



Service Standards for Non-Government Providers of Community Mental Health Services



Department of Health
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Office of Mental Health

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The final document was developed through the tireless efforts of the Consultant for the project, Ms Barbara Gatter and my staff.

I believe that the developed Service Standards will provide a strong foundation, underpinning the provision of services to people with mental illness by organisations operating within the non-government sector and I look forward to their widespread adoption within this States Mental Health Sector.



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Service Standards for Non-government Providers of Community Mental Health Services

INTRODUCTION TO THE STANDARDS

The National Standards for Mental Health Services (NSMHS) were introduced in 1996 with the endorsement and support of the Commonwealth, State and Territory Health Ministers. The development of the Standards was guided by the principles contained in the *National Mental Health Policy* and the United Nations' *Principles on the Protection of People with Mental Illness*. The NSMHS have been adopted by the public mental health system across Australia.

Some non-government service providers in Western Australia have adapted elements of the NSMHS to their own service settings with some success. However, a majority has found it difficult to apply many of the standards to the community, organisational and service provision context within which they operate. These services identified a need to have standards designed specifically for the non-government service provision environment. These standards are a response to that identified need, and have been developed in close consultation with agencies.

The range of mental health services delivered by community based agencies varies enormously, from intensive personal support, to day activity programs to self-help groups. The organisational complexity of the agencies also varies enormously. Some are large, multi service and multi site agencies and others are very small, with few paid staff and a heavy reliance on the contribution of dedicated volunteers. For most agencies all of the standards will be expected to apply to the services they deliver; but given these wide variations, there will be some cases in which there will be different applicability of a particular standard for different types of service provision. In other cases, a standard may have less relevance because of the size of the agency and the nature of the services the agency provides. *This will be discussed between the individual agency and the Office of Mental Health, as part of the process of implementing the standards.*

The standards are expressed as outcomes based statements. Their purpose is to help agencies, whatever their size and the range of services they provide, to assess their performance and to deliver quality services to their consumers. They also provide a transparent framework for service monitoring and review.

The standards reflect a strong value base related to the human rights, dignity and empowerment of consumers of mental health services, and their carers and significant others. They have a strong emphasis on the development of practices which support continuous improvement in service quality. It is important that service providers recognise that the standards are only one element of an effective quality assurance system, which provides internal and external ways of assessing all aspects of the service system and of ensuring ongoing improvements in service delivery. Agencies are strongly encouraged to develop appropriate quality assurance systems in which the standards would be an integral part.

Following each standard, there is a list of service policies and practices, which if in place, should help services to demonstrate that they are meeting the standard. The list is intended to be indicative of good practice in the area of the standard. Services will be free, and encouraged, to introduce other practices to complement, or in some cases stand in place of those listed, to demonstrate how they meet the standard, according to the service type being provided, the consumer group being targeted etc.

OFFICE OF MENTAL HEALTH EXPECTATIONS

The Office of Mental Health sees the role of the standards as:

- empowering consumers and carers by clearly defining what standards they should expect when they access a mental health support service from a non-government service provider;
- providing a framework to assist the Office of Mental Health, non-government service providers, consumers and carers to work together to jointly improve service quality;
- assisting service providers to meet their funding accountability requirements by clearly defining the standards of service expected of them and providing a framework for service monitoring and review, and
- assisting prospective service providers to understand what is required of services which receive Office of Mental Health funding.

GUIDING PRINCIPLES

The guiding principles for the NSMHS have formed the basis for the development of these standards. These are:

- The promotion of optimal quality of life for people with mental disorders and/or mental health problems;
- A focus on consumers and the achievement of positive outcomes for them;
- An approach to consumers and carers that recognises their unique physical, emotional, social, cultural and spiritual dimensions;
- The recognition of the rights of people with mental disorders as proclaimed by the United Nations *Principles on the Protection of People with Mental Illness*, and the Australian Health Ministers *Mental Health Statement of Rights and Responsibilities*;
- Equitable access to appropriate mental health services when and where they are needed;
- Community participation in mental health service development;
- Informed decision making by individuals about their treatment;
- Continuity of care through the development of intersectoral links between mental health services and other organisations;
- A mental health system which emphasizes comprehensive, coordinated and individualised care;
- Accountability to consumers, carers, staff funders and the community;
- Adequate resourcing of the mental health system;
- Equally valuing the various models and components of mental health care.

AREAS COVERED BY THE STANDARDS

The following areas are covered by the Standards.

- Rights and Responsibilities
- Safety
- Privacy and Confidentiality
- Consumer Participation
- Carer Participation
- Organisational Governance and Management
- Accessible Inclusive Service Provision
- Delivery of Services

All of the standards are equally important, but there are differences between them.

The first three standards (Rights, Safety and Privacy and Confidentiality) should be regarded as mandatory for all services regardless of size, service complexity, geographic location etc. Services must have policies/procedures/work practices in place to clearly demonstrate that these standards are met. While they could (and ideally should) be subject to continuous improvement review, essentially they are standards that must be met for the service to be provided within the requirements of duty of care. There is no scope for services to be at a "minimal" level of achievement, and "working towards" these three standards. Similarly it is a requirement that services will operate within their agency Constitution and the requirements of their Funding Agreement as per indicator 6.1 in Standard 6, (Organisational Governance and Management).

The other indicators listed in relation to Standard 6 and those listed in relation to Standards 4,5,7, and 8 are also strong indicators of good practice. They have a strong quality improvement focus. However, it is recognised that there is greater capacity in relation to the indicators for these standards to be achieved at different levels, from a minimum acceptable level of achievement to exceeding the requirements.

Different services will be at different places and achieving at different levels in relation to the standards, according to:

- the size and organisational complexity of the agency;
- the nature of the service and its consumer group;
- the length of time the service has been in operation;
- the location of the service.

Over time, services that are operating at minimum acceptable levels will be expected to enhance their performance.

APPLICABILITY OF THE STANDARDS

These standards are expected to apply to all non-government agencies and for profit entities which provide support services to people with a mental illness in Western Australia, and which receive funding through the Office of Mental Health, regardless of size, location, service type and consumer target group.

For the Licensed Psychiatric Hostels, other standards apply in addition to those proposed here. These have also been developed within the context of the NSMHS, specifically in relation to the arrangements in the hostels. These standards are:

- the Licensing Standards Arrangements for the Management, Staffing and Equipment of Private Psychiatric Hostels, developed in consultation with the Hostels by the Licensing Standards and Review Unit; and
- the Standards in Care Outcomes in Licensed Psychiatric Hostels for People with a Psychiatric Disability, developed in consultation with the Hostels by the Office of the Chief Psychiatrist.

The Chief Psychiatrist has a responsibility to ensure that appropriate service standards translate into sound care outcomes for mental health consumers in Licensed Psychiatric Hostels. Special consideration will be given to the circumstances of each of the Licensed Psychiatric Hostels, to ensure that there is an integrated approach across the range of standards that they are required to meet.

IMPLEMENTATION OF THE STANDARDS

How the standards apply and are implemented will vary from agency to agency. Implementation will be staged, and supported by the Office of Mental Health. The timeframe for implementation will be agreed between each agency and the Office of Mental Health.

A Resource Kit and Self Assessment Tool have been developed to assist agencies to manage the implementation in a planned and progressive way. The Kit cross-references the standards to the NSMHS, the Psychiatric Hostel Care Standards, the Disability Services Standards and the Home and Community Care Program Standards. This is to assist agencies that have multiple funding sources to integrate their standards' monitoring processes. The Office of Mental Health will assist agencies to access the additional resources they require to help them in implementation.

As well as assisting agencies to implement and self assess, the Self Assessment Tool will also be an important part of reviews of services which will be periodically undertaken as part of the funding accountability process.

STANDARD 1 RIGHTS AND RESPONSIBILITIES

The service respects and upholds the rights of the consumers, and ensures that they are aware of their responsibilities in relation to the services they receive.

Policies and practices which indicate the achievement of this Standard include:

1.1 Consumer Statement of Rights and Responsibilities

All service consumers are provided with a written statement of their rights and responsibilities in a way that is understandable to them. The statement is discussed with them on their entry to the service.

1.2 Awareness of Consumer Rights

Staff, volunteers and students on placements are provided with a written statement of the rights and responsibilities of consumers as part of their induction into the service. This statement is discussed with them and signed off by the service and the inductee. Mechanisms are in place to ensure awareness of consumer rights is maintained.

1.3 Guardianship Orders

Relevant staff are aware of the provisions of the Guardianship and Administration Act in relation to the appointment of a guardian. Where a Guardianship Order is in place, the service consults with the delegated guardian according to the provisions of the Order.

1.4 Code of Conduct for Staff, Volunteers and Students on Placement

The service has a written code of conduct for staff, volunteers and students on placement, which is provided to them as part of their induction into the service. This is discussed with them and signed off by the service and the inductee.

1.5 Process to Resolve Complaints and Disputes

The service has a clear and easily accessible process in place for the resolution of consumer complaints and disputes, and uses this appropriately.

1.6 Analysis of Complaints to Improve Service Delivery

The service has a process to regularly review complaints and where appropriate, to make changes to improve service delivery based on those reviews.

1.7 Information about Community and Statutory Advocacy Services

The service displays information about independent community advocacy support services and statutory advocacy services in communal areas, makes information about these services available to consumers, and assists consumers to make contact with those services when requested.

1.8 Policy on Management of Conflicting Consumer Rights

The service has a written policy and procedure to follow in situations where the exercise of the rights of one consumer might result in the infringement of the rights (through risk or other detriment) of other service consumers.

STANDARD 2 SAFETY

The activities and environment of the service are safe for consumers, staff and others.

Policies and practices which indicate the achievement of this Standard include:

2.1 *Compliance with Legislation*

The service is able to demonstrate its compliance with the requirements of the Occupational Health and Safety Act 1984.

2.2 *Compliance with Local Authority By Laws and Fire Safety Regulations*

The service is able to demonstrate that it complies with local authority by laws and fire safety regulations.

2.3 *Written Staff Safety Policies and Procedures*

The service has written safety policies and procedures, designed to minimise risks to consumers, staff and others who visit the service. The service has processes in place to regularly review compliance and remind staff of requirements.

2.4 *Vehicle and Equipment Maintenance Schedules*

A maintenance schedule is in place and followed, to ensure all vehicles and equipment are regularly checked for safety and maintained in a safe condition.

2.5 *Health and Safe Environment Policies*

The service has written policies and procedures to promote a safe and healthy environment for consumers and staff, and to manage health related issues including:

- the use of tobacco and alcohol on the premises;
- the management of illicit drugs and other harmful substances on the premises;
- HIV/AIDS, Hepatitis B and C, and other contagious and infectious illnesses;
- the safe handling of any prescribed medications that are on the premises;
- the management of physically and verbally aggressive behaviour.

2.6 *Staff Safety Training*

Staff are provided with training so that they are aware of health and safety policies and procedures, and how to implement and monitor them.

STANDARD 3 PRIVACY AND CONFIDENTIALITY

The service respects and ensures the privacy and confidentiality of consumers, and of carers and significant others who are involved in the service.

Policies and practices which indicate the achievement of this Standard include:

3.1 Privacy and Confidentiality Policies and Procedures

The service has written policies and procedures to ensure the protection of confidentiality and privacy for consumers, and of carers and significant others who are involved in the service. These are discussed with them on entry into the service.

3.2 Physical Environment

The service has an area in which clients are able to discuss private and personal issues with staff without being observed or heard by others.

3.3 Informed Consent and Limitations

Consumers (or their guardian or nominated representative) give informed consent before personal information is communicated to health professionals outside of the service, carers or other agencies, except in situations where not informing others could:

- constitute a breach of the service's duty of care;
- place the consumer or others at risk; or
- place the service in breach of legal requirements.

3.4 Involvement of Others in Care

The service encourages and provides opportunities for the consumer to involve others in their care, but recognises and upholds the consumer's right to choose not to involve others, to the extent that it does not impose imminent serious risk to the consumer or other people.

3.5 Personal Information Documentation

Personal consumer and carer information collected by the service is factual, objective and respectful.

3.6 Personal Information Storage and Access

Personal consumer and carer information recorded by the service is stored in a secure locked location, or in the case of information recorded electronically, is held in such a manner that it can only be accessed by designated staff members.

3.7 Disposal of Personal Information

Procedures are in place to ensure that information required for legal reasons is securely retained for the required statutory period, and to ensure that disposal of information is managed so as to protect the confidentiality of those it refers to.

3.8 Consumer Access to Personal Information

A written process is in place and made available to service consumers to inform them of how to obtain access to their personal information that is held by the service, and of any limitations to that access.

STANDARD 4 CONSUMER PARTICIPATION

Consumers take an active role in the planning, delivery and evaluation of the services they receive.

Policies and practices which indicate the achievement of this Standard include:

4.1 Policies to Support Consumer Involvement

The service has written policies to encourage the involvement of consumers in determining and evaluating the services they receive, and in broader service level planning, delivery and evaluation.

4.2 Structures and Activities to Support Consumer Involvement

The service has structures/activities in place to actively involve consumers in determining the services they receive and in broader service planning, delivery and evaluation.

STANDARD 5 PARTICIPATION OF CARERS AND SIGNIFICANT OTHERS

Carers and significant others are able to take an active role in the planning, delivery and evaluation of services.

Policies and practices which indicate the achievement of this Standard include:

5.1 Process to Identify and Inform Carers

The service has a process in place to identify carers/significant others when the consumer enters the service, and to make information about carers' rights and responsibilities available to them.

5.2 Policies to Support Carers' Involvement

The service has written policies to encourage (with the consent of the consumer or their nominated representative) the active involvement of carers and families in the development of individual program/progress plans and the services provided to the consumer.

5.3 Structures and Activities to Support Carers' Involvement

The service has structures/activities in place to facilitate carers' involvement.

5.4 Carer Support Services Information

Where the service has public areas, it displays information about Carer Support Services.

5.5 Carer Support Linkages

The service maintains a linkage with local/regional Carer Support Services.

5.6 Policy and processes to manage Consumer/Carer need conflicts

The service has a policy and processes in place to manage situations in the service in which the wishes/needs of a consumer conflict with the wishes/needs of their carer.

5.7 Process to Resolve Complaints and Disputes

The service has a clear and easily accessible process in place for the resolution of carer complaints and disputes.

STANDARD 6 ORGANISATIONAL GOVERNANCE AND MANAGEMENT

Governance and management practices maximize organisational efficiency, transparency and effectiveness, and ensure accountability.

Policies and practices which indicate the achievement of this Standard include:

6.1 Compliance with the Constitution and Service Agreement

The agency operates according to the requirements of its Constitution and its contractual obligations as determined in its Service Agreement.

6.2 Defined and Documented Roles and Responsibilities

The roles and responsibilities of Board of Management/Management Committee office bearers and other members, and each staff member with a management responsibility, are clearly defined and documented, and are provided to individuals on appointment to their positions.

6.3 Financial Management Policies and Procedures

Written financial management policies and procedures are in place in relation to the responsibilities and authorities of Board of Management/Management Committee office bearers and members and paid staff, in relation to:

- budget preparation and monitoring;
- preparation and presentation of regular (monthly or quarterly) financial statements;
- controls over expenditure and authorisation of payments;
- receipting of income and banking;
- compliance with taxation laws;
- asset registration;
- annual audits.

6.4 Human Resource Management Policies and Procedures

Written human resource management policies and procedures are in place in relation to:

- staff recruitment and selection;
- duty statements and selection criteria for each paid position;
- employment contracts for each staff appointment;
- the role, management and supervision of volunteers, and where appropriate, students on placement;
- induction/orientation for new staff and volunteers, and where appropriate, students on placement;
- staff development and training;
- supervision of staff;
- support of staff, including post crisis debriefing arrangements;
- staff appraisal;

- management of poor performance;
- staff and volunteer codes of conduct;
- staff and volunteer grievance procedures;
- criminal record checking procedures for staff and volunteers, and where appropriate, students on placement.

6.5 Information Collection Procedures

Information is collected in a manner which ensures reliability, validity and timeliness of reporting.

6.6 Information Storage Procedures

Information is stored and reported in a manner which ensures confidentiality and complies with relevant legislation.

6.7 Information Disposal

Procedures are in place to ensure that organisational and other information required for legal reasons is securely retained for the required statutory period, and that information is disposed of in a way that ensures confidentiality is maintained.

6.8 Use of Information for Service Improvement

Qualitative and quantitative information is analysed and used to promote continuous quality improvement within the service, in relation to service provision to participants, organisational management, staff training and development, and research.

6.9 Evaluation Processes

The service conducts evaluations in its key activity areas and uses the outcomes to improve service delivery.

6.10 Organisational Planning Processes

A written organisational plan is in place identifying:

- the key outcomes to which the service is working;
- strategies to achieve those outcomes;
- resourcing requirements;
- responsibilities for implementation and monitoring progress;
- how progress is measured.

6.11 Adequate Insurance Arrangements

The agency has current insurance policies which include cover for:

- equipment and premises;
- public liability;
- workers' compensation;
- other insurances agreed with OMH to be necessary for the service's specific requirements.

6.12 Risk Management Assessment

The service has completed a risk management assessment, has a process to periodically review the assessment, and takes appropriate steps to manage/minimise identified risks.

STANDARD 7 ACCESSIBLE, INCLUSIVE SERVICE PROVISION

Within the resources available, services are provided on the basis of relative need, are inclusive and sensitive to the social and cultural values, and other special needs of the consumer, their carer and significant others.

Policies and practices which indicate the achievement of this Standard include:

7.1 Compliance with Legislation

The service is able to demonstrate its compliance with State and Federal anti discrimination legislation.

7.2 Policies and Procedures to Ensure Non-Discriminatory Practices and Equitable Access

The service has written policies and procedures, and work practices in place to ensure that it is respectful and sensitive to:

- the social and cultural customs and values of Aboriginal and Torres Strait Islander people;
- the social and cultural customs and values of people from culturally and linguistically diverse backgrounds;
- the special and extra support and access requirements of consumers with other disabilities in addition to their mental illness;
- issues of gender and sexual preference.

7.3 Use of Trained Independent Interpreters

The service advises of the availability of trained and independent interpreters where the consumer and/or their carer and family are not proficient in English or have an alternative preferred language, and uses those interpreters when appropriate.

7.4 Linkages with Specialist Support Agencies

The service works collaboratively with other agencies with relevant expertise in the provision of services to consumers in the groups represented in the community in which the service operates.

7.5 Staff Awareness and Training

The service has processes in place to identify and manage staffing issues associated with a lack of knowledge and understanding of cultural and linguistic diversity, disability and other special needs that service consumers may present with.

STANDARD 8 DELIVERY OF SERVICES

Consumers are treated with dignity and respect. Services are coordinated and appropriately planned to meet individual needs, and are regularly reviewed in consultation with the consumer, and as appropriate and with the consumer's consent, their carer and significant others.

Policies and practices which indicate the achievement of this Standard include:

EXIT AND ENTRY ARRANGEMENTS

8.1 *Written Service Entry Criteria and Procedures*

The service has written policies covering the entry of consumers into the service, including the criteria to determine relative need and priority for access to the service.

8.2 *Referral to Other Services*

Where entry to the service is denied, the service provides information to the consumer about other relevant services, and facilitates referral to another appropriate service where this exists.

8.3 *Planned Exit Arrangements*

Individual program/progress plans include a plan for leaving the service when and if this becomes appropriate.

8.4 *Post Service Supports*

The service ensures that consumers (and as appropriate, their carers and significant others) have information about service supports available to them when they leave the service.

ASSESSMENT ARRANGEMENTS

8.5 *Assessment Policies and Procedures*

Written policies and procedures are in place to guide assessment processes which are conducted by appropriately skilled and experienced staff.

8.6 *Involvement of Carers and Significant Others*

At the consumer's request, or with their informed consent, (or that of their guardian or nominated representative) the assessment includes carers and significant others, other services providing support to the consumer, and others nominated by the consumer.

8.7 *Individual Program/Progress Plans*

Following assessment, an individual program/progress plan is developed in consultation with the consumer, where relevant, their clinical services provider and at their request, or with their informed consent (or that of their guardian or nominated representative) carers and significant others.

COLLABORATION AND COMMUNITY INVOLVEMENT

8.8 *Working with Clinical Services*

Where a consumer is receiving clinical services, the service works collaboratively with the provider of the clinical services to contribute to the achievement of individual program/progress plan goals.

8.9 *Referral and Support Linkages*

The service has effective, proactive referral and support linkages with relevant service providers, local community groups and government agencies, to maximise the support network available to the consumer.

8.10 *Promoting Community Awareness*

The service works collaboratively with others to initiate and promote community understanding of mental health issues and acceptance of people with mental illness in the community.

8.11 *Community Involvement*

The service engages in activities to encourage broader community involvement with the service.

8.12 *Community Integration*

As appropriate and according to individual consumer preference and agreed individual program/progress plans, the service encourages and supports individual consumers to participate in mainstream community activities.

CONSUMER OUTCOMES

8.13 *Dignified and Respectful Service Delivery*

The Code of Conduct for Staff, Volunteers and Students guides the delivery of services in a manner that is respectful of consumers and maintains their personal dignity.

8.14 *Monitoring of Service Delivery*

The Service monitors outcomes for consumers using a combination of accepted qualitative and quantitative measures.

8.15 *Focus on Continuous Service Quality Improvement*

The Service has processes in place to support a continuous quality improvement approach to service delivery.

