



Consumers Health  
Forum **OF** Australia

RESPONSE

**Developing National Safety and  
Quality Mental Health Standards  
for Community Managed  
Organisations**

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Quality Mental Health Standards for Community  
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# Introduction

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CHF welcomes the opportunity to respond to the Australian Commission on Safety and Quality in Health Care (ASQHC) consultation paper on developing Quality Mental Health Standards for Community Managed Organisations (CMOs). This response mainly focuses on the process for co-designing the new Standards with consumers of mental health services, emphasising how important it is that the Commission not only consult and engage with consumers, but offer consumer led development of the Standards. CHF consultations with members and other consumers have also identified subjects for the Commission's consideration when developing domains and actions for CMOs.

## Key features of the Standards

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### Consumer led co-design

Safety and quality standards exist to protect consumers by helping patients, their families and carers develop supportive relationships with clinicians and other service providers, understand their treatments and options for treatment, and work with community managed organisations to improve services and consumer relationships. This means that consumers should be central to developing these standards and how they will be implemented, operated, and assessed.

Consumers should be directly involved and engaged at every stage of the project. CHF recommends that ACSQHC work with consumers – including carers and families of people with mental health conditions – to understand their “journeys” and their needs along the way, including using personas to understand and respond to varying conditions, co-morbidities (including the combination of mental health, physical conditions and disabilities that may be experienced by many consumers), and medical and non-medical services that may be used in combination.

### Domains and actions

CHF consulted with consumers both through the Safety and Quality Special Interest Group, whose members are consumer representatives actively involved in working with current Standards, and with other consumer representatives familiar with Standard 2: Partnering with Consumers and consumers, and carers of consumers, who use mental health services.

They identified key areas for consideration in the Standards' domains and action, including:

- that services provided by community managed organisations are accessible and visible
- describing organisational values, for example, that services are inclusive and respect consumers

- that consumers can stay in the mental health system and receive community managed services for as long as they need them
- time requirements for organisations to follow up after referral from acute care
- the need for clear and accessible information, complaint and review processes
- expected levels and types of qualifications to be available at CMOs
- monitoring and evaluation using patient reported outcomes; not just clinician assessed quality of outputs
- that the timing and frequency of actions are listed.

## **Readability and accessibility**

There is a fundamental need for consumers to be able to read and understand the Standards, so that they can represent and advocate for themselves and others. Complex documents hinder consumer health literacy and act as a disincentive to representing themselves and others, and to being active in their own care.

Other Standards are extremely comprehensive and useful. However, consumers (and others) often find them difficult to read and understand, and those who sit on representative committees and other bodies must be trained by consumer peaks and other organisations to understand their roles, how they can contribute, and what they should expect from organisations/providers.

While information, fact sheets and guides can be prepared to help consumers, their carers/families and others to understand the Standards, the best approach is to start with Standards that are easy to read and comprehend, including by people whose first language is not English.

Plain English documents will also be useful for CMOs which, in many cases, are small community-based organisations that often rely on volunteers and administrative staff who may not be medically or clinically trained.

It is also critical to develop additional “explainer documents”, such as fact sheets and guides, as well as consumer training, to support how the Standards are understood and used. The explanatory documents and training packages should be co-designed with consumers, and developed in parallel with the Standards.

## Summary and recommendations

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There are four key areas that CHF suggests are important in developing and using Mental Health Standards for CMOs.

- The Standards should be co-designed with consumers.
- Areas identified by consumers, as set out above, should be explored as part of consumer co-design of the Standards.
- The Standards should be written in plain English, so that they are accessible to, and readily understood by, all target audiences.
- Complementary, easy to understand, material for consumers and practitioners should be developed in parallel with the Standards to support implementation and use of the Standards in CMOs.