qamh
leading community mental wellbeing

Queensland Alliance for Mental Health

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

Submission

21 January 2022

Who is QAMH?

Queensland Alliance for Mental Health (QAMH) is the peak body for the Community Mental Wellbeing Sector in Queensland. We represent more than 100 organisations and stakeholders involved in the delivery of Community Mental Wellbeing Services across the state.

Our role is to reform, promote and drive community mental wellbeing service delivery for all Queenslanders, through our influence and collaboration with our members and strategic partners.

At a federal level, we collaborate with Community Mental Health Australia. We work alongside our members to add value to the sector and act as a strong advocate on issues that impact their operations in Queensland communities.

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Our Response

QAMH appreciates the opportunity to provide feedback to the Australian Commission on Safety and Quality in Health Care (the Commission) on the draft National Safety and Quality Mental Health Standards for Community Managed Organisations (the Standards). We believe these Standards are an important step towards providing safety and quality assurance for consumers and their carers, and best practice guidance for service providers. We welcome the Standards' purpose and intent to provide a nationally consistent statement about the standard of care consumers and carers can expect from a community mental health service and we appreciate the opportunity to contribute to their development. QAMH was involved in the preliminary consultation which led to the development of these draft Standards and are pleased to see some of our feedback incorporated into the document. We note, however, some key areas for improvement, in particular the failure of the Standards to truly reflect the trauma-informed, recovery-oriented approach that is at the core of the work performed by the community mental health and wellbeing sector.

Our response to this public consultation has been informed by consulting widely with our members, discussions with other peak community mental health organisations from states and territories, and our extensive knowledge of the community mental health and wellbeing sector in Queensland.

QAMH has developed this submission for the Commission's consideration. This submission will discuss the following areas:

- Incorporating trauma-informed, recovery-oriented practice
- Language and terminology
- Peer workers
- Human rights
- Diverse population groups
- Implementation of the Standards

Incorporating trauma-informed, recovery-oriented practice

QAMH's members were concerned to see no reference to trauma-informed, recovery-oriented practice in the draft Standards. This practice lies at the heart of the community mental health sector, informs their day-to-day work and is an essential element of the services they provide. The draft Standards should be amended to reflect this distinguishing framework of our sector. Members signalled that they would prefer a set of general principles at the beginning of the document that underpin the Standards.

These principles could borrow from the Australian Government's *Principles of Recovery Oriented Mental Health Practice*[1] which focus on:

- Acknowledging that recovery is not necessarily about achieving absence of symptoms, but is about having opportunities for choices, living a meaningful life and being a valued contributing member of the community.
- Accepting that recovery outcomes are personal and unique for each individual and go beyond an exclusive health focus to include an emphasis on social inclusion and quality of life.
- Supporting people to build on their strengths and take as much responsibility for their lives as they can.
- Supporting people to lead risk assessment and safety planning activities, including the opportunity to take positive risks and make the most of new opportunities.
- Supporting people to maintain their social, recreational, occupational and vocational roles and responsibilities.
- Involving sensitivity and respect for each person, especially for their values, beliefs and culture.

[1] Australia. Department of Health. (2010). *Principles of Recovery Oriented Mental Health Practice*. https://www1.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-i-nongov-toc~mental-pubs-i-nongov-pri

These principles should also state what trauma-informed practice involves. For example, as outlined by the New South Wales Department of Health[2]:

- The recognition that a significant number of people living with mental distress have experienced trauma in their lives, and that the impact of this trauma may be lifelong.
- The understanding that trauma impacts people, their emotions and relationships with others.
- The adoption of an approach to service delivery that includes emotional and physical safety, trust, choice, collaboration and empowerment.

In addition, throughout the document, references to trauma-informed, recovery-oriented practice need to be more explicit. For example, the criteria that deals with eliminating and minimising restrictive practices should note that this would be consistent with trauma-informed practice. In the section on provision of a "safe environment", action 1.32 could be further expanded to include references to creating "safe and trauma-informed environments" rather than just "welcoming". Similarly, the section promoting the importance of a safe environment should note that while organisational risk needs to be minimised, individuals are encouraged to take positive risks in line with recovery-oriented practice.

Language and terminology

Feedback from QAMH members was that the language used in the draft Standards is too paternalistic and needs a greater focus on person-led, individual journeys, where people make their own decisions and exercise choice and control in the services they receive to support their recovery. The community mental health and wellbeing sector does not believe in adopting the expert role in people's lives, determining what is thought to be best for the person. Instead, it acknowledges that each individual is an expert in their own life and that recovery involves working in partnership with individuals and their carers to provide support in a way that makes sense to them. Applying this lens to the Standards, the following are examples where paternalistic language has been used in these draft standards:

[2] New South Wales. (2020). *What is Trauma-informed Care*? https://www.health.nsw.gov.au/mentalhealth/psychosocial/principles/Pages/trauma-informed.aspx

- The service provider identifies service areas that have a high risk of unpredictable behaviours and **develops strategies** to minimise the risks of harm **for consumers**, their families and carers and the workforce (1.33)

- "The workforce develop, document and **share with** consumers comprehensive, individualised care plans…." (3.10)

- "The workforce use processes to **monitor consumers** at risk of acute deterioration in mental state…." (3.14)

Person-led services see people as the leaders of their life and service providers are simply team members whose role it is to support their leader in reaching their wellbeing vision. They intentionally provide supports that give people a greater sense of personal agency and self-leadership. This disrupts the notion that people need to be cared for, case-managed or service-coordinated. To align with this collective sector thinking, we recommend the word "person-centred" is replaced with "person-led" throughout the document.

Peer Workers

While QAMH commends the Commission's efforts to recognise peer workers as members of the community sector workforce in the draft Standards, we have concerns about the addition of the words "including peer workers" throughout the document. Separating peer workers from the general workforce in this way is seen as undermining the work of the Lived Experience Workforce. For example, the action stating: "The service provider has processes for members of the workforce, including peer workers, to understand and perform their delegated safety and quality roles and responsibilities" (1.15). Rather than being inclusive, it was felt that this need to single out peer workers further highlights the entrenched view that peer workers are not actually legitimate members of the mental health workforce or of an equal status.

Similarly, the note on language at the beginning of the document states, "In these Standards peer workers are considered employees of the service provider and are included as members of the workforce." From our perspective, peer workers are indisputably members of the workforce. This statement is more likely to call into question peer workers' validity rather than reinforce their place as valued and equitable members of the mental health workforce. Substituted wording could borrow

from the recently released National Lived Experience (Peer) Workforce Development Guidelines: "Lived Experience workers draw on their life-changing experiences of mental or emotional distress, service use, and recovery/healing, or the impact of walking beside and supporting someone through these experiences, to build relationships based on collective understanding of shared experiences, self-determination, empowerment, and hope".

Human Rights

QAMH members highlighted the need for the sections on human rights to be strengthened. QAMH acknowledges that the Commission has identified various rights of the consumer including the right to be free from abuse, neglect, exploitation and discrimination, and the service's need to respect the consumer's right to autonomy, dignity and sexual expression. However, we feel that this particular criteria on Rights could be expanded to include:

- The right to privacy
- The right to autonomy over decision making (to the extent the person is willing and able)
- The right to respect for beliefs/life choices/cultural practices/religion/sexuality/gender identification
- The right to maintain and develop social, recreational, occupational and vocational activities which are meaningful to them
- The right to hope about their future and ability to live a meaningful life.

Embedding these human rights into the Standards would be in line with recovery-oriented mental health practice and more accurately reflect the values of the sector.

Many jurisdictions now have their own Human Rights legislation, and it was felt that a requirement to abide by these legislative frameworks could also be embedded in the Standards.

Diverse Population Groups

The community mental health and wellbeing sector embraces a commitment to honouring and celebrating diverse population groups. QAMH members reported that they did not feel this commitment was adequately reflected in the Standards. In particular, members felt that the draft Standards did not sufficiently acknowledge the unique and diverse cultures of Australia's First Nations people. The Standards need to go beyond simple cultural awareness. Some recommended changes include:

- Committing to closing the gap in Aboriginal and Torres Strait Islander social and emotional wellbeing.
- Recognising the effects of ongoing negative historical impacts including the legacy of colonisation on the social and emotional wellbeing of Aboriginal and Torres Strait Islander Peoples.
- Recognising the diversity of experiences and perspectives within the Aboriginal and Torres Strait Islander populations.
- Acknowledging that the experience and cultural perception of mental distress may be significantly different for Aboriginal and Torres Strait Islander Peoples and services need to consider ways of understanding social and emotional wellbeing.
- Committing to being trauma-informed in a culturally responsive way, recognising unique perspectives and worldviews.
- Building partnerships with Aboriginal and Torres Strait Islander people.

In addition to the above comments on Aboriginal and Torres Strait Islander Peoples, QAMH members felt that other vulnerable population groups need to be explicitly addressed in the Standards, including (but not limited to) LGBTQIA+, CALD, refugees and people with disability.

Implementation

We understand that the implementation of the Standards will occur in early 2023. To support this process, our members have advocated for a marrying of these Standards with the Primary and Community Healthcare Standards, the Digital Mental Health Standards, and the NDIS Practice Standards. Detailed mapping of a mutual recognition framework which shows overlay between various standards would be highly beneficial to our members so they are not required to meet the Standards multiple times.

We would also ask that the Commission provides further documents to assist with implementation. In particular, we hope that it will include online self-assessment tools with examples of services meeting the Standards and how this looks in practice.

Thank you for the opportunity to contribute to the process of developing these important Standards. Please do not hesitate to contact QAMH should you require any further information.