

# **National Framework for Recovery Oriented Mental Health Services**

## **National Implementation Strategy and Communication Strategy**

**Endorsed by  
Mental Health Drug and Alcohol Principal Committee  
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# National Implementation Strategy

## Introduction

Australians expect to receive safe and high-quality health care when they are unwell. For those who are experiencing a mental illness or problem, access to timely assessment, individualised care planning, treatment and management is paramount. The opportunity to achieve recovery is of vital importance. Mental health services exist to meet the needs and preferences of consumers and to improve their mental health<sup>1</sup>.

The *National framework for recovery oriented mental health services*, endorsed by Australian Health Ministers' Advisory Council on 12 July 2013, provides a vital new policy direction to enhance and improve mental health service delivery in Australia.

This implementation strategy is intended to provide implementation and promotion guidance to jurisdictions and service providers on extending and further embedding recovery-oriented mental health care. It is expected jurisdictions will develop local implementation and communication strategies to ensure maximum engagement of relevant stakeholders at all levels of the implementation process.

The strategy has been developed in terms of the governance structure under the Standing Council on Health. In acknowledging the changing health reform environment and that recovery extends beyond the health sector, recommendations regarding promoting the Framework with relevant cross sector agencies and mental health reform structures will be undertaken as a separate, but parallel, process to this implementation strategy.

## Background

The *Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014* (Fourth Plan) was endorsed by Australian Health Ministers on 4 September 2009 and launched on 13 November 2009. Endorsement of the Fourth Plan represented a commitment by all governments to implementation of the following vision for mental health set out in the *National Mental Health Policy 2008*:

*"... a mental health system that enables recovery, that prevents and detects mental illness early and ensures that all Australians with a mental illness can access effective and appropriate treatment and community support to enable them to participate fully in the community."*

The Implementation Plan for the Fourth Plan, developed by the Mental Health Standing Committee (MHSC), was endorsed by Health Ministers on 12 November 2010. Following the cessation of the MHSC in December 2012, the Mental Health, Drug and Alcohol Principal Committee (MHDAPC), on behalf of the Standing Council on Health (SCoH), assumed responsibility for progressing the Fourth Plan implementation and monitoring process.

One of the key actions of Priority Area 1 of the Fourth Plan (social inclusion and recovery) is the adoption of a recovery oriented culture within mental health services, underpinned by appropriate values and service models. The Safety and Quality Partnership Standing Committee (SQPSC) was charged with leading the implementation of this action.

Work on a national framework began in March 2011. Since the very beginning, people with a lived experience of mental health issues, their carers and families have participated enthusiastically in its development. The process has been collaborative with state and territory mental health service directorates, chief psychiatrists and community sector service providers working in partnership to share research, gather evidence and create opportunities for participation by leaders, managers, practitioners, peer workers and volunteers from mental health services across Australia.

## About the Framework

The Framework:

- brings together a range of recovery-oriented approaches developed in Australia's states and territories and draws on national and international research to provide a national understanding and consistent approach to recovery-oriented mental health practice and service delivery. It also complements existing professional standards and competency frameworks at a national and state level.
- acknowledges that mental health practitioners and policymakers have increasingly supported the recovery approach and cultural change. Australian states and territories have included the concept of recovery in their policy and reform platforms. The National Standards for Mental Health Services (2010) incorporated recovery

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<sup>1</sup> Mental health statement of rights and responsibilities 2012. Page 3, Foreword.

principles into service delivery under Standard 10. However, to achieve real change in how we respond to people with mental health issues and their families will take time.

- has been informed by extensive research, submissions and consultations, as well as by a wealth of articles, reports and policy documents, both national and international. Most importantly it was informed by the stories, thoughts and viewpoints of people with a lived experience in mental health issues, both in their own personal experience and in the lives of those close to them.

The Framework includes a suite of documents that provide valuable guidance to promote service quality spanning all ages and levels of service delivery with the key tools and capabilities to meet the needs of consumers, carers and the community:

- Policy and theory - A background paper summarising the research and policy that underpins Australia's national recovery-oriented mental health practice framework
- Guidelines for practitioners and services - A guide for mental health practitioners and services in recovery-oriented practice and service delivery
- Supplementary guides:
  - A practitioner guide provides 'reflective questions' emphasising the fundamental importance of recovery focus for clinicians and mental health service providers in the delivery of quality care; and
  - A guide for consumers and carers serves to inform consumers and carers about what to expect from recovery oriented mental health services and ensure services facilitate their recovery journey.

## Key Message of the Framework

It brings together a range of recovery-oriented approaches developed in Australia's states and territories and draws on national and international research to provide a national understanding and approach to recovery-oriented mental health practice and service delivery.

The Framework:

- supports cultural and attitudinal change
- complements existing professional standards and competency frameworks
- encourages a fundamental review of skill-mix within the workforce of mental health services, including increased input by those with expertise through experience.

The Framework will be used at individual practitioner and leadership levels, targeting all people employed in the mental health service system<sup>2</sup> regardless of role, profession, discipline, degree of contact with people accessing the service or level of seniority. It also targets people in administrative, policy development, research, program and service planning and decision-making positions. Promotion and dissemination of the Framework is required across all sectors, jurisdictions and areas of expertise. The involvement of consumers and carers to aid practitioners and services in implementing the framework is vital.

## Key National Implementation Objectives and Strategies

The national endorsement of the *National framework for recovery-oriented for mental health services provides* Australia with an important tool in policy development and reform as it raises awareness and helps build consensus and ownership of reform processes and outcomes that guide further service development and quality improvement activities.

It is expected that jurisdictions, service providers and key stakeholders will collaborate in the promotion and implementation of the Framework and involve consumers and carers in all levels of that activity. In implementing the Framework, it is acknowledged that jurisdictions and service providers will take into consideration specific conditions in the local environment and culture. At the same time they will strive to achieve the best practice principles and standards as accepted nationally and internationally, and as endorsed in the Framework, especially Standard 10 of the National Standards for Mental Health Services (NSMHS) 2010.

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<sup>2</sup> The mental health service system comprises services and programs in which the primary function is to provide promotion, prevention, early intervention, medical and psychiatric treatments and recovery support for people who experience mental health issues or mental illness, and/or their families, carers and support networks.

The table below details key implementation strategies to support the adoption of the Framework.

OBJECTIVE	STRATEGY
Strategic guidance	<ul style="list-style-type: none"> <li>• Provide guidance for the effective implementation of the Framework across service providers and jurisdictions.</li> <li>• Provide guidance for the development of jurisdictional implementation plans that align with the agreed National Implementation Strategy. All jurisdictional mental health services are required to promote and apply the Framework.</li> </ul>
Promotion and awareness	<ul style="list-style-type: none"> <li>• Develop and execute a national communication strategy.</li> <li>• Promote and raise awareness of the Framework to a broad and relevant audience. Service providers and peak consumer and carer bodies will play an important role in supporting and promoting the implementation of the Framework.</li> <li>• Encourage unions to raise awareness of the Framework to members working in mental health and related environments.</li> <li>• Encourage educational institutions and professional bodies to incorporate the Framework into all mental health affiliated curricula and position descriptions.</li> <li>• Encourage mental health services to promote the framework to other areas of health and affiliated services that are frequently used by people with lived experience of mental illness</li> </ul>
Partnerships	<ul style="list-style-type: none"> <li>• It is envisaged that states and territories will consider the Framework in the context of their mental health operations and take appropriate actions to review policy, legislation, prevention, promotion, education, quality improvement activities and workforce development.</li> <li>• Work in partnership with relevant accreditation bodies to facilitate and ensure that the Framework is incorporated into accreditation processes.</li> </ul>
Monitoring, reporting and evaluation	<ul style="list-style-type: none"> <li>• Jurisdictional accreditation processes continue to monitor the continuity of recovery oriented care across all mental health service providers and sectors.</li> <li>• Incorporation of National Outcome Casemix Collection (NOCC) consumer outcome measures and key performance indicators related to recovery. Inclusion of consumer feedback on the quality of their experience of the mental health services they have received. Emphasis should be on both the measurement of individuals' recovery and also on the measurement of the recovery orientation of services.</li> <li>• In collaboration with relevant agencies and bodies, consider a mechanism to effectively evaluate the success of the Framework's implementation. For consumers, carers and families the ability to have their recovery status monitored, reviewed, and identifying opportunities for improving aspects of recovery by the individual by their own means and/or collaboratively with the support of family, friends and services is an integral strategy to successful implementation of the Framework.</li> <li>• Maintain the integrity of current reporting arrangements by: <ul style="list-style-type: none"> <li>– Ensuring accreditation and reporting systems in health and community sectors incorporate the Framework.</li> <li>– Ensuring appropriate mapping of the Framework with existing accreditation tools.</li> <li>– Review the current reporting arrangements with a focus on determining what National Standards information (including which Standards to report on) would support emerging mental health reform activities, ongoing service planning and reporting requirements.</li> <li>– Strengthen the transparency and accountability of reporting of the National Standards Mental Health Services with a focus on Standard 10 to support recovery</li> </ul> </li> </ul>

	<p>principles, values and quality of care.</p> <ul style="list-style-type: none"> <li>– Incorporation of recovery outcomes measures and issues from accreditation into the broader public reporting mechanism.</li> </ul>
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## Strategic Challenges

- Remaining flexible with respect to the diversity of priorities and structures across sectors and jurisdictions
- Ownership of implementation of the recovery oriented service delivery
- Managing the implementation phase of the Framework within appropriate timeframes across all jurisdictions and key stakeholder groups
- Ensuring effective communication, consultation and maximum engagement of relevant services sectors
- Ensuring adequate allocation of resourcing within an environment of competing demands for the same resources
- Ensuring adoption and uptake of the framework that encompasses engagement and consultation from consumers, carers and the mental health sector to meet current needs and expectations
- Ensuring effective monitoring and review processes are in place to demonstrate progress and cultural change
- Ensuring effective implementation and promotion of the Framework in an environment of emerging health reform including the:
  - Ten Year Roadmap for national mental health reform
  - COAG Mental Health Reform Working Group recommendations
  - review/evaluation of the Fourth Plan and development of a successor to the Fourth Plan
  - priorities of the National Mental Health Commission.
- Ensuring the ongoing review and assessment of the Framework is built into the remit of the mental health reform process to ensure the focus remains on recovery
- Achieving a collective and collaborative whole of government approach to the implementation across all sectors which is beyond the health governance structure and therefore requires separate consideration of appropriate promotion, dissemination and communication.

## Review, Monitoring and Assessment

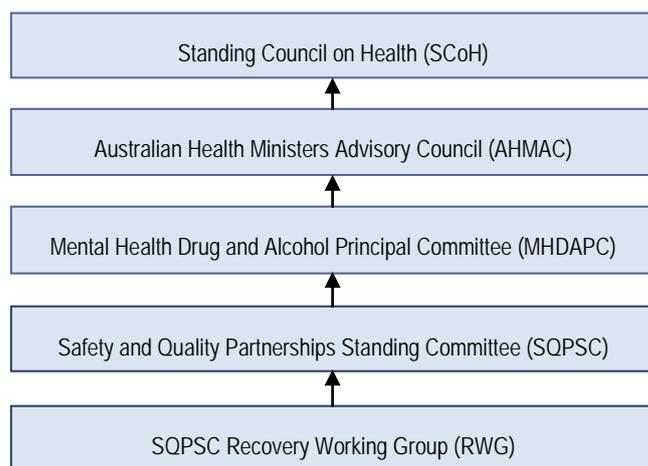
The success of the implementation of the Framework will be judged in terms of the benefits delivered and the effectiveness of the mechanism developed to measure improvements, particularly as experienced by consumers and carers.

It is envisaged that the national work to develop measures of consumers' and carers' experiences of the quality of mental health care, along with other national work to develop a measure of consumers' recovery related outcomes (eg employment, education, housing, social engagement etc) will offer a range of mechanisms to evaluate the effectiveness of the objectives of the Framework.

A particular challenge will be to maintain a focus on the implementation of the Framework within a suite of newer and emerging policy objectives. Many of these have already acknowledged the importance of the Recovery approach to enhancing outcomes for mental health consumers, their carers and support persons. The alignment of the Framework within other mental health policies, programs and reporting mechanisms will enhance national implementation efforts. Recovery should be promoted as one of the keystones of mental health policy.

SQPSC will continue to have a role in the adoption of a recovery oriented culture within mental health services and undertake a timely review of the Framework to ensure it remains a living document. SQPSC will schedule an implementation review of the Framework in 2015 and a full review in 2017/2018.

## Strategic Guidance & Governance Structure



## National Communication Strategy

### Introduction

The Communication Strategy will focus on establishing consistent, timely and accurate communication channels with internal and external stakeholders and maximising stakeholder participation and engagement in the process. Promotion and dissemination of the Framework is required across all sectors, jurisdictions and areas of expertise.

Communication will need to reinforce common themes and messages, be user-friendly, informative and tailored to meet audience needs. Jurisdictions and service providers will be requested to assist with communication strategies in their local environment via publications and websites affiliated to mental health news and updates.

### Stakeholders

The target audiences for the Recovery Framework are the primary and secondary stakeholders who are actively engaged in implementation planning. Information will also be made available to interested parties and the general public via the Department of Health website and the Australian Health Ministers' Advisory Council website.

Primary stakeholders	Secondary stakeholders	Other target audiences
<p>Those who:</p> <ul style="list-style-type: none"> <li>are currently (or will be) engaged in significant implementation planning/preparation;</li> <li>should be kept informed of the status of the Framework, the proposed reforms and what this means for people living with mental illness, their carers and families and relevant service providers; and</li> <li>regularly communicate with people living with mental illness, their carers and families and/or relevant service providers.</li> </ul>	<p>Those who:</p> <ul style="list-style-type: none"> <li>are currently (or will be) engaged in moderate implementation planning/preparation;</li> <li>should be kept informed of the status of the Framework and what this means for people living with mental illness, their carers and families and relevant service providers; and</li> <li>regularly communicate with people living with mental illness, their carers, families and/or relevant service providers.</li> </ul>	<p>Those who:</p> <ul style="list-style-type: none"> <li>are not directly engaged in implementation planning/preparation;</li> <li>are interested in the status of the Framework and proposed reforms and what this means for people living with mental illness, their carers and families and relevant service providers; and</li> <li>are conduits of information to people living with mental illness, their carers and families and/or relevant service providers.</li> </ul>

<ul style="list-style-type: none"> <li>• Consumers and peak organisation</li> <li>• Carers and peak organisations</li> <li>• Clinical mental health services public and private</li> <li>• Psychiatric Disability Rehabilitation and Support</li> <li>• Medicare Locals</li> <li>• Non Government Organisations and peak bodies</li> <li>• The Mental Health Review Board/ Tribunal in each state/territory</li> <li>• The Chief Psychiatrist in each state/territory</li> <li>• The Mental Health Complaints Commissioner in each jurisdiction (where appointed)</li> <li>• The Mental Health, Drugs and Regions Division in each state/territory</li> <li>• The National Mental Health Commission</li> <li>• State/Territory Mental Health Commissions</li> <li>• Public Advocate and other advocacy bodies</li> <li>• Community visitors</li> </ul>	<ul style="list-style-type: none"> <li>• Other relevant Jurisdictional Government departments</li> <li>• Local Public Health Organisations</li> <li>• Jurisdictional Legislative Inter-Departmental Committees</li> <li>• Relevant peak Professional bodies</li> <li>• Jurisdictional Office of the Public Advocate</li> <li>• Jurisdictional Legal Aid Centres</li> <li>• Jurisdictional Mental Health Legal Centre</li> <li>• Health Services Commissioner in each State /territory</li> <li>• Tertiary education: universities, vocational training bodies and mental health training providers</li> <li>• Alcohol Tobacco &amp; Other Drug sector</li> </ul>	<ul style="list-style-type: none"> <li>• Community health services</li> <li>• General practitioners</li> <li>• General public</li> <li>• Industrial bodies</li> <li>• Interested peak bodies</li> </ul>
	<ul style="list-style-type: none"> <li>• Cross Sectoral agencies including Aged Care, Housing, Disability, Education, Employment and Social Services.</li> </ul>	

## Key National Communication Mechanisms

### Initial Launch:

The formal launch of the Framework occurred at The Mental Health Services (TheMHS) Conference in August 2013. Hard copies of the Framework and accompanying documents (practitioner, consumer and carer brochures) were available to attendees.

### Dissemination:

Following the formal launch a targeted mail out of the Framework and accompanying documentation will broadly disseminate the Framework documents to mental health services, consumer and carer stakeholder groups, mental health and other allied peak bodies, as well as secondary stakeholders, as identified.

### Online:

The Framework and supporting documentation will be available via the following websites:

- Department of Health - <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-publicat.htm>
- Australian Health Ministers' Advisory Council - <http://www.ahmac.gov.au/site/home.aspx>

Jurisdictions, service providers and stakeholder organisations will be encouraged to include a link to the Framework on their organisation's website as well as to promotion material and public reporting at the local level as appropriate.

**Media Releases:**

The launch will be an opportunity to promote the Framework via national and local press releases. Further opportunities will arise as implementation progresses and service successes and individual experiences are reported.

**Various Forums:**

Opportunities will be sought to promote the Framework through seeking inclusion of recovery-oriented care sessions at related national, jurisdictional and local forums.

**Other:**

Develop recommendations regarding appropriate promotion, dissemination and communication activities to ensure information on the Framework is provided to key cross sector agencies and leading mental health reform structures.