

## **SUBMISSION TEMPLATE**

### **Recovery Principles – Australian Mental Health Services and Programs**

**Submission Due: COB Monday 15 March 2010**

**Organisation:** Carers NSW

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#### **General Comments:**

Carers NSW is an association for relatives and friends caring for people with a disability, mental illness, drug and alcohol dependencies, chronic condition, terminal illness or who are frail. It is the peak organisation for carers in New South Wales and the only state wide organisation that has carers as its primary focus. Carers NSW is part of a national Network of Carers Associations and works collaboratively to lead change and action for carers.

Carers NSW welcomes the opportunity to provide feedback on the National Recovery Principles for Australian Mental Health Services and Programs. Carers NSW believes that the formation of National Recovery Principles is a positive step that has the potential to improve the lives of people with a mental illness, their carers and family.

Whilst Carers NSW agrees with the draft National Recovery Principles, it believes that the Recovery Principles can be improved and has made a number of comments, outlined in the template below. Carers NSW believes that for these Principles to be effective, strategies needs to be in place to ensure that Australian Mental Health Services and Programs are actually guided by these Principles

Despite the recent changes in policy and legislation in relation to mental health evidence suggests that people with a mental illness and their carers have yet to experience the effect during their interaction with mental health services and programs. For example, more than two years after the introduction of the NSW Mental Health Act 2007, the NSW Institute of Psychiatry is running Mental Health Legislative Framework Training to combat an identified lack of knowledge and considerable uncertainty regarding the legislation amongst mental health service providers, despite training being conducted when the legislation was first introduced.

A report released in 2009 by the Mental Health Council of Australia, *Adversity to Advocacy* found that despite widespread rhetoric of carers being included as part of the care team, carers still report that they are neither listened to nor respected.<sup>1</sup> Many of the findings of the *Adversity to Advocacy* report indicated that the situation of mental health carers had changed very little, if at all, in the previous ten years.

Carers NSW acknowledge that the National Recovery Principles are an important aspect of the National Standards for Mental Health Services. However, Carers NSW believes that the Recovery Principles would be strengthened by acknowledging the vital role carers play in the recovery of a person with a mental illness. It is essential that mental health services recognise carers as 'partners in care'. The recovery of a person with a mental illness always impacts upon the carer because they are often engaged in every aspect of the consumer's life. Feedback from carers indicates that they often feel that their knowledge and experience are not sufficiently acknowledged or used in the care and treatment of the consumer. There is a need for inclusion of the carer, as appropriate, throughout the consumer recovery journey, and acknowledgement that carers also have their own experience of recovery as well as their own particular needs in relationship to the consumer's recovery journey.

In establishing National Recovery Principles, due consideration should also be given to the National Carer Recognition Framework and the National Carer Recognition Legislation which the Federal Government has committed to implementing in 2010. This legislation will provide legal recognition of carers and award them greater rights. It is important that the National Recovery Principles reflect this anticipated change in carers legal status and are compliant with the National Carer Recognition Framework and the National Carer Recognition Legislation.

<b>Principles</b>	<b>Suggested Change(s)</b>	<b>Rationale for Change</b>
<b>1. Individual uniqueness</b>	The principle should include reference to consumers and carers individual uniqueness.	The inclusion of both the consumer and carer recognises the interdependence and interconnectedness of the carer within the consumer's recovery journey.
	The first point should be changed to: "Recognises that recovery is a subjective, nonlinear process which is a journey and is not necessarily about cure but is about living a meaningful and satisfying life for both the consumer, their family and their carer".	This would acknowledge the dynamic and subjective nature of recovery and ensure that mental health care remains focused on the consumer, their family and their carer and not only on the destination.
	The third and final point should be changed to: "Empowers consumers and their carers so that they are at the centre of the recovery journey".	This would acknowledge that recovery is a journey and that mental health practice is consumer and carer centred.

<b>2. Real choices</b>	To replace the references to people and individuals with “consumers and carers”.	This would acknowledge the role of carers in the recovery journey and it is important to maintain consistency of language throughout the Principles.
<b>3. Attitudes and Rights</b>	First point to be changed to: “Involves listening to learning from and acting upon communications from the consumer their carers, families and others”.	The role and expertise of the carers of people with a mental illness has been established. It is important that consistent language is used when referring to carers to ensure that mental health services correctly identify carers, respect and listen to them.
<b>4. Dignity and Respect</b>	No comment.	
<b>5. Partnership and Communication</b>	First point to be changed to: “Acknowledges the consumer and their carers are experts on their own lives and recovery is a journey which involves working in partnership with consumers, their carers and families to provide support in a way that makes sense to them”.	This acknowledges the expertise and knowledge of both consumers and their carers on their own lives and further reinforces the view of the interdependence and interconnectedness of the carer within the consumer’s recovery journey.
	Second point to be changed to “values the importance of sharing culturally appropriate and geographically appropriate information and the need to communicate clearly to enable effective engagement”.	Recognises the importance of taking into account the cultural differences of consumers and carers when disseminating information to achieve effective engagement.
	Third point change individuals to “consumers”.	Consistency of language is important and should be maintained throughout the Principles.
<b>6. Evaluating Recovery</b>	Third point change to “consumers and their families and carers”.	See other points regarding the importance of consistency in language and of identifying the vital role carers play within the recovery journey.

	Fourth point change to: “Services demonstrate that they use the consumer’s, their carers’ and families’ experiences of care to inform quality improvement activities”.	As above
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**Please forward comments to:**

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<sup>1</sup> Mental Health Council of Australia (MHCA) 2009, Adversity to Advocacy: The Lives and Hopes of Mental Health Carers, Canberra, Australia.