



Australian Government



National Standards for Mental Health Services

2010

Key principles

These key principles are consistent with national policy and requirements for the delivery of mental health services in Australia and are embedded in the Standards. Key principles that have informed the development of the Standards include:

- Mental health services should promote an optimal quality of life for people with mental health problems and / or mental illness.
- Services are delivered with the aim of facilitating sustained recovery.
- Consumers should be involved in all decisions regarding their treatment and care, and as far as possible, the opportunity to choose their treatment and setting.
- Consumers have the right to have their nominated carer(s) involved in all aspects of their care.
- The role played by carers, as well as their capacity, needs and requirements as separate from those of consumers is recognised.
- Participation by consumers and carers is integral to the development, planning, delivery and evaluation of mental health services.
- Mental health treatment, care and support should be tailored to meet the specific needs of the individual consumer.
- Mental health treatment and support should impose the least personal restriction on the rights and choices of consumers taking account of their living situation, level of support within the community and the needs of their carer(s).

Finally the Standards describe care that will be delivered in accordance with each of the nine (9) domains from the *Key Performance Indicators for Australian Public Mental Health Services (2005)* as follows:

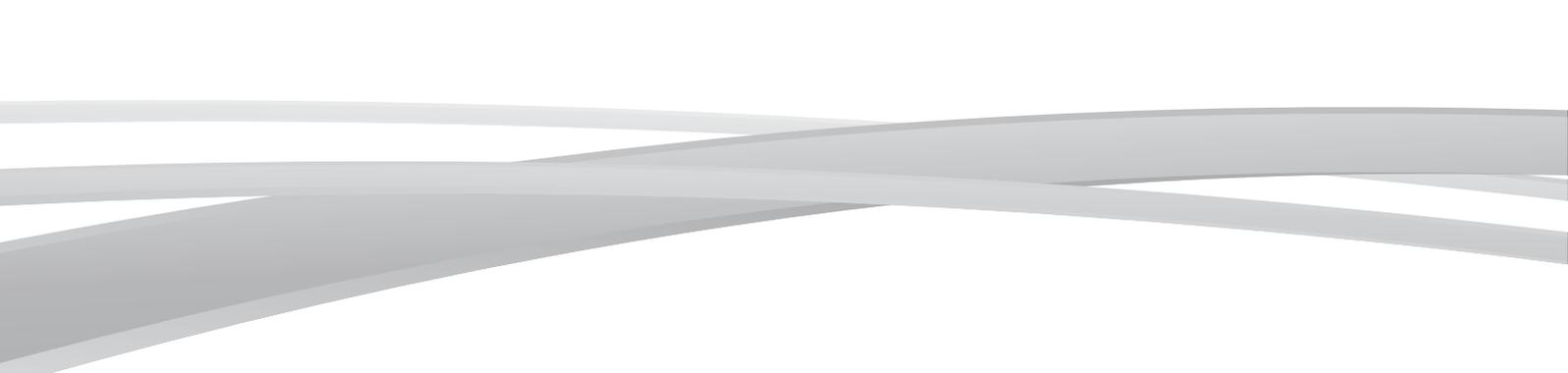
Effectiveness: care, intervention or action achieves desired outcome in an appropriate timeframe.

Appropriateness: care, intervention or action provided is relevant to the client's needs and based on established standards.

Efficiency: achieving desired results with the most cost-effective use of resources.

Accessibility: ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background.

Continuity: ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.



Responsiveness: the service provides respect for all persons and is client orientated. It includes respect for dignity, cultural diversity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider.

Capability: an individual's or service's capacity to provide a health service based on skills and knowledge.

Safety: the avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered.

Sustainability: system or organisation's capacity to provide infrastructure such as workforce, facilities, and equipment, and be innovative and respond to emerging needs.

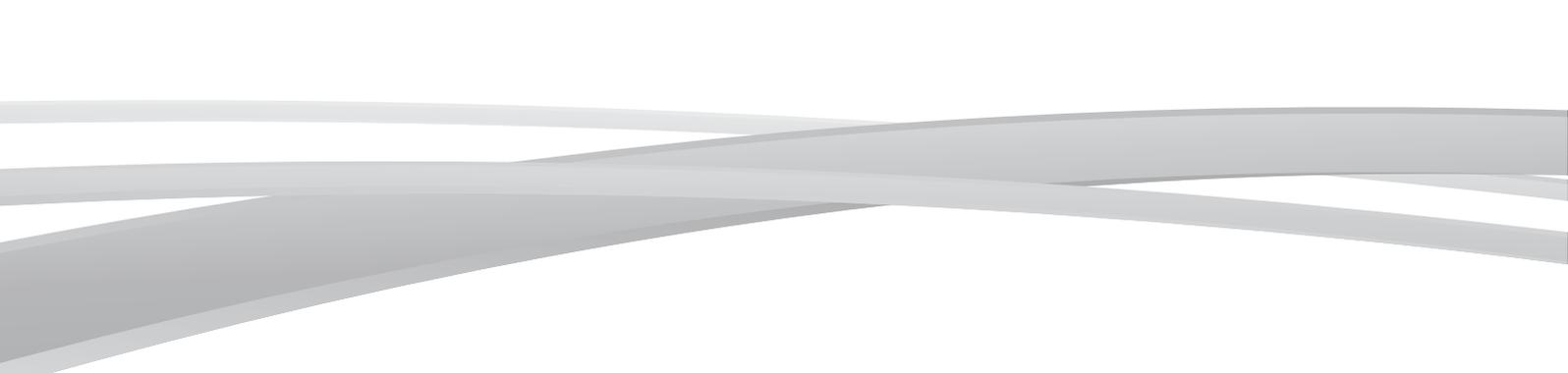
Standard 1.

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

- 1.1** The MHS upholds the right of the consumer to be treated with respect and dignity at all times.
- 1.2** All care is delivered in accordance with relevant Commonwealth, state / territory mental health legislation and related Acts.
- 1.3** All care delivered is subject to the informed consent of the voluntary consumer and wherever possible, by the involuntary consumer in accordance with Commonwealth and state / territory jurisdictional and legislative requirements.
- 1.4** The MHS provides consumers and their carers with a written statement, together with a verbal explanation of their rights and responsibilities, in a way that is understandable to them as soon as possible after entering the MHS and at regular intervals throughout their care.
- 1.5** Staff and volunteers are provided with a written statement of the rights and responsibilities of consumers and carers, together with a written code of conduct as part of their induction to the MHS.
- 1.6** 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.

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- 1.7** The MHS upholds the right of the consumer to have their needs understood in a way that is meaningful to them and appropriate services are engaged when required to support this.
 - 1.8** 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.
 - 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.
 - 1.10** The MHS upholds the right of the consumer to be involved in all aspects of their treatment, care and recovery planning.
 - 1.11** The MHS upholds the right of the consumer to nominate if they wish to have (or not to have) others involved in their care to the extent that it does not impose serious risk to the consumer or others.
 - 1.12** The MHS upholds the right of carers to be involved in the management of the consumer's care with the consumer's informed consent.
 - 1.13** The MHS upholds the right of consumers to have access to their own health records in accordance with relevant Commonwealth, state / territory legislation.
 - 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.
 - 1.15** The MHS upholds the right of the consumer to access advocacy and support services.
 - 1.16** The MHS upholds the right of the consumer to express compliments, complaints and grievances regarding their care and to have them addressed by the MHS.
 - 1.17** The MHS upholds the right of the consumer, wherever possible, to access a staff member of their own gender.

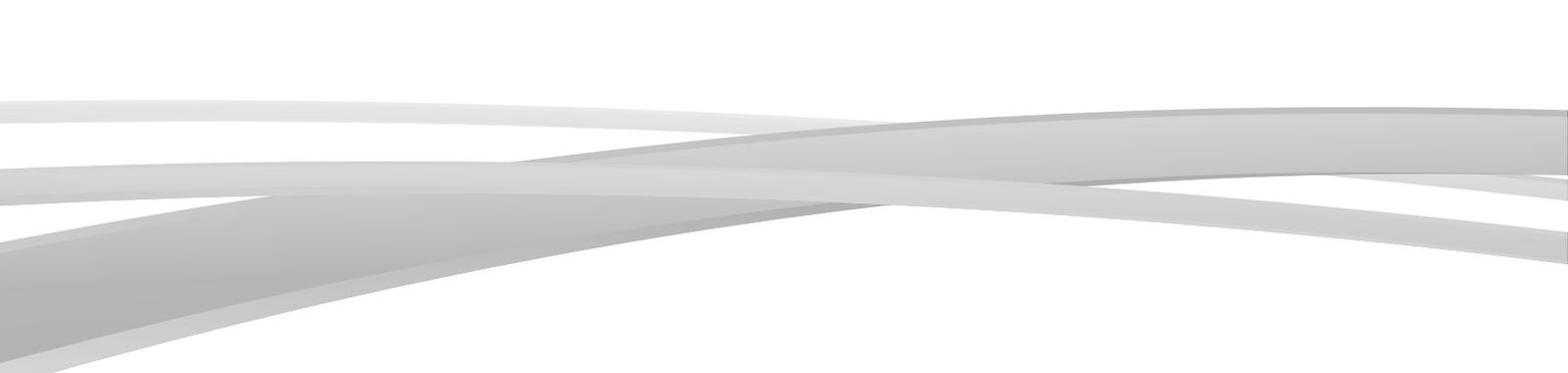
Standard 2.

Safety

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

CRITERIA

- 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.
- 2.2** The MHS reduces and where possible eliminates the use of restraint and seclusion within all MHS settings.
- 2.3** The MHS assesses and minimises the risk of deliberate self harm and suicide within all MHS settings.
- 2.4** The MHS minimises the occurrence of adverse medication events within all MHS settings.
- 2.5** The MHS complies with relevant Commonwealth and state / territory transport policies and guidelines, including the current National Safe Transport Principles.
- 2.6** The MHS meets their legal occupational health and safety obligations to provide a safe workplace and environment.
- 2.7** The MHS complies with infection control requirements.
- 2.8** The MHS can demonstrate investment in adequate staffing and resources for the safe delivery of care.
- 2.9** The MHS conducts a risk assessment of staff working conditions and has documented procedures to manage and mitigate identified risks.

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- 2.10** Staff are regularly trained to, wherever possible, prevent, minimise and safely respond to aggressive and other difficult behaviours.
 - 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.
 - 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.
 - 2.13** The MHS has a formal process for identification, mitigation, resolution (where possible) and review of any safety issues.

Standard 3.

Consumer and carer participation

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

CRITERIA

- 3.1** The MHS has processes to actively involve consumers and carers in planning, service delivery, evaluation and quality programs.
- 3.2** The MHS upholds the right of the consumer and their carer(s) to have their needs and feedback taken into account in the planning, delivery and evaluation of services.
- 3.3** The MHS provides training and support for consumers, carers and staff, which maximise consumer and carer(s) representation and participation in the MHS.
- 3.4** Consumers and carers have the right to independently determine who will represent their views to the MHS.
- 3.5** The MHS provides ongoing training and support to consumers and carers who are involved in formal advocacy and / or support roles within the MHS.
- 3.6** Where the MHS employs consumers and carers, the MHS is responsible for ensuring mentoring and supervision is provided.
- 3.7** The MHS has policies and procedures to assist consumers and carers to participate in the relevant committees, including payment (direct or in-kind) and / or reimbursement of expenses when formally engaged in activities undertaken for the MHS.

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.

CRITERIA

- 4.1** The MHS identifies the diverse groups (Aboriginal and Torres Strait Islander, Culturally And Linguistically Diverse (CALD), religious / spiritual beliefs, gender, sexual orientation, physical and intellectual disability, age and socio-economic status) that access the service.
- 4.2** The MHS whenever possible utilises available and reliable data on identified diverse groups to document and regularly review the needs of its community and communicates this information to staff.
- 4.3** Planning and service implementation ensures differences and values of its community are recognised and incorporated as required.
- 4.4** The MHS has demonstrated knowledge of and engagement with other service providers or organisations with diversity expertise / programs relevant to the unique needs of its community.
- 4.5** Staff are trained to access information and resources to provide services that are appropriate to the diverse needs of its consumers.
- 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.

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.

CRITERIA

- 5.1** The MHS develops strategies appropriate to the needs of its community to promote mental health and address early identification and prevention of mental health problems and / or mental illness that are responsive to the needs of its community, by establishing and sustaining partnerships with consumers, carers, other service providers and relevant stakeholders.
- 5.2** The MHS develops implementation plans to undertake promotion and prevention activities, which include the prioritisation of the needs of its community and the identification of resources required for implementation, in consultation with their partners.
- 5.3** The MHS, in partnership with other sectors and settings supports the inclusion of mental health consumers and carers in strategies and activities that aim to promote health and wellbeing.
- 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.
- 5.5** The MHS identifies a person who is accountable for developing, implementing and evaluating promotion and prevention activities.
- 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.

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.)

CRITERIA

- 6.1** Consumers have the right to be treated with respect and dignity at all times.
- 6.2** Consumers have the right to receive service free from abuse, exploitation, discrimination, coercion, harassment and neglect.
- 6.3** Consumers have the right to receive a written statement, together with a verbal explanation, of their rights and responsibilities in a way that is understandable to them as soon as possible after entering the MHS.
- 6.4** Consumers are continually educated about their rights and responsibilities.
- 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.
- 6.6** A mental health professional responsible for coordinating clinical care is identified and made known to consumers.
- 6.7** Consumers are partners in the management of all aspects of their treatment, care and recovery planning.
- 6.8** Informed consent is actively sought from consumers prior to any service or intervention provided or any changes in care delivery are planned, where it is established that the consumer has capacity to give informed consent.

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- 6.9** Consumers are provided with current and accurate information on the care being delivered.
 - 6.10** Consumers have the right to choose from the available range of treatment and support programs appropriate to their needs.
 - 6.11** The right of consumers to involve or not to involve carers and others is recognised and respected by the MHS.
 - 6.12** Consumers have an individual exit plan with information on how to re-enter the service if needed.
 - 6.13** Consumers are actively involved in follow-up arrangements to maintain continuity of care.
 - 6.14** The right of consumers to have access to their own health records is recognised in accordance with relevant Commonwealth and state / territory legislation / guidelines.
 - 6.15** Information about consumers can be accessed by authorised persons only.
 - 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.
 - 6.17** Consumers are engaged in development, planning, delivery and evaluation of the MHS.
 - 6.18** Training and support is provided for consumers involved in a formal advocacy and / or support role within the MHS.

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.

CRITERIA

- 7.1** The MHS has clear policies and service delivery protocols to enable staff to effectively identify carers as soon as possible in all episodes of care, and this is recorded and prominently displayed within the consumer's health record.
- 7.2** The MHS implements and maintains ongoing engagement with carers as partners in the delivery of care as soon as possible in all episodes of care.
- 7.3** 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.
- 7.4** The MHS provides carers with a written statement, together with a verbal explanation of their rights and responsibilities in a way that is understandable to them as soon as possible after engaging with the MHS.
- 7.5** 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.
- 7.6** The MHS considers the special needs of children and aged persons as carers and makes appropriate arrangements for their support.

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- 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.
 - 7.8** The MHS ensures information regarding identified carers is accurately recorded in the consumer's health record and reviewed on a regular basis.
 - 7.9** The MHS provides carers with non-personal information about the consumer's mental health condition, treatment, ongoing care and if applicable, rehabilitation.
 - 7.10** The MHS actively seeks information from carers in relation to the consumer's condition during assessment, treatment and ongoing care and records that information in the consumer's health record.
 - 7.11** The MHS actively encourages routine identification of carers in the development of relapse prevention plans.
 - 7.12** The MHS engages carers in discharge planning involving crisis management and continuing care prior to discharge from all episodes of care.
 - 7.13** The MHS provides information about and facilitates access to services that maximise the wellbeing of carers.
 - 7.14** The MHS actively seeks participation of carers in the policy development, planning, delivery and evaluation of services to optimise outcomes for consumers.
 - 7.15** The MHS provides ongoing training and support to carers who participate in representational and advocacy roles.
 - 7.16** The MHS provides training to staff to develop skills and competencies for working with carers.
 - 7.17** The MHS has documented policies and procedures for working with carers.

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.

CRITERIA

- 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.
- 8.2** The MHS has processes to ensure accountability for developing strategies to promote mental health and address early identification and prevention of mental health problems and / or mental illness.
- 8.3** The MHS develops and regularly reviews its strategic plan in conjunction with all relevant service providers. The plan incorporates needs analysis, resource planning and service evaluation. This should be developed with the participation of staff, stakeholders, consumers, carers and representatives of its community.
- 8.4** The MHS has processes in place to ensure compliance with relevant Commonwealth, state / territory mental health legislation and related Acts.
- 8.5** Identified resources are allocated to support the documented priorities of the MHS.
- 8.6** The recruitment and selection process of the MHS ensures that staff have the skills and capability to perform the duties required of them.
- 8.7** Staff are appropriately trained, developed and supported to safely perform the duties required of them.
- 8.8** The MHS has a policy and process to support staff during and after critical incidents.

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- 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.
 - 8.10** The MHS has an integrated risk management policy and practices to identify, evaluate, monitor, manage and communicate organisational and clinical risks.
 - 8.11** The MHS has a formal quality improvement program incorporating evaluation of its services that result in changes to improve practice.

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.

CRITERIA

- 9.1** The MHS ensures that a person responsible for the coordination of care is available to facilitate coordinated and integrated services throughout all stages of care for consumers and carers.
- 9.2** The MHS has formal processes to support and sustain interdisciplinary care teams.
- 9.3** The MHS facilitates continuity of integrated care across programs, sites and other related services with appropriate communication, documentation and evaluation to meet the identified needs of consumers and carers.
- 9.4** The MHS establishes links with the consumers' nominated primary health care provider and has procedures to facilitate and review internal and external referral processes.
- 9.5** The MHS has formal processes to develop inter-agency and intersectoral links and collaboration.

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.

CRITERIA

- 10.1.1** The MHS actively supports and promotes recovery oriented values and principles in its policies and practices.
- 10.1.2** The MHS treats consumers and carers with respect and dignity.
- 10.1.3** The MHS recognises the lived experience of consumers and carers and supports their personal resourcefulness, individuality, strengths and abilities.
- 10.1.4** The MHS encourages and supports the self determination and autonomy of consumers and carers.
- 10.1.5** The MHS promotes the social inclusion of consumers and advocates for their rights of citizenship and freedom from discrimination.
- 10.1.6** The MHS provides education that supports consumer and carer participation in goal setting, treatment, care and recovery planning, including the development of advance directives.
- 10.1.7** The MHS supports and promotes opportunities to enhance consumers' positive social connections with family, children, friends and their valued community.
- 10.1.8** The MHS demonstrates systems and processes for consumer and carer participation in the development, delivery and evaluation of the services.

- 10.1.9** The MHS has a comprehensive knowledge of community services and resources and collaborates with consumers and carers to assist them to identify and access relevant services.
- 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.

10.2 ACCESS

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

CRITERIA

- 10.2.1** Access to available services meets the identified needs of its community in a timely manner.
- 10.2.2** The MHS informs its community about the availability, range of services and methods for establishing contact with its service.
- 10.2.3** The MHS makes provision for consumers to access acute services 24 hours per day by either providing the service itself or information about how to access such care from a 24/7 public mental health service or alternate mental health service.
- 10.2.4** 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.

10.3 ENTRY

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

CRITERIA

- 10.3.1** The MHS has a written description of its entry process, inclusion and exclusion criteria and means of facilitating access to alternative care for people not accepted by the service.
- 10.3.2** The MHS makes known its entry process, inclusion and exclusion criteria to consumers, carers, other service providers, and relevant stakeholders including police, ambulance services and emergency departments.
- 10.3.3** 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.
- 10.3.4** The entry process to the MHS is a defined pathway with service specific entry points that meet the needs of the consumer, their carer(s) and its community that are complementary to any existing generic health or welfare intake systems.
- 10.3.5** Entry to the MHS minimises delay and the need for duplication in assessment, treatment, care and recovery planning and care delivery.
- 10.3.6** Where admission to an inpatient psychiatric service is required, the MHS makes every attempt to facilitate voluntary admission for the consumer and continue voluntary status for the duration of their stay.

- 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.
- 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.

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).

CRITERIA

- 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.
- 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.
- 10.4.3** The MHS, with the consumer's informed consent includes carers, other service providers and others nominated by the consumer in assessment.
- 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.

10.4.5 The MHS conducts a review of a consumer's treatment, care and recovery plan when the consumer:

- requests a review
- declines treatment and support
- is at significant risk of injury to themselves or another person
- receives involuntary treatment or is removed from an involuntary order
- is transferred between service sites
- is going to exit the MHS
- is observed through monitoring of their outcomes (satisfaction with service, measure of quality of life, measure of functioning) to be in decline.

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 three months (if not previously required for reasons stated in criteria 10.4.5 above).

10.4.7 The MHS has a procedure for appropriate follow-up of those who decline to participate in an assessment.

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.

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.

CRITERIA

- 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).
- 10.5.2** Treatment and services provided by the MHS are responsive to the changing needs of consumers during their episodes of care that address acute needs, promote rehabilitation and support recovery.
- 10.5.3** The MHS is responsible for providing the consumer and their carer(s) with information on the range and implications of available therapies.
- 10.5.4** Any participation of the consumer in clinical trials and experimental treatments is subject to the informed consent of the consumer.
- 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.
- 10.5.6** Medications are prescribed, stored, transported, administered and reviewed by authorised persons in a manner consistent with Commonwealth, state / territory legislation and related Acts, regulations and professional guidelines.
- 10.5.7** The MHS actively promotes adherence to evidenced based treatments through negotiation and the provision of understandable information to the consumer.

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- 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.
 - 10.5.9** The MHS ensures that there is continuity of care or appropriate referral and transfer between inpatient, outpatient, day patient, community settings and other health / support services.
 - 10.5.10** The MHS ensures that medication and / or other therapies when required, are only used as part of a documented continuum of treatment strategies.
 - 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.
 - 10.5.12** The MHS facilitates access to an appropriate range of agencies, programs, and / or interventions to meet the consumer's needs for leisure, relationships, recreation, education, training, work, accommodation and employment in settings appropriate to the individual consumer.
 - 10.5.13** 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.
 - 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.
 - 10.5.15** Information on self care programs or interventions is provided to consumers and their carer(s) in a way that is understandable to them.
 - 10.5.16** 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.
 - 10.5.17** The MHS promotes access to vocational support systems, education and employment programs.

10.6 EXIT AND RE-ENTRY

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

CRITERIA

- 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.
- 10.6.2** The consumer and their carer(s) are provided with understandable information on the range of relevant services and support available in the community.
- 10.6.3** The MHS has a process to commence development of an exit plan at the time the consumer enters the service.
- 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).
- 10.6.5** The MHS provides consumers, their carers and other service providers involved in follow-up with information on the process for re-entering the MHS if required.
- 10.6.6** The MHS ensures ease of access for consumers re-entering the MHS.
- 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.
- 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.

Principles of recovery oriented mental health practice

From the perspective of the individual with mental illness, recovery means gaining and retaining hope, understanding of ones abilities and disabilities, engagement in an active life, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self.

It is important to remember that recovery is not synonymous with cure. Recovery refers to both internal conditions experienced by persons who describe themselves as being in recovery—hope, healing, empowerment and connection—and external conditions that facilitate recovery—implementation of human rights, a positive culture of healing, and recovery-oriented services. (Jacobson and Greenley, 2001 p. 482)

The purpose of principles of recovery oriented mental health practice is to ensure that mental health services are being delivered in a way that supports the recovery of mental health consumers.

1. UNIQUENESS OF THE INDIVIDUAL

Recovery oriented mental health practice:

- recognises that recovery is not necessarily about cure but is about having opportunities for choices and living a meaningful, satisfying and purposeful life, and being a valued member of the community
- accepts that recovery outcomes are personal and unique for each individual and go beyond an exclusive health focus to include an emphasis on social inclusion and quality of life
- empowers individuals so they recognise that they are at the centre of the care they receive.

2. REAL CHOICES

Recovery oriented mental health practice:

- supports and empowers individuals to make their own choices about how they want to lead their lives and acknowledges choices need to be meaningful and creatively explored
- supports individuals to build on their strengths and take as much responsibility for their lives as they can at any given time
- ensures that there is a balance between duty of care and support for individuals to take positive risks and make the most of new opportunities.

3. ATTITUDES AND RIGHTS

Recovery oriented mental health practice:

- involves listening to, learning from and acting upon communications from the individual and their carers about what is important to each individual
- promotes and protects individual's legal, citizenship and human rights
- supports individuals to maintain and develop social, recreational, occupational and vocational activities which are meaningful to the individual
- instils hope in an individual's future and ability to live a meaningful life.

4. DIGNITY AND RESPECT

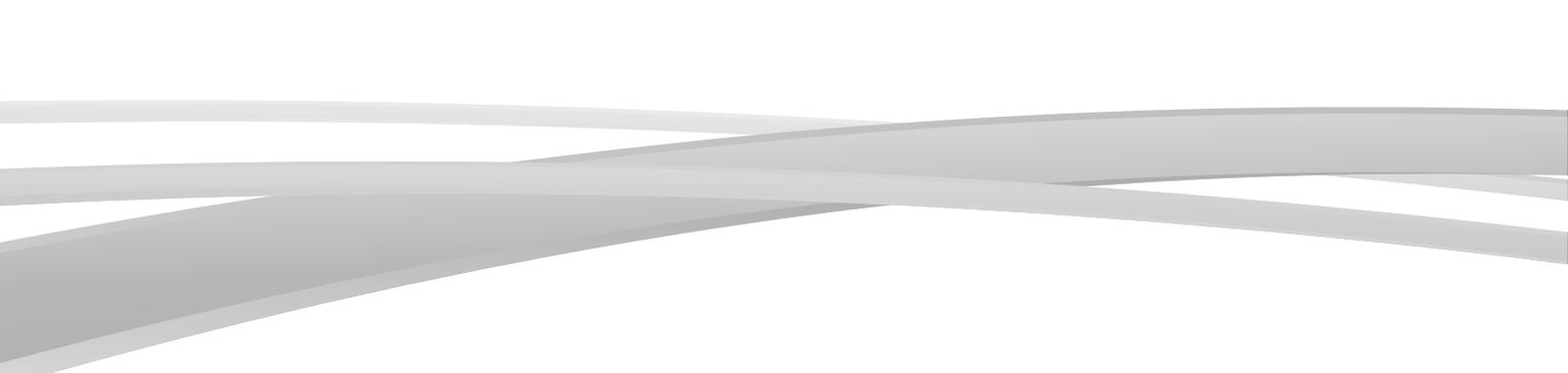
Recovery oriented mental health practice:

- consists of being courteous, respectful and honest in all interactions
- involves sensitivity and respect for each individual, particularly for their values, beliefs and culture
- challenges discrimination and stigma wherever it exists within our own services or the broader community.

5. PARTNERSHIP AND COMMUNICATION

Recovery oriented mental health practice:

- acknowledges each individual is an expert on their own life and that recovery involves working in partnership with individuals and their carers to provide support in a way that makes sense to them
- values the importance of sharing relevant information and the need to communicate clearly to enable effective engagement
- involves working in positive and realistic ways with individuals and their carers to help them realise their own hopes, goals and aspirations.



6. EVALUATING RECOVERY

Recovery oriented mental health practice:

- ensures and enables continuous evaluation of recovery based practice at several levels
- individuals and their carers can track their own progress
- services demonstrate that they use the individual's experiences of care to inform quality improvement activities
- the mental health system reports on key outcomes that indicate recovery including (but not limited to) housing, employment, education and social and family relationships as well as health and well being measures.

These Recovery Principles have been adapted from the Hertfordshire Partnership NHS Foundation Trust Recovery Principles in the UK.