

**Response to the Discussion Paper for the
Consultation on the Recovery Standard – National
Mental Health Standards**



July 2009

NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG)
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NSW Consumer Advisory Group – Mental Health Inc.
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30th July 2009

Ms Kathryn Sequoia
National Mental Health Standards Project Officer
Level 2, City Mental Health
1 Moore St, GPO Box 825
Canberra ACT 2601

Email: kathryn.sequoia@act.gov.au

Dear Ms Sequoia,

Re: Discussion Paper for the Consultation on the Recovery Standard – National Mental Health Standards

The NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) is the peak, independent, statewide organisation representing the views of mental health consumers at a policy level, working to achieve and support systemic change. Our vision is for all mental health consumers to experience fair access to quality services that reflect their needs.

NSW CAG is pleased to have the opportunity to participate in the consultation on the draft Recovery Standards to be included in the forthcoming National Mental Health Standards.

Please do not hesitate to contact me with any further enquiries you may have.

Yours sincerely,

Karen Oakley
Executive Officer

Basis of this advice

NSW CAG exists to ensure that policy makers hear the perspectives of mental health consumers across NSW. The basis of this advice derives from information obtained through our core work. This includes regular interaction and consultation with people who use mental health services across NSW including:

- Over 900 people on our Network who are accessible via the internet;
- Current face to face consultations that NSW CAG is conducting during 2009 at several locations within each Area Health Service across NSW; and
- Our knowledge base derived from consulting with consumers of mental health services in NSW over the last 17 years.

To prepare this response, NSW CAG also sought specific input from our Network.

General Comments

NSW CAG has been advocating over recent years for the adoption in practice of recovery oriented service provision. We observe that whilst recovery oriented service provision has become rhetoric in national and state policies, it is yet to be realised in practice. Such realisation will require a change in attitudes and culture by those who deliver services.

NSW CAG strongly recommends that the principle that informs the Standards: “Services are delivered with the aim of facilitating sustained recovery” (p.5) is strengthened within the overall National Mental Health Standards. A clear outline of what recovery is, outlining that it is the personal experience and journey of the consumer, with recovery meaning different things to different people, is also required to provide clarity around what is meant within this document with regards to “recovery”. It would also be beneficial for the principles of recovery to be discussed. NSW CAG considers that this will promote recovery as a primary philosophy for all mental health service provision to ensure that the consumer, their wishes, goals, aspirations and entire life are the focus for service delivery.

NSW CAG is concerned that some of the language used within the Standard, and indeed throughout all standards is inconsistent with the philosophy of recovery. For example, under the principles of recovery it states “mastery and control over the consumer’s fate and illness”. This and other phrasing still has medicalised and paternalistic undertones that are counter to the recovery philosophy. NSW CAG recommends a critical review of the language used throughout the Recovery Standard and in all standards to make it more consistent with the philosophy of recovery. The language of the Standards need to be written to enable the empowerment of consumers.

Below are NSW CAG’s recommendations regarding the Standard *10.1: Supporting Recovery*.

10.1 Supporting Recovery

NSW CAG recommends that the principles of recovery need to be iterated at the beginning of this Standard to provide a clear context for the criteria and guidelines. Within the Guidelines for the Standard, a brief exploration of how these principles can be translated into practice needs to be provided. Further, NSW CAG is aware that little consultation with consumers in Australia has occurred regarding what “recovery” and “recovery oriented service provision” is, and what the principles underpinning

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recovery are. To further inform the Standard, it is recommended that broad consultation is undertaken to clarify what recovery oriented service provision is for Australian mental health services, and to clarify the principles that underlie this model of service provision.

Throughout the Standard, the phrase “Treatment, care and recovery plans” is used; however there is no definition as to what is being referred to. NSW CAG recommends that this phrase be defined within the standard at its first use, and that it be included within the glossary.

NSW CAG recommends the following additions are included in the Recovery Standard:

Criteria	Suggested Change(s)	Rationale for Change
<p>10.1.1</p>	<p><u>Guideline 10.1.1 – Recovery oriented culture and practices.</u> In recovery oriented services, recovery values are reflected in the organisation, administration and staffing. Addition of examples:</p> <ul style="list-style-type: none"> • Include recovery-reflective attributes into staff position descriptions. For example, using words such as “compassionate”, “empathetic”, “hopeful”, “good listener” • Keeping consumers fully informed about admission/entry and discharge/exit procedures, and any changes to treatment and care <p>Include within the recovery principles:</p> <ul style="list-style-type: none"> • Consumer participation in service planning, implementation and evaluation • Services are person-centred • Culturally appropriate responses • A holistic approach to seeing the whole person – including aspects of a person’s whole life situation and physical health • Consumer empowerment through provision of information and choice <p>It is recommended that “mastery and control over the consumer’s fate and illness” be removed or substituted for more empowering language</p>	<p>Feedback from NSW CAG’s constituents indicate that these additions help to facilitate the recovery journey for people living with mental illness.</p>
<p>10.1.2</p>	<p><u>Guideline 10.1.2 – Dignity and respect</u> Addition: Cross referencing relevant statements and charters that pertain to dignity and respect relevant to workers in the mental health sector, including:</p> <ul style="list-style-type: none"> • Australian Charter of Healthcare Rights 	<p>To promote awareness and clearly identify statements and charters that promote dignity and respect for people living with mental illness.</p>

	<ul style="list-style-type: none"> • Mental Health Statement of Rights and Responsibilities • State and/or national charters of rights 	
10.1.3	<p><u>Guideline 10.1.3 – Recognition and support</u></p> <p>NSW CAG is concerned with the statement that “In a recovery model, the aim is to have consumers assume responsibility for themselves”. Rather, a recovery model is about consumer directed services based around the wants, needs, goals, personal journey and aspirations of the consumer as defined by the consumer. Recovery is an individual experience and journey, which is defined differently by individuals. It cannot be assumed that “assuming responsibility for self” is the goal for all consumers. NSW CAG recommends that the statement be re-addressed to note that in a recovery model, service provision is directed by the consumer. The service can support the individual’s recovery by working with the consumer to understand their needs, goals and journey. To enable this, services need to promote hope, empowerment, connection, self-esteem, and positive identity and culture. Services must operate in a way that promotes the human rights of individuals, including those that live with mental illness, and facilitate mechanisms for their connection with society.</p> <p>It is recommended that the term “responsibility for self” be replaced with “the individual’s recovery”. This latter phrase will be used throughout the addressing of 10.1.3 within this response.</p> <p>It is recommended that it is clarified in this guideline that an individual’s recovery journey can be supported by tasks that they may wish to undertake and goals that they may aspire to – and that the role of service providers is to support individuals to achieve this.</p> <p>Include that the individual’s recovery can be supported by:</p> <ul style="list-style-type: none"> • Engaging with peers with the experience of mental illness who have already begun their own recovery 	<p>As per 10.1.1</p> <p>Review based on philosophy of recovery.</p>

	<p>journey as a source of inspiration</p> <p>NSW CAG recommends that when describing the ways that the individual's recovery can be supported, additional words could be inserted to better reflect the person-centred nature of recovery. Recommended changes/additions are <i>italicised</i>:</p> <ul style="list-style-type: none"> • <i>Assisting in</i> developing <i>the</i> goals of the consumer • Working with other care providers, carers, family and friends, to <i>assist a consumer in developing</i> plans for reaching these goals. • <i>Encouraging a consumer to</i> take on decision-making tasks • <i>Encouraging a consumer</i> to engage in self-care. <p>Include that the mental health service (MHS) should provide consumers and their carer(s) with easy to understand information and education on:</p> <ul style="list-style-type: none"> • How to identify early warning signs • After hours access lines • Advocacy services • Ways to participate in service planning, implementation and evaluation • Free or subsidised medical treatments that are available for people with a diagnosis of mental illness • Potential side effects of medications • Complaints processes and procedures 	
<p>10.1.4 10.1.5</p>	<p><u>Guideline 10.1.4, 10.1.5 – Self</u> Include within the ways the MHS can assist consumers of their services to develop independence and enable consumers to regain self-direction, understanding and control of their illness through:</p> <ul style="list-style-type: none"> • Developing and implementing strong discharge planning processes 	<p>NSW CAG hears through our core work that strong discharge planning processes can enable people to stay well and recover in the community. We also hear that there is a current gap in discharge planning processes in some services, leaving people without the adequate framework to attempt to stay well and recover in the community. One way to address this is through specific reference in this Standard.</p>
<p>10.1.6</p>	<p><u>Guideline 10.1.6 – Positive connections</u></p>	<p>Re-phrasing to be consistent</p>

	<p>It is recommended that the statement “Re-connection to the community should be viewed as the primary goal of the MHS and reflected in the MHS mission statement” be re-phrased to be more consistent with the philosophy of recovery based on consumer determination and direction of recovery. Re-connection to the community should only be a goal when it is the goal of the consumer. Further, the consumer may not desire re-connection but a new connection.</p>	<p>with the philosophy of recovery.</p>
<p>10.1.7</p>	<p><u>Guideline 10.1.7 – Social inclusion and citizenship</u> NSW CAG recommends that the heading of this guideline is changed to “Social inclusion, citizenship <i>and advocacy</i>” as this best describes the guideline descriptors therein.</p> <p>Strategies that the MHS can employ to advocate for the rights of individuals with mental illness to social inclusion and citizenship include:</p> <ul style="list-style-type: none"> • Encouraging and supporting consumers to participate in all aspects of service delivery, including the <i>evaluation</i> of services. <p>The guidelines for this criterion need to also include ways that the MHS will promote and facilitate broader inclusion and citizenship within society in all aspects of the consumer’s life including employment, housing, education and training, children, etc. The MHS needs to work with consumer to consider all aspects of their life and develop plans and strategies for ensuring maximum desired participation in society.</p>	<p>Advocacy is a key action identified in criterion 10.1.7. As such, advocacy should be included in the heading.</p> <p>NSW CAG’s core work reinforces that the recovery journey for consumers is facilitated when given the opportunity to participate in <i>all</i> aspects of service delivery, including in the evaluation of services. The benefit of consumer participation in the evaluation of MHS is also supported in national policy (See National Mental Health Policy 2008).</p>
<p>10.1.8</p>	<p><u>Guideline 10.1.8 – Participation of consumers</u> NSW CAG recommends that consumer evaluation of services is explicitly identified in this criterion, which is in line with Standard 3, Consumer and Carer Participation. We recommend that the wording be changed to “The MHS supports the participation of consumers in the development, delivery <i>and evaluation</i> of its services”.</p>	<p>As per 10.1.7</p>

<p>10.1.9</p>	<p><u>Guideline 10.1.9 – Community services and resources</u> An example of community services that mental health services should have a knowledge of and support consumers to utilise include:</p> <ul style="list-style-type: none"> • Advocacy organisations 	<p>The importance of advocacy to social inclusion and citizenship is outlined in criterion 10.1.7. It is also relevant to this section as a useful resource available to consumers.</p>
<p>10.1.10</p>	<p><u>Guideline 10.1.10 – Carer centred approaches</u> Given that the nature of recovery is centred around the consumer, NSW CAG recommends this guideline heading is changed to “Carer <i>included</i> approaches”</p>	<p>NSW CAG supports a consumer-centred approach to recovery, reinforced with the support of carer-included approaches.</p>
<p><u>Suggested evidence</u></p>	<p><u>Suggested evidence</u> Additional wording in <i>italics</i>:</p> <ul style="list-style-type: none"> • Treatment, care and recovery plans <i>signed by the consumer</i> <p>Additions:</p> <ul style="list-style-type: none"> • Evidence of discharge planning • Evidence of consumer participation at all levels of the service • Policies and procedures: <ul style="list-style-type: none"> ○ Recovery oriented service provision principles for service delivery ○ Staff training in recovery oriented service provision ○ How staff will address the social inclusion needs of consumers • Consumer and carer reports of experiences of the service 	