SUBMISSION

National Safety and Quality Mental Health Standards for Community Managed Organisations – consultation paper

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Australian Commission on Safety and Quality in Health Care

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Lived Experience AUSTRALIA

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Introduction

Lived Experience Australia (LEA) is a national representative organisation for Australian mental health consumers and carers, formed in 2002 and has approximately 3,000 members and friends. Our core business is to advocate for systemic change, empowerment of consumers in their own care, promoting engagement and inclusion of consumers and carers within system design, planning, and evaluation and most importantly, advocating for consumer choice and family and carer inclusion.

LEA has been very pleased to organise two focus groups of consumers and carers, totalling 25 participants, for the ACSQHC. LEA also welcomes the opportunity to provide this Submission to further inform discussions regarding the National Safety and Quality Mental Health Standards for Community Managed Organisations.

LEA is concerned around the title: National Safety and Quality Mental Health Standards for *Community Managed Organisations*.

Given that a number of health insurers, hospital providers, organisations and individuals etc are providing support to people with serious and complex mental health issues, we don't believe these would be captured easily under this term. They would not necessarily consider themselves a 'community managed organisation'.

LEA is of the view that the following title should be considered to keep updated with the reforms and expansion of services in the community which must be accountable via the introduction of standards. Whilst we understand that the common reference now from Government is community managed organisation to replace the 'non-government organisations' we believe that this change should be discussed and strongly reconsidered. LEA proposes changing the title to:

National Safety and Quality Mental Health Standards for *the Non-Government Sector*.

Or

National Safety and Quality Mental Health Standards for *Service Provision in the Community*.

Key Consultation Questions

1. How applicable are the example standards of 'Governance', 'Partnering with Consumers' and 'Model of Care' to the quality and safety of community managed mental health services?

LEA agrees mostly with the content and actions within this standard. We also note specific additional domains that could form additional standards. LEA fully supports the stand-alone inclusion of these rather than absorbing criterion/actions within proposed other standards:

- **Rights and responsibilities**
- **Comprehensive and integrated**
- **Carers**
- **Responding to acute deterioration**

LEA wishes specifically to address Carers as a stand-alone standard. LEA tried hard to influence the uptake of this within the 2nd Edition, National Safety and Quality in Health Care Standards but were unsuccessful.

Within the mental health sector, families and carers often play a critical role in the provision of instrumental and emotional support to consumers, and system navigation with and on behalf of consumers. They do so without clinical or other training or education and are most frequently locked out of discussions around diagnosis, treatment, medications etc yet are expected to provide the support required 24/7 without sufficient inclusion within this process, including discharge from hospital inpatient, crisis centres, short stay and rehabilitation units.

The National Standards for Mental Health Services – Standard 7 Carers articulated the right to be included. LEA believes this must be included within these standards for CMOs.

We note below those currently within the 2nd Edition, National Safety and Quality in Health Care Standards outlines below which LEA believes should be included within one of the proposed standards.

Governance

- 1.02: Aboriginal and Torres Strait Islander peoples. Given the importance and that CMO's also provide services to this population, LEA believes relevant actions should also be incorporated in these standards.
- 1.01: Articulates the organisation's leadership, develops a culture of safety and quality improvement and satisfies itself that this culture exists within the organisation.
- 1.23: Should also have reference to peer workers in terms of working within their scope of practice and supervision by another peer.
  1.30: Refers to safe environment. Whilst the proposed standards for CMOs touches on this, LEA believes more should be articulated especially around home visits. There should be noted within the Actions, text as to the organisation having processes or procedures in place to track clinicians/peer workers in their home visits.

Partnering with Consumers

- 2.03: LEA would like to see articulated that consumers are provided with a Statement of their Rights and Responsibilities at first contact. If this is to be a standalone standard, which we support, then articulated within that Standard, would address our concerns. this would address this.
- 2.05 and 2.06: that consumers have the right to make their own decisions about the services being provided by the CMO. This too could be incorporated under a Rights and Responsibilities standalone statement.
- 2.09: LEA would also like to see articulated for the consumer to received relevant information to enable decision making, as incorporated in a standalone Rights and Responsibilities statement.

2. What other domains relevant to community managed organisations providing mental health services should be considered for inclusion in the NSQMH Standards for CMOs?

- As above, focus on Aboriginal and Torres Strait Islander peoples, rights and responsibilities, decision making, carers.

3. Are there specific actions you would like to see included within the NSQMH Standards for CMOs?

- Refer to above comments

4. Are there specific 'actions' where you would suggest services must demonstrate particular 'evidence of compliance'?

- Process as to the provision of statement of rights and responsibilities
- Process re consumers right to make their own decisions
- Process for the identification and partnership with carers
- Process for the cultural awareness for working with Aboriginal and Torres Strait Islander peoples and those from culturally diverse communities.
- Process for inclusion of cultural safety, rights and responsibilities etc in the training calendar as mandatory training requirements

5. Is there terminology related to the CMO sector and the way it operates that should be incorporated into the NSQMH Standards for CMOs? If yes, please list. What terminology would you prefer not to be used?

LEA considers the terminology is mostly relevant to the CMO sector. However, the CMO sector does differ in a few ways. The partnership with both consumers in their own care including choice, and the inclusion of families and carers seems to be stronger in these settings.

LEA uses the terms below in our advocacy.

- **Mental ill-health** rather than mental illness because we consider this covers the full range of acuity
- **Person with a lived experience** rather than either consumer or carer, however there are areas when we wish to differentiate, and we revert back to consumer or carer to be specific to those experiences.
- **Client** LEA sometimes uses this term, as this is mainly the term used in the CMO area where as consumer/carer seem to be something used more within hospital settings.
- **Families and carers** We also use this term.
- **Partnership** is also a term we are using more, rather than participation, inclusion, engagement, again depending upon what we are trying to articulate.

In summary, LEA uses terms interchangeably depending on the circumstances of need.

6. Are there other standards that apply in the mental health sector (*e.g., the NDIS Practice Standards or NSQ Digital Mental Health Standards*) with which the NSQMH Standards for CMOs should have a consistent approach e.g., in terms of language, concepts and structure? If so, please list.

LEA believes there should be a cross reference undertaken across any other standards that may impact on this area, currently in operation. As with all standards complying with legislation, all standards should work together across areas specific to the provision of mental health treatment, care, and support.

Those most relevant would be the:

- NSQHC Standards 2nd Edition
- Standards for Community Mental Health (replacing the National Standards for Mental Health Services) being developed
- Responding to Deterioration
- NDIS Practice Standards

7. How should a mutual recognition framework work for the NSQMH Standards for CMOs in relation to other standards? Please list the other standards you think are relevant.

As above

8. What are the important considerations in determining the approach to implementing the NSQMH Standards for CMOs?

LEA notes that in the first instance the implementation of these standards will be voluntary. Given the very wide range of services CMO's provide, (Noting the NSW Mental Health Co-ordinating Council (MHCC) NSW Community Managed Mental Health Sector Mapping Report (2010) the range may well have significantly changed since that report was provided.

Consumers receiving support from the CMO sector are usually particularly vulnerable, often live in isolation, are increasingly NDIS participants, and are in need of stable accommodation, financial support, etc. Given the multiple vulnerabilities, LEA believes a key requirement for these Standards for the CMO sector is to become mandatory over time.

LEA would like to see a phased in approach, with the expectation that CMOs will be implementing these standards within a 5-year period.

9. What accreditation approach would be appropriate for the NSQMH Standards for CMOs?

Taking the above into consideration, LEA believes that accreditation must ultimately be the same as for clinical services.

10. What guidance, resources or tools do you feel that assessors might need when measuring services against the NSQMH Standards for CMOs?

Health services have a 'guide' where example outputs are articulated to assist in the accreditation process. LEA believes that assessors should access this 'guide' which should be developed specific to this CMO sector.

This would allow for consistence of understanding across CMOs and the assessors. This would assist in the accreditation process which would align the understandings of each party.

Consistency relating to accreditation assessments is a controversial issue. Given the number of CMOs across Australia, we believe there should be suitably qualified assessors specific for this sector. Peer workers or people with a lived experience would be ideally suited for these positions.

I would be very happy to provide further clarification on this Submission.

Contact

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