Submission on the National Recovery–Oriented Mental Health Practice Framework

June 2012

Introduction

The 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. The membership of the MHCA includes national organisations of mental health services, consumers, carers, special needs groups, clinical service providers, community and private mental health service providers, national research institutions and state/territory peak bodies.

The MHCA applauds the Mental Health Standing Committee (MHSC) for its recognition of the role of recovery as critical to the implementation of better mental health services, and makes the following comments in the context of our desire to drive lasting change in the delivery of recovery based services to mental health consumers and carers.

Ensuring a focus on people with lived experience

The new Framework is a key opportunity at the national level to drive the adoption of recovery principles and practice across mental health services. Since it is unlikely that service users will be aware of this document in the course of their interactions with mental health services, it is incumbent on the Framework to raise awareness of the changes taking place on service users' behalf. It is vital that service users be as aware of the opportunities that a recovery approach can provide as the services which provide them. Otherwise, the therapeutic partnership, which is a cornerstone of most recovery models, remains a one-sided affair.

Maximising the impact of the Framework

While a broad range of material has been quoted from the literature (understandable while consultations are still in play), a number of sections within the Draft Framework need to be cut down or removed. In order to do this, decisions will need to be made in relation to an agreed definition of recovery and a smaller number of preferred/supported models of recovery. The MHCA suggests that these decisions be informed by the relevant sections of the 2010 National Standards for Mental Health Services.

The objectives of this Framework i.e., to drive the adoption of recovery principles and practice in mental health service delivery, are unlikely to be met through a single document. MHCA strongly suggests splitting the Draft Framework into two separate documents, and the addition of a third companion document for consumers and carers (which could be published together as a kit):

1. Overarching Framework policy document - including background and policy authority, definitions, principles and high level objectives (including current practice domains)
2. Implementation Guide for services and professionals – including mental health agency and professional self-assessment tools as well as much clearer suggestions on how to go about service realignment and incorporating recovery approaches in practice
3. Client brochure on recovery – written by consumers and carers, for consumers and carers.

This last point is an important one. The audience for the Framework is clearly policy makers, planners and service providers. At present, service providers may find such a high level document of limited use in guiding the incorporation of recovery approaches into their work.

The MHCA strongly suggests that in this case, one document cannot meet the needs of three different audiences (policy makers and planners, mental health service staff, service users), and that in order to maximise its impact and the investment made under the Framework – companion documents for service staff, consumers and carers should accompany the overarching policy document.

The MHCA believes that the Framework needs to be more definitive in order to lead/guide mental health services and planners.

Specifically, MHCA suggests:

- including Andresen's four key and stages of personal recovery from the original Framework Discussion Paper as they provide 'cut through' clarity on how recovery is actually experienced
- limiting the number of models of recovery to provide greater focus
- include reference to Standard 4 (Diversity Responsiveness) and Standard 10.1 (Recovery) in National Standards for Mental Health Services as guiding principles
- consideration be given to re-naming the practice domains to more clearly reflect their intended outcomes, for example;
    - ~~Working relationship~~ Partnership & Collaboration
    - ~~Promoting Citizenship~~ Inclusive Service Provision
    - Organisational Commitment (unchanged)
    - ~~Supporting personally led recovery~~ Enabling and supporting personal recovery

Regarding the use of Glover's five point Star of Recovery (or 'Recovery Star'), the MHCA suggests that the Framework needs to acknowledge that some services already utilise a range of recovery based approaches. While the new national Framework is not seeking to standardise the use of particular models, there are benefits in consistency across mental health services – particularly regarding more consistent consumer outcomes, data consistency over time and maximising investment.

For those services not utilising recovery approaches, Recovery Star is a good model, however it should be noted that it is a commercial product and there are licencing arrangements which apply in certain circumstances. The Framework needs to present two or three preferred models, bearing in mind not all are well tested and come with validated assessment tools. This could include the Recovery Star and possibly two of those shortlisted

in the Commonwealth's Review of Recovery Measures[1] which reduced 33 possible models to four candidate instruments designed to measure individuals' recovery:

- Recovery Assessment Scale (RAS)
- Illness Management and Recovery (IMR) Scales
- Stages of Recovery Instrument (STORI)[2] [*Recommended by MHCA*]
- Recovery Process Inventory (RPI).

In addition, four candidate instruments designed to measure the recovery orientation of services were identified:

- Recovery Oriented Systems Indicators Measure (ROSI)
- Recovery Self Assessment (RSA)
- Recovery Oriented Practices Index (ROPI)
- Recovery Promotion Fidelity Scale (RPFS)

The Collaborative Recovery Model (CRM) developed by the Illawarra Institute for Mental Health incorporates the STORI assessment framework and associated instruments which include the Self-Identified Stage of Recovery (SISR) and Short Interview to Assess Stages of Recovery (SIST-R) tools. The CRM is supported by training and coaching modules which have been evaluated and proved effective in assisting mental health services to incorporate recovery principles into practice.

The current practice domains are predominately awareness raising/potential benchmarking indicators and are not likely to drive service reform in and of themselves.

Consideration might be given to an additional section in the 'Supporting Personally Led Recovery' (or 'Enabling and Supporting Personal Recovery') Domain, setting out key recovery capabilities/objectives for people with lived experience.

This would help demonstrate to service providers the potential client outcomes of a recovery approach, as well as ensure consumers are represented as partners in the new collaborative model.

For example:

Practice Domain Supporting personally led recovery (consumers & carers)

Developing autonomy and self-determination
Service users are informed about and encouraged to investigate personally-led recovery options, including through the use of self-assessment tools, connections with peer support networks and advocates and the option of a personal recovery plan.

Key Capabilities
People with lived experience of mental illness

Behaviours (for example)
Aware of available information to help make decisions about treatment and care
Aware of and able to exercise rights and options in decision making and service use
Able to identify own stages of wellness and level of functioning in relation to recovery stages and cycles
Actively seek advice, support and information from a range of sources

[1] P. Burgess, J. Pirkis, T. Coombs, A. Rosen, *Review of Recovery Measures*, Australian Mental Health Outcomes and Classification Network, 2010.
[2] Developed in Australia at the Illawarra Institute for Mental Health. Significantly tested, refined and validated. Comes with assessment instruments and training modules (also tested and refined).

It may also be useful to include recovery-focussed consumer interviews and/or case studies from service providers, peer networks and practitioners to further illustrate the lived experience and benefits of recovery approaches beyond clinical and service settings.

Implementation

To drive and support service realignment around the Framework, the MHCA suggests development of a dedicated service level implementation resource, and a supported implementation mechanism - based on the successful Reconciliation Action Plan program. Under this program, the Commonwealth would fund a peak mental health body to deliver an opt-in guided business development program in which mental health services are supported over time to reorient themselves to support the delivery of recovery-based care and support.

The program is package-based and a small amount of tailored support is available to participating organisations. The aim is to produce agency-based recovery action plans, which must be renewed at agreed intervals over time. A modified version of the Mental Health Coordinating Council (NSW) Recovery Oriented Service Self-Assessment Toolkit (ROSSAT) materials, delivered through a national opt-in accreditation scheme, would be a strong starting point.

To reinforce this approach, the MHCA recommends the establishment of beacon demonstration sites to support long-term change – similar to the Community of Practice national implementation model established under the National Seclusion and Restraint Project www.nmhsrp.gov.au/c/mh

The MHCA believes that without mandatory status, and with limited implementation and/or training funds likely to be forthcoming from Commonwealth or state/territory governments, this model should be investigated further as a cost effective means of driving and supporting change across a critical mass of mental health services.

Measuring Progress

The draft National Consumer and Carer Experiences of Care indicators and consumer self-report measure[3] address recovery, inclusion and service delivery, and should be considered for inclusion as measures of effectiveness by service users.

In addition, there are likely to be measurement instruments (for service providers and service users) which accompany recovery model/s put forward as best practice in the Framework. The Illawarra Institute for Mental Health's Collaborative Recovery Model includes validated measurements for both services and consumers, and has built up proven training and coaching mechanisms to support the rollout of that model.

Conclusion

The MHCA values the opportunity to contribute to the 1st Consultation Draft of the National Recovery-Oriented Mental Health Practice Framework. We look forward to further opportunities for the Mental Health Sector to engage with the 2nd Draft of the Framework during July.

[3] Currently in development by the Mental Health Information Strategy Subcommittee, Mental Health Standing Committee