

CMHL Annual Report 2022/23



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A Message from the Director



I've spent a lot of time thinking about what to say about the past 12 months, especially in terms of what we have achieved, what has been challenging, and how people are experiencing the effects of the past three years. Initially I came up with 'wow'... not that illuminating really, but in a word, it does describe the year we have had. CMHL has delivered on essential training offerings - among many others, this has included the allied health entry level training series, the trauma informed leadership program (in partnership with Foundation House), clinical supervision training, the sharing information for child wellbeing and safety sessions, and consumer workforce reflective circles. I encourage you to read on in the report to find out about our work activities over the past 12-months.

We have also continued to support discipline-specific professional development activities, which during 2022/23 has included forums, training days, scoping activities, and targeted, regular engagement processes with our different discipline groups. We rely heavily on, and are very grateful for, the engagement and expertise that is shared with us from all of our sector colleagues.

What have we achieved?

We have:

- continued to work collectively and proactively in the implementation of mental health reforms (the Lived and Living Experience Workforce Development Program is a significant part of this)
- increased to 24.1EFT and 29 individual team members, including the recruitment of a new lived and living experience workforce development team
- continued to engage effectively with our sector partners in terms of understanding and responding to sector needs
- delivered 91 training events, with more than 4700 attendees
- as a team, although we have again grown significantly, we continue to work well with the sector using a hybrid working model (most of the time online).

What has challenged us?

- Wanting to reconnect in person, but not wanting to shift too far from the online delivery of training and consultation that has improved access for our sector colleagues. It's a balance!
- The pace of mental health reforms, in conjunction with our ongoing work, has created several challenges. We have had to carefully consider our work, sector demands, and our capacity, in terms of what we prioritise. But I suspect that this has also been the case for many others.
- A big challenge is always wanting to do more. We hear what you tell us about what you need and know that there is so much more to do!

Where are we at with COVID?

We know that COVID-19 hasn't gone away completely, that in the lead up to our recent Victorian winter we experienced what was described as our 'fifth wave' (along with an increased incidence of influenza and other viruses). We also know that most people are now socialising in person more, getting back into offices (albeit in a hybrid way), and life looks more familiar to pre-COVID times. But we also know from what you tell us that people are tired, it's been a very long three and a half years, and our space has been and still is undergoing significant reform activity, so although the sun is now shining a bit, please take care out there.

On reflection, the quote from the children's author, Vivian Greene, sums up how the past few years has felt -

'Life isn't about waiting for the storm to pass, it's about learning how to dance in the rain'

I think that we have all been learning how to do this over the past few years.

What we do know is that:

- Resilience, persistence, family, friends, and collegial support have been and continue to be essential.
- Kindness and caring are at the core of how we work with and look after each other.
- Humour and sometimes a bit of healthy cynicism can play a role in lifting spirits.

- Turning off at times and putting yourself first to recharge is crucial.

What's next?

CMHL will continue to lead on significant parts of the reform agenda, using our unique expertise, partnerships and networks to drive change within the sector. While this report documents 'what' CMHL does (and will continue to do), systemic change occurs just as much through 'how' things happen. For example, when hidden voices are included in conversations and listened to authentically, and then represented meaningfully and strategically, positive change can occur for those voices, and they feel more valued within a system. When workforces or disciplines that are new, emerging, or under-represented, have access to new kinds of support networks, structures, events and resources, this does not simply build capabilities – it raises the profile of an entire part of the workforce, driving professional identity, connection to work, and sense of belonging. It could also improve job satisfaction, staff retention and workforce sustainability.

We continue to review our role and scope within the sector – balancing the needs of the workforces with reform and policy updates. We are currently developing the CMHL Workplan for 2023/24 and as part of this are rethinking our strategic priorities to best support the work that is needed.

In finishing, I want to say a big thank you to our partners and sector colleagues who share so much of themselves in helping CMHL be what we are. We could not do this without your wisdom and advice, so thank you. To our amazing CMHL team, growing by the minute. Lots of challenges, yes, but so much commitment, passion, and knowledge all wrapped up in what is a supportive, proactive, and compassionate group of people. 'Thank you' just doesn't feel enough.

Rosie Charleston

Director

July 2023



CMHL as an Organisation

Vision and Purpose

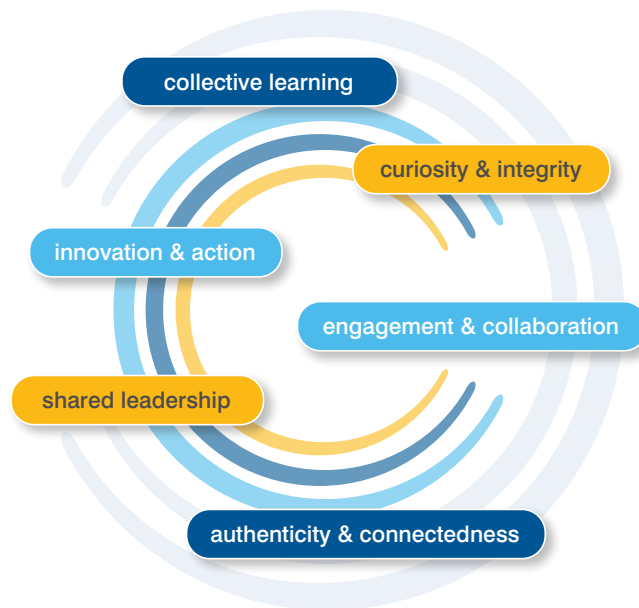
In March 2023, CMHL marked five years of operations. We have well established foundations as the central organisation supporting mental health workforce development in Victoria. Our role is not to duplicate, it is to connect and listen, align and coordinate, identify gaps and facilitate solutions, and create and identify opportunities to innovate.

Our vision is to be the centrepiece for mental health learning in Victoria; leading and driving innovation that strengthens and sustains a flexible, curious, knowledgeable and recovery-focused workforce.

The CMHL is founded on strong values that support collaboration across the sector. Principles that underpin CMHL operations include integrity, transparency, respect, and inclusion.

The key essence of the CMHL values and principles is to guide the CMHL to: provide robust leadership, including consumer and carer leadership; develop a strong organisational lens that seeks to facilitate positive systems change; foster collaboration and respect; respond strategically and create sustainability; be informed by evidence, and; be accessible to the workforce.

At the Centre for Mental Health Learning, we value:



“All my engagement with CMHL has been responsive, helpful, respectful and engaging.”

– CMHL evaluation survey participant

“The staff are committed to doing their best and create a welcoming and respectful space.”

– CMHL evaluation survey participant

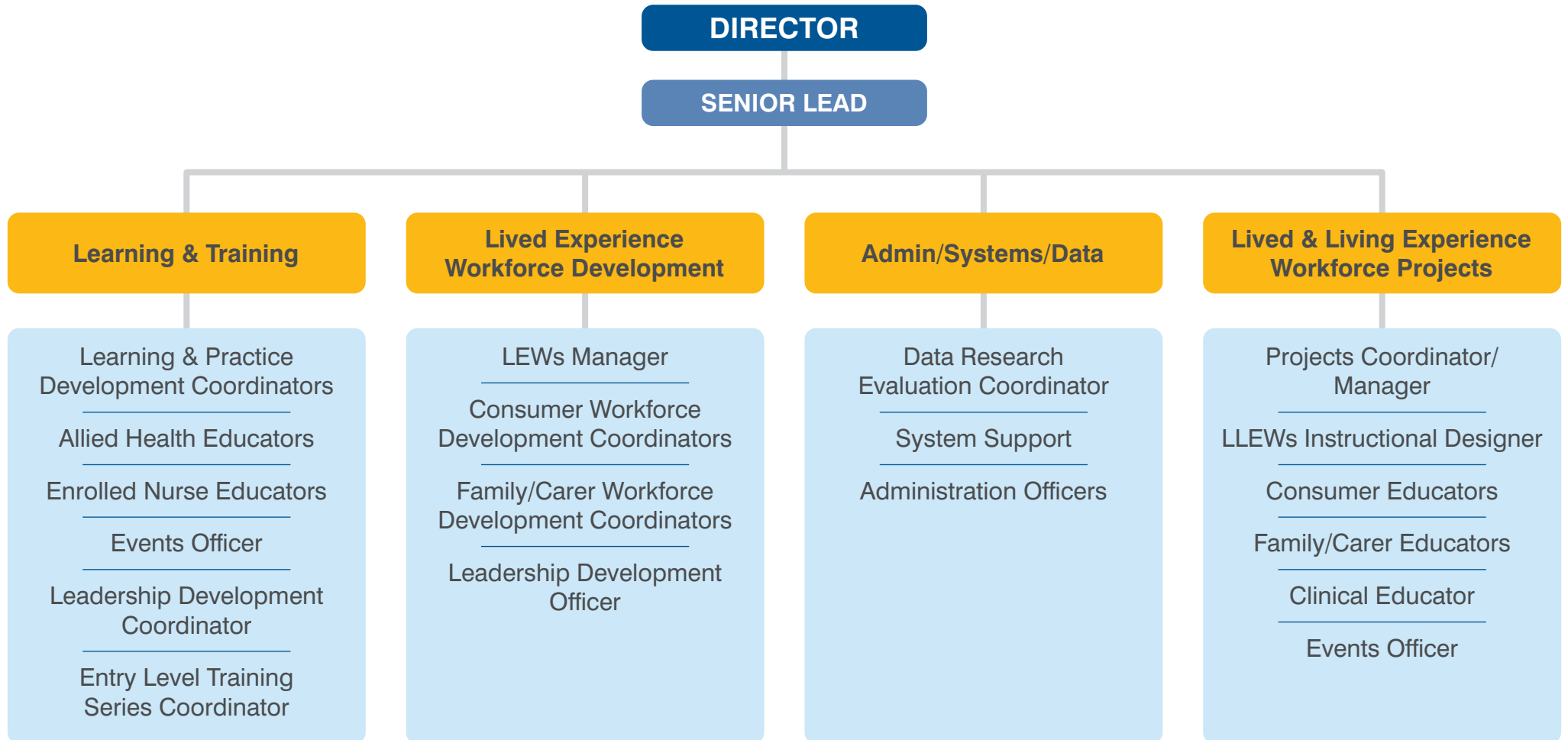
Governance

NorthWestern Mental Health is the auspicing organisation for CMHL. The CMHL also works in collaboration with the Department of Health, Victoria (DH).

- The CMHL Governance Leadership Committee (GLC) provides strategic advice and decision-making for CMHL operations.
- The Workforce Development (WFD) Committee includes representation from each AMHS and supports direct input from the Victorian mental health sector into CMHL operations.
- The Live Learn Lead Collective (LLLC) is a group established to enable the consumer and family/carer lived experience workforces to inform and make a meaningful contribution to the work of CMHL.
- CMHL regularly meets with the Statewide Training Providers to share expertise and information regarding training needs, events planning & delivery, service/place-based workforce development activities, training evaluation, and workforce development innovation.
- The Discipline Lifespan Specialty Advisory Groups (SAGs) provide specific advice and contributions to CMHL work such as calendar planning, forum planning, identifying workforce development priorities, and supporting translation to practice. We have established an Older Adults Mental Health SAG and a Psychology SAG. Our new CAMHS/CYMHS SAG will meet for the first time later in 2023.



CMHL Team Structure 2022/23



Our People

By June 2023 CMHL had 29 individual team members (across 24.1 EFT). Our people are the force behind everything that CMHL does; their unique expertise, commitment and compassion is crucial to CMHL's ongoing ability to support the mental health sector. CMHL's values are both based on, and driven forward by, the way our people work and the environments and relationships they create, internally and externally.

Our people take our work into new directions as needed, responding to the voices of the sector and navigating the unknown with courage and care. CMHL remains extremely proud of, and grateful for, its people.

The photo opposite was taken at our team day in June 2023 and shows all CMHL staff at the time except for Yao Wu (System Support Officer) and Samarra Hyde (Administrative Officer). Other staff in 2022/23 who left CMHL before this photo was taken also had a huge impact on our work over the course of the year.



“ I think the people who work for CMHL model the great service that we would like to see in all AMHS. ”

– CMHL evaluation survey participant



Our Work

Our Work

The work of CMHL in 2022/23 can be described by four key functions listed here. These are currently in review for the 2023/24 financial year as we look to adapt to continue meeting the needs within the sector.

1 We connect and listen

- We build a good understanding of the needs and desires of the workforce and training providers.
- We create structures, processes and tools that make it easy for people to connect, find, and share relevant resources and training.

2 We align and coordinate

- We identify statewide mental health workforce development needs and gaps, and work with stakeholders to develop solutions.
- We maintain and grow an online presence that streamlines access to information for the mental health workforce.

3 We build evidence and seek quality

- We seek to understand what data already exists, identifying where there are gaps, and developing ways to collect what is required to support decisions regarding workforce development activities.
- We aim to build a collective understanding around how to measure the impact of workforce development initiatives.

4 We drive innovation and systems change

- We engage in activities where lived experience workforces are central and influential to shaping workforce development.
- We manage projects that directly respond to reform recommendations.

In the following sections we describe some of our key work and projects undertaken in the past year.

“CMHL continues to provide an open learning approach which is responsive to feedback from the field.”
– CMHL evaluation survey participant

Newsletters and Social Media

We continue to connect with the mental health workforce and beyond through our newsletters and social media accounts, with newsletter subscription growing this year to over 2,500.

How have we worked together?

Newsletter subscribers identify as allied health, nursing, medical, lived experience workforce or other. These discipline categories are sometimes used to send targeted communications.

We have increased our engagement over LinkedIn this year and now have over 500 followers. We provide regular updates on LinkedIn regarding our activities and share the work of key partner organisations and DH. We have posted less on Twitter in 2022/2023.

What have we learnt?

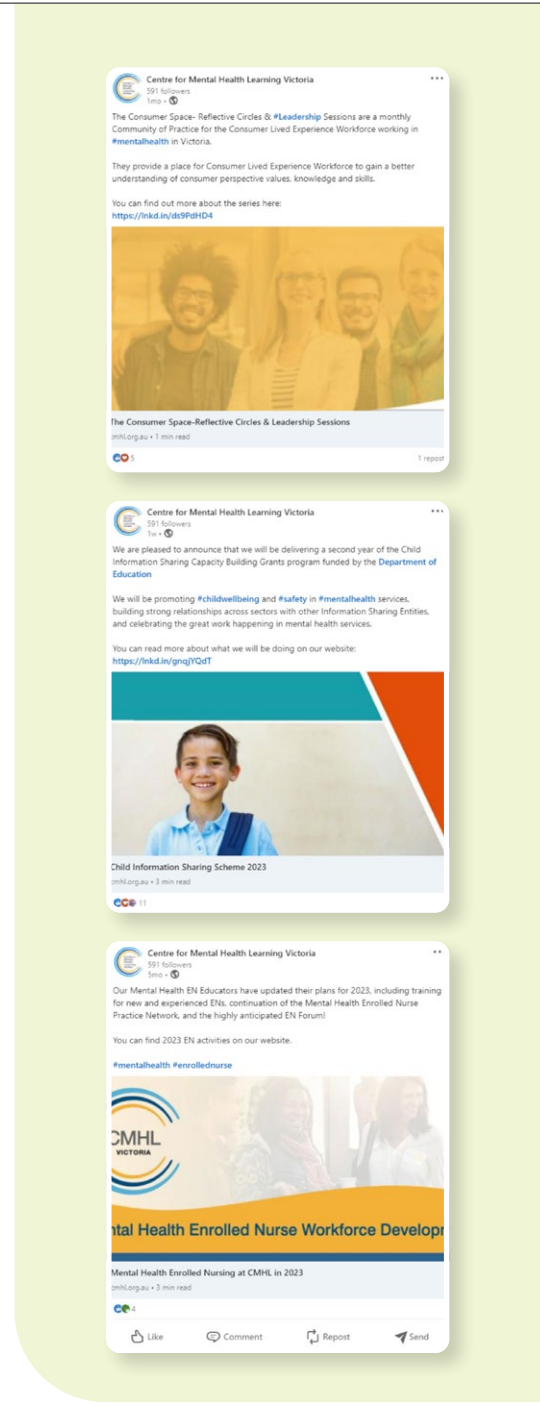
Newsletters continue to be a great way to communicate to our workforce. The rates of opens are consistently above 30% and we are regularly approached by other mental health organisations to send out information to our subscribers on their behalf. Our monthly calendar newsletters always lead to significant website traffic and training registrations.

What is next?

CMHL will continue to engage directly with large numbers of the workforce via social media platforms and newsletters and will continue to monitor engagement across different mediums and platforms. We intend to build our LinkedIn profile as this becomes a preferred option for many healthcare professionals.

The CMHL sent 65 newsletters this year for a range of purposes, including:

- Promoting training opportunities for mental health workforce across Victoria from a range of providers
- Promoting the work of partner statewide training providers such as Nexus and Orygen
- Updating the sector on CMHL’s free training calendar for area mental health service staff
- Promoting the work of specialist mental health bodies such as the IMHA’s new NDIS mental health Toolkit.
- Promoting new cmhl achievements such as the launch of the Rising Together report and the Allied Health Supervisor Database



Conferences

Conferences are a great way for CMHL staff to connect with the sector, and for participants to learn about innovation and best practice. Conferences also provide an opportunity for CMHL to promote the work that we are doing.



CMHL exhibition booth 2022 Collab Conference. Back row, left to right: Emma Murrell, Shaina Serelson, Jo Stubbs, Karen Hewitt, Oliver McDougall-Fisher. Front row, left to right: Beth Dunlop, Jasmine Routley.

How have we worked together?

Over the last 12 months CMHL staff presented at three mental health workforce conferences. In August 2022 the Victorian Collaborative Mental Health Nursing Conference (the Collab), led by the Centre for Mental Health Nursing, was back in-person. CMHL were official sponsors and had a booth. It was fabulous to meet so many people in-person who have been engaging with CMHL over the years. Shaina Serelson and Jo Stubbs chaired sessions and there were seven CMHL presentations. The profile of mental health enrolled nursing was elevated with great presentations from the CMHL EN educators and opportunities for mental health nurses to connect more deeply with their work. Lorna Downes and her project team from the Rising Together Project presented and won the conference Coproduction Award.

In September 2022 three CMHL staff members attended the Australian College of Mental Health Nurses conference on the Gold Coast. Jo Stubbs presented on the CMHL Clinical Supervision e-learning package. In October three CMHL staff members presented at TheMHS Conference in Sydney. Deb Carlon and Beth Dunlop presented on co-design and Lorna presented on Rising Together.

What have we learnt?

We learnt that it was energising and powerful to return to face-to-face networking. We had many people attend our booth at the Collab conference and talk about great training experiences they had via CMHL's free AMHS calendar. We heard great feedback about the way that we are working with the sector. Jasmine Routley our Events Coordinator sat on the booth for the three days and loved putting faces to the names of people who had been engaging with CMHL since our establishment.

CMHL's work is progressive and in line with the Royal Commission recommendations. Winning the coproduction award at the Collab was a great achievement.

What is next?

The CMHL is committed to continuing to work with our key partners to support conferences and the dissemination and sharing of knowledge and new ideas. We are participating in numerous ways in the Centre for Mental Health Nursing-led 2023 Victorian Collaborative Mental Health Nursing Conference and the Australian College of Mental Health Nurses 2023 Conference in Melbourne. We are also presenting abstracts at the Adelaide 2023 TheMHS conference. All three conferences will be face-to-face in 2023 and we look forward to engaging with our colleagues in real life again.



Committees, Specialty Advisory Groups and Communities of Practice

To perform our work, it is vital that CMHL understands what is happening in the sector and maintains strong communication channels with our key stakeholders. We do this via our committees, Specialty Advisory Groups (SAGs), communities of practice and some other groups we formally support.

How have we worked together?

Since the establishment of CMHL, our committee structures have changed based on feedback from the sector and to ensure CMHL's work is informed as broadly as possible.

Some of our committee structures were well established prior to 2022, including:

- the Live Learn Lead Collective (LLLLC) which enables the consumer and family/carer lived experience workforces (LEW) to inform and make a meaningful contribution to the work of the CMHL
- the Workforce Development Committee with nominated representatives from each of the Area Mental Health Services, helping CMHL to stay connected with the day-to-day workforce development needs of the public clinical mental health sector
- the Statewide Training Providers (SWTP) who meet every two months to share ideas on training needs, events delivery and workforce development innovation. The SWTP are a key stakeholder

group for CMHL and we continually promote their functions and workforce development opportunities.

Over the past 12 months, in response to gaps, we have established two discipline and lifespan specialty advisory groups; a Psychology SAG and Older Adults SAG. The Psychology SAG was established because at the time there was not a psychology educator position within CMHL and no established group that we could feed into. The Older Adults SAG was established in 2022 in acknowledgment of the gaps in workforce development for people who work in this specific area.

CMHL also supports multiple groups and communities of practice that we bring together to drive collaboration and dissemination of best practice. These groups also provide sector intelligence for CMHL to allow us to continue to provide relevant workforce development. Some examples of these groups are Social Work Academics, Graduate Nurse Coordinators, Consumer Workforce Managers, and the Enrolled Nurse Practice Network.

What have we learnt?

The information shared within with these committees and groups drives so much of what CMHL does. The information informs the training calendar and the way that we connect with the sector. We feed relevant information back up to the Department of Health and to the Statewide Training Providers to help drive sector reform. The way that we work with all our groups is driven by the CMHL values of collective learning, engagement and collaboration, authenticity and connectedness, innovation and action, curiosity and integrity and shared leadership.

What is next?

We will continue to work with our committees and groups to progress the work of CMHL. Work is underway to establish a Child and Youth SAG. Two psychology educators will commence with CMHL soon and they will take over the chairing of the Psychology SAG.

We will continue to be responsive to sector needs and establish and/or support new groups as identified necessary. We are also prepared to bring things to an end when groups and supports are no longer meeting the requirements of CMHL or the broader workforce.

Live Learn Lead Collective (LLLC)

In April 2020, the CMHL extended an invitation to consumer and family/carer lived experience workers, inviting them to be part of a transformative process in co-designing the model for CMHL lived experience workforces (LEW) collaboration and leadership. The outcome of this collaborative effort was the establishment of the Live Learn Lead Collective (LLLC) in 2021, a central pillar of the model.

How have we worked together?

Since its inception, the LLLC has flourished through a dynamic and inclusive approach. From the outset, our collective efforts have revolved around defining our priorities, shaping our ways of working, and making meaningful contributions to the functions of the CMHL.

The LLLC has actively engaged in a series of co-production workshops, prototyping ideas and advancing the priorities identified by the group. Our monthly meetings provide a platform for dialogue and collaboration, with alternating focuses. During regular business meetings we discuss ongoing projects and have welcomed guest speakers to introduce new opportunities for lived experience leadership and share expertise. Our think-tank sessions have allowed us to delve deeper into complex discussions, dedicating time to areas that require thoughtful consideration.

To further expand our collective and promote diversity, we launched a recruitment drive specifically targeting the family/carer workforce. As a result, we were thrilled to welcome five new members to the LLLC, enriching our perspectives and broadening our expertise.

What have we learned?

The LLLC has fostered a culture of continuous co-reflection, transparency and robust communication. We recognised the importance of establishing clear guidelines and shared understanding, resulting in the development of our Ways of Working document.

Building upon the solid foundation laid by the original model, and developed during multiple priority-setting workshops, we have continued to iterate and expand upon our guiding principles. The collective expertise has culminated in the articulation of a mission that truly encapsulates our

essence: learning by doing and leading by being. We believe that our actions and examples have the power to create positive ripples throughout the lived experience workforce and beyond.

What is next?

The LLLC remains steadfast in its dedication to advancing the lived experience workforce perspectives throughout all of CMHL's work. An exciting venture currently underway is the creation of a lived experience training indicator for both new and existing training. This toolkit aims to provide a valuable benchmark for excellence, empowering the lived experience workforces to make informed decisions about professional development opportunities.

Leadership Development

Leadership development has been identified as a high priority for all disciplines, including the lived experience workforces. The Royal Commission report recognises the ‘importance of leadership in effecting genuine and appreciable cultural change’.

Henrique Van Dunem
Consumer Lived Experience
Workforce Development
Coordinator



Beth Dunlop
Leadership
Development
Coordinator



“A big learning was considering that structural change does not equal transformative change and that more needs to be done on the ground to work on the changes recommended by the Royal Commission, rather than waiting for that change to funnel down to my service area.”

– Leadership Forum Participant

How have we worked together?

VMHILN

The Victorian Mental Health Interprofessional Leadership Network (VMHILN) was an interdisciplinary network who met bimonthly to promote co-leadership and connection. The final VMHILN meeting was held in November 2022 with several current and alumni members sharing their leadership journeys and experiences of being a VMHILN member.

Trauma Informed Leadership Program

We partnered with Foundation House to deliver a pilot Trauma Informed Leadership Program. Ex-members of the VMHILN were part of the Module Review Committee to ensure the content was appropriate for our sector. Cohort 1 consisted of 25 participants - five representatives from five AMHS. You can read more about this program later in this report.

Leadership Forum

CMHL hosted a Leadership Forum on Thursday 23rd March. 250 members of the Victorian mental health workforce across all disciplines joined us for an inspiring day focusing on leadership development and how we can be the change we want to see in the reformed mental health system. The forum included a range of thought-provoking and inspiring speakers across a range of topics such as lived experience, First Nations, integrated treatment, and contemporary approaches to developing leadership.

The Consumer Space – Reflective Circles & Leadership Sessions

This unique community of practice meets monthly to better understand consumer perspective values, knowledge, and skills to enhance consumer lived experience workforce leadership development.

ANUM Leadership Training

To support nurses develop as shift leaders and Associate Nurse Unit Managers (ANUMs) we have worked with Learn4Results to customise a two-day leadership workshop specifically for this cohort. The two days help nurses consider their own leadership style, how to manage conflict and how to have difficult conversations. Both days finish with a panel discussion with nurses who have recently worked as ANUMs. We have run three of these workshops with great feedback. These days have been held in person to support networking and connection.

International Initiative for Mental Health Leadership (IIMHL) 2022 Leadership Exchange

Working with Te Pou (New Zealand), the Department of Health and Victorian Transcultural Mental Health (VTMH), we participated in the IIMHL Leadership Exchange with a focus on capability frameworks. This was a fantastic opportunity to collaborate and learn about how capability frameworks can create meaningful practice change.

Chris's excellent presentation has helped me identify areas for further development as a leader.

– ANUM Leadership training survey respondent

What have we learnt?

Leadership development remains a priority area for all disciplines. Our leadership development sessions offered on the AMHS Calendar are very popular and sought after by all.

As stated in the Royal Commission’s final report, ‘the type of collaborative leadership required to transform Victoria’s mental health system is different from traditional hierarchical leadership; it guides rather than controls and inspires rather than directs’, as such we need to prioritise leadership development that promotes collaborative, values-based and compassionate leadership. Investment in lived experience workforce leadership is a focus of our work to support the vision of the Royal Commission to be realised.

What is next?

Trauma Informed Leadership Program – cohort 2 commences in July 2023. We will have 7 services and 27 members of the workforce participating. This is the second phase of the pilot and will be evaluated.



The final VMHILN meeting. Front row, left to right: Nadia Rigoni, Harry Singh, Aroon Naidoo, Lydia Wassef, Jo Stubbs, Kirsty Rosie, Hannah Jackson. Back row, left to right: Beth Dunlop, Rebecca Mackay, Henrique Van Dunem, Rika Van Vilet, Jo Tracey, Violetta Peterson, Nicola Cowling



Trauma Informed Leadership Program

CMHL collaborated with Foundation House to deliver a pilot Trauma Informed Leadership Program for Area Mental Health Services (AMHS) in 2022-2023.

About the program

The Trauma Informed Leadership Program is a training program targeted at people working in middle management roles and emerging leaders who are in a position to influence system change. The learning outcomes of the program align with the principles and capabilities outlined in the Victorian Mental Health Capability Framework.

The program, facilitated by Foundation House, consists of eight full-day workshop modules and includes a 1-hour one-on-one coaching session for all participants.

To ensure the content of the modules are suitable for the public mental health sector, we established a Module Review Committee. The Module Review Committee was made up of former members of the Victorian Mental Health Interprofessional Leadership Network (VMHILN) and included members from consumer lived experience workforce, family/carer lived experience workforce and clinicians.

Program modules

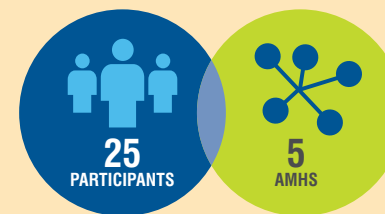
- Foundations of Leadership
- Trauma-informed Practice for Managers and Leaders
- Team and Organisational Dynamics in Organisations Impacted by Trauma
- One-on-one Coaching Session
- Effective Language and Communication
- Bringing Clarity to Uncertainty and Leading for the Future
- Operational Supervision
- Reflective Supervision
- Closing Workshop

“I think this has been one of the most relevant manager trainings I have done in 10+ years as a mental health manager. I think it should be compulsory across the state.”

– Trauma Informed Leadership Participant

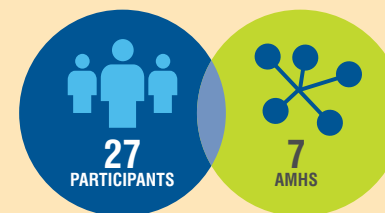
This pilot program includes two cohorts

Cohort 1: September 2022 – June 2023



Participating AMHS were: Eastern Health, Mercy Mental Health, Austin Health, Goulburn Valley Health and St Vincent's Health

Cohort 2: Commences July 2023



Participating AMHS will be: South West Health, Mildura, Bendigo, AWH, LRH, Alfred and Monash

“It has opened my eyes to a much broader sense of leadership and a much more compassionate way of leading.”

– Participant

“This is the best training I have attended. The facilitators were amazing, have a lot of insight and show appreciation to each participant and their input. I have recommended many of my colleagues to consider attending if looking at exploring their leadership skills [or] understanding of trauma.”

– Participant

The impact of the program

CMHL are undertaking an internal evaluation of this pilot program. The evaluation so far has found that participants had different experiences with the program and took value from it in different ways (due to the diversity of leadership roles, experiences and disciplines participating). Everyone interviewed suggested it was among the best leadership training they had participated in. The training provided opportunities for participants to reflect deeply on themselves, their leadership style, their practice, and the way they relate to others. It supported participants to understand how trauma plays out in organisational systems and provided content, tools and theories that improved participants' empathy toward others and confidence in navigating this. Activities were designed so that participants could discover answers within themselves and through connecting with others (with the support of experts, relevant theories, tools and frameworks), and lessons were staggered across ten months so that participants had time to implement learnings, reflect and observe, and come into the next session to build on their experiential learning.

Participants described developing greater awareness of trauma and how it plays out within people, teams and systems. They were better able to identify and acknowledge trauma, and better able to accept and work with it. For some this was transformational as it led to increased self-awareness, compassion and empathy toward self and others. These participants also expected that the shifts they observed in themselves were having flow-on effects to their teams and staff, creating more positive working relationships and team dynamics.

Everyone interviewed was incredibly positive about the program and the way it was delivered. Some also identified barriers to implementing learnings and areas for improvement. Post-program surveys are currently being collected to measure the extent to which these outcomes are occurring across all participants and to better understand the barriers to implementation and any areas for improvement.

Website

The CMHL website, cmhl.org.au, continues to grow and expand to meet the needs of more workforces and disciplines, and adapt to changes in the sector. The website is key in realising CMHL’s vision as ‘the centrepiece for mental health learning in Victoria’, with more of the workforce using the website each year as a portal to access training and resources from CMHL and other providers in one place.



CMHL WEBSITE: KEY STATS JUL 2022-JUN 2023

46K
WEBSITE
USERS
(UP FROM 38K)

334
UNIQUE
TRAINING
EVENTS
LISTED

32
REGISTERED
TRAINING
PROVIDERS
INCLUDED

For further website data see Appendix 1

How have we worked together?

We worked with the sector to identify and create new content for our website this year:

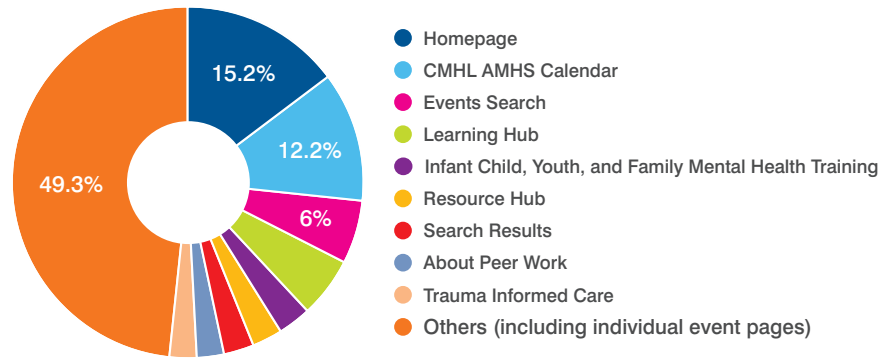
- a new **supervision webpage** with information on relevant supervision frameworks, guidelines, resources, and training for different disciplines
- a new **Allied Health Supervisor Database**, which adds to the existing supervisor databases for lived experience workforces and mental health nurses
- more **CMHL Recorded Sessions** added to the webpage, including five new videos for the Physical Health Series and four new Service Information Sessions videos

- more **Our Work** articles with regularly updated information about various CMHL projects and areas of work.

We have also worked to maintain and update existing sections of the website, including:

- linking to new, and auditing existing, key resources for the mental health sector
- working with statewide and other training providers to enter their training events in the CMHL hub
- regularly updating our governance page to ensure transparency regarding our committee structures and members.

CMHL WEBSITE – POPULAR PAGES AND VIEWS



TOP 5 PAGES VIEWED ON CMHL WEBSITE

1	Homepage	23,098
2	CMHL AMHS Calendar	16,825
3	Events Search	11,385
4	Learning Hub	7,327
5	Infant Child, Youth, and Family Mental Health Training	3,889

What have we learnt?

In the sector evaluation survey (see later in this report), most survey respondents indicated satisfaction with the website's ease of navigation (82%), finding the relevant training (76%), finding up-to-date information (76%), and relevance of content (85%), suggesting strong levels of satisfaction across the sector. However, as the mental health sector transforms with Royal Commission recommendation implementation and workforce growth it is more challenging but also vital that the CMHL website grows comparatively to ensure the workforce has access to a one-stop shop for development and learning.

We have identified, and heard, that as the CMHL website has grown, some of its key features, such as the calendar of all relevant mental health training events from a wide range of providers, are harder to find. We plan to restructure the website to ensure the most useful pages are easier to find.

What is next?

With the impending release of the full capability framework for the mental health and wellbeing workforce, CMHL is planning to redesign our website, particularly the Learning Hub, to align with the 15 capabilities. This redesign will ensure the website functions as a vital toolkit for staff and educators looking to access relevant training and resources that respond to the capabilities.

“It is a great way to keep in touch with relevant issues and training”

– CMHL evaluation survey respondent

“CMHL is a great central hub for mental health related training, full of relevant sessions. It provides lots of opportunities for mental health clinicians across disciplines and for regional areas”

– CMHL evaluation survey respondent

Training Calendar

CMHL offers a rolling calendar of no-cost training to professionals working in the public clinical mental health (AMHS) sector. The objective of the AMHS calendar is to support the workforce development needs for a wide range of disciplines, roles and levels across the sector. From July 2022 to June 2023, 91 training events were delivered, with more than 4700 attendees.

See Appendix 2 for more data.

How have we worked together?

The CMHL Learning and Practice Development (LPD) Team continues to work with CMHL discipline educators, Lived Experience Workforce Development Coordinators and the CMHL committees to deliver a multi- and cross-disciplinary training calendar. We work with the Statewide Training Providers and other training organisations to deliver a calendar that is relevant and responsive to the needs of the workforce.

The Learning and Practice Development Coordinators met individually with workforce development committee representatives to discuss training data collected specifically for their AMHSs. During those meetings CMHL explored if there were any additional trainings that CMHL should be offering on the calendar.

In 2022, we commenced some in-person training. Jo and Jeff travelled to SouthWest Health to deliver Trauma Informed Care training and on day two delivered the train-the-trainer to educators. The facilitators valued the opportunity to step away from their screen and travel to regional Victoria. ANUM/shift leader leadership training, group supervision and suicide training have all been delivered in-person this year.

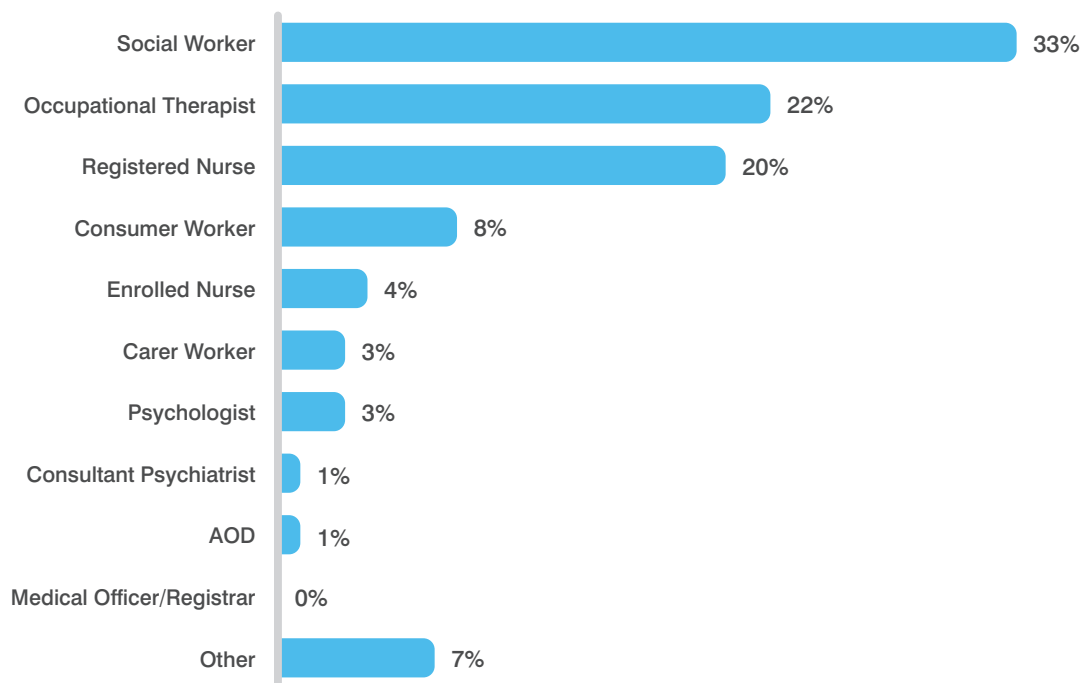
AMHS TRAINING CALENDAR DATA 2022/23



Note: CMHL does not manage registration for some of its calendar events, so actual registrant numbers are higher than stated here.

“ The training that is delivered is of a very high standard ”
– CMHL evaluation survey respondent

DISCIPLINES OF REGISTRANTS DURING THE PAST 12 MONTHS



“CMHL take on feedback from services and provide relevant accessible training. Virtual training offerings have increased regional services capacity to attend.”

– CMHL evaluation survey respondent

We continue to offer training events ranging from 1-hour, webinar-style offerings to multi-day, multi-stream events. Events are added monthly, three months in advance in response to sector preferences, to allow for roster requests and professional development leave requests. A newsletter is sent each month to promote the calendar.

What have we learnt?

The workforce continues to respond well to online delivery of training but there are certain topics that benefit from in-person delivery. Travelling to regional areas to deliver training and offering train-the-trainer programs has been very well received. These opportunities help to connect CMHL staff with the regional workforces, to better understand the workforce challenges within regional areas and to see the amazing work these services are doing.

Ongoing input from our Workforce Development Committee, Specialty Advisory Groups and sector intelligence gathered by our LPD contacts and statewide educators are crucial to providing a relevant training calendar.

What is next?

In 2023/24 the LPD team will align the training calendar with the Victorian Mental Health and Wellbeing Workforce Capability Framework. We will update our website to make it easier to identify the capability domains that trainings sit within. We will continue to respond to the workforce needs around training through ongoing sector engagement. We will deliver two new packages that will be developed internally; Clinical Supervisor two-day training and Group Facilitation.

**HIGHLIGHT**

Supervision Resources and Training

Supervision remains a high priority for the mental health workforce. In response to this demand, we have included a new tab and page on our website dedicated to supervision. On the supervision page there are links to resources that are relevant to consumer perspective supervision, family/carer perspective supervision, clinical supervision for mental health nurses and clinical supervision for mental health allied health clinicians.

Allied Health

Over the years, we have developed supervisor databases for lived experience supervisors and mental health nurse clinical supervisors. In the last twelve months we expanded our databases to include one for allied health. Since it launched, six allied health staff have been added as supervisors. The supervisor databases provide a resource where supervisees can look for supervisors within and outside of their own service and who have values and/or work experience that aligns with what they are looking for in a supervisor.

Lived Experience Workforces

In 2022-2023 CMHL delivered an expanded Access to Supervision Project in collaboration with the Department of Health, VMIAC, Tandem, and Mental Health Victoria, so that more consumer and family/carer workers could access supervision. This project involves approving supervisors against selection criteria, including the requirement that supervisors work from either the Consumer Perspective Supervision Framework or the Carer Perspective Supervision Framework. Supervisees are then supported to find and connect with approved supervisors utilising the CMHL LEW supervisor database and CMHL project lead assistance as needed.

“CMHL clearly demonstrates their authentic belief in the value of lived experience and shows this in their daily actions/behaviour/communication. Having a training calendar and a supervision database has been highly valuable in my role to share with staff.”

– CMHL evaluation survey respondent

This project has been essential in ensuring consumer and carer workers have access to discipline-specific supervision that provides the required opportunity to reflect on, learn from and respond to the particularly unique challenges of doing lived experience work. CMHL will continue to lead this project in the 2023-24 year, including identifying and responding to barriers to supervision uptake.

Training

Supervision training continues to be in high demand. CMHL offers clinical supervision training on our Free Area Mental Health Service Calendar. CMHL staff deliver Beginner Clinical Supervision for Supervisors and an Intermediate Clinical Supervisor Workshop. The Learning and Practice Development Coordinators are working on a new two-day Beginner Clinical Supervisor workshop that will be delivered in August 2023. The workshop will be piloted with staff in Mildura.

Other training that has been delivered includes:

- the Eastern Health 5-day supervision program that was offered to 15 people from multiple AMHS. The program offers a reflective, slow-paced, experiential introduction to becoming a clinical supervisor.
- Bouverie delivered Group Supervision Training twice on the calendar. This package was in very high demand, as many services provide group supervision to reach more supervisees.

CMHL will continue to look for opportunities to support the training and development of supervisees and supervisors. We will continue to offer different avenues to support the workforce gaining and maintaining access to supervision.

“CMHL have been pivotal in my current role in addressing my support needs, training and peer supervision. Their communication has been frequent, informative and responsive.”

– CMHL evaluation survey respondent

Forums

This past year the CMHL continued to use full-day, multi-speaker online events to bring together workers from across Victoria for specialty topic and discipline-specific events. Our forums are a great way to engage the workforce in innovations and practice developments and to diversify the opportunities they have to connect and learn.

“Thanks for today’s Forum. Another great event run by CMHL. The speakers were all really interesting. In particular I really enjoyed the personal stories. Thanks for organising!”

– Social Work Forum Participant

How have we worked together?

In 2022/23, CMHL delivered four online forums:

Women’s Mental Health Forum

We worked with HER Centre Australia and Monash Alfred Psychiatric Research Centre to deliver a Women’s Mental Health Forum in September. The content development for this forum was very different from other forums that CMHL have hosted. The team at HER Centre are very experienced at presenting and were able to develop a program of content that included presentations on cutting edge research into Women’s Mental Health. 151 people registered for the forum.

Social Work Forum

In October 2022, 199 social workers registered for the forum, ‘Bold Social Work Practice in an Age of Reform - Revitalising & Reimagining the Possibilities.’ Six speakers provided a thought-provoking forum that showcased the amazing work of social workers in the areas of research and service development and provided an opportunity to hear from the lived experience workforce about how social workers can champion ally-ship. They contemplated whether bold social work practice in mental health can enable social workers to operate as agents of change and advocates for social justice.

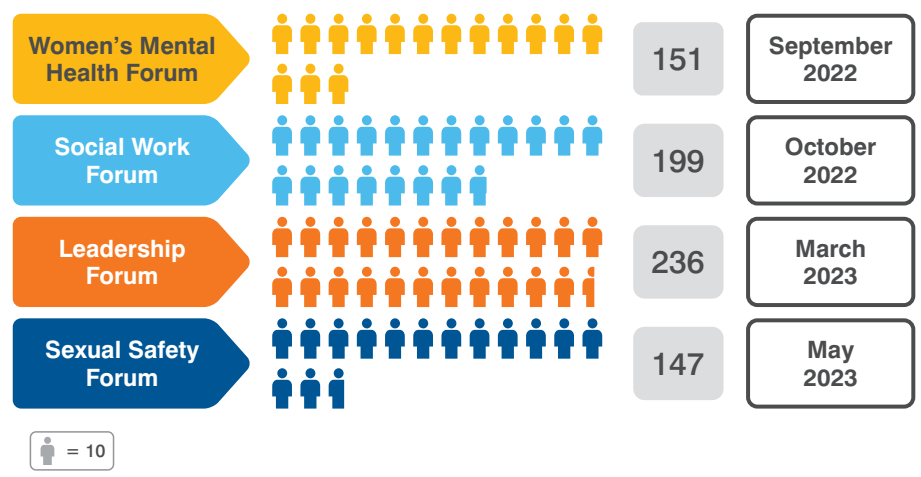
Leadership Forum

CMHL hosted a Leadership Forum with thought-provoking and inspiring speakers across a range of topics such as lived experience, First Nations, integrated treatment, and contemporary approaches to developing leadership. More details are provided in the Leadership Development section.

Sexual Safety Forum

Over recent years a lot of work has been happening in the sexual safety space within mental health services. CMHL organised a working group with representation from The Office of the Chief Psychiatrist, Safer Care Victoria, Mental Health Complaints Commissioner, VMIAC, Tandem, HACSU and the ANMF. We worked together to develop a forum titled Improving Sexual Safety in Mental Health Services; Where we have been, where we are and where we want to be. The forum began with consumer and family/carer perspectives and showcased improvement projects and training programs within AMHSs. We also heard from the newly established Victorian Women’s Mental Health service. 147 registered for the day.

FORUM REGISTRANTS SNAPSHOT



What have we learnt?

Online forums have their challenges. We have learnt that it is difficult to network and engage in interactive sessions in the online format. However, there are also strengths to online forums, it means that the regional workforce has much better access. We can engage international speakers at very low cost, and we can reach larger audiences.

We have learnt that our workforce is very generous with their time and ideas. We could not deliver such relevant forums without sector input. The time and energy that individuals bring to the working groups is amazing and is what makes our forums.

What is next?

In 2023/24 we have another four forums planned:

- July 2023 – Two-day Carer Lived Experience Workforce (CLEW) Forum
- September 2023 – Enrolled Nurse Forum
- November 2023 – Occupational Therapist Forum
- Early 2024 – the first CMHL Consumer Workforce Forum.

“Creative, innovative, thought-provoking, challenging at times, inspiring at times, really made me think about my role within the mental health system as well as the role of social work, ultimately it left me feeling good and proud of being a social worker.”

– Social Work Forum Participant

“Breadth of services involved and presentations were excellent. Really helpful to have different systems/governance levels involved to understanding how change is happening.”

– Sexual Safety Forum Participant

“I found it quite inspirational, fuelled with honesty, passion and knowledge of lived experience of the sector. I’ve not heard most of the speakers talk before and it gives me hope that cultural change may occur when there are such great leaders in the field.”

– Leadership Forum Participant

Pre-qualification Employment Program 2022

The Department of Health (DH) funded the Pre-Qualification Employment program in 2022, allowing eight area mental health services to employ nursing, allied health and medical undergraduates to work part time in mental health settings while completing their studies.

How have we worked together?

DH partnered with the Centre for Mental Health Nursing (CentreMHN) and Centre for Mental Health Learning (CMHL) to support the program's project coordinators.

Monthly meetings were held, and an online sharing space was re-established (via Basecamp) for all project coordinators who facilitated the project within their services. CMHL and the CentreMHN also collaborated with the 2022 project coordinators to design and deliver discipline-specific reflective practice sessions that were available to all pre-qualification program participants.

What have we learnt?

The facilitated meetings were vital in helping AMHS project coordinators explore responses

to various recruitment challenges, low application numbers in specific disciplines, scope queries, and staggered start dates among services. Project coordinators found it helpful to share resources and insight into how they are running their program. Being able to learn, seek feedback, and adopt successful processes from each other was invaluable.

The feedback from students regarding the reflective sessions was overwhelmingly positive.

What is next?

CMHL is again working with the CentreMHN to provide project coordinator meetings and student reflective sessions for the 2023 pre-qualification program. In 2023 the program has been expanded to include all area mental health services, up from eight in both of the previous two years.

“This was very engaging; it has also empowered my knowledge regarding mental health care.”

– Reflective practice session participant

“I thought it was really valuable for my learning to speak to both members of the MDT as well as other pre-qual OTs.”

– Reflective practice session participant

“Thank you for such an amazing couple of sessions, they have really helped foster my passion for mental health through being able to connect with experts and other like-minded people.”

– Reflective practice session participant

Train-the-trainer Delivery

Educator development is a core part of CMHL’s work and is imperative to the sector as clinical educator roles are established across an expanding range of disciplines. Train-the-trainer programs are one way of empowering educators within services to better support their clinicians and sustain their workforces.

How have we worked together?

CMHL currently deliver two train-the-trainer programs:

- The Trauma Informed Care package (originally a LAMPS Cluster package)
- Suicide Risk: Understanding, Responding and Engaging (NWMH – RMH package)

In 2022/23, we have re-signed Memoranda of Understandings with twelve Area Mental Health Services for the Suicide Risk training. We delivered two Suicide Risk train-the-trainer programs on the CMHL calendar. Additionally, the Learning and Practice Development Coordinators travelled to Goulburn Valley Health to deliver the Suicide Risk train-the-trainer in person and to SouthWest Healthcare to deliver the Trauma Informed Care package. So far, 93 people have completed the Suicide Risk package and 66 people have completed the Trauma Informed Care train-the-trainer packages since they have been running.

We continue to facilitate reflective practice sessions for trainers participating in both programs. The reflective sessions provide an opportunity for educators to discuss what is working well, and what is not, and to explore and share adaptations that they have made.

What have we learnt?

During the visit to Goulburn Valley Health, as well as delivering the training, the Learning and Practice Development Coordinators participated in strategic planning for the rollout of the Suicide Risk training package within their service. This type of work deepens our understanding of how workforce development planning occurs within services, the challenges and strengths, so that CMHL work alongside to contribute to greater sustainability of training initiatives.

We continue to identify challenges with train-the-trainer programs and incorporate and share this practice wisdom with the AMHSs. If there

are only a few educators within a service who deliver the training program and are responsible for the roll out it can make successful implementation challenging. It is beneficial to have multiple people who can deliver the training and to continue to build capability within education teams.

Staff who are new to delivering packages need to build their skills and knowledge on the topics which can be difficult when there are competing demands. We offer new trainers places to attend CMHL-delivered training. This allows them to participate in the training multiple times and to observe a range of peers deliver the training.

What is next?

In 2023/2024 CMHL will again deliver the Suicide Risk train-the-trainer package. Alfred Mental and Addiction Health educators will be the first involved service to deliver the Suicide Risk training into the CMHL free AMHS calendar in October, followed by Forensicare in November. These events will be delivered in person.

“CMHL take on feedback from services and provide relevant accessible training. In particular, the train the trainer [...] has helped our department grow a team of local trainers who are well engaged in delivering relevant local training. I cannot emphasise enough how beneficial it is to have external (to our org) developed content rolled out and available to our staff. This allows our staff to provide increased support to our staff in the hope to retain them, and focus on robust novice workforce recruitment/growth.”

– Participant

Social Work Discipline Work

Moisis Moisis commenced in the role of Statewide Social Work Educator in November 2022. There has been a focus on engaging social work stakeholders and academics, strengthening sector connections, and understanding needs and gaps within the workforce. This supports the development of relevant training, especially regarding ongoing mental health reform and ensuring that social work remains flexible and innovative.



Moisis Moisis
Social Work Educator

How have we worked together?

Some of the social work workforce development activities we have delivered this year include:

- Power, Ethics and Social Work Practice delivered by Simon Katterl and Natasha Swingler
- Single Session Family Consultation for Social Work delivered by the Bouverie Centre
- 2022 Social Work Forum
- World Social Work Day event, which showcased and celebrated the unique approach of social workers and promoted the social work identity.

What have we learnt?

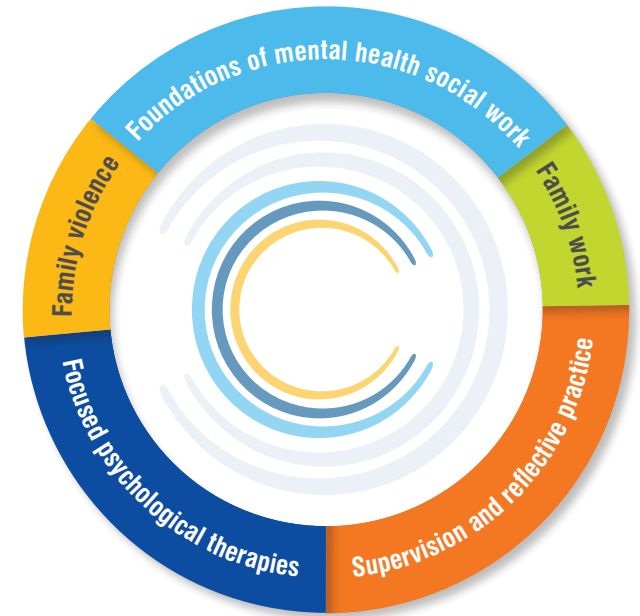
The priority areas for social work, as previously identified through CMHL scoping, are shown to the right. Since then, a number of additional priority areas have emerged, including a focus on forensic skill development, social work leadership development, and cross-cultural capability building.

What is next?

Family inclusive practice continues to be a top priority for social work. To support this we are working on a number of family work initiatives such as:

- Single Session Family Consultation to be delivered by the Bouverie Centre.

CMHL PRIORITY AREAS FOR SOCIAL WORK DISCIPLINES



- Collaborating with and supporting Tandem with a Best Practice Showcase Event of family work to the clinical sector.
- Working with the FaPMI statewide team to develop training for social workers in working with families where a parent has a mental illness.

- Collaborating with the Specialist Family Violence Advisors to develop resources for the mental health workforce to support culture change and ensure that family violence remains everyone's business.
- Collaborating with Forensicare on a project to develop recorded online training modules for clinical services on forensic mental health knowledge and skill.
- Building on the success of World Social Work Day, we will be running Cultural Humility training in 2023 delivered by Mayo Konidaris-Kozirakis.

Ongoing relationships with Social Work Academics, the Social Work Leadership Network and other partners will also continue to be a focal point for the Social Work Educator to ensure projects are of a high quality and have a solid foundational base to support system change.

“It is just so good to be reminded of our values as a profession and hear from other health services and what others are doing. Even if some of it truly challenged my role. I think it's important to be challenged and sit in that feeling of discomfort to move forward. I know that I am going to leave today thinking, reflecting and examining my work.”

– Social Work Forum Participant

Occupational Therapy Discipline Work

The OT Educators continued to connect with mental health occupational therapists across the public clinical setting in Victoria this year, building on the work and relationships, to plan and deliver various projects.

How have we worked together?


In October 2022 and March 2023, CMHL collaborated with Forensicare to deliver a statewide Occupational Formulation and Goal Setting workshop. Over 300 OTs across Victoria have completed this workshop. To support this training and translating into practice, CMHL supported the formation of an Occupational Formulation Implementation Leads Communities of Practice (CoP). The CoP enables representatives from AMHS across the state to meet, share resourcing, and problem solve the challenges of implementing Occupational Formulation into daily practice.

The Sensory Connect and Reflect monthly sessions are a co-produced opportunity for OTs across the state to meet and explore various topics within the sensory modulation umbrella to learn alongside and from each other.

Lara Nikitin
OT Educator



Elizabeth Davis
OT Educator

OTS ONLINE CONNECT + REFLECT

Sensory Modulation theory into meaningful practice.

Do you want to connect with OT's from across Victoria and learn more about sensory modulation from professional and lived experience expertise?

Would you like to hear from and share best practice examples of sensory modulation theory in action?


Do you want the chance to problem solve practice challenges with other OT's and share resources across the state?


Yes? Come join our Connect + Reflect sessions!

Who? All OT's working in Public Mental Health in Victoria
When? Starting from 20 July 2022 sessions will be online monthly. (Third Wednesday of the month).

Please register using this link:

 Email for any questions:





This initiative was developed in partnership with the discovery college (Alfred Health). The co-production team included a CMHL OT Educator, a learning consultant from the discovery college, a contracted lived experience expert from the discovery college and a senior peer worker from a metropolitan AMHS. The four sessions delivered were well received by the OT workforce and are continuing in 2023.

OT workforce and leaders have requested more opportunities for CoPs for specific areas such as Inpatient units and Older Adults settings. The OTs in PARCs CoP was formed in 2022.

An allied health clinical supervisor database for OTs and other allied health disciplines was developed and built and has contributed to the expansion of CMHL's supervisor database suite. This is currently live on the CMHL's website.

What have we learnt?

Opportunities for OTs to collaborate to create practice change are valued. OTs continue to value and seek opportunities to share resources and support each other. OT workforce and leaders have requested more opportunities for communities of practice for specific areas: OTs working in PARCs, Inpatient units and in the Older Adults settings. The OTs in PARCs CoP has enabled a format to introduce and support OTs with a common interest to connect, network and explore the formation of ongoing support and resource sharing.

What is next?

- OTs CoP for Inpatient units and Older Adult settings is underway, with CMHL OT Educators leading the initial process in collaboration with key OT leads.
- The continuation of the co-produced Connect and Reflect bi-monthly online sessions.
- Ongoing Occupational Formulation workshop training to be offered on the CMHL Training Calendar twice annually and further consideration of implementation strategies and supports through the Implementation Leads Community of Practice.
- OT online Education Day scheduled for November 2023. The theme of the day will be evolution of OT practice with particular focus on the new Canadian Model of Occupational Participation (CanMOP). This model provides a critical framework for OTs to enhance occupational possibilities and occupational participation through development of collaborative relationships with individuals, families, groups, communities and populations. The model supports OTs to build on concepts and processes to celebrate the strengths, knowledge, talents, and resources of individuals and collectives whilst also developing the process of occupational therapy to focus on justice, equity, and rights.



Allied Health Entry Level Training Series

The Allied Health Entry Level Training Series (AH ELTS) provides a Victorian statewide program of entry level training for allied health graduates as well as those transitioning to the clinical mental health sector. ELTS became a CMHL statewide offering in 2021. Since then, participation has increased rapidly. These increases reflect the growing allied health and educator workforce, increased utilisation of the AH ELTS by services, and the ongoing flexibility of the AH ELTS program to adapt to annual changes in demand and professional contexts.

In 2023, in response to ongoing high demand for the AH ELTS and new service based allied health educator roles, further adaptations to the AH ELTS were necessitated. A part-time allied health educator was recruited at CMHL to coordinate and deliver a program that includes educator resources, session plans and support, in addition to the seven half-day facilitated online training sessions.

Facilitated sessions

In 2023, the AH ELTS includes seven half-day online training sessions. The subject matter of the sessions has evolved since 2020 to adapt to the needs of the workforce. In 2023 these sessions have an average of 143 registrants. Due to the large number of participants, these sessions are predominantly delivered in a didactic and informative manner.

Educator session plans and resources

To extend the student learning from the facilitated sessions and provide an opportunity for application of knowledge, educational resources have been developed for AH educators to deliver training sessions that complement and build on the facilitated sessions within their services. Resources include detailed sessions plans, slide decks, activity handouts and a comprehensive list of further training and additional resources/readings. These resources are highly customised for each session, and the design is informed by educational theory, taking into consideration the educational capabilities of educators and the importance of a localised lens.

“ I found the info and material to be clear, relevant and concise. This really reduced misunderstandings and helped me to feel more informed and connected. ”

– AH ELTS Participant

Educator support meetings

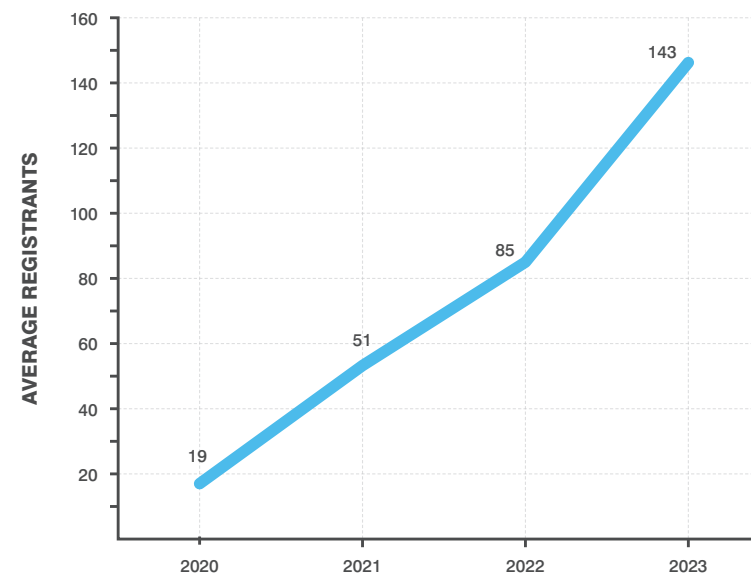
Monthly meetings are held with AH educators involved in supporting AH ELTS participants. The focus of these meetings is to discuss learning objectives and content for the upcoming facilitated session, provide an overview of the resources for the upcoming educator-led session, and seek feedback on the resources for the previous educator-led session. Another important element of these meetings is to provide an opportunity for AH educators to connect professionally, and share ideas and resources, with peers across the state – an opportunity that did not exist formally for this cohort previously.

AH educator development sessions

To support the knowledge and skill development of AH educators, a series of professional development sessions informed by educational theory is being designed and delivered. These sessions aim to introduce elements of educational theory and explore how these can be applied in practice. In addition to this, Peer-led Supervision Groups have been set up as an additional initiative to support professional development.

CMHL will be conducting an internally-led review of the AH ELTS to understand the value being generated for educators and the impact this is having on their practice and their workforces in their services.

AVERAGE REGISTRANTS PER SESSION 2020 – 2023



“Excellent workshop. Being a novice in public health and mh health, I have gained a lot of valuable information about the mh system. Thank you for your hard work!”

– AH ELTS Participant

“Very educational and engaging. Highly recommend to others.”

– AH ELTS Participant

Mental Health Enrolled Nursing - Discipline Work

The Mental Health Enrolled Nursing (MHEN) educator team has continued to raise the profile of the Enrolled Nursing (EN) role in mental health, connecting the workforce, and guiding important projects to support their development. The MHEN educators also contribute to the broader work of the CMHL. They participate in CMHL's specialty advisory groups, deliver training, and provide support for CMHL forums.

How have we worked together?

The MHEN educators have based most of their work priorities on the MHEN scoping report, published in September 2022, which identified areas for support, collaboration, growth, learning and development of the profession.

We have engaged with the MHEN workforce through the MHEN Practice Network. The members have been a valuable and important part of how we improve our work and discover what the workforce really wants. The Network is open to any experienced mental health enrolled nurse, meeting bimonthly. We also established the statewide MHEN educator meeting as a space where the newly appointed EN educators across the sector can get together and have a space for reflection, networking, information and resource sharing, and a sense of connection.

In 2022-23 we delivered the Enrolled Nurse Introduction to Mental Health training day on four occasions. This training day is for enrolled nurses newly entering the Victorian public clinical mental health workforce, providing an opportunity for attendees to connect with peers and develop introductory knowledge in topics around policy, procedures, roles, trauma and consumer perspective.

We developed a new EN specific training after the CMHL EN educator team was approached by a regional health service, with their MHENs expressing a need for specific training to help consider the EN 'voice' in the sector. This training, 'Finding Your Voice', is delivered in-person at services for ENs.

The day includes topics such as navigating challenges, building resilience and finding joy in EN work. There have been two full training days delivered already at Goulburn Valley Health and Bendigo Health.

“Today was so good. Thank you very much! I wish I had this during my nursing school/learning - it would have made the mental health placement and the learning unit as a whole much easier to take in.”

– EN Intro to Mental Health Participant

Oliver McDougall-Fisher
EN Educator



Karen Hewitt
EN Educator



Shaina Serelson
EN Educator



Emma Murrell
EN Educator



The Mental Health Enrolled Nurse Educator team are building a video series that covers a variety of topics around the interests of the enrolled nurse workforce. Four videos were created in 2022-23, and posted on the CMHL website including an Introduction to Clinical Supervision for MHENs, and MHEN Wellbeing. These short, informative videos are on the CMHL website.

See Appendix 3 for the CMHL EN educator flyer.

What have we learnt?

Creating opportunities for ENs to collaborate and connect are essential for their learning and development in the mental health space. ENs are a valuable resource in all settings, and we are finding our voice and coming together to further push the role to new and interesting places. The EN workforce are seeking more opportunities to show their knowledge and expertise, not only when working with consumers, families and carers but also within the system itself. We now have

more MHEN educators across the sector than ever before, all from different backgrounds but all with one common goal: to support, encourage, and lead the enrolled nurse workforce.

What is next?

The MHEN Educator team will be focusing on delivering on the above-mentioned projects:

- There are two EN introduction to mental health days planned for the second half of 2023 (26th July, 31st October) and four planned for 2024.
- We will continue to provide the 'Finding Your Voice' training day to more services. The next session will be delivered to Latrobe Regional Health.
- We will add more videos to the MHEN Video Series.
- The MHEN Practice Network and State-wide MHEN Educator Meetings will continue.

“The opportunities that the EN education team have provided our organisation have been very much appreciated.”

- CMHL evaluation survey respondent

“Fantastic day. It was great to have the opportunity to get together with other ENs and share experiences and challenges.”

- Finding Your Voice Participant

Lived Experience Workforce Development Coordinator Work

The Lived Experience Workforce Development Coordinators provide support, expertise and leadership to the consumer and family/carer workforces, identifying and filling gaps, promoting self-determination and elevating the voices of the lived experience disciplines.

How have we worked together?

Consumer specific work in 2022-23 has included:

Consumer Workforce Reflective Circles

This program provided a safe and supportive environment for the workforce to share their experiences, insights and challenges encountered during the course of their work. The reflective circles enabled professional growth, self-determination, reflection on areas for improvement and innovation, and a culture of connection and shared learning.

E-learning Package on Mental Health Policy and Consumer Perspective Human Rights

An online 60 minute course, created by Simon Katterl, empowers consumers with the knowledge and skills to advocate in the context of mental health policy and system reform.

Consumer Workforce Forum Planning

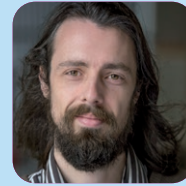
To ensure consumer perspective is being championed and integrated across the state, planning for a consumer workforce forum has begun. The forum will provide a platform for the consumer workforce to share their experiences, concerns, and wisdom.



Kelle Reid
Family/Carer
Workforce
Development
Coordinator



Jacqui Hill
Family/Carer
Workforce
Development
Coordinator



David Barclay
Consumer
Workforce
Development
Coordinator

Family/Carer specific work has included:

CLEW Forum Planning

This forum facilitates vigorous and heartfelt dialogue and knowledge exchange on critical issues for the family/carer workforce. An informative and inspiring video summary was produced for the 2022 Forum. 2023's CLEW Forum will be held in July to provide a platform for networking, collaboration and leadership.

'Caring With' Training (with Royal Children's Hospital)

This is an introduction to family/carer perspectives and is held in person over two days. These workshops focused on equipping the family/carer workforce with the skills and knowledge to connect with diverse worldviews, use lived experience intentionally, identify models and resources that support and further the family/carer movement, and more.

Engagement and Support of the CLEW Network

A program fostering collaboration and sharing information vital to family/carer workers. This network is dedicated to promoting and developing family/carer perspective, strengthening the network's impact and amplifying its collective voice.

CMHL's Family/Carer Workforce Development Coordinators have also collaborated in various externally-led family/carer LLEWs projects.

Collective/combined Work includes:

Courageous Conversations

These are aimed to embrace and encourage open and honest dialogue around sensitive topics. Facilitated discussions and workshops were conducted with rotating guest speakers and experts from the consumer and family/carer movements, exploring challenging issues such as picking your lane, occupying space, different perspectives and working together. These sessions fostered empathy, understanding, and promoted positive change across the lived experience sector.

Sector Meetings & Consultation with Services/Workforce

Regular contact with workers, services and organisations across the state provided opportunities to exchange ideas, address emerging challenges, and collectively engage with solutions. Through advocating for the workforces and actively promoting lived experience leadership we have encouraged the sector to remain progressive and responsive to both consumer and family/carer perspectives.

What have we learnt?

Relational Approach

A key aspect of our approach is the commitment to relational connection, compassion, listening and empathy. This mindset was applied in all interactions, be it with the workforces, partner organisations, or within the CMHL team. By fostering genuine relationships built on trust and respect, we are able to better understand and respond to the needs, concerns, and aspirations of all voices, especially those who are underrepresented.

Diversity of Needs from a Rapidly Expanding Workforce

As the workforce expands and the Royal Commission reforms continue to roll out, it's crucial to address the diverse needs of individuals within it. The importance of inclusivity, elevating lived experience perspectives, and holding multiple worldviews simultaneously, has allowed us to foster an impactful approach to unique challenges and shared objectives. As a guiding principle, co-production has been embraced in our practice to ensure we remain sensitive and responsive to the unique requirements of diverse groups.

What is next?

Consumer Consultant Training

To further empower consumer consultants and enhance their leadership in 'trickle-up' system reform, a training program was developed and delivered with Cath Roper and Wanda Bennetts. This program was developed following a needs analysis conducted with consultants in 2020/2021, and was delivered across 5 sessions throughout 2021/2022. Using adult learning principles the sessions explored the necessary skills, knowledge, and expertise to actively lead in their roles. The sessions will be iterated upon and held again across the next 12 months.

Contribution to LLEWs Projects

CMHL workforce development coordinators are contributing to the LLEWs Workforce Development Projects. Subject matter expertise is offered through joint planning sessions, workshops and co-design groups, aiding a more comprehensive approach and impactful lived experience leadership across this exciting work.

Engagement and Expertise in Workforce Reform

Recognising the evolving landscape and the diversity of needs within a rapidly expanding workforce, we continue to foster strategic partnerships with key stakeholders and to promote systems change. Through policy analysis, research contribution, representation in relevant forums, we have been active in shaping present and future workforce professional development. Keeping lived experience principles at the forefront will aid workplace cultures and practices that encourage inclusivity, transparency, accountability, equity, and place human rights and the need for systemic change above the oft paralysing status quo. Better things are not only necessary, they are possible.

Access to Supervision Project

Lived Experience (LE) work involves drawing from a lived experience of mental or emotional distress, service use or a family/carer experience of supporting someone through these. It also involves applying to practice the frameworks that underpin these distinct disciplines. In 2022/23 the Access to Supervision Project (ASP) was expanded to support more lived experience workforce members to access supervision.

“It has been a wonderful opportunity to meet with and hear from an accomplished carer lived experience worker especially as my former employer did not have any senior carer lived experience workers and very few senior peer workers.”

– Access to supervision participant

How have we worked together?

This project is a collaboration between DH, VMIAC, Tandem and the Centre for Mental Health Learning (CMHL). The purpose of the project is to provide eligible consumer or family/carer lived experience (LE) workers with access to LE discipline-specific supervision. The ASP working group included representatives from the DH, VMIAC, Tandem, Mental Health Victoria and the CMHL. It brings together LE workforce development expertise, consumer and family/carer perspectives, community mental health sector knowledge and DH project oversight. We have worked together to develop an application process to identify and target both those in the greatest need of supervision and those qualified to provide supervision. We also developed a system across partner organisations to track supervisee and supervisor approvals and spend. In addition to managing the project and coordinating the partner organisations, the CMHL lead worked closely with supervisees to assist them in funding supervisors and taking up supervision.

What have we learnt?

Participants of the program reported finding it very helpful and many expressed enthusiasm to continue the project. Some supervisees, despite being approved for the project, did not utilise their approved supervision. CMHL worked closely to support supervisees to identify appropriate supervisors and

“Excellent program and has been very helpful to supporting many LLE workers.”

– Access to supervision participant

commence supervision, but despite this there still were some supervisees who did not manage to spend the funds they were allocated. CMHL surveyed those supervisees to better understand the barriers to access. We learnt that the workload and often part-time nature of the work makes it hard for individuals to find time for supervision. Some also found it hard to find a supervisor that met their needs.

What is next?

CMHL is excited to be involved in a further extension of this project in the 2023/24 year. A new project lead will be appointed, and the role has been broadened so that the project lead can work with supervisees to address any barriers to utilising their approved funds. The project lead will also feed relevant learnings into some of the other supervision projects being undertaken in Victoria such as the consumer perspective and family/carer perspective supervision training, and the new training to be developed for managers from non-LEW backgrounds about discipline specific LEW supervision.

Lived and Living Experience Workforce Development Program

The Bouverie Centre, CLEW, CMHL, Centre for Mental Health Nursing, Harm Reduction Victoria, Mental Health Victoria, SHARC, Tandem, and VMIAC are working on around 60 exciting projects designed to support lived and living experience workforces (LLEWs) in mental health, alcohol and other drugs and harm reduction services, funded by the Victorian Government, Department of Health. Collectively this work is called the Lived and Living Experience Workforces Development Program.

CMHL is supported by the Department of Health to lead the development of the following in this work:

Training for non-LLEWs

Introduction to consumer and family/carer perspective supervision - This project will develop and deliver training about consumer and family/carer perspective supervision for managers and team leaders who are not lived or living experience workers.

Introductory training about lived and living experience work - This project will develop and deliver introductory training about lived and living experience workforces for people employed in mental health and alcohol and other drugs services who are not employed in lived and living experience roles.

Training and support for LLEWs

Training to support LLEWs - This project will identify priority training topics for all lived and living experience workers and develop and deliver training for lived and living experience workers in mental health, alcohol and other drugs and harm reduction services.

Introductory training for family/carer lived experience workers - This project will develop and deliver introductory training for mental health family/carer lived experience workers working in mental health services.

Community of practice for LLE educators – This involves establishing and coordinating a community of practice for LLE educators employed in the LLEW Development Program. The community of practice will provide a space for LLE educator connection and sharing and provide opportunities for LLE educators to build knowledge and skills in training development and delivery.

Training for organisations

E-learning modules to support organisational readiness -

This project will identify priority topics and develop and deliver e-learning modules to support organisational readiness to employ lived and living experience workers.

Sharing policies and resources to support LLEWs

LLEW organisational policies and resources clearinghouse

- This project will develop an online space for sharing resources and policies to support lived and living experience workers.

How have we worked together?

The CMHL project team invited LLEW to complete a survey describing their willingness to contribute their expertise in the projects through:



Think tanks (one-off collaborative meetings focused on projects ideas and development)



Action teams (regular meetings to achieve clear project objectives in scope)



Feedback pathways (for example completion of surveys or interviews).

We had an overwhelming response with more than 80 consumer or family/carer lived or living experience workers completing the survey!

The team and the Consumer and Family/Carer Workforce Development Coordinators have also been contributing their knowledge and skills to other projects and initiatives led by CMHL and other LLEW Development Program Partners, providing leadership and support across the sector as LE disciplines and workforces continue to grow and transform.

What have we learnt?

The scale of the work is large and crosses Mental Health, AOD and Harm Reduction sectors. In addition, there are complex interdependencies with other projects led by various partners in the LLEW Development Program. Relationship building and working in partnership is valuable as each partner organisation has different areas of strength and expertise, however this work increases exponentially with each partner. For inter-agency collaboration to be effective and meaningful this articulation work needs to be factored into the workload of each partner, not only the lead agency.

What is next?

The projects outlined above will be a key focus of 2023/24. The team are currently in the process of convening think tanks and action teams to help us design each of the projects. Project leads will facilitate these groups over the coming months.



Rising Together Final Report

Rising together: Lifting the lid on the experiences of family/carer lived experience workers.



The Rising Together Action Group (RTAG) - (L-R) Bronwyn Robinson, Daniel Gor, Kath Sellick, Lorna Downes, Agnes Girdwood, Lisa Romanin, Jen Davidson, Amaya Alvarez

About Rising Together

The Rising Together research project was a co-produced study funded by CMHL and led by the University of Melbourne in response to an identified need for research into family/carer lived experience (LE) work. The study sought to investigate the experiences of family/carer LE workers employed in Victorian mental health services, with the aim of better understanding what is needed to ensure the safe and sustainable development of this workforce.

Four members of the family/carer lived experience workforce (Agnes Girdwood, Bronwyn Robinson, Daniel Gor and Lisa Romanin) were selected through an expression of interest process and employed as co-researchers. The Rising Together Action Group (RTAG) also consisted of Kath Sellick, Vrinda Edan and Jen Davidson from the University of Melbourne, Lorna Downes from CMHL and Amaya Alvarez from Tandem.

Each member of the group contributed their unique perspective, skills and experience and were supported to develop their co-production and research expertise. Collectively the RTAG co-designed and conducted all aspects of the research and development of the subsequent report as well as facilitating workshops at the 2022 TheMHS Family/Carer/Whanau pre-conference forum and Carer Lived Experience Workforce (CLEW) network meetings. The RTAG presented the research at the 2022 TheMHS Conference and the 23rd Collab Conference, where they won the Coproduction Award.

Rising Together

Lifting the lid on the experiences of family/carer lived experience workers

Final Report 2022

The Report Launch

The launch of the final report was held on Monday 27th February 2023 at the Tandem Event Space in Abbotsford as well as livestreamed. The event included brief speeches from: Fiona Patterson, Director Lived Experience (Carer) from the Lived Experience Branch of the Department of Health; Marie Piu, CEO of Tandem; Katrina Clarke, Chair of the CLEW Leadership and Rosemary Charleston, Director of CMHL. This was followed by a presentation of the Rising Together research findings by the RTAG members and a Q&A. Those attending in person were then invited to stay for afternoon tea and an opportunity to connect.


The launch was well attended by members of the family/carer LE workforce and by allies working in mental health services and the Department of Health. Members of the family carer LE in attendance praised the RTAG for this ground-breaking research which built on the foundations laid by Leading the Change, a previous co-produced research project investigating the experiences of consumer LE workers. The Rising Together report can be accessed from the Resource Hub on the CMHL website.

USA'S REFLECTION ON THE CO-PRODUCTION PROCESS:

"I viewed this project with some hesitation about my ability to meaningfully participate in and contribute to academic research. Co-production was also new for me, but it was reassuring to have other family/carer LE workers in the group. After writing my first, short story to share with the group, I was encouraged to provide feedback from everyone as well as from having this piece of work shared more publicly on our website. It told me that my work was good enough and gave me confidence to continue. As we went on to collectively develop the survey, website content, presentation, blog and the report, we took turns in leading and editing sections of work. There was time to question, suggest and rewrite many iterations of copy. This co-production process really taught me that it was safe to have a say, and when everyone did something with something, it simply prompted further thinking which was often valuable. Notably, this process also involved 'testing' or 'of some content or a sign of writing that they have been attached to as if we as researchers to consider and address the views and contributions of all group members."

Performing as a group

The work done in the early stages of the study was successful in creating a safe and supportive environment that enabled the group members to take risks, share ideas, and contribute to, and receive constructive criticism. Constructive criticism allowed for the group to build processes to deal with the needs of individuals and the study as a whole. When decision making was needed, the group aimed for consensus with the understanding that the incorporation of conflicting opinions often results in a stronger outcome. Co-researchers were encouraged to take ownership of several key elements of the study and were supported to build skills in specific areas of research. For example, co-researchers developed the project logo and website, wrote blogs about the research process, and analysed narratives. Co-researchers also jointly presented the work at forums and conferences and have been involved in co-writing this report.



"You had to make a way and you had to prove that you were going to make a difference, and that had been it really did." PARTICIPANT 4

Themes relating to being undervalued and poorly understood were common in both the survey and the S&R workshops.


Undervalued

Participants in the survey were asked to what degree different colleagues and their organisation valued them. As indicated in Figure 4, while most participants strongly agreed or agreed that they were valued by their family carer LE colleagues (81.6%), their line managers (72.8%), and their consumer lived experience colleagues (61.7%), there was less of a sense that they were valued by their non-designated colleagues (56.4%) and their organisation more broadly (62.2%).

Figure 4 - Feeling valued

Valued by	Strongly agree	Agree	Disagree	Strongly disagree
I am valued by my Family/Carer LE colleagues	37.1%	44.5%	18.4%	0%
I am valued by my line manager	22.8%	49.9%	12.2%	15.1%
I am valued by my Consumer LE colleagues	21%	40.3%	30.8%	8.9%
I am valued by my organisation	14.4%	48.4%	32.6%	14.6%
I am valued by non-designated lived experience colleagues	6.7%	49.2%	33.9%	9.2%

Wanting to be heard, sitting in silence



This was supported in the qualitative answers in the survey and S&R workshop, where participants detailed the realisation that their organisations did not appropriately value their work. This was often evident in organisations incorporating family/carer perspectives into service delivery in a way that was tokenistic, making efforts for family/carer LE workers to effect change.

"We have all this knowledge, we're going to all these amazing reform things and we're aware of the way things are headed, we are in their areas, but go back to my service and it's like you said, it's like going back into the dark ages. They don't want that. They don't care. They're not interested." PARTICIPANT 5

Importantly, being undervalued was the most common reason participants cited when asked why they had considered leaving their family/carer LE role.

When asked about what advice participants would give to organisations seeking to employ family/carer LE workers, participants highlighted the need for organisations to value the unique expertise and contribution that family/carer LE workers bring.

"The organisation needs to understand support and value not only the family carer workers but the carer LE discipline and working with carers and families in general." SUEBIE PARTICIPANT

"Make sure this team the family peer worker is part of, understands the benefits of having a lived experience worker (as) part of their team." SURVEY PARTICIPANT

Child Information Sharing Scheme

The Child Information Sharing Capacity Building Grant funded by the Department of Education aims to build the Victorian Mental Health workforce’s awareness of and confidence in using the Child Information Sharing Scheme (CISS) to promote child wellbeing and safety, and, where family violence risk to a child is present, the Family Violence Information Sharing Scheme (FVISS), having regard to the Multi-Agency Risk Assessment and Management Framework (MARAM).

How have we worked together?

CMHL facilitated focus groups with experts from the sector including the Specialist Family Violence Advisors (SFVA) and Families where a Parent has a Mental Illness (FaPMI) coordinators. This informed our work to ensure it was meeting the needs of the workforce.

Working with 12 AMHS we delivered 60 information sessions on ‘Sharing Information for Child Wellbeing and Safety: Applications to Mental Health Work’ to 669 members of the workforce. See Appendix 4 for an infographic summary of the project and Appendix 5 for a Clinician Resource poster developed by CMHL.

What have we learnt?

There was limited knowledge, understanding and confidence in using CISS across the workforces. The information sessions increased the workforce’s confidence in using CISS in their practice by an estimated 83%. The focus on CISS was important for the workforce to better understand that the scheme promotes child wellbeing and safety, not just for those at risk of family violence.

What is next?

CMHL has been funded by the Department of Education to deliver a second year of this project.

CMHL Information Sessions: CISS in Mental Health Practice

- 8 METRO SERVICES
- 4 REGIONAL SERVICES
- Met with CISS leaders at services
- Developed place-based information sessions
- Delivered sessions in collaboration with local experts
- Facilitated reflective spaces for teams
- Provided resources to support translation to practice

60 SESSIONS 669 ATTENDEES

We will focus on:

- delivering information sessions to services that were unable to participate in Year 1 due to competing priorities and staff shortages in 2022
- building relationships with other Information Sharing Entities (ISEs) and delivering consistent messaging to the sector via the CISS in Practice Series
- promoting best practice and mental health service accomplishments with a CISS Showcase.

Victorian Co-design Project 2022

CMHL is committed to supporting the statewide mental health workforces to implement the findings of the Royal Commission. We were funded by the Department of Health to support Victorian state-funded mental health services to increase their knowledge, confidence, and understanding of co-design approaches in mental health services. This included employing a statewide Lived Experience Co-Design position for this purpose.

How have we worked together?

- We established a CMHL co-design working group that met weekly. This comprised the Director of CMHL, the CMHL Leadership Development Coordinator, admin and the Co-design Lead.
- We received training from, and delivered training with, The Australian Centre for Social Innovation (TACSI).
- We provided support to services, developed and delivered co-design information sessions, and have developed a co-design info pack.
- We delivered combined co-design training to the CMHL team and the Live Learn Lead Collective (LLLC – a co-designed lived experience workforces’ committee within CMHL advisory structures) with an emphasis on the ‘design’ part of co-design.
- We undertook a scoping survey of Victorian state funded clinical and community mental health services.
- We delivered 11 co-design information sessions to 162 members of the workforce.

See Appendix 6 for an infographic summary of the co-design project.

What have we learnt?

- There is a lot of energy and interest from Victorian mental health workforces in learning more about co-design.
- AMHS are requesting additional co-design support for their service-based projects.
- Effective and sustainable implementation and support for co-design requires a multi-disciplinary approach.
- Doing co-design properly takes time, energy, and resourcing, with lived experience leadership and expertise critical.

What is next?

There is a lot of work to do in the sector if we truly hope to increase the use of co-design in practice. We will continue to promote co-design principles in all of our work.

CMHL CO-DESIGN INFORMATION SESSIONS

11 sessions with 162 attendees 

11 metro, 5 regional and 4 NGO services 

with consumer, family/carer and clinician perspectives 



CMHL Sector Satisfaction Survey

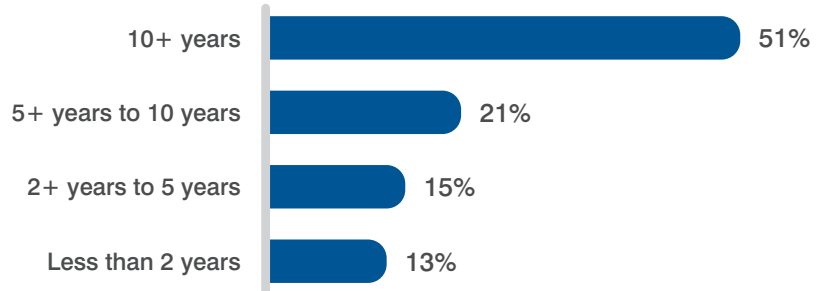
CMHL Sector Satisfaction Survey

CMHL conducts a yearly sector survey measuring satisfaction across CMHL’s activities and services, among those who have engaged or worked with us. 2023 was the third year of running this survey.

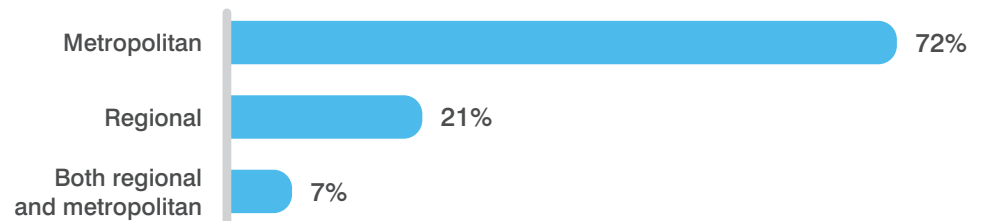
The survey was fully online, took 5-10 minutes to complete and was open Mon 15th to Tue 30th May 2023. It was distributed via CMHL’s newsletter subscribers mailing list and other groups and committees coordinated by CMHL. We received n=286 completed surveys (compared to n=153 in 2022 and n=170 in 2021). Because of sampling differences year-on-year (due to the evolving profile of our lists and groups), and changes to the questionnaire, time series comparisons of the survey results are not possible.

The people that completed the survey worked mainly for AMHS (77%), which is CMHL’s primary audience. They were mainly from metro services (72%) and had a mix of levels of experience in mental health (around half had 10+ years of experience and the other half had under 10 years). They were mainly registered nurses (29%), social workers (15%), consumer lived experience workers (12%), family/carer lived experience workers (9%), occupational therapists (7%) and psychologists (6%), with other professions making up the rest.

HOW LONG HAVE YOU WORKED IN MENTAL HEALTH?



DO YOU WORK IN A REGIONAL OR METROPOLITAN SERVICE?



Stakeholders engage with CMHL in a range of ways – most commonly through accessing the website for training (55%) or resources (34%), reading CMHL newsletters (50%), and attending training (37%), as illustrated in the chart opposite.

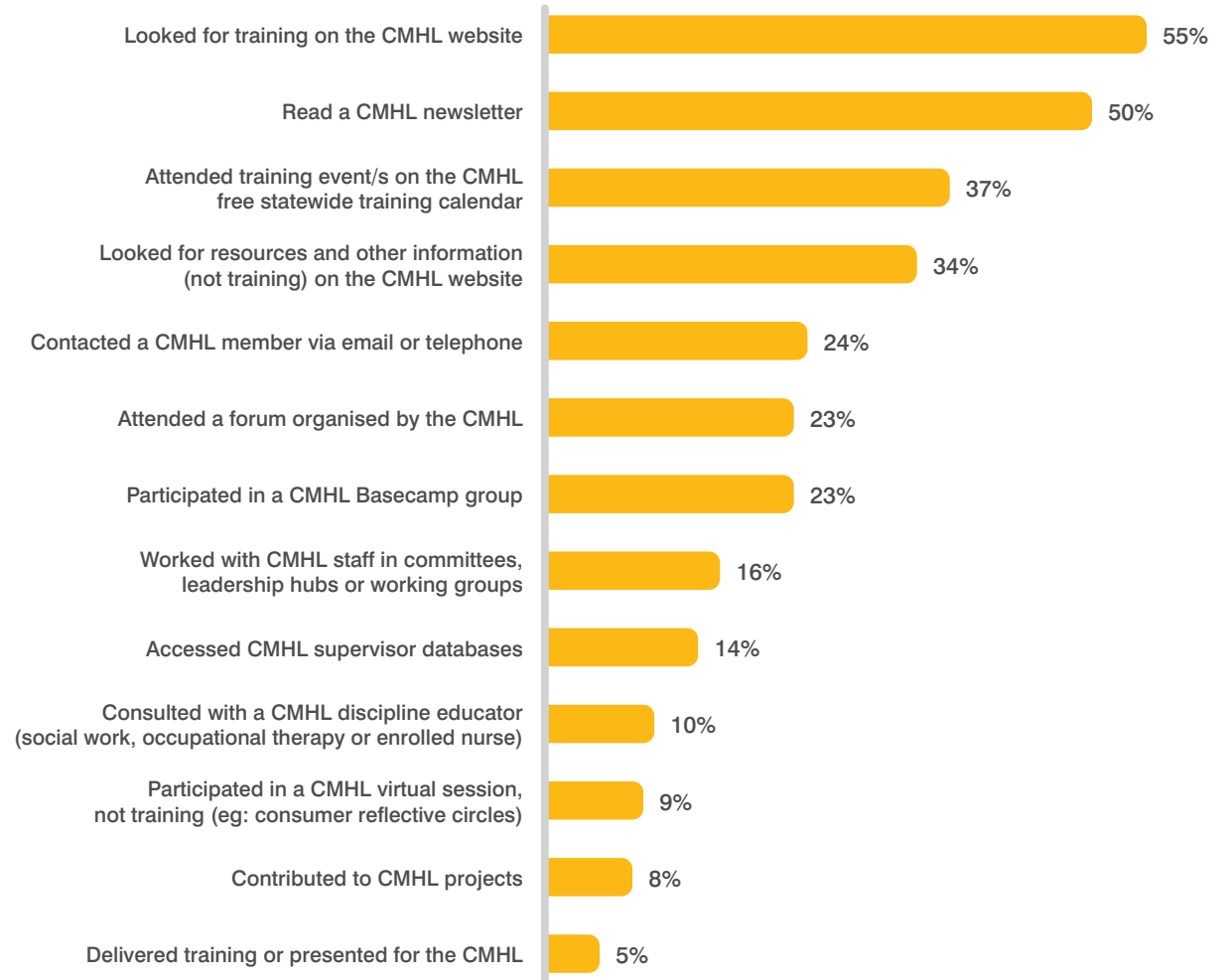
Satisfaction with CMHL overall is high, with 81% of respondents reporting they were either satisfied or very satisfied (see the chart on the next page).

Respondents were also asked to rate their satisfaction with specific aspects of the following areas of CMHL’s work, with satisfaction rates averaging at 82% (mean) across all aspects and being at or over 70% for each one.

- CMHL’s website (5 aspects, ranging from 78% to 94% ‘satisfied’ or ‘very satisfied’)
- CMHL AMHS training calendar (5 aspects, ranging from 73% to 86%)
- CMHL’s communications and engagement (5 aspects, 78% to 91%)
- Being on a CMHL-led committee and/or working group(s) (3 aspects, 88% to 92%)
- Lived experience workforces (LEW) development support (4 aspects, 70% to 80%).

Satisfaction was highest for aspects relating to being on a CMHL-led committee or group, which included frequency of CMHL communications (92% ‘satisfied’ or ‘very satisfied’), opportunities for input into functions and decisions (89%) and the overall experience of participation (88%)¹. The highest scoring aspects across the other areas were around appropriateness of language on the website (94%), being respectful and inclusive in our communications and engagement (91%), responsiveness of CMHL team members to queries and emails (86%) and quality of training (86%).

HOW HAVE YOU INTERACTED WITH CMHL DURING THE PAST 12 MONTHS?



¹ Note, these questions were filtered to those who had participated in committees or groups, with a smaller sample of n=53.

Most of these high-satisfaction aspects relate to CMHL’s intended ways of working (purposeful, inclusive, respectful, transparent, relevant, responsive) – which is cited by staff and stakeholders alike as key to being effective in this space and one of CMHL’s biggest strengths, with data now backing this up.

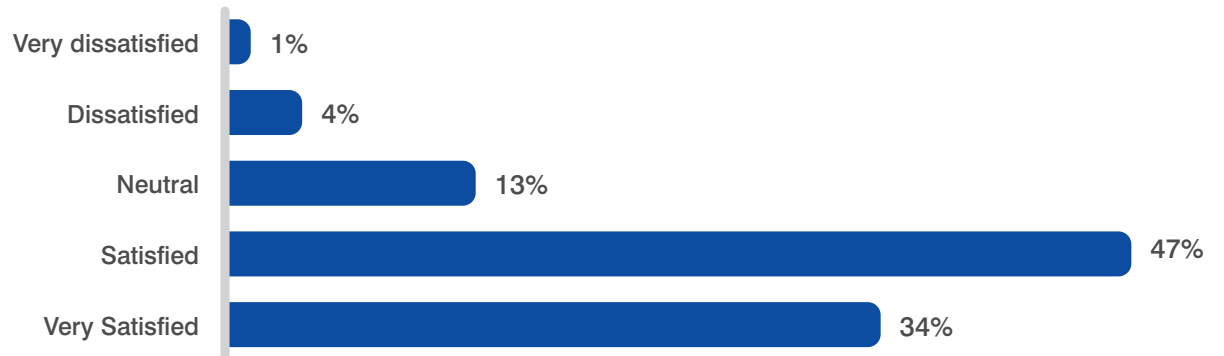
Within the areas of website, calendar and communications, aspects of user-friendliness also had high satisfaction (ease of calendar registration 85%, ease of website navigation 83%). Following this, five items relating to range and relevance of training and content were all 77%-78%, lower than user-friendliness and ways of working, which highlights the diverse range of needs within the sector and the difficulty in meeting all needs. Given this, the fact that over three quarters of respondents reported satisfaction with range and relevance of training and content is positive.

Providing LEW development support is still an emerging area, with lower levels of satisfaction here than in other areas when asked of all disciplines. Among LEW discipline respondents, satisfaction was higher and in line with other rates of satisfaction, averaging 81% across the four areas. Among LEWs, delivering training relevant for LEWs performed lower (73%) but

demonstrating lived experience leadership (86%) and timeliness of responses to LEW enquiries (87%) were strong, highlighting that there is a current gap regarding training, but that CMHL is playing an important leading role in supporting and progressing LEW development².

Overall satisfaction with CMHL was high across all subgroups, but was higher among respondents from: LEW (85%) or nursing (86%) disciplines compared to allied health (76%); AMHS (83%) compared to other

OVER THE PAST 12 MONTHS, HOW SATISFIED OR DISSATISFIED WERE YOU WITH CMHL OVERALL?



“Some amazing training opportunities and high quality! really appreciate the work you guys do with relatively little! you’re all amazing people and add so much value to the sector!”

– CMHL evaluation survey participant

² Note that these statistics are from small samples of n=39 to n=51. Also note, training gaps are currently being addressed by Department of Health funded projects. The survey was fielded before these had been implemented.

organisation types (76%), those with less than 10 years of experience in mental health (85%) compared to those with 10+ years (78%), and those who participated in a CMHL-led committee or working group (91%) compared to those who did not (79%)³.

Hundreds of open-ended comments were analysed from the survey. A large range of sentiments were expressed as reasons for satisfaction and dissatisfaction. There was much recognition of CMHL's efforts within the sector, the quality, relevance and usefulness of training provided, the frequency and responsiveness of CMHL's communications, and the support CMHL provide to address ongoing training and supervision needs.

The most common reasons cited for dissatisfaction with CMHL were to do with CMHL's scope limitations – most commonly that workers outside of public mental health settings would like to attend sessions on the AMHS calendar. Some respondents also noted a lack of training available for some roles or professions (e.g., administrative staff), and the fast filling of places making some trainings inaccessible for those unable to plan too far ahead. Respondents also suggested additional (or expanded) training topics, potential collaboration opportunities with other organisations, more face-to-face events, and improvements to website navigation and categorisation.

CMHL aims to listen to all feedback. There are some suggestions that are outside of CMHL's scope and funding to implement, but there are others that we are already in the process of implementing, such as revising the website navigation and categorisation.

“ Thank you all so much as this training that you run it has improved my life. ...Your training has helped me in a big way. Thanks for your support while I studied the [qualification]. ”

– CMHL evaluation survey participant

“ I was impressed with the meeting I attended, it was respectful, clear and focused; and also, member of the CMHL was helpful in answering the questions. I have attended training held by CMHL in the past and they are very valuable. ”

– CMHL evaluation survey participant

“ CMHL continues to provide an open learning approach which is responsive to feedback from the field. ”

– CMHL evaluation survey participant

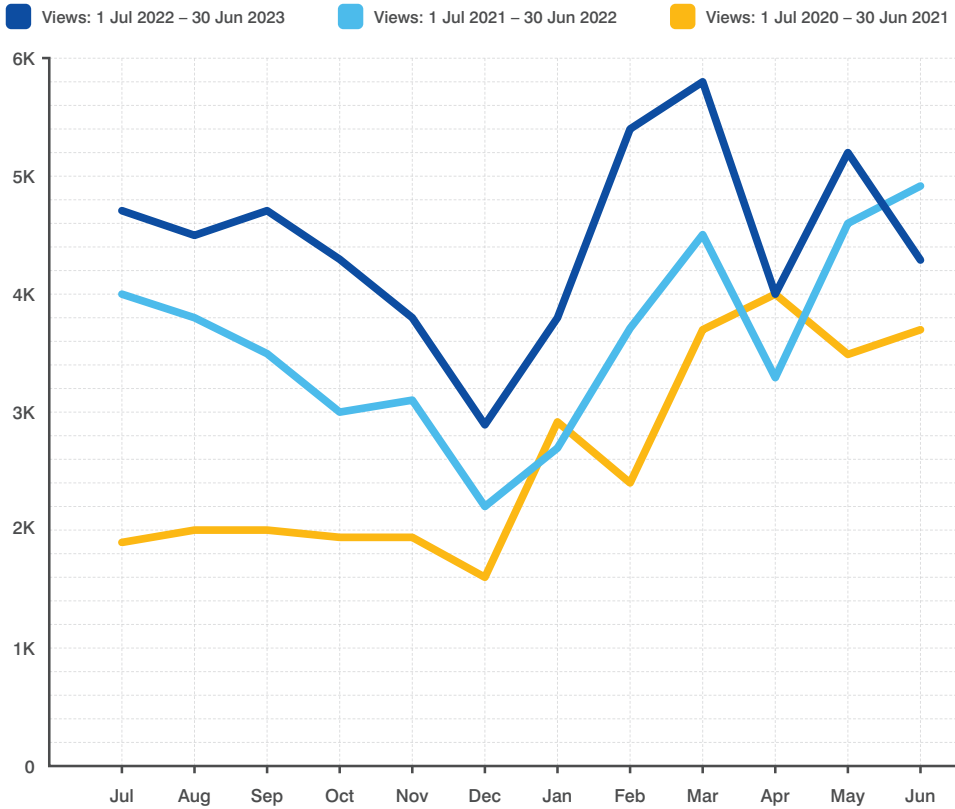
³ Most of these differences are not statistically significant, due to low sample sizes. Sample sizes across these comparative statistics range from n=49 to n=154, with the mean sample size n=87.



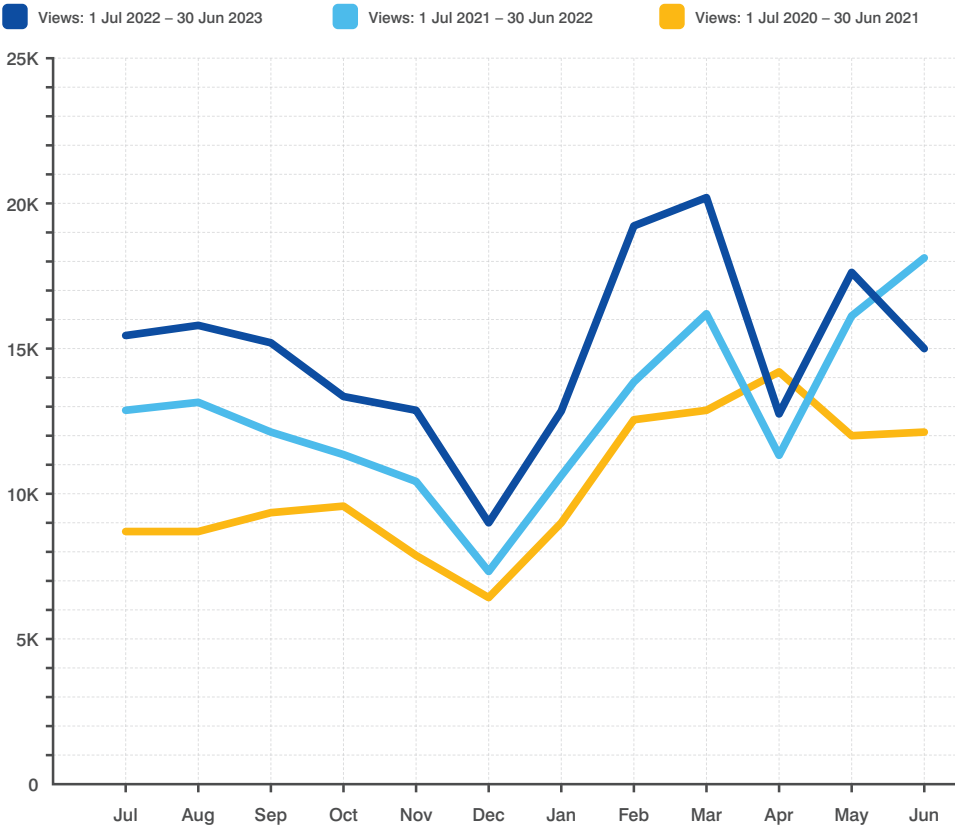
Appendices

Appendix 1 – Website Analytics

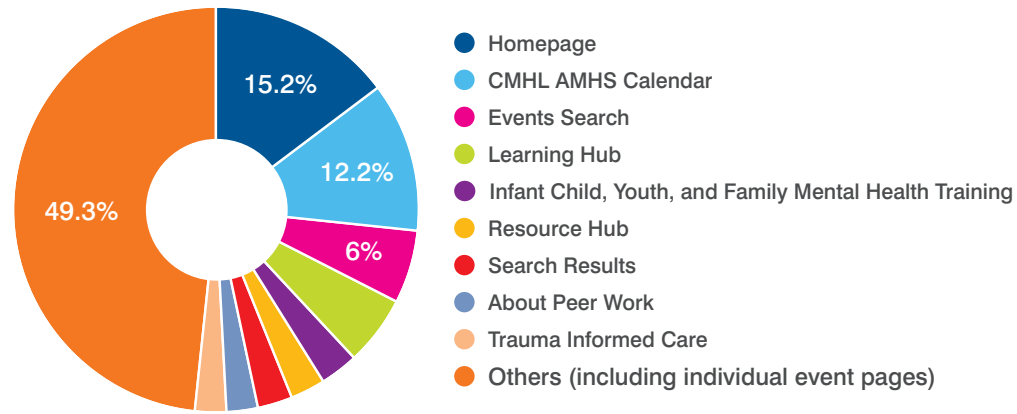
CMHL WEBSITE MONTHLY ACTIVE USERS



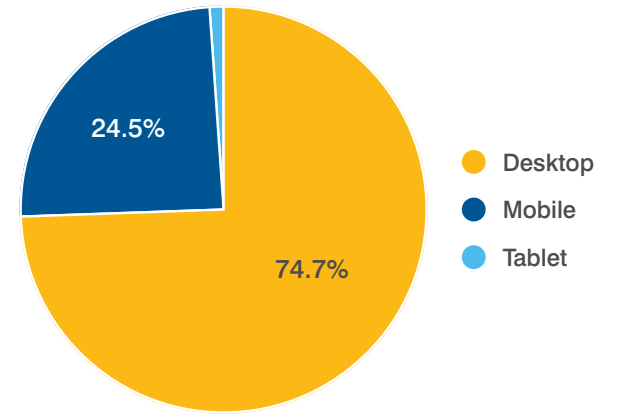
CMHL WEBSITE – MONTHLY PAGE VIEWS



CMHL WEBSITE – POPULAR PAGES AND VIEWS



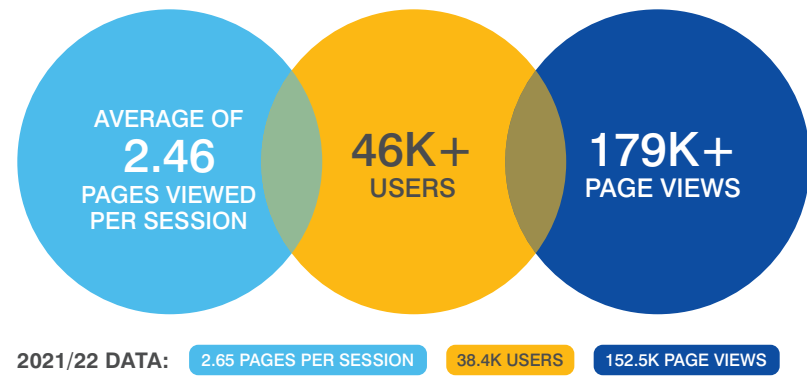
WHAT DEVICES ARE PEOPLE USING?



TOP 5 PAGES VIEWED ON CMHL WEBSITE

1	Homepage	23,098
2	CMHL AMHS Calendar	16,825
3	Events Search	11,385
4	Learning Hub	7,327
5	Infant Child, Youth, and Family Mental Health Training	3,889

USERS AND PAGE VIEWS ON CMHL WEBSITE



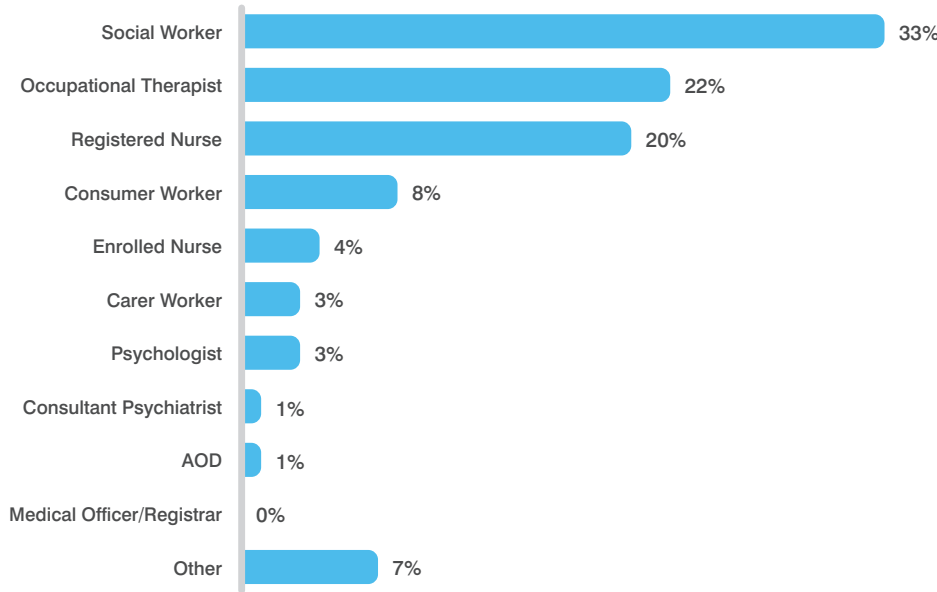
Appendix 2 - CMHL AMHS Training Calendar Data

AMHS TRAINING CALENDAR DATA 2022/23



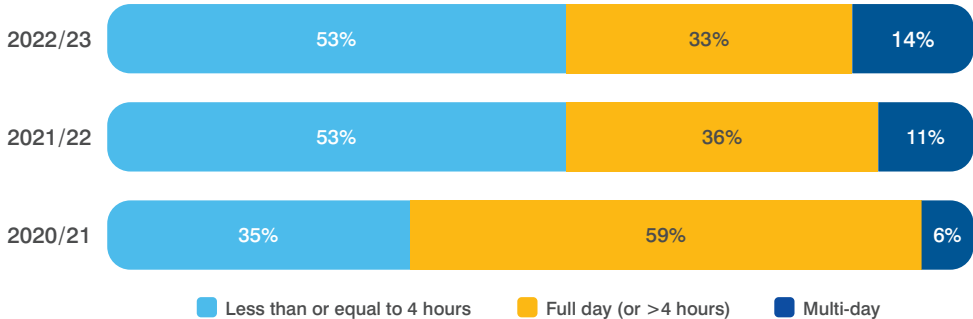
Note: CMHL does not manage registration for some of its calendar events, so actual registrant numbers are higher than stated here.

DISCIPLINES OF REGISTRANTS DURING THE PAST 12 MONTHS



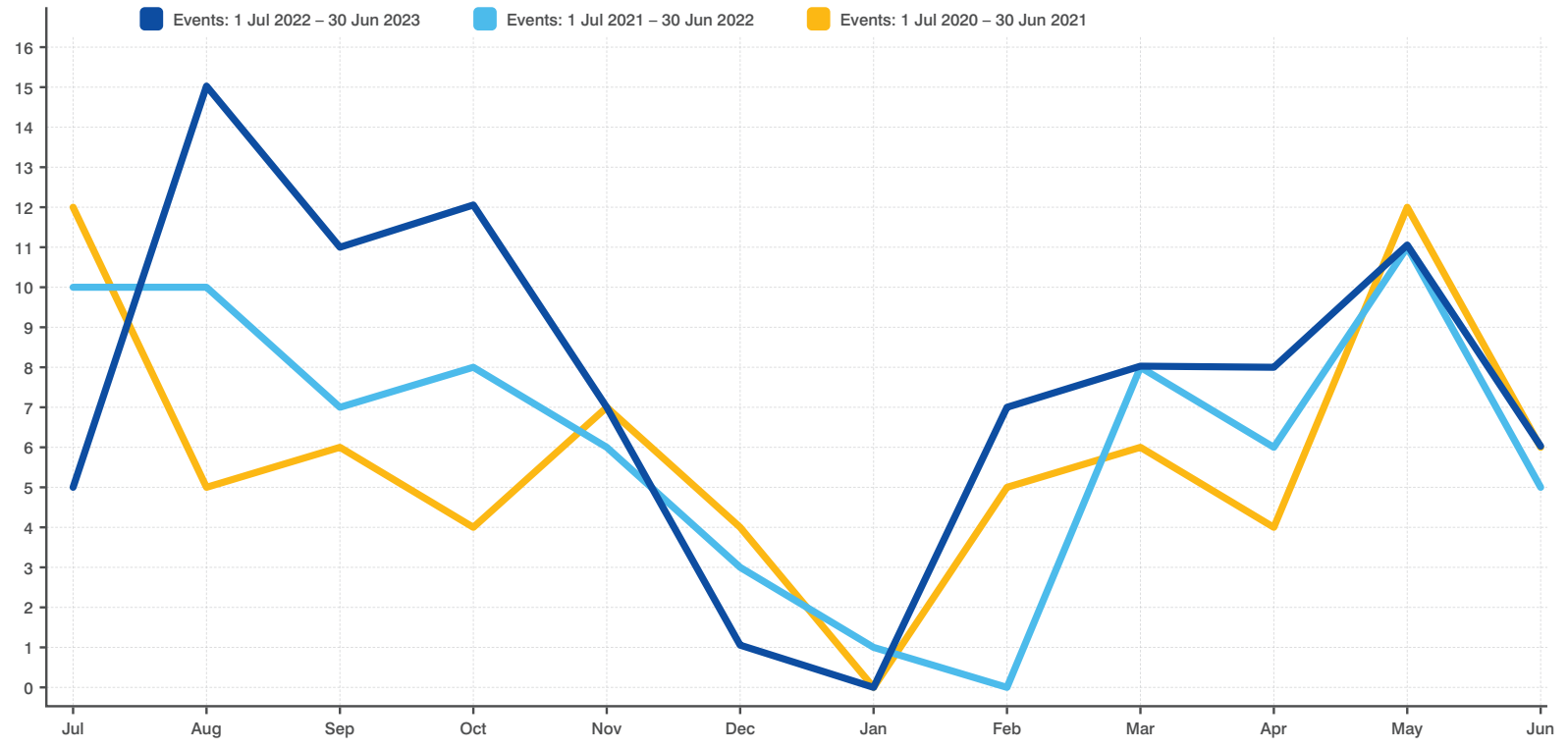
Face to face training comprised 10% of all events in 2022/23, with the other 90% remaining online. In the previous two financial years, 100% of training was delivered online. The value of meeting face to face has been emphasised and we look forward to continuing to increase this proportion in the coming years.

CMHL EVENT DURATIONS

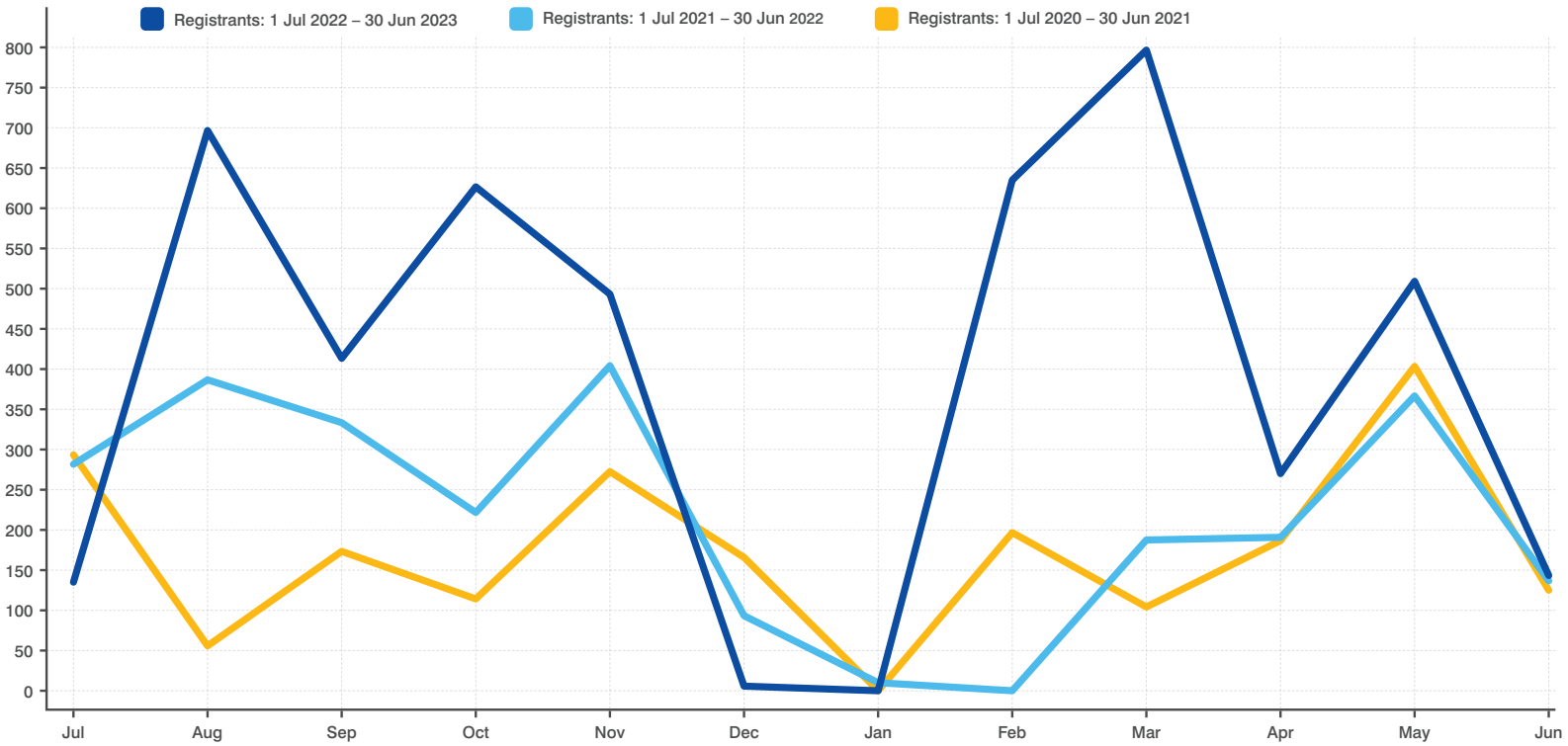


Note: In 2020/21 and 2021/22, forums were not included in this data. In 2022/23, four full-day forums were included.

NUMBER OF MONTHLY CMHL EVENTS



NUMBER OF MONTHLY REGISTRANTS



Appendix 3 – Mental Health Enrolled Nurse Educators Flyer



The Centre for Mental Health Learning (CMHL) is the central agency for public mental health workforce development in Victoria, supporting access to quality, contemporary learning and development opportunities for the public mental health workforce in Victoria.

Mental Health Enrolled Nurse Workforce Development

What is unique about Enrolled Nursing?

- Experts at building rapport and engaging with consumers
- Promoting the consumer voice and advocating for consumer preferences
- Contributing hands-on and practical skills as a vital member of the care team
- Developing respectful relationships with consumers, carers and families each day

Statewide Mental Health Enrolled Nurse Educators

We are Mental Health Enrolled Nurses (MHENs) providing support and education to other MHENs in Victoria. As key members of the CMHL, we work to facilitate connections between MHENs across the state and provide the most up-to-date training to progress the workforce.



en.educators@cmhl.org.au

@CMHLvic

MHEN Meetings

Mental Health Enrolled Nurse Practice Network
Regular meetings open to any experienced MHEN to reflect on the EN role, hear from mental health experts, and build connections.

Mental Health Enrolled Nurse Educator Meeting
MHEN Educators from across the state come together bimonthly to facilitate networking, share educator resources, and identify opportunities for partnership and collaboration.


MHEN Training and Events

Mental Health Enrolled Nurse Introduction to Mental Health Day
This training day is for Enrolled Nurses newly entering the Victorian public clinical mental health workforce and provides an opportunity for attendees to connect with peers and develop introductory knowledge in topics such as The Mental Health Act including Supported Decision Making. This is a full-day, online event.

Mental Health Enrolled Nurse Video Series
The EN Educator team have developed an ongoing video series that covers a variety of topics around the interests of the enrolled nurse workforce. These are short, bite-sized videos that can be accessed easily on the CMHL website.

Enrolled Nurses – Finding Your Voice
We have developed new training to support Enrolled Nurses working in mental health. This training is delivered in person at services with EN teams and includes; unpacking the challenges of the EN role, how to have difficult conversations, building resilience and how to find joy in work.


Mental Health Enrolled Nurse Forum
The biannual forum is an exciting event with a rich history of bringing ENs from across the state together to celebrate their workforce and connect with each other. The event typically showcases presentations from ENs working in different areas of the mental health sector.



en.educators@cmhl.org.au

@CMHLvic

Appendix 4 - Child Information Sharing Scheme



PURPOSE: To increase awareness of and confidence in using the Child Information Sharing Scheme (CISS) in Victoria Mental Health Services.

Child Information Sharing Scheme in Mental Health: Capacity Building Project 2022

How did we collaborate?

- Department of Education and CMHL worked closely to align project with CISS legislation
- CMHL facilitated focus groups with experts from public mental health including Specialist Family Violence Advisors (SFVA) and Families where a Parent has a Mental Illness (FaPMI) coordinators
- Service specific consultations were conducted with mental health services, providing opportunity for local context and policies
- CISS scenarios were collected and discussed with experts to develop best practice examples.

CMHL Information Sessions: CISS in Mental Health Practice

8
METRO SERVICES

4
REGIONAL SERVICES


- Met with CISS leaders at services
- Developed place-based information sessions
- Delivered sessions in collaboration with local experts
- Facilitated reflective spaces for teams
- Provided resources to support translation to practice

60 SESSIONS 669 ATTENDEES


Project Outcomes


- Introduced CISS concepts to over 90% of attendees
- Increased confidence in using CISS in practice in 83% of attendees
- Raised awareness of other information sharing entities (ISEs)
- Enhanced understanding of how to use CISS in mental health practice
- Improved focus on child wellbeing in addition to safety
- Increased discussion of CISS during clinical reviews and care planning
- Heightened focus of differentiating CISS from FVISS
- Increased CISS secondary consultations with FaPMI coordinators
- Supported CISS policy and procedure updates at mental health services.

Mental Health Resources





DECISION MAKING TREE






CLINICIAN RESOURCE






The Child Information Sharing Capability Building Project was supported by the Victorian Government under the Child Information Sharing Capacity Building Grants Program



Appendix 5 - Child Information Sharing Scheme – Clinician Resource Poster



Child Information Sharing Scheme: Clinician Resource

WHAT IS CISS? The Child Information Sharing Scheme (CISS) enables Information Sharing Entities (ISEs) to request information from and share information with other authorised organisations and services to promote the wellbeing and/or safety of a child or a group of children under 18 years

What do we mean by child wellbeing or safety?

- Physical, psychological and emotional health and access to and engagement with services to support a child's health and development
- Engagement in supportive relationships, particularly supportive family relationships, involvement in activities that enable a child's personal, social and cultural development and connection to their culture and community
- Participation in education and access to resources that support the child to learn and develop
- Access to adequate, appropriate and safe accommodation, nourishment, protection from the elements and safe and stable environments in which to live, learn and grow.

Who can you share information with?

You can request information from and share information with Information Sharing Entities (ISEs) under CISS. ISEs are organisations or services that have been prescribed in regulations to use the scheme. This includes mental health services. ISEs can be identified via the ISE List: <https://iselist.www.vic.gov.au/ise/list/>

The threshold for sharing information with other ISEs under CISS

- The ISE is requesting or disclosing confidential information about any person for the purpose of promoting the wellbeing or safety of a child or group of children; and
- The ISE disclosing information reasonably believes that sharing the information may assist the receiving ISE to:
 - Make a decision, an assessment or a plan relating to a child or group of children
 - Initiate or conduct an investigation relating to a child or group of children
 - Provide a service relating to a child or group of children
 - Manage any risk to a child or group of children; and
- The information being disclosed or requested is not known to be 'excluded information'.

Consent

If the threshold for sharing has been met, ISEs do not require consent from any person to share relevant information with other ISEs under CISS. However, you should seek and take into account the views and wishes of the child and/or the relevant family members about sharing their confidential information – whenever it is appropriate, safe and reasonable to do so:

- You should discuss information sharing obligations with children and/or family members.
- Seek to maintain constructive and respectful engagement with children and their families.

How to request and share information

If the threshold for sharing is met, there are three ways to use CISS:

- **Requesting information**
You should provide sufficient detail to enable the responding ISE to make a decision about whether all three parts of the threshold have been met.
- **Responding to a request**
An ISE may request information from you. If all three parts of the threshold have been met, you must reply in a timely manner. If needed, you can ask the requesting ISE to provide further information about the request. If you determine that a request does not meet the threshold, you must provide the requesting ISE with the reason in writing.
- **Proactively sharing information**
You are encouraged to voluntarily provide information to another ISE if you become aware of information that may assist another ISE to promote the wellbeing or safety of a child engaged with their service, and if doing so meets all three parts of the threshold for sharing, especially as part of an ongoing collaboration between services.


Further information and resources

- Refer to local policies and procedures that ISEs should have in place to guide use of CISS in their organisation, including the roles in the organisation appropriate to use CISS
- Information Sharing Scheme eLearn course. If this is not available on your internal eLearning, you can register via: <https://training.infosharing.vic.gov.au/login/index.php>
- Child Information Sharing Scheme: <https://www.vic.gov.au/child-information-sharing-scheme>
- CMHL resources: <https://cmhl.org.au/learning-hub/family-violence-and-child-wellbeing-and-safety>


Who can I ask for help?

- The CISS enquiry line –
Email: CISSandFVIS@education.vic.gov.au
Phone: 1800 549 646
- Specialist Family Violence Advisors (SFVA)
- Families where a Parent has a Mental Illness (FaPMI) Coordinator
- Supervisor or manager

Please refer to any internal policies or procedures in your organisation which guide information sharing.



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This has been adapted from VAADA

Appendix 6 - Co-design Project



PURPOSE: To support Victorian state-funded mental health services to increase their knowledge, confidence, and understanding of co-design approaches in mental health services

Victorian Co-design Project 2022

What we did

- Established internal co-design working group
- Collaborated with DH Mental Health and Wellbeing Division
- Co-delivered 'Authentic co-design training' with TACSI
- Identified co-design resources and created a co-design intro pack
- Consulted around the implementation of Co-design Community of Practice
- Developed a co-design program page on CMHL website: <https://cmhl.org.au/work/cmhl-co-design-program>
- Conducted sector scoping survey to gain an understanding of current AMHS co-design activities occurring and workforce development needs.

Co-design Information Sessions

-  **11 sessions with 162 attendees**
-  **11 metro, 5 regional and 4 NGO services**
-  **with consumer, family/carer and clinician perspectives**

Lessons learned

NEEDS

- There is a lot of energy and interest from Victorian mental health workforces in learning more about co-production and co-design.
- At the time of the co-design scoping survey, many staff had received little or no co-design training.
- AMHS are requesting additional co-design support for their service-based projects.

SYSTEMS

- Effective and sustainable statewide implementation and support of co-design requires a multi-disciplinary, systems approach.
- Change/reform fatigue is evident, with the impact of the pandemic over the past three years significant.

RESOURCING

- Doing co-design properly takes time, energy, and resourcing, with leading lived experience expertise critical.
- Resource design requires time and expertise, including consultation and co-design of resources with the workforces.



Our vision is to be the centrepiece for mental health learning in Victoria; leading and driving innovation that strengthens and sustains a flexible, curious, knowledgeable and recovery-focused workforce.





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