AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

National Safety and Quality
Mental Health Standards for
Community Managed Organisations

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Consultation Draft: National Safety and Quality Mental Health Standards for Community Managed Organisations

Guide for Service Providers

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Contents

Introduction

The Australian Commission on Safety and Quality in Health Care (the Commission) has developed the National Safety and Quality Mental Health Standards for Community Managed Organisations (NSQMHCMO Standards) in consultation with consumers, families and carers; community managed organisations; peak and professional bodies; healthcare providers; Primary Health Networks; funders; and other representatives of the sector.

The NSQMHCMO Standards are a significant step in assuring safety and quality for consumers, their families and carers, and provide best practice guidance for community managed service providers.

The primary aims of the NSQMHCMO Standards are to protect the public from harm and to support continuous improvement to the quality of service provision. The NSQMHCMO Standards will provide a nationally consistent statement about the level of care that consumers, families and carers can expect from a community managed mental health service. They will also provide a quality assurance mechanism, which tests whether relevant safety and quality systems are in place.

What are the NSQMHCMO Standards?

The three NSQMHCMO Standards are:

- **Practice Governance Standard**, which describes the practice governance, safety and quality systems and the safe environment that are required to maintain and improve the reliability, safety and quality of mental health care, and improve outcomes for consumers
- **Partnering with Consumers, Families and Carers Standard**, which describes the systems and strategies to create a person-centred mental health system in which consumers and, where relevant, their families and carers are:
    - Supported in their decision making
    - Partners in their own care
    - Involved in the development and co-design of quality mental health care.
- **Model of Care Standard**, which describes the processes for delivering mental health services, recognising and responding to deterioration and minimising harm, preventing and controlling infection, managing medication use and communicating for safety.

How to use this guide

The Commission has developed the National Safety and Quality Mental Health Standards for Community Managed Organisations: Guide for service providers (the guide) to assist service providers to align their practice governance and quality improvement programs with the framework of the NSQMHCMO Standards.

This guide should be used as a reference by service providers implementing the NSQMHCMO Standards. It can be used alongside other resources, including the self-assessment tool and fact sheets available at [hyperlink added here].

The suggested strategies, evidence and resources provided in this guide are not mandatory. Service providers can choose improvement strategies that are specific to their context. These strategies should be meaningful, useful, and relevant to the service provider’s governance, structure, workforce, and consumers.

This guide includes examples of the evidence service providers may use to show that they meet each of the actions in the NSQMHCMO Standards. Service providers vary in size and structure and will have different ways of developing and presenting evidence.

For each action in this guide there are:

- Explanatory notes
- Key tasks
- Examples of evidence
- Where to go for more information.

What is a community managed organisation?

The mental health CMO sector offers a broad range of services. They are generally not for profit, non-government organisations providing services to improve the mental health and wellbeing of people who experience mental ill health or at risk of mental ill health, their families and carers and the broader community. Services can be delivered in person, in community-based and residential settings, in people's homes and in other outreach settings. They can also be delivered remotely. A board of elected or nominated directors, elected community members, or both, may manage CMOs.

The organisational complexity of CMOs varies from small organisations with few paid workers and a heavy reliance on volunteers, to multi-service and multi-site providers within and across states and territories.[1]

Mental health CMOs provide services such as psychosocial rehabilitation, helpline and counselling services, subacute step up/step down services, accommodation support, self-help and peer support, employment, education and family and carer support. CMO mental health services may include or be complementary to clinical care, and frequently collaborate with other service providers, including suicide prevention and alcohol and other drug services.

CMO mental health services are recovery-oriented and, when delivered according to contemporary best practice, are trauma-informed, promote cultural change to counter stigma and discrimination and increase social inclusion. [2]

The CMO sector is constantly adapting and evolving, with new service types being added to individual organisations over time. The NSQMHCMO Standards provide a framework to support services to deliver innovative practices that are also safe and high-quality.

How should the NSQMHCMO Standards be applied?

The NSQMHCMO Standards should be applied at the level of the service provider that delivers mental health services to consumers, their families and carers.

Not all actions within each standard will apply to every CMO-delivered mental health service. The model of care for the mental health service may be one factor that informs whether an action is relevant. The accreditation process allows for the identification of actions that do not apply, and for those actions not to be assessed.

A service provider may provide more than one mental health program. The strategies for implementing the NSQMHCMO Standards may differ across those programs.

The applicability of actions and the type of the strategies used to implement standards will be determined by the size and complexity of the service provider's mental health services. To meet the requirements of the NSQMH CMO Standards, service providers will need to work closely with consumers to design, develop, and evaluate the services they deliver to consumers, their families and carers.

The NSQMHCMO Standards are voluntary. However, funders may require contracted services to be accredited as part of their processes of assurance that services are safe.

The NSQMHCMO Standards are intended to be applied only to community mental health services. Other services provided are not addressed by these standards.

The NSQMHCMO Standards do not apply to public and private hospital services. These services should continue to use the National Safety and Quality Health Service Standards.

Alignment with other standards

The Commission has aligned the structure and format of the NSQMHCMO Standards with existing standards, including the:

- National Safety and Quality Health Service Standards
- National Safety and Quality Digital Mental Health Standards
- National Safety and Quality Primary and Community Healthcare Standards.

Each of these sets of safety and quality standards highlight the importance of governance over the services provided and promotes consumer partnerships in effective, safe and high-quality care. The Commission recognises that some mental health CMOs may be implementing sector-specific quality improvement standards, such as the National Disability Insurance Scheme Practice Standards and the Aged Care Quality Standards. The Commission is working with relevant organisations to investigate ways to reduce the burden associated with meeting multiple sets of standards.

This terminology is adopted for clarity of purpose within the NSQMHCMO Standards, but it is not a requirement that service providers adopt the language used in the NSQMHCMO Standards within their organisation.

A **glossary** is provided within this document to aid the reader in understanding the terms used.

Acknowledgments

The Commission acknowledges the generous and rigorous participation in the development of the NSQMHCMO Standards Guide and resources by consumers, families and carers, Lived Experience workers, service providers, Aboriginal and Torres Strait Islander organisations, and representatives from peak bodies and government organisations.

More information

For more information on the NSQMHCMO Standards, visit the Commission's website: https://www.safetyandquality.gov.au/our-work/mental-health/national-safety-and-quality-mental-health-standards-community-managed-organisations [to be updated]

Resources to assist service providers to implement the NSQMHCMO Standards are available on the Commission's website.

The Safety and Quality Advice Centre provides support for service providers on NSQMHCMO Standards implementation.

Email: advicecentre@safetyandquality.gov.au

Phone: 1800 304 056

Practice Governance Standard

Service providers have a responsibility to the community for continuous improvement of the safety and quality of their services, and ensuring that they are person-centred, recovery-oriented, culturally competent and secure, safe and effective.

Intention of this standard

To implement a practice governance framework that ensures consumers, their families and carers receive safe and high-quality care.

Criteria

- Practice governance, leadership and culture
- Safety and quality systems
- Workforce qualifications and skills
- Safe environment for the delivery of care.

Practice governance, leadership and culture

Action 1.01	The governing body: a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture continues to exist within the organisation b. Provides leadership to ensure partnering with consumers, their families and carers c. Endorses priorities and strategic directions: i. For ethical, safe, high-quality, recovery-oriented care, and ensures these are communicated effectively to the workforce, consumers, their families and carers ii. That recognise, respect, and nurture the unique cultural identities of Aboriginal and Torres Strait Islander people, and provides for the delivery of services that are culturally safe d. Endorses the organisation's practice governance frameworks e. Ensures that roles and responsibilities are clearly defined for the governing body, management and members of the workforce and they are orientated into the organisation f. Fosters a positive culture of reporting adverse incidents and monitors the action taken as a result of analyses of adverse incidents and trends g. Reviews reports and monitors the organisation's progress on safety, quality, performance and effectiveness h. Endorses principles and practices within governance frameworks that support the organisation's ability to adapt to technology as it changes i. Ensures conflicts of interest are proactively managed, and perceived and actual conflicts of interest are documented j. Endorses systems for integrating care with other service providers involved in a consumer's care and monitors the effectiveness of these systems

Explanatory notes

What is Practice governance?

Practice governance is the set of relationships and responsibilities created by a mental health service between its state or Commonwealth funder, its governing body, executive, staff, consumers, families, carers and kin, and other stakeholders, to maximise positive outcomes for consumers. Practice governance represents the corporate governance of a service which provides confidence to consumers of the service, the workers within an organisation, and the wider community, that appropriate systems are in place that guarantee safe and high-quality service delivery, and ongoing quality improvement.

Leadership and culture

Leadership and culture are an integral part of effective practice governance for CMOs. CMOs that can successfully demonstrate an underlying organisational culture of safety and quality improvement will be able to provide evidence of a strong leadership team and governance framework, which values and prioritises the importance of quality and safety. Leaders should embrace a culture of constructive reflection that prioritises evaluation and a commitment to continuous quality and safeguarding measures that have impact on safety and quality across all levels of an organisation. This will ensure that all levels of the workforce within an organisation are accountable for delivering high-quality mental health services in the community.

Key Tasks

- Incorporate consumer perspectives in organisational planning, governance decision-making and in the development and implementation of policies and procedures. Your organisation may consider establishing a consumer advisory group to support the review of policy, procedures, and other relevant documentation. This will help ensure that governance frameworks adopt a trauma-informed, recovery-oriented approach that is consumer co-designed.
- Establish mechanisms to ensure that quality and safeguarding measures are culturally safe and reflect the needs of Aboriginal and Torres Strait Islander communities and other cultural groups, this could include establishing Aboriginal and Torres Strait Islander representation in advisory groups or in the Governing Body.
- Define the roles, responsibilities, and authority of the governing body, management and workforce, particularly regarding quality and safeguarding measures. Clear position descriptions and orientation processes are ways of supporting this.
- Acknowledge, document and manage any perceived or actual conflicts of interest to protect the safety and quality of service delivery for consumers. The protocols utilised to manage identified conflicts of interest are supported by organisational policies and procedures.
- Store Board and Leadership team meeting agendas and minutes and include performance review, how KPIs have been met, and continuous quality improvement. Relevant feedback or changes are communicated throughout the organisation.
- Board and leadership teams establish clear pathways for reporting and responding to adverse incidences that are solution-focused and proactive.

Examples of evidence

- Policies and procedures which outline how to partner with consumers, carers, families, and kin to support the development of safe and quality service delivery and promote lived experience leadership within governance structures
- A Board Meeting standing agenda item to discuss quality and safeguarding, with minutes reflecting active discussion on the issues identified at each meeting
- Policies, procedures, and a register to document identified conflicts of interest
- Up-to-date and regularly reviewed position descriptions for all roles within an organisation to support role clarity and responsibilities
- Risk register, which includes the reporting and monitoring of adverse events
- Memorandum of Understanding (MOU) with other services and agencies which support integrated care.

Where to go for more information

- Mental Health Australia – Co-Design in Mental Health Policy. A document that sets out the responsibilities for co-design processes in mental health policy.
- Australian Institute of Company Directors – Improving board effectiveness. A tool which reflects on the factors necessary for effective board performance.
- Agency for Clinical Innovation – A Guide to Build Co-design Capability A resource designed to support service providers to partner with consumers to foster service improvements using co-design processes

Action 1.02	The service provider implements and monitors strategies that: a. Meet its safety and quality priorities for diverse population groups, including Aboriginal and Torres Strait Islander people, people with physical and intellectual disabilities, people from culturally and linguistically diverse (CALD) backgrounds, individuals who identify as lesbian, gay, bisexual, transgender, intersex, queer and questioning (LGBTIQ+) people at risk of homelessness and other diverse population groups b. Provide culturally safe and inclusive services in the planning and delivery of health care by identifying and addressing the specific needs of these diverse population groups and their families and carers c. Identify groups of people who experience mental ill health who may be at risk of harm d. Incorporate information on the diverse and higher-risk groups into the planning and delivery of the service e. Demonstrate knowledge of, and engagement with, other service providers or organisations with diversity expertise and or programs relevant to the unique needs of its community

Explanatory notes

Cultural safety

For staff working with Aboriginal and Torres Strait Islander people, people living with disabilities, as well as people from CALD backgrounds, members of the LGBTIQ+ community, and other diverse population groups in the community, it is critical that the organisation and their established practice approaches are culturally safe and sensitive.

Aboriginal and Torres Strait Islander Australia is comprised of many different and distinct groups, each with their own culture, customs, language, and laws. Characteristically, they have been shown to disproportionately experience significant mental health difficulties and psychosocial disability, arising from Australia's history of colonisation, oppression, racism, and discrimination. Having an understanding and awareness of the diversity of cultural norms and values that exist in each group, as well as acknowledging their experiences of trauma and loss, are critical to ensuring organisations and workers are able to support the social and emotional wellbeing of Aboriginal and Torres Strait Islander people and their communities more effectively.

Cultural safety for the LGBTIQ+ community is guided by inclusivity, a trauma-informed and intersectional practice lens. Genuine co-design and consultative processes when developing policies and practices that aim to meet the needs of gender and sexually diverse communities are essential.[3]

It is always desirable to deliver support services with staff from the same cultural background as those they support. However, where this is not possible, organisations and practitioners must acknowledge and recognise the power differentials and systemic injustices which can impact health outcomes. Organisations need to work without making assumptions, and partner with diverse communities to understand first-hand how services can best meet the specific needs of diverse populations.

Key Tasks

- Prioritise the identification, understanding and consideration of the uniqueness of a consumer's culture, diversity, values, and beliefs, and then demonstrate inclusion of these details into service delivery.
- Demonstrate to consumers, their families and carers that the organisation understands and recognises a diversity of needs, values and beliefs in understanding mental health, and the

supports, care and treatment a consumer may need and want, by providing readily accessible resources and information targeted at diverse groups.

- Actively support, promote, and uphold a consumer’s right to practice their culture, diversity, values, and beliefs during service delivery where services are provided in a manner that reflects the consumer’s cultural needs. This could include being flexible about delivering services at varied times to accommodate consumers who may wish to attend specific cultural events and including cultural activities or referrals to culturally specific services of significance to a consumer in their care and recovery plans.
- Ensure staff supervision, mentoring and reflective practice promotes respect and responsiveness to culture, diversity, values, and beliefs.
- Develop organisational partnerships with services who have the skills and knowledge to best respond to the cultural and diverse needs of consumers, for instance, partnerships with Aboriginal-led organisations or LGBTIQ+ advocacy services. Active partnerships with communities ensure that cultural inclusivity and planning is neither tokenistic’ nor ineffective.
- Recruit a workforce with diverse backgrounds, including peers with lived experience of mental health conditions or psychosocial disability, and match workers with consumers appropriately. This ensures your organisation reflects the diversity of the broader community and helps establish a welcoming service environment.
- Use interpreting and translating services when required and seek support from Aboriginal or multicultural identified workers/services including peer workers to best support inclusive practice.
- Undertake research and evaluation to identify the specific needs of the population groups engaging with your service.

Examples of evidence

- Policies and procedures which outline your organisational approach to the acknowledgement, respect and integration of consumers’ culture, values, and beliefs in service delivery.
- Preferences for how consumers would like their cultural needs responded to in service delivery are documented in their records, embedded into the service delivery provided to them, and regularly reviewed. This could include documented evidence of scheduling meetings and support around cultural and religious practices, or documented consultation with an Aboriginal or Multicultural identified worker or service.
- Acknowledgement of Country statements are displayed at service delivery sites and included appropriately in events, meetings, e-communications etc.
- Rainbow flags and other symbols of cultural welcome are displayed on the serviced premises.
- Mission statement, policy or other public document outlining the organisation’s commitment to meeting diverse community needs.
- Statement on your website or included in information resources about your service which recognises the diverse needs, values and beliefs consumers may have, reflected in the supports, care and treatment a consumer may need and want.

Where to go for more information

- Mind Australia’s Lived Experience Strategy
- Gidget Foundation First Nations Commitment
- Jewish Care – LGBTIQ Inclusion
- Lifeline Diversity Policy
- MHCC – A Guide to Culturally Safe Practice in Mental Health
- ACON – LGBTQ+ Inclusive & Affirming Practice Guidelines

- Australian Institute of Family Studies – Advancing partnerships with Aboriginal and Torres Strait Islander organisations. This webinar discusses strategies for creating genuine partnerships between Aboriginal and Torres Strait Islander and non-Indigenous organisations to support consumers.

Action 1.03	The service provider considers safety and quality issues and applies ethical principles in its business decision making about the design, development and delivery of services

Explanatory notes

Ethical principles underpinning mental health service design and delivery

Staff working in mental health services may come from different professional disciplines and be registered through their various associations that articulate a specific code of conduct, and principles of practice with an ethical underpinning. However, in working together in mental health services there are universal principles which are articulated in the National Practice Standards for Mental Health Services. Regardless of the type of mental health service, the community, or consumers it serves, there are a number of principles that apply to the delivery of mental health services, irrespective of the context in which they are delivered.

Ethical principles for mental health service design and delivery can be described as:[4]

- Doing no harm
- Striving to improve consumer outcomes
- Ensuring autonomy and self-determination for consumers
- Exemplifying fairness and equity in accessibility and service provision.

It is important for organisations to consider what ethical challenges may commonly arise every day in their mental health service that may conflict with a best- practice approach, and design service delivery and plan for these risks accordingly.

Key Tasks

- Collaborate with consumers, their carers, family and kin in the development and implementation of an ethical framework for service delivery within the organisation.
- Report ethical issues arising identified in the design, development and delivery of mental health services and review using the appropriate internal or external bodies.
- Incorporate ethical principles in strategic and business plans.
- Ensure that the ethical principles informing service delivery practice can be measured effectively and used in decision-making processes as ethical dilemmas arise.
- Ensure all workers are familiar with your organisation’s four ethical principles which underpin your code of conduct.

Examples of evidence

- Collaborate with consumers, their carers, family and kin in the development and implementation of an ethical framework for service delivery within the organisation.
- Report ethical issues arising identified in the design, development and delivery of mental health services and review using the appropriate internal or external bodies.
- Incorporate ethical principles in strategic and business plans.
- Ensure that the ethical principles informing service delivery practice can be measured effectively and used in decision-making processes as ethical dilemmas arise.
- Ensure all workers are familiar with your organisation’s four ethical principles which underpin your code of conduct.

Where to go for more information

- National Standards for Mental Health Services (NSMHS) | QIP accreditation
- Lifeline Board Code of Conduct and Ethics
- Australian Human Rights Commission – Legal and ethical considerations of service delivery
- Ethics and Compliance Initiative - Toolkit
- Beauchamp T, Childress J. *Principles of Biomedical Ethics*: Marking Its Fortieth Anniversary. Am J Bioeth. 2019 Nov;19(11):9-12. doi: 10.1080/15265161.2019.1665402. PMID: 31647760.
- TrainSmart Australia - Legal and ethical considerations in community services

Care leadership

Action 1.04	The service provider establishes and maintains a practice governance framework and uses the processes within this framework to drive improvements in safety, quality and performance

Explanatory notes

A practice governance framework is a structure that supports organisations to be accountable in the quality of their service. It fosters an environment in which safety and excellence can thrive. Creating a framework helps establish a shared benchmark across an organisation for service delivery and governance and assists in minimising risks and errors.

Your practice governance framework is an opportunity to highlight how your organisation incorporates best-practice approaches, and any required legislative and policy standards into everyday operations, as well as articulating your organisation's unique purpose and values.

Key Tasks

- Review alignment with relevant legislation, and key National and State standards and policy guidelines when creating a practice governance framework.
- Implement policies, procedures and protocols that describe the practice governance framework, and include clear descriptions of lines of reporting, role delineation and responsibilities of all levels of staff.
- Ensure that staff are provided with appropriate resources, training based on evidence-based practice and skill development, to maintain the requirements of the practice governance framework in service delivery.
- Ensure all staff have clear understanding of the meaning of the practice governance framework and how it aligns with quality and safeguarding measures in service delivery.
- Establish a Practice Framework Committee to assist in practice governance review and resource development.
- Regularly review and update your policies, procedures and protocols at regular intervals and in response to events or circumstantial change.
- Partner with consumers, their families and kin, and carers in the reviewing of your practice governance framework.
- Identify evidence-based practice approaches that are relevant to incorporate into the practice governance framework.

Examples of evidence

- Documented practice governance framework.
- Research or evaluation reports on the effectiveness of the practice governance framework.
- Evidence of resources and training materials for management and staff.
- Documentation of actions taken that demonstrate quality improvement, for instance, a risk register and quality improvement register.
- Training register, including training offered, attendance rates and evaluation

Where to go for more information

- Community Links Wellbeing Organisational Constitution
- Grow – Statement of strategic intent
- Neami National – Quality, Safety and Clinical Governance Framework
- National Collaborating Centre for Mental Health– The Community Mental Health Framework for Adults and Older Adults

Action 1.05	The service provider: a. Has processes to support the workforce to understand and perform their delegated safety and quality roles and responsibilities b. Engages the workforce in the practice governance of the service c. Monitors and responds to the needs of the workforce to ensure a mentally healthy workplace d. Supports the workforce to undertake reflective practice supervision

Explanatory notes

The importance of role clarity

Organisations have a responsibility to define job roles unambiguously, designate responsibility and determine lines of reporting. This will ensure workers are clear about expectations and avoid uncertainty, which can be a risk to their own mental health and may contribute to burnout. Leaders play an important part in reducing risk by scheduling regular catch ups with employees, setting clear expectations, and providing an opportunity for staff to provide feedback on how their work is going and what might assist them in doing their job effectively.

Mentally healthy workforce

Mentally unhealthy workplaces are estimated to cost up to $39 billion each year in lost participation and productivity.[5] Job satisfaction, staff turnover and burnout are major issues for the sustainability of the community-based mental health workforce. However, these risks are modifiable with investment in leadership to promote positive workplace cultures and through providing opportunities for professional development and effective practice supervision.[6]

Practice Supervision

Practice supervision provides an opportunity for professional development as well as quality improvement. It should be considered as separate from line management and staff should have the opportunity to request additional practice supervision with a specialist supervisor should they require additional support.

Practice supervision should be a confidential opportunity for staff and leaders or external supervisors to discuss practice and ethical issues to support staff, build capacity and performance. Practice supervision can support a positive organisational culture of learning and critical reflection. It is important that supervision time is not used to simply review caseloads but is the place to focus on individual practice.

Key Tasks

- Provide leaders with evidence-based mental health training to improve their recognition of and response to mental ill health and related risk factors in the workplace, including responses to traumatic events. Training must go beyond mental health awareness but involve teaching practical skills so leaders can intervene when they identify staff showing signs of distress or mental illness.[7]
- Ensure roles and responsibilities are clear and understood. This can be facilitated through providing staff with resources, training, and practice supervision to support understanding of their roles and responsibilities in relation to quality and safety measures.
- Ensure regular formal practice supervision is in place for staff, as well as relevant resources being readily accessible to support worker self-care and mental health.
- Regularly review the effectiveness and attitudes of staff to supervision provided.

- Invite staff to provide feedback on work practices and workplace health and safety.
- Partner with an Employee Assistance Program to facilitate external and confidential access to mental health support for all staff.
- Regularly review relevant information and records such as reporting systems including incident reports, workers' compensation claims, staff surveys, absenteeism, and staff turnover data to support the identification of psychosocial hazards.[8]

Examples of evidence

- Records of supervision sessions conducted with staff, which include de-identified notes on what was discussed and what, if any, actions and outcomes were identified, for example, professional development and training opportunities.
- Supervision agreements made between a worker and their supervisor or manager.
- Policy and procedure outlining how supervision and other supports are provided to staff, including frequency, roles and responsibilities.
- Evidence of coaching and mentoring resources, and external professional development opportunities offered.
- Evidence of self-care documentation.
- Reports on follow up and analysis of incidents involving safety.
- Evidence of best practice support for workers with lived experience and managers of peer workers, including policies and procedures.

Where to go for more information

- Mental Health Coalition of SA, Lived Experience Workforce Program – Mental Health Peer Supervision Framework
- National Mental Health Commission - National Workplace Initiative. A blueprint for Mentally Healthy Workplaces
- Australian Human Rights Commission - Creating a safe and healthy workplace for all
- Mental Health Coordinating Council – Managing Workers with Lived Experience. This two-day course is for managers, team leaders and HR professionals who support a peer workforce and wish to build their skills to create a supportive and safe workplace
- Safe Work Australia – Work-related psychological health and safety

Safety and quality systems

Legislation, regulations, policies and procedures

Action 1.06	The service provider has processes to: a. Set out, review and maintain the currency and effectiveness of policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulations and jurisdictional requirements d. Monitor and respond to legislative changes

Explanatory notes

Your organisation has a system for monitoring and managing the effectiveness of your organisation's policies, procedures and protocols that is appropriately administered, reviewed, and updated on a regular basis to ensure that the service is providing the best possible supports to consumers, carers, their families, and kin. This includes documented evidence on how your service meets its legislative and compliance requirements against the required standards to continually improve service delivery.

Outdated policies leave your organisation at risk and can result in inconsistent practices when policies no longer comply with new legislation and regulations and may not address contemporary or emerging systems or technology. Regular review of policies and procedures keeps your organisation up-to-date with the latest regulations and technology, demonstrates quality improvement and is consistent with best practice approaches. This helps protect the organisation, the employees, and the consumers.

Key Tasks

- Implement a schedule to monitor, review and update policies and procedures using a risk management approach. Don't rely on a reactive approach to reviewing policy in response to incidences, be proactive and plan routine policy reviews to help identify areas of improvement.
- Foster a culture of open discussion, sharing and support that will assist in identifying where improvements can be initiated.
- Ensure your organisation is accredited by an accepted industry-recognised accreditation body.

Examples of evidence

- Policy registers which include review dates and alerts about policies and procedures. It should be evident that policies and procedures are routinely reviewed and improved.
- Evidence that reviews of procedures include consultation with consumers and staff regarding the accessibility of current processes.
- Documented evidence on how your service meets its legislative and compliance requirements against the required standards – this could be through internal or external audits, or a formal evaluation.

Where to go for more information

- Industrial Relations – Workplace Policies and Procedures Checklist
- PowerDMS -Why it is important to review policies and procedures

- ACEQA - how to series Policies
- Standards & Performance Pathways (SPP) | Breaking New Ground (BNG) (ngoservicesonline.com.au)

Measurement and quality improvement

Action 1.07	The service provider uses quality improvement systems that: a. Identify safety, outcome and quality measures including surveys to monitor people's experience of services provided b. Monitor variation in service delivery against expected outcomes and identify targets for improvement in safety and quality c. Review service performance against external measures d. Implement safety and quality improvement initiatives

Explanatory notes

Your organisation adopts a culture of continuous quality improvement across all operation areas including direct service provision. This culture means that the day-to-day operations of your service are informed by outcomes, risk related data, trauma-informed, recovery-oriented evidence-based practices, and feedback from consultations with consumers, carers and their families, kin and staff.

Processes for reporting feedback, incidents, and quality improvement activities, as well as effectiveness and transparency of complaints mechanisms, need to be easy for all staff to access and understand.

Key Tasks

- Seek non-identified feedback from consumers on their experience of service delivery, for example, through internal organisational questionnaires or surveys such as the YES-CMO survey used in NSW and message boxes.
- Conduct formal research and evaluation of existing programs or practice frameworks from a consumer and staff perspective. Consider what outcomes are most relevant to your service, for example, reduced consumer re-engagement with service, consumer satisfaction, reductions to reinstatement of a consumer's Community Treatment Orders, and stable tenancy arrangements.
- Arrange activities that foster a continuous quality improvement culture from senior management to all staff at your organisation through availability of regular professional development opportunities and performance reviews, as well as routine practice supervision.
- Create an internal audit schedule and undertake regular audits across all operational areas. Results and findings are documented and shared with staff to contribute to continuous quality improvement. Evaluation of outcomes from internal audits are clearly communicated to all staff, with any actionable items implemented into service delivery as soon as practicable.
- Develop resources to support staff to address identified actionable items arising from internal audits.

Examples of evidence

- Quality management system or register – this could be as simple as an excel spreadsheet, or as complex as a dedicated software program depending on the size and scope of your organisation.
- Corresponding Quality Improvement Actions plans.
- Internal audit policy that outlines the process and intended outcomes from completing the internal audits. Corresponding documentation such as audit schedule, plan, and templates, as well as reported outcomes of prior audits including what was actioned or improved as a result.
- Demonstration of documentation regarding feedback sought from staff and consumers, carers through surveys, verbally, or through web channels.

- Minutes and agendas from dedicated quality improvement meetings.

Where to go for more information

- Neami Research and Evaluation Framework
- Mental Health Commission WA – Mental Health Outcomes: Indicators and Examples of Evidence
- National Mental Health Commission – Mental Health Safety and Quality Engagement Guide
- Clinical Excellence Commission for NSW Health – Quality Improvement Tools
- Australian Mental Health Outcomes and Classification Network – Your Experience of Service Surveys
- Mental Health Coordinating Council – eYES-CMO Survey

Action 1.08	The service provider ensures timely reports on safety and quality systems and performance are provided to: a. The governing body b. The workforce c. Consumers, their families and carers

Explanatory notes

Data collection and reporting

Reports should be tailored to the intended audience and consider the communication needs of the targeted reader. Reports for consumers may take a different form and use different, less jargon-filled language than those prepared for a governing body, funder, management or the workforce. The frequency of reporting may be determined by the requirements of the governing body, funder or by the preferences of consumer and carer advisory groups and your staff.

Key Tasks

- Develop a schedule to report to relevant stakeholders regarding safety and quality performance and include the time periods in relevant policies and procedures.
- Institute scheduled checks for any updated legislation and regulations.
- Routinely report to the governing body, the workforce, consumers, their families and carers.
- Ensure all staff are aware of their reporting duties to their respective line managers.
- Provide staff with adequate time to undertake reviews and take action on desired outcomes.

Examples of evidence

- Reports on quality and safety systems data that have been provided to the governing body, a funder, the workforce, or consumers, carers and their families.
- Documented feedback on the reported quality and safety systems performance from the governing body, an accreditation authority, the workforce, or consumers, their families and carers.
- Documented actions undertaken to ensure identified outcomes are met.
- MOUs or contracts which determine reporting requirements
- Minutes of meetings where feedback has been discussed and actions identified

Where to go for more information

- Publications and resources | Australian Commission on Safety and Quality in Health Care
- Health care safety and quality – Australian Institute of Health and Welfare
- Health Victoria – Community health data reporting

Operational risk management

Action 1.09	The service provider: a. Identifies and documents service risks including risks to consumers, risks associated with service delivery and risks to families and carers b. Uses data collections to support risk assessments c. Acts to reduce risks d. Regularly reviews and acts to improve the effectiveness of the risk management system e. Reports on service risks to the workforce and people who use the service f. Integrates information from the risk management system into service delivery g. Plans for and manages internal and external emergencies and disasters

Explanatory notes

No organisation operates without potential risks. It is important that your service has identified risks that may present and affect business operations, service provision, consumers, and staff. Risks will differ according to the size and scope of your service, but issues to consider include matters which may affect operations, such as, the IT system failing, natural disasters, property damage, staff replacement during times such as a pandemic, and financial risks, as well as interpersonal safety risks. Risks should be assessed and prioritised according to potential outcomes and their likelihood of occurring to help build an overarching picture of what risks your organisation may face at any given time. It is important to ensure that plans to manage and mitigate risks are implemented and documented.

Identification and management of risks should be supported by a documented risk management system, relative to the complexity of your service and the supports you provide. A risk management system collects data (such as audit, IT, and health and safety reports) to monitor and manage risk and inform prevention strategies. An important safeguard measure is to ensure that all staff are aware of how to identify, report and respond to possible risks, and how they are supported if a risk eventuates.

Key Tasks

- Establish mechanisms to identify, assess and prioritise risks in service delivery, including risks to consumers and staff, as well as organisational risks. Mechanisms such as a standardised risk assessments completed during consumer intake to the service, should include home visiting risk assessments, travel with a consumer etc.
- Establish and maintain a risk register to assess the strategies in place to mitigate the identified risks.
- Train staff and provide resources to assist staff to understand their roles and responsibilities when managing and mitigating risks.
- Identify the skills and capabilities staff need to respond to an emergency or disaster when recruiting and onboarding staff. Job descriptions and staff performance reviews assist in identifying and reviewing the relevant emergency response capabilities needed and which staff hold these capabilities.
- Identify the skills and competences to respond to interpersonal risks and ensure that staff are appropriately selected to work with consumers who have a history of behavioural issues and may present a risk to staff.
- Processes and resources are in place to respond appropriately and manage service delivery during times of external emergencies and disasters, to ensure that safe continuity of service to consumers is provided that meets the consumer’s needs both during and after an external emergency or disaster event.

Examples of evidence

- Risk management policies and procedures which include a risk management framework and matrix – ideally signed off by the Board. Corresponding documentation could also include risk or hazard identification forms, and standard risk assessment templates.
- Evidence of risk management simulations or role-plays, for example, evacuation drills or responding to a consumer experiencing significant distress or crisis.
- Risk registers which include the identification of risks and monitoring of actions taken to mitigate or minimise the risk.
- Evidence of the collection of Behavioural Support Plans, cognitive or neurological assessments that might assist the service to allocate appropriate staff to a particular task or consumer included in risk assessment documentation.
- Minutes and agenda from quality improvement meetings.

Where to go for more information

- Neami National – Risk Management
- Community Door – Risk Management
- Australian Commission on Safety and Quality in Health Care: Risk Management Approach. Provides a framework to assess and address risks identified in the organisation.
- National Disability Services – Risk Management and Controls Model for Disability Services
- NADA – Trauma-informed practices for responding to difficult situations
- GISF – NGO Risk management: principles and promising practice

Incident management systems and open disclosure

Action 1.10	The service provider has incident management and investigation systems and: a. Assists the workforce to recognise and report incidents and comply with the required incident management procedures and mandatory reporting b. Assists consumers, their families and carers to communicate concerns or incidents c. Involves the workforce, consumers, their families and carers in the review of incidents d. Provides timely feedback on the analysis of incidents to the governing body, the workforce, and consumers, their families and carers e. Uses incident analysis information to improve safety and quality f. Incorporates risks identified through incident analysis into the risk management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems h. Has a policy and process to support workers during and after critical incidents

Explanatory notes

An incident management system is a safeguard mechanism to ensure that the service provider documents, resolves, and learns from incidents and near misses. The incident management system in place should identify, assess, respond to, and resolve reported occurrences. The system must be regularly reviewed, with consumer and staff perspectives sought to inform its ongoing development and quality improvement, particularly following the response to an incident. Identified areas for improvement are addressed and implemented in a timely manner to ensure continuous quality improvement and minimise the likelihood of the incident re-occurring.

Consumer, carers and families must be well informed about the progress of incident reports, with this information communicated in a manner that best meets their communication needs. Communication with consumers, their families and carers should be transparent and timely. Actively engaging consumers in the incident management process is respectful and empowers them and their support networks. It assists people to evaluate the service they receive, identify and improve the types of supports and services they receive and the environment in which they receive them.

Key Tasks

- Clearly define what constitutes an ‘incident’ in your organisation and have this documented and communicated to all staff to ensure that there is a shared understanding within your organisation.
- Establish and maintain an incident management system that is trauma-informed and mindful of the wellbeing of consumers.
- Ensure that staff receive adequate training and supervision so that they have the skills, knowledge and support necessary to successfully manage incidents as well as understand their roles and responsibilities regarding incident management.
- Staff must be aware of, and follow, any policy guidelines and understand the circumstances in which an incident must be reported externally, in line with relevant mandatory reporting and legislative requirements.
- Routinely check in with staff to gauge their confidence and capacity to manage incidents safely, and that they are utilising a trauma-informed approach.
- Clearly communicate to staff any actions or changes in service provision that arise following an incident review are and ensure theses are implemented as soon as is practicable.

- Discuss incidents and related outcomes at team meetings, to facilitate learning and development, and prevent future incidents occurring.

Examples of evidence

- Organisational policies and procedures on how to best support and assist consumers, their support networks, and other stakeholders through the review of incidents.
- Standardised incident or accident report template.
- Evidence of evaluation processes and initiation of quality improvement implementation.
- Incident management policies and procedures informed by governing legislative and mandatory reporting requirements.
- Incident and accident register – this could be as simple as an excel spreadsheet, or as complex as a dedicated software program depending on the size and scope of your organisation.
- Incident reports which capture the perspectives of the consumer, their support networks, the service provider, and any other key stakeholders including staff. Accurate and timely record-keeping and reporting of incidents is central to protecting the safety of consumers and minimising future risk of future incidents

Where to go for more information

- BNG – Incident Management – the key elements for best practice
- Australian Commission on Safety and Quality in Health Care: Incident management guide. Provides a concise overview of the incident management process and its underlying principles.
- Incident management (for providers) | NDIS Quality and Safeguards Commission (ndiscommission.gov.au)

Action 1.11	The service provider uses an open disclosure program that is consistent with the Australian Open Disclosure Framework[9]

Explanatory notes

Open disclosure describes the service provider’s process of conducting an open discussion with the consumer, carers and the consumer’s family about adverse events that resulted in harm to the consumer while receiving supports.

The Framework outlines that service providers are required to:

- Sincerely apologise and express regret
- Provide an honest account of the event including the potential risks and consequences
- Provide an opportunity for the consumer, carer and family to share their experience
- Discuss the next steps being taken to manage the event and prevent future incidences.

The Framework highlights the requirement for the consumer’s perspective not only to be heard, but responded to, and ensure that incident management processes are transparent and person-centred.

Key Tasks

- Ensure staff are aware of the open disclosure process and are appropriately trained to adopt the framework in the event of a consumer being harmed.
- Ensure the incident management system is consistent with the Australian Open Disclosure Framework.

- Establish a clear process to manage complaints that have the potential to result in legal action against the organisation or individual worker.
- Provide training to support staff understand and build the skills necessary to align with the open disclosure framework.
- Utilise training or group practice supervision to reflect on past experiences of adverse events and how these were managed well, and identify areas for improvement, with reference to the open disclosure framework.

Examples of evidence

- Documented policies and procedures which include reference and integration of the Australian Open Disclosure Framework.
- Consumer records which include documented open disclosure following an adverse event and actions in progress or concluded.
- Evidence of resources and training materials regarding open disclosure.
- Documented evidence of consumer and carer experiences of the open disclosure process.
- Open disclosure as a part of orientation process – incorporated into the checklist.

Where to go for more information

- Australian Commission on Safety and Quality in Health Care – Open Disclosure. A framework designed to enable service providers to communicate openly when supports do not go to plan
- Australian Commission on Safety and Quality in Health Care – Implementing the Australian Open Disclosure Framework in small practices
- Australian Commission for Safety and Quality in Health Care Fact Sheet: Preparing and participating in open disclosure discussions. Information for consumers and carers.
- Health Service Executive – OPEN disclosure in The Mental Health Setting

Feedback and complaints management and resolution

Action 1.12	The service provider: a. Has processes to seek regular feedback from consumers and their families and carers about their experiences of the service and outcomes of care, and these processes have the capacity to gather feedback from consumers who have left the service b. Uses this information to improve safety, quality, performance and effectiveness c. Provides timely information to stakeholders about feedback received, including service successes

Explanatory notes

Regular collection of consumer feedback is an important element of measuring service quality. This can be undertaken by using feedback forms, or through informal conversations or follow-up telephone calls with consumers and carers. The feedback received should be used to identify quality improvement actions, including staff training and professional development needs.

Key Tasks

- Routinely seek feedback from consumers, their families and carers, and respond in a timely way to any identified quality and safety issues.
- Ensure key stakeholders, including the Board of the organisation is aware of feedback received from consumers.
- Seek permission from consumers to be contacted following their exit from services.
- Consult consumers, carers and staff about how they would like to share their views and how they might be better served.
- Inform consumers as to how their perspectives are reflected in quality improvement activities including the amendment to policy and procedures.
- Ensure staff have the skills and knowledge to engage respectfully with consumers, their families, and carers as well as support them to provide transparent and open feedback regarding service delivery. Staff should clearly communicate to consumers that any complaint or feedback will not lead to a refusal of service or lower the level of services provided in the future.

Examples of evidence

- Records of consumer feedback from survey responses, program evaluations and reports, as well as notes from discussions, meetings, and communication records.
- Examples of quality improvement actions that have been implemented following specific feedback from consumer, their families, or carers.
- Demonstration of follow up with past users of services, their carers and families.
- Survey forms distributed.

Where to go for more information

- Breakthru Customer Feedback Framework
- VIC Department of Health – Mental health lived experience engagement framework
- WA Mental Health Commission – Mental Health Outcomes: Indicators and Examples of Evidence
- Your Experience of Service – Community Managed Organisations (YES-CMO)
- NDIS - Managing complaints

Action 1.13	The service provider has a complaints management system, and: a. Encourages and assists consumers, their families and carers to report complaints b. Involves consumers, their families and carers in the review of complaints c. Works to finalise complaints in a timely way d. Provides timely feedback to the governing body, the workforce, and consumers, their families and carers on the analysis of complaints and actions taken e. Uses information from complaints analysis to inform improvements in safety and quality f. Records the risks identified from complaints analysis in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system h. Ensures the competency of all members of the workforce in complaints handling and monitors compliance with policies i. Provides information to consumers, their families and carers on how to access relevant external complaints authorities

Explanatory notes

Receiving complaints can feel like a blow to the confidence of an individual worker or the organisation. However, complaints should be viewed as a valuable way to help improve service delivery and identify areas for growth and development.

To help facilitate the management of complaints and feedback, your organisation should have in place a complaints management system which genuinely seeks to address complaints and actively receives, manages, and resolves feedback and complaints in a fair and timely manner.

Staff are to be sufficiently well informed and able to use the complaints management system which assists them to effectively support consumers to understand the different avenues through which they can make a complaint or provide feedback about the services they receive. Your organisation should have procedures in place to support people to access a peer, lay or legal advocate should they wish to receive support to provide feedback and/or complain.

Key Tasks

- Regularly review your organisation’s complaints and feedback process and ensure that consumers’ views are sought to inform the accessibility of the complaints processes.
- Provide consumers with information about how to make a complaint if they have expressed that they are unhappy with the service provision and respectfully support them to make a complaint as necessary.
- Ensure the complaints mechanism is accessible and user-friendly for consumers, carers and their families. Any written complaints templates should be free of jargon, and available in a variety of communication forms to meet the diverse cultural and language needs of consumers, carers and families.
- Ensure staff understand their roles and responsibilities when managing formal complaints.
- Ensure that the consumer is regularly informed about the progress of their complaint and are told that they can be involved in the resolution of the complaint and be informed of any outcomes or actions taken because of the complaint.
- Staff are trained and have the skills to utilise a trauma-informed approach when working with consumers, carers, and families in the review of complaints. This approach will safeguard against re-traumatisation for consumers, carers and families.
- Provide staff debriefing sessions following a complaint and use these as a means of identifying areas of improvement and training opportunities.

Examples of evidence

- Policies and procedures which outline your organisation’s processes for receiving, recording, and responding to complaints
- Evidence of complainants’ feedback received.
- Evidence of routine reviews of Complaints Handling policies and procedures. Review of procedures should include input from consumers regarding the accessibility of current complaints processes.
- A feedback and complaints process which includes a register of the actions and outcomes from complaints or feedback – this could be as simple as an excel spreadsheet, or as complex as a dedicated software program depending on the size and scope of your organisation.
- Evidence of resources such as fact sheets or online information provided to assist consumers and others who may wish to make a complaint or provide feedback.

Where to go for more information

- Blue Knot Foundation Complaints Policy
- Human Rights Commission – Good Practice Guidelines for Internal Complaint Processes
- Mental Health Coordinating Council – Mental Health Rights Manual. An overview of how consumers, their carers and families can get information and help to resolve their concerns in NSW including questions, complaints and claims about the mental health supports they have received.
- BNG – What’s in a best practice complaints management system?

Consumer care records and information

Action 1.14	The service provider has consumer care record systems that: a. Obtain consumer consent to collect, use and retain or disclose their information b. Communicate to the consumer and their family and carer how their information will be stored and used c. Support the creation and maintenance of accurate and timely consumer care records d. Comply with security and privacy legislation and regulations e. Support the systematic audit of consumer information and the technical operation of the consumer care record f. Integrate multiple information systems, where they are used

Explanatory notes

Seeking informed consent before delivering a service to a consumer is standard practice[10]. In seeking consent, it is important to clearly explain why certain information is being collected, who will have access to it, who it might be shared with, and in what circumstances information may be shared without first obtaining their consent, for example reporting incidents to regulatory bodies or under legislative requirements to share information with other agencies. Your organisation should make every effort to ensure that the consumer understands what information is provided to others and ensure that it is presented in the way that the consumer can best understand, such as by using plain English language or a simple visual format[11] . In a situation where the consumer is unable or unwilling to give informed consent, there should be processes in place to support decision-making, and if necessary, work with a substitute decision-maker[12].

Your organisation’s information management system must securely manage hard copy and electronic consumer information that is easily accessible for staff use. The information held must be relevant to the needs of your service and be regularly updated and maintained to ensure its ongoing accuracy and currency. The complexity of this system will depend on the size and scope of your organisation; however, it must comply with relevant security and privacy regulations.

Key Tasks

- Information and a verbal explanation are provided to consumers upon initial engagement with your organisation, or within service agreements about how and when consent must be obtained, what and why the information is collected, how it is stored, how long it will be kept and who has access to it.
- Your organisation must have clear policies and procedures regarding obtaining consumer consent to collect, use, store and share their personal information.

Examples of evidence

- Existing policies and procedures about obtaining informed consent from consumers including standardised consent forms; privacy and confidentiality; and information and records management.
- Consent or refusal to consent documentation from files in a register of all service clients; counter-signed clearly by staff member involved.
- Examples of information provided to consumers and resources and training provided to staff.
- Training register includes provision of onboarding staff training on roles and responsibilities regarding privacy and consumer records.
- Policy and procedures concerning storage and sharing of information for workers and other staff.

Where to go for more information

- Office of the Australian Information Commissioner - Australian Privacy Principles – Information on Consent
- Mental Health Coordinating Council – Mental Health Rights Manual: Consent
- Mental Health Coordinating Council – Digital Service Delivery Guide - This includes information about recording informed consent.
- NDIS – Sharing participant information
- NDIS – Consent forms
- Mental Health Practitioner's Guide to Sharing Consumer Information

Workforce qualifications and skills

Safety and quality training

Action 1.15	The service provider has processes to: a. Assess competency and training needs of its workforce, including competency in providing for cultural safety b. Implement a training and orientation program to meet its requirements c. Provide access to training to meet its safety and quality training needs d. Monitor the workforce's participation in training

Explanatory notes

Your organisation demonstrates a culture of ongoing learning and development and has processes in place to identify the learning and development opportunities necessary for staff to ensure that they can meet the needs of consumers and comply with regulatory requirements.

In assessing the organisation's competency to deliver safe services to culturally diverse consumers, their families, and carers, it is important to collaborate and work alongside people with lived experience expertise from the targeted population groups to identify any specialised training and development needs the workforce will require to enhance cultural safety in service delivery. Ensure any training and capacity-building resources provided to staff have been developed with the communities they seek to discuss. It's important that organisations provide opportunities for diverse communities to let their voices speak for themselves and have their identified needs be heard.

Key Tasks

- Establish orientation and on-boarding training requirements for all new staff.
- Include identification and discussion of professional development opportunities in staff performance and probation reviews.
- Put personal development plans in place for all staff to identify areas of growth and upskilling.
- Seek feedback following staff training to assess the effectiveness of the training provided in enhancing their confidence to work with and improve outcomes for consumers.
- Maintain records of quality and safety training completed by staff in your organisation.
- When internal staff are delivering training, facilitate train-the-trainer skill development opportunities.
- Provide the opportunity for staff to discuss their training needs in team meetings and practice supervision.
- Facilitate the opportunity for workers to participate in Communities of Practice as a means of skill development and resource sharing.
- Ensure consumers continue to receive supports while staff are receiving training.
- Facilitate the sharing of sector newsletters and resources to support workforce capacity building about best-practice approaches to service delivery, tools and sector information.

Examples of evidence

- Training register which includes required training for specific roles and responsibilities and completed training.
- Schedule for future training.
- Documented professional development plans and refresher training for individual staff.
- Evidence of staff meetings to discuss and identify training and professional development needs.

- Evidence of online, easily available resources and information, and training modules to assist staff in their work as they need it.
- Up-to-date job descriptions

Where to go for more information

- Mental Health Coordinating Council - Nationally recognised training. Mental Health Coordinating Council provide a wide range of highly regarded training pathways for the mental health workforce.
- TAFE Mental Health Courses Online | Certificate IV in Mental Health (tafecourses.com.au)
- Black Dog Institute – Education and Training
- Western Australian Association for Mental Health – Sector Development and Training
- Mental Health Victoria – Workforce learning and development
- Comorbidity Guidelines – Training programs
- Transcultural Mental Health Centre – Education and Training
- National Mental Health Commission – Peer Workforce Training

Workforce qualifications and performance management

Action 1.16	The service provider has processes to ensure members of the workforce: a. Work within a defined scope of practice b. Have the necessary skills, experience and qualifications and values to fulfil their role including skills in working with vulnerable people c. Provide current evidence of clearance to work with vulnerable people, including National Police Checks and, where relevant, Working with Children Checks

Explanatory notes

A key component to making sure your services are safely delivered and of high-quality is to ensure that your workers have the required skills and knowledge to effectively deliver the agreed service that meets consumers' needs and aspirations. This may mean ensuring staff hold certain formal education or work experience, have safety clearances such as police checks, as well as any registrations to professional bodies, for example, the Australian Association of Social Workers or the Australian Health Practitioner Regulation Agency.

Having a clearly defined scope of practice for your workers will not only assist in providing role clarity, but also help set professional boundaries for staff, which in turn supports their personal safety and wellbeing.

Key Tasks

- Check and retain documented records at specified intervals to ensure worker screening checks, qualifications and registrations are valid.
- Ensure selection criteria and role descriptions are up-to-date and reviewed to reflect the needs of consumers, including for staff working with consumers with special medical and behavioural needs. Organisations should consult with consumers, carers and mental health advocates to understand the workforce skills and capabilities necessary to best support and meet their needs and aspirations.
- Clearly identify and document the skills, knowledge and expertise required for each role within your service and confirm these are understood by staff. There should a clear outline of the responsibilities, limitations, time allocated for the service provided and reporting lines of each role.
- Utilise practice supervision enable staff to reflect on the skills and knowledge required to fulfil specific roles and identify any required professional development opportunities.
- Establish clear requirements for volunteers, students on placement, and employees that are studying or training whilst in the workplace. Ensure that these people have the resources they need to fulfil their role and support their performance.
- Ensure that the training provided meets the demands of the changing service environment, for example, training to deliver services digitally.

Examples of evidence

- Documented feedback from consumers about the skills and capabilities of the staff supporting them, and whether they feel suitably supported.
- Qualifications and experience register includes requirements and renewal dates of any credentials for allied health care staff working in your organisation, as well as checks for working with vulnerable people and working with children.
- Policy and procedure documents including organisational pre-employment requirements. For example, reference checking, telephone screening prior to formal interviews, probity checks and interstate checks.
- Documented scope of practice to inform the development of position descriptions.

Where to go for more information

- Queensland Health – Mental Health Framework: Peer Workforce Support & Development
- National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners – National framework for determining scope of practice for the Aboriginal and Torres Strait Islander health worker and health practitioner workforce
- NSW Government - Legal obligations and rights

Action 1.17	The service provider has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a performance review b. Include the creation of professional development plans and access to support to implement those plans c. Address performance issues, including discriminatory practices d. Incorporate information on training requirements into training systems

Explanatory notes

Implementing routine performance reviews is essential to ensuring that an organisation's workers are utilising an evidence-based practice approach; are aware of their specific roles and responsibilities and to highlight any gaps in their knowledge and practice.

Performance appraisals should be designed to provide a structured yet flexible approach to developing and managing performance. They should support and motivate employees to develop their skills and identify any training and professional development opportunities they need. It should be a positive experience for both the organisation and the staff member. The appraisal process provides workers with a clear understanding of their work roles, including the contribution of their work to the organisation's vision and strategic plan, and the opportunity for staff members to develop to their full potential and thrive in their practice.

Performance appraisals are a two-way process – there should be equal commitment and contribution from the appraiser and the worker, and they should be based on performance objectives that have been developed during ongoing supervision sessions and any prior appraisals.

Clinical and practice supervision sessions are an important way to support performance management and encourage critical self-reflection and empower staff to identify their training and development needs prior to adverse events or significant performance issues occurring.

Supervision also helps staff meet their aspirations and job satisfaction goals, which fosters workforce sustainability and prevents worker burnout. Supervision provides an opportunity to create and monitor professional development plans which may help staff set goals for their skills and knowledge development which will contribute to a positive and motivated workforce. A best-practice model of supervision involves using independent supervisors, rather than line managers. Where this is not possible, supervisors from other teams or division would be preferable.

Key Tasks

- Conduct performance reviews for all staff at least annually. New staff are subject to a probation performance review 3-6 months after commencing their role. These reviews should be centred on the safety and quality of the service they provide and provide staff with an opportunity to critically reflect on their performance and identify any professional goals and aspirations.
- Provide staff with regular feedback on their performance and support them to access professional development as and when required or requested.

- Ensure regular clinical and practice supervision is in place for all direct service delivery staff.
- Provide opportunities for feedback on staff performance from consumers, their families, and carers to help inform the organisation's review of staff capacity and capability. Be welcoming and inviting of feedback to allow for honest and transparent communications.

Examples of evidence

- Standardised performance review and probation review templates.
- Policy and procedure regarding management of staff performance.
- Feedback on staff performance and professional development progress is documented.
- Copies of professional development plans, model of supervision and supervision session agendas.
- Supervision agreements which include frequency.
- Employee Code of Conduct.
- Examples of resources and training materials used to perform an appraisal and train staff to conduct them.
- Policy and procedures would also include Disciplinary Procedure following an event and Grievance and Dispute Resolution.

Where to go for more information

- Australian Health Practitioner Regulation Agency: Continuing Professional Development (CPD). Links to CPD requirements, codes and guidelines for each National Board.
- Australian Commission on Safety and Quality in Health Care: Review by peers: A guide for professional, clinical and administrative processes. A tool to support healthcare services implementing processes for the review of professional practice.
- SHARC Vic - Peer Workforce Supervision - | Self Help Resource Centre
- Mental Health Commission of NSW - What is peer supervision?

Action 1.18	The service provider ensures non-discriminatory practices and equitable access to services by monitoring and responding to performance issues associated with prejudice, bias and discrimination in the workforce

Explanatory notes

Embedding a recovery-oriented, strengths-based culture into an organisation is a significant safeguard against discriminatory practice. Alongside this, encouraging critical reflective practice allows staff to identify any assumptions or biases they may hold, and make plans to ensure that these assumptions or biases don't impact the outcomes for individuals. Critical self-reflection is also an important tool to consider the power differentials that may be present in their practice with consumers, which will also assist in preventing discriminatory practices and inequities in service delivery.

An organisation is entitled to deny a service to a consumer that they are unable to provide a service to. In such instances, the organisation should make every effort to facilitate referrals and direct a consumer to a more appropriate service that has the skills, expertise, or program best suited to their needs.

Key Tasks

- Facilitate staff participation in regular supervision to ensure their practice is free from harm, and actively prevents any incidents of prejudice, bias, and discrimination from occurring.

- Ensure that the model of practice supervision used encourages critical reflection to assist staff to identify any personal prejudices and biases to mitigate any risk of harm to consumers.
- Implement routine training to ensure staff are equipped to use evidence-based approaches which safeguard against harmful, inequitable practices.
- Provide staff with capacity to make warm referrals to alternative organisations should they be identified as being better able to meet a consumer's needs.

Examples of evidence

- Employee Code of Conduct signed by all staff and volunteers.
- Procedures on how to best support consumers through reporting allegations of prejudice, bias and discrimination, such as facilitating access to an advocate.
- Procedures and processes which include advice on recording, reviewing, and investigating any allegations or incidents, and what action your organisation is taking to prevent future incidents. These protocols are to be based on upholding human rights, consumer empowerment, safeguarding, and promoting a zero-tolerance approach to discrimination.
- Policies are aligned with the relevant standards and legislation at both a state and national level.
- Training to support staff working with consumers from diverse cultures and communities in a culturally safe and competent manner.

Where to go for more information

- Australian Human Rights Commission Rights and Freedoms
- La Trobe University - Reflective practice in health
- Mental Health Coordinating Council – Mental Health Rights Manual: The right to equality

Legislation:

- NSW Anti-Discrimination Act 1977
- Age Discrimination Act 2004
- Disability Discrimination Act 1992
- Australian Human Rights Commission Act 1986
- Race Discrimination Act 1975
- Sex Discrimination Act 1984

Safe environment for the delivery of care

Safe environment

Action 1.19	The service provider maximises the safety and quality of care: a. Through the design of the environment b. By maintaining buildings, plant equipment, utilities, devices and other infrastructure that are fit-for-purpose c. Through the design of services, arrangements for use of information technology systems and internal access controls

Explanatory notes

Every consumer's needs and preferences are unique. An organisation's service delivery environment needs to be sufficiently flexible to ensure that the supports provided are safe from the perspective of the consumer, and best suited to their individual requirements. When working with consumers, ensuring a trauma-informed approach to flexibility of service delivery is imperative.

Workers should regularly check in with consumers about whether the service delivery environment can be adapted to help them feel safer:

- Do consumers require a quieter or alternative space to the one on offer?
- Do they require a gender specific worker?
- Does your organisation have workers from a diverse cultural mix?
- Are consumers comfortable to be seen in their home, or are there confidentiality or other interpersonal issues to be considered?
- Are they happy with the size of the room and the alternative exits available to them?
- Is the design of seating comfortable for them?
- Are there artifacts visible that are welcoming to people from diverse cultures and community groups?
- Are staff trained to use interpreters appropriately?

The physical service delivery environment needs to be safe and reduce the risk of adverse events. This is achieved through regular review and maintenance, and having up to date, fit-for-purpose infrastructure and resources. This includes routine maintenance of the information technology systems to support effective service delivery. Regular audits including consumer consultation are important in identifying potential difficulties that may arise for some consumers that may not be well understood by staff.

Key Tasks

- Actively involve consumers in co-design processes. Your service demonstrates how you support and listen to consumers, taking into consideration their opinions and ideas regarding accessibility and the service delivery environment.
- Staff monitor the accessibility of the service delivery locations and advocate for changes as required.
- Implement an internal audit schedule which includes a regular review of the physical service environment. Audits should involve people accessing your service to gain their feedback and advice.
- Assess whether the service delivery physical environment is causing or contributing to feelings of distress felt by consumers, their families and carers.
- Ensure staff are appropriately trained to use interpreters and ensure privacy and confidentiality is maintained.
- To support and maximise engagement with the service, be flexible in how services can be delivered to meet consumers' unique needs and choices. If your service is unable to meet

specific needs and preferences, provide referrals or relevant information to support consumers' recovery journeys elsewhere.

Examples of evidence

- Records of routine maintenance end enhancement of the physical environment.
- Meeting agendas and minutes reflect discussion of workplace health and safety issues, including consultations with consumers and carers.
- Resources for information about utilising interpreters is evident.
- Examples of diversity welcome signifiers present in the environment

Where to go for more information

- Mental Health Coordinating Council – Trauma-informed Care and Practice Organisational Toolkit (TICPOT)
- Diversity Council Australia - Diversity & Inclusion Explained
- Orygen - Trauma-informed-care-toolkit
- Shelter Series: Creating a Trauma Informed Environment - Bing video
- Child Wellbeing & Trauma - Step 4: Design a Trauma-Informed Physical Environment – Trauma-Informed Care Implementation Resource Center - Create a Safe Physical and Emotional Environment

Action 1.20	The service provider facilitates access to services and facilities by using signage and directions that are clear and fit-for-purpose

Explanatory notes

One of the foundational principles of trauma-informed care and practice is promoting safety. Services must establish a safe physical, psychological and emotional environment where basic needs are met, which recognises the social, interpersonal, personal and environmental dimensions of safety and where safety measures are in place and provider responses are consistent, predictable, and respectful[13].

Carefully considering the physical environment when designing and arranging a service space can greatly assist consumers to feel safe and supported.

Good sign posting that helps with orientation to a service can increase feelings of safety.

When your service is closed, clear messaging on voicemail and on the website to assist consumers are important considerations.

Key Tasks

- Conduct an audit of the environment and signage used.
- Consult consumers and staff about how the physical environment works for them.
- Consult consumers as to whether they feel safe in the service environment.
- Ensure that there are clear directions for entry and exit points to rooms and buildings, with the pathways properly lit and clear of obstructions.
- Provide clear details regarding how to access your service, and any transport and parking details.

Examples of evidence

- Clear and visible signage and directions, in the physical and online environments where the service is delivered.
- Documentation of environmental audits completed and reviewed by staff and consumers.

- Documentation of information regarding access, transport and parking, opening times and after- hours service referral.

Where to go for more information

- ACI Trauma-informed care in mental health services across NSW A framework for change
- Trauma-informed Care and Practice Organisational Toolkit (TICPOT) - Mental Health Coordinating Council

Action 1.21	The service provider demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of diverse population groups including Aboriginal and Torres Strait Islander people, people with physical and intellectual disabilities, people from CALD backgrounds, people who identify as LGBTIQ+, people at risk of homelessness and other diverse population groups

Explanatory notes

Being equitably accessible to all consumers is an important component in delivering safe, high-quality, and inclusive services. Your organisation should prioritise the identification, understanding and consideration of the uniqueness of a consumer’s culture, diversity, values, and beliefs, and then demonstrate inclusion of these components into service delivery.

Your service actively supports, promotes, and upholds a consumer’s right to practice their culture, diversity, values and beliefs during service delivery, and supports are provided in a manner that reflects their cultural needs.

Tangible signs of inclusivity include:

- Service website offering information and resources in a variety of languages and formats to meet diverse communication and literacy needs.
- Have water, refreshments and snacks available.
- Handrails and ramps for people with a physical disability.
- If possible, offer external areas under shade as alternatives to inside rooms.
- Pay attention to the needs of older or frail consumers who may experience physical, hearing and sight difficulties, particularly when working in a Covid safe environment using PPE.
- Rainbow flags in common areas to indicate safety for gender and sexually diverse people.
- Acknowledgement of Country and local Aboriginal artworks to demonstrate a safe space for Aboriginal people.

Key Tasks

- Collaborate with representatives from diverse communities and groups to identify and assess how the service can be welcoming and inclusive.
- Reflect the diversity present in the wider community by employing staff from diverse backgrounds, including those with lived experience of mental health and coexisting conditions.
- Provide staff with resources and training to work effectively with interpreters and understand the issues surrounding using carers or family members or community members known to the consumer to interpret.
- Provide staff with resources and training regarding cultural competency to support their understanding of mental health in a cultural context for some diverse communities and groups.
- Establish consumer advisory or reference groups (Youth, CALD, Aboriginal and Torres Strait Islander, LGBTIQ+ Groups etc.).

- Include people with lived experience in all stages of service design, development, implementation and evaluation.

Examples of evidence

- Consumer records demonstrate how a consumer's cultural needs are supported, for example, scheduling around cultural or religious practices or regular consultation with an Aboriginal or Multicultural identified worker or service.
- Feedback from consumers regarding the accessibility and inclusivity of the service to match their socio-cultural needs.
- Records of consultation with diverse community members.
- Resources and information for workers, consumers and their carers and families about diversity inclusion.
- Non-gendered toilet amenities if available.
- Register of engagement with interpreting and translation services to support effective communication with consumers.

Where to go for more information

- MHCC – A guide to working collaboratively with Australia's First Nation's People
- Education Vic - Inclusive Workplaces: Aboriginal Inclusion
- QLife - Range of guides for health professionals working with LGBTIQ+ people
- Government Vic - Culturally responsible and inclusive practice in Australia
- Transcultural Mental Health NSW - resources
- Government Vic- LGBTIQ+ Inclusive Language
- ACON – LGBTQ+ Inclusive & Affirming Practice Guidelines

Action 1.22	The service provider: a. Identifies environmental factors that may cause distress or agitation b. Identifies any reasonable adjustments to the service delivery environment to ensure it is fit-for-purpose to address the consumer's mental and physical needs c. Develops strategies to minimise the environmental risks of harm for consumers, their families and carers and the workforce d. Provides access to a calm and quiet environment when it is required e. Provides for a sexually safe environment for consumers, their families and carers and workers

Explanatory notes

Organisations must ensure that all services are sensitive to and responsive to trauma. This ensures that safety is maximised, and the risk of re-traumatisation is minimised. Being trauma-informed includes an understanding that events in the present can trigger intense feelings, thoughts or behaviours directly (or indirectly) related to past trauma.

People who have experienced trauma are more likely to feel unsafe in multiple service environments. Safety from the perspective of a consumer often looks and feels very different to safety from the perspective of service providers.

Sexual safety refers to the recognition, maintenance, and mutual respect of the physical, sexual, psychological, emotional and spiritual boundaries between people. Consultation with service users is vital for workers to meaningfully understand the experience of those they seek to support.

Key Tasks

- Foster a culture of collaboration and sharing of power between staff and consumers.
- Respond transparently following incidents and provide opportunities for meaningful reflection, repair and further safety planning beneficial for consumers and for family members or carers, as well as for staff.
- Provide reasonable adjustments for consumers to safely access the service.
- Promote sexual safety and manage allegations of sexual assault, abuse, neglect and exploitation.
- Train staff to provide services utilising a trauma-informed practice approach and understand the impact of trauma. The prevalence of trauma is to be acknowledged and understood, and staff can recognise the diversity and complexity of the impacts of trauma on individuals and communities.
- Provide resources and training on trauma-informed care and practice to staff and information to consumers, their carers and families.
- Ensure safety plans and risk management plans are in place which include strategies for the consumer should they be concerned for their health and safety. These should be easily accessible in a consumer's records to support mitigation of distress and agitation for consumers in the service environment

Examples of evidence

- Resources and training materials regarding trauma-informed care and practice; cultural competence and sexual safety.
- Feedback for staff and consumers that the organisation is safe environmentally and from a sexual safety perspective.
- Evidence of strategies to minimise risk.
- Templates for safety plans and risk management plans.
- Resources and information for workers, consumers and carers,

Where to go for more information

- MHCC - Trauma informed Care and Practice Organisational Toolkit
- Government of Western Australia - Guidelines to improve sexual safety in mental health services
- NSW Government - Sexual Safety – Responsibilities and Minimum Requirements for Mental Health Services
- Headspace - Assessing and responding to safety concerns
- Government of Western Australia - Example Risk Assessment Tool

Action 1.23	The service provider has designed the service environment and has policies in place to minimise the risk of harm for children and young people while using a service, consistent with the National Principles for Child Safe Organisations

Explanatory notes

National Principles for Child Safe Organisations have been developed to drive implementation of a child-safe culture across all sectors providing services to children and young people. This is to ensure the safety and wellbeing of children and young people across Australia. National Principles for Child Safe Organisations are:

1. Child safety and wellbeing is embedded in organisational leadership, governance and culture.

2. Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously.
3. Families and communities are informed and involved in promoting child safety and wellbeing.
4. Equity is upheld, and diverse needs respected in policy and practice.
5. People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice.
6. Processes to respond to complaints and concerns are child focused.
7. Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training.
8. Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.
9. Implementation of the national child safe principles is regularly reviewed and improved.
10. Policies and procedures document how the organisation is safe for children and young people.

Key Tasks

- Ensure that the organisation embeds the National Principles for Child Safe Organisations in their governance and culture which is reflected in its policies, procedures, work practices, staff training and documentation.
- Utilise a trauma-informed practice approach that highlights safety at its core and aligns with the National Principles.
- Ensure staff understand and have the capacity to work in alignment with the United Nations Convention on the Rights of the Child and have the skills to communicate these rights to children, young people and their families.
- Confirm that all staff interacting with children hold a Working with Children Check approval and undergo police checks.
- Provide training to staff so that they are aware of mandatory reporting requirements and are proactive in responding to child protection concerns. If safe to do so, it is best practice to be transparent with parents that a report to the child protection agency is being made. Staff practice professional judgement as to whether telling a parent a report is being made will place the child at further risk of harm.

Examples of evidence

- Policies and procedures that describe the provisions in place for ensuring that children and young people are protected from harm, including mandatory reporting requirements.
- Practice guidance provided to staff working with children and young people.
- Employee Code of Conduct.
- Register of Working with Children's Checks and probity checks conducted for all staff working with children and young people.
- Risk management framework which includes provisions for preventing and mitigating risks relative to working with children and young people.
- Examples of resources provided to children and young people and the staff working with them.
- Examples of training materials for staff.

Where to go for more information

- National Principles for Child Safe Organisations
- Breakthru – Statement of Commitment to Child Safety
- United Nations Convention on the Rights of the Child
- NSW Mandatory Reporters Guide
- Child Wellbeing & Trauma - Step 4: Design a Trauma-Informed Physical Environment

Action 1.24	The service provider, when caring for consumers in their home, works with the consumer to identify potential risks and ensure a safe service delivery environment

Explanatory notes

Organisations need to consider many aspects of service delivery when planning home visiting supports for consumers. Workers should be mindful of their role and both the perceived and actual power they hold and recognise that they are a visitor in a consumer's safe space. Workers must be respectful of a consumer's private environment, as well as cognisant and considerate of any privacy or confidentiality issues, particularly when other family members or individuals also live with the consumer.

To ensure a safe working environment when supporting a consumer in their home, workers must collaborate with consumers to identify any potential risks. By developing strategies together to mitigate and manage any potential issues arising this will ensure safety for both the consumer and their support workers.

Where there are significant safety concerns for workers in a consumer's home environment, it may be appropriate to ensure that two staff members attend these sessions. Other key strategies to use are firstly to contact the consumer prior to each home visit to confirm the details surrounding the delivery of supports, and secondly to confirm that the consumer feels comfortable and safe to have workers attend in their home.

Key Tasks

- Train staff to understand how to identify risks in the support delivery environment and safely provide services in a home environment including where services are provided digitally.
- Ensure that risk assessments are conducted prior to staff working in any new service delivery location, including a consumer's home or when transporting a consumer in a car.
- Provide opportunities for consumers to freely express any anxieties they may have regarding home visiting.
- Ensure risk assessments are current, with risk reviews conducted periodically or when there is a change of circumstances.

Examples of evidence

- Policies and procedures outlining safety and risk management in service delivery locations, including in the consumer's home, when providing transport or going into a consumer's home digitally.
- Risk assessment template or matrix for service delivery locations which are off-site from the organisation.
- Evidence of safety plans or risk mitigation strategies put in place to manage any identified risks which are easily accessible in consumer records.
- Home visiting WHS checklist.
- Resources and information provided to the worker, consumer and carer.

Where to go for more information

- Canberra Health Services – Home Visiting Procedure Mable – Home visiting guide and risk assessment
- Mental Health Coordinating Council - Digital Service Delivery Guide

Action 1.25	The residential service provider has protocols for flexible visiting arrangements to meet the needs of the consumer, their family and carer

Explanatory notes

Residential facilities may be required to impose restrictions on visiting a consumer, the total number of visitors in a facility at any one time to ensure, for example, that hygiene, infection prevention and control and physical distancing requirements are safely met.

Each provider will have its own rules and regulations, but it is important that visiting arrangements are flexible enough to meet the needs of the consumer, carers and family and assist in fostering recovery goals including maintaining relationships and feeling socially connected.

Key Tasks

- Provide consumers of the service, their carers and family with written information about any limitations to their visiting rights, including times, wearing of masks and bringing in of any food stuffs and equipment.
- Provide information in multiple communication formats, and languages.
- Advise consumers and their families about any restrictions to visiting and any change to the restrictions due to, for example, infection outbreaks.
- Provide an information welcome pack to all consumers and carers.
- Routinely ask consumers for feedback about their service delivery experience.

Examples of evidence

- Welcome pack information in multiple languages.
- Survey of consumer/carer experience of service.
- Resources and information provided to workers.
- Notices to visitors about access to residential care facility.

Where to go for more information

- Visitor guidelines for NSW Health residential aged care services (SGRACFs and MPSs) during the COVID-19 pandemic
- ACQSC - Visitor access for residential aged care services
- Mental Health Coordinating Council – eYES-CMO Survey Western Sydney University - Mental Health and Wellbeing Pack

Privacy

Action 1.26	The service provider has privacy policies that: a. Are easy to understand and transparent for consumers, their families and carers b. Are readily available to consumers, their families and carers before accessing and while using the services c. Uphold consumer's rights and choices to the extent that these do not impose serious risk to the consumer or others d. Address the issue of sharing confidential information with families and carers and with other services the consumer uses e. Comply with privacy laws, privacy principles and best practice

Explanatory notes

Your organisation conveys information about confidentiality in a way that meets the communication needs and preferences of consumers. This may include plain language and easy read resources, interpretation or translation, or other age, literacy, and cultural considerations. Your service must check and note that a consumer confirms that they have understood the meaning of messages communicated. It is important to be transparent about any limitations to confidentiality with consumers, their families, and carers as this will ensure that, should relevant information be required to be shared without the consent of the consumer, they do not feel compromised.

Key Tasks

- Train staff so they have a clear understanding of the privacy policies and can effectively answer any questions from consumers and carers.
- Develop clear protocols as to what specific information may be shared when information needs to be shared with other providers.
- Ensure staff understand what information can be disclosed to a consumer's family, with the consumer's permission, or shared because they are a nominated substitute decision maker.
- Uphold the specific decision-making rights described in a Guardianship Order.
- Ensure privacy policies are current and regularly reviewed.
- Make your privacy policy easily accessible and available to consumers.

Examples of evidence

- Documented privacy and confidentiality policies, procedures and processes with reference to the relevant governing legislation that ensure the privacy and dignity of every consumer is valued and protected.
- Resources available to consumers about their privacy rights.
- Staff can demonstrate knowledge of, and explain how, privacy policies and procedures that operate in the context of service delivery.
- Documented protocols to ensure that consumer information cannot be accessed by unauthorised persons.
- Training material for onboarding privacy training.

Where to go for more information

- Not-for-Profit Law – Information on Privacy
- Australian Privacy Principles
- Office of the Australian Information Commissioner OAIC: Privacy in your state. Looks at what privacy laws apply in each state and territory and what privacy laws apply to private sector health service providers.

- MHCC Digital Service Delivery Guide – See Section 4 particularly
- Flourish Australia – Privacy policy

Action 1.27	The service provider advises consumers, and where relevant, their families and carers, of changes to privacy policies in a timely and comprehensible way

Explanatory notes

Privacy legislation is designed to protect consumers from having their personal and health information exposed, either intentionally or unintentionally. Every community-managed organisation should have clear policies, procedures and risk management protocols in place to ensure the security of consumer information. These protocols should be reviewed and amended, every time a different kind of service is designed and delivered.

Community-managed organisations must comply with Australian Privacy Principles if they:

- Have annual turnover of over $3 million
- Agree to comply with privacy laws in contractual arrangements with the Commonwealth government
- Provide a health service to a person (even if the organisation's primary activity is not providing that health service).

Key Tasks

- Include a requirement outlined in relevant policies and procedures to advise consumers and, where relevant, their support networks of any substantial or material change to a privacy policy.
- Allocate clear roles and responsibilities for notifying consumers of the change to the privacy policy.
- Provide privacy policy update notices to consumers in one or more ways to maximise transparency – for example, by email or by using a pop-up notice on the service provider's website.
- Implement a process to re-obtain consumer consent when there has been a substantial or material change to the privacy policy, including discussing those changes in detail with the consumer and their carers.

Examples of evidence

- Policy document that describes the service provider's requirement that consumers be advised of changes to privacy policies in a timely way.
- Documented information provided to consumers about changes in privacy policy.

Where to go for more information

- Office of the Australian Information Commissioner – What is a privacy policy?
- Office of the Australian Information Commissioner – Guide to developing an Australian Privacy Principle privacy policy
- The Department of Health Privacy Checklist for Telehealth Services: this checklist helps organisations to comply with privacy obligations when delivering telehealth services.
- Justice Connect Privacy page has legal information for community organisations.

Partnering with Consumers, Families and Carers Standard

Service providers develop, implement and maintain systems to partner with consumers, their families and carers. These partnerships relate to the direct delivery of care as well as the planning, co-design, measurement, review and evaluation of mental health services. The workforce uses these systems to meaningfully partner with consumers, their families and carers.

Intention of this standard

To create services in which there are mutually valuable outcomes by having:

- Consumers as partners in their own care, with their families and carers, to the extent that the consumer chooses
- Consumers, their families and carers as partners in planning, co-design, delivery, measurement, review and evaluation of mental health services.

Criteria

- Partnering with service users in their own care
- Health literacy
- Partnering with consumers, families and carers in co-design and governance.

Partnering with consumers in their own care

Rights

Action 2.01	The service provider uses a charter of rights that is: a. Consistent with the Australian Charter of Healthcare Rights[14] such as the Mental health statement of rights and responsibilities 2012[15] b. Consistent with the United Nations Convention on the Rights of Persons with Disabilities c. Respectful of the consumer's autonomy, including their right to intimacy and sexual expression d. Made available to consumers, their families and carers e. Incorporated into everyday practice

Explanatory notes

Partnerships are effective when people are treated with dignity and respect, information is shared with them, and participation and collaboration in healthcare processes are encouraged and supported to the extent that people choose.

Creating or using an existing charter of rights is a simple way for your organisation to communicate dedication to the fair, equal and respectful engagement with consumers of your service. An easily accessible charter of rights ensures that consumers are aware of the standards of service delivery that they are entitled to.

National, state and international policies dictate that supports must be delivered in a way that promotes, respects and protects consumer rights. Services provided must be aligned with current legislation and other regulatory requirements, including the UN Convention on the Rights of Persons with Disability (UNCRPD), and the Australian Charter of Healthcare Rights as well as Commonwealth, Territory and State legislation.

Your charter of rights should convey your organisation's responsibility to ensure that consumer autonomy and independence is supported, including decisions about relationships and sexual expression. This may involve supporting a consumer to identify their needs and aspirations, and respecting their right to relationships, intimacy and sexual expression. Your charter of rights should be clearly available for all to see at your premises.

Key Tasks

- Include education and training about legal and human rights in employee orientation and induction and record this in a staff training register. Training should ensure that staff can recount how consumer rights are upheld in everyday service delivery.
- Provide staff with resources outlining consumer and carer rights for use in their day-to-day work.
- Provide ready access to copies of the charter of rights, communicated in appropriate languages or formats, to all consumers, their carers and families, and obtain a signed copy from the consumer, their family or carer to confirm that they have read and understood their rights.
- Facilitate access to a translation or interpreting service to support understanding of rights when required.

Examples of evidence

Policy documents or processes for:

- Staff onboarding to include the provision of a copy of the charter of rights

- A Staff Code of Conduct informed by consumer rights
- Charter of rights to be included in consumers' welcome packs.

Training and resources that include:

- Human rights
- Information or other resources that explain and assist people to understand their rights
- Charter of Rights posters in service delivery environments
- Consumer charter of rights available in different languages and formats to best meet the communication needs of each individual consumer.

Evaluation

- Feedback from consumers, carers and families about their awareness of the charter of rights
- Staff can demonstrate ways that they assist consumers to better understand their rights
- Checklist confirming consumers receipt of the charter and understanding of their rights.

Where to go for more information

- UN Convention on the Rights of Persons with Disabilities
- Australian Charter of Healthcare Rights
- Australian Commission on Safety and Quality in Health Care: Australian Charter of Healthcare Rights − Using the charter in your health service.
- QLife have a range of guides for health professionals working with LGBTIQ people
- B Miles Foundation - Client charter of rights and responsibilities
- World Health Organisation – Mental Health Disability and Human Rights training
- Charter on the Rights of Children and Young People in Healthcare Services in Australia.

Action 2.02	The service provider has systems and processes to: a. Actively prevent the abuse and or neglect of consumers b. Actively prevent the abuse and or neglect of families and carers consistent with their service model and legislative obligations c. Actively prevent the exploitation of consumers and where relevant, their families and carers d. Actively prevent discrimination against consumers and where relevant, their families and carers e. Respect and protect the dignity of consumers, their families and carers f. Ensure the cultural safety of Aboriginal and Torres Strait Islander people g. Act upon allegations and incidents of violence, abuse, neglect, exploitation or discrimination and support and assist each affected consumer h. Report back to consumers, families and carers about the outcomes of actions taken regarding allegations and incidents

Explanatory notes

Embedding a trauma-informed, recovery-oriented approach in service design and delivery ensures that your organisation prioritises the safety and wellbeing of the consumers, families and carers accessing the service.

Staff are well supported through training, skill development and supervision to work with and create safety especially for diverse populations for whom many have experienced trauma.

An organisation can demonstrate respect and cultural safety through establishing cultural protocols, celebrating diversity.

Key Tasks

- Prioritise the use of trauma-informed practice; using a strengths-based approach, based on understanding, and responding to the impacts of trauma, to enhance the physical, psychological, and emotional safety of both providers and consumers – this will maximise opportunities for recovery.
- Ensure there are clear and accessible pathways for consumers to report any incidents of abuse, neglect and exploitation and support them making complaints.
- Provide feedback informed by open disclosure principles to consumers, families and carers to assess whether the response to allegations of abuse, neglect or exploitation, and whether they felt safe and heard throughout the process.
- Establish processes for staff and consumers which enables information and feedback to be freely shared.
- Provide staff access to regular practice supervision to ensure their practice is evidenced-based and free from harm.

Examples of evidence

- A values statement which includes a zero-tolerance approach to abuse, neglect and exploitation of consumers, carers and their families
- Organisation Code of Conduct which has been signed by all staff and volunteers.

Policy documents or processes for:

- Informing consumers and carers on how to report adverse incidents
- Responding to allegations and incidents of violence, abuse, neglect, exploitation, or discrimination in a timely way. This includes procedures on how to best support consumers through investigative and response processes, such as facilitating access to an advocate
- Advice on recording, reviewing, and investigating any allegations or incidents, and what action your service is taking to prevent future incidents
- Registering quality improvement actions initiated and implemented following historical allegations or incidents involving violence, abuse, neglect, exploitation, and discrimination
- Evidence of co-creation of safety and wellbeing planning processes with consumers, their families and carers.

Training and resources that include:

- The safe delivery of services
- Cultural safety training
- Human rights, consumer empowerment, safeguarding, and promoting a zero-tolerance to violence approach.

Evaluation:

- Register of complaints
- Reviews outcomes from complaints
- Incident reviews and actions.

Where to go for more information

- NSW Health – Prevention and response to violence, abuse and neglect
- Mental Health Coordinating Council – Trauma Informed Care and Practice
- Mental Health Coordinating Council – Introduction to Trauma Informed Practice.
- NHS Scotland – Trauma-informed practice: toolkit
- World Health Organisation – Freedom from coercion, violence and abuse training

Action 2.03	Where a service provider has access to a consumer's money or other property, systems are in place to: a. Ensure that it is managed, protected and accounted for b. Ensure that a consumer's money or other property is only used with the consent of the consumer and for the purposes intended by the consumer c. Support the consumer to access and spend their own money as they determine d. Ensure a record is available to the consumer and to any family members to whom the consumer consents to have access

Explanatory notes

When working with consumer finances, workers must promote self-determination that maximises choice and control when assisting them to access and spend their own funds. It is vital to help consumers achieve their desired outcomes and meet their needs.

Your organisation must inform itself as to whether a Trustee and Guardianship order is in place and seek advice when a consumer requests access to their funds. Nevertheless, a consumer must be supported to provide input into discussions about how their funds are spent.

Key Tasks

- Ensure your organisation has processes in place to make certain that staff do not provide information or guidance regarding consumer finances which extends outside of their role and responsibilities as outlined in their job description.
- Train staff to embed supported decision-making into their practice approach.
- Consult with the consumer and their support network when money and property are being managed on behalf of a consumer and document these communications in their records.
- Train staff to understand and make use of Work Development Orders (WDOs) as a means of reducing debt. This could be facilitated through an in-serve training session with for, example, Legal Aid.
- Use an evidence-based process to assess a consumer's cognitive functioning and decision-making skills, and document appropriately in service records including who made this decision.
- Facilitate access to capacity-building activities for consumers in decision-making and managing finances.

Examples of evidence

- A worker Code of Conduct which includes provisions for the ethical management of consumer funds and property.

Policy documents or processes for:

- Identifying a patient's capacity for making decisions about their care
- The management, protection and accountability of a consumer's money and property
- Work and development orders for workers, consumers and carers
- Working with consumers' consent and their clearly expressed wishes.

Training and resources that include:

- A collaborative approach
- Empowerment and support in decision making for consumers, and their carers.

Evaluation:

- A record of review of the above strategies.

Where to go for more information

- Head to Health – Finances
- National Debt Helpline – What is financial counselling?
- Service NSW – Request a Work and Development Order
- Mental Health Coordinating Council – Mental Health Rights Manual – Fines
- Capacity Australia
- Advance Care Planning Australia
- South Australia Health Impaired Decision-Making Factsheet
- United Nations Convention on the Rights of Persons with Disabilities
- Scottish Health Council's Participation Toolkit
- Gillick Competency Principles: Can children and adolescents consent to their own medical treatment?
- Application of legal and ethical issues to young people.
- Guidelines for Supported Decision-Making in Mental Health Services

Action 2.04	The service provider upholds the rights of the of the consumer to access a member of the workforce of their preferred gender, where possible

Explanatory notes

People accessing your service should be aware that their human rights are of great importance to the organisation and will be upheld throughout service delivery. Consumer rights include respect for gender and sexuality and the right to choose the gender of their worker, as this can provide a sense of physical, social and psychological safety. Where staff choice is limited, organisations work with consumers to find the best fit possible amongst their team. People of diverse genders and sexualities may also look for visual indicators of safety, inclusion, and affirmation such as the Progress Pride Flag, Rainbow Pride Flag or, for example, ACON's Welcome Here symbol on front doors, promotional materials, and on webpages. Organisations should also consider cultural and religious sensitivities as well as age when allocating staff.

Key Tasks

- Identify consumer needs and preferences during intake processes and consider these when allocating workers to support them. This includes consumer preferences regarding cultural needs and staff gender.
- Ensure your organisation reflects a diverse workforce to help meet the needs and preferences of consumers.
- Ask all consumers what pronouns they use and their preferred names. Preface this by having workers introduce themselves with their pronouns to help establish a safe environment.
- Establish a gender and sexuality inclusive service environment with visible signs of inclusion such as the Progress Pride Flag, Rainbow Pride Flag or a Welcome Here symbol on front doors, promotional materials, or webpages.
- Train staff in the use of gender and sexuality inclusive language, and inclusive and affirmative practice.
- Utilise practice supervision as an opportunity for staff to reflect on their practice and acknowledge their personal and cultural prejudices and bias.

Examples of evidence

Policy documents or processes for:

- Supporting decision-making, consumer choice and control including identifying their preferences regarding workers allocated to them.

Training and resources:

- For consumers and staff on gender and sexuality inclusivity, and diversity inclusive services available.

Evaluation:

- Review on demographic data
- Review of access or care experienced by specific groups.

Where to go for more information

- Hannan, S., Freestone, J., Murray, J., Whitlam, G., Shehata, S., Henderson, C., Hudson, S., Etter, S., Toomey, E., Duck-Chong., E, Cook., T LGBTQ+ inclusive & affirming practice guidelines for alcohol, substance use, and mental health services and treatment providers (2nd Ed.). Sydney Australia; ACON Australia; 2022
- ACON - Pride in Health + Wellbeing - ACON's Pride in Health + Wellbeing is a national membership program that provides year-round personalised support to organisations within the Health, Wellbeing and Humans services sector to improve their LGBTQ+ inclusive care, remove systematic barriers to accessing care and thereby reduce health disparities faced by LGBTQ+ communities.
- The Rainbow Tick Guide to LGBTI Inclusive Practice- The guide aims to assist organisations improve the quality of care and services they provide to their lesbian, gay, bisexual, trans and gender diverse and intersex consumers, staff, and volunteers.
- ACT Government - Guidance to Support Gender Affirming Care for Mental Health - The guidelines assist medical, nursing, allied health professionals and mental health practitioners (across primary care, non-government services and public mental health services) to provide gender affirming health care.

Action 2.05	The service provider upholds the rights of the consumer and their family and carers: a. To access advocacy and support services b. To access interpreter services

Explanatory notes

Carers characteristically have a big impact on the wellbeing and recovery of consumers. In some circumstances, a person may be a full-time carer for a consumer and share the same residence. In other instances, a person may have little or no daily face-to-face contact with the person but be a nominated carer. Either through prior legal or informal arrangement, or simply through circumstances a carer may be the principal or substitute decision-maker for a person who experiences some degree of functional impairment.

Frequently, a consumer and their carer may have very similar views about what supports they would like to receive. In other circumstances, a consumer's view is completely different from that of their carer. Organisations must respect carers' rights alongside the rights of consumers to self-determination and negotiate with both sensitively.

Carers are also entitled to support services to assist them in their carer role. If carers receive support for themselves, this can help them to maintain their role as a carer over the long term, as well as help carers preserve their own mental health and well-being.

Advocacy

Your organisation ensures consumers, carers and families understand the role of advocates, and their right to access an advocate. An advocate may be a member of the consumer's informal or formal support network or could be an independent advocate from an advocacy service or a peer worker whose role allows them to support a consumer as an advocate.

Interpreting and Translation services

Your service communicates in a language and format that meets the communication needs of the consumer, their family, and carers. This may include using plain language and easy read resources, using interpreters or translation services, and paying attention to any age, literacy, or cultural considerations to maximise a consumer's understanding of what is being conveyed to them. When using these services your workers should assess the specific needs of the consumer, carer and family and ask the service to provide either translation or interpretation as required. Always ask the service provider to translate exactly what is said by the worker to the consumer or carer. Your organisation must be made aware of any potential conflict of interest, such as confidentiality issues that may arise as a consequence of the interpreter and the consumer or carer being part of a small cultural group.

Key Tasks

- Train workers about how and where to provide referrals to advocacy organisations, such as the Mental Health Advocacy Service offered through Legal Aid NSW, or ADACAS.
- Identify the consumer's possible need for appropriate interpretating or translation services and arrange as required.
- When appropriate, include carers in family meetings and discussions about support planning and outcomes.
- Establish processes to ensure that the interpreter is effectively engaged and does not have any conflict of interest in relation to the consumer, family or carer.

Examples of evidence

Policy documents or processes for:

- Accessing the Translating and Interpreting Service (TIS National)
- Accessing consumer advocates.

Training and resources that include:

- How to use an interpreter service
- Information packages or links to resources that are available for consumers in different formats and languages
- Information about carer supports.

Evaluation:

- Register of number of TIS services used and frequency
- Training frequency and attendance for members of the workforce about delivering care for diverse populations.

Where to go for more information

- Mental Health Law Centre
- Helping Minds – Mental Health Carer Advocacy and Support
- Multicultural Futures – Mental Health Advocacy for individuals from a CALD background
- Chapter 9 Section E: Getting carer support – MHCC Mental Health Rights Manual
- Translating and Interpreting Service (TIS): TIS National

- Australian Commission on Safety and Quality in Health Care: NSQHS Standards User Guide for Health Service Organisations Providing Care for Patients from Migrant and Refugee Backgrounds.

Action 2.06	The service provider advocates for the rights of consumers, families and carers and promotes opportunities to enhance the consumer's positive social connections with family, children, friends, and their valued community

Explanatory notes

Social connections usually enhance a consumer’s recovery journey, with positive connectedness often reducing distress and increasing feelings of contentment, security, support, self-worth, identity and purpose.

Promoting social connectedness to culture and community is central to mental, social and emotional wellbeing for Aboriginal and Torres Strait Islander people and ensures greater recovery outcomes for culturally and linguistically diverse people.

It is similarly important to acknowledge and support connection to chosen family for members of the LGBTIQ+ community. LGBTIQ+ people often draw great strength and support from their peers and chosen families. It is important for services to be welcoming and inclusive of chosen family in service delivery.[16]

Key Tasks

- Promote social connections when developing care and recovery plans with a consumer, their families, carers and peers. This could include supporting regular contact with friends and family, joining a social group, volunteering, or providing referrals to culturally appropriate services, for example, Aboriginal led services, or LGBTIQ+ services.
- Promote reconnections with families and social networks where possible and if desired by consumers. Training and resources for staff in ‘family finding’ can support this.
- Support consumers’ connections with their children and access to advocacy services to assist in family law or child protection matters.
- Develop partnerships with other CMO services and community-based services providing social activities to facilitate referral pathways for consumers, their carers and families.

Examples of evidence

Policy documents or processes for:

- Developing and maintaining relationships with local organisations
- Promoting carer and family connectedness
- Social inclusion activities
- Recovery oriented practice.

Training and resources that include pamphlets about social activities.

Evaluation of de-identified register listing referrals to social and cultural groups to support social connectedness.

Where to go for more information

- McPin Foundation – Wellbeing Networks and Asset Mapping: Useful tools for recovery-focused mental health practice
- Stride – Social Wellness
- Mental Health Coordinating Council – Mental Health Rights Manual – Family law and caring for your children

- Department of Aged Care and Health – Mental health statement of rights and responsibilities (page 19)
- Family Finding – Resources
- World Health Organisation – Recovery practices for mental health and wellbeing training

Informed consent

Action 2.07	The service provider has strategies and processes to: a. Support the consumer to make informed choices, exercise control and maximise their independence relating to the care being provided b. Ensure that informed consent processes comply with legislation and best practice

Explanatory notes

Supporting choice and control is a very important part of delivering services to consumers and effectively assisting people to meet their needs and aspirations. Consumers have the right to make decisions regarding service providers and delivery of supports. Having choice and control enhances a person's likelihood of living a fulfilling life. The concept of choice and control aligns with strength-based, recovery-oriented practice and highlights the need to support person-led as well as person-centred practice.

Reasonable steps must be taken to make sure that consumers understand any information conveyed to them about a service prior to agreeing to and receiving any supports and services. Consent given voluntarily is a consumer's decision made with knowledge and understanding of the benefits and risks involved.[17]

Best practice ensures that consent is renewed when there are any significant changes to a person's condition or circumstances, or to the services being provided.

Key Tasks

- Clearly document discussions about service options, as well as risks and benefits to providing supports, or decision-making activities which are kept in a consumer's records. Records should demonstrate the different options offered to consumers, describe how decisions were made and, if there were others involved (including carers), who they were and the role they played.
- Ensure that informed consent policies and procedures are reflective of any relevant legislative requirements, and schedule that such requirements are regularly monitored to ensure policies are up to date.
- Provide information in a way that they can be understood by consumers before asking for consent. Consider using translation and interpreting services, easy-read documents, or printing information in the most appropriate language or format. Always confirm with the consumer that the information has been clearly understood.
- Seek feedback from consumers, carers and families regarding the consent process.
- Accommodate a diversity of needs, such as disability, literacy, cultural and linguistic diversity when seeking and communicating about informed consent. Consideration should also be given to the physical, emotional and environmental safety of consumers when discussing informed consent with consumers.
- Record when and how information about informed consent has been provided. Clear documentation is necessary especially when a consumer, their family and carers refuse to provide/or are unable to provide informed consent.
- Makes reasonable attempts to include carers, family and kin who are nominated, designated or primary support persons in the provision of information about consent.
- Establish strategies to manage obtaining informed consent from consumers during episodic unwellness.
- Establish strategies to support workers communicating information to consumers regarding decisions that have been made without their consent.
- Provide signed copies of informed consent documentation to consumers, their families and carers.

Examples of evidence

Policy documents or processes for:

- Consumers on informed consent
- Directives on how and when consent is to be obtained.
- Standardised consent form
- Link informed consent to the open disclosure policy
- How to get consent from service users from culturally and linguistically diverse backgrounds
- Consent for young people.

Training and resources that include:

- Informed consent processes for consumers, carers
- Informed consent processes for staff
- Documented information or resources about consent processes that are provided to consumers, carers and families.

Evaluation of the number of signed consent forms attached to consumer records.

Where to go for more information

- Australia Commission on Safety and Quality in Health Care – Informed consent in health care factsheet
- Mental Health Coordinating Council – Mental Health Rights Manual – Informed Consent
- Mental Health Coordinating Council – Digital Service Delivery Guide – Informed consent for digital service delivery
- World Health Organisation – Legal capacity and the right to decide training
- Queensland Health Guide to Informed Decision-making in Health Care
- Western Australia Health Consent to Treatment Policy 2016
- *See Practice Standard in this Guide - 1.14 (link to)*

Supported decision making and planning care

Action 2.08	The service provider has processes: a. To assist consumers, families and carers and the workforce to participate in supported decision making as the default approach b. To partner with consumers, their families and carers to develop advance care plans, including safety planning c. To identify and work with a substitute decision-maker if a consumer does not have the capacity to make decisions for themselves

Explanatory notes

Supported decision-making is the process of supporting people to identify and pursue their goals and aspirations and assists them to make choices and come to decisions about many aspects of their life. The consumer must always be at the centre of the process, driven by their expressed needs and aspirations and their individual decision-making style. A best-practice approach sets out to maximise independence by supporting a person to exercise control over the things that are important to them. This approach does not focus on whether a person can or cannot make decisions, but whether they have access to supports to best make the decision, for example, access to an interpreter or other communication supports.

Some consumers may require different levels of support according to the specific decision to be made. The degree of support may vary according to the complexity of the decision. People living with mental health and co-existing conditions may experience difficulties making decisions for several reasons, including how well they are at a particular time, the impact of their condition on their cognitions, the side-effects of medications prescribed, the time of day, as well as the stress that can arise from the necessity to decide. If a consumer does not have the capacity to make decisions about their own care, even with support, a substitute decision-maker may be required. Alternatively, they may want another person to make a decision for them, even if they understand the issues involved.

Your organisation must demonstrate practices and procedures which support a consumer’s right to exercise choice and control in decision-making regarding their supports and care. This may involve the facilitation of supported decision-making, whilst maintaining the principles of person-centred and directed supports and recovery-oriented practice. Decision-making processes need to consider a consumer’s communication needs and preferences to maximise comprehension of the information provided and ensure that choices and consent are well informed. Decision-making processes, and review of options, is an individual process and should not be restricted or compromised by time, unless issues of risk are evident.

Advance Care Plans & Safety Plans

Advance Care Directives are a way that a person can give guidance to health care professionals about how they want to be treated if they lose capacity to make healthcare decisions due to age, illness or injury in the future.

Working with consumers to develop a safety plan for times when they feel their mental health deteriorating or are experiencing a crisis and are in distress is important to protect a consumer from harm and prevent hospitalisation.

Key Tasks

- Provide policies and procedures on supportive decision-making and processes to assist consumers maximise their decision-making skills.
- Provide information about supported decision-making and substitute decision-making to consumers, carers and families.

- Ensure staff are trained to understand and embed supported decision-making in their practice as a core skill.
- Establish a process that determines whether an advance care directive for a consumer is in place, or such a directive needs to be provided, or if a directive should not be followed.
- Use an evidence-based process to assess a consumer's decision-making skills that is aligned with recovery-oriented practice.

Examples of evidence

Policy documents or processes for:

- Collaborative approach
- Determining when a consumer may need assistance in making choices
- Working with a substitute decision-maker should the consumer require this
- How to empower and support consumer choice.

Training and resources:

- Educate the workforce about supported decision-making provisions
- Supported Decision-Making model or tool.
- Example of an Advance Directive template
- Resources available to consumers and staff regarding supported decision-making.
- Resources available to consumers and staff regarding making an advance care directive
- Training register includes evidence of supported decision-making training for all staff.

Where to go for more information

- Melbourne Social Equity Institute - Options for Supported Decision-Making: Enhance the Recovery of people experiencing Severe Mental Health Problems
- Mental Health Coordinating Council - Introduction to Supported Decision-Making – Free self-paced online training modules
- Healthtalk Australia – Mental Health and Supported Decision Making
- Mental Health Australia - Supported Decision-Making Factsheet
- My Mental Health - Safety Planning
- Advance Care Planning Australia
- Mental Health Coordinating Council – Mental Health Rights Manual – Advance Care Directives
- NSW Health – Advance Care Directives
- World Health Organisation – Supported decision-making and advance planning training
- Capacity Australia
- Advance Care Planning Australia
- South Australia Health Impaired Decision-Making Factsheet
- United Nations Convention on the Rights of Persons with Disabilities
- Scottish Health Council's Participation Toolkit
- Gillick Competency Principles: Can children and adolescents consent to their own medical treatment?
- Application of legal and ethical issues to young people.
- Guidelines for Supported Decision-Making in Mental Health Services

Health literacy

Health literacy refers to how well individuals can access, understand and apply health information, so that they can make good decisions about their health. Evidence shows that poor health literacy is associated with poor health outcomes. To better engage consumers in their own healthcare, organisations must support health literacy.

Health literacy gives people the knowledge, attitude, skills to maintain their health and to:

- Manage minor illnesses
- Find and use healthcare services
- Navigate the healthcare system
- Communicate with health professionals, and
- Improve their environment and conditions.

Communication that supports effective partnerships

Action 2.09	The service provider uses communication mechanisms tailored to the diversity of consumers, their families and carers

Explanatory notes

Clear and open communication between consumers and service providers is vital for the delivery of effective, efficient and ethical support.

When providing information, it is important for organisations to consider the diversity of people who use the service, and where relevant, the cultural diversity of the local community. Visual diagrams, decision aids, cue cards and interpreters may be useful when communicating with consumers who experience barriers to their health literacy or have difficulty understanding English.

Key Tasks

- Communicate in a language and format that meets the communication needs of the consumer. This may include using plain language and easy read resources, utilising interpretation, or translation services, as well as other age, literacy, or cultural considerations to maximise understanding for consumers, carers and staff.
- Ensure staff have resources and receive training in health literacy and meeting diverse communication needs.
- Train staff to ensure they have a good understanding of the common health issues that frequently affect consumers.

Examples of evidence

Policy documents or processes for:

- Gathering the preferred communication methods and requirements for consumers, families and carers at intake
- Engaging consumers, families and carers from diverse groups and communities.

Training and resources that include:

- Information in a variety of languages, audio mechanisms, and easy-read documents
- Health for consumers and access to programs and materials including digital apps.

Evaluation

- Intake form with details of preferred communication supports.

Where to go for more information

- Australian Commission on Safety and Quality in Health Care: Supportive resources on health literacy. Resources to support improvements in health literacy.
- Translating and Interpreting Service (TIS): TIS National
- Hemingway App – tool to assist you in writing in plain language
- NSW Health – Communicating effectively with people with mental illness and psychosocial disability
- One Door Mental Health – Effective Communication course
- SWS Recovery College – Communicating Positively: A Guide to Appropriate Aboriginal Terminology
- Agency for Clinical Innovation – Health Literacy
- Neami National – Neami Health Prompt

Action 2.10	Where information about the service or mental health is developed internally, the service provider co-designs this with consumers, their families and carers

Explanatory notes

Co-design is a collaborative approach which works with the targeted population rather than working for them. Co-design allows for the mutual exchange of knowledge and sharing of power between all parties, as well as demonstrating a genuine appreciation and acknowledgment of lived expertise. Co-design goes beyond the more traditional partnering methods. It involves consumers from the outset, identifies issues, and throughout the design of services, ensures that a service reflects consumers' needs and preferences for improvement. Co-design can enable consumers to become equal partners with managers and other staff in the quality improvement process.

The principles of co-design are:

- Equal partnership – Consumers, families and staff work together from the beginning with an equal voice and shared ownership and control.
- Openness – Consumers, families and staff work together on a shared goal, trust the process and learn together.
- Respect – Acknowledge and value the views, experiences and diversity of consumers, families and staff.
- Empathy – Practice empathy and maintain an environment which feels safe and brings confidence to everyone.
- Design together – Consumers, families and staff work together to design, implement and evaluate improvements, activities, products and services.

Key Tasks

- Embrace the principles of co-design, and the values it embodies in all the work your organisation undertakes.
- Demonstrates the use of co-design in governance, leadership and service delivery activities.
- Allocate funds in the budget to appropriately remunerate lived experience partners in co-design partnerships.

Examples of evidence

Policy documents or processes for:

- The organisation's codesign framework
- Provisions for co-design processes.

Training and resources that include support for consumers and carers to participate in co-design.

Evaluation:

- Feedback from consumers and carers about the co-design process in action
- Evidence of consumer and carer participation in co-design processes, such as through meeting minutes.
- Documented advisory or reference group composition demonstrates lived experience representation.

Where to go for more information

- Safer Care Victoria – Co-design: A powerful force for creativity and collaboration
- Neami National – What is co-design
- Mind Australia – Mind's Participation and Co-design Practice Framework
- Mental Health Coordinating Council - Digital Service Delivery Guide – Co-design and Collaboration
- Agency for Clinical Innovation: Co-design toolkit. Provides access to practical information, tools and resources for healthcare services to adopt a co-design approach.
- NCOSS – Principles of Co-design

Action 2.11	The service provider communicates information to consumers, their families and carers: a. In a way that meets their needs b. In a language and formats that enable it to be understood by people with diverse communication abilities

Explanatory notes

Communication is an important element of being equitably accessible to all consumers when delivering safe, high-quality, and inclusive services. This aspect of equity and access is a human right that features throughout these standards and applies universally to ensuring a best-practice approach to working with consumers, carers and their families.

Key Tasks

- Communicate in a language and format that meets the communication needs of a diversity of consumers and carers. This may include using plain language and easy read resources, utilising interpretation, or translation services, as well as paying attention to age, literacy, or cultural considerations to maximise understanding of what is being conveyed.
- Document the consumer's language and communication needs and preferences during intake processes, including any supported decision-making requirements.
- Provide written information in accessible formats: Easy English, braille, large print, audio, captioned video content, and resources in Word and PDF format, other languages.
- Practise flexibility when communicating with consumers and consider the appropriateness of timing and environment when sharing important information to ensure it is best understood. This means trying not to communicate important information to consumers in times of distress, when substance affected, or significantly distracted (e.g., looking after children, driving, working etc).
- Engage with consumers, carers, and families to co-design and develop information resources and tools to support communication.
- Using a co-design process, identify or develop a suite of information resources for consumers, so that information that meets the needs of individual service users is available.
- Seek feedback from consumers and carers to assess the accessibility of communications for diverse needs.

Examples of evidence

Policy documents or processes for the use of plain language, communicating health literacy, and addressing the needs of consumers, carers and their families.

Training and resources that include:

- Use of interpreters
- Plain English
- Auslan.

Evaluation:

- Feedback from consumers and carers about whether communication processes meet their needs
- Evidence of resources and training provided to staff and consumers
- Evidence of consulting with diverse communities to seek their advice concerning communications.

Where to go for more information

- Translating and Interpreting Service (TIS): TIS National – Certified NDIS Service
- Hemingway App – tool to assist you in writing in plain language
- Multicultural NSW – Tool: Communicating with culturally diverse audiences
- The Social Deck – Accessible communication and engagement: online seminars, tools and resources

Accessing healthcare service information

Action 2.12	The service provider makes information available to consumers, families and carers on alternative service providers when the service is closed after-hours or in an emergency

Explanatory notes

Generally, CMOs do not have the resources or capacity to be available 24/7 to consumers, carers and families and the community. To maximise safety and provide holistic quality care, it is important that consumers know about the support options available to them should they be unable to access their primary health or mental health service out of hours. Effective communications about alternative supports may assist in preventing distress and crises, leading to unnecessary hospital stays.

Key Tasks

- Include crisis support options on the homepage of your website which cover a variety of possible crises that might lead consumers to seek support for, for example, suicidal ideation, housing stress, domestic violence, substance use, emergency health issues.
- Ensure information is freely and easily accessible to consumers who do not have or use digital technology.
- Inform consumers and carers about out-of-hours alternatives and provide information flyers or wallet cards.

Examples of evidence

Policy documents or processes for provision of crisis or afterhours support.

Training and resources that include brochures and wallet cards with emergency contact information.

Evaluation of observable website information including ‘after-hours’ support page.

Where to go for more information

- WayAhead Directory
- Mental Health Services and Crisis help – NSW Health

Partnering with consumers, families and carers in co-design and governance

Partnerships in governance, planning, co-design, delivery, measurement and evaluation

Action 2.13	The service provider: a. Partners with consumers, their families and carers in the governance, planning, co-design, delivery, measurement and evaluation of the services b. Has processes to involve a mix of people that reflect the diversity of consumers, their families and carers

Explanatory notes

Consumers, their families and carers provide an informative and unique perspective into the safety and quality of the service and help in prioritising risks and initiating quality improvement issues. Organisations actively involve consumers in organisational planning, governance decision-making and policy and procedure development. Your organisation must demonstrate how you support and listen to consumers, taking into consideration their views, ideas, and aspirations, particularly concerning service delivery and consumer rights. Partnering with consumers and carers will ensure that service design is structured in an effective and targeted manner.

Key Tasks

- Create a consumer and carer reference or advisory group to support review of policy, procedure, and other documentation relevant to service delivery to consumers.
- Promote lived experience representation on boards and other governance roles.
- Identify the diversity of consumers who use the services and who are part of the local community and ensure these groups are represented in any partnership activities.
- Involve independent expertise to enhance evaluative processes such as university academics and peer researchers.

Examples of evidence

Policy documents or processes for consumer and carer engagement in practice development and service design.

Training and resources that include support for consumers and carers to participate in co- design.

Evaluation:

- Documented meeting agendas and minutes to demonstrate lived experience partnership in co-creation of the design and evaluation of services
- Feedback from consumers engaged in partnerships with the service provider about their experience being a part of the collaborative process
- Documented minutes or reports from co-design processes which include consumers and carers as part of safety and quality evaluation of service design.

Where to go for more information

- Mental Health Australia – Co-Design in Mental Health Policy
- ACI - A Guide to Build Co-design Capability
- Orygen – Co-designing with young people
- National Mental Health Consumer & Carer Forum – Co-design and Co-production
- Community Mental Health Drug & Alcohol Research Network – Co-production Kickstarter

- Community Mental Health Drug & Alcohol Research Network – Using program logic in evaluation and translational research

Action 2.14	The service provider provides orientation, support and education to the workforce, consumers, families and carers to support co-design in the governance, planning, design, delivery, measurement and evaluation of the service

Explanatory notes

Providing training and support to the workforce, consumers, carers, and families involved in the organisation's governance processes, planning, design, measurement or evaluation activities provides them with the best opportunity to contribute meaningfully and effectively to service quality and leadership.

If your service is small or does not have the capacity or resources to deliver tailored training, arrange external training by a peer or peak body representative organisation in your state or territory.

Key Tasks

- Employ a facilitator or coordinator to engage with, support, and build the confidence of, current and potential partners in co-design processes.
- Develop pathways for consumers and carers to train as and become employed as Lived Experience and Peer Workers.
- Foster a culture of codesign and collaboration across all aspects of the organisation's activities.

Examples of evidence

Policy documents or processes for systemic consumer and carer engagement.

Training and resources that include:

- Why and how to support partnering with consumers, carers and families in governance, planning, design, measurement and evaluation
- Support for consumers and carers to participate in co design.

Evaluation:

- Documented feedback from consumers and others participating in codesign processes.

Where to go for more information

- Beyond Sticky Notes – What is co-design? A brief overview
- Beyond Sticky Notes – But is it co-design? A learning tool design to help think about co-design
- Mental Health Commission – Consumer and Carer Engagement: A Practical Guide
- National Mental Health Consumer & Carer Forum

Action 2.15	The service provider partners with consumers, families and carers on the development and delivery of training and education for the workforce

Explanatory notes

Lived Experience peers have unique knowledge, abilities and attributes. They draw on their own life-changing experience, service use and their journey of recovery and healing, to support others, including non-peer workers. Peer trainers are an invaluable part of a training team as they understand the critical need for connection and use this expertise to inspire others to support consumers to find hope within a human rights framework. They demonstrate how a worker can build relationships based on a collective understanding of shared experience, self-determination, and empowerment and they provide an important resource for change in a training and education context.

Safety, training, support and recognition underpin a thriving workforce. A key benefit of peer-led training is that people employed in the sector understand and benefit from the expertise shared by lived experience trainers.

Organisations should establish opportunities to develop training roles for peers to train and educate other peer workers as well as the general workforce, develop supervision and evaluation of lived experience program roles. The organisation recognises the importance of including in its workforce training and professional calendar, courses that are co-designed, developed and delivered by peer experts and trainers.

Key Tasks

- Implement a policy that involves consumers, their families and carers as well as peer workers in the development and delivery of workforce training and reimburses them appropriately.
- Establish co-design workshops in the development of training and professional development.
- Employ lived experience trainers and educators, supervisors and evaluators.

Examples of evidence

Policy documents or processes that incorporate the views and experiences of consumers in the development of training the workforce.

Training and resources that include:

- Co-led training for the workforce
- The views and experiences of service users have been incorporated.

Evaluation:

- Number of Lived experience education workshops
- Minutes from training development meetings
- Attendance lists
- Evidence that peer workers are offered career pathways to develop and deliver training to staff including other peers.
- Is documented following the delivery of training.

Where to go for more information

- People with disabilities Western Australia – Training Toolkit for organisations co-designing with people with disability
- VIC Health – How to co-design with young Victorians
- Mental Health Carers NSW – Training and Education

- Agency for Clinical Innovation – A guide to build co-design capability
- ACI - Consumer enablement guide
- National Mental Health Commission - Lived Experience Workforce Guidelines –
- National Mental Health Commission // National Lived Experience Development Guidelines: Lived Experience Roles
- National Mental Health Commission // National Lived Experience Workforce Guidelines: Growing a Thriving Lived Experience Workforce

Promotion and prevention

Action 2.16	The service provider develops strategies to promote mental health and wellbeing and address early identification and prevention of mental ill health that are responsive to the needs of its target population and local community

Explanatory notes

“There is a clear imperative for the community to look at whole-of-life approach to preventing ill-health, rather than waiting for an episode severe enough to warrant a response from the service system” [18].

In national and state policies since the first National Mental Health Plan was published in 1992, the promotion of mental health and wellbeing, prevention of mental ill-health and early intervention have all been identified as priorities[19]. **Prevention** initiatives focus on reducing risk factors for developing mental ill-health and enhancing protective factors. The **promotion** of mental health and wellbeing seeks to enhance social and emotional wellbeing and quality of life. Initiatives may target entire populations, groups of people or individuals, and can occur in any setting. Early intervention seeks to address a first episode by identifying the early signs and symptoms of the development of a mental health condition and prevent it from progressing into a diagnosable illness[20].

Examples of prevention strategies in your organisation could be represented by an increase mental health literacy in the community using evidence-based education programs, partnerships with the media and public education campaigns:

- Provide programs and interventions to support carers and families supporting a person living with a mental health condition.
- Provide education to the community on the signs and symptoms of a wide range of mental health conditions to enhance early help-seeking behaviours.

Examples of promotion strategies might include:

- Ensuring service delivery is focused on the principles of trauma-informed recovery-oriented practice.
- Ensuring that staff working in all areas of health and the community services have access to training and support that enables them to work safely with people.
- Encouraging the use of evidence-based strategies that promote mental health and wellbeing in the workplace, and within community and sporting and social groups.

Key Tasks

- Identify the mental health and wellbeing education priorities relevant to your service’s target population.
- Use evidence-based screening tools to support the early identification of mental health conditions.
- Collaborate with consumers, their families and carers to understand how best to promote mental health and wellbeing issues to the targeted population and local community.
- Ensure that all promotion and prevention strategies include culturally appropriate services that are available to Aboriginal and Torres Strait Islander peoples and are accessible to people from CALD communities
- Design all prevention and promotion strategies using a trauma-informed, recovery-oriented framework.

Examples of evidence

Policy documents or processes for:

- Supporting the promotion and prevention of mental illness
- Developing a plan for identifying early warning signs of declining mental health
- General physical and nutritional health promotion.

Training and resources that include:

- Promotion and prevention material displayed in the service and on the service website and in the wider community across broad-based community services, for example, housing, employment, education
- Easy read posters in service delivery sites which include promotion and prevention measures (e.g., health promotion, early warning signs, self-care, social connectedness).

Evaluation:

- Consumer records include delivery of psychoeducation.
- Recovery plans for each consumer.

Where to go for more information

- World Health Organisation – Promoting mental health
- Everymind – Prevention and promotion approaches
- VIC Health – Prevention and promotion
- World Health Organisation – Recovery and the right to health training
- ACI - Trauma-informed care in mental health services across NSW - A framework for change.

Model of Care Standard

Service providers implement and maintain systems for the delivery of safe and high-quality care and supports consistent with an agreed model of care to achieve the consumer's recovery goals and to minimise the risk of harm to consumers, their families and carers and others.

Intention of this standard

To ensure that consumers receive supports that are consistent with a clearly defined model of care that is grounded in best practice and evidence. The supports provided align with the consumer's expressed recovery goals and needs.

To ensure that the risk of harm to consumers, their families and carers is minimised and managed.

Criteria

- Planning for delivery of care and supports
- Delivering care and supports
- Recognising and responding to acute deterioration, crisis or distress and minimising harm
- Communicating for safety
- Preventing and controlling infections
- Medication safety.

Planning for delivery of care and supports

Planning for delivery

Action 3.01	Where the service provider is responsible for establishing the model of care, the service provider: a. Partners with consumers, their families and carers in the co-design of the model of care b. Recognises national, state and regional planning approaches and collaborates with relevant funders and policy setters to reduce system fragmentation and strengthen system integration c. Has policies and procedures that specify the intent of the model of care for each service and the context in which it will operate d. Defines the intended consumer demographic and matches the model of care to the consumers, their families and carers

Explanatory notes

A model of care outlines how a service is to be delivered. It describes the best practice, recovery-oriented and human rights approach which underpins the purpose and intent of service delivery, how it operates, and its intended outcomes for consumers. When establishing a model of care, central to all considerations about safety and quality is the need to partner with consumers, their families and carers in a collaborative effort to best understand what they hope the service can achieve for their recovery goals and their identified needs. Meaningfully partnering with consumers is the most effective way to ensure that the model of care focuses on equity and safety, is person-led and person-centred.

The model of care also recognises and aligns with relevant national, state and local planning approaches and legislative requirements.

Key Tasks

- Clearly communicate the purpose and intent of the service.
- Partner with consumers, families and carers to design, develop, document and communicate a model of care that is tailored to meet the needs of the intended consumers.
- Develop a program logic tool with key stakeholders and consumers to identify the intended service outcomes and describe how they will inform the development of the model of care.
- Acknowledge the role of Lived Experience and Peer workers within the model of care

Examples of evidence

Policy documents or processes for:

- Supporting the development of the service’s framework for practice
- Establishing the evidence-based model of care for the service
- Ensuring service delivery match consumers, carers and family’s needs
- Consumers and carers to evaluate the co-design or co-production in which they were involved
- Collaborating with other services and the community.

Training and resources that include tools which support the co-design or co-production of the model of care.

Evaluation:

- Agendas and minutes of meetings that demonstrate genuine partnership with consumers, their families and carers in the design and development of the model of care and its evaluation.

Where to go for more information

- Sax Institute – Evidence Check: Models of care for people with severe and enduring mental illness
- Agency for Clinical Innovation – Understanding the process to develop a Model of Care
- NSW Health – Exploring Program Logic video
- Australian Institute of Family Studies – How to develop a program logic for planning and evaluation
- World Health Organisation – Mental health, disability and human rights training

Action 3.02	The service provider has systems that monitor the delivery of their service to: a. Ensure service delivery is consistent with the model of care b. Ensure service delivery is based on best available evidence and best practice c. Evaluate the performance and effectiveness of the model of care d. Assign accountability for maintaining and improving the effectiveness of the model of care

Explanatory notes

Implementing oversight and evaluation as a routine element of service operations is key to delivering high-quality and safe supports. While a program logic can be a useful tool for program development, these frameworks can also help evaluate a service to see whether their intended outcomes are being achieved.

It is key in implementing meaningful co-design processes in your organisation, that the consumers, carers and families involved in the development of the model of care also be a shared partner in evaluating its effectiveness and impact.

Key Tasks

- Develop a program logic to support evaluation of the model of care which identifies what should be measured and when.
- Partner with key stakeholders, including consumers, their families, and carers in developing the program logic and when assessing the outcomes of service delivery especially from the consumer and carer perspectives.
- Ensure monitoring and evaluation is applied early in the development of a model of care to assess its effectiveness, and whether it is consistent with the practice approach that underpins the model.
- Assign clear roles and responsibilities within the organisation for maintaining and improving the effectiveness of the model of care.
- Provide reports at specified times to align with the organisation's KPIs or funding requirements.
- Budget for the evaluation of service delivery, including allocating funds for Lived Experience partners in evaluation activities.

Examples of evidence

- Reports on feedback and outcomes shared with managers and staff in the organisation.

Policy documents or processes for:

- Describing the roles and responsibilities of the governing body and workforce
- A model of care evaluation framework
- Routine consumer and carer feedback.

Training and resources that include outcome measures.

Evaluation:

- Audit of service delivery in line with the model of care elements
- Report including consumer and carers feedback
- Consumers and carers have been included in the evaluation of the model of care.

Where to go for more information

- Neami National – Research and Evaluation Framework
- Better Evaluation – Creating program logic models
- Community Mental Health Drug and Alcohol Research Network – Using Program Logic in Evaluation and Translational Research
- Agency for Clinical Innovation – Understanding Program Evaluation – an ACI Framework

Action 3.03	The workforce has the training and competencies required to deliver the model of care and: a. In partnership with the consumer, their family and carers and other relevant service providers, develop care and recovery plans that comprehensively identify the consumer's mental and physical needs and recovery goals b. Implement care and recovery plans and provide supports and services to consumers in the setting that best meets their needs c. Ensure timely referral of consumers with specialist healthcare or other needs to relevant services

Explanatory notes

When developing a consumer's care and recovery plan, services have a responsibility to seek consent to collaborate with the consumer, their informal support network, and existing formal supports. The plan should consider a consumer's support requirements, their strengths, and identified goals as this will inform the development of an effective plan to assist consumers on their recovery journey. The identification of goals and needs must be driven by the consumer as this is central to working in a person-led practice approach.

Often a single service is unable to meet all of a consumer's needs and preferences to live well in the community. It is important for workers to be knowledgeable about the availability of a range of services in the local area in order to provide appropriate referrals for consumers.

Key Tasks

- Provide orientation, education and training to staff so that they understand their roles, responsibilities and accountabilities in delivering supports in line with a consumer's care and recovery plan.
- Ensure workers are trained in developing recovery plans, using a trauma-informed, recovery-oriented approach, and have skills in supported decision-making, and motivational interviewing.

- Work with consumers, their families and carers to identify their goals for recovery and how these can be integrated into their care and recovery plans.
- Ensure staff understand the service scope of practice and the available resources and services within the community
- Ensure staff can facilitate consumer referrals to more appropriate or additional services when needed to ensure a wrap-around and holistic approach to service delivery.

Examples of evidence

- Policy documents that outline processes used to deliver services that are consistent with the model of care.
- De-identified examples of care and recovery plans.

Policy documents or processes for:

- Staff to be equipped to deliver the model of care
- Referral including standardised referral forms.

Training and resources that include:

- Supported decision making
- Motivational interviewing
- Education, training and information resources.
- A directory of local support services.

Evaluation

- A survey conducted to collect data about consumers' service experience, including questions about whether their goals for care and actions for support were clearly communicated and developed in partnership with them

Where to go for more information

- Mental Health Coordinating Council – Training. Mental Health Coordinating Council offer a wide range of capacity-building training courses to support the mental health workforce, such as:
    - Introduction to Trauma-Informed Practice
    - Introduction to Supported Decision-Making
    - Introduction to Motivational Interviewing
- Black Dog Institute – Education & Services. Black Dog Institute offer evidence-based workshops to upskill health professionals in care planning and practical mental health skills.

Action 3.04	The service provider uses its processes to deliver or facilitate access to: a. Programs and or interventions to meet the consumer's needs and address agreed recovery goals b. Programs that support the consumer to build their capacity and resilience to meet their everyday living needs and recovery goals c. Programs, even if provided by partner organisations, that meet the needs of a diverse range of consumers including those from Aboriginal and Torres Strait Islander communities, people with physical and intellectual disabilities, CALD communities, LGBTIQ+ communities or those at risk of homelessness

Explanatory notes

The organisation provides safe and effective services and supports for daily living that optimise the consumer's independence, health, wellbeing and quality of life. Organisations develop a range of services and support programs necessary to meet diverse consumers' needs and promote a consumer's emotional, spiritual and psychosocial wellbeing. This includes providing culturally competent programs and safe services for people living with mental health and coexisting disability, as well as initiating appropriate referrals to partner organisations.

Staff work with consumers, carers, and families to build confidence and skills to develop and implement their recovery plans independently. The service provides training resources and information to assist consumers, make decisions and take reasonable risks.

Key Tasks

- Explore with consumers, carers, and their families how they can best give voice to their recovery goals.
- Enable consumer preferences and meaningful participation in their care and support planning.
- Facilitate access to the services and supports within the organisation and/or with external partner services as needed.
- Match consumers to a worker's skillset and experience.
- Ensure that the workforce is culturally competent and able to to meet the needs of diverse populations.

Examples of evidence

Policy documents or processes for referral pathways to dedicated cultural services, for example, Aboriginal led and run services, queer led services, disability support services etc.

Training and resources that include:

- Recovery planning, supported decision-making, cultural competence and co-design
- Information for consumers, carers and workers about service supports and recovery planning.

Evaluation

- Evidence of the programs and interventions utilised in your service, e.g., community outreach, counselling, peer support, education, diversity and awareness programs.

Where to go for more information

- Mission Australia – National Case Management Approach
- NDIS - Build a participant's capacity and capability
- Australian Government - Age care quality-standards-guidance-resources
- Healthdirect - Recovery and mental health
- World Health Organisation – Recovery practices for mental health and well-being training

Access and entry

Action 3.05	The service provider has a documented entry process that: a. Specifies the inclusion and exclusion criteria b. Defines pathways with service-specific entry points c. Minimises delay and the need for duplication in assessment d. Provides for consent for referral, confidentiality and information sharing e. Communicates information about the entry process to consumers, families, carers, referrers and other service providers and stakeholders f. Enables access to alternative care for people not accepted by the service

Explanatory notes

Services provide clear, written information on the supports they can provide the eligibility criteria to access the service and any costs that might be required. Barriers or challenges limiting access to services should be discussed openly with consumers prior to commencing supports.

Information needs to be communicated in a design format, manner and language that best meets the communication needs and preferences of the consumer.

The staff explain and provide information about assessment processes required for entry and exit and ensures that consent for referral and sharing of information is sought where necessary.

Key Tasks

- Develop information material about eligibility criteria for the service and make this readily available.
- Provide information about assessment processes for entry to the service.
- Use a consent process in place prior to intake.
- Develop formal and informal partnerships with other service providers.
- Facilitate a referral process for consumers who would be more appropriately supported by another service.

Examples of evidence

Policy documents or processes for:

- Setting the criteria for entry to the service and exit from the service
- Outlining the way in which your services are best suited to consumers
- Gaining consent and additional information related to confidentiality.

Training and resources about the service and eligibility criteria.

Evaluation

- Any partnership MOUs or agreements between organisations in place.

Where to go for more information

- Wellways – Community Living Support Service – Referral Form
- One Door Mental Health – Head to Health ‘pop-up’ clinics FAQs
- Grand Pacific Health Headspace - Informed Consent Form

Delivering care and supports

Screening and assessment

Action 3.06	The workforce, using a trauma-informed approach, engages consumers, their families and carers in screening conversations on presentation during history taking and when required during care: a. To identify mental, physical and cognitive needs and potential risks b. To identify the consumer's social circumstances c. To explore the consumer's recovery goals, values and preferences

Explanatory notes

To conduct a holistic assessment of a consumer's needs and aspirations, the assessment should take into account the consumer's preferences, their support requirements (including cultural and language needs), strengths, and goals.

When discussing and learning about a person's history, it's important that consumers don't feel they are being judged, are under examination or are merely part of a bureaucratic process. They should always be made to feel that their uniqueness is respected and that the service wants to know and understand their needs and preferences. If the process resembles a tick box activity, this risks the consumer feeling de-humanised, stigmatised, and retraumatised. The assessment should be a collaborative process, where a consumer understands this is about them and what they need.

While there may be a multitude of reasons for conducting assessments such as screening for eligibility, understanding needs and how best to address these assessments can be experienced as intrusive and distressing.

It is important to listen closely to what physical, emotional, psychological, and relational safety means specifically to each person and ensure that consumers are supported to feel safe in ways that are meaningful to them.

Key Tasks

- Undertake assessment which identifies specific needs for practical or emotional support, advocacy, skills capacity building or consolidation.
- Advise consumers that their safety before, during and after the assessment is a priority.
- Assess consumers' diverse social and cultural needs, including spiritual, religious, gender, sexuality, and language needs at initial contact with the service
- Identify strengths and protective factors including current ways of coping with distress.
- Identify psychosocial circumstance and intersectionalities.
- Acknowledge the impact of consumer histories of trauma on poor mental and physical health.

Examples of evidence

Policy documents or processes for:

- Screening and assessment
- Inclusion of carers and families in the assessment.

Training and resources that include:

- Trauma-informed care and practice information and resources
- Tools for screening and assessment
- Diversity inclusion resources and guidelines.

Evaluation

- Screening tool audit
- Consumer feedback.

Where to go for more information

- Department of Health – National PHN Guidance ‘Initial assessment and referral for mental healthcare’ – section 2: Initial assessment domains
- NCBI - Screening and Assessment - Trauma-Informed Care in Behavioural Health Services
- National Council for Mental Health Wellbeing - Trauma-Informed Care Screening and Assessment Toolkit
- ACON, NADA, MHCC - AOD-and-Mental Health-Inclusive-Practice-Guidelines-

Action 3.07	The workforce partners with consumers, families and carers to comprehensively assess the needs recovery goals and risks identified through the screening process

Explanatory notes

In order to conduct a holistic assessment of the consumer’s needs and aspirations, services seek consent to collaborate with the consumer, their informal support network, and existing formal supports. A significant step to support consumers, families and carers through the assessment process is having peer workers available for support, to clarify any questions from a lived experience perspective, and provide examples of recovery goals

Key Tasks

- Ensure the service provider allocates an appropriate amount of time to work with consumer, families, and carers in the assessment process in order for the consumer to understand the process and effectively contribute to the assessment.
- Ensure that the environment in which the assessment is to be conducted is suitably private and represents a safe environment as confirmed by the consumer.
- Co-develop tools and resources with people with lived experience to support consumers, families, and carers to best understand the assessment process and its purpose.
- Work with Peer workers to ensure the assessment process is tailored to meet consumer needs and minimises the risk of triggering trauma or re-traumatisation.
- Have peer workers available to support consumers during the assessment process and ensure that they have information and resources to support their understanding of assessment processes and purpose.

Examples of evidence

Policy documents or processes for:

- Person-centred and led assessment and recovery planning.
- Carer and family inclusion in assessment processes

Training and resources that include:

- Partnering with consumers, families and carers.
- Understanding trauma-informed and recovery-oriented practice,
- Person-led approaches to planning and support including supported decision-making.

Evaluation

- Documented feedback from consumers, carers and families regarding their experience and involvement in the assessment process
- Data concerning consumer disengagement following the assessment process.

Where to go for more information

- Hunter New England Local Health District – A Framework for Partnering with Consumers
- National Mental Health Commission – Consumer and carer engagement: a practical guide
- Australian Commission on Safety and Quality in Health Care – National Safety and Quality Health Service Standards: Partnering with Consumers Standard
- Healthy Place – Mental Health Assessment and Screening Tools
- Coordinare PHN SENSW – Initial Assessment and Referral Decision Support Tool
- Health VIC – Recovery and supported decision making

Action 3.08	The workforce has a system to document the findings of the screening and assessment process, including any relevant alerts, in the consumer's care record

Explanatory notes

Consumer records are an essential component of service communication. Screening and assessment documentation are important resources that enable workers to track a consumer's progress and have knowledge of outcomes over time. This ensures that as staff changes occur, continuity of care and safe referrals are supported. Records are one of the most important information sources available to workers. Good documentation contributes to better communication and consumer outcomes by enabling information exchange between members of the team and with other key organisations. Collaborative record writing with consumers can be an effective means to build rapport and help in breaking down power differentials with consumers and help establish a shared understanding of safety and risk.

Key Tasks

- Ensure policy and procedures are in place that outline how records can be maintained in a way that minimises the risk of information being miscommunicated or lost particularly at transitions of care
- Staff are trained to use and protect documentation in a way that supports the delivery of safe, high-quality and continuous consumer and carer supports
- High-quality documentation is person-centred, relevant, accurate, complete, up to date and accessible to workers whose role it is to support consumers and carers of the service.
- The organisation designates a person in the organisation with responsibility to oversee the management of documentation and ensure that records are up-to-date and stored appropriately.
- Consider documentation requirements at all stages of service delivery.

Examples of evidence

Policy documents or processes for:

- Standardised assessment and screening templates
- A file entry system that alerts workers to necessary updates and follow-up procedures.

Training and resources that include:

- Information about safe record keeping and use and provided to workers.
- Information for consumers and carers about their records and their rights to access information concerning their records.

Evaluation

- Evidence of collaborative record writing.

Where to go for more information

- ACSQHC - Communicating for Safety – Documenting information
- NSW Health - Retention, security and protection

Developing the care and recovery plan

Action 3.09	The workforce engages with consumer's families and carers to develop care and recovery plans that: a. Address the consumer's mental health needs and recovery goals b. Identify potential risks, agreed goals and actions for care c. Support the consumer to make informed choices, exercise control, maximise their independence and autonomy d. Identify family members and carers that a consumer wants involved in communications and decision making e. Incorporate information from the consumer's advance care plan f. Include a monitoring plan and strategies for known early warning signs of deterioration in mental state, agreed positive coping strategies and agreed pathways for escalating care g. Include the agreed services to be delivered and any conditions attached to the delivery of those services h. Include an individualised exit plan, with ongoing follow-up arrangements to promote recovery, and information on how to re-enter the service if needed

Explanatory notes

Support is provided to develop plans aligning with a recovery-oriented practice approach. and to meet a consumer's needs and identified goals., Consumers are always supported to make autonomous choices and maximise their independence.

With consumer consent, services involve persons identified by the consumer in communications and decision-making which includes any advance care planning information available. Support plans should include known early signs of mental deterioration and the actions to take when they occur. This includes activating identified pathways for intensifying support.

Care and recovery plans should identify any conditions attached to the delivery of services as well as clearly present an individualised exit plan, with follow-up arrangements to promote recovery, and information on how to re-enter the service if needed.

Key Tasks

- Ensure that a recovery plan is co-designed with the consumer to reflect their mental health needs and their identified recovery goals whilst highlighting any risks and actions that may need to be taken.
- The service supports the consumer to make informed choices and maximise their independence and autonomy in designing recovery plans.
- The service includes family members and carers in recovery planning if a consumer has identified them to receive communications and be part of decision-making.
- Recovery plans must include agreed pathways for escalating supports should a deterioration of the consumer's mental health be evident.
- Recovery plans must include any conditions attached to the delivery of supports provided.
- Recovery plans should include exit arrangements, follow up and information about re-entry.
- Ensures that relevant staff are suitably trained and supported to understand and deliver a consumer's individual needs and preferences, are skilled at assessing a consumer's mental wellbeing and are able to initiate risk management strategies as required.
- Workers support consumers to understand what they can expect to receive from the service, and any expected outcomes, or conditions attached to supports, including any mandatory reporting requirements.

Examples of evidence

Policy documents or processes for:

- Supporting workers to collaborate with consumers and their carers to develop recovery plans
- Transitioning consumers from the service, including how these processes are implemented and communicated, including the intended frequency of the review processes.

Training and resources that include:

- Collaborative work
- Recovery planning
- Outcome reporting.

Evaluation

- Signed consent forms
- Documented evidence of collaboration.

Where to go for more information

- Department of Health – A National Framework for Recovery-Oriented Mental Health Services: Guide for Practitioners and Providers
- Safe Work Australia – How to manage risks during the transition of support from one provider to another
- Australian Commission on Safety and Quality in Healthcare – National Consensus Statement: Essential elements fir recognising and responding to deterioration in a person's mental state
- NHS UK - Wellness Recovery Action Plans (WRAP)
- St Vincent's Melbourne - WRAP Plan
- University Of Florida - Transforming Patters of Distress into Recovery and Wellness
- World Health Organisation – Recovery practices for mental health and well-being

Implementing the care and recovery plan

Action 3.10	The workforce partners with consumers, families and carers to: a. Deliver the care and supports to meet the consumer's needs and their recovery goals b. Review the care and recovery plan: i. at agreed timeframes consistent with the model of care ii. at other times to adapt to changes in the consumer's recovery iii. at the request of the consumer c. Make agreed changes to the care and recovery plan to meet the revised recovery goals

Explanatory notes

Having developed a recovery plan, a service must regularly check-in with the consumer and their carers to understand what is and isn't working for them. Workers must ask whether the plan is helping them to achieve their hopes and aspirations. Such reviews should regularly occur in collaboration with the consumer, their family and carers. Plan reviews should happen at least annually. It's important a consumer feels safe to provide feedback, that the process is transparent and changes in a consumer's circumstances are identified, as well as their aspirations and needs.

If a consumer feels that the current recovery plan is not helping to achieve their aspirations and goals, the worker must collaborate with the consumer and their support network to review and amend the plan to ensure than the supports provided best suit the consumer's needs and preferences.

Key Tasks

- Ensure that the recovery plan designed meets the specific needs and goals of each consumer
- Regularly review the recovery plan in line with policies and procedures.
- Review and revise the recovery plan at the consumer's request.
- Amend the recovery plan to align with the consumer's current circumstances and agreed recovery goals.

Examples of evidence

Policy documents or processes for the routine recovery planning with each consumer.

Training and resources that include:

- Recovery plans and review templates.
- Recovery planning
- Supported decision making
- Supporting consumer and carer co-design processes.

Evaluation

- Completed recovery plan and review template
- Outcome evaluation reports of recovery plans including consumer input conducted at service exit.

Where to go for more information

- Personal Wellness Plan Template - Wellness recovery action plan

- HealthDirect - Recovery and mental health
- Choices in Recovery - Mental Health Recovery Plan
- World Health Organisation – Recovery practices for mental health and well-being training

Continuity of care

Action 3.11	The service provider has systems to ensure: Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of care Where changes or interruptions are anticipated or unavoidable, alternative arrangements are negotiated with the consumer and their family and carers

Explanatory notes

Your service has well developed processes in place to ensure consumers experience minimal disruption in accessing their supports due to possible organisational difficulties. Messages are transparent and speedily communicated, supported by plans that are in place to deal with any foreseeable problems, such as worker illness and staff turnover, as well as environmental emergencies and disasters.

When disruptions or changes to a consumer’s supports are unavoidable, alternative arrangements are developed in collaboration with the consumer, their families and carers.

Key Tasks

- Clear communication pathways and guidelines are provided for staff to follow in the event of disrupted service provision to minimise the impact on consumers and their families and carers.
- The service has a team approach to the care of consumers so alternative support is available for the consumer if their allocated worker is away.
- In Team Meetings different teams share information about consumers, their preferences and individual needs and share ideas and learnings.
- Workers have open conversations with consumers when developing recovery plans to discuss how best to provide support without interruption and seek their input for continuity planning.

Examples of evidence

Policy documents or processes to ensure:

- There is no interruption to service delivery – i.e., processes for replacement of shifts and staff turnover, and worker allocation matching to consumer needs and preferences
- Business continuity
- Management of service provision in the event of an unexpected circumstances, emergencies, or disasters

Training and resources that include collaborative teamwork.

Evaluation:

- Risk register
- Buddy system

Where to go for more information

- Community Door - Workplace guidelines and templates – Business Continuity Planning

- ACOSS Resilience - Business Continuity Plan

Integration

Action 3.12	The service provider works with the consumer, their family and carer to: a. Identify other providers involved in the delivery of integrated care b. Identify the role of each provider, relative to the service provided by the CMO, and map how consumers may use each service if needed in the recovery journey c. Confirm the extent of, and any limits on, the consumer’s consent to collaborate with other providers d. Collaborate in a coordinated approach with other care providers involved in the consumer’s care e. Make and facilitate internal and external referrals to other care providers f. Provide information to the consumer’s other relevant care providers

Explanatory notes

To ensure better health and wellbeing, and an improved experience for consumers, their families and carers[21] it may be necessary to facilitate integration across a range of services that together can provide a holistic recovery plan.

A consumer may receive a diversity of mental and physical health services and community-based services as well as having an NDIS package. It is important to establish collaboration across these services as far as is possible, with policies and procedures in place to support this to help define the roles and responsibilities of each service. Fragmentation between services leads to duplication and potentially unnecessary inpatient admissions, wasting limited resources and increasing the risk of consumer non-engagement.[22]

With the consent of the consumer, it is beneficial to share and discuss any care and recovery plans with other relevant services to ensure that all those supporting the consumer are working toward shared, person-led goals and outcomes.

Key Tasks

- Internal and external referrals are made proactively to ensure consumers are receiving appropriate supports at the right time. Ensure that referrals are followed up, and that consumer engagement has been initiated by the referred service
- If the organisation has capacity to do so, allocate dedicated care coordination roles to provide support with accessing external referrals and provide comprehensive handovers
- Ensure appropriate information is shared between service providers, particularly in assisting to clarify roles, responsibilities, and relationships
- Develop processes to support the identification of risks to service duplication and misperceptions for consumers

Examples of evidence

Policy documents or processes for:

- Identifying and working with external agencies
- Formalising the relationship through memorandums of understanding, service level agreements.

Training and resources that include:

- Current service directory

- Working in multidisciplinary teams
- Case management.

Evaluation:

- Meeting minutes from multi-disciplinary recovery plan development and reviews
- Documented communications with external organisations and agencies.

Where to go for more information

- Headspace – Review of integrated care in youth mental health
- NSW Health – Integrated Care
- NSW Health - Social Determinants of Health
- ACI – NSW Health Integrated Care

Recognising and responding to acute deterioration, crisis or distress and minimising harm

Recognising early signs of crisis or distress

Action 3.13	The workforce partners with consumers, their families and carers to: a. Identify consumers who may experience distress related to deterioration in their mental state or other circumstances b. Engage with consumers at risk of acute crisis or distress c. Assess possible causes of acute crisis or distress when change in the consumer's behaviour, cognitive function, perception, physical function or emotional state are observed or reported d. Determine the required level of observation to maintain the safety of the consumer and others

Explanatory notes

In ensuring that your service is driven by a person-led approach to practice, practitioners must observe their power, and shift from being viewed as the only expert best placed to identify, assess and address safety and risk. Collaboratively developing safety plans with consumers at risk of acute crisis or distress will support consumers to utilise and be accountable to their safety plans in times of distress and crisis. In assessing and planning for the safety and wellbeing of consumers, it is important that any processes and tools are evidence-based and are built on the principles of recovery-oriented and trauma-informed practice.

Key Tasks

- Develop a risk assessment process that ensures the worker is respectful of the consumer whilst assessing for risk, distress, self-harm or suicide, and acute crisis. Assessing risk should not be a one-off task but should be assessed regularly over time.
- Develop information about response processes, including information about when crisis intervention is required by legislation, with this information made available to consumers, their families, carers and the workforce
- Ensure the workforce are appropriately trained in evidence-based practices to engage effectively with consumers, their families and carers in working with deterioration of mental state, acute crisis and distress

Examples of evidence

Policy documents or processes for:

- Staff to fully understand their duty of care
- Responding to deteriorating mental health

Outlining collaborative processes for identifying and responding to consumers at risk of acute crisis and distress.

Training and resources that include:

- Risk assessment tools and templates
- The workforce and consumers, their families and carers about response processes and identifying sign of mental deterioration and distress
- Evidence based recovery-oriented trauma informed practice models.

Evaluation:

- Risk register
- Audits of risk assessments and re-identification of risk.

Where to go for more information

- Australian Commission on Safety and Quality in Health Care – Recognising signs of deterioration in a person’s mental state
- Australian Commission on Safety and Quality in Health Care – National Consensus Statement: Essential elements for recognising and responding to deterioration in a person’s mental state
- Monash Health - Recognising and responding to deterioration in mental state scoping review
- Wellness Recovery Action Plan

Responding to acute mental or physical distress

Action 3.14	The service provider supports the workforce to respond to a consumer's acute crisis or distress through: a. Engaging the consumer in practising the coping strategies they have identified in their care and recovery plan b. Accessing additional support through agreed escalation pathways

Explanatory notes

Escalating care can involve increasing the intensity of support delivered within the existing healthcare team, or it can involve referral to more relevant or expert supports not available in the immediate team[23].Recovery plans will include strategies to put into progress when intensity of supports is required. This might include contact and review with clinicians already supporting the consumer, as well as carers, family members, or use of PRN medication currently prescribed.

Key Tasks

- Workers are aware of, and use, the appropriate escalation processes in place in their service.
- Ensure that the development of care and recovery plans include provision for the consumer, their family and carer to identify what coping strategies from their experience are most effective in responding to acute crises or distress
- Service staff are trained to recognise the scope of their expertise and engage other team members if a person is experiencing deterioration in mental, physical, or cognitive function, which is outside their professional scope.
- Workers have access to ongoing professional development to support their knowledge and skills in responding to acute crises and distress.

Examples of evidence

- Emergency information and contact details are clearly identified in the service in posters on the wall or on information boards.
- Policy documents or processes for escalating care.

Training and resources that include:

- Duty of care
- What to do when a consumers mental health deteriorates
- Information for consumers, carers and their families
- Emergency information and contact details are clearly identified in the service in posters on the wall or on information boards.

Evaluation:

- Risk register
- Compliments and complaints register.

Where to go for more information

- ACSQHC – Recognising and Responding to acute deterioration
- Orygen - A Guide to Crisis Intervention and Risk Management in early Psychosis
- Headspace – Assessing and responding to safety concerns
- National Mental Health Commission - Safe in Care, Safe at Work

Action 3.15	The service provider ensures that the workforce is competent to provide first aid to consumers who experience physical deterioration, while awaiting assistance from emergency services or a qualified practitioner

Explanatory notes

In developing care and recovery plans with consumers, workers must identify any physical health issues that might lead to a medical emergency which may arise for the consumer and identify appropriate response pathways. Workers should be fully informed of any risks and be suitably trained and competent to respond to any medical emergencies.

Key Tasks

- With consumer consent, intake and assessment processes gather information from the consumers health practitioners about underlying health issues which may require specific responses.
- With consumer consent, workers create medical emergency plans in collaboration with the consumer’s primary health care provider as well as their informal support network. This will help identify any training requirements for the workforce to respond appropriately and adhere to the plan
- Periodically refresher first-aid and CPR training is provided to all staff.
- Intake and assessment processes gather information about all the medications prescribed to the consumer for all their mental and physical health conditions and about other over the counter non-prescribed medications that they may be using.
- Information should also be gathered concerning illicit substances that a consumer may use.

Examples of evidence

Policy documents or processes for:

- Risk management
- Responding to medical emergencies
- Medical and medication information clearly identifiable within the consumer’s file.

Training and resources that include:

- How to respond to critical and non-urgent health situations
- Trauma-informed support for consumers and staff during and following a critical incident.

Evaluation:

- A register which includes information concerning incidents in the service and reviews of outcomes following an incident

Where to go for more information

- NSW Health - Physical Health Care for people living with mental health issues

Escalating care

Action 3.16	The service provider supports the workforce to: a. Use protocols that specify criteria for escalating care and to call for emergency assistance b. Use agreed collaborative pathways with appropriate partner services to address deterioration in a timely way c. Notify a consumer's other care providers, family and carers when their mental health care is escalated

Explanatory notes

The service has processes in place which ensure that support workers understand their roles and responsibilities in the event of urgent health situations. The escalation procedures are understood which determine the management and actions required of workers in the event of an urgent situation. This is likely to include other persons that may need to be contacted including clinicians, other health specialists, guardians and carers.

Key Tasks

- The consumer's emergency contact details are readily accessible during service delivery.
- Workers routinely check emergency contact details with the consumer and record dates of checks in the consumer's file.
- Workers develop safety and risk management plans in collaboration with the consumer and their identified support networks to best understand how the consumer may express emerging health concerns and ask for help. With the consumer's consent, this could include their primary health supports, as well as their informal support network.
- Consumer recovery plans need to identify consumer personal responsibilities, including children and pets, in the event of an urgent health situation or crisis.

Examples of evidence

Policies and procedures for risk management, including the processes for responding to medical emergencies and the escalation processes necessary.

Training and resources that include:

- First aid and medical emergency training
- Visible poster of escalation pathways and contact numbers
- Providing information to consumers and carers about health issues that may affect them.

Evaluation training register includes medical emergency training and professional development.

Where to go for more information

- Australian Commission on Safety and Quality in Health Care – Escalation Mapping Template

Action 3.17	The service provider: a. Shares information with consumers, their families and carers about how to recognise and respond to acute deterioration, crisis or distress b. Has processes for consumers, their families and carers to directly escalate care

Explanatory notes

The service has developed an information pack for consumers, their families and carers concerning emergency supports in the event of acute deterioration, crisis or distress. All consumers are provided with a pack when they first attend and are assessed by the service. A pack is also provided to carers and support persons to assist them escalate care if required. The organisation has this information available on its website and makes it available in plain English and in multiple languages.

Key Tasks

- Ensure care and recovery plans include clear processes for consumers, carers and families to recognise and respond to acute deterioration, crisis or distress.
- Support access to resources or mental health first aid training (depending on the size and scope of your organisation).
- Ensure that consumers, carers and families have information packs made available to them and that the information is understood by them in terms of format and language.

Examples of evidence

Policy documents or processes for:

- Identification of deterioration
- Responses to mental health deterioration
- How to deal with reports of deterioration from the consumer, carers or family
- Communication, including the use of plain language.

Training and resources that include:

- Training of the workforce is important for recognising and responding to acute deterioration
- consumers, their families and carers with general information regarding distress and deterioration
- Escalation pathways for consumers, their families and carers to use.

Evaluation:

- Recovery plans completed
- Recovery plans annually reviewed
- Review complaints and feedback from service users.

Where to go for more information

- Carer Gateway – Caring for someone with mental illness
- Neami National – Emergency and crisis support
- Psych Central - Mental Health Crisis Plan: Do You Need One?

Working with consumers with thoughts of self-harm and suicide

Action 3.18	The service provider has processes to support collaboration with consumers, their families and carers and other care providers to: a. Identify when a consumer is at risk of self-harm and/or suicide b. Respond to consumers who are distressed, have thoughts of self-harm or suicide, or have self-harmed c. Take action to prevent self-harm and/or suicide in situations of acute risk d. Ensure follow-up arrangements are developed, communicated and implemented for people who have harmed themselves or reported suicidal thoughts

Explanatory notes

A recovery-focus for consumers who may be suicidal necessitates a shift from managing risk to one that promotes safety and recovery; founded on shared understanding, shared decision-making, and shared responsibility for safety. In promoting this approach to safety, establishing a therapeutic alliance is central and requires open, honest and transparent relationships where the shared goal is one of promoting recovery and self-determination.

Assessment and care of people who may be suicidal requires meaningful collaboration with the consumer, their family and carers, and other agencies involved in their care. For some people it may not be possible to involve family or a personal support person, but every effort should be made to do so.

Key Tasks

- Establish trauma-informed recovery-oriented practice that effectively responds to consumers at risk of self-harm and/or suicide.
- Ensure the workforce have open and transparent conversations with consumers, their carers and families in the development of care and recovery plans about self-harm and suicide
- To assist in identifying and supporting at-risk consumers, communicate the organisational processes to respond to self-harm and suicide, and put in place prevention strategies with the consumer, carer and families
- Ensure the workforce are appropriately trained in the skills and knowledge of identifying and responding to self-harm and suicide.

Examples of evidence

Policy documents or processes for:

- Understanding the workers duty of care
- Identifying and responding to consumers at risk of self-harm or suicide
- Interventions in the event of acute deterioration.

Training and resources that include:

- Suicide prevention training
- Suicide prevention material provided to consumers, carers and families, and children of consumers.

Evaluation:

- Training register or documents which demonstrate capacity-building for staff in working with consumers at risk of self-harm and suicide
- Demonstrates peer involvement in the development and provision of training to staff.

Where to go for more information

- Beyond Blue - Beyond Now – suicide safety planning
- Lifeline – Helping someone at risk of suicide
- Mind Australia – ‘How are you going?’ Tool
- WA Health - Principles and Best Practice for the Care of People Who May Be Suicidal
- Department of Health Victoria - Suicide prevention in mental health services
- Headspace - Understanding self-harm -- for health professionals
- Stanley-Brown - Safety Plan

Predicting, preventing and minimising the risk of aggression and violence

Action 3.19	The service provider has processes to identify and mitigate situations that may precipitate aggression

Explanatory notes

One of the myths about people living with mental health conditions is that they are violent and unpredictable. Statistics clearly show that they are no more likely to be violent or aggressive than anyone else. However, people can become violent and aggressive especially when they experience positive symptoms of psychosis and may become paranoid or develop delusional beliefs. This can lead them to demonstrate challenging behaviours.

There may be occasions when workers will need to support someone who can become violent and aggressive. These are difficult situations for frontline workers when a consumer accessing a service presents with aggressive or verbally abusive behaviour towards workers or other clients of the service. To prevent and respond to difficult situations it is important to understand why such event generally happen.[24]

Anger, aggression and violence can arise from situations where someone:

- feels frightened, frustrated, disappointed, threatened, powerless, hurt, resentful or confused
- is in a current situation which triggers memories of past trauma
- has a history of dealing with frustration by violence
- is affected by alcohol or drugs use
- is not getting effective treatment for their condition
- If you are supporting a person who can be aggressive and violent, it is important to:
- understand the person's triggers, and the reasons why they can become aggressive
- have a plan on what to do and who to contact if this is required
- recognise the potential signs of distress and be able to act to prevent violence
- identify dangerous situations and respond appropriately
- always seek support and self-care from colleagues following an event.

Adopting safe practices informed by a trauma-informed approach can prevent difficult situations arising. Trauma-informed practice enhances rapport between workers and people accessing services and focuses on building collaborative relationships crucial for creating a safe service environment for all. What this means is that services have an awareness and sensitivity to people's presentation and support needs which are understood in the context of their current and past trauma history.[25]

Key Tasks

- Provide resources and training to staff to employ a trauma informed approach that helps to understand the lived experience of trauma, and its range of impacts, Training must include information that will enable staff to develop their skills and increase their confidence to safely manage aggressive or violent behaviours.
- Integrate the principles of trauma-informed practice into policies and procedures supporting safe practice in the organisation's premises and when staff are working offsite with consumer, in their homes and elsewhere.

Examples of evidence

Policy documents or processes for:

- Assessing and minimising risk

- Addressing aggression and violence in the workplace
- Managing and supporting staff and others during and after a critical incident.

Training and resources that include:

- Trauma informed practice
- How to manage difficult and aggressive situations

Evaluation:

- Risk register
- Supervision audit.

Where to go for more information

- Understand and Recognise Triggers - This web page from Out of Home Care Toolbox provides tips on understanding and identifying triggers that can make someone angry.
- Recognising Aggression in Others - This is a guide from Skills You Need to recognising the signs of aggression and try to avoid violent situations.
- Dos and don'ts of managing a client who is angry or aggressive - This is a guide from Cracks In The Ice to do's and don'ts when dealing with someone who may become angry or aggressive due to substance use.
- Agency environmental component for trauma informed care
- MHCC Trauma-informed care and practice organisational toolkit
- Blue Knot – Practice Guidelines for treatment of complex trauma
- Agency for Clinical Innovation - Trauma-informed care and practice in mental health services
- ACI Trauma-informed care in mental health services across NSW - A framework for change

Action 3.20	The service provider has processes to support collaboration with consumers, their families and carers and other care providers to: a. Identify consumers at risk of becoming aggressive or violent b. Implement de-escalation strategies c. Safely manage aggression and minimise harm to consumers, families and carers and the workforce d. Ensure post-incident debriefing is accessible to the workforce, consumers and where relevant, their families and carers

Explanatory notes

The service has processes in place to support collaboration with consumers, their families and carers and other care providers to identify consumers at risk of becoming aggressive or violent. Staff are skilled and competent in implementing de-escalation strategies, and minimising harm to consumers, families and carers and the workforce. The service provides opportunities for post-incident debriefing which is accessible to workers, consumers and where relevant, their families and carers.

Services should reflect and review their responses to the situation in an open-minded manner, with the aim of enhancing the whole organisation's current practices.

Key Tasks

- Partner with consumers in the co-design and review of service delivery processes to ensure practice approaches are trauma informed.

- Leaders need to ensure that lived experience participation is not tokenistic but a means to foster a collaborative and supportive culture that truly demonstrates shared power between consumers and workers.[26]
- If a difficult situation occurs in the service, it is important that time is given to reflect on what has occurred and ensure that the physical, emotional, and psychological needs of staff and all people accessing the service are addressed.
- Involve staff in assessing and evaluating the service's current strengths and challenges when responding to a challenging event. From these discussions a plan for building the organisation's practices can be developed.[27]
- Staff are provided with a safe space to discuss organisational practices, challenges, frustrations and success stories. That people receiving the services, and their support networks, also have opportunities to contribute and to participate in this process.

Examples of evidence

Policy documents or processes for:

- Including consumers in the design and evaluation of service delivery responses to challenging events
- Open disclosure

Training and resources that include:

- Open disclosure
- Directory of out of hours help available
- Access to support

Evaluation:

- Incident reporting system
- Training register for the workforce
- File note examples following incidents outlining actions and follow up after an event.

Where to go for more information

- Mental Health First Aid - De-escalation Techniques in Mental Health Settings
- Agency for Clinical Innovation - A guide to build co-design capability
- Better help – The 7 Steps Of Critical Incident Stress Debriefing & How It Supports Trauma Recovery

Eliminating and minimising coercive and restrictive practices

Action 3.21	The service provider has processes to minimise the use of coercive and restrictive practices, with the aim to eliminate their use

Explanatory notes

In the past, restrictive practices were often a first response to behaviours that caused significant harm to consumers. It is now recognised that restrictive practices can represent serious human rights infringements. A restrictive practice means any practice or intervention that has the effect of restricting the rights or freedom of movement of an individual.

The decision to use a restrictive practice needs careful clinical and ethical consideration, upholding a person's human rights and the right to self-determination and dignity. To support the reduction and elimination of restrictive practices, your service has policies and procedures in place to promote the safety of consumers within service delivery to reduce harm and improve quality of life. The policies also pay attention to the needs of workers during and following events leading to seclusion and restraint.

There is no evidence of seclusion and restraint providing any therapeutic value to consumers of mental health services. Any use of restrictive practices must be in accordance with any state or territory legislation and/or policy requirements.

Key Tasks

- Build workers' capacity through individual practice and group supervision to support them to enact an understanding of the issues around restrictive practices and the potential risks associated with those practices.
- Use restrictive practices only within a positive behaviour support framework that includes proactive, person-centred, and evidence-informed interventions. Restrictive practices are only included in a consumer's care and recovery plan as a last resort to protect the consumer or others from significant harm
- In developing a care and recovery plan that includes restrictive practices, workers must take all reasonable steps to reduce and eliminate the need for the restrictive practice.

Examples of evidence

Organisational statements which endorse a commitment to the reduction and elimination of restrictive practices in service design and delivery.

Policy documents or processes for:

- Predicting, preventing and managing aggression and violence
- The reduction and elimination of restrictive practices in service design and delivery
- De-escalation.

Training and resources that include:

- Identifying and mitigating situations that may precipitate aggression
- Communicating for safety
- De-escalation skills.

Evaluation:

- Training register
- Restrictive practices register including follow up actions.

Where to go for more information

- Australian College of Mental Health Nurses – Safe in care, safe at work: ensuring safety in care and safety for staff in Australian mental health services A package of documents that includes an audit toolkit for services, and a list of guiding documents to reduce seclusion and restraints. There is also an abridged version of the resources available.
- NDIS Quality and Safeguards Commission – Regulated Restrictive Practices Guide
- Department of Health and Aged Care – Restrictive Practice use in aged care
- World Health Organisation – Freedom from coercion, violence and abuse training

Action 3.22	Where restrictive practices are used the service provider has processes that: a. Train members of the workforce to understand which practices are coercive or restrictive and the risks associated with those practices b. Promote alternatives to the use of restrictive practices c. Communicate the use of restrictive practices and risks associated with their use to consumers, their families and carers consistent with the National Principles for Communicating about Restrictive Practices with Consumers and Carers d. Govern the use of restrictive practices in accordance with national guidelines and legislation and any authorisation, support plan and reporting requirements e. Train workers in safe techniques for application of restrictive practices that minimise harm to the consumer, the workforce and others f. Report incidents involving the use of restrictive practices to the governing body of the service provider, and to external commissioning or regulating bodies as required g. Involve consumers, their families and carers in the review of incidents, to evaluate the effectiveness of current approaches to eliminating restrictive practices

Explanatory notes

Where restrictive practices are used, the service provider can refer to the standard itself which clearly lists the specific processes and actions that must be established in accordance policy requirements and align with state or territory legislation.

Organisations must ensure that workers are appropriately trained to understand which practices are coercive or restrictive, and the risks associated with those practices. They need to be able to promote alternative de-escalation strategies and communicate the use of restrictive practice in line with the National Principles to consumers, carers and their families.

Key Tasks

- Train the workforce to understand coercive or restrictive practice and the associated risks.
- Promote and use alternatives to restrictive practices and demonstrate skills in safe. techniques for application of restrictive practices that minimise harm to the consumer, the workforce, and others.
- Communicate with consumers, their families, and carers consistent with the National Principles for Communicating about Restrictive Practices with Consumers and Carers concerning the use of restrictive practices and risks associated with their use.
- Use restrictive practices in accordance with national guidelines and legislation and any authorisation, support plan and reporting requirements.

- Maintain a register to document and report incidents involving the use of restrictive practices to the governing body of the service provider, and to external commissioning or regulating bodies as required.
- Involve consumers, their families, and carers in co-design processes to review incidents and evaluate the effectiveness of current approaches to eliminating restrictive practices.

Examples of evidence

Policy documents or processes for:

- Eliminating the use of restrictive practice
- Understanding human rights
- Service delivery and design to make a safe physical environment.

Training and resources that include:

- Human rights and restrictive practice
- De-escalation strategies
- Screening and assessment of a consumers mental, physical, and cognitive health care needs
- Partnering with consumers, carers and families to develop comprehensive care plans.

Evaluation:

- Training manuals for the workforce
- Training register
- Minutes of codesign and evaluation review meetings.

Where to go for more information

- Mental Health Commission - National-Principles-for-Communicating-about-Restrictive-Practices
- NSW Government - What are restrictive practices in the NDIS? - Principles for effective support
- NDIS Quality and Safeguards Commission - Legislation, rules, and policies
- NSW Government - Persons with Disability (Regulation of Restrictive Practices) Bill 2021
- World Health Organisation – Strategies to end seclusion and restraint

Preventing delirium and working with people with cognitive impairment

Action 3.23	The service provider has a system in place for working with people with cognitive impairment or delirium that supports the workforce to: a. Recognise, assess ~~prevent,~~ and manage cognitive impairment b. Seek clinical assessment of a person who may have delirium c. Collaborate with consumers, their families and carers d. Implement individualised strategies that minimise anxiety or distress

Explanatory notes

Delirium is a serious change in cognitive functioning. It results in confused thinking and a lack of awareness of a person's surroundings. Delirium usually manifests very suddenly within hours or a few days. Delirium can often be traced to one or more medical or organic disorders which may include for example a severe or long illness or and infection as a result of UTIs or an imbalance caused by injury or disease affecting brain tissues as well as by chemical or hormonal abnormalities. Exposure to toxic materials, neurological impairment, or abnormal changes associated with aging can also cause these disorders.

Cognition is a term referring to the mental processes involved in gaining knowledge and comprehension. Cognitive processes include thinking, knowing, remembering, judging, and problem-solving. These are higher-level functions of the brain and encompass language, imagination, perception, and planning and are a key consideration for workers when supporting consumers.[28]

Workers must be educated and trained to assess what resources are necessary to support a consumer during assessment. Workers not appropriately trained may inadvertently make false assumptions leading to incorrect supports being put in place that will fail to effectively meet the needs of consumers. A consumer unexpectedly appearing to have the symptoms of delirium should be encouraged to seek medical tests as soon as possible to ensure the correct course of action is initiated.

Workers need to understand their roles, responsibilities and accountabilities and have the knowledge and skills to be able to use the established system and implement the actions that are part of the care and recovery plan for consumers with cognitive impairment for whom the organic causes of delirium have been eliminated.

Key Tasks

- Utilise evidence-based screening tools to support the identification of cognitive impairment
- If delirium is considered a possible cause for impairment the consumer should be offered medical care as soon as possible.
- Ensure the workforce receive appropriate training and resources to support their work with people living with cognitive impairment, with particular focus on identifying and recognising when consumers are experiencing cognitive impairment and how this may impact day-to-day functioning, and provide training to build capacity in supporting cognition through supports tailored to attention, memory, planning, organising, and support independence.[29]
- Collaborate with health professionals (e.g., neuropsychologists, psychiatrists) to ensure appropriate identification and management of cognitive impairment or delirium.

Examples of evidence

Policy documents or processes for:

- Workforce to identify, prevent and manage cognitive impairment and delirium

- Registering neurological tests/ cognitive and neurologic assessment and actions taken in file notes.

Training and resources that include:

- Early recognition and effective responses to deterioration in mental state
- Information about delirium and escalation pathways.

Evaluation:

- Supervision and support for the workforce
- Training register.

Where to go for more information

- Australian Commission on Safety and Quality in Health Care – NSQHS Standards User Guide for health service organisations providing care for patients with cognitive impairment or at risk of delirium
- Australian Commission on Safety and Quality in Health Care – Delirium Clinical Care Standard
- Health Victoria - Preventing and managing delirium
- Mental Health Coordinating Council - Introduction to Supported Decision-Making
- Positive psychology - Cognitive Remediation Therapy: 13 Exercises & Worksheets
- World Health Organisation – Legal Capacity and the right to decide training

Preventing and managing pressure injuries

Action 3.24	The service provider providing services to consumers at risk of pressure injuries has systems for screening risk and preventing pressure injuries that are consistent with current best practice guidelines

Explanatory notes

Pressure injuries can occur in people of any age who have one or more of risk factors including: immobility, older age, lack of sensory perception, poor nutrition or hydration, excess moisture or dryness, poor skin integrity, reduced blood flow, limited alertness or muscle spasms[30].

Key Tasks

- Provide evidence-based information to consumers, families and carers about preventing and managing pressure injuries.
- Establish evidence-based risk-assessment tools which include assessment of risk of pressure injuries for consumers.
- Develop referral and linkage pathways to ensure primary care support for consumers managing pressure injuries.

Examples of evidence

Policy documents or processes for:

- Prevention and treatment of pressure ulcers
- Access to expert advice.

Training and resources that include:

- Information about the prevention of treatment of pressure ulcers for workers, consumers, carers and their families.

Evaluation:

- Incident register, including the identification and monitoring of injuries.

Where to go for more information

- NSW Health – Policy Directive: Pressure Injury Prevention and Management
- Australian Commission on Safety and Quality in Health Care - Pressure injuries
- Clinical Excellence Commission – Pressure Injury Prevention & Management for Non-Inpatient (Community Services, Ambulatory Care or Clinics with Clients at High Risk) Flowchart

Preventing falls and harm from falls

Action 3.25	The service provider providing services to consumers at risk of falls has systems that: a. Are consistent with current best practice guidelines for falls risk screening and prevention, minimising harm from falls and post-fall management b. Provide consumers, families and carers with information about reducing the risk of falls and falls prevention strategies

Explanatory notes

Falls also occur in all age groups. However, the risk of falls and the harm from falls varies between individuals because of certain factors such as age and frailty, eyesight, balance, cognitive impairment, muscle strength, bone density and some medication including psychiatric medication.[31]

Key Tasks

- Identify all environmental areas in the organisation that might present a falls risk and develop a risk management system to mitigate and minimise falls risk for consumers.
- Provide access to equipment and devices that support mobility and reduce risk of falls.
- Incorporate programs into service delivery which support mental and physical wellbeing and contribute to fall prevention (i.e., yoga or other evidence-based mobility practices).

Examples of evidence

Policy documents or processes for falls prevention that are consistent with best practice guidelines.

Training and resources for preventing falls and harm from falls provided to workers, consumers, carers and families.

Evaluation

- Incident register and actions taken file.
- WHS audits and checklists.

Where to go for more information

- Agency for Healthcare Research and Quality - Which fall prevention practices do you want to use?
- Health Vic - Falls prevention tools
- Queensland Health - Falls and medicines - Stay On Your Feet
- Queensland Health - Stay On Your Feet Community Good Practice Guidelines

Nutrition and hydration

Action 3.26	The service provider who provides overnight care has systems for the preparation and distribution of food and fluids that: a. Include nutrition care plans based on current evidence and best practice b. Meet consumer's nutritional, cultural and religious needs and requirements c. Monitor the nutritional care of consumers at risk, including making adjustments for any recorded food allergies d. Identify, and provide access to, nutritional support for consumers who cannot meet their nutritional requirements with food alone e. Support consumers who require assistance with eating and drinking

Explanatory notes

Nutrition is the intake of food and fluid to meet a person’s dietary and biological needs. Good nutrition is fundamental to physical and mental wellbeing. Hydration is having enough fluids each day for health and function; 6–8 glasses per day are recommended. Dehydration can lead to delirium, constipation, urinary tract infections, swallowing problems, falls, inability to regulate medications and life-threatening conditions, especially in people with co-existing conditions

To assist consumers to meet their nutritional requirements the organisation should offer food choices that are appetising, appealing and enjoyable as well as accommodating, cultural and religious preferences.

Organisations also need to consider the common nutritional side effects of many psychotropic medications, such as appetite stimulation, diabetes and insulin resistance, constipation, hypersalivation, lethargy etc.

Key Tasks

- Establish intake processes which support the identification of any specific nutritional needs and preferences.
- Ensure consumers actively participate in the development of their nutrition care plans.
- Ensure workers responsible for assisting consumers with eating and drinking are well trained to respond appropriately to potential safety incidents such as coughing, choking, or allergic reactions.
- Evaluate nutrition plans regularly with consumers, carers and their families.

Examples of evidence

Policy documents or processes for:

- Nutritional care plan template
- Safe preparation, transport and delivery of food to consumers
- Contacting and referring to nutritionists and dietitians.

Training and resources that include:

- Information for workers, consumers, carers and their families about nutrition and safe food preparation, as well as possible side effects of certain foods and medications used for both mental and physical health conditions.
- Access to nutritional supports.

Evaluation:

- Documented nutritional care plans.

Where to go for more information

- NSW Health – Information for clinicians - Spotting the signs of poor nutrition
- NHMRC – Nutrient Reference Values for Australia and New Zealand including recommended dietary intakes
- Agency for Clinical Innovation – Nutrition Standards for consumers of inpatient mental health service in NSW
- Psychiatry Times - Food-Drug Interactions in Psychiatry
- AARP Foundation - 7 Foods That Don't Mix with Common Prescription Drugs

Communicating for safety

Correct identification

Action 3.27	The service provider has processes to: a. Identify consumers and match them to their care b. Protect the anonymity of consumers, where this is part of the model of care c. Use identifiers for consumers that are consistent with best-practice guidelines d. Ask consumers on admission if they identify as Aboriginal and/or Torres Strait Islander origin and to record this information in administrative and customer information systems e. Ask consumers if they identify as a person from a CALD community or with a preferred first language other than English and to record this information in administrative and consumer information systems

Explanatory notes

Services must ensure that consumers are receiving supports that best meet their unique needs and aspirations by correctly identifying (during assessment and throughout interactions with a service) what is required and what best represents a culturally safe service for a particular consumer.

It is important that services adopt an ‘Intersectional lens’ to their practice approach, which means that the interconnected nature of social groups such as race, class, and gender as they apply to a given individual or group, are seen as creating overlapping and interdependent systems of discrimination or disadvantage, which need to be acknowledged in a service delivery context.

Key Tasks

- Train the workforce to build the competence and confidence to work with diverse population groups and when collecting identification information. This may also include training in cultural safety.
- Partner with Aboriginal and Torres Strait Islander service providers, elders or communities to design and improve the service provider’s processes for Aboriginal and Torres Strait Islander identification.
- Partner with culturally diverse groups including the LGBTIQ+ community and people from other religious and linguistically diverse communities.

Examples of evidence

Policy documents or processes for:

- Describing the service provider’s processes for the identification and protection of anonymity for consumers, carers and families
- Describing administrative and consumer information systems.

Training and resources that include:

- Teamwork and collaborative practice
- Communicating for safety
- The importance of correct identification for Aboriginal and Torres Strait Islander consumers and communities.

Evaluation

- Information provided in different formats.

Where to go for more information

- NSW Health - Privacy Manual for Health Information section-8.pdf
- National Mental Health Commission – Privacy
- Australian Institute of Health and Welfare - Maintaining privacy and confidentiality

Communication to support consumer referral and collaborative integration

Action 3.28	The service provider supports its workforce to refer consumers within and between services and collaborate with other care providers by: a. Collaborating with consumers, their families and carers to identify other services involved in their care b. Determining the consumer's wishes regarding collaboration with other services and seeking consent for information-sharing c. Using best practice structured communication processes that identify the minimum information content to be communicated when care is transferred d. Communicating information that is current, comprehensive and accurate e. Assessing the consumer's risks, goals and preferences for care and including these in communicated information f. Having a process for accepting a consumer's information at the commencement of care, and transferring information at discharge/exit or transfer of care

Explanatory notes

In many circumstances, one mental health service will not be able to meet all of a consumer's mental health and wellbeing needs, so referrals to other services may be required. In partnering with the consumer, their carers and family to assesses a person's needs and aspirations, it is important to think creatively and be inquisitive as the whole of health and psychosocial aspects of a person's life, including co-existing difficulties and conditions. Workers must consider social inclusion, health, education, employment, spirituality, family and other responsibilities and adopt a strength-based approach that supports a consumer give voice to their aspirations and goals for the life they want to live.

As a service provider, it is important to be knowledgeable about the services in your area, and to build appropriate referral pathways in collaboration with these services.

Key Tasks

- Establish policies and procedures for accepting, storing, and transferring consumer information during and post exit transfers of care.
- Ensure assessment information is accurate, up-to-date and that it documents risks, goals and preferences for care that includes limits to sharing certain information.
- When referring a consumer to an external service, follow up with them to enquire about the quality and safety of their supports with their other providers.
- Seek consumer consent to share certain information as necessary to other providers.

- The organisation is well connected to all parts of the service system and other human services through; interagency meetings, communities of practice, cross-sectoral training, and education opportunities including that which is provided by peak bodies in their state.

Examples of evidence

Policy documents or processes for:

- Communicating critical information
- Consumer assessment, storage, and sharing of information
- Transition of care and discharge planning.

Training and resources that include:

- Collaboration, teamwork provided to workers, consumers, their carers and families
- Gaining and giving consent.

Evaluation:

- Documentation that demonstrates consumers, carers and families understand what information has been transferred
- Consent form completion.

Where to go for more information

- Health NSW – General information mental health, services, resources and more
- Facilitating a Referral for Mental Health Services for Children and Their Families Within Early Head Start and Head Start (EHS/HS) | ECLKC (hhs.gov)
- 360 Health + Community Policies and Procedures

Communication of critical information

Action 3.29	The service provider has processes to: a. Communicate when critical information, including alerts and risks about a consumer's care, emerges or changes b. Enable consumers, their families and carers to communicate critical information and information on risks to their service provider

Explanatory notes

Critical new information may appear at any point during a consumer's engagement with a mental health service which may come from many sources, including the consumer or their support network.

What information is critical may differ depending on the type of service being provided. Service providers must consider and define what is critical information for their organisation and the services they offer. The service must have formal processes in place to ensure that critical information is appropriately communicated whenever it emerges, and a change is necessary.

Key Tasks

- Define what constitutes 'critical information' for your service – examples may include: changes to the consumers goals, their financial and other circumstances, relationships and responsibilities, their mental state, their medication regime, housing, substance use, general health and wellbeing.

- Identify when and to whom communication about critical information, alerts or risks should occur, including when to communicate with consumers and their informal and formal support networks.
- Conduct risk assessments following the sharing of critical information and provide alerts regarding risks to the service provider / worker or referral services.
- Provide resources, educate, train and support workers about the organisation's policies, processes, resources, and tools for communicating critical information, how these tools are used, and identify workers' responsibilities to effectively communicate in key high-risk situations.

Examples of evidence

Policy documents or processes for:

- Identifying what types of critical information are relevant to your service and how to respond
- Communicating critical information when there is an unexpected change in a consumer's status or when new critical information becomes available.

Training and resources that include:

- Communicating for safety and what is critical information.

Evaluation:

- Standard templates to support communication of critical information.

Where to go for more information

- Australian Commission on Safety and Quality in Health Care – Communicating for Safety resource portal – Critical information
- NSW Health - How can I overcome communication barriers? - Practical strategies and tips for effective support
- NSW Health - Mental Health Clinical Documentation Guidelines

Communication at service exit

Action 3.30	The service provider has processes to ensure smooth transition by: a. Collaborating with consumers, their families and carers to plan for the post-exit period b. Having a process for transferring care that is clearly communicated to the consumer c. Ensuring that the consumer's exit from the service is communicated to any ongoing services d. Completing a written summary of services provided and providing this to appropriate ongoing services

Explanatory notes

Procedures are in place to effectively plan a consumer's transition from the supports they are currently receiving. This includes collaborating with the consumer to ensure the transition is safe and meets their needs and preferences. Communication with the consumer and other services and agencies must be transparent and is clearly documented in the consumer's records.

Any risks associated with a consumer's transition from your service are identified and management and mitigation strategies to respond to these risks are put in place, documented, and monitored.

Key Tasks

- Conduct risk management/safety plans when consumers are transitioning from your organisation
- Facilitate a 'handover meeting' with the new provider and the consumer to discuss their needs and aspirations, whether or why they are choosing to transition or not, and assist the process, and establish any expectations that may be unclear for the consumer, their carers or family. This will help mitigate risks during the transition period.

Examples of evidence

- Transition plan template
- Example transition risk assessment which includes management and mitigation strategies to address any identified risks.

Policy documents or processes for:

- Consumers transitioning from your service
- Implementation and communication of transition processes
- The review of the existing transition process.

Training and resources that include:

- Multidisciplinary collaboration
- Collaborating with consumers, carers and families
- Communicating with consumers, carers and families.

Evaluation:

- Documents that show a structured processes and tools for transition.

Where to go for more information

- NSW Health - Communicating effectively - Practical strategies and tips for effective support
- Safety and Quality Commission - Engaging-Patients-in-Communication-at-Transitions
- SCIE Social Care Institute of Excellence- Transitions of care - Activities to achieve integrated care
- ACSQHC - Improving clinical communication, collaboration and teamwork in Australian health services

Documentation of information

Action 3.31	The service provider has processes to contemporaneously document information in the consumer care record and communicate this to relevant staff including: a. Critical information and alerts b. Reassessment processes and outcomes c. Changes to the care plan d. Any nominated family and carer involvement

Explanatory notes

Effective communication, collaboration and teamwork are widely recognised as key factors in providing safe, coordinated, and comprehensive care. They are essential to ensuring that a person transitions across services safely and receives continuous and coordinated care. Good communications enable services to work together to navigate competing priorities, overcome issues that are associated with human factors and reduce the risk of error.

Documentation is an essential component of effective communication. Undocumented or poorly documented information which relies on memory is less likely to be communicated and retained. When information is lost, this can result in risk of harm for the consumer.

Documentation must be complete and current, and dated (for example, new or emerging information is recorded, notes or care plans are documented, and a transition summary is completed at the time of transition)

Services' documents should reflect recovery-oriented language when documenting information about consumers. Written information should be respectful, inclusive, and non-judgemental, and minimise the use of jargon and abbreviations. Staff completing documentations should clearly sign documents using their name and signatures for follow up purposes.

Key Tasks

- Develop and implement systems to support the contemporary documentation of critical information in consumer care records.
- Ensure designated or principal care providers and substitute decision-makers details are included in documentation and are regularly checked for currency.
- Ensure the workforce are aware of their roles, responsibilities, and accountabilities in completing and using documentation and communicating the information to consumers and others.
- Establish organisation-wide expectations for how information is recorded and communicated.

Examples of evidence

Policy documents or processes for:

- Documentation and record keeping including referrals and exit transition to other services
- Discharge planning.

Training and resources that include:

- Record keeping
- Communicating for safety
- Privacy
- Discharge planning.

Evaluation:

- File audits
- Orientation and training register.

Where to go for more information

- Mental Health Coordinating Council – Recovery-Oriented Language Guide
- Health Vic – Measuring mental health outcomes – documentation
- NSW Health - Mental Health Clinical Documentation Guidelines
- Australian Commission on Safety and Quality in Health Care - Documentation of information

Preventing and controlling infections

Standard and transmission-based precautions

Action 3.32	The service provider has policies and procedures to apply standard and transmission-based precautions that are fit for the setting and consistent with principles outlined in the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare, and relevant jurisdictional laws and policies, including health and safety laws

Explanatory notes

Organisations ensure that all staff are trained and competent to ensure standard precautions are built into their work practices that provide a first-line approach to infection prevention and control in the service provider environment and where services are provided externally. These precautions must be adopted by all workers supporting all consumers, regardless of their suspected or confirmed infection status. Standard precautions include:

- Hand hygiene
- The use of personal protection equipment (PPE)
- Routine environmental cleaning
- Respiratory hygiene and cough etiquette
- Waste management.

Transmission-based precautions are applied in addition to standard precautions, to reduce the risk of transmission that may result from the specific transmission of a particular infectious agent. There are three categories of transmission-based precautions:

- Contact precautions are used when there is a known or suspected risk of transmission of infectious agents by direct, or indirect contact
- Droplet precautions are used when there is a known or suspected risk of transmission of infectious agents by respiratory droplets
- Airborne precautions are used when there is a known or suspected risk of transmission of infectious agents by airborne pathways.

Service providers are also required to comply with any relevant legislation and policies relating to infection prevention and control.

Key Tasks

- Identify infection and prevention control legislation and policies relevant to your service and its service delivery contexts.
- Establish how standard and transmission-based precautions are communicated across the organisation and with other services that are providing supports to consumers.
- Develop resource materials and information for workers, consumers, their carers and families, and ensure that the materials are available in formats that can be accessed and are understood.

Examples of evidence

- Communications to the organisation regarding inflection prevention and control requirements.
- Resources and communications for consumers, their carers and families.

Policy documents or processes for infection prevention and control.

Training and resources that include:

- How risk of infection or communicable disease is assessed
- How to respond to infection risks
- Informing the workforce and external services of a risk of an infectious agent or communicable disease.

Evaluation:

- Consumer feedback reports
- Data on cleaning regime
- Incident register.

Where to go for more information

- NHMRC – Australian Guidelines for the Prevention and Control of Infection in Healthcare
- Australian Commission on Safety and Quality in Healthcare - Infection Prevention and Control eLearning Modules: Basics of infection prevention and control course.
- NSW Clinical Excellence Commission - Infection Prevention and Control Practice Handbook
- Better Health Channel - Workplace safety - infection control

Action 3.33	The service provider has processes in place to support the workforce, consumers, their families and carers with: a. Effective hand hygiene b. Respiratory hygiene and cough etiquette c. Safe sharps handling and use d. Access to personal protective equipment

Explanatory notes

Effective hand hygiene is an evidence-based, infection prevention strategy.

Transmission of infections that are spread by a droplet or in the air, such as influenza and severe acute respiratory syndrome, can be minimised by using respiratory hygiene and cough etiquette practices, and physical distancing. Respiratory hygiene and cough etiquette refers to the standard infection control precaution of covering sneezes and coughs to prevent infected persons from dispersing respiratory secretions into the air. Hands must be washed with soap and water after coughing, sneezing, or using tissues, or after contact with respiratory secretions or objects contaminated by these secretions. Surfaces should be regularly cleaned with sanitising wipes and liquids.

Key Tasks

- Provide training on hand hygiene processes to all staff.
- Ensure the service environment has the required resources to practice hand hygiene, i.e., alcohol-based hand sanitiser, hand washing facilities
- Display promotional material in the service environment to support staff and consumers to practice hand hygiene.
- Promote key messages regarding respiratory hygiene and cough etiquette across the organisation and with consumers.

Examples of evidence

Policy documents or processes for the prevention and control of infections and communicable disease.

Training and resources that include:

- Documents (for example, syllabus, attendance records or competency assessments) relating to hand hygiene
- Information available to the workforce and consumers regarding respiratory hygiene, cough etiquette and physical distancing

Evaluation:

- Training syllabus, attendance records or competency assessments relating to hand hygiene.

Where to go for more information

- Australian Commission on Safety and Quality in Health Care – National Hand Hygiene Initiative
- NHMRC – Australian Guidelines for the Prevention and Control on Infection in Healthcare
- Infection prevention and control resources for consumers

Workforce screening and immunisation

Action 3.34	The service provider has screening and immunisation systems in place to prevent and manage infections in the workforce

Explanatory notes

Your service has developed screening and immunisation regulations and systems that are consistent with evidenced-based health advice, and tailored to the needs and vulnerabilities of the consumer population e.g., should your service have regular contact with older age consumers, or consumers living with disabilities, stronger regulations regarding staff health screening would be in place.

Key Tasks

- Identify the physical health characteristics of the service’s targeted consumer population
- Keep up to date with government health advice regarding vaccination and worker screening requirements
- Ensure your workplace has sufficient resources to support the worker screening and vaccination requirements of staff, e.g., supply of Rapid Antigen Tests, facilitate access to required vaccinations, facilitate access to alternative control measures where medical exemptions to vaccinations apply to workers
- Ensure all staff are aware of their roles and requirements in preventing and managing infections in the workforce.

Examples of evidence

Policy documents or processes for:

- required workforce vaccinations and their rationale for the inclusion
- assessment of workforce vaccination status
- criteria for exemptions.

Training and resources that include:

- Vaccinations required within the workforce and why
- The details of the vaccination including costs and where to obtain the vaccination.

Evaluation:

- Workforce vaccination record

- medical exemption for vaccination register.

Where to go for more information

- Mental Health Coordinating Council – Mandatory Vaccine Information Sheet
- Mental Health Coordinating Council – Advice on Vaccinations of health care workers
- Australian Commission on Safety and Quality in Health Care – Workforce Immunisation Risk Matrix
- Health Vic - Vaccinations in the workplace (health.vic.gov.au)
- Mental Health Coordinating Council - Further Information on COVID-19

Antimicrobial stewardship

Action 3.35	The service provider supports consumers with appropriate antimicrobial usage when relevant

Explanatory notes

Antimicrobial stewardship (AMS) is the term used to describe the activities, strategies and coordinated interventions designed to optimise antimicrobial use. In simple terms antimicrobial stewardship is the careful and responsible management of medications used to treat or prevent infections.

Key benefits of effective AMS programs include improved consumer care, more appropriate use of antimicrobials and reduced risk of adverse consequences associated with antimicrobials, including the development of antimicrobial resistance.

Key Tasks

- Use clinical guidelines consistent with Therapeutic Guidelines.
- Use antimicrobials only when needed - avoiding use where there is no evidence of benefit.
- Select antimicrobials wisely - using narrow spectrum therapy where possible, keeping broader-spectrums agents in reserve.
- Using safe and effective doses - using correct doses and limiting duration to what is needed according to evidence.

Examples of evidence

Policy documents or processes for:

- Antimicrobial stewardship
- Safe and effective provision of medication.

Training and resources that include understanding microbial use.

Evaluation:

- Incident register.

Where to go for more information

- Aged Care Quality and Safety Commission – Antimicrobial stewardship video
- Australian Commission on Safety and Quality in Health Care – Info for consumers – Antimicrobial Stewardship Clinical Care Standard
- NSW Clinical Excellence Institute - Antimicrobial Stewardship

Medication safety

Medicines scope of practice

Action 3.36	The service provider has processes to define and verify the scope of practice for prescribing, administering and monitoring medicines for relevant members of the workforce

Explanatory notes

Service providers describe, implement, and monitor systems to ensure safe and quality use of medicines by the workforce using these systems. Service providers have systems in place to support consumers who self-administer both prescribed and over the counter medicines.

Key Tasks

- Establish policies and procedures that describe the roles and responsibilities of workers to ensure the safe and quality use of medicines.
- Provide resources and training to ensure workers are skilled and competent to undertake their designated role and scope of practice.
- Implement systems that record the safe and quality use of medicines by consumers assisted by designated workers of the service.

Examples of evidence

Resources and information provided to workers and consumers, their carers and families.

- Orientation and training materials.
- Register of staff and scope of practice.

Policy documents or processes for:

- Obtaining a medication history as soon as possible in the episode of care
- Defining scope of practice for the workforce.

Training and resources that include:

- Legal and safety requirements for the prescribing, administering of medicines
- Consumer wellness plan
- Information on what treatments, including medications, have been effective in the past, and which have caused problems.

Evaluation:

- Training documents about taking and documenting medication.

Where to go for more information

- Government WA - Medication Guideline for unregulated health workers
- Hire Up - Statement on medication administration and management

Documentation, provision and access to medicines-related information

Action 3.37	The service provider that prescribes or administers medicines has processes to ensure members of the workforce work within their scope of practices to: a. Ensure a consumer’s medicines-related information, including medicine allergies and adverse drug reactions, is documented in their consumer care record b. Partner with consumers, families and carers in the management of their medicines as needed c. Support consumers to maintain a current and accurate medicines list d. Encourage consumers to share their medicines list with other healthcare providers involved in their care and or does so on a consumer’s behalf with their consent e. Use information from a consumer’s medication history to minimise risks in the planning and delivery of mental health care

Explanatory notes

Your service ensures that each consumer’s medication needs are identified clearly in their consumer care records to ensure they receive correct dosage and type of medication. This is important particularly when there are several staff on a team or when a new staff member is supporting a consumer in administering medication, and when medications or dosages are altered. The service must ensure that workers receive suitable training and education to conduct these activities and are clear as to the scope of practice.

Key Tasks

- Establish policies and procedures to ensure e a consumer’s medicines-related information, including medicine allergies and adverse drug reactions, is documented in their consumer care record.
- Ensure that the worker responsible for administering or supervising the management of medication has all the information contained in consumer care record necessary to perform their role.
- Ensure that workers are trained to partner with consumers, families, and carers in the management of their medicines as required.
- Support consumers to maintain and share with relevant other service providers a current and accurate list of medicines, dosage and when and how they must be taken, e.g., with food.
- Use information from a consumer’s medication history to minimise risks in the planning and delivery of other aspects of their mental health care.

Examples of evidence

Policy documents or processes for documenting all medication related information, including risks and shared care arrangements.

Training and resources that include:

- Medication management and scope of practice
- Medication reconciliation
- Actively involving the consumer in their own care.

Evaluation:

- Completed medication forms and record templates.

Where to go for more information

- Government WA - The six rights of safe medication administration https://www.health.gov.au/sites/default/files/2022-11/guiding-principles-for-medication-management-in-the-community.pdf

Action 3.38	The service provider has processes to ensure members of the workforce work within their scope of practice to: a. Take action when a consumer, their family, carer or a member of the workforce identifies a suspected medicines-related problem b. Document suspected adverse drug reactions experienced by consumers during service delivery in the consumer care record c. Report suspected adverse drug reactions to other healthcare providers involved in the consumer's care, in the organisation-wide incident reporting system and to the Therapeutic Goods Administration, in accordance with its requirements

Explanatory notes

Staff responsible for safe administration of a consumer's medication are aware of the potential side effects of medications and are trained to respond appropriately in the event of an incident involving medication, including first responder procedures, and reporting of incidents in the consumer's records.

Staff have knowledge of the consumer's history of allergies and adverse reactions to their prescribed medication and have been advised how such events should be managed if the need arises. Staff share information with the consumer's other care and support providers and report the incident as required in the organisation's policy and procedures and to the Therapeutic Goods Administration, in accordance with its requirements.

Key Tasks

- Establish policies, procedures and processes to support staff work within their designated scope of practice.
- Ensure systems are in place to record adverse events and report them appropriately within the organisation, to other services and the Therapeutic Goods Administration, in accordance with its requirements.
- Develop resources and information for workers, consumer, their carers and families.

Examples of evidence

Policy documents or processes for:

- Managing adverse medication events and reporting and sharing of information
- Reporting adverse drug reactions to all significant parties
- Open disclosure.

Training and resources that include open disclosure.

Evaluation:

- Standardised tools for recording documentation of adverse drug reactions
- Incident register
- Records of actions taken following an event.

Where to go for more information

- NPS – Medicine and side effects
- Department of Health and Ageing – Reporting Adverse events
- Health Direct – Reporting a problem with a medicine – Consumer information

Safe and secure storage and distribution of medicines

Action 3.39	The service provider complies with manufacturer's directions, legislation, and jurisdictional requirements for the: a. Safe and secure storage of medicines b. Disposal of unused, unwanted, or expired medicines

Explanatory notes

The organisation has clear procedures and processes in place to ensure that all medications are safely and securely stored. Processes should include restricting medication access only to appropriately trained staff, as well as the clear labelling of medications to support ease of identification and monitoring.

Key Tasks

- Establish policies and procedures and processes for the safe and secure storage and disposal of expired or unwanted medicines in line with the legislation and judicial requirements.
- Ensure that relevant staff are trained in the safe and secure storage and disposal of expired or unwanted medicines according to the organisation's guidelines.
- Systems are in place to record the storage and safe disposal of medication; and audit the system at specified regular intervals to minimise risk of harm.

Examples of evidence

Policy documents or processes for storing, administering and disposing of medication safely.

Training and resources that include:

- Safe and secure storage and disposal of medication
- Actively involving consumers in their care.

Evaluation:

- Records of actions taken to ensure safe storage and disposal of medicines.

Where to go for more information

- Australian Commission on Safety and Quality in Health Care – Safe and Secure Storage and Distribution of Medicines
- National Safety and Quality Health Service Standard, Second Edition- Standard 4

Glossary

abuse: abuse can take many forms, including physical, sexual, and emotional abuse, and may involve neglect, exploitation, and discrimination. Exposure to abuse, and other adverse experiences and increase a person's lifelong potential for serious health and psychosocial difficulties as well as engaging in health-risk behaviour.[32]

accessibility: involves the design of, services, programs, information, resources, and environments so as to be universally usable by people with a broad range of capabilities and literacy, operating within the widest possible range of circumstances. For example, web accessibility means that websites, tools and technologies are designed, and developed so that people with a diversity of impairments can use them.[33]

acute deterioration: refers to physical, mental, or cognitive changes that may indicate a worsening of the consumer's health status; this may occur across hours or days. An acute deterioration in a person's mental state is an adverse outcome in and of itself which may be associated with further adverse outcomes.

advance care plan: a directive that reflects a person's wishes in writing, of what they want to happen to them if they become incapable of making decisions for themselves. It usually includes what medical treatment and care they do or do not want. It can also include wishes about any aspect of their life including goals. An Advance Care Plan can only be made by an adult with decision-making capacity.[34]

adverse reactions to prescribed medications: may include a response to a medication that is harmful and unintended. For people prescribed psychiatric medication the benefits are sometimes obscured by their adverse effects. These effects range from relatively minor tolerability issues to very unpleasant, painful, disfiguring and at its most challenging, to life-threatening side effects. Importantly, adverse effect profiles are specific to each medication and should be regularly reviewed, and alternatives sought according to the individual and their experience.

adverse event or incident: an event, incident, or episode of unwellness that results, or could have resulted, in harm to a consumer. This includes a near miss which is a type of adverse event.

Advocate: an advocate is a person who will support someone to stand up for their rights, needs and aspirations. An advocate may also speak or write on the behalf of another person. A person's family or friends can be their advocates, or their advocate may be a professional. An advocate may or may not be a legal practitioner.

alert: warning of a potential risk to a consumer.

assessment: a service provider's evaluation of a disease, disorder or condition, and the safety of the person and potential risk to themselves and others, based on the consumer's subjective report of their symptoms and course of the illness or condition, and their objective findings. These findings include data obtained through blood and other tests, a physical examination and medical history; and from information reported by carers, family members and other members of the care and support team. An assessment is an essential element of a comprehensive care plan.[35]

audit: a systematic review against a predetermined set of criteria.[36]

Australian Charter of Healthcare Rights: specifies the key rights of patients and consumers when seeking or receiving healthcare services. The second edition was launched in August 2019.[37]

Australian Open Disclosure Framework: was endorsed by health ministers in 2013 and provides a framework for healthcare services and healthcare providers to communicate openly with patients and consumers when the health care does not go to plan.[38]

best practice: refers to when the assessment, diagnosis, treatment or care provided is based on the best available evidence, and which is used to maximise outcomes for consumers.

best practice guidelines: a set of recommended actions that are developed using the best available evidence. They provide service providers with evidence-informed recommendations that support their practice approach, and guide service provider and consumer decisions about appropriate health care in specific settings and circumstances.[39]

business decision-making: refers to the decision-making necessary for service planning and management of a service provider. This includes the purchase of equipment, fixtures and fittings; program maintenance; workforce training for safe handling of equipment; and all matters for which business decisions are taken that might affect the safety and wellbeing of consumers, families and carers, visitors and the workforce.

carer: a person who is a designated or principal care provider who may provide personal care, support and assistance to another individual who needs and consents to it because they are living with a mental health condition and may also experience co-existing conditions, including suicidal thinking or behaviours, or use alcohol and other drugs. A carer may be a: family member or kin; friend; a supporter or significant other whose life, because of their active caring and supporting role has been affected by their association with an individual who has, or has had a mental health condition, and is affected by suicidality or substance use or lives with other impairments.[40] An individual is not a carer merely because they are a: spouse; de facto partner; parent; child; other relative or guardian of an individual; or live with an individual who requires support. A person is not considered a carer if they are: employed and paid to provide care to a consumer; a volunteer of an organisation; or caring as part of a training or education program.[41] A person who receives a carer's benefit is a carer whose role and rights are defined in state and territory mental health legislation.

capacity: a term frequently used in legislation, policy directives and clinical notes, and it refers to a person's ability to make their own decisions. These may be small decisions, such as what to do each day, or bigger decisions such as where to live or whether to have an operation. A person may not have capacity in some areas, but still be able to make other decisions, especially when they are supported.

children and young people: people under 18 years of age.

Choice and Control: a person deciding for themselves what will enable them to live a fulfilling life.

co-design: co-design in mental health is the collaborative work of equal stakeholders, including consumers, families and carers, clinicians, and mental health staff, working together to identify a problem and define a solution.[42] The term is used in the context of development, implementation and evaluation of services and programs as well as in developing care and support plans.

cognitive functioning: refers to the areas of memory, communication, attention, thinking and judgement. A person may experience a cognitive functioning impairment that can be temporary or permanent and affects a person's understanding and ability to carry out tasks or follow instructions. It may also impact upon their recognition of people or objects, how they relate to others and how they interpret the environment. Dementia and delirium are common forms of cognitive impairment seen in older patients. Cognitive impairment can develop due to several conditions, such as acquired brain injury, a stroke, intellectual and development disability, legal or illicit drug use, or prescribed medications and over the counter products.

Community-Managed Organisations: the term ‘Community-Managed Organisations’ or ‘CMOs’ is the language used by the community-managed mental health sector in preference to the term ‘non-government organisations (NGOs)’. The sector prefers this terminology because it more closely describes the organisation, as opposed to defining itself by what it is not - a government organisation.

complaints management system: a structured way of receiving, recording, processing, responding to and reporting on complaints, as well as using these mechanisms to improve services and enhance decision-making.[43]

comprehensive care: health care that is based on identified goals for an episode of care. These goals are aligned with the consumer’s expressed wishes and healthcare needs and considers the impact of the consumer’s health concerns on their life and wellbeing, as well as whether it is therapeutically appropriate.

comprehensive support plan: a document describing agreed goals and aspirations of support and outlining planned care and support activities for a consumer. Comprehensive support plans reflect shared decisions made with consumers, carers and families about the tests, interventions, treatments and psychosocial activities needed to achieve the support goals. The content of comprehensive support plans will depend on the context and the service that is being provided and may be called different things by different service providers.

confidentiality: the ethical principle or legal right that a health professional will not disclose information to others about a consumer unless they give consent permitting disclosure, or except where necessary to record data, transfer of care or prevent harm.

consent: agreeing to treatment is called ‘consent’. A service provider must take reasonable steps to make sure that a person is able to give informed consent to care and treatment. This means a person must be able to understand key aspects of any treatment recommended before asked whether they agree to the treatment. Key aspects include, for example, what the treatment involves and the potential risks of that treatment. A person agreeing to a treatment, once given the information, having stated that they have understood what they have been told, is called ‘informed consent’

consumer: refers to a person with direct experience of a mental health condition and who has received or is receiving or seeking mental health services from a mental health service provider. A consumer may be a patient in a mental health facility and/or, is a client of a community mental health service (whether public or community managed) where they may be receiving mental health care and treatment and/or psychosocial support services. Consumers sometimes prefer being described as a person with lived or living experience of mental health condition.

consumer care record: is the documentation retained by the service provider that records the consumer’s care and recovery plan, and actions implemented by members of the workforce. It also contains the views of the consumer, their family and carers and members of the workforce about the consumer’s progress toward their recovery goals, and any alerts about the consumer’s mental or physical health or coexisting conditions. It is distinct from the consumer’s healthcare record maintained by a local hospital network or My Health Record, but ideally is interoperative with these. It should be regularly reviewed and demonstrate currency.

critical information: information that has a considerable impact on a consumer’s health, wellbeing, or ongoing care (physical or psychological). The availability of critical information may require a service provider to reassess or change a consumer’s comprehensive care plan.

cultural safety: in the context of trauma-informed recovery-oriented practice, cultural safety is described as providing an environment that is safe for people and where their rights are respected. It is also about providing a space in which to better understand a person’s aspirations, values, and beliefs, and share knowledge and experience. Active listening reminds us that people who may not belong to the dominant culture or have lived experience of trauma may have been subject to oppression, abuse, stigma, and discrimination.

The former Australian Health Ministers' Advisory Council identifies that consumers are safest when healthcare providers have considered power relations, cultural differences, and consumers' rights.[44] Essential features of cultural safety are:

- An understanding of a person's culture
- An acknowledgement of difference, and requirement that healthcare providers are actively mindful and respectful of difference(s)
- Informed by the theory of power relations; any attempt to depoliticise cultural safety is to miss the point
- An appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on Aboriginal and Torres Strait Islander people's living and wellbeing, both in the present and past
- That its presence or absence is determined by the experience of the recipient of care and not defined by the healthcare provider.

delirium: an acute disturbance of consciousness, attention, cognition, and perception that tends to fluctuate.[45] Delirium is a disorder that can result from organic causes. It is a serious condition that can be prevented and should be treated promptly and appropriately. Delirium can be hyperactive (the person has heightened arousal; or can be restless, agitated, and aggressive) or hypoactive (the person is withdrawn, quiet and sleepy).[46]

deterioration in a person's mental state: a negative change in a person's mood or thinking, marked by a change in behaviour, cognitive function, perception, or emotional state. Changes can be gradual or acute; they are characteristically observed by workers, or reported by the person themselves, or their family or carers. Deterioration in a person's mental state may relate to several predisposing or precipitating factors, including mental illness, psychological or existential stress, physiological changes, cognitive impairment (including delirium), intoxication, use of or withdrawal from substances, a history of trauma or current trauma, distress and responses to a person's social circumstances and environment.[47]

digital service delivery: in a mental health context is a mental health, suicide prevention, or alcohol and other drug service that uses technology to facilitate engagement and the delivery of care. The service may be in the form of information, online counselling, treatment (including assessment, triage, and referral) or a peer to-peer service that is delivered to a consumer via telephone (including mobile phone), videoconferencing, web-based (including web chat), SMS or mobile health applications (apps).

dignity: the state or quality of being worthy of honour and respect.

dignity of risk: the concept of affording a person the right (or dignity) to take reasonable risks, and that the impeding of this right can suffocate personal growth, self-esteem, and the overall quality of life. However, supporting a person's right to engage in experiences and situations can present risks to their safety, including supporting decisions which may have adverse impacts on a person's safety and wellbeing. Nevertheless when 'Dignity of Risk' if supported with care, can result in improved independence, health, social participation, autonomy, and feelings of self-worth.

disability: also known as impairment, refers to any enduring condition that restricts a person's everyday activities. Disability is diverse and can result from traumatic accidents, interpersonal trauma, illness, or genetic disorders. A disability may affect mobility, the capacity to learn, remember or communicate easily, and some people live with more than one impairment. A disability may be visible or hidden, may be permanent, temporary, or episodic and may have minimal or substantial impact on a person's capabilities. Psychosocial disability is a term used to describe a disability that may arise from living with a mental health condition. It can be severe, longstanding and impact on recovery, and/or be episodic.

diversity: refers to the varying social, cultural, economic, and geographic circumstances of consumers who use, or may use services. When delivering services, providers must be cognisant of a consumer's cultural background, their disability status, spiritual beliefs, and practices, as well as their preferred language, sexual orientation, gender identity and expression, interests, and values.

emergency assistance: advice or assistance provided when a consumer's condition has deteriorated severely.[48]

environment: the context or surroundings in which health care or supports are delivered. This includes providing services in a digital or virtual environment and may also include other consumers, carers, visitors, and the workforce.

escalation of care: an intervention to raise concerns with a healthcare professional about the deterioration of a consumer's mental or physical health. Its purpose is to summon other healthcare professionals to assess and respond to the concerns. It serves as a safety mechanism to protect consumers who become acutely unwell, so that they may be identified early and cared for in a timely manner.[49]

ethical principles: are objective organisational characteristics and generally are represented in a code of conduct that is observable through behaviour such as integrity, accountability, impartiality, and respect for the dignity, worth, equality, diversity, and privacy of all persons.[50]

ethics: a set of concepts and principles that guide us in determining what behaviour helps or harms a person or group of people.[51] In mental health, ethics and culture are intimately intertwined. To practice ethically requires awareness, sensitivity, and empathy and respect for a consumer as an individual, including his/her/their cultural values and beliefs.

evaluation: a process that critically examines a program or service. It involves collecting and analysing information about a program or service's activities, characteristics, and outcomes. Its purpose is to make judgments about a program or service, to improve its effectiveness and to inform programming decisions. Effective evaluation clearly demonstrates partnership and co-design with consumers and carers to ensure that outcomes are evaluated from the perspective of service users as well as the organisation, and that program development is genuinely informed by lived experience voices.

evidence-based practice: is driven by the integration of relevant research that has been conducted using sound methodology, the worker's education, experience and skills and the unique preferences, concerns and expectations each consumer brings to a therapeutic encounter.[52]

evidence-informed: any practice that uses local experience and expertise with the best available evidence from research (although this may be limited) to identify the potential benefits, harms and costs of an intervention, service model or program design.

experience of service: the range of interactions that consumers, and where relevant, their families and carers, have with the mental health support service, including any clinical care as part of their integrated support care plan, as well as the psychosocial supports they receive from all involved in delivering the service/s. As part of ongoing quality management, every program or service should gather data from consumers and carers as to their experience of receiving services and the outcomes demonstrated over time from their perspective.

exploitation: the use of a person's vulnerability or taking unfair advantage of them for one's own benefit. Exploitation can involve financial or sexual exploitation, or deception of some kind, if the consumer or former service user suffers, directly or indirectly, a physical, mental, or emotional injury.

goals of care: health and other goals and aspirations for a consumer are determined in the context of a supported decision-making process and aim to support the consumer maximise their autonomy as well as promote independence and recovery.

governing body: a board, chief executive officer, organisation's owner, partnership, or other highest level of governance (individual or group of individuals) that has ultimate responsibility for strategic and operational decisions affecting safety and quality.

guidelines: systematically developed statements to assist service providers and which support a consumer make decisions about appropriate care in specific circumstances.[53]

hand hygiene: a general term applying to processes which aim to reduce the number of microorganisms on hands. This includes: the application of a waterless antimicrobial agent (e.g., alcohol-based hand rub) to the surface of the hands; and use of soap/solution (plain or antimicrobial) and water (if hands are visibly soiled) followed by patting dry with single-use towels.[54]

harm: an act that causes loss or pain that is physical, emotional, cultural, financial, or social.

health care: in the context of mental health, care is the maintenance or improvement of a person's whole of health via the prevention, early intervention, diagnosis, treatment, and recovery of their mental health condition whilst paying close attention to their physical health needs and the potential for injury or harm through medical interventions, consumer behaviours or lifestyle, or psychosocial circumstances.

health literacy: the Australian Commission on Safety and Quality in Health Care separates health literacy into two components – individual health literacy and the health literacy environment. Individual health literacy is the skills, knowledge, motivation, and capacity of a consumer to access, understand, appraise, and apply information to make effective decisions about health and health care, and take appropriate action. The health literacy environment is the infrastructure, policies, processes, materials, people, and relationships that make up the healthcare system, which affect the ways in which consumers access, understand, appraise, and apply health-related information and services.[55] Mental health literacy has been defined as the knowledge, beliefs and abilities that enable the recognition, management, or prevention of mental health problems. Enhanced mental health literacy appears to confer a range of benefits: prevention, early recognition and intervention, and reduction of stigma associated with mental illness.

health information: information or an opinion, that is also personal information, about the health and/or disability experienced by an individual, or a health or support service provided or to be provided; or other personal information collected to provide or in providing a health or support service.[56]

healthcare record: includes a record of the consumer's medical history, care and treatment notes, observations, correspondence, investigations, test results, photographs, prescription records and medication charts for an episode of care. (See also - consumer care record).

incident: an event or circumstance that resulted, or could have resulted, in unintended or unnecessary harm to a consumer, carer or other person in the community; or a complaint, loss, or damage to property.

infection: an infection occurs when a microorganism enters the body, increases in number, and causes a reaction in the body.[57] This may cause tissue injury and disease.[58]

informed consent: a process of communication between a consumer and service provider about options for treatment, health care processes or potential outcomes, including discussion of the benefits and risks of the recommended treatment and supports.[59] This communication results in a consumer's consent or agreement to undergo a specific intervention or participate in planned care. The communication should ensure that the consumer has an understanding of the mental health care and supports they will receive, all the available options and the expected outcomes, including success rates and side effects for each option.[60] Informed consent by a person who has capacity has validity.

jurisdictional requirements: systematically developed statements from state and territory governments about appropriate healthcare or service delivery for specific circumstances.[53] Jurisdictional requirements encompass several different documents from state and territory governments, including legislation, regulations, standards, guidelines, policies, directives, and circulars. Terms used for each document may vary by state and territory.

leadership: having a vision of what can be achieved, and then communicating this to others and developing strategies, as well as action or operational plans to realise the vision. Leaders motivate people and can negotiate for resources and other supports to achieve goals.[61]

medicines list: a way to keep all the information about medicines a person is prescribed to take at the same time.[62] A medicines list contains, at a minimum:

- All medicines a consumer is taking, including, complementary, prescription and non-prescription medicines; for each medicine, the medicine name, form, strength, and directions for use must be included, including time of day to be taken[63]
- Any medicines that should not be taken by the consumer, including those causing allergies and adverse drug reactions.

Ideally, a medicine list also includes the intended use (indication) for each medicine.[64]

mental health care: all healthcare services, interventions and supports provided to a person living with a mental health condition, and/or experiencing suicidal thinking or self-harming behaviours.

model of care: is the way a service is to be delivered. It outlines best practice approach to care and service supports to be provided for a person, population, or service group as they progress through the stages of their recovery. It aims to ensure consumers, their families and carers get the care and supports they want and need, at the right time, delivered by the right team in the right place.[65]

near miss: an incident or potential incident that was averted and did not cause harm but had the potential to do so.

open disclosure: an open discussion with a consumer, their family and or carer about an incident that resulted in harm to the consumer while receiving care or support services. The criteria of open disclosure are an expression of regret, including use of the phrase 'I am sorry' or 'we are sorry', and a factual explanation of what happened, the potential consequences, and the steps taken to manage the event and prevent recurrence.[66]

orientation: a formal process of informing and training a worker starting in a new position or beginning work for an organisation, which includes the policies, processes, and procedures applicable to the organisation. Orientation may also apply to new members of a governing body.

outcome: the status of an individual, group of people or population that is wholly or partially attributable to an action, service or circumstance. Service outcomes are measured by a comprehensive set of indicators drawn from multiple data sources, which includes the lived experience perspective on outcomes of using the service. These indicators assist organisations initiate quality improvement activities based on the data collected over time.

partnership: a situation that develops when consumers are treated with dignity and respect, when information is shared with them, and when participation and collaboration in healthcare processes are encouraged and supported to the extent that consumers choose. Partnerships can exist in different ways in a service provider, including at the level of individual interactions; at the level of a service, department, or program; and at the level of the organisation. They can also exist with consumers and groups in the community. Generally, partnerships at all levels are necessary to ensure that the healthcare service is responsive to consumer input and needs, although the nature of the activities for these different types of partnership will depend on the context of the healthcare service.

peer worker: or lived experience peer is someone employed based on their personal lived experience expertise of mental illness and recovery (a consumer Lived Experience worker) or their experience of supporting family or friends with mental illness (a carer peer worker). This lived experience is an essential qualification for their job, in addition to other skills and experience required for the role they undertake. Peer worker expertise may include experience of trauma, suicidal thinking or behaviour, or alcohol and other drug use and recovery.

Lived experience worker: peer workers draw upon their own personal lived experience of mental illness, suicidal crisis and recovery to provide authentic engagement and support for people accessing mental health care. Peer workers are in a unique position to build connections and rapport with people by inspiring hope and role modelling recovery.[67]

performance: the level of accomplishment of a given task measured against pre-set known standards.

person-centred care: an approach to the planning, delivery and evaluation of health care that is founded on mutually beneficial partnerships between service providers and consumers.[68] Person-centred care is respectful of, and responsive to, the preferences, needs and values of consumers. Key dimensions of person-centred care include respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, access to care and involvement of carers and family.[69] Person-centred care is the bare minimum that CMOs are to operate, with person-led care and practice being recommended as best practice in working collaboratively with, and meeting the needs of consumers across all mental health service delivery contexts.

policy: a set of ideas or a plan of what to do in a particular situation that has been agreed to officially by a group of people that reflect the organisation’s mission and direction.

practice governance: represent the set of relationships and responsibilities established by a service provider between its management, consumers, carers, the workforce, and stakeholders. Effective governance provides a clear statement of individual accountabilities within the organisation to help align the roles, interests, and actions of different participants in the organisation to achieve the organisation’s objectives. Governance structures are tailored to the size and complexity of an organisation.

pressure injuries: injuries of the skin and/or underlying tissue, usually over a bony prominence, caused by unrelieved pressure, friction or shearing. They occur most commonly on the sacrum and heel but can develop anywhere on the body. Pressure injury is a synonymous term for pressure ulcer.

privacy: the right to be free from interference and intrusion, to associate freely with whom you want and to be able to control who can see or use information about you. Information privacy is about promoting the protection of information that says who we are, what we do and what we believe.[70] Given the sensitive nature of information that people may disclose to mental health practitioners or support workers, strong privacy protection is critical to maintaining a person’s trust in an organisation and the individual staff member. CMOs should have clear policies, procedures, and risk management protocols in place to ensure the security of consumer information. These protocols should be reviewed and amended, every time a different kind of service is designed and delivered.

privacy impact assessment: a systematic assessment of a service that identifies the impact that the service might have on the privacy of individuals, and sets out recommendations for managing, minimising, or eliminating that impact.[71]

procedure: the set of instructions to make policies and protocols operational, which are specific to an organisation, service, or program.

process: a series of actions or steps taken to achieve a particular goal.[72]

program: an initiative, or series of initiatives, designed to deal with a particular issue, with resources, a time frame, objectives, and deliverables allocated to it.

protocol: an established set of rules used to complete tasks or a set of tasks.

psychosocial disability: psychosocial disability is not about a diagnosis; it refers to the social and economic consequences related to living with a mental health condition. It is a recognised term used to describe the challenges, or limits, including stigma and discrimination a person has experienced in life that relates to their mental health condition. Living with a mental health condition does not necessarily mean that a person has psychosocial disability.

quality: quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. It is based on evidence-based professional knowledge.[73]

quality improvement: the combined efforts of the workforce and others – including consumers, their families and cares, researchers, planners, and educators – to make changes that will lead to better outcomes (health), better system performance (care) and better professional development.[74] Quality improvement activities may be undertaken in sequence, intermittently or continually.

recovery: individual or personal recovery has been defined by consumers as being able to create and live a meaningful and contributing life within their community of choice, with or without the presence of mental health difficulties. Recovery can mean different things to different people; but usually it means gaining and retaining hope; understanding one's abilities and difficulties; engagement in an active life; personal autonomy; social identity; and enjoying meaning and purpose in life, including having a positive sense of self.

Recovery-Oriented Practice: the application of skills and capabilities that support people to undertake their journey of individual recovery. This practice approach supports people to recognise and take responsibility for their own recovery and wellbeing, and define their own goals, wishes and aspirations.

restraint, coercion and or restrictive practices: the restriction of an individual's freedom of movement by physical or mechanical means,[75] as well as by chemical restraint. This includes confinement of a consumer, at any time of the day or night, alone in a room or area from which free exit is prevented. Coercion in this context is when an act or a pattern of acts of punitive threats, humiliation and intimidation or other abuse is used to punish, or frighten or subdue a consumer into changing their behaviour/s.

risk: the chance of something happening that will have a negative impact. Risk is measured by the consequences of an event and its likelihood.

risk assessment: the assessment, analysis, and management of risks. It involves recognising the events that may lead to harm in the future and minimising their likelihood and consequences.[76]

risk management: the design and implementation of a plan to identify and avoid or minimise risks to consumers, workers, volunteers, carers, visitors, and the organisation.

risk management system: systems to ensure that service delivery is linked to risk management, which may include incident management, complaints management, work health and safety, human resource management, financial management, information management and governance.

safety: the condition of being protected from harm or other non-desirable outcomes.

safety culture: a commitment to safety that permeates all levels of an organisation, from the practitioner workforce to executive management. Features commonly include acknowledgement of the high-risk, error-prone nature of an organisation's activities; a blame-free environment in which individuals can report errors or near misses without fear of reprimand or punishment; an expectation of collaboration across all areas and levels of an organisation to seek solutions to vulnerabilities; and a willingness of the organisation to direct resources to deal with safety concerns.[77]

scope of practice: refers to the extent of worker's defined approved practice and job role within an organisation, based on their skills, experience, knowledge, performance and professional suitability, and the needs and service capability of the organisation and documented in an appropriate job description.[78]

screening: a process of identifying consumers who are at risk, or already have a potential for risk or harm to self or others. Screening requires enough information to make a judgement.[79]

self-harm: includes self-poisoning, overdoses of both prescription medications and other substances, minor injury, as well as potentially dangerous and life-threatening forms of injury, including disordered eating. Self-harm is a behaviour and not an illness. People use self-harm as a mechanism to cope with distress or trauma or to communicate that they are distressed.[80] Whilst the behaviour may be deliberate, it can be driven by a strong impulse that is uncontrollable.

service provider: usually refers to a community managed organisation that delivers mental health and other psychosocial support services to consumers, their families and carers in the community, including with consent in the home.

Statement of rights: The Australian Government has endorsed the Mental Health statement of rights and responsibilities. This document is a dynamic and aspirational statement that reflects modern mental health care concepts and contemporary human rights legislation. Rights and responsibilities are described across eight domains:

- Inherent dignity and equal protection
- Non-discrimination and social inclusion
- The promotion of mental health and the prevention of mental illnesses
- The rights and responsibilities of individuals who seek assessment, support, care, treatment, rehabilitation, and recovery
- Rights and responsibilities of carers and support persons
- Rights and responsibilities of people who provide services
- Rights and responsibilities of the community
- Governance

stigma: arises from a lack of understanding of mental illness (ignorance and misinformation), often because some people have negative attitudes or beliefs towards it (prejudice). This can lead to discrimination against people with mental illness. Some mental health professionals have negative beliefs about the people they care for, which can lead to discriminatory practices.

substitute decision-maker: a person appointed or identified by law to make health, medical, residential, and other personal (but not financial or legal) decisions on behalf of a consumer whose decision-making capacity is impaired. A substitute decision-maker may be appointed by the consumer, appointed for (on behalf of) the person, or identified as the default decision-maker by legislation, which varies by state and territory.[81]

support services: are the mental health services provided by community managed organisations which may include services complementary to clinical care and treatment, such as psychosocial rehabilitation, crisis, helpline and counselling services, subacute step up/step down services, accommodation and homelessness supports, self-help and peer support, employment, education and family and carer support including services that are cultural and diversity specific.

supported decision-making: the process of supporting consumers to identify and pursue their identified goals, aspirations and make choices and decisions about their life. The consumer is always at the centre of the process, driven by their needs and wants and their decision-making style. The approach sets out to maximise independence by supporting a consumer to exercise control over the things that are important to them.

system: the resources, policies, processes, and procedures that are organised, integrated, regulated, and administered to accomplish a stated goal. A system:

- Brings together risk management, governance, and operational processes and procedures, including education, training, and orientation
- Utilises an active implementation plan that includes feedback mechanisms such as agreed protocols and guidelines, decision support tools and other resource materials
- Uses several incentives and sanctions to influence behaviour and encourage compliance with policy, protocol, regulation, and procedures.

The workforce is both a resource in the system and involved in all elements of systems development, implementation, monitoring, quality improvement and evaluation.

training: the development and facilitation of training that provides workers with the appropriate knowledge and skills to undertake their identified role and meet their professional goals.

transfer of care and transitions of care: refers to situations when all or part of a consumer’s care is transferred between healthcare and service delivery locations, providers, or levels of care within the same location, as the consumer’s conditions and care and support needs change and that meet a consumer’s personal goals and aspirations.[82]

trauma-informed: a strengths-based practice approach that emphasises physical and psychological safety, creating opportunities for people using mental health and other human services to rebuild a sense of control and empowerment. It supports services moving from a caretaker to a collaborator role, as well as providing a supportive environment for workers, reducing the risk of vicarious and secondary trauma. It is integral to the most contemporary recovery-oriented practice approach in mental health and psychosocial support services.

variation: a difference in healthcare processes or outcomes, compared to peers or to a standard such as an evidence-based guideline recommendation.[54]

workforce: refers to everyone working for a service provider that provides a direct service to consumers, including peer workers, mental health support workers, advocates, counsellors, clinicians, technicians and any other employed or contracted locum, allied health worker, agency, student, or volunteer workers.

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