



Submission on the 2nd Consultation Draft, National Recovery - Oriented Mental Health Practice Framework

August 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 Australian Government Safety and Quality Partnership Subcommittee 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.

The new Framework is a key opportunity at the national level to drive the adoption of recovery principles and practice across mental health services.

The 2nd Consultation Draft has significantly clarified the Framework's purpose and provides greater clarity around recovery models and the translation of recovery principles into action by mental health services.

In this submission the MHCA is primarily directing its comments to issues of implementation, including:

- i. Embedding an organisational learning approach to implementation in the Framework itself
- ii. Establishing a national strategy and mechanisms to support effective rollout and takeup of the Framework's principles across mental health services.

National Implementation Strategy

The MHCA acknowledges that consideration of national and state level implementation and resourcing issues will take place in parallel to public consultations on the Framework itself, and will not necessarily be reflected in the final published document. However, the MHCA strongly urges the Safety and Quality Partnership Subcommittee to give consideration to the development of a national implementation strategy to provide guidance to the sector and give effect to the Australian Government's commitment to the success of the Framework.

In the absence of funded models which support professional and organisational development, information alone is not likely to result in effective, meaningful incorporation of recovery principles in mental health practice. For change to take hold, it is crucial that the broader Framework implementation strategy ensures that a critical mass of services are supported to work through what is potentially a long-term process of contemplating, exploring, delivering and reinforcing change.

In its previous submission, the MHCA put forward suggestions regarding mechanisms to support cost-effective takeup of the Framework across mental health services.

These included 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 organisational 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 aim would be to produce service-level Recovery Action Plans, which would be renewed at regular 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 for an effective implementation strategy.

To reinforce this approach, the MHCA recommended in its original submission 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.

In addition, the MHCA suggests that future National Recovery Forums should be aligned to consider and support:

- The reflection of Framework Practice Domains in new approaches to service delivery
- A focus on working in partnership with diverse and marginalised groups in recovery contexts
- Celebrating best practice in recovery-based service provision.

The MHCA notes the recent announcement of the establishment of Partners in Recovery (PIR) organisations in all 61 Medicare Local geographic regions around Australia by late 2012. This new infrastructure is particularly well placed to support and drive recovery-based care across a broad range of mental health services. The MHCA believes that the timing of the two initiatives – the PIR Program and the Recovery Framework – creates a great opportunity to embed recovery principles in practice at scale.

As we draw nearer to a public release, the MHCA strongly suggests supplementing the Framework with companion documents for consumers and service providers (which could be published alongside the Framework as a kit).

A series of companion documents to the overarching Framework would acknowledge that effective, long-term incorporation of recovery approaches is much more than a 'tools and templates' exercise.

An *Implementation Guide for services and professionals* should include 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. A preface to the *Implementation Guide* (and/or in the final 'Implementation' section of the Framework) should outline a phased approach to organisational development, using learning culture principles, to more clearly reflect the stages of organisational change which services are likely to move through in adopting recovery approaches.

A *client brochure on recovery*, written by and for consumers and carers, is essential to inform mental health consumers and carers about the principles and opportunities of recovery-based approaches, as well as the service changes taking place on their behalf.

Specific Comments on Content

The range of recovery models has been refined in the 2nd Consultation Draft and will provide a more focussed view across services of the best available guiding approaches. While the Wellness Recovery Action Planning model is well respected and supported by a growing evidence base, it is also heavily copyrighted and many of its elements and supporting resource materials are made available on a cost recovery basis. This may impact on its broad application across Australian mental health services.

In relation to terminology used in the 2nd Draft, MHCA notes that in two new sections the use of non-standard terms has arisen, specifically:

- Use of the term 'compulsion' in relation to sections dealing with seclusion and restraint
- Use of the term 'emerging adults' in the context of adolescents and young adults.

Arising in the early 2000s in US child psychology literature, theories of emerging adulthood¹ describe the life stage between late teens and mid to late twenties in industrialised societies. While relatively new, the MHCA is unsure that these constructs are in broad use in the Australian context at present.

Conclusion

The MHCA would appreciate the opportunity to work closely with the Safety and Quality Partnership Subcommittee to leverage its extensive connections across the mental health sector to assist in the development of a comprehensive and effective implementation strategy to guide the rollout of the Framework in 2013.

¹ Arnett, J. *Emerging Adulthood, What is it and what is it good for?* Journal Compilation, Society for Research in Child Development, 2007 Vol. 1 No. 2, Pages 68-73.