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

<u>All</u> 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

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[*] 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.