AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

National Safety and Quality
Mental Health Standards for Community Managed Organisations

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

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.

The Commission has developed the National Safety and Quality Mental Health Standards for Community Managed Organisations: Guide for service providers (the guide) to support service providers to implement the NSQMHCMO Standards.

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.

What is a community managed organisation?

The mental health community managed organisation (CMO) sector provides a broad range of 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?

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 may not apply, and the process for applying for exemption will be described in an advisory for service providers and assessors.

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 NSQMHCMO 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.

How to use this guide

This guide should be used as a reference by service providers implementing the NSQMHCMO Standards. It can be used along with **other resources** that the Commission is developing, including a self-assessment tool, set of fact sheets for consumers, families and carers co-designed by Lived Experience Australia, and online training modules for assessors.

For each action in this guide there are:

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

The suggested tasks, examples of evidence and resources provided in this guide are provided as examples only. 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. Organisations that are part of a corporate group may need to refer to the implementation strategies recommended by the group's governing body or management.

A **Glossary** is provided at the end of this document to aid the reader in understanding the terms used. 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.

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 safety and quality standards highlight the importance of governance within the specific services 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 standards.

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**.

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** – Service providers establish and use practice governance systems for their care services to improve the safety and quality of care
- **Safety and quality systems** – Safety and quality systems are integrated with practice governance processes to enable the service provider to actively manage and improve the safety and quality of care
- **Workforce qualifications and skills** – The workforce has the right qualifications, competencies, skills, and values to ensure the delivery of safe and high-quality care to consumers, their families and carers
- **Safe environment for the delivery of care** – The environment promotes safe and high-quality care for consumers, their families and carers.

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, territory or Commonwealth funder, its governing body, executive, members of the workforce, consumers, families and carers 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. 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 the 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
- Establish mechanisms to ensure that service delivery is culturally safe and reflect the needs of Aboriginal and Torres Strait Islander communities, this could include establishing Aboriginal and Torres Strait Islander representation on the governing body
- Define the roles, responsibilities, and authority of the governing body, management and workforce, particularly regarding quality and safeguarding measures
- Acknowledge, document and manage any perceived or actual conflicts of interest to protect the safety and quality of service delivery for consumers
- Establish a system to ensure the governing body can monitor the organisation's performance in quality of service provision, alongside their other monitoring responsibilities
- Board and leadership teams establish clear pathways for reporting and responding to adverse incidents that are solution-focused and proactive

Examples of evidence

- Policies that outline how to partner with consumers, families and carers 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 actions taken to address the issues identified at each meeting
- Policy 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
- Memoranda of understanding with other services and agencies to support integrated care

Where to go for more information

- Agency for Clinical Innovation – ***A Guide to Build Co-design Capability***[3]
- Australian Institute of Company Directors – **Improving board effectiveness**[4]
- Mental Health Australia – **Co-design in mental health policy**[5]

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 members of the workforce working with Aboriginal and Torres Strait Islander people 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, Aboriginal and Torres Strait Islander people 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 more effectively (see **Aboriginal and Torres Strait Islander social and emotional wellbeing**[6]).

Responding to diversity

CMOs need to effectively provide services for people with disability, as well as people from CALD backgrounds, members of the LGBTIQ+ community, and other diverse population groups in the community.

It is preferable to offer consumers the choice to receive support services from members of the workforce with similar cultural backgrounds as those they support. Organisations need to partner with diverse communities to understand first-hand how services can best meet the specific needs of diverse populations.

For people with disability to achieve equity of access, mental health services may need to make reasonable adjustments.

Key tasks

- Prioritise understanding of the uniqueness of each individual, and then demonstrate inclusion of these details into service delivery.
- Actively support, promote, and uphold a consumer's right to practice their culture, diversity, values, and beliefs during service delivery: 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 workforce supervision, mentoring and reflective practice promotes respect and responsiveness to culture, diversity, values, and beliefs
- Develop organisational partnerships with services that have the skills and knowledge to best respond to the cultural and diverse needs of consumers, for instance, partnerships with Aboriginal and Torres Strait Islander led organisations or LGBTIQ+ advocacy services
- Recruit a workforce with diverse backgrounds, including peers with lived experience of mental health conditions or psychosocial disability, and match workers with consumers appropriately
- Use interpreting and translating services when required and seek support from Aboriginal or Torres Strait Islander or multicultural identified workers, 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 which outline your organisational approach to the acknowledgement, respect and integration of consumers' culture, values, and beliefs in service delivery
- 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
- Mission statement, policy or other public document outlining the organisation's commitment to meeting diverse community needs
- Records generated during partnership processes with diverse groups, such as consultation on the development of policies and processes, notes from ongoing partnership meetings, arrangements for diverse community members to contribute to governance committees
- Records of processes undertaken to facilitate workforce implementation of policies relevant to cultural safety, such as training records, audit-and-feedback processes, changes to documentation formats to prompt documentation of cultural needs

Where to go for more information

- ACON – ***LGBTQ+ Inclusive and Affirming Practice Guidelines***[7]
- Australian Institute of Family Studies – **Advancing partnerships with Aboriginal and Torres Strait Islander organisations**[8]
- **Embrace Multicultural Mental Health**[9]
- Gidget Foundation – **First Nations Commitment**[10]
- Jewish Care – **Inclusion & Diversity**[11]
- Lifeline Australia – **Diversity policy**[12]
- Mental Health Coordinating Council – ***Working collaboratively with Aboriginal and Torres Strait Islander People – A guide to culturally safe practice in mental health***[13]
- Mind Australia – ***Mind's Lived Experience Strategy***[14]
- **Translating and Interpreting Service**[15]

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

Members of the workforce working in mental health services may come from different professional disciplines and be registered through 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 the mental health workforce**.[16]

Ethical principles for mental health service design and delivery can be described as:[17]

- 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 families and carers in the development and implementation of an ethical framework for service delivery within the organisation
- Report ethical issues 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 the organisation's ethical principles

Examples of evidence

- A documented ethical framework for service delivery within the organisation
- Strategic and business plans that incorporate ethical principles
- Processes to review ethical questions, in collaboration with consumers, families and carers
- A code of conduct that embeds ethical principles

Where to go for more information

- Aadam B, Petrakis M – **Ethics, Values, and Recovery in Mental Health Social Work**[18]
- Australian Human Rights Commission – ***Legal and ethical considerations of service delivery***[19]
- Ethics & Compliance Initiative – **Five Ways To Reduce Ethics And Compliance Risk**[20]
- Lifeline Australia – **Directors' Code of Conduct and Ethics**[21]
- TrainSmart Australia – **Legal And Ethical Considerations In Community Services**[22]

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 for 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

- Implement policies that describe the practice governance framework
- Ensure all members of the workforce have clear understanding of the meaning of the practice governance framework
- Ensure that members of the workforce are provided with appropriate resources and training deliver service consistent with the practice governance framework
- Partner with consumers, their families and carers in the review of your practice governance framework

Examples of evidence

- Documented practice governance framework
- Evaluation reports on the effectiveness of the practice governance framework
- 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**[23]
- Grow – **Statement of strategic intent**[24]
- Mission Australia – ***Clinical and Care Governance Framework***[25]
- National Collaborating Centre for Mental Health – **The Community Mental Health Framework for Adults and Older Adults**[26]
- Neami National – ***Quality, Safety and Clinical Governance Framework***[27]

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 members of the workforce 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.[28] Job satisfaction, workforce 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.[29]

Practice supervision

Practice supervision provides an opportunity for professional development as well as quality improvement. It should be considered as separate from line management.

Practice supervision should be a confidential opportunity for members of the workforce and leaders or external supervisors to discuss practice and ethical issues to support members of the workforce, 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[30]
- Ensure roles and responsibilities are clear and understood
- Ensure regular formal practice supervision is in place for members of the workforce, as well as relevant resources being readily accessible to support workers' self-care and mental health
- Invite members of the workforce 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 members of the workforce
- Regularly review relevant information and records such as reporting systems including incident reports, workers' compensation claims, workforce surveys, absenteeism, and workforce turnover data to support the identification of psychosocial hazards[31]

Examples of evidence

- Records of supervision sessions conducted with members of the workforce
- Policy outlining how supervision and other supports are provided to members of the workforce, including frequency, roles and responsibilities
- Evidence of coaching and mentoring resources, and external professional development opportunities offered
- Evidence of training for supervisors in how to provide effective supervision
- 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

Where to go for more information

- Australian Clinical Supervision Association – **Resources**[32]
- Australian Human Rights Commission – **Creating a safe and healthy workplace for all**[33]
- Mental Health Coalition of SA – **Lived Experience Workforce Program – Mental health peer supervision framework**[34]
- Mental Health Coordinating Council – **Managing Workers With Lived Experience**[35]
- National Mental Health Commission – **National Workplace Initiative**[36]
- Safe Work Australia – ***Work-related psychological health and safety***[31]

Safety and quality systems

Legislation, regulations, policies

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.

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.

Key tasks

- Implement a schedule to monitor, review and update policies using a risk management approach. Don't rely on a reactive approach to reviewing policy in response to incidents
- Establish an organisational process to be followed when a policy or procedure is to be developed or is due for review. This should include
  - A process for drafting the new or updated policy which involves consultation with consumers and members of the workforce along with a review of relevant literature, legislation and standards
  - A process for approval by the appropriate level of organisational governance
  - An implementation plan which includes a process for communicating policy updates to members of the workforce, determining any training required and any implementation monitoring which may be needed
- Ensure your organisation is accredited by an accepted industry-recognised accreditation body

Examples of evidence

- Policy registers which include review dates and alerts. It should be evident that policies are routinely reviewed and improved
- Evidence that reviews of policies include consultation with consumers and members of the workforce 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

- Child Australia – ***How to Develop and Update Policies Successfully (without the stress)***[37]
- Industrial Relations – **Workplace Policies and Procedures Checklist**[38]
- PowerDMS – **Why it is important to review policies and procedures**[39]

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, and feedback from consultations with consumers, their families and carers, and members of the workforce.

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

Key tasks

- Seek non-identified feedback from consumers on their experience of service delivery – for example, through anonymous message boxes, internal organisational questionnaires or surveys such as the YES-CMO survey
- Conduct formal evaluation of existing programs or practice frameworks from a consumer and workforce perspective – consider what outcomes are most relevant to your service – for example, reductions in involuntary community treatment orders, and stable tenancy arrangements
- Create an internal audit schedule and undertake regular audits across all operational areas; document and share results with members of the workforce to contribute to continuous quality improvement
- Develop resources to support members of the workforce 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
- 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
- Documentation of feedback from members of the workforce and consumers, their families and carers through surveys, verbally, or through web channels

Where to go for more information

- Australian Mental Health Outcomes and Classification Network – **Your Experience of Service (YES) surveys**[40]
- Mental Health Commission (WA) – ***Mental Health Outcomes: Indicators and Examples of Evidence***[41]
- Mental Health Coordinating Council – **eYour Experience of Service – Community Managed Organisations Survey**[42] (electronic CMO survey)
- National Mental Health Commission – ***Mental Health Safety and Quality Engagement Guide***[43]
- Neami National – ***Research and Evaluation Framework***[44]
- Clinical Excellence Commission – **Quality Improvement Tools**[45]

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. 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 members of the workforce.

Identify a set of performance indicators relevant to service quality. Ensure the report of these indicators clearly outlines the relevance of each indicator and how it should be interpreted. These may be simple, such as results of consumer feedback, results from the audit schedule, or incident investigations completed within the required timeframe. They may be more complex, such as a statistical process control chart, but all should be relevant to the type of service being provided.

Key tasks

- Develop a schedule to report to relevant stakeholders regarding safety and quality performance and include the time periods in relevant policies
- Institute scheduled checks for any updated legislation and regulations
- Routinely report to the governing body, the workforce, consumers, their families and carers
- Ensure all members of the workforce are aware of their reporting duties to their respective line managers
- Provide members of the workforce 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
- Memoranda of understanding or contracts which determine reporting requirements

Where to go for more information

- Australian Institute of Health and Welfare – **Health care safety and quality**[46]
- Department of Health (Vic) – **Community health data reporting**[47]
- SA Health – **Mental Health Care data collections**[48]

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

This action is focused on organisational risks rather than risks for individual consumers.

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 members of the workforce. 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, workforce 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.

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 members of the workforce are aware of how to identify, report and respond to possible risks, and how they are supported if a risk eventuates.

Key tasks

- Identify potential organisational risks
- Embed a systems approach to risk management
- Establish and maintain a risk register to assess the strategies in place to mitigate the identified risks
- Train members of the workforce and provide resources to assist members of the workforce to understand their roles and responsibilities when managing and mitigating risks
- Identify the skills and capabilities members of the workforce need to respond to an emergency or disaster when recruiting and onboarding members of the workforce
- Manage service delivery during times of external emergencies and disasters, to ensure that safe continuity of service to consumers is provided

Examples of evidence

- Risk management policies which include a risk management framework and matrix
  Corresponding documentation could 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

Where to go for more information

- Australian Commission on Safety and Quality in Health Care – **Risk Management Approach**[49]
- Community Door – **Risk management**[50]
- Humanitarian Outcomes for InterAction – **NGO Risk Management: Principles and Promising Practice**[51]
- National Disability Services – ***Risk Management and Controls Model for Disability Services***[52]
- Neami National – **Risk Management**[53]

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 workforce perspectives sought to inform its ongoing development and quality improvement.

Consumers, carers and families must be well informed about the progress of incident reviews, 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.

Key tasks

- Clearly define what constitutes an incident in your organisation
- Review jurisdictional incident reporting requirements, which may include definitions of incident types for which there is mandatory reporting
- Have this documented and communicated to all members of the workforce 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 members of the workforce receive adequate training and supervision so that they have the skills, knowledge and support necessary to respond appropriately when an incident occurs and successfully manage the organisational processes to be followed after each incident such as investigation, mandatory reporting and open disclosure
- Members of the workforce 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 members of the workforce to gauge their confidence and capacity to manage incidents safely, and that they are utilising a trauma-informed approach
- Clearly communicate to members of the workforce any actions or changes in service provision that arise following an incident review and ensure these 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 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 incident review processes and initiation of quality improvement implementation
- Incident management policies informed by governing legislative and mandatory reporting requirements
- Incident and accident register
- Incident reports which capture the perspectives of the consumer, their support networks, the service provider, and any other key stakeholders including members of the workforce

Where to go for more information

- Australian Commission on Safety and Quality in Health Care – ***Incident Management Guide***[54]
- NDIS Quality and Safeguards Commission – **Incident management (for providers)**[55]

Action 1.11

The service provider uses an open disclosure program that is consistent with the Australian Open Disclosure Framework[55]

Explanatory notes

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

The **Australian Open Disclosure Framework**[55] 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 ensures that open disclosure processes are person-centred.

Key tasks

- Ensure members of the workforce 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

Examples of evidence

- A documented policy for implementing 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
- 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**[57]
  - ***Implementing the Australian Open Disclosure Framework in small practices***[58]
  - **Preparing and participating in open disclosure discussions**[59] (information for consumers and carers)
- Health Service Executive – **Open disclosure in The Mental Health Setting**[60]

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 workforce 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
- Inform consumers as to how their perspectives are reflected in quality improvement activities including changes to policy
- Ensure members of the workforce 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
- Members of the workforce should clearly communicate to consumers that any 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
- Analysis of consumer feedback for trends or themes which may assist the organisation to identify areas for improvement
- Examples of quality improvement actions that have been implemented following specific feedback from consumers, their families, or carers
- Survey forms distributed

Where to go for more information

- Department of Health (Vic) – **Mental health lived experience engagement framework**[61]
- Mental Health Commission (WA) – ***Mental Health Outcomes: Indicators and Examples of Evidence***[41]
- Mental Health Coordinating Council – **Your Experience of Service: Community Managed Organisations**[62]
- NDIS Quality and Safeguards Commission – **Managing complaints**[63]

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

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 lodge a complaint.

Key tasks

- Regularly review your organisation's complaints 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
- 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 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
- Ensure members of the workforce understand their roles and responsibilities when managing formal complaints
- Ensure members of the workforce are trained and have the skills to utilise a trauma-informed approach when working with consumers, carers, and families in the review of complaints
- Provide members of the workforce debriefing sessions following a complaint and use these as a means of identifying areas of improvement and training opportunities

Examples of evidence

- A policy which outlines your organisation's processes for receiving, recording, and responding to complaints
- A complaints process which includes a register of the actions and outcomes from complaints
- Evidence of resources such as fact sheets or online information provided to assist consumers and others who may wish to make a complaint

Where to go for more information

- Australian Commission on Safety and Quality in Health Care – ***Better Practice Guidelines on Complaints Management for Health Care Services***[64]
- Australian Human Rights Commission – **Good practice guidelines for internal complaint processes**[65]
- Blue Knot – **Complaints Policy and Process**[66]
- Mental Health Coordinating Council – **Mental Health Rights Manual: Complaints, legal and non-legal advocacy**[67]

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.[68] 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 under legislative requirements. Your organisation should make every effort to ensure that the consumer understands what information is provided to others.[68] 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.[68]

Your organisation's information management system must securely manage hard copy and electronic consumer information that is easily accessible for workforce use. Hard copy information must be stored in a secure location. Electronic recordkeeping systems must have capacity to track who has accessed and amended information. 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.

You must develop a plan for what information you will collect, how long you will store it and how you will destroy information. This must outline requirements for prospective consumers who were referred but not accepted, consumers who received a service from you and consumers who have been discharged.

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 regarding obtaining consumer consent to collect, use, store and share their personal information

Examples of evidence

- Existing policies about obtaining informed consent from consumers including standardised consent forms; privacy and confidentiality; and information and records management
- Consent or refusal to consent documentation counter-signed clearly by member of the workforce member involved
- Examples of information provided to consumers and resources and training provided to members of the workforce
- Training register includes provision of onboarding workforce training on roles and responsibilities regarding privacy and consumer records
- Policy concerning storage and sharing of information for members of the workforce

Where to go for more information

- Mental Health Coordinating Council
  - **Mental Health Rights Manual: Consent**[69]
  - ***Digital Service Delivery Guide: quality practice in community-based services***[68]
- NDIS
  - **Sharing participant information**[70]
  - **Consent forms**[71]
- Office of the Australian Information Commissioner
  - **Consumer Data Right Privacy Safeguard Guidelines: Consent – The basis for collecting and using CDR data**[72]
  - **Privacy guidance for organisations and government agencies: Health service providers**[73]

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 members of the workforce to ensure that they can meet the needs of consumers and comply with regulatory requirements.

The organisation should take a broad approach when assessing training needs to ensure all aspects of workforce roles are considered. Organisations should consider:

- Evidence-based service delivery relevant to the model of care
- Inclusivity, such as how to access and work with interpreters, how to ask consumers about their cultural background, how to identify and respond when an individual would benefit from a worker of a different gender
- Understanding and working within governance processes, such as how to access policies, use of the risk register and incident reporting systems and quality improvement skills.

Work alongside people with lived experience expertise from priority population groups to identify any specialised training and development needs the workforce will require to enhance cultural safety in service delivery.

Key tasks

- Establish orientation and on-boarding training requirements for all new members of the workforce
- Include identification and discussion of professional development opportunities in workforce performance and probation reviews
- Put personal development plans in place for all members of the workforce to identify areas of growth and upskilling
- Seek feedback following workforce training to assess the effectiveness of the training provided.
- Maintain records of quality and safety training completed by members of the workforce in your organisation
- 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 members of the workforce are receiving training

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 members of the workforce
- Evidence of online, easily available resources and information and training modules to assist members of the workforce in their work

Where to go for more information

- Black Dog Institute – **Education and training: Health professionals**[74]
- Comorbidity Guidelines – **Training programs**[75]
- Mental Health Coordinating Council – **Nationally recognised training**[76]
- Mental Health Victoria – **Workforce learning and development**[77]
- National Mental Health Commission – **Peer workforce training**[78]
- Tafecourses.com.au – **Mental Health Courses**[79]
- Transcultural Mental Health Centre – **Education and Training**[80]
- Western Australian Association for Mental Health – **Sector Development and Training**[81]

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. 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 members of the workforce, which in turn supports their personal safety and wellbeing.

Key tasks

- Check and retain documented records at recruitment and subsequent specified intervals to ensure worker screening checks, qualifications and registrations are valid and current
- Ensure selection criteria and role descriptions are up-to-date and reviewed to reflect the needs of consumers
- Clearly identify and document the skills, knowledge and expertise required for each role within your service and confirm these are understood by members of the workforce
- Provide a clear outline of the responsibilities, limitations, time allocated for the service provided and reporting lines for each role
- Establish clear requirements for volunteers, students on placement, and employees that are studying or training whilst in the workplace and ensure that these people have the resources they need to fulfil their role and support their performance

Examples of evidence

- Qualifications and experience register includes requirements and renewal dates of any credentials for allied healthcare staff working in your organisation, as well as checks for working with vulnerable people and working with children
- Policy setting out organisational pre-employment requirements, for example, reference checking, telephone screening prior to formal interviews

Where to go for more information

- 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***[82]
- NSW Government – **Legal obligations and rights**[83]
- Queensland Health – **Mental health framework: Lived Experience [Peer] Workforce Framework 2023**[84]
- Mental Health Professional Online Development – **MHPOD Learning Portal**[85]

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 workforce 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 members of the workforce members to develop to their full potential.

Key tasks

- Conduct performance reviews for all members of the workforce at least annually, and conduct probation performance reviews for new members of the workforce three to six months after commencing their role
- Provide members of the workforce with regular feedback on their performance and support them to access professional development
- Provide opportunities for feedback on workforce performance from consumers, their families, and carers to help inform the organisation's review of workforce capacity and capability

Examples of evidence

- Standardised performance review and probation review templates
- Policy regarding management of workforce performance
- Documented feedback on workforce performance and professional development progress
- Copies of professional development plans
- Code of conduct
- Examples of resources and training materials used to perform an appraisal and train members of the workforce to conduct them
- Policy would also include disciplinary procedure following an event and grievance and dispute resolution

Where to go for more information

- Australian Commission on Safety and Quality in Health Care – ***Review by peers: A guide for professional, clinical and administrative processes***[86]
- Australian Health Practitioner Regulation Agency – **Continuing Professional Development**[87]
- Mental Health Commission of NSW – **What is peer supervision?**[88]
- Self Help Addiction Resource Centre (SHARC) – **Peer Workforce Supervision**[89]

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 members of the workforce 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 consumers, their families or carers.

Key tasks

- Facilitate workforce 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 members of the workforce to identify any personal prejudices and biases to mitigate any risk of harm to consumers
- Implement routine training to ensure members of the workforce are equipped to use evidence-based approaches which safeguard against harmful, inequitable practices

Examples of evidence

- Code of conduct signed by all members of the workforce and volunteers
- Procedures on how to best support consumers through reporting allegations of prejudice, bias and discrimination, such as facilitating access to an advocate
- Protocols which include advice on recording, reviewing, and investigating any allegations or incidents, and what action your organisation is taking to prevent future incidents
- Training to support members of the workforce 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**[90]
- La Trobe University – **Reflective practice in health**[91]
- Mental Health Coordinating Council – **Mental Health Rights Manual: The right to equality**[92]

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

An organisation's service delivery environment needs to be suitable for the model of care being provided and sufficiently flexible to ensure that the supports provided are safe from the perspective of the consumer. The physical environment of the service can have a significant impact on how safe consumers feel and therefore must be evaluated from a trauma-informed perspective.

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?
- 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?
- Do consumers have enough privacy when needed within the organisation's premises, especially if the service provides residential care?
- Are there artefacts visible that are welcoming to people from diverse cultures and community groups?

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.

Key tasks

- Actively involve consumers in co-design processes, demonstrating how you support and listen to consumers, taking into consideration their opinions and ideas regarding accessibility and the service delivery environment
- Members of the workforce monitor the accessibility of the service delivery locations and advocate for changes as require
- Implement an internal audit schedule which includes a regular review of the physical service environment
- To support and maximise engagement with the service, be flexible in how services can be delivered to meet consumers' unique needs and choices

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
- Results of ligature audits and evidence of action taken to reduce ligature points
- Results of general safety audits and evidence of action to improve safety

Where to go for more information

- Center on Child Wellbeing and Trauma – **Design a trauma-informed physical environment**[93]
- Diversity Council Australia – **What is Diversity, Inclusion & Intersectionality**[94]
- Mental Health Coordinating Council – **Trauma-informed Care and Practice Organisational Toolkit**[95]
- Orygen – **Trauma informed care toolkit**[96]
- Trauma-Informed Care Implementation Resource Center – **Create a Safe Physical and Emotional Environment**[97]

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

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.[98]

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
- 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 members of the workforce and consumers
- Documentation of information regarding access, transport and parking, opening times and after-hours service referral

Where to go for more information

- Agency for Clinical Innovation – **Trauma-informed care in mental health services across NSW: A framework for change**[99]
- Mental Health Coordinating Council – **Trauma-informed Care and Practice Organisational Toolkit**[95]

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.

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 members of the workforce from diverse backgrounds, including those with lived experience of mental health and co-existing conditions
- Provide members of the workforce 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 members of the workforce 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.)

Examples of evidence

- Service website offering information and resources in a variety of languages and formats to meet diverse communication and literacy needs
- Handrails and ramps for people with a physical disability
- 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 and Torres Strait Islander people
- Feedback from consumers regarding the accessibility and inclusivity of the service to match their socio-cultural needs
- 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

- ACON – ***LGBTQ+ Inclusive and Affirming Practice Guidelines***[7]
- Education Victoria – **Inclusive Workplaces: Aboriginal Inclusion**[100]
- Mental Health Coordinating Council – **Working Collaboratively with Aboriginal and Torres Strait Islander People: A guide to culturally safe practice**[101]
- QLife – **QGuides**[102] (for health professionals working with LGBTIQ+ people)
- Transcultural Mental Health (NSW) – **Resources**[103]
- Department of Families, Fairness and Housing (Victoria) – **LGBTIQ+ inclusive language guide**[104]

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

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 consumers is vital for workers to meaningfully understand the experience of those they seek to support.

Key tasks

- Provide reasonable adjustments for consumers to safely access the service
- Promote sexual safety and manage allegations of sexual assault, abuse, neglect and exploitation
- Train members of the workforce to provide services utilising a trauma-informed practice approach and understand the impact of trauma
- Provide resources and training on trauma-informed care and practice to members of the workforce and information to consumers, their carers and families
- Ensure safety plans are in place which include strategies for the consumer should they be concerned for their health and safety and that these are easily accessible in a consumer's records to support mitigation of distress and agitation for consumers in the service environment
- 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 members of the workforce

Examples of evidence

- Resources and training materials regarding trauma-informed care and practice; cultural competence and sexual safety
- Feedback for members of the workforce 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

- Government of Western Australia – **Chief Psychiatrist's Sexual Safety Guidelines**[105]
- Headspace – **Assessing and responding to safety concerns**[106]
- Mental Health Coordinating Council – **Trauma-informed Care and Practice Organisational Toolkit**[95]
- NSW Government – **Sexual Safety: Responsibilities and Minimum Requirements for Mental Health Services**[107]

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:

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. Members of the workforce 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 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, work practices, workforce training and documentation.
- Utilise a trauma-informed practice approach that highlights safety at its core and aligns with the National Principles for Child Safe Organisations
- Ensure members of the workforce 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 members of the workforce interacting with children hold a Working with Children Check (or equivalent) approval (where relevant) and undergo a National Police Check
- Provide training to members of the workforce 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
  - Members of the workforce 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

- Policy that describes the provisions in place for ensuring that children and young people are protected from harm, including mandatory reporting requirements
- Practice guidance provided to members of the workforce working with children and young people
- Code of conduct
- Working with Children Check registers (or equivalent) and probity checks conducted for all members of the workforce 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 members of the workforce working with them
- Examples of training materials for members of the workforce

Where to go for more information

- Australian Human Rights Commission – **National Principles for Child Safe Organisations**[108]
- Breakthru – **Commitment to Child Safety**[109]
- Center for Child Wellbeing and Trauma – **Design a trauma-informed physical environment**[93]
- NSW Department of Communities and Justice – **Mandatory reporters guide**[110]
- United Nations – **Convention on the Rights of the Child**[111]

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 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 members of the workforce 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 members of the workforce 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 members of the workforce 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

- Policy 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 work health and safety checklist
- Resources and information provided to the worker, consumer and carer

Where to go for more information

- ACT Government Canberra Health Services (CHS) – **Procedure: Home Visiting**[112] (guidance for CHS staff)
- Mental Health Coordinating Council – **Digital Service Delivery Guide**[68]

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 and equipment
- Provide information in multiple communication formats, and languages
- Advise consumers and their families about any change to the restrictions due to – for example, infection outbreaks

Examples of evidence

- Welcome pack information in multiple languages
- Survey of consumer and 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

- Aged Care Quality and Safety Commission – **Ensuring safe visitor access to residential aged care**[113]
- Mental Health Coordinating Council – **Your Experience of Service: Community Managed Organisations**[62]
- Western Sydney University – **Mental Health and Wellbeing Pack**[114]

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.

Key tasks

- Train members of the workforce 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 members of the workforce 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
- Ensure members of the workforce are aware of relevant legislation surrounding guardianship and administration
- 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 with reference to the relevant governing legislation
- Resources available to consumers about their privacy rights
- Members of the workforce can demonstrate knowledge of privacy policies 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

- Flourish Australia – **Privacy policy**[115]
- Mental Health Coordinating Council – **Digital Service Delivery Guide**[68]
- Office of the Australian Information Commissioner
  - **Australian Privacy Principles**[116]
  - **State and territory privacy legislation**[117]

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. 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 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 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

- Department of Health and Aged Care – **Checklist for telehealth services**[118]
- Justice Connect – **Discrimination and privacy laws**[119]
- Office of the Australian Information Commissioner
  - **What is a privacy policy?**[120]
  - **Guide to developing an Australian Privacy Principle privacy policy**[121]

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 consumers in their own care** – Consumers are partners in their own care, with their families and carers, in line with the model of care and to the extent that they choose. Systems that are based on partnering with consumers in their own care, and with their families and carers, are used to facilitate the delivery of care.
- **Health literacy** – The service provider takes account of the health literacy of consumers, their families and carers, and ensures that communication occurs in a way that supports effective partnerships.
- **Partnering with consumers, families and carers in co-design and governance** – The service provider partners with consumers, their families and carers in the co-design and governance of mental health services.

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**[122] such as the Mental health statement of rights and responsibilities 2012[123]
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 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 Commonwealth, state and territory 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. 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 workforce training register
- Provide members of the workforce 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

Examples of evidence

- Workforce onboarding to include the provision of a copy of the charter of rights
- A code of conduct informed by consumer rights
- Charter of rights to be included in consumers' welcome packs
- Training and resources that include human 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
- Feedback from consumers, carers and families about their awareness of the charter of rights
- Checklist confirming consumers receipt of the charter of rights and their understanding of those rights

Where to go for more information

- Australian Commission on Safety and Quality in Health Care
  - **Australian Charter of Healthcare Rights**[124]
  - **Using the Australian Charter of Healthcare Rights in your Health Service Organisation**[125] (key actions for health service organisations)
- B Miles Foundation – **Client charter of rights and responsibilities**[126]
- Children's Hospitals Australasia – ***Charter on The Rights of Children and Young People in Healthcare Services in Australia***[127]
- QLife – **QGuides**[102] (for health professionals working with LGBTIQ+ people)
- United Nations – **Convention on the rights of persons with disabilities**[128]
- World Health Organization – ***Mental health, disability and human rights***[129] (training course)

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.

Members of the workforce are well supported through training, skill development and supervision to work with and create safety for consumers, their families and carers.

Key tasks

- 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 members of the workforce and consumers which enables information and feedback to be freely shared
- Provide members of the workforce 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
- Code of conduct which has been signed by all members of the workforce and volunteers
- 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
- 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
- Register of complaints and reviews of outcomes from complaints

Where to go for more information

- Mental Health Coordinating Council
  - **Trauma-informed care and practice**[130]
  - **Introduction to Trauma Informed Practice**[131]
- National Health Service Scotland – **Trauma-informed practice: toolkit**[132]
- NSW Health – **Prevention and response to violence, abuse and neglect**[133]
- World Health Organization – ***Freedom from coercion, violence and abuse***[134] (training course)

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 consumers' 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 to 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. Consumers 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 members of the workforce do not provide information or guidance regarding consumer finances which extends outside of their role and responsibilities
- Train members of the workforce 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 members of the workforce to understand and make use of Work Development Orders (WDOs) as a means of reducing debt
- Facilitate access to capacity-building activities for consumers in decision-making and managing finances

Examples of evidence

- A code of conduct which includes provisions for the ethical management of consumer funds and property
- Policy on identifying a consumer's capacity for making decisions about their finances
- Documentation of the management, protection and accountability of a consumer's money and property
- Work and development orders for workers, consumers and carers

Where to go for more information

- **Advance Care Planning Australia**[135]
- **Capacity Australia**[136]
- ***Guidelines for Supported Decision-Making in Mental Health Services***[137]
- Head to Health – **Feeling safe and secure: financial security**[138]
- Mental Health Coordinating Council – **Mental Health Rights Manual: Fines**[139]
- National Debt Helpline – **What is financial counselling?**[140]
- NSW Health – **Youth Health Resource Kit: An Essential Guide for Workers**[141]
- Service NSW – **Request a Work and Development Order**[142]
- SA Health – **What is impaired decision-making capacity and how is it assessed?**[143]
- United Nations – **Convention on the Rights of Persons with Disabilities**[128]

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

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 workforce choice is limited, organisations work with consumers to find the best possible fit among their team. People of diverse genders and sexualities may also look for visual indicators of safety, inclusion, and affirmation such as the Rainbow Pride Flag on front doors, promotional materials, and on webpages. Organisations should also consider cultural and religious sensitivities as well as age when allocating members of the workforce.

Key tasks

- Identify consumer needs and preferences during intake processes and consider these when allocating workers to support them, including consumer preferences regarding cultural needs and 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
- Train members of the workforce in the use of gender and sexuality inclusive language, and inclusive and affirmative practice
- Utilise practice supervision as an opportunity for members of the workforce to reflect on their practice and acknowledge their personal and cultural prejudices and bias

Examples of evidence

- Policy on supporting consumer choice and control including identifying their preferences regarding workers allocated to them
- Training for consumers and members of the workforce on gender and sexuality inclusivity, and diversity inclusive services available
- Review on demographic data reflecting local community
- Review of access or care experienced by specific groups

Where to go for more information

- ACON – **Pride in Health + Wellbeing**[144]
- ACT Government – ***Guidance to support gender affirming care for mental health***[145]
- La Trobe University – ***The Rainbow Tick Guide to LGBTI-inclusive practice***[146]

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. 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.

Interpreting and translation services

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**[147] offered through Legal Aid NSW, or **ADACAS**[148]
- 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

- Documented process for accessing consumer advocates
- Documented process for accessing the Translating and Interpreting Service
- Training on how to use an interpreter service
- Information packages or links to resources that are available for consumers in different formats and languages
- Register of translating and interpreting services used and frequency of use
- Training frequency and attendance for members of the workforce about delivering care for diverse populations

Where to go for more information

- Australian Commission on Safety and Quality in Health Care – ***National Safety and Quality Health Service Standards: User guide for health service organisations providing care for patients from migrant and refugee backgrounds***[149]
- **Helping Minds**[150]
- Mental Health Coordinating Council – **Mental Health Rights Manual: Getting carer support**[151]
- RUAH Legal Services (WA) – **Mental Health Law Centre**[152]
- **Multicultural Futures**[153]
- **Translating and Interpreting Service**[15]

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. It is important for services to be welcoming and inclusive of chosen family in service delivery.[7]

Key tasks

- Promote social connections when developing care and recovery plans with a consumer, their families, carers and peers
- Promote reconnections with families and social networks where possible and if desired by consumers
- 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

- Social inclusion activities
- Training and resources 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

- Department of Health and Aged Care – ***Mental health statement of rights and responsibilities***[154]
- Family Finding – **General resources**[155]
- McPin Foundation – **Wellbeing networks and asset mapping: Useful tools for recovery-focused mental health practice**[156]
- Mental Health Coordinating Council – **Mental Health Rights Manual: Family law and caring for your children**[157]
- Stride – **Social Wellness**[158]
- World Health Organization – ***Recovery practices for mental health and well-being***[159] (training course)

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, including the right to opt out of services.

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.[157]

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
- Ensure that informed consent policies are reflective of any relevant legislative requirements
- Provide information in a way that they can be understood by consumers before asking for consent
- Accommodate a diversity of needs, such as disability, literacy, cultural and linguistic diversity when seeking and communicating about informed consent
- 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
- 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 on how and when consent is to be obtained
- Standardised consent form
- Training and resources that include how to support informed consent from consumers from culturally and linguistically diverse backgrounds
- 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

- Australian Commission on Safety and Quality in Health Care – **Informed consent in health care**[161]
- Mental Health Coordinating Council – ***Informed Consent for Digital Service Delivery***[162]
- Queensland Health – ***Guide to Informed Decision-Making in Health Care***[163]
- WA Health – **Consent to Treatment Policy**[164]
- World Health Organization – ***Legal capacity and the right to decide***[165] (training course)

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. 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 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 ill 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 cognition, 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.

Your organisation must demonstrate practices that support a consumer's right to exercise choice and control in decision-making regarding their care. Decision-making processes, and review of options, are individual processes and should not be restricted or compromised by time, unless issues of risk are evident.

Advance care plans and safety plans

Advance care plans are a way that a person can give guidance to healthcare 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.

Key tasks

- Provide information about supported decision making and substitute decision-making to consumers, carers and families
- Ensure members of the workforce are trained to understand and embed supported decision making in their practice
- Establish a process that determines whether an advance care plan for a consumer is in place
- Use an evidence-based process to assess a consumer's decision-making skills that is aligned with recovery-oriented practice

Examples of evidence

- Policy for determining when a consumer may need assistance in making choices and working with a substitute decision-maker should the consumer require this
- Supported decision-making model or tool
- Example of an advance care plan template
- Resources available to consumers and members of the workforce regarding supported decision making

Where to go for more information

- **Advance Care Planning Australia**[166]
- **Capacity Australia**[136]
- ***Guidelines for Supported Decision-Making in Mental Health Services***[137]
- Healthtalk Australia – **Mental health and supported decision making**[167]
- Melbourne Social Equity Institute – ***Options for Supported Decision-Making to Enhance the Recovery of People Experiencing Severe Mental Health Problems***[168]
- Mental Health Australia – **Supported decision making for potential NDIS participants with psychosocial disability**[169]
- Mental Health Coordinating Council
  - **Introduction to Supported Decision-Making**[170]
  - **Mental Health Rights Manual: Advance Care Directives**[171]
- My Mental Health – **Safety planning**[172]
- NSW Health – **Advance care directives**[173]
- SA Health – **What is impaired decision-making capacity and how is it assessed**[143]
- United Nations – **Convention On The Rights Of Persons With Disabilities**[128]
- World Health Organization – ***Supported decision-making and advance planning***[174] (training course)
- Sydney Local Health District – **Youth health resource kit: Medico-legal issues**[141]

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.

Health literacy gives people the knowledge and 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
- Ensure members of the workforce have resources and receive training in health literacy and meeting diverse communication needs
- Train members of the workforce to ensure they have a good understanding of the common health issues that frequently affect consumers

Examples of evidence

- Policy for establishing the preferred communication methods for consumers, families and carers
- Information in a variety of languages, audio mechanisms, and easy-read documents
- Intake form with details of preferred communication supports

Where to go for more information

- Agency for Clinical Innovation – **Health literacy**[175]
- Australian Commission on Safety and Quality in Health Care – **Supportive resources on health literacy**[176]
- NSW Health
  - **Communicating effectively**[177] with people with mental illness and psychosocial disability
  - ***Communicating Positively: A Guide to Appropriate Aboriginal Terminology***[178]
- Neami National – **Advocacy and social change**[179]
- **Translating and Interpreting Service**[15]

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 goes beyond the more traditional partnering methods. Co-design can enable consumers to become equal partners with managers and other members of the workforce in the quality improvement process.

The principles of co-design are:

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

Key tasks

- Demonstrate 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 setting out the organisation's codesign framework and provisions for co-design processes
- Training and resources that include support for consumers and carers to participate in co-design
- Evidence of consumer and carer participation in co-design processes, such as through meeting minutes
- Documented advisory or reference group composition demonstrating lived experience representation

Where to go for more information

- Agency for Clinical Innovation – **Co-design toolkit**[180]
- Mind Australia – ***Mind's Participation and Co-design Practice Framework***[181]
- Mental Health Coordinating Council – ***Co-design and Collaboration***[182]
- Neami National – **What is co-design**[183]
- NSW Council of Social Science – **Principles of Co-design**[184]
- Safer Care Victoria – **Co-design: A powerful force for creativity and collaboration**[185]

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
- 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
- Engage with consumers, carers, and families to co-design and develop information resources and tools to support communication

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

Where to go for more information

- Agency for Clinical Innovation – **Health literacy**[175]
- Australian Commission on Safety and Quality in Health Care – **Supportive resources on health literacy**[176]
- Multicultural NSW – **Tool: Communicating with culturally diverse audiences**[186]
- The Social Deck – **Accessible communication and engagement: online seminars, tools and resources**[187]
- **Translating and Interpreting Service**[15]

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 out of hours. Effective communications about alternative supports may assist in preventing distress.

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 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

- Healthdirect
  - **How healthdirect can help you**[188]
  - **Nurse-on-call**[189] (service for Victorian residents)
- Mental Health Commission (WA) – **Mental Health Emergency Response Line**[190]
- Northern Territory Government – **Crisis and support helplines**[191]
- NSW Health – **Mental health services and support contact list**[192]
- Queensland Government – **Mental Health and wellbeing help lines, counselling and support groups**[193]
- Queensland Government – **After-hours medical help and advice**[194]
- Tasmanian Government Department of Health – **Access Mental Health – Helpline**[195]
- Department of Health (Vic) – **Accessing Mental Health Services**[196]
- **WayAhead Directory**[197]

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

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. Your organisation must also demonstrate how consumer and carer partners are supported to participate effectively in governance processes.

Key tasks

- Create a consumer and carer 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

Examples of evidence

- Policy 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
- 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

Where to go for more information

- Agency for Clinical Innovation – ***A Guide to Build Co-design Capability***[3]
- Community Mental Health Drug and Alcohol Research Network
  - ***Co-production kickstarter: A short guide to get started, and become more familiar with co-production researcher***[198]
  - ***Using program logic in evaluation and translational research: a short guide***[199]
- Mental Health Australia – **Co-design in mental health policy**[5]
- National Mental Health Consumer and Carer Forum – **Co-Design and Co-Production**[200]
- Orygen – **Co-designing with young people**[201]

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
- Provide education, training and support for consumer and carer partners who provide representation on advisory groups, boards or in other governance roles, to ensure they understand the role and function of these groups within the organisation and to support them to participate effectively
- Educate members of the workforce about the role of consumer and carer partners, to ensure they are included and respected

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
- Documented feedback from consumers and others participating in co-design processes

Where to go for more information

- Beyond Sticky Notes
  - **But is it co-design?**[202]
  - **What is co-design?**[203]
- National Mental Health Commission – ***Consumer and carer engagement: a practical guide***[204]
- **National Mental Health Consumer and Carer Forum**[205]

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 to support others, including non-peer workers. Peer trainers are an invaluable part of a training team.

Organisations should establish opportunities to develop roles for peers to train and educate other peer workers as well as the general workforce.

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
- Co-led training for the workforce
- Number of lived experience education workshops
- Minutes from training development meetings
- Evidence that peer workers are offered career pathways to develop and deliver training to members of the workforce including other peers

Where to go for more information

- Agency for Clinical Innovation
  - ***A Guide to Build Co-design Capability***[3]
  - **Consumer enablement: A clinicians' guide**[206]
- Mental Health Carers NSW – **Training and Education**[207]
- National Mental Health Commission
  - **Lived Experience Workforce Guidelines**[208]
  - ***National Lived Experience Development Guidelines: Lived Experience Roles***[209]
  - ***National Lived Experience Workforce Guidelines: Growing a Thriving Lived Experience Workforce***[210]
- People with Disabilities Western Australia – **Training toolkit: For organisations co-designing with people with disability**[211]
- VicHealth – **How to co-design with young Victorians**[212]

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'.[213]

In national and state and territory 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.[213] 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.[213]

Key tasks

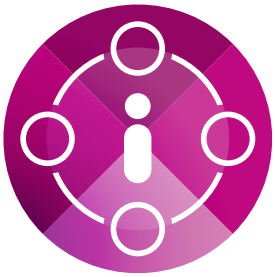
- Identify the mental health and wellbeing education priorities relevant to your service's target population
- Use evidence-based screening tools to support the early identification of mental health conditions
- Ensure that all promotion and prevention strategies include culturally appropriate services that are available to Aboriginal and Torres Strait Islander people and are accessible to people from CALD communities
- Design all prevention and promotion strategies using a trauma-informed, recovery-oriented framework
- 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 evidence

- Policy for supporting the promotion and prevention of mental illness
- 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 – for example, health promotion, early warning signs, self-care, social connectedness

Where to go for more information

- Agency for Clinical Innovation – **Trauma-informed care in mental health services across NSW: A framework for change**[99]
- Department of Health (Vic) – **Prevention and promotion**[214]
- Everymind – **Prevention and promotion approaches**[215]
- World Health Organization
  - **Promoting mental health**[216]
  - ***Recovery and the right to health: WHO QualityRights Core training: mental health and social services. Course guide***[217]



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** – Systems are in place to support the workforce in the safe delivery of care and supports
- **Delivering care and supports** – The workforce partners with consumers, their families and carers, to deliver safe and high-quality care and supports to achieve the consumer's recovery goals
- **Recognising and responding to acute deterioration, crisis or distress and minimising harm** – Service providers have systems in place to support the workforce to recognise and respond to early signs of deterioration, crisis or distress in a consumer's circumstances. The workforce engages with consumers, and their carers and families to identify early signs of distress or crisis, and implement strategies to prevent the risk of harm
- **Communicating for safety** – Service providers have systems in place for effective and coordinated communication that facilitates the delivery of safe and high-quality care for consumers, their families and carers.
- **Preventing and controlling infections** – Evidence-based systems are used to prevent and control infections. Consumers presenting with, or with risk factors for, infection or colonisation with an organism of local, national or global significance are identified promptly, and receive the necessary management and treatment. The service environment is clean and hygienic.
- **Medication safety** – Service providers describe, implement and monitor systems to ensure safe and quality use of medicines and the workforce uses these systems. Service providers have systems in place to support consumers who self-administer prescribed and over-the-counter medicines.

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.

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
- Review literature relevant to the type of service you intend to provide
- 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 outlining the evidence-based model of care for the service
- Training and resources that include tools which support the co-design or co-production of the model of care
- Agendas and minutes of meetings that demonstrate 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

- Agency for Clinical Innovation – ***Understanding the process to develop a Model of Care: An ACI Framework***[218]
- Australian Institute of Family Studies – **How to develop a program logic for planning and evaluation**[219]
- NSW Health – **Exploring Program Logic**[220] (video)
- Sax Institute – ***Evidence Check: Models of care for people with severe and enduring mental illness***[221]
- World Health Organization – ***Mental health, disability and human rights***[129] (training course)

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 partner in evaluating its effectiveness.

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 members of the workforce in the organisation
- A model of care evaluation framework
- Training and resources that include outcome measures
- Audit of service delivery in line with the model of care elements
- Report including consumer and carer feedback

Where to go for more information

- Agency for Clinical Innovation – **Understanding Program Evaluation: An ACI Framework**[222]
- Better Evaluation – **Creating program logic models**[223]
- Community Mental Health Drug and Alcohol Research Network – ***Using program logic in evaluation and translational research***[199]
- Neami National – ***Research and Evaluation Framework***[44]

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.

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 members of the workforce so that they understand their roles, responsibilities and accountabilities in delivering supports in line with a consumer's care and recovery plan
- Ensure members of the workforce are aware of the evidence base underpinning the model of care being provided
- Ensure workers are trained in developing recovery plans collaboratively with consumers and other supports including the use of and have skills in supported decision making, and motivational interviewing skills
- Train members of the workforce in how to apply a trauma-informed, recovery-oriented approach to the task of developing an integrated care plan
- 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 members of the workforce understand the service scope of practice and the available resources and services within the community
- Ensure members of the workforce can facilitate consumer referrals to more appropriate or additional services when needed to ensure a 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
- Training and resources on supported decision making
- A directory of local support services
- 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

- Black Dog Institute – **Education and services: Health professionals**[74]
- Mental Health Coordinating Council – **All courses**[224]

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. This includes providing culturally competent programs and safe services for people living with mental health and co-existing disability, as well as initiating appropriate referrals to partner organisations.

Members of the workforce 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 to make decisions and exercise choice and control.

Key tasks

- Enable consumer preferences and meaningful participation in their care and support planning
- Facilitate access to the services and supports within the organisation and 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 meet the needs of diverse populations

Examples of evidence

- Policy documents or processes for referral pathways to dedicated cultural services – for example, Aboriginal and Torres Strait Islander led and run services, LGBTIQ+ services, disability support services
- Recovery planning, supported decision making, cultural competence and co-design
- Information for consumers, carers and workers about service supports and recovery planning
- Evidence of the programs and interventions utilised in your service, such as, community outreach, counselling, peer support, education, diversity and awareness programs

Where to go for more information

- Healthdirect – **Recovery and mental health**[225]
- Mission Australia – ***National Case Management Approach***[226]
- NDIS – **Build a participant's capacity and capability**[227]
- World Health Organization – ***Recovery practices for mental health and well-being***[159]

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.

Key tasks

- Develop information material about eligibility criteria for the service and make this readily available
- Determine key points when communication with consumers and referrers must take place, relevant to your intake process – for example, referral received, assessment scheduled, assessment completed, panel discussion scheduled, outcome of referral
- Have templates for written communication at these points, that have been developed in partnership with consumers and families
- Consider the information you need to collect prior to entry to the service, balancing the need for information to support your decision-making against the risk of collecting large volumes of detailed personal information for people who may not be accepted into your service
- Use a consent process in place prior to intake, ensuring that prospective service users understand what information will be collected prior to intake, how it will be used and for how long it will be stored
- Facilitate a referral process for consumers who would be more appropriately supported by another service
- Develop processes for managing a waiting list, including regular communication with people who are waiting for a service and the referrers

Examples of evidence

- Policy outlining the criteria for entry to the service and exit from the service
- Training and resources about the service and eligibility criteria
- Any partnership memoranda of understanding or agreements between organisations
- Audit and analysis of number of referrals accepted compared with number of referrals received
- Results of an evaluation of waiting list management

Where to go for more information

- Australian Government Department of Health and Aged Care and Head to Health – **Head to Health services**[228]
- Wellways – **Community Living Support Service – Referral Form**[229]

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

An assessment must take place on entry to the service and should form part of a formal entry process. It may be appropriate for the assessment to be carried out over more than one session. Initially, the purpose of the assessment it is to determine whether the service you provide is appropriate for the person's needs, however, assessments also aim to establish the focus and priorities for care provision once the person has entered your service. In addition to the initial assessment, there should be ongoing assessment of needs and risks. Ongoing assessment is often informal, but in some models of care, it will be appropriate to conduct a formal re-assessment process.

While assessments are important, they can be experienced as intrusive and distressing. Consider who is best placed to conduct an assessment. The consumer may need an interpreter present or may benefit from a worker of a specific gender.

Consumers frequently report that having to repeat their story is re-traumatising. Have a process to ensure that the person conducting the assessment is familiar with all information which has been communicated to the service prior to the assessment taking place. Train members of the workforce to consider whether they need further discussion on issues with the consumer. Members of the workforce must approach consumers sensitively when needing to expand on information that has already been communicated.

At every assessment, the service should consider the consumer's risk to themselves, to others and from others. Identify the risks for each individual and whether there are any risks which are beyond the scope of your service to manage. Seek the consumers' consent to refer them to other services if you cannot support them to manage a risk you have identified.

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
- Provide an assessment form template which prompts the person completing the assessment to consider all relevant aspects of the person's situation
- Assess consumers' diverse social and cultural needs, including spiritual, religious, gender, sexuality, and language needs
- Identify both mental health needs and physical health needs
- Identify strengths and protective factors including current ways of coping with distress
- Consider whether a formal re-assessment process is appropriate for your model of care, and if a formal re-assessment will be part of your service delivery, set a minimum frequency for this to occur

Examples of evidence

- Policy outlining screening and assessment processes including templates
- Training on conducting assessment in a trauma-informed way
- Screening tool audit
- Consumer feedback

Where to go for more information

- ACON – ***LGBTQ+ Inclusive and Affirming Practice Guidelines***[7]
- Center for Substance Abuse Treatment – **Trauma-Informed Care in Behavioural Health Services Screening and Assessment**[230]
- Department of Health and Aged Care – **Initial Assessment and Referral Decision Support Tool – IAR Decision Support Tool**[231]
- National Council for Mental Health Wellbeing – **Trauma-Informed Care Screening and Assessment Toolkit**[232]

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.

Collaborating with families and carers can present challenges for mental health services when the consumer says that they do not want them involved in their care. Mental health services must balance the consumers' right to privacy against the carer's need for information about what is happening with the person they care for, especially if the consumer and carer live in the same home. There is evidence which shows that consumer outcomes can be improved by involving carers in care, but there is also need for careful consideration of the relationship dynamic. When it is not appropriate to share information with carers and family, it may still be appropriate to receive information from them, to support your understanding of the consumer's needs and how best to address them.

Key tasks

- Ensure the service provider allocates an appropriate amount of time to work with consumers, families, and carers in the assessment process
- 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
- Ensure that organisational policies around working with carers and families reflect legislation and jurisdictional requirements relating to privacy, confidentiality, information sharing and carer recognition
- Train members of the workforce to understand when and how to involve carers and families, including how to balance confidentiality and carer involvement in a nuanced way during the assessment process
- 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 re-traumatisation

Examples of evidence

- Policy outlining person-centred assessment and recovery planning
- Carer and family inclusion in assessment processes
- Training on person-led approaches to planning and support including supported decision making
- Documented feedback from consumers, carers and families regarding their experience and involvement in the assessment process

Where to go for more information

- Australian Commission on Safety and Quality in Health Care – **National Safety and Quality Health Service Standards: Partnering with Consumers Standard**[233]
- Australian Government – **Initial Assessment and Referral Decision Support Tool: Recommended Level of Care**[234]
- Coordinare – **Initial Assessment and Referral Decision Support Tool**[235]
- Healthy Place – **Mental Health Assessment and Screening Tools**[236]
- Hunter New England Local Health District – **A Framework for Partnering with Consumers**[236]
- National Mental Health Commission – ***Consumer and carer engagement: a practical guide***[204]
- Department of Health (Vic) – **Supported decision making**[238]

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. This ensures that as workforce changes occur, continuity of care and safe referrals are supported. Good documentation contributes to better communication and consumer outcomes by enabling information exchange between members of the team and with other key organisations.

Key tasks

- Ensure a policy is in place that outlines how records can be maintained in a way that minimises the risk of information being miscommunicated or lost, particularly at transitions of care
- Train members of the workforce to use and protect documentation in a way that supports the delivery of safe, high-quality and continuous consumer and carer supports
- Ensure 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
- Designate a person in the organisation with responsibility to oversee the management of documentation and ensure that records are up-to-date and stored appropriately

Examples of evidence

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

Where to go for more information

- Australian Commission on Safety and Quality in Health Care – **Communicating for Safety Resource Portal**[239]
- NSW Health – **Privacy Manual for Health Information: Retention, security and protection**[240]

Developing the care and recovery plan

Action 3.09

The workforce engages with consumers, 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

With consumer consent, services involve persons identified by the consumer in communications and decision-making which includes any advance care planning information available. Consumers involved with more than one service may find the number of different plans overwhelming. It is important for mental health services, with the consumers' consent, to collaborate with other services wherever possible, with the aim to have integrated care and recovery plans.

Key tasks

- Develop a process to ensure that a recovery plan is co-designed with the consumer to reflect their mental health needs and their identified recovery goals
- Support the consumer to make informed choices and maximise their independence and autonomy in designing recovery plans
- Include family members, carers and other service providers in recovery planning if a consumer has identified them to receive communications and be part of decision-making
- Include agreed pathways for escalating supports should a deterioration of the consumer's mental health be evident
- Ensure members of the workforce know how to work with consumers to set goals which are relevant to the type of service being provided: ideally, goals should be achievable within the timeframe between development of the plan and the next scheduled plan review; when the consumer has longer-term goals, members of the workforce should work with them to break those goals down into achievable steps to help them keep progressing

Examples of evidence

- Co-designed care and recovery plan templates
- Signed consent forms
- MOUs with partnering organisations

Where to go for more information

- 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***[241]
- Department of Health and Aged Care – ***A national framework for recovery-oriented mental health services: guide for practitioners and providers***[242]
- NHS North Staffordshire Combined Healthcare – **Wellness recovery action plans**[243]
- SafeWork NSW – **How to manage risks during the transition of support from one provider to another**[244]
- St Vincent's Melbourne – **Wellness Recovery Action Plan (WRAP)**[245]
- University Of Florida – **WRAP: Transforming patterns of distress into recovery and wellness**[246]
- World Health Organization – ***Recovery practices for mental health and well-being***[159] (training course)

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, mental health services should deliver care according to the plan. Services should use evidence-based methods to support consumers to work towards the goals they have chosen.

The 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. The frequency will depend on the model of care. Services should establish a minimum frequency for review of the care and recovery plan and ensure that recovery plan reviews happen at least this often.

It's important a consumer feels safe to provide feedback, that the process is transparent and changes in a consumer's circumstances are identified.

Key tasks

- Ensure that the care and recovery plan is co-designed meets the specific needs and goals of each consumer
- Use systems such as team care reviews and supervision to support members of the workforce to reflect on how successfully the care they are providing is supporting the consumer to work towards their goals, including whether there are any evidence-based techniques they have not tried or where the implementation process could be improved
- 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
- Implement performance monitoring to ensure that care plans are being reviewed and updated within the minimum frequency

Examples of evidence

- Policy documents or processes for the routine recovery planning with each consumer
- Co-designed care and recovery plans and review templates
- Results of monitoring of completion of care plan reviews
- Outcome evaluation reports of recovery plans including consumer input conducted at service exit

Where to go for more information

- Choices in Recovery – **Mental Health Recovery Plan**[247]
- Healthdirect – **Recovery and mental health**[225]
- Personal Wellness Plan Template – **Wellness recovery action plan**[248]
- World Health Organization – ***Recovery practices for mental health and well-being***[159] (training course)

Continuity of care

Action 3.11

The service provider has systems to ensure:

a. Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of care
b. 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 workforce turnover, as well as environmental emergencies and disasters.

Different people may have different perspectives on the term 'continuity of care'. To consumers, this may mean having the same worker over a period of time, whereas members of the workforce may think that continuity of care means having seamless transitions between care providers, with effective handover. 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 members of the workforce 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
- 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
- Develop procedures for circumstances, such as workforce leave and workforce turnover: ideally, if another person is taking over the role of key worker on an extended temporary or permanent basis, there should be a face-to-face introduction session between the outgoing workforce member, the incoming workforce member, the consumer and, where relevant, their personal support people

Examples of evidence

- Policy outlining contingency planning to ensure there is no interruption to service delivery
- Management of service provision in the event of an unexpected circumstances, emergencies, or disasters
- Training and resources that include collaborative teamwork
- Risk register

Where to go for more information

- Community Door – **Business continuity planning**[249]
- Resilient Community Organisations – **Business Continuity Plan**[250]

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[251] it may be necessary to facilitate integration across a range of services that together can support a holistic recovery plan.

A consumer may receive a range 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 in place to support this and 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.[252]

With the consent of the consumer, it is beneficial to collaborate with other relevant services in the development of care and recovery plans to ensure that all those supporting the consumer are working toward shared, person-led goals and outcomes. Ideally, this should go beyond sending copies of your care plans to other services involved in the person's care.

Key tasks

- 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
- Arrange care coordination discussions with the consumer and their other service provider
- Develop processes to support the identification of risks to service duplication and misperceptions for consumers

Examples of evidence

- Policy for identifying and working with external agencies
- Memoranda of understanding and service level agreements with partnering organisation
- Current service directory
- Meeting minutes from multi-disciplinary recovery plan development and reviews
- Results of monitoring of involvement of other services in care plan reviews
- Results of monitoring of referrals and follow-up of referrals
- Documented communications with external organisations and agencies

Where to go for more information

- Agency for Clinical Innovation – **NSW Health Integrated Care**[253]
- Headspace – ***Review of Integrated Care in Youth Mental Health***[252]
- NSW Health
  - **Integrated care in NSW**[254]
  - **Social determinants of health**[255]

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

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. Any risk assessment tools or forms should avoid the use of a rating system or score. Checklists must only be used as a prompt; the focus must be on building relationships with the consumer and their support people to facilitate good information-gathering about the current situation, past history and social factors impacting on risk.

Key tasks

- 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 in a person's mental state, acute crisis and distress
- Ensure the workforce understands their responsibilities regarding ongoing risk assessment and management

Examples of evidence

- Policy outlining the process for responding to deterioration in a person's mental health
- Training for the workforce on balancing their duty of care and supporting the consumer to exercise choice and control
- Risk assessment tools and templates
- Audits of risk assessments and re-identification of risk
- Audits of consumer involvement in safety planning

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***[256]
  - ***National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state***[241]
- Monash Health – **Scoping Review: Recognising and responding to deterioration in mental state**[257]
- **Wellness Recovery Action Plan**[258]

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.[237] Recovery plans will include strategies to implement when increased support 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

- Ensure workers are aware of, and use, the appropriate escalation processes in place in their service
- Ensure that the development of care and recovery plans includes 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
- Train members of the workforce 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
- Provide workers with 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 for escalating care
- Training and resources that include duty of care and what to do when a consumers mental health deteriorates
- Information for consumers, carers and their families
- Audit of adherence to the requirement to develop personal safety plans with each consumer
- Review of incidents, evaluating whether there was a personal safety plan in place and whether the agreed escalation protocol was followed

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***[259]
- Australian Commission on Safety and Quality in Health Care – **National Safety and Quality Health Service Standards: Recognising and Responding to Acute Deterioration Standard**[260]
- Headspace – **Assessing and responding to safety concerns**[106]
- Orygen – ***A guide to crisis intervention and risk management in early psychosis***[261]

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 provide initial response 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 healthcare provider as well as their informal support network
- Periodically provide refresher first-aid and cardio-pulmonary resuscitation (CPR) training to all members of the workforce
- 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 for responding to medical emergencies
- Medical and medication information clearly identifiable within the consumer's file
- Training on how to respond to critical and non-urgent health situations
- 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***[262]

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. These include contact details for 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
- 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 for risk management, including the processes for responding to medical emergencies and the escalation processes necessary
- Visible poster of escalation pathways and contact numbers
- 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**[263]

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 to 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 on mental health first aid training
- 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

- Escalation pathways for consumers, their families and carers to use
- Review of complaints and feedback from consumers

Where to go for more information

- Carer Gateway – **Caring for someone with mental illness**[264]
- Neami National – **Emergency and crisis support**[265]
- Psych Central – **Creating a Mental Health Crisis Plan**[266]

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 goals include promoting recovery and self-determination as well as safety.

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, carers and families
- Ensure the workforce are appropriately trained in the skills and knowledge of identifying and responding to self-harm and suicide
- Review the physical environment of the service to identify and mitigate any factors which may increase risk
- Use the reflective practice supervision system to allow members of the workforce to safely review their responses to situations of increased suicide risk or suicidal behaviour
- Use the incident management and investigation systems to review incidents of suicidal behaviour

Examples of evidence

- Policy for identifying and responding to consumers at risk of self-harm or suicide
- Suicide prevention training
- Suicide prevention material provided to consumers, carers and families
- Training register or documents which demonstrate capacity-building for members of the workforce in working with consumers at risk of self-harm and suicide
- Demonstrated peer involvement in the development and provision of training to members of the workforce

Where to go for more information

- Beyond Blue – **Beyond now – suicide safety planning**[267]
- Headspace – **Understanding self-harm – for health professionals**[268]
- Lifeline – **Suicide: For friends & family – suicide**[269]
- Mind Australia – **How are you going?**[270] (tool)
- Stanley-Brown – **Safety Plan**[271]
- Department of Health (Vic) – **Suicide prevention in mental health services**[272]
- WA Health – ***Principles and Best Practice for the Care of People Who May Be Suicidal***[273]

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

There may be occasions when workers will need to support someone who can become aggressive, especially when they experience distress, including distress related to their experience of mental ill health. 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 events generally happen.[274]

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.[274]

Key tasks

- Review the physical environment of the service to identify any factors which increase the risk of violence, aggression, or reduce the capacity of members of the workforce to call for help should violence or aggression occur, for example, isolated areas
- Provide a duress system
- Provide resources and training to members of the workforce to employ a trauma-informed approach that helps to understand the lived experience of trauma, and its range of impacts
- Provide members of the workforce with training in de-escalation strategies

Examples of evidence

- Policy for assessing and minimising risk and addressing aggression and violence in the workplace
- Managing and supporting members of the workforce and others during and after a critical incident
- Training and resources that include trauma-informed practice and how to manage difficult and aggressive situations

Where to go for more information

- Agency for Clinical Innovation
  - **Trauma-informed care and practice in mental health services**[275]
  - ***Trauma-informed care in mental health services across NSW: A framework for change***[99]
- Blue Knot – ***Practice Guidelines for Clinical Treatment of Complex Trauma***[276]
- Cracks in the Ice – **Dos and don'ts of managing a client who is angry or aggressive**[277]
- Mental Health Coordinating Council – **Trauma-Informed Care and Practice Organisational Toolkit: An Organisational Change Process Resource, Stage 1 - Planning and Audit**[98]
- SkillsYouNeed – **Dealing with Aggression**[278]
- Out of Home Care Toolbox – **Understand and Recognise Triggers**[279]

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. Members of the workforce 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.

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 substance use
- Is not getting effective treatment for their condition.

Adopting safe practices informed by a trauma-informed approach can prevent difficult situations arising.

Key tasks

- Integrate the principles of trauma-informed practice into policies, supporting safe practice in the organisation's premises and when members of the workforce are working offsite with consumers, in their homes and elsewhere
- Provide training, coaching and mentoring in the use of de-escalation skills
- 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
- Ensure that lived experience participation is a means to foster a collaborative and supportive culture that demonstrates shared power between consumers and workers[280]
- Involve members of the workforce 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[274]
- Ensure members of the workforce are provided with a safe space to discuss organisational practices, challenges, frustrations and success stories

Examples of evidence

- Policy for preventing and safely managing aggression
- Training and resources that include de-escalation strategies
- Incident reporting system
- File note examples following incidents outlining actions and follow up after an event

Where to go for more information

- Agency for Clinical Innovation – ***A Guide to Build Co-design Capability***[3]
- BetterHelp – **The Seven steps of critical incident stress debriefing to support trauma recovery**[281]
- First Aid Pro – **De-escalation Techniques in Mental Health Settings**[282]

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

A restrictive practice means any practice or intervention that has the effect of restricting the rights or freedom of movement of an individual.

Seclusion: is defined as confinement of a person, by leaving the person at any time of the day or night alone in a room or area from which it is not within the person's control to leave.

Physical restraint: is the application of bodily force to the person's body to restrict the person's movement.

Mechanical restraint: is the application of a device, to restrict the person's movement, such as a belt, harness, manacle, sheet or strap.

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. Any use of restrictive practices must be in accordance with any state or territory legislation and policy requirements.

Restrictive practices must only be used as a last resort and only for the shortest possible time. The decision to use a restrictive practice needs careful consideration, upholding a person's human rights and the right to self-determination and dignity.

There is no evidence of seclusion and restraint providing any therapeutic value to consumers of mental health services. There is a risk of trauma and harm to both consumers and members of the workforce every time seclusion or restraint is used.

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
- 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 for predicting, preventing and managing aggression and violence
- Training on identifying and mitigating situations that may precipitate aggression and de-escalation strategies
- Restrictive practices register including follow up actions
- Quality improvement projects aimed at reducing use of restrictive practices
- Analysis of reviews of incidents in which seclusion or restraint occurred

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***[259]
- NDIS Quality and Safeguards Commission – ***Regulated Restrictive Practices Guide***[283]
- World Health Organization – ***Freedom from coercion, violence and abuse***[134] (training course)

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

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

- Training and resources that include human rights and restrictive practice and de-escalation strategies
- Restrictive practices register
- Minutes of codesign and evaluation review meetings

Where to go for more information

- Australian Health Ministers Advisory Council – **National Principles for Communicating about Restrictive Practices with Consumers and Carers**[284]
- NSW Health – **Principles for effective support: What are restrictive practices in the NDIS?**[285]
- NDIS Quality and Safeguards Commission – **Legislation, rules and policies**[286]
- World Health Organization – ***Strategies to end seclusion and restraint***[287] (training course)

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, 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 suddenly within hours or a few days. Delirium can often be traced to one or more medical or organic disorders which may include a severe or long illness or an infection. 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.[288]

Workers must be educated and trained to assess what resources are necessary to support a consumer experiencing change in cognition. 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 and organising[280]
- Collaborate with health professionals (e.g. neuropsychologists, psychiatrists) to ensure appropriate identification and management of cognitive impairment or delirium

Examples of evidence

- Policy for workforce to identify cognitive impairment and delirium and initiate steps to prevent and manage harm
- Training and resources that include early recognition and effective responses to deterioration in mental state
- Information about delirium and escalation pathways

Where to go for more information

- Australian Commission on Safety and Quality in Health Care
  - ***National Safety and Quality Health Service Standards user guide for health service organisations providing care for patients with cognitive impairment or at risk of delirium***[289]
  - ***Delirium Clinical Care Standard***[290]
- Mental Health Coordinating Council – **Introduction to Supported Decision-Making**[170]
- PositivePsychology.com – **Cognitive Remediation Therapy: 13 Exercises & Worksheets**[291]
- Department of Health (Vic) – **Preventing and managing delirium**[292]
- World Health Organization – ***Legal capacity and the right to decide***[165] (training course)

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.[293]

Services must be alert to the risk of pressure injuries and conduct risk assessments relevant to the type of service they provide – for example, routine ongoing assessment may be required in residential services, however, in services where consumers visit for brief appointments, it may be appropriate to screen for risk factors on initial presentation then take further action as recommended in ambulatory care settings.

CMOs may not have workforce with the required scope of practice to assess for pressure injuries. In this circumstance, services should partner with other services to ensure that screening occurs.

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
- Use the incident system to review pressure injuries and identify whether any improvements in risk identification and mitigation are needed

Examples of evidence

- Policy for prevention and treatment of pressure ulcers
- Access to expert advice
- Information about the prevention of treatment of pressure ulcers for workers, consumers, carers and their families
- Incident register, including the identification and monitoring of injuries

Where to go for more information

- Australian Commission on Safety and Quality in Health Care – **Pressure injuries**[294]
- Clinical Excellence Commission – **Pressure Injury Prevention & Management for Non-Inpatient (Community Services, Ambulatory Care or Clinics with Clients at High Risk)**[295] (flowchart)
- NSW Health – **Policy directive: Pressure Injury Prevention and Management**[296]

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.[293]

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 (e.g. yoga or other evidence-based mobility practices), identify the need for these programs as part of the care planning process and make appropriate referrals
- Use the incident system to monitor and review falls incidents to identify whether any improvements in risk identification and mitigation strategies are needed

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
- Incident register and actions taken file
- Review of assessments completed and care plans made, to determine whether falls risk is consistently considered

Where to go for more information

- Agency for Healthcare Research and Quality – **Preventing falls in hospitals: A toolkit for improving quality of care**[297]
- Department of Health (Vic) – **Falls prevention tools**[298]
- Queensland Health
  - **Falls and medicines – Stay on your feet**[299]
  - ***Queensland Stay On Your feet: Community Good Practice Guidelines***[300]

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. 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 and lethargy.

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

- Nutritional care plan template
- Policy on safe preparation, transport and delivery of food to consumers
- Process for contacting and referring to nutritionists and dietitians
- 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
- Documented nutritional care plans

Where to go for more information

- Agency for Clinical Innovation – ***Nutrition Standards for Consumers of Inpatient Mental Health Services in NSW***[301]
- National Health and Medical Research Council – ***Nutrient Reference Values for Australia and New Zealand Including Recommended Dietary Intakes***[302]
- NSW Health – **Information for clinicians: Nutrition and Hydration – Spotting the signs of poor nutrition**[303]

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
- Provide the workforce with 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 asking consumers if they identify as Aboriginal and/or Torres Strait Islander
- Partner with culturally diverse groups including the LGBTIQ+ community and people from other religious and linguistically diverse communities

Examples of evidence

- Policy 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 on the importance of correct identification for Aboriginal and Torres Strait Islander consumers and communities

Where to go for more information

- Australian Institute of Health and Welfare – **Suicide & self-harm monitoring: Maintaining privacy and confidentiality**[304]
- National Mental Health Commission – **Privacy**[305]
- NSW Health – **Privacy Manual for Health Information: Anonymity**[306]

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 about all of the 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 to 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 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
- 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 or territory

Examples of evidence

- Policy that outlines process for communicating critical information
- Policy on storage, and sharing of information during transition of care and discharge planning
- Documentation that demonstrates consumers, carers and families understand what information has been transferred
- Consent form completion

Where to go for more information

- WA Primary Health Alliance – **Working towards a more integrated mental health system**[307]

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, for example, changes to the consumer's goals, their financial and other circumstances, relationships and responsibilities, their mental state, their medication regimen, 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 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 that outlines what types of critical information are relevant to your service
- Training about communicating critical information
- 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**[308]
- NSW Health
  - **Practical strategies and tips for effective support: How can I overcome communication barriers?**[309]
  - **Mental Health Clinical Documentation Guidelines**[310]

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

Mental health consumers are at higher risk during transitions of care, especially just after discharge from care. 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 be 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 safety planning when consumers are transitioning from your organisation
- Facilitate a handover meeting with the new provider and the consumer to discuss their needs and aspirations

Examples of evidence

- Transition plan template
- Service summary template
- Example transition risk assessment which includes management and mitigation strategies to address any identified risks
- Use of a performance indicator for completion of the Service Summary within a set period after exit

Where to go for more information

- Australian Commission on Safety and Quality in Health Care
  - ***Engaging patients in communication at transitions of care***[311]
  - ***Communicating for Safety: Improving clinical communication, collaboration and teamwork in Australian health services***[312]
- NSW Health – **Practical strategies and tips for effective support: Communicating effectively**[177]
- Social Care Institute of Excellence – **Integrated care research and practice: Transitions of care**[313]

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. 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. Documents should use recovery-oriented language. Written information should be respectful, inclusive, and non-judgemental, and minimise the use of jargon and abbreviations. Members of the workforce 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 outlining processes for documentation and record keeping including referrals and exit transition to other services
- Training and resources on record keeping, communicating for safety and privacy
- File audits
- Orientation and training register

Where to go for more information

- Australian Commission on Safety and Quality in Health Care – **Documentation of information**[314]
- Department of Health (Vic) – **Measuring mental health outcomes – documentation**[315]
- Mental Health Coordinating Council – ***Recovery Oriented Language Guide: Third Edition***[316]
- NSW Health – **Mental Health Clinical Documentation Guidelines**[310]

Preventing and controlling infections

Standard and transmission-based precautions

Action 3.32

The service provider has policies 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***[317], and relevant jurisdictional laws and policies, including health and safety laws

Explanatory notes

Organisations ensure that all members of the workforce 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
- Training and resources that include how risk of infection or communicable disease is assessed and how to respond to infection risks
- Data on cleaning regime

Where to go for more information

- Australian Commission on Safety and Quality in Health Care – **National Hand Hygiene Initiative: Hand hygiene and infection prevention and control eLearning modules**[318]
- Better Health Channel – **Workplace safety – infection control**[319]
- Clinical Excellence Commission – ***Infection prevention and control practice handbook***[320]
- National Health and Medical Research Council – ***Australian Guidelines for the Prevention and Control of Infection in Healthcare***[317]

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 members of the workforce
- Ensure the service environment has the required resources to practice hand hygiene, including alcohol-based hand sanitiser and hand washing facilities
- Display promotional material in the service environment to support members of the workforce 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 relating to hand hygiene
- Information available to the workforce and consumers regarding respiratory hygiene, cough etiquette and physical distancing
- 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: Hand hygiene and infection prevention and control eLearning modules**[318]
  - **Infection prevention and control resources for consumers**[321]
- National Health and Medical Research Council – ***Australian Guidelines for the Prevention and Control of Infection in Healthcare***[317]

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 – for example, should your service have regular contact with older age consumers, or consumers living with disabilities, stronger regulations regarding workforce 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 workforce, such as 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 members of the workforce are aware of their roles and requirements in preventing and managing infections in the workforce

Examples of evidence

- Policy for required workforce vaccinations and their rationale for the inclusion
- Training and resources that include vaccinations required within the workforce and reason for the requirement
- Workforce vaccination record and medical exemption for vaccination register

Where to go for more information

- Australian Commission on Safety and Quality in Health Care – **National Safety and Quality Health Service Standards: Workforce Immunisation Risk Matrix**[322]
- Department of Health (Vic) – **Vaccinations in the workplace**[323]

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.

Members of the workforce who are not involved in prescribing antimicrobials need a basic understanding of what antimicrobials are for, how they work, when they are not helpful (e.g. viral infections) and the risk of antimicrobial resistance. Good health literacy around antimicrobials should facilitate the workforce's ability to support consumers to adhere to antimicrobial treatment correctly and also to know when to escalate care.

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
- Ensure that members of the workforce who do not have clinical qualifications have basic training in understanding antimicrobials

Examples of evidence

- Policy for antimicrobial stewardship
- Training and resources that include understanding microbial use
- Incident register

Where to go for more information

- Aged Care Quality and Safety Commission – **Antimicrobial stewardship**[324] (video)
- Australian Commission on Safety and Quality in Health Care – **Antimicrobial Stewardship Clinical Care Standard**[325] (information for consumers)
- Clinical Excellence Commission – **Antimicrobial Stewardship**[326]

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 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
- 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 workforce and scope of practice
- Policy documents or processes for obtaining a medication history as soon as possible in the episode of care
- 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

Where to go for more information

- Hire Up – **Statement on Medication Administration and Management**[327]
- WA Country Health Service – **Medication Guideline for Direct Care Unregulated Health Workers**[328]

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 members of the workforce on a team or when a new workforce 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 to ensure 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, for instance, 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 for documenting all medication related information, including risks and shared care arrangements
- Training and resources that include medication management and scope of practice
- Completed medication forms and record templates

Where to go for more information

- Department of Health and Aged Care – ***Guiding Principles for Medication Management in the Community***[329]
- Department of Health (WA) – **The six rights of safe medication administration**[220]

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

Workforce 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.

Members of the workforce 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.

Key tasks

- Establish policies to support members of the workforce 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 for managing adverse medication events and reporting and sharing of information
- Reporting of adverse drug reactions to all significant parties
- Standardised tools for recording documentation of adverse drug reactions
- Incident register
- Records of actions taken following an event

Where to go for more information

- Healthdirect – **Reporting a problem with a medicine**[331]
- NPS MedicineWise – **Medicine and side effects**[332]
- Therapeutic Goods Administration – **Reporting adverse events**[333]

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

Key tasks

- Establish policies 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 workforce are trained in the safe and secure storage and disposal of expired or unwanted medicines according to the organisation's guidelines
- Establish a system to record the storage and safe disposal of medication and audit the system at specified regular intervals

Examples of evidence

- Policy for storing, administering and disposing of medication safely
- Training and resources that include safe and secure storage and disposal of medication
- 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 – **National Safety and Quality Health Service Standards: Medication Safety Standard**[334]

Glossary

Term	Description
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.[335]
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.[336]
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 written directive recognised by common law or specific legislation that is completed and signed by a competent adult. It can record the person's preferences for future care and appoint a substitute decision-maker to make decisions about health care and personal life management. In some states, these are known as advance health directives.[337] An advance care plan 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.[338]
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.

Term	Description
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.[339]
audit	A systematic review against a predetermined set of criteria.[340]
Australian Charter of Healthcare Rights	Specifies the key rights of consumers when seeking or receiving healthcare services. The second edition was launched in August 2019.[124]
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 consumers when the health care does not go to plan.[56]
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.[341]
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. 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.[343] A person who receives a carer's benefit is a carer whose role and rights are defined in state and territory mental health legislation.

Term	Description
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 workforce, working together to identify a problem and define a solution.[200] 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 consumers. 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.[344]
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.

Term	Description
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 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 in a mental health facility or 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	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 co-existing 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.

Term	Description
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.[345] 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.[346] 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).[347]
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.[348]
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.

Term	Description
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 is supported with care, it can result in improved independence, health, social participation, autonomy, and feelings of self-worth.
disability	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.[349]
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.[350]
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.
ethics	A set of concepts and principles that guide us in determining what behaviour helps or harms a person or group of people.[352] 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.

Term	Description
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 consumers 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.[353]
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 consumer 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.[354]
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.[317]
harm	An act that causes loss or pain that is physical, emotional, cultural, financial, or social.

Term	Description
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.[355] 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.[356]
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.[357] This may cause tissue injury and disease.[358]
informed consent	A process of communication between a consumer and service provider about options for treatment, healthcare processes or potential outcomes, including discussion of the benefits and risks of the recommended treatment and supports.[359] 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. Informed consent by a person who has capacity has validity.

Term	Description
jurisdictional requirements	Systematically developed statements from state and territory governments about appropriate healthcare or service delivery for specific circumstances.[354] 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.[361]
medicines list	A way to keep all the information about medicines a person is prescribed to take at the same time.[362] 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[363] ▪ 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.
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.[218]
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.[364]
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, applicable to the organisation. Orientation may also apply to new members of a governing body.

Term	Description
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	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.[365]
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. Person-centred care is respectful of, and responsive to, the preferences, needs and values of consumers.[366] 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.[367] 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.

Term	Description
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.[368] 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 workforce member. CMOs should have clear policies, 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.[369]
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.[370]
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.[371]
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.[372] Quality improvement activities may be undertaken in sequence, intermittently or continually.

Term	Description
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[373], 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.[374]
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.[375]
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.[376]

Term	Description
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.[377]
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.[378] 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 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.[379]
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.

Term	Description
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, that are organised, integrated, regulated, and administered to accomplish a stated goal. A system: ▪ Brings together risk management, governance, and operational processes, 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.[380]
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.
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.

Abbreviations and acronyms

Term	Description
ACI	Agency for Clinical Innovation
ACT	Australian Capital Territory
AHRC	Australian Human Rights Commission
AICD	The Australian Institute of Company Directors
AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
AMHOCN	Australian Mental Health Outcomes and Classification Network
AMS	Antimicrobial stewardship
CALD	Culturally and linguistically diverse
CMO	Community Managed Organisation
CPR	Cardio-pulmonary resuscitation
IT	Information Technology
KPI	Key performance indicator
LGBTIQ+	People who identify as lesbian, gay, bisexual, transgender, intersex, queer and questioning
LEWP	Lived Experience Workforce Program
MHA	Mental Health Australia
MHCC	Mental Health Coordinating Council
MOU	Memorandum of understanding
NCOSS	NSW Council of Social Service
NDIS	National Disability Insurance Agency
NHS	National Health Service
NSQMHCMO Standards	National Safety and Quality Mental Health Standards for Community Managed Organisations
NSW	New South Wales
OAIC	Office of the Australian Information Commissioner

Term	Description
SA	South Australia
UK	United Kingdom
UN Convention	United Nations Convention
UNCRPD	UN Convention on the Rights of Persons with Disability
WA	Western Australia
WDO	Work Development Order
WHO	World Health Organisation
WHS	Work health and safety
WRAP	Wellness Recovery Action Plan
YES CMO	Your Experience of Service Community Managed Organisation

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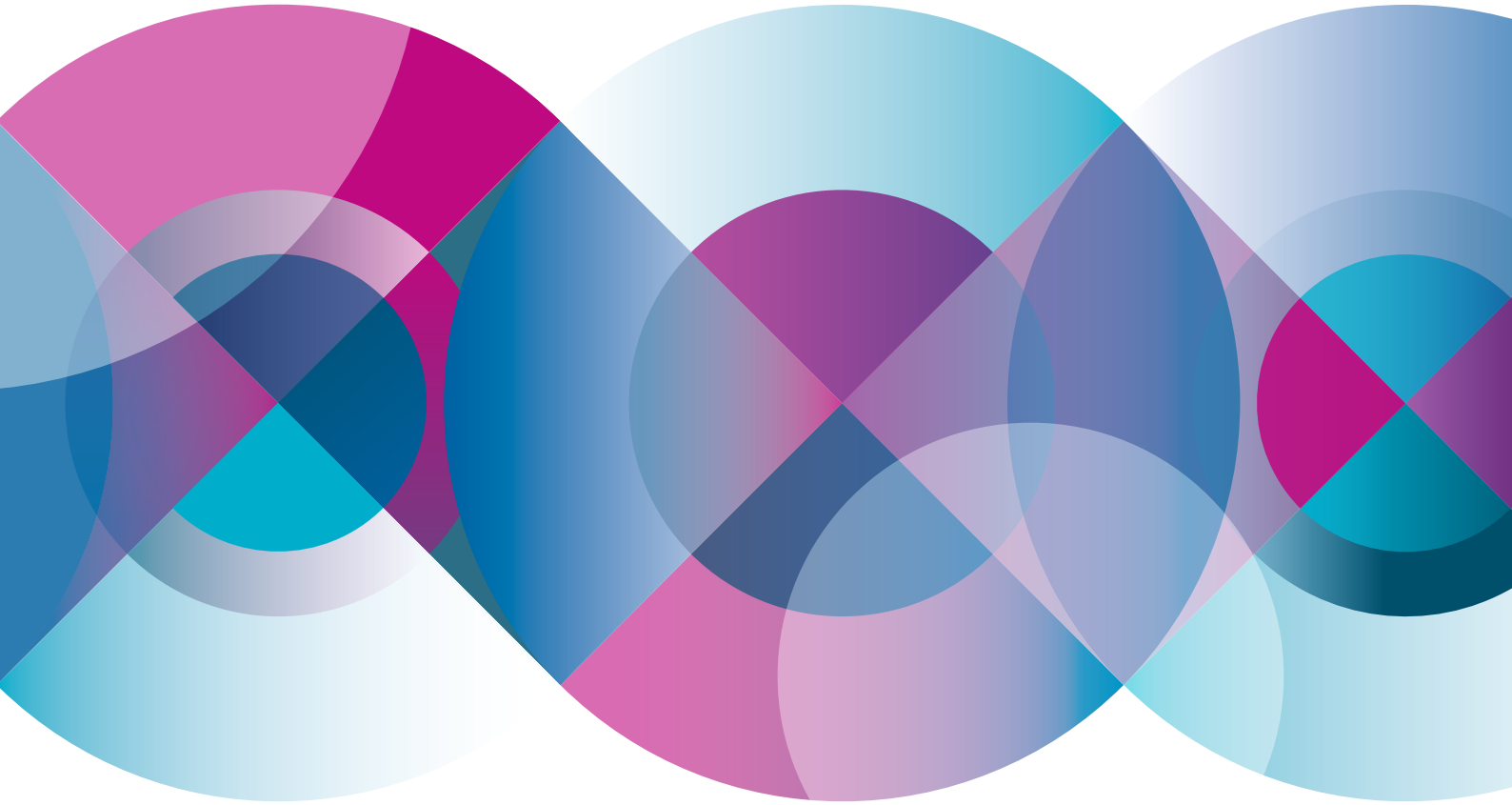

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