



NSW Consumer Advisory Group – Mental Health Inc.

Response to Discussion Paper: National Recovery-Oriented Mental Health Practice Framework Project

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This feedback was compiled on behalf of NSW CAG by:

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NSW CAG would like to thank individual participants who generously shared with us their experiences and insights.

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NSW Consumer Advisory Group - Mental Health Inc.

NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) is the independent, state-wide peak organisation for people with a lived experience of mental illness (consumers). We work with consumers to achieve and support systemic change.

NSW CAG's vision is for all consumers to be able to participate meaningfully in society and to experience fair access to quality and recovery focused services which reflect their needs. Participation is a fundamental human right as enshrined in Article 25 of the *International Covenant on Civil and Political Rights* (ICCPR). We work from the premise that the participation of consumers results in more effective public policy and facilitates individual recovery.

Our work is guided by six principles:

- Being person centred and empowering consumers in the interests of consumers;
- Adopting a recovery approach to building positive futures;
- Promoting positive images and reducing stigma and discrimination;
- Enhancing best practice and building understanding of effective approaches to consumer participation;
- Capacity building of our organisation, consumers and services; and
- Promoting professionalism and continuous improvement in our ways of working.

NSW CAG is an independent non-government organisation that receives core and project funding from the NSW Ministry of Health.

NSW CAG welcomes the opportunity to provide feedback on the National Recovery-Oriented Mental Health Practice Framework Project Discussion Paper (the Discussion Paper). Overall, we find the Discussion Paper comprehensive and well-researched.

Below are NSW CAG's comments on question 1, 2, 4, 5, 8, 9, 10, 11, 12 and 14. Our comments are based on what people with a lived experience of mental illness (consumers) said had helped or hindered their recovery.

NSW CAG looks forward to providing further input into the development of the National Recovery-Oriented Mental Health Practice Framework (the Framework).

Question 1 and 2:

NSW CAG welcomes the emphasis on the personal view of recovery in the Discussion Paper. We agree that recovery is about living well, it is a journey with ups and downs, and it is different from being cured of mental illness. The key aspect of recovery is that it is defined by the individual. A person's view about his or her recovery may change as the person progresses through life and encounters new experiences and challenges.

NSW CAG agrees the Framework needs to be guided by a common concept of recovery and that it must stay true to what recovery means to people with the lived experience. Since recovery is not a model of care and is not confined to particular service settings, it is helpful to label it as an overarching philosophy or guiding principle, whereby, this Framework can be seen as a way of translating the philosophy into practice.

Question 4 and 5:

Breaking the recovery journey up into stages may be useful for service providers to 'analyze' what a person may be going through, but it risks people being boxed into particularly 'stages of recovery' as well as the responses by service providers becoming limited and prescriptive. We suggest rethinking representing recovery in identifiable stages or processes as it could be seen to go against the concept that recovery is highly personal and unique, and is defined by the individual with the lived experience.

Consumers repeatedly said they want service providers to listen to them about their feelings, experiences, and their hopes and desires, rather than ticking boxes and making diagnoses. A recovery oriented service would listen to and work in partnership with the individual at wherever he or she is at along their recovery journey. This approach is relevant to all service settings, including involuntary, forensic and other secure settings, and is particularly important in secure service settings where people's personal choice and freedom is restricted. For example, many consumers complained that clinicians in hospitals do not take the time to talk to people, to get to know them, or to involve them in decisions about their care and treatment. They said not only is the lack of acknowledgment by clinicians and hospital staff dehumanising, but having treatment forced onto them is traumatising. Consumers said these experiences severely hinder their recovery and people working in such services should urgently improve the way they work with people.

'Nobody has time for what you need, they just want to medicate you and look at you like you're a freak! Sometimes you just needed someone to talk to and let things out.'

(NSW CAG Consultation Participant, 2011)

Question 8 and 9:

Overall, NSW CAG agrees with the list of key components of recovery-oriented mental health practice for individual practitioners as well as those for adoption at the service and organisational level. However, the lists in the Discussion Paper appear repetitive and somewhat overwhelming. Perhaps organising the components into a clear structure, such as the example by Le Boutillier et al (2011) cited on p28 of the Discussion Paper.

For the section 'key components of recovery-oriented practice at a service and organisation level', NSW CAG recommends the following changes:

1. 'A peer support workforce' to be changed to 'a strong consumer workforce' to recognise both the importance of peer support in mental health care, as well as the diverse skills and abilities people with lived experience have beyond peer support positions. This will be more inclusive of people in non-direct care roles and leadership roles.
2. 'Involvement of people with lived experience and their significant others in processes such as recruitment, education, training and development, and quality-improvement activities' we suggest changing this to 'active engagement of and participation by people with lived experience and their significant others in...'. From NSW CAG's experience, services that are most liked by consumers are those that foster two-way interactions between consumers and themselves. They actively engage with people for feedback, quality improvement and service development decisions, and encourage people to participate in open discussions about the service and its performance. Such efforts go beyond the often token attempts to involve people.

Question 10:

NSW CAG supports a Framework that guides the practical implementation of recovery-oriented practice at the individual practitioner, service delivery and leadership level. This Discussion Paper focused on the role of individual practitioners and service leaders to implementing recovery-oriented practice. It has not discussed the role governments could or should play to support the mental health sector to shift towards recovery-oriented practice.

Government commitment to resourcing the sector to make this shift is crucial to it happening and its success; developing a national recovery framework is the obvious first step. NSW CAG recommends the Framework to incorporate into it the role of

government in areas such as leadership, and workforce development strategies and pathways.¹ For example, the Australian Government should ensure that recovery-oriented practice is included in all training for people who may work with people with a mental illness.

Question 11:

For recovery-oriented practice to be translated into reality, NSW CAG recommends the Framework to provide at least a basic set of tools that can be used for implementing and evaluating recovery-oriented practice across service settings. Consumer participation should be incorporated into the tool set to ensure the changes made are driven by people who use the service. Methods such as MH-CoPES and DREEM are preferred because they have strong processes for consumers and service providers to work together to come up with ideas for service enhancement.²

Question 12 and 13:

Recovery oriented approach is about mental health practitioners and services understanding the diversity of lived experience, and meeting people wherever they are at along their recovery journey. It is relevant to people of all ages and backgrounds, regardless of the type of service settings.

NSW CAG supports a national framework that will help people providing care and services reflect on their own practices, and develop recovery oriented responses that are suited to the diverse needs of people who access their support. We recognize factors such as age, culture and experiences influence a person's view on mental illness and mental health care. However, we recommend against having separate sections or tools in the Framework for people of particular characteristics because it risks people being put into categories with undue assumptions being made about them. For example, some cultures consider mental illness as a punishment for past wrongs and that recovery is impossible. It would be useful for service providers to be aware that different cultures may understand mental illness and recovery differently, but it would be wrong to assume everyone of a particular cultural background would share the same view. NSW CAG recommends the Framework to incorporate ways to increase services and practitioners' sensitivity towards the unique experience of each individual. We also recommend ongoing consultation with multicultural mental health consumer groups and agencies throughout the Framework's development and implementation process. This will ensure sensitivity towards the diversity of lived experiences are built into the Framework as opposed to being separated into sections about CALD or ATSI populations.

In addition, NSW CAG suggests one way of making the Framework applicable to all groups and service settings is to use case studies to provide examples of best practices. The case studies could cover a range of service settings and situations, and each case

¹ Component 8 and 10 on page 47.

² MH-CoPES is mentioned on p49 and DREEM on p50 of the Discussion Paper.

study should include a variety of responses that are recovery oriented. This will help demonstrate that recovery-oriented practice is not prescriptive and requires services to continually reflect on their approach and practices.