

Eastern Mental Health Service Coordination Alliance

Workforce Development & Strategic Planning Sub Committees

Present the

Mental Health, Partnerships & NDIS forum

Making it work together in the east!



Please register in foyer before being seated



Introduction

Bronwyn Williams

EMHSCA Project Officer





inner east
pcp primary care partnership

easternhealth

mind®



OEHC SA

Eastern
Dx
Service

YSAS
SEEING YOUTH IN A
DIFFERENT LIGHT

rebuild
reconnect
rediscover life

State Government
Victoria
Department of
Health & Human Services

phn
EASTERN MELBOURNE

An Australian Government Initiative

Wesley
Mission
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Eastern MH SC Alliance

Carrington
Health
Your Community Partner

UnitingCare
Prahran Mission

Turning Point
TREATMENT · RESEARCH · EDUCATION
wellways

mental health | disability | rehabilitation

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National
Improving Mental Health
and Wellbeing

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community at our centre

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PRIVATE HOSPITAL
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THE SALVATION ARMY
EastCare

easternHomelessnessnetwork

eastern
community
legal
centre

Connect 4 Health

Anglicare
VICTORIA

Link
Health and Community

ACCESS
Health & Community

SURe
Substance Use Recovery
sharing your journey

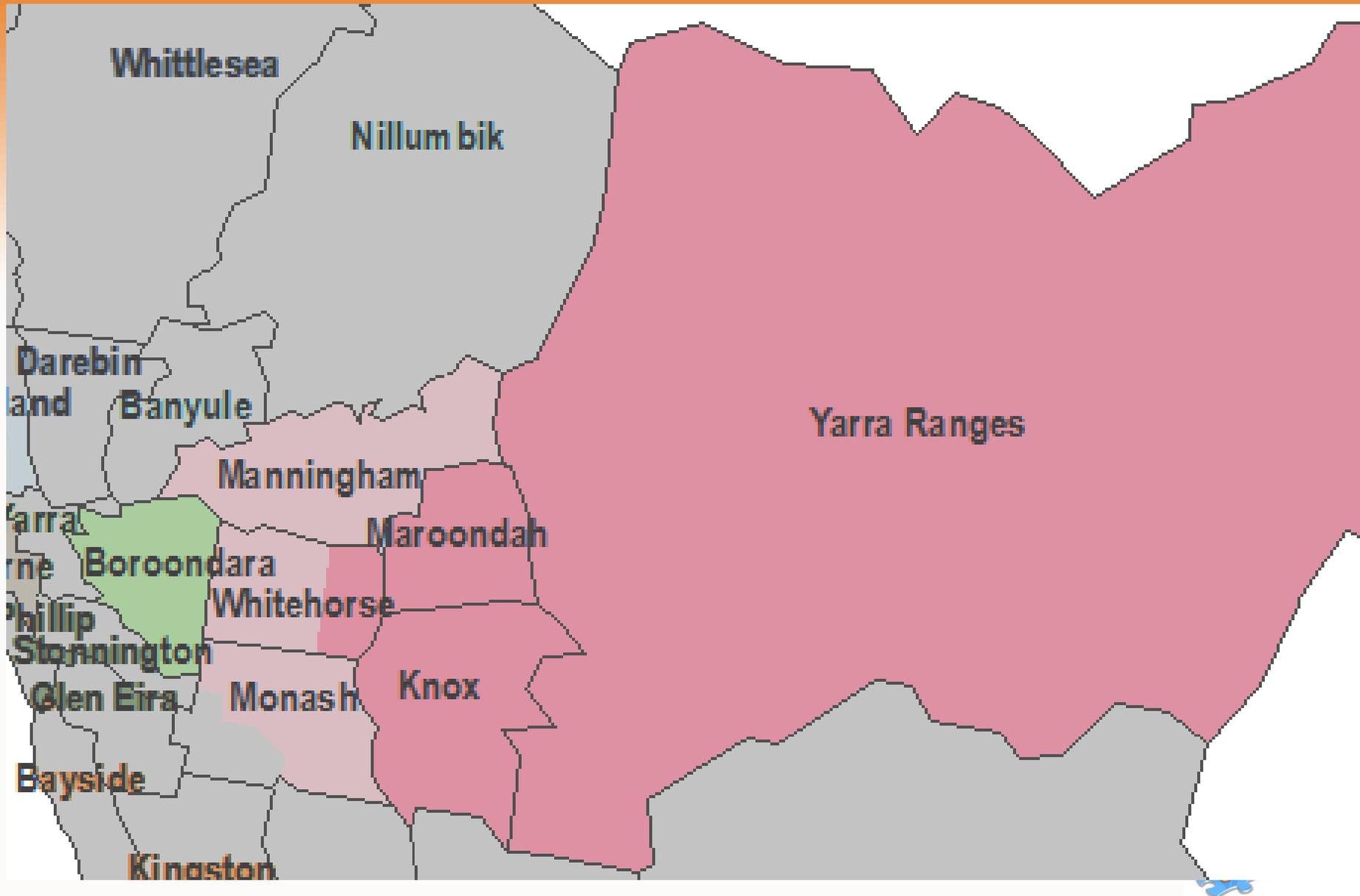
each

EMHSCA Vision

*to ensure that people who have mental health and co occurring concerns have access to responsive, appropriate and collaborative services to assist with the multiple facets of their **individual recovery journey***



*“Creating opportunities to work strategically across the region
with multi sectoral partners”*





EMHSCA information

www.easternhealth.org.au

Click on **Mental health**

Click on **Eastern Mental Health Service Coordination Alliance**



Meet today`s team

Anna Makris– Aus Gov Department of Human Services

Jose Abalo – Aus Gov DHS

Aaron Jones - Neami National

Corey Eastwood– MIND

Maria Yap– Eastern Melbourne PHN

Pembroke Werden–Uniting Care Prahran Mission

Sandro Madrigale - Eastern Health Older Person`s Mental Health

Bronwyn Williams– EMHSCA

And a number of other volunteer staff from a range of services



Today`s presenters are ...

Sasha James– NDIA

Neil Turton-Lane – VMIAC

Robbert Roos & Simon Jones– Tandem

Donna Hayes– DHHS

Larissa Taylor–VICSERV

Kieran Halloran– Eastern Melbourne PHN

Tamsin Short- Access Health & Community Services



Why today?

We need to be prepared

- People need support to access the scheme
- Health and community service staff can assist people
- We must understand the NDIS language to provide the best support
- We want to avoid our consumers and carers missing out on needed supports
- We need to preserve and improve our collaborative practices
- We need to know who is providing what!



Psychosocial Disability and the NDIS

Sasha James

Director, Stakeholder Engagement Victoria East



Recovery and psychosocial disability



- The term “recovery” is used widely throughout the mental health sector. It can have different meanings for different people
- The NDIA defines recovery as achieving an optimal state of personal, social and emotional wellbeing, as defined by each individual, whilst living with or recovering from a mental health condition
- Generally, people who experience psychosocial disability will describe themselves as being on a ‘recovery’ journey
- Recovery often requires support, which the NDIS can fund



Recovery and psychosocial disability

To support the ‘recovery’ journey, the NDIS provides:

- Choice and control for participants.
- A lifetime commitment to supports and funding (enables hope and optimism).
- Provision of plan flexibility (enables support to be used to meet different needs at different times).
- Opportunities for increased social and economic participation.
- Disability focussed support which is recovery orientated.

Access Request – Permanence of Impairment



1. Likely permanence of impairment can be confirmed when a primary treating clinician (usually a psychiatrist or GP) provides evidence that:
 - all appropriate treatment options that may remedy the impairment have been fully explored;
 - the impairment (impact of the mental health condition) is likely to remain regardless of the ongoing recovery journey.

2. Important facts about likely permanence of impairment:
 - A mental health condition can be episodic while the attributable impairment can be considered permanent;
 - There is no requirement for diagnosis (helpful if available);
 - There is no requirement that treatment must be completed for permanency to be demonstrated.

Access request – Permanence of Impairment



3. Helpful information includes:

- Onset of mental health condition;
- History of treatment; and
- Recommendations for further treatment (if applicable).

4. Helpful documents include:

- Existing psychiatric reports;
- Medical reports provided for other government services;
- Hospital discharge summaries.



NDIS provider resource:

[Completing the access process for the NDIS - Tips for communicating about psychosocial disability.](#)

Access Request – Functional Capacity



1. Mental health professionals need to provide information on the functional impact of the impairment on the individual.
2. Functional information is best provided through functional assessment.
3. The domains of impact the NDIA requires information on are: mobility, communication, social interaction, learning, self-care, self-management.



Access Request - Functional Capacity

3. The NDIA needs information on the potential participant's capacity to carry out activities within the domains. Helpful assessments include (can be completed by AMHOCN trained support workers):

- Health of Nation Outcome Scale (HoNOS);
- Life Skills Profile 16 (LSP 16); and
- World Health Organisation Disability Assessment Schedule (WHODAS)

This information can be submitted as existing reports, letters, assessments or it can be provided on the Access Request Form.



How does the NDIS work with other systems?

The NDIS is designed to work alongside existing government service systems.

- **Health and mental health systems** will work with participants when they need clinical intervention or medical treatment. They manage psychiatric conditions and mental illness.
- **Individuals and families** sometimes have a role in funding medical and clinical services, such as out of pocket expenses or gap payments. The NDIS does not cover these costs.

What if the health and mental health systems don't fund the supports I need?

If the health or mental health systems are responsible for a support, the NDIS can't fund the support, even if these other systems do not provide it.

However, the NDIS can still provide help to participants.



For example: The NDIS can introduce a person to a Local Area Coordinator, who will help them to contact an appropriate healthcare provider who can discuss and assist them with their needs.

What responsibilities do the health and mental health systems have?



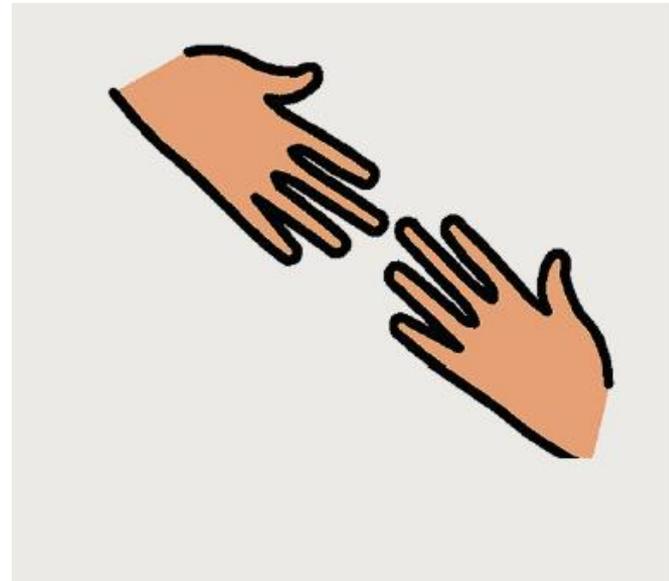
The health or mental health system is responsible for:

- Treatment* of mental illness, including acute inpatient, ambulatory, rehabilitation/recovery and early intervention, including clinical support for child and adolescent developmental needs;
- Residential care where the primary purpose is for time limited follow-up linked to treatment or diversion from acute hospital treatment; and
- The operation of mental health facilities.

*Treatment is defined as activities associated with stabilisation and management of mental illness (including crisis, symptom and medication management) and establishment of pathways for longer term recovery.

Interface with Mainstream Health Services – NDIA responsibilities

- The NDIA is not responsible for the funding of supports which are considered ‘treatment’.
- The NDIS is responsible for ongoing functional support for psychosocial disability’ (targeted at reducing the impact on a persons functional capacity of impairments/s attributable to a psychiatric condition).



What flexibility do I have with my plan?

- Mental health difficulties can be described as ‘episodic’ and can be characterised by variations in intensity and need for support.
- Your NDIS plan will:
 - Have a flexible budget to increase and decrease your supports as necessary
 - Document your goals and how much funded support you need to achieve those goals. You work with your support provider to choose how the support is provided
 - Document your informal supports (friends and family) and supports you access in the local community and from other government systems (mainstream supports).



Resources

- Reimagine: <http://reimagine.today/>
- Operational Guidelines
<https://www.ndis.gov.au/operational-guideline/access.html>
- Tips for supporting a person with psychosocial disability
<https://www.ndis.gov.au/medias/documents/ha5/h5b/8797799415838/Completing-the-access-process-for-the-NDIS-Tips-for-communicating-about-psychosocial-disability-PDF-KB-.pdf>

Questions?



Draft
Prepared by Deb
Roberts on 26/06/17

Visit: www.ndis.gov.au

Phone: 1800 800 110

8am-8pm eastern standard time weekdays

Email: enquiries@ndis.gov.au



Like us on Facebook



Follow us on Twitter @NDIS





Consumers, Mental Health and NDIS

**Mental Health, Partnerships and NDIS Forum
Box Hill Town Hall Thursday 31st August 2017**

Acknowledgement of Country

I'd like to begin by acknowledging the Traditional Owners of the land on which we meet today. I would also like to pay my respects to Elders past and present.



About the Victorian Mental Illness Awareness Council

- We're the peak Victorian non-government organisation for people with lived experience of mental health or emotional issues
- We were formed in 1981 The UN's International Year of Disabled Persons
- We provide advocacy for mental health consumers
- We deliver information and training to the community
- We have a large membership base across the State
- We are staffed and led by people with a lived experience



Our role in supporting NDIS readiness

VMIAC is funded under NDIS Transition Support Package funding for 2017 -19 to support participants and/or service providers in the remaining roll out areas.

- Information Dissemination – the provision of timely and accessible information about the NDIS
- Community Development and Education – supporting individual and group understanding and self advocacy with regards to the NDIS & capability building for the community sector
- NDIS systemic advocacy and research – capturing and analysing the issues of importance regarding the NDIS for consumers, feeding this information back to the NDIA, Government and service sectors

Our work so far

- Information sessions on the NDIS to consumers in rollout areas to consumers, service providers and community agencies
- The development of a workbook for consumers that can assist individuals in understanding their planning needs.
- A training video for GP's around writing supporting documentation for consumers
<https://www.vmiac.org.au/services/ndis/>



Our work so far

- The development of NDIS The Musical an arts-based music theatre approach to assist consumers and the community to learn about the NDIS in an entertaining and informative way.
- Targeted NDIS workshops for consumers on access and planning



What we plan to do next

- The provision of a Warm Line Service to consumers seeking information, support and signposting around the NDIS
- Further development of our website resources including additional videos, fact sheets, resources etc.
- Webinars for Consumers and other stakeholders on the NDIS
- Skilling up Peer Support Groups to support consumers to better access the NDIS and other support pathways
- Ongoing Advocacy and research on the NDIS rollout and transition
- Support to consumers undertaking NDIS Appeals & Reviews Processes

The road ahead

- Despite considerable gains in the knowledge and understanding around promoting and supporting the rollout of the NDIS much work needs to take place to better prepare consumers for its inception
- Supporting consumers to understand and engage with the NDIS is a lengthy process, it needs to be part and parcel of so many conversations about mental health now and into the future
- The value of Peer Support in assisting consumers to access and utilise the NDIS needs further consolidation through better resourcing and support

Contacting VMIAC

VMIAC Offices Mon – Fri 9am -5pm

Telephone: 9380 3900

Email: info@vmiac.org.au

Website: <https://www.vmiac.org.au/>

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Victoria, Australia.

tandem



representing Victorian
mental health carers

better mental health involves everyone[®]

Robbert Roos

Carer Advocate

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Simon Jones

NDIS Project Officer

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E Simon.Jones@tandemcarers.org.au

Tandem works for the inclusion of families and carers in all aspects of the mental health system.



Who is Tandem?

The trusted voice of family and friends in mental health

We provide

- Systemic and Individual Mental Health Carer Advocacy
- **We manage**
 - Mental Health Carers Support Fund
 - The Tandem Victorian Mental Health Carer Register

We are part of

- The DHHS NDIS Transition support team
- Building Mental Health Literacy and Capabilities in Ethnic Communities Project



Tandem acknowledges the support of the Victorian Government

OUR MENTAL HEALTH CARERS



They are partners,
children, parents, siblings,
friends and neighbours.



15% are
young carers.
(below 25 years of age)



36 hours
of support is
provided per week.

**DID YOU KNOW 60,000 VICTORIANS SUPPORT
PEOPLE LIVING WITH MENTAL HEALTH ISSUES?***

**UNPAID MENTAL
HEALTH SUPPORT**

=

\$3.3 BILLION P.A.

A photograph showing a group of people in a meeting or support group. A man in a light blue striped shirt is laughing heartily, looking towards a woman on the right. The woman, wearing glasses and a teal jacket, is also laughing and gesturing with her hands. Other people are partially visible in the background, also appearing to be part of the conversation. The overall atmosphere is positive and supportive.

Informal carers – families, friends
and supporters – play a significant
role in the care of people
living with mental
health challenges
in Australia.

Mental Health Carer experience in Victoria

- Increased financial & emotional burden
- Carer contributions to participant supports being routinely dismissed
- Carers own support needs not being considered
- Market limitations in rural and remote areas placing stress on carers

Joint Standing Committee on the NDIS recommendations

- Continuity of support to be provided to carers both within and outside the NDIS
- The NDIA to report on the engagement of carers during the planning process

ndis National Disability
Insurance Scheme

NDIS First Plan Conversation Tip Sheet

NDIS FIRST PLAN CONVERSATION TIPS FOR MENTAL HEALTH CARERS, FAMILIES AND FRIENDS

What is the first plan?

When the person you support has gained access to the NDIS, an NDIS representative (the *planner*) will work with them to develop their first plan. The first plan identifies the **reasonable and necessary** supports the person you support requires to meet their everyday needs and achieve their **goals**. The first plan provides them with individualised funding that they control and choose how to use. The first plan will be automatically reviewed after twelve months to incorporate changing support needs and **goals**. A review can be requested earlier if needed.

Can carers, family members and friends attend the first plan conversation?

You can attend, *if the person you support agrees*.

They can bring **anyone** they choose to the first plan conversation. **Discuss your involvement with the person you support as early as possible to check if they would like you to be involved.**

If they do not want you to attend the first plan conversation you can still provide information to the planner by seeking a face-to-face meeting, a phone call, or by submitting a **Carer Statement**.

How can you provide support to prepare for the first plan conversation?

Have a conversation with the person you support and encourage them to be actively involved. You can help them to:

- List any **formal** (paid) **supports** that are currently in place and gather specific information from their mental health workers about these supports, think about how these supports are working and if there's anything they'd like to change.
- List any **informal** (unpaid) **supports** provided by you, family members, friends and others.
- Have a conversation with their mental health workers about their current and future **goals**, and their support needs including any additional support they need when they are unwell.
- Write this information on their **NDIS pre planning checklist**.
- Gather any reports, functional assessments and information about their mental health.

How does the first plan conversation take place?

The person you support will be contacted by an NDIS representative by phone to talk about their first plan.

The first plan conversation does not have to take place over the phone.

If you and the person you support feel unprepared, or the time of the first call does not suit, you and the person you support can:

- Re-schedule the call for a better time.
- Ask for a face-to-face meeting. You can ask to meet at home or another location of your choice.

How can the person you support appoint a preferred contact person?

A preferred contact person can be organised if the person you support would prefer that the **NDIS** contact you or another **support person** to represent their wishes.

It's good to organise this as soon as possible with the current **mental health support provider** that the person you support is using.

OR

If they don't have a current mental health support provider, contact the **NDIS** directly.

Contacting the NDIS

Phone the NDIS on 1800 800 110

8am to 11pm local times, Monday to Friday

NDIS First Plan Conversation Tip Sheet

You can speak up in the first plan conversation.

You can help the person you support to communicate their needs and goals and share your experience and observations. This will help the planner understand the impact the **psychosocial disability** has on the life of the person you support.

Speaking up is very important, particularly if the person you support has difficulty understanding or communicating the support they need and how others help them on a day-to-day basis.

Speaking up can help to ensure:

- NDIS funded supports are individually tailored.
- Flexibility in the plan if the person you support becomes unwell in the future.
- Support for you in your role.

What information can you share about your support role?

You can provide a written **Carer Statement** which outlines your support role, anything you are finding difficult in your role, your ability to provide the same level of support into the future, and if there's support you're unable to provide that could be funded through their plan. (See template on website).

The planner **must consider** what support is reasonable to expect from families and carers.

Are you concerned about speaking in front of the person you support?

Speaking openly in front of the person you support can be difficult. You may be worried it could damage your relationship. If this concerns you, you can:

- Provide a written **Carer Statement** to the **NDIS Planner**.
- Request a **separate conversation** prior to the first plan conversation.
- Refer the planner to your **Carer Statement** (or ask for a separate conversation), if they ask you about details that you are uncomfortable sharing.

Support people for families, friends and carers.

You are entitled to take a support person to the first plan conversation, if the person you support agrees.

Questions to ask in the first plan conversation.

- What is the next step?
- How does the person I support organise a plan review if they are not happy with the plan?
- Who can I, or the person I support contact if we forget something or have further questions?

Definitions

Support person.

A person who provides unpaid support to individuals who are facing mental health challenges.

Support people can be partners, parents, children, other family members, friends or neighbours.

NDIS, The National Disability Insurance Scheme and the National Disability Insurance Agency (NDIA) that administer the scheme, and all organisations who partner and/or represent the NDIA, including the Local Area Coordination Agencies (LAC).

NDIS participant.

A person who meets the NDIS access requirements and has gained access to the NDIS.

Reasonable and necessary.

Reasonable is something fair, and necessary means something you must have. The NDIS funds reasonable and necessary supports relating to a person's disability to help them live a good life and achieve their goals.

Goals Things a participant wishes they could do or achieve in the future, with the help of the NDIS.

Formal and informal support.

Formal support is any paid support received. Informal support is unpaid support provided by family members, friends or other significant person.

Psychosocial disability.

Disabilities that may arise from mental health issues. Whilst not everyone who has a mental health issue will experience psychosocial disability, those that do can experience severe effects and social disadvantage.

Carer Statement

- No formal NDIA template
- Goals
- Achievements
- Problems



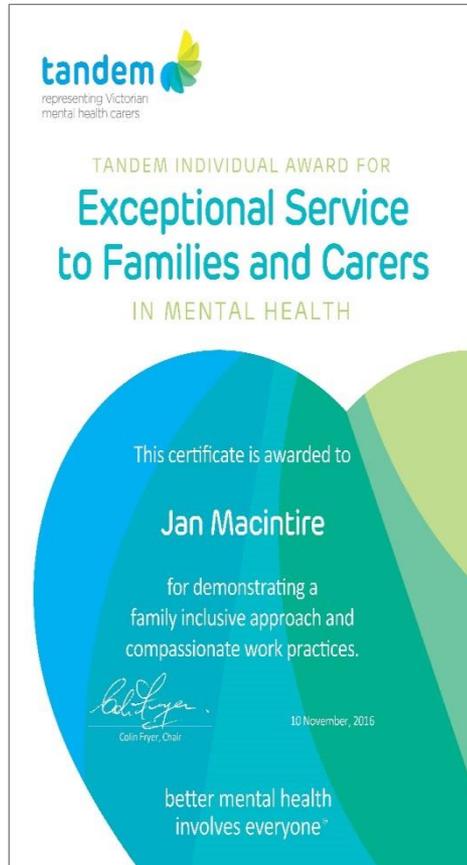
Services and staff demonstrating outstanding family inclusive care and compassionate work practices are recognised at the Tandem Exceptional Service to Families & Carers in Mental Health Awards.



better mental health involves everyone®

tandemcarers.org.au

Certificates



Why join Tandem?

Tandem membership can be organisational or individual

You can work with others to improve the system

Register for the Victorian Carer Register

Participate in forums and community consultations

Provide feedback to inform submissions to Government and Stakeholders

Be part of supporting family inclusion in the system

Get access to up-to-date information to assist you as a Mental Health Carer or health professional

It's free

tandem



representing Victorian
mental health carers

tandem  representing Victorian
mental health carers

12 September 2017

TANDEM CONFERENCE
& AWARDS DINNER
Supporting Relationships

tandemcarers.org.au/conference

#tandemconf17



better mental health involves everyone[™]

Mental Health Partnerships and NDIA: Making it work in the East

DHHS Transition Update
August 2017



Role of DHHS Transition team is to:

- Create a bridge for our current clients to become NDIS participants
- Support our provider partners to transition to being NDIS providers
- Transition existing state government funding to the Commonwealth



MHCSS Pathways

The pathways for MHCSS clients and providers includes:

- Defined Program: State funded MHCSS
- Undefined program: State funded MHCSS Intake
- New Referrals Direct to NDIA as new participant

MHCSS Defined Programs

The following state funded Mental Health Community Support Services (MHCSS) are 'defined programs':

- all Individualised Client Support Packages
- all Adult Residential Rehabilitation Services
- Supported Accommodation Services (excluding three services with a homelessness focus).

Existing clients of a MHCSS defined program will transition to the NDIS towards the end of the transition period for each geographical area, provided they meet the age and residency requirements.

The NDIA will contact these clients via telephone to complete the access process and commence the NDIS planning process.

MHCSS Undefined Programs

The MHCSS Needs Register (wait list) is not a defined program.

The MHCSS Intake service will continue to accept referrals for MHCSS defined programs up until a geographical area commences transition to the NDIS.

At this time, the MHCSS Intake service will cease to:

- undertake intake screens for MHCSS defined programs, and
- allocate eligible people to the MHCSS Needs Register (wait list).

The MHCSS Intake service will support people on the MHCSS Needs Register to collect the evidence they need to make an Access Request to the NDIA.

Commonwealth funded community managed mental health support services

Commonwealth funded community managed mental health support services are not defined programs. This includes:

- Partners in Recovery,
- Personal Helpers and Mentors
- Day to Day living

The NDIA will contact the providers of these services to contact their clients and determine their eligibility for the NDIS.

Clients of these programs will be required to demonstrate they meet the disability, age and residency access criteria.

Note: a client of a MHCSS defined program who is also a client of Partners in Recovery will transition to the NDIS provided they meet the NDIS age and residency requirements

How do people who are not in receipt of a psychosocial disability support service access the NDIS?

A person who is not in receipt of a defined program can make an access request to the NDIA when the area they live in commences transition to the NDIS.

The person or their nominee can contact the NDIA online, via telephone or at a local NDIA Office to initiate the access process to become a participant.

A person may nominate a key contact to make the access request on their behalf. This person could be

- A family member, carer or friend,
- Nominated Person under the *Mental Health Act 2014*,
- A service provider, such as their clinical case manager

How to contact the NDIA

Telephone the NDIS on **1800 800 110**.

- If using a TTY (teletypewriter), phone 1800 555 677 and ask for 1800 800 110
- If using Speak and Listen (speech-to-speech relay) phone 1800 555 727 and ask for 1800 800 110.

Email the NDIA at NAT@ndis.gov.au

Visit the NDIS website at www.ndis.gov.au

Investment in the Health interface

DHHS has invested funding to assist health services to proactively prepare their mental health program for the introduction of the NDIS.

Eastern Health has accepted four-year funding to:

- Establish a mental health program leader as a defined and strategic contact point for the National Disability Insurance Agency (NDIA) local office and the NDIA Local Area Coordination (LAC) partner in the service catchment
- Build an effective and efficient operational interface and partnership between their specialist clinical mental health service and the NDIA local office, LAC and NDIS funded support providers in the service catchment
- Build the capability of the specialist clinical mental health workforce to support consumers and carers throughout the NDIS participant pathway.

Mental health and NDIS interface

The following guidelines are in the final draft stage:

- *Guidelines to support the interface between the Victorian Specialist Clinical Mental Health Service System and the NDIS.*

These guidelines will be finalised and agreed between DHHS and NDIA.

NDIS Transition has begun

Access calls are already underway

The National Access Team will make contact with all:

- MHCSS clients,
- MHCSS Register clients
- Commonwealth funded MHSS clients

NDIS: Considerations for Community Mental Health Providers

Larissa Taylor
Manager, NDIS Engagement

EMHSCA NDIS Forum
31 August, 2017

VICSERV
(Psychiatric Disability Services of Victoria)



Psychiatric Disability Services
of Victoria (VICSERV)

VICSERV's NDIS Engagement

Capacity-building

- Stakeholder engagement – Regional Reference Groups
- Learn & Build - Under Full Scheme papers
- Workforce Development Analysis & Recommendations

Information provision

- NDIS Bulletin
- NDIS forums and presentations

Liaison and representation (State and National)

- NDIS Ministerial Taskforce and Working Groups
- DHHS operational meetings and forums
- Connection with national peak bodies



Pillars of an effective mental health system



What will community mental health in
Victoria look like in the future?



The NDIS and Community Mental Health in Victoria

MHCSS – State funded

- *Funding ceasing as NDIS rolls in*
- *Defined Program = automatic access to NDIS*
- *ISP, Adult Residential, Supported Accom. – in scope for NDIS*
- *MSSH, Youth Residential – out of scope for NDIS*
- *Needs Register – not defined, must prove eligibility*

PIR / PHaMS / D2DL / MHCR– Federally funded

- *Not defined = must prove eligibility*
- *Funding phasing out over next few years*



VIC funding commitments for community mental health

2017/2018 State Budget:

“75,000 hours of community care to reduce demand on clinical services”

- ? through the clinical system

2017/2018 Federal Budget:

\$80 million over 4 years nationally: maintain community psychosocial services for people not eligible for NDIS

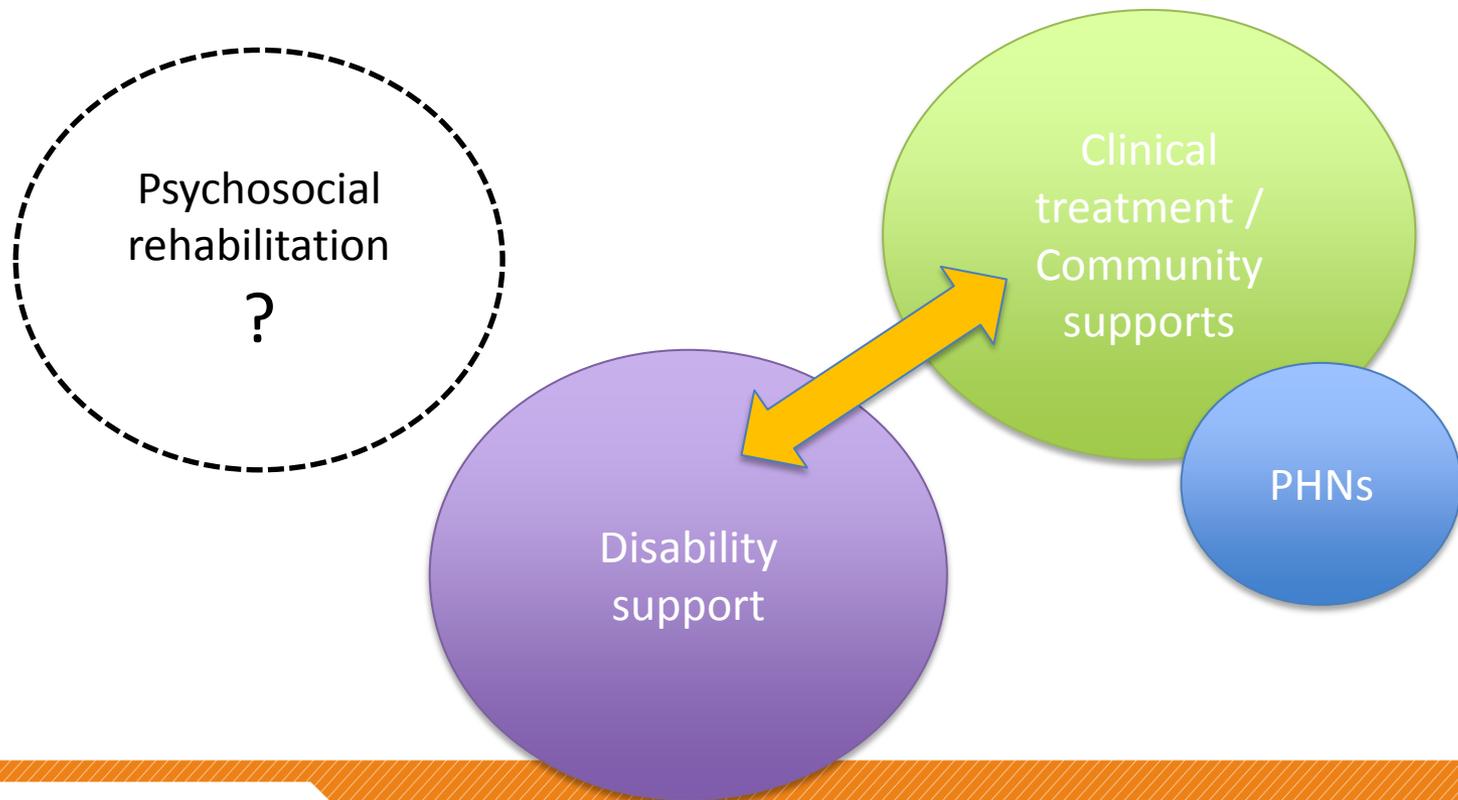
- reliant on matching by state governments. Vic yet to formally respond.

June 2017: State announces additional \$20 million

- \$16.5 million: clinical mental health support in the community (16-64 yrs)



In Victoria...



What are we hearing from
roll-out regions?



Consumers

Eligibility & Access

- Inconsistencies in access (non-defined programs)
- No pre-planning support for 'new' participants
- Phone call / letter for access
- NDIA supportive of local approaches

Plan implementation

- “swimmers” doing well – many people happy with plans
- Consumers with more complex needs struggling
- Outreach for hard-to-engage clients
- Support Co-ordination required for many people
- PIR Support Co-ordination In-Kind to 2019
- Relationship with worker is key



Carers

- Mixed responses
 - NDIS = 'Respite' from caring role
 - Increased burden – supporting participant
- Participant consent for involvement and supports
- Experience and needs overlooked in planning
- Very limited carer support or education
- Administrative burden / confusion
- Relationship between loved one and worker priority



Workforce

“Transformation, not transition”

- Different model of service delivery
 - Individualised funding, business-focussed, focus on customer service and marketing
- Different support offering
 - Psychosocial rehabilitation vs psychosocial disability supports
- Different ‘way of working’
 - Shift in expectations and workplace culture
- Different job roles (and pricing)
 - ‘Core’ vs ‘Capacity Building’



Looking forward



VICSERV NDIS Projects

- Training of Loddon LACs / Planners
- 'Mind the Gap' – Vic and National
- Learn & Build: Barwon Under Full Scheme
- Workforce Development Analysis Report
- Workforce Development Training



New Challenges

- How to continue to deliver quality, recovery-oriented services under NDIS.....
 - And remain financially viable
- How to ensure the safety of workers and participants
- How to continue to provide supervision, support and training to a mobile workforce within a tight budget
- Implications of the changing workforce
- Where does peer work fit under the NDIS?



Consumer resources

VMIAC: Peak Body for consumers with mental health issues

www.vmiac.org.au

Reimagine website: “supporting people living with mental health conditions to navigate the NDIS”

<https://reimagine.today/>

Mental health consumer experience of the NDIS video

Youtube – NDIS Your Voice, Your Choice (MiFellowship)



Carer Resources

Tandem – peak body representing mental health carers: www.tandemcarers.org.au

- NDIS first plan conversation: tips for carers

Mental Health Australia

- NDIS guide and checklist for mental health carers



For more information

www.vicserv.org.au

Sign up: NDIS Bulletin

National Disability Services: www.nds.org.au

NDIS website www.ndis.org.au

L.Taylor@vicserv.org.au



19/July/2017

Partners in Recovery the NDIS an update from North East Melbourne

Kieran Halloran

*Manager Severe & Enduring Mental Health
Eastern Melbourne PHN*

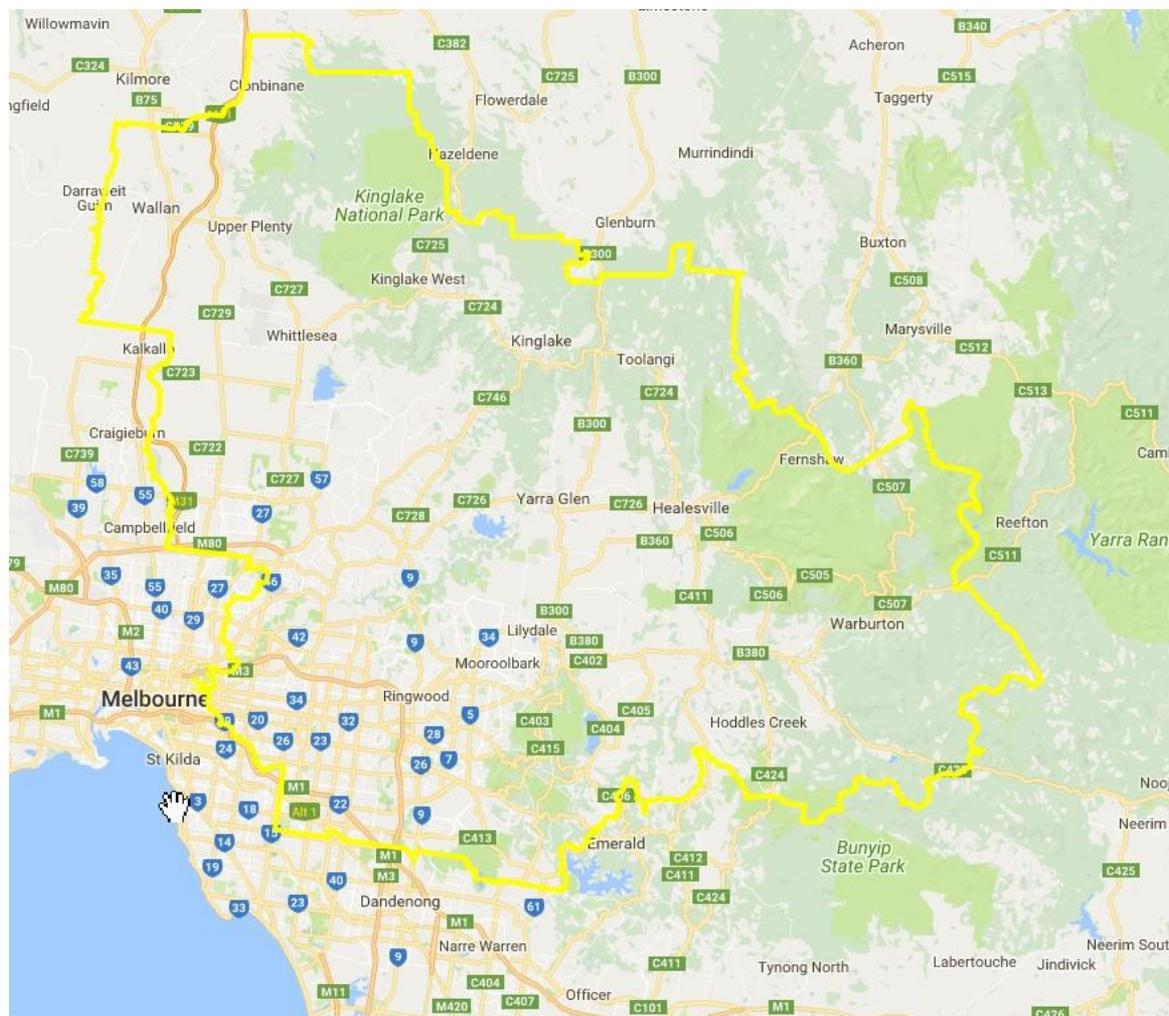
phn
EASTERN MELBOURNE

An Australian Government Initiative

Other Acknowledgements

- We recognise and value the knowledge and wisdom of people with lived experience, and those who provide care and support & *also all those who have bravely led the way in recovery practice and to reforms like the NDIS.*
- Audiences' spectrum of understanding

Eastern Melbourne PHN



Some EMPHN Stats:

Population 1.5 million

12 LGAs

Area of 3,956 km²

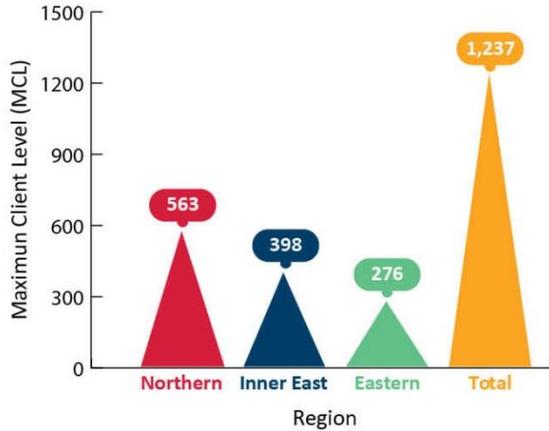
Mental Health Need
300,000 people with
Mild, Moderate and/or
severe

Slightly less than
30,000 people will be
NDIS recipients by
2019/20

5 Hospital health areas - 2 DHHS regions

PIR and Eastern Melbourne PHN

3 x PIR coming together (2016)



Workforce



86 Support Facilitators



11 Managers/ Coordinators



3 EMPHN Team

3 x Consortia – 34 agencies



- Clinical Mental Health/Hospital
- Carer representatives
- Consumer Representatives
- Community Health Services
- MHCSS – Community MH
- ACHO (VAHS)
- Homelessness and Welfare Organisations
- DHHS – VIC

Consumer and Carer groups



- Consumer/Carer group – Northern
- CALD Consumer/Carer group Northern
- RFAC – Recovery Focussed

Contracted agencies

- Neami
- VAHS
- Wellways
- Mind

Cultural Services

Victorian Aboriginal Health Service (VAHS)
Specialist CALD Services (Neami)



NEMA: PIR & the NDIS

- Rollout in NEMA – Started July 2016
- July 2017 – 140 of 400 consumers now NDIS consumers
- NDIS behind schedule with the phase-in of MHCSS and other mental health consumers
- All (or almost all) phasing in of PIR consumers via State funded agreements – not commonwealth – **not currently using PIR data.**
- By 2019 approx. 1000 PIR consumers to NDIS in EMPHN area by 2019.

FOR MORE INFORMATION

Kieran Halloran

kieran.halloran@emphn.org.au



Panel discussions

Mental health and partnerships in a new world



Our Panel

Sasha James— NDIA

Neil Turton-Lane — VMIAC

Robbert Roos & Simon Jones— Tandem

Donna Hayes— DHHS

Larissa Taylor—VICSERV

Kieran Halloran— Eastern Melbourne PHN

International Overdose Awareness Day

August 31st 2017

Dr. Tamsin Short
Executive Director of AOD Services (Connect4Health)



We Need To Talk About Overdose



Last year...

477 Victorians died of a drug overdose.

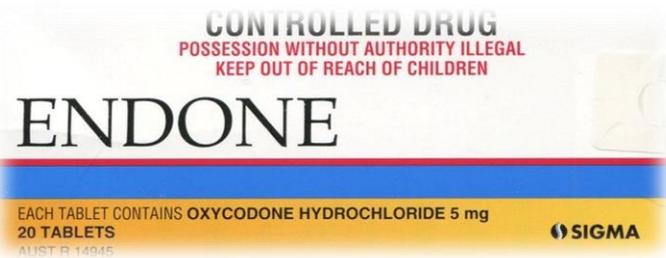
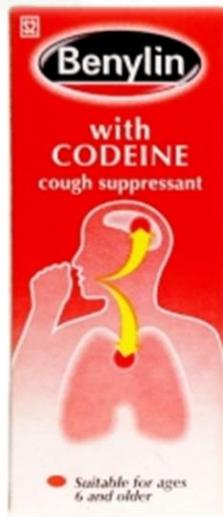
This is more than twice the Victorian road toll of 198 deaths.

Most of these deaths were accidental.

Over 80% involved prescription and over-the-counter medications.

[We need to talk about overdose](#)





**It's possible to be dependent without
problematic use...**

**...it's possible to have problematic use without
being dependent**

What can I do to help?

- Start the conversation – talk to your clients & colleagues about alcohol, medication & other drug use
- Assess for risk of overdose in all clinical assessments
- Encourage clients at risk of opioid overdose to get naloxone (Narcan[®])
- Complete a training session in naloxone with the Pennington Institute or Carrington Health (Box Hill)
- Educate yourself and clients about identifying & responding to overdose



What can I do to help?

- Be non-judgemental and non-threatening
- Adopt a harm minimization approach
- Separate the person from the behaviour:
 - Accept & support the person
 - Express concerns about the behaviour
- Encourage the family/carer to be involved in treatment
- Be encouraging and hopeful – change is possible!



What can I do to help?

- Advocate to reduce the stigma of overdose and use of alcohol, medications and other drugs
- Debrief and seek supervision/support from your colleagues
- Seek advice from a specialist AOD service or make a referral with client's consent
 - Medication Support & Recovery Service: **1800 931 101**
 - ECADS: **1800 778 278**
 - SURE: **1300 007 873**

We Need To Talk About Overdose

