

Foreword

The National Standards for Mental Health Services (the Standards) were first introduced in 1996 to assist in the development and implementation of appropriate practices and guide continuous quality improvement in mental health services, which at that time were predominantly provided through State and Territory funded specialist clinical mental health services. They were welcomed by the service sector and were very influential in how services responded to the needs and expectations of consumers and carers.


Much has changed since then, with increased service provision in the community—both clinical and non-clinical, expansion of the non-government and private sectors, and greater focus on the role of the primary care sector in mental health. New services have been developed and funded through all levels of government.

In response to these changes, a review of the Standards was commenced in November 2006, in consultation with the sector, and with consumers and carers. The review consisted of a number of different phases and avenues of consultation. Significant effort was made to ensure the consultation was as inclusive as possible although it is acknowledged that some stakeholders would have preferred an even more extensive consultation process. The inclusion of a recovery standard is a new and welcomed addition. This standard in particular may further evolve as experience is gained in its implementation and measurement.

These National Standards for Mental Health Services focus on:

- how services are delivered
- whether they comply with policy directions
- whether they meet expected standards of communication and consent
- whether they have procedures and practices in place to monitor and govern particular areas—especially those which may be associated with risk to the consumer, or which involve coercive interventions.

All of the Standards, except the consumer standard, are designed to be assessed. In contrast, the consumer standard is designed to inform consumers about their rights and responsibilities and the key elements underpinning the provision of quality service that consumers can expect to receive from mental health service providers throughout the continuum of care. The consumer standard is therefore not intended to be assessed, as it contains criteria that are all assessable within the other standards.



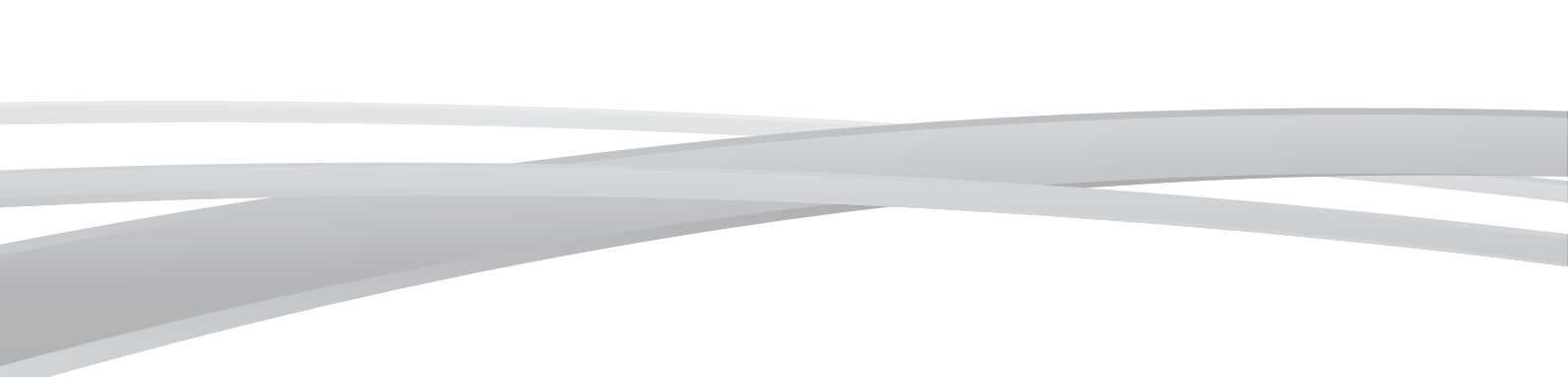
The Standards have been developed to be applied across the broad range of mental health services. This includes bed based and community mental health services, those in the clinical and non-government sectors, those in the private sector and also those in primary care and general practice. They are not intended to apply to services where mental health is not the main focus of care, such as generic community services which support people with a range of disabilities, or generic aged care services. Other practice frameworks are more appropriately applied in those settings. However, when assessing the performance of a mental health service against the Standards, it will be necessary to do this within the context of the individual mental health service i.e. the expectations will vary depending on the service type and setting.

Consideration of the Standards should also be incorporated into the delivery of services such as indigenous health services, alcohol tobacco and other drug services (ATODS) and aged care services, where they are responsible for the delivery of mental health care within the service. The Standards apply to ATOD services that are part of a mental health service. For stand-alone ATOD services, mental health services should be able to demonstrate that they are developing or have collaborative / partnership arrangements in place to ensure integration and coordination of care for consumers.

Expectation that the Standards will be incorporated across the broad range of mental health services marks a significant shift, and one that will need to be developed over time. It is anticipated that the Standards will be a 'living document' that will further evolve as services across the spectrum progressively strive to meet relevant and expected standards of care.

Across the health and community sectors, service delivery is influenced by a number of different quality, safety and performance frameworks. The Standards represent only one component of this environment which includes specific state and sector legislation, associated regulation, professional regulation, accreditation and employment conditions, purchasing and funding agreements, government policy, service development and accreditation. All of these contribute to and affect the achievement of standards. It is anticipated that the Standards will be incorporated into the relevant service accreditation programs.

However, while accreditation is one mechanism to monitor compliance, it is by no means the only one. Compliance can also be measured through reporting frameworks such as key performance indicators and licensing processes. Importantly, there must be evidence that a service has a commitment to improving the quality of care whether this is through review against the Standards, or other quality improvement processes.



Service development is uneven, and this can create a tension between expectation and current practice. Not all states and territories, or even all areas within a jurisdiction, will be at the same stage of development. Also, not all of these standards will be equally relevant to different service types. Standards that are critical in an in-patient setting, for example seclusion practice, will not be relevant to community based settings. To inform the implementation of the Standards, a series of implementation guides that more clearly outline the expectations for different sectors and service settings will be developed. In addition, where more than one standard applies to an element of service delivery, the implementation guides will provide cross-referencing of the relevant standards.

It is recognised that quality improvement is a continuous process. As services are at different stages, some criteria will be routine practice for some and aspirational for others. In considering implementation attainment and maintenance of the Standards, services will need to be cognisant of their stage of development and model of service delivery, and therefore which standards and criteria are most relevant, and which should be addressed most urgently. It is expected that consumers and carers will be involved in these deliberations.

Demonstration of the delivery of services against these standards ensures that consumers, carers and the community can be confident of what to expect from mental health services. For example, mental health services are expected to ensure that issues around consent are handled in accordance with relevant Commonwealth, state or territory jurisdictional and legislative requirements.

A number of the Standards focus on the experience of consumers and carers (rather than the mental health service) to measure the effectiveness of service delivery. Investment in staff and resources is essential for the provision of services that meet these consumer and carer standards. This includes ongoing professional development, training and support.

Implementation of the Standards will require the involvement of staff, consumers and carers to ensure shared understanding and awareness of the standards to be adopted and met by a particular service. Measurement of levels of achievement against the standards also forms a means of accountability to consumers, carers, community, staff and funders.

The Standards recognise that mental health services provide services to individual consumers, carers and where developmentally appropriate, families and also support communities. How the community is defined varies depending upon the purpose, structure and type of service. The community may be determined by a target population or, in the case of public services, a defined catchment area. The assessment of standards will be undertaken in the context of that given community as defined by the particular service and the national, state and territory mental health policies and legislation applying to similar kinds of services and communities.

Regardless of the type of mental health service, the community or clients it serves, there are a number of principles that apply to the delivery of mental health services, irrespective of the context in which they are delivered.

Key principles

These key principles are consistent with national policy and requirements for the delivery of mental health services in Australia and are embedded in the Standards. Key principles that have informed the development of the Standards include:

- Mental health services should promote an optimal quality of life for people with mental health problems and / or mental illness.
- Services are delivered with the aim of facilitating sustained recovery.
- Consumers should be involved in all decisions regarding their treatment and care, and as far as possible, the opportunity to choose their treatment and setting.
- Consumers have the right to have their nominated carer(s) involved in all aspects of their care.
- The role played by carers, as well as their capacity, needs and requirements as separate from those of consumers is recognised.
- Participation by consumers and carers is integral to the development, planning, delivery and evaluation of mental health services.
- Mental health treatment, care and support should be tailored to meet the specific needs of the individual consumer.
- Mental health treatment and support should impose the least personal restriction on the rights and choices of consumers taking account of their living situation, level of support within the community and the needs of their carer(s).

Finally the Standards describe care that will be delivered in accordance with each of the nine (9) domains from the *Key Performance Indicators for Australian Public Mental Health Services (2005)* as follows:

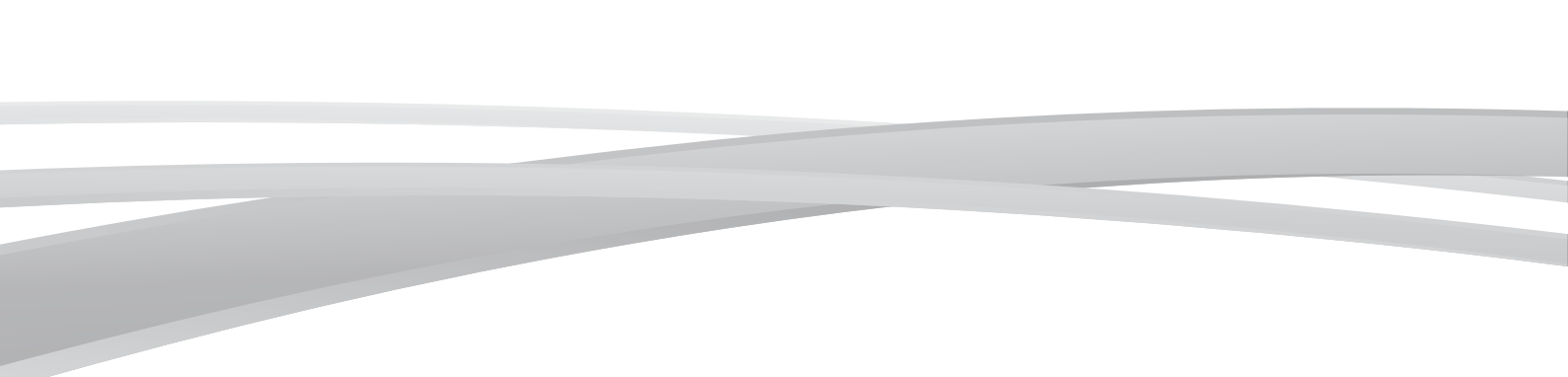
Effectiveness: care, intervention or action achieves desired outcome in an appropriate timeframe.

Appropriateness: care, intervention or action provided is relevant to the client's needs and based on established standards.

Efficiency: achieving desired results with the most cost-effective use of resources.

Accessibility: ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background.

Continuity: ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.



Responsiveness: the service provides respect for all persons and is client orientated. It includes respect for dignity, cultural diversity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider.

Capability: an individual's or service's capacity to provide a health service based on skills and knowledge.

Safety: the avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered.

Sustainability: system or organisation's capacity to provide infrastructure such as workforce, facilities, and equipment, and be innovative and respond to emerging needs.