National Mental Health Commission
November 2021

Submission on the Consultation Draft: National Safety and Quality Health Service (NSQHS) Standards user guide for acute and community mental health services

Australian Government
National Mental Health Commission

National Mental Health Commission's response to the consultation draft: NSQHS Standards user guide for acute and community mental health services

About the National Mental Health Commission

The National Mental Health Commission (the Commission) provides cross-sectoral leadership on policy, programs, services and systems that support better mental health and social and emotional wellbeing in Australia. There are three main strands to the Commission's work: monitoring and reporting on Australia's mental health and suicide prevention system; providing independent advice to government and the community; and acting as a catalyst for change.

The Commission's underpinning principle is the Contributing Life Framework. This framework acknowledges that a fulfilling life requires more than just access to health care services. It means that people who experience mental ill health can expect the same rights, opportunities, physical and mental health outcomes as the wider community.

The Commission supports the development of the National Safety and Quality Health Service Standards (NSQHS) user guide for acute and community mental health services (the user guide) and its intent to provide enhanced safety and quality assurance for consumers and carers.

The Commission is strongly committed to improving engagement and participation of people with lived experience, their families and other support people. We affirm the right of all people to participate in decisions that affect their care and to determine the conditions that enable them to live contributing lives.

In line with this, the Commission has collaborated with key stakeholders, including people with lived experience, their families and other support people, in the development of a number of key resources on consumer and carer engagement. The following tools may assist with ensuring consumer and carer involvement is appropriately included as a requirement of the NSQHS Standards:

- Mental Health Safety and Quality Engagement Guide – Provides practical information on how consumers and carers can participate at a governance level to strengthen their roles in safety and quality initiatives within mental health services. The guide aims to support improvement of the safety and quality of mental health services across Australia.
- Consumer and Carer Engagement: A Practical Guide – Provides a clear framework and set of principles for best practice in consumer and carer engagement and participation as well as step-by-step, practical advice on how these principles and values can be put to action.
- National Lived Experience (Peer) Workforce Development Guidelines – Aims to support the peer workforce through providing formalised national guidance for governments, employers and the peer workforce about support structures required to sustain and grow the workforce. National guidelines will also be a step towards professionalisation of the peer workforce, and ensure consistency across Australia. These guidelines are to be released on 1 December 2021.

Question 1: Will the guide be useful in your service?

No response.

Question 2: What else could be included to support improvement in the safety and quality of mental health services?

Co-design, monitoring and evaluation

The Commission supports partnering with consumers and carers in the design and evaluation of services. In line with the aim of the NSQHS to continuously improve the quality of service provision, the Commission suggests the user guide encourages mental health services to implement an ongoing program of monitoring and evaluation. To ensure the embedding of an evaluation culture across mental health services, we recommend resourcing for evaluation be incorporated into funding models.

Embedding evaluation into services also helps to improve the safety and quality of mental health services. There are a number of considerations in relation to monitoring and evaluation that the user guide could refer to:

- Evaluation should measure the experience of service users, as well as program effectiveness.
- Where practicable, lessons learnt from mental health service evaluation should be shared so as to contribute to the relevant evidence.
- Evidence should be informed by both academic research and the evaluation of those who are accessing supports and services.
- Monitoring and evaluation should include regular measurement and public reporting of outcomes as a key enabler of services providing high quality care. This would contribute to ongoing improvements and would ensure that consumers can make informed decisions on which services to use.
- Consumers and carers should be involved in monitoring and reviewing system performance and leading decision making about what is deemed to be a desired outcome. For example, consumers and carers are best placed to decide on appropriate indicators of success when exploring feedback mechanisms to understand experience of service.

Guidance under the 'Partnering with consumers' Standard could be strengthened throughout the user guide with updated reference to the established process of co-design (as opposed to partnerships) which goes beyond just 'involvement' of consumers and carers. A specific requirement for mental health services to undertake genuine co-design of services with consumers and carers could also be considered.

Restrictive practices

The Commission supports the minimisation and elimination of restrictive practices (action 5.35 and 5.36), and in line with this encourages a move away from the user guides current focus on risk and aggression. The implementation of practices and strategies to reduce and work towards the elimination of restrictive practices requires consideration of people's human rights, the provision of contemporary recovery-oriented and trauma-informed care, and the application of a person-centred approach. Recovery-oriented practice recognises the concept of 'dignity of risk' in risk assessments, embracing the individual strengths and capacity of all people experiencing mental ill health.

The Commission recommends the user guide urge mental health services to utilise and apply contemporary mental health knowledge and practice to ensure re-traumatisation and harm does not occur. The user guide would benefit from additional examples about how staff and services can partner with consumers and carers to reduce risk of harm and aggression. Mental health services should also be encouraged to consider how they can discuss risk (with consumers and carers, in informal staff communications and in formal policies and procedures) without further contributing to stigma and discrimination of people with mental ill health.

The Commission notes reference to partnering with other agencies, such as local police to manage incidents of aggression in the user guide. Feedback from consumers indicates that often the involvement of police during mental health crises can be re-traumatising and distressing when the use of physical restraint measures are employed instead

of de-escalation strategies. The Commission recommends the involvement of police in mental health crises should be noted in the user guide as a last resort after all de-escalation strategies have been exhausted.

The user guide should also acknowledge that Lived Experience (peer) workers should not be placed in positions where they are expected to support coercive or restrictive practices, and should be engaged to co-design more effective alternatives to restrictive practices.

Multidisciplinary care and embedding the Lived Experience (peer) workforce

The Commission supports a focus on multidisciplinary collaboration and teamwork (action 5.05) and notes a well-educated and resourced multidisciplinary workforce is essential to the delivery of quality, accessible care. The Commission's Vision 2030 considers a multidisciplinary workforce as extending beyond the clinical disciplines to appreciate the contributions a wide range of professionals make across all types of care in the stepped care model, from frontline prevention and identification through a range of treatments, to recovery support and research. It outlines key requirements for achieving a successful multidisciplinary workforce. The user guide would benefit from inclusion of a number of these including:

- resources to enable professions to work to their full scope of practice; focusing on their top of scope[1] and best utilising their skills in a multidisciplinary environment
- appropriate mental health training from primary qualifications to ongoing or specialised professional development and in role training
- work and life supports built into employment contracts for people working in rural and remotes settings
- a combination of local and innovative ways to use workforces where a local workforce is not available
- opportunities for multidisciplinary training to allow for collaboration and understanding of each other's roles and responsibilities
- mandatory training in cultural competence, trauma, and human rights.

The Commission supports the role of Lived Experience (peer) workers across all levels of the mental health workforce who play an important role in building recovery-oriented approaches to care. The professionalisation of the Lived Experience (peer) workforce should be further developed with the same supports and accountabilities as other disciplines. As such, the Commission is currently leading the development of the National Lived Experience (peer) Workforce Development Guidelines (the Guidelines), due for release in December 2021, which will provide an invaluable resource for mental health services.

The Guidelines aim to support the delivery of a larger Lived Experience (peer) workforce, by providing employers and sector leaders across diverse settings with detailed steps on how to grow the workforce. An increased Lived Experience (peer) workforce will benefit both businesses and consumers, as a result of products and services being more effective and better designed to meet the needs of consumers. Additionally, peer-based supports will be more available for consumers who have needs that are not met through traditional clinical approaches.

Success of the Guidelines is dependent on them being adopted by workplaces and a continued cultural shift towards the genuine recognition of lived experience as a valuable and essential form of expertise. The Commission recommends that

[1] This concept has been defined by Te Pou (a national workforce centre for mental health, addiction and disability in New Zealand) as follows:

"At a systems-level, working to top of scope means optimising workforce capacity and effectiveness through validating and maintaining current best practice; developing new roles and new ways of practising; and ensuring that policy, provider, and service environments support these new roles and practices to succeed.

At an individual and practice level, working to top of scope means enhanced opportunities and capacity to utilise specialised knowledge and expertise in a way that is efficient, adaptive, collaborative, holistic and ethical, and fundamentally supports the service user and their wider family."

the user guide refer specifically to the Guidelines (once released) as a key resource to grow and better support the Lived Experience (peer) workforce within mental health services.

Suicide Prevention

People who present to health and mental health services at risk of suicide deserve a consistent, evidence-based minimum standard of care. The Commission supports a focus on identification and response to risk of suicide in the user guide (action 5.31) as recommended in the Commission's 2019 National Report. This action area could be strengthened with inclusion of minimum training and development requirements for all mental health service staff on the care required by people at risk of suicide.

In line with this, the Commission strongly supports the need for a standard of care for suicidal persons and carers that should be cross-referenced in the user guide. An example of such a standard of care from the United States of America is the Recommended Standard Care for People with Suicide Risk: Making health care suicide safe. In its 2019 National Report, the Commission had recommended the development of suicide prevention service standards guidelines that cover the full range of suicide prevention activities, from primary prevention to postvention, in all settings. The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention (CBPATSISP) has established a clearinghouse of best practice services, programs and resources which could be referred to in the user guide.

The Commission considers guidance on suicide prevention under actions 5.31 and 5.32 to contain useful content reflecting a more contemporary and comprehensive outlook. However, this section could be furthered strengthened with the following updates and additions:

- Explicitly discount the reliance on stratified risk assessment for clinical decision making on service and care responses, given that this is known to be unreliable and ineffective. The alternative approach of suicide risk formulation in which a person's suicidal context and their care needs are identified should be promoted.
- Include attention to suicide safety planning as a crisis response technique and as basis for the collaborative generation of longer term care plans with suicidal persons and their carers as the foundation for recovery. These plans should be regarded as an essential step prior to discharge. Follow up supports and services should align with the provisions of care plans, i.e. what has been identified as useful and tailored to the person's needs.
- Refer to the desirability of suicide safety plans incorporating the identification and counselling on means restriction for safety, through therapeutic engagement with suicidal persons and their carers.

In addition, guidance under 'predicting, preventing and managing self-harm and suicide' (action 5.32) could be further strengthened with specific mention of the following strategies for follow-up care:

- ensuring the person is discharged to a safe and supportive environment and that family and support people are assisted in how to support the person
- offering every person the support of a mental health peer worker and/or care coordinator trained in this area
- ensuring that follow-up services are in place for the following 30 days (or as best practice indicates)
- ensuring that people are never discharged into homelessness, particularly after a suicide attempt or episode of self-harm.

In response to recommendations in the National Suicide Prevention Adviser Final Advice and the Productivity Commission inquiry into mental health, the Australian Government announced the creation of a National Suicide Prevention Office (NSPO) in the May 2021 Budget. The NSPO will be a critical national driver of the work towards zero suicides by ensuring a whole-of-government approach that is informed by lived experience and creates opportunities to respond early and effectively to distress. The Commission recommends working in partnership with the recently established NSPO to further develop this aspect of the user guide.

Accessibility

A key priority of the Commission is accessibility of mental health services. The user guide should go beyond the identification of diverse groups and cultural competency training (action 1.15) to endeavour to ensure that services are accessible and safe for all consumers and carers, including for Aboriginal and Torres Strait Islander people, culturally

and linguistically diverse communities, children and young people, people with disability and people who identify as LGBTIQ+.

The Commission notes a lack of mention in the user guide in relation to children and young people and informed consent processes. While parents provide consent on behalf of their children, children also have autonomy and should be supported to have a voice in their own care. The Commission suggests that the user guide acknowledge children's autonomy and provide strategies for supporting children to have a voice in their care.

Non-pharmacological interventions and approaches

The Commission encourages greater reference to and consideration of non-pharmacological interventions and/or approaches (for example, non-pharmacological therapies, psychosocial supports and peer-based supports) throughout the user guide. Greater inclusion of Lived Experience (peer) workers in services, as well as utilisation of the full spectrum of multidisciplinary workers (beyond clinical disciplines) will encourage a broader range of interventions beyond traditional clinical approaches.

Question 3: Is the format accessible?

The Australian Commission on Safety and Quality in Health Care could consider the development of a summary version of the user guide in addition to the full version that highlights key actions and priorities. This would encourage greater use and uptake of the user guide across mental health services who may be time poor.

Question 4: Other feedback

A notable omission in scope of the user guide is Accident and Emergency Departments in hospitals, despite these being a critical component of acute mental health services and crisis suicide prevention. The Commission recommends either broadening the scope of the user guide to include hospital Accident and Emergency Departments or an explicit statement on the rationale for their exclusion.

The user guide uses the terminology 'mental illness' throughout. The Commission refers to lived experience of people with mental ill health rather than mental illness. Where mental illness may require a specific diagnosis, mental ill health is a broader term that captures more diverse experiences.

The Commission supports the need for appropriate resourcing (action 1.05) however would like to acknowledge the broader systemic issues facing the mental health workforce that may impact on individual mental health services' ability to ensure appropriate resourcing. This can include funding, inadequate available training and professional development pathways, a culture of risk avoidance that prevents people from working to top of scope or broadening their scope and a lack of support for diversity in professional roles. These are broad issues often beyond the control of individual services.

Lastly, noting the importance of regional collaboration, the user guide would benefit from providing an example of Primary Health Networks (PHNs) and Local Health Networks (LHNs) (or their equivalents) collaborating on innovative programs to provide integrated and seamless care across health, mental health, social services and community organisations.