

BACKGROUND

A significant positive development in the mental health field is growing recognition that most people can expect to recover or substantially improve from an episode of mental illness and that a diagnosis of mental illness is not a life sentence. There is considerable hope for people who have experienced mental illness and, as a consequence, the people and services that support them must reorient their focus toward recovery.

This Framework describes ways to promote mental health and reduce future episodes of mental illness for people who have been seriously affected by mental illness. It is designed to guide the development of local implementation plans, by presenting an agenda to enable the wider mental health care system—including all those people and services that support people who have experienced mental illness—to reorient toward recovery by incorporating self-management, mental health promotion, rehabilitation and relapse prevention into their approach.

Development of the Framework

The Framework has been developed by the National Mental Health Promotion and Prevention Working Party (PPWP), which is auspiced by the Australian Health Ministers' Advisory Council National Mental Health Working Group and the National Public Health Partnership Group. It comprises part of PPWP's work plan arising from the *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health (2000)* and *National Mental Health Plan 2003-2008*.

The development of the Framework was undertaken through an extensive consultation process. Initially, a discussion paper entitled, *Pathways of Recovery: Relapse Prevention – A discussion paper on the role of relapse prevention in the recovery process for people who have been seriously affected by mental illness*, as well as a shorter *Summary Version*, was developed through consultations with consumers, families and carers, and service providers, as well as a review of the literature, research and practice in the area. This discussion paper subsequently formed the basis of a national consultation around the issue of relapse prevention. Consultations were held in all States and Territories and submissions were invited from over 50 relevant organisations.

The methodology and major findings of the national consultation are documented in a separate report and the discussion paper has been updated to reflect comments that were received during the consultation process. The final documents are listed below, and readers are directed to these to understand the context and issues relevant to development of the 4As Framework.

- *Pathways of Recovery: Preventing Further Episodes of Mental Illness (Monograph)* - this is an updated version of the original discussion paper;
- *Pathways of Recovery: Report of the National Consultation on Preventing Further Episodes of Mental Illness*

Scope

The 4As Framework was developed specifically with regard to people who have been seriously affected by mental illness. This generally means people who have experienced psychotic and major mood disorders, including psychosis, schizophrenia, bipolar affective disorder, major depressive disorders and anxiety disorders. However, it is anticipated that the elements of the Framework will apply more broadly to other mental illnesses and mental health problems.

The principles underlying the Framework and its basic elements are expected to apply for all people in Australia who have experienced mental illness. This includes children and adolescents, adults, older adults, males, females, Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, and people who live in all settings—urban, regional, rural, and remote. Where there are unique applications of the Framework related to particular population groups, these are noted.

Otherwise, the generic Framework is expected to apply, although it is understood that it will need to be translated to suit particular purposes, contexts and localities. It is anticipated that one of the valuable outcomes of the Framework will be progress toward a ‘common language’ to communicate across all sectors and levels of service provision the principles of mental health promotion and illness prevention for people who have been seriously affected by mental illness.

A deliberate constraint of the Framework is that it corresponds to a specific part of the spectrum of interventions for mental health—continuing care (see Figure 1). It is important to note that the Framework is not a treatment model, nor is it meant to apply prior to the development of mental illness. Nevertheless, implementing the Framework is contingent on effective actions in these segments of the spectrum and its approach is congruent with current initiatives in these areas.

The Framework takes as its ideal the promotion of mental health for people who have experienced mental illness and the prevention of further episodes of illness, and a growing body of evidence attests to potential to achieve these aims. There are three possible scenarios following an initial episode of mental illness: no further episodes; occasional recurrent episodes; or ‘chronic’ mental illness with recurring episodes. It is important to acknowledge that for some people further episodes of illness will occur and that an equally worthy goal is reducing the duration of further episodes and the harm they cause to the person and their family.

Recovery is an overarching principle that must underpin continuing care in all three possible scenarios. Mental health promotion is also essential to continuing care, as it applies across the entire spectrum of interventions for mental health and is equally relevant to people who have experienced mental illness. The specific interventions that make up continuing care are self-management, rehabilitation and relapse prevention.

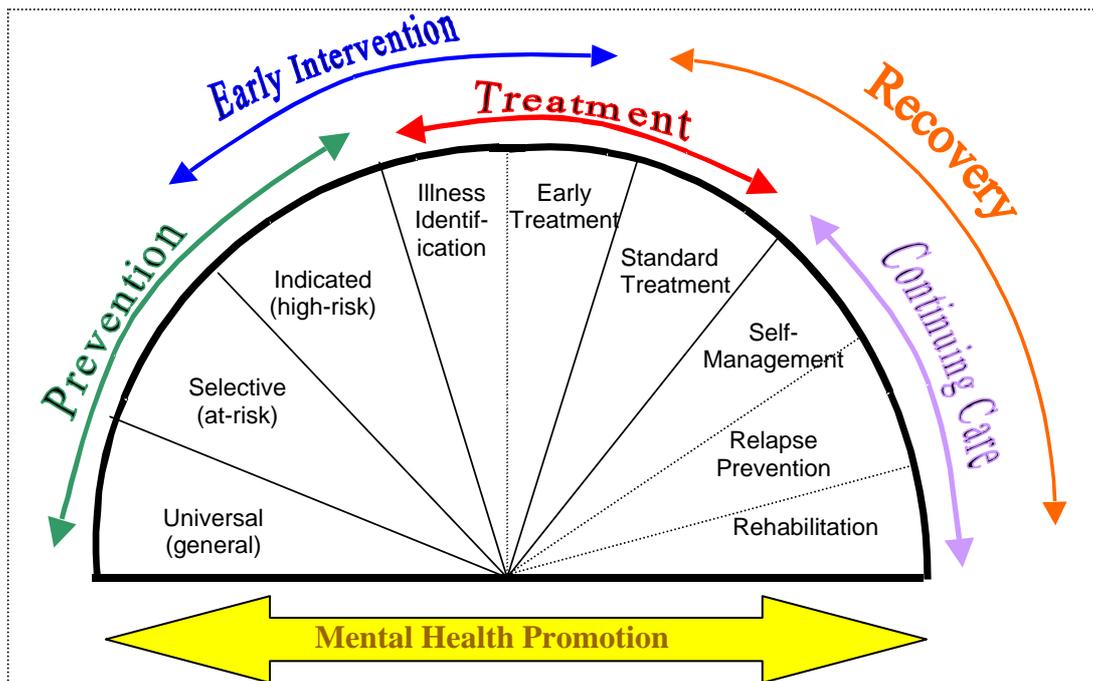


Figure 1. Spectrum of interventions for mental health¹

Definitions

Definitions of the terms applied within the continuing care segment of the spectrum are not universally agreed. However, a common language is required to enable discussion and to provide a platform for progress, and the following definitions are offered.

- **Recovery** is “the development of new meaning and purpose in one’s life as one grows beyond the ... effects of mental illness” (Anthony 1993). It means maximising wellbeing, within the constraints that might be imposed by symptoms of mental illness.²
- **Self-management** refers to the personal day-to-day management of a health condition and incorporates many health promotion and consumer education elements. It comprises managing one’s health, life roles and emotions. This involves skills of problem-solving, decision making, resource use, forming partnerships with service providers, planning, and self-tailoring health actions and interventions to be personally relevant.³
- **Rehabilitation** is also known as psychiatric rehabilitation and is a set of targeted interventions that are intended to prevent further, or reduce the disability that is associated with, mental health problems. It is a process of assisting people to acquire and use the strengths and skills, supports, and resources necessary for successful and satisfying living, learning and working in the environments of their choice.⁴
- **Relapse prevention** entails maximising wellness for people with mental illness by reducing the likelihood and impact of relapse. It involves empowering people with mental illness to recognise early warning signs of relapse and develop appropriate

response plans. It requires identifying risk and protective factors for mental health, and implementing interventions that enhance protective factors and eliminate or reduce the impact of risk factors. Relapse prevention is based on communication and understanding between the person experiencing mental illness, their family and carers, primary health care, the specialist mental health system and community support services about access to support and treatment alternatives to prevent illness. Relapse prevention is an essential, but not sufficient, component of the recovery process for people with mental illness.

- **Mental health promotion** is about optimising people's mental health by creating environments that support wellbeing, understanding that mental health is affected by the events that happen in our everyday lives, as well as the stressful events that inevitably occur from time to time. All environments—social, physical, economic and cultural—need to be supportive of mental health. Mental health can be promoted by ensuring that public policies support the social and emotional wellbeing of individuals and groups. Community life is also important and communities need to be empowered to take the actions that they decide are needed to build their capacity to support their members. Individuals and groups need to develop skills to understand, enhance and respond to their mental health needs. Furthermore, mental health services have a responsibility for promoting the wellbeing of individuals and communities, as well as treating illness.⁵

Overview of the Framework – the 4As

The basic elements of the Framework are the 4As, which are adapted from work in crisis prevention.⁶ Briefly, the 4As are:

1. *Awareness* – awareness of mental health status and understanding of the factors that affect mental health and mental illness, including potential vulnerability to further episodes of illness.
2. *Anticipation* – planning for future mental health in terms of self-management, recovery, continuity of care, and crisis planning.
3. *Alternatives* – availability of self-management and service alternatives that address all the risk and protective factors for mental health according to a holistic approach.
4. *Access* – early, easy and equitable access to services that meet all the changing care needs of people who have been seriously affected by mental illness and their families and carers.

The 4As are not a linear or sequential process—the 4As support each other and together they comprise the basic elements that promote the future mental health of people who have experienced mental illness.

To implement this Framework, actions need to be undertaken at a number of levels. Figure 2 shows the possible array of people and services that may need to be involved:

- At the individual level are the person who has experienced mental illness and their carers, family and friends.

- At the next level are service providers, and the nature and number of service providers varies from person to person. Some people will have little service response and manage their ongoing mental health through self-management and the support of their general practitioner (GP) or other primary care provider. For people with complex conditions, there can be numerous and diverse service responses comprising both clinical and non-clinical services including: GP, care coordinator, specialist mental health services, drug and alcohol services, peer support, allied health, rehabilitation and employment services, housing services and the justice system.
- There is also a macro level of influence for all people that reflects the broader community, other human services (such as transport), the media and the impact of government at all levels.

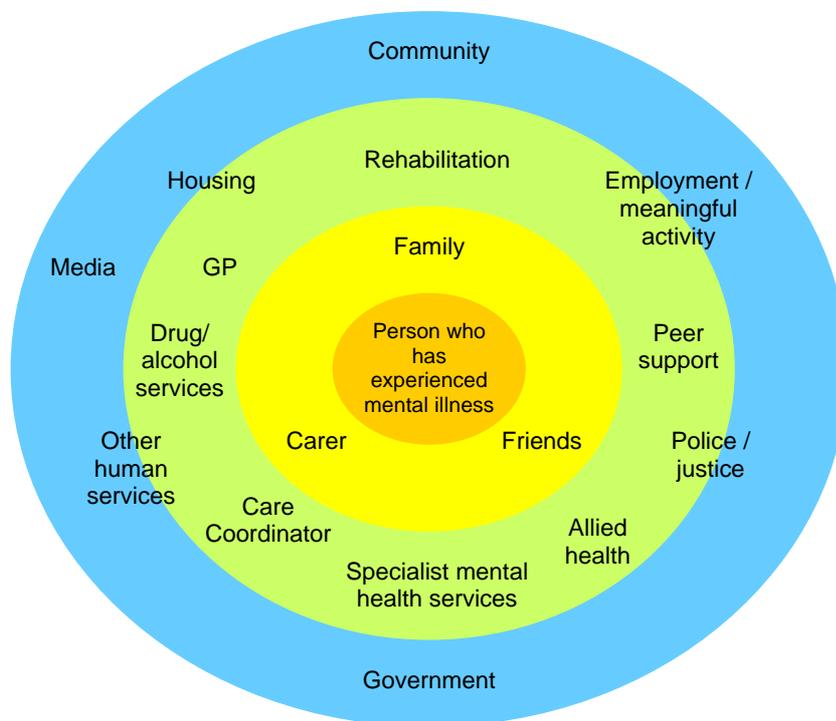


Figure 2. Supports for people who have experienced mental illness

Principles underpinning the Framework

There are a number of principles that underpin the Framework and apply across the 4As. These principles derive from the *National Mental Health Plan 2003-2008*⁷ and are:

- All people in need of mental health care should have access to timely and effective services, irrespective of where they live.
- The rights of consumers, and their families and carers, must shape reform.

- Mental health care should be responsive to the continuing and differing needs of consumers, families and carers, and communities.
- The quality and safety of mental health care must be ensured.
- A recovery orientation should drive service delivery.
- Investment in the workforce is essential.
- Innovation must be strongly encouraged and supported.
- Sustainability of effective interventions must be ensured.
- Resources for mental health must recognise the impact of mental health problems and mental illness.
- Mental health reforms must occur in concert with other developments in the broader health sector.
- Mental health reforms require a whole-of-government approach.

The Framework is also informed by other current major initiatives of the Australian Government and should be read in conjunction with these. These include:

- *National Mental Health Plan 2003-2008*
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mentalhealth-mhinfo-nmhs-2003.htm>
- *National Strategic Framework for Aboriginal and Torres Strait Islander Mental Health and Social and Emotional Wellbeing 2004-2009*
<http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-oatsih-pubs-consultpaper.htm>
- *Framework for the Implementation of the National Mental Health Plan 2003-2008 in Multicultural Australia* <http://www.mmha.org.au/Policy/framework.pdf>
- *The National Drug Strategy: Australia's Integrated Framework 2004-2009*
<http://www.nationaldrugstrategy.gov.au/framework/index.htm>
- *Living Is For Everyone (LIFE): A framework for prevention of suicide and self harm in Australia*
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mentalhealth-resources-life-framework.htm>
- *Commonwealth Disability Strategy*
<http://www.facs.gov.au/disability/cds/index.htm>

Many jurisdictions have also developed or are developing policy initiatives that are relevant to improving continuing care for people with mental illness.