The biennial VICSERV conference sets the standard for Australian mental health conferences providing challenging content, provocative speakers and leading-edge thinking.

The conference marks our 30th year and will provide an opportunity to come together to showcase the latest research, share best practice, review industry trends and consider the future of mental health services within the context of an ever changing environment.

The program will centre on key concepts such as innovation, coproduction, hope and recovery, peer leadership and empowerment.

Issues such as the impact and opportunities in the NDIS, the Victorian Government’s vision and implications of its 10 year mental health strategy, consumer choice and control and the carer experience will form the backbone of the 2016 conference.

**Keynote speakers**

**Dr Simon Duffy (UK)**
Director of the Centre for Welfare Reform

Simon is recognised as a leading international thinker on the philosophies of co-design, individualisation and peer involvement. He is a social innovator who works to improve the welfare state. He is a regular public speaker, consultant and international government policy advisor.

The Centre for Welfare Reform is an independent think tank and research centre which shares and develops social innovations to promote human rights and equal citizenship for all.

Simon will share his philosophy on citizenship and empowerment and how they form the basis of a powerful argument to include people in planning their own recovery as well as the services they access.

**Professor Mark Salzer (USA)**

Professor Mark Salzer Ph.D. is Chair of the Department of Rehabilitation Sciences at Temple University. He is the Principal Investigator and Director of the Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities, a research and training centre funded by the National Institute on Disability and Rehabilitation Research (NIDRR).

He will focus on the importance of inclusion and participation as key to recovery and wellness and strategies that support and grow the inclusion of people with mental illness in their communities.

**Master of Ceremonies**

**Peter Mares**

Journalist, social commentator and researcher.

For more information visit [conference.vicserv.org.au](http://conference.vicserv.org.au) or email [conference@vicserv.org.au](mailto:conference@vicserv.org.au)
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We very much welcome contributions to newparadigm on issues relevant to psychiatric disability support, psychosocial rehabilitation and mental health issues, but the editor retains the right to edit or reject contributions.

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- Letters to the editor should be under 300 words
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  - a short name of the article
  - the author(s) name
  - the author(s) position or preferred title
  - an email address for correspondence
- Articles should be emailed in a Word file to newparadigm@vicserv.org.au

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A systems approach to improving mental health outcomes: views from Partners in Recovery, Victoria
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This paper explores some of the significant changes occurring in the service system for mental health, and identifies some of the relevant opportunities and considerations. It has a specific focus on how to establish shared principles around collaboration, transparency and evidence-based practice to support the realisation of benefits to consumers.

**A changing world: Primary Health Networks and the redesign of the Victorian Mental Health Service System**

**Associate Professor Chris Carter** is Chief Executive Officer of the North Western Melbourne PHN  
**Lyn Morgain** is Chief Executive of cohealth

### Background to the changes

Primary Health Networks (PHNs) have been established by the Federal Government to:

- increase the efficiency and effectiveness of medical services for consumers, particularly those at risk of poor health outcomes
- improve coordination of care to ensure patients receive the right care in the right place at the right time (Department of Health, 2016).

PHNs became operational in July 2015. There are 31 PHNs covering the whole of Australia (including six in Victoria), replacing the previous 61 Medicare Locals. PHNs can be described as meso-level primary health care organisations.

cohealth is a community health support organisation with longstanding experience of providing community mental health services within the catchment of the North West Melbourne PHN (NWMPHN). cohealth has an explicit commitment to undertake advocacy in the interest of people who experience mental health and may need to access community-based services.

NWMPHN and cohealth therefore share an interest in, and commitment to, the development of a coherent and effective service system in Melbourne’s north and west.

### Mental health and the role of PHNs

There have been a number of recent announcements which have considerably expanded the scope of PHNs in community mental health and suicide prevention. Under new arrangements, Commonwealth funding that was previously provided to directly support the delivery of community-based mental health and suicide prevention will be allocated to PHNs to commission services.

The commissioning model emphasises the importance of identifying priority needs, funding evidence-based solutions and monitoring performance and achievement to drive ongoing investment decisions.

These changes have been made as a result of the Commonwealth Government’s response to the Review of Mental Health Programmes and Services. Funding, which totals approximately $350 million per year, has been redirected from a number of existing programs into regional funding pools. There is no new funding.
The existing programs are:

- Access To Allied Psychological Services (ATAPS)
- Mental Health Nurse Incentive Program (MHNIP)
- suicide prevention programs
- headspace centres and other early psychosis programs.

The Partners in Recovery (PiR) program, Personal Helpers & Mentors (PHaMs) and the Day to Day Living (D2DL) program will transition to the National Disability Insurance Scheme (NDIS).

cO healTh is one of many organisations that currently receives funding under the Commonwealth-funded mental health programs (D2DL, PHaMs, MHNIP ATAPS). It is obviously of great importance to our organisation that the service system changes and evolves in a way that meets the needs of current and future service users.

Policy trends in primary and mental health care

In addition to these immediate changes there are a range of other trends influencing approaches to the design and delivery of service systems in Australia. Responding to these new directions requires multiple partners to reframe their role within a new system.

A major shift is the trend towards consumer-directed care, which provides consumers with choice and control about how the resources allocated to them are spent. In a consumer-directed care model, resources follow the consumer in a joined-up system.

Another trend is a move towards integrated models of care. Fragmentation of care between community and acute health care settings is a key concern in north western Melbourne, which has a complex service system. This emphasises the importance of integrated care that is patient-centred, seamless across health care settings, and well supported by systems to support sharing information.

The Royal Australian College of General Practitioners (RACGP) has published its ‘Vision for general practice and a sustainable healthcare system’ (RACGP 2015) that describes an approach to reforming health care which is based on the Patient Centred Medical Home model. This model introduces the concept of accountable care, where a single provider or group of providers (usually general practice) becomes the central coordination point for a client, and accepts a level of accountability for their outcomes.

Fragmentation of care between community and acute health care settings is a key concern in north western Melbourne, which has a complex service system.

Similarly, there is currently a strong focus on evidence-based interventions and building a performance and outcomes focus.

Importantly, there is also an appetite for changed approaches to financing health and social care which recognises that the Australian system is one in which funding is generally associated with activities rather than outcomes. The new approaches being developed may include pooling funds and capitation – in which funding is aligned more closely with value and less with volume. Broadly these changes are aimed at delivering:

- better targeting and price control – especially in relation to the uncapped Medicare Benefits Scheme (MBS)
- removal of program silos and fragmentation
- improved performance and monitoring at the local level
- social and community service integration.

There is no question that these changes will require considerable development on the part of current service provider organisations. As funding arrangements shift over time away from block funding models, provider organisations will need to:

- respond to a performance-oriented, activity-based, capitated environment
- develop a good understanding of cost of care at an individual level
- demonstrate evidence-based performance on outcomes.

There are other emerging trends in funding and financing, including impact investment models such as Social Impact Bonds.
In an ideal state, commissioning is heavily informed by consumers and the community, who can play a critical role in setting priorities, identifying desired outcomes, designing solutions and informing evaluation.

These models can provide an opportunity for non-traditional funders to invest in social and health improvements, and importantly have a clear focus on funding outcomes rather than activity.

**PHNs and commissioning**

PHNs will operate as commissioning agencies, and will not have a role in direct service delivery unless there is a clear case of market failure. Cohealth and a range of organisations will form part of a broad ‘market’ which can potentially provide the programs and services PHNs identify as priorities. At times, this will involve participating in competitive processes to identify preferred providers. NWMPHN has a strong commitment to, wherever possible and appropriate, engaging with the provider market through the commissioning cycle, including in the identification and prioritisation of need, and in the co-design of solutions. To this end NWMPHN is aiming to work with a diverse range of organisations, consumers and interest groups across the service system.

It is likely, and even desirable, that a commissioning approach will change the service delivery and market landscape over time. However, NWMPHN is also acutely aware of the possibility of instituting changes which have adverse, unexpected and irreversible impacts on health and social service markets, and is therefore committed to taking a phased rather than transformative approach to change. A phased, highly collaborative approach reflects international evidence about commissioning, and is consistent with clear feedback from the market about the need to take a considered approach.

In an ideal state, commissioning is heavily informed by consumers and the community, who can play a critical role in setting priorities, identifying desired outcomes, designing solutions and informing evaluation. Achieving meaningful engagement of consumers in the commissioning model will require:

- a thoughtful and nuanced approach to current existing processes for engagement of consumers
- understanding the means by which these are presently resourced
- an explicit respect for the role of consumers in service improvement and system redesign.

Identifying opportunities to build on the current, authentic relationships between existing trusted service providers will need to form part of the analysis of the current system and solution design. These relationships can also provide insight into the potential impact of any changes to service users.

**The collaboration imperative**

Taken together, the impact on service delivery relationships, changes to experience of consumers and range of interests across the system, underscore the necessity and importance of collaboration in achieving system reform.

Cohealth has strong existing links and established relationships with NWMPHN, most notably through the Inner North West Melbourne Collaborative (NWMPHN, 2016). The Collaborative was established in 2012, and includes Merri Health and Melbourne Health as core partners. The Collaborative aims to:

- ensure a coordinated approach to service planning and delivery across our shared catchment, prioritising service gaps and challenges together
- develop agreed common, seamless and complementary pathways
- work collaboratively to deliver more care in the primary care setting
- develop new ways of working together in partnership to improve patient care, access, outcomes and pathways
Identifying opportunities to build on the current, authentic relationships between existing trusted service providers will need to form part of the analysis of the current system and solution design.

- create opportunities for our people to share resources, ideas, knowledge and experience to improve care through partnerships at the frontline.

The Collaborative is operationalised at multiple levels including regular meetings of chief executives and work on specific joint projects, in areas such as Advanced Care Planning and e-Health.

The Collaborative is one example of sector engagement that the NWMPHN is involved in and likely to draw on as it transitions to a commissioning model. It demonstrates a commitment to collaborative ways of working to bring about system improvement.

Steps have also been taken to move toward a more collaborative approach to system planning, including establishment of a partnership between NWMPHN and the Victorian Department of Health and Human Services regional office to support more streamlined and integrated population health planning. This is likely to be welcomed by other players across the system keen to avoid duplication and maximise opportunities for genuinely open and transparent system redesign in the interests of consumers.

In summary

Implementation of the PHN program and the transition to meso-level commissioning provides an exciting opportunity to leverage the existing skills, insights and passion within the north western Melbourne service system to achieve genuine outcomes-focused change.

Taken together, the impact on service delivery relationships, changes to experience of consumers and range of interests across the system, underscore the necessity and importance of collaboration in achieving system reform.

References


