

**CONSULTATION PAPER**

**ON THE NATIONAL**

**MENTAL HEALTH PLAN**

**2003-2008**

**Prepared by**

**The National Mental Health Plan Steering Committee**  
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# CONSULTATION PAPER ON THE NATIONAL MENTAL HEALTH PLAN 2003-2008

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## Introduction

In 1992, all Australian Health Ministers agreed to a *National Mental Health Policy*. This policy initiative represented the first attempt to co-ordinate mental health care reform at a national level, and became known as the *National Mental Health Strategy*. The Strategy brought about a major reform process in the way services are provided to people affected by mental illness and in the way mental health and mental illness are understood and approached at a national and state/territory level.

The Policy directions of the *National Mental Health Strategy* are:

- to promote the mental health of the Australian community;
- to, where possible, prevent the development of mental illness;
- to reduce the impact of mental illnesses on individuals, families and the community; and
- to assure the rights of people with mental illness.

The Policy identified 12 priority areas for reform (Table 1) as well as defining specific Policy directions and strategies for implementation.

**Table 1: Priority areas for reform in 1992**

1. Consumer rights
2. The relationship between mental health services and the general health sector
3. Linking mental health services with other sectors
4. Service mix
5. Promotion and prevention
6. Primary care services
7. Carers and non-government organisations
8. Mental health workforce
9. Legislation
10. Research and evaluation
11. Standards
12. Monitoring and accountability

The Strategy was originally articulated in four major documents:

- The *National Mental Health Policy* outlined the new approach to mental health care, promoting a move from an institutional to a community-based orientation. It defined the broad aims and Policy directions to guide the reform process for the 12 priority reform areas.

- The first *National Mental Health Plan* charted an action plan for the first five years of the Strategy and described how Commonwealth and State/Territory governments would implement the aims and Policy directions of the Policy.
- The *Mental Health Statement of Rights and Responsibilities* outlined the philosophical foundation of the Strategy. It was based on the principles of the United Nations Resolution 98B (Resolution of the Protection of Rights of People with Mental Illness) and was agreed to by Health Ministers in 1991.
- The *Medicare Agreements* set out the Commonwealth and State/Territory roles in achieving reform of mental health services and defined the conditions for the transfer of Federal funding to assist in the reform.

The changes proposed were ambitious by international standards. Overseas experience showed that such reform intentions were not easily translated into successful outcomes in the mental health field. Successful mental health reform requires change in many systems, which operate both within and outside the boundaries of the mainstream mental health industry.

Progress through the first five years of the Strategy was summarised in 1997 in the document *Evaluation of the National Mental Health Strategy, Final Report*. This report concluded that the mental health system in Australia at the commencement of the Strategy had been in a poor state and that considerable gains had been made, specifically:

- substantial change had occurred in the structure and mix of public mental health services consistent with the national Policy directions;
- there was broad consensus that the range and quality of mental health services had improved substantially;
- there was a widely shared belief that the *National Mental Health Strategy* was instrumental in producing, or at least, accelerating the change process;
- funds made available under the Strategy had been critical in expanding mental health services into the community and encouraging innovation; and
- the Strategy had provided leverage to change human service systems operating outside the traditional mental health boundaries, which had previously been reluctant to accept responsibility for mental health clients, particularly housing and employment.

Despite the many positive developments, it was also reported that there was widespread dissatisfaction with many aspects of mental health services in Australia in 1997. Consumers continued to report problems with access to services, poor service quality and stigmatising staff attitudes, and many had been disenfranchised by a focus on ‘serious mental illness’. Carers felt left behind in service development and services could not meet the escalating demand on their limited resources. Primary care practitioners complained of the insularity of mental health services, both public and private. In the community, the mental health system remained feared and unknown and continued to stigmatise and discriminate against those affected by mental illness. It was concluded that much work remained to implement the National Mental Health Policy.

In response, a *Second National Mental Health Plan* was endorsed by Australian Health Ministers in 1998. The Second Plan was developed within the framework of the existing *National Mental Health Policy* and provided a renewed commitment to the policy directions of the *National Mental Health Strategy*. It built on the achievements of the first Plan and identified three additional areas for national activity for the period 1998-2003: promotion and

prevention; development of partnerships in service reform; and quality and effectiveness of service delivery.

Progress under the Second Plan has recently been summarised in the document *Evaluation of the Second National Mental Health Plan*. The Evaluation concluded that, at the end of the Second Plan and 10 years into the *National Mental Health Strategy*, substantial additional reform had been achieved and the shape of mental health services has been irrevocably altered. The mental health system is no longer based on large stand alone psychiatric institutions, but has moved to providing psychiatric care within the mainstream health system and through community care where possible. Furthermore, the nature of the workforce providing mental health care has changed substantially: the role of primary care, which includes general practice, is acknowledged as a critical area complementing the specialist mental health workforce. The mental health agenda has been broadened from a focus solely on treatment to incorporating an entire spectrum of interventions, including mental health promotion, the prevention of mental health problems and mental disorder, early intervention, rehabilitation and recovery. The introduction of a population health approach to mental health has spurred a growing understanding that mental health is everybody's business and responsibility.

The complexity of the reform process has become increasingly evident during the Second Plan. To reform, reshape and redefine mental health care in Australia is an ambitious undertaking that has no international precedent. The first 10 years of reform has seen an impressive start, but there is much still to be achieved. The focus of consumer rights has moved from open human rights abuses to problems of neglect. While formal mechanisms for consumer and carer participation have been put in place, these do not comprise the meaningful participation that is required. Community expectations are now higher regarding access to quality mental health care, and have moved beyond the basic hopes held at the outset of the Policy in 1992. Australians now anticipate a timely, respectful, individualised and holistic approach to their mental health care, coordinated within the mainstream health system and delivered in accord with cultural and developmental needs. There is much yet to be done in terms of funding, researching, planning, delivering and reporting on mental health care to realise this expectation.

In response Health Ministers have agreed to the development of a *National Mental Health Plan for 2003-2008*. This Consultation Paper has been developed from the Evaluation of the Second National Mental Health Plan and input from the AHMAC National Mental Health Working Group and the Mental Health Council of Australia. It aims to promote discussion and debate about the directions which should be pursued in mental health reform in Australia over the next five years.

# Suggested Aims and Principles

## Aims

The original aims of the National Mental Health Strategy are considered to be as current today as they were in 1992. The *National Mental Health Plan 2003- 2008* should adhere to these aims:

- to promote the mental health of the Australian community;
- where possible, to prevent the development of mental health problems and mental illness;
- to reduce the impact of mental illness on individuals, families and communities; and
- to assure the rights of people with mental illness.

## Principles

### ***The rights of consumers, and their families and carers, are an impetus for reform***

An important impetus for reform is the rights and needs of consumers and their families and carers. Consumer rights and consumer and carer participation should, therefore, be afforded a high priority. This entails protecting the rights of consumers in all policy, planning and delivery of mental health services. It also means empowering consumers, and their families and carers, to be able to fully and meaningfully participate at all levels, including individual treatment plans, service delivery, planning and policy.

### ***Mental health requires a population health approach***

A population health approach is most effectively applied to mental health. The population health approach is based on an understanding that the influences on mental health occur in the events and settings of everyday life. Mental health is therefore everybody's business and responsibility.

While it is essential to meet the treatment needs of people currently experiencing mental illness, a balance of mental health interventions across the entire spectrum and applicable across the lifespan are required to achieve longer term goals. This includes interventions to promote mental health, prevent the development of mental health problems and mental illness, intervene early when mental illness does develop, effectively treat people with current mental illness and support their recovery and rehabilitation, as well as prevent relapse for people who are at risk.

### ***All Australians should have access to effective mental health care***

The Commonwealth and State and Territory governments have accepted the principle of universal access to basic health care, which includes mental health care. This principle guides the level, mix, and geographic distribution of services and the costs of health care to the individual. Health services should be of high quality and of a standard consistent with other developed countries. Financing of health care should be equitable. The equity and universal access principles demand a strong role for governments in funding, planning and regulating health care. Services are provided through a mixture of public and private delivery and financing systems, with service agencies being relatively autonomous. Governments are,

however, increasingly demanding accountability for the allocation of resources and seek to increase the efficiency of services.

### ***Mental health care should be responsive to the needs of consumers, families and carers, and communities***

Mental health care should be responsive to the diverse needs of the Australian population. It should be responsive to population needs in terms of the level and mix of services required in different geographical areas. It should be responsive to needs as they vary across the lifespan. It should be responsive to the needs of consumers as they vary across the course of an illness. It should be responsive to the unique needs of some population groups, particularly people who live in rural and remote communities, Aboriginal peoples and Torres Strait Islanders, people from culturally and linguistically diverse backgrounds, and people with complex needs. Mental health care should be reformed with the aim of becoming increasingly responsive to the needs of consumers, families and carers, and communities.

### ***A recovery orientation should underpin service delivery***

For too long mental health services have been delivered without a positive focus on recovery. Recovery is both a process and an outcome and is essential for promoting hope and wellbeing for people with mental illness. A recovery orientation emphasises the development of new meaning and purpose for consumers and the ability to pursue personal goals. Mental health services should learn to operate within a framework that supports empowerment and personal capacity building for consumers.

### ***Workforce development is fundamental to reform***

The supply, distribution and composition of the mental health workforce are essential to reform. Not only should the overall size of the workforce match community need, its distribution must be right. If this is not the case, those outside metropolitan areas will remain underserved. Balancing the composition of the mental health workforce is important. This should aim for an appropriate mix of medical and allied health professionals, providers from the specialist mental health sector and the primary care sector, public and private sector providers, and inpatient and community clinicians.

The attitudes, knowledge and skills of the mental health workforce are also fundamental to the improvement of mental health services. A mental health workforce that does not, itself, stigmatise people with mental illness, but instead actively works against stigma and discrimination, is fundamental. The workforce should be prepared to work within genuine partnership models, particularly with consumers and carers. The workforce also needs to be highly skilled and knowledgeable and be able to work within a shared understanding of best practice and evidence.

### ***The safety and quality of mental health care must be assured***

Consumers, and their families and carers, as well as the community have the right to expect mental health care to be safe and effective. Monitoring the safety and quality of mental health care is, therefore, essential to ensuring the rights of consumers and providing an effective service system. Priority should be given to fully implementing data collection systems that provide the information upon which decisions related to safety and quality can be made. Furthermore, information and information systems need to be available, and outcome measures should be developed that are agreed in consultation with all those individuals and groups likely to be affected.

### ***Innovation must be strongly encouraged and supported***

In the field of mental health there is much yet to learn, in both the treatment of mental health problems and mental illness and the delivery of mental health care. Currently, there is a high level of burden related to mental illness that is unable to be alleviated. Consequently, high priority should be given to supporting the development of original and creative solutions. Suggested priority areas to address this would include research into the aetiology of mental illness, the development of new treatments in biological, psychological and social therapies, ways to reduce risks for mental health problems and increase resilience, along with better models of service delivery to make services more responsive to the diverse range of needs evident across the Australian population. Research and evaluation are required to help formulate and improve intervention programs, to ensure that interventions are effective, and to measure both the short and long-term consequences.

### ***Sustainability must be ensured***

If an innovation is shown to be effective and appropriate, there is an obligation to have the resources in place for ongoing implementation. Embedding and mainstreaming an effective innovation requires policy, planning and funding commitment at the outset. Not only should the resources be in place to continue to support the new program, there are also likely to be additional resources required to disseminate information regarding the innovation, and to educate and train all the relevant workforces in the new approach or technique.

### ***The level of resources appropriated for mental health care will determine outcomes***

While much can be achieved in creating more efficient and effective mental health care within current resource allocations, fully realising the vision for Australia's mental health system will require substantial resource commitment. The extent to which outcomes are achieved will be determined, in part, by the level of resources devoted to mental health. Mental health warrants a resource base commensurate with its health impact.

### ***Mental health reforms must not occur in isolation, but in concert with other developments in the broader health sector***

Many of the issues of concern in mental health are not unique, and are being considered elsewhere in the health sector, where allied developments are occurring. Mental health reforms should occur in concert with these broader developments, in order to maximise the likelihood of their succeeding. For example, reforms that relate to improving access to mental health services for Aboriginal and Torres Strait Islander people should occur in conjunction with the emotional and social wellbeing framework being developed by the Social Health Reference Group. Likewise, reforms aimed at improving quality and safety through intelligent use of data and performance monitoring should take into consideration the efforts of the National Health Performance Framework and the National Health Information Strategies.

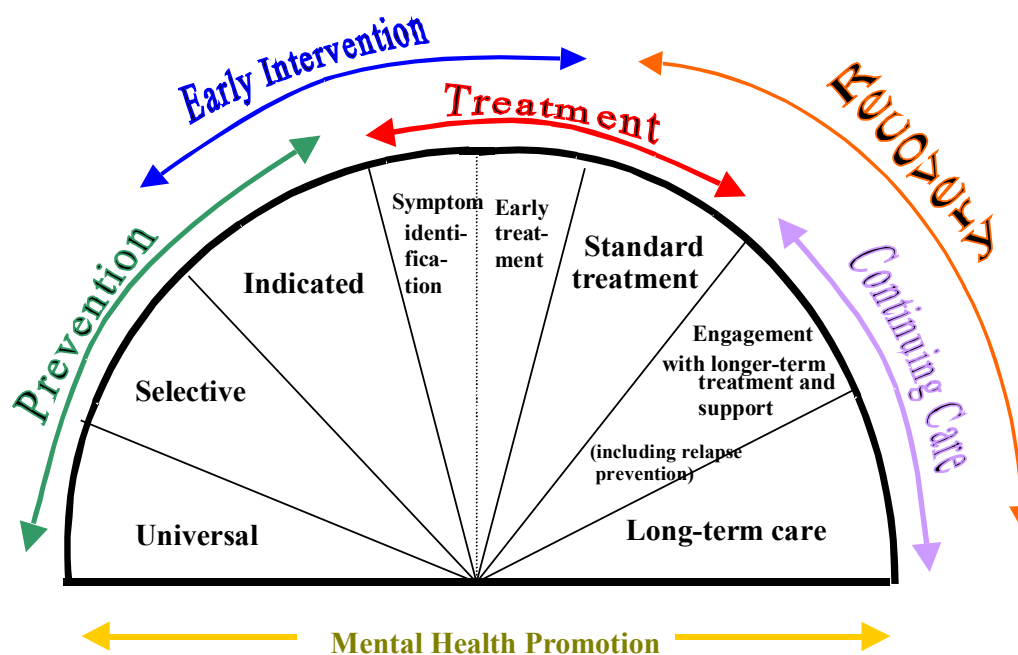
# Suggested Priority Areas

## 1. Improving Population Mental Health

The population health approach is based on an understanding that the influences on mental health occur in the events and settings of everyday life, and consequently, everyone in Australian society has a role in promoting the wellbeing of all Australians.

The population health approach acknowledges the complex and multi-factorial nature of the causal pathways to mental health problems and mental illness. It recognises that health and illness result from the complex interplay of biological, psychological, social, environmental and economic factors at all levels – individual, family, community, national and global.

Interventions to promote health and reduce ill health need to be developed relevant to the needs of population groups, and should therefore encompass the entire spectrum of interventions from prevention to recovery and relapse prevention (see Figure 1). Interventions should be supported by an appropriate evidence base, and informed by ongoing monitoring and evaluation.



**Figure 1. Spectrum of interventions for mental health**

Source: adapted from *Promotion and Prevention Action Plan 2000* and Mrazek and Haggerty 1994

### 1.1 Promoting mental health

Mental health promotion aims to protect, support and sustain the emotional and social wellbeing of the population by promoting the factors that enhance mental health. It focuses on improving environments (social, physical, economic, educational, cultural) that affect mental health and enhancing the capacity of communities, families and individuals to cope with adversity. Mental health promotion is concerned with promoting wellbeing for the entire population – people who are currently well, those at-risk of developing a mental health problem, and those experiencing mental ill health.

### **Suggested action**

- Ensure that all public policies have a positive or benign effect on mental health.
- Create environments (social, economic, cultural and physical) that support mental health.
- Strengthen community participation for all individuals, groups and organisations, particularly consumers and their families and carers.
- Educate the public on mental health, mental health problems and mental illness; particularly how to support and enhance mental health for oneself and others, how to recognise the early signs and symptoms of mental health problems and mental illness, and how best to respond to the signs and symptoms of mental health problems and mental illness when they arise.
- Reduce the stigma of mental illness by ensuring that the public receives accurate and sensitive information regarding mental illness, particularly from the media, and ensuring that Australian communities are tolerant and inclusive of people with mental health problems and mental illness.

### **1.2 Preventing mental health problems and mental illness**

The prevention of mental health problems and mental illness depends on identification and modification of the determinants of mental health and mental ill health. Effective prevention requires an understanding of the risk and protective factors for mental health, identification of the groups and individuals who can potentially benefit from interventions, and the development, dissemination and implementation of effective interventions. The population health approach recognises the full range of risk and protective factors that determine health — at the individual, family, community, sector/system and society level. Risk factors increase the likelihood that a disorder will develop and exacerbate the burden of existing disorder, while protective factors give people resilience in the face of adversity and moderate the impact of stress and transient symptoms on social and emotional wellbeing. An understanding of risk and protective factors enables the targeting of preventive interventions.

### **Suggested action**

- Develop and evaluate universal, selective and indicated prevention programs for mental health in response to emerging scientific knowledge.
- Widely disseminate information about and encourage the sustained implementation of effective prevention programs.

### **1.3 Identifying population need**

Monitoring and surveillance of mental health within populations informs the development of mental health interventions at all levels. Health outcomes are a change in the health of an individual, a group of people or population group that is attributable to an intervention or series of interventions. Within a population health approach, outcomes are not restricted to measuring disease or illness incidence, but also include social and environmental factors, such as changes in employment status, level of education and social capital. There is often a considerable time lapse before changes in health outcomes are apparent, and consequently there is a need for indicators of more proximal measures to assess the outcomes of mental health interventions. Indicators relevant to monitoring mental health outcomes need to focus on epidemiological data about the incidence and prevalence of risk and protective factors

related to mental health and mental illness, as well as levels of morbidity and mortality within communities and specific population groups.

#### **Suggested action**

- Monitor trends in the mental health and wellbeing, as well as the incidence and prevalence of mental health problems and mental illness, for all population groups within the Australian population.
- Monitor changes in the risk and protective factors for mental health for all population groups within the Australian population.
- Ensure that epidemiological information from mental health surveillance informs policy, planning and program development.

#### **1.4 Scientific evidence base**

A population health approach should be based on strong scientific evidence. This evidence base needs firstly to contribute to our understanding of the determinants of mental health. However, it should be noted that, for effective action, it is not essential to understand the causes of mental health problems and mental illness; it is still possible to intervene without such an understanding.

Research and evaluation are vital contributors to the scientific evidence base. Specifically, studies to determine the efficacy and the effectiveness of mental health interventions should be supported. Efficacy studies are undertaken under controlled conditions to develop and define intervention strategies. Effectiveness studies test the ‘real world’ impact of interventions that have been shown to be efficacious. Both types of studies are needed to develop the evidence base to determine best practice for mental health interventions.

#### **Suggested action**

- Encourage further research into the causes of mental health problems and mental illness.
- Develop the evidence base for best practice in mental health interventions, including studies of both the efficacy and effectiveness of interventions.
- Widely disseminate the evidence base for mental health interventions to all those with an interest in mental health.

## **2. Service Responsiveness**

Since the advent of the *National Mental Health Strategy* a great deal has been achieved in reshaping mental health services. The mental health system is no longer based on large stand alone psychiatric institutions, but has moved toward providing psychiatric care within the mainstream health system and through community care. The mainstreaming of mental health care within the organisational structures of the wider health system should continue and be sustained, and community-based care should be the focus of care wherever possible.

The mental health workforce has similarly expanded. Clinical service delivery through the mental health sector includes the specialist mental health sector and elements of the primary care sector. The specialist mental health sector includes both public and private services, which employ psychiatric and allied health professionals. The primary care sector includes general practitioners and many other primary care providers, such as the Aboriginal community-controlled health services, allied health professionals and staff of emergency departments and community health centers.

Consumers, and their families and carers, should be empowered to participate fully at all levels of planning and service delivery, and in relation to individual treatment plans.

### **2.1 Access to mental health care and service mix**

Consumers and their carers should be able to access services as and when they need to, both within and beyond the specialist mental health sector. Access should be equitable for all population groups within Australia and should be commensurate with identified population needs.

National consensus is yet to be achieved regarding appropriate levels of funding, effective packages of services for individuals and communities, as well as reasonable prices per unit of service. Resolution of these service mix issues is necessary for the mental health industry to become truly responsive and effective in terms of population need. There is an uneven distribution of mental health resources within Australia, particularly outside major urban areas. Historical patterns of service delivery and resource allocation should be reformed as necessary, and the pace of change accelerated in identified areas.

The mental health system needs to be adequately resourced and local systems need to meet the demands of the populations they serve. This necessitates identification of population needs and consideration of the mix of services required to respond to identified needs. The appropriate mix of specialist mental health (public and private), primary care (including general practice), and other support services, including accommodation, disability support, and domiciliary care, should be provided.

Mental health services are still often centralised and should become more widely available. Innovative models to provide specialist mental health services, both public and private, to underserved areas should be pursued.

It is now recognised that general practitioners are usually the initial point of contact in the health sector for people with mental health problems and mental illness. An effective response by general practice is essential for meeting population needs and for providing continuity of care. Regions need to be served by an appropriate level of general practice services to meet population needs. General practitioners should be supported in their mental health care role by strong alliances with specialist mental health services as well as with other primary care providers.

Accommodation services are essential for the transition from institutional to community care, and appropriate accommodation options are required in all regions.

Community-based services, in general, are relatively undeveloped and their distribution remains uneven. Greater priority should be given to the development of mental health treatment, rehabilitation and recovery within the community as well as community support services for people who have been discharged from institutional care. The delivery of community services should be coordinated within the wider service system.

#### **Suggested action**

- Ensure that consumers can access mental health care as and when they need to, and that access is equitable across all population groups, particularly for those groups identified as having high or special needs such as Indigenous Australians, people from culturally and linguistically diverse backgrounds, people living in rural and remote communities, adolescents and young people, older adults, and forensic populations.
- Ensure that service systems are planned in response to population needs and that there is an appropriate mix of specialist mental health services (public and private), primary care (which includes general practice), and community support services within communities.

### ***2.2 Responsiveness to a wide range of mental health problems and mental illnesses***

The mental health system should be responsive to the wide range of conditions that comprise mental health problems and mental illness. The system should develop the capacity to respond effectively to both high and low prevalence disorders, and be attuned to local population needs.

#### **Suggested action**

- Develop the capacity of the mental health care system to respond effectively to the wide range of mental health problems and mental illnesses, including high and low prevalence disorders.
- Ensure that local system planning meets population needs in terms of local trends in the incidence and prevalence of mental health problems and mental illness.

### ***2.3 Early intervention***

Identification and an effective response to the first signs of a mental health problem and symptoms of mental illness are essential to enable early intervention. Intervening shortly after a need has arisen may reduce distress, shorten the episode of illness, and minimise the level of intervention required. Early intervention aims to reduce dependency and the disabilities that are often associated with symptoms of mental illness, as well as enhance hope for future wellbeing. Early intervention may occur at any stage of life, from childhood to older adulthood: its distinguishing feature is that it occurs early in the developmental pathway to mental illness.

Early intervention requires a mental health system geared toward acting quickly and effectively, with minimal invasiveness and in a non-stigmatising manner, recognising the right and needs of consumers and their families and carers. It requires strong partnerships with other sectors, so that people showing the early signs of mental illness can be identified and referred to effective care. Early intervention also requires people being aware of their

mental health status and having the knowledge and willingness to enable them to seek help when required.

#### **Suggested action**

- Encourage early help-seeking behaviour within the community.
- Ensure the mental health system has the capacity to respond in a timely and effective manner to the early signs and symptoms of first or recurrent episodes of mental illness.
- Research and develop effective early intervention models for both high and low prevalence disorders, ensuring that early intervention is non-stigmatising and recognises the rights and needs of consumers, and their families and carers.

### ***2.4 Continuity of care across the lifespan***

People with mental health problems and mental illnesses may require mental health care at different points throughout their lifespan, and the mental health system should be responsive to differing needs across the lifespan. Coordinated pathways of care should also be available for individuals whose mental health needs span more than one stage of life. Artificial barriers between services that are focused on specific stages of the lifespan (for example, adolescent services, adult services, or psychogeriatric services) should not impact on the provision of coordinated care or disrupt care pathways for individuals.

Some mental health problems are more prevalent at particular stages of the lifespan, and some recur. Furthermore, different stages of the lifespan bring varied risks for mental health as well as diverse treatment needs. Population trends reveal that children, adolescents, and young adults require special emphasis for mental health care. Australia's aging population will require the enhancement of service provision for this part of the lifespan. Service provision should be responsive to population needs and provide treatment approaches that are suitable at different stages of the lifespan, but do this with an understanding that the lifespan is continuous.

#### **Suggested action**

- Ensure that mental health care is responsive to the diverse needs of consumers across the lifespan, and that treatment approaches are appropriate to the needs of different lifespan groups, particularly children, youth and older adults.

### ***2.5 Continuity of care across the course of disorder***

Mental health problems and mental illnesses have a developmental trajectory where vulnerability is followed by early signs and symptoms, which may develop into diagnosable disorder, which then may or may not recur. For some consumers, mental illness leads to chronic disability. The mental health system should be responsive to differing needs across the course of disorder, from early intervention to relapse prevention and psychiatric rehabilitation. The response to different episodes of care should be coordinated and meet the individual and changing needs of consumers, their families and carers.

#### **Suggested action**

- Ensure that continuity of care is provided to consumers across the course of their illness, through the provision of individual care pathways that recognise and respond effectively to changing needs.

## **2.6 Access to support from intersectoral services**

Establishing effective intersectoral linkages has been one of the greatest challenges of the *National Mental Health Strategy*. Although intersectoral collaboration has been evident in some pilot areas, it has not been developed in a systematic or coordinated way. Lack of accountability or incentives for different sectors to work across their professional and service boundaries has hindered partnership development.

Consumers experience persistent inequities regarding access to some of the support services that are essential to recovery and impact on their capacity to manage in the community. In particular, access to disability services, accommodation and domiciliary care is problematic, but inequities also persist in access to employment, education and training, and income support. It is essential that barriers to support services be removed, and all discriminatory practices abolished.

Negative attitudes toward people with mental illness are widespread in services outside the mental health system. It is important that negative attitudes and discriminatory practices are eliminated so that consumers can access these services without fear of stigma. This requires identification of stigmatising attitudes and practices, and education of intersectoral workforces to better understand and respond to the needs of mental health consumers.

### **Suggested action**

- Ensure that consumers experience equity of access to all services that impact on their recovery, including disability, accommodation, income support, education and training, employment, and domiciliary care.
- Ensure that providers of intersectoral services do not stigmatise or discriminate (implicitly or explicitly) against mental health consumers.

## **2.7 Coordinated and integrated care**

Delivering effective mental health care that is responsive to the many diverse and changing needs of consumers (acute and long-term) and their families and carers, requires working within complex systems of service delivery. Providing a fully integrated system of mental health care requires both intra and intersectoral coordination and the development of integrated care pathways for consumers. This is a challenging task necessitating expanding service frameworks within and beyond the health system, to incorporate mental health and primary care, as well as the disability, accommodation and wider welfare systems, and education, employment and other sectors that impact on the recovery of people with mental illness.

There is an urgent need for effective models of integrated care, whereby innovative funding and service delivery can effectively coordinate and deliver continuity of care for consumers. Strong partnerships are essential for continuity of care, and effective partnership models are beginning to evolve in some areas. However, further development of partnership models is required, along with ways to sustain and embed partnerships as standard practice.

### **Suggested action**

- Develop and implement funding and service delivery models of integrated mental health care that are responsive to the needs of consumers and their families and carers.
- Develop effective partnerships between specialist mental health services, primary care (which includes general practice), and intersectoral services to ensure the provision of coordinated and integrated care for consumers.

## **2.8 Responsiveness to diverse needs within the Australian population**

Services need to recognise diversity within the Australian population and provide services accordingly. Of special note, services need to be culturally sensitive and responsive. Population groups of special cultural significance in Australia are Aboriginal peoples and Torres Strait Islanders and those from culturally and linguistically diverse backgrounds. All services should be culturally sensitive to the needs of different population groups.

Services also have to be responsive to issues of distance and access, particularly for those people living in rural and remote communities.

### **Suggested action**

- Ensure that the mental health care needs of all Australians are met, with special emphasis on the unique needs of: Aboriginal peoples and Torres Strait Islanders; people from culturally and linguistically diverse backgrounds (especially those at high risk); people living in rural and remote communities; and children and young people.

## **2.9 Responsiveness to consumers with complex needs**

Effective service models should be developed for consumers with complex needs. People with personality disorders and comorbid conditions often have complex needs. Many consumers experience more than one mental health problem or mental illness concurrently, and this comorbidity should be recognised and responded to effectively. The high prevalence of comorbid substance misuse disorders is of particular significance for mental health care systems. However, other comorbid conditions such as intellectual disability and physical illness and disability should also be addressed.

People with comorbid and complex conditions are at even greater disadvantage than other consumers in effectively accessing the care they need, and special effort should be made to ensure that they receive mental health care an equitable level of mental health care. Providing integrated and coordinated care pathways for consumers with complex needs, while protecting their human rights and ensuring their meaningful participation, is a challenge that should be prioritised.

Although it is accepted that, in general, extended inpatient care is undesirable, there is a small number of people who require such care. They include people with mental illness who are seriously behaviourally disturbed and pose an ongoing risk to themselves or others, and people with mental illness who are unable to maintain a reasonable quality of life in the community even with optimal community support. These consumers may be best placed in a protected environment because of the risk they pose to themselves and/or others. To address their rights, the facilities for these people need to be maintained at an acceptable standard appropriate to their needs. Control and restraint of people with mental illness should be exercised only for the purposes of protecting the individual and others. At all times, there should be protection of human rights.

### **Suggested action**

- Develop models of integrated service provision that ensure effective mental health care for consumers with complex needs, particularly between mental health services and drug and alcohol services, physical health services, youth services, intellectual disability services, forensic services, and aged care services.

- Ensure that an acceptable standard of services is provided to people with mental illness who are seriously behaviourally disturbed and pose a risk to themselves or others, and are therefore detained in institutions, and that their human rights are preserved.

### ***2.10 Recovery, rehabilitation and relapse prevention***

A recovery orientation should underpin service delivery and there should be greater emphasis on rehabilitation, recovery and relapse prevention. Mental health services should operate within a framework that supports the empowerment of consumers and personal capacity building. This requires better understanding of the factors that impact on rehabilitation and relapse, along with coordinated provision of the support services that are determined to be essential to recovery. Equitable access to and better coordination of support services should be achieved, particularly for accommodation, disability, and employment services.

#### **Suggested action**

- Ensure that mental health services operate with a recovery orientation.
- Ensure that rehabilitation and relapse prevention are built in to mental health service delivery in an integrated and coordinated way.

### ***2.11 Recognition and support for carers, community support services and non-government organisations***

With the move to more community focussed treatment for people with mental illness, the enhanced role of carers, community support services and non-government organisations should be recognised and supported. The needs of families and carers, particularly where children are carers, should be acknowledged and services put in place to support their efforts and ensure that their own wellbeing is maintained. Initiatives to include families and carers in treatment planning are essential. Mental health services should become more responsive to the needs of carers and increase support options, especially better access to respite care.

Non-government organisations have performed a key role in providing support services for those with mental health problems and mental illness, in advocating for services to be more responsive and in educating and supporting carers. While the demand on non-government mental health organisations has increased significantly over the past decade, their funding base remains limited. Non-government organisations provide the bulk of support services, which have been recognised as important for sustaining the carers of people with mental illness, but the low funding base has inhibited the development of these necessary services. Support services should also be provided through specialist mental health services and/or through other appropriate community programs.

#### **Suggested action**

- Include families and carers in treatment planning.
- Ensure that a wide range of support options are in place for carers, including adequate respite services.
- Increase the capacity of the community services and non-government organisations to support consumers and their families and carers.

### **3. Safety and Quality**

#### **3.1 Consumer rights and legislation**

The rights and civil liberties of people with mental health problems and mental illness should be guaranteed and protected. Mental health services should be delivered in the least restrictive environment, with an emphasis on privacy, dignity and respect. Consumers should have access to information on their rights and to advocacy services and to mechanisms for complaint and appeal.

The *Mental Health Statement of Rights and Responsibilities* outlines the philosophical foundation for consumer rights. It is based on the principles of the United Nations Resolution 98B (Resolution of the Protection of Rights of People with Mental Illness) and was agreed to by Health Ministers in 1991. The *National Mental Health Plan 2003-2008* should endorse the rights outlined in these documents, which include:

- timely and high quality mental health care in a manner which is conducive to continued consumer participation in community life;
- respect for individual human worth, dignity and privacy;
- access to services and opportunities available to others;
- information, education and training about mental health problems and mental illness, and the treatment and services available to meet their needs;
- participation in decisions regarding treatment, care and rehabilitation;
- access to mechanisms for complaint and redress;
- right to refuse treatment, unless subject to mental health legislation;
- access to advocacy support where necessary to ensure participation in treatment decisions;
- and opportunity to live, work and participate in the community to the full extent of their capabilities without discrimination.

Legislation is essential for defining and protecting the rights of those with mental illness and for balancing these rights with the community's legitimate expectation that it be protected from harm. However, mental health legislation varies between States and Territories. Consistency in mental health legislation is an important part of the reform process to ensure that people with mental illness have similar rights and expectations about the way they will be treated. This is particularly important for the treatment of involuntary patients.

#### **Suggested action**

- Ensure that the Commonwealth Government and all State and Territory Governments have mechanisms for protecting the rights of mental health consumers and their carers.
- Ensure that mental health legislation across Australia is consistent with agreed national and international principles.

#### **3.2 Consumer and carer participation**

Consumer and carer participation in the planning and delivery of mental health services should remain a central feature of reform within the mental health system. Progress has been

made toward improving consumer and carer participation, but there is still a great deal to be achieved to make this participation meaningful, especially in the participation in individual treatment decisions. To ensure the safety and quality of services, they should be fully responsive to the needs of consumers and carers, and this will only be achieved by including consumers and carers in service planning and delivery. To enable full participation, consumer and carer networks need to be expanded and effectively supported.

#### **Suggested action**

- Ensure consumer and carer participation at national, State/Territory and local levels and across policy, planning and service delivery.
- Develop mechanisms to ensure consumer and carer participation in individual treatment plans.
- Support the development and expansion of organisations that provide support to and advocate for consumers and carers.

### **3.3 Training, education and workforce development**

Fundamental to reform of mental health care is consideration of the supply, organisation, deployment, education and training of the mental health workforce, and its impact on safety and quality. The nature of the workforce providing mental health care has changed substantially: the role of primary care (specifically general practice) is now acknowledged as a critical element. The attitudes, knowledge and skills of all these service providers, as well as their ability to work within partnership models and systems of integrated care provision, are essential to achieving the vision for mental health care in Australia.

Primarily, the distribution and composition of the mental health workforce should be responsive to population needs and innovative solutions to encourage greater equity of access should be developed.

The primary focus for training and development is on changing attitudes, orientation, skills and historical practices to ensure that mental health care providers do not perpetuate stigma, but rather work within a recovery orientation. Mental health services should begin to operate within a framework that not only aims to reduce clinical manifestations of illness, but that supports the empowerment of consumers and personal capacity building. This means working in partnership with consumers and carers to promote social and emotional wellbeing. Furthermore, the workforce needs to be open to innovation and change and adopt best practice as evidence becomes available.

#### **Suggested action**

- Achieve a more equitable distribution of the mental health workforce across States/Territories, geographic areas within States, and public and private practices.
- Ensure that the number of graduates from tertiary based programs, and their orientation and level of knowledge and skill, meet service requirements. This includes mental health nurses, medical practitioners, occupational therapists, psychologists and social workers.
- Ensure that all mental health professionals adopt a recovery orientation.
- Ensure continuing education for all providers of mental health care. This includes access to the most up-to-date information regarding mental health and training in the latest developments in best practice for mental health care.

### **3.4 Standards and monitoring**

Mental health care should be of the same high quality that Australians have come to expect of physical health care. Measurement and monitoring of service quality has been an ongoing challenge for the complex systems that comprise mental health care.

Fundamentally, there is need for adherence to a set of best practice standards for both individual practitioners and mental health service systems. Practice standards for clinicians define the shared knowledge, skills and attitudes required by all professionals working in mental health. They should promote a recovery orientation to service delivery along with the meaningful involvement of consumers, family members and/or carers. The concepts of partnerships and collaboration are emphasised, as is the need to respect social, cultural and spiritual values of consumers.

Service standards are essential for assessing service quality and to act as a guide for continuous quality improvement. The introduction in Australia of routine outcome assessment in mental health services is a major undertaking that has few international precedents. There should be national commitment to consumer outcome measurement as part of day-to-day service delivery. This is an ambitious task and progress will be dependent upon changes in the attitudes and practices of service providers.

#### **Suggested action**

- Ensure the implementation of national outcome standards for mental health services, and systems for assessing compliance with the standards.
- Ensure implementation of national service standards for mental health services, and systems of assessing compliance with the standards.
- Ensure implementation of national practice standards for mental health professionals, and systems assessing compliance with the standards.
- Support appropriate professional bodies in developing protocols for clinical treatment and professional standards for mental health care.
- Ensure all mental health services have quality assurance programs.
- Ensure each mental health facility is fully accredited by an independent and recognised accreditation body.
- Ensure the participation of consumers and their families and carers in the review and accreditation of mental health services.
- Implement a national mental health data strategy.
- Report annually and publicly, in a timely fashion, on the progress of the Commonwealth and each State and Territory in relation to agreed national performance indicators and to compare them to previous performance.

## **4. Innovation and Sustainability**

### **4.1 Research, development and evaluation**

Progress in achieving better consumer outcomes in mental health depends on the availability of adequate research into causes of mental illness, development of new treatments and models of care and evaluation of the effectiveness of various interventions. There is currently a high level of burden related to mental illness that cannot be alleviated, and original and creative solutions should be urgently sought in the areas of treatment, promotion and prevention. It is equally important to develop better models of service delivery to enable services to be more responsive to the diverse range of needs of consumers.

Research, development and evaluation are complex and grounded in knowledge from many fields including the biomedical, psychological, and social sciences. Mental health research and evaluation has traditionally been given a low priority in allocating research resources. Research and development into new biological, psychological and social therapies, as well as ways to reduce risks for mental health problems and increase resilience should be prioritised and resourced. Research into innovative mental health care system development and the collection of agreed data from all jurisdictions (private and public) should also be afforded high priority.

#### **Suggested action**

- Increase basic and applied mental health research to identify original and creative interventions which will decrease the burden of mental illness.
- Support research into the causes of mental health problems and mental illness, the risk and protective factors for mental health, evaluations of the effectiveness and efficacy of mental health interventions, and the development and sustainability of new models and systems of mental health care.
- Widely disseminate knowledge gained from mental health research.

### **4.2 Implementation and sustainability**

In the decade 1991-2001 Australia moved from not having a national framework for the provision of mental health care to a national system of mental health care reform agreed to by the Commonwealth, and all State and Territory Governments. Even so, problems associated with policy implementation inside the framework of a federated health system with nine different jurisdictions and a health system with multiple levels and a complex mix of public and private providers abound. The vision of the *National Mental Health Strategy* has not always aligned with the reality of implementation.

The *National Mental Health Strategy* has been slowly and incrementally modified over a ten-year period. It has provided a strong framework for the development of many 'initiatives', 'innovations', 'pilot programs' and 'trials' that have provided important information. It is now time to draw on the experience gained and to implement enduring structural and systemic mental health reform that meets the needs of the broad range of mental health consumers.

#### **Suggested action**

- Develop funding models and incentives to ensure that innovative ideas and pilot programs, shown to be effective, are sustained in the longer term and become part of mainstream mental health care.

## 5. Accountability

Without effective implementation at all levels – national, State/Territory, regional and local – the aims of the National Mental Health Strategy cannot be realised. Satisfactory progress requires thorough implementation, and ensuring that such implementation takes place requires accountability. There should be clear, agreed and effective mechanisms in place with regard to accountability for implementing the *National Mental Health Plan 2003-2008*.

This accountability will need to ensure the funding arrangements make available the resources needed to implement the *Plan*. The resources that are devoted specifically to mental health care should be able to be ascertained at local, State/Territory and national levels.

Accountability also requires that outcomes be consistently reported and monitored across the diverse parts of the mental health care system. As outcome measures for mental health become better defined, these advances should be able to be accommodated within information systems and clearly and routinely reported at local, State/Territory and national levels. Integrated information systems should be implemented that can be used to provide a consistent set of outcome measures for mental health that are available in a timely manner and inform progress in implementing the *Plan*.

Furthermore, some specific indicators of progress in relation to implementing each of the major priority areas identified in *National Mental Health Plan 200-20083* should be agreed early on, and methods set up whereby data can be collected to inform progress against these criteria.

### Suggested action

- Develop systems whereby the resources devoted to mental health can be clearly ascertained at local, State/Territory, and national levels.
- Ensure that outcomes for mental health care are consistently monitored and reported in a timely manner.
- Develop nationally agreed measures of performance in relation to implementing each of the major priority areas in *National Mental Health Plan 2003-2008*.