

## Policy Mapping – National Mental Health Standards (NMHS)

### Standard 1. Rights and responsibilities

The rights and responsibilities of people affected by mental health problems and / or mental illness are upheld by the mental health service (MHS) and are documented, prominently displayed, applied and promoted throughout all phases of care.

CRITERIA		POLICIES
1.1	The MHS upholds the right of the consumer to be treated with respect and dignity at all times.	<ul style="list-style-type: none"> <li>• Individual Supports</li> <li>• Valued Status</li> </ul>
1.2	All care is delivered in accordance with relevant Commonwealth, state / territory mental health legislation and related Acts.	<ul style="list-style-type: none"> <li>• Legal &amp; Regulatory</li> </ul>
1.3	All care delivered is subject to the informed consent of the voluntary consumer and wherever possible, by the involuntary consumer in accordance with Commonwealth and state / territory jurisdictional and legislative requirements.	<ul style="list-style-type: none"> <li>• Informed Decision Making</li> <li>• Personal Records</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Human Resources</li> </ul>
1.6	The MHS communicates with consumers, carers and other service providers and applies the rights and responsibilities of involuntary patients as per relevant Commonwealth, state / territory mental health legislation and related Acts.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Diversity</li> <li>• Valued Status</li> </ul>
1.8	The MHS upholds the right of the consumer to have their privacy and confidentiality recognised and maintained to the extent that it does not impose serious risk to the consumer or others.	<ul style="list-style-type: none"> <li>• Privacy &amp; Confidentiality</li> </ul>
1.9	The MHS upholds the right of the consumer to be treated in the least restrictive environment to the extent that it does not impose serious risk to the consumer or others.	<ul style="list-style-type: none"> <li>• Dignity Of Risk</li> <li>• Health &amp; Medical</li> </ul>
1.10	The MHS upholds the right of the consumer to be involved in all aspects of their treatment, care and recovery planning.	<ul style="list-style-type: none"> <li>• Participation</li> </ul>
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	<ul style="list-style-type: none"> <li>• Participation</li> <li>• Advocacy</li> </ul>

	does not impose serious risk to the consumer or others.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Informed Decision Making</li> <li>• Privacy &amp; Confidentiality</li> </ul>
1.13	The MHS upholds the right of consumers to have access to their own health records in accordance with relevant Commonwealth, state / territory legislation.	<ul style="list-style-type: none"> <li>• Personal Records</li> </ul>
1.14	The MHS enacts policy and procedures to ensure that personal and health related information is handled in accordance with Commonwealth, state / territory privacy legislation when personal information is communicated to health professionals outside the MHS, carers or other relevant agencies.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Privacy &amp; Confidentiality</li> </ul>
1.15	The MHS upholds the right of the consumer to access advocacy and support services.	<ul style="list-style-type: none"> <li>• Advocacy</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Feedback &amp; Complaints</li> </ul>
1.17	The MHS upholds the right of the consumer, wherever possible, to access a staff member of their own gender.	<ul style="list-style-type: none"> <li>• Diversity</li> </ul>

## **Standard 2. Safety**

The activities and environment of the MHS are safe for consumers, carers, families, visitors, staff and its community.

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.	<ul style="list-style-type: none"> <li>• Abuse and Neglect</li> </ul>
2.2	The MHS reduces and where possible eliminates the use of restraint and seclusion within all MHS settings.	<ul style="list-style-type: none"> <li>• Abuse and Neglect</li> </ul>
2.3	The MHS assesses and minimises the risk of deliberate self harm and suicide within all MHS settings.	<ul style="list-style-type: none"> <li>• Risk Management</li> <li>• Dignity of Risk</li> </ul>
2.4	The MHS minimises the occurrence of adverse medication events within all MHS settings.	<ul style="list-style-type: none"> <li>• Medication</li> </ul>
2.5	The MHS complies with relevant Commonwealth and state / territory transport policies and guidelines, including the current National Safe Transport Principles.	<ul style="list-style-type: none"> <li>• Legal &amp; Regulatory</li> </ul>
2.6	The MHS meets their legal occupational health and safety obligations to provide a safe workplace and environment.	<ul style="list-style-type: none"> <li>• WHS</li> </ul>
2.7	The MHS complies with infection control requirements.	<ul style="list-style-type: none"> <li>• Infection Control</li> </ul>

2.8	The MHS can demonstrate investment in adequate staffing and resources for the safe delivery of care.	<ul style="list-style-type: none"> <li>• WHS</li> </ul>
2.9	The MHS conducts a risk assessment of staff working conditions and has documented procedures to manage and mitigate identified risks.	<ul style="list-style-type: none"> <li>• WHS</li> <li>• Risk Management</li> </ul>
2.10	Staff are regularly trained to, wherever possible, prevent, minimise and safely respond to aggressive and other difficult behaviours	<ul style="list-style-type: none"> <li>• Abuse and Neglect</li> <li>• Professional &amp; Personal Development</li> <li>• WHS</li> </ul>
2.11	The MHS conducts risk assessment of consumers throughout all stages of the care continuum, including consumers who are being formally discharged from the service, exiting the service temporarily and / or are transferred to another service.	<ul style="list-style-type: none"> <li>• Dignity of Risk</li> <li>• Service Exit &amp; Re-Entry</li> <li>• Individual Supports</li> <li>• Integration</li> </ul>
2.12	The MHS conducts regular reviews of safety in all MHS settings, including an environmental appraisal for safety to minimise risk for consumers, carers, families, visitors and staff.	<ul style="list-style-type: none"> <li>• WHS</li> </ul>
2.13	The MHS has a formal process for identification, mitigation, resolution (where possible) and review of any safety issues.	<ul style="list-style-type: none"> <li>• WHS</li> </ul>

### **Standard 3. Consumer and carer participation**

Consumers and carers are actively involved in the development, planning, delivery and evaluation of services.

3.1	The MHS has processes to actively involve consumers and carers in planning, service delivery, evaluation and quality programs.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> <li>• Participation</li> <li>• Program Evaluation</li> <li>• Strategic &amp; Operational Planning</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Feedback &amp; Complaints</li> <li>• Participation</li> <li>• Program Evaluation</li> <li>• Strategic &amp; Operational Planning</li> </ul>
3.3	The MHS provides training and support for consumers, carers and staff, which maximize consumer and carer(s) representation and participation in the MHS.	<ul style="list-style-type: none"> <li>• Professional &amp; Personal Development</li> <li>• Family &amp; Carers</li> <li>• Governance &amp; Management</li> <li>• Participation</li> </ul>
3.4	Consumers and carers have the right to independently determine who will represent their	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> </ul>

	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.	<ul style="list-style-type: none"> <li>• Advocacy</li> <li>• Professional &amp; Personal Development</li> <li>• Family &amp; Carers</li> <li>• Human Resources</li> </ul>
3.6	Where the MHS employs consumers and carers, the MHS is responsible for ensuring mentoring and supervision is provided.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Human Resources</li> <li>• Participation</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Participation</li> </ul>

#### **Standard 4. Diversity responsiveness**

The MHS delivers services that take into account the cultural and social diversity of its consumers and meets their needs and those of their carers and community throughout all phases of care.

4.1	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.	<ul style="list-style-type: none"> <li>• Diversity</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Diversity</li> <li>• Strategic &amp; Operational Planning</li> </ul>
4.3	Planning and service implementation ensures differences and values of its community are recognised and incorporated as required.	<ul style="list-style-type: none"> <li>• Diversity</li> <li>• Strategic &amp; Operational Planning</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Diversity</li> </ul>
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"> <li>• Professional &amp; Personal Development</li> <li>• Diversity</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Diversity</li> </ul>

## **Standard 5. Promotion and prevention**

The MHS works in partnership with its community to promote mental health and address prevention of mental health problems and / or mental illness.

5.1	The MHS develops strategies appropriate to the needs of its community to promote mental health and address early identification and prevention of mental health problems and / or mental illness that are responsive to the needs of its community, by establishing and sustaining partnerships with consumers, carers, other service providers and relevant stakeholders.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Promotion &amp; Prevention</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Promotion &amp; Prevention</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Promotion &amp; Prevention</li> <li>• Valued Status</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Promotion &amp; Prevention</li> <li>• Strategic &amp; Operational Planning</li> </ul>
5.5	The MHS identifies a person who is accountable for developing, implementing and evaluating promotion and prevention activities.	<ul style="list-style-type: none"> <li>• Promotion &amp; Prevention</li> </ul>
5.6	The MHS ensures that their workforce is adequately trained in the principles of mental health promotion and prevention and their applicability to the specialised mental health service context with appropriate support provided to implement mental health promotion and prevention activities.	<ul style="list-style-type: none"> <li>• Professional &amp; Personal Development</li> <li>• Promotion &amp; Prevention</li> </ul>

## **Standard 6. Consumers**

Consumers have the right to comprehensive and integrated mental health care that meets their individual needs and achieves the best possible outcome in terms of their recovery.

*(Note: The consumer standard is not assessable, as it contains criteria that are all assessable within the other standards.)*

6.1	Consumers have the right to be treated with respect and dignity at all	<ul style="list-style-type: none"> <li>• Service Entry</li> </ul>
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	times.	
6.2	Consumers have the right to receive service free from abuse, exploitation, discrimination, coercion, harassment and neglect.	<ul style="list-style-type: none"> <li>• Abuse And Neglect</li> </ul>
6.3	Consumers have the right to receive a written statement, together with a verbal explanation, of their rights and responsibilities in a way that is understandable to them as soon as possible after entering the MHS.	<ul style="list-style-type: none"> <li>• Service Entry</li> </ul>
6.4	Consumers are continually educated about their rights and responsibilities.	<ul style="list-style-type: none"> <li>• Individual Supports</li> </ul>
6.5	Consumers have the right to receive the least restrictive treatment appropriate, considering the consumer's preference, the demands on carers, and the availability of support and safety of those involved.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> </ul>
6.6	A mental health professional responsible for coordinating clinical care is identified and made known to consumers.	<ul style="list-style-type: none"> <li>• Integration</li> </ul>
6.7	Consumers are partners in the management of all aspects of their treatment, care and recovery planning.	<ul style="list-style-type: none"> <li>• Individual Supports</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Individual Supports</li> <li>• Informed Decision Making</li> <li>• Service Entry</li> </ul>
6.9	Consumers are provided with current and accurate information on the care being delivered.	<ul style="list-style-type: none"> <li>• Individual Supports</li> </ul>
6.10	Consumers have the right to choose from the available range of treatment and support programs appropriate to their needs.	<ul style="list-style-type: none"> <li>• Individual Supports</li> <li>• Informed Decision Making</li> </ul>
6.11	The right of consumers to involve or not to involve carers and others is recognised and respected by the MHS.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> </ul>
6.12	Consumers have an individual exit plan with information on how to re-enter the service if needed.	<ul style="list-style-type: none"> <li>• Service Exit And Re-Entry</li> </ul>
6.13	Consumers are actively involved in follow-up arrangements to maintain continuity of care.	<ul style="list-style-type: none"> <li>• Integration</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Personal Records</li> </ul>
6.15	Information about consumers can be accessed by authorised persons only.	<ul style="list-style-type: none"> <li>• Personal Records</li> <li>• Privacy &amp; Confidentiality</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> </ul>
6.17	Consumers are engaged in development, planning, delivery and evaluation of the MHS.	<ul style="list-style-type: none"> <li>• Program Evaluation</li> <li>• Strategic &amp; Operational Planning</li> </ul>
6.18	Training and support is provided for consumers involved in a formal advocacy and / or support role within the MHS.	<ul style="list-style-type: none"> <li>• Advocacy</li> <li>• Human Resources</li> <li>• Professional &amp; Personal Development</li> </ul>

## **Standard 7. Carers**

The MHS recognises, respects, values and supports the importance of carers to the wellbeing, treatment, and recovery of people with a mental illness.

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.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Personal Records</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Diversity</li> <li>• Family &amp; Carers</li> </ul>
7.6	The MHS considers the special needs of children and aged persons as carers and makes appropriate arrangements for their support.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> </ul>
7.7	The MHS has documented policies and procedures for clinical practice in accordance with Commonwealth, state / territory privacy legislation and guidelines that address the issue of sharing confidential information with carers.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Privacy &amp; Confidentiality</li> </ul>
7.8	The MHS ensures information regarding identified carers is accurately recorded in the consumer's health record and reviewed on a regular basis.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Personal Records</li> </ul>
7.9	The MHS provides carers with non-personal information about the consumer's mental health condition, treatment, ongoing care and if applicable, rehabilitation.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> <li>• Privacy &amp; Confidentiality</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> <li>• Personal Records</li> </ul>
7.11	The MHS actively encourages routine identification of carers in the development of relapse prevention plans.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> </ul>
7.12	The MHS engages carers in discharge planning involving crisis management and continuing care prior to discharge from all episodes of	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> </ul>

	care.	
7.13	The MHS provides information about and facilitates access to services that maximize the wellbeing of carers.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Service Exit And Re-Entry</li> </ul>
7.14	The MHS actively seeks participation of carers in the policy development, planning, delivery and evaluation of services to optimise outcomes for consumers.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Participation</li> <li>• Policy Development &amp; Review</li> <li>• Program Evaluation</li> <li>• Strategic &amp; Operational Planning</li> </ul>
7.15	The MHS provides ongoing training and support to carers who participate in representational and advocacy roles.	<ul style="list-style-type: none"> <li>• Advocacy</li> <li>• Family &amp; Carers</li> <li>• Participation</li> </ul>
7.16	The MHS provides training to staff to develop skills and competencies for working with carers.	<ul style="list-style-type: none"> <li>• Professional &amp; Personal Development</li> <li>• Family &amp; Carers</li> <li>• Human Resources</li> </ul>
7.17	The MHS has documented policies and procedures for working with carers.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> </ul>

### **Standard 8. Governance, leadership and management**

The MHS is governed, led and managed effectively and efficiently to facilitate the delivery of quality and coordinated services.

S8.	The MHS is governed, led and managed effectively and efficiently to facilitate the delivery of quality and coordinated services.	<ul style="list-style-type: none"> <li>• Governance &amp; Management</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Integration</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Promotion &amp; Prevention</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Participation</li> <li>• Strategic &amp; Operational Planning</li> <li>• Valued Status</li> </ul>
8.4	The MHS has processes in place to ensure compliance with relevant Commonwealth, state / territory mental health legislation and related	<ul style="list-style-type: none"> <li>• Legal And Regulatory</li> </ul>



	Acts.	
8.5	Identified resources are allocated to support the documented priorities of the MHS.	<ul style="list-style-type: none"> <li>• Strategic &amp; Operational Planning</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Human Resources</li> </ul>
8.7	Staff are appropriately trained, developed and supported to safely perform the duties required of them.	<ul style="list-style-type: none"> <li>• Professional &amp; Personal Development</li> <li>• Human Resources</li> </ul>
8.8	The MHS has a policy and process to support staff during and after critical incidents.	<ul style="list-style-type: none"> <li>• Human Resources</li> </ul>
8.9	The MHS manages and maintains an information system that facilitates the appropriate collection, use, storage, transmission and analysis of data to enable review of services and outcomes at an individual consumer and MHS level in accordance with Commonwealth, state / territory legislation and related Acts.	<ul style="list-style-type: none"> <li>• Communications</li> <li>• Information Management</li> </ul>
8.10	The MHS has an integrated risk management policy and practices to identify, evaluate, monitor, manage and communicate organisational and clinical risks.	<ul style="list-style-type: none"> <li>• Risk Management</li> </ul>
8.11	The MHS has a formal quality improvement program incorporating evaluation of its services that result in changes to improve practice.	<ul style="list-style-type: none"> <li>• Quality Improvement</li> </ul>

### **Standard 9. Integration**

The MHS collaborates with and develops partnerships within in its own organisation and externally with other service providers to facilitate coordinated and integrated services for consumers and carers.

9.1	The MHS ensures that a person responsible for the coordination of care is available to facilitate coordinated and integrated services throughout all stages of care for consumers and carers.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> <li>• Integration</li> </ul>
9.2	The MHS has formal processes to support and sustain interdisciplinary care teams.	<ul style="list-style-type: none"> <li>• Integration</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> <li>• Integration</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Integration</li> </ul>
9.5	The MHS has formal processes to develop inter-agency and intersectoral links and collaboration.	<ul style="list-style-type: none"> <li>• Integration</li> </ul>

## **Standard 10. Delivery of care**

### **10.1 Supporting recovery**

The MHS incorporates recovery principles into service delivery, culture and practice providing consumers with access and referral to a range of programs that will support sustainable recovery.

10.1.1	The MHS actively supports and promotes recovery oriented values and principles in its policies and practices.	<ul style="list-style-type: none"> <li>• Individual Supports</li> <li>• Valued Status</li> </ul>
10.1.2	The MHS treats consumers and carers with respect and dignity.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> <li>• Valued Status</li> </ul>
10.1.3	The MHS recognises the lived experience of consumers and carers and supports their personal resourcefulness, individuality, strengths and abilities.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> <li>• Valued Status</li> </ul>
10.1.4	The MHS encourages and supports the self determination and autonomy of consumers and carers.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> <li>• Informed Decision Making</li> <li>• Valued Status</li> </ul>
10.1.5	The MHS promotes the social inclusion of consumers and advocates for their rights of citizenship and freedom from discrimination.	<ul style="list-style-type: none"> <li>• Advocacy</li> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> <li>• Integration</li> <li>• Valued Status</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> <li>• Participation</li> </ul>
10.1.7	The MHS supports and promotes opportunities to enhance consumers' positive social connections with family, children, friends and their valued community.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Valued Status</li> </ul>
10.1.8	The MHS demonstrates systems and processes for consumer and carer participation in the development, delivery and evaluation of the services.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Participation</li> <li>• Program Evaluation</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> <li>• Integration</li> </ul>
10.1.10	The MHS provides access for consumers and their carer(s) to a range of carer-inclusive approaches to service delivery and support.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> </ul>

## 10.2 Access

The MHS is accessible to the individual and meets the needs of its community in a timely manner.

10.2.1	Access to available services meets the identified needs of its community in a timely manner.	<ul style="list-style-type: none"> <li>• Service Entry</li> </ul>
10.2.2	The MHS informs its community about the availability, range of services and methods for establishing contact with its service.	<ul style="list-style-type: none"> <li>• Service Entry</li> </ul>
10.2.3	The MHS makes provision for consumers to access acute services 24 hours per day by either providing the service itself or information about how to access such care from a 24/7 public mental health service or alternate mental health service.	<ul style="list-style-type: none"> <li>• Individual Supports</li> <li>• Service Entry</li> </ul>
10.2.4	The MHS, wherever possible, is located to provide ease of physical access with special attention being given to those people with physical disabilities and / or reliance on public transport.	<ul style="list-style-type: none"> <li>• Service Entry</li> </ul>

## 10.3 Entry

The entry process to the MHS meets the needs of its community and facilitates timeliness of entry and ongoing assessment.

10.3.1	The MHS has a written description of its entry process, inclusion and exclusion criteria and means of facilitating access to alternative care for people not accepted by the service.	<ul style="list-style-type: none"> <li>• Service Entry</li> </ul>
10.3.2	The MHS makes known its entry process, inclusion and exclusion criteria to consumers, carers, other service providers, and relevant stakeholders including police, ambulance services and emergency departments.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Service Entry</li> </ul>
10.3.3	The MHS has a documented system for prioritising referrals according to risk, urgency, distress, dysfunction and disability with timely advice and / or response to all those referred, at the time of assessment.	<ul style="list-style-type: none"> <li>• Service Entry</li> </ul>
10.3.4	The entry process to the MHS is a defined pathway with service specific entry points that meet the needs of the consumer, their carer(s) and its community that are complementary to any existing generic health or welfare intake systems.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Service Entry</li> </ul>
10.3.5	Entry to the MHS minimises delay and the need for duplication in assessment, treatment, care and recovery planning and care delivery.	<ul style="list-style-type: none"> <li>• Individual Supports</li> <li>• Service Entry</li> </ul>
10.3.6	Where admission to an inpatient psychiatric service is required, the MHS makes every attempt to facilitate voluntary admission for the consumer	<ul style="list-style-type: none"> <li>• Service Entry</li> <li>• Service Exit And</li> </ul>

	and continue voluntary status for the duration of their stay.	Re-Entry
10.3.7	When the consumer requires involuntary admission to the MHS the transport occurs in the safest and most respectful manner possible and complies with relevant Commonwealth and state / territory policies and guidelines, including the National Safe Transportation Principles.	<ul style="list-style-type: none"> <li>• Service Entry</li> <li>• Service Exit And Re-Entry</li> </ul>
10.3.8	The MHS ensures that a consumer and their carer(s) are able to identify a nominated person responsible for coordinating their care and informing them about any changes in the care management.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> <li>• Service Entry</li> </ul>

#### 10.4 assessment and review

Consumers receive a comprehensive, timely and accurate assessment and a regular review of progress is provided to the consumer and their carer(s).

10.4.1	Assessments conducted and diagnoses made are evidence-based and use accepted methods and tools, as well as internationally accepted disease classification systems.	<ul style="list-style-type: none"> <li>• Service Entry</li> </ul>
10.4.2	Assessments are conducted during the consumer's first contact with the MHS by appropriately qualified staff experienced and trained in assessing mental health problems, and where possible in a consumer's preferred setting with consideration of safety for all involved.	<ul style="list-style-type: none"> <li>• Professional &amp; Personal Development</li> <li>• Service Entry</li> </ul>
10.4.3	The MHS, with the consumer's informed consent includes carers, other service providers and others nominated by the consumer in assessment.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Informed Decision Making</li> <li>• Privacy &amp; Confidentiality</li> <li>• Service Entry</li> </ul>
10.4.4	The MHS actively plans as early as possible in the course of psychiatric inpatient admission, for the discharge of the consumer from inpatient care.	<ul style="list-style-type: none"> <li>• Service Entry</li> <li>• Service Exit And Re-Entry</li> </ul>
10.4.5	The MHS conducts a review of a consumer's treatment, care and recovery plan when the consumer: <ul style="list-style-type: none"> <li>• requests a review</li> <li>• declines treatment and support</li> <li>• is at significant risk of injury to themselves or another person</li> <li>• receives involuntary treatment or is removed from an involuntary order</li> <li>• is transferred between service sites</li> <li>• is going to exit the MHS</li> <li>• is observed through monitoring of their outcomes (satisfaction with service, measure of quality of life, measure of functioning) to be in decline.</li> </ul>	<ul style="list-style-type: none"> <li>• Individual Supports</li> <li>• Service Entry</li> <li>• Service Exit And Re-Entry</li> </ul>
10.4.6	The MHS conducts assessment and review of the consumer's treatment, care and recovery plan, whether involuntary or voluntary, at least every	<ul style="list-style-type: none"> <li>• Individual Supports</li> </ul>

	three months (if not previously required for reasons stated in criteria 10.4.5 above).	<ul style="list-style-type: none"> <li>• Service Entry</li> </ul>
10.4.7	The MHS has a procedure for appropriate follow-up of those who decline to participate in an assessment.	<ul style="list-style-type: none"> <li>• Service Entry</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> <li>• Informed Decision Making</li> <li>• Service Entry</li> </ul>

## 10.5 Treatment and support

The MHS provides access to a range of evidence based treatments and facilitates access to rehabilitation and support programs which address the specific needs of consumers and promotes their recovery.

10.5.1	Treatment and support provided by the MHS reflects best available evidence and emphasises early intervention and positive outcomes for consumers and their carer(s).	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> </ul>
10.5.2	Treatment and services provided by the MHS are responsive to the changing needs of consumers during their episodes of care that address acute needs, promote rehabilitation and support recovery.	<ul style="list-style-type: none"> <li>• Individual Supports</li> <li>• Valued Status</li> </ul>
10.5.3	The MHS is responsible for providing the consumer and their carer(s) with information on the range and implications of available therapies.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> </ul>
10.5.4	Any participation of the consumer in clinical trials and experimental treatments is subject to the informed consent of the consumer.	<ul style="list-style-type: none"> <li>• Individual Supports</li> <li>• Integration</li> <li>• Participation</li> </ul>
10.5.5	The MHS provides the least restrictive and most appropriate treatment and support possible. Consideration is given to the consumer's needs and preferences, the demands on carers, and the availability of support and safety of those involved.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> </ul>
10.5.6	Medications are prescribed, stored, transported, administered and reviewed by authorized persons in a manner consistent with Commonwealth, state / territory legislation and related Acts, regulations and professional guidelines.	<ul style="list-style-type: none"> <li>• Medication</li> </ul>
10.5.7	The MHS actively promotes adherence to evidenced based treatments through negotiation and the provision of understandable information to the consumer.	<ul style="list-style-type: none"> <li>• Individual Supports</li> </ul>
10.5.8	The views of the consumer and their carer(s), and the history of previous treatment is considered and documented prior to administration of new medication and / or other technologies.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> </ul>

		<ul style="list-style-type: none"> <li>• Medication</li> </ul>
10.5.9	The MHS ensures that there is continuity of care or appropriate referral and transfer between inpatient, outpatient, day patient, community settings and other health / support services.	<ul style="list-style-type: none"> <li>• Individual Supports</li> <li>• Integration</li> </ul>
10.5.10	The MHS ensures that medication and / or other therapies when required, are only used as part of a documented continuum of treatment strategies.	<ul style="list-style-type: none"> <li>• Individual Supports</li> <li>• Medication</li> </ul>
10.5.11	The treatment and support provided by the MHS is developed and evaluated collaboratively with the consumer and their carer(s). This is documented in the current individual treatment, care and recovery plan.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> <li>• Valued Status</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Individual Supports</li> <li>• Valued Status</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Individual Supports</li> <li>• Informed Decision Making</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Individual Supports</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> <li>• Informed Decision Making</li> </ul>
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.	<ul style="list-style-type: none"> <li>• Individual Supports</li> <li>• Informed Decision Making</li> </ul>
10.5.17	The MHS promotes access to vocational support systems, education and employment programs	<ul style="list-style-type: none"> <li>• Individual Supports</li> </ul>

## 10.6 Exit and re-entry

The MHS assists consumers to exit the service and ensures re-entry according to the consumer's needs.

10.6.1	The MHS ensures that on exiting the service the consumer has access to services that promote recovery and aim to minimise psychiatric disability and prevent relapse.	<ul style="list-style-type: none"> <li>• Individual Supports</li> <li>• Service Exit And Re-Entry</li> </ul>
10.6.2	The consumer and their carer(s) are provided with understandable information on the range of relevant services and support available	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Individual Supports</li> </ul>

	in the community.	<ul style="list-style-type: none"> <li>• Service Exit And Re-Entry</li> </ul>
10.6.3	The MHS has a process to commence development of an exit plan at the time the consumer enters the service.	<ul style="list-style-type: none"> <li>• Service Exit And Re-Entry</li> </ul>
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).	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Informed Decision Making</li> <li>• Service Exit And Re-Entry</li> </ul>
10.6.5	The MHS provides consumers, their carers and other service providers involved in follow-up with information on the process for re-entering the MHS if required.	<ul style="list-style-type: none"> <li>• Family &amp; Carers</li> <li>• Service Exit And Re-Entry</li> </ul>
10.6.6	The MHS ensures ease of access for consumers re-entering the MHS.	<ul style="list-style-type: none"> <li>• Service Exit And Re-Entry</li> </ul>
10.6.7	Staff review the outcomes of treatment and support as well as ongoing follow-up arrangements for each consumer prior to their exit from the MHS.	<ul style="list-style-type: none"> <li>• Individual Supports</li> <li>• Service Exit And Re-Entry</li> </ul>
10.6.8	The MHS, in conjunction with the treating clinician, has a procedure for appropriate follow-up of all consumers within 7 days after discharge from inpatient care wherever possible, and has a follow-up procedure for those consumers who do not keep the planned follow-up arrangements.	<ul style="list-style-type: none"> <li>• Individual Supports</li> <li>• Service Exit And Re-Entry</li> </ul>