Mental Health Commission

Mental Health Outcome Statements

November 2012
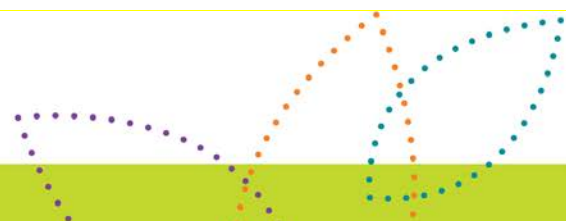
Foreword

The Mental Health Commission and our partners are committed to our vision of a State where everyone works together to encourage and support people who experience mental health problems and/or mental illness to stay in the community, out of hospital and live a meaningful life.

To achieve this vision the Commission has been working with various key groups in the community to provide opportunities for people with mental health problems and/or mental illness to unravel what it is that people want and need to live a good life.

Each person is unique, and so what each person considers a good life to be for them will differ, however people with mental illness, their families and carers, service providers and community members have worked together to describe the main results people with a mental illness are seeking to achieve in their lives.

These result areas we are calling *outcome statements*.

This document describes the six outcome statements developed as people shared their stories and perspectives. All the six outcome statements 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.*

In order to achieve quality of life, the outcome statements identify the importance of people who experience mental illness having the opportunity to build and sustain personal mental health and wellbeing, optimism for the future, relationships with family and friends and a good home in the community with a stable source of income. Further, it identifies the need for people to have their rights respected and opportunities for choice and control in their lives. Everyone should be able to develop new skills and personal resilience, and build satisfying lives despite experiencing mental illness.

These outcome statements are *everybody's business*. Connected approaches between government departments, public and private mental health services and non-government organisations will enable people with mental health problems and/or mental illness to be recognised as individuals with unique backgrounds, experiences, interests, likes, dislikes and aspirations. These elements are at the heart of a person centred approach. By coming back to the basics of getting to know each person with a mental illness well, in the context of their family, friends, culture and community, quality relationships can be developed and good lives can be built and supported.

We acknowledge that implementing these outcome statements may be a new journey for some and we look forward to learning from the insights that emerge as supports and services work alongside people with mental health problems and/or mental illness as equal partners, to build a good life. Quality relationships and systems need good, continuous feedback and conversations and I personally look forward to continuing those conversations with all of you.

Eddie Bartnik
Commissioner, Mental Health Commission
October 2012

Background

The Mental Health Commission's role is to lead mental health reform through the commissioning of accessible, high quality services and supports and the promotion of mental health, wellbeing and recovery. A key element is to ensure that we are purchasing services from the public, private and non-government organisations in the mental health sector that meet the needs and aspirations of people with mental illness, their families[1] and carers.

From October 2011 until March 2012 the Commission, in partnership with the Western Australian Association for Mental Health (WAAMH)[2], convened a total of nine public forums with key groups in the community to develop a set of outcome statements for the mental health sector. For the metropolitan area, two forums were held centrally in West Perth, one in Joondalup and one in Rockingham. The regional forums were held in Bunbury, Geraldton, Northam, Kalgoorlie and Esperance. Over 400 people with mental health problems and/or mental illness, their families, carers and service providers from the non-government, private and public mental health sectors engaged in broad and fruitful engagements and conversations during these forums to capture the results that people with mental illness want from services and supports to build and maintain a good life.

Through the conversations, people told us what matters most to them in living a good life. Many people spoke about the importance of recovery and that this is possible where practical supports are provided by services that embrace and adopt a culture of hope and optimism. People also told us that where possible, they are seeking services and supports based in their communities. There is strong evidence that:

> *People provided with well planned comprehensive support in the community have a better quality of life, develop an improved level of functioning and social contact and have fewer relapses.*[3]

Additionally, an Outcomes Steering Group was established by the Commission to collectively work towards developing a strategic and holistic approach to understanding outcomes. Representation on this group includes service providers and others from across the mental health sector, including WAAMH and people with mental health problems and/or mental illness, families and carers. This group met to review feedback from the forums and steered the development and endorsement of the six outcome statements.

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[1] The term 'family' used in this document refers to those people with whom an individual has meaningful and important relationships, and who provide freely given care and support. This can include parents, partners, grandparents, children, siblings, extended families, blended families and alternative families who are related by blood, marriage (including defacto) adoption, step or fostering families. In some cases, family is a self-identified group of people who may not be 'blood' relatives but who have very strong bonds with the person.

Mental Health Commission 2012, *Creating a Good Life with You*, Government of Western Australia, (unpublished raw data, based on advice provided through the consultation process of 2011-12).

[2] WAAMH is a peak body that supports the development of the non-government, not for profit mental health sector.

[3] Merton R & Bateman J 2007, *Social Inclusion: Its importance to mental health,* Mental Health Coordinating Council Inc., p. 2.

The outcome statements recognise individuality and the importance of person centred approaches. The nature of supports and services needed by a young person may be different to the support an older person or a person from an Aboriginal or culturally and linguistically diverse (CaLD) background is seeking. Further, recovery does not follow a uniform trajectory and therefore the type, mix, amount and location of supports and services needs to be variable at different times, in different places.

Many people are working with the Commission to realise results for people with mental health problems and/or mental illness. Complete and true implementation of the six outcome statements cannot be achieved solely by the mental health sector in isolation. The elements of a good life are best met by individuals, communities and services working together. As identified in *Mental Health 2020: Making it personal and everybody's business*, agreement to work together can foster the suite of supports and services required for prevention, early intervention, treatment and recovery*.*

There are many existing initiatives where agencies and services work creatively and effectively together. Continuing and strengthening this work is a strong priority for the Mental Health Commission and will be vigorously promoted at policy, planning, funding, program and service delivery levels.

We have a key role to educate, inform, influence and facilitate other government departments, community sector organisations, private providers and communities to work together in partnership with people with mental illness, their families and carers to reduce gaps and inconsistencies and to ensure cooperation to achieve these outcomes.

Further, these outcome statements have been developed in the context of parallel and equally important initiatives that are contributing to mental health reform in Western Australia. For example, the WA state government's *Delivering Community Services in Partnership* policy reinforces a relationship approach at all levels of service delivery and has a focus on outcomes rather than inputs. The outcome statements also complement the *National Standards for Mental Health Services 2010* that describe the ways in which supports and services should be delivered to build the cultures that create results for people with a mental illness. Furthermore, the outcome statements will help to align the work of the Commission with the *Fourth National Mental Health Plan* by enhancing our understanding of the important contribution that service providers play in supporting people's individual recovery efforts.

The six outcome statements are not mutually exclusive, nor are they listed in order of priority or importance. They provide guidance for all Western Australians as they seek to build communities that include and support people with mental illness, their families and carers. Please see overleaf for a full description of the six outcome statements.

Mental Health Outcome Statements

Outcome: Health, Wellbeing and Recovery

People enjoy good physical, social, mental, emotional and spiritual health and wellbeing and are optimistic and hopeful about their recovery.

Outcome: A home and financial security

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

Outcome: Relationships

People have enriching relationships with others that are important to them such as family, friends and peers.

Outcome: Recovery, learning and growth

People develop life skills and abilities, and learn ways to recover that builds their confidence, self esteem and resilience for the future.

Outcome: Rights, respect, choice and control

People are treated with dignity and respect across all aspects of their life and their rights and choices are acknowledged and respected. They have control over their lives and direct their services and supports.

Outcome: Community belonging

People are welcomed and have the opportunity to participate and contribute to community life.

Outcome: Health, Wellbeing and Recovery

People enjoy good physical, social, mental, emotional and spiritual health and wellbeing and are optimistic and hopeful about their recovery.

Having good health, including mental health involves taking care of four important areas - physical, mental, emotional and social health. For many Western Australians a fifth area - spiritual health - is also relevant. Spiritual health is important for people who value the role religion plays in their life. This area may be of particular importance for people from Aboriginal and culturally and linguistically diverse backgrounds who have cultural traditions and spiritual beliefs that shape their lives.

Recovery comprises many elements of wellbeing including a strong belief in one's self.[4] Others describe recovery as a 'healing' process[5] that is integral to all aspects of health and wellbeing. Consequently, achieving good health is fundamental to recovery from mental illness and to maintaining a good life. Good health and wellbeing is also fundamental for family members and carers who support a person with mental health problems and/or mental illness. Yet individuals, their families and carers may experience poor health and wellbeing and have fewer opportunities to build a balanced, healthy life.

Providing assistance to find a supportive general practitioner and get medications right, lays a foundation for good physical and mental health. For some people, mental illness may be coupled with additional challenges such as having a disability, being homeless or unemployed, alcohol and drug use, experiencing eating disorders or other health conditions that require specialised treatment and ongoing management.

People experiencing a mental health crisis need immediate and individualised support, which may include access to specialist mental health clinical services. Following a crisis, however, a focus on wellness strategies that are relevant to that individual, can be started. Families and carers also require compassion, information, guidance and to have their input valued and respected at this time.

People may require assistance to better understand their mental illness and to make informed choices about the areas they are going to tackle. Building and maintaining good health and wellbeing is different for everyone and must centre on an individual's needs and wishes. The right approach will depend on a person's age, sex, culture and religion. Services can provide support by facilitating good planning and coordination in which individuals, families, carers, communities and agencies collaborate together to achieve good health and wellbeing for people with mental illness and their families and carers.

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[4] Chamberlain J 1997, *Confessions of a non-compliant patient*. National Empowerment Centre Newsletter, p. 9. Quoted in Ralph RO, Kidder K and Phillips D 2000. *Can We Measure Recovery? A Compendium of Recovery and Recovery Related Instruments*, p. 2. Evaluation Centre, Human Services Research Institute and the US Department of Health and Human Services.

[5] Dumont J as quoted in Fisher DB & Deegan PE 1998, *Interim progress report of recovery project*, Lawrence, MA: National Empowerment Centre, p. 6.

Outcome: A home and financial security

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

People want a home where they are safe from violence or threat and where their needs for privacy, comfort, food, clothes and material goods can be met. This may not be possible without a reasonable level of financial security.

As identified in our strategic policy *Mental Health 2020*, having a stable form of accommodation is widely recognised as one of the most significant factors in achieving recovery for a person with a mental health problem and/or mental illness.

A stable home helps people keep in touch with family and friends and form new relationships with neighbours and local communities. A stable home provides a basis for other areas of a person's life to fall into place, such as getting back to work, finding a new job, or taking up sport, education and other day to day activities.

Getting and keeping a paid job is one way to achieve and maintain a good standard of living and many pathways are available to help people train, access work and get on-the-job support. For people who are unable to join the paid workforce, voluntary work can enable community contribution, purpose and meaning and financial security can be achieved through adequate levels of government assistance. For family members, being able to have a job that supports them in their caring role is important. For those who choose a dedicated caring role, government assistance may also be essential to achieve adequate financial security, for example through pensions, concessions and fee relief.

There are many areas where people may need assistance to secure and keep a good home – whether rented or purchased, with or without family/friends - and achieve financial security. Each person and their circumstances will be unique. For example some people may need support to comply with rental inspections, attend Centrelink appointments, manage household budgeting or carry out domestic tasks. To obtain and keep employment people may require assistance to develop good work routines or to approach employment agencies for support. Many people rely on public transport to travel to and from their home or attend work or school. Some people find public transport easy to use whilst others face challenges in overcoming anxiety in crowded places which makes it hard for them to catch a bus or a train.

Knowing a person well – the essence of a person centred approach, can assist service providers pinpoint priority areas and facilitate coordination of the right supports.

Outcome: Relationships

People have enriching relationships with others that are important to them such as family, friends and peers.

Having good relationships with people, including family, friends, neighbours, work mates and people in the community is essential to experiencing a good life. There is strong evidence that being socially isolated impedes recovery and leaves people emotionally and practically unsupported. This can be the experience of carers and families also.

> *… parents, siblings, spouses, extended family members, carers and close friends … are the significant individuals who often provide strong and lifelong support to foster a good life. Service providers and community activities may change focus, staff and programs, but meaningful relationships with family and friends can sustain individuals experiencing mental health problems and/or mental illness for the long term.[6]*

Some people with mental health problems and/or mental illness have few or no friends and family and want to increase their relationships and seek support from services to do so. Other people like their own company and prefer to have fewer people in their lives. Regardless of how often people seek company, most want to maintain some meaningful relationships and may need encouragement and assistance to do so.

When children or adults experiencing mental health problems and/or mental illness live with their family – with parents, spouse or partner, children or identified family – it is important that every family member has their own life priorities and needs adequately met. This includes young people who care for a family member with mental illness and yet have their own priorities to attend school or work, go out with friends and get involved with recreational activities.

Making sure the needs of everyone in the home are adequately met fosters cohesive and resilient families that can weather times of stress, crisis and disharmony. Service providers have a role to ensure both the needs of the person with mental illness and the needs of the family are recognised and respected in the pursuit of outcomes.

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[6] Mental Health Commission 2010, *Mental Health 2020: Making it personal and everybody's business,* Government of Western Australia, p. 8.

Outcome: Recovery, learning and growth

People develop life skills and abilities, and learn ways to recover that builds their confidence, self-esteem and resilience for the future.

Most people gather new information and acquire new skills on a daily basis. Information about life skills is usually passed on through sharing experiences with family, friends and colleagues and when involved in recreation and community activities. More formal ways of learning happen at school, work and through training. Having access to the right information and skills at the right time helps people make good decisions such as, where to live, what to study, which jobs to apply for, when to seek medical help and how to look after a house and family. Making good decisions leads to building a well balanced and resilient life.

Some people with mental health problems and/or mental illness and their families and carers need specific information and skills, such as the best ways to help themselves (or for carers, their loved ones) during recovery, how to develop social networks, how to get and keep a job or how to find the right education courses. Other people want to learn how to maintain their home, how to budget and how to buy and prepare nutritious food. These life and recovery skills can be identified and passed on through a range of different avenues.

Different people respond to different styles of information and learning. Some people with mental health problems and/or mental illness, their families and carers want to learn by sharing stories and experiences with people who face the same challenges, with peer workers, or with people who have years of experience. Others may prefer to attend more formal courses.

Once again, a personalised approach is needed to explore the particular priorities and needs of individuals, family members and carers and link them with the right information and opportunities to learn and build their skills. Service providers need to be able to provide information and learning experiences in ways that are useful and accessible to the person who is unwell, as well as to their family and carers, to help them to live a good life.

Outcome: Rights, respect, choice and control

People are treated with dignity and respect across all aspects of their life and their rights and choices are acknowledged and respected. They have control over their lives and direct their services and supports.

People with mental health problems and/or mental illness and their families and carers have a right to full citizenship and to be treated with respect, dignity and equality. People also have a right to direct their own services and supports to the extent they choose and to be in control of their own lives. They want their ideas, insights and decisions to be listened to and respected.

> *(People)… want to have a voice to make their ideas and wishes known and have important people in their lives – family, friends, cultural and community leaders, neighbours, teachers, doctors, employers, psychiatrists – listen, consider and respond. Most people, who experience mental health problems and/or mental illness, also want to shape the essential supports and services that support their recovery. They want choice, flexibility and control in the services they receive and the ability to navigate and coordinate the right mix of supports and services. These elements are at the heart of a person centred approach.*[7]

Stigma and discrimination arise from fear and insecurity coupled with limited understanding, information, experience and compassion. Prejudices will be challenged and weakened as communities learn more about how mental illness impacts many families, the importance of early intervention and recovery and the rights of all people to participate and contribute in community life. Multiple strategies across state and community can help cultivate inclusion and diversity.

People with mental health problems and/or mental illness can become marginalised from or stigmatised by the wider community. Many people who have mental illness also experience additional stigma and discrimination as a result of other needs or identities they hold, such as having a disability, being homeless, identifying as transgender, or being from an Aboriginal or CaLD background. Carers and family members too are not immune from experiencing stigma and discrimination, making recovery and coping with caring roles more stressful and isolating.

By adopting individualised approaches, service providers play a significant role in encouraging people, their families and carers to develop strong and informed voices about their priorities in life and the supports and services they need – whether specialist, mainstream or community-based. Implemented well, these approaches manifest respect and compassion; they foster hope and personal responsibility, decision-making and resilience. They also help tackle stigma and discrimination as more people, families and carers are supported to share their stories, voice their hopes and concerns, and take steps to more readily engage across all areas of community life.

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[7] Mental Health Commission 2010, *Mental Health 2020: Making it personal and everybody's business,* Government of Western Australia, p. 9.

Outcome: Community belonging

People are welcomed and have the opportunity to participate and contribute to community life.

People living with mental illness, who have positive links to their community enjoy a better quality of life, better relationships and are less likely to experience relapses. People have a right to belong and to contribute to the social, economic and cultural fabric of their communities. Those communities that encourage diversity and inclusion are richer for the unique contribution of their members.

> *Social relationships and social support are important for good mental health for all people, and for those recovering from mental illness, re-connection with society promotes recovery and decreases the chance of relapse… Engagement in society encapsulates the principles of having a sense of purpose and agency, feeling safe and secure, being free from violence or the threat of violence, and having hope for the future.[8]*

As people with mental health problems and/or mental illness get involved and contribute to communities of their choice, new possibilities arise - friendships can be made, new skills and responsibilities can be learned, and self-esteem can grow. There are many avenues to participation - at special interest groups, at schools, sports clubs, book clubs, churches and cultural groups. Meaningful activities, friendship and support enrich the lives of people, their families and carers and enable them, in turn, to enrich the lives of others.

It is often the people met while participating in community activities that result in offers of mutual support, comfort, advice, humour and encouragement. These natural networks enable people to look out for each other in times of crisis and celebrate achievements when times are good. Some people with mental health problems and/or mental illness, their families and carers may need support to build bridges to these important networks and relationships.

Due to isolation, people and families who live in regional Western Australia may face additional challenges in building connections. Rural and remote communities experience ongoing difficulties in recruiting and retaining staff and this can impact on the continuity of supports and services. However the close-knit nature of many of these regional communities can overcome these obstacles. Many communities know their strengths and can be innovative in harnessing these to make their communities stronger, which in turn can be a great source of personal strength and resilience for individuals and families.

By taking a person centred approach and working in partnership with individuals, families and carers, service providers can develop a range of useful strategies to help people reach out to communities where they can enjoy activities, develop relationships and make unique contributions.

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[8] Merton R & Bateman J 2007, *Social Inclusion: Its importance to mental health,* Mental Health Coordinating Council Inc. 2007, p. 8.

Putting the outcomes to work

The mental health outcome statements provide a common understanding of the purpose of mental health services. Putting the outcomes to work means looking at how the mental health sector contributes to supporting people with mental health problems / mental illness, their families and carers to achieve their goals, experience recovery and to live a good quality of life, connected to their family, friends and community.

Putting the outcomes to work complements various priority areas of work for the Commission. For example, the person centred approach of the Commission's Individual Community Living Strategy, where people are supported in their transition to live successfully in the community; the previously mentioned WA state government procurement reforms which are underpinned by the *Delivering Community Services in Partnership* policy, and the Commission's development of a quality framework.

Funding from the Individual Community Living Strategy is attached to the individual and their services are person centred. This means the person has a greater say in choosing the services they need and want to aid their recovery. The focus is on helping a person to address their personal goals to achieve better outcomes, to choose the level of care that is right for that person to experience better personal health and wellbeing, and to live a good life with opportunities to connect with and contribute to their community, as they choose.

The WA state government's new procurement policy seeks to deliver demonstrable improvements in social, cultural and/or economic outcomes for all Western Australians, through the fostering of genuine partnerships with the not-for-profit community services sector and through the empowerment of service users in the planning, design and delivery of community services.

The Commission is currently in the process of developing a broad quality framework to establish fair and ethical monitoring processes of the non-government services sector. The purpose of the quality framework is to support non-government organisations to progressively embed a culture of measurement and continuous service improvement in day to day practices. The proposed quality framework must complement existing structures and processes already established in the public mental health system. The Commission will work alongside consumers, families, carers, non-government organisations and representatives from the public mental health system to design and implement the necessary quality assurance processes that best suit non-government services.

It is anticipated the proposed quality framework will entail assessment processes, such as independent monitoring and outcomes measurement, designed to evaluate the quality and impact of services against the six outcome statements and the *National Standards for Mental Health Services* (NSMHS) 2010, with the aim of continuous service improvement and sector development. The Commission, in collaboration with the sector, will oversee the testing and implementation of the different elements of the quality framework as they evolve, guarding against unnecessary bureaucracy and ensuring the assessment processes are sufficiently robust and provide an appropriate level of evaluation commensurate with the complexity of the range of services provided. Finally the Commission will integrate the quality framework with existing contract management and procurement processes.

The Commission remains committed to empowering people with mental health problems and/or mental illness, their families and carers to have a say about the way they want their services delivered so that they experience better outcomes, recovery and involvement in the life they choose. To effect this, the Commission will continue to build stronger, more effective and informed partnerships with the mental health sector in an open and transparent way, to facilitate more sustainable, high quality services for Western Australians with mental illness.

Where to from here?

The Commission, in collaboration with the mental health sector, expects to:

- Commence exploration of an outcomes measurement framework that is practical, valid and reliable in helping to measure and evaluate the contribution of the non-government service sector towards the six mental health outcome statements. The Commission will support the sector to understand and progressively manage the changes required.

- Assess non-government organisations for their compliance with the *National Standards for Mental Health Services* 2010. An interim assessment tool has now been developed in consultation with sector representatives.

- Explore, define and implement a robust, independent monitoring process where individuals, their families and carers as well as non-government organisations, will be invited to provide their feedback about the quality of services under evaluation, guided by the NSMHS and the six mental health outcome statements. This is in keeping with the Henderson Report.[9]

- Incorporate the six mental health outcomes statements into service agreements with existing and new non-government organisations for ongoing or new services and supports from 1 July 2013. This is in keeping with the WA state government's new procurement policy.

For information and updates on the progress being made please go to the Mental Health Commission's website www.mentalhealth.wa.gov.au

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[9] Developing a Quality Assurance Framework for Mental Health in Western Australia: Final Report. Submitted by Gregor Henderson Limited 10 October 2011 http://www.mentalhealth.wa.gov.au/Libraries/pdf_docs/WA_QA_Framework_Final_Report_11_October_2011_FINAL_2.sflb.ashx

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References

Chamberlain J 1997, *Confessions of a non-compliant patient*. National Empowerment Centre Newsletter, p. 9, quoted in Ralph, R.O; Kidder. K. and Phillips, D. 2000. *Can We Measure Recovery? A Compendium of Recovery and Recovery Related Instruments*, p. 2. Evaluation Centre, Human Services Research Institute and the US Department of Health and Human Services.

Commonwealth of Australia 2009, *Fourth National Mental Health Plan - An agenda for collaborative government action in mental health 2009-2014,* Canberra.

Commonwealth of Australia 2010, *National Standards for Mental Health Services 2010,* Canberra.

Department of Finance 2011, *Delivering Community Services in Partnership Policy 2011,* Government of Western Australia.

Dumont J, as quoted in Fisher DB & Deegan PE 1998, *Interim progress report of recovery project*, Lawrence, MA: National Empowerment Centre, p. 6.

Henderson G 2010, *Developing a Quality Assurance Framework for Mental Health in Western Australia: Final Report.* Mental Health Commission WA.

Mental Health Commission 2010, *Mental Health 2020: Making it personal and everybody's business,* Government of Western Australia, pp. 2, 4, 8, 9, 19, 20 and 46.

Mental Health Commission 2012, *Creating a Good Life with You*, Government of Western Australia, (unpublished raw data, based on advice provided through the consultation process of 2011-12).

Merton R & Bateman J 2007, *Social Inclusion: Its importance to mental health,* Mental Health Coordinating Council Inc. 2007, p. 2.