



# **Draft National Safety and Quality Mental Health Standards for Community Managed Organisations**

**Mental Health Victoria's Submission**

**February 2022**

## **About Mental Health Victoria**

Mental Health Victoria (MHV) is the peak body for the mental health sector in Victoria. Our members include consumer and carer groups, community health and mental health services, hospitals, medical associations and colleges, police and emergency services associations, unions, local governments, and other bodies across the health and related sectors. Our aim is to ensure that people living with mental health issues can access the care they need, when and where they need it. Our view is that all Australians should have access to a core suite of services that they can choose from – be they delivered in the home, the community, or in the hospital.

## **About this submission**

This submission provides responses to the Draft National Safety and Quality Mental Health Standards (the Draft Standards) for Community Managed Organisations (CMOs), building upon [MHV's consultation submission](#) in June 2021.

In preparing this submission, MHV has consulted with member organisations, sector stakeholders, mental health service providers, peak bodies, our Lived Experience Advisory Group and members of our Victorian Mental Health Policy Network (VMHPN) and Service Reform Advisory Network (SRAN).

## **Introduction**

MHV commends the Australian Commission on Safety and Quality in Health Care (ACSQHC) for drafting these key Standards, and for consulting widely with a diverse range of stakeholders.

The Standards have the potential to drive improvements in safety for consumers, carers, families and supporters in Australian CMOs. MHV further welcomes the ACSQHC's broad definition of CMO's, and acknowledgment of continuously changing service types within overlapping and rapidly developing mental health and wellbeing systems across all jurisdictions.

MHV supports the Standard's overall vision and the three Standards for CMOs. Across this submission, we provide several focused suggestions for the ACSQHC to further strengthen the Standards.

Specifically, MHV would like to see the Standards clearly align with recovery-oriented and human rights-based principles. We recommend an explicit statement that consumers, carers, families and supporters are at the centre of these Standards.

More broadly, it is essential that the Standards recognise and respond to ongoing reform processes across Australia. Adapting to these developments and providing a clear implementation plan will ensure the Standards can remain relevant and efficient in this changing system.

To strengthen the Standards, MHV recommends that the final draft should:

- **clearly articulate key strengths-based principles and approaches for quality and safety throughout the Standards**
- **ensure the Standards partner with and support consumers, carers, families and supporters**
- **provide clarity on how the safety and diversity priorities for key population groups will be met and responded to**
- **provide further information on alternative standards and their applicability to services**
- **consider the multidisciplinary scope of practice of community managed organisations**
- **integrate and align the Standards with ongoing federal and state reforms**
- **develop a clear plan on implementation and communication, and ensure that consumers, carers, families and supporters are at the centre of developing and implementing the Standards.**

### **Recommendation 1: Clearly articulate key strengths-based principles and approaches for quality and safety throughout the Standards**

MHV commends the ACSQHC's selected terminology and comprehensive glossary which provides a thorough understanding of the key quality and safety language required in CMOs. However, we emphasise that the Standards should additionally describe and explicitly outline the various values and principles that must be adhered to and promoted in CMOs.

The Standards would benefit from a strengths-based approach articulated throughout to reflect the language predominantly used in CMOs, and therefore encourage organisational culture and strategies based on this approach. Ultimately, a strengths-based approach will help protect the human rights of people with mental ill-health by recognising their dignity and freedom as well as their right to the highest attainable standard of physical and mental healthcare.

To embed this intention, the Standards should align with a range of interrelated values and principles to improve the safety and quality of mental healthcare and support delivered in the community. Organisations and their workforces must be supported to deliver actions based on these values and principles.

MHV recommends the following:

- The Standards, particularly the Model of Care Standard, should incorporate a strength-based approach to mental healthcare and must be underpinned by key quality and safety principles, such as,
  - recovery-oriented care
  - person-centred care
  - trauma-informed care
  - family-inclusive care
  - compassionate and safe care
  - culturally safe and responsive care
  - evidence-based care and
  - human rights compliant care.
- The Standards should include a focus on the strengths of an individual's recovery journey, including their freedom of choice, dignity of risk, and right to access capacity building and other life skills.

### **Recommendation 2: Ensure the Standards partner with and support consumers, carers, families and supporters**

MHV supports the inclusion of the 'Partnering with Consumers, Families and Carers Standard', including key sections which describe the systems and strategies required to ensure consumers, carers, families and supporters are at the centre of the mental health and wellbeing system. It is vital that service providers develop, implement and maintain systems to partner with consumers, carers, families and supporters.

MHV recommends that the Standards further engage with and reflect the insight, knowledge and life experiences that people with lived experience bring to the mental health

and wellbeing system. To ensure the best possible experience for consumers, carers, families and supporters, the ACSQHC should provide information on how it will partner with these individuals to co-produce the Standards including throughout the implementation and evaluation stages. The ACSQHC should also engage, listen and communicate on an ongoing basis with all those receiving services to meet the expectations of care that the Standards intend to achieve.

Additionally, appropriate language and inclusion of carers should be considered throughout the Standards. The Standards note that further guidance will be developed for consumers and service providers, but this must also include carers, families and supporters. It is critical that services provide support for carers, families and supporters, while also encouraging their participation in planning, delivery and evaluation of services. MHV further recommends language around 'carer' and 'peer workers' in the Standards should be broadened to ensure the Standards are inclusive and reflect current terminology.

MHV recommends the following:

- Provide information on how the Standards have been and will be co-produced with consumers, carers, families and supporters.
- Provide an ongoing strategy to partner with consumers, carers, families and supporters to ensure lived experience is at the centre of implementing these Standards in CMOs.
- Deliver further resources to support consumers, carers, families and supporters to understand the Standards and the relevance to their circumstances and needs.
- Amend language throughout the Strategy to recognise carers, families and supporters, and address the specific risks, care and needs unique to their experience.
- Amend the definition of 'carer' in the glossary to include 'kinship' and 'supporters' to ensure inclusivity of family of choice and cultural relevance, and explicitly acknowledge that the provision of support, care, resources or guidance within a care relationship is unpaid.
- Amend language of 'peer workers' throughout the Strategy to 'lived experience workforce' as aligned with the 2021 Lived Experience (Peer) Workforce Development Guidelines.<sup>1</sup>

### **Recommendation 3: Clearly define specific safety and diversity priorities for key population groups**

MHV applauds the Strategy for recognising the interests and needs of diverse population groups, including Aboriginal and Torres Strait Islander communities. We particularly commend its recognition in the delivery of a safe environment and throughout practice governance, leadership and culture.

MHV recommends the following:

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<sup>1</sup> The National Lived Experience (Peer) Workforce Guidelines use the term 'lived experience workforce' to reflect the broad range of designated positions across various settings, including, but not limited to, consumer consultants, carer consultants and peer workers.

- Offer targeted guidance on how services can recognise and respond to the unique and diverse needs of key population groups to provide high quality mental healthcare.
- Provide further information on how services can be trauma-informed, responsive to cultural and linguistic diversity and inclusive to all members of the community.
- Expand the Strategy’s glossary definition of ‘Diversity, diverse populations or diverse backgrounds’ to include ‘age’.

#### **Recommendation 4: Provide further information on alternative standards and their applicability to services**

We welcome the ACSQHC’s approach of recognising and considering the alignment of the new Standards alongside other existing standards. We particularly commend the ACSQHC’s intention to work with relevant organisations to reduce administrative burden of multiple standards. It is critical that the ACSQHC continues to recognise and accommodate the growing number of standards and frameworks on national and jurisdictional levels that various service providers are affiliated to.

MHV recommends the following:

- Develop a clear strategy to reduce administrative burden associated with implementing multiple standards in services and to ensure that services are not required to undertake double accreditation.
- Provide information on how the new Standards will co-exist with other standards, legislation, frameworks, policies and procedures both on the national level and across jurisdictions. This work should also be continuously revised as new standards and updates emerge. Examples of other standards, legislation, frameworks, policies and procedures that should be considered include, but are not limited to:
  - the National Standards for Mental Health Services 2010
  - the National Safety and Quality Health Service Standards
  - the National Safety and Quality Digital Mental Health Standards 2020
  - the National Safety and Quality Primary and Community Healthcare Standards 2021
  - National Disability Insurance Scheme Practice Standards
  - the Aged Care Quality Standards
  - the General Practice Mental Health Standards Collaboration.

#### **Recommendation 5: Consider the multidisciplinary scope of practice of community managed organisations**

MHV commends the Standard’s high-level definition of a CMO and understanding of the organisational complexities within community mental health services. Although the ACSQHC notes that the Standards are applicable only for mental health service delivery by CMOs, many CMOs provide multiple services that frequently overlap and integrate due to the multifaceted and complex nature of mental health. Often services have connections and pathways within mental health service delivery itself to enable continuity of care and

personal choice. Consequently, certain Standards and their actions may not be relevant to some services, while other services may find that their service delivery exceeds the Standards.

MHV recommends the following:

- Ensure that the broad scope of CMOs are clearly identified and acknowledged throughout the Standards by:
  - outlining the increasing role of CMOs in providing psychosocial supports and services
  - considering the service types that overlap with mental health, and the obligations that go beyond risk and quality for CMOs, such as Information Sharing Schemes
  - acknowledging that certain actions and Standards may be relevant to certain services but not others.

### **Recommendation 6: Integrate and align the standards with ongoing federal and state reforms**

The mental health and wellbeing system is facing unprecedented reform at both the federal and state levels, including reforms throughout community delivered care. It is important that the Standards align with relevant reforms and associated legislative changes to ensure their ongoing relevance and utility in the mental health and wellbeing system.

The Royal Commission into Victoria's Mental Health System set out a vision that is centred on a community-based model of care. In this new system, various reforms such as the review of the Mental Health and Wellbeing Act and the establishment of Local Mental Health and Wellbeing Services and Regional Boards in Victoria will emerge over the next decade. It is critical the ACQSHC can be dynamic to capitalise on these community-based developments and ensure the Standards maintain their relevance and utility in an evolving system landscape. Further, the ACQSHC will need to consider how the Standards can continue to provide a consistent approach to service delivery and maintain a collective approach to improving outcomes and performance in CMOs.

MHV recommends the following:

- The ACQSHC should outline how the Standards will be applied and amended alongside various national and jurisdictional-level reforms such as implementation of new reports, commissions and recommendations.
- The ACQSHC should engage new and emerging bodies involved with relevant services, such as Victoria's Local Mental Health and Wellbeing Services, to identify the role and use of the Standards.

### **Recommendation 7: Develop a clear plan on implementation and communication, and ensure that consumers, carers, families and supporters are at the centre of developing and implementing the Standards**

We welcome the ACSQHC's intention to provide further guidance to service providers, consumers, carers, families and supporters to support the implementation of the Standards.

Although the ACSQHC notes that providers should apply their own strategies for practice governance of these Standards, this work must be upheld by a sustainable and coordinated implementation plan developed by the ACSQHC. Combined with guidance from ACSQHC, an implementation plan will ensure these Standards effectively improve the safety and quality of community services.

Further, the Standards must be communicated widely to consumers, carers, families and supporters. The current mental health and wellbeing system continues to be challenging to navigate and the Standards should avoid adding further complexity for services, consumers, carers, families and supporters. As such, communication should clarify the intention of the Standards and how they integrate into the current system.

MHV recommends the following:

- Publicly publish a sustainable and coordinated implementation plan that includes a range of considerations, such as
  - partnerships with consumers, carers, families and supporters
  - resourcing for organisations
  - the administrative burden of accreditation
  - compliance with the Standards
  - ongoing, adequate financial and human resources for organisations.
- Communicate and provide tailored information to consumers, carers, families and supporters to understand the difference between the Standards and other standards, as well as what to expect from services that are aligned and/or accredited with the Standards. This should include accessible communication such as plain English and translated guidance.
- Provide ongoing guidance, communication and support to services to adequately implement these Standards. This should include complementary practice and evidence guides to assist services in how they can demonstrate meeting the Standards criteria.

## **Conclusion**

The Draft Standards present an exciting opportunity to strengthen the quality and safety of mental health and wellbeing service provision in CMOs and ultimately improve the care consumers, carers, families and supporters receive and expect. The ongoing reforms across national and state levels present the largest changes seen across the mental health and wellbeing sector, and as a consequence these Standards must align with these system transformations to accurately reflect the level of required care from CMOs.

For the Standards to meaningfully protect consumers from harm and continuously improve service provision, we recommend the ACQSHC considers key principles and language across the Standards that align with the transformation of the mental health and wellbeing system and outline an implementation plan to support the Standards across CMOs.

Again, MHV thanks the ACQSHC for the opportunity to contribute to this vital piece of work and welcomes any opportunity to provide more detailed advice as the Standards are developed further.

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