



beyondblue

the national depression initiative  
[www.beyondblue.org.au](http://www.beyondblue.org.au)

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Dear Dr Craze

**2<sup>nd</sup> consultation draft: National Recovery-Oriented Mental Health Practice Framework**

*beyondblue*, the national depression and anxiety initiative, welcomes the opportunity to comment on the 2<sup>nd</sup> consultation draft of the National Recovery-Oriented Mental Health Practice Framework.

*beyondblue* is appreciative that the updated Recovery Framework has been informed by the feedback provided by *beyondblue*, in response to the first draft. The updated Framework has a much stronger focus on consumer and carer leadership; the needs of different population groups; and the importance of adopting a holistic and inclusive approach to recovery.

**The 2<sup>nd</sup> consultation draft could be further enhanced by:**

- Acknowledging that **gender** is not a binary male / female construct, as some people may identify outside this categorisation system (to be incorporated in the discussion of gender roles, page 34)
- Recognising the **diversity of individual recovery processes**. For some people, particularly adolescents, setting and achieving recovery goals may take additional time, as their readiness to learn and implement new skills to promote positive mental health will depend upon the impact of their mental illness (page 30)
- Clarifying the relationship between the **recovery of Aboriginal and Torres Strait Islander people and self identity** (page 35). This could be updated to indicate that, for Aboriginal and Torres Strait Islander people there is a connection with country which is on a continuum that influences daily life, and is integral to identity.

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*beyondblue: opening our eyes to depression and anxiety across Australia*

*Her Excellency Ms Quentin Bryce, AC – Governor-General of the Commonwealth of Australia – Patron*

- Acknowledging the **complexity of stigma and discrimination**, and the impact of experiencing multiple forms of stigma and discrimination (for example, stigma relating to a mental illness, as well as ethnic, race, sex, gender or sexuality-based discrimination) on mental health and wellbeing.
- Adopting **positive and inclusive language** throughout the Framework (for example within the capability 'Working with Aboriginal and Torres Strait Islander people, families and communities' updating the knowledge 'Recognise that traditional healing practices may have much to offer in the recovery of Aboriginal and Torres Strait Islander people' to 'Have an understanding and appreciation of traditional healing practices...'; within the capability 'Actively challenging stigmatising attitudes, discrimination and promoting positive understandings' updating the attitude 'Accept, value and celebrate difference' to 'Embrace, value and celebrate diversity'.)
- Incorporating a focus on **using, testing and validating measures and tools with diverse population groups, which affirm their diversity and identity**, throughout the domains and capabilities (for example, within the capability 'Promoting autonomy and self-determination', updating the good practice example of 'Encourage the use of recovery and wellbeing planning tools that have been developed by and validated through lived experience' to also include '...developed by and validated through lived experience, with diverse population groups'; in the capability 'Focus on strengths and personal responsibility' update the good practice example of 'Incorporate methods of enquiry that encourage solutions' to include '...encourage solutions and embrace diversity').
- Updating the capability '**Responsive to and inclusive of gender, age, culture, sexual orientation, spirituality and other diversity irrespective of location and setting**':
  - to include sex;
  - core principles - change the term 'sexual identity' to 'sex identity (female, male and intersex) and sexual orientation';
  - attitudes – update 'recognising individuals' expression of personal identity and beliefs' to 'recognising and respecting individuals' expression of personal identity and beliefs'
  - skills – refer to chosen families as well as relatives when discussing families of GLBTI people
  - knowledge – include a reference to the impact of stigma, prejudice and discrimination on the mental health and recovery of GLBTI people
  - good practice – include linking with local GLBTI organisations to develop referral pathways
  - Resource materials – include a link to *beyondblue's* Position Statement 'Depression and anxiety in gay, lesbian, bisexual, trans and intersex populations' (available at: [http://www.beyondblue.org.au/index.aspx?link\\_id=4.1167](http://www.beyondblue.org.au/index.aspx?link_id=4.1167))
- Updating the 'Good practice' within the capability '**Working with families, carers and personal relationships and support networks**' to 'Acknowledge complex family structures and community responsibilities, particularly within diverse population groups'. It is important to acknowledge that there are many complex family structures, and this is not restricted to Aboriginal and Torres Strait Islander communities.

- Including an additional behaviour within the ‘**Authentic engagement, collaborative relationship and reflective practice**’ capability relating to mental health practitioners modelling positive and mental health-promoting behaviours.
- Updating the ‘**Recovery vision, commitment and culture**’ capability:
  - Behaviour - include an additional behaviour to ‘Reduce service use barriers, and provide inclusive and embracing care across age, gender, sex, sexuality, culture and spirituality’.
  - Resource materials – include resources to increase the cultural competency of service providers – for example, cultural competency assessment and training - <http://www.indigenouspsychservices.com.au/index.php>; Mental Health in Multicultural Australia’s ‘Cultural responsiveness for mental health services framework’ (available soon - <http://www.mhima.org.au/>)
- Updating the capability ‘**Actively challenging stigmatising attitudes, discrimination and promoting positive understandings**’:
  - Core principle – acknowledge that for some individuals, the stigma and discrimination associated with their illness is worse than the illness itself; and recognising that experiencing discrimination (for example, ethnic, race, sex, gender or sexuality-based discrimination) is a risk factor for poor mental health
  - Resource materials – include a link to *beyondblue*’s Position Statement ‘Stigma and discrimination associated with depression and anxiety’ (note: the Position Statement will be finalised shortly and will then be available on the *beyondblue* website – the draft Statement is at Attachment A).

In addition to these enhancements, it is also essential that the **implementation of the Framework is carefully considered**. As outlined in *beyondblue*’s submission in response to the 1<sup>st</sup> consultation draft, the implementation plan should consider factors such as:

- **Supporting consumer and carer leadership** – to ensure that recovery continues to be owned and led by consumers, it is essential that the implementation of the Framework provides opportunities and support for consumer and carer leadership (for example, consumers and carers could adopt central roles in determining how to adapt the Framework to meet the needs of their local community). This should be facilitated through Medicare Locals.
- **Supporting organisational and system-level change management** – to be successfully implemented, some services and systems will need to change their culture of practice. The implementation of the Framework should provide support to organisations to change their culture, processes, systems and governance arrangements, to support recovery-oriented practice. This should include a strong focus on embedding consumer and carer leadership within services.
- **Supporting the implementation of the framework through Medicare Locals** – there is a significant opportunity for Medicare Locals to manage the local adaptation and implementation of the recovery Framework within their communities, and provide a mechanism to support consumer and carer leadership.
- **Developing training and education programs** – some health professionals, particularly those working outside the mental health sector, may not be familiar with the concepts and processes of recovery. A comprehensive, ongoing and well resourced education and training program is therefore required to ensure that all

individuals that are expected to implement the recovery Framework have the skills and confidence to do so. Integrating this training and education program into professional development requirements would also provide an additional incentive to ensure that service providers participate in the training and education program.

- **Developing practical implementation materials** – resources and tools are needed to support service providers to implement the Framework, and adapt it to the needs of their local community. Materials such as service audit tools, guidelines for intake, and case studies, would be valuable resources that may help in the local delivery of services.
- **Integrating the Framework with accreditation standards** – working with accreditation providers to integrate the recovery Framework into standards that mental health services are accredited with, provides an opportunity to not only improve the delivery of recovery-oriented care, but also improve services across the assessment, diagnosis and treatment spectrums.
- **Linking Government mental health funding with compliance with the Framework** – integrating compliance with the Framework into Commonwealth, State and Territory Government-funded services will help to ensure that the Framework is delivered as intended, outcomes are measured, and ongoing improvements are made. There are also opportunities to link the implementation of the Framework with other Government-funded health services. In some settings, such as aged care, mental health services are only provided to people with severe mental illnesses. Implementing the Framework across the spectrum of mental health services is therefore difficult. To address this problem, and to help ensure the delivery of integrated and coordinated recovery-oriented care, compliance with the Framework could be tied to other health and support services that work with people with a mental illness and their families and friends.
- **Linking performance management processes with compliance with the Framework** - integrating compliance with the Framework into Key Performance Indicators and the performance management processes and targets for relevant public service staff and government-funded service delivery organisations may increase compliance and accountability for the delivery of the Framework. It is important that compliance with the Framework focuses on the *processes* a service undertakes to support a person's recovery (for example, the inclusion of consumer and carer input into organisational policies). Linking performance management with improvements in a consumer's clinical and non-clinical outcomes may not support the recovery principles and practices, which must be led by consumers, and undertaken over time.
- **Developing and implementing an evaluation framework** – clear measures are needed to demonstrate how the Framework is supporting people with a mental illness and their families and friends, in their recovery process. These measures should be developed with people with a mental illness and their families, friends and local communities. They should also be incorporated into existing reporting processes (such as the current development of the National Report Card on Mental Health and Suicide Prevention).

- **Linking the Framework with other health reforms and centralised services** – there are opportunities to integrate the Framework with other Government-funded and/or delivered programs, to help embed its delivery. This should include new initiatives such as the Personally Controlled Electronic Health Records and the National Disability Insurance Scheme.

The implementation of the Recovery Framework provides a significant opportunity to improve the experiences of people with depression and anxiety and their carers. *beyondblue* would welcome the opportunity to support the Government's implementation and promotion of this Framework.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Kate Carnell', written in a cursive style.

Kate Carnell AO  
Chief Executive Officer

