

National Standards for Mental Health Services

This document uses the 2010 National Standards for Mental Health Services, published by the Commonwealth of Australia. The full set of standards can be found on the Department of Health (DoH) website (www.health.gov.au). The DoH website also includes *Implementation Guidelines for Non-government Community Services*, which includes more information about some of the concepts that are mentioned in the standards, as well as examples about how to show that your organisation is meeting the standards.

The standards in this document have been quoted directly from the NSMHS. Throughout this document, 'MHS' refers to Mental Health Service.

Dimension 1: Leadership and Management

How is health literacy an organisational value, part of the culture and core business of an organisation or service? How is it reflected in strategic and operational plans?

| Standard | |
|----------|--|
| 2.8 | The MHS can demonstrate investment in adequate staffing and resources for the safe delivery of care. |
| 5 | The MHS works in partnership with its community to promote mental health and address prevention of mental health problems and / or mental illness. |
| 5.1 | The MHS develops strategies appropriate to the needs of its community to promote mental health and address early identification and prevention of mental health problems and / or mental illness that are responsive to the needs of its community, by establishing and sustaining partnerships with consumers, carers, other service providers and relevant stakeholders. |
| 5.5 | The MHS identifies a person who is accountable for developing, implementing and evaluating promotion and prevention activities. |
| 8.3 | The MHS develops and regularly reviews its strategic plan in conjunction with all relevant service providers. The plan incorporates needs analysis, resource planning and service evaluation. This should be developed with the participation of staff, stakeholders, consumers, carers and representatives of its community. |
| 8.2 | The MHS has processes to ensure accountability for developing strategies to promote mental health and address early identification and prevention of mental health problems and / or mental illness. |
| 8.3 | The MHS develops and regularly reviews its strategic plan in conjunction with all relevant service providers. The plan incorporates needs analysis, resource planning and service evaluation. This should be developed with the participation of staff, stakeholders, consumers, carers and representatives of its community. |
| 8.5 | Identified resources are allocated to support the documented priorities of the MHS. |
| 8.10 | The MHS has an integrated risk management policy and practices to identify, evaluate, monitor, manage and communicate organisational and clinical risks. |
| 8.11 | The MHS has a formal quality improvement program incorporating evaluation of its services that result in changes to improve practice. |

Dimension 2: Consumer involvement

How are consumers involved in designing, developing and evaluating the organisation's values, vision, structure and service delivery?

| Standard | |
|----------|--|
| 3 | Consumers and carers are actively involved in the development, planning, delivery and evaluation of services. |
| 3.1 | The MHS has processes to actively involve consumers and carers in planning, service delivery, evaluation and quality programs. |
| 3.2 | The MHS upholds the right of the consumer and their carer(s) to have their needs and feedback taken into account in the planning, delivery and evaluation of services. |
| 3.3 | The MHS provides training and support for consumers, carers and staff, which maximise consumer and carer(s) representation and participation in the MHS. |
| 3.5 | The MHS provides ongoing training and support to consumers and carers who are involved in formal advocacy and / or support roles within the MHS. |
| 3.6 | Where the MHS employs consumers and carers, the MHS is responsible for ensuring mentoring and supervision is provided. |
| 3.7 | The MHS has policies and procedures to assist consumers and carers to participate in the relevant committees, including payment (direct or in-kind) and / or reimbursement of expenses when formally engaged in activities undertaken for the MHS. |
| 5.1 | The MHS develops strategies appropriate to the needs of its community to promote mental health and address early identification and prevention of mental health problems and / or mental illness that are responsive to the needs of its community, by establishing and sustaining partnerships with consumers, carers, other service providers and relevant stakeholders. |
| 5.3 | The MHS, in partnership with other sectors and settings supports the inclusion of mental health consumers and carers in strategies and activities that aim to promote health and wellbeing. |
| 6.17 | Consumers are engaged in development, planning, delivery and evaluation of the MHS. |
| 7.14 | The MHS actively seeks participation of carers in the policy development, planning, delivery and evaluation of services to optimise outcomes for consumers. |
| 8.3 | The MHS develops and regularly reviews its strategic plan in conjunction with all relevant service providers. The plan incorporates needs analysis, resource planning and service evaluation. This should be developed with the participation of staff, stakeholders, consumers, carers and representatives of its community. |
| 10.1.8 | The MHS demonstrates systems and processes for consumer and carer participation in the development, delivery and evaluation of the services |

Dimension 3: Workforce

How does the organisation encourage and support the health workforce to develop effective health literacy practices? Has it identified the workforce's needs for health literacy development and capacity? Has the organisation's health literacy performance been evaluated?

| Standard | |
|----------|---|
| 1.5 | Staff and volunteers are provided with a written statement of the rights and responsibilities of consumers and carers, together with a written code of conduct as part of their induction to the MHS. |
| 3.6 | Where the MHS employs consumers and carers, the MHS is responsible for ensuring mentoring and supervision is provided. |
| 4.5 | Staff are trained to access information and resources to provide services that are appropriate to the diverse needs of its consumers. |
| 4.6 | The MHS addresses issues associated with prejudice, bias and discrimination in regards to its own staff to ensure non-discriminatory practices and equitable access to services. |
| 5.6 | The MHS ensures that their workforce is adequately trained in the principles of mental health promotion and prevention and their applicability to the specialised mental health service context with appropriate support provided to implement mental health promotion and prevention activities. |
| 7.16 | The MHS provides training to staff to develop skills and competencies for working with carers. |
| 8.6 | The recruitment and selection process of the MHS ensures that staff have the skills and capability to perform the duties required of them. |
| 8.7 | Staff are appropriately trained, developed and supported to safely perform the duties required of them. |

Dimension 4: Meeting the Needs of the Population

How does service delivery make sure that consumers with low health literacy are able to participate effectively in their care and have their health literacy needs identified and met (without experiencing any stigma or being labelled as having low health literacy)? How is meeting the needs of the population monitored?

| Standard | |
|----------|--|
| 1.1 | The MHS upholds the right of the consumer to be treated with respect and dignity at all times |
| 1.7 | The MHS upholds the right of the consumer to have their needs understood in a way that is meaningful to them and appropriate services are engaged when required to support this. |
| 1.10 | The MHS upholds the right of the consumer to be involved in all aspects of their treatment, care and recovery planning. |
| 4 | The MHS delivers services that take into account the cultural and social diversity of its consumers and meets their needs and those of their carers and community throughout all phases of care. |
| 4.2 | The MHS whenever possible utilises available and reliable data on identified diverse groups to document and regularly review the needs of its community and communicates this information to staff. |
| 4.3 | Planning and service implementation ensures differences and values of its community are recognized and incorporated as required. |
| 4.5 | Staff are trained to access information and resources to provide services that are appropriate to the diverse needs of its consumers. |
| 4.6 | The MHS addresses issues associated with prejudice, bias and discrimination in regards to its own staff to ensure non-discriminatory practices and equitable access to services. |
| 5 | The MHS works in partnership with its community to promote mental health and address prevention of mental health problems and / or mental illness. |
| 5.1 | The MHS develops strategies appropriate to the needs of its community to promote mental health and address early identification and prevention of mental health problems and / or mental illness that are responsive to the needs of its community, by establishing and sustaining partnerships with consumers, carers, other service providers and relevant stakeholders. |
| 5.2 | The MHS develops implementation plans to undertake promotion and prevention activities, which include the prioritisation of the needs of its community and the identification of resources required for implementation, in consultation with their partners. |
| 5.3 | The MHS, in partnership with other sectors and settings supports the inclusion of mental health consumers and carers in strategies and activities that aim to promote health and wellbeing. |
| 6.7 | Consumers are partners in the management of all aspects of their treatment, care and recovery planning. |
| 6.9 | Consumers are provided with current and accurate information on the care being delivered. |
| 8.9 | The MHS manages and maintains an information system that facilitates the appropriate collection, use, storage, transmission and analysis of data to enable review of services and outcomes at an individual consumer and MHS level in accordance with Commonwealth, state / territory legislation and related Acts. |
| 10.1.3 | The MHS recognises the lived experience of consumers and carers and supports their personal resourcefulness, individuality, strengths and abilities. |
| 10.1.6 | The MHS provides education that supports consumer and carer participation in goal setting, treatment, care and recovery planning, including the development of advance directives. |
| 10.2.2 | The MHS informs its community about the availability, range of services and methods for establishing contact with its service. |
| 10.5.3 | The MHS is responsible for providing the consumer and their carer(s) with information on the range and implications of available therapies. |

| | |
|---------|---|
| 10.5.7 | The MHS actively promotes adherence to evidenced based treatments through negotiation and the provision of understandable information to the consumer. |
| 10.5.15 | Information on self care programs or interventions is provided to consumers and their carer(s) in a way that is understandable to them. |
| 10.6.2 | The consumer and their carer(s) are provided with understandable information on the range of relevant services and support available in the community. |
| 10.6.5 | The MHS provides consumers, their carers and other service providers involved in follow-up with information on the process for re-entering the MHS if required. |

Dimension 5: Access and Navigation

How easy is it for consumers to find and engage with appropriate and timely health and related services? How are consumers helped to find and engage with these services? How well are services coordinated and are services streamlined where possible?

| Standard | |
|----------|--|
| 1.15 | The MHS upholds the right of the consumer to access advocacy and support services. |
| 1.17 | The MHS upholds the right of the consumer, wherever possible, to access a staff member of their own gender. |
| 2 | The activities and environment of the MHS are safe for consumers, carers, families, visitors, staff and its community. |
| 2.2 | The MHS reduces and where possible eliminates the use of restraint and seclusion within all MHS settings. |
| 2.12 | The MHS conducts regular reviews of safety in all MHS settings, including an environmental appraisal for safety to minimise risk for consumers, carers, families, visitors and staff. |
| 4.4 | The MHS has demonstrated knowledge of and engagement with other service providers or organisations with diversity expertise / programs relevant to the unique needs of its community. |
| 6.6 | A mental health professional responsible for coordinating clinical care is identified and made known to consumers. |
| 6.12 | Consumers have an individual exit plan with information on how to re-enter the service if needed. |
| 6.13 | Consumers are actively involved in follow-up arrangements to maintain continuity of care. |
| 7.12 | The MHS engages carers in discharge planning involving crisis management and continuing care prior to discharge from all episodes of care. |
| 7.13 | The MHS provides information about and facilitates access to services that maximise the wellbeing of carers. |
| 8.1 | The governance of the MHS ensures that its services are integrated and coordinated with other services to optimise continuity of effective care for its consumers and carers. |
| 9 | The MHS collaborates with and develops partnerships within in its own organisation and externally with other service providers to facilitate coordinated and integrated services for consumers and carers. |
| 9.1 | The MHS ensures that a person responsible for the coordination of care is available to facilitate coordinated and integrated services throughout all stages of care for consumers and carers. |
| 9.2 | The MHS has formal processes to support and sustain interdisciplinary care teams. |

| | |
|---------|---|
| 9.3 | The MHS facilitates continuity of integrated care across programs, sites and other related services with appropriate communication, documentation and evaluation to meet the identified needs of consumers and carers. |
| 9.4 | The MHS establishes links with the consumers' nominated primary health care provider and has procedures to facilitate and review internal and external referral processes. |
| 9.5 | The MHS has formal processes to develop inter-agency and intersectoral links and collaboration. |
| 10.1.9 | The MHS has a comprehensive knowledge of community services and resources and collaborates with consumers and carers to assist them to identify and access relevant services. |
| 10.2.2 | The MHS informs its community about the availability, range of services and methods for establishing contact with its service. |
| 10.2.3 | The MHS makes provision for consumers to access acute services 24 hours per day by either providing the service itself or information about how to access such care from a 24/7 public mental health service or alternate mental health service. |
| 10.3.1 | The MHS has a written description of its entry process, inclusion and exclusion criteria and means of facilitating access to alternative care for people not accepted by the service. |
| 10.3.2 | The MHS makes known its entry process, inclusion and exclusion criteria to consumers, carers, other service providers, and relevant stakeholders including police, ambulance services and emergency departments. |
| 10.3.4 | The entry process to the MHS is a defined pathway with service specific entry points that meet the needs of the consumer, their carer(s) and its community that are complementary to any existing generic health or welfare intake systems. |
| 10.3.5 | Entry to the MHS minimises delay and the need for duplication in assessment, treatment, care and recovery planning and care delivery. |
| 10.5.2 | Treatment and services provided by the MHS are responsive to the changing needs of consumers during their episodes of care that address acute needs, promote rehabilitation and support recovery. |
| 10.5.3 | The MHS is responsible for providing the consumer and their carer(s) with information on the range and implications of available therapies. |
| 10.5.9 | The MHS ensures that there is continuity of care or appropriate referral and transfer between inpatient, outpatient, day patient, community settings and other health / support services. |
| 10.5.12 | The MHS facilitates access to an appropriate range of agencies, programs, and / or interventions to meet the consumer's needs for leisure, relationships, recreation, education, training, work, accommodation and employment in settings appropriate to the individual consumer. |
| 10.5.15 | Information on self care programs or interventions is provided to consumers and their carer(s) in a way that is understandable to them. |
| 10.6.2 | The consumer and their carer(s) are provided with understandable information on the range of relevant services and support available in the community. |
| 10.6.5 | The MHS provides consumers, their carers and other service providers involved in follow-up with information on the process for re-entering the MHS if required. |
| 10.6.6 | The MHS ensures ease of access for consumers re-entering the MHS. |

Dimension 6: Communication

*How are information needs identified? How is information shared with consumers in ways that improve health literacy?
How is information developed with consumers and evaluated?*

| Standard | |
|----------|---|
| 1 | The rights and responsibilities of people affected by mental health problems and / or mental illness are upheld by the mental health service (MHS) and are documented, prominently displayed, applied and promoted throughout all phases of care. |
| 1.3 | All care delivered is subject to the informed consent of the voluntary consumer and wherever possible, by the involuntary consumer in accordance with Commonwealth and state / territory jurisdictional and legislative requirements. |
| 1.4 | The MHS provides consumers and their carers with a written statement, together with a verbal explanation of their rights and responsibilities, in a way that is understandable to them as soon as possible after entering the MHS and at regular intervals throughout their care. |
| 1.7 | The MHS upholds the right of the consumer to have their needs understood in a way that is meaningful to them and appropriate services are engaged when required to support this. |
| 6.3 | Consumers have the right to receive a written statement, together with a verbal explanation, of their rights and responsibilities in a way that is understandable to them as soon as possible after entering the MHS. |
| 6.8 | Informed consent is actively sought from consumers prior to any service or intervention provided or any changes in care delivery are planned, where it is established that the consumer has capacity to give informed consent. |
| 6.9 | Consumers are provided with current and accurate information on the care being delivered. |
| 7.4 | The MHS provides carers with a written statement, together with a verbal explanation of their rights and responsibilities in a way that is understandable to them as soon as possible after engaging with the MHS. |
| 10.5.3 | The MHS is responsible for providing the consumer and their carer(s) with information on the range and implications of available therapies. |
| 10.5.4 | Any participation of the consumer in clinical trials and experimental treatments is subject to the informed consent of the consumer. |
| 10.5.7 | The MHS actively promotes adherence to evidenced based treatments through negotiation and the provision of understandable information to the consumer. |
| 10.5.15 | Information on self care programs or interventions is provided to consumers and their carer(s) in a way that is understandable to them. |
| 10.6.2 | The consumer and their carer(s) are provided with understandable information on the range of relevant services and support available in the community. |