

Inpatient: PJC / 1East (age flexible)

All teams; FV consultants, BPD consultants, DD consultants, BOC consultants, lived experience, NDIS / disability consultant.



RECOVERY-BASED PRINCIPLES

People can and want to recover

People are experts in their own lives

Right to feel safe and respected

Language aimed at health literacy / hopeful

Templates are recovery-based

Emerging TIC principles

Treatment / risk is evidence-based and shared

The person's voice is heard

Dignity of risk



MENTAL HEALTH ACT Vic 2014

ASSESSMENT ORDERS

Two types: **Inpatient** Assessment Order and **Community** Assessment Order.

Completed by accredited **mental health clinician** or registered **medical practitioner**

Makes a person compulsory to be examined by an **Authorised Psychiatrist** (AP) and detained in a designated mental health service (or community if on community AO)

Lasts 24 hours unless extended by AP after 24 hours (x2), however if made in the community and the person is unable to be located and taken to hospital, the AO will last 72hrs.

CRITERIA FOR ASSESSMENT ORDER

- (a) The person **appears** to have a mental illness; and
- (b) Because the person appears to have a mental illness, the person **appears** to need **immediate treatment** to prevent:
 - (i) **serious deterioration** in their mental or physical health or
 - (ii) **serious harm** to the person or another person; and
- (c) If the person is made subject to an AO, they **can be assessed**; and
- (d) There is **no less restrictive** means reasonably available to enable to person to be assessed.

Other's worth knowing about

Receipt of a person on an IAO – extends the clock 24 hours

Temporary Treatment Order – 28 days, MHT review

Treatment Order – MHT review at 28 days, can be varied from community to inpatient / vice versa

S351 to 354 – Police powers to detail, bring to ED, remove related dangerous items, to reduce risk to self and community

Paperwork – Various checks and balances for restrictive interventions

PLAYING WELL TOGETHER



- 1/ Know which triage area to call, use Google
- 2/ Likely a wait, have a back up plan or alternative
- 3/ Ascertain urgent requiring triage / or suited to other
- 4/ Have demographics ready to go if available (name, phone contact, address, alternative contact)
- 5/ Understand your reason for the call (i.e. suicide risk, psychosis, mania)
= see 'SLAP'
- 6/ Consider triage role / limitations (i.e. not a counselling line)
- 7/ Sorry, we cannot give out information unless written / signed by consumer

MHTT IN RETURN

- 1/ Get as much information from you as they can
- 2/ Call the person
- 3/ Gain collateral
- 4/ Get background info
- 5/ Risk assessment
- 6/ Mental State examination
- 7/ AOD / FV screen
- 8/ Consider history
- 9/ Refer as required
- ^E 10/ Feedback

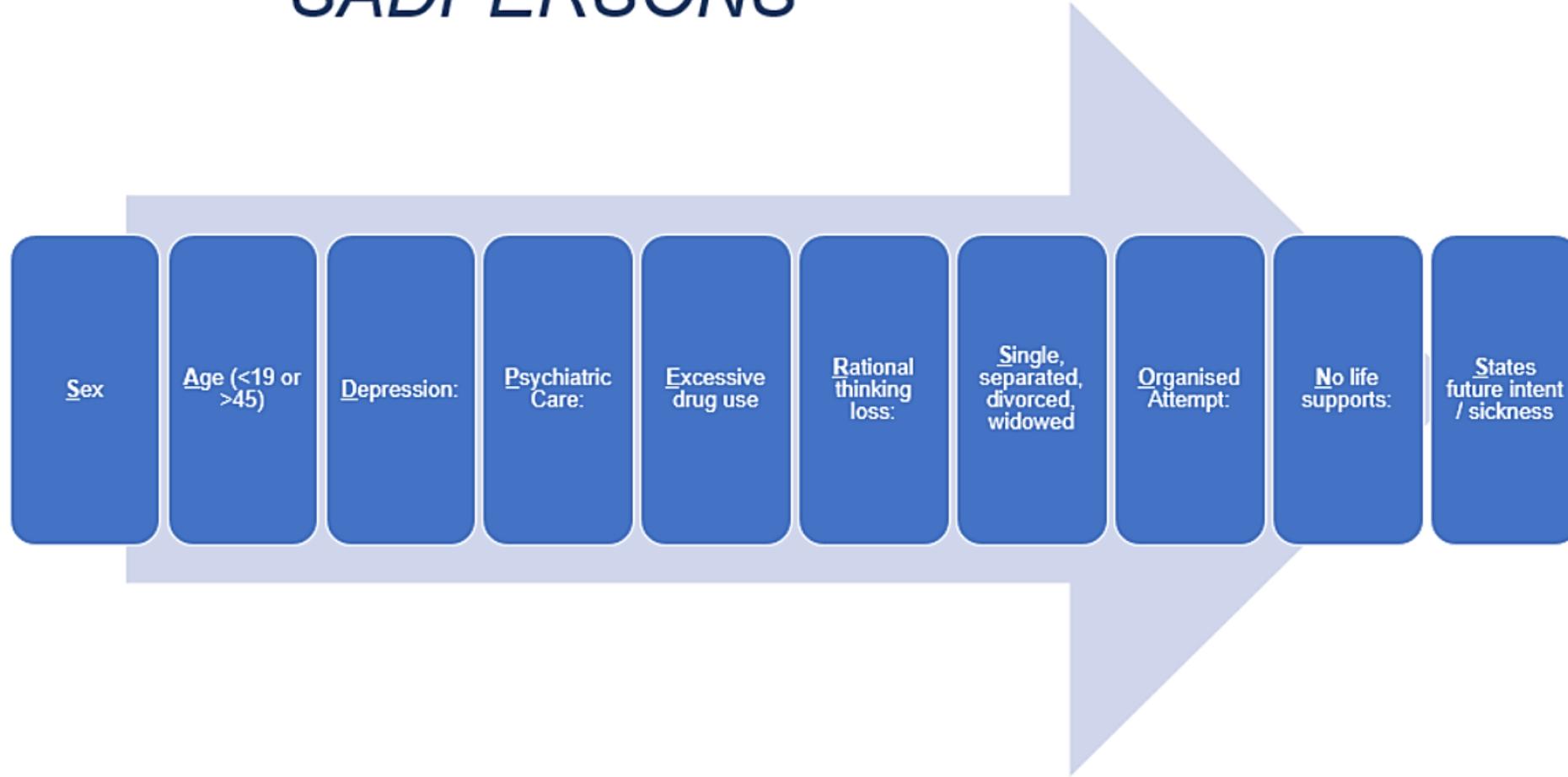


SUICIDE ASSESSMENT

SLAP METHOD

- **S** – How SPECIFIC is the plan? The more specific the details, the higher the degree of risk
- **L** – How LETHAL is the proposed method? How quickly could the person die if the plan is implemented?
- **A** –How AVAILABLE is the proposed method? If the tool to be used is readily available, the level of suicide risk is greater
- **P** – What is the PROXIMITY of helping resources? Generally the greater the distance the person is from helping resources, the greater the degree of risk

SADPERSONS



THANK YOU!





For more information about Mental Health support navigation

Go to the EMHSCA webpage

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

Contact: Bronwyn Williams

Bronwyn.williams@easternhealth.org.au

0434 608 544

Children and Family Supports

Catherine Bolzonello –ECEI Team Leader (Outer East Melbourne)

Gayatri Nair –Senior ECEI Coordinator (Inner East Melbourne)

Link Health and Community (owned by LaTrobe Community Health)

Acknowledgement Of Country

I would like to acknowledge the Traditional Owners and Custodians of the Country on which we meet today, and their continuing connection to land, sea, and community. I pay my respects to their Elders, past present and emerging.

I would like to extend that acknowledgement and respect to any Aboriginal and Torres Strait Islander peoples here today

Link Health & Community (owned by Latrobe Community Health) is an NDIS Partner organisation in the community, providing support for families with children between 0-6 years.

This presentation will provide:

- ▶ the processes followed once a family and/or provider makes a referral and the discussion of appropriate pathways with families
- ▶ a brief overview of the various available mainstream, health and community supports, within the early childhood space, across the inner and outer east Melbourne.

Processes from point of referral

- Family/Provider contacts Link to make a referral. Referral can be completed over the phone or in writing.
- The Access & Coordination team would start the discussion about current supports and support the family by linking them with new local supports as appropriate
- ECEI Coordinator is assigned to gather more information and support the family
- ECEI Coordinator explores appropriate pathways with families

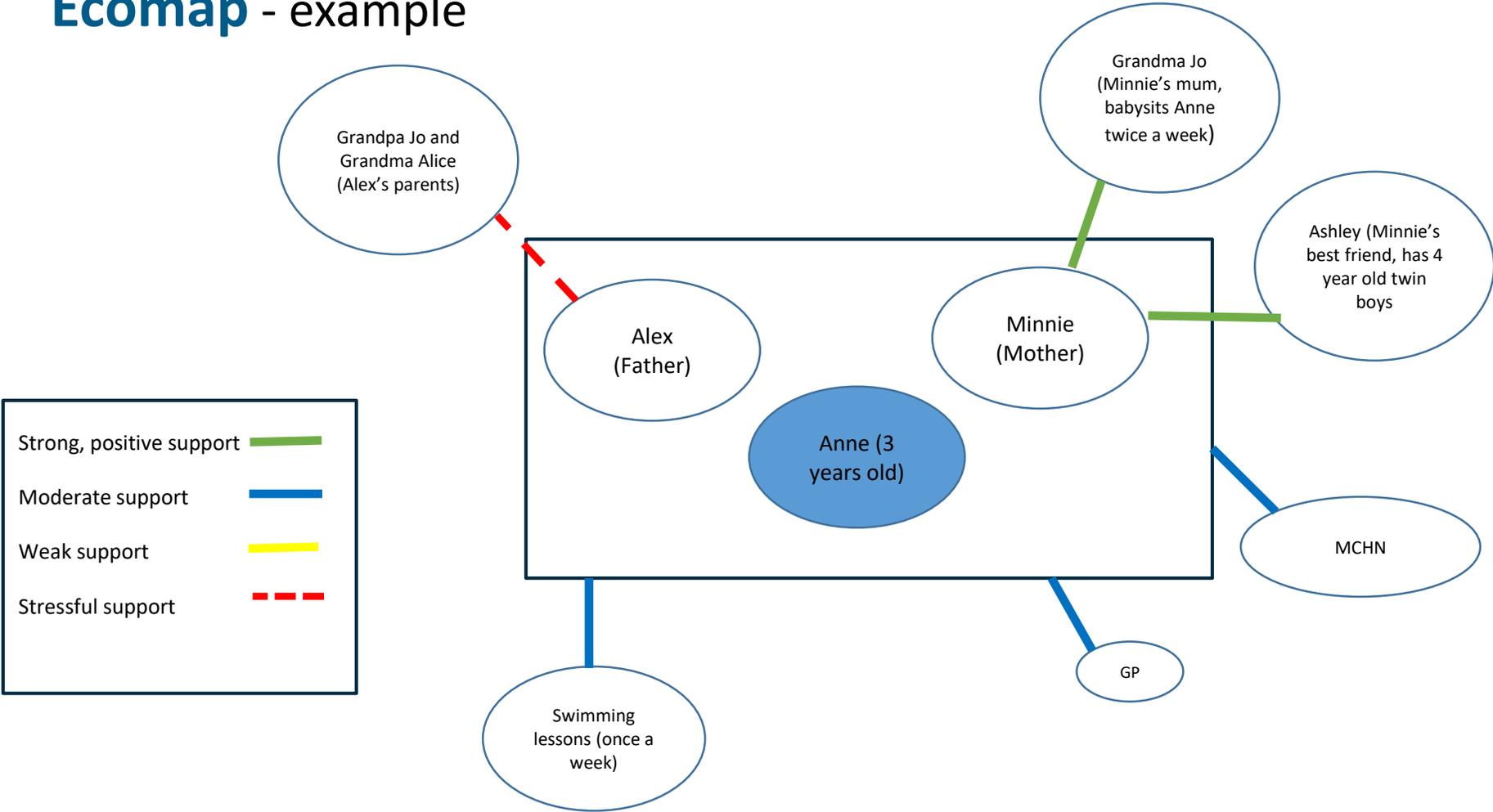
Connections to early supports

Informal

Mainstream

Community

Ecomap - example



Strong, positive support

Moderate support

Weak support

Stressful support

Range of supports

Informal

- Family (parents/carers)
- Extended family
- Friends /Neighbours

Range of supports

Mainstream

- MCHN
- GP (Medicare rebate plan information: chronic disease management plan and Mental health care plan)
- Education settings (kinder, childcare, school)
- Paediatrician (assistance to find private and public paediatricians)
- Health professionals (e.g. audiologist, ophthalmologist)

Range of supports

Community

- Playgroup (Playgroup Australia, MyTime, Play Connect, Local council supported playgroups)
- Mothers group (MCHN)
- Local library (storytime for different age groups) & Toy library
- Carers Australia
- Carer Gateway
- VACCA (Victorian Aboriginal Child Care Agency)
- Migrant Information Centre

Range of supports Community

- Child First/The Orange Door
- Centrelink (Carer allowance /Carer payment)
- Websites (e.g. Raising Children Network)
- Family support services, for example parenting support groups and counselling services

Early Supports

Practical information

- Webinars for parents and educators (e.g. speech and language development, play and behaviour)
- Strategies shared with parents/educators (delivered in child's natural settings)
- Developing a plan (FSSP) with family. Goals agreed on together to address 1-3 priority areas, e.g. developing ability to request verbally, improving self-feeding, developing play skills. This may involve fortnightly or monthly 1:1 phone calls or visits to work with the family.
- Support family with NDIS access request if appropriate
- If child goes on to have a NDIS plan, will support them with accessing allied health therapy (ECIA, professional bodies such as Speech Pathology Australia)
- Information shared regarding best practice in early childhood intervention

NDIS Community and Mainstream Supports

Outer East Melbourne Local Area Coordination (LAC) Service

Rachel Rewbridge

Team Leader

Natalie Thomas

Local Area Coordinator

26/05/22



Delivering the NDIS in your community

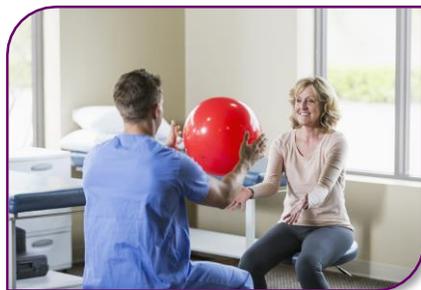
LAC Service linkage to mainstream and community supports



Delivering the NDIS in your community

- The NDIA works with community based organisations to deliver the NDIS, they are called **Partners in the Community (PITC)**.
- Latrobe Community Health Service is a PITC that delivers:
 - **Local Area Coordination (LAC)** for those aged 7 and above
- Provides assistance to connect and build informal and natural supports
- Links participants, as well as individuals not eligible for NDIS to community and mainstream supports, based on their needs and interests.
- Supports individuals with disabilities to build strong, inclusive relationships in their communities.
- Builds community and mainstream supports capacity to be more inclusive of all people with a disability.

Mainstream, Community and Health Services



- Occupational Therapy
- Speech Therapy
- Psychology

- Podiatry
- Physiotherapy
- Continence Support

- Employment Support
- Behaviour Support
- Orthotics

Plan Implementation & Ongoing Monitoring and Support

- During the planning meeting the LAC will ask about the participant's interests
- Plan is approved and LAC is notified
- LAC will arrange implementation
- ILC service is available to people not eligible for the scheme



All Ability Sport
Art Therapy
Performing Arts
Hospitality
Peer Support etc. etc.

Contact Us

Latrobe Community Health Service
Local Area Coordination Service
Phone: 1800 242 696 (press 1)
www.lchs.com.au

Local Area Coordination Services:

- Outer East Melbourne
Email: outer.east.melblac@ndis.gov.au
- Inner East Melbourne
Email: inner.east.melblac@ndis.gov.au

