

9 December 2022

Australian Commission on Safety and Quality in Health Care  
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**Subject: Accreditation to the National Safety and Quality Mental Health Standards for Community Managed Organisations (NSQMH Standards for CMOs)**

Mental Health Coordinating Council (MHCC) is the peak body for mental health community-managed organisations (CMOs) in New South Wales. The purpose of the Council is to support a strong and sustainable community-managed mental health sector that provides effective mental health, psychosocial and wellbeing programs and services to the people of NSW.

MHCC provides policy leadership, promotes legislative reform and systemic change, and develops resources and training to assist community organisations to deliver quality and effective services. MHCC Learning and Development is a Registered Training Organisation providing accredited training and professional development to the sector. MHCC is also a founding member of Community Mental Health Australia (CMHA), the alliance of state and territory mental health peak bodies, which together represent more than 800 CMOs delivering mental health and related psychosocial services nationally.

MHCC thanks the Commission for the opportunity to provide feedback on the proposed use of the AHSSQA scheme.

In response to the key questions asked which are:

- What issues need to be considered to ensure that accreditation to the AHSSQA scheme provides for safe and effective care?
- What issues do you wish the Commission to consider in the implementation of the accreditation process?

MHCC offer the following comments and recommendations:

**What issues need to be considered to ensure that accreditation to the AHSSQA scheme provides for safe and effective care?**

- That the assessment process itself reflects the trauma-informed recovery-oriented philosophy of practice that it seeks to assess.
- That service experience feedback from service users be a standard component of the accreditation process with the results representing a significant weight on the accreditation outcome.

- That a review of the Standards be undertaken after the first two years of use to establish validity and breadth of content.

### **Recommendations**

- 1. That training for assessors includes demonstrating a knowledge and understanding of the dominant practice approach in mental health CMO services.**
- 2. Service user experience to be a standard component that represents significant weight on the accreditation outcome.**
- 3. That a review of standards and feedback from CMOs be undertaken and reported on.**

### **What issues do you wish the Commission to consider in the implementation of the accreditation process?**

- Mental Health CMOs are required to be assessed under multiple standards outside of the NDIS. The mix is complicated for organisations that work across a range of programs in various jurisdictions. A non-exhaustive list of examples includes:
  - Attendant Care Industry Standard (relevant to NDIS but required for the Attendant Care supports we provide to iCare)
  - Human Services Quality Framework (for QLD Child Safety)
  - ISO 9001 (Quality management system)
  - National Standards for Mental Health Services (for most programs including HASI/CLS)
  - Quality Improvement Council 'Health and Community Service Standards' (aka QIC Standards)
  - Victorian Human Services Standards (HSS)
  - Secure Local Jobs Code (ACT specific – requires audit)
  - Carers Recognition Act 2021 (ACT specific requirements for 'care and support agencies' – requirement is focused on reporting compliance)
- CMOs are concerned about the compliance burden they face and stress the importance of ensuring the Commission continues to work with other agencies to monitor and mitigate the regulatory burden related to the standards; and advocate mutual recognition of standards where possible.

### **Recommendations**

- 4. That accreditation processes include a mutual recognition framework mapping the overlap between mental health related standards including those listed above.**
  - 5. That the Commission advocate mutual recognition of the standards where possible.**
- CMOs highlight the costs associated with undertaking implementation and accreditation processes. Small organisations will be particularly affected by the need to use staff to undertake this work, who would otherwise be providing front-line services. Many organisations will require additional funding and support, and funders who might require accreditation will need to acknowledge the costs involved.

## Recommendations

### **6. That the Commission advocate for costs of accreditation to be built into funding agreements.**

- Consultation with CMOs indicate that service providers are keen to be supported by effective communication about the Standards.
- The Commission has stated that it will provide a range of resources that would assist with accreditation. The availability of training resources that explain the Standards, actions, and evidence of compliance as well as the benefits of Standards to both staff and service users will be important.
- A resource that was identified as an example of the type that would be useful to upskill staff was [the MHCC NDIS Practice Guidelines](#). CMOs also suggest a resource for service users that explains the responsibilities of organisation as per the Standards, what they should expect from the organisation and what they should do if they feel the organisation is not providing services in a way that should be expected and explain how this is reflected in the accreditation process.
- Assistance and resources particularly for organisations led by people with a lived experience has also been mentioned as were resources to assist with accuracy in complying with the Standards. One specific resource mentioned was a self-assessment tool that enables organisations to review each Standard and conduct a gap analysis to develop an action plan. Some CMOs requested a self-assessment tool template that would enable them to incorporate multiple standards so that they could self-assess evidence across a range of standards. The development of a governance framework to assist accreditation was also mentioned.
- Mental health CMOs represent a diversity of programs and services and the availability of a range of resources relevant to the sector would be welcomed. Additionally, since some CMOs express some concern about the onerous requirements of accreditation, they suggest more guidance as to what standards a particular type of organisation may need to comply with. They think that some definitional guidance to accrediting agencies about how to determine non applicable/exempt actions would be helpful.
- The model of assessment must demonstrate a high degree of flexibility, taking into consideration the breadth of service delivery in terms of size and sophistication of the service undergoing assessment. Some CMOs are very large and offer a diversity of programs and service types in multiple locations, whilst others may offer one service only, provided by one or two staff. The scope of the assessment needs to take into consideration the risks and complexity associated with the organisation being assessed for accreditation whilst ensuring the process is rigorous.

## Recommendations

- 7. Effectively communicate and support CMOs about the Standards.**
  - 8. Develop resources explaining the Standards suitable for organisations led by people with a lived experience of mental health conditions delivering services, and for upskilling their staff and volunteers.**
  - 9. Develop resources to assist organisations to implement the Standards accurately. This includes: a self-assessment template, incorporating a range of relevant Standards and actions enabling self-assessment of evidence across a range of Standards; and a resource to support organisations implement a governance framework that would assist accreditation.**
  - 10. Ensure the model of assessment is flexible and takes into account the diverse size and breadth of services provided by CMOs.**
- CMOs indicate a preference for the accreditation approach to the new Standards initially to be voluntary and conducted as a quality improvement activity rather than a “must do” audit and assessment. At the very least, organisations, especially those not having undertaken an accreditation process before, should be able to get on board with the standards, familiarise themselves with what they need to do, and plan for change. This would allow the Standards to be promoted in a more positive and supportive way and build capacity rather than engender a fear of failure.
  - The burden of collecting assessment outcome data should not be onerous. Those undertaking accreditation processes should be provided with an online tool to upload documents against the standards over time.
  - CMOs also indicate that if the Standards are mandated, that organisations already undertaking accreditation against other Standards will be allowed to align accreditation to the renewal date of other Standards.
  - Short notice assessments may present a particular challenge for small organisations who do not have the same capacity as larger organisations to ensure continuous and timely gathering of evidence to demonstrate practice.
  - CMOs, especially small organisations, express concern about the burden accreditation represents and are keen to see strategies for reducing this, including:
    - A Desktop Audit prior to the attended audit (as occurs with the NDIS Practice Standards) to minimise the time and expense of the final audit process.
    - Aligning accreditation processes to minimise number of external accreditations for overlapping Standards.
    - Accreditation of organisations rather than the multiple smaller service programs they represent.

- Many CMOs are required to meet multiple sets of standards, and many use the same accrediting agency to assist in managing the compliance burden this imposes. It will be important that the Commission be mindful of existing agencies operating in the mental health sector when approving accrediting agencies.
- It will be helpful for CMOs to be able to choose from a range of auditors, particularly where they perform audits against other leading standards. If CMOs have to meet multiple standards, they can potentially work with auditors who have that breadth of coverage.
- The Commission will need to provide guidance to accrediting agencies about non-applicable or exempt actions related to the diversity of services.

## **Recommendations**

**11. The accreditation approach to the new Standards should initially be voluntary and provide a positive capacity building experience.**

**12. The Commission to communicate with government funding bodies regarding the timeframe for implementing accreditation and the importance of organisations requiring accreditation against other Standards to be able to align the dates of renewal.**

**13. Initiate approaches to reduce the resource burden of accreditation on organisations, including providing adequate time for organisations to gather evidence of practice for assessments.**

**14. Develop an online tool for organisations to store documents against the standards over time.**

**15. The Commission to be mindful of existing agencies operating in the mental health sector when approving accrediting agencies and provide a choice of Accreditation Agencies to minimise the need for organisations to use multiple accreditation agencies.**

**16. The Commission to provide guidance/ advice to accrediting agencies about determining non-applicable or exempt actions applicable to an organisation based on the risks and complexity of its services and programs.**

The Mental Health Coordinating Council express willingness to provide further information regarding this submission. Please contact Corinne Henderson, Principal Policy Advisor, E: [corinne@mhcc.org.au](mailto:corinne@mhcc.org.au)