Objective To gather information from EMHSCA committee members regarding the potential changes to their involvement with the various Alliance activities, and identify the priorities for workforce development events, with a view to future planning.

Survey method A mixed methods survey was developed by the Strategic Planning Subcommittee.

EMHSCA members were invited to complete the survey online, via Survey Monkey.

Target group surveyed EMHSCA committee members

Participating members N=21

Elements of the survey
Introduction
"You will be aware that significant changes to mental health service provision are occurring as this region incorporates the National Disability Insurance Scheme. EMHSCA acknowledges that this may require some changes to its Mental Health service coordination model. Please take a moment to complete this survey and, by doing so, keep the EMHSCA committees informed so they can make any necessary adjustments".

Questions
EMHSCA members were surveyed regarding their likely level of involvement for 2018 in the following key EMHSCA activities:

- EMHSCA committee representation.

- Strategic Planning Subcommittee representation.

- Collaborative Pathways Subcommittee representation.

- EMHSCA Workforce Development Subcommittee representation.

- EMR Dual Diagnosis Linkages participation and hosting of meetings.

- Eastern Peer Support Network participation and hosting of meetings.

- Staff attendance at free service coordination focussed events.

- Staff attendance and ability to provide a stall at EMR Orientation.

- Providing a peer workforce stall at the annual peer forum.

Additionally the survey asked members:

- whether there were any service coordination focussed workshop themes that they would like to see delivered in 2018;
- to provide suggestions for EMHSCA's strategic focus for 2018.

Results

Figure 1. EMHSCA partners' commitment to attendance and participation in 2018
(n=20 responses)
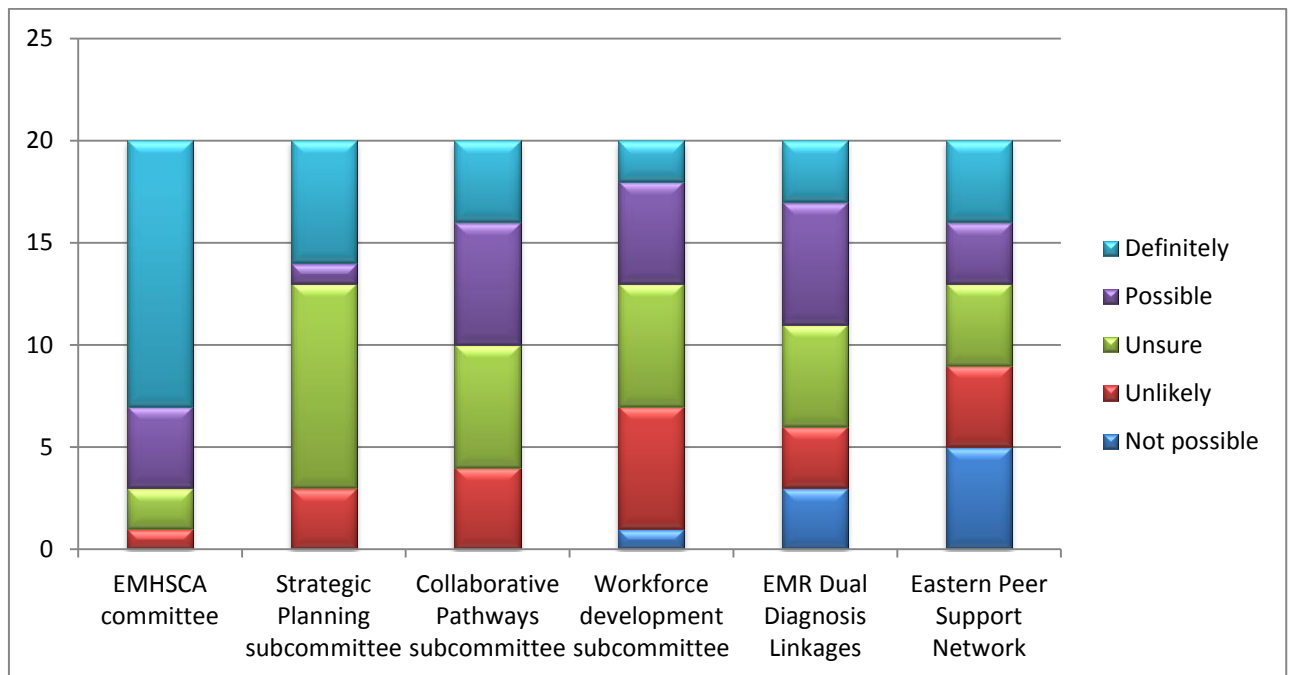
EMHSCA committee membership

The **EMHSCA committee membership** appears to be well supported with 85% of respondents agreeing that they could support this, and 15% indicating uncertainty.

Membership of the **Strategic Planning subcommittee** was slightly less well supported with 35% committing to membership, and 65% uncertainty going forward.

The **Collaborative Pathways subcommittee** may see a 50% decline in membership in 2018 and the **Workforce development subcommittee** may see a 65% decline in membership.

Workforce Development

Workforce development fund contributions will be supported by at least 50% of partner organisations and the other 50% expressed uncertainty.

Attendance at our service coordination events is likely to be supported by 70%, and the EMR Orientation remains popular and achievable with more than 85% attendance.

Ability to host a stall at the Orientation was indicated by 70% of respondents.

When asked about their preferences for workforce development activities **NDIS and Diversity** were the most commonly mentioned. Topics of interest to survey participants included the following:

NDIS; Aboriginal Health and well-being; diversity; family focussed care; Better outcomes; clinically focussed workshops; CALD; the changing workforce; Coordination of services in an NDIS environment; Dual disability; Dual Diagnosis; Navigating the new service provider landscape;

working collaboratively with the new NDIS funding guidelines; suicide prevention; peer workforce development; Optimising NDIS engagement for people experiencing mental ill-health; transitioning between age groups in service provision; NDIS & My Aged Care.

Topics for consideration as part of EMR Linkages or other EMHSCA forums included: Linking with employment services and focusing on the benefits in relation to health; Shared learnings from critical incidents; explore challenges in an environment where clients may not choose to purchase care coordination; linking with community sector organisations.

Eastern Peer Support Network

Just 35% of respondents indicated that their peer workers were likely to attend network meetings. There appeared to be a significant amount of uncertainty about whether peer workers would be able to participate. About half of our partners indicated the ability to host a network meeting and more than 55% could hold a stall at the annual peer forum. This would represent an increase on their current participation at the forum.

EMR Dual Diagnosis Linkages

These linkages provide an important connection and point of collaboration for front line staff in the region. Only 45% of members indicated that their staff will continue to participate and significant uncertainty was noted for this cohort. Ability to host meetings was indicated by 40% of respondents.

Strategic Focus

By and large, NDIS was the most frequently mentioned topic throughout the survey. The current EMHSCA Strategic objectives of preserving relationships and collaboration within an NDIS environment and improving our knowledge of NDIS were well supported by this survey. Support was also provided for EMHSCA's advocacy role by identifying and addressing service gaps in NDIS funding and supports. Improving integrated pathways for mental health care in this region along with a focus on transitions and improving collaborative care planning were also mentioned.

Comments

One participant advised that participation in EMHSCA activities is likely to be highest in the first half of 2018 and may decline thereafter. Another advised that they do not yet have a peer workforce and that they would be interested in establishing one with EMHSCA support.

Conclusion

The Eastern Mental Health Service Coordination Alliance has maintained its' relevance and developed and strengthened partnerships in this region during its'10 years of operation. The members continue to support the model and intend to engage in the partnership in future, as they are able and with some constraints imposed by the significant system change being experienced at this time.

The EMHSCA committee appears likely to be a strongly supported aspect of the work. Significant attrition will be seen in the subcommittee structure, which indicates a need to consider restructuring of the alliance work.

There is a continued mandate for EMHSCA workforce development events however the subcommittee support for these will decline dramatically. With this in mind it is imperative that EMHSCA considers more effective methods of providing these important collaborative events past July 2018. A new topic which the EMHSCA workforce development team has been keen to address in an event is that of Diversity. This was very well supported by the survey. The EMR Orientation, Collaborative Care Planning Workshops and the NDIS event are also desired by the partners.

Dual Diagnosis Linkages may experience some attrition, particularly from the community mental health services, however their mandate remains strong and the coordination support of the Eastern Dual Diagnosis Service should see this initiative retain momentum in the future, with new service partners. With a focus on EMHSCA's strategic objectives and the assimilation of NDIS these linkages can continue to play a key role in keeping front line staff connected and informed. This local, grass roots linkage also provides a forum for complex case discussions and solutions exploration.

The Eastern Peer Support Network will require some further commitment from the partnership to ensure its ongoing operation. The data collected from this survey merely confirms the position of the network to date as it has struggled to gather significant numbers of peer workers for its network meetings. Peer workers have expressed the desire to attend the network however this is inhibited by a number of factors outlined in the EPSN Annual report 2017 including part time work hours and lack of organisational support to attend external network meetings.

Finally, it is clear that NDIS should remain the focus of the EMHSCA, in particular 1. the preservation of partnerships; 2. information sharing; 3. improving pathways to care; 4. advocacy, and capacity building of staff across sectors to manage the system change.

We need to continue with our vision "To ensure that people who experience mental ill-health and co-occurring concerns, and the people who support them, have access to responsive, appropriate and collaborative services to assist with the multiple facets of their individual recovery journey".