



Australian Government
Department of Health and Ageing

PATHWAYS OF RECOVERY

4As Framework for Preventing Further Episodes of Mental Illness

Prepared for the National Mental Health
Promotion and Prevention Working Party

November 2005

Debra Rickwood
University of Canberra



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FOREWORD

This framework brings to fruition the strong requests by myself and Mr John McGrath that the National Mental Health Promotion and Prevention Working Party undertake work on relapse prevention as another aspect of prevention and early intervention.

The determination to put this topic out for wide consultation within the formal guidelines of a rigorous discussion paper reflects the integrity of the work produced by the National Mental Health Promotion and Prevention Working Party.

I am always impressed by the rigour of thinking expressed by members of the Working Party, and some of them struggled with the complexities of this subject matter. However, John and I continued to put forward the views that were coming to us from consumers and carers and I am pleased that our persistence has paid off.

This 4As Framework is seen as the first step towards the introduction of some definite guidelines for consumers, carers, service providers and policy makers around incorporating prevention within continuing care and within a recovery-oriented mental health system. It is the outcome of a wide-reaching consultation with consumers and carers and I commend it to the community and ask that everyone has input into the progression of this framework.

Leonie Manns

Consumer Member

National Mental Health Promotion and Prevention Working Party 1998–

EXECUTIVE SUMMARY

This document presents a Framework to inform policy, programs and practice for continuing care to prevent further episodes of mental illness for people who have been seriously affected by mental illness.

The 4As Framework was developed through a national consultation process where a discussion paper on the role of relapse prevention in the recovery process for people seriously affected by mental illness was developed to prompt discussion of the issues through a national consultation with consumers, families and carers, service providers, peak bodies, and policy makers.

The methodology and major findings of the national consultation are documented in a separate report and the consultation discussion paper has been updated to reflect comments that were received during the consultation process. The final documents of the process that support the 4As Framework are:

- *Pathways of Recovery: Preventing Further Episodes of Mental Illness (Monograph)* – note: this is an updated version of the original discussion paper;
- *Pathways of Recovery: Report of the National Consultation on Preventing Further Episodes of Mental Illness.*

The basic elements of the Framework to promote the mental health of people who have been seriously affected by mental illness and prevent further episodes of mental illness are the 4As:

1. *Awareness* – awareness of mental health status and understanding of the factors that affect mental health and mental illness, including potential vulnerability to further episodes of illness.
2. *Anticipation* – planning for future mental health in terms of self-management, recovery, continuity of care and crisis planning.
3. *Alternatives* – availability of self-management and service alternatives that address all the risk and protective factors for mental health according to a holistic approach.
4. *Access* – early, easy and equitable access to services that meet all the changing care needs of people who have been seriously affected by mental illness and their families and carers.

The Framework briefly describes each of the 4As and identifies implementation actions that need to be taken at different levels of the mental health care system. Examples of current innovative models and approaches for implementation are also provided.

It is hoped that the 4As Framework will provide the directions and impetus to change current practices and reorient the mental health system toward recovery and the prevention of mental illness.

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MEMBERSHIP OF THE NATIONAL MENTAL HEALTH PROMOTION AND PREVENTION WORKING PARTY

The National Mental Health Promotion and Prevention Working Party (PPWP) is auspiced by the Australian Health Ministers' Advisory Council National Mental Health Working Group and the National Public Health Partnership Group. The PPWP is comprised of members or nominees of these auspicing groups as well as representatives of other key stakeholder groups.

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BACKGROUND

A significant positive development in the mental health field is growing recognition that most people can expect to recover or substantially improve from an episode of mental illness and that a diagnosis of mental illness is not a life sentence. There is considerable hope for people who have experienced mental illness and, as a consequence, the people and services that support them must reorient their focus toward recovery.

This Framework describes ways to promote mental health and reduce future episodes of mental illness for people who have been seriously affected by mental illness. It is designed to guide the development of local implementation plans, by presenting an agenda to enable the wider mental health care system—including all those people and services that support people who have experienced mental illness—to reorient toward recovery by incorporating self-management, mental health promotion, rehabilitation and relapse prevention into their approach.

Development of the Framework

The Framework has been developed by the National Mental Health Promotion and Prevention Working Party (PPWP), which is auspiced by the Australian Health Ministers' Advisory Council National Mental Health Working Group and the National Public Health Partnership Group. It comprises part of PPWP's work plan arising from the *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health (2000)* and *National Mental Health Plan 2003-2008*.

The development of the Framework was undertaken through an extensive consultation process. Initially, a discussion paper entitled, *Pathways of Recovery: Relapse Prevention – A discussion paper on the role of relapse prevention in the recovery process for people who have been seriously affected by mental illness*, as well as a shorter *Summary Version*, was developed through consultations with consumers, families and carers, and service providers, as well as a review of the literature, research and practice in the area. This discussion paper subsequently formed the basis of a national consultation around the issue of relapse prevention. Consultations were held in all States and Territories and submissions were invited from over 50 relevant organisations.

The methodology and major findings of the national consultation are documented in a separate report and the discussion paper has been updated to reflect comments that were received during the consultation process. The final documents are listed below, and readers are directed to these to understand the context and issues relevant to development of the 4As Framework.

- *Pathways of Recovery: Preventing Further Episodes of Mental Illness (Monograph)* - this is an updated version of the original discussion paper;
- *Pathways of Recovery: Report of the National Consultation on Preventing Further Episodes of Mental Illness*

Scope

The 4As Framework was developed specifically with regard to people who have been seriously affected by mental illness. This generally means people who have experienced psychotic and major mood disorders, including psychosis, schizophrenia, bipolar affective disorder, major depressive disorders and anxiety disorders. However, it is anticipated that the elements of the Framework will apply more broadly to other mental illnesses and mental health problems.

The principles underlying the Framework and its basic elements are expected to apply for all people in Australia who have experienced mental illness. This includes children and adolescents, adults, older adults, males, females, Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, and people who live in all settings—urban, regional, rural, and remote. Where there are unique applications of the Framework related to particular population groups, these are noted.

Otherwise, the generic Framework is expected to apply, although it is understood that it will need to be translated to suit particular purposes, contexts and localities. It is anticipated that one of the valuable outcomes of the Framework will be progress toward a ‘common language’ to communicate across all sectors and levels of service provision the principles of mental health promotion and illness prevention for people who have been seriously affected by mental illness.

A deliberate constraint of the Framework is that it corresponds to a specific part of the spectrum of interventions for mental health—continuing care (see Figure 1). It is important to note that the Framework is not a treatment model, nor is it meant to apply prior to the development of mental illness. Nevertheless, implementing the Framework is contingent on effective actions in these segments of the spectrum and its approach is congruent with current initiatives in these areas.

The Framework takes as its ideal the promotion of mental health for people who have experienced mental illness and the prevention of further episodes of illness, and a growing body of evidence attests to potential to achieve these aims. There are three possible scenarios following an initial episode of mental illness: no further episodes; occasional recurrent episodes; or ‘chronic’ mental illness with recurring episodes. It is important to acknowledge that for some people further episodes of illness will occur and that an equally worthy goal is reducing the duration of further episodes and the harm they cause to the person and their family.

Recovery is an overarching principle that must underpin continuing care in all three possible scenarios. Mental health promotion is also essential to continuing care, as it applies across the entire spectrum of interventions for mental health and is equally relevant to people who have experienced mental illness. The specific interventions that make up continuing care are self-management, rehabilitation and relapse prevention.

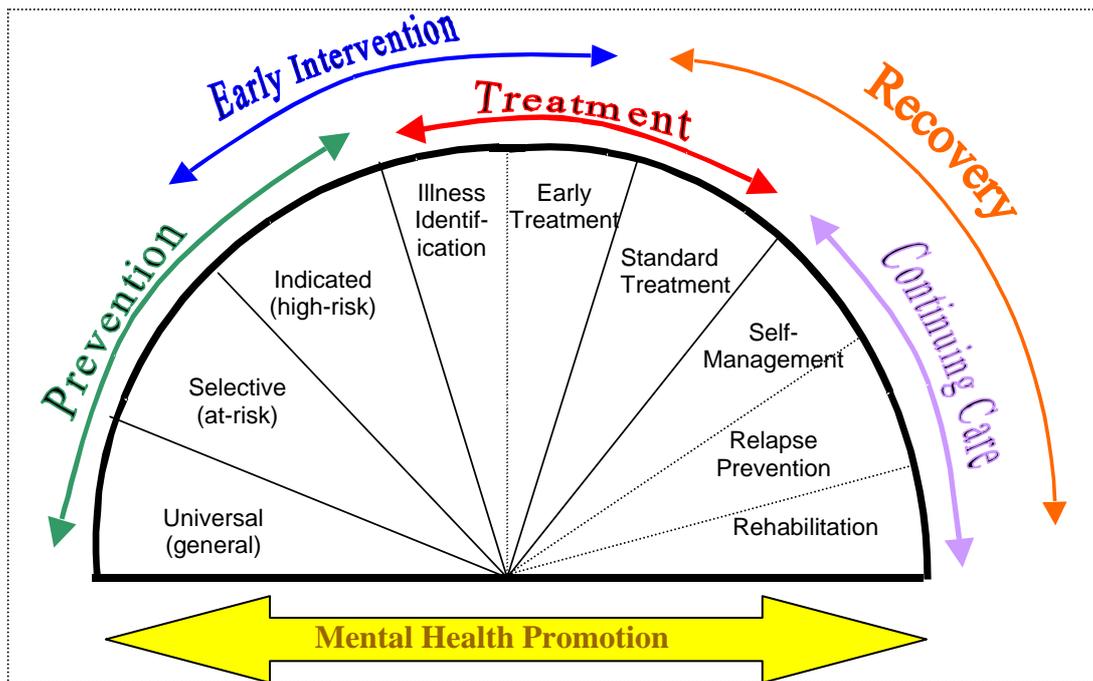


Figure 1. Spectrum of interventions for mental health¹

Definitions

Definitions of the terms applied within the continuing care segment of the spectrum are not universally agreed. However, a common language is required to enable discussion and to provide a platform for progress, and the following definitions are offered.

- **Recovery** is “the development of new meaning and purpose in one’s life as one grows beyond the ... effects of mental illness” (Anthony 1993). It means maximising wellbeing, within the constraints that might be imposed by symptoms of mental illness.²
- **Self-management** refers to the personal day-to-day management of a health condition and incorporates many health promotion and consumer education elements. It comprises managing one’s health, life roles and emotions. This involves skills of problem-solving, decision making, resource use, forming partnerships with service providers, planning, and self-tailoring health actions and interventions to be personally relevant.³
- **Rehabilitation** is also known as psychiatric rehabilitation and is a set of targeted interventions that are intended to prevent further, or reduce the disability that is associated with, mental health problems. It is a process of assisting people to acquire and use the strengths and skills, supports, and resources necessary for successful and satisfying living, learning and working in the environments of their choice.⁴
- **Relapse prevention** entails maximising wellness for people with mental illness by reducing the likelihood and impact of relapse. It involves empowering people with mental illness to recognise early warning signs of relapse and develop appropriate

response plans. It requires identifying risk and protective factors for mental health, and implementing interventions that enhance protective factors and eliminate or reduce the impact of risk factors. Relapse prevention is based on communication and understanding between the person experiencing mental illness, their family and carers, primary health care, the specialist mental health system and community support services about access to support and treatment alternatives to prevent illness. Relapse prevention is an essential, but not sufficient, component of the recovery process for people with mental illness.

- **Mental health promotion** is about optimising people's mental health by creating environments that support wellbeing, understanding that mental health is affected by the events that happen in our everyday lives, as well as the stressful events that inevitably occur from time to time. All environments—social, physical, economic and cultural—need to be supportive of mental health. Mental health can be promoted by ensuring that public policies support the social and emotional wellbeing of individuals and groups. Community life is also important and communities need to be empowered to take the actions that they decide are needed to build their capacity to support their members. Individuals and groups need to develop skills to understand, enhance and respond to their mental health needs. Furthermore, mental health services have a responsibility for promoting the wellbeing of individuals and communities, as well as treating illness.⁵

Overview of the Framework – the 4As

The basic elements of the Framework are the 4As, which are adapted from work in crisis prevention.⁶ Briefly, the 4As are:

1. *Awareness* – awareness of mental health status and understanding of the factors that affect mental health and mental illness, including potential vulnerability to further episodes of illness.
2. *Anticipation* – planning for future mental health in terms of self-management, recovery, continuity of care, and crisis planning.
3. *Alternatives* – availability of self-management and service alternatives that address all the risk and protective factors for mental health according to a holistic approach.
4. *Access* – early, easy and equitable access to services that meet all the changing care needs of people who have been seriously affected by mental illness and their families and carers.

The 4As are not a linear or sequential process—the 4As support each other and together they comprise the basic elements that promote the future mental health of people who have experienced mental illness.

To implement this Framework, actions need to be undertaken at a number of levels. Figure 2 shows the possible array of people and services that may need to be involved:

- At the individual level are the person who has experienced mental illness and their carers, family and friends.

- At the next level are service providers, and the nature and number of service providers varies from person to person. Some people will have little service response and manage their ongoing mental health through self-management and the support of their general practitioner (GP) or other primary care provider. For people with complex conditions, there can be numerous and diverse service responses comprising both clinical and non-clinical services including: GP, care coordinator, specialist mental health services, drug and alcohol services, peer support, allied health, rehabilitation and employment services, housing services and the justice system.
- There is also a macro level of influence for all people that reflects the broader community, other human services (such as transport), the media and the impact of government at all levels.

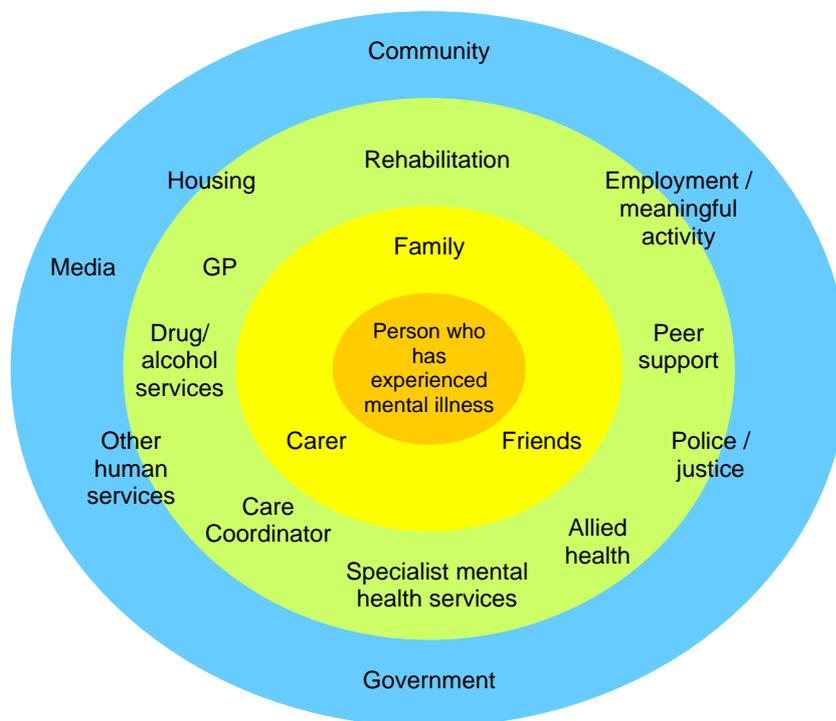


Figure 2. Supports for people who have experienced mental illness

Principles underpinning the Framework

There are a number of principles that underpin the Framework and apply across the 4As. These principles derive from the *National Mental Health Plan 2003-2008*⁷ and are:

- All people in need of mental health care should have access to timely and effective services, irrespective of where they live.
- The rights of consumers, and their families and carers, must shape reform.

- Mental health care should be responsive to the continuing and differing needs of consumers, families and carers, and communities.
- The quality and safety of mental health care must be ensured.
- A recovery orientation should drive service delivery.
- Investment in the workforce is essential.
- Innovation must be strongly encouraged and supported.
- Sustainability of effective interventions must be ensured.
- Resources for mental health must recognise the impact of mental health problems and mental illness.
- Mental health reforms must occur in concert with other developments in the broader health sector.
- Mental health reforms require a whole-of-government approach.

The Framework is also informed by other current major initiatives of the Australian Government and should be read in conjunction with these. These include:

- *National Mental Health Plan 2003-2008*
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mentalhealth-mhinfo-nmhs-2003.htm>
- *National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2004-2009*
<http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-oatsih-pubs-consultpaper.htm>
- *Framework for the Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia* <http://www.mmha.org.au/Policy/framework.pdf>
- *The National Drug Strategy: Australia's Integrated Framework 2004-2009*
<http://www.nationaldrugstrategy.gov.au/framework/index.htm>
- *Living Is For Everyone (LIFE): A framework for prevention of suicide and self harm in Australia*
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mentalhealth-resources-life-framework.htm>
- *Commonwealth Disability Strategy*
<http://www.facs.gov.au/disability/cds/index.htm>

Many jurisdictions have also developed or are developing policy initiatives that are relevant to improving continuing care for people with mental illness.

4As FRAMEWORK: AWARENESS

Awareness is about developing an understanding of one’s mental health needs and the potential to be vulnerable to further episodes of mental illness. Such awareness increases the likelihood people with mental illness, their families, and the services they are in contact with, will engage in health promoting and illness preventing actions.

Awareness is a developmental process. It does not necessarily occur after a first episode of mental illness, nor require a diagnostic label. Awareness is a complex and individual learning process that involves a growing understanding of the self and the place of mental illness within the self-identity. Awareness is a paradox of acknowledging potential vulnerability to future illness, while maximising mental health and not being constrained by a mental illness sick role.

Awareness is strongly influenced by attitudes toward mental illness in the community and in services. It is also affected by a wide range of social and cultural factors that impact on self-awareness and self-identity. Stigma and lack of understanding of mental health and mental illness are major barriers to awareness.

Awareness comprises a general understanding of one’s mental health, but also more specific knowledge of risk and protective factors for mental health. Table 1 presents some of the major risk and protective factors that affect ongoing wellbeing for people who have experienced mental illness. Learning to understand personal wellness needs in terms of these risk and protective factors is essential to supporting future mental health.

Table 1. Risk and protective factors for mental health

Risk factors	Protective factors
Poor physical health	Physical wellbeing: general health, nutrition, sleep, exercise
Insecure, inappropriate and unsafe accommodation	Secure, appropriate and safe accommodation
Exposure to physical and emotional violence and threat of violence	Physical and emotional security
Harmful alcohol, tobacco and other drug use	No harmful alcohol, tobacco and other drug use
Lack of meaningful daily activities	Meaningful daily activities (employment, education, volunteer work, hobbies)
Lack of purpose and meaning in life	Sense of purpose and meaning in life
Lack of control over one's life	Sense of control and efficacy
Financial hardship	Financial security
Exposure to environmental stressors (eg, legal proceedings, imprisonment)	Lack of exposure to environmental stressors Good coping skills
Ineffective use of medication	Effective use of medication (when required)

At an even more specific level is the need to understand early warning signs of illness. There are common early warning signs for the major mental illnesses that are well

documented.⁸ However, early warning signs can also be very individual and change over time. Most people are able to learn to recognise their early warning signs, although for some people this takes time to develop, and for others lack of insight persists. Support to develop awareness can be provided through psycho-education, peer support, and the help of others such as family and carers who can learn to read the early warning signs and communicate this knowledge to the person who is not able to do so.

People take time to develop awareness, and some people may take a considerable period of time to do so. This can be challenging for families and carers, as well as for service providers. **Lack of awareness** can be due to incomplete or inappropriate treatment, whereby continuing symptoms interfere with the development of awareness, and this may require change to a more effective treatment approach. Some people are reluctant to develop awareness as a result of a range of personal, social and cultural barriers, and the use of motivational interviewing may be helpful to understand and overcome these barriers. For other people, the denial of awareness is an important coping mechanism at that time, which is a choice that needs to be respected when it is not harmful.

For **young people**, the process of awareness is complicated by their life-stage in terms of the development of self-identity and the imprecision of diagnosis for younger age groups. Special care needs to be taken to encourage young people to be aware of their vulnerability to future illness so that they undertake protective health and lifestyle behaviours, while not limiting their potential for growth. Peer support and psycho-education embedded within a strengths-based model are worthwhile approaches.

We have little understanding of the role and impact of awareness of mental illness for **Aboriginal and Torres Strait Islander peoples**, for whom construction of the sense of self is complex, incorporating the family and extended clan group alongside an elaborate set of relational bonds and reciprocal obligations. It may also incorporate a profound sense of continuity through Aboriginal Law, spirituality and Dreaming. Western notions of mental illness do not always apply, and it is unknown how awareness of having a mental illness and of being at increased risk of future episodes manifests for Aboriginal and Torres Strait Islander peoples. Better understanding of cultural processes and interpretations of mental health and mental illness are vital first steps in achieving culturally safe practice.

There are additional barriers for people from many **culturally and linguistically diverse backgrounds** regarding awareness, where the stigma of mental illness and impact on families can be heightened. Communities and local services need support to develop and implement culturally appropriate ways to educate community members about mental health and mental illness and thereby reduce stigma and increase understanding of mental health issues. Increasing community-based support and providing culturally-appropriate psycho-education are priorities for raising awareness. Underpinning this is the need to better understand identity processes and interpretations of mental health and mental illness in diverse cultural and linguistic groups.

The stigma of mental illness is also heightened in **rural and remote communities**, where it can be difficult to maintain privacy for individuals and families. Rural and remote communities are disadvantaged regarding access to peer support, which is an essential resource to develop awareness, and special effort needs to be made to

provide access to this support. Outreach activities from the urban-based consumer and carer organisations, as well as the use of internet and other communication technologies, can be especially helpful to overcome distance barriers.

People with co-morbidities can be doubly burdened with stigma, particularly those with co-morbid substance use problems or developmental, cognitive or physical disabilities. Co-existing disorders can mask or complicate awareness of vulnerability to further episodes of mental illness. Support to develop an appropriate level of understanding of mental health issues is required for all concerned, including the person who has experienced mental illness, their family and carers, and service providers.

Outcomes

To implement the Awareness component of the 4As Framework, the following outcomes need to be achieved:

- People who have been seriously affected by mental illness are able to develop awareness in their own way and their own time and through developmentally and culturally appropriate processes.
- Families and carers are able to develop awareness in a way that supports their family member and through developmentally and culturally appropriate processes.
- Services support the development of awareness for people who have experienced mental illness and their families and carers, in developmentally and culturally appropriate ways.
- Communities provide supportive environments for the development of awareness for people who have been seriously affected by mental illness and their families and carers, and the community in general.

4AS FRAMEWORK: ANTICIPATION

Anticipation and planning are what empower people who have been seriously affected by mental illness to make the decisions they choose, rather than have decisions imposed on them and lose control of their life. A sense of personal control and efficacy is essential to wellbeing, yet this is something that is often lost through current service approaches that do not operate with a focus on recovery.

Planning needs to be undertaken on several levels:

- self-management plans;
- recovery plans;
- plans for continuity of care; and
- crisis plans.

Foremost, there is a great deal that the person him/herself can undertake in terms of self-management. Self-management entails taking personal responsibility for one's health. It involves: health and medical management, which includes taking medication as required and other health actions that correspond to the risk and protective factors for mental health; role management, which means developing life roles that support ongoing mental health; and emotional management to deal with the psychological impact of coping with living with mental illness.³ Self-management requires skills in problem solving, decision making, resource use, forming partnerships with service providers, action planning, and being able to individualise health actions and interventions to be most appropriate for oneself.

Recovery plans can be self-managed or developed in partnership with family, carers, and service providers. Recovery plans need to identify, address, and communicate all the factors that impact on relapse prevention, rehabilitation and recovery. Plans should cover early warning signs of illness, risk and protective factors for mental health, rehabilitation goals, and short and long-term goals for recovery. Such plans may be explicitly communicated through written agreements or journals, and should be reviewed and updated regularly.

For people who have been in an inpatient setting, effective discharge planning is essential to ensure continuity of care into the community. Discharge planning should start at admission with a review of any previous discharge. If, for example, a person has returned to the service within a 28-day period, a major review of the previous discharge processes should occur.

Discharge planning should progress throughout the person's inpatient stay with an increasing focus on continuing care when back in the community. Discharge plans need to be holistic, covering not only medication, but also agreed responses to early warning signs of illness and risk and protective factors for mental health, as well as goals for rehabilitation and longer-term recovery.

Plans must be developed in true partnership with the consumer, their family and carers, as well as the GP and the other service providers required for support in the community. Responsibility for coordinating the continuing care service response and ensuring access to services must be clearly assigned, and this may involve someone in

the role of ‘case manager’ or care co-ordinator. Discharge plans need to specify pathways for a step-down service approach to work towards self-management within the community and pathways for a step-up service response if the need arises.

While the importance of effective discharge planning is most evident for discharge into the community from an acute setting, discharge from *any* service is a critical transition point. Continuity of care and integrated care are based on collaborative planning and communication between services that ensure the next steps to support a person’s wellbeing are put in place and fully implemented.

Crisis planning enables consumers to specify their preferences if they become acutely unwell. Paradoxically, preparing for a crisis can prevent its occurrence or reduce its escalation if it does occur. Consumers, their family and carers, and service providers need to be able to identify the signs of an imminent crisis and agree on the step-up responses to be taken by all the relevant parties.

Anticipation and planning are enabled through trust, communication, and ongoing collaborative partnerships. They are ideally undertaken when a person is relatively well and able to make decisions, and need to encompass all the actions and supports the person may need to draw upon to support their wellbeing. Agreements need to be negotiated between all the parties identified as necessary to supporting a person’s wellbeing, and might involve any or all of the people and services identified in Figure 2 (eg, consumer, family/carer, GP, care coordinator, housing provider, employer, rehabilitation services, etc).

Major barriers to effective planning are privacy and confidentiality concerns, and protection of professional ‘expertise’. These can be overcome if plans are explicitly negotiated through written agreements, and if the wellbeing of the consumer is prioritised and recognised as the shared goal of all the service providers.

Anticipation and planning must always be undertaken in ways that are developmentally and culturally appropriate for the individual concerned. Planning has to be relevant to the life-stage of the person, and take into account their level of maturity, personal and family circumstances, and cultural background.

People require varying amounts of support for anticipation and planning, depending on factors such as their age and current health status. Some people are self-sufficient and can self-manage their mental health, and this should be supported and encouraged. Other people have complex needs and require an ongoing case management approach to coordinate the many and varied service responses, both clinical and psycho-social, they require to maximise their wellbeing. Most people will vary somewhere between these extremes.

At all times, it is important to develop the capacity of the person to self-manage their own wellness needs to the extent they are able. This means empowering people through information and support that is appropriate to their current life circumstances. Services need to adopt a “*You can do it - We can help*” approach. Effective communication and collaboration at all levels, frequent review, flexibility, and a personalised approach with the consumer’s wellbeing as the priority, enable this type of service approach.

Importantly, anticipation and planning have to be realistic. This means taking small steps with achievable goals to ensure success. It also means taking into account the availability of services to support mental health. At present, few communities provide

all the potentially necessary supports. Some communities are especially disadvantaged in terms of access and alternatives due to remoteness or unique cultural needs. Such realities must be acknowledged, and innovative and collaborative approaches to anticipation and planning found to eliminate barriers to access. At the same time, advocacy for increased resourcing of the mental health system, commensurate with need, must be undertaken by all those with an interest in mental health.

Outcomes

To implement the Anticipation component of the 4As Framework, the following outcomes need to be achieved:

- Self-management of mental health is encouraged and supported at all levels.
- Routine planning for relapse prevention, rehabilitation and recovery occurs throughout the mental health service system.
- Effective and appropriate discharge and continuing care planning is implemented in all services.
- Crisis plans are available and implemented.

4AS FRAMEWORK: ALTERNATIVES

The alternatives component of the 4As Framework recognises the need for an expanded range of treatment and community support options for people who have experienced mental illness. Mental health care must go beyond the traditional medical model to acknowledge the holistic nature of mental health, which is made up of social, emotional, physical and spiritual wellbeing.

A useful understanding is derived from Maslow's Hierarchy of Needs, which are illustrated in Figure 3. This hierarchy maintains that there are common human needs and that these must be satisfied in a particular order: only when the lower order needs of physical and emotional wellbeing are met can energy be devoted to higher order needs. Furthermore, total wellbeing encompasses meeting all the hierarchy of needs.

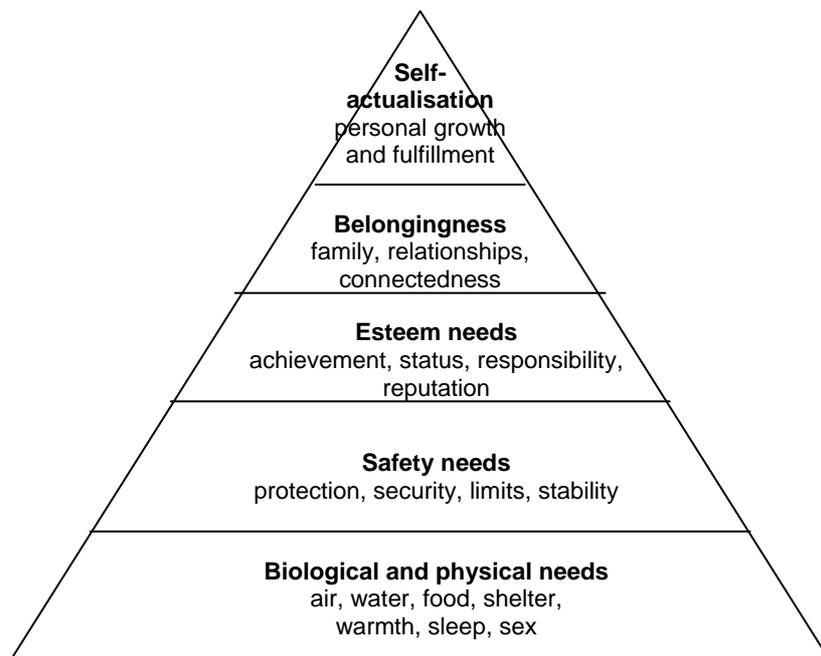


Figure 3. Representation of Maslow's Hierarchy of Needs⁹

A holistic approach is required to address the entire hierarchy of needs, which translate into the risk and protective factors for mental health shown earlier in Table 1. This means provision of a broad-based service response across both the health and human services systems, and this has started to occur in many communities. For example:

- the role of primary care, including general practice, is now an integral part of the mental health care system;
- peer support is increasingly recognised for its vital role;
- housing, employment, and other forms of psychiatric disability and community support are now identified as essential needs; and

- the services provided by allied health professionals are being acknowledged, expanding therapeutic options to include cognitive and behavioural therapies, family therapies, relaxation and meditation, and counselling.

Many alternatives are provided outside the public mental health system, through private providers, primary care, allied health, and the housing, disability, employment, and education sectors. Importantly, much of this service provision is undertaken by the non-government sector and by human services rather than health services.

The major barriers to providing alternatives relate to planning, funding and communication challenges across services and sectors. To overcome these, collaborative partnerships must be formed, where the input of all service providers is recognised and respected. Shared understanding and common goals that prioritise the wellness needs of the consumer can eliminate the barriers to providing holistic continuing care.

Diversity is something that is celebrated in Australia and this spirit needs to be reflected in our service alternatives for people who have experienced mental illness, not only by providing alternative services that meet unique needs, but also by ensuring that *all* service providers are responsive to the diverse range of needs of their consumers. Alternatives must be available to address all the risk and protective factors for mental health, recognising that these vary with age, cultural background, location and personal circumstances.

Rural and remote communities can be particularly disadvantaged when it comes to the availability of alternatives, as often even the most basic mental health services are limited. The service providers in many communities overcome these barriers by being more flexible and collaborative, and working in non-traditional and innovative ways, particularly through the use of new technologies and flexible service arrangements.

Children and adolescents are at a life-stage that is fundamentally different to that of adults. Important alternatives for young people include family-based therapies and options to enable continued education. Young people also have unique needs around the development of independence and autonomy (which can include risk-taking behaviours), sexual identity, and vocational goals.

At the other end of the lifespan, **older adults** also have specific needs. Some older adults have experienced a lifetime of mental illness with repeated hospitalisations and are at high-risk in the community. Physical illness and disability increasingly become risk factors with age, along with bereavement and social isolation.

For many **Aboriginal and Torres Strait Islander peoples**, the risk factors for mental health are heightened, and include cultural stress, grief, trauma and historical trauma. As a consequence, they are at increased risk of socio-economic disadvantage, self-harm, suicide, incarceration and violence, which become additional risk factors. Alternatives need to prioritise the development of community resources that sustain wellbeing for the individual and their whole community.

Furthermore, some common Western service alternatives are inappropriate for Aboriginal and Torres Strait Islander peoples. For example, hospitalisation is a traumatic event that causes the added stress of being removed from community and traditional ways of life for people who live in remote communities and more traditional lifestyles. More culturally appropriate alternatives are needed, including

more Aboriginal health and mental health workers, traditional healers, narrative-based therapies and culturally appropriate adaptations of cognitive-behavioural therapies.

People from **culturally and linguistically diverse backgrounds** also have unique risk and protective factors for mental health, and these need to be addressed through culturally appropriate treatment and support alternatives. In particular, refugees and victims of torture and trauma have additional risk factors that must be addressed. Risk and protective factors vary across communities, and each community needs to develop the capacity to identify and respond to their unique circumstances. However, *all* services need to be culturally safe and aware and understand the importance of cultural competence, as well as culturally-specific alternatives being available when this is essential to the wellbeing of a particular population group.

Outcomes

To implement the Alternatives component of the 4As Framework, the following outcomes need to be achieved:

- Service alternatives are available to meet all the needs of people who have experienced mental illness, and their families and carers. This means that service alternatives are provided that are:
 - holistic, acknowledging the whole person and all their physical, social, emotional and spiritual needs;
 - address all the risk and protective factors for mental health;
 - appropriate to the age and life-stage of the person who has experienced mental illness;
 - culturally safe and appropriate; and
 - able to overcome barriers of distance.

4As FRAMEWORK: ACCESS

Access is about timely access to the whole range of services that support wellbeing, and early intervention in times of increased service need. Health and human services need to be able to respond quickly and effectively to early warning signs of illness, as well as focus on reducing risk and enhancing protective factors for mental health.

Access to mental health care is a major challenge in many parts of Australia. This is because the provision of both clinical and psycho-social services is not commensurate with the level of need for these services—mental health services are under-resourced. This means that services are struggling to meet their current level of service need, which is a formidable barrier to a more proactive approach. Understaffing, staff burnout and lack of staff development opportunities are widespread, and it is difficult to recruit and retain staff at all levels of the system. Increased resourcing of all sectors of the mental health care system, in line with population needs, is fundamental to implementing this Framework.

Effective access requires services that are truly responsive and adaptable to the changing needs of people who have been seriously affected by mental illness and their families and carers. Of primary importance, services must truly listen to and respond to consumers and, where appropriate, families and carers, when they request a service response. At present, consumers and their families and carers often cannot get a service response until they are in crisis, and this type of service approach does not support recovery. Services must be able to respond to earlier requests for help.

Access is a particular challenge for the specialist and acute mental health services, which are traditionally geared toward a crisis response rather than early intervention. In contrast, much community-based care, including psychiatric rehabilitation and primary care, is geared toward ongoing support, and can have difficulty achieving an appropriate response in times of increased need or crisis.

Acute and specialist mental health care services must respond to the needs of primary care, including GPs, to give specialist advice and step-up care when requested. They must also give specialist support to community and disability services. In turn, primary care, community and disability services must follow through with continuing care in the community and provide step-down care alternatives for acute and specialist service providers. For people with complex conditions, a care coordinator will be required to negotiate and coordinate the many, varied and changing service responses.

Access is facilitated through agreed pathways of care that are explicitly negotiated through multi-service collaborative agreements that prioritise the needs of the consumer and their family and carers. All parties must communicate, share information, and be prepared to act on the advice and requests of others.

Many services have highly restrictive practices regarding access, which are due to historical practices, designated areas of ‘expertise’, lack of training and staff development, funding processes and management policies. These practices mean that many people ‘fall through the cracks’, particularly people with complex needs, developmentally or culturally specific needs, co-morbidities or challenging behaviours. These barriers must be broken down through more flexible funding

arrangements, supportive policies, staff training and resourcing, and management practices that facilitate service access and support collaborative service provision.

Some population groups are especially disadvantaged regarding access to services, as a result of lack of services in general, or lack of appropriate services, highly restrictive access policies, or other barriers to service use including heightened stigma. Very often the unique needs of particular population groups must be met through mainstream services, and this means that *all* service providers need to be developmentally and culturally aware, and able to work with a diverse range of consumers and their families and carers.

There are many communities and services demonstrating a remarkable capacity to develop innovative solutions to local access challenges. Examples of these responses include: the development of multi-service collaborations to increase service access overall; greater use of consumer and carer expertise; engagement of other community resources; staff training and development to enable staff to provide services that meet a wider range of care needs (for example, being able to manage co-morbid drug and alcohol use); and the use of new communication technologies.

Outcomes

To implement the Access component of the 4As Framework, the following outcomes need to be achieved:

- Services are responsive to the changing health needs of people who have been seriously affected by mental illness and their families and carers.
- Services are able to intervene early in response to early warning signs of illness, as identified by consumers, families and carers, and other service providers.
- Mental health services are accessible to all Australians, regardless of age, cultural background, personal circumstances and complexity of health condition.

ACTIONS TO IMPLEMENT THE FRAMEWORK

To implement the Framework actions need to be undertaken at a number of levels and by all the relevant sectors. Implementation is based on four basic activities: planning; resourcing; allocating responsibility; and evaluating and monitoring implementation and outcomes.

Planning through a population health approach

The first essential implementation action is planning to determine population needs relevant to each of the 4As of the Framework. This requires a population health approach, which assesses needs at the population level. This information can be used to determine corresponding needs for different types of services. The capacity of current services to meet population demand and gaps in the service system are then evident.

Planning that takes a population health approach requires information at several levels. Firstly, it requires information that reveals a local area's need for services. Better population health data would enable planning to meet population needs for varying levels of care. The UK has adopted a three-tier model that recognises the different levels of care that a community need to provide to support people with long-term conditions:¹⁰

- Level 1: With the right support, most people can learn to self-manage by actively participating in their own health care.
- Level 2: For people who require support for on-going illness management through agreed protocols and pathways to ensure that their ongoing care needs are met.
- Level 3: For people with complex conditions, care coordination becomes necessary, with a key worker actively managing and joining up the care provided by multiple services and sectors.

Information also must be available to consumers, families and carers, and service providers regarding the range and type of services that are currently available to a local community: this information must cover the entire range of services across all the relevant sectors that are identified in Figure 2 as being necessary for implementing the 4As Framework

When needs have been identified and matched with services provided, it becomes evident which needs are currently met, partly met and unmet. However, while there are significant developments in determining population service needs with data that are currently available,¹¹ significant further progress is required before most jurisdictions have the type of information required to plan effectively.

As many communities have multiple unmet needs related to continuing care, it is necessary to prioritise. Priorities should be determined by people who have been seriously affected by mental illness themselves, along with their families and carers, and through consultation with the local community.

A SWOT analysis (strengths, weaknesses, opportunities and threats) can be used to help identify possible opportunities and solutions. This must identify the resources required to make changes and from where these resources will be obtained. It is also necessary to determine a timeline for actions, by identifying short, medium and longer-term goals. It is especially important to set achievable short-term goals, as these will motivate further action. Finally, responsibilities must be allocated and progress monitored through regular review.

Resourcing

Full implementation of the 4As Framework requires substantial resourcing across the health and human services sectors. Essential resources include information, infrastructure, and workforce development. However, while acknowledging the urgent need for greater resources for mental health, it must be realised that the level of need for mental health services will outweigh the ability of most communities to provide them in the foreseeable future. As a result, while we continue to advocate for increased resources, we must seek ways to improve outcomes in continuing care through more effective and innovative use of current resources.

Information

Information relevant to the 4As Framework comes from a wide range of sources. Of primary importance is the lived experience of people with mental illness and their families and carers, but research, evaluation and clinical practice also provide valuable perspectives. All these sources of information must be recognised, resourced and used to develop the evidence base for continuing care.

There are some areas where more information is clearly needed. In relation to *Awareness*, better understanding of differing personal and cultural interpretations of mental health and mental illness is required, especially for Aboriginal and Torres Strait Islander peoples. The evidence base regarding the risk and protective factors for mental health and the early warning signs of illness for different population groups also needs to be developed as this will enable prevention interventions to be better targeted and more effective.

For *Anticipation*, information about best-practice regarding planning at all levels is needed, as well as effective ways to plan collaboratively across services and sectors and to ensure the participation of consumers and their families and carers. The evidence base to support the implementation of a wider range of service *Alternatives* also needs to be strengthened to enable evidence-based practice.

Finally, determining the best ways to develop infrastructure and system supports to enable and ensure *Access* to continuing care services is a complex task, and this requires better understanding of Australia's health care systems and the unique circumstances of each of the States and Territories.

Infrastructure

All the 4As of the Framework are based on a substantial infrastructure that supports both self-management and a wide range of service alternatives. At present, the capacity of different parts of the mental health care system varies markedly across jurisdictions. Each jurisdiction must identify its areas of strength in order to sustain

these parts of the system, as well as identify system gaps to target additional resources.

Peer support deserves special mention, as it has a vital role across the entire Framework. Peer support, for both consumers and carers, is fundamental to self-management as well as to participation and empowerment at all levels. Consumer networks are well developed in many areas, and this is evident in the increasing number of roles that consumers occupy within the mental health care system. For example, consumer roles comprise: consumer support workers, consumer representatives, consumer consultants, consumer advocates, consumer co-ordinators/directors and consumer liaison workers.¹² Carer support networks are less well developed, but gaining momentum. Progress for both consumer and carer peer support needs to be sustained and expanded.

Disability support and psycho-social care in the community are fundamental to continuing care as these services provide the rehabilitation, accommodation, employment and other types of support that relate to many of the risk and protective factors for mental health. In States/Territories where psychiatric disability support services are well developed, continuing care is greatly enhanced. However, for most States and Territories, these services are poorly resourced and not well integrated with other parts of the mental health care system. Furthermore, psychiatric disability generally does not receive the same priority as other types of disability, and providing such support is more complex due to its variable nature. Very often rehabilitation and disability support are provided by the non-government sector, and the capacity of this sector must be substantially improved, along with ways to integrate these services as full partners in collaborative continuing care arrangements.

The capacity of primary care, and general practice in particular, to support continuing care in the community has grown rapidly. Primary care is essential across the 4As as it supports self-management as well as contributes to holistic and integrated care for people with complex care needs. Several major initiatives in primary care have been effective in this regard, particularly the *National Primary Mental Health Care Initiative* and *Better Outcomes for Mental Health Care Initiative*.¹³ However, these initiatives need to be expanded and sustained and it must be recognised that there are still many areas that do not have a primary care system that effectively meets their needs for continuing care.

For people with complex care needs, there is a great deal of unmet need in Australia for coordination of care. This is generally provided through a case management approach, but often those people in the workforce who are designated as case managers are not optimally effective. The principles of effective case management have been identified (see Appendix A), and should be adopted for people with complex care needs across the mental health care system.

Infrastructure within the acute and specialist mental health sectors should support the changes to practice required to implement the Framework. Resources need to be targeted toward reorienting services from their traditional acute and crisis response toward a more holistic, integrated and longer-term approach that prioritises and is responsive to changing needs, as identified by consumers and their families and carers. Of particular importance are resources related to recruitment, training and staff development, which must be used to ensure that all staff have a positive attitude toward people who have been seriously affected by mental illness and their families

and carers, and are able to work with a recovery orientation and in ways that support self-management. Providing support to other services, including primary care and psycho-social community support services, and working in partnership with a wider range of services, are also continuing priorities.

Workforce

The Framework requires a workforce that has both the capacity and the necessary skills and knowledge for implementation. Fundamentally, the availability of the workforce must be sufficient to meet population needs. Recruitment and retention of different sectors of the workforce are major challenges in many communities, particularly rural and remote areas and communities that comprise population groups with additional or complex needs.

There are also special challenges to equipping the workforce with the necessary skills and knowledge to implement the Framework. The World Health Organization (WHO) has recently published a set of core competencies to prepare the health care workforce to meet the challenges posed by increasing need for chronic disease prevention and care in the future, and these competencies are highly relevant to mental health care.¹⁴

What is most essential is a shift in attitude and orientation so that service providers operate with a recovery focus, prioritise the participation of consumers and their families and carers, and respect and work collaboratively with other service providers.

Such shifts are achieved through good leadership, appropriate staff training and recruitment, and adequate resourcing so that staff have the capacity to reorient their practices. These processes need to be used to ensure that all staff have the following basic skills:

- a positive attitude toward people who have been seriously affected by mental illness and their families and carers;
- a recovery focus;
- a holistic approach that recognises all the risk and protective factors for mental health;
- ability to work in true partnership with consumers and their families and carers through prioritising and being responsive to their changing needs; and
- ability to work collaboratively with a wide range of other service providers from a variety of sectors.

Allocating responsibility

Australia's Federated system means that health care planning must be undertaken at several different levels: the Australian Government is responsible for some elements of the mental health care system; State/Territory governments are responsible for other elements; and some responsibility is held by local councils, communities and services. The level of responsibility appropriate for different actions must be ascertained so that planning and accountability processes are apparent. Furthermore, clear understanding of where responsibility lies is essential to effectively advocate for improved resourcing and system change.

The entire range of individuals and organisations identified earlier in Figure 2 needs to be committed to working together to implement the 4As Framework. Each of these sources of support has specific responsibilities in terms of implementation, which are described below.

People who have been seriously affected by mental illness

There is a great deal that people who have experienced mental illness can do to promote their mental health and prevent future episodes of mental illness. This involves **day-to-day self-management**, as well as working with family and/or carers, and with service providers to put in place supports for mental health and wellbeing. The level of responsibility that a person is able to take is determined by their age, personal circumstances and current level of wellness.

Beyond personal responsibility, people who have experienced mental illness also have a vital role in supporting others through peer support. This role extends to educating and advising other elements of the mental health care system regarding the needs of consumers through education, advice and advocacy.

Responsibilities for people who have been seriously affected by mental illness are:

- *Awareness*
 - Develop self-awareness, including awareness of personal risk and protective factors for mental health, and early warning signs of becoming unwell
 - Support other consumers to develop awareness
 - Support family/carers to develop awareness
 - Support services to understand awareness
 - Help reduce the stigma of mental illness in services and in the community
- *Anticipation*
 - Self-manage mental health, to the extent able, by having daily plans to support staying well
 - Be an active participant with service providers and family/carers in planning for relapse prevention, rehabilitation and recovery
 - Be an active participant in discharge planning to ensure supports are in place for continuing care
 - Have a crisis plan
 - Educate others about consumer participation in planning
 - Advocate for consumer participation in planning
- *Alternatives*
 - Actively self-manage personal wellness by knowing the risk and protective factors for mental health and ways to reduce the risks and increase the protective factors
 - Be an active participant with services to make sure that all wellness needs are met by focussing on risk and protective factors for mental health
 - Educate others about risk and protective factors for mental health
 - Advocate for service alternatives that address all the wellness needs for people who have experienced mental illness

- *Access*
 - Learn about the local services available and how to access them
 - Educate others about the services available and how to access them
 - Advocate to improve service access

Families and carers

The families of people who have experienced mental illness span the entire range of family arrangements: some people live alone and have limited contact with their family of origin; many young people live with their family of origin, including parents and siblings; many consumers have spouses or partners, which can include same-sex partners; and many have children of their own. There are also people who live with friends, including other consumers, and see these people as family. In the context of this Framework, the term ‘family’ refers to people whose lives are affected by their close relationship with a person who has been seriously affected by mental illness, and whose behaviour impacts on them. The role of family members in this Framework is to **support** the consumer to manage their ongoing day-to-day health and wellbeing.

A carer is a person whose life is affected by a close relationship with and caring role for a consumer. Carers are often, but not necessarily, family members. The carer’s role within this Framework is to **support and facilitate** the day-to-day management of the consumer’s health and wellbeing.

Responsibilities for carers, but also for families, are:

- *Awareness*
 - Develop awareness, including awareness of risk and protective factors for mental health and early warning signs of illness
 - Support family member/consumer to develop awareness
 - Support other families and carers to develop awareness
 - Support services in their understanding of the development of awareness
 - Help reduce the stigma of mental illness in services and in the community
- *Anticipation*
 - Support self-management by family member/consumer
 - Be an active participant in planning for relapse prevention, rehabilitation, and recovery, where appropriate
 - Be an active participant in discharge planning, where appropriate
 - Be an active participant in crisis planning, where appropriate
 - Educate others families and carers about family and carer participation in planning
 - Advocate for carer participation in planning
- *Alternatives*
 - Understand the wellness needs of family member/consumer in terms of risk and protective factors for mental health
 - Be an active participant with services to attain a holistic approach to wellness
 - Educate others about risk and protective factors for mental health

- Advocate for service alternatives that address all the bio-psycho-social wellness needs
- *Access*
- Learn about the local services available and how to access them
- Support family member/consumer to access services
- Educate others about the services available and how to access them
- Advocate to improve service access

All service providers

A diverse range of individuals and organisations provide services directly to people who have experienced mental illness, and all these are essential to implementing this Framework. Relevant service providers include all those that contribute to continuing care through their roles providing services related to self-management, rehabilitation, relapse prevention and mental health promotion.* This means: specialist mental health services, emergency and crisis services, primary care (including general practice and allied health), psychiatric disability services, community support services (such as housing and employment), forensic services, drug and alcohol services, general health services, other human services (such as education), and importantly, peer support services.

The roles and responsibilities of providers of different types of services are not differentiated here because the principles and elements of the Framework apply to *all* of these service providers. While it is recognised that services specialise in the provision of particular types of clinical or psycho-social support, it cannot be overstated that the *Framework is common to all service providers*, who need to **enact** its principles and elements within the context of their day-to-day work roles and responsibilities.

Responsibilities for service providers are:

- *Awareness*
- Have a positive attitude toward people who have experienced mental illness and their families and carers and work with a recovery orientation
- Understand the factors that affect the development of awareness for consumers/clients/patients
- Understand the risk and protective factors for mental health and early warning signs of illness
- Support consumers/clients/patients to develop awareness
- Support families and carers to develop awareness
- Support other service providers to better understand mental health and mental illness
- Help reduce the stigma of mental illness in services and in the community

* Note that recovery is not listed as a specific type of service for continuing care. This is because recovery is an overarching principle and orientation that should be applied within *all* services.

- *Anticipation*
 - Support self-management by consumers/clients/patients
 - Ensure participation of the consumer/client/patient in their planning: relapse prevention, rehabilitation, and recovery planning; discharge planning and crisis planning
 - Enable family and carer participation at all levels of planning, where appropriate
 - Develop a trusting, respectful therapeutic relationship with consumers/clients/patients
 - Be an active and collaborative participant in planning with other services
 - Implement plans
- *Alternatives*
 - Adopt a holistic approach and determine and address all the risk and protective factors for mental health
 - Work collaboratively with other services to attain a holistic and integrated service approach for consumers/clients/patients
 - Educate other service providers about risk and protective factors for mental health
 - Advocate for service alternatives that address all the bio-psycho-social wellness needs
- *Access*
 - Respond quickly and effectively to changes in the wellness needs of consumers/clients/patients
 - Respond quickly and effectively to the needs of families and carers
 - Ensure access to all consumers/clients/patients in a way that is responsive to a diverse range of needs, including developmental and cultural needs and complex care needs, through training and collaboration with other services
 - Ensure access to other service providers in the form of providing advice, referral, support and collaboration
 - Advocate to improve service access

Service managers and planners

Service managers and planners are the managerial and organisational support for direct service provision in all the different sectors of support. Their role is to **enable** service providers to apply the principles and elements of the Framework.

Responsibilities for service managers and planners are:

- *Awareness*
 - Enable service providers to support the development of awareness for consumers, their families and carers, and staff
 - Help reduce the stigma of mental illness in services and in the community
- *Anticipation*
 - Enable consumer participation in planning at all levels
 - Enable family and carer participation in planning, where appropriate

- Enable the development of therapeutic relationships between consumers and staff
- Train staff to be active and collaborative participants in planning
- Provide resources and training for planning at all levels
- Ensure implementation of plans
- *Alternatives*
 - Enable service providers to provide a holistic approach through recruitment, training and resourcing
 - Enable service providers to provide a holistic service approach by working collaboratively with other services and sectors to address risk and protective factors for mental health
 - Advocate for service alternatives that address all mental health needs of consumers/clients/patients
- *Access*
 - Enable service access by reducing access barriers that result from policies, staff training and recruitment, and resourcing within the service
 - Enable service access by facilitating collaborative partnerships with other services and consumers and their families and carers
 - Advocate to improve service access

Communities

Communities are the environments where people carry out their daily lives—where they live, work and play—and, therefore, have a profound impact on wellbeing. Communities have a vital role **promoting the mental health** of all community members. Importantly, people who have been seriously affected by mental illness and their families and carers need to be able to participate in community life and be seen as valued community members.

Major responsibilities of communities are to provide safe opportunities for community living and participation for all community members, to help to inform community members about mental health and mental illness, and to reduce discrimination and stigma. Communities also need to be able to identify their own needs and ensure that service alternatives and access to services meet the needs of community members who have been seriously affected by mental illness.

Communities must respond to the special needs of population groups that are part of the community. This includes Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, younger and older population groups, and people with complex care needs. Communities must also recognise and address their unique needs in terms of being urban, rural or remote, and other local circumstances that affect the wellbeing of community members.

Responsibilities for communities are:

- *Awareness*
 - Reduce the stigma of mental illness in the community
 - Educate the community about mental health and mental illness

- Ensure community participation for people who have been seriously affected by mental illness and their families and carers
- Monitor community media to ensure that they do not perpetuate stigma and discrimination
- *Anticipation*
 - Provide a supportive environment for planning by enabling all services within the community to work collaboratively
- *Alternatives*
 - Ensure that the community provides service alternatives that address all the mental health needs of community members
- *Access*
 - Ensure that the community provides effective service access to all community members

Governments

The Australian Government, State/Territory governments, and local government bodies all have roles to play in implementing this Framework. It is important to note that it is not only the health sector of government that is required to act, but other sectors such as housing, employment, justice, welfare, and education, which also impact on the mental health of people within communities.

The main responsibilities of government are to provide **policy support** for the Framework and to **fund, purchase or provide** services to implement the Framework, where appropriate. Policy support for the Framework is already evident in most jurisdictions and the major challenge for governments is implementation. To ensure implementation of the Framework different levels of government need to use their powers to **monitor and regulate** the provision of services for continuing care.

Evaluating and monitoring implementation and outcomes

The implementation of any initiative requires monitoring, review and evaluation to determine whether the required actions are taking place and outcomes being achieved. A significant initiative to enhance implementation of the 4As Framework is already available through the *National Standards for Mental Health Services*.¹⁵ The guiding principles for these standards are consistent with the 4As Framework.

The guiding principles for the National Standards are:

- the promotion of optimal quality of life for people with mental disorders and/or mental health problems;
- a focus on consumers and the achievement of positive outcomes for them;
- an approach to consumers and carers that recognises their unique physical, emotional, social, cultural and spiritual dimensions;
- the recognition of the human rights of people with mental disorders as proclaimed by the United Nations *Principles on the Protection of People with Mental Illness* and the Australian Health Ministers *Mental Health Statement of Rights and Responsibilities*;

- equitable access to appropriate mental health services when and where they are needed;
- community participation in mental health service development;
- informed decision making by consumers about their treatment;
- continuity of care through the development of intersectoral links between mental health services and other organisations;
- a mental health system which emphasises comprehensive, coordinated and individualised care;
- accountability to consumers, carers, staff, funders and the community;
- adequate resourcing of the mental health system; and
- equally valuing the various models and components of mental health care.

Ensuring implementation of these principles through accreditation, funding, and monitoring of mental health services would go a long way toward implementing the 4As Framework. Admittedly, a limitation of the National Standards is that they are intended to apply only to services that identify specifically as mental health services, and a much wider range of health and human services support the implementation of the 4As Framework. However, it is important to note that some relevant sectors, such as the peer support and psychiatric disability sectors, already apply many of these principles. Wider system change is required to generalise these principles, so that they apply to all those services and sectors that provide continuing care for people who have been seriously affected by mental illness and their families and carers.

At a minimum, to monitor implementation of the 4As Framework, the following outcomes need to be independently monitored and reported by jurisdictions:

1. Level of resourcing of the consumer support sector, and indicators of ability to meet community need.
2. Level of resourcing of the carer support sector, and indicators of ability to meet community need.
3. Level of resourcing of rehabilitation, disability and psycho-social support services, and indicators of ability to meet community need.
4. Availability of self-management resources and support, and indicators of ability to meet community need.
5. Evidence that appropriate planning processes to support integration and continuity of care are in place.
6. Evidence of the extent to which the workforce has competencies related to prevention and recovery.

EXAMPLES OF CURRENT MODELS AND APPROACHES THAT SUPPORT IMPLEMENTATION

Implementation of the 4As Framework has begun in all States and Territories. It is being progressed through a large and diverse range of programs that are currently underway or being developed and evaluated at all levels—national, jurisdictional and local. However, very few communities could claim to have all the elements of the 4As Framework in place, and many models and approaches are not widely available throughout Australia.

Below is listed a small sample of the many innovative developments occurring across Australia or in particular jurisdictions that aim to improve the continuing care segment of the spectrum of interventions for mental health. Please be aware that the models and approaches briefly described here do not give a comprehensive account of innovations in the area. These few models and approaches are described to show how elements of the Framework can be applied in practice. The Australian Network for Promotion, Prevention and Early Intervention for Mental Health and Suicide Prevention (Auseinet) is collating other examples and interested readers are directed to its website for a broader range of initiatives and to keep updated (See auseinet.com.au).

To support Awareness:

There is a large and growing self-help literature to support people who have been seriously affected by mental illness across all of the 4As. A particularly well-developed set of resources is available through the **Wellness Recovery Action Plan**.¹⁶ These resources cover the entire range of issues for self-management. Importantly, they can be adopted on an individual level or through a peer support approach, such as that being implemented by Ruah Community Services in Western Australia.

Consumer support networks and **carer support networks** are available nationally and in all States and Territories.

SANE Australia⁸ is a national charity whose mission is to help people who have experienced mental illness through campaigns, education and research. Of special relevance is the SANE StigmaWatch program, which monitors the Australian media to encourage accurate and respectful representation of mental illness. SANE also provides resources to improve understanding of mental illness such as fact sheets on mental illness, including information on early warning signs for psychosis.

The **Headroom**¹⁷ website has mental health resources developed by young people for young people, which can help young people to be more aware of their mental health status. A resource entitled ‘Keeping yourself well after mental health problems’ specifically relates to relapse prevention for young people. The website provides information about Amigos, which is a community support group for young people aged between 16 and 25 years who have experienced mental illness. The website also

has information for parents and family members to increase their understanding of young people's mental health.

The **AIMhi**¹⁸ project addresses mental health care issues for Aboriginal and Torres Strait Islander peoples in the Top End and far north Queensland. Key interventions planned over the next five years are educating people who have experienced mental illness, their family members and carers, and health professionals about mental illness, and remodelling service delivery to provide culturally sensitive assessment and relapse prevention, covering risk factors and early warning signs, in appropriate language and format and with ongoing review by the Indigenous Reference Group.

The **Cultural Awareness Tool**¹⁹ has been developed by the Western Australian Transcultural Mental Health Centre to help primary care service providers to be more culturally sensitive. It provides tools that help practitioners to better understand the explanatory models their clients use when they present to services with a problem.

COPES (Carers Offering Peers Early Support)²⁰ is a program run by Carers ACT and patterned on one at Maroondah Hospital in Victoria recognising that carers in mental health need support when they first encounter the mental health system. The program trains people who have experience as carers to work as support workers in the mental health system to provide support to new carers. Similar initiatives are available in other jurisdictions such as Western Australia.

To support Anticipation:

Collaborative Therapy²¹ is a comprehensive therapeutic framework that applies across the 4As Framework. It is a tool for empowering consumers by enhancing communication between consumers, family and carers, clinicians, and other service providers. The recovery of the consumer is the shared priority as all partners work systematically and collaboratively toward optimal mental health outcomes. An important component is the Collaborative Treatment Journal, which is a small pocket journal held by the consumer that can be used to chart stressors, early warning signs, supports, and other factors that influence the course and management of their mental health. The journal places the consumer at the centre of their recovery by facilitating communication with the other people and services involved in their continuing care. Randomised controlled trials of Collaborative Therapy are currently taking place in Victoria, ACT and South Australia. Early results suggest that Collaborative Therapy provides a comprehensive model for implementing most elements of the Framework.

A **Collaborative Recovery Model**²² has been developed to train service providers in evidence-based ways to provide collaborative and integrated care to support the recovery processes of people with recurring mental illness. The model identifies key skills, including needs assessment, motivation enhancement to encourage behavioural change, goal planning and homework tasks. Skills are presented through modularised competences that are relevant to case managers and providers of psychosocial rehabilitation. Importantly, the model emphasises recognition of consumers' subjective experience of recovery. The effectiveness of the model is currently being evaluated within several government and non-government agencies in Eastern Australia. Notably, a rural stream focuses on selected rural and regional towns in Queensland and develops and examines interventions to reduce relapses and improve physical health behaviours in people with recurring mental illness.

Advance Agreements²³ are written agreements made when a person is well that outline preferred choices for treatment and care when they are unwell. They are an important component of a crisis plan and are usually developed in agreement with a person's clinical manager, community worker, psychiatrist, GP, and support persons. Advanced Agreements promise to offer best practice and agreed treatment and care in an emergency or crisis.

Carer Recognition Bill 2004 (WA)²⁴ is the first legislation passed in Australia that aims to recognise the role of carers in the community and provide a mechanism for the involvement of carers in the provision of services that impact on carers and the role of carers. The Act applies to the Department of Health, public hospitals and the Disability Services Commission and to all agencies funded by them, which need to comply with a Western Australian Carers Charter.

The **Bouverie Centre**²⁵ is a Victorian state-wide integrated clinical, academic and consultation agency specialising in family approaches in mental health service provision. The Bouverie Centre provides a range of programs to individuals and family members, service providers and agencies. It promotes the idea of Family Sensitive Practice as a way of encouraging the routine involvement of families in client care.

MH-OAT²⁶ is a NSW state-wide project to strengthen the mental health assessment skills of clinical staff in mental health. The project coordinates the implementation of mental health assessment training, uniform assessment protocols and outcomes and casemix measures throughout NSW. One of the MH-OAT modules is the recovery plan for adults or response plan for children and adolescents, which are designed by consumers. These are completed by the consumer as part of the care-planning process. The recovery plan/response plan provides a supportive structure to assist the consumer in identifying: what helps them stay well; early warning signs; social supports available to them; potential triggers for relapse; and planning strategies to be followed in case of relapse.

To support Alternatives

VICSERV²⁷ is the peak body for Psychiatric Disability Rehabilitation Services (PDRS) in Victoria. PDRS services provide support to consumers and carers through programs such as home-based outreach, psychosocial rehabilitation day programs, mutual support and self-help, respite and advocacy. VICSERV provides a range of supports to its members that increase the capacity of this sector to provide continuing care to people who have experienced mental illness. Member services include: sector co-ordination, support and advocacy; training and professional development; policy; and information services.

CRS Australia²⁸ has a number of initiatives related to employment, including the *Journey to Recovery Mental Health Kit*, which is a package written and designed to give helpful information to people who have a mental health condition and may benefit from vocational rehabilitation. Its aim is to help people on their journey to recovery by offering advice and tools for keeping, or returning to, employment.

The **Midas Programme**²⁹ is an initiative of the South Western Sydney Area Health Service that aims to: support, promote and implement programmes and projects targetting the needs of people with comorbid mental and drug related problems, their carers and other significant people in their lives; raise awareness of the prevalence of

comorbidity amongst clients for alcohol and other drug (AOD) workers, mental health teams and other health professionals; foster closer relationships and integration of programmes offered by AOD and mental health teams; and promote research, public awareness and information services to benefit people affected by mental illness and problematic substance use.

The **Medication Alliance Program**³⁰ has been developed to provide clinicians with strategies that help consumers to have the confidence, competence and desire to use medications as prescribed. It has been adapted from its original development in the United Kingdom to be applicable within Australian contexts. The program recognises the importance of the quality use of medication in continuing care for many people who have been seriously affected by mental illness, as ineffective medication use is a major risk factor for relapse. The program trains clinicians in how best to support people who require medication to use it successfully to maximise their wellbeing.

The **Reachout**³¹ website has a wide range of mental health information for young people. Notably, it has fact sheets specifically addressing the risk and protective factors for illness and staying healthy.

Incorporations of the **Clubhouse model** are available in some areas, for example the Stepping Stone Clubhouse in Brisbane.³² Clubhouses provide a non-institutional setting where adults with a mental illness provide support to each other as they work to rebuild their confidence, self-esteem, social and vocational skills.

GROW³³ is a community mental health movement with the primary aim of helping fellow sufferers of mental illness or emotional distress recover their mental health and wellbeing through self-activation and friendly mutual help. GROW does this through weekly meetings of small groups of people who have experienced depression, anxiety or other mental or emotional distress, who come together to help each other deal with the challenges of life.

Mental Health Pathways Project is a partnership between Mental Health and the Office of Housing under the Victorian Homelessness Strategy to support the recovery of people with a serious mental illness and complex needs who are at risk of homelessness. The program is currently being evaluated but anecdotal evidence suggests that the bringing together of resources in this cross government program greatly improves consumer outcomes. There is also a pilot supporting people from the Forensic Mental Health Service.

The **Mental Health Association of Central Australia**³⁴ is a non-government organisation that provides a recovery focused rehabilitation service for individuals and families affected by mental health problems or mental illness. The service utilises collaborative interagency approaches and intersectoral linkages to promote recovery. Through the Pathways Program, people are assisted to develop individualised recovery programs using the existing community resource base to effect community reintegration. An integral component is networking with mainstream services and providing support to ensure a positive experience for the consumer and agency. The program increases the consumer's capacity to reintegrate into the community through employment and educational opportunities.

Advocacy Tasmania is an independent, non-profit organisation working to assist older people and people with disabilities to protect and promote their rights and interests. Mental Health Advocacy is for people with a mental health disorder, as well

as their family and carers. The advocate supports young people and adults who are in hospital, living in the community, in correctional facilities, or in rural and remote areas to exercise their rights to be safe from harm including abuse, neglect and suicide and to ensure they have access to shelter, freedom and liberty, and fundamental health and wellbeing.

The **Tobacco and Mental Illness Project**³⁵ aims to reduce the rate of tobacco smoking amongst people with mental illness. The project has three main objectives: to increase knowledge about smoking and mental illness throughout mental health services, community health services, GPs, people with mental illness, carers and the general community; to identify issues important in managing tobacco addiction within hospital and community based mental health services, and make recommendations about effective management and implementation; and to ensure appropriate smoking cessation/reduction programs are made available to all people with mental illness who want to quit.

To improve Access:

Collaborative Therapy, described earlier, is an approach that can improve access to a range of services, both clinical and non-clinical, by ensuring that care pathways are negotiated and agreed between the consumer and the identified service providers.

The **Better Outcomes in Mental Health Care Initiative**¹³ aims to improve access to psychiatric support for primary care providers. Enhanced Primary Care MBS items for consultant physicians support psychiatrists to participate in case conferencing and to provide consultancy advice to GPs in emergency situations. Access to allied health services is enhanced by enabling GPs registered with the initiative to access focussed psychological strategies from allied health professionals to support their patients with mental health problems.

The **MindMatters Plus GP Initiative**³⁶ brings schools and general practice together to develop better referral pathways and networks of care for young people with high support needs for mental health and wellbeing.

The **Transcultural Mental Health Centre**³⁷ was established in 1993 as a NSW state-wide service to promote access to mental health services for people of non-English speaking background. The Centre also works with consumers, carers, health professionals and the community to encourage positive attitudes to mental health. The Centre recognises people's cultural and linguistic differences in their understanding of mental health. It seeks to support mental health policies, programs and services that ensure access and equity of service, while respecting cultural traditions and sensitivities.

The **Primary Mental Health Care Australian Resource Centre (PARC)**³⁸ provides knowledge management, research and information services to support primary mental health care in Australia. PARC was established to enable future work to be better informed by the large body of experience that has accumulated in the area of primary mental health care.

APPENDIX A: PRINCIPLES OF EFFECTIVE CASE MANAGEMENT

1. Case managers should deliver as much of the “help” or service as possible, rather than making referrals to multiple formal services.
2. Natural community resources are the primary partners (eg, landlords, employers, teachers, art clubs, etc).
3. Work is in the community.
4. Both individual and team case management works.
5. Case managers have primary responsibility for a person’s services.
6. Case managers can be para-professionals. Supervisors should be experienced and fully credentialed.
7. Caseload size should be small enough to allow for a relative high frequency of contact (no more than 20:1).
8. Case management service should be time-unlimited, if necessary.
9. People need access to familiar persons 24 hours a day, 7 days a week.
10. Case managers should foster choice.

Source: Rapp CA, Goscha RJ (2004) The principles of effective case management of mental health services. *Psychiatric Rehabilitation Journal*, 27(4), 319-333.

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Note: All websites accessed 6 June 2005.