



# **Reflecting on Reality**

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**SUBMISSION BY CARERS NSW TO INFORM THE REVIEW OF  
THE NATIONAL STANDARDS FOR MENTAL HEALTH  
SERVICES**

**FEBRUARY 2007**

## Contents

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1.	OVERVIEW .....	3
1.1	About Carers NSW.....	3
1.2	About this submission.....	3
1.3	Key Issues.....	3
1.4	Recommendations.....	4
2.	KEY ISSUES AND PROPOSED SOLUTIONS .....	6
2.1	Accessibility .....	6
2.2	Content.....	6
	Standard 1 – Rights .....	6
	Standard 2 – Safety.....	8
	Standard 3 – Consumers and carers are involved in the planning, implementation and evaluation of the mental health standards.....	8
	Standard 5 – Privacy and Confidentiality .....	9
	Standard 6 – Prevention and Mental Health Promotion .....	9
	Standard 8.3 - Integration with Other Sectors .....	10
	Standard 9 – Service Development .....	11
	Standard 11 – Delivery of Care – Principles guiding the delivery of care .....	11
	Standard 11.1 – Access.....	12
	Standard 11.3 – Assessment and Review .....	12
	Standard 11.4 – Treatment and Support.....	12
	Standard 11.5 – Planning for Exit .....	12
2.2	Implementation .....	13
2.3	Monitoring .....	14
3.	RECOMMENDATIONS .....	16

# 1. OVERVIEW

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## 1.1 About Carers NSW

Carers NSW (CNSW) is the peak body representing 750,000 carers in NSW. Carers are usually family members or friends of any age who provide unpaid care and support to people with a mental illness, disability, chronic condition or who are frail aged.

Further information about carers is provided in the attached information sheet (Attachment 1 - Caring at a Glance ).

## 1.2 About this submission

This submission has been developed by CNSW to inform the review that is currently underway regarding the National Standards for Mental Health Services.

In developing this submission, CNSW listened and carefully considered the significant amount of feedback received from carers through the organisation's various programs. CNSW also consulted with a range of relevantly experienced individuals and groups, including staff from the CNSW Families and Carers Mental Health Program and their networks and carers from the CNSW Carer Representative program.

## 1.3 Key Issues

Although there are some areas which require further consideration and possible change (see 2.2 of this submission), CNSW believes that the National Standards for Mental Health Services generally provides a sound basis for developing, assessing and improving the standards in mental health services across NSW.

However, feedback provided to CNSW through its consultation processes has highlighted the need to ensure that services actually understand and, most importantly, implement the standards. Without implementation and compliance, the standards are merely a set of guidelines that identifies 'best practice' for mental health services rather than a realistic blueprint for action and improvement.

This failure to implement policy is endemic within the mental health system, as highlighted by Kathy Griffiths, Associate Professor and Director of the Depression and Anxiety Consumer Research Unit and Co-Director of ehub: research and development at the Australian National University, in her article for the Summer 2006 Health Issues Journal.

**As noted by the evaluators of the outcomes of the Second National Mental Health Plan, the problem is not with the policy but with its implementation and in particular with "failures in investment and commitment" (Steering Committee for the Evaluation of the Second national mental Health Plan 1998 – 2003, p.3).**

*Health Issues Journal, Summer 2006, Issue 89 - "Policies without Progress: Two Decades of Mental Health Services in Australia" – Kathy Griffiths*

Implementation and compliance is an unrealistic expectation without, as noted above, 'investment and commitment'. If the standards depict the quality measures that are required to be met by a mental health service, support must be provided to the service to enable it to meet these requirements.

Such support should primarily focus on education and training for services to encourage and sustain a commitment to the standards through all levels of staffing. Increased funding may also be required to enable services to engage or assign adequate resources to effect any required adaptation of internal policies or processes.

Additionally, compliance with the standards must be maintained by incorporating the requirements of the standards within an accreditation system that includes an external audit process.

Such a process will foster accountability at the highest levels – an essential step in promoting and realising improvement to service standards within the mental health sector.

## **1.4 Recommendations**

1. Consumers and carers to receive a copy of the National Standards for Mental Health Services at the onset of their relationship with a mental health service.
2. Services to be required to develop an improvement plan to address gaps or issues identified through a regular evaluation process that involves consumers and carers.
3. Improvement plan to be disseminated to all consumers and carers of the service and monitored and updated as part of the evaluation and accreditation process.
4. Standard 1.1 to be rewritten to ensure clarity about its intent and acknowledge the need for staff to protect and uphold rights for carers.
5. The rights of carers to be clearly articulated, either within or as an attachment to the standards.
6. Standard 1.3 to be modified to include the wording ‘age appropriate’ before the word understandable and the phrase ‘and ample opportunities for consumers and carers, particularly young carers, to ask questions are provided’ to be added at the end of the current wording of the standard.
7. Standard 1.9 to be modified to include the words ‘and the rights of carers’ before the phrase ‘in their service goals and staff job descriptions’.
8. Standard 2.4 to be modified to include the words ‘and carers’ after the word ‘staff’.
9. Standard 5 to be modified to include a clause that recognises the importance of informing, including, educating and consulting carers, where one exists or has been nominated.
10. This new clause to also include wording about the need to balance the right of the consumer for privacy with the right of the carer for information.
11. Training to be provided to all mental health service staff, including senior staff and health professionals, on how to appropriately manage balancing the rights of consumers and carers.
12. Standard 6.7 to be modified to include the words ‘and carer’ after the word ‘consumer’.
13. A new standard to be developed after Standard 6.8 which focuses on the need to ensure carers have access to programs which aim to support them in their caring role, such as respite, counselling and education and training.
14. The first dot point under Standard 9.9 should be modified to include carers eg. ‘consumer, carer and community needs analysis’.
15. Standard 11 – Choice – to be modified to include the phrase ‘taking account of the consumer’s living situation, level of support within the community and the needs of their carer/s, where one exists or has been nominated’ after the word ‘consumer’.
16. Those standards which use wording that refer s to the ‘least restrictive’ environment or alternative to be modified to include wording that takes into account the consumer’s living situation, level of support within the community and the needs of their carer/s, where one exists or has been nominated.
17. Standard 11.1.3 to be rewritten to provide further clarity around the use of the term “nominated primary careprovider”.

18. A new section to be developed within Standard 11.5 which outlines the requirement to conduct an assessment of the carer's capacity and emotional, mental and financial needs, with outcomes factored into the discharge care plan (see Recommendation 19 below).
19. A process to be developed and included in the new section (see above Recommendation 18) which details how and when the assessment of the carer's capacity and needs will take place and what alternatives are available should the carer be assessed as not capable of providing the care required.
20. Existing standards that impact on mental health services to be streamlined and integrated.
21. Discrete funding to be made available to support implementation of the standards and ongoing evaluation of the service's quality improvement processes.
22. A training and education program to be developed and delivered to support staff and mental health professionals to understand and apply the standards.
23. A community awareness campaign targeting consumers and carers to be devised to promote the standards and their importance in effecting change and improvement in service delivery.
24. An accreditation system to be developed for mental health services that includes a funded independent assessment or audit process,
25. Implementation of standards to be included as a key performance indicator for Area Health Service Chief Executives within their annual performance reviews.

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## **2. ISSUES AND PROPOSED SOLUTIONS**

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### **2.1 Accessibility**

For the standards to be valued by the community and upheld by mental health services, they must be readily available to staff as well as consumers and carers.

On page 4 of the standards, information is provided about how they could be used, including to