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**MentalHealth
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Collaboration • Knowledge • Leadership

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Dear Prof Picone,

Mental Health Victoria (MHV) commends the Australian Commission on Safety and Quality in Health Care (the ACSQHC) for recognising the essential role of Community Managed Organisations (CMOs) in the development of the National Safety and Quality Mental Health Standards for CMOs.

MHV is the peak body for mental health in Victoria. Our membership includes consumer, family and carer groups, public hospitals and non-government organisations, unions, medical colleges, police and emergency services, local government, and peak bodies of related sectors.

At this critical time of reform in Victoria, a unified set of standards is required to enable appropriate and effective oversight and to drive continuous improvement across the whole of the mental health and wellbeing and suicide prevention sectors (mental health sector). While CMO-like organisations play an essential role in this sector, we urge the ACSQHC to seize this opportunity to develop safety and quality standards that are applicable to all organisations and workforces delivering mental healthcare and support in the community, regardless of their organisational type.

With broad-scale reform of the mental health sector already underway in Victoria and other jurisdictions, it is essential that the Standards recognise and respond to these ongoing reform processes. Adapting to these developments will ensure the Standards' relevance and utility in a transforming system and that quality and safety are improved.

In the development of standards for mental healthcare and support delivered in the community, we recommend the Standards:

- align with key ongoing reforms
- apply to new, evolving and emerging services, workforces and technologies
- include an aspirational statement to unite the sector in a common purpose
- ensure organisations undertake key actions for quality and safety

- avoid duplication and appropriately minimise the administrative burden of service providers, including by facilitating mutual recognition with other relevant standards
- be developed through engagement with key stakeholders
- be accompanied with an implementation plan.

Develop one set of standards for the mental health and wellbeing sector

Broad-scale reform of our approach to mental health and wellbeing across federal and state-based jurisdictions provides a unique opportunity for the Standards to unify the whole of the Australian mental health sector with a cohesive approach to improving performance and outcomes.

A comprehensive set of Standards should be applicable to the full range of actions relating to mental health and wellbeing, including but not limited to:

- clinical and non-clinical individual, group and family supports, including psychosocial or “wellbeing” supports;
- local community initiatives, including stigma reduction campaigns and mental health promotion initiatives;
- prevention;
- early intervention;
- suicide prevention supports; and
- accommodation and associated supports.

Streamlining standards for mental health and wellbeing in this way would allow for:

- system-wide data collection, monitoring and strategic action;
- a more efficient approach to auditing and accreditation, decreasing effort and costs to organisations for which multiple sets of Standards would otherwise apply; and
- improved consistency across services and consequent increase in public trust.

Although every standard within the set would not apply to every organisation or service type, recommendations should be made to guide organisations as to which of the Standards would be most appropriate to apply.

Align the Standards with key ongoing reforms

The development of the Standards comes at a time of unprecedented national, and state-based reform in which the foundations of mental health and wellbeing systems are shifting towards care that is person-centred, recovery-oriented, community-based and human rights-compliant.

This rights-based approach is well documented by the World Health Organization's *Guidance on Community Mental Health Services*¹ which highlights many of the

¹ World Health Organisation (WHO) 2021, *Guidance on Community Mental Health Services*, available: <https://www.who.int/publications/i/item/9789240025707#:~:text=up%20new%20services,->

principles and practices recommended by the Royal Commission into Victoria's Mental Health System.² It is important that the Standards align with relevant reforms and associated legislative change, such as the review of the Mental Health and Wellbeing Act in Victoria, to capitalise on these developments and ensure the Standards maintain their relevance and utility in an evolving system landscape.

Apply the Standards to new services, workforces and technologies

CMOs comprise a diverse range of organisations, workforces and initiatives, to the point that the very term CMO is increasingly too restrictive. In Victoria, a vast range of organisations (government and non-government) deliver mental healthcare and support in the community, including hospitals, community health, community-controlled/community-led, ethno-specific organisations and private providers. Furthermore, this work is expected to evolve and change considerably in response to numerous reform processes, encompassing:

- the Royal Commission into Victoria's Mental Health System (the Royal Commission)
- the Productivity Commission's Inquiry into Mental Health
- the National Children's Mental Health and Wellbeing Strategy
- the Aged Care Royal Commission
- the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability
- and others, including the associated global movement toward rights-based mental health care delivered in the community.

The Standards must be sufficiently flexible to accommodate the roll-out of these key reforms and the associated new, evolving and emerging:

- organisational types
- services, including:
 - those delivered via partnerships or collaborations (including with public services), eg Victorian Area Mental Health and Wellbeing Services
 - multidisciplinary, co-located services, such as the federally funded Head to Health Centres and Victorian Local Mental Health and Wellbeing Services
 - those based on culturally safe models of care, such as the incoming Victorian Aboriginal Healing Centres
- workforces, including:
 - peer and lived experience workforces
 - new and emerging specialisations
- technologies.

[The%20WHO%20Guidance%20on%20community%20mental%20health%20services%3A%20Promoting%20person,with%20international%20human%20rights%20standards](#)

² Royal Commission into Victoria's Mental Health System 2021, *Final Report*, available: <https://finalreport.rcvmhs.vic.gov.au/download-report/>

Include an aspirational statement to unite the sector in a common purpose

To help drive this shift to a rights-based approach, the Standards would be best headed by an aspirational statement that unites all stakeholders in this mission. This statement should remind people of their common purpose and the significance of their day-to-day actions to the lives of others.

This statement should contain a clear, simple intention that emphasises shared responsibility to ensure that:

- respect is embedded throughout the system
- human rights are upheld, and
- mental health and wellbeing are improved.

Align the Standards with key principles for quality and safety

To embed this intention, the Standards should align with a range of interrelated principles to improve safety and quality of mental healthcare and support delivered in the community. Organisations and their workforces must be supported to deliver action based on these values:

Lived experience at the centre: Action meets the needs and expectations of the people that has been set up to serve.

Recovery-oriented, person-centred, strengths-based and preference-focused: Action focuses on working with a person's strengths rather than their deficits, and recognises hope and possibility in all lives, seeing the person at the centre of care as the best to make decisions and express preferences about their own lives.³

Rights-based: Action ensures human rights are upheld, including:

- respect for legal capacity
- non-coercive practices
- participation
- community inclusion
- recovery approach.⁴

Holistic, encompassing social, emotional and spiritual wellbeing: Action is based on an understanding of whole-of-person needs, including biological, psychological, social, and spiritual needs. A holistic conception of wellbeing includes the Aboriginal and Torres Strait Islander concept of social and emotional wellbeing that encompasses body, mind and emotions, family and kinship, community, culture, country and spirit, spirituality, and ancestors.⁵

³ Brophy, L. Brasier, C., Fossey, E., Whittles, N. & Jacques, M. 2021, *The Current Landscape: Good Practice in Recovery-Oriented Psychosocial Disability Support*, Stage One Report, February 2021.

⁴ WHO 2021, *ibid*.

⁵ Victorian Aboriginal Community Controlled Health Organisation, 2020, *Balit Durn Durn, Strong brain, mind, intellect and sense of self*, p. 24, available: <https://www.vaccho.org.au/assets/01-RESOURCES/TOPIC-AREA/ROYAL-COMMISSION-MENTAL-HEALTH/REPORT/VACCHO-BALIT-DURN-DURN-RCVMH-2020-WEB.pdf>

Compassionate and connected: People are open and listen respectfully. People want to sensitively share the experiences of others and want to alleviate distress while enabling the person to retain their independence and dignity.

Relational: Action addresses the fact that a person's relationships may pose risk and/or protective factors to mental health and recovery.

Family-inclusive: Action is collaborative with kin, family, carers and supporters that promote and enhance mental health and recovery.⁶

Addressing social determinants of health: Action addresses the social, economic and physical circumstances that pose risk and/or protective factors to mental health and wellbeing. People are empowered to address structural inequities and power imbalances.⁷

Addressing stigma and discrimination: Action includes addressing stigma and discrimination based on negative attitudes or beliefs, lack of understanding or misinformation about mental illness.

Evidence-informed: Action is based on the best available research, evidence and evaluation.

Culturally responsive and safe: Action recognises and responds to diversity, including responding to the impact of racism and inequity based on culture, race/ethnicity, language and faith.⁸ People are given access to safe, appropriate, and acceptable mental healthcare. Self-determination is assured for Aboriginal and Torres Strait Islander peoples and communities.

Intersectional: Action has an inherent understanding that power relations influence social relations across diverse societies and experiences.⁹ Social categories of race/ethnicity, gender, class, age etc are understood as interrelated and shaping inequities and experiences of mental health and recovery.

Trauma-informed: Action responds appropriately to experiences of trauma and understands it is a common experience.

Collaborative and integrated: Given that people often require care across several services or sectors, integration and collaborative action across services and sectors is required.

⁶ Froggatt, D. Overview, Chapter 1 in *Families as Partners in Mental Health Care*, available: <https://www.tandemcarers.org.au/images/Chap%201%20-%20Overview.pdf>

⁷ World Health Organisation 2014, *Social Determinants of Mental Health*, available: https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf;jsessionid=C119AC9FC5F3B250045B6975F3FB874E?sequence=1

⁸ Ethnic Communities Council of Victoria and Victorian Transcultural Cultural Mental Health 2021, *Recommendations for a Culturally Responsive Mental Health System*, available: https://eccv.org.au/wp-content/uploads/2021/06/Recommendations-for-a-Culturally-Responsive-Mental-Health-System-Report_ECCV_VTMH_June-2021.pdf

⁹ Hill Collins, P., & Bilge, S. (2016). *Intersectionality*. Polity Press.

Ensure organisations undertake key actions for quality and safety

Aligning with these principles, the Standards should ensure organisations and workforces undertake specific actions to ensure:

- leadership and unity of purpose within and across the organisation
- engagement with diverse people, empowering people across all levels of the organisation, especially consumers, carers and family members
- effective management of relationships, including between staff, consumers, carers, family members and communities
- a process approach for:
 - consistent and predictable results
 - effectiveness and efficiency
 - interrelated and coherent systems
- continuous improvement
- decisions based on evidence.

Facilitate mutual recognition of other relevant standards

The ACSQHC must actively govern compliance and recognise relevant standards from other state and federal health and human service areas, as well as international standards such as the ISO Quality Management Principles and others.

Mutual recognition not only significantly reduces the administrative and resource burden of compliance for organisations, but it also ensures a range of fields of practice align on quality and safety. This has the potential to support integration and improve consistency of experience for the people in the system.

Mutual recognition should allow for relevant standards or frameworks that are commonly accessed by people who also access mental health services. These include:

- NDIS Practice Standards (NDIS Quality and Safeguarding Commission)
- Health Standards (ASQHC)
- Community Health Standards (ASQHC)
- Standards for General Practices (Royal Australian College of General Practice)
- Aged Care Quality Standards (ASQHC)
- National Quality Framework for Alcohol Treatment Services (Federal Department of Health)
- QIC Health and Community Services Standards (Quality Innovation Performance)
- Community Services Quality Governance Framework (Victorian Department of Health and Human Services)
- Victorian alcohol and drug treatment principles, and Victorian alcohol and other drug client charter (Victorian Department of Health and Human Services).

There is also a need to regularly review mutual recognition arrangements to account for developments with ongoing reform processes, such as the incoming Victorian Mental Health and Wellbeing Outcomes Framework.

Engage with key stakeholders

The design, implementation, and review of the Standards should be driven by a sustained, appropriate and genuine approach to engagement including, where possible, a co-production methodology. Co-production ensures:

- People with lived experience are partners from the outset
- Power differentials are acknowledged, explored and addressed
- Lived experience leadership and capacity are grown¹⁰

To ensure shared ownership and buy-in to the Standards, a diversity of stakeholders should be engaged beyond and including those in the mental health sector, such as:

- consumers, carers, families, supporters and other lived experience experts
- frontline workers and service providers
- policy makers and peak bodies
- leaders and board members.

Particular attention should also be paid to groups whose perspectives are likely to vary from the dominant perspectives/norms, including:

- LGBTIQ+ people
- Aboriginal and Torres Strait Islander peoples and communities
- women and girls
- people with disabilities
- people from culturally and linguistically diverse backgrounds, including migrants and refugees
- people with intersecting experiences, including people who commonly have support needs that span the mental health and other common service areas, such as housing and addiction.

A collaborative process should be used to decide on the definitions and language. Generally, the term 'people' is preferred to terms that refer to people with reference to a health issue, condition, disorder, or illness. This consultative approach should extend to the definition and description of organisational types and practices with the aim to adopt language that can be used and understood across all relevant practice areas. For example, among CMOs it is likely that a term such as 'service governance' is preferable to 'clinical governance', owing to the latter's origination in a medical context.

Develop and release an implementation plan

Implementation of the Standards will be a critical and ongoing process required to ensure the Standards improve and maintain performance as intended. In our

¹⁰ Grey, F. & Roper, C. 2018, *Co-production: putting principles into practice in mental health contexts*, available:

https://healthsciences.unimelb.edu.au/__data/assets/pdf_file/0007/3392215/Coproduction_putting-principles-into-practice.pdf

advice on the implementation of the Royal Commission into Victoria's Mental Health System, *From Vision to Reality*¹¹, MHV outlined 6 key actions based on best practice and sector expertise. We recommend the ACSQHC develop and release an implementation plan based on the six key action areas identified in this report. These include:

- strong governance
- planning for success
- enabling authentic collaboration
- coordinating strategic communications
- prioritising capacity-building
- monitoring and evaluating progress

To support the successful implementation of the Standards, there is a particular need for the plan to ensure:

- ongoing, adequate financial, human and timing resources for organisations and workforces, in addition to resourcing for auditors
- government/funders/commissioners playing an enabling role
- tailored communication, guidance and support for all stakeholders including consumers, carers and family, assessors, organisations, workforces, boards, and policy makers
- education, training and skill development for all stakeholders
- information systems are effective and efficient and designed to reduce the administrative burden of compliance.

Conclusion

The ACSQHC is presented with an exciting opportunity to create a national set of standards applicable to the whole of the mental health and wellbeing sector.

Drawing on global, national, and state reform processes that are contributing to some of the biggest transformations in our approach to mental health and wellbeing since de-institutionalisation, these Standards have the potential to considerably improve the safety and quality of Australia's mental health and wellbeing sector and to improve outcomes for its people.

For the Standards to meaningfully capitalise on these significant opportunities, the Standards must align with recovery-oriented, person-centred, rights-based principles and actions, which are commonly practiced by CMOs and other like-organisations.

¹¹ MHV 2020, *From Vision to Reality: A guide for the successful implementation of recommendations from the Royal Commission into Victoria's Mental Health System*, December 2020, available: <https://www.mhvic.org.au/images/RoyalCommission/VS0040MHVRoyalCommissionVisiontoRealitySub missionSinglePages.pdf>

It is essential that these positive outcomes are adequately planned for and that attention is paid to engaging key stakeholders in the design, implementation, and review of the Standards to ensure their success.

MHV again thanks the ACQSHC for the opportunity to contribute to this vital piece of work and welcomes any further opportunity to provide more detailed advice.

For further information on this submission, please contact Larissa Taylor, Director of Policy, on (03) 9519 7000 or l.taylor@mhvic.org.au.

Yours sincerely,



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