



Government of Western Australia
Mental Health Commission



Mental Health Commission
Mental Health Outcomes:
Indicators and Examples of Evidence

References

1. Includes all Commission funded not-for-profit and for-profit non-government organisations, including licensed psychiatric hostels but excluding private hospitals
2. Developed by the Outcomes Taskforce (with representation from people with a lived experience of mental illness, family/carers, CoMHW, Mental Health Matters2, WAAMH and the Commission). Additional feedback was obtained from broader consumer and carer networks and the Outcomes Steering Group (members include, people with a lived experience of mental illness, family/carers, CMO representatives, Office of Mental Health and the Commission).
3. A carer is a person who (without being paid) provides ongoing care or assistance to another person who has a disability, a chronic illness or a mental illness, or who is frail (see Carers Recognition Act 2004). Carer does not mean paid staff or volunteers.
4. Please see the Implementation Guidelines for Non-government Community Services for more examples of evidence against the Standards
5. Mental Illness and Physical Health: The Facts (SANE factsheet)
6. People who identify as Lesbian, Gay, Bisexual, Transgender, Intersex
7. People who are from Culturally and Linguistically Diverse backgrounds
8. Services and supports both within and beyond the mental health system including health, drug and alcohol, disability, employment, education, training and housing services
9. Includes the relationships people may need to have with their health services (GP, psychiatrist, allied health etc), Centrelink, landlord, neighbours, employers, work colleagues etc
10. In some instances connections with family and/or other important people from the individual's life might be via updates communicated by the CMO, rather than direct communications from the individual. This will depend on what has been agreed with the individual.
11. See National Framework for Recovery Oriented Services (2013) and the NSMHS 2010: (p. 42) for further information on recovery principles and practice.
12. Personal recovery is defined "... as being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues" (p 17).
13. E.g. information and supports relating to recovery include housing, employment, education.
14. Natural supports are sources of support that come directly from people and communities rather than being provided through formal 'paid' forms of support. They are people who we are generally involved with due to our participation in some activity, club, workplace, study place, neighbourhood or community.



Each person is unique and what each person considers a good life to be for them will differ; their needs, goals, aspirations, what they value and the type and level of outcomes they achieve will also differ. To ensure that funded services are consistent in their approach and practices to support people's achievement of a good life, the Mental Health Commission, in consultation with the sector, developed six mental health outcomes statements. These Outcome Statements describe the main aims people are seeking to achieve in their lives. All six outcomes relate to 'quality of life' – a key principle of the Western Australian government's strategic policy *Mental Health 2020: Making it personal and everybody's business*.

The six outcome areas (the Outcomes) are:

1. Health, wellbeing and recovery
2. A home and financial security
3. Relationships
4. Recovery, learning and growth
5. Rights, respect, choice and control
6. Community belonging

To evaluate and monitor service quality against the Outcomes and the National Standards for Mental Health Services (the Standards), the Commission has established a Quality Management Framework for Community Managed Organisations (CMOs)¹ (please refer to the QMF information for CMOs document for further details). The framework is based on recommendations made by independent consultant Gregor Henderson in his report "*Developing a Quality Assurance Framework for Mental Health in WA (2010)*".

The aim of this document² is to enhance understanding of the meaning/intent of each outcome area for all stakeholders (individuals, families and carers³, CMOS and Evaluators) involved in Independent Quality Evaluations. Each Outcome is defined by a series of indicators and a range of examples of evidence (eg practices, procedures) that organisations can use to demonstrate to stakeholders how they address the different outcome areas. These examples will be used as a guide for the Evaluation team when conducting an Evaluation of CMOs.

The examples of evidence have been grouped into three perspectives:

1. The potential feedback from individuals and/or their families and carers about the quality of their services;
2. Support worker and management knowledge, practices and understanding of how to support individuals and their families/carers to meet individual needs (Outcomes); and
3. The organisation's approach to person-centered, outcomes-focused services supporting recovery.

Many of the evidence examples overlap across a number of outcome areas in addition to demonstrating various criteria within the Standards⁴. The range of evidence examples provided is not exhaustive and in reality, the diversity of evidence available to organisations to demonstrate how well they address the Outcomes and the Standards is vast. It is also recognised that some Outcome areas may be difficult for organisations to support directly. It is therefore essential for partnership arrangements with other community organisations, mental health services and any other key stakeholders to be developed and formalised (where possible) to support a holistic approach to meeting individual needs.

Outcome: Health, Wellbeing and Recovery

Evidence Examples-----		
Indicators	Individuals, families and carers can confirm they/their:	Staff can demonstrate their commitment, knowledge and understanding and active implementation of:
<ul style="list-style-type: none"> Individuals, families and carers are supported to explore and address their physical health⁵, social, emotional and mental wellbeing needs Individuals, families and carers are supported to have collaborative, equal partnerships with their GPs and other health/ mental health practitioners Individuals, families and carers experience increased hope and optimism about their recovery Relevant cultural understanding shapes the provision of supports and services to help Aboriginal, LGBTI⁶ and CALD⁷ people's health wellbeing and recovery 	<ul style="list-style-type: none"> Are supported by staff to explore and document their holistic needs, goals and aspirations to support their health, wellbeing and recovery in a person centred way Are empowered by staff to partner as equals with their health / mental health practitioner(s) to identify their mental and physical health care needs and the treatments and interventions appropriate to the individual Are supported by staff to regularly monitor, maintain, and improve their physical health and wellbeing Are supported by staff to identify and maintain positive personal health practices and coping skills Are supported by staff to develop hope and optimism about their recovery Families and carers are supported by staff to access information about the community resources available to help them maximise their own wellbeing Support plans clearly document: <ul style="list-style-type: none"> Relevant goals relating to improving the person's health, wellbeing and recovery Strategies co-designed to support the person to achieve goals around health, wellbeing and recovery The person's progress with goals around their health, wellbeing and recovery Regular reviews and renewal of goals and support strategies to improve the person's health, wellbeing and recovery 	<ul style="list-style-type: none"> How they support individuals, to identify their physical, social, mental, emotional, cultural, spiritual health and wellbeing needs holistically How to facilitate access to information/educate individuals about the range of treatments, supports and resources that could contribute to a person's recovery goals and aspirations How they support individuals to identify, design and review the supports and services they want and need to progress their health, wellbeing and recovery goals How they enable families and carers to participate in/learn about service design, decision-making and review of supports for the individual's health, wellbeing and recovery How they create (or facilitate access to) supports to address the individual's goals and aspirations around goals to improve their physical health, nutrition, expression of spirituality, recreation, creativity and stress management etc Coordinate and collaborate with a range of relevant services⁸ and supporters to help the individual address their health, wellbeing and recovery goals and aspirations How they support individuals to create agreed plans (advanced directives) to ensure desired treatment, interventions and care arrangements (for themselves, their family, their home, their pets etc) during times of crisis, are adhered to Their roles and responsibilities around recovery principles and practices (including but not limited to): <ul style="list-style-type: none"> Understanding that autonomy/increased personal control is fundamental to recovery The importance of having hope and optimism and how to promote resilience in others Respecting the lived experience of each individual, their family and carers Respecting and incorporating the values and perspectives of individuals who identify with cultures and groups different to their own (eg Aboriginal and CALD), in the way they work Importance of developing mutual trust, respect and rapport with each individual, their family and carer to understand their views of health, wellbeing, recovery and quality of life Collaborating with each individual, their family and carer to make decisions to progress their goals and aspirations for health wellbeing and recovery How to help individuals to obtain, evaluate and apply information relevant to their health, wellbeing and recovery How to create nurturing and safe environments where individuals, their families and carers feel safe to challenge themselves and grow Understanding the importance of positive learning and positive risk taking to better health, wellbeing and recovery Understanding the interplay between physical health, mental health, disability and other co-existing conditions and the importance of coordinating services to address these needs simultaneously Knowledge and understanding of how to assist individuals experiencing unresolved trauma and to prevent re-triggering of trauma Importance of nurturing self advocacy and independence in individuals, families and carers

CMOs can demonstrate ongoing policy, processes and practices that:	Alignment with the Standards	
<ul style="list-style-type: none"> • Support staff to implement individualised planning processes that help people to explore and identify their needs, goals and aspirations for health, wellbeing and recovery • Support flexibility, creativity and personalisation of support strategies to address people's identified health, wellbeing and recovery goals • Develop and maintain partnerships with a range of services⁸ to help the individual address their health, wellbeing and recovery goals and aspirations • Dedicate resources to help individuals address their physical health care needs • Train/educate all staff on: <ul style="list-style-type: none"> • Values training and impact on practice • To understand the challenges faced by individuals, families and carers (eg loss of self esteem, confidence and trust, discrimination, disempowerment, stigma) • How to address people's physical health care needs and goals • Support people experiencing unresolved trauma • Increase their knowledge about the range of treatments and interventions available • Knowledge of specialist and general services and resources to support people with their health, wellbeing and recovery • Understanding important differences in how to address health, wellbeing and recovery from different cultural perspectives, including historical influences and contemporary attitudes • The importance of using positive language (verbal and non-verbal) that is clear and easily understood 	<p>2.3 The MHS assesses and minimises the risk of deliberate self harm and suicide within all MHS settings.</p> <p>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.</p> <p>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.</p>	<p>6.10 Consumers have the right to choose from the available range of treatment and support programs appropriate to their needs.</p> <p>6.12 Consumers have an individual exit plan with information on how to re-enter the service if needed.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.</p> <p>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.</p>

Outcome: Home and Financial Security:

-----Evidence Examples-----			
Indicators	Individuals, families and carers can confirm they/their:	Staff can demonstrate their commitment, knowledge and understanding and active implementation of:	
<ul style="list-style-type: none"> Individuals are actively supported to engage in volunteer or paid employment of their choosing Individuals are actively supported to engage in further education and training (e.g. TAFE, University, short courses etc) of their choosing Individuals are actively supported to manage their finances and resolve issues impacting on their financial security Relevant cultural understanding shapes the provision of supports and services to help Aboriginal, LGBTI and CALD people to address their needs for a safe home and financial security 	<ul style="list-style-type: none"> Are supported by staff to identify and achieve goals relating to voluntary or paid employment Are supported by staff to identify and achieve goals relating to further their education and training to enhance desired vocational and personal interests Are supported by staff to acquire/create a home where they feel safe, secure and comfortable Are empowered by staff to set (and renew) financial goals that help them to budget, manage and resolve issues that may affect their financial security The person's support plan clearly documents: <ul style="list-style-type: none"> Relevant goals around housing, occupational and vocational needs and aspirations Strategies co-designed to support the person to achieve their desired housing, occupational and vocational goals Progress with housing, occupational and vocational goals Regular reviews and renewal of goals and support strategies to achieve desired housing, occupational and vocational goals 	<ul style="list-style-type: none"> The importance of recognising and working from a person's strengths and potential capacity How to support and motivate the person to address issues (actual and potential) that impact on their housing, employment, education/training, financial goals and aspirations How to support the person to find a suitable, stable and affordable home of their choosing How to support the person to establish/create a home where they can feel safe, secure and comfortable How to support individuals to plan, budget and manage their finances well How to actively engage and support an individual to develop the personal resources and skills needed to enhance their quality of life How to actively engage and support an individual to find and maintain paid or voluntary employment of their choosing How to undertake crisis management and contingency planning How to use available community resources to assist individuals to: <ul style="list-style-type: none"> Source suitable housing to meet their needs Establish and maintain a stable income sufficient for their needs Manage their financial needs How to support individuals and / or families / carers to understand how to access assistance from Centrelink; Medicare; and other public/private resources 	

People have a safe home and a stable and adequate source of income

CMOs can demonstrate ongoing policy, processes and practices that:	Alignment with the Standards	
<ul style="list-style-type: none"> • Enable staff to accumulate up to date information about available community resources and referral pathways to help the person achieve their housing, occupational and vocational goals • Support strong collaborative arrangements with mainstream and specialist providers to help consumers/carers to achieve their housing, occupational and vocational goals • Train/educate all staff on: <ul style="list-style-type: none"> • Individual and systemic advocacy • Development of self-advocacy skills in others • Strengths based model of support • Community and in-house resources available to help with drug and alcohol issues, gambling, homelessness, debt/ financial crisis, domestic violence • Crisis management and contingency planning • Cultural awareness strategies to support individuals from different cultural backgrounds (eg Aboriginal, LGBTI and CALD) to address their need for a safe home and financial security • Support the paid employment of consumer/carer peer support workers to work with the CMO or in partnership with other organisations 	<p>2.1 The MHS promotes the optimal safety and wellbeing of the consumer in all mental health settings and ensures that the consumer is protected from abuse and exploitation.</p> <p>3.6 Where the MHS employs consumers and carers, the MHS is responsible for ensuring mentoring and supervision is provided.</p> <p>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 consumers and carers.</p> <p>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.</p>	<p>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.</p> <p>10.5.16 The MHS endeavours to provide access to a range of accommodation and support options that meet the needs of the consumer and gives the consumer the opportunity to choose between these options.</p> <p>10.5.17 The MHS promotes access to vocational support systems, education and employment programs.</p>

Outcome: Relationships

Evidence Examples			
Indicators	Individuals, families and carers can confirm they/their:	Staff can demonstrate their commitment, knowledge and understanding and active implementation of:	
<ul style="list-style-type: none"> Genuine and valued social relationships are developed with people who are important to individuals (eg children, partner, siblings, parents, friends, peers) Valued, safe, meaningful, respectful and empowering relationships are developed with support workers, professionals, service providers and other community members⁹ Recognition of family members (including dependents eg elderly/ children) carers as partners in the individual's recovery Support for family members (including dependents eg elderly/ children) to access supports and services for themselves Relevant cultural understanding shapes the provision of supports and services to help Aboriginal, LGBTI and CALD people to address their relationships with family and community 	<ul style="list-style-type: none"> Have valued, ongoing relationships with their family (eg children, partner, parents, siblings), friends, peers, colleagues, neighbours In collaboration with staff and where appropriate family/carers, get to develop, implement and review tailored support strategies that help them develop and maintain positive relationships with others Are provided with a wide range of choices, opportunities, information and supports in order to establish and maintain desired social, professional and service relationships Are supported/enabled to have empowering relationships with key providers in their lives (eg GP, psychiatrist, allied health practitioners) Receive timely and appropriate supports and information from staff to help them to establish and maintain their social connections Family members/carers can confirm valued and ongoing connections¹⁰ with the individual Individuals, families/carers know how to give feedback/ make a complaint about the services provided Individuals, families/carers are confident that staff will listen and try to resolve any concerns and complaints they have Support plans clearly document: <ul style="list-style-type: none"> Tailored goals around relationships the person wants to have with others Strategies co-designed to support the person to achieve goals around relationships with others The person's progress with their relationship goals Regular reviews and renewal of goals and support strategies to achieve desired relationships 	<ul style="list-style-type: none"> The importance for individuals to have/to re-establish positive connections to their family, friends, peers etc How to establish good rapport with individuals, their families/ carers and other important people involved in the person's life How to collaborate with the individual to identify and document goals and support strategies aimed at helping them establish and maintain important relationships How to review support strategies in collaboration with the individual and track their progress with goals around relationships How to tailor supports and activities to help the individual to develop, re-establish and maintain social connections with their family, friends and peers in a range of settings How to support the individual to understand how to safeguard themselves from abusive and exploitive relationships How to support the person to manage and resolve relationship issues that arise and to re-establish connections if desired (eg relationship coaching) How to advocate on the individual's behalf to establish relationships that benefit the individual, when needed How to support family and friends to maintain their connections with the individual (eg relationship coaching) How to provide supports, information and/or referrals that help family and carers to maximise their own wellbeing How to sensitively manage and resolve concerns and complaints from individuals, families and carers in effective, efficient and culturally responsive ways 	

CMOs can demonstrate ongoing policy, processes and practices that:	Alignment with the Standards	
<ul style="list-style-type: none"> • Enable staff to work in collaboration with the individual (and their family / carer) to plan, implement and review individualised strategies that help develop and maintain a range of social, service and professional relationships important to the person • Support key worker/ buddy systems • Support regular inclusion of people important to the individual, especially in the planning, decision making, implementation and review of the individual's supports and services (with their consent) • Provide regular training for staff to support individuals to develop genuine, safe, sustained relationships with others Eg: <ul style="list-style-type: none"> • Engagement and motivational skills • Relationship coaching • Self advocacy skills • Communication skills • Grievance resolution • Community development/ networking skills • Strategies to support individuals from different cultural backgrounds (eg Aboriginal, LGBTI and CALD) to establish/maintain relationships • Strategies to support families, carers and significant others to manage the impact of mental illness on themselves and their important role in recovery 	<p>1.11 The MHS upholds the right of the consumer to nominate if they wish to have (or not to have) others involved in their care to the extent that it does not impose serious risk to the consumer or others.</p> <p>1.12 The MHS upholds the right of carers to be involved in the management of the consumer's care with the consumer's informed consent.</p> <p>2.1 The MHS promotes the optimal safety and wellbeing of the consumer in all mental health settings and ensures that the consumer is protected from abuse and exploitation.</p> <p>2.8 The MHS can demonstrate investment in adequate staffing and resources for the safe delivery of care.</p> <p>3.1 The MHS has processes to actively involve consumers and carers in planning, service delivery, evaluation and quality programs.</p> <p>3.4 Consumers and carers have the right to independently determine who will represent their views to the MHS.</p> <p>3.6 Where the MHS employs consumers and carers, the MHS is responsible for ensuring mentoring and supervision is provided.</p> <p>6.11 The right of consumers to involve or not to involve carers and others is recognised and respected by the MHS.</p> <p>6.16 The right of the consumer to have visitors and maintain close relationships with family and friends is recognised and respected by the MHS.</p> <p>6.18 Training and support is provided for consumers involved in a formal advocacy and / or support role within the MHS.</p> <p>7.2 The MHS implements and maintains ongoing engagement with carers as partners in the delivery of care as soon as possible in all episodes of care.</p> <p>7.3 In circumstances where a consumer refuses to nominate their carer(s), the MHS reviews this status at regular intervals during the episode of care in accordance with Commonwealth and state / territory jurisdictional and legislative requirements.</p> <p>7.11 The MHS actively encourages routine identification of carers in the development of relapse prevention plans.</p> <p>7.13 The MHS provides information about and facilitates access to services that maximise the wellbeing of carers.</p>	<p>7.16 The MHS provides training to staff to develop skills and competencies for working with carers.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>9.5 The MHS has formal processes to develop inter-agency and intersectoral links and collaboration.</p> <p>10.1.7 The MHS supports and promotes opportunities to enhance consumers' positive social connections with family, children, friends and their valued community.</p> <p>10.4.3 The MHS, with the consumer's informed consent includes carers, other service providers and others nominated by the consumer in assessment.</p> <p>10.4.8 There is a current individual interdisciplinary treatment, care and recovery plan, which is developed in consultation with and regularly reviewed with the consumer, and with the consumer's informed consent, their carer(s) and the treatment, care and recovery plan is available to both of them.</p> <p>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.</p> <p>10.6.4 The consumer and their carer(s) and other service providers are involved in developing the exit plan. Copies of the exit plan are made available to the consumer and with the consumers' informed consent, their carer(s).</p>

Outcome: Recovery, learning and growth

-----Evidence Examples-----			
Indicators	Individuals, families and carers can confirm they/their:	Staff can demonstrate their commitment, knowledge and understanding and active implementation of:	
<ul style="list-style-type: none"> Individuals, families and carers are offered person-centred, holistic supports and services underpinned by recovery principles and practice Individuals, families and carers are empowered to develop their strengths, acquire the skills and knowledge they need to progress their personal recovery Individuals, families and carers have access to the right information and supports at the right time to help with factors that impact on recovery Individuals, families and carers are informed about mental health, recovery and effective supports and strategies that address their needs and aspirations Individuals, families and carers experience increased confidence and resilience about their recovery An appropriately skilled and resourced workforce, including peer support workers, provide recovery oriented services and supports Relevant cultural understanding shapes the provision of supports and services to help Aboriginal, LGBTI and CALD people's recovery, learning and growth 	<ul style="list-style-type: none"> Are valued and welcomed by staff and made to feel important and safe Feel at the centre of service planning and delivery and are supported by staff to identify and address their holistic needs, goals and aspirations Are actively supported by staff to explore and develop their personal strengths, capabilities, knowledge and understanding of themselves and their recovery needs Actively supported by staff to grow their confidence to make informed choices and decisions that help their personal recovery (self determination) Are actively supported by staff to access relevant information about the supports, services and other resources available to promote learning and recovery Are actively supported by staff to deal with any setbacks and to redesign their goals and support strategies as needed Support plans clearly document: <ul style="list-style-type: none"> Relevant goals relating to improving the person's recovery, learning and growth Strategies co-designed to support the person to achieve goals around recovery, learning and growth The person's progress with goals around their recovery, learning and growth Regular reviews and renewal of goals and support strategies to improve the person's recovery, learning and growth 	<ul style="list-style-type: none"> How they promote hope and optimism and communicate positive attitudes and expectations with individuals, families and carers How they implement recovery principles and practices with individuals, families and carers on a day-to-day basis (see below) How to facilitate discussions and feedback from the individual about their recovery encouraging strengths and positive outcomes rather than deficits How they adapt support strategies to suit the varied learning styles of individuals (and where relevant their families and carers) to help them acquire relevant life skills and recovery learning Strategies to empower the individual (and their families and carers) to take positive risks and remain safe, as part of their recovery journey Strategies to support the person's recovery by drawing on the resources they have/want within their family, community and culture Strategies to help the individual to reframe setbacks in the context of longer term recovery outcomes and positive learning opportunities Supporting the person to tell their recovery stories, celebrate their achievements and renew respect and expectations for themselves 	

CMOs can demonstrate ongoing policy, processes and practices that:	Alignment with the Standards	
<ul style="list-style-type: none"> Promote recovery principles and practices and value lived experiences as an integral part of the organisation's culture as evidenced in interactions and written materials Develop/train the workforce to be appropriately skilled, equipped, supported and resourced for recovery-oriented practice Progressively include peer support workers in the workforce to work alongside individuals, families and carers Promote the use of optimistic recovery-focused language in staff interactions, policies, records, forms, brochures Support strong collaborative partnerships with mainstream and specialist providers to promote recovery and wellbeing and advocate for social inclusion and acceptance (stigma reduction strategies) Uses measurements tools to assess recovery/goals/outcomes to understand the effect/impact of supports and services Provide regular training/education for all (direct and non-direct care) staff on: <ul style="list-style-type: none"> Recovery history, philosophy, values, principles and practices Updates in contemporary recovery practices How to recognise unresolved trauma underlying people's mental distress and to implement trauma informed practice How to identify actual and potential barriers to recovery and how to work with the person to mitigate/prevent those experiences Build and support self esteem, confidence and resilience in others Understanding how to maximise choice, support positive risk-taking and balance duty of care and the safety of all Values training (eg aligning personal and organisational values; understanding other people's world views) Cultural awareness strategies to maximise recovery, learning and growth for individuals from different cultural backgrounds (eg Aboriginal, LGBTI and CALD) 	<p>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.</p> <p>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.</p> <p>7.12 The MHS engages carers in discharge planning involving crisis management and continuing care prior to discharge from all episodes of care.</p> <p>7.13 The MHS provides information about and facilitates access to services that maximise the wellbeing of carers.</p> <p>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.</p> <p>10.1.1 The MHS actively supports and promotes recovery oriented values and principles in its policies and practices.</p>	<p>10.1.3 The MHS recognises the lived experience of consumers and carers and supports their personal resourcefulness, individuality, strengths and abilities.</p> <p>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.</p> <p>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.</p> <p>10.5.13 The MHS supports and/or provides information regarding self care programs that can enable the consumer to develop or re-develop the competence to meet their everyday living needs.</p> <p>10.5.14 The setting for the learning or the re-learning of self care activities is the most familiar and/or the most appropriate for the skills acquired.</p> <p>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.</p> <p>10.5.17 The MHS promotes access to vocational support systems, education and employment programs.</p> <p>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.</p>

Outcome: Rights, Respect, Choice and Control				
		Evidence Examples		
Indicators	Individuals, families and carers can confirm they / their:	Staff can demonstrate their commitment, knowledge and understanding and active implementation of:	CMOs can demonstrate ongoing policy, processes and practices that:	
<ul style="list-style-type: none"> Individuals, families and carers are aware of their rights and responsibilities, and are treated with respect and dignity Individuals, families and carers are actively supported to be involved in all aspects and levels of service planning, delivery and decision making Individuals, families and carers are empowered to explore, choose and make decisions from a full range of opportunities Individual diversity (including cultural and spiritual), is recognised and actively supported Complaints and concerns, are heard, managed and resolved sensitively, effectively and efficiently by the organisation, in culturally appropriate ways Relevant cultural understanding shapes the provision of supports and services to help Aboriginal and CALD people to address their rights, respect, choice and control. 	<ul style="list-style-type: none"> Feel treated as people: as equals, respected, unique and worthwhile Individual cultural and spiritual diversity is recognised, respected and addressed Are actively involved in setting personalised goals and making decisions about all aspects and levels of service planning, delivery and review Feel empowered/enabled to control how their services are planned and delivered. Feel encouraged and supported to access other services in the community to address their needs (eg drug and alcohol counselling) Feel empowered/enabled to recognise and develop greater expectations of the services they receive and to communicate their needs and desires with confidence Feel informed/educated about the organisation's complaints processes (and external processes) Feel empowered to provide feedback to the organisation about the services they get and/or to make complaints without fear of retribution Support plans clearly document: <ul style="list-style-type: none"> Relevant goals relating to improving the person's rights, respect, choice and control Strategies co-designed to support the person to achieve goals around rights, respect, choice and control The person's progress with goals around their rights, respect, choice and control Regular reviews and renewal of goals and support strategies to improve the person's rights, respect, choice and control 	<ul style="list-style-type: none"> Person centred and culturally sensitive approaches to service planning and delivery The formal and informal processes designed to empower individuals, families and carers to participate in the planning, decision making, delivery and review of their services Supports and strategies to engage and empower individuals and their families and carers to identify and address their whole of life needs , their aspirations and to explore a full range of opportunities How to facilitate choice and control by individuals and/or their families and carers, about their services How to support individuals, families and carers to recognise and develop greater expectations for themselves/ their lives Recognise and manage available organisational resources to best support the person to address their whole of life needs and how to source alternative resources when required How to balance their personal safety and duty of care while supporting individuals to engage in positive risk taking that promotes their recovery Facilitating access to information about the community resources available to help families and carers to maximise their own wellbeing How to support and motivate individuals, families and carers to become involved in decision making at organisational levels The rights and responsibilities of individuals, their families and carers, including the right to make a complaint Their commitment to respecting, supporting and promoting the rights of individuals, their families and supporters How to actively educate people's rights and responsibilities, including how individuals, families and carers can provide feedback about their services and how to make a complaint How to measure and record the individual's progress against their goals How to design and implement strategies that support the rights, respect, choice and control of people from difference cultures (eg Aboriginal, LGBTI, CALD) 	<ul style="list-style-type: none"> Promote rights and responsibilities for individual, families and carers Facilitate choice and control for individuals, families and carers Facilitate ongoing opportunities for individuals, families and carers to participate in decision making, to maximise their choices and to have control over their services at local and organisational levels Actively and regularly elicit feedback and opinions about the quality of services from people who use their services Actively support individuals, families and carers to fully participate in organisational working groups, committees, boards Enable staff to work in partnership with the individual to identify, implement and review personal goals and support strategies to address their needs and aspirations around their rights, responsibilities, choice and control Train/educate staff on: <ul style="list-style-type: none"> Rights and responsibilities of the individual, family/carer and staff How to advocate on people's behalf How to develop self-advocacy skills in others Importance of having choices and control and how to facilitate choice and control with individuals, families and carers How to include/collaborate with individuals, families and carers about planning, decision making and review of services and supports Importance of balancing personal safety, duty of care and dignity of risk Community and in-house resources available to help individuals access relevant support and information EG Legal Aid, Public Trustee, Guardian, Public Advocate, HaDSCO, MHC, LAC, MHAS, OCP, Ombudsman How to support individuals, families, and carers to use the organisation's internal complaints management process and to access other complaints services Cultural awareness strategies to support individuals from different cultural backgrounds (eg Aboriginal, LGBTI and CALD) to have their rights, respect, choice and control recognised 	

Alignment with the Standards

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| <ul style="list-style-type: none"> 1.1 MHS upholds the right of the consumer to be treated with respect and dignity at all times. 1.3 All care delivered is subject to the informed consent of the voluntary 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. 1.5 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. 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. 1.12 The MHS upholds the right of carers to be involved in the management of the consumer's care with the consumer's informed consent. 1.15 The MHS upholds the right of the consumer to access advocacy and support services. 1.16 The MHS upholds the right of the consumer to express compliments, complaints and grievances regarding their care and to have them addressed by the MHS. 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 maximises consumer and carer(s) representation and participation in the MHS. 3.4 Consumers and carers have the right to independently determine who will represent their views to 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. 3.7 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. 4.1 The MHS identifies the diverse groups (Aboriginal and Torres Strait Islander, Culturally And Linguistically Diverse (CALD), religious/spiritual beliefs, gender, sexual orientation, physical and intellectual disability, age and socio-economic status) that access the service. 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 recognised and incorporated as required. 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. 4.5 Staff are trained to access information and resources to provide services that are appropriate to the diverse needs of its consumers. | <ul style="list-style-type: none"> 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. 6.7 Consumers are partners in the management of all aspects of their treatment, care and recovery planning. 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 6.10 Consumers have the right to choose from the available range of treatment and support programs appropriate to their needs. 6.13 Consumers are actively involved in follow-up arrangements to maintain continuity of care. 6.14 The right of consumers to have access to their own health records is recognised in accordance with relevant Commonwealth and state/territory legislation/guidelines. 6.17 Consumers are engaged in development, planning, delivery and evaluation of the MHS. 7.1 The MHS has clear policies and service delivery protocols to enable staff to effectively identify carers as soon as possible in all episodes of care, and this is recorded and prominently displayed within the consumer's health record. 7.2 The MHS implements and maintains ongoing engagement with carers as partners in the delivery of care as soon as possible in all episodes of care. 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. 7.10 The MHS actively seeks information from carers in relation to the consumer's condition during assessment, treatment and ongoing care and records that information in the consumer's health record. 7.14 The MHS actively seeks participation of carers in the policy development, planning, delivery and evaluation of services to optimise outcomes for consumers. 7.15 The MHS provides ongoing training and support to carers who participate in representational and advocacy roles. 7.17 The MHS has documented policies and procedures for working with carers. 10.1.4 The MHS encourages and supports the self determination and autonomy of consumers and carers. 10.1.5 The MHS promotes the social inclusion of consumers and advocates for their rights of citizenship and freedom from discrimination. 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. 10.1.8 The MHS demonstrates systems and processes for consumer and carer participation in the development, delivery and evaluation of the services. 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. |
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Outcome: Community Belonging

Evidence Examples			
Indicators	Individuals, families and carers can confirm they / their:	Staff can demonstrate their commitment, knowledge and understanding and active implementation of:	
<ul style="list-style-type: none"> Individuals are actively supported to explore identify with and participate in the community and culture they wish to belong to Individuals are actively supported to participate in a range of community activities and events of their choosing Individuals are actively supported to acquire the skills, competencies and knowledge to enhance their independence and inclusion in the community Individuals are actively supported to pursue activities that promote their personal interests, life long learning and well being Recognition of family members (including dependents eg elderly/ children) carers and friends as an integral part of the person's community and culture The community is welcoming and actively implements strategies to deliberately engage and involve individuals with mental illness, their families and carers to be contributing members The community works with partner organisations to advance the valued status of people with mental illness, their families and carers Relevant cultural understanding shapes the provision of supports and services to help Aboriginal, LGBTI and CALD people to address their need for community belonging and create opportunities to participate and contribute to community life 	<ul style="list-style-type: none"> Are supported to identify and understand what is important to them to belong to their community and culture from a person-centred perspective (eg sub-communities and sub-cultures) Are actively supported to develop and maintain formal and informal support networks in the community Are supported to explore, choose and develop positive community links relevant to their needs and aspirations (eg social and cultural groups, employment, voluntary work, recreation and leisure) Are supported by staff to participate in education and training to enhance their confidence and capacity to have positive community links Are supported by staff to remain connected to family and to take part in family life Family members (including dependents eg elderly/children) are provided with access to/ referrals to supports and services for themselves The person's support plan clearly documents: <ul style="list-style-type: none"> Goals around desired community participation/ contribution goals Strategies co-designed to support the person to achieve goals relating to community participation/contribution (eg social, occupational) The person's progress with their goals relating to community participation/contribution Regular reviews and renewal of goals and support strategies relating to community participation/contribution 	<ul style="list-style-type: none"> How to support the person to explore and identify their personal interests and what is important to them to belong to their community/culture How to empower the person to assess and build on their skills, strengths to improve their confidence and capacity to participate in their community/ culture How to use community resources to assist the person to independently access activities and events in the community of their choosing How to actively support the person to develop and maintain their informal and formal social networks and build natural supports ¹⁴ How to build-in flexible levels of support that correspond with the person's confidence/ability to participate in the community How to cultivate inclusion and acceptance at both personal and community levels (eg with the person's employer, shopkeeper/local shopping centre, neighbours, LGA) How to work in partnership with the community to improve inclusion and participation by people with mental illness, their families and carers 	

CMOs can demonstrate ongoing policy, processes and practices that:	Alignment with the Standards	
<ul style="list-style-type: none"> • That support staff to work with individuals, families and carers to facilitate the individual and their family/carer to participate in and contribute to communities of their choosing • Cultivate positive partnerships/ collaborative arrangements with generic and specialised services to increase acceptance and inclusion of individuals, families and carers • Implement culturally inclusive strategies both in-house and in-community to support acceptance and inclusion of individuals, families and CALD and Aboriginal • Enable staff to accumulate up to date information about available community resources and referral pathways to help the person improve their participation/ contribution levels to community and culture • Support sustainable collaborative arrangements with mainstream and specialist providers to help consumers, their families and carers to take part in and contribute to community life • Train/educate all staff on: <ul style="list-style-type: none"> • Community development and public relations skills – how to establish/maintain community networks and partnerships • Community and in-house resources available to help individuals, families and carers to address their community needs • Cultural diversity awareness • Strengths based focus • Understanding and building flexible and natural supports • Confidence building, coaching, mentoring and motivation skills • Development of self-advocacy skills in others 	<p>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.</p> <p>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.</p> <p>4.3 Planning and service implementation ensures differences and values of its community are recognised and incorporated as required.</p> <p>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.</p> <p>5.4 The MHS evaluates strategies, implementation plans, sustainability of partnerships and individual activities in consultation with their partners. Regular progress reports on achievements are provided to consumers, carers, other service providers and relevant stakeholders.</p> <p>7.5 The MHS considers the needs of carers in relation to Aboriginal and Torres Strait Islander persons, culturally and linguistically diverse (CALD) persons, religious/spiritual beliefs, gender, sexual orientation, physical and intellectual disability, age profile and socio-economic status.</p> <p>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.</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>8.7 Staff are appropriately trained, developed and supported to safely perform the duties required of them.</p> <p>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.</p> <p>10.1.1 The MHS actively supports and promotes recovery oriented values and principles in its policies and practices.</p> <p>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.</p> <p>10.1.7 The MHS supports and promotes opportunities to enhance consumers' positive social connections with family, children, friends and their valued community.</p> <p>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.</p> <p>10.2.1 Access to available services meets the identified needs of its community in a timely manner.</p> <p>10.5.16 The MHS endeavours to provide access to a range of accommodation and support options that meet the needs of the consumer and gives the consumer the opportunity to choose between these options.</p>



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