



NMHCCF input to the Consultation on Draft Standard 10.1 – Supporting Recovery

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 NMHCCF 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. However, it is clear that much more work needs to be undertaken for this Standard to move beyond being a list of concepts that are broadly consistent with recovery approaches to an effective Standard on what recovery should look like in best practice mental health services.

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” (*Discussion Paper for the Consultation on the Recovery Standard*) then section 10.1 will need to show well developed and comprehensive:

1. key principles and values of recovery as defined by consumers and carers; and
2. implementation strategies (guidelines) that will result in behaviours that will genuinely support the implementation of these principles and values by mental health services.

This would involve working with consumers, carers and mental health services to identify the principles and values of recovery that are important to consumers and carers and then develop the best strategies for the implementation of these.

While the Discussion Paper quotes the US *National Consensus Statement of Mental Health Recovery 2006*, it is clear that no such developmental work has occurred as part of the development of this Australian Standard. The NMHCCF would be happy to participate in such a process.

Some missing concepts or those that are not well described in this document include:

- A well articulated definition of recovery as an ongoing process or ‘journey’ and acknowledgement of the inherent tension between this dynamic process and the traditional service delivery approach, ie. clinical focus.
- Acknowledgement of the role of carers in the recovery process and the inherent journey that this involves both in their relationship with consumers as well as with their own quality of life (these should all be concerns of mental health services).

- The notion that for recovery to work it needs to be owned by all stakeholders – consumers, carers and the mental health service – and this will include:
 - consumers and carers as equal partners in their own health care or the person for whom they care. Many mental health services that identify as using a recovery approach profess to support autonomy and self determination for consumers and carers but this process of partnership is not always supported.
 - acknowledgement of the role of mental health service workers in the recovery process and what this involves for them both in their relationship with individual consumers on the recovery journey and in relationship to their own professional practice.
 - acknowledgement of the complexity and the tools or strategies needed for mental health services to implement the sort of culture change that recovery requires.

The guidelines, particularly around criteria *10.1.1 The MHS has a culture, policies and practices which reflect recovery oriented values and principles*, also need much more development. They do not provide any guidance on how mental health services might translate recovery principles and values into practice. The lack of work undertaken for this section is of serious concern to the NMHCCF because it indicates a lack of commitment to the implementation of the *Standard*.

In addition, it is also clear that the other standards in the *Draft National Standards for Mental Health Services* were developed without reference to recovery principles. For example:

- partnership is a much stronger requirement than those principles outlined in *Standard 3 Consumer and Carer Participation*;
- *Standard 8 Governance Leadership and Management* does not make a reference to the dynamic or change management processes that a focus on recovery requires.

Overall it is disappointing to the NMHCCF that the document continues in the already well highlighted practice of mental health services using the recovery rhetoric while not providing any real attempts to ensure that recovery is understood or becomes a part of mental health service practice.

Further, the NMHCCF is gravely concerned that previous overwhelming input from consumers and carers to the review of the *National Standards for Mental Health Services* about lack of focus on adequate implementation of those standards seems to have again been ignored.

Specific feedback on sections of Draft Standard 10.1

| Aspect of Standard | Suggested changes | Rationale |
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| 10.1 The Mental Health Service | The Mental Health Service uses a <i>recovery approach</i> * in the delivery of care which includes providing consumers with access or referral | Use of a 'recovery approach' <ul style="list-style-type: none"> • Acknowledges the limitations of the illness paradigm and the related traditional service |

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| <p>incorporates recovery principles and provides consumers with access or referral to a range of support programs aimed at supporting their recovery.</p> | <p>to a range of support programs that support their recovery.</p> <p>*A fuller explanation of recovery, such as provided in the Discussion Paper will be needed here as this will be a fairly new approach for many services, as well as consumers and carers, despite the word 'recovery' now being regularly used and misused in the mental health sector today. The description of recovery outlined in the guidelines under <i>Recovery Oriented Culture and Practices</i> is inadequate for this purpose.</p> | <p>delivery approach</p> <ul style="list-style-type: none"> Better describes the multifaceted range of changes that would need to happen in many services to move them from a service delivery approach (where services are delivered without reference to consumer and carer needs) to one which focuses on supporting equality and self determination for consumers and carers <i>in partnership</i> with mental health workers to achieve what consumers and carers define as their wellness needs. |
| <p>10.1.1</p> | <p>The mental health service has a culture, policies and practices which actively support recovery oriented principles and values.</p> | <p>Use of 'actively support' is more dynamic than the passive 'reflect' and will provide more guidance to mental health services that are likely not to be familiar with implementation of recovery concepts. Mental health services will need specific guidance on how to implement the dynamic and ongoing culture change that is required for an effective recovery approach.</p> |
| <p>10.1.2 and all other criteria</p> | <p>The mental health service treats consumers of their services and carers with respect and dignity at all times.</p> | <p>The crucial role of carers in the recovery process must be explored and acknowledged and mental health services need guidance on how to do this.</p> |
| <p>Suggest addition of</p> | <p>The mental health service shows leadership in the implementation of a recovery approach through the commitment of resources for culture change.</p> | <p>Leadership and commitment of resources are key to supporting culture change.</p> |
| <p>Suggest addition of</p> | <p>The mental health service acknowledges the role of staff in recovery and provides training and ongoing support for workers in the implementation of a recovery</p> | <p>An exploration of the needs of staff in this process needs to be made. The literature on the journey of recovery shows that this is not only a journey for the</p> |

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| | approach. | consumer and for carers but that many staff need to adjust their attitudes and work approaches as recovery unfolds. Such personal journeys are also inherent in any organisational change process. Acknowledgement and support needs to be given to staff to address their own issues in changing their practices. |
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National Mental Health Consumer and Carer Forum
PO Box 174
Deakin West ACT 2600
Ph. 02 6285 3100
Fax 02 6285 2166
Email nmhccf@mhca.org.au