Priority area 4:
Quality improvement and innovation

Outcome

The community has access to information on service delivery and outcomes on a regional basis. This will include reporting against agreed standards of care including consumer and carer experiences and perceptions. Mental health legislation meets agreed principles and, in conjunction with any related legislation, is able to support appropriate transfer of civil and forensic patients between jurisdictions. There are explicit avenues of support for emerging and current leaders to implement evidence-based and innovative models of care, to foster research and dissemination of findings, and to further workforce development and reform.

Summary of actions

- Review the *Mental Health Statement of Rights and Responsibilities*.

- Review and where necessary amend mental health and related legislation to support cross-border agreements and transfers of people under civil and forensic orders, and scope requirements for the development of nationally consistent mental health legislation.

- Develop and commence implementation of a *National Mental Health Workforce Strategy* that defines standardised workforce competencies and roles in clinical, community and peer support areas.

- Increase consumer and carer employment in clinical and community support settings.

- Ensure accreditation and reporting systems in health and community sectors incorporate the *National Standards for Mental Health Services*.

- Further develop and progress implementation of the *National Mental Health Performance and Benchmarking Frameworks*.

- Develop a national mental health research strategy to drive collaboration and inform the research agenda.

- Expand and better utilise innovative approaches to service delivery including telephone and e-mental health services.

Cross-portfolio implications

To support a collaborative whole of government approach, actions in this area will require the health sector to work collaboratively with justice, community services, workforce accreditation and registration agencies, and research funding bodies.

Indicators for monitoring change

- Proportion of total mental health workforce accounted for by consumer and carer workers

- Proportion of services reaching threshold standards of accreditation under the *National Mental Health Standards*

- Mental health outcomes for people who receive treatment from state and territory services and the private hospital system

- Proportion of consumers and carers with positive experiences of service delivery *

* These indicators require further development

Mental health service quality should be at least equal to that of other health services. In addition, because those who experience mental illness may be treated under the provisions of mental health legislation, services should meet all legal requirements and the expectations of rights charters or agreements.

Service amenity and legislative provisions should ideally be consistent across the nation and accord with national standards and agreements. In practice, uniform legislation is difficult to achieve because of the many inter-related state/territory based pieces of legislation. But we can work towards consistent legislative frameworks, and we can minimise the disruption to treatment and care caused by incompatibility between state/territory based mental health legislative frameworks. The rights of consumers and the needs of carers must be recognised and monitored through efforts to improve the carer and consumer experience of engagement with mental health services, including those from culturally and linguistically diverse backgrounds. Service development should include mechanisms to support advocacy and enable self determination to the greatest extent possible.

The *National Mental Health Performance Framework* has proven useful for developing Key Performance Indicators (KPI) for each domain. The KPIs that have been endorsed for Australian Public Mental Health Services will be considered for further development and adaptation to other service settings.

Workforce development is a crucial aspect of quality and a critical enabler for mental health reform. Like many other areas, workforce development crosses areas of Commonwealth and state/territory responsibility through undergraduate and postgraduate training places, and continuing education and professional development. The mental health workforce includes those who work in primary care, the public and private sectors, and the non-government community support sector. It

includes a broad range of professions including counsellors, social workers, psychologists, occupational therapists, nurses and doctors. Workforce issues cross areas of direct service provision, teaching, research and administration. Understanding workforce issues also requires consideration of workplace culture and practices, which then influence recruitment and retention.

Although mental health was proactive in developing a multi-disciplinary workforce, like other areas of health, it still faces problems of limited supply, an insufficient and poorly distributed workforce, and, particularly in some professions and areas, an ageing workforce. Particular challenges face the workforce in rural and remote areas. We need to not only attract more staff, but also to consider how to use the skills and talents of the current workforce to best advantage. That may mean re-consideration of the role of psychiatrists in private practice, greater use of nurse practitioners or mental health nurses in primary care settings.

The use of innovative technology as a means of increasing access to treatment for people in remote areas can overcome some of the workforce challenges in these areas, along with enabling access for people who wish to remain anonymous. There has been insufficient development of the workforce in non-government organisations and a lack of clarity about roles, responsibilities, competencies and need for support across the different sectors. Staff in the mental health sector need to have a greater understanding of how to promote social and emotional wellbeing and bring a stronger recovery orientation to their work.

Supporting and developing leaders in mental health service delivery is crucial to the development of sustainable innovative services. Leaders and champions are important in all professions and all sectors, including government, to support the implementation of new and proven service models and practices.

This needs to be underpinned by an active research agenda, including both quantitative and qualitative research led by or involving consumers.

Research and evaluation should cover relevant areas such as effectiveness of treatment, community support services, service coordination models, prognosis and course of illness; and should cover the life span and service system so that we can develop or expand services based on a solid body of information regarding their effectiveness. Clinician led research, and engagement of the academic sector with clinical service development has been shown to support the evaluation and acceptance of evidence based methods into mainstream practice. Several models of better promulgating research exist—including Cochrane collaborations and the National Institute for Health and Clinical Excellence (NICE) in the United Kingdom.

National actions

Review the Mental Health Statement of Rights and Responsibilities.

The *Mental Health Statement of Rights and Responsibilities* was developed in 1991 at the beginning of the *National Mental Health Strategy*. Although it remains a valid document, in the context of expanded service provision in primary care and the whole of government responsibility for mental health, it is timely for the document to be reviewed.

Review and where necessary amend mental health and related legislation to support cross border agreements and transfers of people under civil and forensic orders, and scope requirements for the development of nationally consistent mental health legislation.

Mental health legislation exists in each jurisdiction. There are some significant differences, especially in relation to model of

external review, and interaction with related legislation. However, Australia is a signatory to national and international instruments regarding human rights, and some jurisdictions have developed their own Human Rights Charter. All mental health legislation should meet principles in accordance with these agreements. In addition, people who are receiving treatment under mental health legislation—both civil and forensic—should be able to be transferred between jurisdictions when it is in their best interests and accords with their wishes. Mental health legislation in all jurisdictions needs to be reviewed and where necessary amended to meet these expectations. This may require consideration of the interface between mental health legislation and related legislation such as guardianship and administration, and aged care, to identify barriers these create for the care of individuals that may be affected by more than one Act in order to scope opportunities to overcome such barriers.

Develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas.

Recruiting, retaining and ensuring future supply of a suitably qualified staff across the diverse range needed in mental health service delivery is a challenge for all governments. Mental health requirements should be considered when determining the number of undergraduate places in courses such as medicine, nursing, psychology and allied health. The mental health content of relevant undergraduate and postgraduate courses should be of sufficient quantity and quality to enable competency at the level required.

Mental health should be developed as a workplace of choice, with an open and inclusive workplace culture. There needs to be consideration of supply, including how

to market mental health as an exciting and rewarding area in which to work. There should be better integration of the workforce across public and private sectors, and between primary care and specialist services to make best use of skills and interests. Having clear guidelines to determine roles, competencies, skill mix and professions required for a capable workforce will improve consistency of care and increase the effective and efficient use of the available workforce. These developments should be consistent with the *National Practice Standards for the Mental Health Workforce*.

There should be sufficient flexibility to take into account the very different pressures that may exist across rural and remote communities to enable local solutions to workforce constraints. This should include assisting people of Aboriginal and Torres Strait Islander background to become mental health workers. The mental health workforce should be inclusive of those in other sectors who also provide support and care to people with a mental illness. For example, the Industry Skills Council's *Mental Health Articulation Project* is considering the competencies required by community support workers in the mental health area.

Increase consumer and carer employment in clinical and community support settings.

Although consumers and carers are employed in some service sectors, their expertise and utility is under recognised. Utilising the skills and knowledge of those with 'lived experience' has been shown to improve engagement and outcomes for people with mental illness in a range of settings. Consumers and carers should also be utilised in staff training programs and in staff selection processes. There are a variety of models of employment of consumers and carers in community and bed based settings, but this has not been systematically developed or implemented in Australia compared with other parts of the world. We do not have

minimum standards to guide the number or available hours of consumer and carer support workers across the community and bed based sectors. We need to develop models that provide sufficient support and determine the role and responsibilities of peer employees.

Suitable training, supervision and roles need further exploration. Development of a strategy needs to incorporate findings and proposals from other projects and national activity including developments related to accreditation and registration.

Ensure accreditation and reporting systems in health and community sectors incorporate the National Standards for Mental Health Services.

There have been considerable advances in the introduction of standards and monitoring through accreditation programs, especially in the clinical sector. These have not been implemented to the same extent in the community support sector. Different accountability regimes apply to some sectors such as general practice and hospital based services, and these need to be made consistent where possible. Accreditation provides an opportunity for influencing cultural change, supporting leadership, and improving the attractiveness of mental health as a career of choice. There should be consideration of rewards or incentives linked to practices which lead to improved outcome and are experienced as positive by consumers and carers. Consumer, carer and staff perceptions and experience should be sought and taken into consideration when considering the quality of service provision and how to improve this.

Further develop and progress implementation of the National Mental Health Performance and Benchmarking Framework

Developing a clear performance and benchmarking framework across the service system enables comparison between services

and within services over time, and is a key tool for promoting quality improvement in health care. The *National Mental Health Performance Benchmarking Framework* and associated indicators developed over recent years cover public sector clinical services but we do not yet have agreed frameworks against which to report on performance and quality that includes all mental health sectors—private, public and non-government organisations. These will be developed under the Fourth Plan, along with increased effort to build a culture of continuous quality improvement in all sectors involved in mental health care.

Develop a national mental health research strategy to drive collaboration and inform the research agenda.

Research and evaluation are critical to maintain momentum of reform and to question models of treatment and service delivery and whether we could do better or invest more wisely. Research and teaching activity is also important in maintaining the interest and enthusiasm of our workforce through development of academic positions and promotion of mental health leaders.

Considerable mental health research activity is undertaken across Australia and internationally. But it is often poorly coordinated and there is limited translation of the resultant evidence base into practice. The research is not always directed to areas in a targeted or coordinated manner, so that some areas and some populations are relatively under-researched.

Compared to the clinical sector, research and evaluation in the community non-government sector has received less funding and is less developed. Strong leadership is needed to support better collaboration and to drive a better coordinated future research agenda. Better access to this information, such as through a clearing house mechanism similar to that developed through the National Drug and Alcohol Research Centre, will improve

the promotion of new and effective programs and models of service delivery. A requirement to demonstrate implementation of accepted treatment or support models will further support effective and efficient service models. Future investment should be prioritised to those areas where there is evidence of need or a solid basis for the effectiveness of particular models or approaches.

Expand and better utilise innovative approaches to service delivery including telephone and e-mental health services.

Telephone and internet based services and treatment programs provide a valuable opportunity to enhance mental health service delivery due to their inherent accessibility and capacity to address current service deficits, as either a supplement to or substitute for existing face to face services for mild to moderate mental disorders. There is strong domestic and international evidence to support the use of internet based clinical treatments as a cost effective and beneficial alternative or adjunct to traditional treatment options.

The emerging field of e-mental health solutions has a potentially important role in extending mental health service delivery. E-mental health treatments extend access and aim to address the service deficit through the provision of innovative treatment and support options for people with mental illness, their families and carers. These initiatives aim to capture populations currently not accessing traditional services, particularly rural and remote communities, those isolated due to other causes, and those for whom anonymity is a priority or who prefer a non-clinical setting.