Auseinet Response to the Revised National Standards for Mental Health Services

In reviewing the Revised National Standards for Mental Health Services (MHS), the Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) is concerned about the absence in the Standards of some fundamental principles, theoretical underpinnings and approaches outlined in the National Mental Health Plan 2003-2008. These are as follows:

Population Health Framework

The National Mental Health Plan 2003-2008 clearly states that 'mental health needs to be seen in the context of a Population Health Framework that takes into account the complex influences on mental health, encourages a holistic approach to improving mental health and wellbeing, and develops evidence based interventions that meet the identified needs of population groups and span the spectrum from prevention to recovery and relapse prevention'.[1] It stresses the importance of mental health being defined in terms of positive mental health and wellbeing and the settings of everyday life influencing mental health.

There appears to be no evidence in the Revised Standards that a Population Health Framework is being adopted. Conversely, the Standards reflect a very narrow medical model view in which the relationship that MHS have with other sectors and settings is in the context of continuity of care and referral pathways. The Standards do not reflect collaborative and partnership building approaches with other sectors to address the determinants of positive mental health (ie housing, employment, education etc). The Standards reflect a very individual focussed role for the MHS workforce and a paternalistic approach to collaboration which does not seem to be consistent with the intent of the Mental Health Plan 2003-2008. For example, Standard 8 on Integration reads 'The MHS develops and maintains links with other health service providers to ensure continuity of care for consumers'.[2]

Absence of a Standard on Mental Health Promotion and Prevention of Mental Disorder

In the previous set of Standards, Standard 6 referred to 'Prevention and Mental Health Promotion'. This appears to have been lost in the Revised Standards, and promotion and prevention does not appear to be integrated into any other specific Standard. This is a real concern as mental health promotion and prevention of mental disorder is a priority area in the National Mental Health Plan 2003-2008. The Plan states that one of the roles and responsibilities of state/territory health departments is to 'plan, organise, fund, deliver and/or purchase a mix of programs and services that reflect the spectrum of care from mental health promotion and prevention to recovery'.[3] There is national policy - the 'National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000' - which outlines areas for action. If there is no Standard in this area, MHS will have no accountability.

If mental health promotion and prevention of mental disorder is not included in the Standards, there needs to be some justification and explanation as to why a priority area in national policy is not reflected in the Standards**.**

Lack of focus on Early Intervention

The National Mental Health Plan 2003-2008 articulates the importance of access, responsiveness and timeliness in relation to service provision. It also clearly states that there needs to be improved access to early intervention services. It is widely acknowledged that if services are going to be responsive to early identification and early intervention they cannot do this with long waiting lists, lack of effective referral pathways and partnerships.

These notions do not appear to be reflected in the Revised Standards. Even though Standard 9 refers to accessible and responsive services, it is not explicit in stating 'early intervention services'. A focus on narrow inclusion and exclusion criteria can often present barriers to MHS responsiveness to early

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[1] Australian Health Ministers, 2003. *National Mental Health Plan 2003-2008*. Australian Government: Canberra, p. 4.
[2] *Draft of the Revised National Standards for Mental Health Services*. p. 30.
[3] Australian Health Ministers, 2003. *National Mental Health Plan 2003-2008*. Australian Government: Canberra, p. 14.

identification of mental health problems. Huge investments are currently being made in general practice and primary care to enable better referral pathways from GPs to psychiatrists and allied health professionals. Access to specialist mental health services in a timely manner will be essential for this to be effective. It is constantly being argued in the public domain about the importance of putting new monies (ie COAG funds) into new models of service delivery, not old systems. The danger here is that the Revised Standards are not making MHS accountable for responsive, timely service delivery models that enable early intervention to occur.

Lack of focus on stigma reduction and community attitudes

Another Standard that appeared in the previous Standards but does not assume the same status in the Revised Standards is stigma reduction and community attitudes. Again, it is not unrealistic to expect that MHS need to have Standards that hold them accountable for some level of enhancing the literacy of other sectors around mental illness and mental disorder, and that they work with community organisations to provide better services for people with mental health problems. If this is not the responsibility in part of the MHS, whose is it?

Recovery

Although it is good to see a Standard on ‘Recovery and Support’, the Criteria and Implementation Notes do not reflect current national policy in this area. Recovery is about acknowledging that consumers can contribute to their own recovery journey - management of their illness is only one component. This Standard again reflects a paternalistic approach to recovery where the MHS take control and drive the recovery of the consumer instead of a collaborative partnership with the consumer taking responsibility for some aspects of the recovery process.

Summary and recommendations

In summary, it would appear that the Revised Standards are reflecting a very narrow remit for MHS in terms of roles and responsibilities. In responding to criticisms from the sector that the ambit of responsibility under the current National Mental Health Plan is too broad, it has gone too far the other way in appearing to remove all the responsibilities to do with mental health promotion, prevention of mental disorder and early intervention. The tenor of the Revised Standards is one of paternalism and narrow focus which seems inconsistent with the intent of national policy.

I would strongly advocate for promotion and prevention to be reconsidered as a Standard with very specific responsibilities for specialist mental health services in relation to this. For example:

- MHS have policy, resources and plans that support mental health promotion, prevention of mental disorders and early intervention.
- MHS work collaboratively in establishing partnerships with other sectors to ensure a range of housing, vocational, social and community services are accessible for people with mental health problems that are non-discriminatory and culturally appropriate.
- MHS ensure that their staff are adequately trained in the principles of mental health promotion and prevention and the applicability of these principles to mental health specialist service contexts.
- MHS ensure that staff are aware of the environments that consumers and carers of their service operate in on a daily basis and the influence they have on positive mental health (ie school, family, work, community) and develop strategies to work collaboratively with those sectors and settings to achieve better outcomes. For example that MHS support mainstream agencies to better understand the needs of people with mental health problems and provide better services.

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