

National Mental Health Commission
December 2022

Feedback on the Accreditation to the National Safety and Quality Mental Health Standards for Community Managed Organisations.



Australian Government
National Mental Health Commission

About the National Mental Health Commission

The National Mental Health Commission (NMHC) provides cross-sectoral leadership on policy, programs, services and systems that support better mental health and social and emotional wellbeing in Australia. There are three main strands to the NMHC's work: monitoring and reporting on Australia's mental health and suicide prevention system; providing independent advice to government and the community; and acting as a catalyst for change.

The NMHC's underpinning principle is the Contributing Life Framework. This framework acknowledges that a fulfilling life requires more than just access to health care services. It means that people who experience mental ill health can expect the same rights, opportunities, physical and mental health outcomes as the wider community.

This submission references the [National Lived Experience \(Peer\) Workforce Development Guidelines](#) developed by the NMHC. The Guidelines were developed under action 29 of the Fifth National Mental Health and Suicide Prevention Plan and are the result of extensive consultation and a co-production process with stakeholders with a diverse range of experiences. The Guidelines are primarily intended to inform decision-makers, including employers and funding bodies, and support change across the mental health sector by improving understanding of the benefits of the Lived Experience (Peer) workforce. The Guidelines also support employers to assess their local readiness and prioritise activities that support successful implementation.

Response to consultation questions

What issues need to be considered to ensure that accreditation to the AHSSQA scheme provides for safe and effective care?

Strengthen requirements for the involvement of those with lived and living experience within the accreditation process

The requirement that assessors must "hold relevant qualifications and have relevant community sector health service delivery experience or a lived experience of mental ill-health" allows for assessors to have either community sector health services delivery experience or a lived experience of mental ill-health. The NMHC recommends separating this criterion, or more clearly specifying that assessors must have relevant lived or living experience of mental ill-health.

Identified roles within accreditation teams for individuals with lived and living experience of mental ill-health can provide additional insight into how standards are applied in practice and identify areas that may require additional attention. This aligns with the National Lived Experience (Peer) Workforce Guidelines, which seek to integrate lived experience work in community care to harness the power of experience-based knowledge. The Guidelines recommend involvement of consumers in the development, planning, delivery, and evaluation of services and note that a well-supported Lived Experience workforce results in benefits for people accessing services, families and service providers, as well as the broader community.

Strengthen and embed requirements in the assessment and accreditation process to identify stigma and discrimination

One purpose of assessing and accrediting CMOs is to ensure that 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. This is noted on page 2 of the NSQMH guidelines for CMOs.

Standard 1.17, 1.18 and 2.02 emphasise that CMOs should actively prevent discriminatory practice, allow equitable access to services and respond to performance issues associated with prejudice, bias and discrimination. Assessment and accreditation of CMOs need to consider where a service is meeting these standards that specifically concern discrimination, prejudice and bias. This will require assessors conducting assessments during the accreditation process to be literate in mental health discrimination, prejudice and bias in order to identify these concerns during the accreditation process.

The accreditation guidelines note the importance of assessor training:

The Commission requires that assessors engaged by approved accrediting agencies are appropriately qualified and trained. In line with the Commission's specifications, assessors must:

- *Hold relevant qualifications and have relevant community sector health service delivery experience or a lived experience of mental ill health*
- *Have a detailed understanding of the relevant standards, evidenced through satisfactory completion of **training specified by the Commission***

"Training specified by the Commission" should consider curricula that explicitly addresses mental health related stigma and discrimination and the impacts this has on health service design, delivery and outcomes. For example, stigma and discrimination can create barriers for people with personal lived experience accessing services, it can result in low-quality care, and a person may be denied decision making autonomy when engaging with a service.

What issues do you wish the Commission to consider in the implementation of the accreditation process?

Review mechanisms should be embedded within the accreditation process to include the perspectives of those with lived or living experiences of mental ill-health. Those with lived or living experience can take on monitoring, reporting and advisory roles to provide a more comprehensive picture of how accreditation standards are upheld in practice. This approach aligns with a person-centered care model where the accreditation recognises the perspectives of people who are accessing supports through CMOs and considers whether their experiences demonstrate that the standards are being sufficiently met. An example of how this might be achieved is the extension of post-assessment surveys to CMO consumers in addition to the organisation.

The Commission further recommends that a determination on which policies and guidelines are applicable to the accreditation process be provided at the outset. The accreditation process will be less arduous and more streamlined if CMOs are aware early on of the policies and guidelines they will be expected to address. This would allow for CMOs that have less developed internal governance and operations to participate in the accreditation process without undue burden.