NEMHSCA and EMHSCA Final Report (April 2024 – October 2024)

Prepared by Agnieszka Kleparska, Mental Health Partnerships Manager at Banyule Community Health
October 2024

Contents

Background

Northeast Mental Health Service Coordination Alliance (NEMHSCA) and Eastern Mental Health Service Coordination Alliance (EMHSCA) are inter-agency mental health and wellbeing partnerships that work together to improve service coordination in the Northeast and Eastern Metropolitan Regions of Victoria.

NEMHSCA and EMHSCA vison

The communities we serve receive person-centred, timely and flexible mental health and wellbeing support through effective regional service coordination.

NEMHSCA and EMHSCA purpose

To enhance service integration and communication so that communities can access responsive and appropriate mental health, AOD and wellbeing support.

NEMHSCA and EMHSCA aims.

- Improve, support and promote safe, recovery-focused, person-cantered and collaborative practices across mental health sector.
- Promote structured and coordinated Lived Experience Leadership, and workforce development models.
- Support members to navigate mental health system reforms.
- Provide platform for consultation and information sharing.

NEMHSCA and EMHSCA membership

NEMHSCA	EMHSCA
• Austin Health • Banyule Community Health • DPV Health • Drummond St • EMPHN • health Ability/Carrington Health • IMHA • Merri Health • Mind Australia • Neami National • Nexus Dual Diagnosis Consultancy Service • Nexus Primary Health • Northern Health • Odyssey House • Orange Door • Services Australia • SHARC/APSU • Uniting ReGen • Wellways • NIFVS • Your Community Health	• Access Health and Community • Anglicare • Each • Eastern Dual Diagnosis Consumer & Carer Advisory Council • Eastern Health • Edvos • EMPHN • ERMHA 365 • health Ability/Carrington Health • IMHA • Inspiro • Mind Australia • MMIGP • Neami National • Oonah • Salvation Army • St Vincent's Hospital • Wellways • YSAS

Strategic priorities

In February 2024 the NEMHSCA and EMHSCA developed the following three strategic priorities:

Strategic priorities	Strategic objectives	Outcomes We aim to achieve	Initiatives We will achieve this by
Mental health sector reform	We collaborate on joint advocacy activities. We communicate with and provide advice to the Interim Regional Board.	Stronger collective voice that influences decision makers.	• Designing tools and strategies for collaborative advocacy. • Creating a platform for information sharing regarding funding opportunities and future commissioning.
Lived Experience Workforce development	We work together to support and build capability of the local Lived Experience Workforce.	Improved capability of the local Lived Experience Workforce and those who support them.	• Establishing a local network for the LEW and LE Leadership in the north and east.
Collaboration and coordination	We collaborate on multiple levels and know about available services in the region.	Improved service coordination in the region.	• Creating opportunities for information sharing about available services and developing service agreements. • Creating opportunities for Mental Health and Wellbeing Locals to share information about models of care, integration, common referrals and challenges. • Creating opportunities for collaboration at different levels.

Key activities in the reporting period under each strategic priority (April 2024– October 2024)

Strategic priority 1 Mental health reform

- *Strategic objective: We collaborate on joint advocacy activities.*
- *Outcomes: We communicate with and provide advice to the Interim Regional Board. Stronger collective voice that influences decision makers.*

Below is a summary of the key activities under the strategic priority 1 Mental Health reform.

Relationship building with the Northeast Metro Interim Regional Body

Over the last six months the Alliances have developed a relationship with the Northeast Metro Interim Regional Body (NEM IRB) through the following activities.

- Inviting Malcolm Hopewood, Chair of the NEM IRB to the Alliance and Governance Committee meetings to provide regular updates on the IRB and reform activities.
- Providing three case studies for the IRB Final Report.
- EMHSCA Child and Young People Sub-committee providing written submission to the NE IRB regarding barriers faced by children and young people in the East.
- NEMHSCA and EMHSCA members participating in the focus group facilitated by the Impact Co. The purpose of the focus groups was to understand how local mental health and well-being delivery could best represent the needs of the community, and to identify opportunities and actions for improving mental health service governance and mental health service delivery in the region. Below are some key insights from the focus groups.

Collaboration Over Competition: Breaking barriers fosters a supportive network for better service delivery and resource efficiency.

Continuum of Lived Experience: Recognizing that lived experiences evolve enables timely and relevant support.

Regional Approaches: Tailoring services to local needs and acknowledging psychosocial aspects are essential for effective integration.

Consumer-Centered Integrated Care: Overcoming existing silos leads to responsive services, with governance reflecting intersectional needs.

Governance and Funding Alignment: A robust governance model and long-term funding cycles are necessary to align resources with consumer needs, ensuring stability in care.

Joint submission and advocacy

In July EMHSCA provided a joint submission to the Department of Health regarding the draft AOD Workforce Capability Framework. Overall, the EMHSCA members were supportive of the Framework and suggested some changes and additions. The main feedback was in relation to the following two capabilities:

- Lived and Living Experience Workforce

EMHSCA members suggested to strengthen this section and include information on empathy, hope and mutuality as a valid skill set as well as information on including people with lived experience not only in the service design and delivery but also in the leadership and governance structures.

- Co-occurring needs

EMHSCA members suggested more clear information on what AOD Workforce should be delivering in this space. The EMHSCA submission also highlighted the amount of support that AOD services provide around mental health apart from screening.

EMHSCA members also highlighted the importance of the following additional capabilities:

- Collaboration and coordination capability
- Relationships building capability
- Social/community connection
- Working with people who use violence

In addition, the Alliances used the results of the LLEW survey to advocate for better access to LLEW specific training and funding for AOD Peer Workers.

Attachments:

- *EMHSCA joint submission re AOD Workforce Capability Framework.*
- *Case studies for the NE IRB Final Report.*
- *EMHSCA Child and Young People Sub-committee submission to the NE IRB.*

Strategic priority 2 Lived and Living Experience Workforce Development

- *Strategic objective:* We work together to support and build capability of the local Lived and Living Experience Workforce.
- *Outcome:* Improved capability of the local Lived and Living Experience Workforce and those who support them.

Below is a summary of the key activities under the strategic priority 2 Lived and Living Experience Workforce Development.

Establishment of the LLEW Working Group and co-design of the activities

To implement the Lived and Living Experience Workforce Development strategic priority and objectives NEMHSCA and EMHSCA established a joint Working Group in April 2024. The Working Group consists of Lived and Living Experience Workers from Neami National Whittlesea Local Neami National (Whittlesea Local), Banyule Community Health, St Vincent's, Northern Health, Neami National's Eastern Psychosocial Support Service, Northern Health, Eastern Health, North East Metro Mental Health and Wellbeing Connect and Access Health and Community. The membership includes

people with lived experience working in identified consumer and family carer peer support positions as well as in leadership roles.
The key objective of the Working Group is to support and build capability of the Local Lived and Living Experience Workforce and Lived Experience Leadership.
The key initiative of the Working Group is the co-design of a local network for the LEW in the north and east.
Below table outlines a stepped process for co-designing the LLEW development activities for NEMHSCA and EMHSCA.

	Step 1: Discover and define the problem	Step 2: Develop a solution	Step 3: Deliver the solution
Objectives	• To discuss the key challenges faced by the LEW in the Northeast. • To define a problem we are trying to address.	• To define the scope of the LEW Network that can address the key challenges.	• To establish the LEW Network based on the ideation workshop.
Activities	• Co-design workshop to define the problem. • Desktop review of existing groups, resources and frameworks re LEW.	• Ideation workshop to identify potential solutions/scope of the LEW Network.	• Planning the LEW networking activities for the year.
Outputs	• Clearly define problem that we are trying to address.	• Clearly identified scope, purpose and activities of the LEW Network.	• LEW Network Forums and other activities.
Timeline	April 2024	May – June 2024	July 2024

Guided by the human-centered design approach principles the Working Group members participated in three co-design workshops:

- Workshop 1: Problem definition workshop
- Workshop 2: Ideation workshop to identify possible solutions.
- Workshop 3: Prioritizing solutions and scoping the activities.

In the third workshop the Working Group members prioritized the following three key components of the LLEW development activities:

Core component 1: Networking

Activities:

- ***Survey re LLEW in the Northeast Metro region.***
- ***Face-to-face "Networking with purpose" Forums*** (3 in 2024) for mental health, AOD and gambling consumer and carer LLEW including leadership.
- ***Directory/Network of LLEW in the Northeast Metro region***

Core component 2: Orientation for new LEW

Activities:

- ***Welcome pack for new LLEW in the region.***
  The Working Group members will curate a welcome newsletter/email that will be send to all NEMHSCA and EMHSCA member agencies for sharing with any new Lived and Living Experience Workers in the region.
- ***Online networking page for new and existing LE workers.***

- **Core component 3: Advocacy re better access to LEW specific training**

Activities:

- ***Collaborative approach to training*** – based on the survey results explore opportunities for joint training e.g. IPS where LEW from different agencies participate in the same training.

- ***Advocacy re access to supervision training*** and increasing the pool of LLEW supervisors in the Northeast Metro region - this activity to be discussed and led by the broader NEMHSCA and EMHSCA.

In addition, the Working Group members articulated the following points of difference between NEMHSCA and EMHSCA led LLEW development activities and other existing activities led by other organisations such as SHARC, VMIAC and CMHL:

- Focusing on the Northeast Metro Region vs statewide focus.
- Bringing consumer and family carer LEW together vs having separate discipline specific activities
- Bringing mental health and AOD LEW together vs having separate mental health and AOD activities.
- Focusing on exploring challenges and co-designing solutions vs focus on networking and presentations.

More information can be found in the LLEW Development Project brief attached.

Establishment of the LLEW Network

A contact list of over 100 LLEW in the region was collated and shared across NEMHSCA and EMHSCA. The Directory is be used to promote the capability development activities as well as to support networking activities.

LLEW "Networking with Purpose" Forums and event

In August 2024 NEMHSCA and EMHSCA hosted its first LLEW Networking Forum. The theme of the Forum was "Building connections for wellbeing" and was attended by nearly 50 LLEW from a range of services and disciplines.

Feedback was very positive, and according to the participants, the most valuable part of the Forum was being able to connect with other LLEW in person and share ideas in a group setting, the first of its kind on a local level.

Forum evaluation is attached.

LLEW Survey and report

The purpose of this survey was to gather information about the composition of the local LLEW and find out more about the capability development needs of this workforce.

The key gap identified by this survey was the lack of recognition of AOD peer work as a specific funded activity. EMHSCA and NEMHSCA members reported that most of the AOD peer work is supported by federal government funding which is a small proportion compared with state government funding.

In addition, although the survey participants reported that LLEW receive support in the workplace in the form of LE specific supervision and training, there are still gaps in supporting and developing the LE workers in the Northeast Metro Region.

Some of the gaps include:

- Specific training for the LLEW including access to Intentional Peer Support, LLEW specific supervision, and leadership development.
- Training in general skills and knowledge such as suicide prevention.
- Access to LE-specific supervision, provided by a worker with a LE.

- Availability of trained LE supervisors/mentors.
- Networking and communities of practice opportunities that link LLEW to a broader network outside of their organisation especially networks that bring together mental health and AOD workforce as well as consumer and family/carer LLEW.
- Career progression opportunities and leadership positions.

Below is a summary of findings. The survey report is provided as an attachment.

Key findings	Gaps	Recommendations
•253 LLEW members across various mental health services reported. •57% work in Mental Health LE (consumer perspective) roles; 32% in family/carer roles. •68% completed Intentional Peer Support Training, but over 100 have not. •Key training needs identified: supervision (60%), suicide prevention (45%), mentoring (45%).	•Only 4% of LLEW are in AOD roles despite a significant overlap in mental health and substance use issues. •Need for better recognition and funding for AOD peer work.	•Acknowledge co-occurring mental health and substance use experiences in role definitions. •Enhance understanding of integrated care across sectors. •Fund and integrate AOD peer worker positions. •Increase positions for Intentional Peer Support training. •Improve access to supervision training. •Foster joint networking opportunities between Mental Health and AOD sectors.

Attachments:

- *LLEW development project brief.*
- *LLEW Survey Report.*
- *LLEW Wellbeing Strategies Poster.*
- *LLEW Wellbeing Forum Evaluation summary.*

Strategic priority 3 Collaboration and coordination

Strategic objective: We collaborate on multiple levels and know about available services in the region.

Outcome: Improved service coordination in the region.

Below is a summary of the key activities under the strategic priority 3 Collaboration and coordination.

AOD support services mapping

In July 2024 NEMHSCA members conducted the mapping of the AOD footprint in the northeast region. The group members mapped the services provided by each agency as well as formal and informal partnerships. The mapping is attached.

Based on the mapping the group members identified the following NEMHSCA value add focus areas

- AOD waitlists
  - ✓ Lack of information about the waitlists. Some services are actively supporting people while on the waitlist. How can we promote availability of services e.g. group work for people on the waitlist?
  - ✓ Increasing use of pharmacotherapy while people are on waitlist (alcohol).
- GPs
  - ✓ Knowing which GPs can support people around AOD use (AOD friendly GPs)
  - ✓ Lack of prescribers.
  - ✓ Access to addiction medicine specialists.
- AOD Peer Workers
  - ✓ Support and training for AOD Peer Workers.
  - ✓ Peer Workers as first point of call - a bridge to the service.

As a result of this activity Uniting ReGen will be sharing monthly updates on the AOD waitlist for a range of services including counselling and withdrawal.

Local relationship building

Mental Health Partnerships Manager facilitated a number of relationships building meetings including between Banyule Community Health and Austin Health, EMPHN Regional Mental Health and Suicide Prevention and a number of agencies including SHARC.

Linkages with other initiatives

Mental Health Partnerships Manager established linkages with the following initiatives:

- Regional Outcome Review Initiative
- Multiple and Complex Needs Initiative
- Northeast Dual Diagnosis Youth Network
- Eastern Dual Diagnosis Linkages
- Integrated Care Project
- Eastern Regional Coordinators
- Local Implementation Team for the Our Workforce Our Future Framework
- Northern Homelessness Network.

EMHSCA Child and Young Person Sub-committee establishment

EMHSCA Child and Young People Sub-committee was established to identify key challenges faced by children, young people and their families when accessing mental health and AOD services in the East and to work collaboratively to address them. The key challenges identified so far included access to services for children under 12 and young people form migrant and refugee background.

Alliance meetings

In the reporting period there was seven Alliance meetings. All meetings were well attended and there was a strong engagement from the members. There has been a mix of presentations, discussions and practical activities such AOD service mapping and joint submission development.

There is one more meeting planned for each Alliance before the end of the year which will focus on the review of the evaluation survey results and planning for next year.

More details about the past meetings can be found in the table below.

Date	Alliance	Focus of the meeting/guest speaker	Number of attendees	Lived experience representation
1/05/24	NEMHSCA (in person at Your Community Health)	• Update from the NE IRB. • Guest presentation form the Victorian Collaborative Centre. • Presentation from the staff at the Whittlesea Local.	15	2
9/05/24	EMHSCA (in person at EMPHN)	• Guest presentation from the Victorian Collaborative Centre. • Presentation from the staff at the Yarra Ranges Local. • Discussion re feedback on the Alliance activities from the Eastern Dual Diagnosis Consumer and Carer Advisory Council. • Establishment of the EMHSCA Child and Young People Sub-committee.	14	1
13/06/24	NEMHSCA (online)	• AOD service mapping.	16	1
11/07/24	EMHSCA (online)	• Joint feedback submission re AOD Workforce Capability Framework.	15	2
8/08/24	NEMHSCA (in person at Wellways)	• Further discussion re AOD service mapping and other service coordination challenges.	9	0
19/09/24	EMHSCA (in person at Federation Estate))	• Guest presentation from Cathy Keenan re Integrated Care Project. • Gust presentation from Naomi Capper re Regional Outcome Review Initiative (RORI). • Joint response to the Integrated Care Survey (Eastern Regional Coordinators).	12	2
10/10/24	NEMHSCA (in person at Wellways)	• Guest presentation from Cathy Keenan re Integrated Care Project. • Guest presentation from Naomi Capper re Regional Outcome Review Initiative (RORI). • Multiagency Panel Demonstration Project discussion. • Review of the Alliance objectives.	18	1

Broader stakeholder engagement

Apart from the members of the Alliances the Mental Health Partnership Coordinator engaged with the following key stakeholders:

- Northeast Metro Interim Regional Body
- Eastern Regional Coordinators

- Centre for Mental Health Learning
- Victorian Alcohol and Drug Association (VAADA)
- Department of Health – Mental Health Workforce Capability Framework
- Department of Health – Lived Experience Branch
- Department of Health – Regional Mental Health and Wellbeing Governance
- Victorian Collaborative Centre
- The Hamilton Centre

Attachments:

- *NEMHSCA AOD mapping*

Key focus for next six months

- **Partnership evaluation survey**
- **Multiagency Panel Demonstration Project**
  - ✓ EMHSCA and NEMHSCA are positioned to pilot a Multiagency Panel to address systemic challenges by:
  - ✓ Serving as a central data collection point for service coordination barriers, gathering data re themes from initiatives like MACNI and RORI.
  - ✓ Discussing findings to determine actions for EMHSCA and NEMHSCA, as well as feedback for the Department of Health and governance bodies.
- **LLEW mentoring and orientation**
  - ✓ Building LLEW capability by piloting mentoring arrangements pairing up experienced LLEW with those starting out.
  - ✓ Regular orientation to the region sessions for new LLEW.
- **Local Implementation Team**
  - ✓ Implementation of the "Our workforce, our future" Framework on a local level.
  - ✓ Identifying local needs and selecting capability for development.
  - ✓ Opportunity for a grant.
- **Planning and delivery of broader workforce development activities for both Alliances.**
- **Focussed and purposeful Alliance meetings.**

Key achievements

- Engagement with the Interim Regional Body including the focus group with both Alliance and the submission of the case studies for the final report.
- LLEW development activities.
- EMHSCA joint submission re AOD Workforce Capability Framework.
- Representation on the Local Implementation Team for the Mental Health Workforce Capability Framework.
- Linkages with other service coordination initiatives such as RORI and MACNI.

Challenges

- Uncertainty (funding and reform outcomes).
- Lack of coordination and alignment between different initiatives.
- Competing priorities and reforms.

Risks

Risk/issue	Rating	Mitigation strategy
Uncertain funding beyond June 2025.	High	Explore alternative funding models with Alliance members.
Duplication of activities across NEMHSCA and EMHSCA.	Medium	Mental Health Partnership Manager working across both Alliances aligning the work as much as possible.
Lack of engagement from the Alliances members.	Medium	Mental Health Partnership Manager and Co-chairs to actively reach out to providers who don't participate in the Alliance's activities.
Duplication of activities with other state-funded initiatives.	Medium	Mental Health Partnership Manager and Co-chairs to foster relationships with the Department of Health to avoid duplication.

Attachments

Below is a list of the attachments provided with this report.

- *EMHSCA joint submission re AOD Workforce Capability Framework*
- *Case studies for the NE IRB Final Report*
- *EMHSCA Child and Young People Sub-committee submission to the NE IRB*
- *LLEW development project brief*
- *LLEW Survey Report*
- *LLEW Wellbeing Strategies Poster*
- *LLEW Wellbeing Forum Evaluation summary*
- *NEMHSCA AOD mapping*