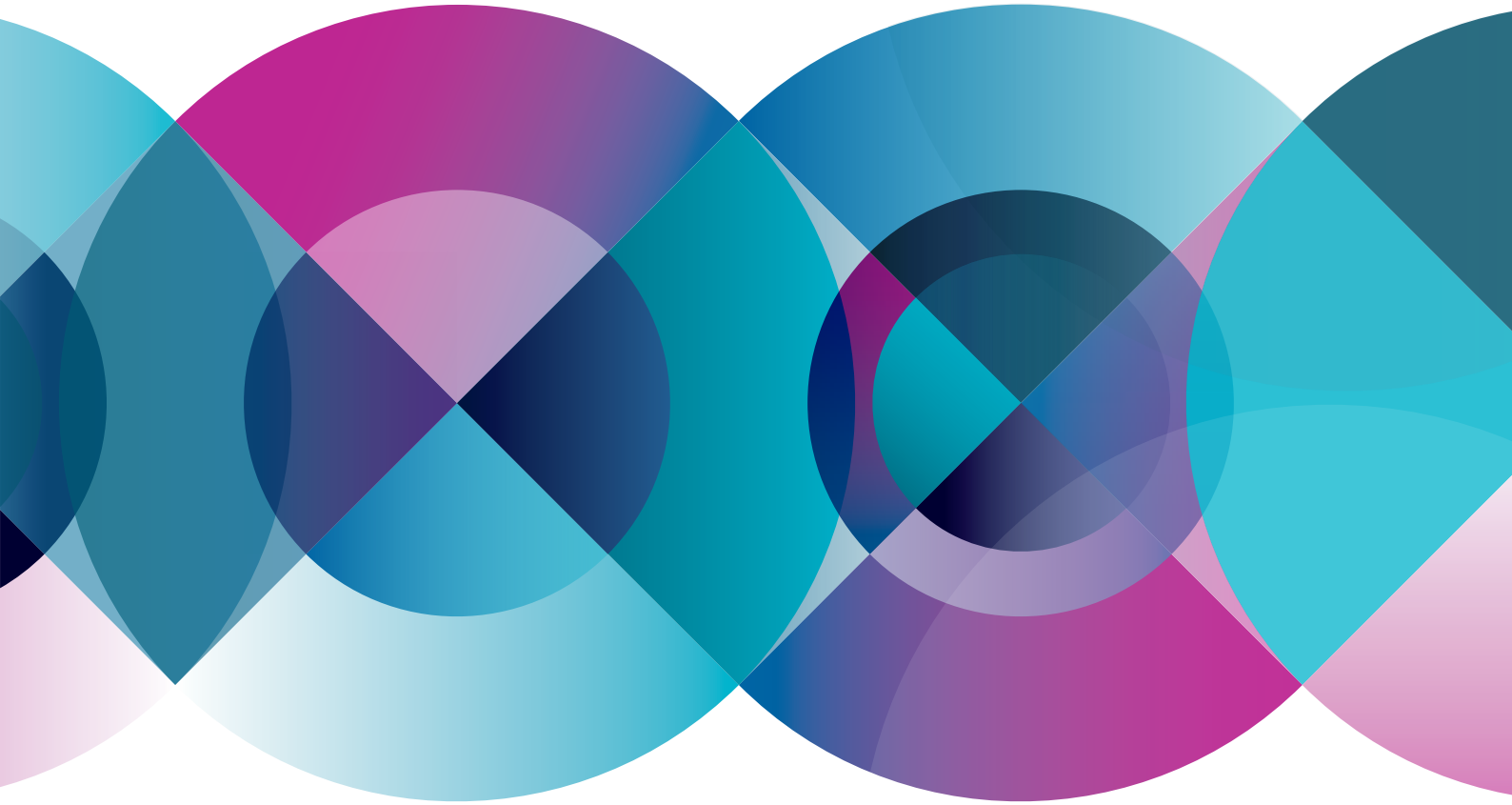
AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

National Safety and Quality
Mental Health Standards for Community Managed Organisations



National Safety and Quality Mental Health Standards for Community Managed Organisations

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Contents

Introduction

The Australian Commission on Safety and Quality in Health Care (the Commission) has developed the National Safety and Quality Mental Health (NSQMH) Standards for Community Managed Organisations (CMOs) in consultation with consumers, families and carers, community managed organisations, peak bodies, healthcare providers, professional bodies, Primary Health Networks, funders and other representatives of the sector.

The NSQMH Standards for CMOs are a significant step in providing safety and quality assurance for consumers, their families and carers, and best practice guidance for community managed service providers.

The primary aim of the NSQMH Standards for CMOs is to protect the public from harm and to continuously improve the quality of service provision. The NSQMH Standards for CMOs will provide a nationally consistent statement about the level of care consumers, families and carers can expect from a community managed mental health service. They will also provide a quality assurance mechanism, which tests whether relevant safety and quality systems are in place.

What is a community managed organisation?

The mental health CMO sector offers a broad range of services. They are generally not for profit, non-government organisations providing services to improve the mental health and wellbeing of people who experience mental ill health or at risk of mental ill health, their families and carers and the broader community.[1] Services can be delivered in person, in community-based and residential settings, in people's homes and in other outreach settings. They can also be delivered remotely. A board of elected or nominated directors, elected community members, or both, may manage CMOs.

The organisational complexity of CMOs varies from small organisations with few paid workers and a heavy reliance on volunteers, to multi-service and multi-site providers within and across states and territories.[1]

Mental health CMOs provide services such as psychosocial rehabilitation, helpline and counselling services, subacute step up/step down services, accommodation support, self-help and peer support, employment, education and family and carer support. CMO mental health services may include or be complementary to clinical care, and frequently collaborate with other service providers, including suicide prevention and alcohol and other drug services.

CMO mental health services are recovery-oriented and, when delivered according to contemporary best practice, are trauma-informed, promote cultural change to counter stigma and discrimination and increase social inclusion.[2]

The CMO sector is constantly adapting and evolving, with new service types being added to individual organisations over time. The NSQMH Standards for CMOs provide a framework to support services to deliver innovative practices that are also safe and high-quality.

What do the NSQMH Standards for CMOs cover?

The three NSQMH Standards for CMOs are:

Practice Governance Standard, which describes the practice governance, safety and quality systems and the safe environment that are required to maintain and improve the reliability, safety and quality of mental health care, and improve outcomes for consumers.

Partnering with Consumers, Families and Carers Standard, which describes the systems and strategies to create a person-centred mental health system in which consumers and, where relevant, their families and carers are:

- Supported in their decision-making
- Partners in their own care
- Involved in the development and co-design of quality mental health care.

Model of Care Standard, which describes the processes for delivering mental health services, recognising and responding to deterioration and minimising harm, preventing and controlling infection, managing medication use and communicating for safety.

Each standard contains:

- A description of the standard
- A statement of intent
- A list of criteria that describe the key areas covered by the standard
- Explanatory notes on the context of the standard
- Item headings for groups of actions in each criterion
- Actions that describe what is required to meet the standard.

How should the NSQMH Standards for CMOs be applied?

The NSQMH Standards for CMOs should be applied at the level of the service provider that delivers mental health services to consumers, their families and carers.

Not all actions within each standard will apply to every CMO-delivered mental health service. The model of care for the mental health service may be one factor that informs whether an action is relevant. The accreditation process allows for the identification of actions that do not apply, and for those actions not to be assessed.

A service provider may provide more than one mental health program. The strategies for implementing the NSQMH Standards for CMOs may differ across those programs.

The applicability of actions and the type of the strategies used to implement standards will be determined by the size and complexity of the service provider's mental health services. To meet the requirements of the NSQMH Standards for CMOs, service providers will need to work closely with consumers to design, develop, and evaluate the services they deliver to consumers, their families and carers.

The NSQMH Standards for CMOs are voluntary. However, funders may require contracted services to be accredited as part of their processes of assurance that services are safe.

The NSQMH Standards for CMOs are not intended to be applied to services other than community mental health. Other services provided are not addressed by these standards.

The NSQMH Standards for CMOs do not apply to public and private hospital services. These services should continue to use the National Safety and Quality Health Service Standards.

The Commission will develop further guidance for service providers and consumers to support the implementation of the NSQMH Standards for CMOs.

Alignment with other standards

The Commission has aligned the structure and format of the NSQMH Standards for CMOs with existing standards, including the:

- National Safety and Quality Health Service Standards
- National Safety and Quality Digital Mental Health Standards
- National Safety and Quality Primary and Community Healthcare Standards.

Each of these sets of safety and quality standards highlight the importance of governance over the services provided and promotes consumer partnerships in effective, safe and high-quality care. The Commission recognises that some mental health CMOs may be implementing sector-specific quality improvement standards, such as the National Disability Insurance Scheme Practice Standards and the Aged Care Quality Standards. The Commission is working with relevant organisations to investigate ways to reduce the burden associated with meeting multiple sets of standards.

Values

The delivery of mental health services by CMOs is underpinned by values.

CMOs uphold the human rights of consumers, families and carers, and members of their workforce.

CMOs deliver **recovery-oriented practice**, in line with **A national framework for recovery oriented mental health services: Guide for practitioners and providers**.[3] This refers to CMOs supporting consumers, 'to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations'.[3]

CMOs also deliver **trauma-informed care and practice**. This is, 'a strengths-based framework that emphasises physical, psychological and emotional safety for people who have experienced trauma, their families and carers, and service providers'.[4] A trauma-informed approach emphasises safety, trust, choice, collaboration and empowerment.

CMOs have built on person-centred approaches, moving toward the delivery of person-led services.

These values inform the principles of practice that CMOs enact in implementing actions across the NSQMH Standards for CMOs.

A word about language

The language we use is important and must be selected wisely. It has the power to offer hope and encouragement or to stigmatise and convey pessimism or low expectations. It can worsen or mitigate the significant discrimination that exists towards people who experience mental ill health, alcohol and other drug use and suicidality.

The terminology used across different mental health services is not universal, particularly when referring to those who seek assistance.

The NSQMH Standards for CMOs refer to people with lived experience of mental ill health who use, or who may use, CMO-delivered mental health services as **consumers**.

The term **families and carers** refers to people who provide support and reassurance to consumers. They may be family members or friends or other support persons.

Lived Experience workers or **Peer workers** are included as members of the workforce, and all actions that relate to the workforce are considered to apply to Lived Experience workers.

A CMO that delivers mental health services to consumers, their families and carers is referred to as a **service provider**.

This terminology is adopted for clarity of purpose within the NSQMH Standards for CMOs, but it is not a requirement that service providers adopt the language used in the NSQMH Standards for CMOs within their organisation.

A **glossary** is provided within this document to aid the reader in understanding the terms used.

Acknowledgements

The Commission acknowledges the generous and rigorous participation in the development of these standards by consumers, families and carers, Lived Experience workers, service providers, Aboriginal and Torres Strait Islander organisations, and representatives from peak bodies and government organisations.

More information

Once endorsed, the NSQMH Standards for CMOs will be available on the Commission website, along with supporting resources and tools.

Practice Governance Standard

Service providers have a responsibility to the community for continuous improvement of the safety and quality of their services, and ensuring that they are person-centred, recovery-oriented, culturally competent and secure, safe and effective.

Intention of this standard

To implement a practice governance framework that ensures consumers, their families and carers receive safe and high-quality care.

Criteria

- **Practice governance, leadership and culture**

  Service providers establish and use practice governance systems for their care services to improve the safety and quality of care.

- **Safety and quality systems**

  Safety and quality systems are integrated with practice governance processes to enable the service provider to actively manage and improve the safety and quality of care.

- **Workforce qualifications and skills**

  The workforce has the right qualifications, competencies, skills, and values to ensure the delivery of safe and high-quality care to consumers, their families and carers.

- **Safe environment for the delivery of care**

  The environment promotes safe and high-quality care for consumers, their families and carers.

Explanatory notes

Good practice governance over care services ensures that everyone – from the workforce to managers and members of governing bodies – is accountable to consumers, their families and carers and the community for assuring the delivery of mental health services that are safe, effective, integrated, high-quality and continuously improving.

Practice governance

Consumers, families and carers and the community trust care workers and mental health services to provide safe, high-quality health care.

Practice governance is the set of relationships and responsibilities established by a mental health service between its state or territory department of health, governing body, executive, workforce, consumers, families and carers and other stakeholders to ensure good health outcomes.

It ensures that the community and mental health service can be confident that systems are in place to deliver safe and high-quality health care, and continuously improve services.

Practice governance is an integrated component of corporate governance of mental health services.

Implementing this standard

Each service provider needs to put in place strategies to ensure effective practice governance is considered within the circumstances and context of the service provided and consumers it cares for.

Practice governance, leadership and culture

Service providers set up and use practice governance systems to improve the safety and quality of care.

Item	Action
Practice governance, leadership and culture	1.01 The governing body: a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture continues to exist within the organisation b. Provides leadership to ensure partnering with consumers, their families and carers c. Endorses priorities and strategic directions: i. For ethical, safe, high-quality, recovery-oriented care, and ensures these are communicated effectively to the workforce, consumers, their families and carers ii. That recognise, respect, and nurture the unique cultural identities of Aboriginal and Torres Strait Islander people, and provides for the delivery of services that are culturally safe d. Endorses the organisation's practice governance frameworks e. Ensures that roles and responsibilities are clearly defined for the governing body, management and members of the workforce and they are orientated into the organisation f. Fosters a positive culture of reporting adverse incidents and monitors the action taken as a result of analyses of adverse incidents and trends g. Reviews reports and monitors the organisation's progress on safety, quality, performance and effectiveness h. Endorses principles and practices within governance frameworks that support the organisation's ability to adapt to technology as it changes i. Ensures conflicts of interest are proactively managed, and perceived and actual conflicts of interest are documented j. Endorses systems for integrating care with other service providers involved in a consumer's care and monitors the effectiveness of these systems

Item	Action
	1.02 The service provider implements and monitors strategies that: a. Meet its safety and quality priorities for diverse population groups, including Aboriginal and Torres Strait Islander people, people with physical and intellectual disabilities, people from culturally and linguistically diverse (CALD) backgrounds, individuals who identify as lesbian, gay, bisexual, transgender, intersex, queer and questioning (LGBTIQ+), people at risk of homelessness and other diverse population groups b. Provide culturally safe and inclusive services in the planning and delivery of health care by identifying and addressing the specific needs of these diverse population groups and their families and carers c. Identify groups of people who experience mental ill health who may be at risk of harm d. Incorporate information on the diverse and higher-risk groups into the planning and delivery of the service e. Demonstrate knowledge of, and engagement with, other service providers or organisations with diversity expertise and or programs relevant to the unique needs of its community
	1.03 The service provider considers safety and quality issues and applies ethical principles in its business decision making about the design, development and delivery of services
Care leadership	1.04 The service provider establishes and maintains a practice governance framework and uses the processes within this framework to drive improvements in safety, quality and performance
	1.05 The service provider: a. Has processes to support the workforce to understand and perform their delegated safety and quality roles and responsibilities b. Engages the workforce in the practice governance of the service c. Monitors and responds to the needs of the workforce to ensure a mentally healthy workplace d. Supports the workforce to undertake reflective practice supervision

Safety and quality systems

Safety and quality systems are integrated with practice governance processes to enable the service provider to actively manage and improve the safety and quality of care.

Item	Action
Legislation, regulations, policies and procedures	1.06 The service provider has processes to: a. Set out, review and maintain the currency and effectiveness of policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulations and jurisdictional requirements d. Monitor and respond to legislative changes
Measurement and quality improvement	1.07 The service provider uses quality improvement systems that: a. Identify safety, outcome and quality measures including surveys to monitor people's experience of services provided b. Monitor variation in service delivery against expected outcomes and identify targets for improvement in safety and quality c. Review service performance against external measures d. Implement safety and quality improvement initiatives
	1.08 The service provider ensures timely reports on safety and quality systems and performance are provided to: a. The governing body b. The workforce c. Consumers, their families and carers
Organisational risk management	1.09 The service provider: a. Identifies and documents service risks including risks to consumers, risks associated with service delivery and risks to families and carers b. Uses data collections to support risk assessments c. Acts to reduce risks d. Regularly reviews and acts to improve the effectiveness of the risk management system e. Reports on service risks to the workforce and people who use the service f. Integrates information from the risk management system into service delivery g. Plans for and manages internal and external emergencies and disasters

Item	Action	
Incident management systems and open disclosure	1.10	The service provider has incident management and investigation systems and: a. Assists the workforce to recognise and report incidents and comply with the required incident management procedures and mandatory reporting b. Assists consumers, their families and carers to communicate concerns or incidents c. Involves the workforce, consumers, their families and carers in the review of incidents d. Provides timely feedback on the analysis of incidents to the governing body, the workforce, and consumers, their families and carers e. Uses incident analysis information to improve safety and quality f. Incorporates risks identified through incident analysis into the risk management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems h. Has a policy and process to support workers during and after critical incidents
	1.11	The service provider uses an open disclosure program that is consistent with the Australian Open Disclosure Framework[5]
Feedback and complaints management and resolution	1.12	The service provider: a. Has processes to seek regular feedback from consumers and their families and carers about their experiences of the service and outcomes of care, and these processes have the capacity to gather feedback from consumers who have left the service b. Uses this information to improve safety, quality, performance and effectiveness c. Provides timely information to stakeholders about feedback received, including service successes

Item	Action
	1.13 The service provider has a complaints management system, and: a. Encourages and assists consumers, their families and carers to report complaints b. Involves consumers, their families and carers in the review of complaints c. Works to finalise complaints in a timely way d. Provides timely feedback to the governing body, the workforce, and consumers, their families and carers on the analysis of complaints and actions taken e. Uses information from complaints analysis to inform improvements in safety and quality f. Records the risks identified from complaints analysis in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system h. Ensures the competency of all members of the workforce in complaints handling and monitors compliance with policies i. Provides information to consumers, their families and carers on how to access relevant external complaints authorities
Consumer care records and information	1.14 The service provider has consumer care record systems that: a. Obtain consumer consent to collect, use and retain or disclose their information b. Communicate to the consumer and their family and carer how their information will be stored and used c. Support the creation and maintenance of accurate and timely consumer care records d. Comply with security and privacy legislation and regulations e. Support the systematic audit of consumer information and the technical operation of the consumer care record f. Integrate multiple information systems, where they are used

Workforce qualifications and skills

The workforce has the right qualifications, competencies, skills and values to ensure the delivery of safe and high-quality mental health care to consumers, their families and carers.

Item	Action
Safety and quality training	1.15 The service provider has processes to: a. Assess the competency and training needs of its workforce, including competency in providing for cultural safety b. Implement a training and orientation program to meet its requirements c. Provide access to training to meet its safety and quality training needs d. Monitor the workforce's participation in training
Workforce qualifications and performance management	1.16 The service provider has processes to ensure members of the workforce: a. Work within a defined scope of practice b. Have the necessary skills, experience and qualifications and values to fulfil their role including skills in working with vulnerable people c. Provide current evidence of clearance to work with vulnerable people, including National Police Checks and, where relevant, Working with Children Checks
	1.17 The service provider has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a performance review b. Include the creation of professional development plans and access to support to implement those plans c. Address performance issues, including discriminatory practices d. Incorporate information on training requirements into training systems
	1.18 The service provider ensures non-discriminatory practices and equitable access to services by monitoring and responding to performance issues associated with prejudice, bias and discrimination in the workforce

Safe environment for the delivery of care

The environment promotes safe and high-quality care for consumers, their families and carers.

Item	Action
Safe environment	1.19 The service provider maximises the safety and quality of care: a. Through the design of the environment b. By maintaining buildings, plant equipment, utilities, devices and other infrastructure that are fit for purpose c. Through the design of services, arrangements for use of information technology systems and internal access controls
	1.20 The service provider facilitates access to services and facilities by using signage and directions that are clear and fit for purpose
	1.21 The service provider demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of diverse population groups including Aboriginal and Torres Strait Islander people, people with physical and intellectual disabilities, people from CALD backgrounds, people who identify as LGBTIQ+, people at risk of homelessness and other diverse population groups
	1.22 The service provider: a. Identifies environmental factors that may cause distress or agitation b. Identifies any reasonable adjustments to the service delivery environment to ensure it is fit for purpose to address the consumer's mental and physical needs c. Develops strategies to minimise the environmental risks of harm for consumers, their families and carers and the workforce d. Provides access to a calm and quiet environment when it is required e. Provides for a sexually safe environment for consumers, their families and carers and workers
	1.23 The service provider has designed the service environment and has policies in place to minimise the risk of harm for children and young people while using a service, consistent with the National Principles for Child Safe Organisations
	1.24 The service provider, when caring for consumers in their home, works with the consumer to identify potential risks and ensure a safe service delivery environment
	1.25 The residential service provider has protocols for flexible visiting arrangements to meet the needs of the consumer, their family and carer

Item	Action
Privacy	1.26 The service provider has privacy policies that: a. Are easy to understand and transparent for consumers, their families and carers b. Are readily available to consumers, their families and carers before accessing and while using the services c. Uphold consumer's rights and choices to the extent that these do not impose serious risk to the consumer or others d. Address the issue of sharing confidential information with families and carers and with other services the consumer uses e. Comply with privacy laws, privacy principles and best practice
	1.27 The service provider advises consumers, and where relevant, their families and carers, of changes to privacy policies in a timely and comprehensible way

Partnering with Consumers, Families and Carers Standard

Service providers develop, implement and maintain systems to partner with consumers, their families and carers. These partnerships relate to the direct delivery of care as well as the planning, co-design, measurement, review and evaluation of mental health services. The workforce uses these systems to partner with consumers, their families and carers.

Intention of this standard

To create services in which there are mutually valuable outcomes by having:

- Consumers as partners in their own care, with their families and carers, to the extent that the consumer chooses
- Consumers, their families and carers as partners in planning, co-design, delivery, measurement, review and evaluation of mental health services.

Criteria

- **Partnering with consumers in their own care**

  Consumers are partners in their own care, with their families and carers, in line with the model of care and to the extent that they choose. Systems that are based on partnering with consumers in their own care, and with their families and carers, are used to facilitate the delivery of care.

- **Health literacy**

  The service provider takes account of the health literacy of consumers, their families and carers, and ensures that communication occurs in a way that supports effective partnerships.

- **Partnering with consumers, families and carers in co-design and governance**

  The service provider partners with consumers, their families and carers in the co-design and governance of mental health services.

Explanatory notes

Partnerships with consumers, families and carers in mental health care are integral to the development, implementation and evaluation of policies, programs and services. Service providers should ensure that these partnerships underpin the delivery of their mental health services.

Effective partnerships exist when people are treated with dignity and respect, information is shared with them, and participation and collaboration are encouraged and supported to the extent that people choose.[6]

Delivering care that is based on partnerships provides many benefits for consumers, their families and carers, and service provider organisations. There is a link between effective partnerships, positive experiences for consumers, and high-quality services and improved safety.

Achieving effective partnerships can occur at two levels[7]:

- At the **individual level**, partnership with the consumer is demonstrated through the delivery of respectful care and the provision of information relevant to their care. Consumers and, where appropriate, their families and carers are supported to participate in their own care and self-management, and engaged in making decisions and planning care, to the extent that they choose
- At the **level of a mental health service**, partnerships relate to the participation of consumers, families and carers in the planning, design, monitoring and evaluation of the mental health service. This includes any changes in the service. Including consumers, their families and carers in the co-design of mental health services is essential to maximise the usability and accessibility of the service.

The processes involved with these partnerships will vary according to the type of mental health service and its model of care.

Organisational leadership and support are essential to nurture partnerships at both individual and service levels. Supporting effective consumer, family and carer partnerships requires multiple mechanisms of engagement, including representation on committees and boards, focus groups, and verbal and written feedback. Engagement may occur face-to-face or via digital means, including the use of social media. Acknowledging the cultural and multifaceted diversity of consumers and their families contributes to achieving the best outcomes.

Partnering with consumers in their own care

Consumers, with their families and carers, are partners in their own care – in line with the model of care and to the extent that they choose. Systems that are based on partnering with consumers in their own care, and with their families and carers, are used to facilitate the delivery of care.

Item	Action
Rights	2.01 The service provider uses a charter of rights that is: a. Consistent with the **Australian Charter of Healthcare Rights**[8] such as the Mental health statement of rights and responsibilities 2012[9] b. Consistent with the United Nations Convention on the Rights of Persons with Disabilities c. Respectful of the consumer's autonomy, including their right to intimacy and sexual expression d. Made available to consumers, their families and carers e. Incorporated into everyday practice
	2.02 The service provider has systems and processes to: a. Actively prevent the abuse and or neglect of consumers b. Actively prevent the abuse and or neglect of families and carers consistent with their service model and legislative obligations c. Actively prevent the exploitation of consumers and where relevant, their families and carers d. Actively prevent discrimination against consumers and where relevant, their families and carers e. Respect and protect the dignity of consumers, their families and carers f. Ensure the cultural safety of Aboriginal and Torres Strait Islander people g. Act upon allegations and incidents of violence, abuse, neglect, exploitation or discrimination and support and assist each affected consumer h. Report back to consumers, families and carers about the outcomes of actions taken regarding allegations and incidents
	2.03 Where a service provider has access to a consumer's money or other property, systems are in place to: a. Ensure that it is managed, protected and accounted for b. Ensure that a consumer's money or other property is only used with the consent of the consumer and for the purposes intended by the consumer c. Support the consumer to access and spend their own money as they determine d. Ensure a record is available to the consumer and to any family members to whom the consumer consents to have access

Item	Action
	2.04 The service provider upholds the rights of the consumer to access a member of the workforce of their preferred gender, where possible
	2.05 The service provider upholds the rights of the consumer and their family and carers: a. To access advocacy and support services b. To access interpreter services
	2.06 The service provider advocates for the rights of consumers, families and carers and promotes opportunities to enhance the consumer's positive social connections with family, children, friends and their valued community
Informed consent	2.07 The service provider has strategies and processes to: a. Support the consumer to make informed choices, exercise control and maximise their independence relating to the care being provided b. Ensure that informed consent processes comply with legislation and best practice
Supported decision making and planning care	2.08 The service provider has processes: a. To assist consumers, families and carers and the workforce to participate in supported decision making as the default approach b. To partner with consumers, their families and carers to develop advance care plans, including safety planning c. To identify and work with a substitute decision-maker if a consumer does not have the capacity to make decisions for themselves

Health literacy

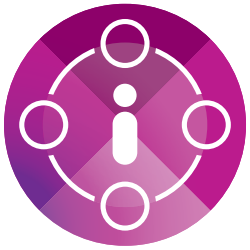
The service provider takes account of the health literacy of consumers, their families and carers, and ensures that communication occurs in a way that supports effective partnerships.

Item	Action	
Communication that supports effective partnerships	2.09	The service provider uses communication mechanisms tailored to the diversity of consumers, their families and carers
	2.10	Where information about the service or mental health is developed internally, the service provider co-designs this with consumers, their families and carers
	2.11	The service provider communicates information to consumers, their families and carers: a. In a way that meets their needs b. In language and formats that enable it to be understood by people with diverse communication abilities
Accessing healthcare service information	2.12	The service provider makes information available to consumers, families and carers on alternative service providers when the service is closed, after-hours or in an emergency

Partnering with consumers, families and carers in co-design and governance

The service provider partners with consumers, their families and carers in the co-design and governance of mental health services.

Item	Action
Partnerships in governance, planning, co-design, delivery, measurement and evaluation	2.13 The service provider: a. Partners with consumers, their families and carers in the governance, planning, co-design, delivery, measurement and evaluation of the services b. Has processes to involve a mix of people that reflect the diversity of consumers, their families and carers
	2.14 The service provider provides orientation, support and education to the workforce, consumers, families and carers to support co-design in the governance, planning, design, delivery, measurement and evaluation of the service
	2.15 The service provider partners with consumers, families and carers on the development and delivery of training and education for the workforce
Promotion and prevention	2.16 The service provider develops strategies to promote mental health and wellbeing and address early identification and prevention of mental ill health that are responsive to the needs of its target population and local community



Model of Care Standard

Service providers implement and maintain systems for the delivery of safe and high-quality care and supports consistent with an agreed model of care to achieve the consumer's recovery goals and to minimise the risk of harm to consumers, their families and carers and others.

Intention of this standard

To ensure that consumers receive supports that are consistent with a clearly defined model of care that is grounded in best practice and evidence. The supports provided align with the consumer's expressed recovery goals and needs.

To ensure that the risk of harm to consumers, their families and carers is minimised and managed.

Criteria

- **Planning for delivery of care and supports**

  Systems are in place to support the workforce in the safe delivery of care and supports.

- **Delivering care and supports**

  The workforce partners with consumers, their families and carers, to deliver safe and high-quality care and supports to achieve the consumer's recovery goals.

- **Recognising and responding to acute deterioration, crisis or distress and minimising harm**

  Service providers have systems in place to support the workforce to recognise and respond to early signs of deterioration, crisis or distress in a consumer's circumstances. The workforce engages with consumers, and their carers and families to identify early signs of distress or crisis, and implement strategies to prevent the risk of harm.

- **Communicating for safety**

  Service providers have systems in place for effective and coordinated communication that facilitates the delivery of safe and high-quality care for consumers, their families and carers.

- **Preventing and controlling infections**

  Evidence-based systems are used to prevent and control infections. Consumers presenting with, or with risk factors for, infection or colonisation with an organism of local, national or global significance are identified promptly, and receive the necessary management and treatment. The service environment is clean and hygienic.

- **Medication safety**

  Service providers describe, implement and monitor systems to ensure safe and quality use of medicines and the workforce uses these systems. Service providers have systems in place to support consumers who self-administer prescribed and over-the-counter medicines.

Explanatory notes

- **Model of care**

  The model of care outlines the way a mental health service is to be delivered.

  Service providers should understand and describe the purpose and intent of the service, how it is to operate, what outcomes it is intended to achieve and how it is informed by evidence and best practice. This can assist consumers, and where relevant, their families and carers, to make informed choices about mental health services.

- **Recognising and responding to acute deterioration, crisis or distress and minimising harm**

  Minimising the risk of harm in any care delivery setting is important. Screening for potential risks creates the opportunity to implement mitigation strategies. Where risk is detected, an effective response should be available, whether that is provided directly by the service or via referral to another agency.

  Serious adverse events may be preceded by changes in a person's behaviour or mood that can indicate a deterioration in their mental state, including people who have not been identified during screening as being at risk.

  A systematic approach to the early recognition of deterioration in a consumer's physical or mental state will improve outcomes.

Communicating for safety

There are key times when effective communication and documentation are critical to the safety of consumers, their families and carers. This includes when critical information about a consumer's care emerges or changes, and when their care is transferred. Systems and processes should be in place to ensure effective communication at these times.

Preventing and controlling infections

Consumers, their families and carers and members of the CMO workforce are often in close proximity to each other.

Infection prevention and control within CMO settings aims to minimise the risk of transmission of infections. Novel infections that cause outbreaks, epidemics or pandemics present new challenges and require rapid responses to control and prevent further spread, while ensuring the safety of consumers and members of the workforce, and sustainability of service provision.

Medication safety

Medicines are a common treatment used in mental health care. Although appropriate use of medicines contributes to significant improvements in many consumers' mental health, medicines can also be associated with harm including side effects and associated physical health problems.[10]

Medication errors and adverse reactions affect both health outcomes for consumers and healthcare costs. Standardising and systemising medication management processes can improve medication safety.

Medication safety will have varied relevance for mental health CMOs, depending on the services they deliver. In some CMOs, members of the workforce prescribe, administer and monitor medicines. In residential services, members of the workforce may support a consumer to self-administer their medicines. In other CMOs, members of the workforce will not have direct responsibility for medication safety, but may support consumers, carers and families to understand the effects and potential side effects of medicines within their overall treatment plan.

Planning for delivery of care and supports

Systems are in place to support the workforce in the safe delivery of care and supports.

Item	Action
Planning for delivery	3.01 Where the service provider is responsible for establishing the model of care, the service provider: a. Partners with consumers, their families and carers in the co-design of the model of care b. Recognises national, state and regional planning approaches and collaborates with relevant funders and policy setters to reduce system fragmentation and strengthen system integration c. Has policies and procedures that specify the intent of the model of care for each service and the context in which it will operate d. Defines the intended consumer demographic and matches the model of care to the consumers, their families and carers
	3.02 The service provider has systems that monitor the delivery of their service to: a. Ensure service delivery is consistent with the model of care b. Ensure service delivery is based on best available evidence and best practice c. Evaluate the performance and effectiveness of the model of care d. Assign accountability for maintaining and improving the effectiveness of the model of care
	3.03 The workforce has the training and competencies required to deliver the model of care and: a. In partnership with the consumer, their family and carers and other relevant service providers, develop care and recovery plans that comprehensively identify the consumer's mental and physical needs and recovery goals b. Implement care and recovery plans and provide supports and services to consumers in the setting that best meets their needs c. Ensure timely referral of consumers with specialist healthcare or other needs to relevant services

Item	Action
	3.04 The service provider uses its processes to deliver or facilitate access to: a. Programs and or interventions to meet the consumer's needs and address agreed recovery goals b. Programs that support the consumer to build their capacity and resilience to meet their everyday living needs and recovery goals c. Programs, even if provided by partner organisations, that meet the needs of a diverse range of consumers including those from Aboriginal and Torres Strait Islander communities, people with physical and intellectual disabilities, CALD communities, LGBTIQ+ communities or those at risk of homelessness
Access and entry	3.05 The service provider has a documented entry process that: a. Specifies the inclusion and exclusion criteria b. Defines pathways with service-specific entry points c. Minimises delay and the need for duplication in assessment d. Provides for consent for referral, confidentiality and information sharing e. Communicates information about the entry process to consumers, families, carers, referrers and other service providers and stakeholders f. Enables access to alternative care for people not accepted by the service

Delivering care and supports

The workforce partners with consumers, their families and carers, to deliver safe and high-quality care and supports to achieve the consumer's recovery goals.

Item	Action
Screening and assessment	3.06 The workforce, using a trauma-informed approach, engages consumers, their families and carers in screening conversations on presentation, during history taking and when required during care: a. To identify mental, physical and cognitive needs and potential risks b. To identify the consumer's social circumstances c. To explore the consumer's recovery goals, values and preferences
	3.07 The workforce partners with consumers, families and carers to comprehensively assess the needs, recovery goals and risks identified through the screening process
	3.08 The workforce has a system to document the findings of the screening and assessment process, including any relevant alerts, in the consumer's care record
Developing the care and recovery plan	3.09 The workforce engages with consumers, families and carers to develop care and recovery plans that: a. Address the consumer's mental health needs and recovery goals b. Identify potential risks, agreed goals and actions for care c. Support the consumer to make informed choices, exercise control, maximise their independence and autonomy d. Identify family members and carers that a consumer wants involved in communications and decision making e. Incorporate information from the consumer's advance care plan f. Include a monitoring plan and strategies for known early warning signs of deterioration in mental state, agreed positive coping strategies and agreed pathways for escalating care g. Include the agreed services to be delivered and any conditions attached to the delivery of those services h. Include an individualised exit plan, with ongoing follow-up arrangements to promote recovery, and information on how to re-enter the service if needed

Item	Action
Implementing the care and recovery plan	3.10 The workforce partners with consumers, families and carers to: a. Deliver the care and supports to meet the consumer's needs and their recovery goals b. Review the care and recovery plan: i. at agreed timeframes consistent with the model of care ii. at other times to adapt to changes in the consumer's recovery iii. at the request of the consumer c. Make agreed changes to the care and recovery plan to meet the revised recovery goals
Continuity of care	3.11 The service provider has systems to ensure: a. Day-to-day operations are managed in an efficient and effective way to avoid disruption and ensure continuity of care b. Where changes or interruptions are anticipated or unavoidable, alternative arrangements are negotiated with the consumer and their family and carers
Integration	3.12 The service provider works with the consumer, their family and carer to: a. Identify other providers involved in the delivery of integrated care b. Identify the role of each provider, relative to the service provided by the CMO, and map how consumers may use each service if needed in the recovery journey c. Confirm the extent of, and any limits on, the consumer's consent to collaborate with other providers d. Collaborate in a coordinated approach with other care providers involved in the consumer's care e. Make and facilitate internal and external referrals to other care providers f. Provide information to the consumer's other relevant care providers

Recognising and responding to acute deterioration, crisis or distress and minimising harm

Service providers have systems in place to support the workforce to recognise and respond to early signs of deterioration, crisis or distress in a consumer's circumstances. The workforce engages with consumers, their carers and families, to identify early signs of distress or crisis and implement strategies to prevent the risk of harm.

Item	Action
Recognising early signs of crisis or distress	3.13 The workforce partners with consumers, their families and carers to: a. Identify consumers who may experience distress related to deterioration in their mental state or other circumstances b. Engage with consumers at risk of acute crisis or distress c. Assess possible causes of acute crisis or distress when change in the consumer's behaviour, cognitive function, perception, physical function or emotional state are observed or reported d. Determine the required level of observation to maintain the safety of the consumer and others
Responding to acute mental or physical distress	3.14 The service provider supports the workforce to respond to a consumer's acute crisis or distress through: a. Engaging the consumer in practising the coping strategies they have identified in their care and recovery plan b. Accessing additional support through agreed escalation pathways
	3.15 The service provider ensures that the workforce is competent to provide first aid to consumers who experience physical deterioration, while awaiting assistance from emergency services or a qualified practitioner
Escalating care	3.16 The service provider supports the workforce to: a. Use protocols that specify criteria for escalating care and to call for emergency assistance b. Use agreed collaborative pathways with appropriate partner services to address deterioration in a timely way c. Notify a consumer's other care providers, family and carers when their mental health care is escalated
	3.17 The service provider: a. Shares information with consumers, their families and carers about how to recognise and respond to acute deterioration, crisis or distress b. Has processes for consumers, their families and carers to directly escalate care

Item	Action
Working with consumers with thoughts of self-harm and suicide	3.18 The service provider has processes to support collaboration with consumers, their families and carers and other care providers to: a. Identify when a consumer is at risk of self-harm and/or suicide b. Respond to consumers who are distressed, have thoughts of self-harm or suicide, or have self-harmed c. Take action to prevent self-harm and/or suicide in situations of acute risk d. Ensure follow-up arrangements are developed, communicated and implemented for people who have harmed themselves or reported suicidal thoughts
Predicting, preventing and minimising the risk of aggression and violence	3.19 The service provider has processes to identify and mitigate situations that may precipitate aggression
	3.20 The service provider has processes to support collaboration with consumers, their families and carers and other care providers to: a. Identify consumers at risk or becoming aggressive or violent b. Implement de-escalation strategies c. Safely manage aggression and minimise harm to consumers, families and carers and the workforce d. Ensure post-incident debriefing is accessible to the workforce, consumers and where relevant, their families and carers
Eliminating and minimising coercive and restrictive practices	3.21 The service provider has processes to minimise the use of coercive and restrictive practices, with the aim to eliminate their use
	3.22 Where restrictive practices are used the service provider has processes that: a. Train members of the workforce to understand which practices are coercive or restrictive and the risks associated with those practices b. Promote alternatives to the use of restrictive practices c. Communicate the use of restrictive practices and risks associated with their use to consumers, their families and carers consistent with the National Principles for Communicating about Restrictive Practices with Consumers and Carers d. Govern the use of restrictive practices in accordance with national guidelines and legislation and any authorisation, support plan and reporting requirements e. Train workers in safe techniques for application of restrictive practices that minimise harm to the consumer, the workforce and others f. Report incidents involving the use of restrictive practices to the governing body of the service provider, and to external commissioning or regulating bodies as required g. Involve consumers, their families and carers in the review of incidents, to evaluate the effectiveness of current approaches to eliminating restrictive practices

Item	Action
Preventing delirium and working with people with cognitive impairment	3.23 The service provider has a system in place for working with people with cognitive impairment or delirium that supports the workforce to: a. Recognise, prevent, and manage cognitive impairment and delirium b. Collaborate with consumers, their families and carers c. Implement individualised strategies that minimise anxiety or distress
Preventing and managing pressure injuries	3.24 The service provider providing services to consumers at risk of pressure injuries has systems for screening for risk and preventing pressure injuries that are consistent with current best practice guidelines
Preventing falls and harm from falls	3.25 The service provider providing services to consumers at risk of falls has systems that: a. Are consistent with current best practice guidelines for falls risk screening and prevention, minimising harm from falls and post-fall management b. Provide consumers, families and carers with information about reducing the risk of falls and falls prevention strategies
Nutrition and hydration	3.26 The service provider who provides overnight care has systems for the preparation and distribution of food and fluids that: a. Include nutrition care plans based on current evidence and best practice b. Meet consumer's nutritional, cultural and religious needs and requirements c. Monitor the nutritional care of consumers at risk, including making adjustments for any recorded food allergies d. Identify, and provide access to, nutritional support for consumers who cannot meet their nutritional requirements with food alone e. Support consumers who require assistance with eating and drinking

Communicating for safety

Service providers have systems in place for effective and coordinated communication that supports the delivery of safe and high-quality care for consumers, their families and carers.

Item	Action
Correct identification	3.27 The service provider has processes to: a. Identify consumers and match them to their care b. Protect the anonymity of consumers, where this is part of the model of care c. Use identifiers for consumers that are consistent with best-practice guidelines d. Ask consumers on admission if they identify as Aboriginal and/or Torres Strait Islander origin and to record this information in administrative and customer information systems e. Ask consumers if they identify as person from a CALD community or with a preferred first language other than English and to record this information in administrative and consumer information systems
Communication to support consumer referral and collaborative integration	3.28 The service provider supports its workforce to refer consumers within and between services and collaborate with other care providers by: a. Collaborating with consumers, their families and carers to identify other services involved in their care b. Determining the consumer's wishes regarding collaboration with other services and seeking consent for information-sharing c. Using best practice structured communication processes that identify the minimum information content to be communicated when care is transferred d. Communicating information that is current, comprehensive and accurate e. Assessing the consumer's risks, goals and preferences for care and including these in communicated information f. Having a process for accepting a consumer's information at the commencement of care, and transferring information at discharge/exit or transfer of care
Communication of critical information	3.29 The service provider has processes to: a. Communicate when critical information, including alerts and risks about a consumer's care, emerges or changes b. Enable consumers, their families and carers to communicate critical information and information on risks to their service provider

Item	Action
Communication at service exit	3.30 The service provider has processes to ensure a smooth transition by: a. Collaborating with consumers, their families and carers to plan for the post-exit period b. Having a process for transferring care that is clearly communicated to the consumer c. Ensuring that the consumer's exit from the service is communicated to any ongoing services d. Completing a written summary of services provided and providing this to appropriate ongoing services
Documentation of information	3.31 The service provider has processes to contemporaneously document information in the consumer care record and communicate this to relevant staff including: a. Critical information and alerts b. Reassessment processes and outcomes c. Changes to the care plan d. Any nominated family and carer involvement

Preventing and controlling infections

Service providers use evidence-based systems to prevent and control infections. Consumers presenting with, or with risk factors for, infection or colonisation with an organism of local, national or global significance are identified promptly, and receive the necessary management and treatment. The service environment is clean and hygienic.

Item	Action
Standard and transmission-based precautions	3.32 The service provider has policies and procedures to apply standard and transmission-based precautions that are fit for the setting and consistent with principles outlined in the current edition of the **Australian Guidelines for the Prevention and Control of Infection in Healthcare**, and relevant jurisdictional laws and policies, including work health and safety laws
	3.33 The service provider has processes in place to support the workforce, consumers, their families and carers with: a. Effective hand hygiene b. Respiratory hygiene and cough etiquette c. Safe sharps handling and use d. Access to personal protective equipment
Workforce screening and immunisation	3.34 The service provider has screening and immunisation systems in place to prevent and manage infections in the workforce
Antimicrobial stewardship	3.35 The service provider supports consumers with appropriate antimicrobial usage when relevant

Medication safety

Service providers describe, implement and monitor systems to ensure safe and quality use of medicines and the workforce uses these systems. Service providers have systems in place to support consumers who self-administer prescribed and over the counter medicines.

Item	Action
Medicines scope of practice	3.36 The service provider has processes to define and verify the scope of practice for prescribing, administering and monitoring medicines for relevant members of the workforce
Documentation, provision and access to medicines-related information	3.37 A service provider that prescribes or administers medicines has processes to ensure members of the workforce work within their scope of practice to: a. Ensure a consumer's medicines-related information, including medicine allergies and adverse drug reactions, is documented in their consumer care record b. Partner with consumers, families and carers in the management of their medicines as needed c. Support consumers to maintain a current and accurate medicines list d. Encourage consumers to share their medicines list with other healthcare providers involved in their care and or does so on a consumer's behalf with their consent e. Use information from a consumer's medication history to minimise risks in the planning and delivery of mental health care
	3.38 The service provider has processes to ensure members of the workforce work within their scope of practice to: a. Take action when a consumer, their family, carer or a member of the workforce identifies a suspected medicines-related problem b. Document suspected adverse drug reactions experienced by consumers during service delivery in the consumer care record c. Report suspected adverse drug reactions to other healthcare providers involved in the consumer's care, in the organisation-wide incident reporting system and to the Therapeutic Goods Administration, in accordance with its requirements
Safe and secure storage and distribution of medicines	3.39 The service provider complies with manufacturer's directions, legislation and jurisdictional requirements for the: a. Safe and secure storage of medicines b. Disposal of unused, unwanted or expired medicines

Glossary

abuse: improper treatment or treatment with harmful effect or for an unfavourable purpose.

accessibility: the design of products, devices, services or environments so as to be usable by people with the widest possible range of abilities, operating within the widest possible range of situations. For example, web accessibility means that websites, tools and technologies are designed, and developed so that people with disabilities can use them.[11]

acute deterioration: physical, mental or cognitive changes that may indicate a worsening of the consumer's health status; this may occur across hours or days.

advance care plan: a type of written advance care plan recognised by common law or specific legislation that is completed and signed by a competent adult. It can record the person's preferences for future care and appoint a substitute decision-maker to make decisions about health care and personal life management. In some states, these are known as advance health directives.[12]

adverse drug reactions: a response to a medicine that is noxious and unintended, and occurs at doses normally used or tested in humans for the prophylaxis, diagnosis or therapy of disease, or for the modification of physiological function.[13]

adverse event or incident: an event or incident that results, or could have resulted, in harm to a consumer. A near miss is a type of adverse event.

alert: warning of a potential risk to a consumer.

assessment: a service provider's evaluation of a disease or condition based on the consumer's subjective report of the symptoms and course of the illness or condition, and their objective findings. These findings include data obtained through laboratory tests, physical examination and medical history; and information reported by carers, family members and other members of the care team. The assessment is an essential element of a comprehensive care plan.[14]

audit: a systematic review against a predetermined set of criteria.[15]

Australian Charter of Healthcare Rights: specifies the key rights of patients and consumers when seeking or receiving healthcare services. The second edition was launched in August 2019.[8]

Australian Open Disclosure Framework: endorsed by health ministers in 2013, it provides a framework for healthcare services and healthcare providers to communicate openly with patients and consumers when health care does not go to plan.[5]

best practice: when the assessment, diagnosis, treatment or care provided is based on the best available evidence, which is used to achieve the best possible outcomes for consumers.

best practice guidelines: a set of recommended actions that are developed using the best available evidence. They provide service providers with evidence-informed recommendations that support their practice, and guide care provider and consumer decisions about appropriate health care in specific practice settings and circumstances.[16]

business decision making: decision making regarding service planning and management for a service provider. It covers the purchase of: equipment, fixtures and fittings; program maintenance; workforce training for safe handling of equipment; and all issues for which business decisions are taken that might affect the safety and wellbeing of consumers, families and carers, visitors and the workforce.

care services: are the mental health support services provided by a community managed organisation and may include services complementary to clinical treatment, such as psychosocial rehabilitation, helpline and counselling services, subacute step up/step down services, accommodation support, self-help and peer support, employment, education and family and carer support.

carer: a person who provides personal care, support and assistance to another individual who needs it because they have mental health issues, suicidal thinking or behaviour, or alcohol and other drug use. A carer may be a: family member; friend; someone bound by kinship; a supporter or significant other whose life, because of their active caring and supporting role, has been affected by their association with an individual who has, or has had, mental illness, suicidal thinking or behaviour, or alcohol and other drug use.[17] An individual is not a carer merely because they are a: spouse; de facto partner; parent; child; other relative or guardian of an individual; or live with an individual who requires care. A person is not considered a carer if they are: employed and paid to provide care to a consumer; a volunteer for an organisation; or caring as part of a training or education program.[18] A person who receives a carer's benefit is regarded as a carer. The role and rights of a carer can be defined in state and territory mental health legislation.

children and young people: people under 18 years of age.

co-design: co-design in mental health is the work of equal stakeholders, including consumers, families and carers, clinicians and mental health staff, working together to identify a problem and then define a solution.[19]

cognitive impairment: deficits in one or more of the areas of memory, communication, attention, thinking and judgement. This can be temporary or permanent. It can affect a person's understanding, their ability to carry out tasks or follow instructions, their recognition of people or objects, how they relate to others and how they interpret the environment. Dementia and delirium are common forms of cognitive impairment seen in hospitalised older patients. Cognitive impairment can also be a result of several other conditions, such as acquired brain injury, a stroke, intellectual disability, licit or illicit drug use, or medicines.

complaints management system: a staged way of receiving, recording, processing, responding to and reporting on complaints, as well as using them to improve services and decision making.[20]

comprehensive care: health care that is based on identified goals for the episode of care. These goals are aligned with the consumer's expressed preferences and healthcare needs, consider the impact of the consumer's health issues on their life and wellbeing, and are therapeutically appropriate.

comprehensive care plan: a document describing agreed goals of care and outlining planned care activities for a consumer. Comprehensive care plans reflect shared decisions made with consumers, carers and families about the tests, interventions, treatments and other activities needed to achieve the goals of care. The content of comprehensive care plans will depend on the setting and the service that is being provided and may be called different things by different service providers.

confidentiality: the ethical principle or legal right that a health professional will not disclose information to others relating to a consumer unless they give consent permitting disclosure, or except where necessary to record data, transfer of care or prevent harm.

consumer: a person who has used, is using, or may potentially use the services. Alternative terms can be used in some organisations including 'an individual with mental ill health' or 'an individual with a lived experience of mental ill health'.

consumer care record: the documentation maintained by the service provider that records the consumer's care and recovery plan, actions implemented by members of the workforce the views of the consumer, their family and carers and members of the workforce about the consumer's progress toward their recovery goals and any alerts about the consumer's mental or physical health. It is distinct from the consumer's healthcare record maintained by a local hospital network or My Health Record, but ideally is interoperative with these.

critical information: information that has a considerable impact on a consumer's health, wellbeing or ongoing care (physical or psychological). The availability of critical information may require a service provider to reassess or change a consumer's comprehensive care plan.

cultural safety: the former Australian Health Ministers' Advisory Council identifies that consumers are safest when healthcare providers have considered power relations, cultural differences and consumers' rights.[21]Essential features of cultural safety are:

- An understanding of one's culture
- An acknowledgement of difference, and requirement that healthcare providers are actively mindful and respectful of difference(s)
- Informed by the theory of power relations; any attempt to depoliticise cultural safety is to miss the point
- An appreciation of the historical context of colonisation, the practices of racism at individual and institutional levels, and their impact on Aboriginal and Torres Strait Islander people's living and wellbeing, both in the present and past
- That its presence or absence is determined by the experience of the recipient of care and not defined by the healthcare provider.

delirium: an acute disturbance of consciousness, attention, cognition and perception that tends to fluctuate during the day.[22] Delirium is a disorder that can be the result of organic causes. It is a serious condition that can be prevented in 30–40% of cases and should be treated promptly and appropriately. Delirium can be hyperactive (the person has heightened arousal; or can be restless, agitated and aggressive) or hypoactive (the person is withdrawn, quiet and sleepy).[23]

deterioration in a person's mental state: a negative change in a person's mood or thinking, marked by a change in behaviour, cognitive function, perception or emotional state. Changes can be gradual or acute; they can be observed by members of the workforce, or reported by the person themselves, or their family or carers. Deterioration in a person's mental state can be related to several predisposing or precipitating factors, including mental illness, psychological or existential stress, physiological changes, cognitive impairment (including delirium), intoxication, use of or withdrawal from substances, trauma and responses to social context and environment.[24]

dignity: the state or quality of being worthy of honour or respect.

dignity of risk: the concept of affording a person the right (or dignity) to take reasonable risks, and that the impeding of this right can suffocate personal growth, self-esteem and the overall quality of life.

disability: any continuing condition that restricts everyday activities. There are many different kinds of disability and they can result from accidents, illness or genetic disorders. A disability may affect mobility, ability to learn things, or ability to communicate easily, and some people may have more than one. A disability may be visible or hidden, may be permanent or temporary and may have minimal or substantial impact on a person's abilities. Psychosocial disability is a term used to describe a disability that may arise from a mental health condition. It can be severe, longstanding and impact on recovery, and/or be episodic.

diversity, diverse populations or diverse backgrounds: the varying social, economic and geographic circumstances of consumers who use, or may use, the services of a service provider, as well as their cultural backgrounds, disability status, religions, beliefs and practices, languages spoken, sexual orientation, gender identity and gender expression, and sex characteristics.

emergency assistance: advice or assistance provided when a consumer's condition has deteriorated severely.[25]

environment: the context or surroundings in which health care is delivered. Environment can also include other consumers, visitors and the workforce.

escalation of care: an intervention to raise concerns with a healthcare professional about the deterioration of a consumer's mental or physical health. Its purpose is to summon healthcare professionals to assess and respond to the concerns. It serves as a safety mechanism so that consumers who become acutely unwell may be identified early and managed in a timely manner.[26]

ethical principles: are objective organisational characteristics that are observable through behaviour such as integrity, accountability, impartiality, and respect for the dignity, worth, equality, diversity and privacy of all persons.[27]

ethics: a set of concepts and principles that guide us in determining what behaviour helps or harms a person or group of people.[28]

evaluation: a process that critically examines a program or service. It involves collecting and analysing information about a program or service's activities, characteristics and outcomes. Its purpose is to make judgments about a program or service, to improve its effectiveness and to inform programming decisions.

evidence-based practice: is practice driven by the integration of relevant research that has been conducted using sound methodology, the practitioner's cumulated education, experience and skills and the unique preferences, concerns and expectations each patient brings to a therapeutic encounter.[29]

evidence-informed: any practice that uses local experience and expertise with the best available evidence from research (although this may be limited) to identify the potential benefits, harms and costs of an intervention.

experience of care: the range of interactions that consumers, and where relevant, their families and carers, have with the mental health care system, including their care from their care plan, the workforce involved in delivering the service, and the service provider.

exploitation: the use of people's vulnerability or taking unfair advantage of them for one's own benefit.

goals of care: health and other goals for a consumer's care that are determined in the context of a supported decision-making process and support the consumer's recovery.

governing body: a board, chief executive officer, organisation owner, partnership or other highest level of governance (individual or group of individuals) that has ultimate responsibility for strategic and operational decisions affecting safety and quality.

guidelines: systematically developed statements to assist service providers and consumer decisions about appropriate care for specific circumstances.[30]

hand hygiene: a general term applying to processes aiming to reduce the number of microorganisms on hands. This includes: application of a waterless antimicrobial agent (e.g., alcohol-based hand rub) to the surface of the hands; and use of soap/solution (plain or antimicrobial) and water (if hands are visibly soiled) followed by patting dry with single-use towels.[31]

harm: an act that causes loss or pain.

health care: health care, health-care, or healthcare is the maintenance or improvement of health via the prevention, diagnosis, treatment, recovery or cure of disease, illness, injury, and other physical and mental conditions in people.

health literacy: the Australian Commission on Safety and Quality in Health Care separates health literacy into two components – individual health literacy and the health literacy environment. Individual health literacy is the skills, knowledge, motivation and capacity of a consumer to access, understand, appraise and apply information to make effective decisions about health and health care, and take appropriate action. The health literacy environment is the infrastructure, policies, processes, materials, people and relationships that make up the healthcare system, which affect the ways in which consumers access, understand, appraise and apply health-related information and services.[32]

health information: information or an opinion, that is also personal information, about the health or disability of an individual, or a health service provided or to be provided; or other personal information collected to provide or in providing a health service.[33]

healthcare record: includes a record of the consumer's medical history, treatment notes, observations, correspondence, investigations, test results, photographs, prescription records and medication charts for an episode of care. See also; consumer care record.

incident: an event or circumstance that resulted, or could have resulted, in unintended or unnecessary harm to a consumer; or a complaint, loss or damage.

infection: an infection occurs when a microorganism enters the body, increases in number and causes a reaction in the body.[34] This may cause tissue injury and disease.[35]

informed consent: a process of communication between a consumer and service provider about options for treatment, health care processes or potential outcomes.[36] This communication results in the consumer's authorisation or agreement to undergo a specific intervention or participate in planned care.[36] The communication should ensure that the consumer has an understanding of the mental health care and supports they will receive, all the available options and the expected outcomes, including success rates and side effects for each option.[37]

jurisdictional requirements: systematically developed statements from state and territory governments about appropriate healthcare or service delivery for specific circumstances.[30] Jurisdictional requirements encompass a number of different documents from state and territory governments, including legislation, regulations, standards, guidelines, policies, directives and circulars. Terms used for each document may vary by state and territory.

leadership: having a vision of what can be achieved, and then communicating this to others and developing strategies to realise the vision. Leaders motivate people and can negotiate for resources and other support to achieve goals.[38]

Lived Experience worker: someone employed on the basis of their personal lived experience (of mental ill health, trauma, suicidal thinking or behaviour, or alcohol and other drug use) and recovery (consumer Lived Experience worker) or their experience of supporting family or friends with mental ill health, trauma, suicidal thinking or behaviour, or alcohol and other drug use and recovery (carer Lived Experience worker).

medicines list: a way to keep all the information about medicines a person takes together.[39] A medicines list contains, at a minimum:

- All medicines a consumer is taking, including over-the-counter, complementary, prescription and non-prescription medicines; for each medicine, the medicine name, form, strength and directions for use must be included[40]
- Any medicines that should not be taken by the consumer, including those causing allergies and adverse drug reactions.

Ideally, a medicines list also includes the intended use (indication) for each medicine.[41]

mental health care: all healthcare services and interventions provided to a person with a mental ill health issue, or suicidal thinking or behaviour.

model of care: the way a service is to be delivered. It outlines best practice care and services for a person, population group or service cohort as they progress through the stages of a condition. It aims to ensure consumers, their families and carers get the right care, at the right time, by the right team and in the right place.[42]

near miss: an incident or potential incident that was averted and did not cause harm but had the potential to do so.

open disclosure: an open discussion with a consumer, their family and or carer about an incident that resulted in harm to the consumer while receiving care. The criteria of open disclosure are an expression of regret, including use of the phrase 'I am sorry' or 'we are sorry', and a factual explanation of what happened, the potential consequences, and the steps taken to manage the event and prevent recurrence.[43]

orientation: a formal process of informing and training a worker starting in a new position or beginning work for an organisation, which covers the policies, processes and procedures applicable to the organisation. Orientation may also apply to new members of a governing body.

outcome: the status of an individual, group of people or population that is wholly or partially attributable to an action, agent or circumstance.[43]

partnership: a situation that develops when consumers are treated with dignity and respect, when information is shared with them, and when participation and collaboration in healthcare processes are encouraged and supported to the extent that consumers choose. Partnerships can exist in different ways in a service provider, including at the level of individual interactions; at the level of a service, department or program; and at the level of the organisation. They can also exist with consumers and groups in the community. Generally, partnerships at all levels are necessary to ensure that the healthcare service is responsive to consumer input and needs, although the nature of the activities for these different types of partnership will depend on the context of the healthcare service.

peer worker: peer workers draw upon their own personal lived experience of mental illness, suicidal crisis and recovery to provide authentic engagement and support for people accessing mental health care. Peer workers are in a unique position to build connections and rapport with people by inspiring hope and role modelling recovery.[44]

performance: the level of accomplishment of a given task measured against pre-set known standards.

person-centred care: an approach to the planning, delivery and evaluation of health care that is founded on mutually beneficial partnerships among service providers and consumers.[45] Person-centred care is respectful of, and responsive to, the preferences, needs and values of consumers. Key dimensions of person-centred care include respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, access to care and involvement of carers and family.[7]

policy: a set of ideas or a plan of what to do in particular situations that has been agreed to officially by a group of people that reflect the organisation's mission and direction.

practice governance: the set of relationships and responsibilities established by a service provider between its management, workforce and stakeholders, including consumers. Effective governance provides a clear statement of individual accountabilities within the organisation to help align the roles, interests and actions of different participants in the organisation to achieve the organisation's objectives. Governance structures will be tailored to the size and complexity of an organisation.

pressure injuries: injuries of the skin and/or underlying tissue, usually over a bony prominence, caused by unrelieved pressure, friction or shearing. They occur most commonly on the sacrum and heel but can develop anywhere on the body. Pressure injury is a synonymous term for pressure ulcer.

privacy: the right to be free from interference and intrusion, to associate freely with whom you want and to be able to control who can see or use information about you. Information privacy is about promoting the protection of information that says who we are, what we do and what we believe.[46]

privacy impact assessment: a systematic assessment of a service that identifies the impact that the service might have on the privacy of individuals, and sets out recommendations for managing, minimising or eliminating that impact.[47]

procedure: the set of instructions to make policies and protocols operational, which are specific to an organisation.

process: a series of actions or steps taken to achieve a particular goal.[48]

program: an initiative, or series of initiatives, designed to deal with a particular issue, with resources, a time frame, objectives and deliverables allocated to it.

protocol: an established set of rules used to complete tasks or a set of tasks.

quality: quality of care is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes. It is based on evidence-based professional knowledge.[49]

quality improvement: the combined efforts of the workforce and others – including consumers, their families and cares, researchers, planners and educators – to make changes that will lead to better outcomes (health), better system performance (care) and better professional development.[50] Quality improvement activities may be undertaken in sequence, intermittently or continually.

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

restraint, coercion and or restrictive practices: the restriction of an individual's freedom of movement by physical or mechanical means,[51] and/or the confinement of a patient, at any time of the day or night, alone in a room or area from which free exit is prevented. Coercion in this context is when an act or a pattern of acts of punitive threats, humiliation and intimidation or other abuse is used to punish, or frighten a consumer into changing their behaviour/s.

risk: the chance of something happening that will have a negative impact. Risk is measured by the consequences of an event and its likelihood.

risk assessment: the assessment, analysis and management of risks. It involves recognising the events that may lead to harm in the future and minimising their likelihood and consequences.[52]

risk management: the design and implementation of a program to identify and avoid or minimise risks to consumers, workers, volunteers, visitors and the organisation.

risk management system: systems to ensure that service delivery is linked to risk management, which may include incident management, complaints management, work health and safety, human resource management, financial management, information management and governance.

safety: the condition of being protected from harm or other non-desirable outcomes.

safety culture: a commitment to safety that permeates all levels of an organisation, from the practitioner workforce to executive management. Features commonly include acknowledgement of the high-risk, error-prone nature of an organisation's activities; a blame-free environment in which individuals are able to report errors or near misses without fear of reprimand or punishment; an expectation of collaboration across all areas and levels of an organisation to seek solutions to vulnerabilities; and a willingness of the organisation to direct resources to deal with safety concerns.[53]

scope of practice: extent of an individual's defined approved practice and job role within an organisation, based on their skills, knowledge, performance and professional suitability, and the needs and service capability of the organisation and documented in an appropriate job description.[54]

screening: a process of identifying consumers who are at risk, or already have a potential for risk or harm. Screening requires enough knowledge to make a judgement.[55]

self-harm: includes self-poisoning, overdoses and minor injury, as well as potentially dangerous and life-threatening forms of injury, including disordered eating. Self-harm is a behaviour and not an illness. People self-harm to cope with distress or to communicate that they are distressed.[56]

service provider: a community managed organisation that delivers mental health services to consumers, their families and carers is referred to as a service provider.

stigma: stigma is a mark, stain or blemish. Myths, misunderstanding, ignorance, and negative attitudes can all result in stigma for people living with mental health conditions, who may be treated as dangerous, different or as if they are somehow less than other people. The stigma is not true or fair, but it still hurts. When a person is labelled by their illness they are no longer seen as the person they are, but as part of a stereotyped group.[57]

substitute decision-maker: a person appointed or identified by law to make health, medical, residential and other personal (but not financial or legal) decisions on behalf of a consumer whose decision-making capacity is impaired. A substitute decision-maker may be appointed by the consumer, appointed for (on behalf of) the person, or identified as the default decision-maker by legislation, which varies by state and territory.[14]

supported decision making: the process whereby a person with a disability is enabled to make and communicate decisions with respect to personal, healthcare or legal matters.[58] Supported decision making means that people are provided with the support they need in order to be able to make their own decisions. In the context of mental health services, this usually means making medical treatment decisions, but it may include other types of decisions too.[59]

system: the resources, policies, processes and procedures that are organised, integrated, regulated and administered to accomplish a stated goal. A system:

- Brings together risk management, governance, and operational processes and procedures, including education, training and orientation
- Deploys an active implementation plan that includes feedback mechanisms such as agreed protocols and guidelines, decision support tools and other resource materials
- Uses several incentives and sanctions to influence behaviour and encourage compliance with policy, protocol, regulation and procedures.

The workforce is both a resource in the system and involved in all elements of systems development, implementation, monitoring, quality improvement and evaluation.

training: the development of knowledge and skills.

transfer of care and transitions of care: situations when all or part of a consumer's care is transferred between healthcare locations, providers, or levels of care within the same location, as the consumer's conditions and care needs change.[60]

trauma-informed: trauma-informed services and systems recognise the prevalence of trauma, particularly interpersonal trauma in our society. Trauma-informed services are aware of and acknowledge that a large percentage of individuals seeking care, treatment and support across a range of health and human service settings have lived experience of trauma that may seriously affect their mental and physical health and wellbeing.

variation: a difference in healthcare processes or outcomes, compared to peers or to a standard such as an evidence-based guideline recommendation.[31]

workforce: all people working for a service provider, including Lived Experience workers, mental health support workers, advocates, counsellors, clinicians, technicians and any other employed or contracted locum, agency, student, or volunteer workers.

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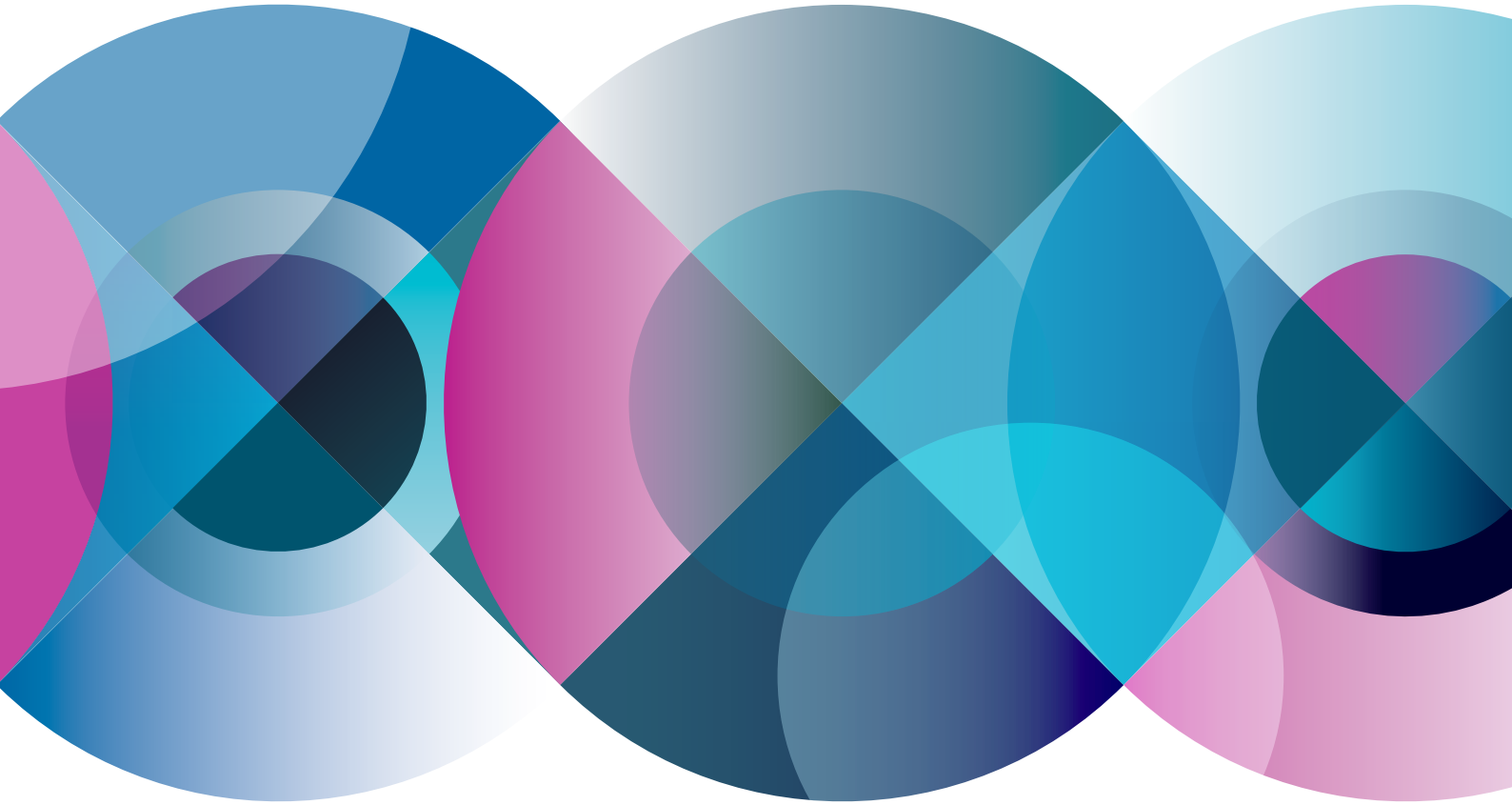

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