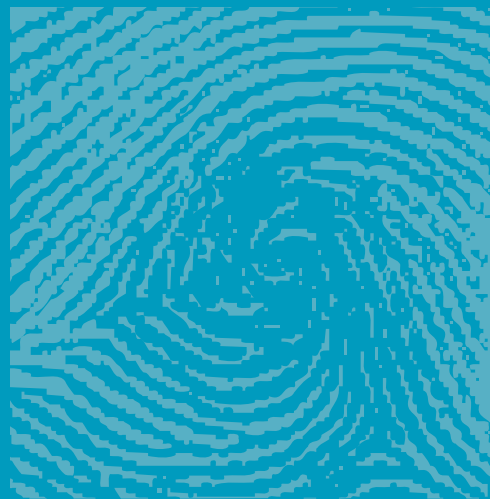


Standards for psychiatric disability rehabilitation and support services



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Published by the Metropolitan Health and Aged Care Services Division
Victorian Government Department of Human Services, Melbourne, Victoria.

June 2004

ISBN 0 7311 6195 5

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This document is available to download at
http://www.health.vic.gov.au/mentalhealth/pdrss/pdrss_standards.pdf
(031208)

Printed by Thaker Print, PO Box 517, Blackburn Victoria 3130

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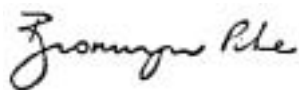
Foreword

Psychiatric disability rehabilitation and support services (PDRSS) are an integral part of the broader public specialist mental health system, providing essential rehabilitation and support services to people with mental illness. PDRS services have an established and respected reputation in the provision of diverse, flexible and responsive rehabilitation and support services to people with psychiatric disability.

The *Standards for psychiatric disability rehabilitation and support services* have been adapted from the National standards for mental health services in recognition of the specialist nature of the rehabilitation and support provided by the PDRSS sector. The Standards for psychiatric disability rehabilitation and support services offer a framework for the provision of quality services to people with psychiatric disability.

The Standards for psychiatric disability rehabilitation and support services contain a comprehensive and common set of standards that enable PDRS services to maintain a focus on service quality measurement and improvement. The Standards assist services achieve and maintain the highest standard of support and rehabilitation for people with psychiatric disability.

The PDRSS sector has evolved significantly over the last decade and its application of the Standards for psychiatric disability rehabilitation and support services reflects an ongoing commitment to providing quality services to people with psychiatric disability.



Hon Bronwyn Pike MP
Minister for Health

Introduction

Victoria has a strong tradition of psychiatric disability rehabilitation and support service (PDRSS) provision by the non-government sector. Crucial to the development of this service sector has been the commitment of individuals, groups and organisations to advocate for the rights of people with psychiatric disabilities and improve opportunities and conditions for people with psychiatric disabilities living in the community.

PDRSS provision is a specialist function. Services are underpinned by a commitment to the principles of psycho-social rehabilitation and a philosophy of providing programs for people with psychiatric disabilities that are not available to them through generic community services.

PDRSSs assist service users to regain or develop skills they may need to actively participate in daily life, in personal and social interactions and in community life and activities. Services also seek to address the environmental factors that can have a negative impact on people with a psychiatric disability living in the community.

The Victorian Government is committed to strengthening and supporting the PDRSS sector, in recognition of its success in promoting integration and supporting the significant non-clinical needs of people with a mental illness and their carers.

The psychiatric disability rehabilitation and support standards

Service standards and quality assurance programs within health services are an essential part of achieving high quality health care. On 3 December 1996 the Australian Health Ministers' Advisory Council's National Mental Health Working Group endorsed the *National standards for mental health services*. The development of these standards was guided by the principles contained in the Australian Health Ministers' *Mental health statement of rights and responsibilities* and the United Nations *Principles on the protection of people with a mental illness*. The standards provided a guide for the development of new services and steered service enhancement and continuous quality improvement in existing services.

The *National standards for mental health services* were predominantly designed for clinical services and were not seen as entirely relevant to the PDRSS sector. Therefore, the *National standards for mental health services* were tailored to better reflect the focus of the PDRSS sector.

The *Standards for psychiatric disability support services* have been adapted from the endorsed *National standards for mental health services* to reflect the specialist function of PDRSSs in facilitating and supporting the integration of people with psychiatric disabilities into their local community and its programs. This process occurred through extensive consultation between VICSERV, the PDRSS sector and staff in the Mental Health Branch, Department of Human Services. The results of this consultation are the standards contained in this document. These standards complement the Commonwealth disability service standards.

The 11 standards for the PDRSS sector relate to key aspects of psychiatric disability support service provision and build on human rights and equal opportunity principles. They are also informed by legislation relating to freedom of information, privacy and occupational health and safety and by professional codes of conduct.

The standards are consistent with the framework of the *Second national mental health plan*. Consequently, the three priority areas of the plan—promotion and prevention, partnerships in service reform and delivery, and quality and effectiveness—inform the operation and guiding principles of the standards.

Standards 1–7 address universal issues and focus on upholding the rights, safety, dignity, privacy and confidentiality of people with psychiatric disabilities and ensuring that participants, community and carers are involved in planning and evaluating PDRSSs. They also promote community acceptance of people with a disability. Standards in this section focus on the importance of the PDRSS working with the local community in prevention and mental health promotion, and taking account of issues in relation to gender and social and cultural values in the provision of assistance and support.

Standards 8–10 relate to the organisational structure of psychiatric disability services and their integration and coordination with other parts of the mental health service sector at a local, state and national level.

Standard 11 is divided into six parts and details the principles guiding the delivery of care on a continuum from access to the disability rehabilitation and support service through to discharge. Standard 11.4 describes the different types of rehabilitation and support available to the participants.

The PDRSS standards focus on outcomes and seek to achieve the best possible support and rehabilitation for people with psychiatric disabilities.

The standards are cross-referenced for ease of access. While the standards are aimed at all PDRSSs and, wherever possible, they should be used as a whole rather than separately, some standards will be more relevant to particular services. The standards should be used for planning and services should aim to move towards meeting each of the criteria. In some cases, for example in rural areas or in smaller services, it may not be possible or appropriate to fully implement all standards. Nonetheless, the standards should be used to enhance service delivery, for quality improvement and to establish models of best practice. They can also inform participants and carers about what to expect from PDRSSs.

The *Standards for psychiatric disability rehabilitation and support services* recognise the importance of the specialist function of this service sector and promote best practice service provision and better outcomes for participants and carers.

Key terms

Carer A family member of a participant or any other person who is affected by or has an interest in a participant's welfare. The role of carer may not necessarily be a static or permanent one but may vary over time and will be influenced by the degree to which the consumer is living independently and/or requires care and support from significant others.

Defined community The community to which the PDRSS provides support. This may be a catchment area population, statewide population or a specific group within the population.

Individual Program Plan (IPP) A plan, developed collaboratively by the participant and their key worker that contains:

- a description of the participant's current situation
- the participant's goals and the supports needed
- detailed strategies for achieving these goals
- indicators for assessing when and whether those goals have been achieved
- a timetable for review.

Key worker An identified person with whom a participant has primary contact within the support service.

Participant A person who attends or makes use of a PDRSS. Many participants will also be consumers of public mental health services, however this is not a requirement of accessing a PDRSS. The term 'participant' is used in recognition of the active role played in the development and running of programs and activities.

Psychiatric disabilities are the consequences of mental illness. They affect the ability of the person to perform the activities and tasks of everyday living and to develop and maintain effective personal and social relationships.

Psychiatric disability rehabilitation and support services (PDRSSs) are divided into five major service types:

- Psychosocial rehabilitation day programs – provide structured and semi-structured group based activities, usually in a centre-based environment, which aim primarily to create a sense of belonging to a community, peer support and an atmosphere where a range of social and daily living skills can be learnt.
- Home-based outreach support – provides individual rehabilitation support to people in their own homes. It focuses on learning or relearning the skills of daily living and social skills. These skills will provide the means for the client to maintain their independence, develop supportive networks outside of their home to reduce isolation and enable them to participate more fully in their community.
- Residential rehabilitation – provides a transitional home environment where participants can learn the skills of daily living in a group setting, amongst peers. It assists participants to develop social skills and encourages them to participate in the life of the community and develop the confidence and ability to move on to independent living.
- Planned respite services – provide participants of services and their carers with opportunities for a break from caring responsibilities through short and long term activities, which take the carer or participant out of their usual environment and provide the opportunity for each to have new experiences.

- Mutual support/self-help services – provide information and peer support to people with a mental illness and/or their carers through shared experiences and coping strategies, providing information and referral services, and promoting community awareness.
- Psychosocial rehabilitation – provision of ongoing support that assists the person with psychiatric disability to experience an improved quality of life, learn or relearn the skills of daily living, participate to their maximum extent in social, recreational, educational and vocational activities and live successfully at an optimal level of independent functioning in the community.

Standard 1–Rights

The rights of people with a psychiatric disability are upheld by the PDRSS.

Criteria

1.1 Staff of the PDRSS have knowledge of and comply with relevant legislation, regulations and instruments protecting the rights of people affected by mental disorders and/or mental health problems.

Notes and examples

Relevant information includes:

- the UN *Principles on the protection of people with a mental illness and improvement in mental health care*
- the Australian Health Ministers *Mental health statement on rights and responsibilities*
- mental health legislation
- equal employment opportunity (EEO) legislation
- anti-discrimination legislation
- occupational health and safety (OH&S) legislation
- professional codes of conduct and registration acts
- disability service standards.

1.2 Participants are provided with a written and verbal statement of their rights and responsibilities as soon as possible after accessing the PDRSS.

Notes and examples

- Provide information at first face-to-face contact with the PDRSS or when appropriate.
- Provide carers and dependents with this information.

1.3 The written and verbal statement of rights and responsibilities is provided in a way that is understandable to the participant and other service users.

Notes and examples

- Provide written material in a variety of languages and a variety of media.
- Use accredited interpreters and advocates where appropriate.

1.4 The statement of rights includes the principles contained in the Australian Health Ministers *Mental health statement of rights and responsibilities (1991)* and the United Nations *General assembly resolution on the protection of persons with mental illness and the improvement of mental health care (1992)*.

1.5 The right of the participant not to have others involved in their care is recognised and upheld to the extent that it does not impose imminent serious risk to the participant or other persons.

1.6 Independent advocacy services and support persons are actively promoted by the PDRSS and participants are made aware of their right to have an independent advocate or support person with them at any time during their involvement with the PDRSS.

Notes and examples

- Display posters and brochures that promote independent advocacy and support services in every facility of the PDRSS.
- Staff facilitate the use of independent advocates and support persons for participants.

1.7 The PDRSS upholds the right of the participant and their carers to have access to accredited interpreters.

Notes and examples

Consider providing:

- information leaflets in a variety of languages and a variety of media
- information nights
- support to local participant and carer groups
- community forums.

1.8 The PDRSS provides participants and their carers with information about available mental health services, mental disorders, mental health problems, PDRSSs and other support services.

Notes and examples

Consider providing:

- information leaflets in a variety of media
- information nights
- support to local participant and carer groups
- community forums.

1.9 The PDRSS recognises the rights of people with mental disorders and/or mental health problems in their service goals and staff job descriptions.

1.10 The PDRSS has an easily accessed, responsive and fair complaints procedure for participants and carers and the PDRSS informs participants and carers, where appropriate, about this procedure.

Notes and examples

- Display posters and brochures that provide information on the complaints procedure in every facility of the PDRSS.

1.11 Documented policies and procedures exist and are used to achieve the above criteria.

1.12 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Cross-references

Cultural awareness (7)

Safety (2)

Delivery of care (11)

Service development (9)

Privacy and confidentiality (5)

Rehabilitation and support (11.4).

Standard 2–Safety

The activities and environment of the PDRSS are safe for participants, carers, families, staff and the community.

Criteria

2.1 The PDRSS and its staff have knowledge of, and comply with, relevant legislation, regulations and other instruments.

Notes and examples

Give consideration to:

- the UN *Principles on the protection of people with a mental illness and improvement in mental health care*
- the Australian Health Ministers *Mental health statement on rights and responsibilities*
- OH&S legislation
- anti-discrimination and mental health legislation.

2.2 Support is offered by the PDRSS, where possible, to protect the participant from abuse and exploitation.

Notes and examples

- Consider safety in terms of physical, social, psychological and cultural dimensions.
- Protect participants from financial, sexual and physical abuse.

2.3 Policies, procedures and resources are available to promote the safety of participants, carers, staff and the community.

Notes and examples

Consider:

- security and safety measures
- mobile phone
- pagers
- equipment
- debriefing process and supervision
- staffing levels
- complaints procedure
- OH&S policy
- critical incident reports.

2.4 Staff are regularly trained to recognise, understand and appropriately and safely respond to the signs of suicide and self-harm and to aggressive and other difficult behaviours.

Notes and examples

- Use recognised safety training courses.

2.5 A staff member working alone has the opportunity to access another staff member at all times in their work settings.

Notes and examples

Ensure:

- staffing levels of two or more per shift per PDRSS where possible
- access to other staff may be via telephone
- access to non-mental health staff in remote areas.

2.6 A participant has the opportunity to access a staff member of their own gender where possible.

2.7 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Cross-references

- Rights (1)
- Privacy and confidentiality (5)
- Cultural and gender awareness (7)
- Rehabilitation and support (11.4)

Standard 3–Participant, community and carer involvement

Participants, community and carers, where appropriate, are involved in the planning, implementation and evaluation of the PDRSS.

Criteria

3.1 The PDRSS has policies and procedures related to participant, community and carer participation which are used to maximise their roles and involvement in the PDRSS.

Notes and examples

Policies and procedures:

- acknowledge that participants, the community and carers should be involved at every level of the PDRSS
- identify the different expertise and interests that stakeholders may have, their requirements in terms of information, training and support, equipment, space and budget, and the appropriate structures for their participation
- recognise that participants are the primary focus.

3.2 The PDRSS undertakes and facilitates a range of activities that maximise participant, community and carer involvement in the service.

Notes and examples

Consider:

- establishing advisory committees, participant and carer networks, participant/carers evaluations of the PDRSS
- establishing and maintaining contact with participant/carers groups
- holding public meetings
- participant involvement in staff recruitment processes
- participant/carers participation in peer and staff education and training.

3.3 The PDRSS assists with training and support for participants, carers and staff, which maximises their involvement in the service.

Notes and examples

Training may include:

- peer support
- consulting
- staff selection
- computer skills
- financial management

3.4 A process and methods exist for participants to be reimbursed for expenses and paid for their time and expertise where appropriate.

Notes and examples

- This applies to participant interviews or involvement in major research and evaluation projects and does not necessarily include situations where participants are involved voluntarily in internal program planning and reviews.

3.5 The PDRSS has a written statement of roles and responsibilities (code of conduct) for participants and carers participating in a service, which is developed and reviewed with participants and carers.

Notes and examples

- Read in conjunction with Standard 1 Criteria 1.2.

3.6 Participants and carers are supported to independently and individually determine who will represent the views of each group to the PDRSS.

Notes and examples

- Make opportunities available for participants to choose their own representatives.

3.7 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Cross-references

Integration standard (8)

Service development (9)

Standard 4–Promoting community acceptance

The PDRSS promotes community acceptance and the reduction of stigma for people affected by mental disorders or mental health problems.

Criteria

4.1 The PDRSS works collaboratively with the defined community to initiate and participate in a range of activities designed to promote acceptance of people with mental disorders and/or mental health problems by reducing stigma in the broader community.

Notes and examples

- Give participants and carers the opportunity to be involved in all aspects of this activity, such as promotion of positive images of people with mental disorders (Mental Health Week), school education programs, public information nights and joint communal activities in their locality.
- Use a community development model or develop joint programs developed with other agencies.
- Give participants and carers the opportunity to be involved in the education of the community and other service providers.

4.2 The PDRSS provides understandable information to mainstream workers and the defined community about psychiatric disability.

Notes and examples

- Staff and participants have the opportunity to be involved in educating the community and other service providers such as:
 - staff from social security organisations
 - community housing providers
 - community health centres
 - Department of Human Services housing staff
 - police, emergency services staff
 - local community groups, schools
 - child protection staff
 - general practitioners
 - public information nights
 - talks to other agencies.
- Provide tailored information for people of non-English speaking background.

4.3 Documented policies and procedures exist and are used to achieve the above criteria.

4.4 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Cross-references

Prevention and mental access
(11.1)

Health promotion (6)

Planning for leaving the PDRSS
(11.5)

Integration standard (8)

Leaving and re-entering the
PDRSS (11.6)

Standard 5–Privacy and confidentiality

The PDRSS ensures the privacy and confidentiality of participants and carers.

Criteria

5.1 Staff of the PDRSS have knowledge of, and comply with, relevant legislation, regulations and instruments in relation to the privacy and confidentiality of participants and carers.

Notes and examples

- Give consideration to the UN *Principles on the protection of people with a mental illness and improvement–in mental health care*
- the Australian Health Ministers *Mental health statement on rights and responsibilities*
- *Freedom of Information Act*
- privacy legislation
- relevant mental health legislation
- any other appropriate professional codes of conduct.

5.2 The PDRSS has documented policies and procedures that ensure the protection of confidentiality and privacy for participants and carers as service users, and these are available to them in an understandable language and format.

Notes and examples

- Develop PDRSS policies and make them available to all participants and others on request.
- Provide information about privacy and confidentiality in a variety of languages and variety of formats.
- Use accredited interpreters to assist participants to understand this information.
- Read this in conjunction with Standard 1 Criteria 1.2.

5.3 The PDRSS encourages and provides opportunities for participants to involve others in their support.

Notes and examples

This can include:

- family
- carers
- friends
- significant others
- community mental health service workers
- general practitioners or other health providers
- private psychiatrists
- community support workers
- religious or spiritual leaders
- other persons nominated by the participant.

5.4 Participants give informed consent before their personal information is communicated to health professionals outside the PDRSS, to carers or other agencies or individuals.

5.5 Participants have the opportunity to communicate with others in privacy unless contraindicated on safety grounds.

5.6 The delivery of support provides an opportunity for locations that offer sight and sound privacy.

5.7 Participants are supported in exercising control over their personal space and personal effects.

Notes and examples

- Where possible, provide participants in residential settings with their own bedroom and personal space.
- Day programs should attempt to provide sufficient private space for participants to use where required.

5.8 Confidential processes exist by which participants and carers can regularly feedback their perception of the support environment to the PDRSS.

Notes and examples

- Include options for anonymity such as a suggestion box, satisfaction surveys and independent reviews.

Cross-references

Rights (1)

Residential or home-based

rehabilitation and support (11.4.B)

Safety (2)

Cultural and gender awareness (7)

5.9 Where possible, participants have appropriate space and privacy to practise their cultural, religious and spiritual beliefs.

Notes and examples

- This criteria applies particularly to residential and day program settings.

5.10 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Standard 6–Prevention and promotion of mental health

The PDRSS, in conjunction with clinical services, works with the local community in prevention and mental health promotion.

Criteria

6.1 The PDRSS has policies and plans that support mental health promotion and prevention of mental disorders and mental health problems.

6.2 The PDRSS works collaboratively with health promotion units and other organisations to conduct and manage activities that promote mental health and prevent the onset of mental disorders and/or mental health problems within the community.

Notes and examples

- Collaborate with other organisations, including clinical services and educational bodies, to investigate issues concerning the needs of people with psychiatric disability.

6.3 The PDRSS provides information to the local community about psychiatric disability.

Notes and examples

Develop information for the community, including relevant stakeholders, such as:

- health practitioners
- generic community services
- statutory bodies.

6.4 The PDRSS has the capacity to appropriately respond to the most vulnerable participants in the local community.

Notes and examples

Provide services for those with mental illness who are:

- problematic drug and alcohol users
- Aboriginal and Torres Strait Islanders
- homeless
- young
- other marginalised groups.

6.5 Each participant is given assistance to access appropriate support to manage their illness, including the development of a plan in case of relapse.

6.6 Wherever possible and appropriate, vocational and social needs are met through the use of mainstream agencies with support from the PDRSS.

Notes and examples

- Consider TAFE, sports clubs and events, community sports centres, Commonwealth Rehabilitation Service.
- Where such services cannot be accessed, the PDRSS advocates on behalf of the participant to ensure their access to these services.

6.7 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Cross-references

Promoting community acceptance (4)

Access (11.1)

Integration standard (8)

Standard 7–Cultural and gender awareness

The PDRSS delivers non-discriminatory support that is sensitive to the gender and social and cultural values of the participant and the role of the participant's family and community.

Criteria

7.1 Staff of the PDRSS should develop a knowledge of the social and cultural groups represented in the local community and an understanding of those social and historical factors relevant to their current circumstances.

Notes and examples

Consider:

- use of census data
- meetings with cultural groups
- open public forums
- dialogue with community leaders and gender specific groups
- collaboration with individuals and organisations with expertise in transcultural mental health
- use of accredited interpreters and bilingual counsellors
- staff knowledge of relevant policy documents
- understanding of Aboriginal and Torres Strait Islander history.

7.2 The PDRSS considers the needs and unique factors of social and cultural groups represented in the local community and involves these groups in the planning and implementation of services.

Notes and examples

- addresses the needs of participants from a range of different cultural groups and takes into account gender specific issues.
- caters for the needs of people with other disabilities and literacy issues.
- promotes staff training that addresses these needs.

7.3 The PDRSS delivers support in a manner that is sensitive to the social and cultural beliefs, values and cultural practices of the participant and their carers.

Notes and examples

- Consider the role of family, culture and community in developing service models for the delivery of support.

7.4 The PDRSS employs staff or develops links with other service providers/ organisations with relevant experience in the provision of support to the specific social and cultural groups represented in the defined community.

Notes and examples

Consider linking with:

- Aboriginal and Torres Strait Islander mental health workers, ethnic health workers, bilingual counsellors

- specific services such as the Transcultural Mental Health Centre and Aboriginal and Torres Strait Islander Mental Health Unit
- women’s health, domestic violence and sexual assault services
- men’s health services.

7.5 The PDRSS monitors and addresses issues associated with sexism and social and cultural prejudice regarding its own staff.

Notes and examples

Consider:

- cross-cultural and gender specific training of staff
- education involving participants and carers from a range of different social and cultural groups.

7.6 Documented policies and procedures exist and are used to achieve the above criteria.

7.7 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Cross-references

- Rights (1)
- Safety (2)
- Privacy and confidentiality (5)
- Integration standard(8)
- Access (11.1)
- Entry (11.2)
- Assessment and review (11.3)
- Rehabilitation and support (11.4)

Standard 8 Integration Standard

Service integration

The Area Mental Health Service (AMHS) works in a coordinated and integrated way with a range of services to ensure continuity of care for the participant.

Criteria

8.1 The PDRSS is part of an integrated AMHS available to serve each defined community.

Notes and examples

All of these separate programs are functions of one mental health service in clinical and disability support settings:

- inpatient care
- crisis intervention
- case management and rehabilitation
- disability support
- health promotion
- developmental programs.

Separately funded programs work collaboratively to achieve a single integrated mental health care system for the defined community.

8.2 The participant's transition between components of the AMHS is facilitated by them having appropriate designated staff members (such as PDRSS key worker) and Individual Program Plans.

Notes and examples

- With the consent of the participant; disability support key workers maintain contact with the participant's clinical case manager regardless of whether the setting is inpatient or community.

8.3 There are regular meetings between staff of each of the AMHS programs and sites to promote integration and continuity.

Notes and examples

- Hold AMHS meetings and regional forums involving both PDRSS and clinical staff on a regular basis.

8.4 The PDRSS has documented policies and procedures which are used to promote continuity of care across programs, sites, other services and lifespan.

Notes and examples

Make policies available on how a participant might receive rehabilitation and support from different PDRSSs such as:

- day programs
- home-based outreach support and planned respite
- collaboration with clinical case managers, general practitioners, private psychiatrists, other non-government organisations.

8.5 The PDRSS has specified procedures to facilitate and review internal and external referral processes with other PDRSS programs.

Notes and examples

Consider:

- documenting policy and procedures
- regular meetings with other PDRSSs.

8.6 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Cross-references

- Cultural and gender awareness (7)
- Service development (9)
- Planning for leaving the PDRSS (11.5)

Integration within the health system

The PDRSS develops and maintains links with other service providers at local, state and national levels to ensure specialised coordinated support and rehabilitation and to promote community integration for people with psychiatric disabilities.

Criteria

8.7 The PDRSS is part of the general health and community support system and promotes comprehensive support for participants, including access to specialist services and resources.

Notes and examples

The PDRSS works collaboratively with:

- general practitioners
- community health and support services
- other disability support services
- disability employment services.

8.8 PDRSS staff know about the range of other health and community support services and resources available to the participant and can provide information on how to access other relevant services.

Notes and examples

- Up-to-date resource information and education by other service providers are available.

8.9 The PDRSS supports the staff, participants and carers in their involvement with other health and community support service providers.

Notes and examples

- Support might be in the form of referral, sharing of resources and/or sharing of expertise between the PDRSS and other services.

8.10 The PDRSS has formal processes to promote inter-agency collaboration.

Notes and examples

Formal processes may include:

- documented policies and procedures
- links with other PDRSSs and clinical mental health services and with other health and community support service providers.

8.11 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Cross-references

Promoting community acceptance (4)

Privacy and confidentiality (5)

Prevention and mental health promotion (6)

Integration with other sectors

The PDRSS develops and maintains links with other sectors at local, state and national levels to ensure specialised coordinated care and promote community integration for people with psychiatric disabilities.

Criteria

8.12 PDRSS staff know about the range of other agencies available to the participant and carers.

Notes and examples

- Resource information and education by other agencies.

8.13 The PDRSS supports its staff, participants and carers in their involvement with other agencies wherever possible and appropriate.

Notes and examples

- Support might be in the form of referral, sharing of resources and expertise with other agencies.

8.14 The PDRSS has formal processes to develop intersectoral links and collaboration.

Notes and examples

- Document policies and procedures and takes minutes of meetings.

8.15 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Cross-references

- Service development (9)
- Access (11.1)
- Entry (11.2)
- Planning for leaving the PDRSS (11.5)

Standard 9–Service development

Organisational structure

The PDRSS is managed effectively and efficiently to facilitate the delivery of coordinated and integrated services.

Criteria

9.1 The PDRSS is managed by an appropriately qualified and experienced person with authority over, and accountability for, PDRSS resources and planning.

9.2 There is single point accountability for the PDRSS.

Notes and examples

- Single point accountability for support and administrative management of the PDRSS.

9.3 The PDRSS has an organisational structure which identifies it as a discrete entity.

Notes and examples

- A PDRSS within a larger organisation must retain its service integrity.

9.4 The organisational structure of the PDRSS ensures continuity of care for its participants.

Notes and examples

- Key workers ensure effective hand-over between workers when a participant changes programs or staffing changes occur.

9.5 The organisational structure of the PDRSS reflects a multidisciplinary approach to planning, implementing and evaluating care.

Notes and examples

- Program manager and team leader positions are open to staff of all disciplines.
- Multidisciplinary teams and sessional staff are used.
- Links with other service providers are developed.

9.6 A system exists that ensures that staff are aware of their roles and responsibilities within the PDRSS.

Notes and examples

Provide:

- collaboratively written and regularly reviewed job descriptions
- orientation program
- staff performance appraisal
- organisational chart.

Planning

Criteria

9.7 The PDRSS produces and regularly reviews a strategic plan that is made available to the defined community.

Notes and examples

- Make available on request and covers all aspects of the PDRSS.

9.8 The strategic plan is developed and reviewed through a process of consultation with staff, participants, carers, other appropriate service providers and the defined community.

Notes and examples

The strategic plan includes:

- participant and community needs analysis
- quality improvement plan
- service evaluation plan including measuring outcomes for individual participants
- plan for maximising participant and carer participation in the PDRSS
- plan for improving the skills of staff
- relevant financial information.

9.9 The strategic plan is consistent with national mental health policies and legislative requirements.

9.10 The PDRSS has operational plans based on the strategic plan which establishes time frames, responsibilities of organisations and/or individuals and targets for implementation.

Notes and examples

- Policies are derived from the strategic and operational plans and are developed and reviewed with staff, participants and carers.
- Policies identify person responsible for implementation and date of most recent and next review.
- Policies are reviewed annually.

Funding

Criteria

9.11 The PDRSS manages a dedicated budget using accepted accounting practices.

9.12 The PDRSS, in its budget, makes provision for staff development and participant and family/carer participation in the PDRSS.

Staff training and development

Criteria

9.13 The PDRSS regularly identifies the training and development needs of its staff.

Notes and examples

- Use performance appraisal, surveys and supervision and refer to industry-validated core competencies for PDRSS staff.

9.14 The PDRSS ensures that staff participate in education and professional development programs.

Notes and examples

- Where needed, train and support staff in the delivery of services.
- Involve participants in the planning and delivery of the education program, where appropriate.

9.15 New staff are provided with an orientation program to the PDRSS.

Notes and examples

- Provide specific and general orientation that includes familiarity with the *National standards for mental health services*.

9.16 The PDRSS ensures that staff have access to formal and informal supervision.

Notes and examples

- Provide opportunities for internal/peer supervision and external professional supervision when resources allow.

9.17 The PDRSS has a system for supporting staff during and after critical incidents.

Notes and examples

Provide:

- critical incident stress debriefing as appropriate
- peer review of incidents.

Information systems

Criteria

9.18 The PDRSS collects and aggregates data that promotes effective support for participants, assists with the management and evaluation of the PDRSS, and promotes staff training and research.

9.19 Data are collected in a manner that ensures reliability, validity and timeliness of reporting.

9.20 Data collected are analysed and used to promote continuous quality improvement within the PDRSS.

9.21 Information is made available to funders, staff and the defined community in an understandable format within the bounds of confidentiality requirements. Data collection is consistent with statutory requirements and state/territory/national requirements for mental health services.

9.22 Collected data is stored and reported in a manner that ensures confidentiality and complies with relevant legislation.

Service evaluation, outcome measurement, research and quality improvement

Criteria

9.23 There is documented accountability and responsibility for evaluation of the PDRSS.

9.24 The PDRSS has a service evaluation strategy that promotes participation by staff, participants, carers, other service providers and the defined community.

9.25 The PDRSS routinely monitors outcomes for individual participants using a combination of quantitative and qualitative methods.

Notes and examples

Consider:

- participant/carers satisfaction surveys
- story telling
- quality of life measures
- measures of change in individual health status
- measures of change in individual functioning
- consultation with participants on the relevance and parameters of various outcome measures
- Individual Program Plan reviews.

9.26 The PDRSS conducts or participates in appropriate research activities.

9.27 Research proposals are reviewed by an ethics committee constituted and functioning in accordance with the National Health and Research Medical Council Statement on Human Experimentation and relevant Explanatory Notes.

9.28 The PDRSS is able to demonstrate a process of continuous quality improvement.

Notes and examples

Consider:

- quality plan
- quality skills training
- method for reporting results
- feedback to staff
- participant involvement
- regular review of service activity
- quality of links with other service providers
- monitoring of relevant indicators
- staff satisfaction and turnover levels.

9.29 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Cross-references

Rights (1)

Participant, community and carer involvement (3)

Privacy and confidentiality (5)

Access (11.1)

Assessment and review (11.3)

Integration standard (8)

Planning for leaving the PDRSS (11.5)

Standard 10–Documentation

Service activities are documented to assist in the delivery of support and rehabilitation and in the management of services.

Criteria

10.1 The PDRSS complies with relevant legislation and regulations protecting participant confidentiality and ensures that documentation processes protect confidentiality.

Notes and examples

- Ensure record keeping complies with appropriate legislation and relevant policies.

10.2 Support and rehabilitation provided by the PDRSS are recorded in an individual record.

Notes and examples

- Keep a record unique to each participant.
- Provide participants with opportunities to access their records.
- Write records in plain English.

10.3 Documentation in the individual record is dated and is legible.

10.4 A system exists by which the PDRSS uses the individual record to promote continuity of care.

Notes and examples

- Ensure a single record exists for each participant.

10.5 Documentation is appropriate, comprehensive and factual and provides a sequential record of the support to the participant.

Notes and examples

- This may take the form of an Individual Program Plan.
- Take notes as appropriate, for example, there may be a difference between the notes taken in a structured day program and those taken at a drop-in service.

10.6 Each participant in a structured program has an Individual Program Plan, which documents the participant's goals, strategies, support required and review of outcomes.

10.7 The PDRSS ensures that only authorised persons have access to information about the participant.

10.8 There are documented and available policies and procedures that are used to achieve the above criteria.

10.9 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Cross-references

Privacy and confidentiality (5)

Entry (11.2)

Assessment and review (11.3)

Standard 11–Delivery of support

Principles guiding the delivery of support

The rehabilitation and support services delivered by the PDRSS are guided by the following principles:

Choice

Access to a range of specialised rehabilitation and support options and information to assist in the selection of the most appropriate option(s) in the setting most relevant for the participant.

Social, cultural and developmental context

Specialised rehabilitation and support, which respects and uses for optimal benefit, the participant's social and cultural values, beliefs, practices and stage of development.

Continuous and coordinated support

Specialised rehabilitation and support is provided in a continuous and coordinated manner by a range of service providers in and between a range of settings.

Comprehensive support

Access to rehabilitation and support services is available throughout the participant's lifespan and is able to meet their specific needs during the rehabilitation, consolidation and recovery phases of their mental disorder or mental health.

Individual support

Specialised rehabilitation and support are provided in response to individual need.

Least restriction

Rehabilitation and support imposes the least personal restriction of rights and choice.

Standard 11.1–Accessibility

The PDRSS is accessible to the defined community.

Criteria

11.1.1 The PDRSS ensures equality in the delivery of rehabilitation and support regardless of participant’s age, gender, culture, sexual orientation, socioeconomic status, religious beliefs, previous psychiatric diagnosis, past forensic status and physical or other disability.

11.1.2 The community to be served is defined, its needs regularly identified and services are planned and delivered to meet those needs.

Notes and examples

This is done through:

- community advisory committees
- public forums
- needs analysis
- data collection and analysis
- community controlled analysis of need.

11.1.3 PDRSSs are provided in a convenient and local manner, where appropriate.

Notes and examples

This includes:

- collaboration with general practitioners, private psychiatrists, clinical case managers
- opportunities for non-local services to be made available to the participant in special circumstances.

11.1.4 The PDRSS ensures effective equitable access to services for each person in the defined community.

Notes and examples

- Pay attention to the needs of people of Aboriginal, Torres Strait Islander and non-English speaking backgrounds.
- Address barriers to access associated with a person’s ethnicity or cultural background, gender, sexual orientation, socioeconomic status, age, disability and previous psychiatric diagnosis.
- Facilitate by forming links with relevant community groups and service providers, use of appropriately trained interpreters and bilingual counsellors, community development, recruitment and ongoing training of staff.

11.1.5 The PDRSS informs the defined community of its availability, range of services and the method for establishing contact.

Notes and examples

- Provide information in a variety of languages and a variety of media.
- Widely distribute information within the communities served.

11.1.6 The PDRSS, wherever possible, is located to promote ease of physical access with special attention to people with physical or sensory disabilities and/or reliance on public transport.

Notes and examples

Access is enhanced through:

- close proximity to public transport
- clear signage
- level access
- assistance with transport and the identification of appropriate child care options, where necessary.

Cross-references

Rights (1)

Prevention and mental health promotion (6)

Integration standard (8)

Service development (9)

11.1.7 Documented policies and procedures exist and are used to achieve the above criteria.

11.1.8 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Standard 11.2–Access

The point and process of access to the PDRSS meets the needs of the defined community and facilitates timely and ongoing assessment.

Criteria

11.2.1 The point and process of access to the PDRSS is made known to the defined community.

Notes and examples

- Use media, promotional flyers, interagency liaison and information in a variety of languages in a variety of formats, as well as regular liaison with referral sources.
- The process of entry is made known to general practitioners, private psychiatrists and clinical case managers.

11.2.2 The PDRSS has documented policies and procedures describing the target group and how to access the service.

Notes and examples

- Should be consistent with national mental health policy, promote continuity of care, identify accountability of PDRSS staff, collaboration with other service providers, such as general practitioners, private psychiatrists and mental health services in other areas.
- Where places in the service are not available, referral is made to other appropriate supports.

11.2.3 The access process to the PDRSS can be undertaken in a variety of ways, which are sensitive to the needs of the participant, their carers and the defined community.

Notes and examples

- Access processes should be culturally and language sensitive, non-traumatic, non-damaging and non-discriminatory for the participant.
- Access could be via telephone, unscheduled attendance at agreed location, home visit, appointment, mail, video technology or use of interpreters.

11.2.4 The access process to the PDRSS is specialised and complementary to that undertaken by clinical mental health services and other intake systems.

11.2.5 An appropriately skilled and experienced PDRSS worker is available to assist participants to access psychiatric disability rehabilitation and support.

11.2.6 The process of access to the PDRSS minimises the need for duplication in assessment, Individual Program Planning and delivery of rehabilitation and support.

Notes and examples

- Where appropriate, key worker is appointed during entry.
- Develop an individualised participant record and Individual Program Plan as soon as appropriate upon entry.

11.2.7 The PDRSS ensures that a participant is able to identify a single PDRSS worker responsible for coordinating their rehabilitation and support.

Notes and examples

- Identify a key worker or delegate in the original person's absence.
- The PDRSS worker who is involved in the participant's initial contact facilitates a smooth transition of support to a more appropriate colleague.
- In the case of drop-in services, there may be more than one worker involved.

11.2.8 The PDRSS has a system for prioritising referrals according to risk, urgency, distress, dysfunction and disability.

Notes and examples

- Develop assessment, referral and duty of care protocols.

11.2.9 The PDRSS has a policy that acknowledges that assessment and the access process to the service are linked.

11.2.10 Documented policies and procedures exist and are used to achieve the above criteria.

11.2.11 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Cross-references

Rights (1)

Safety (2)

Privacy and confidentiality (5)

Cultural and gender awareness (7)

Integration standard (8)

Documentation (10)

Access (11.1)

Assessment and review (11.3)

Planning for leaving the PDRSS (11.5)

Leaving and re-entering the PDRSS (11.6)

Standard 11.3–Assessment and review

Participants receive a comprehensive, timely and accurate assessment and a regular review of progress.

Assessment

Criteria

11.3.1 Assessments are conducted by appropriately skilled and experienced PDRSS staff in the context of psychiatric disability rehabilitation and support.

11.3.2 Where appropriate, this assessment is conducted in a setting chosen by the participant. The choice of setting is negotiated by the participant and the PDRSS and considers the safety of those people involved.

11.3.3 The PDRSS has a system for commencing and recording assessment during the participant's first contact with the service.

11.3.4 The assessment process is appropriate and comprehensive and, at the participant's request or with their informed consent, includes the participant's carers (including children), other service providers and other people nominated by the participant.

Notes and examples

Assessment process seeks only information that is relevant and will be used.

Assessment includes:

- physical, social and psychological strengths
- risks
- family and social components
- relevant history
- diagnosis and Individual Program Plan where appropriate.

11.3.5 The assessment is conducted using appropriate methods.

11.3.6 The PDRSS has documented protocols and procedures describing the assessment process.

Notes and examples

Includes the unique requirements of:

- people of non-English speaking background
- Aboriginal and Torres Strait Islander people
- deaf people
- people with disabilities.

11.3.7 The assessment is recorded in an individualised record in a timely and accurate manner acceptable to the participant.

11.3.8 There is opportunity for the assessment to be conducted in the preferred language of the participant and their carers.

Notes and examples

Use:

- accredited interpreters
- bilingual counsellors
- transcultural mental health services.

11.3.9 Staff are aware of and sensitive to, cultural and language issues that may affect the assessment.

Notes and examples

- Staff with an awareness of transcultural issues either conduct the assessment or guide the work of other workers.
- This includes the assessment of a person with an Aboriginal or Torres Strait Islander background.

Review

Criteria

11.3.10 The PDRSS ensures that the assessment is continually reviewed throughout the participant's contact with the service.

11.3.11 Staff of the PDRSS involved in providing assessment undergo specific training in assessment and receive supervision from a more experienced colleague.

Notes and examples

This involves:

- assessment methods
- working with interpreters
- individual and group supervision.

11.3.12 The Individual Program Plans of all active participants are reviewed regularly, at least every six months.

11.3.13 The PDRSS has a system for the routine monitoring of staff participant loads in terms of number and mix of participants, frequency of contact and outcomes of support.

11.3.14 Documented policies and procedures exist and are used to achieve the above criteria.

11.3.15 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Cross-references

Rights (1) Service development (9)

Safety (2) Documentation (10)

Privacy and confidentiality (5)

Entry (11.2)

Integration standard (8)

Planning for leaving the PDRSS (11.5)

Standard 11.4–Rehabilitation and support

The defined community has access to a range of high quality mental health rehabilitation and support services.

Criteria

11.4.1 Rehabilitation and support provided by the PDRSS reflect best available evidence and emphasise positive outcomes for participants.

11.4.2 Rehabilitation and support provided by the PDRSS, including participation in research, are subject to the informed consent of the participant.

11.4.3 The PDRSS ensures access to a comprehensive range of rehabilitation and support programs which are, wherever possible, appropriate to a person's age and stage of development.

Notes and examples

Programs use:

- expert staff in the area of psychosocial rehabilitation
- effective links with other specialist and generalist service providers.

11.4.4 The PDRSS ensures access to a comprehensive range of rehabilitation and support services that are specialised regarding a participant's stage in the recovery process.

Notes and examples

- Promote rehabilitation and ensure follow-up.
- Promote and support recovery.

11.4.5 The PDRSS ensures access to a comprehensive range of rehabilitation and support services that address physical, social, cultural, emotional, spiritual, gender, sexual orientation and lifestyle aspects of the participant.

Notes and examples

Access to:

- gender and culturally specific programs
- recreational programs
- parent support groups
- age relevant activities.

11.4.6 The PDRSS ensures access to a comprehensive range of rehabilitation and support services that, wherever possible, address dual diagnosis, other disability and participants who are involved in the criminal justice system.

Notes and examples

- Collaborative treatment with drug and alcohol service, aged services and so on.

11.4.7 The PDRSS ensures access to a comprehensive range of rehabilitation and support services that are, wherever possible, specialised in addressing the particular needs of people of culturally and linguistically diverse backgrounds.

Notes and examples

Access to:

- specialised cultural activities
- links with ethnic-specific service
- bilingual workers.

11.4.8 Where appropriate, there is a current Individual Program Plan available to each participant, which is constructed and regularly reviewed with the participant and, with the participant's informed consent, their carers.

Notes and examples

A copy of the plan is given to the participant.

Participation by other persons nominated by the participant such as:

- advocate
- general practitioner
- private psychiatrist
- other service provider.

11.4.9 The PDRSS provides the least restrictive and least intrusive rehabilitation and support possible in the environment and manner most helpful to, and most respectful to, the participant.

11.4.10 The rehabilitation and support provided by the PDRSS is developed collaboratively with the participant and other persons nominated by the participant.

Notes and examples

- Involve the participant fully in the development of the Individual Program Plan and in the evaluation of outcomes.

Cross-references

Rights (1)

Assessment and review (11.3)

11.4.11 Documented policies and procedures exist and are used to achieve the above criteria.

11.4.12 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Standard 11.4.A–Community living

The PDRSS provides participants with access to a range of rehabilitation and support programs that maximise the participants' quality of life.

Independent living

Criteria

11.4.A.1 The setting for the learning or the re-learning of activities of daily living is the most familiar and/or the most appropriate for the generalisation of skills acquired.

Notes and examples

- Use the participant's own home, the participant's local shops, and transport.

11.4.A.2 Activities of daily living programs or interventions are designed so that participants develop or redevelop the necessary competence to meet their own everyday community living needs.

Leisure, recreation, education, training, work and employment

Criteria

11.4.A.3 The PDRSS ensures that settings for day programs provide adequate indoor and outdoor space for participants.

11.4.A.4 The PDRSS ensures that the participant has access to an appropriate range of agencies, programs and/or interventions to meet their needs for leisure, recreation, education, training, work, accommodation and employment.

11.4.A.5 The PDRSS supports the participant's access to education, leisure and recreation activities in the community.

11.4.A.6 Where possible, the PDRSS facilitates access to, and supports participants in, employment and work.

Notes and examples

- Employment might be full-time or part-time, paid or voluntary, supported or open market.
- Liaise with Commonwealth Rehabilitation Service and other relevant psychiatric and disability support services.

11.4.A.7 The PDRSS supports the participant's access to vocational training opportunities in appropriate community settings and facilities.

Notes and examples

Consider:

- apprenticeships
- traineeships.

11.4.A.8 The PDRSS promotes access to vocational support systems that ensure the participant's right to fair pay and conditions.

Notes and examples

- Payment for work is at the level of the relevant award or above.

11.4.A.9 The PDRSS supports the participant's desire to participate in further or continuing education.

Notes and examples

Consider:

- TAFE courses
- university studies
- links with other relevant PDRSSs.

11.4.A.10 The PDRSS provides or ensures that participants have access to drop-in facilities for leisure and recreation as well as opportunities to participate in leisure and recreation activities individually and/or in groups.

Family, relationships, social and cultural system

Criteria

11.4.A.11 The participant has the opportunity to strengthen their valued relationships through the support effected by the PDRSS.

Notes and examples

Relationships with:

- family
- carer
- sexual partner
- friends
- peers
- cultural group
- community.

11.4.A.12 The PDRSS ensures that the participant and their family have access to a range of family-centred approaches to support where appropriate.

Notes and examples

- Provide referral and information regarding family involvement and support.
- Provide family education about the relevant psychiatric disability.
- Make contact with relevant support or self-help groups.

11.4.A.13 The PDRSS provides a range of rehabilitation and support that maximises opportunities for the participant to live independently in their own accommodation.

11.4.A.14 Documented policies and procedures exist and are used to achieve the above criteria.

11.4.A.15 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Cross-references

Promoting community acceptance (4)

Cultural and gender awareness (7)

Rehabilitation and support (11.4)

Standard 11.4.B–Residential or home-based rehabilitation and support

Residential or home-based rehabilitation and support is provided in a manner that promotes choice, safety and maximum possible quality of life for the participant.

Criteria

11.4.B.1 The PDRSS has, and adheres to, guidelines for the provision of residential or home-based rehabilitation and support

Notes and examples

- The National Working Party on Housing for People with a Disability emphasises four principles:
 - equal rights and responsibilities
 - service that meets individual needs
 - independent living
 - inclusion in community life and choice
- disability services standards
- state/territory departmental guidelines
- compliance with residential tenancies Acts.

11.4.B.2 Participants and carers, where appropriate, have the opportunity to be involved in the planning and evaluation of residential rehabilitation and home-based support.

Notes and examples

Participate in:

- residents' committee
- board of management
- evaluation of programs.

11.4.B.3 The residential rehabilitation and home-based support services work in partnership with other rehabilitation and support programs.

Notes and examples

- Where supported accommodation is not provided by the PDRSS, there is close collaboration between the PDRSS and the accommodation provider to ensure access to other rehabilitation and support programs.

11.4.B.4 Any housing managed by a PDRSS is clean, safe and reflects as much as possible the preferences of the participants living there.

Notes and examples

Consider:

- decor
- house rules
- cleaning routines
- cooking and shopping routines
- single sex accommodation if required
- secure, adequate personal space regarding indoor and outdoor physical environments.

11.4.B.5 Access to the residential rehabilitation and home-based support is non-discriminatory and determined on priority of need alone.

Notes and examples

Consistent with:

- documented PDRSS priorities
- catchment area limitations
- national mental health policies and waiting lists.

11.4.B.6 A range of residential rehabilitation and home-based support is delivered to the participants according to individual need.

11.4.B.7 Participants living in the residential rehabilitation are offered maximum opportunity to participate in decision making regarding decor, visitors, potential residents and house rules.

11.4.B.8 PDRSSs inform participants of the range of available accommodation options and participants are supported in their choice to move between options if needed.

11.4.B.9 Where desired, participants are assisted to find housing in the proximity of their social, cultural and clinical supports.

Notes and examples

Near:

- family
- friends
- carers
- familiar neighbourhood and community.

11.4.B.10 The accommodation maximises opportunities for the participant to become involved in the local community.

Notes and examples

Consider:

- close to public transport, recreation facilities, shopping facilities
- use of mainstream agencies, general practitioners.

11.4.B.11 The accommodation maximises opportunities for the participant to exercise control over their personal space.

Notes and examples

Provide for:

- lockable bedrooms
- lockable cupboards
- choice of visitors
- house meetings to resolve conflict.

11.4.B.12 Wherever possible and appropriate, the PDRSS assists participants to meet their cultural, language, gender, sexual orientation and preferred lifestyle requirements.

Notes and examples

Consider:

- ability to communicate with other household participants and with staff
- ability to participate in their normal lifestyle, religious and cultural activities.

11.4.B.13 Participants with physical or sensory disabilities have their needs met where possible.

Notes and examples

Consider:

- access issues for mobility-impaired people
- safety issues for visually and hearing impaired people
- the special communication requirements of deaf people such as TTY (telephone typewriter) and flashing doorbell.

11.4.B.14 Where relevant, services support participants in their own accommodation and support accommodation providers to promote the criteria above.

Notes and examples

Support participants:

- to live independently in their own accommodation
- in boarding houses and public refuges.

11.4.B.15 The PDRSS provides rehabilitation and support to participants regardless of their type of accommodation.

11.4.B.16 The PDRSS seeks to minimise the risk to participants in being exploited and/or abused in their accommodation.

Notes and examples

The PDRSS:

- investigates local accommodation options
- stays involved with participants after they are accommodated
- forms links with accommodation providers
- advocates for improvement where required
- reports alleged exploitation.

11.4.B.17 Documented policies exist and are used to achieve the above criteria.

11.4.B.18 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Cross-references

- Rights (1)
- Safety (2)
- Integration standard (8)
- Community living (11.4.A)

Standard 11.4.C–Psychosocial rehabilitation and support

The participant and the participant's family/carer, where appropriate, have access to a range of safe and effective psychosocial rehabilitation and supports.

Criteria

11.4.C.1 Psychosocial rehabilitation and support offered or recommended by the PDRSS reflects best available evidence and is conducted by appropriately qualified and experienced PDRSS staff.

11.4.C.2 The PDRSS provides access to a range of accepted psychosocial rehabilitation and support services according to the needs of the participant and their carers, where appropriate.

Notes and examples

- Provide opportunities for group and individual psychosocial rehabilitation.
- Where services are unable to provide appropriate support, referrals should be made to another service provider.

11.4.C.3 The extent to which psychosocial rehabilitation and support are directly provided by the PDRSS is determined according to the assessed needs of participants in the defined community and the documented priorities of the PDRSS.

Notes and examples

- Document service priorities for people with severe psychiatric disabilities in policies, procedures and strategic plan.

11.4.C.4 The participant is supported to make an informed choice on the preferred form of psychosocial rehabilitation and support from the range available.

Notes and examples

- Provide information in a variety of languages and a variety of media.

11.4.C.5 The participant is informed by the PDRSS of the potential benefits, financial costs and any other foreseeable inconvenience associated with the provision of particular psychosocial rehabilitation and support programs.

Notes and examples

- Use interpreters to facilitate understanding and informed decision making.

11.4.C.6 The PDRSS promotes continuity of care for participants referred outside the PDRSS for a particular psychosocial rehabilitation and support.

Notes and examples

- Liaise with the clinical case manager and other service providers.
- Provide shared care arrangement.
- Follow-up contact with participant and, with the participant's informed consent, with their carers.

11.4.C.7 Psychosocial rehabilitation and support provided by the PDRSS is in an environment that is safe, private, comfortable and affords minimal disruption.

11.4.C.8 Documented policies and procedures exist and are used to achieve the above criteria.

11.4.C.9 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Cross-references

- Privacy and confidentiality (5)
- Cultural and gender awareness (7)
- Integration standard (8)
- Service development (9)
- Documentation (10)
- Rehabilitation and support (11.4)
- Leaving and re-entering the PDRSS (11.6)

Standard 11.5–Planning for leaving the PDRSS

Participants are assisted to plan for leaving the PDRSS to ensure that ongoing follow-up is available if required.

Criteria

11.5.1 Each participant's documented Individual Program Plan includes a plan for leaving the service when this becomes appropriate.

Notes and examples

Details that should be covered in the plan include:

- preferred ongoing support provider
- community resources likely to be required
- other people likely to be involved
- other details as identified by the participant and/or carer
- participant's preferred method of evaluating outcome of care for the participant.

11.5.2 The plan is reviewed in collaboration with the participant and, with the participant's informed consent, with their carers, and as part of each review of the Individual Program Plan.

11.5.3 The plan for leaving the service is made available to participants and, with the participant's informed consent, to their carers and other nominated service providers, for example, clinical case manager.

11.5.4 The participant and their carers, where appropriate, are provided with understandable information on the range of relevant services and supports available in the community.

11.5.5 The PDRSS ensures that participants referred to other service providers have established contact and that the arrangements made for ongoing follow-up are satisfactory to the participant, their carers and other service providers prior to leaving the PDRSS.

11.5.6 All services provided by the PDRSS are planned and delivered on the basis of participant preference and the appropriate duration of contact consistent with best outcomes for the participant.

Notes and examples

- A range of programs based on individual need are available with recognition that some people will require ongoing support while others will require a brief episode of support.
- All programs should attempt to maximise a person's independence and involvement with their community.

11.5.7 Documented policies and procedures exist and are used to achieve the above criteria.

11.5.8 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Cross-references

Integration standard (8)

Promoting community acceptance (4)

Standard 11.6–Leaving and re-entering the PDRSS

The PDRSS assists participants to leave the service and ensures re-entry, where appropriate, according to the participant’s needs.

Criteria

- 11.6.1 Staff review the outcomes of rehabilitation and support as well as ongoing follow-up arrangements for each participant prior to their leaving the PDRSS.
- 11.6.2 The PDRSS ensures that the participant, their carers and other service providers and agencies involved in follow-up understand if and how the participant can re-enter the PDRSS at a later date.
- 11.6.3 Documented policies and procedures exist and are used to achieve the above criteria.
- 11.6.4 The PDRSS monitors its performance regarding the above criteria and uses data collected to improve performance as part of a quality improvement process.

Cross-references

- Integration standard (8)
- Access (11.1)
- Entry (11.2)
- Planning for leaving the PDRSS (11.5)