

Section 1.

Introduction

This section provides an overview of and context for the revised National Standards for Mental Health Services, (National Standards) with a particular focus on their implementation in the non-government community mental health sector. Some of the issues covered in the introduction are addressed in more depth in later sections.

BACKGROUND TO THE REVISED NATIONAL STANDARDS FOR MENTAL HEALTH SERVICES

The National Standards for Mental Health Services were first introduced in 1996 with the endorsement and support of the Commonwealth, state and territory health ministers. Their development was guided by the principles contained in the national mental health policy of the time and the United Nations' Principles on the Protection of People with Mental Illness. The National Standards were designed primarily for the public specialist health system and were adopted subsequently by all public specialist mental health services and private mental health hospitals across Australia. While some non-government community mental health services adapted elements of the National Standards to their own agency settings with some success, a majority found it difficult to apply many of the National Standards to the community, organisational and service provision context within which they operated.

The context in which mental health services are delivered has changed over the last decade, with both clinical and non-clinical services being more frequently delivered in community rather than hospital settings. There has been a consequent increase in non-government and private sector involvement and in the role of the primary care sector in mental health service delivery. In response to these changes, a review of the National Standards was started in November 2006, in consultation with a wide range of stakeholders including consumers and carers. The revised National Standards are the result.

THE REVISED NATIONAL STANDARDS FOR MENTAL HEALTH SERVICES

The revised standards have taken into account what worked well with the earlier standards, but better reflect contemporary mental health practices and the current and anticipated environments within which services are delivered. Unlike the earlier National Standards, the revised standards have been designed so that they can be incorporated into the broad spectrum of services within the mental health sector.

The revised National Standards will therefore apply to a wide range of mental health service providers, for example public mental health services, private mental health services, GPs, and non-government providers of community mental health services. They must also be appropriate in a diverse range of communities across Australia. How 'community' is defined varies depending on the purpose, structure and type of service. For example, it could be a geographic catchment area or a target population group.

Given the diversity of service types and of settings in which mental health services are now offered, this shift to a system of standards that apply to the whole service system presented significant challenges as the revised standards were developed.

One of the challenges was that not all of the National Standards are equally relevant to different service types and settings. For example, standards that are critical in an inpatient setting, such as seclusion practices, and trying to achieve a voluntary rather than an involuntary admission to hospital, are not relevant to non-government providers of community mental health services. Some that apply to services which provide accommodation (for example, a hospital or supported community accommodation facility) are not relevant to community-based recovery services.

Some standards need to be interpreted differently for different sectors and settings. For example, the context in which the word 'treatment' is used in the National Standards implies medical treatment, which few non-government community mental health services would provide. A more relevant term for non-government providers would be 'services'. To address the challenges created by the diversity in the service delivery system, and to customise the National Standards for implementation by different parts of the mental health service delivery system, a decision was taken to develop a series of implementation guides to help different sectors and service settings as the new standards are implemented. This document is one of those guides.

THE NON-GOVERNMENT COMMUNITY MENTAL HEALTH SECTOR CONTEXT

There is diversity between different sectors of the mental health service system and diversity within each of those sectors. The range of services delivered by the non-government community mental health sector also varies from state to state.

Services range from intensive personal recovery support to day activity programs and have diverse target groups—for example, a geographic community, people with a particular service need such as accommodation, or people who share a common characteristic such as being carers or being from an Aboriginal and Torres Strait Islander background.

The organisational complexity of the service providers also varies enormously. Some are large national organisations, some are multi service and multi site agencies within states and others are very small organisations with few paid staff and a heavy reliance on the contribution of dedicated volunteers.

Given these wide variations, there will be circumstances in which there will be different expectations of compliance to a particular standard for different types of service provision.

Across all services in Australia the implementation of the National Standards in the non-government community mental health sector will require the involvement and commitment of boards, staff, consumers, carers and funders. Measuring levels of achievement against the National Standards will be an important means of accountability to consumers, carers, community, staff and funders.

WHY THE NATIONAL STANDARDS ARE IMPORTANT

There are many reasons why the National Standards are important to the mental health service system, including the non-government community mental health sector. These reasons include:

1. Assurance to consumers

The revised standards provide an assurance to people living with a mental illness and to their carers and families that all mental health service providers have similar levels of service safety, quality and accountability. This applies to services in the public, private or community mental health sectors, whether in acute, post acute or community recovery settings. The standards must be met in metropolitan, regional, rural and remote Australia.

The National Standards encompass all of the things an organisation should be doing to provide effective, consumer focussed services. They establish common expectations and support consistency and continuity in care and support services right across the mental health service system. The National Standards assist consumers to understand what they should expect when they access any service in any part of the mental health service system in any state or territory.

2. A framework for consumer participation

The National Standards will provide a consistent and accessible framework through which people living with a mental illness, their carers and families will be able to participate in service planning, implementation, review and evaluation processes.

3. Transparency and accountability

By defining expected levels of service and providing a framework for service monitoring (further discussed in Section 3 of this guide) the National Standards allow service providers to demonstrate that their services are transparent and are meeting their funding accountability requirements.

4. Service monitoring and continuous quality improvement

The National Standards support internal service monitoring and review which can enhance organisational performance. They will assist in the orderly and systemic identification of those areas in which services are performing well and in recognising opportunities for service enhancement. The standards will identify areas that need improvement.

5. Promoting respect and trust between different parts of the service system

The history of the mental health service system in Australia, and in most other first world countries, is one in which the medical model of service delivery has predominated.

Acute medical interventions and a continuing medication regime will continue to be an essential component of the support provided for many people living with a serious mental illness; however, it is now understood that recovery from mental illness often requires a range of skilled interventions and supports which are not in the medical domain.

There have been barriers between the acute public mental health sector and the non-government community mental health sector. These will diminish as the validity and effectiveness of recovery interventions delivered and managed through the community sector are better understood and respected across the whole of the service system. The standards will have all parts of the service system using the same language in the way that they are accountable to consumers and each other. This will be an important context within which respect and trust can be developed over time.

6. Providing strategic information at a sector and service system level

The implementation of common standards across the whole of the mental health service system will provide opportunities for the development of a much better strategic understanding of the Australian mental health service system and its component parts. Many of these opportunities will not be realised in the short term, but implementing the revised standards will pave the way for strategic analysis in the future.

THE PLACE OF THE NATIONAL STANDARDS IN THE DELIVERY OF QUALITY SERVICES

Service delivery in the non-government community mental health sector is influenced by a number of quality, safety and performance requirements other than the National Standards. Some of these are obligatory, some are voluntary. Compliance requirements that contribute to the quality management and service delivery in the non-government community mental health sector include:

- specific state legislation such as the state and territories' Mental Health Act, Occupational Health and Safety Act, Anti-Discrimination Act, Incorporated Associations Act
- the professional regulation requirements which must be met by some practicing mental health professionals
- obligatory external accreditation processes
- service quality conditions set through service purchasing and funding agreements.

Although there are significant variations across the states and territories, all of these compliance requirements contribute to quality management and service delivery and are relevant to the National Standards.

By incorporating the National Standards and these obligatory requirements into a cohesive quality framework, service providers can save themselves work as some requirements overlap or duplicate each other. Incorporating all requirements also gives a systematic, transparent and accountable way for organisations to assure themselves and their consumers about the overall quality of their management and services, and helps them to improve their performance.

Service providers must recognise that the National Standards are only one element of an effective quality assurance system that provides internal and external ways of assessing their service system and of ensuring ongoing improvements in service delivery. Service providers should see the National Standards not just as a compliance requirement but as an integral part of a quality assurance system that is appropriate to the size and service range of each organisation.

STANDARDS AND ACCREDITATION

The National Standards set out the minimum requirements for all service providers in the mental health service system. As noted above, the National Standards will be most effective if they are seen as an integral part of each service provider's quality assurance system, rather than as a stand-alone obligation.

Accreditation is one means of providing an independent assessment of performance against standards.

A formal accreditation process supports continuous quality improvement in service provision. However, the National Standards do not have to be incorporated into formal accreditation to be meaningful and useful to the non-government community mental health sector.

Accreditation is only one mechanism through which compliance can be monitored, quality improved, and achievements reported. Other ways include the use of reporting frameworks such as key performance indicators, internal monitoring arrangements, internal and external evaluations, and peer review processes. All of these can prove that a service is committed to improving the quality of care, and for all of them the National Standards will be a useful reference point.

Some states already have a strong emphasis on accreditation. In some states, individual agencies have chosen to become accredited with an external accreditation provider. While it is anticipated that the National Standards will be incorporated into relevant accreditation programs, states and territories will make their own decisions on whether accreditation will be mandatory for non-government community mental health service providers.

Service provider organisations will be encouraged to introduce other practices to complement, or in some cases replace, the criteria listed against each standard. What is important is that they demonstrate how they meet the standard.

Principles of recovery oriented mental health practice

The principles of recovery oriented mental health practice are relevant to all of the 10 national standards and apply to the whole mental health service system, including the non-government community mental health service sector.

From the perspective of the individual with mental illness, recovery means gaining and retaining hope, understanding of one's abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self.

It is important to remember that recovery is not synonymous with cure. Recovery refers to both internal conditions experienced by persons who describe themselves as being in recovery – hope, healing, empowerment and connection – and external conditions that facilitate recovery – implementation of human rights, a positive culture of healing, and recovery-oriented services. (Jacobson and Greenley, 2001 p.482)

The principles of recovery-oriented mental health practice ensure that mental health services are delivered in a way that supports the recovery of mental health consumers.

They are:

1. Uniqueness of the individual

Recovery oriented mental health practice:

- recognises that recovery is not necessarily about cure but is about having opportunities for choices and living a meaningful, satisfying and purposeful life, and being a valued member of the community
 - accepts that recovery outcomes are personal and unique for each individual and go beyond an exclusive health focus to include an emphasis on social inclusion and quality of life
- empowers individuals so they recognise that they are at the centre of the care they receive.

2. Real choices

Recovery oriented mental health practice:

- supports and empowers individuals to make their own choices about how they want to lead their lives and acknowledges choices need to be meaningful and creatively explored
- supports individuals to build on their strengths and take as much responsibility for their lives as they can
- ensures that there is a balance between duty of care and support for individuals to take positive risks and make the most of new opportunities.

3. Attitudes and rights

Recovery oriented mental health practice:

- involves listening to, learning from and acting upon communications from the individual and their carers about what is important to the individual
- promotes and protects an individual's legal, citizenship and human rights
- supports individuals to maintain and develop social, recreational, occupational and vocational activities which are meaningful to them
- instils hope in an individual about their future and ability to live a meaningful life.

4. Dignity and respect

Recovery oriented mental health practice:

- involves being courteous, respectful and honest in all interactions
- involves sensitivity and respect for each individual, especially for their values, beliefs and culture
- challenges discrimination wherever it exists within our own services or the broader community.

5. Partnership and communication

Recovery oriented mental health practice:

- acknowledges that each individual is an expert on their own life and that recovery involves working in partnership with individuals and their carers to provide support in a way that makes sense to them
- values the importance of sharing relevant information and the need to communicate clearly
- involves working in positive and realistic ways with individuals and their carers to help them realise their own hopes, goals and aspirations.

6. Evaluating recovery

Recovery oriented mental health practice ensures and enables continuous evaluation at several levels:

- Individuals and their carers can track their own progress.
- Services demonstrate that they use the individual's experiences of care to inform quality improvement activities.
- The mental health system reports on key outcomes that indicate recovery. These outcomes include housing, employment, education, social and family relationships, health and well being.

How the National Standards and their supporting principles apply to the non-government community mental health service sector

This section discusses the principles that underpin the National Standards, and the nine performance indicators that are associated with the delivery of care and services. These principles and performance indicators are the same for all parts of the mental health service system.

THE NATIONAL STANDARDS FOR MENTAL HEALTH SERVICES

The National Standards focus on recovery and are based on values related to human rights and dignity. They promote the empowerment of consumers of mental health services, their carers and families. They emphasise practices which support continuous improvement in service quality. Although they are presented separately, many of the standards are interrelated. Section 2 of this guide includes a table which identifies those interrelationships so that service providers can avoid duplication by cross referencing their implementation of related standards.

Service providers should find no surprises in the National Standards. The issues that they address should already be the focus of organisations that are committed to providing quality services.

It is important to note that not all criteria associated with each standard apply to the non-government community mental health sector. This is further discussed in Section 2 of this guide.

COMPLYING WITH THE NATIONAL STANDARDS

All of the National Standards that apply to the non-government community mental health sector are equally important. However, there are differences in compliance expectations.

Standard 6 Consumers brings together criteria that are assessable under other standards. They do not have to be assessed again for Standard 6. Gathering them under Standard 6 ensures that all consumer related criteria are examined together, so that the service provider gets a good composite picture of their performance in relation to consumers.

Most standards can be met at different levels. This is what continuous improvement is about, the capacity to do even better once minimum requirements are met. For example, in Standard 3, Criterion 3.1 a service provider might be able to demonstrate in its year one self assessment that it is has opportunities for consumers and carers to be involved in planning, service delivery, evaluation

and quality programs. That involvement might be once a year and minimal. The service provider could set a goal that by year 3, there will be at least one opportunity every three months for more comprehensive involvement. In the three-year self assessment, this service provider would be meeting Standard 3 Criterion 3.1 more comprehensively than they were in their year one self assessment.

Some standards and the criteria that support them must always be met in full. Standard 2 (Safety) is in this category. All service providers must be able to demonstrate that their services are safe. While continuous improvement should still be a goal, safety requirements must be met. There is no scope for service providers to be at a 'minimal' level of achievement and 'working towards' achieving Standard 2. Similarly if standards have criteria that relate to meeting legislative requirements (for example, Standard 8 Governance, leadership and management, Criteria 8.4 and 8.9) service providers must demonstrate from year one that these criteria are met.

PRINCIPLES UNDERPINNING THE NATIONAL STANDARDS

The principles behind the National Standards and the nine performance indicators apply equally across all parts of the mental health service system. The principles of recovery oriented mental health practice sit above all of them.

The principles that have been followed in the development of the National Standards are:

- Mental health services should promote an optimal quality of life for people with mental health problems or mental illness.
- Services should be delivered with the aim of sustained recovery.
- Consumers should be involved in all decisions regarding their treatment and care, and as far as possible should have the opportunity to choose their treatment and setting.
- Consumers have the right to have their nominated carers involved in all aspects of their care.
- The role played by carers, as well as their capacity, needs and requirements should be recognised separately from consumers.
- Participation by consumers and carers is integral to the development, planning, delivery and evaluation of mental health services.
- Mental health treatment, care and support should be tailored to meet the specific needs of the individual consumer.
- Mental health treatment and support should impose the least personal restriction on the rights and choices of consumers, while taking into account their living situation, level of support within the community and the needs of their carers.

The National Standards describe care that will be delivered in accordance with each of the nine *Key performance indicators for Australian public mental health services (2005)*:

Effectiveness: care, intervention or action achieves desired outcome in an appropriate timeframe.

Appropriateness: care, intervention or action provided is applicable to the client's needs and based on established standards.

Efficiency: achieving desired results with the most cost effective use of resources.

Accessibility: ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background.

Continuity: ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.

Responsiveness: the service provides respect for all persons and is client orientated. It includes respect for dignity, cultural diversity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider.

Capability: an individual's or service's capacity to provide a health service based on skills and knowledge.

Safety: the avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered.

Sustainability: system or organisation's capacity to provide infrastructure such as workforce, facilities, and equipment, and be innovative and respond to emerging needs.

IMPLEMENTATION

The National Standards have an important place in quality service management and service delivery for mental health service providers.

There will be time costs in implementation, but in the longer term the National Standards should be seen as a core part of operating practice. Most service providers who are committed to quality service delivery would already be working in a way that would meet the standards. The standards will measure and present their practices in a consistent, cohesive and accountable form.

The implementation process will be different for each state and territory and for each individual service provider. For instance service providers in states that already have their own standards or accreditation will start at a different point than those in other states. Other factors that might determine the starting point for individual service providers will include:

- the size and organisational complexity of the service provider
- whether or not the service provider is involved in a voluntary external accreditation program

- whether or not the service provider is working to an internally developed quality assurance framework
- the nature of the service and its consumer group
- the length of time the service has been in operation.

The National Standards establish the minimum national expectations of service providers. The implementation process for each service provider will vary, but all should be able to demonstrate that over time they are enhancing the quality of their services by working according to the principles of recovery oriented mental health practice and the National Standards.