



**NATIONAL MENTAL HEALTH
CONSUMER & CARER FORUM**



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and
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Dear Professor Fels and Dr Brown

Response from the NMHCCF and the MHCA to the consultation on Recovery Principles, 15 March 2010

Please find attached the response from the National Mental Health Consumer and Carer Forum and the Mental Health Council of Australia on the *Recovery Principles* sent out by Professor Alan Fels, Chair of the National Standards Implementation Steering Committee and Dr Peggy Brown, Chair of the Safety and Quality Partnership Subcommittee of the Mental Health Standing Committee in February 2010.

Yours sincerely

Kylie Wake
Executive Officer
National Mental Health Consumer and Carer Forum

Melanie Cantwell
Deputy CEO
Mental Health Council of Australia

15 March 2010



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The National Mental Health Consumer & Carer Forum (NMHCCF) is the combined national voice for consumers and carers participating in the development of mental health policy and sector development in Australia.

The Mental Health Council of Australia (MHCA) is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector, committed to achieving better mental health for all Australians. In addition to its broad membership, the MHCA auspices the NMHCCF.

The NMHCCF and the MHCA applaud the Mental Health Standing Committee (MHSC) for its recognition of the role of recovery as critical to the implementation of better mental health services.

The NMHCCF and MHCA are pleased to see that recovery is being defined by a set of explanatory principles as suggested in the NMHCCF submission on the development of the Standards. However, we are still disappointed that while the Principles provide a general overview of recovery it is clear that neither the Principles nor the Standard reflect broad consultation with consumers and carers about what recovery might mean in the context of delivery of mental health services in Australia. Because of this, the Principles and Standard still reflect a serious lack of recognition that mental health services in Australia will be directly challenged by the idea of recovery and what role they will need to play in its implementation.

If the intent of the Standard is to “ensure that mental health services facilitate the recovery journey for consumers by assisting consumers to achieve wellbeing, rather than just treating the illness”¹ then the Standard and principles will need to be accompanied by well developed and comprehensive implementation strategies that will result in behaviours that genuinely support the implementation of these principles and values by mental health services.

The current lack of consideration on implementation is a huge drawback for the *Recovery Principles* and any new national standards. When the NMHCCF provided input into the review of the National Standards for Mental Health Services (NSMHS) undertaken by the Australian Government Department of Health and Ageing (DoHA), the Mental Health Standing Committee and the Safety and Quality Partnership Subcommittee in 2007, an important element of the

¹ Discussion Paper for the Consultation on the Recovery Standard

response was that the NSMHS were not well implemented well and that services did not seem to be accountable for this.²

We are aware that implementation strategies/guidelines for all of the standards are being developed and advise that to be effective, these strategies and guidelines will need to reflect the input of consumers and carers around these issues.

One implementation strategy would be to spell out to services the operational principles for implementing each of the standards. For example, important operational principles of recovery would be that:

- Recovery oriented mental health practice:
- requires leadership, resources, training and other change management practices to ensure that it is implemented;
 - values good relationship in management and staff that demonstrate these skills; and
 - values the expertise of consumer and carer workers.

It is therefore proposed that the above operational principle be included as part of the *Recovery Principles* document.

An overall implementation plan for the standards would also assist in this process and ensure the maintenance of a monitoring regimen. Implementation will require the input of consumers and carers both at the national policy and the service delivery levels, particularly around the identification of performance measures.

The following specific comments are made on the *Recovery Principles*.

The first paragraph of the *Recovery Principles* is not clear. While it is true that Australians have a right to expect a high standard of health care, assuming a resumption or maintenance of a quality of life that they deem acceptable may not happen. It would be better worded:

“Even with chronic or persistent illness there is a general and reasonable expectation that the person will be able to *achieve a quality of life that enables them to be an active community participant with the desire and opportunity to work towards achieving their full potential.*”

Principles	Suggested Change(s)
<p>1. Individual uniqueness</p>	<p>Change: This principle should be titled “individual uniqueness of consumers and carers”.</p> <p>Move: “Empowers individuals...” should be the first dot point not the last.</p> <p>Change: “Empowers individuals so they recognise that they are at the centre of the</p>

² The Australian Council on HealthCare Standards 200, *Final Report Review of National Standards for Mental Health Services*, p26

	<p>care they receive.”</p> <p>Add “Recognises that recovery is a dynamic process and as recovery progresses, services can only respond to this change by being able to maintain a primary focus on the consumer and carer and their needs by using information about the illness, treatments and recovery as one of a range of tools to assist them.”</p>
2. Real choices	<p>Add: “Utilises training and support to services to ensure that mental health service professionals are aware of these choices and are able to provide these in a facilitative manner.”</p>
3. Attitudes and Rights	<p>Change: “Involves listening to, learning from and acting upon communications from the consumer, their carers and others about what is important to each person.”</p> <p>Add “Includes processes for addressing and resolving conflict around attitudes and rights. Eg use of consumer or carer advocates and continuous quality improvement processes to assist staff to improve their practice and service delivery processes.”</p>
4. Dignity and Respect	<p>Delete “courteous” as it describes the polite interaction between acquaintances rather than people in a therapeutic environment. Respect and honesty along with self reflective practice (below) describe what is needed.</p> <p>Add “Includes mechanisms for assisting professionals to undertake self reflective practice and to identify and address systemic and individual stigma and discrimination”.</p>
5. Partnership and Communication	<p>Change: “Values the importance of information sharing appropriate information and the use of active listening to facilitate clear communication need to communicate clearly to enable effective engagement.</p>
6. Evaluating Recovery	<p>Change: “Services are seen to demonstrate that they use the individual’s experiences of care to inform quality improvement activities.”</p> <p>Add “The identification and use of performance measures is informed by consumers and carers.”</p>